

Trauma and Attachment

创伤与依恋

Bessel van der Kolk

LE CORPS N'OUBLIE RIEN

Le cerveau, l'esprit et le corps
dans la guérison du traumatisme



**3 MILLIONS
D'EXEMPLAIRES VENDUS
DANS LE MONDE**

■ ALBIN MICHEL

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BvdK: “What if anything about treatment has been helpful, or harmful.”
如果治疗是有益的，或有害的，该怎么办？

“Treatment was always a penalty to control my behavior.
治疗始终是控制我行为的惩罚。

“I was being medicated for something that happened to me.
我因为发生在我身上的事情而药物治疗。

“They gave me fake diagnoses and labels that turned us into zombies.
他们给了我假诊断和标签，把我们变成了僵尸。

“I could not function in school or be motivated for anything because of the drugs I was given.
由于给我的药物，我无法在学校工作或因任何动机而被激励。

“These “diagnoses” follow you for the rest of your life.
这些“诊断”会在你的余生中跟随你。

“We had no voice – we had to scream and act to be seen and heard.
我们没有发言权 - 我们必须尖叫并采取行动才能被人看到和听到。

“Medications cannot compensate for lack of love. 药物不能弥补缺乏爱。

“Unbearable to not be seen, known, to have nowhere to go and nothing to do.
难以忍受，不知道，无处可去，无事可做。



Freedman, Kaplan & Sadock's
Comprehensive Textbook of Psychiatry, II. 1975
《精神病学综合教科书》, II

Incest in the United States: one out of 1.1 million women
美国的乱伦: 女性110万分之一

‘There is little agreement about the role of father-daughter incest as a source of serious subsequent psychopathology.

The father-daughter liaison satisfies instinctual drives in a setting where mutual alliance with an omnipotent adult condones the transgression. .. The act offers an opportunity to test in reality an infantile fantasy whose consequences are found to be gratifying and pleasurable..... such incestuous activity diminishes the subject's chance of psychosis and allows for a better adjustment to the external world.

the vast majority were none the worse for the experience.

关于父女乱伦导致随后严重的精神病态, 几乎没有一致意见。

... ..

绝大多数人的经历并不差。



Child Abuse and Neglect, 1995

儿童虐待和忽视



Source: CWLA Stat Book, 1997



证道心理

ACE study

Turning gold into lead

儿童不良经历研究：把黄金变成铅



How does one turn this
人如何从这样


Into this
变成这样

in twenty years?
在20年内



ACE Study		N=17,337
Emotional abuse 10.6 (Did a parent or other adult in the household . . .) 1) Often or very often swear at you, insult you, or put you down? 2) Sometimes, often, or very often act in a way that made you fear that you might be physically hurt?		10.6
情感虐待10.6 (家里有父母或其他成年人.....) 1) 经常或经常向你咒骂, 侮辱你, 或者让你失望? 2) 有时候, 经常或者常常采取一种行为方式, 让你担心自己可能会受到躯体伤害?		
Physical 28.3 (Did a parent or other adult in the household . . .) 1) Often or very often push, grab, slap, or throw something at you? 2) Often or very often hit you so hard that you had marks or were injured?		28.3
躯体 28.3 ((家里有父母或其他成年人.....) 1) 经常或者常常推你, 抓你, 打耳光, 或者向你扔东西? 2) 经常或很频繁地打你, 以至于你有伤痕或受伤?		
Sexual 20.7 (Did an adult or person at least 5 years older ever . . .) 1) Touch or fondle you in a sexual way? 2) Have you touch their body in a sexual way? 3) Attempt oral, anal, or vaginal intercourse with you? 4) Actually have oral, anal, or vaginal intercourse with you?		20.7
性20.7 (有没有一个成年人或某人至少比你大5岁.....) 1) 用性方式抚摸或爱摸你? 2) 你是否以性方式触摸他们的身体? 3) 企图与你口交, 肛交或阴道性交? 4) 真实地和你有口交, 肛交或阴道性交吗?		



ACE Study		N=17,337
Household dysfunction Substance abuse 26.9 1) Live with anyone who was a problem drinker or alcoholic? 2) Live with anyone who used street drugs?		26.9
家庭功能障碍物质滥用26.9 1) 与任何饮酒问题或酗酒的人一起生活？ 2) 与任何使用街头毒品的人同住？		
Mental illness 19.4 1) Was a household member depressed or mentally ill? 2) Did a household member attempt suicide?		19.4
精神疾病19.4 1) 家庭成员有抑郁或有精神病？ 2) 家庭成员是否有自杀企图？		
Mother treated violently 12.7 (Was your mother (or stepmother)): 1) Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her? 2) Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?		12.7
母亲被暴力对待12.7 (你的母亲或继母): 1) 有时候, 经常或常常被推, 抓, 打, 或者有什么东西扔在她身上？ 2) 有时候, 经常或常常被踢, 被咬, 被拳头打或者硬物打？		 证道心理

Adverse Childhood Experiences

Are Very Common 童年不良经历很常见

Percent reporting types of ACEs 百分比:

Household exposures 家庭内:

Alcohol abuse	酒滥用	23.5%
Mental illness	精神疾病	18.8%
Battered mother	母亲受伤	12.5%
Drug abuse	药物滥用	4.9%
Criminal behavior	犯罪行为	3.4%

Childhood Abuse 童年虐待:

Psychological	心理的	11.0%
Physical	躯体的	30.1%
Sexual	性的	19.9%



STAGES OF EXPERIENCE, RELATIONSHIPS AND EDUCATION, TO SCHOOL AGE

Whitehead (1929) (Creativity & Cooperation)	Romance	Discipline	Generalization	
Erickson (1950) (Ego Development Functions in Relationships)	Trust v Mistrust	Autonomy v Shame & Doubt	Initiative v Guilt	Industry v Inferiority
Piaget (1947) (Cognition)	Sensory-Motor	Pre-Operational	Concrete	Formal
Bruner (1966) (Cognitive Representations)	Enactive	Iconic	Symbolic	
Donaldson (1999)	Point	Line	Construct	Transcendent







Organized attachment

有序的依恋



















LIFE





Traumatized kids live in a different world
受创伤的孩子生活在一个不同的世界里







Learning about childhood trauma,
or
How do you take a trauma history?
了解童年创伤
或者
你如何采集创伤史？



TRAUMATIC ANTECEDENTS QUESTIONNAIRE I

创伤经历问卷 I

I. Demographics 人口学资料

- current household composition, occupation, etc.
- who do you rely on for practical help
- who do you rely on for emotional help
- 目前的家庭成员, 职业等
 - 你依靠谁来获得实际帮助
 - 你依靠谁来获得情感帮助

II. Current Health 当前健康状况

III. Family of origin demographics 原生家庭人口学资料

- who in your family was affectionate with you
- who recognized you as a special person
- was there anyone you felt safe with growing up?
- 家人谁爱你
- 谁认识到你是一个特殊的人
- 成长过程中谁让你感到安全?

IV. Childhood caretakers and separations 童年期养育者与分离



TRAUMATIC ANTECEDENTS QUESTIONNAIRE II

创伤经历问卷 II

V. Peer relationships and childhood strength 同伴关系和童年的力量

VI. Family Alcoholism 家人酗酒

VII. Family discipline and conflict resolution 家庭纪律和冲突解决

- who made the rules and enforced discipline at home

家里谁制定规则，执行纪律

- description of family rules 家庭规则的描述

- usual ways of disciplining children: scolding, withholding privileges, spanking, verbal abuse, hitting, hitting with objects

惩罚儿童的常见方式：责骂，限制特权，打屁股，言语虐待，打，用东西打

- usual way parents solved disagreements: never angry, talking, yelling, threatening to hit, breaking and throwing, hitting

父母解决分歧的常见方式：从不生气，交谈，大喊大叫，威胁要打，打破东西，扔东西，打人

VIII. Early sexual experiences 早期性经验



Intake data from the TAQ 入组资料

Trauma Center创伤中心; May-June5-6月, 2000

	<u>0 to 6</u>	<u>7-12</u>	<u>13-18</u>	<u>Age 19+</u>	<u>Lifetime</u>
忽视Neglect	58.2	71.4	81.1	xx.x	91.4
分离Separations	47.1	61.4	81.4	xx.x	98.6
情感虐待Emotional abuse	51.4	77.1	85.7	82.9	85.7
躯体虐待Physical abuse	41.4	54.3	55.7	50.0	80.0
性虐待Sexual abuse	25.7	41.4	41.4	44.3	74.3
目睹Witnessing	54.3	71.4	78.6	70.0	87.1
Fam. substance 家人使用物质	ab.40.0	50.0	67.1	65.7	75.7
其他创伤Other traumas	50.0	55.7	65.7	82.9	91.4



Herman, van der Kolk & Perry,

Childhood trauma in borderline
personality disorder.

边缘性人格障碍患者的童年创伤

Am J Psychiat. 1989



Findings :发现

Childhood trauma and borderline personality disorder.

边缘性人格障碍中的童年创伤

Herman, van der Kolk & Perry, 1989

- 87 % of subjects with BPD had histories of severe childhood abuse and/or neglect starting prior to age 7.
- Other Personality Disorders did not have significant relations to childhood abuse and neglect.
- 87%的BPD患者有7岁之前严重的童年虐待和/或忽视的经历。
- 其他人格障碍与童年的虐待和忽视并无明显关系。



