Peritraumatic Stress Symptoms Partially Mediate Pain Persistence After Sexual Assault

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Background: Increasing evidence suggests that chronic pain commonly develops after sexual assault (SA) and frequently occurs in body regions that do not experience trauma. To our knowledge, the influence of peritraumatic stress symptoms on pain persistence after SA has not been examined.

Methods: Adult women (n=706, mean age 29.10) presenting for emergency care after SA were enrolled. Posttraumatic stress (PCL-S) and pain (0–10 scale) were assessed at one and six weeks. Using measurement models of pain, dysphoric arousal, re-experiencing, and avoidance, a structural equation model (SEM) was developed that modeled PSS symptoms mediating the transition from acute pain one week after SA to pain persistence at six weeks, controlling for age, ethnicity, childhood trauma (ACE), and trauma history (LEC).

Results: Among SA survivors with six week follow-up data (629/706/89%), the above SEM provided a good fit to the data (χ2(103)=252.11, p<.001; RMSEA=.05; CFI=.97; TLI=.95, BIC=−422.95). In addition to the direct effect of one week on six week pain (β=.38, p=.001), the total indirect effect of PSS symptoms on pain severity six weeks after SA was observed (β=.06, p=.01). Among PSS symptoms, dysphoric arousal had the greatest effect on pain persistence (β=.09, p=.018).

Conclusions: Peritraumatic stress symptoms in the early aftermath of SA influence the transition from acute to persistent pain, particularly dysphoric arousal.

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Physiological Correlates of Peritraumatic Dissociation: A Role for Past History of Trauma

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Background: Peritraumatic dissociation (PD) is a known predictor for PTSD development, but its physiological correlates remain widely debated. This study investigated markers