THE RELATIONSHIP BETWEEN DISSOCIATIVE EXPERIENCES AND CHILDHOOD TRAUMA IN ADOLESCENT OFFENDERS RESIDING IN TEHRAN CORRECTION AND REHABILITATION CENTER

HASHEMIAN. K[1], TALEBI. M[2]
[1]Professor of clinical psychology, Department of Clinical Psychology, Rode hen Branch, Islamic Azad University, Tehran, Iran - [2]M Sc Student of Clinical Psychology, Department of Clinical Psychology, Rode hen Branch, Islamic Azad University, Tehran, Iran

ABSTRACT

The aim of this study was to investigate the relationship between dissociative experiences and childhood trauma in adolescent offenders residing in Tehran Correction and Rehabilitation Center. This study was correlational. The study sample consists of 140 adolescent offenders residing in Tehran Correction and Rehabilitation Center. Census-based surveys were performed to select samples. To collect data, Adolescent Dissociative Experience Scale (A-DES) and childhood trauma questionnaire (CTQ) were used. In order to analyze the data, in addition to descriptive statistical methods, Pearson correlation test and multiple regression analysis were run in the SPSS statistical software.

The results showed that there is a strong correlation between childhood trauma and dissociative experiences of the adolescent offenders. In addition, two variables of emotional maltreatment and sexual maltreatment positively predicted the components of imaginary involvement and absorption and depersonalization. Moreover, emotional maltreatment positively predicts the dissociative experience.

Key words: Childhood trauma, Dissociative Experiences, Adolescent offenders.

Introduction

Was the first one who introduced the identity as an important progress of adolescent characteristic and an important step towards becoming a productive and happy adults[1]. Ericsson believes that adolescent stage which is between 12-18 years of age is a critical and important period since the person's fundamental questions on identity are posed during this period and they shall be solved. This stage is a time for interpretation and consolidation. In this stage, every feeling that we possess and everything that we know about ourselves are combined as a whole[2].

Materials and methods

The present correlational study sought to examine the relationship between dissociative experiences and childhood trauma. The study sample consisted of 140 male adolescent offenders residing in Tehran Correction and Rehabilitation Centers. Census-based surveys were performed to select samples. To collect data, the following instruments were used:

Adolescent dissociative experience scale (A-DES)

Adolescent dissociative
Experience Scale (A-DES) (A-DES) was designed to measure the dissociation in adolescents aged 11-17[3]. This scale assesses dissociation in four areas: dissociative amnesia, the imaginary involvement and absorption, passive impact, depersonalization, and derealization. Statements are scored based on the 11-point Likert-based scale ranging from 0 (never) to 10 (always) and with no interval scores.

Total score of the A-DES is calculated based on the average total score of each section. The mean score of 4 or more of the A-DES is indicative of pathological dissociation. In recent years, many validation studies (1 and 4) have concluded that internal validity of the A-DES is high. The A-DES seems a reliable and credible tool to measure dissociation and its reliability and validity are approved in most foreign studies. Alaei[5] validated this scale through Cronbach's alpha in a 4-factor model. The values obtained for dissociative amnesia, imagination and absorption problems, depersonalization and de realization, and passive impact were .847, .818, .888, and .655, respectively. He also calculated the internal consistency of the scale to be 94 (Table 1,2).

	Non-standard coefficients B	Standardized coefficients (Beta)	T	sig	-Tolerance factor	Variance inflation index
Intercept	.984	-	1.929	.056	.49	2.042
emotional maltreatment	.155	.424	3.676	0.000	.471	2.125
physical maltreatment	-.032	-.093	-0.792	.43	.822	1.216
sexual maltreatment	.094	.217	2.436	.016	.85	1.176
emotional neglect	.015	.052	0.599	.55	.743	1.346
physical neglect	.022	.047	0.504	.615	.49	2.042

Table 3: Regression of the component depersonalization based on variables emotional maltreatment, physical maltreatment, sexual maltreatment, emotional neglect and physical neglect.

dissociative experience childhood trauma type	depersonalization and derealization	passive impact	imagination and absorption problems	dissociative amnesia
emotional maltreatment	0.435**	0.205*	0.289**	0.376**
physical maltreatment	0.317**	0.213*	0.232**	0.273**
sexual maltreatment	0.341**	0.234**	0.237**	0.245**
emotional neglect	0.229**	0.046	0.021	0.104
physical neglect	0.283**	0.072	0.218*	0.231**

Table 1: The correlation coefficient of dissociative experience and childhood trauma components.
*** Correlation is significant at the 0.01 level. * Correlation is significant at the 0.05 level.*

variable	Model indicator	SS	df	MS	F	P	R	R²
childhood trauma	regression	109.1	5	21.82	8.139	0.001	515/0	265/0
	residual	302.935	113	2.681				
	Total	412.035	118					

Table 2: Summary of the regression model, ANOVA and regression for dissociative experiences (depersonalization) due to childhood trauma.

Childhood trauma questionnaire (CTQ)

The CTQ is a self-report questionnaire containing 28 questions in five areas: emotional.

Findings

Based on the information presented in this table, multiple correlation coefficient of the studied variables (R =0.515 and R2=0.265) is obtained. In other words, 26.5% of the variance for the component depersonalization can be explained based on

linear combination of variables emotional maltreatment, physical maltreatment, sexual maltreatment, emotional neglect, and physical neglect. In this model, ANOVA (F=8.139, Sig=0.001) confirms the efficiency of the used model in predicting the dependent variable and it can be said that there is a significant relationship between the combination of the considered variables and depersonalization.

