Published in final edited form as:

J Trauma Dissociation. 2018 ; 19(1): 9–24. doi:10.1080/15299732.2017.1289491.

Childhood Sexual Abuse and Fear of Abandonment Moderate the Relation of Intimate Partner Violence to Severity of Dissociation

Noga Zerubavel, PhD^{1,2}, Terri L. Messman-Moore, PhD², David DiLillo, PhD³, and Kim L. Gratz, PhD⁴

¹Duke University Medical Center

²Miami University

³University of Nebraska-Lincoln

⁴University of Mississippi Medical Center

Abstract

Betrayal trauma theory proposes a relation between intimate partner violence (IPV) and dissociation, suggesting that dissociation among victims of IPV may function to restrict awareness of abuse in order to preserve attachments perceived as vital. We investigated two factors that may moderate the relation between IPV and dissociation—childhood sexual abuse (CSA) severity and fear of abandonment—among 348 women currently in a relationship. The relation between frequency of IPV (sexual and physical) and dissociation (amnesia and depersonalization) was moderated by CSA severity and fear of abandonment. Specifically, among women with clinically-relevant fear of abandonment, the strength of the relation between IPV and dissociation became stronger as CSA severity increased. This study is the first to demonstrate the moderating roles of fear of abandonment and CSA history in the relation between IPV and dissociation among women. Findings suggest that it may be important to target fear of abandonment in interventions with IPV victims who have a CSA history. Results suggest that fear of abandonment warrants greater attention in research on IPV revictimization.

Keywords

intimate partner violence; dissociation; childhood sexual abuse; revictimization; betrayal trauma

Correspondence concerning this article should be addressed to Noga Zerubavel, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Box 3026, Durham, NC 27710. noga.zerubavel@duke.edu.
Noga Zerubavel, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center and Department of Psychology, Miami University; Terri L. Messman-Moore, Department of Psychology, Miami University; David DiLillo, Department of Psychology, University of Nebraska-Lincoln; Kim L. Gratz, Department of Psychiatry and Human Behavior, University of Mississippi Medical Center.

Terri L. Messman-Moore, PhD, Department of Psychology, 311 Psychology Building, Miami University, Oxford, OH 45056
David DiLillo, PhD, Department of Psychology, Burnett Hall 216, University of Nebraska-Lincoln, Lincoln NE 68588-0308
Kim L. Gratz, PhD, Department of Psychiatry and Human Behavior, 2500 N. State St., University of Mississippi Medical Center, Jackson, MS 39216

This research was based on the first author's dissertation. Portions of these data were previously presented at the annual meeting of the Association for Behavioral and Cognitive Therapies in Chicago, IL in November 2015.

More than one third of American women¹ have experienced physical or sexual intimate partner violence (IPV; Black et al., 2011). IPV is associated with a wide range of mental health problems (e.g., depression, anxiety, PTSD) and physical health consequences (e.g., physical injury; Black et al., 2011). Furthermore, IPV dynamics contributing to strong attachment bonds make intervention challenging. Abuse often occurs in a cycle—building tension, eruption of abusive behaviors, and contrition (expression of affection and devotion; Walker, 1979). This cycle alternates aversive arousal (punishment) with relief (reinforcement), constituting intermittent reinforcement and fostering traumatic bonding—extremely strong bonds that are challenging to extinguish (Dutton & Painter, 1993). IPV dynamics are complex and insidious because traumatic bonding and other patterns of abuse essentially *promote* intense attachment to the abusive partner (Dutton & Painter, 1993; Herman, 1992).

When victims² of IPV seek to protect attachment bonds in their relationship, they may do so by restricting awareness of abuse through dissociation. Indeed, Freyd's (1996) betrayal trauma theory highlights the adaptive nature of dissociation in contexts where maintaining awareness of abuse would compromise important attachment bonds; attachment bonds are preserved through "knowledge isolation" or partial "unawareness" (Freyd, DePrince, & Gleaves, 2007, p. 296).