Childhood trauma and self-destructive behavior

童年创伤与自我破坏行为

Bessel Van der Kolk, Judith Herman
& Christopher Perry

Am J Psychiat 1991

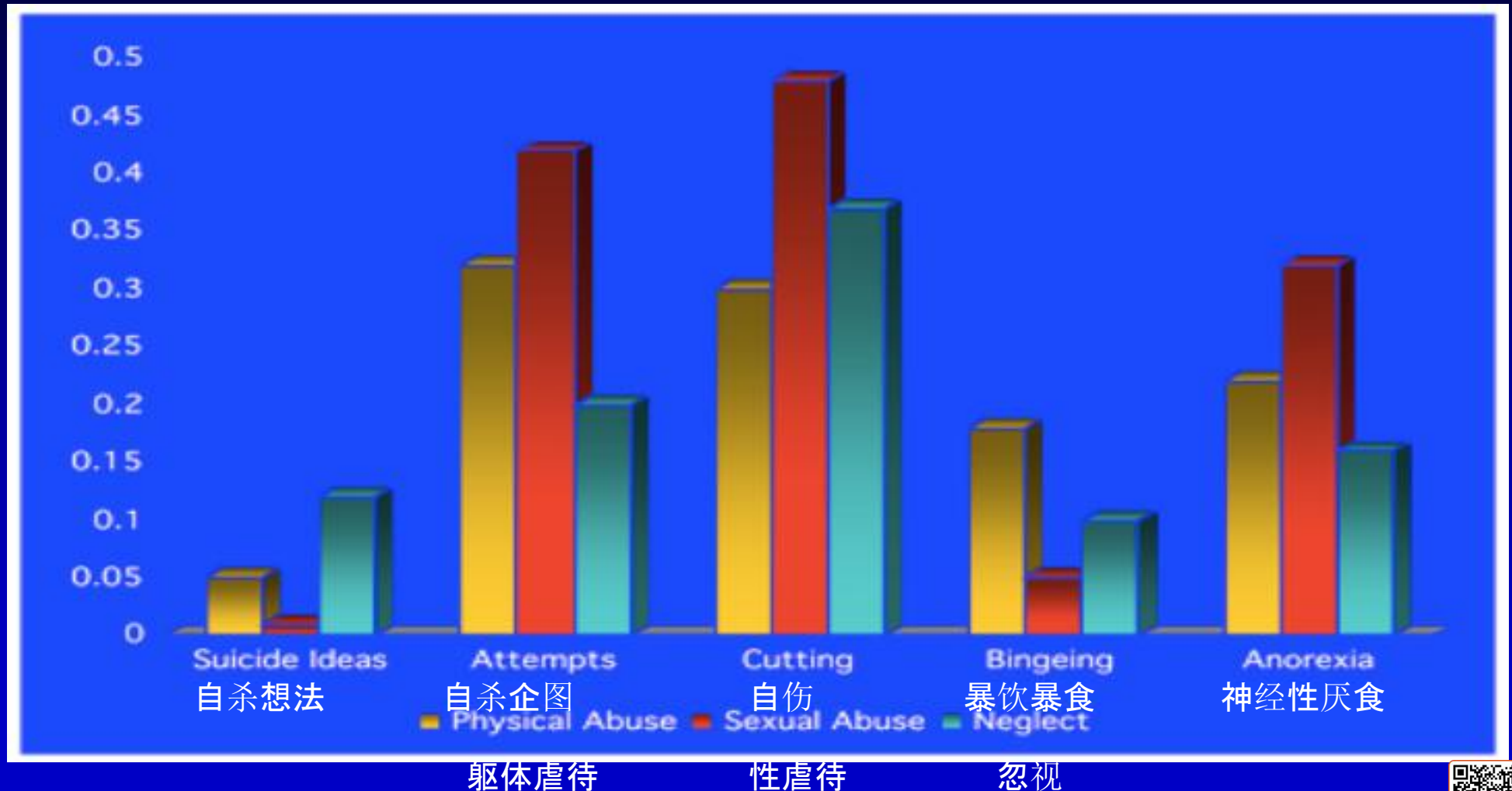
《美国精神病学杂志》1991



Childhood antecedents of self-destructive behavior

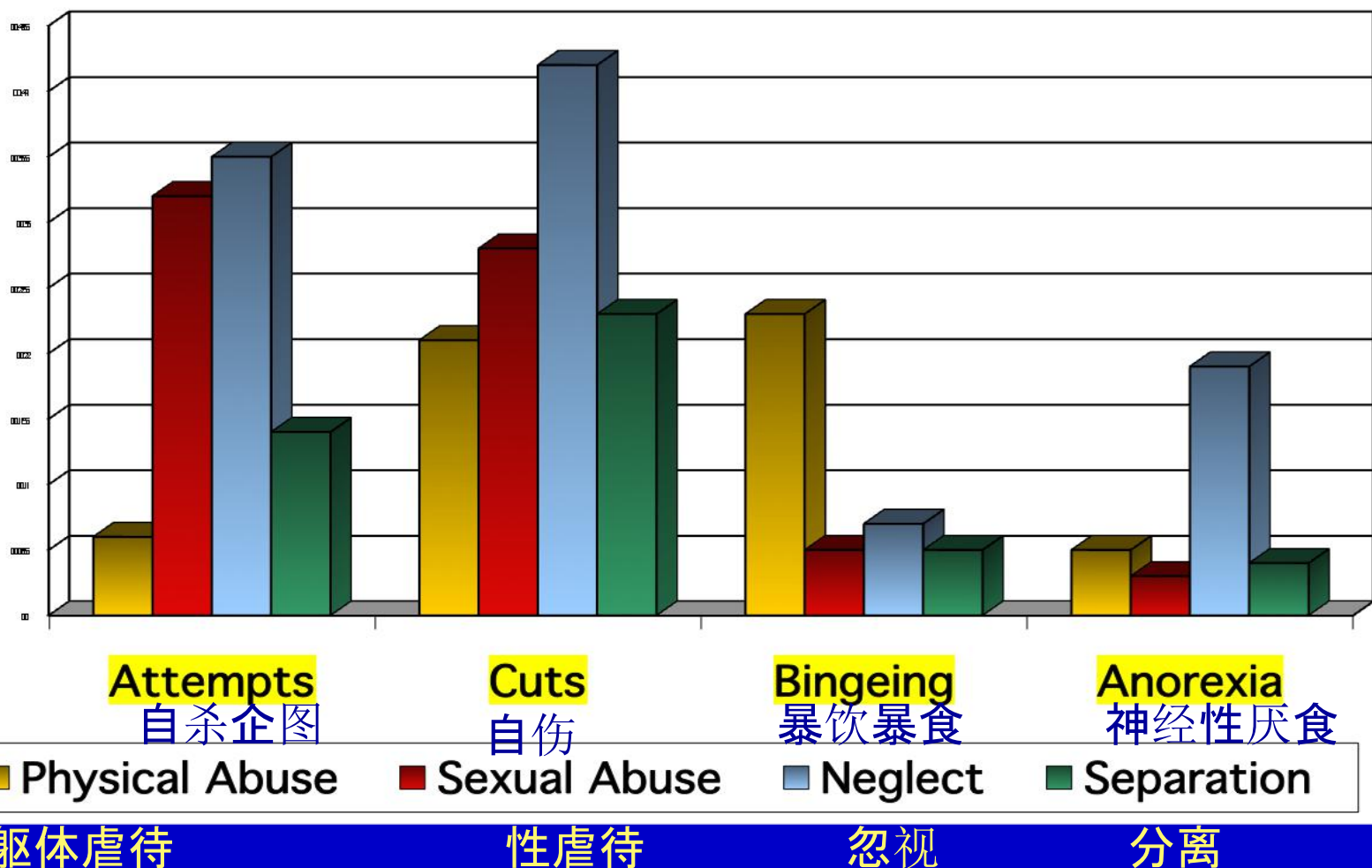
自我毁灭行为与童年经历

(van der Kolk, Perry & Herman, Am J Psychiat, 1991)



Predictors of persistence of self-destructive behavior over four year follow-up

四年随访中持续存在自毁行为的预测因子



DSM IV Field Trial for PTSD

DSM-4创伤后应激障碍 现场测试

Van der Kolk, Pelcovitz, Roth, 1994



DSM IV Field Trial for PTSD van der Kolk et al PTSD现场测试

PERCENT ENDORSEMENT OF DESNOS ITEMS BY TRAUMA CATEGORY

SUBCATEGORIES 亚型	Early onset Abuse (<14). (n=149) 早发	Late Onset Abuse (14>) (n=87) 晚发	Disaster灾难 (n=58)	
Affect regulation 情感调节	77	66	38	*
Anger 愤怒	77	61	33	*
Self-destructive 自我破坏	62	36	21	+
Suicidal 自杀	66	39	12	* +
Sexual Involvement 涉及性	81	66	9	*
Risk Taking 冒险	54	26	16	+
Amnesia 健忘	78	46	15	+
Dissociation 解离	80	59	44	+
Permanent damage 永久损害	72	53	26	* +
Guilt 内疚	69	49	24	* +
Shame 羞耻	60	39	17	* +
Nobody can understand 没人会懂	80	57	38	+
Minimizing 最小化	28	23	3	*



DSM IV Field Trial for PTSD van der Kolk et al 现场测试

Early onset
Abuse (<14).

Late Onset
Abuse (14>)

Disaster灾难

SUBCATEGORIES亚型

Distorted beliefs 歪曲的信念	30	12		+
Idealiz. Perpetrator 理想化侵犯者	36	8		+
Loss of trust 失去信任	71	56	26	*
Revictimization 再度受害	54	38		
Victimizing others 让别人成为受害者	27	8		+
Digestive problems 消化系统问题	69	60	29	*
Chronic Pain 慢性疼痛	54	43	28	
Cardiopulmonary 心肺	71	60	33	*
Conversion 转换	54	30	14	+
Sexual problems 性问题	58	45	10	*
Hopelessness 无望	75	64	38	*
Loss of beliefs 失去信念	71	46	21	* +



Correlates of Disturbed Attachment vs. Unresolved Trauma

紊乱的依恋与未解决的创伤的关系

Symptom Profile症状	Disturbed Attachment 紊乱的依恋 (Secure vs. Not)	Unresolved Trauma 未解决的创伤 (Ut vs. not)
PTSD Severity 严重程度	---	.17*
Affect Dysregulation 情感失调		
Capacity for NMR 能力		
Anger Expression表达愤怒		
Chronic Suicidality and Self Injury 慢性自杀和自伤		
Disturbances in Relation to Others 与他人关系混乱		
Perceptions of Belonging/Support 归属感 /支持		
Cumulative Revictimization 累积再度受害		
Somatization躯体化		

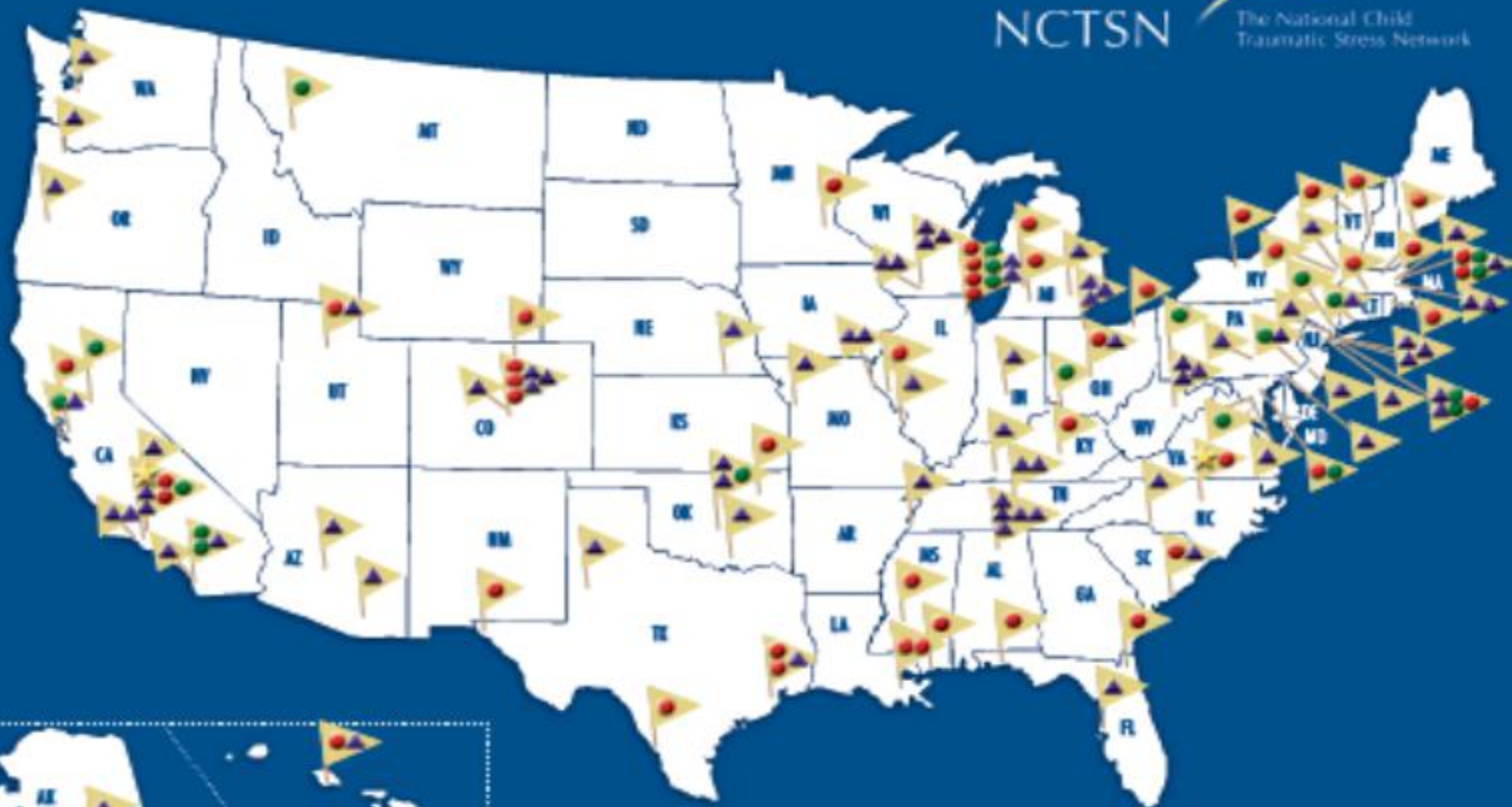
Stovall-McClough & Cloitre (2006) JCCP

Correlates of Disturbed Attachment vs. Unresolved Trauma

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PTSD Severity 严重程度	---	.17*
Affect Dysregulation 情感调节		
Capacity for NMR能力		
Anger Expression表达愤怒	.24**	---
Chronic Suicidality and Self Injury 慢性自杀和自伤	.22* .19*	---
Disturbances in Relation to Others 与他人关系混乱		
Perceptions of Belonging/Support 归属感 支持	.29**	---
Cumulative Revictimization 累积再度受害	.26**	---
Somatization躯体化	.23**	---





- ★ UCLA & Duke National Center for Child Traumatic Stress
- Treatment and Services Adaptation Centers
- Community Treatment and Services Centers
- ▲ Affiliate Member Organizations and Individuals

This project is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS).



Developmental psychopathology

发展精神病理学

Dante Cicchetti



证道心理

虐待对学龄期儿童社会情感发展的影响 : 日间营地评估结果

Effects of Maltreatment on School-Age Children's Socioemotional Development: Assessments in a Day-Camp Setting

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University of Rochester and
Mt. Hope Family Center, Rochester, New York

This study assessed the impact of different forms of maltreatment on the socioemotional development of 5- to 11-year-old children in a day-camp setting. Obtained measures of self-esteem and peer relations for 70 neglected, emotionally abused and/or physically abused children, and 67 demographically matched nonmaltreated comparison children. Completed counselor assessments of the children's self-esteem and provided both counselor and peer ratings of the children's prosocial, aggressive, and withdrawn behavior. Found maltreated children to score lower than the comparison children on the self-esteem and prosocial measures and higher on the withdrawn behavior ratings. Found welfare dependency to exert an independent additive negative effect, beyond maltreatment history, on the socioemotional development of the children. Results are discussed in relation to past studies of high-risk children and existing theories of developmental psychopathology.

Recent estimates indicate that over 1 million children are maltreated each year (National Center on Child Abuse and Neglect, 1982). Given the tremendous economic and human costs associated with child abuse and neglect (Dubowitz, 1986), there is great interest in establishing a data base to guide social policy, prevention, and treatment efforts (Aber, Allen, Carlson, & Cicchetti, in press; Cicchetti, Toth, & Bush, 1988). Studies on the effects of maltreatment, however, have important theoretical as well as practical implications. Although they are needed to determine the most effective intervention strategies (Cicchetti, Toth, Bush, & Gillespie, 1988), they can also provide valuable information about the effects of adverse childhood experiences on the development of self, social relations, and psychopathology (Cicchetti, in press a, in press b).

In the past, child maltreatment research was criticized for its isolation from other more developed research areas (Zigler, 1976). It is only within the past 10 years that systematic theo-

socioemotional development (Aber & Cicchetti, 1984). Many of these studies were guided by the organizational perspective (Cicchetti & Sroufe, 1978; Rieder & Cicchetti, 1989; Sroufe, 1979), which views development as a series of qualitative reorganizations among and within behavioral and biological systems. According to this perspective, healthy development is defined in terms of interrelated social, emotional, cognitive, and representational competencies. Specific issues, such as the establishment of a secure attachment relationship in infancy, the emergence of autonomous functioning in toddlerhood, and the ability to negotiate peer relations in early childhood, are considered most salient during each of the specified age periods (Cicchetti & Schneider-Rosen, 1986; Erikson, 1950; Waters & Sroufe, 1983). Assessments of children's competence with regard to these specific tasks have been shown to have convergent and discriminant validity and to be linked to earlier functioning and to later developmental outcomes (Sroufe, 1982; Waters, 1983).



