

## *Analysis of Data and Results*

### *Introduction*

Twenty-one studies conducted during or after 2000 were analyzed as to the correlation between childhood sexual abuse, including incest, and the development of severe mental illness such as schizophrenia, delusional disorder, bipolar disorder and post traumatic stress disorder. Of the twenty studies selected for analysis, four of the studies did not differentiate between different types of psychoses when seeking a correlation. Others did not differentiate between childhood sexual abuse and physical or emotion abuse at the beginning of the study but did provide results for all three types of abuse at the end of the study. Still other studies focused only upon a single sex, only upon patients in residential care facilities, or only upon patient disclosure of abuse rather than any physical evidence of sexual abuse that may have been obtained at the time of the abuse.

This meta-analysis indicates two primary conclusions: a) there exists only a small number of current research studies on the correlation between sexual abuse and general psychoses, including schizophrenia, delusional disorder, bipolar disorder, psychotic depression and post traumatic stress syndrome, b) there exists a need for greater medical recognition of the incidence of sexual abuse, as well as an increased understanding of the possible effects of childhood sexual abuse on adult patients with psychoses.

### *A. Childhood Sexual Abuse and the Existence of Psychosis*

Four of the twenty-one studies found a correlation between childhood sexual abuse and psychosis in adults. The first study consulted by Janssen et al. sought to

establish childhood abuse as a positive predictor for adult psychosis (2004). The researchers interviewed 4,045 adults about any childhood abuse they may have experienced. The abuse fell into three categories: emotional, physical, and sexual. Two years later, these same individuals were tested for psychotic symptoms using the Composite International Diagnostic Interview (CIDI) checklist and other personal interviews if needed. Of the 4,045 individuals, 423 reported abuse of some kind, a little over half of these being women. Furthermore, the presence of some form of childhood abuse predicted the development of psychosis at an odds ratio of 11.5 (Janssen et al. 2004). The study uses the term odds ratio as a “means of determining the strength of association between having the risk factor if the disease or outcome is present compared to when it is absent” (Glossary of Common Research Terms). In the above case, the odds ratio would be the result of determining the probability of having been sexually abused as a child if a psychotic disease were present. In this study, the odds ratio is 11.5. However, this study did not specifically find values for sexual abuse by itself; therefore one can only make assumptions as to it being a positive predictor for psychotic disorders.

A British study by Bebbington et al. seeks to prove this assumption. In this study, 8,520 individuals were interviewed as to their early childhood experiences (2004). Sixty of these interviewees were identified as having a psychotic disorder (unspecified) while 1,495 were identified as having a neurotic disorder, 594 as having an alcohol dependency, 256 as having a drug dependency and 6,522 as having no known disorders (Bebbington et al, 2004.) The study concludes that of the childhood experiences reported by the interviewees, sexual abuse occurred in 34.5 percent of those individuals identified as having a psychotic disorder. While four other childhood experiences (bullying,

running away from home, residence in a children's institution, and being the victim of injury, illness or assault) ranked as high or higher in frequency of occurrence in the psychotic individuals, when the numbers were converted to the odds ratios of the probability of the particular event occurring in the psychotic individual, sexual abuse was by far the most significant. Researchers found an odds ratio of 15.47 for isolated cases of sexual abuse and an odds ratio of 3.93 when factoring in the interrelationship of some of the instances of childhood traumatic experiences (Bebbington, et al. 2004).

A study by Spataro, Mullin, Burgess, Wells and Moss concurred and also sought to eliminate doubt of actual sexual abuse being only examples of false memory or false allegations by showing that the sexual abuse had been confirmed by physical evidence at the time of the abuse (2004). In this study, all 1,612 subjects had alleged sexual abuse. Of those, 78.3 percent had physical evidence based on medical records for actual penetration. The study notes that the rates for penetration was 90.8 % for females and only 63.2 % percent for males, indicating that male sexual abuse takes on other forms, such as fondling and oral sex. Of those 1,612 subjects, 200 were listed on the Victorian Psychiatric Case Register which measures psychiatric services to individuals. The study goes on to report that major affective disorders were the majority of the cases among these 200, but that personality disorders and conduct disorders were also significant (Spataro, et al. 2004).

