Suicidality in Childhood Abuse Survivors – The Contribution of Identification with the Aggressor

Abstract

Objective: Childhood abuse survivors are at risk for suicidal ideation and suicide attempts. Research has indicated that posttraumatic stress disorder (PTSD) symptoms and dissociation are related to elevated suicidal ideation and behavior (SIB) among this population. At the same time, although the theoretical and clinical literature in the trauma field have suggested that survivors' pathological attachment to their perpetrators, known as identification with the aggressor, might explain SIB, this supposition has not been investigated to date. **Method:** Filling this gap, this study explored the associations between identification with the aggressor, PTSD symptoms, dissociation, and SIB among 589 adult survivors of childhood abuse. **Results:** Identification with the aggressor, PTSD symptoms, and dissociation were related to elevated levels in suicidal ideation and behavior. Furthermore, profile type (namely, having high versus medium or low levels of identification with the aggressor, PTSD symptoms, and dissociation) was implicated in participants' SIB: Participants who adhered to a profile characterized by high levels of identification with the aggressor, PTSD symptoms, and dissociation had higher levels of suicide risk and suicidal ideation, as well as higher odds of reporting a history of suicide attempts, compared to participants who adhered to the other two profiles (i.e., characterized by medium or low levels of identification with the aggressor, PTSD symptoms, and dissociation). **Limitations:** This study relied on convenience sampling and a cross-sectional design. **Conclusions:** Identification with the aggressor might serve, alongside PTSD symptoms and dissociation, as a risk factor for suicidal ideation and behavior among childhood abuse survivors.

Keywords: childhood abuse; identification with the aggressor; dissociation; PTSD; suicidality

Introduction

Childhood abuse, including physical, emotional, and sexual mistreatment, poses a substantial public health problem worldwide, with estimates as high as one in four adults worldwide reporting a history of childhood abuse (World Health Organization, 2014). Childhood abuse has both short and long-term implications and might result in various negative outcomes such as posttraumatic stress disorder (PTSD), dissociation, substance use disorders, eating disorders, and non-suicidal self-injury (Ford & Gómez, 2015; Messman-Moore & Bhuptani, 2017; Vonderlin et al., 2018). Furthermore, recent meta-analyses revealed that childhood abuse survivors are at risk for suicidal ideation and behavior (SIB) reflected in elevated suicidal ideation and suicide attempts (Angelakis, Gillespie, & Panagioti, 2019; Liu et al., 2017).

Different outcomes of childhood abuse might explain the increased risk for SIB among adult survivors. Studies that have explored various types of traumatic events have indicated a significant positive association between PTSD diagnosis or symptoms and suicidal ideation and attempts (Jakupcak et al., 2011; Krysinska & Lester, 2010; McKinney, Hirsch, & Britton, 2017; Panagioti, Gooding, & Tarrier, 2012). A similar trend was found among adult survivors of childhood abuse, with PTSD being related to elevated suicidal ideation (Ullman & Brecklin, 2002) and suicide attempts (Thompson, Kaslow, Lane, & Kingree, 2000).

Dissociation, which is another potential byproduct of childhood abuse and is defined as a disruption in the integration of mental processes (Spiegel et al., 2013), has also been found to be related to SIB. Former studies revealed associations between dissociation and increased risk for suicidal ideation and attempts (Calati, Bensassi, & Courtet, 2017; Herzog, Fogle, Harpaz-Rotem, Tsai, & Pietrzak, 2020; Kessler et al., 2015; Rabasco & Andover, 2020). Moreover, World Mental Health surveys conducted in 16 countries indicated elevated odds of SIB (OR= 3.2–5.0)

as a function of dissociation after controlling for PTSD symptoms (Stein et al., 2013). The associations between dissociation and SIB might be understood in light of people's detachment from their bodies during dissociation, which could lower their tendency to protect their bodies from physical harm (Orbach, 1994), or in light of experiential avoidance and attempts to disengage from distressing experiences as a means to self-regulate, which characterize both dissociation and SIB (Chawla & Ostafin, 2007).

