Pathways to Dissociation: Intrafamilial Versus Extrafamilial Trauma in Juvenile Delinquents

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Abstract: Dissociation is postulated to occur as a function of particular types of child abuse or chronic abuse. Additionally, there is an ongoing controversy examining the perpetrator’s relationship to the victim in the development of dissociation. In this study, reports of traumatic events experienced both in the family environment and in the community were used to examine the relationship between dissociative disorder as defined by DSM-IV (pathological dissociation), and dissociation as a defense mechanism. The first objective was to identify whether the site of the trauma or the quantity of trauma correlated more significantly with symptoms of dissociation. The second objective was to explore a potential correlation between topics that participants choose to disclose during a standardized Stress Inducing Speech Task (SIST), and symptoms of dissociation. The third objective was to examine the relationship between the age of occurrence, the duration of trauma, and symptoms of dissociation. Fifty-two delinquent juveniles completed measures (including the SCID-D, REM-71, CTQ, CTI, SIST) assessing traumatic experiences, psychopathological dissociation, and dissociation as defense mechanism. Blind raters scored the SIST for intrafamilial and extrafamilial trauma. The perpetrator’s relationship to the victim, site of the trauma, quantity of the trauma, age of occurrence, and duration of the trauma were analyzed by descriptive statistics and Pearson partial correlations. Significant correlations were found between symptoms of pathological dissociation and intrafamilial trauma. Significant correlations were not found between extrafamilial trauma and pathological dissociation and dissociation as defense mechanism. All these correlations held constant the chronicity of traumas reported. The results obtained in this study through blind and independent assessment suggest that special trauma characteristics (i.e., childhood trauma perpetrated by a family member) rather than sheer cumulative effects of trauma may have greater implications for the development of pathological dissociation. The relationships to dissociation as a defense were much weaker.

Key Words: Childhood trauma, intrafamilial trauma, extrafamilial trauma, dissociation, dissociative disorders, defense

Recent studies report high levels of dissociation in delinquent juveniles (Carrion and Steiner, 2000; Burton et al., 1994). Steiner et al. (1997), among others, found that a majority of incarcerated juveniles report to be victims of intrafamilial violence (including abuse, murder, and grave injury,) and report a high degree of exposure to violent acts in the community (usually gang related). Fifty percent of the traumatic events reported were either the death of a family member or the death of a friend. In fact, about 30% of boys and 50% of girls in this population suffer from active PTSD identified by structured interview (Cauffman et al., 1998). This constellation of highly prevalent PTSD and dissociative disorder in a population that clearly has an extreme risk of being exposed to a variety of potentially traumatic events provides a unique opportunity to study the interplay of psychopathology and types of events associated with specific forms of trauma related psychopathology. It is also clear that some of these highly traumatized juveniles do not report dissociative symptoms at all. This raises the question as to whether only certain types of trauma play a role in the development of dissociation (for instance, sexual abuse versus physical neglect) and whether the role of the perpetrator and the situs of the abuse are significant (intrafamilial or extrafamilial) or whether certain individuals are at risk for the development of dissociative symptoms, having longstanding propensities to react to traumatic events in a defensive and dissociative fashion (those who have a trait profile of dissociative defensiveness as a measure of a longer standing intraindividual predisposition).

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a form of psychopathology in the wake of traumatic events (Steiner et al., 2002a). Bernstein and Putnam (1986) suggest that dissociation ranges on “a continuum from the minor dissociations of every day life to major forms of psychopathology.” Supporting the continuum theory, some scientists postulate that an increased use of dissociation under stressful or even traumatogenic conditions can become maladaptive. What follows is fragmentation of memory, identity, and consciousness (Ludwig, 1983; Spiegel, 1986). Other clinicians suggest that it is ongoing chronic trauma that leads to increased use of dissociation as means of coping with chronic adversity (Terr, 1991). In addition, Nijenhuis et al. (1998) found that patients with dissociative disorder reported early onset of emotional neglect, emotional abuse, physical abuse, sexual harassment, and sexual abuse. Many victims reported traumas happening “as long [early] as they could remember” suggesting a long duration of trauma.

