Psychological Profiles of Rehabilitation Patients Reporting Childhood Sexual Abuse

INTRODUCTION

The incidence of sexual abuse in America has been estimated to one in three females and one in five males (Finkelthorpe, 1986). Several studies have found that a number of medical syndromes are associated with reports of sexual assault. Adults who report childhood sexual assault (CSA) have been found to be less likely to benefit from barium surgery and report higher levels of pelvic pain than non-CSA patients (Schiffrinman, et al, 1992). These effects in previous studies have led many medical and rehabilitation professionals to assume that survivors of CSA have a much worse prognosis for recovery from injuries than those patients who have not experienced sexual trauma. The following study evaluated the differences between CSA and non-CSA patients in census-matched community and physically injured patient samples.

METHOD

SUBJECTS

Patient and community samples were gathered from a total of 2,262 subjects in 36 U.S. States at over 90 sites during the BHI validation studies. The final sample included 527 patients recruited through advertisements, and who were also reimbursed for their time. The community sample was comprised of 725 community subjects, who were selected at random from a pool of 1485 community subjects.

PROCEDURE

The subjects of the patient group were recruited by their health care providers, and were reimbursed for participation. A total sample of 777 patients was obtained. From this sample, the 527 subjects were selected at random as the BHI patient normative sample. The Battery for Health Improvement (BHI) was administered anonymously. Subjects were classified as having undergone childhood sexual assault (CSA) if they positively endorsed an item regarding being sexually molested as a child.

INSTRUMENTATION

The Battery for Health Improvement (BHI) is a 202-item inventory designed for the psychological assessment of medical patients. It is included within a larger 600-item research version (BHI-R), which was administered to the subjects in this study.

RESULTS

The results of this study supported some of the previous research regarding the effects of CSA on medical conditions. Patients did report CSA on the BHI significantly more often than community members. However, it was expected that patients reporting CSA would be more prone to delayed recovery and would thus comprise a higher proportion of patients in work hardening and chronic pain programs. The data did not support this hypothesis. The lack of difference in rate of patients reporting CSA in various treatment settings could have several explanations. It is possible that physicians are simply unaware of the presence of such trauma. Another possibility is that childhood trauma often requires adaptive skills to be learned at an early age, and these skills may not affect the effects of the trauma. This could normalize aspects of their symptomatic presentation, and not make them any more likely to be referred on to secondary or tertiary care treatment programs.

The BHI scores of patients reporting CSA reflect a significantly higher degree of psychological distress and somatic complaints than non-CSA patients. They also were likely to be unsatisfied with their physician, and to report suicidal ideation on the BHI. The findings also revealed that patients suffering from CSA had elevated scores on the BHI Family Dysfunction scale, but not on Job Dissatisfaction.

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