

# Development of Dissociation: Examining the Relationship Between Parenting, Maternal Trauma and Child Dissociation

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**SUMMARY.** While many studies have demonstrated relationships between trauma and dissociation, relatively little is known about other factors that may increase children's risk for developing dissociative symptoms. Drawing on betrayal trauma theory and Discrete Behavioral States frameworks, the current study examined the contributions of maternal factors (including mothers' dissociation, betrayal trauma experiences, and inconsistent parenting) to children's dissociation. Seventy-two mother-child dyads completed self-report questionnaires. Maternal dissociation was found to relate positively to maternal betrayal trauma his-

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tory. Additionally, both mothers' and children's betrayal trauma history were found to significantly predict children's dissociation. Implications for the intergenerational transmission of betrayal trauma and dissociation are discussed. doi:10.1300/J229v07n04\_05 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2006 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Dissociation, children, betrayal trauma theory, discrete behavioral states theory

Dissociation has been associated with inescapable and chronic traumas, as well as disruptions in development, including: witnessing sexual or physical abuse of family members, family disruption (removal of child from home, lack of biological mother, presence of step-father), poor parent-child interactions (avoidant and disorganized attachment, inconsistent discipline), and sexual abuse history (for reviews, see Ogawa, Sroufe, Weinfield, Carlson, & Egeland, 1997; Putnam, 1997; Silberg, 2000). Given these associations and the profound impact dissociation can have on children's development (see Putnam, 1997), researchers have begun to examine the development of dissociation in children. The current paper draws on two theories to provide a framework for testing associations between maternal factors and child dissociation: betrayal trauma theory (Freyd, 1996) and the Discrete Behavioral States model (Putnam, 1997).

Betrayal trauma theory proposes that violence perpetrated by someone on whom the victim is dependant will be associated with memory disruption, dissociation, and other cognitive dysfunctions in order to help the victim maintain the necessary, albeit abusive, attachment (see Freyd, 1996). Thus, the theory implicates dissociation as a potential mechanism in blocking trauma-related information in the case of betrayal traumas (i.e., events perpetrated by someone on whom the victim is dependent). Several studies have demonstrated that physical and sexual abuse by family members are significantly related to increased dissociation symptoms, while non-family abuse is not (Chu & Dill, 1990; Plattner, Silvermann, & Redlich, 2003). Similarly, DePrince (2005) found that reporting a betrayal trauma prior to the age of 18 was associated with pathological levels of dissociation in young adults.

The Discrete Behavioral States (DBS) model (Putnam, 1997) proposes that pathological dissociation arises from children's failure to learn to integrate states. In typical development, parents are instrumental in teaching very young children to move fluidly between states (e.g., from a distressed to a neutral state). In atypical development (such as that characterized by exposure to maltreatment or family violence), parenting factors likely mediate children's risk of developing dissociative symptoms. For example, Deblinger, Steer, and Lippmann (1999) found that children's perceptions of their mothers' parenting practices were related to children's post-trauma symptoms generally. Mann and Sanders (1994) found that dissociation was associated with parental rejection and inconsistency in applying discipline in a sample of forty boys. Ogawa et al. (1997) observed in a longitudinal study that children with disorganized or avoidant attachment styles in relating to their mothers were at higher risk for developing dissociation in adolescence. Thus, factors that affect parents' ability to help children learn to modulate states (such as parenting consistency or parent's own dissociation) may increase children's risk of developing dissociative symptoms.

### ***MATERNAL TRAUMA HISTORY, DISSOCIATION, AND PARENTING***

Earlier work suggested that women exposed to child or spousal abuse tended to engage in harsh and aggressive parenting (Jaffe, Wolfe, & Wilson, 1990). However, recent research suggests that women with abusive spouses show more behavioral inconsistency in their parenting practices compared to women without abusive spouses, rather than differences in the use of directed physical aggression or maternal authority and control (Holden & Ritchie, 1991; Holden et al., 1998; Levendosky & Graham-Bermann, 2000; Rossman & Rea, 2005). This more recent work suggests that mothers exposed to abuse may be less consistently engaged. Based on the domestic violence literature and the betrayal trauma theory framework, we expect that extent of mothers' betrayal trauma experiences would be associated with inconsistent parenting.

