

# *The Impact of Childhood Abuse Experience on Adult Survivors*

## An Empirical Study of a Non-clinical Sample

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Interest in the impact of childhood physical and sexual abuse on adult survivors has received continued attention in the research literature. Aside from academic interest, issues of proper interventions for adult survivors arise from the popular attention paid to this form of victimisation. There are also policy implications for prosecution of alleged abusers and victim compensation schemes arising from charges of childhood abuse by adult survivors. To date the answers to issues of intervention and compensation appear to be based largely on individual case outcomes and limited clinical populations.

Current research indicates that in many cases victimisation, both physical and sexual, has occurred for almost the entire duration of victims' childhoods, in some cases longer.<sup>1</sup> It is generally accepted among researchers that the figures estimated for the incidence and prevalence of sexual abuse within society are only a small percentage of the total incidence of childhood sexual abuse. This is claimed because, in research conducted on adult survivors of sexual abuse, many adults either do not speak of their experiences as children until later in life (in therapy, for example) or else never tell at all.<sup>2</sup>

Browne and Finkelhor suggest that childhood abuse may result in the development of internalised problems (for example, fearful, inhibited, depressed and/or over-controlled behaviours), and externalised problems (for example, tendencies toward aggressive, anti-social and under-controlled behaviours) in the survivors of childhood sexual abuse.<sup>3</sup> The tendency in both academic research and policy-related literature has been to examine cases coming to the attention of official agencies through individuals harming either themselves or others and relating this to childhood abuse experiences.<sup>4</sup>

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- 1 Goddard, C and Hiller, P, "Child Sexual Abuse: Assault in a Violent Context" (1993) 28 *Australian Journal of Social Issues* at 21; Finkelhor, D and Browne, A, "The Traumatic Impact of Child Sexual Abuse: A Conceptualization" (1985) 55 *American Journal of Orthopsychiatry* at 530; Cole, P M and Putnam, F W, "Effect of Incest on Self and Social Functioning: A Developmental Psychopathology Perspective" (1992) 60 *Journal of Consulting and Clinical Psychology* at 174 and Ross, C A, *Multiple Personality Disorder: Diagnosis, Clinical Features and Treatment* (1991).
- 2 Wyatt, G E and Powell, G J (eds), *Lasting Effects of Child Sexual Abuse* (1988); Cahill, C, Llewelyn, S P and Pearson, C, "Long-term Effects of Sexual Abuse Which Occurred in Childhood: A Review" (1991) 30 *British Journal of Clinical Psychology* at 117.
- 3 Browne, A and Finkelhor, D, "Impact of Child Sexual Abuse: A Review of the Research" (1986) *Psychological Bulletin* at 66.
- 4 For example, see Widom, C S, "Child Abuse, Neglect and Adult Behavior: Research Design and Findings on Criminality, Violence, and Child Abuse" (1989) 59 *American Journal of Orthopsychiatry* at 355;

The full impact of childhood abuse may not be fully realised until many years after the event when abused children emerge as dysfunctional adults. The long-term effects of childhood abuse are not yet fully documented. Thus, the effect on the survivors, their families and the community as a whole is also still open to speculation. This article addresses the impact of childhood abuse histories on subsequent behavioural and psychological experiences in a non-clinical sample. The intent of the article is to begin the exploration of how childhood abuse experiences affect those who may not come into contact with formal social welfare or criminal justice systems.

The child abuse experience provides an excellent realm in which to address several issues related to victimology. Scherer brings out the fundamental issues to be addressed in victimology:

These include identifying the victim, determining justice for both the person offended and the one who offends, identifying the subjective dimensions of these processes, appreciating the historical and cultural conditions in which victimization occurs, and becoming sensitive to the developmental characteristics of this social phenomenon.<sup>5</sup>

Sociologically oriented approaches to victimology have traditionally ignored the “subjective dimensions” associated with victimisation. The problems associated with ignoring the individual behavioural impact of child abuse experience has consequences for each of the remaining “fundamental issues” outlined above. We will return to this point following the empirical portion of the article.

The current study seeks to assess the range of impacts of childhood abuse on adult survivors. A non-clinical population consisting of staff and students at a rural Australian university, as well as residents of the local community, were surveyed regarding childhood abuse history and current symptomology. The article first considers theory and research regarding major adult behavioural outcomes often linked to childhood abuse experiences.

## **The impact of childhood abuse on adult survivors: prior research and theory on depression, co-dependency and dissociation**

It has been argued that a victim’s inability to prevent abuse from occurring or recurring can lead to an overwhelming sense of powerlessness. The consequence of an inability to control the circumstances surrounding the abuse may be a reaction of fear and anxiety. Symptoms reflecting this reaction, such as “nightmares, phobias, hypervigilance, clinging behaviour”, may be present in abused children and adult survivors.<sup>6</sup>

The experience of betrayal by a trusted figure, whether a caregiver or an authority figure, is believed to have long-lasting effects on the victim of abuse. Loss of the ability to trust individuals meant to protect a child remains with the victim throughout adulthood. The sense of loss is generated in a form of grief and can lead to extreme cases of depression, disenchantment and disillusionment with the concepts of family and society in general.

Some victims express this form of trauma in an intense need to regain the “safe and trusting environment” which was denied them in childhood by becoming overly dependent on relationship partners. As children they may develop clinging tendencies with other

Widom, C S, “Victims of Childhood Sexual Abuse — Later Criminal Consequences” (1994) *Research in Brief* and Briggs, F, *From Victim to Offender: How Child Sexual Abuse Victims Become Offenders* (1995).

5 Scherer, J, “An Overview of Victimology” in Scherer, J and Shepher, G, *Victimization of the Weak* (1982) at 10.

6 Finkelhor and Browne, above n1 at 536 and Cole and Putnam, above n1.

adults not involved in the abuse.<sup>7</sup> Lassater maintained that to be raised in a "limiting" environment with "an abusive caretaker" present, was sufficient to produce "codependent" behaviours.<sup>8</sup>

Steele has noted that "low self esteem, poor sense of identity ... vulnerability to crises and diminution of coping ability" are just some of the consequences of living with abusive and/or neglecting caregivers.<sup>9</sup> Although the child may be physically wounded by the assault, the psychological "wounds" may result in a greater and longer lasting damage to the "self" concept.<sup>10</sup> This may contribute the most damaging impact to the adult psyche rather than the physical aspect of the abuse.<sup>11</sup>

As a result of the over-dependency and impaired judgment which follows, many female adult survivors erroneously enter into relationships which ultimately are as abusive as the original abusive relationship, due to the desperate search for a "redeeming relationship".<sup>12</sup> Many women victims try very hard in future relationships, sometimes going to extreme lengths, to further minimise the risk of abuse by being overly compliant and docile.<sup>13</sup>

