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Identification with the Aggressor and Inward and Outward Aggression in Abuse Survivors

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Abstract

Childhood abuse survivors may display both inward and outward aggression, manifested in self-injurious behavior (SIB) and violent acts towards others. Scrutinizing the literature reveals that the relational dynamics between victims and their perpetrators might be involved in these phenomena. Yet research on this subject matter has been sparse. Filling this gap, this study investigated the contribution of the singular bonds between victims and their perpetrators, known as identification with the aggressor, in explaining survivors' aggression. The study was conducted among 306 Israeli college/university students who reported a history of childhood abuse. Results revealed that levels of adopting the perpetrator's experience, identifying with the perpetrator's aggression, and replacing one's agency with that of the perpetrator, were significantly associated with survivors' inward and outward aggression. Moreover, profile type – that is, having high vs. low levels of identification with the aggressor – was implicated in participants' SIBs, urge to harm others, and violent acts towards others, above and beyond the effects of gender and PTSD symptoms. The present findings suggest that identification with the aggressor might make survivors prone to the re-enactment of past abusive dynamics, which, in turn, could eventuate in aggression towards themselves and others.

Keywords: childhood abuse; identification with the aggressor; self-injurious behavior; violence; aggression

Introduction

Childhood abuse (i.e., emotional, physical, or sexual abuse during childhood) may have a plethora of consequences. These include depression, anxiety, substance abuse, eating disorders, psychosis, suicidality, as well as personality disorders (See Teicher & Samson, 2013, for a review). Evidence suggests that childhood adversity accounts for 26% to 32% of the risk for all psychiatric disorders during adolescence and adulthood (Green et al., 2010), and that posttraumatic stress disorder (PTSD) is one of the most prevalent such risks (Messman-Moore & Bhuptani, 2017). Furthermore, such experiences may harm the development of the self and could impair basic ego functions (Van der Kolk, 2005). One of the most pressing manifestations of these malignant effects is survivors' increased aggression towards themselves and others (Steele, Van der Hart, & Nijenhuis, 2004). The current study focused on childhood abuse survivors' aggression and its associations with a singular form of relations between victims and perpetrators, known as *identification with the aggressor*.

Outward and inward aggression among adult survivors of childhood abuse

Research has indicated a link between childhood abuse and aggression towards others (e.g., Augsburger, Basler & Maercker, 2019; Baron & Forde, 2019; Norton-Baker, Wolff, Kolander, Evans & King, 2019). Former studies indicated that adolescents who showed aggressive behaviors towards others had higher levels of exposure to prior abuse than did non-aggressive adolescents (Barnow, Lucht, & Freyberger, 2001) and that each type of abuse (physical, sexual, and emotional) was significantly related to increased risk for interpersonal violence (Baron & Forde, 2019; Harford, Yi, & Grant, 2014;). Studies have also revealed higher proportions of a history of childhood abuse in inmates compared with the general population (Courtney & Maschi, 2013; Maschi, Gibson, Zgoba, & Morgen, 2011) and indicated an association between maltreatment during childhood and committing offenses (Salter et al., 2003).

Posttraumatic stress disorder may be implicated in the associations between childhood abuse and violence perpetration towards others (Ardino, 2012; Taft, Creech, & Murphy, 2017). Aggressive behavior appears to be more prevalent among individuals who suffer from PTSD (Freeman & Roca, 2001), and has been found to be related to PTSD symptoms and diagnosis (Gillikin et al., 2016). Finally, the prevalence of PTSD in sentenced prisoners ranged from 4% to 21.4% (Goff, Rose, Rose, & Purves, 2007), as compared to 5% in the general population (Frans, Rimmö, Åberg, & Fredrikson, 2005; Perrin et al., 2014).

Aggression may also be directed inward, and manifested in self-injurious behavior (SIB), which reflects a deliberate, direct destruction or alteration of body tissue, without conscious suicidal intent, resulting in an injury severe enough for tissue damage to occur (e.g., Motz, 2016). Self-injurious behavior is related to various psychiatric disorders (e.g., Andover, Pepper, Ryabchenko, Orrico, & Gibb, 2005), and is often associated with suicidal thoughts and behaviors (Zahl & Hawton, 2004).Research has indicated associations between SIB and history of childhood abuse (Fliege, Lee, Grimm, & Klapp, 2009; Ford & Gómez, 2015). A prospective study in a community sample indicated that sexual and physical abuse predicted SIB (Yates, Carlson, & Egeland, 2008). A study that utilized the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) revealed that individuals reporting SIB were more likely to have experienced child maltreatment than individuals without SIB, after controlling for sociodemographic factors, parental antisocial influence, parental substance abuse, and lifetime diagnoses of clinical, personality, alcohol, and illicit drug use disorders (Vaughn, Salas-Wright, DeLisi, & Larson, 2015). A recent systematic review and a meta-analysis based on 71 publications concluded that childhood abuse was related to SIB, with effect sizes ranging from 1.84 to 3.03 (Liu, Scopelliti, Pittman, & Zamora, 2018).

Posttraumatic stress disorder might be involved in the associations between childhood abuse and SIB (Zlotnick, Mattia, & Zimmerman, 1999). A study conducted among Swedish adolescents revealed that youth engaging in SIB suffered from more severe PTSD symptoms compared to those with no SIB (Zetterqvist, Lundh, & Svedin, 2013). Along the same lines, PTSD was associated with a fivefold increase in the risk for SIB in urban adult drug abusers (Bornovalova, Tull, Gratz, Levy, & Lejuez, 2011); additionally, intrusive reexperiencing as well as avoidance PTSD symptoms mediated the relations between a history of sexual abuse and SIB among adolescents (Weierich & Nock, 2008).

In addition to the role of a history of childhood abuse, research on inward and outward aggression has indicated gender differences. Studies have revealed that men had higher rates of violent acts towards others than women (e.g., Broidy et al., 2015; Papalia, Ogloff, Cutajar, & Mullen, 2018). At the same time, evidence has shown that women were more likely to engage in SIB compared with men (e.g., Bresin & Schoenleber, 2015).

Distinct mechanisms have been offered to explain the perpetration of violent behaviors (e.g., Papalia, et al., 2018) versus SIB (e.g., Lang & Sharma-Patel, 2011) among childhood abuse survivors. Nevertheless, a review of the literature suggests that the bonds between childhood abuse victims and their perpetrators might play a central role in explaining both. According to the "cycle of violence" framework, which draws extensively from social learning theories (Bandura, 1973), the relationship between the abused child and the perpetrator is the platform upon which the child learns through modeling that violence is an adequate and effective way to attain goals (Burton, 2003; Thornberry & Henry, 2013), and adopts pro-violence norms that increase the likelihood for violent behaviors towards others in the future. By the same token, theories regarding SIB view the relational dynamics that characterize childhood abuse as fertile ground for the formation of SIBs (Yates, 2004; Yates et al., 2008). According to this perspective, the maltreated child's need to preserve a positive

view of the relationship with the abusive caregiver prevents her/him from externalizing the poisonous aspects of the perpetrator. Instead, the victim internalizes a sense of self-hatred and contempt which may eventuate in SIB (Yates, 2004). The current study aimed to expand our understanding regarding the role of the dynamic between victims and perpetrators concerning survivors' aggression, by investigating a specific type of relating termed *identification with the aggressor*.