Another potential outcome of childhood abuse, which has been claimed to be related to self-destructive behaviors among survivors, is the formation of a pathological attachment to the perpetrator (Herman, 1992; Van der Kolk, 1989), known as *identification with the aggressor* (Frankel, 2002, 2018). Identification with the aggressor, a concept which was originally developed in the psychoanalytic literature by Ferenczi (1932, 1933), signifies a multidimensional process wherein abuse victims fuse with, take on, and introject their perpetrators' experience. It is an automatic reaction aiming to promote victims' survival during the abuse, and it entails four main components: losing one's agency and replacing it with that of the perpetrator; becoming hypersensitive to the perpetrator; adopting the perpetrator's experience concerning the abuse; and identifying with the perpetrator's aggression (Frankel, 2002; Lahav, Talmon, & Ginzburg, 2019).

As abused children cannot escape or prevent assaults at the hands of their perpetrators, they lose their own agency: Their contact with their own inner experience is demolished, and their wants and needs are replaced by those of their perpetrators. This automatic process enables them to subordinate to their perpetrators not only behaviorally but also mentally (Amir, 2016; Coates & Moore, 1997; Gurevich, 2016). At the same time, as part of their effort to foresee and endure potential upcoming perils and hazards, abused children may become hypersensitive to their perpetrators: They learn "from the inside" their perpetrators' emotions and desires, and

embrace their perpetrators' perspective (Ferenczi, 1932). In this way, abused children often adopt their perpetrators' emotional experience and beliefs concerning the abuse, while minimizing, rationalizing, or even denying the mistreatment to which they are subjected (Frankel, 2002; Herman, 1992). This form of mental fusion might also consist of victims' identifying with their perpetrators' aggression, which could give rise to enacting aggressive behaviors towards themselves and/or others (Davis & Frawley, 1994; Lahav, Allende, Talmon, Ginzburg, & Spiegel, 2020).

According to the theory of identification with the aggressor, although this type of attachment aims to promote survival during the abuse, it often continues after the abuse ends, at which point it becomes highly maladaptive (Frankel, 2002). Identifying with the aggressor after the abuse has ended may hamper recovery, intensify posttraumatic distress, and increase survivors' tendency to re-enact the abuse by enacting aggression both towards themselves and others (Frankel, 2004). Recent evidence has provided some support for these claims, indicating that identification with the aggressor in adult childhood abuse survivors is associated with various negative outcomes, such as PTSD symptoms, dissociation, guilt, and sexual re-victimization (Lahav, Talmon, & Ginzburg, 2019; Lahav, Talmon, Ginzburg, & Spiegel, 2019). Furthermore, a recent study indicated that identification with the aggressor was related to both inward and outward aggression. Findings of this study revealed that adult survivors of childhood abuse who had high levels of identification with the aggressor reported a higher frequency of non-suicidal self-injury, a greater urge to harm others, and a higher extent of violent acts towards others, compared to survivors who had lower levels of identification with the aggressor (Lahav et al., 2020).

Given that SIB might be viewed as inwardly directed aggression (Barzilay & Apter, 2014; Gvion & Levi-Belz, 2018) and given the strong relations between non-suicidal self-injury and SIB (Guan, Fox, & Prinstein, 2012; Taliaferro & Muehlenkamp, 2014), these findings imply that identification with the aggressor may also be implicated in survivors' elevated risk for suicidal ideation and attempts. Moreover, considering the fact that according to theory and research identification with the aggressor is related to PTSD symptoms and dissociation (Lahav, Talmon, & Ginzburg, 2019) – both of which are linked with SIB (Panagioti et al., 2012; Stein et al., 2013) – it might be that exploring the effects of all three factors together could illuminate childhood abuse survivors' heterogeneity regarding SIB. Specifically, it might be that similar to other outcomes of trauma exposure (Contractor et al., 2015; Hruska, Irish, Pacella, Sledjeski, & Delahanty, 2014; Itzhaky, Gelkopf, Levin, Stein, & Solomon, 2017), different profiles that encompass the following three factors – identification with the aggressor, PTSD symptoms, and dissociation – might exist, and could explain the divergence in SIB among childhood abuse survivors. To the best of this author's knowledge, no study to date has investigated identification with the aggressor in explaining SIB among childhood abuse survivors, nor, in jointly, the effects of different profiles of identification with the aggressor, PTSD symptoms, and dissociation in this regard. The current investigation aimed to address this void, by setting three main objectives:

1. To explore the relations between identification with the aggressor and SIB among childhood abuse survivors.
2. To identify profiles that encompass identification with the aggressor, PTSD symptoms, and dissociation, and their prevalence among childhood abuse survivors.

