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The Effects of Previous Childhood Trauma on Dissociative Symptoms in Adult Survivors of Recent Trauma

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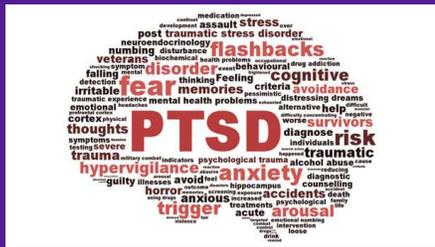
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INTRODUCTION



Source: www.psychotherapynetworker.org

Dissociation, PTSD, & Childhood Abuse:

- Peritraumatic dissociation (PD) can produce a higher risk for the development of PTSD (Griffin, Resick, & Mechanic, 1997)
- High dissociators have exhibited lower physiological reactivity to trauma-related stimuli compared to low dissociators (Griffin et al., 1997; Ginzburg, Koopman, Butler, Palesh, Kraemer, Classen, & Spiegel, 2006)
- Childhood abuse has been shown to increase the risk of PTSD diagnosis in adulthood after a trauma, as well as issues with adult attachment and dissociation (Briere & Runtz, 1993; Twaite & Rodriguez-Srednicki, 2004)
- There are gaps in the literature regarding the risk of PD and post-traumatic (persistent) dissociation in adults given a history of childhood trauma



Source: www.strangerinthemirror.com

Research Aims & Hypotheses:

- Aim 1:** Examine the relationship between childhood abuse and the occurrence of dissociative symptoms in adulthood following trauma.
- Aim 2:** Explore whether previous childhood trauma has an impact on physiological reactivity during trauma cues.

INTRODUCTION

- Hypothesis 1:** Childhood abuse will result in higher dissociative symptoms in adulthood, particularly in childhood sexual abuse victims.
- Hypothesis 2:** Individuals who experienced childhood abuse will have lower physiological reactions to trauma-related stimuli than those who did not experience childhood abuse.

METHOD

Participants:

- 49 female survivors of rape ($n=10$) and physical assault ($n=39$)
- Age Range: 18-66 ($M=33.7$, $SD=10.5$)
- 69.4% African American ($n=34$), 28.6% White ($n=14$), 2.0% "Other" ($n=1$)

Measures:

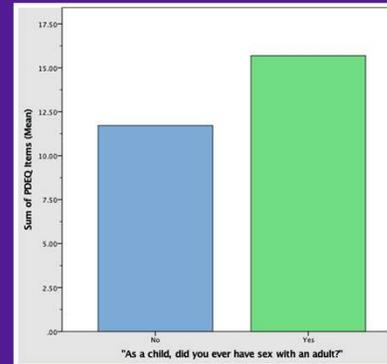
- Peritraumatic Dissociative Experiences Questionnaire (PDEQ)* – 10 questions that ask about dissociative responses during the trauma
- Dissociative Experiences Scale (DES)* – 28 questions asking about current dissociative experiences in everyday life
- Clinician Administered Dissociative States Scale (CADSS)* – 27 item scaled with 19 subject-rated items and 8 observer-rated items in order to assess non-trauma-related dissociative symptomatology
- Heart Rate Reactivity (HRR) & Skin Conductance (SC)* – measured during baseline, trauma scripts, imagining the trauma, and recovery periods

Procedure:

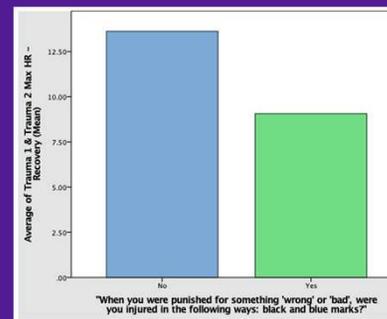
- Assessment occurred between 2 and 4 weeks post-trauma
- Clinical measures were completed at assessment by M.A. level clinicians
- A *Script-Driven Imagery Paradigm* was used to assess physiological reactions to trauma cues (Lang, Levin, Miller, & Kozak, 1983)

RESULTS

- Individuals who experienced childhood sexual abuse (CSA) scored higher on *PDEQ* responses ($M=15.68$) as compared to individuals who did not ($M=11.81$, $p < .05$)

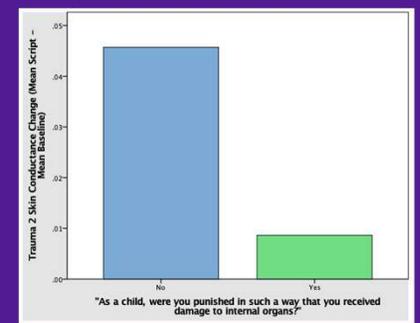


- While CSA histories did not significantly impact physiological reactions ($ps > .05$), aspects of severe childhood physical abuse (CPA) did have a significant impact on physiological reactivity to trauma cues
 - Participants who endorsed receiving black and blue marks as punishment had significantly lower HRR to trauma cues ($ps < .05$) than others



- Those who endorsed receiving damage to internal organs following a punishment as a child had significantly lower skin conductance reactions during trauma cues ($ps < .05$)

RESULTS



- While sexual abuse in childhood did not result in significantly higher *DES* scores ($M=21.911$), severe physical abuse in childhood that resulted in damage to internal organs did ($M=55.45$, $p < .001$)

DISCUSSION

- Both *PDEQ* and *DES* scores were impacted by previous childhood abuse, supporting the hypothesis that childhood abuse increased the risk of dissociative symptoms
- Various physiological reactions were found to be lower in victims of childhood trauma physical and sexual abuse

Limitations & Future Directions:

- Sample size is small when comparing childhood abuse victims to others – even smaller if trying to compare adult survivors of rape who experienced childhood sexual abuse, for example
- Future research could have larger sample size and more evenly distributed survivors of adult rape and physical assault
- Additional physiological reactions could be assessed, such as eye tracking

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