Identification with the Aggressor

The concept of identification with the aggressor, which was originally developed in the psychoanalytic literature by Ferenczi (1932, 1933), denotes a process wherein victims of abuse, particularly during childhood, fuse with, take on, and introject their perpetrators' experience. It is a wide, multifaceted process which reflects an extensive change in the inner world of the abused child, who may merge with the attacker (Frankel, 2002; 2018). Identification with the aggressor consists of four components which are highly interactive: 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, 2018; Lahav, Talmon, & Ginzburg, 2019).

Identification with the aggressor is argued to be an automatic reaction that aims to promote the abused child's survival (Ferenczi, 1932). The child who is subjected to abuse – which he/she cannot escape, avoid, or prevent – may react with mental subordination. The child may not only behave in line with the perpetrator's wants or needs, but may experience the replacement of his/her own agency with that of the perpetrator (Frankel, 2002; Mucci, 2017). The child loses a sense of self while dissociating segments of his/her subjective experience. In this way, the child may become like an automaton obeying the perpetrator, while losing contact with his/her own emotions, feelings, or wants (Amir, 2016; Gurevich, 2016; Coates & Moore, 1997).

In anticipation of the assaults and to decrease the peril, the child may become hypersensitive to the perpetrator (Frankel, 2002; 2018). In these cases, the child gets into the perpetrator's mind, and learns "from the inside" the perpetrator's feelings and needs. The child may mold his/her own experience upon the perpetrator's *experience of himself/herself* and thus feel what the perpetrator feels, and perceive him/herself and others from the perpetrator's viewpoint (Ferenczi, 1932).

This form of mental fusion may lead the child to adopt his/her perpetrator's experience concerning the abuse as well as the perpetrator's aggression. The child may experience the abuse from the perpetrator's perspective, and thus may deny, minimize, or rationalize the abuse, while feeling self-hatred and self-blame (Ferenczi, 1932; Lahav et al., 2019). Moreover, the self-state of the child that identifies with the aggressor may take on the perpetrator's aggression, and thus may enact aggression both inward and outward (Amir, 2016; Davies & Frawley, 1994; Frankel, 2002).

Identification with the Aggressor and Abuse Survivors' Aggression

The identification with the aggressor phenomenon might explain childhood abuse survivors' aggression towards themselves and others. According to the theory, although identification with the aggressor serves as an essential defensive response in the face of threat, it might become entrenched within the victim's mentality even years after the abuse has ended (Amir, 2016; Frankel, 2002). This lasting identification may not only hamper recovery and intensify distress but may also lead to a re-enactment of the abuse by enacting aggression inward and outward (Lahav, Talmon, Ginzburg, & Spiegel, 2019, Van der Kolk, 1989). Thus, both SIB and aggression towards others are argued to be related to identification with the aggressor after the abuse has ended (Frankel, 2002).

Although the theoretical and clinical literature have given some attention to the linkage between abuse survivors' bonds with perpetrators and survivors' aggression (Amir,

2016; Davies & Frawley, 1994; Frankel, 2002; Van der Kolk, 1989), research on the role of the relational dynamics between victims and their perpetrators concerning survivors' aggression is sparse (Papalia et al., 2018). Moreover, to the best of our knowledge, the contribution of identification with the aggressor in explaining abuse survivors' SIB, as well as aggression towards others, has yet to be investigated.

As was previously mentioned, identification with the aggressor is conceptualized as an automatic reaction common to victims in the face of severe menace. Nevertheless, the theoretical and clinical literature suggest that varied profiles of identification with the aggressor might exist among abuse survivors (Frankel, 2002). This prospect goes hand in hand with evidence concerning diverse reactions among trauma survivors. Previous studies have revealed distinct profiles of posttraumatic reactions among survivors of varied traumatic events (Contractor et al., 2015; Hruska, Irish, Pacella, Sledjeski, & Delahanty, 2014), and different profiles of PTSD symptom clusters among youth with histories of sexual, physical, or both types of abuse (Runyon et al., 2014). Thus, one might postulate that differential profiles of identification with the aggressor might exist and explain the heterogeneity in aggression among childhood abuse survivors. To explore this possibility, it might not be sufficient to use traditional variable-centered statistical approaches; rather, conducting a more nuanced investigation which takes into consideration a wide range of combinations and patterns might be necessary. Yet to the best of our knowledge, to date this type of investigation has not been performed.

Filling these gaps, the purpose of the current research was to take a further step towards understanding the role of identification with the aggressor in regard to childhood abuse survivors' aggression. Being the first to address this lacuna, the current study was exploratory in nature. Three main objectives were set:

1. To explore the relationship between identification with the aggressor, SIB, the urge to harm others, and violent acts towards others among childhood abuse survivors.
2. To identify profiles of identification with the aggressor and their prevalence among childhood abuse survivors.
3. To assess the contribution of identification-with-the-aggressor profile type in explaining SIB, the urge to harm others, and violent acts towards others among childhood abuse survivors.

Given that gender and PTSD symptoms have been found to be related to SIB and aggression towards others, this study treated them as control variables.

Methods

Participants and procedure. We conducted an online survey of a convenience sample of students. Students were recruited via social media groups dedicated to students of colleges/universities in Israel. The survey was accessible through Qualtrics, a secured web-based survey data collection system. The survey took 10 minutes to complete, on average, and was open from July 1, 2017 to October 1, 2017. The survey was anonymous, and no data were collected that linked participants to recruitment sources. The [masked for review] institutional review board (IRB) 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 (i.e., the survey was voluntary; respondents could skip any questions or quit at any time; responses would be anonymous). The first page also offered researcher contact information. Each participant was given the opportunity to take part in a lottery that included five gift vouchers of $30 each.

A total of 686 participants entered the survey site. Of them, only participants who were classified as having a history of childhood abuse based on the Child 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, 306 students who were classified as having a history of abuse were included in the current analyses: Of them, 127 (41.5%) were classified as having a history of physical abuse; 194 (63.4%) were classified as having a history of sexual abuse; and 269 (87.9%) were classified as having a history of emotional abuse. Thus, the majority of the sample (n = 182, 59.4%) was classified as having a history of at least two types of abuse. Regarding perpetrator, 137 participants (44.8%) reported being abused by family member, 107 (35.0%) reported being abused by an acquaintance, and 33 (10.8%) reported being abused by a stranger.