3. To assess the contribution of profile types that encompass identification with the aggressor, PTSD symptoms, and dissociation in explaining SIB among childhood abuse survivors.

Methods

Participants and procedure. An online survey was conducted among a convenience sample of Israeli adults. To be included in the present study, participants had to (a) be older than the minimum consent age of 18 and (b) be able to read and answer a survey in Hebrew. After the university ethics committee approved the study, an anonymous link using *Qualtrics* software was distributed via Facebook. Participants were invited to take part in a survey on the effects of negative life events during childhood. The survey took an average of 25 minutes to complete, and was open from October 4, 2019 to October 22, 2019. The survey was anonymous, and no data were collected that linked participants to recruitment sources. The [masked for review] institutional review board approved all procedures and instruments. Clicking on the link to the survey guided potential respondents to a page that provided information about the purpose of the study, the nature of the questions, and a consent form (stating that the survey was voluntary, respondents could quit at any time, and responses would be anonymous). The first page also included researcher contact information. Each participant was given the opportunity to take part in a lottery that included four $60 gift vouchers.

A total of 1,081 people responded to the survey. Of them, only participants who were classified as having a history of childhood abuse based on the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003) were included in the study. Participants were classified as having a history of abuse if they had scores that were higher than the cutoff scores suggested by Tietjen et al. (2010): physical abuse > = 8; sexual abuse > = 6; and emotional abuse > = 9.

Of the total, 737 participants were classified as having a history of abuse, and 589 who provided data regarding the present variables were included in the current analyses. Of them, 235 (39.9%) were classified as having a history of childhood physical abuse; 373 (63.3%) were classified as having a history of childhood sexual abuse; and 482 (81.8%) were classified as having a history of childhood emotional abuse. Thus, the majority of the sample (n = 345, 58.6%) was classified as having a history of at least two types of abuse. Table 1 describes the demographic characteristics of the sample as well as the study variables.

Regarding the features of the childhood abuse, the average age when the abuse began was 11.70 (SD = 6.60) years; the average of the abuse severity, as reflected by the CTQ total score, was 53.67 (SD = 18.06); and the average of the abuse duration was 7.76 (SD = 5.99) years. Most participants reported being abused by non-parental figures (n = 424, 72.0%).

Measures

Background variables. Participants completed a brief demographic questionnaire that assessed age, education, and relational status.

PTSD symptoms. PTSD symptoms were measured via the PCL-5 (Weathers et al., 2013). This 20-item self-report measure asks participants to indicate the extent to which they experienced each PTSD symptom, on a 5-point Likert scale ranging from 0 (*not at all*) to 4 (*extremely*). Items correspond to the newly approved PTSD symptom criteria in the Diagnostic and Statistical Manual of Mental Disorders (5th ed., DSM–5; American Psychiatric Association, 2013). A total score of PTSD symptoms was calculated by summing all 20 items. The PCL-5 demonstrates high internal consistency and test-retest reliability (Bovin et al., 2016). In this study the internal consistency reliability for the total score was excellent ($\alpha = 0.95$).

The Identification with the Aggressor Scale (IAS; Lahav, Talmon, & Ginzburg, 2019). Identification with the aggressor was assessed via the IAS, a 23-item self-report questionnaire (Lahav, Talmon, & Ginzburg, 2019). The items were presented to the respondents as reflecting "possible reactions that people may experience as a result of abuse." Participants were asked to rate on an 11-point Likert-type scale, ranging from 0% (*never*) to 100% (*all the time*), the frequency with which they experienced each manifestation of identification with the aggressor in regard to their perpetrator.

