

This is the Author's Accepted Manuscript (AAM), not the final published version.

The Version of Record (VOR) is published in the *Journal of Trauma & Dissociation* (Taylor & Francis).

Full citation:

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

Publisher's version: Available at: <https://doi.org/10.1080/15299732.2019.1572046>

**Reenacting Past Abuse – Identification with the Aggressor and Sexual
Revictimization**

Yael Lahav, Ph.D.¹

Anat Talmon, MSW²

Karni Ginzburg, Ph.D.²

David Spiegel, M.D.¹

¹ Psychiatry and Behavioral Sciences, Stanford University School of Medicine,
California

² Bob Shapell School of Social Work, Tel-Aviv University, Israel

Abstract

Childhood sexual abuse (CSA) poses a risk for sexual revictimization. Additionally, according to theory CSA may lead to identification with the aggressor, expressed by adopting the perpetrator's experience concerning the abuse; identifying with the perpetrator's aggression; replacing one's agency with that of the perpetrator; and becoming hyper-sensitive to the perpetrator. Although clinical impressions suggest that identification with the aggressor underlies reenactment of trauma, this linkage between identification with the aggressor and sexual revictimization remains largely uninvestigated. This study assessed (a) the relationship between identification with the aggressor (total score and four subscales) and sexual revictimization; (b) the unique associations between identification with the aggressor (total score and four subscales) and sexual revictimization, above and beyond chronicity of abuse and PTSD symptoms. Participants were Israeli women students who reported a history of CSA (n=174). Analyses indicated significant correlations between two subscales of identification with the aggressor -- replacing one's agency with that of the perpetrator and becoming hyper-sensitive to the perpetrator-- and sexual revictimization. These subscales of identification with the aggressor were associated with sexual revictimization, above and beyond the effects of chronicity of the abuse and PTSD symptoms. Nevertheless, these associations were in opposite directions-- while replacing one's agency with that of the perpetrator was related with higher occurrence of sexual revictimization, becoming hyper-sensitive to the perpetrator was related with lower levels of revictimization. These results imply that identification with the aggressor may serve as a multifaceted phenomenon in the context of sexual revictimization, comprised of both adaptive and maladaptive aspects.

Keywords: childhood sexual abuse, sexual revictimization, identification with the aggressor, trauma, PTSD

Introduction

Being sexually abused increases the risk for future sexual victimization experiences, a phenomenon known as sexual revictimization. Childhood sexual abuse (CSA) poses a particular risk for sexual revictimization (e.g., Classen, Palesh, & Aggarwal, 2005; Widom, Czaja, & Dutton, 2008). A prospective study revealed that CSA survivors reported twice as many subsequent rapes or sexual assaults compared to controls (Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003). A recent meta-analysis indicated that the mean prevalence of sexual revictimization among CSA survivors is just under 50% (Walker, Freud, Ellis, Fraine, & Wilson, 2017).

Characteristics of previous victimization may predict sexual revictimization (Classen et al., 2005). These, include, among others, chronicity of past abuse. Previous studies indicated that frequent incidences of abuse, and long-lasting CSA were related with adult sexual assault (Fleming, Mullen, Sibthorpe, & Bammer, 1999). In the same vein, in a former study women who were sexually revictimized were found to have experienced a longer duration of CSA (Arata, 2000).

Another risk factor for sexual revictimization, which has been consistently documented, is Posttraumatic Stress Disorder (PTSD) symptoms. PTSD symptoms are claimed to decrease risk recognition and resistance and thus to increase CSA survivor's vulnerability for sexual revictimization. Re-experiencing symptoms may hinder the ability to perceive or act upon potential risk or danger at the present moment.

Hyperarousal symptoms and hypervigilance may impair capability to differentiate accurately between real and false alarms (Risser, Hetzel-Riggin, Thomsen, & McCanne,

2006). Detachment and dissociation, which are risk factors for PTSD (Werner & Griffin, 2012), and often observed among individuals with PTSD (Ginzburg et al., 2006), may hamper the survivors' capacity to detect risk clues accurately (e.g., Chu, 1992).

