CHILDHOOD SEXUAL ABUSE AND LACK OF FAMILIARITY WITH ONE'S OWN BODY

DEAR EDITOR:

Dissociation is defined as the segregation of a group of mental processes from the rest of a person's usually integrated functions of consciousness, memory, perception, and sensory and motor behavior.[1] With regard to sexual abuse in childhood, a relationship with dissociation in adulthood is variable, with some authors confirming such a relationship and others not. For example, Carbone[2] examined women in outpatient psychotherapy treatment and found relationships between childhood sexual abuse and scores on two scales of dissociation. Likewise, in a sample of female college students, Rodriguez-Srednicki[3] reported relationships between childhood sexual abuse and mean scores on two measures of dissociation. McNally et al[4] also reported an association between childhood sexual abuse and current dissociation.

In addition to the general association between sexual abuse in childhood and dissociation in adulthood in the preceding studies, a number of authors have determined specific mediators of this relationship. For example, in a sample of college women, O'Neil[5] divided participants into subgroups for analysis according to sexual histories, and found that sexual abuse in childhood and adulthood was associated with significantly higher dissociation scores than sexual abuse in childhood alone. Other such mediators may include early age-of-onset of sexual abuse, coercive sexual acts, and concurrent multiple partners;[6] severity, frequency, number of perpetrators, feelings of guilt, and attribution of responsibility;[7] and chronicity.[8]

Importantly, not all studies have found associations between sexual abuse in childhood and dissociation in adulthood.[9–11] The purpose of the following pilot study was to examine the relationship between childhood sexual abuse and the "lack of familiarity with one's own body," a facet of dissociation.

Participants were female psychiatric inpatients, age 18 years or older, who were hospitalized in the psychiatric ward of a suburban hospital in a medium-sized, Midwest city. Both residents and faculty in the Department of Psychiatry are treatment providers in this setting. The sample was cross-sectional and one of convenience. Exclusion criteria were cognitive (e.g., dementia), medical (e.g., pain), intellectual and/or psychiatric impairment (e.g., psychosis) that might preclude the successful completion of a research booklet. A total of 154 inpatients were approached; 126 agreed to participate, for a response rate of 81.8 percent.

Participants were 126 women who ranged in age from 18 to 74 years (M=34.84, SD=12.19). As for ethnicity, most respondents were white (81.0%), followed by African American (10.3%), Native American (5.6%), Hispanic (1.6%), and "Other" (0.8%). One respondent failed to indicate race/ethnicity. As for highest education attained, seven respondents failed to indicate this information. Of those who did, 15.1 percent had not graduated high school, 24.4 percent had earned at least a four-year college degree, and 5.9 percent had earned a graduate degree.

During the routine work day at the study site, one of the investigators (J. Chu) solicited candidates for the study as time allowed. Upon review of the purpose of the study, including potential risks and benefits, participants were asked to complete a six-page research booklet, which took about 15 minutes. The cover page of the research booklet contained the various elements of informed consent and completion of the research booklet was assumed to be implied consent.

The research booklet initially unfolded with queries about demographic information (e.g., age, race, highest level of completed education). We then asked participants, "Prior to the age of 12, did you ever experience sexual abuse (any sexual activity against your will with someone 5+ years older)?" We next explored a lack of familiarity with one's own body (7 items), using The Body Attitude Test.[12] Possible responses to individual items range from 1 (Never) to 6 (Always), with intermediate numbers being labeled as Rarely, Sometimes, Often, and Usually.

With regard to results, exactly half (63/126) of the respondents endorsed having had a history of childhood sexual abuse. Correlations between history of childhood sexual abuse and scores on each of the seven items comprising the Lack of Familiarity with One's Own Body scale are shown in Table 1. Note that while sexual abuse in childhood correlated with a number of items that appear related to anxiety, there were not statistically significant associations with those items relating to disconnection with the body.

In this sample of psychiatric inpatients, we did not find convincing evidence of any dissociative phenomena in relationship to childhood sexual abuse, but rather relationships with

anxiety. These are particularly salient findings given that this is an inpatient psychiatric sample with high levels of psychopathology. The potential limitations of this study include the self-report nature of the data and the inherent limitations of this type of data collection; the small sample size; and use of a sample of convenience. However, from an entirely different empirical perspective, this study provides further evidence that not all victims of childhood sexual abuse exhibit dissociative symptoms in adulthood.

TABLE 1. Correlations between items from the Lack of Familiarity with One's Own Body Scale and a history of childhood sexual abuse (N=126)

ITEMS FROM LACK OF FAMILIARITY WITH ONE'S OWN BODY SCALE	HISTORY OF CHILDHOOD SEXUAL ABUSE
My body appears to be a numb thing	0.14
I feel comfortable within my own body	-0.23*
It's easy for me to relax physically	-0.21*
My body appears as if it isn't mine	0.04
My body is a threat for me	0.06
I feel tense in my body	0.19*
There are things going on in my body that frighten me	0.18

* $p<0.05$

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With regards,

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