Recent findings outlining the existence of distinct dissociative types support a model of pretraumatic intraindividual propensities that make an individual vulnerable to the development of dissociative psychopathology (Putnam et al., 1996). These types may predate traumatic events and serve as an intraindividual risk factor for developing dissociative disorder when trauma strikes. Some authors state that childhood traumatic experiences are predictive of pathological dissociation but not predictive of dissociation as a defense mechanism (Irwin, 1999).

Another line of research explores the special dynamics of abuse when the perpetrator is also someone whom the victim is dependent on. Some authors found an emotionally supportive family environment to have a preventive influence on the development of dissociation, whereas growing up in an abusive family environment was found to be a risk factor (Rossman et al., 1997; Watt and Mickey, 1988). Adler (1985) suggests that a dysfunctional caretaker’s inability to provide soothing capacities to the child may lead to overwhelming feelings and the inability to rework and assimilate traumatic events. Child abuse usually occurs before the development of formal operations, when children become capable of understanding formal causation (Eth and Pynoos, 1985). This inability to understand that the parent is acting dysfunctionally can lead some victims of child abuse to feel a sense of responsibility or guilt to protect the perpetrator (Eth and Pynoos, 1985). Additionally, perpetrators of child abuse often tend to blame the victim for having induced the attack, thus evoking feelings of shame and self-blame in the victim (Friedrich, 1998). These feelings have been suggested to constitute a pathway for the development of dissociation. (Cahill et al., 1991; Irwin, 1998).

The line of research described above would ascribe special importance to the relationship of the perpetrator to the victim and also call for an examination of the situs/locale of trauma (within versus outside the family). Indeed, some investigators have found significant correlations between high levels of dissociative experiences for intrafamilial abuse but not for extrafamilial abuse (Chu and Dill, 1990). Supporting these findings, Nijenhuis (1998) found that a large number of patients suffering from dissociative disorder also recalled parentification and family burdens, (such as alcoholism of a parent). All patients reported total absence of support or consolation after the occurrence of trauma. In contrast, other authors suggest the development of dissociation is related to childhood trauma experience, disregarding the perpetrator’s role (Irwin, 1994).

We were interested in expanding our knowledge regarding some of these connections in a sample of juvenile delinquents with a well-documented history of exposure to multiple traumatic events and existing dissociative psychopathology (Carrion and Steiner, 2000). We have previously found that traumatic events obtained by self-report and structured interview on standardized measures were correlated significantly, albeit modestly with dissociative psychopathology as measured by the SCID-D, and even more moderately with dissociation as a defense mechanism. The previous analysis confirmed that the sheer accumulation, but not the specific type of trauma (neglect versus abuse versus sexual abuse) correlated with dissociation in its various manifestations. Perhaps we could further examine this relationship by adding information about the perpetrator and the situs of the traumatic events (intrafamilial versus extrafamilial).

Utilizing other portions of this data set, we examined the types of trauma narrated by the children under standardized conditions (Steiner et al., 2002b). As these youngsters spoke spontaneously about their most stressful experiences, we did not guide them in any particular direction. Thus they could address whichever types of trauma they wished. By analyzing their narratives independently and blindly to dissociation status, we would be able to examine the proposed associations between events reported, dissociative defenses, and symptoms present at baseline before this task. Additionally, the transcripts of these samples also permitted an identification of the perpetrator in relationship to the victim. Could it be that these individuals who were found to use defensive processes (such as dissociation) habitually would be more prone to report intrafamilial traumatization? Similarly, could it be that those youngsters found to suffer from severe dissociative disorder as documented by structured interview would be more prone to discussing intrafamilial traumatic rather than extrafamilial traumatic events?

The narratives used in this portion of the study were part of the previous study protocol and were reported in this portion of the study for the first time. These data obtained under standardized conditions would be the closest in character to a clinical interview while offering the advantages of being collected under standardized conditions. In addition, it would also allow us to contrast trauma information obtained
by self-report, observer interview, and spontaneous description by the child.

