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

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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, Kooiman, Butler, Palesa, Kraemer, Claassen, & 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.

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 items 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, & 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 (p > .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 (p < .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 (p < .05).
- 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.

**REFERENCES**