Regarding gender, 272 participants were women (88.9%), and 34 were men (11.1%). The average participant age was 27.58 years (SD = 6.34). The majority of the sample, 67.6% (n = 207), were undergraduate students; 16.7% (n = 51) were graduate students; 3.3% (n = 10) were PhD students; and 10.5% (n = 32) were studying in recognized educational/vocational programs. Regarding relational status, 162 participants (46.6%) were single, and 126 (41.2%) reported that they were currently in an intimate relationship. The majority of the sample, 85.6% (n = 262), reported being heterosexual, 9.2% (28) reported being bisexual or pansexual, and 3.6% (11) reported being homosexual.

Measures

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

The Identification with the Aggressor Scale (IAS; Lahav et al., 2019). Identification with the aggressor was assessed via the IAS, a 23-item self-report questionnaire (Lahav et al., 2019). The items were presented to the respondents as reflecting “possible reactions that people may experience as a result of abuse or offense.” 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"). The IAS has been shown to have good psychometric properties, including high construct and criterion validity, as well as high internal reliability (Lahav et al., 2019). In this study, the internal consistency ranged from acceptable to high: .88 for adopting the perpetrator's experience; .93 for identifying with the perpetrator's aggression; .73 for replacing one's agency with that of the perpetrator; .76 for becoming hypersensitive to the perpetrator.

The Aggression Scale (Ronen, Rahav, & Moldawsky, 2007). Violent acts towards others were assessed via The Aggression Scale (Ronen et al., 2007) after adjusting it to an adult population. This measure is a 15-item scale that explores involvement in aggressive behavior. Participants were asked to report the extent to which they were involved in acts of aggression towards others on a 5-point scale, from 1 (*not at all*) to 5 (*very much*). For this study a continuous variable measuring the levels of violent acts towards others perpetrated by the participants was calculated based on the average of 6 items reflecting aggressive behavior (e.g., "Have you pushed someone?"; "Have you hit someone?").

The Urge to Harm Others. Aggressive urges towards others were assessed by the question: "How much do you feel an urge to hurt other people?" Participants answered this question on an 11-point scale from 0 (*not at all*) to 10 (*very much*).

The Deliberate Self-Harm Inventory (SHI; Gratz, 2001). Self-injurious behavior was assessed by SHI (Gratz, 2001), a 17-item, behaviorally-based questionnaire that assesses various aspects of deliberate self-harm. The SHI has been found to have high internal consistency, adequate construct, convergent, and discriminant validity, and adequate test-retest reliability. For the present study, a continuous variable measuring frequency of reported SIB was created by summing participants' reported number of incidences for each item. Participants' scores on the frequency questions for each of the 17 items were summed to create a variable of the total frequency of self-harm behavior (including "0").

Control Variables. We controlled for participants' gender, which served as a dummy variable with values of 0 (*men*) and 1 (*women*). We also controlled for participants' PTSD symptoms, which were assessed via the PTSD-I (Solomon et al., 1993). Participants indicated the frequency with which they experienced items reflecting the DSM-5 symptoms of PTSD, consisting of re-experiencing, avoidance, negative alterations in cognition, and hyper-arousal and reactivity (American Psychiatric Association, 2013). Items were scored on a 4-point Likert scale, ranging from a frequency of 1 (*least*) to 4 (*greatest*). In this study a total score of PTSD symptoms was computed. Cronbach's alpha indicated a high internal consistency of .95.

Analytic Strategy

Missing data analysis indicated that, across variables, 0–35% of values were missing. To determine whether the missing data were random or biased, analyses of differences were conducted for all of the variables, using Little's Missing Completely at Random (MCAR) test (Collins, Schafer, & Kam, 2001). The analysis revealed that the data were missing

completely at random, $\chi 2(88) = 79.00$, $p = .743$. We used SPSS 25, employing a maximum-likelihood (ML) estimation procedure for handling missing data, which is considered to be an optimal method for handling attrition (Collins et al., 2001).

To explore the relationship between identification with the aggressor, PTSD symptoms, and inward and outward aggression, we conducted Pearson correlation analyses. To assess the relations between gender and inward and outward aggression, we conducted three one-way analyses of variance (ANOVAs) comparing men and women in terms of aggression.

Next, a latent profile analysis (LPA) was conducted to derive discrete latent variables that explain person-level heterogeneity in the 4-factor structure of the Identification with the Aggressor Scale (IAS). The 4 factors of the IAS are: (1) adopting the perpetrator's experience concerning the abuse, (2) identifying with the perpetrator's aggression, (3) replacing one's agency with that of the perpetrator, and (4) becoming hypersensitive to the perpetrator. Given that they were continuous variables, an LPA was favored over a latent class analysis that requires binary or ordinal variables. The tidyLPA package of the R Statistical Programming Language was used to conduct the LPA. The best fitting model was determined by Akaike information criteria (AIC), Bayesian information criteria (BIC), sample-adjusted Bayesian information criteria (SABIC), Log-likelihood estimates, entropy values and by theoretical interpretability (Jung & Wickrama, 2008; Pastor, Barron, Miller, & Davis, 2007).

In the third procedure, we used the most likely class membership variable, taking into account the rate of classification uncertainty, to test the contribution of the profiles found in explaining survivors' aggression, outside of the model, specifically using SPSS. Simulation studies suggest that for the model with high entropy (> .80), covariate estimation of the most likely class membership is a viable alternative to including covariates in the model (Clark & Muthén, 2009). To further illustrate differences among classes, posterior class assignments were exported from R Statistical Programming Language to SPSS. They were then utilized as

variables in a series of ANCOVAs in order to detect the contribution of means and variances in each profile in explaining aggressive behavior outcomes, above and beyond the effects of gender and PTSD symptoms.

Results

Means, standard deviations, and ranges of the study variables are presented in Table 1. Frequency of the aggression measures indicated that the majority of the sample reported aggression towards themselves and others to at least some degree. Two hundred and eleven participants (69.0%) reported some degree of an urge to harm others, and 207 (70.9%) reported perpetrating violent acts towards others to some extent, with pushing and hitting being the most prevalent acts reported (46.3% and 45.6%, respectively). One hundred and sixty-eight participants (54.9%) reported at least one incident of SIB, with cutting, severely scratching oneself, and preventing wounds from healing being the most prevalent SIBs reported (30.8%, 22.1%, and 20.8%, respectively).

Identification with the Aggressor and Inward and Outward Aggression

Table 1 presents the correlations between the study's variables. As can be seen in the table, adopting the perpetrator's experience, identifying with the perpetrator's aggression, and replacing one's agency with that of the perpetrator were significantly correlated with SIB and the urge to harm others: The higher the scores on these factors, the more frequent the SIB and the greater the urge to harm others. Adopting the perpetrator's experience and identifying with the perpetrator's aggression were also correlated with violent acts towards others: The higher the scores on these factors, the higher the extent of violent acts towards others.