Research has provided evidence concerning the association between PTSD and sexual revictimization. Cross-sectional studies have shown that PTSD symptoms mediated the relationship between prior sexual assault and sexual revictimization (Messman-Moore, Brown, & Koelsch, 2005; Mokma, Eshelman, & Messman-Moore, 2016). A prospective study conducted among survivors of sexual assault has indicated that PTSD symptoms increased the risk for sexual assault over 12 months (Littleton & Ullman, 2013).

Identification with the Aggressor and Sexual Revictimization

Sexual abuse during childhood could lead to deep and enduring interpersonal difficulties (Herman, 1992; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). These, might be manifested, among others, in a particular form of relating to the perpetrator, known as identification with the aggressor (Frankel, 2002).

Identifying with the aggressor is a multi-dimensional phenomenon wherein a survivor of abuse, particularly during childhood, fuses with, takes on, and introjects the perpetrator's experience (Frankel, 2002). Identification with the aggressor arises as an automatic reaction in the face of extreme threat, aiming to protect the child from the unbearable reality of abuse (Ferenczi, 1932). To anticipate the abuse and minimize its hazards, the child may give up his/her own sense of self and agency and introjects the threatening aggressor (Frankel, 2002). The child gets into the perpetrator's mind, and learns "from the inside" the perpetrator's wants and needs. This leads to hyper-

sensitivity to the perpetrator which denotes an enhanced ability to sense the aggressor's inner experience.

As a result of the introjection of the perpetrator's aggression as well as the perpetrator's experience regarding the abuse, the child may deny, minimize or rationalize the abuse and even experience the pleasure that the perpetrator derives from it, while doubting his/her own perception of reality (Ferenczi, 1932). As described by Anna Freud (Freud, 1936), the child may also take on the perpetrator's aggression, and behave aggressively towards the self and others. Introjection of the perpetrator's experience of the "other", enables the child to learn who the perpetrator wants him/her to be and how precisely to appease, seduce, flatter, placate, or disarm the perpetrator (Ferenczi, 1932, 1933; Frankel, 2002). In this way, the child's self-state which identifies with the aggressor is no longer resistant or hateful, but feels for and understands the perpetrator. This identification may also reduce anxiety by giving the child a false sense of control over the behavior of the abuser.

Although identification with the aggressor protects the child during the time of the abuse, it may persist as long-term tendencies after the abuse ended, and hamper the healing process. Re-living of the introjected victim-perpetrator dynamic, as part of identification with the aggressor, is claimed to be related with elevated risk for destructive behaviors and additional abuse (Frankel, 2002; Van der Kolk, 1989). This may be applicable to sexual revictimization as well. Thus a CSA survivor who is characterized by intensified identification with the aggressor may tend to seek or develop specific relational qualities, which may be maladaptive in creating conditions of risk for further abuse. For instance, while interacting with a potential perpetrator, a CSA survivor who displays tendencies for identification with the aggressor may dismiss,

excuse or deny the severity of the possible menace; may present heightened passivity and submissiveness; as well as an increased sensitivity towards the perpetrator's feelings and needs, along with efforts to gratify them. These interpersonal patterns may increase the survivor's vulnerability for sexual revictimization.

Though theoretical and clinical literature have provided some attention to the linkage between the relations with perpetrator and re-enactment of past abuse (e.g., Van der Kolk, 1989; van der Kolk et al., 2005), research concerning the role of interpersonal variables in regard to sexual revictimization is quite sparse (Classen, Field, Koopman, Nevill-Manning, & Spiegel, 2001; Cloitre, Cohen, & Scarvalone, 2002). Moreover, to date, the relationship between identification with the aggressor and sexual revictimization has not been investigated. To facilitate exploration of this subject, Lahav, Talmon, and Ginzburg (Under review) have recently developed a questionnaire that specifically assesses identification with the aggressor phenomenon. The purpose of the current research, is to take a further step towards understanding the role of identification with the aggressor in regards to sexual revictimization. Specifically, this study, conducted among Israeli women students who are CSA survivors, investigates (a) the relationship between identification with the aggressor (total score and four subscales) and sexual revictimization; (b) the unique associations between identification with the aggressor (total score and four subscales) and sexual revictimization, above and beyond chronicity of abuse and PTSD symptoms.