In addition to functioning to protect important attachment relationships (Freyd, 1996), dissociation is also theorized to restrict awareness of threatening information in order to maintain psychological safety (Dell, 2009; Putnam, 1997). Most researchers identify two types of pathological dissociation: amnesia and depersonalization (Brown, 2006; Dell, 2009; Putnam, 1997). Amnesia involves compartmentalization phenomena (e.g., memory impairment), whereas depersonalization involves experiences of detachment or estrangement from one's body (e.g., watching from outside one's body). Dissociation is associated with IPV victimization (DePierro, D'Andrea, & Pole, 2013; Dorahy, Lewis, & Wolfe, 2007; Iverson et al., 2013), with Stein (2012) observing that women with severe dissociation remained in violent relationships longer than those without dissociation. Given the serious negative consequences of IPV (see Black et al., 2011), the relation of dissociation to IPV is an important area of inquiry. In particular, more information is needed regarding factors that may influence this relation. We propose that two factors may influence the extent to which the frequency of IPV relates to increased dissociation: childhood sexual abuse (CSA) severity and fear of abandonment (FoA), and that these factors may have an additional synergistic effect.

Because the ability to restrict awareness via dissociation is often developed during childhood (Alexander, 2009; Putnam, 1997), CSA victims may be particularly likely to dissociate to cope with IPV. CSA victims have a particular vulnerability to pathological dissociation (Freyd, DePrince, & Zurbriggen, 2001). Although dissociation does not emerge exclusively from experiences of CSA, CSA history is expected to increase vulnerability to pathological dissociation in the context of IPV.

¹This study focused on women, but we acknowledge that men are also victims of IPV.

²For the sake of brevity, we use the term "victims" throughout the paper to connote "individuals who have experienced victimization."

Betrayal trauma theory predicts that the more invested a person is in protecting the attachment relationship, the more motivated they will be to dissociate to restrict awareness of abuse. Fear of abandonment may increase investment in protecting the attachment bond, thereby amplifying the likelihood of coping with IPV through dissociation. For individuals with clinically-relevant FoA, remaining in an abusive relationship may be more tolerable than the prospect of being alone, thus motivating restricted awareness of abuse via dissociation. Indeed, in her first-person narrative, Wyatt (2013) describes remaining in an abusive marriage primarily because the relationship allayed her FoA. The impact of FoA on an individual's reactions to IPV has not been examined empirically. We hypothesize that FoA may increase investment in maintaining the relationship, resulting in higher levels of dissociation.

The goals of this study were to examine the relation of IPV to dissociation, and the roles of CSA severity and FoA in moderating this association. Specifically, we sought to provide additional support for the relevance of betrayal trauma theory to IPV (Freyd, 1996; Platt, Barton, & Freyd, 2009) by examining whether IPV is associated with increased levels of pathological dissociation (i.e., amnesia and depersonalization), and whether CSA severity and FoA moderate this association. We hypothesized that as frequency of IPV increases, dissociation would also increase. Analyses were conducted separately for sexual and physical IPV to identify specific associations between particular forms of IPV and dissociative processes. We hypothesized that both CSA severity and FoA would moderate this association, such that the relation between IPV and dissociation would be strongest among women with more severe CSA and clinically-relevant FoA. In examining these hypotheses, we also evaluated post hoc whether a three-way interaction existed, such that the IPV-dissociation link would be strongest among women with both severe historical CSA, known to predict dissociation, *and* clinically-significant FoA, which we theorized might increase motivation to preserve the attachment bond to the abuser through dissociation.