While much interest has focused on the parenting practices of mothers who have experienced abuse, there have been few investigations of other trauma-related factors that may have an impact on parenting, including dissociation. In one study of mothers with Multiple Personality Disorder (MPD), only 38.7% of 75 mothers qualified as competent or

exceptional parents, while 45.3% were judged to be compromised or impaired, and 16.0% were abusive toward their children (Kluft, 1987). Egeland and Susman-Stillman (1996) reported that mothers abused as children who abused their own children had higher levels of dissociative symptoms than mothers abused as children who did not abuse their own children. Maternal dissociation has also been related to inconsistency in applying discipline (Collin-Vezina, Cyr, & Pauze, 2005). The disruption of typically integrated information processing in dissociation raises the possibility that highly dissociative mothers may parent their children inconsistently.

To date, inconsistent parenting has been conceptualized as lack of follow-through and inconsistency in applying discipline. However, if a parent consistently lacks follow-through and structure in their discipline, a child may reasonably predict such behaviors. On the other hand, if a parent displays behaviors that oscillate between different parenting styles, the child may have a harder time interpreting parental expectations and affective tone. In fact, results from a study conducted by Rossman and Rea (2005) suggest that inconsistencies in applying a dominant parenting style relate to higher levels of trauma symptoms in children after witnessing family violence. Thus, in this study we conceptualize inconsistent parenting as alternating between Authoritarian, Authoritative, and Permissive parenting.

### ***CURRENT STUDY***

Dissociation has been associated with chronic and inescapable trauma exposure; however, because not all trauma-exposed children experience dissociation symptoms, additional factors must also contribute to the development of dissociation. Drawing on the DBS model, we propose that maternal factors, such as mother's own dissociation and parenting inconsistency, may negatively affect children's ability to learn to modulate states, thus increasing dissociation risk. Thus, the current study examined links between maternal experiences of betrayal trauma, maternal dissociation, and inconsistent parenting practices in the prediction of child dissociation. We hypothesized that: (1) Consistent with betrayal trauma theory, extent of maternal betrayal trauma history would positively relate to maternal dissociation; (2) Mothers' dissociation would relate to differences in inconsistent parenting practices as reflected by self- and child-report on parenting questionnaires; (3) Extent of maternal betrayal trauma history would be associated with

differences in inconsistent parenting; and (4) Mothers' dissociation, betrayal trauma history, and inconsistent parenting would predict children's dissociation.

## ***METHOD***

### ***Participants***

Female guardians with children (aged 7-11 years) were recruited for participation in a larger project on Parenting and Stress ( $N = 72$ ) through flyers posted at local Denver community agencies, community centers and through the University of Denver Developmental Subject Pool. The majority of women were biological mothers to the child participant, though the sample also included adoptive mothers and one grandmother; we will refer to female guardians as mothers for the remainder of the manuscript. Five mothers did not respond regarding the child's race/ethnicity; the remaining children were reported to be of the following racial/ethnic backgrounds: 40.0% White, 18.5% Black, 18.5% Hispanic/Latino, 3.1% American Indian/Alaskan Native, 20.0% other race or bi/multiracial. One mother did not respond regarding her race; the remaining women reported the following racial/ethnic backgrounds: 44.9% White, 15.9% Black, 20.3% Hispanic/Latino, 2.9% American Indian/Alaskan Native, 15.9% other race or bi/multiracial. See Table 1 for other relevant demographic information.

### ***Procedure***

Following informed consent procedures, mothers were asked to complete a demographics information sheet and several questionnaires to assess their trauma history, dissociation level, and parenting practices, as well as their children's dissociation level and trauma history. Children completed a questionnaire about their mothers' parenting practices. The experimenter read out loud all items on the questionnaire to the children and recorded their verbal responses on paper to ensure that reading level did not affect children's responses.

### ***Measures***

*Measures of Parenting Practices.* Parenting was assessed using both parent- and child-report version of the Parenting Practices Question-

TABLE 1. Demographic Information of Sample and Descriptive Statistics of Mother and Child Dissociation, Mother and Child Betrayal Trauma, and Mother Parenting Practices.