Methods

Participants

This study relies upon a larger study among a convenience sample of 686 Israeli students who were recruited via social media (e.g., Facebook, dedicated forums). Of them, 429 women students had filled the Childhood trauma questionnaire (CTQ; Bernstein et al., 2003), and by that provided information regarding the existence or the non-existence of history of childhood abuse. Participants were classified as having a history of CSA, if their scores in the sexual abuse subscale of the CTQ (Bernstein et al., 2003) was higher than the cutoff of 6 suggested by Tietjen et al. (2010). In accordance with former research (Walker et al., 2017), preliminary analysis indicated that history of CSA was related with increased risk for sexual revictimization ($\beta = 0.24$, $p < .001$, 95% CI [0.85, 1.91]).

One hundred seventy four women, who were classified as having a history of CSA, were included in the current analyses. The average age of the participants was 27.93 years ($SD = 6.66$). The majority of the sample, 66.1% ($n = 115$), were undergraduate students; 14.4% ($n = 25$) were graduate students; 4.0% ($n = 7$) were PhD students; and 15.5% ($n = 27$) were studying in recognized educational/vocational programs. Eighty one (46.6%) were single, and 80 (46.0%) reported that they were currently in an intimate relationship. The majority of the sample, 85.1% ($n = 148$), reported being heterosexual.

Measures

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

Chronicity of the Abuse. Participants were asked to report whether the abuse had been a one-time event or whether it had been chronic.

The Identification with the Aggressor Scale (IAS) (Lahav et al., under review). Identification with the aggressor was assessed via IAS, a 23 item self-report

questionnaire (Lahav et al., under review). Respondents were asked to rate on an 11-point Likert-type scale, ranging from 0 (0% *never*) to 10 (100% *all the time*), the frequency with which they experienced each manifestation of identification when they were in the presence of the perpetrator or when they talked or thought about him or her. The scale is comprised of 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 feel "wiped out" in the presence of their perpetrator"), and becoming hypersensitive to the perpetrator (4 items; e.g., "Some people "read the thoughts" of their perpetrator"). In addition, a total score was computed, by averaging all items. The IAS has been shown to have good psychometric characteristics, including high construct and criterion validity, as well as high internal reliability (Lahav et al., under review). In this study, Cronbach's alpha indicated an acceptable to high internal consistency (.91 for the total score; .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 hyper-sensitive to the perpetrator).

PTSD Inventory (PTSD-I; Solomon et al., 1993). PTSD symptoms were assessed via the PTSD-I (Solomon et al., 1993). Participants indicated the frequency of 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 are scored on a four-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.

Sexual Experiences Survey (Koss & Gidycz, 1985). Sexual revictimization was assessed via the Sexual Experiences Survey (Koss & Gidycz, 1985). The scale consisted 13 dichotomous items that reflect sexual violence inflicted by others. Participants were asked to indicate whether or not they have experienced each of the incidences since the childhood sexual abuse. This scale has been found to have high test-retest reliability (Koss & Gidycz, 1985). Cronbach's alphas for this sample indicated a high internal consistency of .84.

Procedure

After receiving approval from Tel Aviv University Institutional Review Board (IRB), and obtaining informed consent from the participants, data were collected. Each participant was given the opportunity to take part in a gift voucher lottery. Participants used Qualtrics Research Software to complete the questionnaires.

Data analysis

Missing data analysis indicated that, across variables, 0-13% of values were missing. To determine whether the missing data was 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, $\chi^2(507) = 404.49, p = 1.00$. We used SPSS 24, employing a maximum-likelihood (ML) estimation procedure for handling missing data, which is considered to be an optimal method for attrition (Collins et al., 2001).

To explore the relations between identification with the aggressor and sexual revictimization, we conducted Pearson correlation analyses. To assess the associations

between identification with the aggressor and sexual revictimization, above and beyond chronicity of abuse and PTSD symptoms, we used two linear regression models. The first model included chronicity of abuse, PTSD symptoms and the total score of identification with the aggressor as independent variables. The second model included chronicity of abuse, PTSD symptoms and the four subscales of identification with the aggressor, as independent variables. Sexual revictimization served as a dependent variable.