Method

Participants

Participants were part of a multi-site study of emotion dysregulation and sexual revictimization among young adult women. The larger study included a community sample of 490 young adult women from the Midwestern and Southern United States. Recruitment methods included random sampling from the community and advertisements. Only the 378 women who indicated they were currently in a romantic relationship were administered the IPV measure. Of these, 30 women were missing extensive data on IPV or dissociation, resulting in a final sample size of 348 women ($N=348$). The final sample of participants ranged in age from 18–25 years ($M=21.79$; $SD=2.22$). The participants' ethnicity was majority Caucasian (61.2%) and African American (34.2%), as well as 6% Latina, 3.7% American Indian, 3.2% Asian, and 2.9% other – specified as: Caribbean, Dominican, East Indian, Hispanic, Italian, and Ecuadorian. Most participants were unmarried (79.9%) and had no children (78.4%). Approximately half of the participants (51.9%) were full-time students; 77.7% reported an annual household income under \$40,000, with 39.1% reporting under \$10,000.

Measures

Intimate partner violence—IPV in the past year was assessed with a modified version of the Conflict Tactics Scale (CTS2; Straus, Hamby, & Warren, 2003). Participants indicate how many times in the past year their partner engaged in each of 33 abusive behaviors. Two subscales were examined: Sexual Coercion (7 items, $\alpha=.74$) and Physical Assault (12 items, $\alpha=.93$). Respondents used a 7-point scale with ordinal categories ranging from 0 (this has never happened) to 6 (more than 20 times in the past year) to indicate frequency of each abusive behavior. Responses of 7 (indicating the event happened previously but not in the past year) were removed and treated as missing data (i.e., indicating neither current victim status nor nonvictim status)³. Subscales were then summed as a severity score.

Dissociation—Dissociation was assessed using the 28-item Dissociative Experiences Scale (DES-II), which has been found to have good internal consistency, test-retest reliability, and criterion, construct, and discriminant validity (Bernstein & Putnam, 1986; Carlson et al., 1993). The measure's instructions are to "determine to what degree the experience described in the question applies to you and circle the appropriate number to show what percentage of the time you have had the experience." Both subscales measuring pathological dissociation had good internal consistency in the present sample: Amnesia (8 items, $\alpha=.90$) and Depersonalization (6 items, $\alpha=.87$).

Fear of abandonment—Clinically-relevant FoA was assessed using the borderline personality disorder module of the Diagnostic Interview for DSM-IV Personality Disorders (DIPD-IV; Zanarini, Frankenburg, Sickel, & Yong, 1996), a semi-structured clinical interview with good inter-rater and test-retest reliability (Zanarini et al., 2000). Questions assess FoA over past two years. For the purpose of this study, responses to the FoA item were scored dichotomously, distinguishing women with clinically-relevant (i.e., threshold) levels of FoA from those with nonclinical levels of FoA.

Childhood sexual abuse—CSA severity was assessed using the Sexual Abuse subscale of the 28-item Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998), which measures abuse experiences that occurred between ages zero and 14. The Sexual Abuse subscale contains 5 items rated on a 5-point scale ranging from 1 (never true) to 5 (very often true). Items include: "Someone tried to make me do sexual things or watch sexual things." The summed score is described as a subscale severity score (Bernstein & Fink, 1998). The CTQ has demonstrated adequate reliability and validity (Bernstein & Fink, 1998). Internal consistency in the current sample was $\alpha=.92$.

Procedure

All methods received prior Institutional Review Board approval at the respective institutions. Participants were recruited in two stages. For initial recruitment, the Bureau for Sociological Research (BOSR) sent letters with information about the study and contact information for the researchers to a random sample of women ages 18–25 within identified zip codes

³In all instances that 7s were treated as missing data, participants endorsed other items of the same type of abuse occurring the same year, therefore no participants were mis-categorized as non-victims despite past abuse.

(driving distance of the universities). Professional interviewers from BOSR screened all potentially interested women to confirm inclusion criteria (i.e., between ages 18–25, able to communicate in English, willing to participate in multi-session study). Following saturation from this approach, the second phase used advertisements in local newspapers, Facebook, and flyers to recruit participants to be screened by BOSR interviewers. After women were screened and agreed to participation, the local researchers contacted them for scheduling. After providing written informed consent, participants completed the diagnostic interview, and then a series of self-report questionnaires (order: CTQ, CTS, DES) administered and completed online at study site laboratories. Participants were reimbursed \$75 for this session.

