Correspondence

EDITED BY KHALIDA ISMAIL

Child sexual abuse and schizophrenia

The authors of a recent study concluded that it 'gave no support to child sexual abuse being associated with schizophrenic disorders later in life' (Spataro *et al*, 2004). Despite numerous acknowledged limitations that 'reduce the probability of finding a positive association between [child sexual abuse] and mental disorders', males who had suffered child sexual abuse were 1.3 times, and abused females 1.5 times, more likely to have been subsequently treated for schizophrenic disorders than the general population. However, the researchers missed a crucial additional limitation. Because the abused subjects were drawn from police and court records many will have been removed from the abusive situation and received early support. The researchers warned, specifically in relation to schizophrenia: 'Care must be taken in interpreting this and other negative findings'; we agree.

The researchers also claimed 'the findings to date do not support an association between child sexual abuse and schizophrenia', adding that this hypothesis 'has claimed considerable public, if not professional, attention'. It seems professional attention has been somewhat selective.

There are many studies demonstrating the powerful relationship between child abuse (sexual and otherwise) and schizophrenia (reviewed by Read *et al*, 2004). Studies of specific psychotic symptoms reveal that the relationship is particularly strong with hallucinations (Hammersley *et al*, 2003; Read *et al*, 2003, 2004). When mediating variables are controlled for, the relationship, with both clinician-rated symptoms (e.g. Read *et al*, 2003) and research measures of psychosis (e.g. Janssen *et al*, 2004), remains significant.

One of the most robust of these studies was a prospective general population study (n=4045), controlling for age, gender, education, unemployment, urbanicity, ethnicity, discrimination, marital status, drug use, and psychotic symptoms or psychiatric care in first-degree relatives. On the three measures of psychosis, people who had suffered child abuse were 2.5, 7.3 and 9.3 times more likely to have psychosis. As in previous studies (e.g. Read *et al*, 2003), there was a 'dose–response' relationship. Those who had experienced severe child abuse were 48 times more likely than the general population to have 'pathology level' psychosis (Janssen *et al*, 2004).

Hammersley, P., Dias, A., Todd, G., *et al* (2003) Childhood traumas and hallucinations in bipolar affective disorder: preliminary investigation. *British Journal of Psychiatry*, **182**, 543–547.

Janssen, I., Krabbendam, L., Bak, M., *et al* (2004) Childhood abuse as a risk factor for psychotic experiences. *Acta Psychiatrica Scandinavica*, **109**, 38–45.

Read, J., Agar, K., Argyle, N., *et al* (2003) Sexual and physical assault during childhood and adulthood as predictors of hallucinations, delusions and thought disorder. *Psychology and Psychotherapy: Theory, Research and Practice*, **76**, 1–22.

Read, J., Goodman, L., Morrison, A., *et al* (2004) Childhood trauma, loss and stress. In *Models of Madness: Psychological, Social and Biological Approaches to Schizophrenia* (eds J. Read, L. Mosher & R. Bentall), pp. 223–252. Hove: Brunner-Routledge.

Spataro, J., Mullen, P. E., Burgess, P. M., *et al* (2004) Impact of child sexual abuse on mental health: prospective study in males and females. *British Journal of Psychiatry*, **184**, 416–421.

J. Read University of Auckland, Private Bag 92019, Auckland, New Zealand.
E-mail: j.read@auckland.ac.nz

P. Hammersley Department of Psychology, University of Manchester, Manchester, UK.

Author's reply: John Read appears to feel we were less than generous in our paper to the hypothesised relationship between child sexual abuse and schizophrenia. One of the many frustrations which beset researchers is that having chosen an analytical method and set the level of significance, you just have to live with your results, equivocations around trends notwithstanding. You certainly cannot, as John Read does in his letter, state about our results that 'males who suffer child sexual abuse were 1.3 times, and abused females 1.5 times, more likely to have been subsequently treated for schizophrenic disorders', when those relative risks were non-significant. I can assure your readers that had we been able to squeeze out a significant association between schizophrenia and child abuse from our data we would have done so. After all, dramatic and unexpected results tend to acquire that coveted accolade of citation more frequently than do the mundane and predictable. As we hopefully made clear, our study did not exclude an association between schizophrenia and child abuse – how could it – but simply failed to support such an association.

Dr Read refers to the associations found in a number of studies between endorsing symptoms which can occur in psychotic disorders and prior sexual abuse. I would suggest this is not quite the same thing as associations with schizophrenic illness. It should also be emphasised that correlations do not necessarily reflect causal relationships even if you chose to describe them as 'powerful relationships'.

P. E. Mullen Thomas Embling Hospital, Locked bag 10, Fairfield, Victoria 3078, Australia.
E-mail: paul.mullen@forensicare.vic.gov.au

Social development, urban environment and psychosis

Van Os (2004) persuasively argues for a greater recognition of the urban environment as a justifiable and empirically sound aetiological factor in psychotic illness. The unanswered question, however, remains about the mechanism through which this environment increases the risk for psychosis. It seems necessary to suggest that perhaps psychiatric illness cannot be assessed under the generally accepted cause and effect rubric that defines other medical illnesses. This is mostly because there are no definitive or specific markers that can define the presence of the illness and, although genetic factors are associated with the risk for developing psychosis, the expression of illness is clearly an interaction with environmental factors (Tsuang *et al*, 2001).

Van Os notes that the medium of risk exposure is likely to be widespread and

https://doi.org/10.1192/bjp.186.1.76-a Published online by Cambridge University Press