Finally, a study Van Dorn, et al. found a link between childhood sexual abuse and risky sexual behaviors in adults that had been diagnosed with some kind of Severe Mental Illness (SMI). His study concludes that people with SMI have had a higher exposure to childhood sexual abused than the general population (Van Dorn, et al. 2005).

While these studies do show a correlation between a childhood abuse (mainly sexual abuse) and adult psychoses, an analysis of further studies are necessary to proves specific links to specific psychotic disorders.

### *B. Childhood Sexual Abuse and Post Traumatic Stress Disorder*

The National Center for Post Traumatic Stress Disorder (PTSD) maintained by The United States Department of Veterans Affairs offers that, since its first formal recognition in 1980, “a diagnosis of PTSD means that an individual experienced an event that involved a threat to one's own or another's life or physical integrity and that this person responded with intense fear, helplessness, or horror” (Hamblin, n.d.). She lists childhood sexual abuse as one of the events that can trigger this response.

As previously mentioned, Post Traumatic Stress Disorder (PTSD) is so pervasive after traumatic events, particularly childhood traumatic events, that to leave it out of this discussion would be a serious omission. One of the problems with these discussions of PTSD is that it tends to occur co-morbidly with other types of mental illness. That notwithstanding, PTSD has definite correlations with childhood sexual abuse. Four significant studies in this research set deal with correlations between PTSD and childhood sexual abuse.

On study by Negrao, Bonanno, Noll, Putnam and Trickett seeks to explore the degree to which PTSD is evident in victims of childhood sexual abuse who disclose their abuse and those that do not (2004). The study suggests that anger, shame and humiliation all play a role in the psychology of the victim, but that humiliation and the coherence among all these emotions can lead to more psychological distress. This distinction is

greater among those that did not disclose their abuse. The study comments that “Coherence between verbal humiliation and facial shame among CSA nondisclosers was associated with increased symptoms of posttraumatic stress disorder” (Negrao et al. 2005). Thus, it can be concluded that the longer a victim keeps the abuse to him or herself, the greater the potential he or she has for developing PTSD.

Ullman Filipas, Townsend, and Starzynski concur with these findings through their 2006 study. They cite several studies duplicating the results of the Negrao et al. study and further examine the effects of PTSD on individual who have been sexually abused. They conclude that “sexual assault victims are likely to develop PTSD and have a greater risk of drinking problems than non-victims” (Ullman et al. 2006). The researchers admit that more research is necessary to determine the relationship between PTSD and alcohol abuse.

A third study by Hendricks and van Minnen reveals the need for the regular use of a PTSD rating scale to determine the extent of psychological illness in individuals who have been sexually abused (2006). According to this study, two patients, one male and one female, were both diagnosed with PTSD after revealing they had been sexually abused as children. The delay in diagnosis was seven years for the male and two years for the female. This delay, according to the researchers, “can lead to serious misjudgment” on the part of the examining doctors (Hendriks and van Minnen, 2006, p. 285). This misjudgment can lead to treatments and diagnoses that are not appropriate for the individual and may possibly delay effective treatment. They recommend a Clinician Administered PTSD Scale in order to determine the presence and or degree of PTSD in victims of sexual abuse near the beginning of diagnosis and treatment (Hendriks and van

Minnen, 2006).

Beyond the emotional and psychological effects, researchers also have begun to consider other problems that PTSD can cause. Bremner, 2000, asserts that

Traumatic stress, such as that caused by childhood sexual abuse, can have far-reaching effects on the brain and its functions. Recent studies indicate that extreme stress can cause measurable physical changes in the hippocampus and medial prefrontal cortex, two areas of the brain involved in memory and emotional response. These changes can, in turn, lead not only to classic PTSD symptoms, such as loss and distortion of memory of events surrounding the abuse, but also to ongoing problems with learning and remembering new information. (n.p).