Posttraumatic stress disorder symptoms were correlated with SIB, the urge to harm others, and violent acts towards others: The more severe the PTSD symptoms, the more frequent the SIB, the greater the urge to harm others, and the higher the extent of perpetrating

violent acts towards others. There were significant differences between women and men in SIB, $F(1, 305) = 5.63$, $p<.05$, and violent acts towards others, $F(1, 305) = 16.59$, $p<.001$. Women reported a higher frequency of SIB whereas men reported higher levels of violent acts towards others. The difference between women and men in the urge to harm others was non-significant, $F(1, 305) = 2.16$, $p = .14$.

Profiles of Identification with the Aggressor

In total, 4 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. As demonstrated in Table 2, a 2-profile solution showed a lower BIC value for all 4 models that were tested, with the exception of Model 3, which showed an ambiguous and uninterpretable pattern across profile solutions. Thus, we compared model fit indices across models using a 2-profile solution, which was also corroborated from a theoretical perspective.

As shown in Table 2, Model 4 fit best across criteria, except for the BIC. However, given that parameters are freely estimated, it is also the least parsimonious model. Therefore, profiles derived from Model 2, the next best-fitting parsimonious model, were used in subsequent analyses. Figure 1 illustrates model-estimated means for the factors of the IAS. Profile 1, comprising 44% of the sample (n = 135), was characterized by levels above the mean in each of the 4 factors of the IAS, while Profile 2, comprising 56% of the sample (n = 171), was characterized by levels below the mean in each of the 4 factors. Of particular importance was Factor 2, identifying with the perpetrator's aggression, which showed high levels in Profile 1 and low levels in Profile 2. Therefore, consistent with the theory, Profile 1

was categorized as being overall high in identification with the aggressor, while Profile 2 was categorized as being overall low in identification with the aggressor.

Profiles of Identification with the Aggressor and Inward and Outward Aggression

We conducted a series of ANCOVAs to assess the contribution of profile variation regarding identification with the aggressor in explaining childhood survivors' aggression, above and beyond gender and PTSD symptoms. Table 3 presents the results. As can be seen, profile type had significant effects in explaining aggression-related measures, above and beyond gender and PTSD symptoms. Participants who were classified in the high identification with the aggressor profile reported a higher frequency of SIB (M =1.89, SD = 2.33), a greater urge to harm others (M =2.08, SD = 2.20), and higher levels of perpetrating violent acts towards others (M =1.71, SD = 0.71), compared to participants who were classified in the low identification with the aggressor profile **(**M =1.19, SD = 1.67; M =1.27, SD = 1.52; M =1.48, SD =0.59, respectively) .

Discussion

The present study investigated for the first time the linkage between identification with the aggressor and inward and outward aggression among survivors of childhood abuse. Results indicated correlations between levels of adopting the perpetrator's experience, identifying with the perpetrator's aggression, and replacing one's agency with that of the perpetrator, on the one hand, and survivors' aggression towards themselves and others, on the other. Findings revealed two distinct profiles among childhood abuse survivors consisting of high versus low levels of identification with the aggressor. Profile type had a significant effect in explaining survivors' SIB, urge to harm others, and violent acts towards others, above and beyond gender and PTSD symptoms.

The present study revealed that the lasting bonds between victims and their perpetrators, manifested in identification with their aggressor years after the end of the abuse, were related to aggression towards themselves and others. These findings are in line with theories regarding the relation between the abusive dynamic and survivors' SIB as well as aggression towards others (Burton, 2003; Thornberry & Henry, 2013; Yates, 2004; Yates et al., 2008).

The present findings imply that the bond between victims and their perpetrators is a multifaceted phenomenon, implicated in survivors' aggression. The two aspects of identification with the aggressor – adopting the perpetrator's experience, and identifying with the perpetrator's aggression – which were correlated with the three measures of aggression, involve both *concordant and complementary identifications* (Frankel, 2002). Molding their experience of themselves upon the attackers' experience of *themselves*, victims view the abuse from their attackers' perspective and adopt their attackers' aggression towards others (i.e., concordant identification). At the same time, identifying with their attackers' perceptions of the "other," victims feel that they are bad, and blame themselves for the abuse (i.e., complementary identification). Experiencing these dual identifications after the abuse has ended might eventuate in a re-living and re-enacting of the roles of both victim and perpetrator (Amir, 2016; Davies & Frawley, 1994; Frankel, 2002), manifested, among other ways, in SIBs, an intensified urge to harm others, and violent acts towards others.

Another facet of identification with the aggressor which was found to be related to SIB and the urge to harm others is the replacement of one's agency with that of the perpetrator. Individuals who experience this aspect of identification with the aggressor lose their own emotions, feelings, or wants, as well as their agency, which is replaced with that of the perpetrator (Coates & Moore, 1997; Gurevich, 2016). One might suggest that this type of experience could be involved in survivors' SIB and aggressive urges, not only through an

intensifying of trauma re-enactment, but also through an impediment to emotion regulation. The lack of access to one's own inner experience might hinder survivors' ability to moderate emotions and urges, leading to emotion dysregulation which has been found to be associated with SIB (Wolff et al., 2019) and aggressive urges towards others (Roberton, Daffern, & Bucks, 2012).

Conversely, becoming hypersensitive to the perpetrator was found to be unrelated to inward or outward aggression. This feature of identification with the aggressor has a prominent defensive quality during abuse. By becoming hypersensitive to the perpetrator's intrapsychic experience, the child enables him/herself to anticipate the assaults and respond in a way that might minimize them (Frankel, 2002; 2018). One could suggest that although this self-protective function might still exist in the aftermath of abuse, it is specifically geared towards the detection of menace. Thus, it might not be related to survivors' aggression. Recent findings indicating associations between hypersensitivity to the perpetrator and lower levels of sexual revictimization among survivors of childhood sexual abuse support this line of thought (Lahav et al., 2019b). Nevertheless, more studies investigating the implications of hypersensitivity to the perpetrator in the aftermath of abuse for various outcomes are needed to further illuminate its function.

Although identifying with the aggressor is argued to be an automatic reaction common to abuse survivors (Frankel, 2002; 2018), our results revealed two distinct profiles among adult childhood abuse survivors: The first was characterized by high levels of the four factors of identification with the aggressor, and the second was characterized by low levels of identification with the aggressor. These results imply diverse patterns of identification with the aggressor among childhood abuse survivors, so that some survivors develop stronger bonds with their perpetrators than do others.