The scale comprises four subscales: adopting the perpetrator's experience concerning the abuse (9 items; e.g., "Some people feel that the point of view of their perpetrator is the right one"); identifying with the perpetrator's aggression (5 items; e.g., "Some people feel that they behave as aggressively as their perpetrator"); replacing one's agency with that of the perpetrator (5 items; e.g., "Some people do not know what they want in in the presence of their perpetrator"); and becoming hypersensitive to the perpetrator (4 items; e.g., "Some people 'read the thoughts' of their perpetrator"). For the purpose of this study, the IAS total score was used, reflecting levels of identification with the aggressor and calculated by averaging all 23 items. The IAS has been shown to have good psychometric properties, including high construct and criterion validity, as well as high internal reliability (Lahav, Talmon, & Ginzburg, 2019). In this study, the internal consistency was high, 0.93 for the total score.

Dissociative Experiences Scale-II. Dissociation was measured by the Dissociative Experiences Scale-II (DES-II; Bernstein & Putnam, 1986), a revised version of the Dissociative Experiences Scale. The DES- II is a 28-item self-report questionnaire that measures the frequency of dissociative experiences. The total dissociative score was computed as the mean of these 28 items, ranging from 0 to 100. The DES-II has been shown to have high validity and reliability

(Frueh, Johnson, Smith, & Williams, 1996). In the present study, the inventory was found to have high internal consistency ($\alpha = 0.95$).

Suicidal Behaviors Questionnaire-Revised (SBQ-R; Osman et al., 2001). The SBQ-R, used to assess SIB, consists of four items tapping: lifetime suicidal ideation and/or previous suicide attempts; frequency of suicidal ideation over the past 12 months; current threat of attempting suicide; and likelihood of future suicidal behavior.

For the purpose of the current study, three measures were utilized: (1) *Suicide risk,* based on the SBQ-R total score, which was calculated by summing the four items; (2) *Frequency of suicidal ideation in the past 12 months,* which was based on Item 2 ("How often have you thought of killing yourself in the past year"); and (3) *A history of suicide attempts* based on Item 1 ("Have you ever thought about or attempted to kill yourself?). Scores on this item were dichotomized, with reported suicide attempts coded as "1" and all other responses coded as "0." The SBQ-R has adequate psychometric properties, including reliability and evidence of clinical utility in the ability to differentiate between suicidal and non-suicidal subgroups in both clinical and nonclinical samples (Osman et al., 2001). In the present study, the SBQ-R total score had high internal consistency ($\alpha = 0.82$).

Covariates. Participants' age and severity of childhood abuse were both found to be related to SIB ($P_s<.001$). Thus, both variables were adjusted for in the present analyses. Severity of childhood abuse was based on the total score of the CTQ (Bernstein et al., 2003).

Analytic Strategy

To explore the associations between identification with the aggressor, PTSD symptoms, dissociation, and SIB, Pearson correlation analyses were conducted. A latent profile analysis (LPA) was conducted to derive discrete latent variables that described distinct subgroups of

participants who shared similar patterns of PTSD, dissociation, and identification with the aggressor scores. In total, four models were tested with increasing numbers of profiles: (1) a model with equal variances and covariances fixed to 0; (2) a model with equal variances and equal covariances; (3) a model with varying variances and covariances fixed to 0; and (4) a model with varying variances and varying covariances. The best fitting model was determined by an analytic hierarchy process that makes use of Akaike's Information Criterion (AIC), Approximate Weight of Evidence (AWE), Bayesian Information Criterion (BIC), Classification Likelihood Criterion (CLC), and Kullback Information Criterion (KIC; Akogul & Erisoglu, 2017).

Next, two ANCOVAs were used to examine the association between latent class membership derived from the LPA and suicide risk as well as the frequency of suicidal ideation in the past 12 months. Age and abuse severity were entered as covariates. Lastly, a logistic regression model was conducted to examine the association between latent class membership and lifetime suicide attempts, while adjusting for the effects of age and abuse severity. Profile 3 was used as the reference category in both models. The tidyLPA R package was used to conduct the LPA, whereas SPSS 27 was used to conduct Pearson correlation analyses, ANCOVAs, and logistic regression analyses.