Our hypotheses were as follows: 1) Delinquent juveniles would report high levels of intrafamilial and extrafamilial trauma in a spontaneously-produced narrative that could be reliably and validly independently rated by observers blind to dissociative disorder and defense status. These narrated events would correlate with ratings obtained previously on structured interviews and by self-report. 2) Dissociation as a form of psychopathology and as a defense would be more strongly correlated with intrafamilial than extrafamilial trauma, supporting the importance of the special significance of the situs of the trauma and the role of the perpetrator. 3) The correlations between the narration of traumatic events and defense would follow similar patterns but be weaker, as defense is a commonplace everyday normative phenomenon that does not necessarily have such a special relationship to trauma.

METHODS

Subjects

Sixty-five participants were recruited from the San Mateo County Juvenile Probation Department in California. One subject did not participate in the study because of lack of parental agreement, and a second was excluded from the study because of missing data. Out of the original sample of 63 participants, 52 completed the whole range of assessments used in this study.

Inclusion criteria required the age range of the participants to be between 11 and 16 years with a commitment to juvenile hall for at least 2 weeks. This allowed us enough time for three consecutive visits. Exclusion criteria included history of clinically significant head trauma, epilepsy or other documented neurologic disorders, history of current alcohol or substance dependence, and current use of medication. Adolescents who were psychotic, suicidal, or homicidal were also excluded from this study.

Twenty-five participants were male (48.1%), and 27 were female (51.9%) with an age range of 11–16 years (mean age: 14.5). The ethnic distribution was as follows: 19.2% Caucasian, 38.5% Hispanic, 23.1% African American, 1.9% Asian American, 11.5% Multiracial, and 5.8% “other.” This was a representative sample of this county’s youth population on probation.

Procedures and Instruments

After approval from the Stanford Human Subjects Committee and consent of the court for their ward’s participation, consent was obtained from the adolescents. Parents were informed of their child’s participation via parental advisement and were given the opportunity to object to their participation. The adolescents then participated in three sessions for duration of 1 to 2 hours.

Intake Data

The Intake Sheet consisted of general demographics such as age, gender, ethnicity, and socioeconomic status (measured by reported level of parental education).

Response Evaluation Measure-71 (REM-71)

The Response Evaluation Measure for Youth (REM-71) is a 71-item self-report questionnaire (Steiner et al., 2001) that measures 21 classic defense mechanisms and shows good-to-excellent psychometric properties. The defense of dissociation is measured by three items. The instrument is a conceptually related modification of the Bond’s Defense Style Questionnaire (DSQ), which has been shown to have stability and discriminant, congruent, and predictive validity (Feldmann et al., 1996; Steiner and Feldmann, 1995). The REM-71 is a comparatively more psychometrically sound instrument than the DSQ, as we have discussed previously (Steiner et al., 2001).

The Childhood Trauma Questionnaire (CTQ)

The Childhood Trauma Questionnaire (CTQ) is a 53-item screening inventory that assesses self-reported experiences of abuse and neglect in childhood and adolescence. The categories include physical abuse, emotional abuse, sexual abuse, emotional neglect, and physical neglect. Items are rated on a 5-point Likert scale, with response ranging from “never true” to “very often true.” Instructions for the CTQ ask respondents for their “experiences growing up.” The CTQ is proven to have high internal consistency and good test-retest reliability (Bernstein et al., 1994). The convergent and discriminant validity of this test has been demonstrated in an adolescent sample (Bernstein et al., 1997).

Childhood Trauma Interview (CTI)

The Childhood Trauma Interview (CTI) is a structured interview that assesses total number, severity, frequency, and duration of traumatic childhood experiences. The categories include physical abuse, emotional abuse, sexual abuse, emotional neglect, physical neglect, witnessing violence, and separation and loss. In an adult sample it has demonstrated good validity and interrater reliability (Fink et al., 1995). The CTI weights the relationship of the perpetrator in the total trauma score but does not produce a separate category of the role of the perpetrator. The CTQ does not record the relationship of the victim and the perpetrator of the traumatic events. Neither instrument permits the study of the central question we propose.

Structured Clinical Interview for DSM-IV Dissociative Disorders: (SCID-D)

The SCID-D is a semistructured interview that assesses the nature and severity of five dissociative symptoms: amnesia, depersonalization, derealization, identity confusion, and identity alteration. The SCID-D is considered to be one of the
best-structured interviews for the assessment of dissociative disorders. It has excellent reliability and discriminant validity (Steinberg, 1996) and has been documented in the adolescent population (Carrion and Steiner, 2000; Steinberg and Steinberg, 1995). The SCID-D was administrated, scored, and interpreted according to the guidelines described in the interviewer guide to the SCID-D (Steinberg, 1994a; Steinberg, 1994b). The SCID-D score was the defining variable for pathologic dissociation.