Several factors might be at the basis of these dual profiles of identification with the aggressor. The first comprises the child's level of dependence on his/her perpetrator. A greater dependence leads to a greater need for preserving an idealized view of the relationship with the perpetrator (Davies & Frawley, 1994; Howell, 2014). Thus, individuals who were more dependent on their perpetrators at the time of the abuse might have experienced greater identification with their aggressor. Alternatively, survivors' specific characteristics might explain profile variation. Identification with the aggressor involves one's ability to dissociate large chunks of his/her experience, and learn, from the inside, the perspective of the other person (Ferenczi, 1933; Frankel, 2002). Thus, it might be that abuse survivors who have a stronger capacity for empathy and dissociation develop a firmer identification with their aggressors, compared to those whose abilities for empathy and dissociation are weaker. Finally, given the survival function of identification with the aggressor and its manifestations in many mammalian species, it might be that identification with the aggressor reflects a biologically-based defensive reaction which has developed through evolutionary processes (Cantor & Price, 2007). Thus, individual differences concerning the biological mechanisms that form the basis of identification with the aggressor might be responsible for these distinct profiles. It should be noted that to date research on identification with the aggressor is in its infancy, and thus the explanations offered here are highly speculative and need to be empirically tested.

In this study we explored the contribution of identification with the aggressor in explaining manifestations of aggression above and beyond gender and PTSD symptoms. In line with previous evidence (e.g., Taft et al., 2017), PTSD symptoms were associated with elevated aggression. Similarly, consistent with previous findings (e.g., Bresin & Schoenleber, 2015; Broidy et al., 2015; Papalia et al., 2018) our findings indicated that women had higher levels of SIB but lower levels of perpetrating violent acts towards others, compared with

men. At the same time however, we found non-significant differences between women and men in urge to harm others. This absence of gender differences has been found in previous studies (e.g., Archer, 2004) and might suggest that although women and men experience similar levels of aggression, men are more likely to use risky forms of aggression when they are angered, and women tend to express their aggression indirectly. Social learning and social roles might be at the basis of these gender-based propensities (e.g., Archer, 2004; Pfeiler, Wenzel, Weber, & Kubiak, 2017).

The importance of this study, however, lies in its discovery of the effect of profile type in explaining childhood survivors' aggression. Our results indicated that profile type contributed significantly in explaining survivors' inward and outward aggression. Survivors who adhered to the first profile, which was characterized by high levels of identification with the aggressor, had a greater frequency of SIB, a greater urge to harm others, and higher levels of perpetrating violent acts towards others, compared to those who adhered to the second profile, which was characterized by low levels of identification with the aggressor. These effects, which were found after controlling for both gender and PTSD symptoms, imply that differential patterns of identification with the aggressor could act as a risk factor for aggressive behaviors. To explore this prospect, longitudinal studies are needed.

The current investigation should be considered in light of its limitations. First, this study was based on retrospective self-report data which may be subject to response biases and shared method variance. Second, this research did not incorporate data regarding potential mechanisms or variables that might have shaped the relations between identification with the aggressor and aggression, as well as the identification with the aggressor profile, such as emotion regulation, empathy, and dissociation. Such investigations should be conducted in future research. Third, this study did not incorporate data regarding more than one perpetrator. Future studies assessing identification with the aggressor, should address this

subject matter. Finally, the use of a convenience student sample, the lack of data regarding participants' ethnicity and the cross-sectional design should be acknowledged prior to generalizing the results to the general population as well as to other subgroups and making inferences regarding the causal relations among the study variables. Longitudinal research assessing the relations between identification with the aggressor and aggression over time among a variety of populations, and specifically among clinical samples of male and female survivors of childhood abuse, with diverse cultural backgrounds is required.

Bearing these limitations in mind, this study represents a step towards understanding the association between identification with the aggressor and aggression among childhood abuse survivors. The present findings imply that the mental fusion of childhood abuse survivors with their perpetrators might explain survivors' aggression. Identifying with the aggressor in the aftermath of the trauma might make survivors more prone to a re-enactment of the abusive dynamic, in the form of aggression enacted towards themselves or others. It must be noted, however, that there is no suggestion here that childhood abuse survivors who identify with their perpetrators have personality flaws or bear any responsibility for the abuse they underwent. In fact, as previously stated, identification with the aggressor can be seen as an automatic reaction resulting from evolutionary processes and as a survival strategy (Cantor & Price, 2007). As such, the current findings may suggest that clinical interventions intended to weaken childhood abuse survivors' affiliative bonds with their perpetrators might be beneficial. Specifically, interventions that aim to reduce survivors' identification with their perpetrators' aggression and perceptions of the abuse, and at the same time reconnect them to their own sense of self and agency, might be advantageous in limiting their inward and outward aggression.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual*

of mental disorders (5th ed.). Arlington, VA: VA: American Psychiatric Publishing.

Amir, D. (2016). Hermetic narratives and false analysis: A unique variant of the mechanism of identification with the aggressor. *The Psychoanalytic Review, 103*(4), 539-549.

Andover, M. S., Pepper, C. M., Ryabchenko, K. A., Orrico, E. G., & Gibb, B. E. (2005). Self-mutilation and symptoms of depression, anxiety, and borderline personality disorder. *Suicide and Life-Threatening Behavior*, *35*(5), 581–591.

Archer, J. (2004). Sex differences in aggression in real-world settings: A meta-analytic review. *Review of General Psychology*, *8*(4), 291-322.

Ardino, V. (2012). Offending behaviour: The role of trauma and PTSD. *European Journal of Psychotraumatology, 3:1*.

Augsburger, M., Basler, K., & Maercker, A. (2019). Is there a female cycle of violence after exposure to childhood maltreatment? A meta-analysis. *Psychological Medicine*, *49*(11), 1776-1786.

Bandura, A. (1973). *Aggression: A social learning analysis.* (Prentice H). Englewood Cliffs, NJ: prentice-hall.

Barnow, S., Lucht, M., & Freyberger, H. J. (2001). Influence of punishment, emotional rejection, child abuse, and broken home on aggression in adolescence: An examination of aggressive adolescents in Germany. *Psychopathology*, *34*(4), 167–173.

Baron, S. W., & Forde, D. R. (2019). Childhood Trauma, Criminogenic Social Schemas, and Violent Crime. *Deviant Behavior*, 1-14.

Bernstein, D. P., Stein, J. A., Newcomb, M. D., Walker, E., Pogge, D., Ahluvalia, T., … Desmond, D. (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse & Neglect*, *27*(2), 169–190.

Bornovalova, M. A., Tull, M. T., Gratz, K. L., Levy, R., & Lejuez, C. W. (2011). Extending

models of deliberate self-harm and suicide attempts to substance users: Exploring the roles of childhood abuse, posttraumatic stress, and difficulties controlling impulsive behavior when distressed. *Psychological Trauma: Theory, Research, Practice, and Policy*, *3*(4), 349–359.