儿童虐待，情感调节，同伴关系和精神病理学间关系的纵向研究

Longitudinal pathways linking child maltreatment, emotion regulation, peer relations, and psychopathology

Jungmeen Kim¹ and Dante Cicchetti²

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The publisher's final edited version of this article is available at [J Child Psychol Psychiatry](#)

See other articles in PMC that [cite](#) the published article.

Abstract

Go to: ☑

Background

The aim of this study was to investigate longitudinal relations among child maltreatment, emotion regulation, peer acceptance and rejection, and psychopathology.

Methods

Data were collected on 215 maltreated and 206 nonmaltreated children (ages 6–12 years) from low-income families. Children were evaluated by camp counselors on emotion regulation and internalizing and externalizing symptomatology and were nominated by peers for peer acceptance and rejection.

Results

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Similar articles in PubMed

Mediating and moderating processes in the relation between maltreatment [J Abnorm Child Psychol. 2009]

A longitudinal study of emotion regulation, emotion lability-negativity, and internalizing [Child Dev. 2013]

Social self-efficacy and behavior problems in maltreated and non-maltreated children [J Clin Child Adolesc Psychol. ...]

Childhood maltreatment and psychopathology: A case for ecophenotypic variation [Am J Psychiatry. 2013]

Annual Research Review: Childhood maltreatment, latent vulnerability [J Child Psychol Psychiatry. 2017]

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Maltreatment increases spontaneous false memories but decreases... [The British Journal of Developmental Psychology. ...]

Confounding and Statistical Significance of Indirect Effects: Childhood Abuse [Frontiers in Psychology. 2017]

Multi-Level Family Factors and Affective and Behavioral Symptomatology [Frontiers in Psychology. 2017]

Differential predictors of DSM-5 PTSD and ICD-11

Dimensions of child maltreatment and children's adjustment: Contributions of developmental timing and subtype

虐待儿童和儿童的适应：
发展时间和亚型的贡献

JODY TODD MANLY, JUNGMEEN E. KIM, FRED A. ROGOSCH,
AND DANTE CICCETTI

Mt. Hope Family Center, University of Rochester

Abstract

This investigation examined the dimensions of developmental timing, subtype, and severity of maltreatment and their relations with child adaptation. The 814 children who participated in a summer day camp, 492 of whom were maltreated and 322 of whom were nonmaltreated comparison children, were assessed by camp counselors on their internalizing and externalizing symptomatology, aggressive, withdrawn, and cooperative behavior, and on personality dimensions of ego resiliency and ego control, and were rated by peers on disruptive, aggressive, and cooperative behavior. The severity within each subtype of maltreatment and the developmental period in which each subtype occurred were examined through hierarchical regression analyses. Additionally, children with similar timing or subtype patterns were grouped to explore diversity in outcomes. Results highlighted the role of severity of emotional maltreatment in the infancy–toddlerhood period and physical abuse during the preschool period in predicting externalizing behavior and aggression. Severity of physical neglect, particularly when it occurred during the preschool period, was associated with internalizing symptomatology and withdrawn behavior. Additionally, maltreatment during the school-age period contributed significant variance after earlier maltreatment was controlled. Chronic maltreatment, especially with onset during infancy–toddlerhood or preschool periods, was linked with more maladaptive outcomes. The implications of measuring multiple dimensions for improving research in child maltreatment are discussed.

The extant literature on child outcomes of maltreatment has documented mounting evidence of the deleterious consequences of abuse and neglect for child victims (Cicchetti & Carlson, 1989; Cicchetti & Lynch, 1993, 1995;

Cicchetti & Toth, 1995; DeBellis, Baum, et al., 1999; DeBellis, Keshavan, et al., 1999; Kaplan, Pelcovitz, & Labruna, 1999; Kendall–Tackett, Williams, & Finkelhor, 1993; Pollak, Cicchetti, Klorman, & Brumaghim, 1997; Trickett & McBride–Chang, 1995; Widom, 1989). Negative sequelae have been found for maltreated children across multiple domains of functioning and across many developmental periods. Consistent findings have emerged that maltreatment increases the risks for maladaptive outcomes and the develop-

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好吧，泰德，你终于说服我了——^{Put both on meds}完全没有任何希望。我会给我们两人都开药。



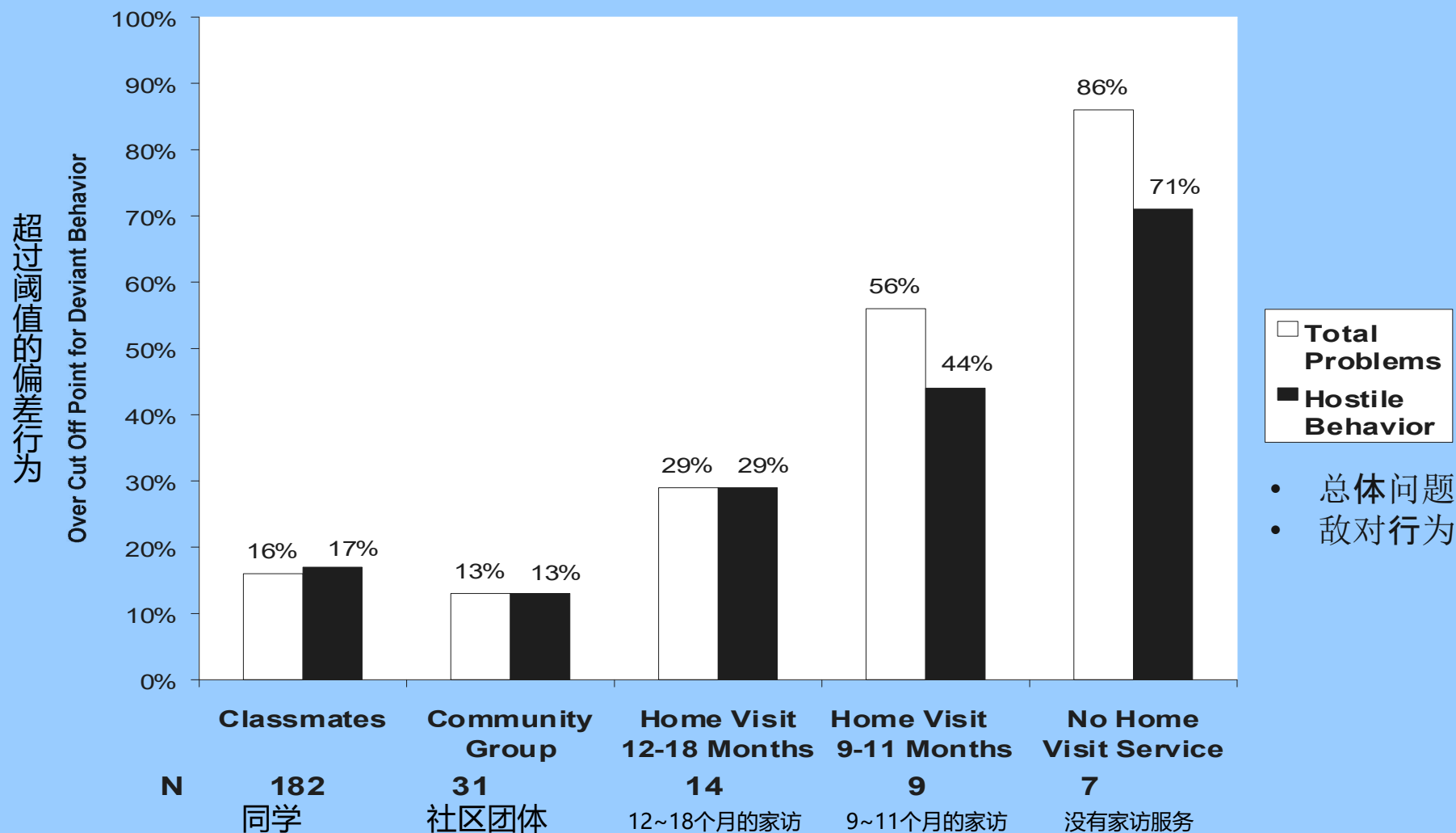


Karlen Lyons-Ruth



Total Problems and Hostile - Aggressive Behavior in Kindergarten by Initial Risk Status and Months of Services Provided

幼儿园初始风险状况与服务月数对总体问题和敌对攻击行为的影响



Costs & benefits of early intervention

早期干预的成本收益

Perry Preschool Program ^b (Schweinhart, Barnes and Weikart (1993))	\$19,162	Weekly home visits with parents; intensive high-quality preschool services for one to two years	2.3 versus 4.6 lifetime arrests by age 27; 7% versus 35% arrested 5 or more times
Syracuse University Family Development (Lally, Mangione and Honig (1988))	\$54,483	Weekly home visits for family; day care year round	6% versus 22% had probation files; offenses were less severe

John Hackman, Nobel Prize in Economics 2000.
JohnHackman, 获得2000年诺贝尔经济学奖





ELSEVIER



青春期后期边缘症状和自杀/自伤：前瞻性观察到与幼儿期和童年期的关系

Borderline symptoms and suicidality/self-injury in late adolescence: Prospectively observed relationship correlates in infancy and childhood

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ABSTRACT

The primary objective was to assess whether prospectively observed quality of parent-child interaction in infancy and middle childhood contributed to the prediction of borderline symptoms and recurrent suicidality/self-injury in late adolescence. Adolescents (mean 19.9 years) from 56 families participating in a longitudinal study since infancy (retention rate 74%) were assessed on the SCID-II for symptoms of borderline personality disorder (BPD), including suicidality/self-injury. Early clinical risk was indexed by clinical referral to parent-infant services. Attachment security and parent-child interaction were assessed from videotape at 18 months and 8 years. Severity of childhood abuse was rated from interview and self-report measures. Maternal withdrawal in infancy was a significant predictor of both borderline symptoms and suicidality/self-injury in late adolescence. Disorganized controlling child behavior at age 8 contributed independently to the prediction of borderline symptoms. The effect of maternal withdrawal was independent of, and additive to, variability explained by severity of childhood abuse. Borderline symptoms and suicidality/self-injury may be preceded developmentally by disturbed interactions as early as 18 months of age. A parent-child transactional model is proposed to account for the findings.

14 year follow-up: Fear of feeling

14年随访分析：恐惧感

- **Left alone traumatized and neglected people become overwhelmed and organize their lives around not feeling.**
更别说那些受创伤与被忽视的人变得茫然无措并且以无感来面对他们的生活。
- **Bodily sensations are the main source of information.**
身体感受是信息的主要来源。
- **When any sensation is associated with anxiety, helplessness, guilt, shame and fear they shut down.**
当任何感觉与焦虑、无助、内疚、羞耻和恐惧相关时，他们就会关闭情感。
- **Life essentially is robbed of pleasure and vitality.**
生活本质上被剥夺了快乐和活力。



Dissociation:解离

Feeling lost, overwhelmed, abandoned, torn,
disconnected from the world, unloved, empty,
Helpless, trapped, or weighed down.

感到失落, 不知所措, 被抛弃, 被撕裂,
与世界分离, 未被爱, 空虚,
无助的, 被困的, 或有压力的。

*Karlen LR : lack of emotional responsiveness @ home at 12 months
of age strongly predicted these symptoms in young adults.*



Quality of Early Maternal Care: Linear Regression of Home Observation Factors

早期孕产妇保健质量: 家观因素的线性回归

Variable变量	Standardized Beta 标准化Beta(n=35)
Sex性	.24
Cumulative Demographic Risk累积人口学 危险	.02
Factor 1: Verbal/Comforting Engagement 因素1: 言语的/安慰性投入	-.35*
Factor 2: Hostile-Intrusiveness 因素2: 敌意-侵入	.06
Factor 3: Involvement in Routine Care 因素3: 参与常规照顾	.15
Factor 4: Emotional/Physical Withdrawal 因素4: 情感/躯体退缩	.43**

* $p \leq .05$; ** $p \leq .01$

FOLLOW-UP 16 YEARS LATER:
Prediction of adolescent dissociation from
disrupted maternal communication16年后的随访:
从混乱的亲子交流预测青少年的解离