Analyses

Preliminary analyses verified that dissociative processes were positively related and also distinct using zero-order correlation coefficients. Regression analyses were used to examine the relation between IPV frequency and dissociation, and the moderating roles of CSA and FoA in these relations. Separate analyses examined the relation of sexual and physical IPV to dissociative processes. The PROCESS macro for SPSS (Hayes, 2013) was used to probe the significant interactions. Specifically, significant three-way interactions were probed by examining the two-way interaction of CSA severity and IPV at both clinically-relevant and nonclinical levels of FoA. When those two-way interactions were significant, they were probed further by examining the simple effects of IPV on dissociation at low (1SD below mean), mean, and high (1SD above mean) levels of CSA severity. It is noteworthy that 1 SD below mean on CSA severity was equivalent to endorsing “never true” for all of the items (i.e., no CSA).

Results

Descriptive Statistics

The final sample included 348 women. Based on Bernstein and Fink’s (1998) criteria, 39% of these participants ($n=135$) reported a history of CSA. In the past year, 34% ($n=119$) reported sexual IPV; 30% ($n=105$) reported physical IPV; 20% of the participants reported have experienced both types; 14% reported exclusively sexual; and 10% reported exclusively physical IPV. On average, participants reported 2 instances of sexual IPV and three to five incidents of physical IPV in the past year. Twelve percent ($n=42$) of the women endorsed clinically-significant FoA. Descriptive statistics and bivariate associations are presented in Table 1. Correlation analyses revealed significant interrelations among all variables.

Results of Analyses

Hierarchical regression analyses were used to examine the relation of sexual and physical IPV frequency to the dissociative processes, the moderating roles of CSA and FoA in these relations, and the synergistic effect of CSA and FoA in the three-way interaction. The total DES score was also tested, however the results were nonsignificant.

Sexual IPV—Results revealed significant main effects of sexual IPV frequency and CSA severity on both amnesia and depersonalization, suggesting that both sexual IPV and CSA

relate to greater dissociation. Notably, however, these main effects were qualified by three-way interactions between sexual IPV, CSA severity, and FoA for both dissociative processes (see Table 2). To interpret these three-way interactions, the sexual IPV $\times$ CSA interaction was probed at both clinically-relevant and nonclinical levels of FoA.

Amnesia: The two-way interaction of sexual IPV and CSA severity was significant at clinically-relevant levels of FoA (conditional effect=0.18, $SE=.04$, $t=4.08$, $p<.001$) but not at nonclinical levels of FoA ($p=.14$). Among women with clinically-relevant FoA, the simple effect of sexual IPV on amnesia was probed at various levels of CSA (see Figure 1). Results revealed that the strength of the relation between sexual IPV and amnesia became stronger as CSA severity increased. Specifically, at high levels (+1SD above mean) of CSA severity, sexual IPV related positively to amnesia (conditional effect=1.54, $SE=.25$, $t=6.24$, $p<.001$). At the mean level of CSA severity, this effect dropped to 0.61 ($SE=.27$, $t=2.26$, $p<.05$), and at low levels (−1SD below mean) of CSA severity the effect was not significant ($p=.82$).

Depersonalization: The two-way interaction of sexual IPV and CSA severity in relation to depersonalization was significant at clinically-relevant levels of FoA (conditional effect=0.10, $SE=.03$, $t=3.40$, $p<.001$) but not at nonclinical levels of FoA ($p=.35$). Among women with clinically-relevant FoA, the simple effect of sexual IPV in relation to depersonalization was probed at various levels of CSA. Results revealed that the relation between sexual IPV and depersonalization became stronger as CSA severity increased. Specifically, whereas sexual IPV did not relate to depersonalization at low levels of CSA severity (conditional effect=0.23, $SE=.24$, $t=0.95$, $p=.34$), it did evidence a significant relation at mean (conditional effect=0.52, $SE=.18$, $t=2.88$, $p<.01$) and high (conditional effect=1.05, $SE=.17$, $t=6.30$, $p<.001$) levels of CSA severity.