Results

The Relationship between Identification with the Aggressor and Revictimization

Table 1 presents the correlations among the study's variables. The correlation between total score of identification with the aggressor and sexual revictimization was non-significant. However, analyses indicated significant correlations between two subscales of identification with the aggressor and sexual revictimization. The directions of these correlations were opposite -- while replacing one's agency with that of the perpetrator was linked with higher levels of sexual revictimization; becoming hyper-sensitive to the perpetrator was linked with lower levels of sexual revictimization. Other correlations were non-significant.

The Relationship between Identification with the Aggressor and Revictimization, above and beyond Chronicity of Abuse and PTSD symptoms

Table 2 presents the two regression models. The first model indicated a significant association between PTSD symptoms and sexual revictimization. The higher the levels of PTSD symptoms the higher the levels of sexual revictimization. Yet, results of second model, suggested that the non-significant association that was found among the total score of identification with the aggressor and sexual

revictimization in the first model, might result from the opposite directions of associations of the two subscales of identification with the aggressor. Specifically, analysis indicated that two subscales of identification with the aggressor were significantly associated with sexual revictimization, above and beyond chronicity of abuse and PTSD symptoms. However, they had opposite directions of associations -- while replacing one's agency with that of the perpetrator was linked with higher levels of sexual revictimization; becoming hyper-sensitive to the perpetrator was linked with lower levels of sexual revictimization. The associations between adopting the perpetrator's experience, identifying with the perpetrator's aggression, chronicity of abuse and sexual revictimization were non-significant. PTSD symptoms were significantly related with revictimization. The higher the levels of PTSD symptoms the higher the levels of sexual revictimization,

Discussion

The objective of this study was to assess, for the first time, the relations between identification with the aggressor and sexual revictimization among CSA survivors. Results indicated a non-significant relationship between the total score of identification with the aggressor and sexual revictimization. At the same time, however, results revealed significant associations between two subscales of identification with the aggressor and sexual revictimization, above and beyond the effects of chronicity of abuse and PTSD symptoms. Yet, these associations had opposite directions: while replacing one's agency with that of the perpetrator was related with higher levels of sexual revictimization, as expected; becoming hyper-sensitive to the perpetrator was related with lower levels of revictimization.

A few non-exclusive explanations may be offered for the current findings. First, the associations between ISA subscales and sexual revictimization may reflect the implications of identification with the aggressor on further victimization among CSA survivors. Alternatively, the present results may be understood in the context of disorganized attachment. Disorganized attachment reflects unresolved conflict, considering that the child's attachment figure is also a source of fear (e.g., Main, 1990). This attachment pattern is manifested in engaging of two opposing behavioural systems - the attachment system, aiming to increase proximity to the attachment figure, and the 'flight or fight' system, aiming to move away from danger. Research has indicated associations between disorganized attachment, childhood abuse (Cyr, Euser, Bakermans-Kranenburg, & Van Ijzendoorn, 2010) and revictimization (Henderson, Bartholomew, & Dutton, 1997). Though not investigated empirically, disorganized attachment is linked with cognitions that characterize identification with the aggressor, such as taking responsibility for one's victimization (Cassidy & Mohr, 2001). Thus, it is plausible that disorganized attachment might explain the associations between identification with the aggressor and revictimization. One should note, however, that given that disorganized attachment was not assessed in this study, this explanation is speculative.

Lastly, the current findings may reflect the impact of sexual revictimization on CSA survivors' perspective on the original aggressor and therefore identification with that person. According to this explanation, the additional sexual victimization during adulthood, would have shaped the survivors' patterns of relating to the aggressor who perpetrated CSA, leading to an increased experience of loss of agency and its replacement with that of the perpetrator, as well as to a decreased sensitivity towards the

perpetrator. The cross-sectional nature of this study does not enable negation of any of the offered directions of associations between identification with the aggressor and revictimization. Furthermore, a reciprocal relationship between the two variables might exist, so that both identification with the aggressor and revictimization shape one another over time. Future longitudinal studies are needed to explore this possibility.