Bresin, K., & Schoenleber, M. (2015). Gender differences in the prevalence of nonsuicidal self-injury: A meta-analysis. *Clinical Psychology Review*, *38*, 55–64. https://doi.org/10.1016/j.cpr.2015.02.009

Broidy, L. M., Stewart, A. L., Thompson, C. M., Chrzanowski, A., Allard, T., & Dennison, S. M. (2015). Life Course Offending Pathways Across Gender and Race/Ethnicity. *Journal of Developmental and Life-Course Criminology*, *1*(2), 118–149. https://doi.org/10.1007/s40865-015-0008-z

Burton, D. L. (2003). Male adolescents: Sexual victimization and subsequent sexual abuse. *Child and Adolescent Social Work Journal*, *20*(4), 277–296.

Cantor, C., & Price, J. (2007). Traumatic entrapment, appeasement and complex post-traumatic stress disorder: Evolutionary perspectives of hostage reactions, domestic abuse and the Stockholm syndrome. *Australian & New Zealand Journal of Psychiatry*, *41*(5), 377–384. https://doi.org/10.1080/00048670701261178

Clark, S. L., & Muthén, B. (2009). *Relating latent class analysis results to variables not included in the analysis*.

Coates, S. W., & Moore, M. S. (1997). The complexity of early trauma: Representation and transformation. *Psychoanalytic Inquiry*, *17*(3), 286–311.

Collins, L. M., Schafer, J. L., & Kam, C.-M. (2001). A comparison of inclusive and restrictive strategies in modern missing data procedures. *Psychological Methods*, *6*(4), 330–351. https://doi.org/10.1037/1082-989x.6.4.330

Contractor, A. A., Elhai, J. D., Fine, T. H., Tamburrino, M. B., Cohen, G., Shirley, E., …

Calabrese, J. R. (2015). Latent profile analyses of posttraumatic stress disorder, depression and generalized anxiety disorder symptoms in trauma-exposed soldiers. *Journal of Psychiatric Research, 68,* 19–26.

Courtney, D., & Maschi, T. (2013). Trauma and stress among older adults in prison: Breaking the cycle of silence. *Traumatology, 19*(1), 73–81.

Davies, J. M., & Frawley, M. G. (1994). Eight transference countertransference positions. In J. M. Davies & M. G. Frawley (Eds.), *Treating the adult survivor of childhood sexual abuse* (pp. 167–187). New York, NY: Basic Books.

Favazza, A. R. (1998). The coming of age of self-mutilation. *The Journal of Nervous and Mental Disease, 186*(5), 259–268.

Ferenczi, S. (1932). *The clinical diary of Sandor Ferenczi (J. Dupont, Ed.; M. Balint & NZ Jackson, Trans.)*. Cambridge, MA: Harvard University Press.

Ferenczi, S. (1933). Confusion of tongues between adults and the child (E. Mosbacher, Trans.). In M. Balint (Ed.), *Final contributions to the problems and methods of psycho-analysis*. London, England: Karnac Books.

Fliege, H., Lee, J.-R., Grimm, A., & Klapp, B. F. (2009). Risk factors and correlates of deliberate self-harm behavior: A systematic review. *Journal of Psychosomatic Research, 66*(6), 477–493.

Ford, J. D., & Gómez, J. M. (2015). The relationship of psychological trauma and dissociative and posttraumatic stress disorders to nonsuicidal self-injury and suicidality: A review. *Journal of Trauma & Dissociation, 16*(3), 232–271.

Frankel, J. (2002). Exploring Ferenczi's concept of identification with the aggressor: Its role in trauma, everyday life, and the therapeutic relationship. *Psychoanalytic Dialogues, 12*(1), 101–139.

Frankel, J. (2018). Psychological enslavement through identification with the aggressor. In A.

Dimitrijevic, G. Cassullo, & J. Frankel (Eds.), Ferenczi's influence on contemporary psychoanalytic traditions (pp. 134–139). New York: Routledge.

Frans, Ö., Rimmö, P. A., Åberg, L., & Fredrikson, M. (2005). Trauma exposure and post-traumatic stress disorder in the general population. *Acta Psychiatrica Scandinavica*, *111*(4), 291-290.

Freeman, T. W., & Roca, V. (2001). Gun use, attitudes toward violence, and aggression among combat veterans with chronic posttraumatic stress disorder. *The Journal of Nervous and Mental Disease*, *189*(5), 317–320.

Gillikin, C., Habib, L., Evces, M., Bradley, B., Ressler, K. J., & Sanders, J. (2016). Trauma exposure and PTSD symptoms associate with violence in inner city civilians. *Journal of Psychiatric Research*, *83*, 1–7.

Goff, A., Rose, E., Rose, S., & Purves, D. (2007). Does PTSD occur in sentenced prison populations? A systematic literature review. *Criminal Behaviour and Mental Health*, *17*(3), 152–162.

Gratz, K. L. (2001). Measurement of deliberate self-harm: Preliminary data on the Deliberate Self-Harm Inventory. *Journal of Psychopathology and Behavioral Assessment*, *23*(4), 253–263.

Green, J. G., McLaughlin, K. A., Berglund, P. A., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2010). Childhood adversities and adult psychiatric disorders in the national comorbidity survey replication I: associations with first onset of DSM-IV disorders. *Archives of General Psychiatry*, *67*(2), 113–123.

Gurevich, H. (2016). Orpha, orphic functions, and the orphic analyst: Winnicott's "regression to dependence" in the language of Ferenczi. *The American Journal of Psychoanalysis*, *76*(4), 322-340.

Harford, T. C., Yi, H., & Grant, B. F. (2014). Associations between childhood abuse and

interpersonal aggression and suicide attempt among US adults in a national study. *Child Abuse & Neglect*, *38*(8), 1389–1398.

Hruska, B., Irish, L. A., Pacella, M. L., Sledjeski, E. M., & Delahanty, D. L. (2014). PTSD symptom severity and psychiatric comorbidity in recent motor vehicle accident victims: A latent class analysis. *Journal of Anxiety Disorders*, *28*(7), 644–649.

Jung, T., & Wickrama, K. A. S. (2008). An introduction to latent class growth analysis and growth mixture modeling. *Social and Personality Psychology Compass*, *2*(1), 302–317.

Lahav, Y., Talmon, A., & Ginzburg, K. (2019). Knowing the Abuser Inside and Out: The Development and Psychometric Evaluation of the Identification With the Aggressor Scale. *Journal of Interpersonal Violence*, 088626051987230. https://doi.org/10.1177/0886260519872306

Lahav, Y., Talmon, A., Ginzburg, K., & Spiegel, D. (2019). Reenacting Past Abuse–Identification with the Aggressor and Sexual Revictimization. *Journal of Trauma and Dissociation*, *20*(4), 378–391. https://doi.org/10.1080/15299732.2019.1572046

Lang, C. M., & Sharma-Patel, K. (2011). The relation between childhood maltreatment and self-injury: A review of the literature on conceptualization and intervention. *Trauma, Violence, & Abuse*, *12*(1), 23–37.