Disrupted communication subtypes混乱的交流亚型

Affective communication errors情感交流错误 .46*

Role confused behaviors角色混乱的行为 .46*

Negative/intrusive behaviors负性/侵入性 行为 .24

Disoriented behaviors失定向行为 .27

Withdrawing behaviors 退缩行为 .25

Karlen Lyons-Ruth, 2005

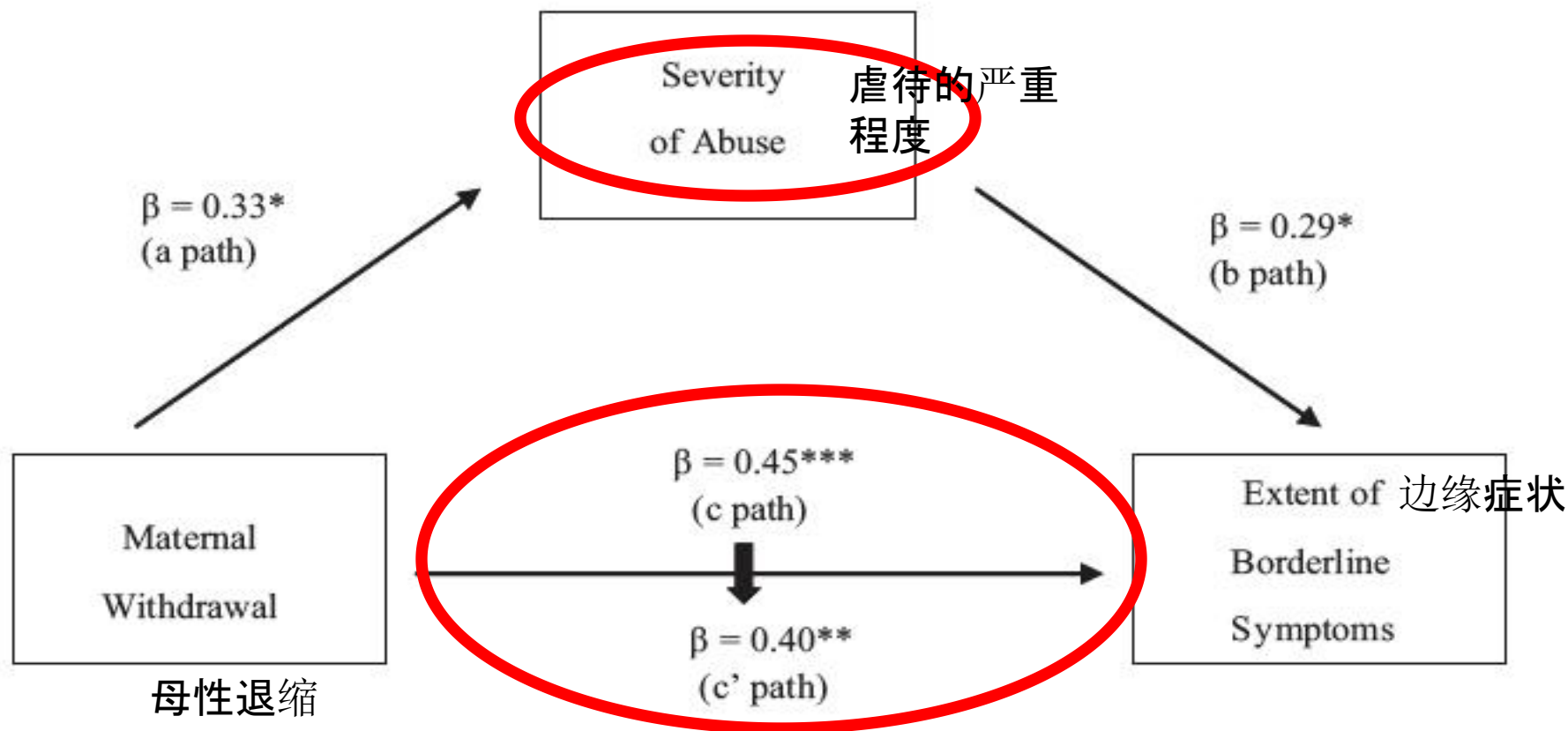


证道心理

Disorganized attachment, not abuse, predicts BPD

紊乱的依恋, 而不是虐待, 预测BPD

K. Lyons-Ruth et al. / Psychiatry Research 206 (2013) 273–281



g. 1. Severity of abuse does not mediate the effect of early maternal withdrawal on later borderline symptoms.



Frank W Putnam



Psychobiological Effects of Sexual Abuse: 20 Years Later 性虐待的心理生物学效应:20年后

Frank W. Putnam, MD

Professor of Pediatrics and Psychiatry
Cincinnati Children's Hospital Medical Center



Significant Group Effects in Childhood (6 to 12 Years in Age) 儿童显著的群体效应(6~12岁)

- ↓social competence社交能力
- ↓academic performance学习能力
- ↑school avoidance回避上学
- ↑depression抑郁
- ↑dissociation解离
- ↑sexual behavior problems性行为问题
- ↑cortisol dysregulation (free cortisol levels)皮质激素失调(游离激素水平)
- ↑Antinuclear antibody levels抗核抗体水平
- ↑Urinary Catecholamines尿
- ↓family cohesion家庭凝聚性
- ↑depressed mothers抑郁的母亲

↑ = Abuse Greater虐待较多; ↓ = Abuse Less虐待较少



Significant Group Effects in Early to Middle Adolescence (12-15 years)

青少年早期到中期 显著的群体效应(12~15岁)

- ↓cognitive abilities (verbal IQ, problem solving) 认知能力(言语智商, 解决问题能力)
- ↓age at first voluntary intercourse 初次自愿性交年龄
- ↑depression 抑郁
- ↑dissociation 解离
- ↑PTSD symptoms 创伤后应激障碍症状
- ↑rate of pubic hair growth through puberty 青春期体毛增长速度
- ↑LH and FSH in 12 and older 12岁或年龄更大者的LH和FSH水平

↑ = Abuse Greater 虐待较多; ↓ = Abuse Less 虐待较少



Significant Group Effects in Late Adolescence and Early Adulthood (16- 23 Years)

青春期后期 成人早期(16-23岁)显著的团体效应

- ↑pathological dissociation 病理性解离
- ↑persisting PTSD Sx 持续PTSD
- ↑depression 抑郁
- ↑rapes or sexual assaults (2X)
强奸或性侵(2X)
- ↑domestic violence (1.6X) 家庭暴力
- ↑self-harm / suicidality (4X) 自伤/自杀
- ↑lifetime traumas 终生创伤
- ↑Body Mass Index (BMI) 身体质量指数
- ↓overall physical health (including ↑GI problems) 整体躯体健康(包括胃肠道问题)
- ↑healthcare utilization 健康照顾使用
- ↑sleep disturbances 睡眠紊乱
- ↑sexual distortion 性扭曲

↑ = Abuse Greater 虐待较多; ↓ = Abuse Less 虐待较少



Summary of Longitudinal Study

纵向研究总结

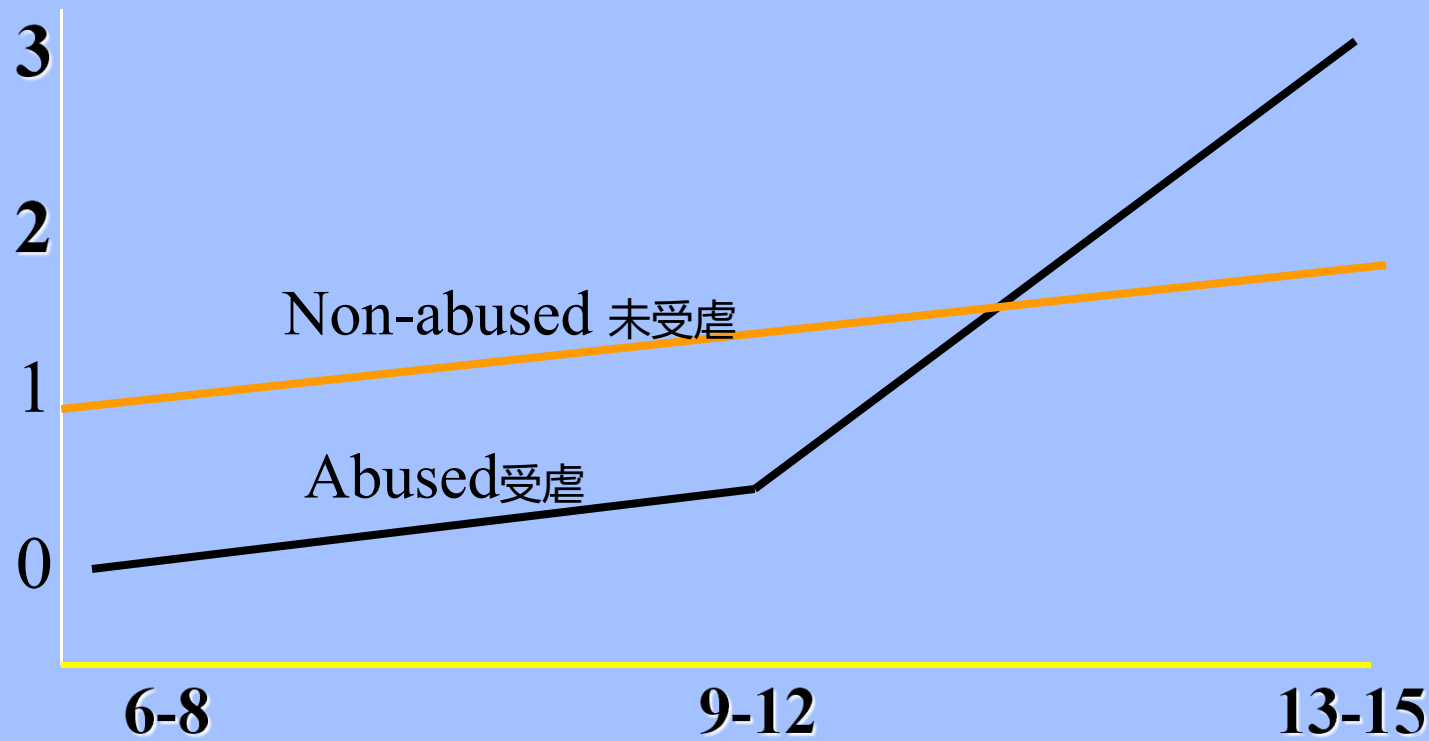
- Serious disorders and high comorbidity (affective, anxiety, suicide, risk taking, self-mutilation, somatization, dissociation, conduct problems, attention, impulse problems, hyperactivity)
- 严重障碍和高度共病(情感、焦虑、自杀、冒险、自残、躯体化、解离、行为问题、注意、冲动问题、多动)
- Biological Dysregulation (HPA axis, sympathetic nervous system, obesity, pubertal development?)
- 生物失调(HPA轴, 交感神经系统, 肥胖症, 青春期发育?)
- Dysfunctional relationships & sexuality (earlier voluntary intercourse, earlier childbearing, more partners, dysfunctional relationships, more DV, more abused children)
- 功能失调的关系和性(更早的自愿性交, 更早的生育, 更多的伴侣, 功能失调的关系, 更多的DV, 更多的受虐待儿童)



Biology: alteration in HPA feedback loop:生物学:HPA轴反射回路改变

Testosterone 睾酮	28 (A)	5 (C)
Androstendione 雄烯二酮	120 (A)	48 (C)

Male peers 男性同侪



Increased # pregnancies, drug abuse, sexually provocative
增加 # 怀孕, 药物滥用, 性挑衅



Ten-Year Research Update Review: Child Sexual Abuse

FRANK W. PUTNAM, M.D.

ABSTRACT

Objective: To provide clinicians with current information on prevalence, risk factors, outcomes, treatment, and prevention of child sexual abuse (CSA). To examine the best-documented examples of psychopathology attributable to CSA. **Method:** Computer literature searches of Medline and PSYCInfo for key words. All English-language articles published after 1989 containing empirical data pertaining to CSA were reviewed. **Results:** CSA constitutes approximately 10% of officially substantiated child maltreatment cases, numbering approximately 88,000 in 2000. Adjusted prevalence rates are 16.8% and 7.9% for adult women and men, respectively. Risk factors include gender, age, disabilities, and parental dysfunction. A range of symptoms and disorders has been associated with CSA, but depression in adults and sexualized behaviors in children are the best-documented outcomes. To date, cognitive-behavioral therapy (CBT) of the child and a nonoffending parent is the most effective treatment. Prevention efforts have focused on child education to increase awareness and home visitation to decrease risk factors. **Conclusions:** CSA is a significant risk factor for psychopathology, especially depression and substance abuse. Preliminary research indicates that CBT is effective for some symptoms, but longitudinal follow-up and large-scale "effectiveness" studies are needed. Prevention programs have promise, but evaluations to date are limited. *J. Am. Acad. Child Adolesc. Psychiatry*, 2003, 42(3):269-278. **Key Words:** sexual abuse, child abuse, prevention, depression, sexualized behavior.

Childhood sexual abuse is a complex life experience, not a diagnosis or a disorder. An array of sexual activities is covered by the term *child sexual abuse* (CSA). These include intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography, and the use of the child for prostitution or pornography. This diversity alone ensures that there will be a range of outcomes. In addition, the age and gender of the child, the age and gender of the perpetrator, the nature of the relationship between the child and perpetrator, and the number, frequency, and duration of the abuse experiences all appear to influence some outcomes. Thus sexually abused children constitute a very heterogeneous group with many degrees of abuse about whom few simple generalizations hold. The outcomes summarized in this review are based on studies in which the majority of subjects experienced more severe forms of

sexual abuse, generally including some form of child or adult genital contact.

EPIDEMIOLOGY OF CSA

Before the late 1970s, CSA was regarded as rare. In the following decades, the incidence—based on official statistics—increased dramatically (Finkelhor, 1984; U.S. Department of Health and Human Services, 1998). Although much of this apparent increase probably reflected a growing awareness among the public and professionals, some studies suggest that the overall incidence of child abuse and neglect increased. Using as official observers a variety of professionals who routinely came in contact with children, counting both reported and nonreported cases, the series of National Incidence Studies found a 67% increase (from 931,000 to 1,553,800 children) in all forms of child abuse from 1986 to 1993 (U.S. Department of Health and Human Services, 1996). Officially reported cases of CSA, however, declined during this same period (Atabaki and Paradise, 1999; Jones and Finkelhor, 2001). There is little agreement on reasons for this decline or whether it represents a decline in actual cases (Jones et al., 2001). In 2000 (most recent data available) CSA constituted approximately 10% of all officially reported child abuse cases and numbered approximately 88,000 substantiated or indicated

Accepted October 2, 2002.