In Table 3, based on the values of β (standardized regression coefficients), the changes in criterion variable (depersonalization) per unit change in the predictor variable for each variable is presented. Given that the tolerance factor values are in the range of 0-1 and inflation variance value is less than 10, it can be said that there is no multicollinearity among predictor variables. Considering the t values and significant levels, it can be concluded that emotional and sexual maltreatments positively predict the depersonalization. Based on standardized regression coefficients, it can be said that emotional maltreatment (β=0.424), and sexual maltreatment (β=0.217) have a significant role in predicting depersonalization (Table 4).

variable	Model indicator	SS	df	MS	F	P	R	R2
childhood trauma	regression	67.24	5	13.448	3.055	0.13	345/0	119/0
	residual	497.419	113	4.402				
	Total	564.659	118					

Table 4: Summary of the regression model, ANOVA and regression for dissociative experiences (imagination and absorption problems) due to childhood trauma

Criterion variable: imagination and absorption problems

Based on the information presented in this table, multiple correlation coefficient of the studied variables (R =0.345 and R2=0.119) is obtained.

In other words, 11.9% of the variance for the component imagination and absorption problems can be explained based on linear combination of variables emotional maltreatment, physical maltreatment, sexual maltreatment, emotional neglect, and physical neglect. In this model, ANOVA (F=3.055, Sig=0.013) confirms the efficiency of the used model in predicting the dependent variable and it can be said that there is a significant relationship between the linear combination of the considered variables and imagination and absorption problems (Table 5).

	Non-standard coefficients B	Standardized coefficients (Beta)	T	sig	-Tolerance factor	Variance inflation index
Intercept	3.077		4.744	0		
emotional mal-treatment	0.119	0.279	2.188	0.031	0.48	2.081
physical mal-treatment	-0.041	-0.103	-0.794	0.429	0.465	2.151
sexual mal-treatment	0.1	0.197	2.026	0.045	0.821	1.218
emotional neglect	-0.031	-0.094	-0.985	0.327	0.847	1.181
physical neglect	0.035	0.065	0.63	0.53	0.739	1.353

Table 5: Significant relationship between the linear combination of the considered variables and imagination and absorption problems

Discussion

Finally, the results of the current study are consistent with the results of research focusing on the psychological effects of childhood trauma[6] "the existence of psychological problems accompanying the development of PTSD in traumatic girls"; Alvarez et al.,[7] "On the relationship between childhood trauma and schizophrenia". In this regard and in terms of the negative consequences of childhood trauma, the results of this study are in line with the results of those studies which investigated and confirmed the relationship between childhood trauma and drug dependence. For example, compared child abuse in patients with drug dependence disorder(n = 120) and non-dependence people (n=120) and showed that the rate of physical, sexual, and emotional maltreatment in patients with drug dependence disorder is significantly higher than that for the control group. They argue that maltreatment in childhood isone of the risk factors of drug dependence disorder in adulthood. Moreover, study compared the frequency of childhood maltreatment and neglect for two drug dependent (n = 212) and non- dependent (n=216) groups and showed that 70.3% of the drug dependent group and 33.8 % of another group had reported at least one type of maltreatment and neglect. The results also showed that emotional maltreatment, physical neglect and sexual maltreatment have significant relationship with the frequency of drug-dependency.

Considering the results of this study and other above-mentioned studies, it can be argued that childhood trauma, particularly emotional and sexual ones play an important role in the development of dissociative experiences of adolescents. On the one hand, due to the high prevalence of dissociative experiences in adolescent offenders as well as the significant relationship between these experiences and childhood trauma and a significant contribution of these traumas particularly emotional and sexual trauma in predicting the dissociative experiences, it seems that they play an important role in delinquent behavior of adolescents. Undoubtedly, these results would have implied implications for providing practical plans in order to prevent delinquent behavior of adolescents.

References

1) Berk LE (2007). *Development through the Lifespan*, 4/e. Pearson Education, Inc.
2) Schultz, D. P., & Schultz, S. E (2009). *Theories of Personality*, (9th Ed.). Belmont, CA: Cengage Learning/Wadsworth.
3) Armstrong, J., Putnam, F., Carlson, E., Libero, D., & Smith, S. (1997). *Development and validation of a measure of adolescent dissociation: The adolescent dissociative experiences scale*. The Journal of Nervous and Mental Disease,185(8), *491-495*.
4) Brunner, R., Parzer, P., Schuld, V., & Resch, F. (2000). *Dissociative symptomology and traumatogenic factors in adolescent psychiatric patients*. The Journal of Nervous Mental Disease, 188(2), *71-77*.
5) Alaei Fard Zari, N. (2014). *Determination of the psychometric properties (validity, reliability, norm) of Adolescent Dissociative Experiences Scale. Master's thesis*. Islamic Azad University, Kish International Branch.
6) Ariga,M,. Uehara, T, Takeuchi, K, Ishige, Y, Nakano, R,. Mikuni, M. (2008). *Trauma exposure and posttraumatic stress disorder in delinquent female adolescents*. Journal of Child Psychology and Psychiatry, 49: 1, *79-87*.
7. Alvarez, M., Masramon, H., Pena, C., Pont, M., Gourdier, C., Roura-poch, P., Arrufat, F.(2015). *Cumulative Effects of Childhood Traumas: Polytraumatization, Dissociation, and Schizophrenia*. Community Ment Health J. 51: *54-62*.

Corresponding author
Mitramehr5@gmail.com