In addition to all the emotional and psychological data compiled for PTSD, Dr. Bremner is convinced that the brain of a patient suffering from PTSD may be physically impaired to the extent that it cannot properly process memories or learn new facts (2000). This creates additional problems in learning and in socialization for the victim.

This finding is replicated by Navalta, Polcari, Webster, Boghossian, and Teicher who studied twenty-six college females who had a history of childhood sexual abuse (2005). They were compared with nineteen college females who did not report such abuse. Navalta et al. reports that

a strong association was found between duration of abuse and memory impairments. Math Scholastic Aptitude Test (SAT) scores were significantly lower in abused subjects when matched against comparison subjects and when compared to their own Verbal SAT scores (2005, n.p.).

It appears that childhood sexual abuse can create not only the psychological symptoms of PTSD but also physical brain impairments in otherwise healthy women. More research is necessary to see if the study can be replicated with men.

### *C. Childhood Sexual Abuse and Delusional Disorder*

Delusional disorder is a rare disease which is sometimes referred to as paranoia. There are very few research studies and significant lack of literature available on this affliction unless it is referred to within the scope of schizophrenia. Delusional disorder does exist as a separate diagnosis, and it does result, in part, from pathological childhood events according to several online references (Types of Disorders: Delusional disorder, 1999). For the purposes of this paper, due to the lack of specific studies on childhood sexual abuse and delusional disorder (non-schizophrenic), delusions will be dealt with as a symptom of schizophrenia.

### *D. Childhood Sexual Abuse and Psychotic Depression*

It is very hard to distinguish psychotic depression from other forms of psychosis. Medically, there is not a specific definition for psychotic depression. Some subdivisions of depression that come close include those of major depression which at some point involve a disassociation with reality and perhaps hallucinations. Generally, the term is interrelated with our earlier discussions of psychoses in general and PTSD. We also find a correlation between various forms of major depression and childhood sexual abuse. Five studies explore the relationship between childhood sexual abuse and psychotic depression and other major forms of depression.

For example, in a Korean study by Kim and Kim, the results of an incest study among adolescents found a 3.7% prevalence of incest (2005). The researchers concluded that “Families in which incest occurred were characterized by higher levels of problems, such as psychotic disorders, depression, criminal acts, and alcoholism among family members” (Kim and Kim, 2005, n.p.). Although the study primarily studied incest and not childhood sexual abuse in general, one of the goals of this research was to show correlation between the two in order to add incest to the list of activities considered as childhood sexual abuse. Because the study sampled adolescents who have been victims of incest, they may be included in the childhood category.

Another study that shows a link between psychotic disorders and major depression was conducted in 2003 by Offen, Waller and Thomas. They studied twenty-six adults with psychotic disorders who also heard voices. They were tested using the Dissociative Experiences Scale, which measures hallucinations, the Beck Depression Inventory, which measures depression, and the Beliefs about Voices Questionnaire, which also analyzes auditory hallucinations. In addition, the testing included questions about childhood sexual abuse. They found that ten of the interviewees reported a history of childhood sexual abuse. This number represented 38.5 percent of the sample. In addition, these ten individuals were more likely to interpret the voices they heard as evil or dangerous and were more likely to exhibit dissociation and depression. Finally, they conclude that the younger the victim was at the time of the incident of abuse, the more severe the level of psychosis and psychotic depression (Offen, Waller and Thomas, 2003).

A third study by Kendler, Kuhn and Prescott involves the use of twins as subjects



(2004). In this study, 1,404 adult female twins with a history of childhood sexual abuse were given the Cox Proportional Hazard Models to assess their reactions to stress (2004). The women who had been victims of childhood sexual abuse, especially those in which the abuse was classified as severe, had high correlations for major depression (Kendler, Kuhn, and Prescott, 2004).