The perception of betrayal may be characterised by a debilitating sense of distrust. This is evident in instances where a victim chooses isolation and has an aversion to intimate relationships.<sup>14</sup> For many abused adults there is a strong sense of loss of self and a general feeling that a large part of themselves "died" in childhood at the time of the abuse.<sup>15</sup> The trauma effects for victims of physical and sexual abuse may be viewed as an ongoing process which affects development of both the child and the emerging adult.<sup>16</sup>

### *The development of self and childhood abuse*

Finkelhor and Browne maintain that one consequence of the dynamics surrounding childhood abuse (that is, betrayal, powerlessness, traumatic sexualisation and stigmatisation) is that the cognitive and emotional orientation of the child to the world is altered.<sup>17</sup> Therefore, due to the distortion of the child's self concept, world view and affective capacities, trauma is enhanced further.<sup>18</sup> In order to assess the impact of childhood abuse on the development of a child's self concept, world view and affective capacities, the processes of the development of "self" need to be examined in light of the symptomology of adult survivors.<sup>19</sup>

- 7 Alexander, P C, "Application of Attachment Theory to the Study of Sexual Abuse" (1992) 60 *Journal of Consulting and Clinical Psychology* at 185.
- 8 Lassater, *Recovery From Compulsive Behavior* (1988) cited in Morgan, J P, "What is Codependency?" (1991) 47 *Journal of Clinical Psychology* at 720.
- 9 Steele, B F, "Notes on the Lasting Effects of Early Childhood Abuse Throughout the Life Cycle" (1986) 10 *Child Abuse and Neglect* at 387.
- 10 Allers, C T, Benjack, K J and Allers, N T, "Unresolved Childhood Sexual Abuse: Are Older Adults Affected?" (1992) 71 *Journal of Counseling and Development* at 14.
- 11 Finkelhor and Browne, above n1 and Friedrich, W N, "Behavior Problems in Sexually Abused Children: An Adaptive Perspective" (1988) in Wyatt, G E and Powell, G J, above n2.
- 12 Finkelhor and Browne, above n1; above n9.
- 13 Cole and Putnam, above n1.
- 14 Id at 175.
- 15 Grubman-Black, S D, *Recovery From Childhood Sexual Abuse: Broken Boys/Mending Men* (1990).
- 16 Above n7.
- 17 Finkelhor and Browne, above n1.
- 18 Ibid and Ratican, K L, "Sexual Abuse Survivors: Identifying Symptoms and Special Treatment Considerations" (1992) 71 *Journal of Counseling and Development* at 33
- 19 Cole and Putnam, above n1.

The basic factors of safety and a unified self concept are possibly the key issues in understanding the aetiology of dissociation and multiple personality. When the external environment is as unsafe, threatening, dangerous, painful and terrifying as the external world is to the physically and sexually abused child, the only safe place to "hide" and "escape" is the mind.<sup>20</sup> Therefore, the interaction between the self (inner life) and the world, or external environment is severed and dissociation results.

An individual who is severely traumatised, *prior* to the development of a unified sense of self, may develop a network of dissociative identities ("multiple personalities"), that is, fragmented versions of the original personality. Ross asserts that the dissociative identity disorder (DID) client has a fragmented self which represents a "creative strategy for coping with and surviving assault".<sup>21</sup> Also, the fragmented self "embodies, in a profound and dramatic way, the struggle of the self to maintain its integrity in the face of severe violation".<sup>22</sup> Additionally, a person who is sexually and physically abused *after* the development of a unified sense of self, may utilise a process of dissociation in order to separate the traumatic and painful external environment from the internal environment or self.<sup>23</sup>

### ***Dissociation and dissociative identity disorder***

The development of dissociative disorders or fragmented identities has been emphasised in connection with severe abuse occurring during the developmental processes of childhood. In order for the mind to cope with the torment, pain and horror that many of these people endured for extended periods as very young children, it is necessary to develop elaborate coping strategies. This allows the mind to maintain a semblance of integrity and prevent psychosis.<sup>24</sup> The alternative is suicide or becoming psychotic.<sup>25</sup>

Dissociation has also been reported as a "normal" phenomenon in the general and non-pathological population, which declines in frequency with age.<sup>26</sup> As dissociation is present in the non-pathological population, there have been suggestions that dissociation can be logically located on a continuum. Everyday experiences such as "absent mindedness" can be conceptually located at one end of the continuum, with major psychopathological processes, such as multiple personality disorder at the extreme end.<sup>27</sup>

Meares cites the work of Armstrong to assert that it is through introspective consciousness and consciousness of the self that people are able to remember their past histories and

- 20 Kluft, R P, "Treatment of Multiple Personality Disorder: A Study of 33 Cases" (1987) 144 *American Journal of Psychiatry* 293 and Putnam, F W, *Diagnosis and Treatment of Multiple Personality Disorder* (1989).
- 21 Ross, above n1 at 11.
- 22 Ibid.
- 23 Putnam, above n20 and Sandberg, D A and Lynn, S J, "Dissociative Experiences, Psychopathology and Adjustment, and Child and Adolescent Maltreatment in Female College Students" (1992) 101 *Journal of Abnormal Psychology* at 717.
- 24 Phillips, R, *When Rabbit Howls: The Troops for Trudi Chase* (1987); Ross, above n1; Putnam, above n20; Kluft, above n20; Sandberg and Lynn, above n23 and Chu, J A and Dill, D L, "Dissociative Symptoms in Relation to Childhood Physical and Sexual Abuse" (1990) 147 *American Journal of Psychiatry* at 887.
- 25 Phillips, above n24.
- 26 Ray, W J, June, K, Turaj, K and Lundy, R, "Dissociative Experiences in a College Age Population: A Factor Analytic Study of Two Dissociation Scales" (1991) 13 *Journal of Personality Individual Differences* at 417 and Ross above n1.
- 27 James, W, *Psychology: Briefer Course* (1892); Bernstein, E M and Putnam, F W, "Development, Reliability and Validity of a Dissociation Scale" (1986) 174 *The Journal of Nervous and Mental Disease* at 727; Ross, above n1 and Ray et al, above n26.

thus be aware of their own existence and experiences.<sup>28</sup> In other words, when a person ceases activity to ponder where they have been, to whom they have been speaking and what actions have taken place, the individual has located him/herself on a temporal and spatial plane of existence. However, if a person is unable to facilitate introspective consciousness, because to do so would re-enact memories too painful and terrifying to accept and if they are also unable to accept that what happened to them did not happen to another, then *awareness* of both the past history and the self is lost.