**Stress Inducing Speech Task (SIST)**

Data were collected through the Stress-Inducing Speech Task (SIST). The SIST is a standardized task that permits the examination of in vivo behavior and emotional content (Steiner et al., 2002b). The SIST contains two parts. In the first part, identified as the stress condition (SC), the participants are asked to talk for 10 minutes about the “worst thing that ever happened to them.” In the second part, identified as the free association condition (FA), participants are asked to talk about “anything they want to talk about.” During both tasks, participants were videotaped and asked to speak into an audio recorder. The two conditions were randomized. The speech task was originally piloted by Weintraub (1981) and found to produce speech samples of adequate length and content in the majority of adult and child participants. We modified the task by adding the stress condition. The videotapes were then examined for content.

**Videotape Content Ratings**

Definitions of categories were adapted from those used in the Trauma Interview (Fink, 1993) to ensure compatibility and continuity across methods. In each condition, the content was rated for intrafamilial and extrafamilial traumatic events. Traumatic events were then classified into the following categories: physical abuse, sexual abuse, emotional abuse, physical neglect, separation and loss, and witnessing violence. Raters were blind to previous history and current psychopathology.

Traumatic events were rated as intrafamilial if perpetrator or victim was a family member (e.g., father batters son, brother killed in a gang fight). Traumatic events were rated as extrafamilial if perpetrator or victim was a nonfamily member (e.g., friend killed in gang fight). All categories of traumatic events were rated throughout narration on a binary code, (i.e., 1 if it was reported, 0 if it was not reported). All trauma forms mentioned above, both intrafamilial and extrafamilial, were rated for each subject. This was done for each condition separately. To test the reliability of this method, a second independent rater examined 10 randomly selected videotapes. Both raters were blind to dissociation status. Inter-rater reliability was 100%.

Summary scores of content ratings were produced. The Stress Condition Intrafamilial Summary Score (SC intra) and the Stress Condition Extrafamilial Summary Score (SC extra) are sums of intrafamilial trauma and extrafamilial trauma reported in the SC respectively. Summary scores were also created for the FA condition to produce the Free Association Intrafamilial Summary Score (FA intra) and the Extrafamilial Summary Score (FA extra). All intrafamilial and extrafamilial traumas reported in the two conditions were separately summed to yield an Intrafamilial Summary Score (total intrafamilial) and Extrafamilial Summary Score (total extrafamilial) respectively. Finally, the total amounts of traumatic topics reported in both conditions were summed to create the SIST Total Score (total SIST).

**Statistics**

We conducted descriptive statistics to examine the makeup of our sample. To test our hypotheses, Pearson partial correlations were used as measures of association. Significance levels were set at $p \leq 0.05$. The effects of age and duration of specific traumatic events were partialled out in the analyses of association.

**RESULTS**

Our measure of psychopathological dissociation was obtained from the SCID-D. The mean SCID-D score was 8.7 (SD = 3.7); the range was from 5 (no symptoms) to 20 (severe symptoms). Dissociation as normative defense functioning was measured by the REM-71. The mean REM-71 dissociation score was 4.81, SD = 2.0. (age matched norm: 3.84, SD = 1.6). Dissociation as defense (REM-71) and syndromal disturbance (SCID-D) correlated marginally significantly (two tailed Pearson, $r = .234, p = 0.074$), indicating that the two measures report on related but not identical phenomena.

We then examined the content ratings of the SIST. We first report the frequencies of the various categories of our ratings of the spontaneously generated speech samples. In our sample, 82.7% reported at least one incidence of trauma in either condition, 61.5% reported on intrafamilial trauma, and 59.6% reported on extrafamilial trauma in either conditions. In the FA condition, 25% of our participants reported intrafamilial trauma. Extrafamilial trauma was reported by 15.4% of participants. In the stress condition, 59.6% reported intrafamilial trauma and 57.2% reported extrafamilial trauma. The narratives thus produced different results in line with the instructions given to the subjects. These high amounts of traumatization are consistent with those found previously (Steiner et al., 1997; Cauffman et al., 1998; Rushkin et al., 2002) and support our hypotheses that we would find high levels of intrafamilial and extrafamilial trauma in our delinquent sample.