Yet another significant study hails from Norway. Peleikis, Mykletun and Dahl examined 112 adult women, half of whom had reported childhood sexual abuse and half of whom had not. All participants had been in outpatient psychotherapy programs for anxiety disorders and for depression. Five years after the outpatient psychotherapy, the women were interviewed independently by a female psychiatrist. The results indicated that among the women who had been abused as a child, 95% still had a mental disorder, and 50% had PTSD. These percentages were then compared to the women that had not been sexually abused as a child. Among these women, only 70% had a mental disorder, and only 14% had PTSD (Peleikis, Mykletun and Dahl, 2005). The women who had received the same psychotherapy but also were victims of childhood sexual abuse fared less well in their recovery efforts over time than their non-abused co-patients. Clearly, the sexual abuse incurred in childhood affected the usefulness of the treatment they received for depression and PTSD.

Predictably, most of the studies of childhood sexual abuse available seem to focus more on females as victims of male abusers. Yet, Denov, at the University of Ottawa, researched the long term affects of childhood sexual abuse upon both men and women by female abusers. Fourteen adults, seven men and seven women, were identified as having been sexually abused as a child by a female. Most of the abusers had been their mothers.

The victims reported long term struggles with depression and suicide (2004). Denov argues, “In light of the popular and professional perceptions that sexual abuse by women is relatively harmless as compared to sexual abuse by men, the implications of these long-term effects are discussed, particularly in relation to professionals working in the area of child sexual abuse” (2004, n.p.). He urges the medical community not to overlook men as it seeks to help those victims of childhood sexual abuse.

Major episodes of depression involve several factors. Even experts don't quite agree on how to classify some depressive symptoms. One thing is clear, however. Childhood sexual abuse does correlate positively with depressive disorders, especially those that can be labeled major or psychotic.

#### *E. Childhood Sexual Abuse and Bipolar Disorder*

A diagnosis of bipolar disorder is frightening to hear. Formerly called a manic depressive, a person who is bipolar moves between periods of intense emotional highs and lows and is at a higher risk for suicide, alcohol and drug abuse and other risky behaviors. Three studies highlight the correlation between bipolar disorder and childhood sexual abuse while one shows a correlation between hallucinations and inpatient mental clients.

Hyun, Friedman and Dunner conducted a study in 2000 which sought to show this correlation. They followed 303 subjects with either bipolar or unipolar disorder over a two year period. During that time the researchers conducted interviews and surveys dealing with childhood sexual and physical abuse. They concluded that

A childhood history of abuse, in particular sexual abuse, was significantly more

frequent in bipolar subjects compared with unipolar subjects. Sexual abuse incidence in male samples was markedly dissimilar, with male bipolar subjects demonstrating a significantly increased rate of sexual abuse and combined sexual and physical abuse compared with unipolar male subjects (Hyun, Friedman, and Dunner, 2000, p.131).

These findings are consistent with earlier studies that also suggest this high correlation in women, but are among the first to show an equally high correlation in men. The researchers hope that “Further work will aid in characterizing sexual abuse prevalence in other male bipolar samples” (Hyun, Friedman, and Dunner, 2000, p.131). Indeed, this led to other research studies dealing with males who had been sexually abused in childhood and also suffered from bipolar disorder.

Brown, McBride, Bauer, and Williford designed a study to specifically evaluate the correlation between US veterans and bipolar disorder (2005.) They began with a sample of 330 veterans who were diagnosed with bipolar disorder. Ninety-one percent of these veterans were male. These veterans were given tests and surveys designed to elicit information about childhood physical and sexual abuse. Eight percent of the male veterans reported childhood sexual abuse, while 27 % of the female veterans reported childhood sexual abuse (Brown et al, 2005). Twenty four male and eight female US veterans suffering from bipolar disorder had been sexually assaulted as children (Brown et al. 2005).

The results of the above three studies seem to suggest that while males do not have as high a correlation between childhood sexual abuse and bipolar disorder as females do, evidence does suggest that a positive correlation does exist.