Interpreting the present results as reflecting the implications of identification with the aggressor on sexual revictimization, reveals surprising patterns. The theoretical literature views identification with the aggressor after the abuse has ended as harmful, rendering the victim open to self-destructive behaviors or repetition compulsion of trauma in the form of revictimization (Frankel, 2002; Van der Kolk, 1989). In the same vein, our previous study indicated that identification with the aggressor was related with elevated psychopathology, manifested in higher PTSD symptoms and dissociation (Lahav et al., Under review). The current findings, however, reveal a complicated picture and imply that identification with the aggressor might serve as a multifaceted phenomenon in the context of sexual revictimization, comprising both adaptive (danger detection) and maladaptive (abuse acceptance) aspects.

Identification with the aggressor during childhood sexual abuse is argued to rise as an automatic reaction aiming to protect the child (Frankel, 2002). Hypersensitivity towards the perpetrator appears to be one of the most prominent manifestations of this defensive quality. By being extremely susceptible to the aggressor's feelings and needs, the child could anticipate imminent hazards and respond in a way that might minimize them (Ferenczi, 1933).

The current findings may imply that the self-guarding function of hypersensitivity towards the perpetrator is not limited to the time of abuse, and might be

applicable after the abuse ended as well, reducing the risk for further victimization. This defensive effect might be rooted in a heightened ability to detect danger cues. One may suggest that the intensified susceptibility towards the aggressor, which becomes embedded within the CSA survivors' relational patterns, enables them to identify others' malevolent intentions as well as aggressive or sadistic impulses. This capacity is essential for the prevention of an additional victimization (Marx, Heidt, & Gold, 2005), and may be particularly useful under conditions in which there is a dramatic discrepancy between an allegedly friendly nature of the interaction and the actual level of danger, such as in the prevalent cases of acquaintance sexual aggression (Nurius, 2000). Under these extremely confusing circumstances, CSA survivors' heightened propensity for divining others' inner state may promote sensing the forthcoming menace, and avoiding or disarming the potential perpetrator.

Nevertheless, the present results may suggest that identification with the aggressor contains a maladaptive side as well. Our findings might imply that the specific component of identification with the aggressor that signifies loss of one's agency and its replacement with that of the perpetrator's, could serve as a risk factor for sexual revictimization. Loss of one's agency appears to be essential for survival in the context of CSA. Under conditions when the child is defenselessness and often dependent upon the abuser, experiencing the self as demolished, and empty of feelings or needs may prevent escalation of the abuse (Cantor & Price, 2007).

Nonetheless, exhibiting this tendency after the abuse has ended and the child has become an adult might pose a risk for additional sexual victimization. One might suggest that the survivor's extreme passivity and submissiveness may attract potential perpetrators, who might interpret it as a sign of weakness and perceive the survivor as

easy prey. Furthermore, experiencing oneself as nullified and empty might thwart the survivor's ability to conduct self-protective behaviors which may prevent victimization, such as engaging in resistance or avoidance behaviors. Research has indicated that CSA survivors who suffered from sexual revictimization reported of difficulties in being assertive in relationships (Classen et al., 2001). Additionally, previous studies have shown that CSA survivors were less likely to report they would engage in assertive refusal or resistance behaviors in response to sexual assault scenarios (Stoner et al., 2007), and had lower sexual assault resistance self-efficacy compared with non-victims (Gidycz, Van Wynsberghe, & Edwards, 2008; Littleton & Decker, 2017).

The plausible existence of adaptive alongside maladaptive qualities of identification with the aggressor in regards to sexual revictimization, may explain the paradoxical findings that have been obtained among CSA survivors. Although results suggested that CSA survivors detect risk clues accurately (Naugle, 1999), and often present elevated distrust and suspiciousness towards others (Gobin & Freyd, 2014) they were more likely to report they would remain in high risk situations (Naugle, 1999). The current results suggest that these trends may be rooted in a specific type of interpersonal relating that develops during CSA consisting of over-attending to the perpetrator along with extreme submissiveness.

