

**The Mediating Role of Sleep in the Relationship Between
Childhood Trauma and Dissociation**

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Given the dreamlike characteristic of dissociative experiences, sleep has been suggested to play a role in the pathogenesis of dissociation. Correlational and experimental studies suggest that unusual sleep experience (e.g., hypnagogic hallucination) and sleep deprivation are associated with dissociation (e.g., van Heugten–van der Kloet et al., 2015). Meanwhile, trauma is a robust risk factor of dissociation, and a cause of acute sleep disturbances; however, its long-term impact on sleep is unclear. Few studies have examined how childhood trauma, sleep, and dissociation interact, especially if, abnormality in sleep would mediate dissociation development. The present study examined the mediating role of sleep between childhood trauma and dissociation, and if the mediating effect differs between low betrayal trauma (i.e., accident, disaster and interpersonal trauma committed by non-significant others) and high betrayal trauma (i.e., interpersonal trauma committed by significant others).

Participants were 942 adults (72% female; mean age=27.34, SD=9.29), who could read traditional Chinese. Community dwelling participants filled out an online survey about their sleep quality, unusual sleep experience, trauma history, dissociative symptoms, psychological distress, and chronotype. Statistical analyses were conducted using PROCESS macro for SPSS. Thirty-eight percent participants reported having at least one type of childhood trauma. The most common type of low betrayal trauma was sexual assault (N=47) while that of high betrayal trauma was physical abuse (N=226). Bootstrapping analyses revealed that, after controlling for age and gender, both unusual sleep experience (*standardized indirect effect*=.08, 95%CI [.06, .11]) and sleep quality (*standardized indirect effect*=.04, 95%CI [.02, .06]) mediated the effect of childhood trauma on dissociation, but chronotype did not (*standardized indirect effect*=.04, 95%CI [-.02, .12]). However, only unusual sleep experience remained a significant mediator after controlling for psychological distress. Complete mediation was observed in both low betrayal trauma (*partially standardized indirect effect*=.07, 95% CI [.03, .12]) and high betrayal trauma (*partially standardized indirect effect*=.06, 95%CI [.03, .10]), with small to medium effect.

Unusual sleep experience, but not sleep quality or chronotype, mediated the impact of trauma on dissociation. This finding is novel and suggests that sleep may be responsible for the development of dissociation and that sleep intervention may prevent and reduce dissociative symptoms among survivors of childhood trauma.