RESULTS

Of the total sample consisting of childhood abuse survivors, 101 (17.1%) reported thinking about suicide at some point in their lives, 140 (23.8) reported thinking often or very often about suicide in the past 12 months, and 137 (23.3%) reported a history of suicide attempts.

PTSD symptoms, dissociation, identification with the aggressor, and SIB

As can be seen in the correlation matrix in Table 2, PTSD symptoms, dissociation, and identification with the aggressor were significantly related to SIB: The higher the scores on these variables, the higher the suicide risk, and the more frequent the suicidal ideation in the past 12 months. In addition, higher scores on PTSD symptoms, dissociation, and identification with the aggressor were significantly related to having a history of suicide attempts.

Profiles of PTSD symptoms, dissociation, identification with the aggressor

Results from the analytic hierarchy process indicated that the best fitting model was a 3-class model with uniquely estimated variances across profiles and covariances fixed to 0 (see Table 3). Profile 1 (n =107; 18.2% of the entire sample) was characterized by relatively low levels of PTSD symptoms, dissociation, and identification with the aggressor. Profile 2 (n = 325; 55.2% of the entire sample) was characterized by relatively moderate levels of PTSD symptoms, dissociation, and identification with the aggressor. Last, Profile 3 (n = 157; 26.7% of the entire sample) was characterized by relatively high levels of PTSD symptoms, dissociation, and identification with the aggressor (see Figure 1).

Profile membership and SIB

Two ANCOVAs were conducted to assess the contribution of profile variation in explaining suicide risk and frequency of suicidal ideation in the past 12 months, above and beyond age and abuse severity. Table 4 presents the results. As can be seen, profile type had significant effects on suicidality measures, above and beyond age and abuse severity. Participants who were classified as Profile 3, which was characterized by high identification with the aggressor, PTSD symptoms, and dissociation, had the highest scores on suicide risk (*M* =9.97, *SD* = 4.23) and frequency of suicidal ideation in the past 12 months (*M* =3.05, *SD* = 1.55),

following participants who were classified as Profile 2, which was characterized by medium levels of identification with the aggressor, PTSD symptoms, and dissociation **(***M* =7.51, *SD* = 3.75; *M* =2.18, *SD* = 1.36, respectively), following participants who were classified as Profile 1, which was characterized by low levels of identification with the aggressor, PTSD symptoms, and dissociation **(***M* =5.93, *SD* = 2.99; *M* =1.60, *SD* = 0.96, respectively).

The logistic regression model that assessed the contribution of profile variation in explaining a history of suicide attempts fit significantly better than the null models, $X^2(4) = 79.5$, $p < .0001$, $NagelKerke - R^2 = .17$; $X^2(4) = 82.9$, $p < .0001$, $NagelKerke - R^2 = .20$, respectively. After adjusting for the effects of age and abuse severity, the model showed that the odds of reporting a history of suicide attempts for Profile 3 was three times higher than for Profile 1 (OR=3.1; 95% *CI*=1.4–7.1, $p < 0.01$) and around one and a half times higher than for Profile 2 (OR=1.6; 95% *CI*=1.1–2.6, $p < 0.05$). No significant differences were found regarding the odds for a history of suicide attempts between Profiles 1 and 2 (OR=1.93; 95% CI=0.9–4.2, p =0.09).

Discussion

For decades, theoreticians and clinicians in the field of childhood abuse have described the singular bonds that are often formed between victims and their perpetrators, known as identification with the aggressor (Coates & Moore, 1997; Ferenczi, 1932, 1933; Frankel, 2018; Herman, 1992; Jülich, 2005; Van der Kolk, 1989). This affirmative attachment has been claimed to last long after the abuse has come to an end, and to not only intensify survivors' distress and psychopathology, but also to increase their susceptibility to self-destructive behaviors (Davis & Frawley, 1994; Frankel, 2002; Van der Kolk, 1989). Nevertheless, it was only recently that these claims were tested empirically with studies documenting the relations between identification

with the aggressor and various negative outcomes, such as PTSD symptoms, dissociation, and self-injurious behaviors among adult survivors of childhood abuse (Lahav et al., 2020; Lahav, Talmon, & Ginzburg, 2019; Lahav, Talmon, Ginzburg, et al., 2019).