One should note, however, that the way that these suggested dual facets of identification with the aggressor combined with one another is yet to be understood. Specifically, it is unclear whether both suggested effects of identification with the aggressor occur simultaneously, or intermittently, representing different self-states, or alternatively reflect distinct profiles of CSA survivors.

The current investigation should be considered in light of its limitations. First, this study was based on retrospective self-report data which may be subjected to response biases and shared method variance. This limitation may be particularly relevant in cases of elevated dissociation. Though dissociation was not evaluated in this study, evidence indicates high dissociation in CSA survivors (Ginzburg et al., 2006) which could effect participants' reports . Hence, future studies should include additional methods of data collection, such as clinical interviews. Second, this research did not incorporate data regarding potential mechanisms or variables that might have shaped the relations between identification with the aggressor and revictimization, such as detection of danger cues, levels of assertiveness and disorganized attachment. Future research should conduct such investigations. Lastly, this study had a cross-sectional design. Hence, it is difficult to draw conclusions as to whether identification with the aggressor shapes the risk for sexual revictimization, or reflects consequences of revictimization, both, or simply represents correlates. Longitudinal research which assesses the relations between identification with the aggressor and revictimization over time, is needed.

Bearing these limitations in mind, the present study represents a step towards understanding the association between identification with the aggressor and sexual revictimization among CSA survivors. The present findings imply that the specific way of relating to the abuser, which is formed during CSA, may further shape the risk for sexual revictimization. One should note these results do not suggest that CSA survivors suffer from personality shortcomings or failings that make them in any way responsible for sexual victimization. Rather, the specific type of relating manifested in identification with the aggressor, which is discussed here, reflects a normative human phenomenon.

When one suffers from extreme threat that cannot be thwarted, taking on the source of threat, being submissive and overly attentive to the abuser, are essential for survival, and may reflect a biologically-based defensive reaction which has been developed through evolutionary processes (Cantor & Price, 2007).

Thus, appropriately applied, the current findings indicate that CSA survivors might benefit from interventions that focus on their internalized relations with the perpetrator. Specifically, reprocessing and modifying of their experience of themselves as nullified, helpless and submissive, as well as of their heightened tendency for appeasement, might have important benefits. This therapeutic process might be enhanced through parallel recognition of the apparently adaptive aspects of other forms of sensitivity to the aggressor. At the same time, however, one should take into account potential obstacles to this therapeutic process. Dissociation in CSA survivors might obscure reports regarding internalized relations with the perpetrator, and therefore should be addressed along the process. Additionally, given that identification with the aggressor may be a biologically based reaction, its extinction could be challenging, and development of specific psychobiological interventions might be required.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- Arata, C. M. (2000). From child victim to adult victim: A model for predicting sexual revictimization. *Child Maltreatment*, 5(1), 28–38. doi: 10.1177/ 1077559500005001004
- 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. doi:10.1016/S0145-2134(02)00541-0
- 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.
doi:10.1080/00048670701261178
- Cassidy, J., & Mohr, J. J. (2001). Unsolvable fear, trauma, and psychopathology: Theory, research, and clinical considerations related to disorganized attachment across the life span. *Clinical Psychology: Science and Practice*, 8(3), 275-298.
- Chu, J. A. (1992). The revictimization of adult women with histories of childhood abuse. *The Journal of psychotherapy practice and research*, 1(3), 259-269.
- Classen, C., Field, N. P., Koopman, C., Nevill-Manning, K., & Spiegel, D. (2001). Interpersonal problems and their relationship to sexual revictimization among women sexually abused in childhood. *Journal of Interpersonal Violence*, 16(6), 495-509.
doi:10.1177/088626001016006001
- Classen, C. C., Palesh, O. G., & Aggarwal, R. (2005). Sexual revictimization: A review of the empirical literature. *Trauma, Violence, & Abuse*, 6(2), 103-129. doi:10.1177/1524838005275087

