The Relationship of Childhood Abuse, Dissociation, Self-Efficacy and Self-Injurious Behavior among Adults

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Abstract

This paper explores the impact of childhood abuse on dissociation, leading to self-injurious behavior among adults. These relationships bear relevance to further research and treatment of both dissociation and self-injurious behavior. Child sexual, physical and emotional abuse have been a devastating problem plaguing our society for centuries. Child abuse has only recently been given the attention that it deserves over the past few decades. Although the self-injurious behavior is a phenomenon that significantly impacts the lives of thousands of people, it has gone unaddressed for decades. Dissociation refers to any psychological experience which may occur when one's regular stream of consciousness is disrupted. More attention needs to be given to child abuse victims who engage in self-injurious behaviors, with regards to therapy and learning appropriate coping skills to effectively deal with past trauma. The purpose of this study is to explore a distinct connection between child abuse, dissociation coping self-efficacy, and self-injury, a connection that should not be ignored, and should be further studied. There are many hurting people in society who do not have the proper resources to effectively cope with childhood trauma, and in turn, the result to the only forms of relief that they know, self-injury and self-destruction. It is the hope of this study to bring light to that trauma and its effects to change lives of victims for the better, permanently.

Keywords: Early childhood abuse, dissociation, coping self-efficacy and self-injury

1. Introduction

Of the many evils plaguing our current society, child abuse prevails as a form of depravities that lead to a moral, physical, psychological, and emotional decline in civilization. Child abuse manifests in a variety of forms and contribute to many psychological disorders that people develop over their lifetimes. The studies of Bernier, Hébert, and Collin-Vézina (2013) and Lassri and Shahar (2012) suggest that the main sequelae of childhood abuse are dissociation, negative coping self-efficacy, and self-injury. Nevertheless, the strongest factor correlated with child abuse is self-injury. According to Wachter et al. (2009), early child abuse is positively correlated to dissociation and self-injurious behavior in adulthood, perhaps not in all cases, but definitely in most of the cases. Childhood abuse, particularly in its more extreme forms, often demands internal coping resources beyond what the child has, leading the child to mentally detach from the painful situation (Carlson, Yates, & Sroufe, 2011). As development continues, the child may ensue to dissociate in the face of stressful situations (Carlson et al., 2011).

Due to the tendency to dissociate, in part to environmental factors that often accompany childhood abuse, and in part to the insecure attachment relationships to caregivers that are also likely to form, the child may fail to develop an adequate array of positive coping strategies (Carlson et al., 2011). It stands to reason that such children may grow to develop limited levels of coping self-efficacy; that is, children may have only limited belief in their coping ability.

Furthermore, researchers have found that when people lack the resources, either internal or external, including self-efficacy, to cope in healthy ways, they may resort to unhealthy means of coping. Dissociation and self-injurious behavior have been shown to be ways in which the mind may respond to stressors (e.g., Adler & Adler, 2011; Andover, Pepper, & Gibb, 2007). Additionally, child abuse, dissociation, coping self-efficacy and self-injurious behavior have shown to be significantly correlated (Armey & Crowther, 2008; Gratz, Conrad, & Roemer, 2002; Matsumoto et al., 2005; Simeon, 2009). It is important to note, however, that the correlation between these variables varies from person to person. Some who engage in self-injury do so to induce a state of dissociation or to release overwhelming emotions while others do so to alleviate feelings of numbness and other dissociative symptoms (Adler & Adler, 2011; Armey & Crowther, 2008; Franklin, Hessel, Aaron, Arthur, Heilbron, & Prinstein, 2010; Klonsky, 2009).

Several studies demonstrate that child abuse, dissociation, and self-injurious behavior are positively correlated (Glassman, Weierich, Hooley, Deliberto, & Nock, 2007; Swannell, Martin, Page, Hasking, Hazell, Taylor, & Protani, 2012; Tatnell, Kelada, Hasking, & Martin, 2014; Wright, Crawford, & Del Castillo, 2009; Yates, Tracy, & Luthar, 2008). Such a positive correlation has historically included low self-efficacy (Wright et al., 2009). In other words, higher levels of child abuse are correlated with higher levels of dissociation and self-injury. Furthermore, several researchers have found lower levels of self-efficacy to be correlated with higher levels of dissociation and higher levels of self-injurious behavior. (Benight, Cieslak, Molton, & Johnson, 2008; Hirschel & Schulenberg, 2009; Walter, Horsey, Palmieri, & Hobfoll, 2010). The relevant literature clearly confirms the link between childhood abuse, self-injurious behavior, dissociation, and coping self-efficacy, nevertheless, the precise nature of the relationships remains unclear. Thus, further exploration of these factors is necessary.