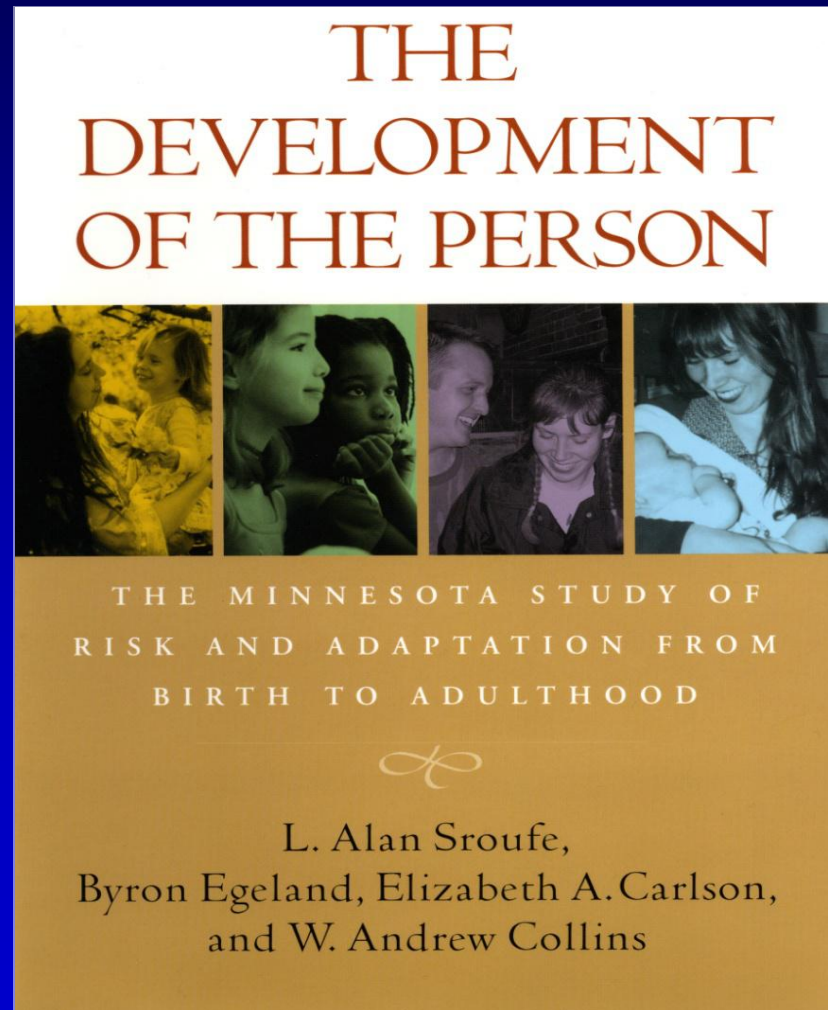
From Children's Hospital Medical Center, Cincinnati.

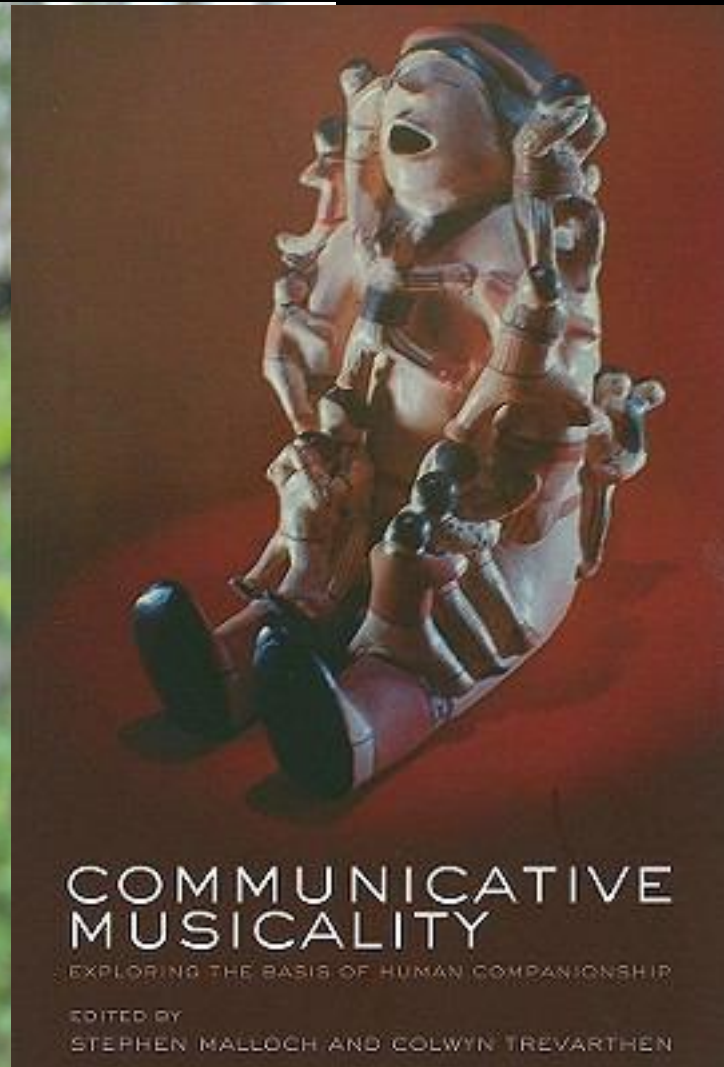
Correspondence to Dr. Putnam, Mayerson Center for Safe & Healthy Children, Children's Hospital Medical Center, 3333 Burnet Avenue, Cincinnati, OH 45229-3039; e-mail: Frank.Putnam@chmcc.org.
0890-8567/03/4203-0269©2003 by the American Academy of Child and Adolescent Psychiatry.

DOI: 10.1097/01.CHL.0000037029.04952.72



Sroufe, L.A., Egeland, B., Carlson, E.A., Collins, W.A.
(2005). *The Development of the Person*. 《人的发展》 New
York: Guilford Press.





证道心理

Attachment - Human Studies

依恋-人类研究

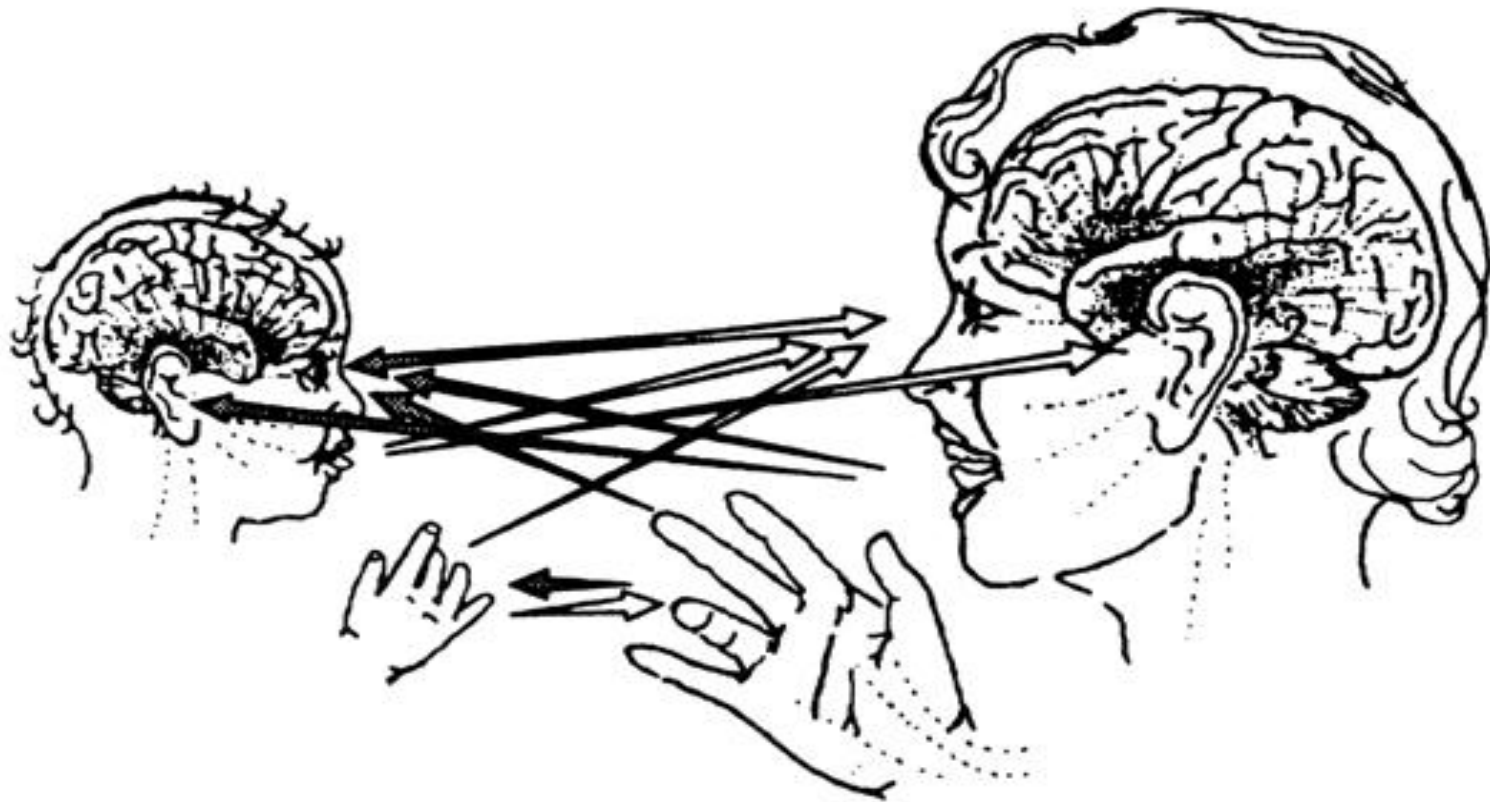


FIGURE 1. Brain-brain interactions during face-to-face communications of proto-conversation, mediated by eye-to-eye orientations, vocalizations, hand gestures, and movements of the arms and head, all acting in coordination to express interpersonal awareness and emotions. Adapted from Aitken & Trevarthen (1993) and used with permission of Cambridge University Press.



Winnicott 温尼科特

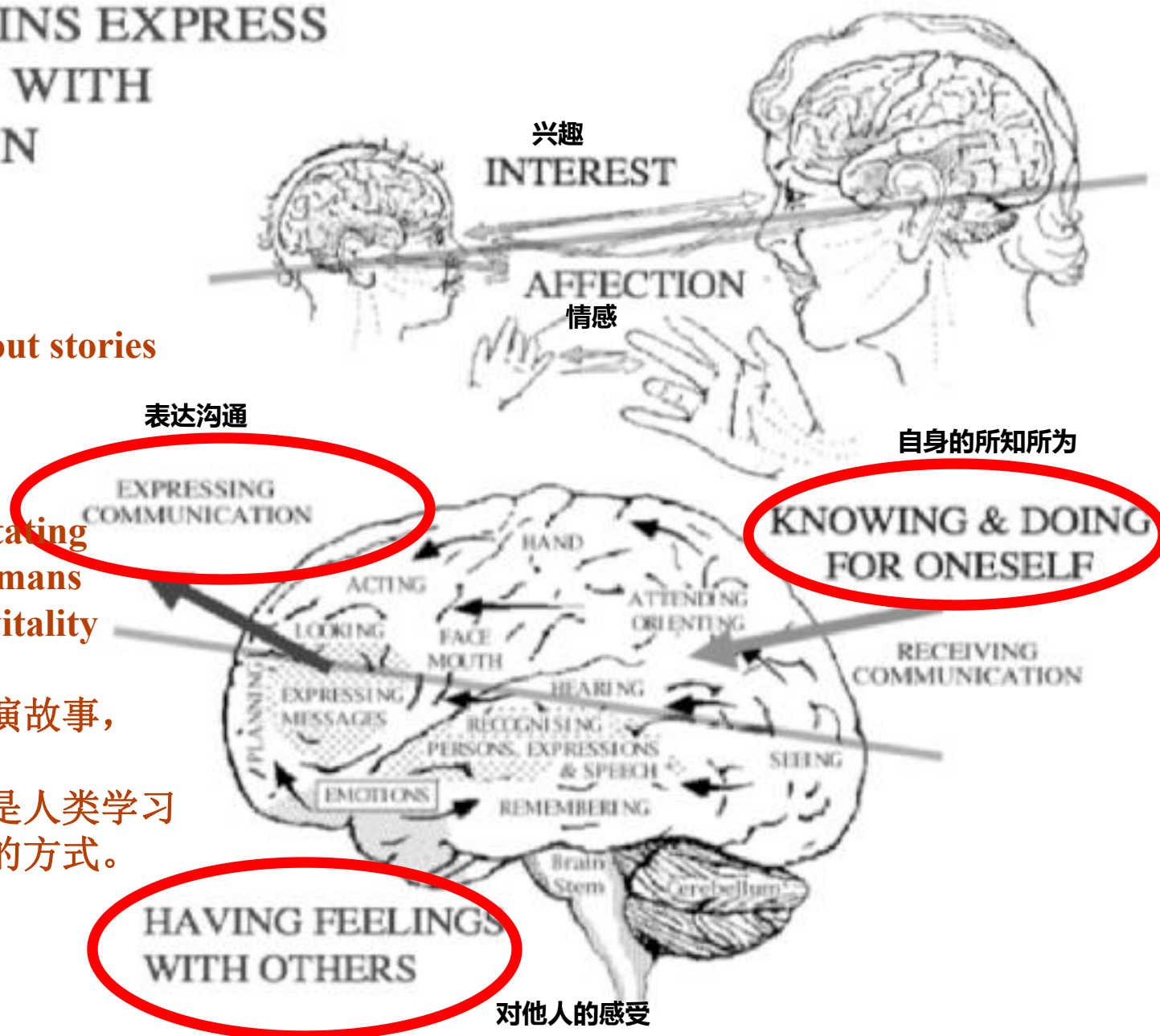
- Feeling of authentic experience emerges from spontaneously arising gestures, which the good enough mother meets and responds to.
真实体验的感受来自于自发产生的姿势，这是母亲所满足和回应的。
- In pathological attachment infant takes cues from outside.
在病态依恋中，婴儿从外界获得线索。
- Baby's own impulses and needs are not met by mother; baby learns to become the mother's idea of the baby is.
母亲不能满足婴儿的冲动和需求；婴儿学会成为母亲理想的孩子
- Deeply felt sense that "something is wrong" with the way I am: shut down of connection with direct feedback of the body.
深深地感觉到我的方式“有点不对”：关闭与身体直接反馈的联系。
- Capacity to feel inner realness impaired.
感受内在真实性的能力受损。