- Cloitre, M., Cohen, L. R., & Scarvalone, P. (2002). Understanding revictimization among childhood sexual abuse survivors: An interpersonal schema approach. *Journal of Cognitive Psychotherapy*, 16(1), 91-111. doi:10.1891/jcop.16.1.91.63698
- 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. doi:10.1037/1082-989X.6.4.330
- Cyr, C., Euser, E. M., Bakermans-Kranenburg, M. J., & Van Ijzendoorn, M. H. (2010). Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Development and psychopathology*, 22(1), 87-108. doi:10.1017/S0954579409990289
- Ferenczi, S. (1932). The clinical diary of Sandor Ferenczi. J. Dupont (Ed.), M. Balint & N. Z. Jackson (Trans.). Cambridge, MA: Harvard University Press.
- Ferenczi, S. (1933). Confusion of tongues between adults and the child. The language of tenderness and of passion. In Final contributions to the problems and methods of psychoanalysis (pp. 156–167). London: Karnac Books.
- Fleming, J., Mullen, P. E., Sibthorpe, B., & Bammer, G. (1999). The long-term impact of childhood sexual abuse in Australian women. *Child abuse & neglect*, 23(2), 145-159. doi:10.1016/S0145-2134(98)00118-5
- 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. doi:10.1080/10481881209348657
- Freud, A. (1936). The ego and the mechanisms of defense. New York, NY: International Universities Press.
- Gidycz, C. A., Van Wynsberghe, A., & Edwards, K. M. (2008). Prediction of women's utilization of resistance strategies in a sexual assault situation: A prospective study. *Journal of Interpersonal Violence*, 23(5), 571-588. doi:10.1177/0886260507313531

- Ginzburg, K., Koopman, C., Butler, L. D., Palesh, O., Kraemer, H. C., Classen, C. C., & Spiegel, D. (2006). Evidence for a dissociative subtype of post-traumatic stress disorder among help-seeking childhood sexual abuse survivors. *Journal of trauma & dissociation*, 7(2), 7-27.
doi:10.1300/J229v07n02_02
- Gobin, R. L., & Freyd, J. J. (2014). The impact of betrayal trauma on the tendency to trust. *Psychological trauma: theory, research, practice, and policy*, 6(5), 505-511.
doi:10.1037/a0032452
- Henderson, A. J., Bartholomew, K., & Dutton, D. G. (1997). He loves me; he loves me not: Attachment and separation resolution of abused women. *Journal of Family Violence*, 12(2), 169-191.
doi:10.1023/A:1022836711637
- Herman, J. L. (1992). *Trauma and recovery*. New York: Basic Books.
- Koss, M. P., & Gidycz, C. A. (1985). Sexual experiences survey: reliability and validity. *Journal of consulting and clinical psychology*, 53(3), 422-423.
- Lahav, Y., Talmon, A., & Ginzburg, K. (Under review). Knowing the abuser from the inside: The development and psychometric evaluation of the Identification with the Aggressor Scale. *Journal of traumatic stress*.
- Littleton, H., & Decker, M. (2017). Predictors of resistance self-efficacy among rape victims and association with revictimization risk: A longitudinal study. *Psychology of Violence*, 7(4), 583-592. doi:10.1037/vio0000066
- Littleton, H., & Ullman, S. E. (2013). PTSD symptomatology and hazardous drinking as risk factors for sexual assault revictimization: Examination in European American and African American women. *Journal of traumatic stress*, 26(3), 345-353. doi:10.1002/jts.21807
- Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth strange situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 121–160). Chicago, IL: University of Chicago Press.