Another lesser known and documented aspect of bipolar disorder is the patient's experience of hallucinations. While hallucinations most commonly accompany schizophrenia, some bipolar sufferers also experience them. Hammersley, Dias, Todd, Bowen-Jones, Reilly, and Bentall, set out to find the relationship between people with bipolar disorder including hallucinations and childhood sexual abuse (2003). Ninety-six subjects diagnosed with bipolar disorder were chosen to participate in a series of 24 sessions with a therapist who did not know the hypothesis of the study. The correlation between the subject who reported childhood sexual abuse and auditory hallucinations was considered "highly significant" with fifteen of the ninety-six subjects reporting both. "The most plausible interpretation of the present findings is, therefore, that childhood sexual abuse has an impact on the later symptom profile of patients with bipolar affective disorder, increasing their vulnerability to experiencing auditory hallucinations" (Hammersly et al 2003, n.p.).

Sexual trauma in this case, which differs from some others, was only considered if the abuse occurred before the victim's 16<sup>th</sup> birthday. The abuse was divided into the following categories: "child exposed to abuse on more than one occasion; child threatened with sexual contact; child touched sexually; sexual assault (attempted or actual sex with child)" (Hammersly et. al, 2003, n.p.). None of the participants reported sexual threat only. Thus, all 15 respondents experienced some sort of physical childhood sexual abuse and later developed bipolar disorder along with hallucinations. Of course, the researchers indicated the need for more studies to duplicate these results (Hammersly et al, 2000).

Read, Agar, Argyle and Aderhold replicated the ideas of hallucinations and sexual

abuse in a study of 200 subjects who were receiving in-patient treatment for mental illness (2003). Ninety-two of these subjects documented either sexual or physical abuse, and sixty of them documented childhood abuse. Of those sixty, hallucinations were far more common than in the non-abuse group (Read, et. al 2003). These statistics are not specific to bipolar disorder per se, but do indicate a further correlation between childhood sexual abuse and hallucinations.

#### *F. Childhood Sexual Abuse and Schizophrenia*

Individuals who are diagnosed with schizophrenia must live with a multitude of symptoms including delusions, paranoia, and hallucinations. This disease requires both in-patient and highly structured outpatient care along with high levels of family and medical support. Four studies have linked childhood sexual abuse to the diagnosis of schizophrenia.

A research study by Lysaker, Meyer, Evans, Clements, and Marks hypothesized that adults with schizophrenia who had also been victims of childhood sexual abuse would also have severe psychosocial problems as adults (2001). They sampled 54 individuals who had been diagnosed as schizophrenic or as having schizoaffective disorder. Of these 54, 52 were male and 2 were females, 38 were white and 14 were black. The participants had an average number of seven in-patient hospital admissions but were considered to be post-acute at the time of the survey, meaning that they had no change in living facilities in the last month. The participants were given the Quality of Life (QOL) survey to measure the patients' social and vocational functioning, a NEO Five Factor Inventory Form to assess factors of the patients' personalities and the

Childhood Sexual Trauma Questionnaire to determine if any childhood sexual abuse had occurred (Lysaker et al. 2001).

Nineteen of the participants indicated on the sexual trauma questionnaire that they had been victims of childhood sexual abuse. The results of this study do support the hypothesis that childhood sexual abuse does predict lower psychosocial skills in adults with schizophrenia (Lysaker, et al. 2001). The study goes on to conclude that

Participants who had a history of childhood sexual trauma had poorer role functioning, fewer of the psychological resources necessary for sustaining intimacy, and higher levels of emotional instability and turmoil. Taken together, the results suggest that early sexual trauma among individuals with schizophrenia limits their ability to form attachments and to function in a socially defined role, such as a worker or a parent, and thus represents another form of insult that further compromises the ability of these individuals to have the quality of life they desire (Lysaker, et al. 2001, p. 1487).

Lysaker, Beattie, Strasburger, and Davis continued this research into the relationship between schizophrenia and childhood sexual abuse in 2005 with a study designed to measure how well individuals who were victims of childhood sexual abuse and diagnosed with schizophrenia were able to work and to participate in vocational rehabilitation. The study involved 43 schizophrenic participants, 12 of which were also sexually abused as a child. It involved comparing “biweekly ratings of positive and emotional discomfort symptoms and weekly accounts of hours worked over four months of rehabilitation” (Lysaker et al. 2005, n.p.). The results showed that the group that had been sexually abused had significantly higher levels of discomfort and poorer participation in the

rehabilitation programs. Likewise, the abused group worked far fewer hours and had higher levels of hallucinations (Lysaker et al 2005).