HOW BRAINS EXPRESS INTEREST WITH AFFECTION

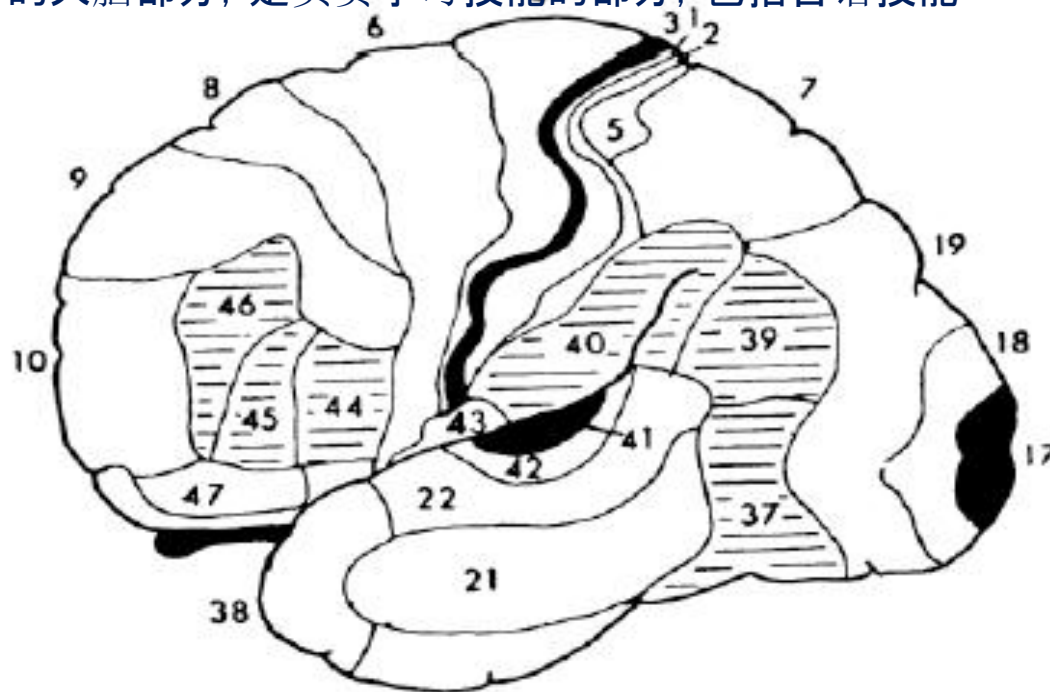
Telling & acting out stories
with
emotion,
listening to
thoughts and imitating
actions is how humans
learn- in shared vitality
& awareness.

用情感讲述和表演故事，
倾听
思考和模仿行为是人类学习
共享活力和意识的方式。



The parts that grow most in childhood are those that are needed for learning skills, including language.

在童年期发展最多的大脑部分，是负责学习技能的部分，包括言语技能



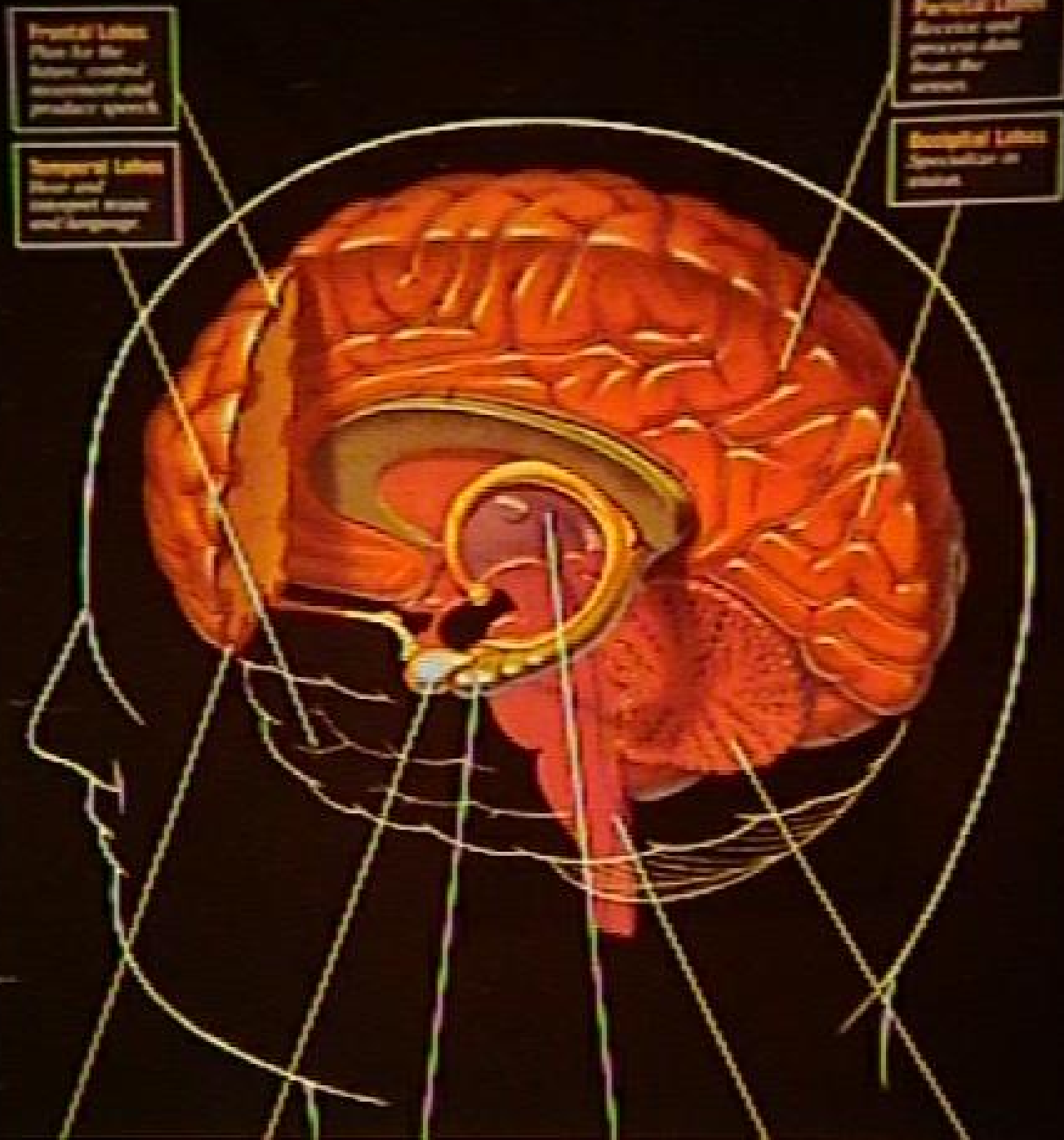
在一个小婴儿那里，这些部分已经适应了它们的任务，并且准备与其他人的表达行为互动。


But these parts are already adapted to their tasks in a young baby, and ready to engage with other persons' expressive behaviours.



Martin Teicher







Planning, anticipation计划, 预期
Sense of time, context时间感, 情景
Inhibition of inappropriate actions, empathic understanding抑制不合适行为, 共情的理解
Perception感觉, **emotional valence**情感效价, **categorization**分类,
Memory of relevance相关记忆;
relation between the organism and its surround有机体及其与周围环境的关系

基本生理功能Basic housekeeping:
唤起Arousal
睡眠Sleep
呼吸Breathing
化学平衡Chemical balance



Relational neurobiology关系神经生物学

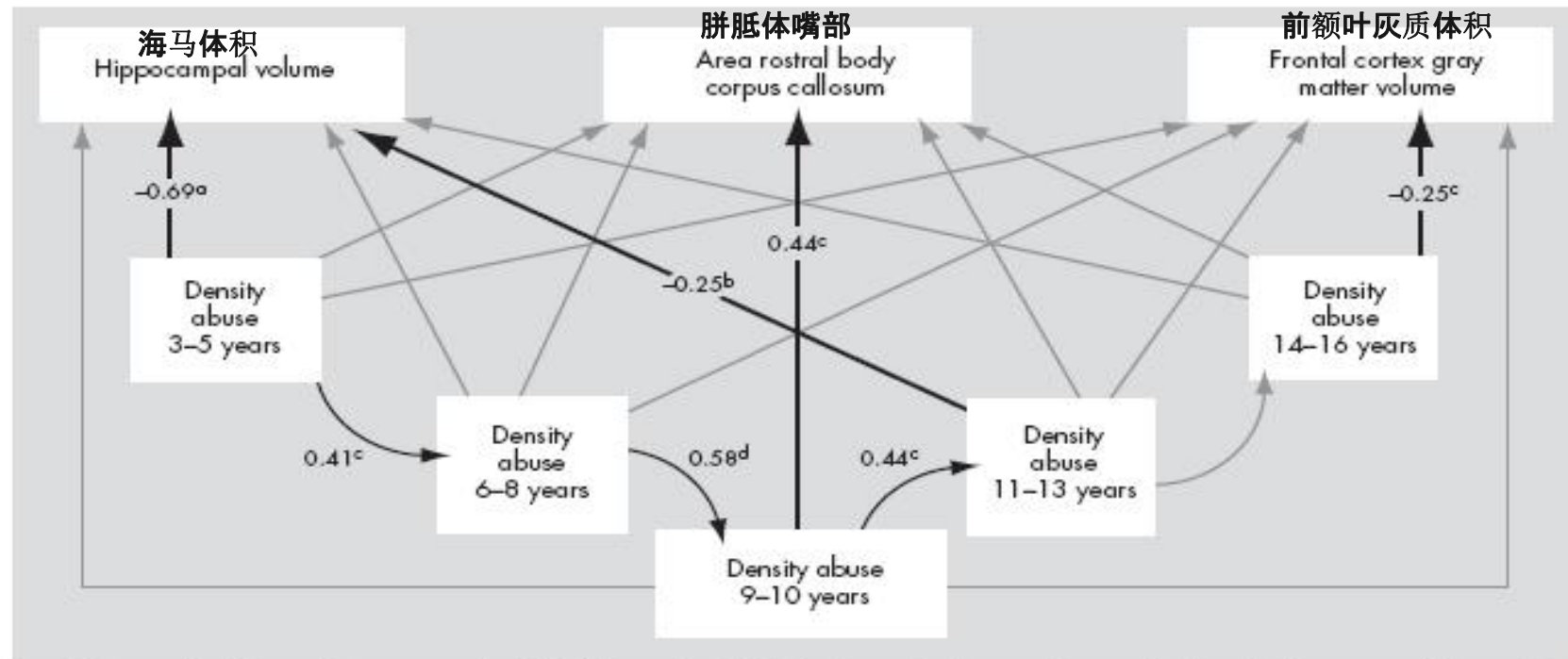
- The neural systems mediating the stress-response, reward, procreation, reproduction, social-affiliation and communication are all interrelated.
- 调节应激反应、奖赏、生殖、繁衍、社会联系和交流的神经系统都是相互关联的。
- They often share the same neurotransmitter networks and brain regions
- 它们通常共享相同的神经递质网络和脑区。



Abuse at Different Ages Affects Different Brain Areas

不同年龄经历虐待影响不同的脑区域

FIGURE 1. Path Analysis Indicating Relationships Between Density of Abuse During Different Stages of Development and Measures of Brain Size Derived from Structural Equation Modeling



Path analysis examined two main components. The first was that childhood sexual abuse or absence of abuse during one period would predict childhood sexual abuse (or absence of abuse) during the subsequent period. The second component examined the association between density of childhood sexual abuse during each stage and all morphometric measures. Numerical values represent standardized beta-weights and their associated p values. Light gray lines were evaluated in the model but were not significantly predictive of any relationship between the variables. Morphometric measures for corpus callosum and frontal cortex gray matter volume were covaried by midsagittal area and total gray matter volume, respectively. Hippocampal volume was covaried by intracranial volume and list recall, based on results of the multiple regression analyses (see Table 2).

^a $p < 10^{-7}$

^b $p < 0.05$

^c $p < 0.005$

^d $p < 0.0001$

Andersen, S.L. et al. (2008). Preliminary evidence for sensitive periods in the effect of childhood sexual abuse on regional brain development. *J Neuropsychiatry*, 20, 3, 292-301.