Variable	Mean (SD)	Range	Percentage
Child Age	8.73 (1.38)	7-11	
Mother Age	37.21 (7.10)	25-61	
Number of Children in Family	2.17 (0.85)	1-4	
Female Children in Sample			64.3%
Mothers Married or Living w/ Partner			46.5%
Maternal Education Level:	Some high school or GED		32.9%
	College (some or graduated)		54.3%
	Post-College		12.9%
Family Income Level	< \$30,000		61.4%
	\$30,000-\$50,000		17.1%
	> \$50,000		21.4%
Mother Dissociation	10.98 (9.94)	0.00-53.93	
Child Dissociation	5.56 (4.57)	0-24	
Mother Betrayal Trauma Sum	1.14 (1.37)	0-4	
Mother Parenting Practices (mother report/child report)			
Authoritative	4.13 (.49)/3.88 (.58)	2.74-4.96/2.37-4.81	
Authoritarian	1.90 (.41)/2.43 (.67)	1.20-3.00/1.27-3.87	
Permissive	2.05 (.47)/2.07 (.45)	1.13-3.73/1.29-3.27	

naire (PPQ; Robinson et al., 1995), a 62 item measure devised to assess Baumrind's (1967) typology of parenting styles. Factor analysis has shown the measure to be consistent with Baumrind's Authoritative, Authoritarian, and Permissive parenting typologies. Mothers were asked to indicate on a frequency scale from 1 to 5 how often they exhibited each behavior during the past year; responses from each parenting factor were then averaged to produce separate factor scores. Children indicated on a similar 5-point scale the frequency of their mothers' parenting behaviors during the past year on the PPQ-Child Version (PPQ-C). Given that both mothers and children provide unique perspectives on mother-child interactions, both reports of parenting practices were included in the analyses. Mothers may be more astute than children in reporting parenting practices; yet adults may be more sensitive to pressures of social desirability so that children may be more accurate reporters.

Using a procedure adapted from Rossman and Rea (2005), mothers were placed into parenting inconsistency groups (*highly inconsistent*,

*moderately inconsistent*, and *consistent*) based on PPQ factor scores. First, high, medium, and low endorsements of each parenting factor were calculated. For mother-response, high endorsements of a parenting factor were defined as scores that fell 1/3 standard deviation above the normed mean score of that parenting factor (norms drawn from Robinson et al., 1995); medium endorsements were scores that fell within 1/3 standard deviation from the normed mean score; and low endorsements were scores that fell 1/3 standard deviation below the normed mean score. Then, mothers were assigned to the following inconsistency groups. Mothers were rated as *highly inconsistent* if they had (1) scores on at least two subscales falling in the high endorsement range or (2) medium endorsements on two subscales plus a low or medium endorsement on the remaining subscale. Mothers who had high endorsements on two of the parenting styles exhibit more than one predominant type of parenting practices. Mothers who had a medium endorsement on two or more of the subscales do not have one particular style of behaviors that they employ more dominantly than the others. Mothers were assigned to the *moderately inconsistent* group if they had either (1) one each of high, medium, and low endorsement on the three subscales or (2) high endorsement on one subscale plus medium endorsements on remaining subscales. These mothers are moderately inconsistent in their parenting because although they dominantly employ behaviors within one style most of the time, they still rely on some parenting behaviors from other parenting styles. Finally, the remaining group of mothers who were rated as consistent had low endorsements on two subscales plus moderate/high endorsement on the remaining subscale. These mothers consistently use behaviors from one style without relying on behaviors from other styles. The same procedure was used to code parenting inconsistency based on child-report data, but sample means were used instead of normed means because child norms are not available.

*Measures of Dissociation.* Maternal dissociation was assessed using the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986), a widely-used 28 item self-report measure. The DES has been shown to have good validity and reliability and is scored by taking an average across items. Child dissociation was assessed using the Child Dissociative Checklist (CDC; Putnam, 1993), 20-item observer-report. Participants report how much each item applies to their child on a 3-point scale. A sum of all items is calculated. The CDC has been demonstrated to have high reliability and validity (Putnam, 1993).