To test the validity of our content ratings, we correlated the SIST content ratings with the scores of the two standardized methods used to assess childhood trauma, the CTQ and
Correlations between the CTQ and CTI and the SIST total score reached modest significance (two-tailed Pearson, CTI: \( r = .287, P = .036 \); CTQ: \( r = .323, p = .02 \)), indicating that the three methods overlap to some degree but capture different aspects of trauma.

We next examined the association between our subcategories of narration ratings with the standardized methods of reporting trauma (Table 1). Correlations (two-tailed Pearson) between the CTQ total score and our ratings of intrafamilial trauma were significant, whereas there was no overlap between our ratings of extrafamilial topics and the CTQ. The same pattern was shown for the CTI, indicating the spontaneous speech sample and the standardized methods overlap in assessing intrafamilial trauma. The content ratings appear to capture a wider range of traumatic events.

### Intrafamilial and Extrafamilial Trauma and Its Relationship to Dissociation:

We then analyzed the connection between trauma reported in the two standardized methods, pathological dissociation and dissociation as a defense. Therefore, we performed Pearson correlations between the CTI and the CTQ and the REM-71 dissociation score and the SCID-D total symptom score. The correlations between CTI and the CTQ, and SCID-D were significant (two tailed, CTI: \( r = .507, p = 0.000 \); CTQ: \( r = .557, p = 0.000 \), the correlations between CTI and CTQ summary score and the REM-71 dissociation score were not as strong, but still significant (two tailed, CTI: \( r = .311, P = 0.001 \); CTQ: \( r = .396, p = 0.001 \)), indicating that the development of pathological dissociation and the increased use of dissociation as defense are still significantly related to childhood traumatic experiences assessed in the two standardized methods in this somewhat smaller sample—compared with our original study (Carrion and Steiner, 2000).

To test the hypothesis of the role of the situs of the trauma and the relationship of the perpetrator to the victim in the genesis of dissociation, we first performed a series of correlations (Table 2) between the content ratings and the symptom scores of the SCID-D and the dissociation score on the REM-71. Our hypothesis was that dissociation (either as disorder or as a defense) has stronger associations to intrafamilial childhood trauma than to extrafamilial childhood trauma. Correlations between the REM-71 dissociation and the SIST content rating summary scores showed only one significant result for free association intrafamilial summary score. The SCID-D dissociation score showed modest, but significant positive correlations, with the stress condition intrafamilial summary score and the free association intrafamilial summary scores. The most robust correlation was found between the SCID-D dissociation score and the intrafamilial summary score. For the extrafamilial scores no significant correlations were found (Table 2). These results seem to indicate that the development of pathological dissociation is specifically related to intrafamilial trauma, whereas extrafamilial trauma does not seem to play a role in the development

### Table 1.

<table>
<thead>
<tr>
<th></th>
<th>Total intrafamilial</th>
<th>SC extra</th>
<th>SC intra</th>
<th>Total SIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma</td>
<td>.079</td>
<td>-.028</td>
<td>.385**</td>
<td>.336*</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>.576</td>
<td>.841</td>
<td>.005</td>
<td>.306</td>
</tr>
<tr>
<td>Trauma</td>
<td>.004</td>
<td>.204</td>
<td>.321*</td>
<td>-.010</td>
</tr>
<tr>
<td>Interview</td>
<td>.979</td>
<td>.147</td>
<td>.020</td>
<td>.941</td>
</tr>
</tbody>
</table>