Therefore, it has been claimed that the vast majority of dissociative disorders (for example, amnesia, profound detachment, depersonalised feelings during stress and flashbacks) are traumatically induced and are viewed as coping strategies in response to the trauma suffered.<sup>29</sup> Terr asserts that dissociation as a defence mechanism is "learned" by young children in an effort to escape from the traumatic circumstances of childhood abuse and may be likened to a type of self-hypnosis.<sup>30</sup> Further, it has also been asserted that symptomology in the adult survivor may be directly linked to the severity of the abuse suffered in childhood.<sup>31</sup>

The individual with DID develops distinct and separate identities. Many of these individual selves do not have a memory or consciousness of each other and act independently of each other. Many of the characteristics of the selves reflect an emotion or affect of the original personality, but all have a purpose for existence (for example, a social role or emotional duty).<sup>32</sup> In a study of participants from a clinical population, Ross et al established clear findings that the level of severity of abuse, duration of abuse and age of the victim were important components predicting the severity of later psychopathology in the participants.<sup>33</sup> Furthermore, it was claimed that of the 236 cases of DID diagnosed, "almost all the individuals diagnosed with MPD have been abused prior to the age of 10 and the majority before the age of five".<sup>34</sup>

Kluft noted that "not all individuals who become dissociated remain that way."<sup>35</sup> He further asserts that those who do are influenced by "inadequate provision of stimulus barriers, soothing, and restorative experiences by significant others".<sup>36</sup> Meares asserts that a unified sense of self, that is an awareness that self exists coupled with an ability to differentiate the internal environment from the external environment, occurs and develops at

28 Meares, R, *The Metaphor of Play: On Self, the Secret and the Borderline Experience* (1992).

29 Putnam, above n20; Western, D, Ludolph, P, Mistle, B, Ruffins, S and Block, J, "Physical and Sexual Abuse in Adolescent Girls with Borderline Personality Disorder" (1990) 60 *American Journal of Orthopsychiatry* at 55; Spiegel, D, "Multiple Personality as a Post-Traumatic Stress Disorder" (1984) 7 *Psychiatric Clinics of North America* 101 and Ross, above n1.

30 Cited in Kirby, J S, Chu, J A and Dill, D L, "Correlates of Dissociative Symptomatology in Patients with Physical and Sexual Abuse Histories" (1993) 34 *Comprehensive Psychiatry* at 259.

31 Surrey, J, Swett, C, Michaels, A and Levin, S, "Reported History of Physical and Sexual Abuse and Severity of Symptomatology in Women Psychiatric Outpatients" (1990) 60 *American Journal of Orthopsychiatry* at 412; Summit, R C, "Hidden Victims, Hidden Pain: Social Avoidance of Sexual Abuse" in Wyatt and Powell, above n2; Friedrich, above n11; Putnam, above n20 and Kirby et al, above n30.

32 Phillips, above n24; Putnam, above n20 and Ross, above n1.

33 Ross, C A, Miller, S D, Reagor, P, Bjornson, L, Fraser, G A and Anderson, G, "Structured Interview Data on 102 Cases of Multiple Personality Disorder from Four Centers" (1990) 147 *American Journal of Psychiatry* at 596.

34 Above n28.

35 Kluft, above n20 at 13.

36 Ibid.

about the age of five.<sup>37</sup> This suggests that age at onset of abuse is a crucial element in determining the effect on the development of a child's self concept.

## Abuse studies

Previous studies have attributed a relationship between childhood abuse and later psychopathology in adult survivors suggestive of long-term effects of childhood abuse. However, many of the studies have based their theoretical findings on case studies of either clinical populations or university undergraduates. It is acknowledged that the theoretical work of the authors reviewed earlier have provided researchers and clinicians with valuable conceptual frameworks from which to develop testable hypotheses.<sup>38</sup> It is also noted that a "satisfying empirically based understanding of how childhood abuse affects later adult adjustment remains quite elusive despite extensive study".<sup>39</sup>

The study by Nash et al suggests support for the notion that dissociation is predominantly used as a defence mechanism against early sexual trauma.<sup>40</sup> Unfortunately, the study failed to address the issues surrounding physical abuse, particularly the impact of the combination of both physical and sexual abuse. Widom has provided evidence that the combination of various types of abuse and neglect are associated with subsequent criminal arrest in adult survivors.<sup>41</sup>

Chu and Dill offer strong support of the high correlation between abuse histories and scores achieved on the Dissociative Experiences Scale (DES).<sup>42</sup> They further assert that while symptoms of depression, anxiety and paranoia were not specific to individuals with a history of abuse, the high correlation between abuse histories and dissociation indicate that dissociative symptoms may be important indicators for detecting abused victims.

## The present study

The present study has been designed to assess some of the issues raised in the current literature which indicate a connection between childhood abuse (for example, duration of abuse, severity of abuse, and the relationship to the abuser) and later adult psychopathology (specifically, symptoms of dissociation, depression and codependency). This study does not address subsequent criminal or violent behaviour by those who report varieties of childhood abuse. Rather, we are interested in psychological and social psychological factors associated with adult victimisation in the lives of those who report abuse as children. The following three hypotheses were assessed:

Hypothesis 1: That group membership (that is, no abuse, physical abuse only, sexual abuse only and both physical and sexual abuse) will reflect differing levels

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37 Above n28.

38 Cahill et al, above n2.

39 Nash, M R, Hulsey, T L Sexton, M C, Harralson, T L and Lambert, W, "Long-term Sequelae of Childhood Sexual Abuse: Perceived Family Environment, Psychopathology, and Dissociation" (1993) 61 *Journal of Consulting and Clinical Psychology* at 276.

40 Id at 276-83.

41 Widom, above n4.

42 Chu and Dill, above n24 at 891.

of codependency, depression and dissociation, with the "both" group registering the highest levels of dissociation and features associated with DID.

Hypothesis 2: That the relationship to the abuser will reflect differing levels of codependency, depression and dissociation, with those who have been physically and sexually abused by both family and non-family members scoring the highest levels of dissociation and features associated with DID.

Hypothesis 3: That the severity and duration of abuse will be correlated with codependency, depression and dissociation, with the most severe abuse being significant predictors of levels of dissociation and features associated with DID.

## **Method**

### **Design**

A 67-item self-report questionnaire survey was designed for the purpose of this study. An initial briefing session was conducted in which the different sections of the survey were explained and the aims of the research outlined to the participants. The participants were then asked to complete the questionnaire at their leisure and return it in a self-addressed envelope marked "Confidential". This format was utilised (as opposed to an interview) due to the sensitive nature of these questions to ensure confidentiality, encourage frank answers and provide anonymity to the participants.