*Measures of Trauma History.* Maternal trauma history was assessed using the Trauma History Questionnaire (THQ; Green, 1996) which includes 24 behaviorally-defined items in three areas: crime-related events, general disaster and trauma, and unwanted physical and sexual experiences. Mothers indicated whether each item happened to them, and if so, the number of times and approximate age(s) of occurrence. Based on the reported relationship to the perpetrators, the total number of events that involved the betrayal of an interpersonal relationship was tallied. A dichotomous variable was also computed to indicate whether mothers experienced any betrayal trauma (yes/no). Child trauma was assessed by mother report on the UCLA-PTSD Index (Pynoos et al., 1998). Mothers indicated whether children had been exposed to 12 behaviorally-defined traumatic events; they could also write in events that were not covered by the 12 items. Children's betrayal trauma history (present/absent) was coded as present if mothers reported that the child was exposed to at least one of three abuse items or wrote in a qualifying event in response to the 'anything else' item. The three abuse items included: being hit, punched or kicked very hard at home; seeing a family member being hit, punched or kicked very hard at home; having an adult or someone much older touch your child's private sexual body parts when your child did not want them to.

## **RESULTS**

Seventy-two mother-child dyads were tested; two mothers did not complete questionnaire packets, resulting in a final sample of 70 mother-child dyads. Differences in degrees of freedom reflect missing data on some questionnaires. See Table 1 for means (*SD*) for study variables. One outlying score on the CDC was replaced with the value of 2.5 *SD* above the mean.

PPQ scores for both mother and child reports were tallied and coded as described in the Materials section. Mother and child reports were not significantly correlated ( $r = .16, p > .05$ ). Per mother report, mothers fell into the following groups: 20 highly inconsistent, 30 moderately inconsistent, and 20 consistent. Per child report, mothers fell into the following groups: 33 highly inconsistent, 12 moderately inconsistent, and 20 consistent.

Maternal trauma was computed based on the THQ responses. Mothers in this sample reported exposure to the following event types: 2 no trauma; 18 only non-interpersonal trauma events (i.e., accidents and



natural disasters); 4 interpersonal trauma events where the relationship with the perpetrator was one of non-dependency (i.e., strangers or neighbors); 5 interpersonal trauma events where the perpetrator was one of low dependency (i.e., uncles, cousins, or grandparents); 35 interpersonal trauma events where the relationship of the perpetrator was likely to be one of high dependency (i.e., a parent or significant other). The total number of maternal betrayal trauma events (i.e., interpersonal violence in which the relationship to the perpetrator appeared to be one of high dependency) for each mother was summed; see Table 1. Mothers reported the following trauma exposure in children: 44 no betrayal trauma events and 26 at least one betrayal trauma event (9 children were reported to have more than one betrayal trauma event). For 3 out of the 26 children, mothers reported sexual abuse without specifying perpetrator relationship; in all other cases information on the UCLA-PTSD index indicated trauma as occurring within the family context.

Associations between mothers' dissociation levels, betrayal trauma history, and inconsistent parenting practices were examined. Mothers' level of dissociation was positively related to the number of betrayal trauma experiences mothers have experienced ( $r = 0.34, p < .01$ ). In addition, mothers with betrayal trauma histories reported higher levels of dissociative symptoms on the DES than mothers without betrayal trauma histories ( $t(61) = -2.34, p < .05$ ). Mothers with interpersonal trauma histories (regardless of betrayal in the perpetrator relationship) did not differ on dissociation from mothers without interpersonal trauma histories ( $t(68) = 0.92, p > .05$ ). Neither mothers' dissociation nor mothers' betrayal trauma experiences were associated with inconsistent parenting; however, mothers' DES scores were positively related to the PPQ Permissive parenting factor score by mother report ( $r = 0.42, p < 0.01$ ).

Mothers' number of betrayal trauma experiences was positively related to children's dissociation scores ( $r = 0.38, p < .01$ ). Children exposed to betrayal trauma events also had higher dissociation scores on the CDC than children without betrayal trauma ( $t(62) = -2.50, p < .05$ ). Children with betrayal trauma experiences had mothers who experienced more betrayal trauma events on the THQ than children without any betrayal trauma ( $t(62) = -2.60, p < .05$ ).