The present study represents a step forward as it explored, for the first time, identification with the aggressor in regard to SIB among childhood abuse survivors. Findings of the present study revealed significant associations between identification with the aggressor and SIB: Higher levels of identification with the aggressor were found among survivors with a history of suicide attempts, and were related to elevated frequency of suicidal ideation in the past 12 months as well as higher suicide risk.

The association between identification with the aggressor and SIB might mirror the singular effects of the particular internalized relational dynamics that characterize identification with the aggressor. Survivors who view themselves and the past abuse from their perpetrators' perspectives, who blame themselves for the abuse, and who adopt their perpetrators' aggression might have an elevated tendency to enact inwardly directed aggression (Frankel, 2002), which could be manifested not only in non-suicidal self-injury (Lahav et al., 2020), but in suicidal ideation and attempts as well. Research to date has indicated the important role of interpersonal factors, such as thwarted belongingness (Chu et al., 2017) or loneliness (McClelland, Evans, Nowland, Ferguson, & O'Connor, 2020) in explaining SIB. The present explanation offers the notion that another interpersonal aspect, identification with the aggressor, might also be pertinent in explaining SIB among childhood abuse survivors.

The link between identification with the aggressor and SIB might also be rooted in the elevated distress subsequent to this type of attachment. Although identification with the aggressor during the abuse seems to be essential for survival, its continuation after the abuse's

end has been claimed to hamper recovery and to fuel distress (Frankel, 2002; Lahav, Talmon, & Ginzburg, 2019). Thus, it might be that survivors with high levels of identification with the aggressor suffer from increased distress and psychopathology, such as elevated PTSD and depression symptoms which, in turn, may put them at risk for suicidal ideation and attempts.

Exploring identification with the aggressor alongside PTSD symptoms and dissociation revealed three profiles: The first was characterized by low levels of identification with the aggressor, PTSD symptoms, and dissociation; the second was characterized by medium levels of identification with the aggressor, PTSD symptoms, and dissociation; and the third was characterized by high levels of identification with the aggressor, PTSD symptoms, and dissociation. Hence, there seem to be diverse patterns of identification with the aggressor, PTSD symptoms, and dissociation among childhood abuse survivors, reflected in the fact that some survivors develop a stronger attachment to their perpetrators and suffer from more elevated PTSD symptoms and dissociation than do others.

Severity of threat during the abuse alongside children's level of dependence on their perpetrators might lie at the basis of the three profiles that were found. More severe attacks and a greater reliance on the perpetrator may fuel dissociation and identification with the aggressor (Byun, Brumariu, & Lyons-Ruth, 2016; Davis & Frawley, 1994; Frankel, 2002; Howell, 2014), which in turn could intensify posttraumatic distress. Thus, it might be that survivors who as children faced particularly severe hazards, and who were more dependent on their abusers, went on to exhibit high levels of identification with the aggressor, PTSD symptoms, and dissociation compared to other survivors.

The present results indicated that profile type, in turn, was related to SIB. Childhood abuse survivors who adhered to the third profile, which was characterized by high levels of

identification with the aggressor, PTSD symptoms, and dissociation, had higher levels of suicide risk and suicidal ideation, as well as higher odds of reporting a history of suicide attempts, compared to those who adhered to the first and second profiles, which were characterized by medium and low levels of identification with the aggressor, PTSD symptoms, and dissociation, respectively. These effects, which were found after controlling for age and abuse severity, suggest that distinct patterns of identification with the aggressor, PTSD symptoms, and dissociation could serve as a risk factor for SIB. Future longitudinal studies are needed in order to explore this notion.