### **Participants**

The study was conducted in July and August of 1993. Participants utilised for this study were volunteers from a rural Australian university and local township. Volunteers from the student population were recruited following presentations about the research in classes. Student participants were mostly psychology undergraduates. However, students from other faculties (for example, Business Management and Law), teaching staff, administration and domiciliary staff also participated. Community volunteers were approached and a snowball sampling technique employed. Discussions with local contact networks (sporting clubs) resulted in a small number of non-university affiliated town folk also being included. All individuals approached were informed that the focus of the study was to investigate the impact of childhood trauma on adult functioning.<sup>43</sup> The need for people who did not feel that they had been traumatised as children to participate was stressed.

The ages of the sample population varied from 18 years to 60 years. While there was an uneven distribution across gender, both males (25) and females (101) participated. A total of 126 responses were received. However, 13 could not be analysed due to incomplete or inappropriate information provided, leaving a sample size of 113.

The final sample covered a broad range of socio-economic, occupational and age status, allowing us to assess the impact of childhood abuse across a wide spectrum of the population. Many other empirical studies in the current literature appear to be focused on narrow populations of either first year undergraduate or clinical patients. The population employed cannot be viewed as representative of the general population. Statistical techniques

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43 Concerns may be raised that informing the potential respondents of the goals of the study will bias their responses to the questionnaires. The authors believe that the recruitment speech was sufficiently general and the information collected broad enough not to encourage the respondents to "tip" their responses in the direction they believed the researchers wanted. Research ethics also seem to require full disclosure of the nature of the research where this would not seriously jeopardise the research effort.

were employed to deal with the non-random nature of the sample. Thus, the results should be viewed as exploratory rather than definitive in nature.

### **Test materials and procedure**

The survey package was comprised of an instruction and information sheet, a self-addressed envelope marked "Confidential", a demographic data sheet and five questionnaires. The instruction and information sheet for the participants repeated what had been stated in the initial briefing session. It included information about the aims of the project, and a reassurance of confidentiality. Additionally, a contact number for the supervisor of this project was also included should any unpleasant memories or difficulties with the project surface for the participants. Following completion of the survey, some of the participants decided to contact the researcher for debriefing.

The survey packages were left in lecture theatres and tutorial rooms where recruitment took place on campus. Students and staff who chose to participate did so by taking a survey packet, completing it and returning it to a blind box via the campus mail. Off-campus respondents took their survey packets home from a meeting of a sporting club. Most were returned through the campus mail service, while two were returned directly to the authors.

The first questionnaire employed was entitled "C.A." ("Childhood Abuse") and covered issues relating to both physical and sexual abuse. The questionnaire was taken from the childhood abuse component of the "Dissociative Disorders Interview Schedule" as developed and administered by Ross.<sup>44</sup> Participants were required to respond by writing: 1 = Yes; 2 = No; and 3 = Unsure, in the space provided for each question.

The sexual abuse issues examined by this questionnaire assessed the levels of severity of abuse; the relationship to the abuser; the age at onset and duration of abuse; and the approximate number of abuse incidents.

The physical abuse questions were not as broad or encompassing. However, they did assess the relationship to the abuser; the age at onset and duration of the abuse; and whether the physical abuse was separate to incidents of sexual abuse. The responses to questions 1 ("Were you physically abused as a child or adolescent?") and 6 ("Were you sexually abused as a child or adolescent?") enabled the participants to be allocated to one of four groups for analysis. These were:

- Group 1: Designated as the control group, these people indicated that they had not been either physically or sexually abused.
- Group 2: The physically abused only group.
- Group 3: The sexually abused only group.
- Group 4: The group who had been both sexually and physically abused.

The severity of abuse was assessed utilising the scale developed by Kirby, Chu and Dill<sup>45</sup> modified for the purpose of this study to the following:

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44 Ross, above n1.

45 Above n30.



- Least Severe: Exhibitionism, fondling, touching (genitals).  
 Severe: Completed or attempted anal, oral and vaginal intercourse.  
 Most Severe: Pain inflicted during intercourse; other forms of abuse, such as the use of implements, weapons and violence; being tied up or other forms of restraint during sexual abuse; subject to more than one abuser at the same time.

The relationship to the abuser was categorised as either:

- Nil: No abuser.  
 Family: Abused by a family member or members only.  
 Other: Abused by someone other than a family member only.  
 Both: Abused by a family member or members *and* someone other than a family member.

The items on the childhood abuse questionnaire formed the independent variables for data analysis.

The second questionnaire was the depression inventory, designed by Ross to assess major depressive episodes.<sup>46</sup> For persons to be scored as "positive" they must respond "Yes" to question 1 ("Have you ever had a period of depressed mood lasting at least two weeks in which you lost interest or pleasure in all or almost all usual activities and felt depressed, blue, helpless, down in the dumps or irritable?") and also "Yes" to at least four of the subcomponents of question 2 (for example, relating to appetite, sleep pattern, energy or negative self-reference). An index of depression was achieved by the sum of the response scores.

The Spann-Fischer Codependency Scale<sup>47</sup> questionnaire (labelled "SFCDS") was also included in the survey. The format of this questionnaire is a six-point scale graded from strongly agree to strongly disagree responses (Likert-type<sup>48</sup>). The participants are asked to indicate on the scale how well these descriptions apply to them. Spann and Fischer claim that higher scores reflect greater codependency. Content, convergent and discriminant validity appear to be within acceptable limits with the reliability coefficient reported to be between .73 and .80.<sup>49</sup> This scale was included to assess whether participants' interrelating patterns differed across the four groups.

The next questionnaire (labelled "DES") was the Dissociative Experiences Scale developed by Bernstein and Putnam<sup>50</sup> with modified scoring scale proposed by Ray, et al.<sup>51</sup> The original scale developed by Bernstein and Putnam required respondents to mark a 100 millimetre line (which was placed underneath each question) to indicate the percentage of the time they experienced a particular event. The line was not divided by any other figures

46 Ross, above n1.

47 Fischer, J L, Spann, L and Crawford, D, "Measuring Codependency" (1991) 8 *Alcoholism Quarterly* at 87.

48 A Likert scale ranges from an extreme point on one end (for example, "strongly agree") to an extreme point on the other end (for example, "strongly disagree") with a "neutral" point in the middle. A Likert-type scale also ranges from one extreme point to another, but with no "neutral" point in the middle.