Developmental Trauma Impacts Key Structures Underlying Emotional Regulation

发展性创伤影响情绪调节的核心结构

Self-awareness
自我觉察

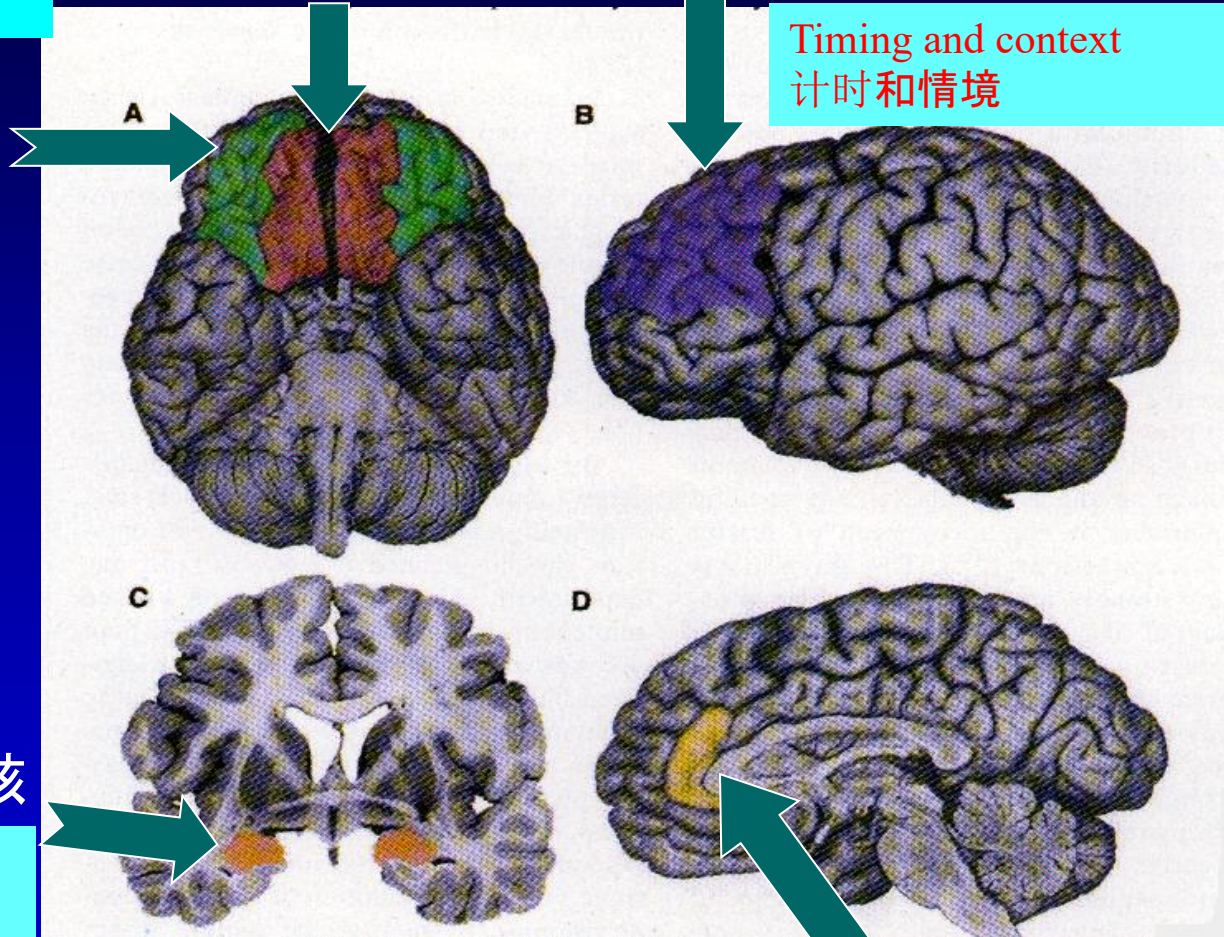
Ventral Prefrontal Cortex
腹侧前额叶皮质

Dorsolateral Prefrontal Cortex
背外侧皮质

orbital Prefrontal Cortex
眼窝前额叶皮质

Inhibition
抑制

Timing and context
计时和情境



Amygdala杏仁核

Threaten detection
威胁探测

Science Vol 289, p 592

Anterior cingulate前扣带回

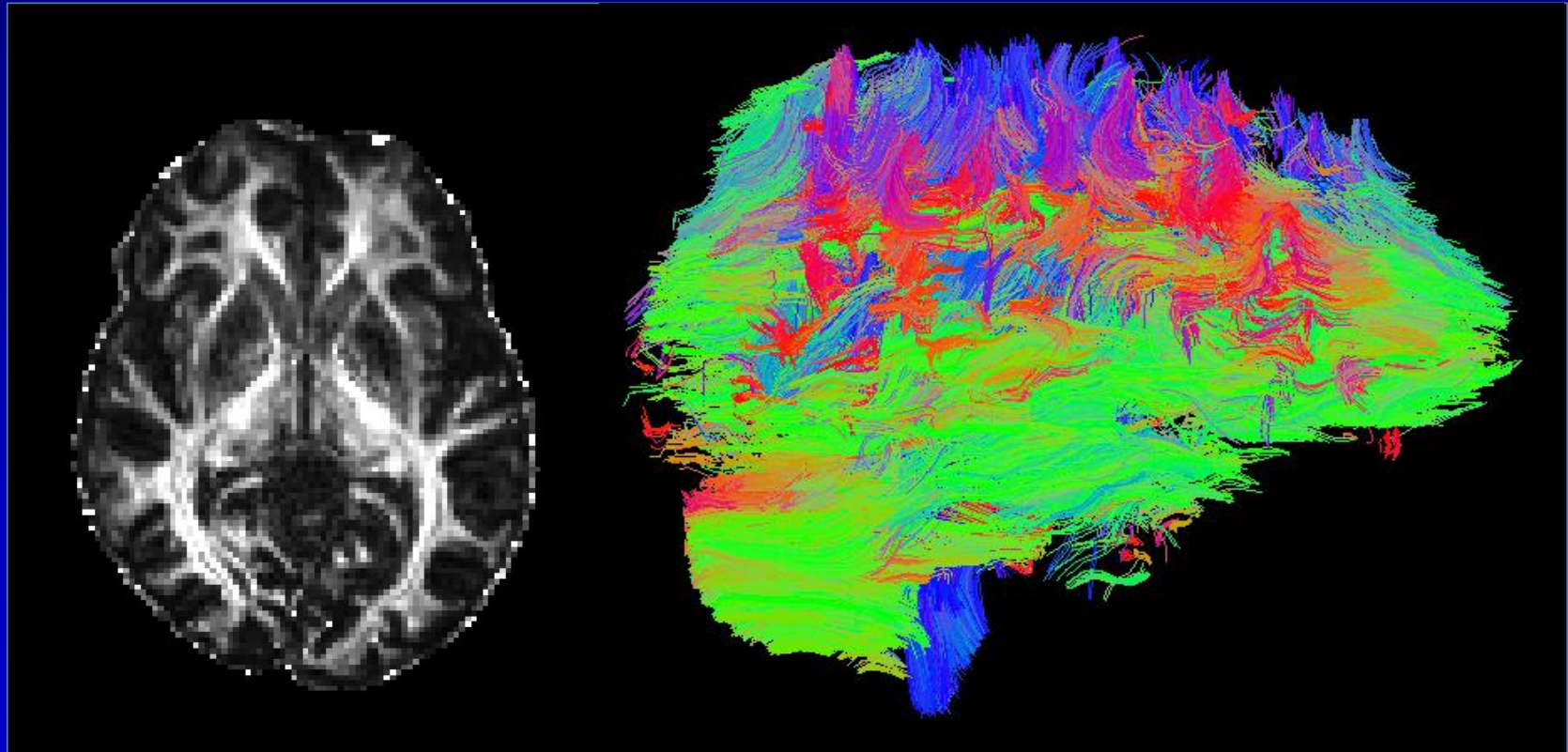
Filtering what's relevant 过滤相关信息

Brain Fiber Tract Network

大脑纤维束网络

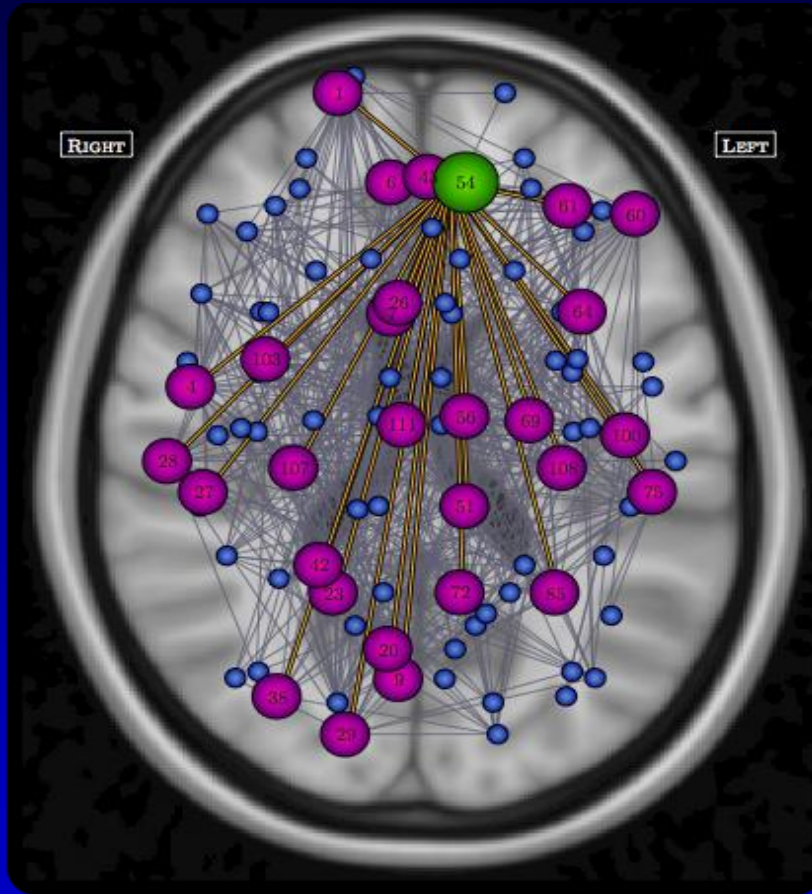
Edges -> Fiberstreams 边缘->纤维流

- Diffusion tensor imaging (DTI) 扩散张量成像
- Tractography 纤维跟踪成像

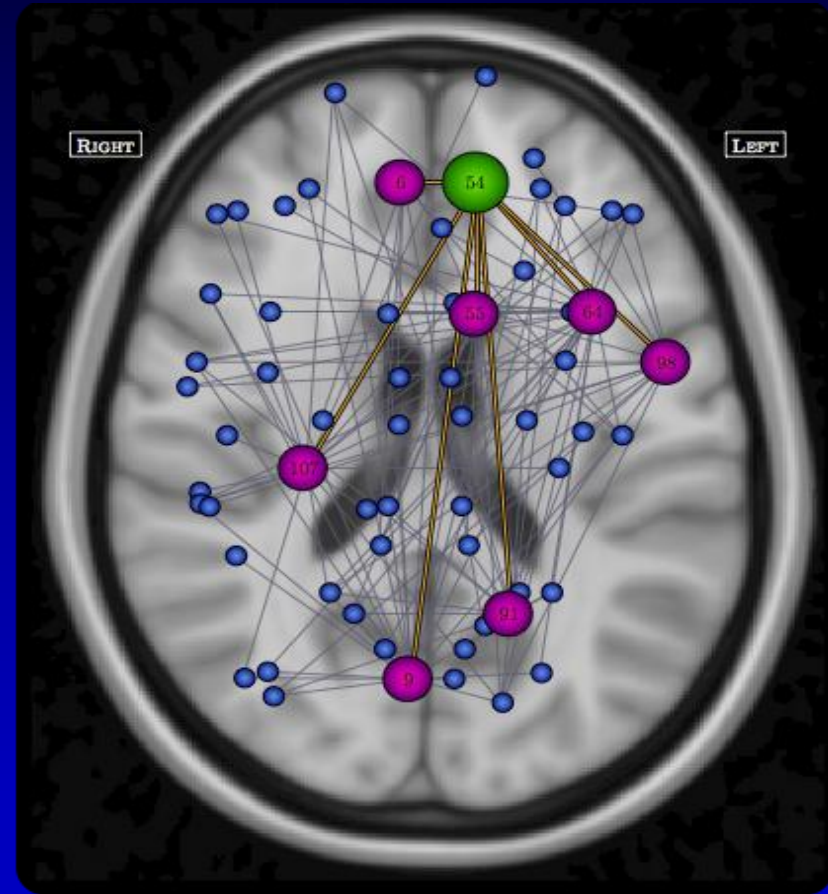


Left Anterior Cingulate 左侧前扣带回

Emotion regulation 情感调节



Unexposed 未暴露



Maltreated 虐待





Courtesy Steven Suomi



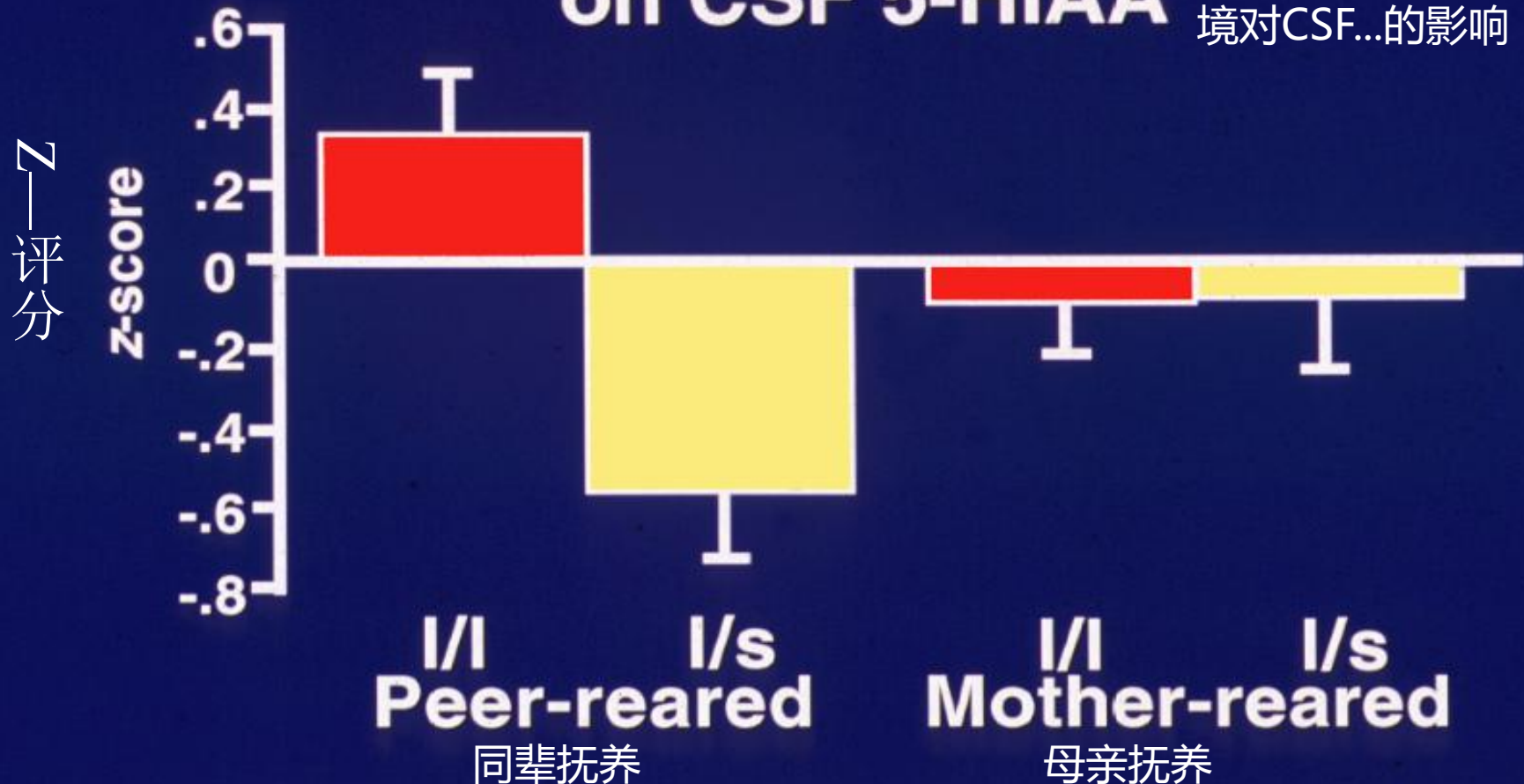






Effect of Rh5-HTTLPR Gene and Early Rearing Environment on CSF 5-HIAA