The current investigation should be considered in light of its limitations. First, this study was based on self-report data which may be subject to response biases and shared method variance. Second, this study relied on convenience sampling, which may limit the ability to generalize from the results to the population at large. This limitation should be taken into account, particularly given that the percentage of childhood abuse survivors (i.e., the current study's sample) out of the total number of people who responded to the survey was particularly high as compared to that found in previous studies (e.g., World Health Organization, 2014). It might be that the current survey, which was presented to potential participants as focusing on the effects of negative life events during childhood, predominantly attracted childhood abuse survivors with unique characteristics (e.g., those suffering from elevated SIB or those that highly identified with their former perpetrators). Third, this research did not incorporate data regarding other conditions that are prevalent among abuse survivors and that are known to be related to SIB, such as depression or emotion dysregulation (Conner et al., 2014; Rajappa, Gallagher, & Miranda, 2012). Future research should explore such factors. Finally, caution should be exercised when making inferences regarding the directionality among the study variables, given the study's

cross-sectional design. Longitudinal research assessing the relations between identification with the aggressor, PTSD, dissociation, and SIB over time among survivors of different types of abuse, with varied cultural backgrounds, and specifically among clinical samples of childhood abuse survivors, is needed.

Despite these limitations, this study represents a step towards understanding the association between identification with the aggressor and SIB among childhood abuse survivors. The present findings imply that abuse survivors' attachment to their perpetrators might go some way towards explaining SIB among this population. Identifying with the aggressor in the aftermath of abuse might make survivors more susceptible to distress and more inclined to direct their aggression inward: a psychological situation potentially manifested in suicidal ideation and attempts. These findings may therefore suggest that clinical interventions intended to weaken abuse survivors' identification with their aggressors could be crucial and might not only alleviate their emotional pain but also attenuate their risk of suicidality. Nevertheless, the knowledge in this regard is still limited. Specifically, although the phenomenon of identification with their aggressor among abuse survivors has been addressed in psychoanalytic psychotherapies (e.g., Frankel, 2002, 2018), the effectiveness of these treatments in altering survivors' bonds with their perpetrators has thus far not been explored empirically. Moreover, even though there are evidence-based therapies for childhood abuse survivors that are known to reduce SIB, such as the Dialectical Behavior Therapy Prolonged Exposure protocol (Harned, Korslund, & Linehan, 2014), no research to date has evaluated their effects on survivors' identification with their aggressor. It might be that the beneficial effects of the Dialectical Behavior Therapy Prolonged Exposure protocol in reducing SIB is also rooted in its impact in lessening survivors' attachment to their perpetrators. To explore this prospect and to promote the development of therapeutic

strategies that are tailored to the specific needs of childhood abuse survivors who exhibit strong bonds with their perpetrators and also suffer from SIB, future studies that explore the effects of interventions on identification with their aggressor and SIB among this population are needed.

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Table 1. *Description of demographic characteristics among participants and study's variables (n=589)*

	M (SD) or (%)
Gender	
Female	80.5
Male	19.5
Age, M (SD)	28.31 (10.32)
Education, (%)	
High school degree or less	45.4
Some higher education	16.6
Bachelor's degree	23.4
MA and/or PhD	14.6
Religion, (%)	
Jewish	93.4
Muslim	0.5
Christian	1.4
Other	4.7
Religiosity, (%)	
Secular	70.8
Religious/traditional	29.2
Relationship status, (%)	
In a relationship	40.6
Not in a relationship	59.4
Income, (%)	
Below-average income	59.1
Average income	29.7
Above-average income	11.2
PTSD symptoms	34.27 (19.82)
Dissociation	25.86 (18.45)
Identification with the aggressor	36.30 (20.52)
Suicide risk	7.88 (4.00)
Frequency of suicidal ideation	2.31 (1.44)
A history of suicide attempts	
Yes	23.3
No	76.7

Table 2. *Inter-correlations among PTSD symptoms, dissociation, identification with the aggressor, and SIB (n=589)*

Measure	1	2	3	4	5	6
1. PTSD symptoms	-					
2. Dissociation	.44***	-				
3. Identification with the aggressor	.38***	.46***	-			
4. Suicide risk	.46***	.30***	.25***	-		
5. Frequency of suicidal ideation in the past 12 months	.42***	.28***	.26***	.86***	-	
6. A history of suicide attempts	.29***	.25***	.12**	.57***	.35***	-

** $p < .01$; *** $p < .001$. *Note.* A history of suicide attempts values: 0 = no such history, 1 = having a history of suicide attempts