Liu, R. T., Scopelliti, K. M., Pittman, S. K., & Zamora, A. S. (2018). Childhood maltreatment and non-suicidal self-injury: a systematic review and meta-analysis. *The Lancet Psychiatry*, *5*(1), 51–64. https://doi.org/10.1016/S2215-0366(17)30469-8

Maschi, T., Gibson, S., Zgoba, K. M., & Morgen, K. (2011). Trauma and life event stressors among young and older adult prisoners. *Journal of Correctional Health Care*, *17*(2), 160–172.

Messman-Moore, T. L., & Bhuptani, P. H. (2017). A Review of the Long-Term Impact of Child Maltreatment on Posttraumatic Stress Disorder and Its Comorbidities: An Emotion

Dysregulation Perspective. *Clinical Psychology: Science and Practice*, *24*(2), 154–169. https://doi.org/10.1111/cpsp.12193

Motz, A. (2016). *The psychology of female violence: Crimes against the body*. Routledge.

Mucci, C. (2017). Ferenczi's revolutionary therapeutic approach. *The American Journal of Psychoanalysis*, *77*(3), 239-254.

Norton-Baker, M., Wolff, J. M., Kolander, T. W., Evans, M., & King, A. R. (2019). Childhood sexual abuse and lifetime aggression. *Journal of Child Sexual Abuse*, *28*(6), 690-707.

Ogloff, J. R. P., Cutajar, M. C., Mann, E., & Mullen, P. (2012). Child sexual abuse and subsequent offending and victimisation: A 45 year follow-up study. *Trends and Issues in Crime and Criminal Justice*, (440), 1–6.

Papalia, N., Ogloff, J. R. P., Cutajar, M., & Mullen, P. E. (2018). Child Sexual Abuse and Criminal Offending: Gender-Specific Effects and the Role of Abuse Characteristics and Other Adverse Outcomes. *Child Maltreatment*, *23*(4), 399–416. https://doi.org/10.1177/1077559518785779

Pastor, D. A., Barron, K. E., Miller, B. J., & Davis, S. L. (2007). A latent profile analysis of college students' achievement goal orientation. *Contemporary Educational Psychology*, *32*(1), 8–47.

Perrin, M., Vandeleur, C. L., Castelao, E., Rothen, S., Glaus, J., Vollenweider, P., & Preisig, M. (2014). Determinants of the development of post-traumatic stress disorder, in the general population. *Social psychiatry and psychiatric epidemiology*, *49*(3), 447-457.

Pfeiler, T. M., Wenzel, M., Weber, H., & Kubiak, T. (2017). The power of status: What determines one's reactions to anger in a social situation?. *Personality and individual differences*, *114*, 61-68.

Roberton, T., Daffern, M., & Bucks, R. S. (2012). Emotion regulation and aggression.

Aggression and Violent Behavior, *17*(1), 72–82.

Ronen, T., Rahav, G., & Moldawsky, A. (2007). Aggressive behavior among Israeli elementary school students and associated emotional/behavioral problems and self-control. *School Psychology Quarterly*, *22*(3), 407–431.

Runyon, M. K., Deblinger, E., & Steer, R. A. (2014). PTSD symptom cluster profiles of youth who have experienced sexual or physical abuse. *Child Abuse and Neglect*, *38*(1), 84–90. https://doi.org/10.1016/j.chiabu.2013.08.015

Salter, D., Mcmillan, D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., … Stevenson, J. (2003). Development of sexually abusivebehaviour in sexually victimised males: A longitudinal study. *The Lancet*, *361*, 471–476.

Solomon, Z., Benbenishty, R., Neria, Y., Abramowitz, M., Ginzburg, K., & Ohry, A. (1993). Assessment of PTSD: Validation of the revised PTSD Inventory. *The Israel Journal of Psychiatry and Related Sciences*, *30*(2), 110–115.

Steele, K., Van der Hart, O., & Nijenhuis, E. R. S. (2004). Phase-oriented treatment of complex dissociative disorders: Overcoming trauma-related phobias. *Dissociative Disorders of Consciousness*, 1–16.

Taft, C. T., Creech, S. K., & Murphy, C. M. (2017). Anger and aggression in PTSD. *Current Opinion in Psychology*, *14*, 67-71.

Teicher, M. H., & Samson, J. A. (2013). Childhood maltreatment and psychopathology: A case for ecophenotypic variants as clinically and neurobiologically distinct subtypes. *American Journal of Psychiatry*, *170*(10), 1114–1133.

Thornberry, T. P., & Henry, K. L. (2013). Intergenerational continuity in maltreatment. *Journal of Abnormal Child Psychology*, *41*(4), 555–569.

Tietjen, G. E., Brandes, J. L., Peterlin, B. L., Eloff, A., Dafer, R. M., Stein, M. R., … Aurora, S. K. (2010). Childhood maltreatment and migraine (part I). Prevalence and adult

revictimization: a multicenter headache clinic survey. *Headache: The Journal of Head and Face Pain*, *50*(1), 20–31.

Van der Kolk, B. A. (1989). The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. *Psychiatric Clinics of North America*, *12*(2), 389–411.

Van der Kolk, B. A. (2005). Developmental Trauma Disorder-A more specific diagnosis than posttraumatic stress disorder should be considered for children with complex trauma histories. *Psychiatric Annals*, *35*(5), 401–409.

Vaughn, M. G., Salas-Wright, C. P., DeLisi, M., & Larson, M. (2015). Deliberate self-harm and the nexus of violence, victimization, and mental health problems in the United States. *Psychiatry Research*, *225*(3), 588–595.

Weeks, R., & Widom, C. S. (1998). Self-reports of early childhood victimization among incarcerated adult male felons. *Journal of Interpersonal Violence*, *13*(3), 346–361.

Weierich, M. R., & Nock, M. K. (2008). Posttraumatic stress symptoms mediate the relation between childhood sexual abuse and nonsuicidal self-injury. *Journal of Consulting and Clinical Psychology*, *76*(1), 39–44.