49 Above n49 at 91.

50 Bernstein and Putnam, above n29.

51 Ray et al, above n28.

and was anchored at each end by 0 per cent and 100 per cent. The questionnaire is comprised of 28 items which assess levels of dissociation from everyday dissociation experiences, such as "highway hypnosis", to more extreme dissociation such as amnesia for important life events. The DES has a test-retest reliability coefficient of .84.<sup>52</sup>

The scoring scale proposed by Ray et al and utilised for this research, is a modified version of the original scale, where the 0 per cent and 100 per cent are replaced by a Likert-type scale. The end points are "not at all" and "all the time" and the midpoints are not specified. As with the original scale, participants are requested to mark on the line an appropriate response indicating how often a particular event occurred for them. Scoring this scale is simplified because rather than measuring the line to assess the percentage response, each of the items scored are totalled.

The final questionnaire (labelled "SAMP") was a modified version of the "Features Associated with Multiple Personality" interview schedule developed by Ross.<sup>53</sup> The additional questions included in this schedule were associated with: time orientation; assessment for "guardian" or "protector" identities; assessment for unknown identities; and known alter identities. These questions were developed by one of the present authors from the experiences of Trudy Chase, as told by her "Troops".<sup>54</sup>

The Depression index, SFCDS, DES and SAMP scores were designated as the dependent variables for analysis.

## Results

### Group membership

Of the 113 participants, 52 (approximately 45 per cent) had been subject to some form of abuse as a child. The remaining 61 reported no such experience and form the control group in the present study.

To assess whether group membership (that is, type of abuse suffered) has any significant effect on levels of depression, codependency or dissociation, a multivariate analysis of variance (MANOVA) was performed utilising SPSS MANOVA.

Table 1: Cell means for each group on the Depression Index, SFCDS, DES and SAMP scores

Group	Depress	SFCDS	DES	SAMP	$\nu^2$
Control	17.12	48.66	11.71	23.55	61.
Physical abuse	22.77	48.08	46.46	24.85	13.
Sexual abuse	23.55	54.56	52.64	26.68	22.
Both abuse	33.53	60.35	65.59	29.35	17.

52 Bernstein and Putnam, above n32 at 730.

53 Ross, above n3.

54 Phillips, above n26; the various roles played by these identities are discussed above.

The results of Table 1 indicate that as the type of abuse changes from no abuse (“Controls”) to combined physical and sexual abuse (“Both abuse”), the levels of depression, codependency and dissociation increase. There are differences in means across the four dependent variables for the three abuse groups. The “Both abuse” group has higher means on all variables than any of the remaining groups. The sexual abuse group has higher means than the physical abuse group. All abuse groups have higher means across the dependent variables than the control group, with the exception of SFCDS scores. Here, the control group mean indicates higher levels of codependency than reported by the physically abused group, though by none of the others.

Table 2: Univariate test of significance: the effect of type of abuse experienced on depression, codependency, dissociation and features of DID

Variable	Hyp. SS	Error SS	Hy. MS	Err. MS	F	P	v <sup>2</sup>
Depression	3 746.04	20 892.19	1 248.68	191.67	6.52	.000	.15
SFCDS	2 170.16	17 822.03	723.38	163.5	4.43	.006	.11
DES	6 138.15	21 743.13	2 046.15	199.48	10.26	.000	.22
SAMP	514.24	3 351.56	171.41	30.75	5.57	.001	.13

Structure Correlation: Depression .681; SFCDS .559; DES .871; SAMP .630.<sup>55</sup>

The univariate trend was for dissociation, depression and codependency to be generally and significantly greater as the types of abuse suffered changed from none to both physical and sexual (see Table 2). This trend was supported by post hoc discriminant analysis where abuse types were discriminated most highly by dissociation scores (s.c = .87) and strongly by features of multiple personality scores (s.c = .63) and depression scores (s.c = .68). The abuse types were discriminated least by codependency scores, but still at a moderate level (s.c = .56). Post hoc Tukey’s honest significant difference (HSD) analysis results indicated the “no abuse” and “physical abuse only” scores do not differ in their overall impact on levels of dissociation, depression, codependency and features of multiple personality. However, sexual abuse and the combined trauma of both physical and sexual abuse indicate a propensity for high scores on the dissociation and features of multiple personality scales, with the “Both” group reaching significant levels.

Of the four groups, the “Both” group displays the greatest levels of abuse impact for incidence of major depression, codependency, dissociation and features indicating multiple personality. Therefore, Hypothesis 1 was supported. That is, group membership reflects differing levels of dissociation. The “Both” group registers the highest levels of dissociation.

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55 The results of the multivariate effect for type of abuse suffered was significant and accounted for about 11 percent of the variance in the dependent variables (Wilk’s = .702, approx F (12, 324) = 3.35, p < .001, n = 111).

### Relationship to the abuser

To assess whether relationship to the abuser has a significant impact on the levels of dissociation, depression and codependency in interpersonal relating, a MANOVA was performed utilising SPSS MANOVA.

Table 3: Univariate test of significance: the effect of relationship to the abuser on depression, codependency, dissociation and features of DID

Variable	Hyp. SS	Error SS	Hy. MS	Err. MS	F	Sig F	v <sup>2</sup>
Depress.	2 757.7	21 880.53	919.23	200.74	4.58	.005	.11
SFCDS	3 149.64	16 842.55	1 049.88	154.52	6.79	.000	.16
DES	7 339.72	20 541.56	2 446.57	188.45	12.98	.000	.26
SAMP	744.59	3 121.216	248.191	28.635	8.67	.000	.19

Structure Correlation: Depression .531; SFCDS .649; DES .992; SAMP .733.<sup>56</sup>

The univariate trend was for dissociation, depression and codependency to be generally and significantly greater as the relationship to the abuser changed from no abuser to a combination of family members and non-family members (see Table 3).

This trend was supported by post hoc discriminant analysis where relationship to the abuser was discriminated most highly by dissociation scores ( $s.c = .92$ ) and strongly by features of multiple personality scores ( $s.c = .73$ ). The relationship to the abuser was discriminated moderately by codependency scores ( $s.c = .64$ ), and least of all by the depression scores, but still at a moderate level ( $s.c = .53$ ). Post hoc Tukey's HSD results indicated that the no abuser ("Nil") and abused by family only ("Family") scores do not differ in their overall impact on levels of dissociation, depression, codependency and features of multiple personality. Of the four groups of relationships between victim and abusers, the "Both" group had the highest incidence of major depression, codependency, dissociation and features indicating dissociative identities. Therefore, Hypothesis 2 is supported.

