ORIGINAL RESEARCH PAPER

Clinical Psychology

INTERACTION EFFECT OF AGE AND GENDER ON ADVERSE CHILDHOOD EXPERIENCES & PARENTING STYLES AMONG PATIENTS WITH DISSOCIATIVE DISORDER

KEY WORDS:

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ABSTRACT

Background: Dissociative disorders are often rooted in early adverse childhood experiences, where overwhelming stress or trauma exceeds the child's coping capacity. Parenting style plays a significant role in shaping emotional regulation and attachment patterns during development. Harsh, inconsistent or emotionally unavailable parenting may heighten vulnerability to dissociative coping responses. Aim: The present study examined the effects of age and gender on Adverse Childhood Experiences (ACEs) and parenting styles among young adults diagnosed with dissociative disorders. **Materials & Methods:** The sample consisted of 100 participants (50 males, 50 females) aged 20–30 years, selected using purposive sampling from clinical settings. Standardized measures assessing ACEs and parenting styles were administered. **Results:** Two-way ANOVA revealed a significant main effect of age on ACEs, with individuals aged 20–25 reporting higher adversity. A significant interaction effect indicated differences in how trauma was experienced across gender and age. For authoritative parenting, age differences were significant, while gender differences were non-significant. **Conclusion:** The findings highlight developmental influences in trauma processing and family environment among dissociative patients.

INTRODUCTION

Dissociative disorders involve disruptions in memory, identity, and perception and are frequently associated with early emotional trauma and chronic stress within the family environment. Adverse Childhood Experiences (ACEs) such as neglect, emotional unavailability, and inconsistent caregiving are recognized contributors to dissociation. Schimmenti and Caretti (2022) emphasized that individuals with greater childhood trauma show heightened dissociative coping. Thomaes et al. (2021) reported that the absence of emotionally attuned caregivers limits the development of stable affect regulation. In addition, parenting style influences emotional adaptation; Aggarwal and Paul (2020) found that authoritarian parenting, common incollectivistic contexts, may contribute to emotional suppression and fragmented identity. Understanding how ACEs and parental dynamics vary by age and gender in dissociative patients provides insight into developmental pathways shaping vulnerability.

Aims and Objectives:

1. To examine the interaction effects of age and gender on Adverse Childhood Experiences among individuals with dissociative disorders.
2. To examine the interaction effects of age and gender in parenting styles (authoritative) individuals with dissociative disorders.

METHODS & MATERIALS

Study Design: Cross-sectional quantitative study.
Sampling: Purposive sampling of 100 clinically diagnosed dissociative disorder patients.

Inclusion Criteria:

- Age between 20 and 30 years
- Diagnosed with Dissociative Disorder as per DSM-5
- Duration of diagnosis at least 6 months
- Education above 12th standard
- Male or female participants included
- Biological parents provided informed consent

Exclusion Criteria:

- Not diagnosed with Dissociative Disorder
- Duration of diagnosis less than 6 months
- Presence of severe medical or neurological conditions
- Psychiatric comorbidity except depression or anxiety
- Participant or parent unable to understand instructions or unwilling to consent

Procedure

Participants were recruited from Institute of Mental Health & Neurosciences, (IMHANS) Kashmir OPD referred by psychiatrists and the patients were diagnosed with dissociative disorder according to ICD-10 having duration of not less than six months. After informed consent, socio-demographic details were collected. Adverse Childhood Experiences and Parenting Style & Dimensions Questionnaire were administered.

Tools Used:

1. Adverse Childhood Experiences (ACE) Scale, Vincent Felitti (1985):
The Adverse Childhood Experiences (ACE) Scale is a research tool developed by Drs. Vincent Felitti and Robert Anda i 1985. The scale consists of 10 items that inquire about three categories of adverse experiences: emotional, physical, and sexual abuse emotional and physical neglect and household challenges (including mental illness in the household, incarcerated family members, mother treated violently, substance abuse, and divorce).

2. Parenting Styles and Dimensions Questionnaire (PSDQ), Robinson et al. (2001): It is a tool used to assess parenting styles It is a 32-item questionnaire for parents that evaluate three parenting styles including authoritative, authoritarian and permissive.

However in this research only authoritative parenting style was included.

Statistical Analysis

Two-way ANOVA was applied to examine the main and interaction effects of gender.