Wolff, J. C., Thompson, E., Thomas, S. A., Nesi, J., Bettis, A. H., Ransford, B., … Liu, R. T. (2019). Emotion dysregulation and non-suicidal self-injury: A systematic review and meta-analysis. *European Psychiatry*, *59*, 25–36. https://doi.org/10.1016/j.eurpsy.2019.03.004

Yates, T. M. (2004). The developmental psychopathology of self-injurious behavior: Compensatory regulation in posttraumatic adaptation. *Clinical Psychology Review*, *24*(1), 35–74. https://doi.org/10.1016/j.cpr.2003.10.001

Yates, T. M., Carlson, E. A., & Egeland, B. (2008). A prospective study of child maltreatment and self-injurious behavior in a community sample. *Development and Psychopathology*, *20*(2), 651–671. https://doi.org/10.1017/S0954579408000321

Zahl, D. L., & Hawton, K. (2004). Repetition of deliberate self-harm and subsequent suicide risk: long-term follow-up study of 11 583 patients. *The British Journal of Psychiatry*, *185*(1), 70–75.

Zetterqvist, M., Lundh, L.-G., & Svedin, C. G. (2013). A comparison of adolescents engaging in self-injurious behaviors with and without suicidal intent: self-reported experiences of adverse life events and trauma symptoms. *Journal of Youth and Adolescence*, *42*(8), 1257–1272.

Zlotnick, C., Mattia, J. I., & Zimmerman, M. (1999). Clinical correlates of self-mutilation in a sample of general psychiatric patients. *The Journal of Nervous and Mental Disease*, *187*(5), 296–301.

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Table 1. *Inter-correlations among identification with the aggressor, PTSD symptoms, and inward and outward aggression (n=306)*

Measure	1	2	3	4	5	6	7	8
1. Adopting the perpetrator's experience	-							
2. Identifying with the perpetrator's aggression	.60***	-						
3. Replacing one's agency with that of the perpetrator	.36***	28***	-					
4. Becoming hypersensitive to the perpetrator	.39***	.36***	.26***	-				
5. PTSD symptoms	.10	.20***	.24***	.07	-			
6. Self-injurious behaviors	.11*	.21***	.14*	.04	.33***	-		
7. Urge to harm others	.15**	.25***	.14*	-.05	.38***	.21***	-	
8. Violent acts towards others	.13*	.18**	.05	.05	.16**	.26***	.35***	-
M	32.54	40.00	54.70	43.45	9.48	1.49	1.60	1.58
(SD)	(21.65)	(29.66)	(21.87)	(23.15)	(6.87)	(2.02)	(1.90)	(0.66)
Range	93.33	100.00	100.00	100.00	24.00	10.00	8.00	3.50

* $p < .05$. *** $p < .001$

Table 2. *Fit indices for LPA models*

Model Number	AIC	BIC	Sample-size Adjusted BIC	Entropy	Log Likelihood
Model 1: equal variances and covariances fixed	11023.162	11071.568	11030.338	0.937	5498.581
Model 2: equal variances and equal covariances	**10986.345**	**11057.093**	**10996.834**	**0.924**	**5474.172**
Model 3: varying variances and covariances fixed to 0	11001.516	11064.817	11010.901	0.949	5483.758
Model 4: varying variances and varying covariances	10951.204	11059.188	10967.214	0.934	5446.602

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

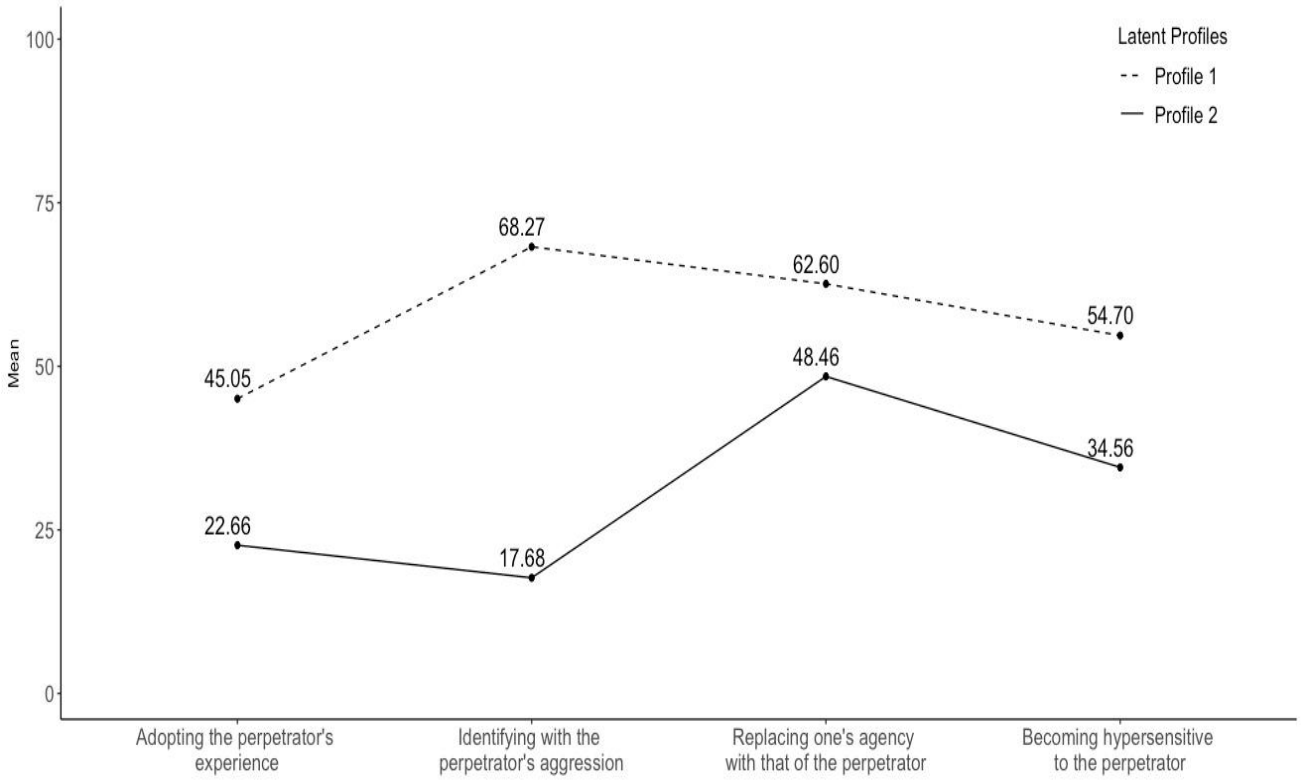

Fig. 1. Latent profiles of the IAS for survivors of childhood abuse.

Table 3. *Estimates for the final two prototypical profiles and mean and standard deviation of aggression related measures (n=306)*

	Self-injurious behaviors		Urge to harm others		Violent Acts towards Others	
	$F(1, 302)$	η^2_p	$F(1, 302)$	η^2_p	$F(1, 302)$	η^2_p
Identification-with-the-aggressor profile type	4.20*	.01	8.81**	.03	6.98**	.02
Gender	6.68*	.02	2.38	.00	17.12***	.05
PTSD symptoms	31.83***	.10	41.20***	.12	4.97*	.02

* p<.05 **p<.01 ***p<.001