### Predictors of adult psychopathology

The univariate analysis (see Table 2) yielded significant results, indicating that the type of abuse suffered accounted for the variance in the dependent variables. Therefore, four standard multiple regression analyses were performed to assess which of the independent variables were the strongest predictors for the levels of depression, codependency, dissociation and features of multiple personality. The independent variables utilised in this analysis included the nine individual types of sexual abuse (ranging from fondling to anal and vaginal intercourse and other pain inflicted during sex), as well as relationship to the abuser and ages at onset and duration of abuse (physical and sexual).

Tables 4, 5, 6 and 7 present a composite of the statistically significant predictor variables from the four regression analyses only. Each table displays the correlations among

<sup>56</sup> The results of the multivariate effect for type of abuse suffered was significant and accounted for about 13 per cent of the variance in the dependent variables (Wilk's  $\lambda = .666$ , approx  $F(12,280) = 3.87$ ,  $p < .001$ ,  $n = .127$ ).

the significant predictor variables, the unstandardised regression coefficient (**B**), the standardised regression coefficient (**B**), the semi-partial correlation (**Sr**) and **R**, **R<sup>2</sup>**, and adjusted **R<sup>2</sup>**.

Four of the participants could not remember how old they were at the onset of sexual abuse. Therefore, the mean of the variable "age at onset" was substituted for these people.<sup>57</sup> There were two participants who could not remember their age at onset or cessation of the abuse. In the absence of a cessation age, these two were excluded from the analysis. Duration of the abuse for both physical and sexual abuse was calculated by subtracting the age at onset from the age at cessation. Due to the high correlation between age at cessation and duration, "age at cessation" for physical and sexual abuse were dropped from the regression equation. Additionally, there was a .90 correlation between the "hand to genital" and "fondling" variables. Therefore, "hand to genital" was also omitted from the regression equation.

The significant independent variables were defined as follows:

- PHDUR: Duration of physical abuse.  
 SEDUR: Duration of sexual abuse.  
 PORN: The individual was required to take part in pornographic photography or video as a child.  
 ROPE: The individual was tied up with rope during sexual abuse as a child.  
 OTHER: The individual was subject to other forms of pain inflicted upon them during sexual abuse (this included: ritual abuse; the use of implements or weapons against them; suffering burns or cuts).  
 ANAL: The individual was required to take part in anal intercourse as a child.  
 INTERC: The individual was required to take part in vaginal intercourse as a child.

Table 4: A composite of the standard multiple regression of the significant abuse variables on levels of depression

Independent Variable	DEPRESS(D.V.)	B	<u>B</u>	Sr(unique)
PHDUR	.32	.95*	.34	.19

$R^2 = .22$ ; Adjusted  $R^2 = .10$ ;  $R = .47$

\* $p < .05$

R for regression was significantly different from zero,

$F(15,97) = 1.84$ ,  $p < .04$ .

Only one of the independent variables (duration of physical abuse) contributed significantly to the prediction of a major depressive episode. Twenty-two per cent (22 per cent; 10 per cent adjusted) of the variability in incidence of a major depressive episode was predicted by the duration of the physical abuse. Thus, as the duration of physical abuse suffered increased, the likelihood of a major depressive episode was increased.

57 Tabachnick, G G and Fidell, L S, *Using Multivariate Statistics* (1989, 2nd edn).

Table 5: A composite of the standard multiple regression of the significant abuse variables on levels of dissociation (DES)

Variable	DES(D.V.)	SEDUR	PORN	ROPE	OTHER	B	<u>B</u>	Sr
SEDUR	.32					1.60**	.33	.21
PORN	.37	.34				11.55*	.19	.16
ROPE	.57	.54	.25			10.15*	.31	.17
OTHER	.41	.58	.21	.41		5.68*	.33	.16

R<sup>2</sup> = .53; Adjusted R<sup>2</sup> = .45; R = .73

\*\*p<.01; \*p<.05

R for regression was significantly different from zero, F(15,97) = 7.18, p<.001.

Here we see that the duration of the sexual abuse (SEDUR) and being subjected to other forms of pain during sexual abuse (OTHER) have the strongest net impacts upon levels of dissociation experienced. The net effect of being tied up (ROPE) during the sexual abuse has an almost equally strong impact upon dissociation experience. Finally, being forced into photographed or videotaped performance during the abuse has a significant impact on subsequent dissociation experience. In this analysis, the longer the sexual abuse occurred, the greater the reported dissociation. For the remaining variables, the occurrence of these events increases the subsequent dissociation experiences. Altogether, 53 per cent (45 per cent adjusted) of the variability in levels of dissociation was predicted by the incidence of these four independent variables.

Table 6: A composite of the standard multiple regression of the significant abuse variables on levels of features associated with multiple personality (SAMP)

Variable	SAMP(D.V.)	SEDUR	ANAL	INTERC	OTHER	B	<u>B</u>	Sr
SEDUR	.2					.71***	.39	.25
ANAL	.48	.37				5.18**	.33	.23
INTERC	.49	.53	.33			2.95*	.36	.18
OTHER	.42	.56	.3	.53		2.12*	.33	.16

R<sup>2</sup> = .46; Adjusted R<sup>2</sup> = .38; R = .70

\*\*\*p<.001; \*\*p<.01; \*p<.05;

R for regression was significantly different from zero, F(15,97) = 5.55, p<.001.

Here the results indicate that the duration of the sexual abuse (SEDUR) has the strongest net impact on subsequent experiences associated with multiple personality (SAMP). However, the net impact of experiencing vaginal intercourse (INTERC), anal intercourse (ANAL) and other forms of pain (OTHER) during sexual abuse are not substantially less predictive of experiencing aspects of multiple personality. Altogether, 46 per cent (38 per

cent adjusted) of the variability in the incidence of multiple personality was predicted by the incidence of these four independent variables. The results reported in Tables 5 and 6 indicate that there is strong support for Hypothesis 3, that is, that the severity and duration of abuse are correlated with dissociation, and that the most severe abuse experiences are significant predictors of levels of dissociation and multiple personality.

Table 7: A composite of the standard multiple regression of the significant abuse variables on levels of codependency

Variable	SFCDS( D.V.)	SEDUR	PHDUR	B	<u>B</u>	Sr
SEDUR	.16			1.40**	.34	.25
PHDUR	.3	.29		.77*	.31	.21

$R^2 = .32$ ; Adjusted  $R^2 = .21$ ;  $R = .57$

KEY: \*\* $p < .01$ ; \* $p < .05$ ;

R for regression was significantly different from zero,

$F(15,97) = 3.04$ ,  $p < .001$ .