> \(* p \leq 0.05, ** p \leq 0.01*

### Table 2.

<table>
<thead>
<tr>
<th></th>
<th>Total Extrafamilial</th>
<th>Total Intrafamilial</th>
<th>SC Extra</th>
<th>SC Intra</th>
<th>FA Extra</th>
<th>FA Intra</th>
<th>Total SIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCID-D</td>
<td>-.113</td>
<td>.312*</td>
<td>-.029</td>
<td>.294*</td>
<td>-.231</td>
<td>.262*</td>
<td>.215*</td>
</tr>
<tr>
<td></td>
<td>.212</td>
<td>.419</td>
<td>.017</td>
<td>.051</td>
<td>.051</td>
<td>.030</td>
<td>.063</td>
</tr>
<tr>
<td>REM-71</td>
<td>.016</td>
<td>.076</td>
<td>.075</td>
<td>-.125</td>
<td>.227</td>
<td>.158</td>
<td></td>
</tr>
<tr>
<td></td>
<td>.455</td>
<td>.296</td>
<td>.299</td>
<td>189</td>
<td>.053</td>
<td>.131</td>
<td></td>
</tr>
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\(* p \leq 0.05, ** p \leq 0.01*
of pathological dissociation. For dissociation as defense this specific pattern could not be shown.

To further test the reported associations, we performed post hoc partial correlations to see if these results remained similar while controlling mathematically for the duration of abuse endured by the subject. By necessity, our categories of intrafamilial and extrafamilial abuse as rated in the transcripts are confounded with duration of abuse, as it is plausible that intrafamilial events begin earlier and take place longer than extrafamilial events. Both duration and locus of abuse have been shown to relate to pathological dissociation. While this analysis does not necessarily address this issue decisively, it could be helpful in delineating residual effects of locus versus chronicity of abuse and suggest further lines of investigation in future studies. We therefore added into all these correlations the age of the participant and the duration of the different forms of trauma experienced, (separation and loss, physical abuse, physical neglect, witnessing violence, and emotional abuse) as reported in the CTI. We were unable to perform these correlations partialling out duration of sexual abuse, as only 16 subjects recorded the occurrence of this type of abuse, a sample size too small to produce meaningful results. As shown in Table 3, correlations partialling out the influence of emotional abuse, physical neglect, witnessing violence, and separation and loss continue to produce the same patterns of positive associations between intrafamilial traumatic events and pathological dissociation, while there were no significant correlations with extrafamilial events. There also were no significant partial correlations with defense. The pattern of findings supports our first analysis.

**DISCUSSION**

Our main finding was that the characteristics of traumatic events described in spontaneous narratives obtained under standardized conditions correlated significantly with dissociative disorder as diagnosed by structured interview in a sample of chronically and highly traumatized incarcerated boys and girls. Supporting our hypotheses, pathological dissociation was associated significantly with intrafamilial childhood trauma, whereas there was no association found between extrafamilial trauma and pathological dissociation. These findings remained positive, for the most part, with age of subject and duration of various forms of abuse endured held constant. These results are consistent with those obtained in other studies exploring the associations between intrafamilial child abuse and development of dissociation (Chu and Dill, 1990). These results suggest that the role of the perpetrator has a special significance—over and above chronicity of traumas—in the genesis of dissociation as psycho-pathology. While dissociation as defense showed similar but weaker patterns in the simple correlations, they failed to reach significance overall and in the post hoc partial analyses in this small sample. We must caution that this lack of association also might be due to several methodological problems, such as our small sample size, the fact that only three items measure dissociation on REM-71, and the special nature of this sample. These limitations leave much room for error. More extensive defense assessment might lead to significant results as well. The effect size of our associations suggests that hundreds of individuals will be needed to reliably conclude that there is no association between dissociation as defense and type of trauma reported.