- Marx, B. P., Heidt, J. M., & Gold, S. D. (2005). Perceived Uncontrollability and Unpredictability, Self-Regulation, and Sexual Revictimization. *Review of General Psychology*, 9(1), 67-90.
doi:10.1037/1089-2680.9.1.67
- Messman-Moore, T. L., Brown, A. L., & Koelsch, L. E. (2005). Posttraumatic symptoms and self-dysfunction as consequences and predictors of sexual revictimization. *Journal of traumatic stress*, 18(3), 253-261. doi:10.1002/jts.20023
- Mokma, T. R., Eshelman, L. R., & Messman-Moore, T. L. (2016). Contributions of child sexual abuse, self-blame, posttraumatic stress symptoms, and alcohol use to women's risk for forcible and substance-facilitated sexual assault. *Journal of child sexual abuse*, 25(4), 428-448.
doi:10.1080/10538712.2016.1161688
- Naugle, A. E. (1999). Identifying behavioral risk factors for repeated victimization using videotaped stimulus materials. Unpublished doctoral dissertation, University of Nevada, Reno.
- Noll, J. G., Horowitz, L. A., Bonanno, G. A., Trickett, P. K., & Putnam, F. W. (2003). Revictimization and self-harm in females who experienced childhood sexual abuse: Results from a prospective study. *Journal of Interpersonal Violence*, 18(12), 1452-1471. doi:10.1177/0886260503258035
- Nurius, P. S. (2000). Risk perception for acquaintance sexual aggression: A social-cognitive perspective. *Aggression and Violent Behavior*, 5(1), 63-78. doi:10.1016/S1359-1789(98)00003-2
- Risser, H. J., Hetzel-Riggin, M. D., Thomsen, C. J., & McCanne, T. R. (2006). PTSD as a mediator of sexual revictimization: The role of reexperiencing, avoidance, and arousal symptoms. *Journal of traumatic stress*, 19(5), 687-698. doi:10.1002/jts.20156
- 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, 110-115.
- Stoner, S. A., Norris, J., George, W. H., Davis, K. C., Masters, N. T., & Hessler, D. M. (2007). Effects of alcohol intoxication and victimization history on women's sexual assault resistance intentions:

The role of secondary cognitive appraisals. *Psychology of Women Quarterly*, 31(4), 344-356.
doi:10.1111/j.1471-6402.2007.00384.x

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. doi:10.1111/j.1526-4610.2009.01556.x

Van der Kolk, B. A. (1989). The compulsion to repeat the trauma. *Psychiatric Clinics of North America*, 12(2), 389-411.

van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of traumatic stress*, 18(5), 389-399. doi:10.1002/jts.20047

Walker, H. E., Freud, J. S., Ellis, R. A., Fraine, S. M., & Wilson, L. C. (2017). The prevalence of sexual revictimization: A meta-analytic review. *Trauma, Violence, & Abuse*, 20(1), 67-80.
doi:10.1177/1524838017692364

Werner, K. B., & Griffin, M. G. (2012). Peritraumatic and persistent dissociation as predictors of PTSD symptoms in a female cohort. *Journal of traumatic stress*, 25(4), 401-407. doi:10.1002/jts.21725

Widom, C. S., Czaja, S. J., & Dutton, M. A. (2008). Childhood victimization and lifetime revictimization. *Child abuse & neglect*, 32(8), 785-796. doi:10.1016/j.chiabu.2007.12.006

Table 1.

Correlations between Identification with the Aggressor and Revictimization (n=174)

Measure	1	2	3	4	5	6
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***	.32***	-			
4. Becoming hyper-sensitive to the perpetrator	.39***	.41***	.23***	-		
5. Identification with the aggressor- total score	.78***	.83***	.63***	.69***	-	
6. Sexual Revictimization	.09	.02	.21***	-.17*	.04	-
<i>M (SD)</i>	32.43 (21.60)	40.43 (30.37)	55.57 (23.00)	45.01 (24.34)	43.36 (18.32)	4.01 (2.99)
<i>Range</i>	91.11	100.00	96.00	100.00	87.88	12.00

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

Table 2.

Regression Standardized Coefficients for Sexual Revictimization (n=174).

		Sexual Revictimization	
		β	R^2
Model 1			
	Chronicity of the abuse	-.05	.14
	PTSD symptoms	.39***	
	Identification with the aggressor – total score	-.10	
Model 2			
	Chronicity of the abuse	-.05	.21
	PTSD symptoms	.36***	
	Adopting the perpetrator's experience	.12	
	Identifying with the perpetrator's aggression	-.13	
	Replacing one's agency with that of the perpetrator	.15*	
	Becoming hyper-sensitive to the perpetrator	-.25**	

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$