Physical IPV—A similar pattern of findings emerged in analyses examining physical IPV, with results revealing significant main effects of both physical IPV frequency and CSA severity on amnesia and depersonalization. However, once again these main effects were qualified by significant three-way interactions between physical IPV, CSA, and FoA in relation to both dissociative processes (see Table 3). To interpret these three-way interactions, the physical IPV $\times$ CSA interaction was probed at both clinically-relevant and nonclinical levels of FoA..

Amnesia: The two-way interaction of physical IPV and CSA severity was significant among women with both clinically-relevant (conditional effect=0.07, $SE=.02$, $t=3.41$, $p<.001$) and nonclinical (conditional effect=−0.04, $SE=.01$, $t=−3.57$, $p<.001$) levels of FoA. Among women with clinically-relevant FoA, the simple effect of physical IPV in relation to amnesia was probed at various levels of CSA (see Figure 2). As CSA severity increased, the strength of the relation between physical IPV and amnesia became stronger. Specifically, whereas physical IPV related positively to amnesia at high (conditional effect=0.67, $SE=.13$, $t=5.34$, $p<.001$) and mean (conditional effect=0.31, $SE=.11$, $t=2.89$, $p<.01$) levels of CSA severity, this relation was not significant at low levels of CSA severity (conditional effect=0.10, $SE=.14$, $t=0.74$, $p=.46$). Among women with nonclinical levels of FoA, the strength of the relation between physical IPV and amnesia became weaker as CSA severity increased.

Specifically, whereas physical IPV was not significantly related to amnesia at high levels of CSA severity ($p=.052$), this relation was significant at mean (conditional effect=0.38, ($SE=.08$, $t=4.73$, $p<.001$) and low (conditional effect=.50 ($SE=.10$, $t=5.23$, $p<.001$) levels of CSA. Thus, when participants did not endorse clinically-relevant FoA, physical IPV related positively to amnesia only for participants with average or low levels of CSA.

Depersonalization: A similar pattern of findings emerged for the relation between physical IPV and depersonalization. Specifically, the two-way interaction of physical IPV and CSA severity in relation to depersonalization was significant among women with both clinically-relevant levels of FoA (conditional effect=0.04, $SE=.01$, $t=2.72$, $p<.01$) and nonclinical levels of FoA (conditional effect=-0.02, $SE=.01$, $t=-2.52$, $p<.05$). Moreover, whereas the relation between physical IPV and depersonalization became stronger as CSA severity increased among women with clinically-relevant FoA (with physical IPV relating significantly to depersonalization at high [conditional effect=0.40, $SE=.09$, $t=4.60$, $p<.001$] and mean [conditional effect=0.20, $SE=.07$, $t=2.71$, $p<.01$] levels of CSA severity but not low levels [conditional effect=0.09, $SE=.10$, $t=0.90$, $p=.37$], this relation became weaker as CSA severity increased among women with nonclinical levels of FoA (conditional effects=0.30, 0.24, and 0.13 at low, mean, and high levels of CSA severity, respectively; $p's<.05$).

Discussion

We sought to examine the relation of IPV to dissociation, the moderating roles of CSA severity and fear of abandonment in this relation, and the three-way interaction among all the variables influencing dissociation. Our findings highlight the relevance of both CSA severity and FoA to the relation between IPV and severity of dissociation. Findings also show that historical CSA and clinically-relevant FoA may interact synergistically to increase reliance on dissociation. Consistent with betrayal trauma theory, our study suggests that more frequent IPV is associated with higher levels of dissociation. Dissociation may allow individuals who experience IPV to compartmentalize or detach from painful experiences with a partner, thus protecting the attachment bonds in the relationship. These findings are consistent with earlier studies demonstrating an association between IPV and dissociation (Dorahy et al., 2007; Iverson et al., 2013), and support for the importance of examining dissociation as a coping mechanism among women with IPV. Although dissociation may allow victims of IPV to cope with the traumatic context of abuse in a manner that protects attachment, this same process may also make it less likely that a victim will leave her abuser or take other steps toward safety. Additional longitudinal work is needed to elucidate the precise way in which these processes interact and unfold over time to create risk for dissociation.