A sequential regression was performed to determine whether mothers' dissociation, betrayal trauma history, and inconsistent parenting improved the prediction of children's dissociation levels beyond that predicted by children's trauma history. Given that mothers and children both provide unique perspectives to parenting interactions, 2 models

were run separately with Model 1 based on mother-report of inconsistent parenting and Model 2 based on child-report of inconsistent parenting. Point of entry of variables remained the same for both models. Table 2 displays the unstandardized regression coefficients (B) with the standard error and the standardized regression coefficients ( $\beta$ ) for the 2 models. In Model 1, when only child betrayal trauma had been entered,  $R^2 = .07$ ,  $F(1, 57) = 4.34$ ,  $p < .05$ . After step 2, with mother's dissociation, betrayal trauma, and inconsistent parenting (mother-report) added to the prediction of children's dissociation,  $R^2 = 0.19$ ,  $F(4, 54) = 3.10$ ,  $p < .05$ . Addition of maternal variables to the equation did not significantly improve  $R^2$ ,  $p = .06$ . This model indicated that child betrayal trauma significantly predicted child dissociation by itself; adding maternal factors did not improve prediction of child dissociation significantly. When all predictor variables were controlled for, mothers' betrayal trauma was the only predictor variable that provided a significantly unique contribution to the prediction of child dissociation. In Model 2, when only child betrayal trauma had been entered,  $R^2 = .12$ ,  $F(1, 52) = 7.14$ ,  $p < .01$ . After step 2, with mothers' dissociation, betrayal trauma, and inconsistent parenting (child-report) added to the prediction of children's dissociation,  $R^2 = .24$ ,  $F(4, 49) = 3.95$ ,  $p < .01$ . Adding maternal variables to the equation did not significantly improve  $R^2$ ,  $p = .06$ . This model indicated that child betrayal trauma significantly predicted child dissociation by itself; adding maternal factors did not improve the prediction significantly. When all predictor variables were included, child betrayal trauma showed only a trend in predicting child dissociation; instead, mothers' betrayal trauma provided a significantly unique contribution to this prediction.

## **DISCUSSION**

The current study demonstrates relationships between mother and child dissociation and trauma exposure. Importantly, both mothers' and children's betrayal trauma were positively associated with children's dissociation. Regression analyses revealed that children's betrayal trauma predicted child dissociation when it was the only predictor variable in each equation. This pattern supports the association often found between dissociation and trauma experiences (e.g., Putnam, 1997). Additional maternal factors including dissociation, betrayal trauma, and inconsistent parenting did not add significantly to the prediction of chil-

TABLE 2. Summary of Sequential Regression Analysis for Variables Predicting Children's Dissociation Levels (N = 65).

Variable	B	SE B	$\beta$
Model 1			
Step 1			
Child Betrayal Trauma History	2.48	1.19	0.27*
Step 2			
Child Betrayal Trauma History	1.59	1.21	0.17
Inconsistent Parenting-Mother Report	0.74	0.79	0.12
Mother Dissociation	-0.06	0.06	-0.12
Mother Betrayal Trauma History	1.19	0.45	0.36*
Model 2			
Step 1			
Child Betrayal Trauma History	3.25	1.22	0.35**
Step 2			
Child Betrayal Trauma History	2.32	1.22	0.25+
Inconsistent Parenting-Child Report	-0.21	0.67	-0.04
Mother Dissociation	-0.02	0.07	-0.04
Mother Betrayal Trauma History	1.23	0.44	0.38**

Note.  $R^2 = .07$  for Model 1 Step 1 ( $p < .05$ );  $R^2 = .10$  for Model 1 Step 2 ( $p = .09$ ).  $R^2 = .12$  for Model 2 Step 1 ( $p = .01$ );  $R^2 = .12$  for Model 2 Step 2 ( $p = .06$ ). \* $p = .06$ , \* $p < .05$ , \*\* $p < .01$ .

dren's dissociation. When examining all predictor variables, only mothers' betrayal trauma contributed uniquely to the prediction of children's dissociation in both models. When the inconsistent parenting ratings based on children's report was used in Model 2, there was a trend such that children's betrayal trauma history contributed uniquely to prediction of children's dissociation. The child inconsistent parenting ratings may have had less noise than mother reports, allowing the trend to emerge in Model 2; this points to the importance of examining both mother and child reports. Taken together, both regression models suggest that while children's betrayal trauma plays an important role in predicting children's dissociation, other factors such as mothers' betrayal trauma history may also be important to consider.