Table 3. *Latent Profile Analysis Fit Indices (n=589)*

Model Number	Classes	AIC	BIC	Entropy
1	1	5023.53	5049.80	1.00
1	2	4724.03	4767.82	0.81
1	3	4648.77	4710.07	0.67
2	1	4745.17	4784.57	1.00
2	2	4704.49	4761.41	0.67
2	3	4633.39	4707.82	0.58
3	1	5023.53	5049.80	1.00
3	2	4629.74	4686.66	0.68
3	3	4509.88	4597.45	0.71
4	1	4745.17	4784.57	1.00
4	2	4567.78	4650.97	0.54
4	3	4508.14	4635.12	0.69

Note. AIC = Akaike information criterion, BIC = Bayesian information criterion. Lower AIC, BIC values indicate a better fitting model. Entropy values approaching 1 indicate high classification probabilities.

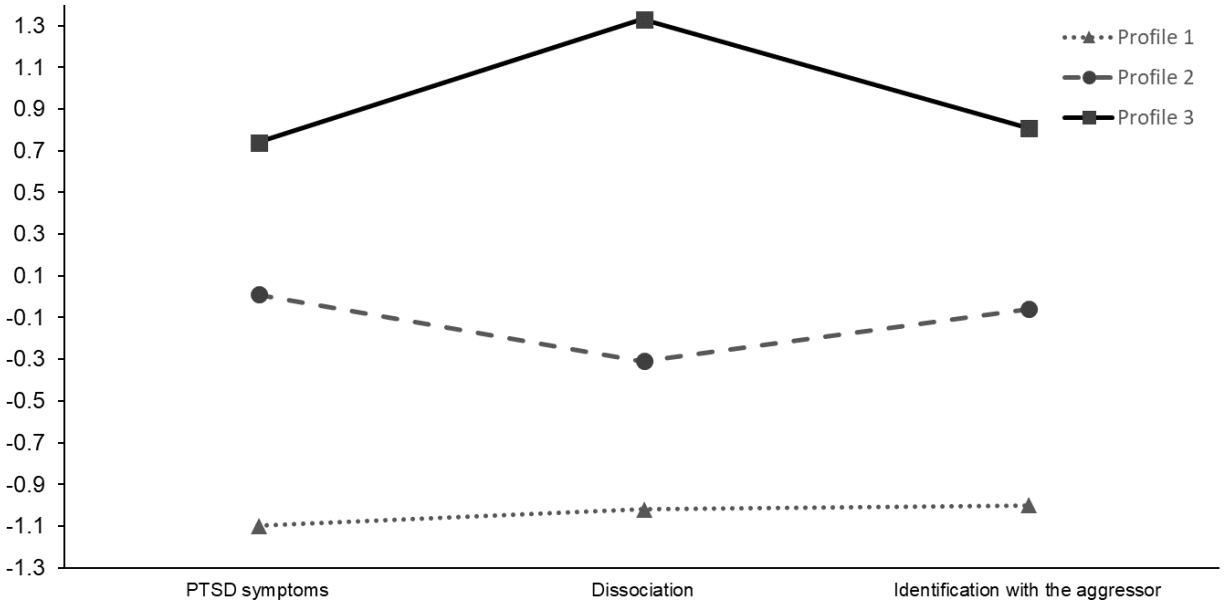

Figure 1. Mean standardized values of PTSD symptoms, dissociation, and identification with the aggressor according to profile

Table 4. *Estimates for the final three prototypical profiles and mean and standard deviation of SIB (n=589)*

	Suicide risk			Frequency of suicidal ideation in the past 12 months		
	F	η^2_p	Profile comparisons	*F*	η^2_p	Profile comparisons
Profile type	13.23*** (2, 584)	.04	c>b>a	16.15*** (2, 584)	.05	c>b>a
Age	11.02**(1, 584)	.02		10.42**(1, 584)	.02	
Abuse severity	41.61***(1, 584)	.07		21.04***(1, 584)	.04	

** *p* < .01; *** *p* < .001. *Note*. The profile comparisons column compares the mean level of the variable in each profile: a = profile 1; b= profile 2; c= profile 3.