Findings also provide partial support for the hypothesis that the relation between IPV and dissociation is stronger among women with more severe CSA. Specifically, among women with clinically-relevant FoA, the relation between IPV and dissociation became stronger as CSA severity increased. These findings suggest that a history of moderate to severe CSA may increase levels of dissociation among women experiencing IPV – particularly in the context of a FoA. These results support betrayal trauma theory's proposition that

dissociation has a relational function to maintain attachment bonds among those with an investment in maintaining a relationship (Freyd, 1996), and add to the literature on the relation between CSA and dissociation (Alexander, 2009; Putnam, 1997). Although the precise nature of these interactive risk processes needs to be explored in further longitudinal studies, the present results are consistent with the hypothesis that CSA victims rely more heavily on dissociation *particularly* when there is a strong need to maintain the attachment bond (i.e., when clinically-significant FoA is present). In sum, these interactive processes may contribute to an increased tendency of revictimized women to cope with abuse through dissociation.

Building on the predictions of betrayal trauma theory (Freyd, 1996; Freyd et al., 2007), clinical observations (Stein, 2012), and anecdotal first-person data (Wyatt, 2013), this study is the first to highlight the role of FoA in the relations among IPV, CSA, and dissociation. We conceptualized FoA as a factor that would increase investment in maintaining the relationship, ultimately increasing the extent to which IPV relates to dissociation. However, FoA did not have direct effects on the relation between IPV and dissociation; instead, FoA had an effect only in the context of historical CSA. We interpret this as highlighting the importance of childhood experiences (e.g., CSA) in developing core beliefs such as FoA and potentially influencing revictimization (Alexander, 2009; Classen, Field, Kooperman, Nevill-Manning, & Spiegel, 2001). FoA interacted with CSA severity to increase the strength of the association between IPV and dissociation, with this relation being strongest among women with both clinically-relevant FoA and moderate to severe CSA.

In addition to providing a context (i.e., greater need to maintain the attachment bond) in which past experiences of CSA (which provide a learning history for dissociation) increase the extent to which IPV relates to dissociation, FoA may also be associated with other factors that increase risk for dissociation among IPV victims. For example, dissociation among female IPV victims is associated with maladaptive trauma cognitions (Fleming & Resick, 2015), which may include FoA. Understanding factors that may contribute to dissociation within this population is critical given that dissociation may also predict future episodes of sexual victimization (Sandberg, Matorin, & Lynn, 1999) and physical IPV (Iverson, et al., 2013). Our findings add to this literature by demonstrating that FoA is a psychological context in which CSA history increases vulnerability to IPV-related dissociation.

Fear of abandonment may in fact be a natural response to the context of an IPV relationship (see Pico-Alfonso, Echeburúa, & Martínez, 2008). For instance, abusers may specifically threaten to leave and tell the victim that they will be alone, or that no one else will ever love them. FoA often develops in environments that are hostile, invalidating, and inconsistent (Herman, 1992), demonstrating that an abusive environment (e.g., IPV) does not negate the fear of losing the relationship, but rather may foster FoA and other attachment anxiety. Attachment anxiety has been found to be associated with IPV and difficulties leaving abusive relationships (Dutton & Painter, 1993) and to moderate the association between IPV and both depression and posttraumatic stress disorder in women (La Flair, Bradshaw, Mendelson, & Campbell, 2015; Scott & Babcock, 2010).