Only duration of physical abuse (PHDUR) and duration of sexual abuse (SEDUR) contributed significantly to the prediction of codependency. The longer the abuse continued, the greater the likelihood of reporting codependent behaviours. Together, 32 per cent (21 per cent adjusted) of the variability in levels of codependency was predicted by the duration of the physical abuse and sexual abuse.

## Discussion

The discussion of results will be presented in relation to two issues: first, the impact of childhood abuse on adult psychological disorders; and second, the relevance of these factors to victimology.

### *The impact of abuse history on the incidence of a major depressive episode*

The incidence of a major depressive episode increased with certain types of abuse. The combined physically and sexually abused group reported the highest incidence of major depressive episodes. However, there were no statistically significant differences in depressive symptomology found between the “no abuse” and the “sexually abused by a family member” groups. The number of years the physical abuse endured was the only significant predictor for the incidence of at least one major depressive episode.

### *The impact of abuse history on reported codependency behaviours*

The results of these data analyses indicate that levels of codependency (as measured by the SFCDS) increased as the type of abuse changed from none to a combination of physical and sexual. Our study shows support for the proposal that the duration of physical and sexual abuse are significant predictors of codependency. This indicates support for the notion that being raised in a “limiting” environment with “an abusive caretaker” present is sufficient to produce “codependent” behaviours.<sup>58</sup> Perhaps some victims who have endured

58 As proposed by Lassater, cited in Morgan, above n10.

longer periods of abuse express the trauma in an intense need to regain the “safe and trusting environment” denied them in childhood by becoming overly dependent in relationship.<sup>59</sup> The high incidence of codependent tendencies may also be a reflection of an effort to further minimise the risk of abuse in present relationships.<sup>60</sup>

### ***The impact of abuse history on dissociation and dissociative identity indicators***

Dissociation and features associated with dissociative identity were present in the non-abused group and also at differing levels in the abused groups. As the abuse type changes from physical or sexual to a combination of both, there is a marked increase in levels of dissociation and features associated with DID. This range of response indicates that these tendencies may be located on a continuum.<sup>61</sup>

There was also a higher propensity for dissociation in individuals who had been sexually abused and predominately in individuals who had suffered the increased trauma of combined physical and sexual abuse. These findings offer empirical support for the claims that dissociative disorders are traumatically induced.<sup>62</sup>

Analysis revealed that those who reported having been both physically and sexually abused suffered the most severe forms of abuse (as defined by the severity scale), rather than either the sexual abuse only or physical abuse only groups. Severity of abuse was also found to be a significant predictor of levels of dissociation. Taking part in pornographic filming, being tied up with a rope during sexual abuse and being subjected to other forms of pain during abuse were also significant predictors of dissociation.

It was also established that the less severe forms of sexual abuse (that is, fondling, touching and exhibitionism) were not significant predictors of dissociation in these three abuse groups. The group who had suffered both physical and sexual abuse had the highest levels of dissociation, supporting the claims that symptomology in the adult survivor may be directly linked to the severity of the abuse suffered in childhood.<sup>63</sup>

Severity and duration of physical abuse were also found to be significant predictors of aspects of DID. Of the sexual abuse variables, the severe and most severe forms of sexual abuse included anal and vaginal penetration as well as other forms of inflicted pain. Consistent with these findings, four of the participants from the combined physical and sexual abuse group could possibly meet the criteria for DID. They were among the most severely abused group and suffered cruelty for the entire duration of their childhood and most of their adolescence. The additional questions, added to the modified scale, revealed that with these people the presence of a “protector” identity and additional alter identities were readily noted. However, none of these people indicated a willingness to refer verbally to themselves as “we” or “us”. Yet all claimed that they thought of themselves in terms of “we” and “us”.

Duration of sexual abuse was also a significant predictor of the levels of dissociation reported. Other research has indicated that severity of abuse, duration of abuse and age of the victim were important variables predicting the severity of later psychopathology in

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59 Above n9.

60 Cole and Putnam, above n3.

61 As proposed by Ray et al, above n28 and Ross, above n3.

62 See, for example, Kluft, above n22; Putnam, above n22; Chu and Dill above n26; Ross, above n3 and Kirby et al, above, n32.

63 Surrey et al, above n33; Summit, above n33; Friedrich, above n13; Putnam, above n22; Ross, above n3 and Kirby et al, above n32.



those studied.<sup>64</sup> The present study did not find age at onset to be a significant predictor of dissociation or features of multiple personality. However, duration of the childhood sexual abuse logically incorporates age at onset and age at cessation of abuse. The duration of sexual abuse occurred predominately during the formative development years for these individuals. For many individuals the abuse had occurred for the majority of their childhoods. The level of trauma for these individuals may be reflected in the high levels of dissociation and the propensity for developing features associated with multiple personality. These results indicate that while age at onset of abuse is an important element, it cannot be considered in isolation from the duration of the abuse.

The relationship between the abuser and the abused also had an impact on the psychopathology later suffered by the abuse victim. Browne and Finkelhor claimed that the trauma associated with childhood abuse was more keenly felt by those who had been sexually abused by a family member.<sup>65</sup> However, in the present study, the highest levels of dissociation, DID (multiple personality), codependency and depression were recorded by the group who reported having been sexually abused by both family and non-family members.

We propose that if an individual, already abused by a family member(s), is additionally sexually abused by someone other than a member of the family, this is interpreted by the victim as traumatic due to the failure of the family to protect the individual. This proposal was supported in discussion with one of the adult survivor volunteers. She believed she came from a supportive family until she was abused by a family member (at eight years). When she was further sexually abused by a "family friend", not only did the survivor feel betrayed due to a perceived lack of protection from the family, but the family was reported to have reacted with intense rejection of the child rather than the family friend. The survivor claimed, "I felt doubly betrayed and as a consequence believed that there was no one left to turn to."

In contrast, another participant, who was sexually abused by a member of her family, claimed that she was able to receive support and acceptance from friends and the parents of friends. For her the family environment was totally unsafe and untrustworthy. The sexual abuse was seen additionally as

part of the entire nightmare of living with [them] ... it was pretty normal to be belted by Mum and raped by Dad ... neither one of them stopped the other ... the only safe place was in my dream world, I found out that no one can touch you there ... for years I thought all families were like this ... it was real nice to find out they aren't ... Now I choose my "family" from my friends — they are more like a family to me than my "real" family ever were.

From these two accounts the dynamics of the family environment and the importance of perceived safety or "someone to turn to" may indicate the necessity to assess support networks and coping styles in future research. It has been claimed that if a child has at least one caring and nurturing figure in his or her life to intervene and provide encouragement many of the problems associated with growing up within a dysfunctional family may be averted.<sup>66</sup> Therefore, the family structure and environment are key elements which influence the developmental process of a child's self concept.