RESULTS

Table 1: Two Way ANOVA (Descriptive Statistics) for Adverse Childhood Experience

Gender	Age	Mean	Std. Deviation	N
Male	20-25Years	7.48	.586	25
	26-30Years	6.68	1.069	25
	Total	7.08	.944	50
Female	20-25Years	7.40	.866	25
	26-30Years	7.40	.816	25
	Total	7.40	.833	50
Total	20-25Years	7.44	.733	50
	26-30Years	7.04	1.009	50
	Total	7.24	.900	100

Dependent Variable: Adverse childhood experience

Table- 1.1 ANOVA Summary

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	10.560a	3	3.520	4.850	.003
Intercept	5241.760	1	5241.760	7221.713	.000
Gender	2.560	1	2.560	3.527	.063
Age	4.000	1	4.000	5.511	.021
Gender * Age	4.000	1	4.000	5.511	.021
Error	69.680	96	.726		
Total	5322.000	100			
Corrected Total	80.240	99			
a. R Squared = .132 (Adjusted R Squared = .104)					

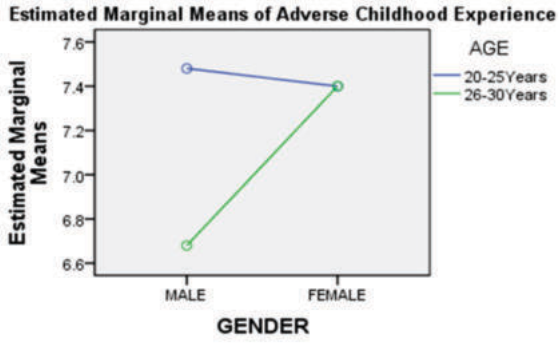

Table 1 & 1.1 reveal participants aged 20–25 reported higher ACEs than those aged 26–30. Gender differences were non-significant, but a significant interaction effect indicated that ACE patterns varied across genders in different age groups. Males 20–25 showed higher ACEs than older males, while females 26–30 reported higher ACEs than younger females.

Table-2: Two Way ANOVA (Descriptive Statistics) for Authoritative Dimension of Parenting Style

Gender	Age	Mean	Std. Deviation	N
Male	20-25Years	58.64	2.596	25
	26-30Years	55.08	3.402	25
	Total	56.86	3.493	50
Female	20-25Years	57.36	6.089	25
	26-30Years	56.88	4.216	25
	Total	57.12	5.189	50
Total	20-25Years	58.00	4.677	50
	26-30Years	55.98	3.899	50
	Total	56.99	4.403	100

Dependent Variable: Authoritative

Table-2.1 ANOVA Summary

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	162.990a	3	54.330	2.970	.036
Intercept	324786.010	1	324786.010	17755.955	.000
Gender	1.690	1	1.690	.092	.762
Age	102.010	1	102.010	5.577	.020
Gender * Age	59.290	1	59.290	3.241	.075
Error	1756.000	96	18.292		
Total	326705.000	100			
Corrected Total	1918.990	99			
a. R Squared = .085 (Adjusted R Squared = .056)					

Table 2 & 2.1 show younger participants (20–25) perceived higher authoritative parenting than older participants (26–30). Gender differences were non-significant, and no significant interaction effect was observed.

DISCUSSION

The findings indicate that younger dissociative patients (20–25 years) reported higher levels of adverse childhood experiences as well as higher exposure to the authoritative parenting style compared to those aged 26–30 years, with a small but notable interaction between gender and age in childhood adversity. These results align with developmental trauma models, which propose that early adverse experiences disrupt emotional integration and increase vulnerability to dissociative symptoms (Putnam, 1997). Similarly, research has shown that inconsistent or maladaptive parenting patterns can shape emotion regulation capacities and increase susceptibility to dissociation in adulthood (Liotti, 2006). The higher adversity scores among younger adults may reflect increased awareness or recall of early stressors, which has been documented in more recent cohorts exposed to ongoing psychosocial pressures. The age-related differences in authoritative parenting also resonate with shifts in familial dynamics reported in contemporary South Asian households. Overall, the present findings support the evidence that childhood trauma and parenting environments interact to influence dissociative outcomes, reinforcing the need for trauma-informed family-based interventions.

CONCLUSION

Adverse childhood experiences and parenting style significantly influence dissociative symptoms in young adults. Age plays a key role in trauma recall and family dynamics, whereas gender differences are less prominent. Early trauma assessment and caregiver-focused support may help reduce dissociation severity.

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