Contrary to our hypotheses, among women without clinically-relevant levels of FoA, CSA severity did not influence the relation between sexual IPV and dissociation, but was inversely related to the strength of the relation between physical IPV and dissociation (where the strongest relation was found for women with low levels of CSA). These findings highlight the importance of elevated FoA in determining whether CSA history moderates the strength of the IPV-dissociation relation. Specifically, past experiences of CSA increase the strength of the relation between IPV and pathological dissociation only in the context of clinically-relevant FoA. Together with the findings discussed above, these findings provide support for the hypothesized synergistic effect of FoA and CSA history on the IPV-dissociation relation.

If a victim decides to stay in an abusive relationship, dissociation may be adaptive. Sociocultural factors may contribute to the choice to stay. Victims commonly hear phrases such as “love hurts” and “stand by your man.” Race, ethnicity, religious beliefs, sexual orientation, and many other cultural factors may constrain the options available to a victim (Bryant-Davis, 2005). For instance, victims belonging to marginalized group may not trust the legal system, leaving them without a way to gain custodial rights, an order of protection, or a divorce (Smith & Freyd, 2014).

Although the present study deepens our understanding of the relation between IPV and dissociation, several limitations warrant mention. First, theoretical literature suggests that CSA perpetrated by a caregiver or trusted individual is more likely to be associated with severe dissociation (Freyd et al., 2001), but the CTQ does not provide contextual information (e.g., relationship to CSA perpetrator) needed to evaluate betrayal trauma. Future studies would benefit from examining the role of the victim-offender relationship and other contextual factors in the relations among CSA, IPV, and dissociation. Furthermore, CTS response options assess prior IPV victimization only “*If your partner did not do one of these things in the past year, but it happened before that*”; future studies would benefit from including comprehensive assessment of prior IPV victimization. Additionally, self-report measures may be influenced by an individual’s willingness and/or ability to report accurately on these experiences. Furthermore, the study’s cross-sectional design precludes conclusions regarding the precise nature and direction of relations of interest; prospective studies are needed to confirm that FoA interacts with CSA history to predict greater dissociation in response to IPV. Additionally, although there are benefits to examining IPV and dissociation within community samples, the extent to which these findings generalize to clinical samples with more severe IPV or dissociation remains unclear; future research examining these relations in clinical samples is needed. Finally, future studies could assess whether dissociation is a barrier to considering leaving an IPV relationship by incorporating a measure of stay-leave decision-making.

Implications for Intervention

The current findings may inform interventions for women experiencing IPV revictimization. Results suggest the importance of considering how IPV, history and severity of CSA, and FoA may, together, increase the risk for dissociation. Findings indicate that a combination of a history of CSA and clinically-relevant FoA increases the likelihood of dissociation among

women experiencing IPV. For women with clinically-relevant FoA, focusing on this issue in interventions might increase their ability to maintain awareness of abuse, potentially motivating outreach for support or consideration of leaving the relationship. Targeting FoA directly may also reduce their need to rely on dissociation, enabling women to implement other, more adaptive responses in the face of IPV. Psychological interventions such as cognitive behavioral therapy or interpersonal therapy may be helpful in modifying maladaptive relational cognitions (e.g., FoA; Young, Klosko, & Weishaar, 2003). Additionally, clinicians can target dissociation directly by identifying and intervening to address the specific dissociative processes an IPV victim relies upon to restrict awareness of abuse. For example, interventions for amnesia might focus on reducing self-fragmentation (ISSTD, 2011), whereas interventions for depersonalization might focus on mindfulness, grounding skills, and increasing internal connectedness (Zerubavel & Messman-Moore, 2015). Together, the results of this study highlight the importance of systematically assessing women experiencing IPV for childhood trauma, and assessing and targeting fear of abandonment and dissociation in order to reduce IPV revictimization.

Acknowledgments

This research was supported by National Institute of Child Health and Human Development Grant R01 HD062226, awarded to the third author (DD). The authors would like to acknowledge the support of numerous research assistants, whose hard work and dedication made this work possible, and to Tory Eisenlohr-Moul for helpful comments on this manuscript. We would also like to express our gratitude to the women who participated in this study.

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Figure 1.