2. *Review of Literature*

An extensive review of the relevant literature showed that child abuse did not receive proper attention until approximately the mid-1900's. When professionals began to review the history of child abuse they discovered some thought-provoking findings. Sornberger, Smith, Toste and Heath (2013) suggest that our concern with abuse goes back to the year 1945 when pediatricians began to speculate that many of the injuries they treated were inflicted by the children's parents. Child abuse began to be considered as a problem when Kempe, Silverman, Steele, Droegemueller, and Silver (1962), created the phrase 'the battered child' to shock the scientific community and to bring awareness to the general public about the seriousness of the child abuse dilemma in America. Consequently, increased recognition of the problem of child abuse led legislators to enact child protection laws by 1967 and to the establish the National Center on Child Abuse and Neglect in 1974. Since child abuse has obtained the crucial attention it deserves, it has become essential to develop relevant and specific definitions of what behaviors constitute child abuse. In the search for a suitable definition, it is apparent that there are a variety of ways in which a child may be abused.

According to Soffer, Gilboa-Schechtman and Shahar (2008), there are three major types of child abuse: child sexual abuse (CSA), child neglect (CN) and physical and/or emotional child abuse (PECA). Child sexual abuse is probably the most common form of child abuse in any country. The American Psychiatric Association (2013) defines child sexual abuse as intercourse with a minor where consent is not or cannot be given. The sexual behaviors may consist of non-contact sexual behaviors such as exposure or voyeurism, sexual contact and sexual penetration (Lynch & Cozza, 2009; Soffer et al, 2008). Additionally, it includes forceful sexual acts or the threat of force between an adult and a child.

It is evident that child sexual abuse covers a vast array of behaviors and is not simply subject to engaging in sexual intercourse with a child. It is vital to know, that both coercion and force are significant factors that influence the definition of child sexual abuse (CSA); therefore, a clear understanding of what child sexual abuse allows lawmakers, mental health professionals, and lay people to identify this type of abuse when it occurs. The prevalence of CSA is an ever-changing statistic, and difficult to pinpoint as there are many unreported cases that occur. Nevertheless, there are some statistics available, for example, in one recent study of women from the United States, the prevalence of CSA was 20% for girls in primary school (Calati & Philippe, 2016).

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Globally, the prevalence of CSA has been recorded at 12% to 33% for girls and 8% to 10% for boys (American Psychiatric Association, 2013; Lynch & Cozza, 2009).

The effects of child sexual abuse can be vastly devastating. According to one study, a child is simply unprepared to psychologically tackle sexual abuse. Fear of harm and/or death, depression, and anxiety are some of the first signs that appear following child abuse. The more important gradual effects include feelings of low self-esteem, substance abuse, disorders in interpersonal or sexual relations and self-injurious behavior s. Child sexual abuse may appear instantly, or they may occur over time. The severity of the CSA's impact is often contingent to a combination of factors, including: a) Age at the time of the abuse, b) Relationship to the aggressor, c) The duration, d) Frequency of the abuse, e) Severity of the abuse, f) The degree of force involved and the number of aggressors (Carlson, Yates, & Sroufe, 2011). It is evident that child sexual abuse can lead to long-term destructive outcomes, even in cases where the best treatment possible is afforded to the victim (Gratz & Chapman, 2009; Lynch & Cozza, 2009).

Another form of child abuse is child neglect, which focuses more on the act of omission rather than the act of commission. According to the American Psychiatric Association (2013), child neglect is defined as, the failure to provide the basic needs for children in the areas of physical, emotional and educational as well as to protect children from harm or potential harm. Furthermore, child neglect includes educational neglect, physical neglect, and emotional neglect (Lynch & Cozza, 2009; Carlson et al., 2011). Child neglect is not always deliberate abuse; however, often it yields similar detrimental consequences as with intentional acts of child maltreatment.

The last major type of child abuse is that which deals with physical/emotional abuse of children. Although sexual child abuse and neglect are both extremely detrimental to the healthy development of a child and may overlap in the areas of physical or emotional abuse, it is necessary to place physical and emotional maltreatment in its own separate category (Lynch & Cozza, 2009). According to the American Psychiatric Association (2013), physical and emotional child abuse are acts of commission, unlike neglect which is an act of omission. Further, the CDC explains that an act of commission can be deliberate, while the intent behind the act may not be to harm the child. The effects of physical and emotional child abuse are devastating, as they often yield long-term consequences in the lives of the victims.