The results showed an intergenerational relationship between mothers' and children's betrayal trauma histories. Children who experienced betrayal trauma had mothers who experienced higher numbers of betrayal trauma than children without betrayal trauma. It may be that

mothers who have experienced betrayal traumas are, in turn, dealing with dissociative symptoms, making them less able to monitor their children and provide a safe environment.

Contrary to predictions, however, mothers' betrayal trauma history and dissociation level were not related to mothers' inconsistent parenting practices by either mother- or child-report. Inconsistent parenting did not contribute significantly to the prediction of child dissociation. Maternal dissociation was positively correlated with the Permissive parenting style (which includes inconsistent discipline in lack of follow-through) per mother report. These associations are similar to previous reported relationships between both mothers' and fathers' dissociation and inconsistent discipline (Mann & Sanders, 1994) but did not reflect the inconsistency of having different parenting styles as conceptualized in this study.

One potential mechanism for the transmission of betrayal trauma and dissociation may be alterations in information processing that could affect parenting behaviors. DePrince and Freyd (e.g., 2004) have found associations between dissociation, attention, and memory on various laboratory tasks. Additionally, DePrince (2005) found that betrayal trauma was associated with revictimization, which in turn was associated with problems detecting violations of safety and social rules. Failure to accurately process safety/social rules may leave individuals at higher risk of revictimization. With altered information processing, mothers with betrayal trauma histories or dissociative symptoms may have a harder time monitoring and creating a safe environment for their children. Thus, these children may be more likely to experience their own betrayal trauma, increasing their risk for developing dissociation. The current study did not specifically examine information processing mechanisms, pointing to the need for future research in this area.

### ***Limitations and Future Research***

We examined the relationships between child and maternal betrayal trauma history and child dissociation; however, our data did not include information on the duration, onset, and frequency of trauma in children. From a developmental psychopathology framework, the age and developmental stage when child abuse occurs should affect the posttraumatic outcomes, including the development of dissociation (Egeland & Susman-Stillman, 1996). The cross-sectional nature of the current study did not allow us to examine "sleep effects" that might influence later

development of dissociation (Finkelhor & Browne, 1985; Trickett et al., 2001).

This study relied on self-reports to assess trauma history, dissociation levels, and parenting behaviors. Although self-reports provide valuable information about the participants, they can be less reliable than direct observation or interviewing due to potential response biases or inaccurate recall of information. Child dissociation, in particular, may be difficult to assess reliably via parent report because the internal experience of dissociative symptoms may not manifest as overt behaviors in children such that mothers can observe the presence or extent of their children's dissociation (e.g., Malinosky-Rummell & Hoier, 1991). Thus, the parent-report methodology used in the current study may have limited the range of scores that were obtained for child dissociative symptoms. Mothers reported relatively low levels of dissociation for themselves and their children. In addition, most mothers endorsed items consistent with the Authoritative style of parenting. While such reporting may accurately reflect the sample tested, mothers may also have been sensitive to social desirability pressures, thus biasing their responses in a positive light. Finally, recruitment of solely mother-child dyads with the exclusion of father-child dyads prevented a complete assessment of the child's family environment.

### **CONCLUSION**

Childhood abuse is associated with increased risk for a range of negative health outcomes, including dissociation (for a review, see Kendall-Tackett, 2002; Putnam, 1997). Thus, investigations that offer insight into the developmental impact of child maltreatment on posttraumatic symptoms, such as dissociation, remain critically important. The current study provides initial evidence that maternal betrayal trauma history may be one path through which child maltreatment and child dissociation may be transmitted intergenerationally. Mothers faced with betrayal trauma experiences and related consequences may have difficulty providing a consistent and safe environment for their children, leaving children at risk for experiencing abuse and dissociation. Thus, future research examining both parental factors (such as betrayal trauma history) and parenting practices promises to provide important insights for improving intervention and prevention programs to decrease children's risk of developing dissociation.

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