The aforementioned study by Read et al. in 2003 further illuminates the relationship between childhood abuse and schizophrenia. They explored “the hypothesis that childhood sexual and physical abuse are related to hallucinations, delusions and thought disorder in adults, and that those relationships are greater in those who have suffered abuse during adulthood as well as childhood” (Read et al, 2003, n.p.). The subjects of this study were 200 patients in a community mental health center, 92 of whom had documentation of physical and/or sexual abuse at some point during childhood. In 60 of these 92, hallucinations, both auditory and tactile, were significantly more predominant than in the 108 non-abused patients. Findings for concurrent delusions and thought disorder in abused patients were not significant, though, among victims of only childhood abuse, but were significant when the abuse occurred as an adult. They concluded that if the patient had been abused in both childhood and adulthood, he was at the greatest risk for all three of the factors – delusions, hallucinations and thought disorder (Read et al. 2003). An obvious problem with this study in light of our hypothesis is that it fails to differentiate the results based on physical abuse and sexual abuse. Yet its results concerning hallucinations, delusions and thought disorder are enlightening given the researcher’s 2005 literature review.

A lengthy literature review by Read, Van Os, Morrison, and Ross in 2005 offers further information that shows a link between schizophrenic individuals and childhood sexual abuse. Read et al 2005 cites the previously discussed study by Janssen et al. in 2004 which sampled 4,045 individuals living in the Netherlands. The interview subjects

were adults who had been free of any type of psychosis for at least two years. This way, no argument could be made that the results were skewed because the psychosis itself might cause the individual to have been more prone to abuse in the first place. Also, this is one of the first studies to control for age, sex, level of education, employment, ethnicity, marital status, type of diagnosis and drug use. Finally, this study also controlled for the number of and type of sexual abuse episodes and for the level of psychosis in the subjects. The first and lowest level “Any Psychosis” represented unusual thoughts or hallucinations as determined by the Brief Psychiatric Rating Scale. “Pathology-level Psychosis” was a score 4-7 on the scale, and “Need-based Psychosis” was determined by the Camberwell Assessment of Need and a consensus of four doctors.

The results of study were as follows. People who were abused before the age of 16 were 3.6 times as likely to be labeled as having “Any Psychosis,” 13.0 times as likely to be rated as “Psychology-level Psychosis,” and 11.5 times more likely to be labeled with “Need-based Psychosis” during the study than those that were not abused. After all the controls were made for the variables listed above, the ratios fell to 2.5, 9.3 and 7.3 respectively. However they were still statistically significant (Janssen et al 2004 in Read et al. 2005).

Read et al. 2005 goes on to cite that this study also provided substantial support for the dose affect, which addresses a correlation of the severity of the abuse and the severity of the diagnosis. It originally began as a study of PTSD and war prisoners in which the prisoners who had suffered the most abuse and trauma during war also had the higher incidence and intensity of PTSD. He says of the Janssen et al. 2004 study that “People who had experienced child abuse of mild severity were 2.0 times more likely



than non abused participants to have “pathology level” psychosis, compared with 10.6 and 48.4 times more likely for those who had suffered moderate and high severity of abuse respectively” (Read et al. 2005, p. 10-11). This literature review concerned psychosis and schizophrenia together, so the studies mentioned are not specific to schizophrenia but do include the diagnosis of schizophrenia.

## ***CHAPTER FOUR***

### ***Discussion***

#### *Introduction*

The twenty-one studies in the research set above do indicate a positive correlation between childhood sexual abuse and psychoses, specifically post traumatic stress disorder, psychotic and major depression, bipolar disorder, and schizophrenia, including incidence of hallucinations and delusions. Yet, some further conclusions can and should be drawn about this relationship.