3.   *Correlates of Dissociation*

Research studies consistently show a significant correlation between child abuse and dissociation (Bernier et al., 2013; Braude, 2011; Bresin & Schoenleber, 2015; Lassri & Shahar, 2012). In fact, Braude (2011) noted that dissociation develops as the mind's defense mechanism of contending with extremely difficult situations such as childhood abuse, which could be viewed as a positive adaptation due to the painful situation. Levitt (2009) theorized that dissociative phenomena begin as an adaptive mechanism which enables a person to physically or psychologically survive a trauma or similar situation for which the individual lacks the necessary intrapersonal resources to cope. However, dissociation becomes maladaptive when over-applied, often leading to chronic depersonalization or derealisation beyond the individual's conscious control (Carlson et al., 2011).

A fragmented sense of self is often seen to be intrinsic to the nature of dissociation. Such a fragmented sense of self could be argued to lead to a lack of self-awareness. Although dissociation itself may not directly create a low sense of self-efficacy, those who dissociate have been shown to evaluate themselves more negatively than did others (Platt & Freyd, 2015; Wright et al., 2009). Further, peritraumatic dissociation, or dissociating during the traumatic experience itself, has been shown to be negatively correlated with coping self-efficacy (Kesebir et al., 2011). Thus, individuals who dissociate may not possess an accurate awareness of their own abilities (including their own abilities to cope effectively with the traumas of childhood abuse), and they may view their abilities more negatively than positively. Therefore, dissociation and coping self-efficacy should consistently be negatively correlated.

Some of the reasons individuals have reported for self-injuring could suggest a struggle with dissociative feelings (Nock & Prinstein, 2004). Indeed, several researchers have concluded that participants who engage in self-injurious behavior frequently do so to manage symptoms of dissociation (Platt & Freyd, 2015; Wright et al., 2009). Similarly, self-injury and dissociation have been found to be related to physical, psychological, and sexual abuse in childhood. Indeed, Yates, Carlson, and Egeland (2008) found that self-injurious behavior was associated with dissociation, and that dissociation served as a partial mediator between sexual abuse and self-injurious behavior. Dissociation has also been found to be related to coping self-efficacy (Bernier et al., 2013)

Adolescents and adults have reported employing self-injurious behavior to battle painful emotions, feelings of numbness and emptiness, or symptoms of dissociation (Platt & Freyd, 2015). The practical relationship between self-injurious behavior and dissociation can work either way: Individuals may self-injure to alleviate dissociation or to induce dissociative states in order to avoid extremely painful feelings. Bernier et al. (2013) theorized that it was not trauma per se that led to self-injurious behaviors, but rather trauma symptoms, including dissociation, that may lead individuals to use self-injurious behavior to cope. Thus, it is relevant to continue to examine the relationship between dissociation and self-injurious behavior.

4. *Prevalence of Self-injurious behavior*

Yates, Carlson, & Egeland (2008) defined self-injurious behavior, as "self-inflicted, direct, socially unacceptable destruction or alteration of body tissue that occurs in the absence of conscious suicidal intent or pervasive developmental disorder" (p. 652). Yates, Carlson, (2008) found that 16.8% of a community sample comprised of young adults had engaged in self-injurious behavior at least once, with 8.4% having engaged in one or two incidents of self-injurious behavior and the other 8.4% had engaged in three or more incidents. Similarly, Whitlock, Eckenrode, and Silverman (2006) found that among 2,875 participants drawn from multiple colleges, 17% indicated having self-injured at least once in their lives. Of those, 7.3% indicated that they self-injured in the past year. Among those who had self-injured at least once in their lives, 74.6% indicated that they had self-injured more than once. Those who self-injured repeatedly indicated an average age of onset between 15 and 16 years. the self-injurious behavior appears to be more prevalent in females than in males. In a meta-analysis including 120 studies, Bresin and Schloenleber (2015) found that overall, women were slightly more likely than men to self-injure. Meta-analysis studies have produced mixed results. On the one hand, both Chartrand, Bhaskaran, Sareen, Katz and Bolton (2015) and Sornberger et al. (2012) found increased rates of self-injurious behavior among females, the former with an adult sample and the latter with an adolescent sample.