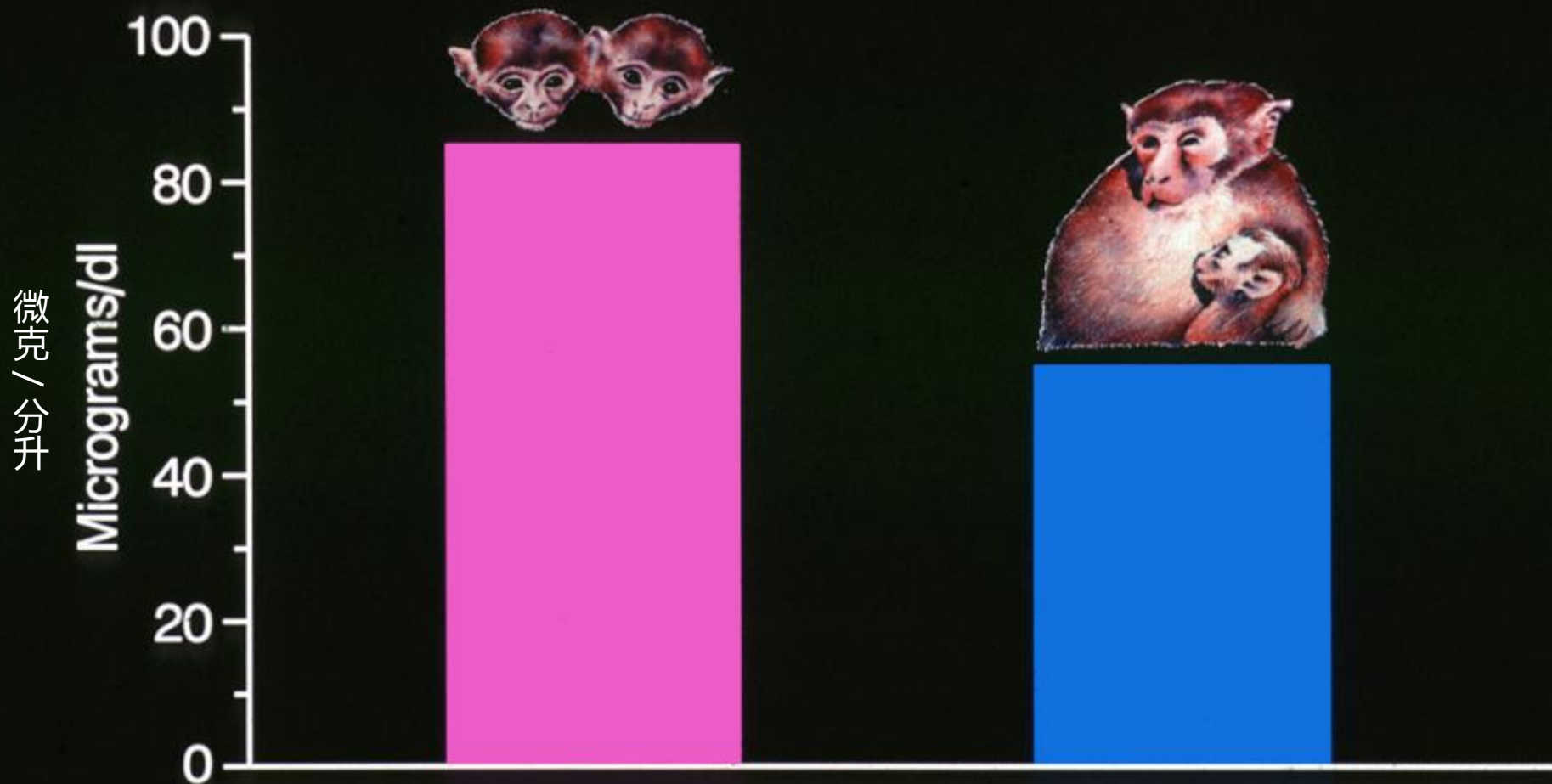
Rh5...基因及早年抚育环境对CSF...的影响



Bennett, Lesch, Heils, Long, Lorenz, Shoaf, Champoux, Suomi, Linnoila, & Higley

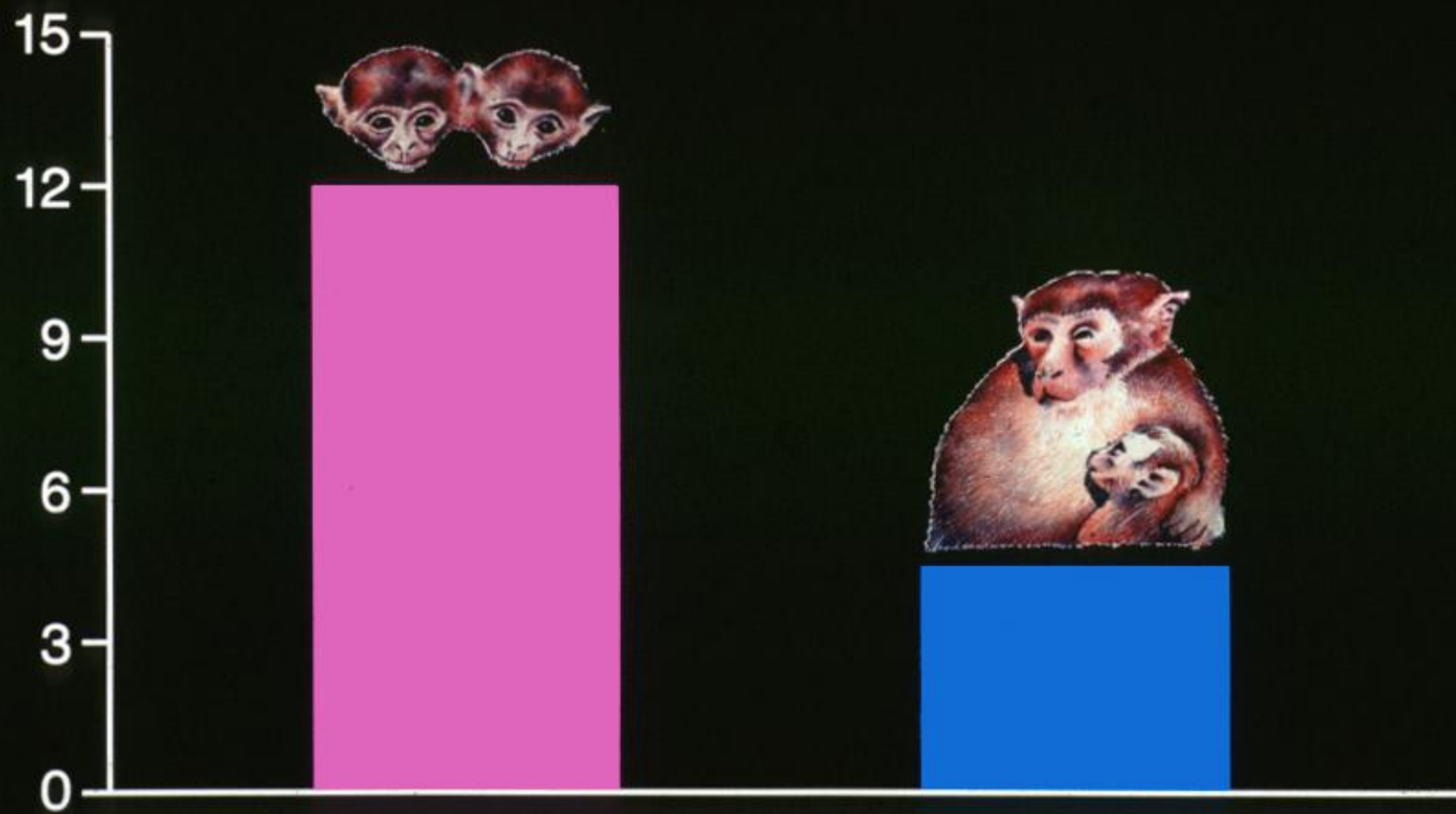


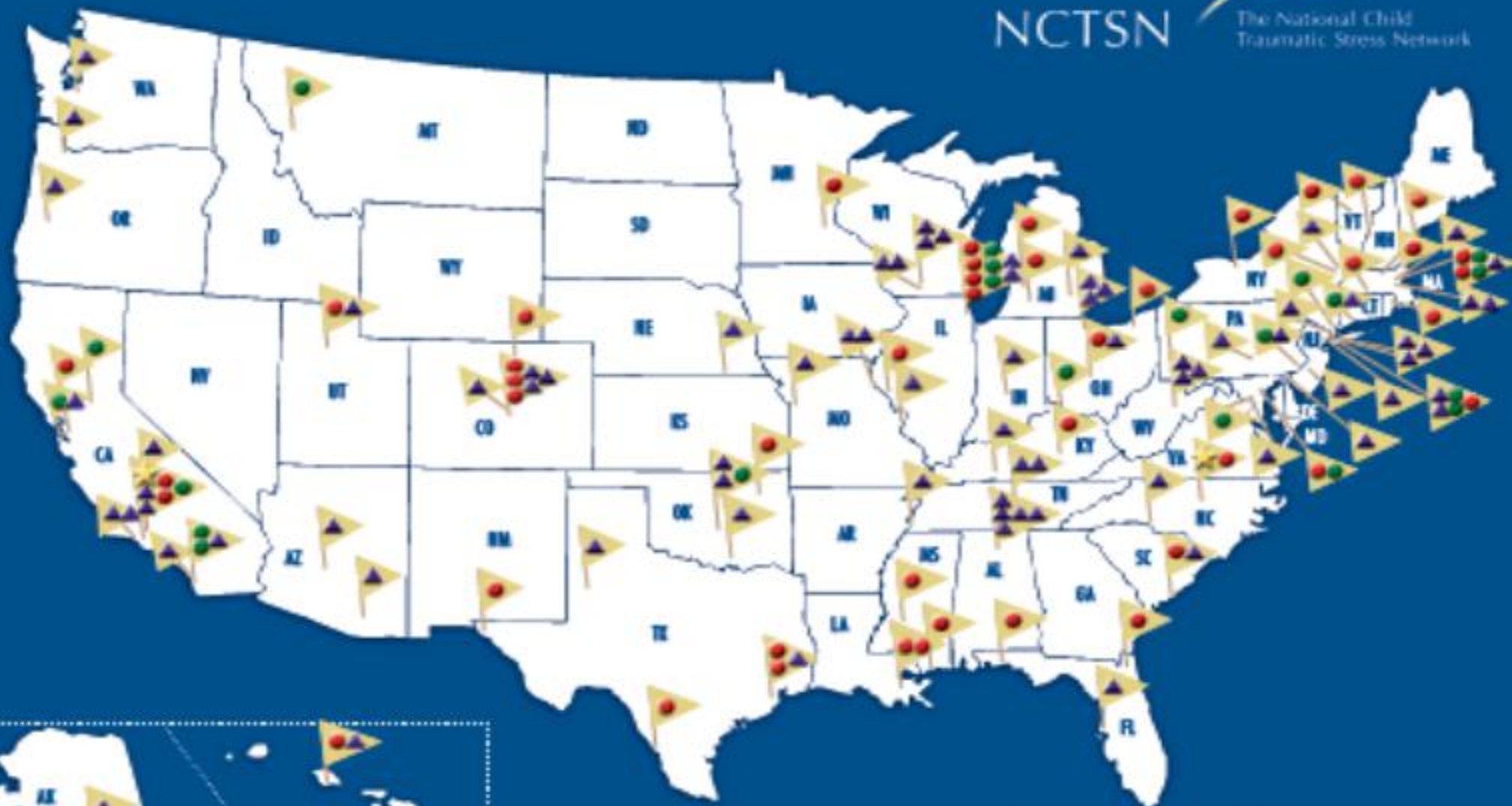
Cortisol 皮质醇



Alcohol Consumption 酒精摄取

毫升6%酒精效应 / 每公斤体重
ml 6% ETOH/kg of weight





- ★ UCLA & Duke National Center for Child Traumatic Stress
- Treatment and Services Adaptation Centers
- Community Treatment and Services Centers
- ▲ Affiliate Member Organizations and Individuals

This project is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS).

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Vamik Volkan

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关系创伤的动力学治疗 全过程及临床操作步骤

Janet Bachant

创伤治疗顶尖专家
纽约精神分析中心督导师
纽约灾难咨询联合会主席



复杂发展创伤的形成 及如何治疗

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