| TABLE 3. Partial Correlations Between our Dissociation Measures and Reports of Traumatic Events, Holding Constant Age of the Participant and Duration of the Type of Trauma, as Obtained by the CTI Structured Interview |
|---------------------------------|-----------------|-----------------|
|                                | SCID            | REM-71          |
| **Intrafamilial Total**        | .281*           | .104            |
|                                | .031            | .248            |
| **Extrrafamilial Total**       | -.096           | .134            |
|                                | .265            | .191            |
| **Duration of Emotional Abuse Partialled Out** |                      |                  |
| Intrafamilial Total            | .324*           | .121            |
|                                | .016            | .218            |
| Extrrafamilial Total           | -.126           | -.0216          |
|                                | .207            | .445            |
| **Duration of Physical Neglect Partialled Out** |                      |                  |
| Intrafamilial Total            | .198            | .070            |
|                                | .110            | .333            |
| Extrrafamilial Total           | -.159           | .044            |
|                                | .164            | .394            |
| **Duration of Physical Abuse Partialled Out** |                      |                  |
| Intrafamilial Total            | .271*           | .089            |
|                                | .039            | .285            |
| Extrrafamilial Total           | -.137           | .000            |
|                                | .191            | .499            |
| **Duration of Witnessing Violence Partialled Out** |                      |                  |
| Intrafamilial Total            | .329*           | .201            |
|                                | .015            | .095            |
| Extrrafamilial Total           | -.111           | .149            |
|                                | .236            | .168            |
| **Duration of Separation and Loss Partialled Out** |                      |                  |
| *p ≤ 0.05, **p ≤ 0.01
Our findings lend some credence to the argument that in addition to longstanding abuse and neglect, it is the special role of the perpetrator and the locale of the abuse that fosters the development of dissociative disorder. Dissociation from this vantage point is a severe form of inability to integrate events and emotional reactions caused by too many present conflicting pieces of information. This more dynamic process may serve survival in a completely paradoxical situation, where the child is simply unable to bring together the understanding that the perpetrator who injures is also the nurturer who sustains. In the face of such complexity, effort at making sense out of events and people is suspended and one accepts a fragmentation of self and others.

Although we have no reason to doubt the veracity of all these participants reporting these traumatic events, we also must consider another potential explanation for our findings, one that has implications for clinical practice as well. It is of course, also possible that we are seeing the effects of dissociation on different forms of recollecting traumatic events. In other words, it is possible that in these youngsters, high propensity to dissociative disorder leads in fact to their recollection of more intrafamilial rather than extrafamilial events. Such an association would support the intrapatient risk position. The convergence of all three methods of describing events employed in this study and the independence of these methods lends some credence to the fact that the events most likely happened as recalled, as stated in interviews, and as reported on in the questionnaires. As this is not a longitudinal study, we will not be able to put this question to rest. We did not have access to parents or authority’s reports in this study and thus cannot further explore the complexities raised.

The absence of a relationship between extrafamilial traumatic events and dissociative psychopathology may relate to another set of findings. Exposure to community violence has been shown to correlate with externalizing symptoms, in the absence of trauma related psychopathology, such as PTSD. Schwab-Stone et al. (1995) reported that exposure to violence and feeling unsafe in the community were associated with proneness to physical aggression and diminished perception of risk. It is our impression that these symptoms characterize a behavioral/emotional response that is distinct from pathological dissociation. Garbarino et al. (1992) also found that community violence may lead to desensitization to threat, heightened risk taking, and participating in dangerous activities. Witnessing people whom one is not dependent on perpetrate traumatic events may serve as a model for public conduct, which does not need to be mediated by nonintegration of information and emotional reaction.

**Limitations**

Our study has a number of limitations. The sample size was small and with the exception of two participants, all participants included reported a history of trauma. This created a ceiling effect requiring a bigger effect size to find significant associations and differences in an already small sample. Our study was conducted cross-sectionally. All events, whether recorded by self-report, structured interview, or narration, had already taken place. Furthermore, we used a new method to summarize narrative content produced under standardized conditions.

**Strengths**

Although our study has a number of limitations, it also has a number of strengths. We studied a high-risk sample of usually not very accessible subjects in a comprehensive manner. Our study used multitrait, multimethod design with extensive and intensive assessment. The sample was diverse, well diagnosed, and contained an equal distribution of gender. We combined standardized methods with novel ways of trauma assessment, which captured a broader range of traumatic experiences than standardized measures of traumatic events. We also were able to link the questionnaire and interview to in vitro data. The results converged and supported several of our hypotheses. Finally, the study raises interesting questions about the nature of dissociative symptoms, while lending further support to interesting parts of the literature.

**CONCLUSION**

The results obtained in this study through blind and independent assessment found significant correlations between intrafamilial events and dissociation as a DSM-IV disorder. Dissociation as a defense mechanism was not significantly correlated with reports of traumatic events grouped by their locale and role of the perpetrator. Neither age nor duration of the traumatic events appeared to influence these results. These findings suggest dissociation as a defense and pathological dissociation may be associated with different processes and most likely have separate implications. Future studies are needed to further examine the components of the defense and the disorder of pathologic dissociation.

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