Additionally, Whitlock et al. (2011) found that college females were more likely than college males to report self-injurious behavior and that females identifying as mostly heterosexual, bisexual, or lesbian were more likely to report self-injury than were women identifying as entirely heterosexual. Moreover, in a study conducted by Sornberger et al. (2013), which compared self-injurious behavior rates between an LGBT sample and a heterosexual, gender sample, found no significant differences between genders in either of the two groups. Furthermore, another study conducted by Barrocas et al. (2015), demonstrated that adolescent males engaged in higher rates of self-injurious behavior than adolescent females. Given the mixed findings by gender and the newness of the study of self-injurious behavior, more data are clearly needed to establish the prevalence of self-injurious behavior in various samples. It is valuable to replicate the findings among additional samples to clearly establish the prevalence of the phenomenon, and to assess whether there are stable gender differences in self-injurious behavior.

5. **Self-Injury and Coping**

Carver and Conner-Smith (2010) defined coping as "efforts to prevent or diminish threat, harm, and loss, or to reduce associated distress" (p. 685). Researchers have placed the assortment of coping styles or functions into various categories. Sornberger et al. (2013) divided coping functions into problem-focused (or task-oriented) and emotion-focused (or emotion-oriented). Problem-focused coping attempts to change the situation, whereas emotion-focused coping attempts to modify one's emotions in response to the situation. Endler and Parker (1990) added a third mode of coping to Lazarus's two: avoidance oriented.

Many researchers have also considered seeking social support to be another style of coping (Endler & Parker, 1990; Finklestein, Laufer, & Solomon, 2012; Sornberger et al., 2013; Lazarus, 2006; Snyder & Dinoff, 1999). Indeed, Lazarus and Folkman (1987) considered seeking social support to be both a problem-focused and emotion-focused approach. Barrocas et al. (2015) suggested that social support might serve to aid in recovery of depleted ego resources. They proposed that extreme stress and a high use of coping resources could result in ego depletion, after which individuals may have little remaining ability to cope on their own and may resort to maladaptive, impulsive behaviors. Baumeister and colleagues proposed rest and social support to be two means for recovering one's ego resources.

Developmental antecedents of deficient coping. People who are unable to form secure childhood attachments with caregiver's due to abuse have been shown to have difficulty developing positive coping strategies (e.g., Carlson et al., 2011). Furthermore, Conradi and Wilson (2010).) found that a history of child sexual abuse was related to increased escape-avoidance coping and decreased confrontative coping.

In addition, attachment theory holds that insecure attachments negatively impact one's self-concept (e.g., Costello, 2013). Thus, insecurely attached individuals may fail to accurately estimate their ability to use positive coping strategies in stressful situations. Nicholls et al. (2010) found that athletes' coping self-efficacy was positively correlated with coping effectiveness and that this relationship was mediated by coping styles demonstrated to be useful in sports. In a sample of children and teenagers with disabilities or chronic illness, Dahlbeck and Lightsey (2008) found that general self-efficacy was correlated with increased acceptance coping and decreased emotional reaction coping. Bosmans et al. (2015) found that burn victims' coping self-efficacy predicted higher levels of active coping and fewer symptoms of PTSD.

The direction of the relationship between coping and coping self-efficacy is unclear. On the one hand, Folkman (2008) noted that appraisal, a key aspect of the initiation of coping, includes the assessment of coping options. This assessment of coping options is very likely influenced by coping self-efficacy. On the other hand, Bosmans et al. (2013) found that coping self-efficacy improved following a 2-week program featuring coping and cultural adaptation skills for new international students. Regardless, the fact that there is a relationship is very clear. Coping and NSSI. The available research has demonstrated a significant relationship between less effective coping strategies and NSSI. For example, Andover and colleagues (2007) found that female college students who engaged in NSSI reported less social support seeking, fewer problem-solving coping strategies, and more avoidant coping strategies than did those who did not engage in NSSI. They also found that male college students who engaged in NSSI were more likely to employ avoidant coping strategies than were those who did not self-injure.

Dear, Slattery, and Hillan (2001) found that the coping strategies used by prison inmates who engaged in NSSI were less beneficial and riskier than those used by inmate controls. Furthermore, Christian and McCabe (2011) found that self-isolation completely mediated the link between depression and NSSI among undergraduate psychology students. NSSI itself has been argued to be a means of coping with overwhelming emotional pain. NSSI has been associated with emotional dysregulation including lack of emotional expressivity and increased affective reactivity and intensity (Gratz, 2006). Armey and Crowther (2008) found that NSSI was associated with aversive self-awareness, defined "as the experience of aversive and self-relevant emotions and cognition, often in response to negative events" (p. 9).