#### *Problems in Recent Research*

The greatest volume of research on the correlations between childhood sexual abuse and the diagnosis of psychosis in adulthood occurred before 2000. Because of the changes mentioned earlier, we chose to focus on the most current research possible, but that body of research is very small. In addition, research into this subject has taken a new direction, focusing in the last six years heavily on two areas: false memories and the tendency to diagnosis PTSD rather than psychosis.

Many researchers have begun doubting the claims of individuals who report

memories of childhood sexual abuse as reporting false memories. Dr. Michael Good agrees and argues that “several related studies of abuse, particularly sexual abuse, appear to base prevalence rates on inclusive criteria that likely also select false positive cases” (2000, p. 534). In addition, only the Kim and Kim (2005) study from Korea mentioned incest as a factor in developing psychosis. However, as incest is sexual in nature, it should be included in our definition of childhood sexual abuse.

The reason that this issue has arisen so vehemently is that once the childhood sexual abuse has been linked to psychosis, individuals have begun to sue for damages. The defense against such accusations has given birth to the idea of the false memory, which casts doubt on any study that cannot prove the assault, which may have happen two or three decades prior.

False memories are defined by the Wikipedia online dictionary as “memories of an event that did not happen or is a distortion of an event that did occur as determined by externally corroborated facts” (False Memory, 2006). According to this basic definition, the memory itself is either completely false or inaccurate to the point of not being useful for study. A more focused definition for our purposes comes from Dr. John F. Kihlstrom, a psychology professor at Yale University, who explains False Memory Syndrome as

a condition in which a person’s identity and interpersonal relationships are centered around a memory of traumatic experience which is objectively false but in which the person strongly believes...the syndrome may be diagnosed when the memory is so ingrained that it orients the individual’s entire personality and lifestyle, in turn disrupting all sorts of other adaptive behavior (n.d., n.p.).

Thus, the individual completely creates the memory as a way of defining his or her

personality and believes it to the point that he or she disregards any evidence to the contrary (Kihlstrom, n.d.)

The problem is found in determining false memories from actual memories in studies in which the subjects respond only to questionnaires or oral interviews. Dr. Jim Hopper explains that two types of evidence of assault are considered empirical evidence (2005). The first is some kind of physical evidence of the sexual assault or reliable eye-witnesses. He notes that evidence of this kind is extremely rare. The second type of empirical evidence is what people say about their incidents of abuse. He notes here that this type of evidence is not conclusive but that it is “the only evidence we have about people’s memories for abuse experiences (real, imagined or some mixture of the two)” (Hopper, 2005, n.p.).

However, there is strong suggestion that false memory syndrome is just that, false. Wendy Murphy, a victims’ law attorney, reminds us that false memory syndrome does not exist. “While nobody would argue that memory is perfect, imperfection is hardly enough to merit recognition of a medical syndrome. Indeed, the DSM-IV nowhere recognizes this condition, and no studies or research exists to suggest that anyone suffers from it” (Murphy, 2006, n.p.). Indeed, Read et al 2005 in his literature review, cites evidence from six different studies (Herman and Schatzow, 1987; Read et al, 2003; Read, 1997; Briere and Zaidi, 1989; Dill et al., 1991; and Read, 2005) that find that claims of childhood sexual abuse by psychiatric patients has been corroborated by evidence in between 74 and 82% of these cases and that these patients actually tend to under-report the claims of abuse.

Whether or not false memory exists is not the hypothesis of this paper, but it is an impediment to the researchers of the studies included. After twenty or thirty years have passed, it is nearly impossible to physically validate the claims of childhood sexual abuse. However, one study (Spataro et al, 2004) was able to produce documentation of physical sexual abuse in the victims it studied, but only tied the abuse to general areas of psychosis, not to specific disorders such as bipolar or schizophrenia.

Another problem with finding research studies that conclusively draw a correlation between childhood sexual abuse and the various psychotic disorders of major (psychotic) depression, bipolar and schizophrenia, along with hallucinations and delusions is the tendency to diagnosis PTSD in place of them. Read et al (2005) offers “The literature relating trauma (including child abuse) to psychosis, however, is confounded by the precedence given to a PTSD diagnosis whenever trauma is identified in people who experience psychotic symptoms” (p.340). Indeed the concurrence between PTSD and the other forms of psychosis mentioned above is well-documented. Read et al, 2005, cites the studies by Frame and Morrison, 2001, McGorry et al 1991 and Shaw et al., 2002 when he reports that “between 46% and 67% of acutely psychotic people also have PTSD.”