64 Putnam, above n22 and Ross, above n3.

65 Above n5.

66 Above n11.

The high levels of dissociation and features associated with multiple personality found in the combined physically and sexually abused groups is indicative of the struggle of the self to maintain its integrity in the face of severe violation.<sup>67</sup> These data also indicate that the type of abuse suffered was discriminated most strongly by dissociation scores. This offers empirical support for the argument that dissociative symptoms may be important indicators in detecting abuse victims.<sup>68</sup>

The research presented here does rely on retrospective data. The use of retrospective memory as a "true" record of abuse has been criticised.<sup>69</sup> However, we believe that the arguments raised by Chu and Dill regarding the correspondence between dissociative symptoms and abuse histories,<sup>70</sup> coupled with the consistent statistical discrimination between the non-abused controls and those who reported abuse histories, lessen the criticism of retrospective data in the present study. While prospective designs are preferable, such as employed by Widom,<sup>71</sup> they too have problems associated with examining only "known" groups.

### *Implications for victimology*

The preceding results and discussion have pointed to the complex interrelationships among aspects of abuse experience, perceptions of the abuse, reactions to the abuse by others, and future behavioural impacts on the abused person. The "abused become abusers" or "abused become perpetual victims" approaches continue to require qualification. The key issues raised for victimology from results such as these centre around the interactions between individual and social resources and responses to victimisation.

Writers over the past two decades have demonstrated that the category "victim" is not as straightforward as some contend.<sup>72</sup> Research and theory cited earlier have argued that the impact of victimisation, immediate, near or long-term, is not easily predicted. Our own research again points to the variation in impact based on types of abuse suffered, who does the victimising, and the severity and duration of the abuse. These results raise several issues for studying and predicting the effect of childhood abuse on subsequent behaviour.

Physical, temporal and social relationship indicators all play roles in helping to predict effects of abuse history on adult emotional and behavioural outcomes. Most sociologically oriented approaches to victimisation do not include either temporal or physical dimensions (beyond physical environment and historical period). As victimology develops in attempting to predict the effects of victimisation, its models will need to incorporate a realisation that not everyone reacts to similar situations in exactly the same manner. Our results suggest that predicting the impact of childhood abuse experience on adult functioning requires attention to issues such as developmental stages (physical, psychological and social), the extent of physical and psychological trauma inflicted, the social support environment and individual psychological resources.

Each of the "psychopathologies" measured in the present study can be linked to individual survivors placing themselves in situations more likely to lead to revictimisation.

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67 Ross, above n3.

68 Chu and Dill, above n26.

69 See, for example, Frankel, F H, "Adult Reconstruction of Childhood Events in the Multiple Personality Literature" (1993) 150 *American Journal of Psychiatry* at 954.

70 Chu and Dill, above n26.

71 Widom, above n6.

72 See, for example, Scherer, above n7 and Holstein, J A and Miller, G, "Rethinking Victimization: An Interactional Approach to Victimology" (1990) 13 *Symbolic Interaction* 103.

The effects of depression, such as learned helplessness, are strongly associated with the battered spouse and child syndromes, while codependency is strongly associated with abusive relationship formation. Finally, we would suggest that those who employed dissociation devices during the childhood abuse may "forget" the cues associated with abuse situations and not develop schema to avoid similar future situations. All of these factors may, individually or in combination, play a role in the subsequent victimisation experiences of these abuse victims.

Thus, childhood abuse history may produce defence mechanisms which interact with adult social environments to place victims at higher risk of subsequent victimisation than those who do not report childhood abuse experience. However, the notion that any type or level of abuse as a child leads to either subsequent anti-social behaviour<sup>73</sup> or victimisation is too simple to fit observed social and psychological evidence.

### **Suggestions for future research**

This study has demonstrated strong support for the proposal that dissociative disorders are indicative of childhood abuse experiences. While it is acknowledged that the ego-defence mechanism of dissociation may have developed to minimise the destructiveness of the trauma suffered, it has not been yet ascertained whether this defence mechanism was developed during or after the abuse event(s), or the threshold needed to trigger this mechanism. Nor has it been established whether dissociation was initiated during childhood or adolescence. Therefore, it is proposed that an assessment of the possible coping strategies employed by people during the abuse event needs to be developed. This will be one aim of the authors' future work.

This study also found that many of the abused could not remember their age at onset of the abuse. Future studies need to consider the possibility of including age ranges (for example, zero to three years, four to seven years, et cetera) as categorical variables. This may help to clarify the relationships between age at onset, duration, and age at cessation as they relate to the impact of childhood abuse experiences.

Several theoretical perspectives have implicated the role of the family and the outcome of living within a dysfunctional environment on levels of trauma suffered. Future research should incorporate assessments of family dynamics, functioning and individual support networks. In addition, the class location of the family in which the abuse occurred needs to be examined. This is important because of the relationship between class and resources available to families and their members. Finally, stronger measures of self concept, especially those which tap social psychological dimensions of the self, should be included in future research.

In the present study the gender (biological sex) of the respondent was found to have no significant impact on subsequent psychopathology. However, the role of gender needs to be examined further, especially in relation to the role it plays in bringing individual problem experiences to the notice of social service providers and agents of social control.

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73 Widom, above n6.

## Conclusion

The results of this study have indicated that the traumatic impact of childhood abuse is varied and far-reaching. It has also shown that dissociation is a possible ego defence strategy employed by survivors of childhood sexual and physical abuse. Individuals who reported having been both physically and sexually abused showed the highest levels of dissociation and a greater propensity to exhibit features of multiple personality. These people also show a higher incidence of a major depressive episode and a greater tendency to exhibit difficulties in interpersonal relationships. Individuals who were sexually abused by both family and non-family members show these same tendencies as well.

Duration and severity of abuse have also been implicated as significant predictors for dissociation, multiple personality features, codependency and depressive episodes. The revised severity table has proven to be a valuable tool for assessing the impact of the severity of abuse on adult survivors. This study has demonstrated that for many survivors of childhood sexual abuse their experience can be likened only to sadistic torture. The role of various types of abuse experience thus become important factors in discussing the impact of abuse on adult survivors.

For victimisation research, these findings indicate that we must begin to take into account the complex interactions of physical and psychological trauma, as well as the social environment in which the abuse and responses occur. It is no longer possible to justify treating individual victims on the basis of status category membership, that is, "childhood abuse victims". Assessing individuals and providing targeted responses to each will also present both theoretical and public policy dilemmas which require further investigation.