The reasons that self-injurers give for harming themselves have included stopping bad feelings, to relax, to self-punish, to avoid undesired events or activities, to obtain positive social reinforcement, and to gain attention or help (Lloyd-Richardson et al., 2007). Nock and Prinstein (2004) found that the primary motivation for self-injurious behavior was to stop bad feelings, with 52.9% of their participants endorsing this reason. Those who self-injure may also do so in order to relieve numb feelings, or in order to feel anything, even pain (Lloyd-Richardson et al., 2007; Nock & Prinstein, 2004). Across samples, between 30-41% of self-injurers reported attempting to relieve numbness and approximately one-third did so to induce feeling (Lloyd-Richardson et al., 2007; Nock & Prinstein, 2004). Exploring the Coping Behaviors of Self-Injurers: Coping Self-Efficacy An examination of the possible reasons some people choose self-injury over more positive means of coping is clearly needed. One plausible reason may be a lack of coping self-efficacy. Self-efficacy has been shown to strongly influence the extent to which a person will attempt and continue with a task in the context of high external demands, difficulty, or negative experiences (Bandura, 1997; Tenenbaum & Hutchinson, 2007).

Thus, without sufficient coping self-efficacy, a person is less likely to pursue positive coping strategies, particularly when under significant stress. The theory that NSSI may be related to low coping self-efficacy is consistent with Nock and Mendes's (2008) finding that adolescents with a history of two or more incidents of NSSI reported less self-efficacy in implementing positive strategies in social problem-solving scenarios. In light of the correlation between coping and coping self-efficacy (Bosmans et al., 2015; Nicholls et al., 2010), Hall and Place's (2010) finding that adolescents who self-injure are more likely to use non-productive coping mechanisms also lends support to the theory.

Moreover, research has demonstrated a relationship between coping self-efficacy and psychological distress. In a study of individuals who were witnesses to the Oklahoma City bombing, Benight et al. (2000) found that coping self-efficacy was negatively correlated with psychological distress. Similarly, among hurricane victims, coping self-efficacy was negatively correlated with a loss of resources (such as pets, work time, and sentimental possessions) and positively correlated with social support and optimism (Benight, Swift, Sanger, Smith, & Zeppelin, 1999).

Only three studies were found that examined gender differences in coping self-efficacy and two of those were based on international samples. In a community-based sample in the United Kingdom, Colodro, Godoy-Izquierdo, and Godoy (2010) found gender differences only for the seeking social support subscale of the Coping Self Efficacy Scale, with women reporting more of this type of self-efficacy.

Bosmans, Benight, van der Knaap, Winkel, and van der Velden (2013) found no gender differences for coping self-efficacy in a Dutch community sample but did find that a mediation effect for coping self-efficacy between trauma and PTSD symptoms was stronger for men than it was for women. Finally, a U.S. study of child participants aged 9 to 12 showed no significant difference between boys and girls on coping efficacy self-appraisals. Because NSSI has been clearly associated with psychological distress, and because reduced coping self-efficacy has also been associated with increased psychological distress, it is relevant to study the relationship between coping self-efficacy and NSSI. If the two were found to be correlated, there might be important implications for the treatment of self-injury. Specifically, such a finding may suggest that clinicians should consider assessing and treating coping self-efficacy more directly with clients who engage in NSSI in addition to the common practice of exploring coping strategies per se.

6. *Implication for Practice*

The primary goal of mental health professionals should be the reduction of psychological distress and the elimination of maladaptive strategies of coping. This study focuses on examining the impact of childhood abuse on dissociation, leading to self-injurious behavior among adults. According to Klonsky (2009) those who regularly self-injure do so as a means of regulating their emotions, cognitions, and social environments, and it has been identified that many of these individuals experience varying degrees and types of dissociative experiences. Thus, specialized treatment interventions should be indicated for this clinical population. Mental health practitioners are increasingly encountering adolescents and adults who report using self-injury as a means of coping with stress.

The findings of the present study can be used to inform both NSSI treatment and future studies. It may be valuable for therapists to know that low coping self-efficacy may accompany the lack of employed coping skills they may observe in clients who engage in NSSI. Rather than simply encouraging clients to try new coping skills, clinicians may be well advised to work with their clients to explore feelings of competence surrounding the new skills. Directions for further studies might include the exploration of reasons behind the associations between dissociation and NSSI and between NSSI and gender. In addition, ways to increase coping self-efficacy for those who self-injure might also be explored. Furthermore, it would be relevant to explore how increasing coping self-efficacy might decrease dissociation.

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