Depiction of the Three-Way Interaction of Sexual Intimate Partner Violence (IPV), Fear of Abandonment, and Childhood Sexual Abuse (CSA) on Amnesia

Notes. * $p < .001$; the significant three-way interaction predicting *depersonalization* is nearly identical, and is therefore not presented.

Figure 2.

Depiction of the Three-Way Interaction of Physical Intimate Partner Violence (IPV), Fear of Abandonment, and Childhood Sexual Abuse (CSA) on Amnesia

Notes. * $p < .001$; the significant three-way interaction predicting *depersonalization* is nearly identical, and is therefore not presented.

Table 1

Zero-Order Correlations

	1	2	3	4	5	6
1. Sexual IPV						
2. Physical IPV	.52***					
3. CSA Severity	.12*	.16**				
4. FoA	.13*	.27***	.12*			
5. Amnesia	.35***	.32***	.27***	.13*		
6. Depersonalization	.38***	.31***	.20***	.15***	.75***	
Mean	2.04	3.26	7.95	.12	5.71	2.73
Standard Deviation	4.36	7.81	5.19	.33	9.46	6.35
Variable Range	0–42	0–72	5–25	0–1	0–80	0–60

Note. IPV=Intimate Partner Violence; CSA=Childhood Sexual Abuse; Fear of Abandonment (FoA); 1=clinically-relevant levels; 0=nonclinical levels.

* $p<.05$,

** $p<.01$,

*** $p<.001$

Moderation Models Predicting Dissociation from the Interactions of Sexual Intimate Partner Violence (IPV), Childhood Sexual Abuse (CSA), and Fear of Abandonment (FoA) (n=348)

Table 2

Predictors	Dissociative Processes					
	Amnesia			Depersonalization		
	<i>B</i>	<i>SE</i>	<i>t</i>	<i>B</i>	<i>SE</i>	<i>t</i>
Sexual IPV	0.59	0.11	5.32***	0.46	0.08	3.09***
CSA	0.41	0.09	4.65***	0.19	0.06	6.05**
FoA	1.53	1.47	1.04	1.31	0.99	1.31
<i>Interactions</i>						
Sexual IPV × CSA	−0.01	0.02	−0.45	−0.001	0.01	−0.08
Sexual IPV × FoA	0.02	0.30	0.07	0.08	0.20	0.41
CSA × FoA	−0.14	0.24	−0.60	−0.05	0.16	−0.34
Sexual IPV × CSA × FoA	0.22	0.05	4.30***	0.12	0.03	3.43***
Total <i>R</i> ²	.23***			.22***		
Three-way interaction and	<i>R</i> ²			.03***		

Note.

* *p*<.05,

**

p<.01,

*** *p*<.001

Table 3

Moderation Models Predicting Dissociation from the Interactions of Physical Intimate Partner Violence (IPV), Childhood Sexual Abuse (CSA), and Fear of Abandonment (FoA) (n=348)

Predictors	Dissociative Processes					
	Amnesia			Depersonalization		
	<i>B</i>	<i>SE</i>	<i>t</i>	<i>B</i>	<i>SE</i>	<i>t</i>
Physical IPV	0.37	0.07	5.18***	0.23	0.05	4.67***
CSA	0.41	0.09	4.56***	0.19	0.06	3.02**
FoA	0.18	1.55	0.11	0.67	1.08	0.63
<i>Interactions</i>						
Physical IPV × CSA	−0.03	0.01	−2.66**	−0.01	0.01	−1.80
Physical IPV × FoA	−0.07	0.13	−0.52	−0.04	0.09	−0.38
CSA × FoA	−0.26	0.24	−1.06	−0.12	0.17	−0.71
Physical IPV × CSA × FoA	0.11	0.02	4.73***	0.06	0.02	3.60***
Total <i>R</i> ²	.21	***		.16	***	
Three-way interaction and	<i>R</i> ²	.05	***	.03	***	

Note.

**
p < .01,

p < .001