INTRODUCTION

The current paper attempts to use structural modeling to explain observed relationships between childhood trauma, adult trauma, and adult dissociation and mental health. Many researchers have noted these relationships without attempting to piece apart the nature of the relationships, only assuming that all variables might have causal effects on all others (with the exception of adult variables causing childhood variables). Theoretically, if childhood trauma causes revictimization (adult interpersonal trauma) as well as dissociation and mental health problems, a model specifying paths to revictimization, dissociation, and mental health beginning at childhood trauma should best fit observed data. Conversely, if childhood trauma does not cause these outcomes, and underlying characteristics of the individual cause both traumatization and mental health problems, a model that leaves out paths from adult trauma to outcome variables should not fit the data well. It is hypothesized that a model specifying paths from childhood trauma to adult trauma, dissociation, and mental health, and setting paths originating at adult trauma to zero will most parsimoniously predict observed patterns of association between these variables.

METHODS

The current study surveyed 307 (198 women, 97 men, 2 declined to report gender) undergraduates recruited from the University of Oregon psychology Human Subjects Pool. Participants were compensated with partial course credit. Demographics in this sample were representative of the UO undergraduate population with a mean age of 20.96 years (SD = 4.89), mostly (94%) single, and ethnicity represented as follows: 85.1% Caucasian, 9.3% Asian American, 2.0% Hispanic/Latino/a, 11% other groups. Questionnaires were computer-administered.

The Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006) distinguishes between events perpetrated by individuals who are close to the respondent (high-betrayal) and those that involve no or non-close perpetrators, and also between childhood and adulthood events. Events experienced in childhood are those occurring before age 13, and adulthood after 18th birthday. The number of different types of high-betrayal traumas that fell into each age category was summed for each person and used in the analyses.

The Trauma Symptom Checklist 40 (TSC-40; Elliott & Briere, 1992) includes symptoms commonly reported in child abuse survivors, including depression, anxiety, sleep difficulties, and sexual problems. The depression, anxiety, and dissociation subscale scores are the most reliable, and were used in the analyses in this paper.

The Dissociative Experiences Scale (DES; Carlson & Putnam, 1993) is a self-report measure of common and uncommon dissociative experiences. Examples of common experiences include “spacing out” during a lecture and highway hypnosis. Examples of less common experiences include identity confusion and identity alteration related items.

RESULTS

Upon completing a thorough check of the data’s suitability, the hypothesized model was run in Mplus. The model was specified as follows. Scores from theDES and the TSC dissociation subscale were included as indicators of the latent construct dissociation. Scores from the TSC depression subscale and TSC anxiety subscale were included as indicators of the latent variable mental health. Childhood trauma was included as a predictor of adult betrayal trauma and dissociation, and dissociation was included as a predictor of mental health. Mental health was in turn included as a predictor of adult betrayal trauma experiences. Paths between adult betrayal trauma and dissociation, and dissociation and mental health were set at zero. These data do clearly suggest that childhood trauma is the driving force behind the relationship between trauma and dissociation. Given that most reports are retrospective, and experiencing childhood trauma is often difficult to determine the nature of observed relationships. However, the model supported by the current analyses has important implications for diathesis-stress models of psychopathology.

REFERENCES


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