Oddly, reasons of medical “political correctness” may be another reason for the over diagnosis of PTSD. Read et al. feels as if the word “psychosis” itself is “culturally unacceptable” and that recollections of past sexual abuse are categorized as PTSD for that reason (2005). The symptoms that may first appear psychotic suddenly become not psychotic once the sexual abuse is revealed. Apparently the stigma of psychosis in the eyes of society may prevent victims of childhood sexual abuse from obtaining the more

accurate diagnosis and subsequently the treatment they need. Some doctors, too, may be unwilling to challenge this notion and use the more general PTSD diagnosis themselves.

The Diagnostic Statistical Manual for Psychotic Disorders (DSM) seems to allow for this more general diagnosis as it describes PTSD as including hallucinations and dissociations (DSM-IV, 1994). Thus, some symptoms of schizophrenia can medically be classified as PTSD, and the claim of childhood sexual abuse makes this diagnosis more likely.

The implications of this mar the availability of studies that isolate the different types of psychotic disorders and diseases. For example, the four studies we researched concerning PTSD and childhood sexual abuse may indicate other psychotic tendencies. The study by Ullman et al. shows a higher tendency for victims of childhood sexual abuse to become addicted to alcohol (2006). This is also a symptom of bipolar disorder. HenDricks and Van Minnen (2006) point to delays in diagnosis as being responsible for misjudgments among the medical staff responsible for these patients. Clearly a more specific distinction needs to be drawn between the diagnosis of PTSD and other psychotic diseases.

### *Implications for Treatment and Need for Further Study*

Victims who suffer from PTSD, psychotic depression, bipolar disorder and the delusions and hallucinations associated with schizophrenia as a result of childhood sexual abuse need to be identified as soon as possible. As Hendricks and Van Minnen (2006) found, the delays in treatment can cause serious setbacks for the patients. Most of the

researchers in this paper agree that addressing the role of childhood sexual abuse should be foremost in the treatment of psychotic individuals. Lysaker et al. (2001) asserts that “Overlooking the role of sexual trauma could also block or retard needed access to adjunctive treatments that have been shown to be effective for trauma survivors” (P.1487). Janssen et al. 2004, adds that “The importance of identifying patients who have abuse histories is undeniably important in accurately diagnosing and treating symptoms” (p.43).

Some studies urged more in-depth research into males who are victims of abuse. As Spataro et al, 2004 asserts “Male victims of child sexual abuse are at least as likely as female victims to show subsequent psychopathology” (n.p.). The Brown et al. study also warned researchers not to avoid the impact of childhood sexual abuse on males. Some studies pose questions as to the vocational and social functioning of these individuals. Lysaker et al, 2006, hopes to find research that relates childhood sexual abuse in psychotic individuals to work performance, interpersonal relationships and other social interactions.

The hope is that this research will create new treatment options for the victims. Janssen et al. 2004 hopes that “as childhood abuse is associated with severe mental illness in adulthood, patients should be asked about childhood abuse in a structured way at admission” (p. 43). This will enable caregivers to immediately begin intervention therapy for the victim along with any other treatment for his psychotic illness. Other researchers argue for the use of cognitive and behavioral therapy that focuses on childhood traumas such as sexual abuse (Bebbington et al. 2004 ).

Although more studies are needed to further establish these connections, the

Sample paper provided by <http://www.itchybrainscentral.com>

twenty-one research studies presented suggest a positive correlation between childhood sexual abuse and the development of psychotic illness such as psychotic depression, PTSD, bipolar disorder and delusions and hallucinations associated with schizophrenia. In advocating for the victims, early identification and diagnosis are keys to securing effective medical treatment.

---

FOR PRIVACY REASONS A LIST OF REFERENCES HAS BEEN REMOVED