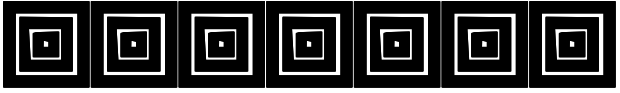


# INSIDE Issues



*News and Information on Eating Disorders*

**Awareness!**

**By Gina Scarano-Osika**

If we could summarize the goals of CRAED this year in one word, it would be AWARENESS!!! In order to improve CRAED’s membership and the numbers of people attending the support groups, The Board of Directors have embarked on a number of excursions in order to improve awareness and enhance concern about eating disordered behavior either in themselves, a friend, a student, or co-worker. We have sent mass mailings to medical and mental health professionals notifying them of CRAED’s presence and how we can assist their clients. We have made

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**Board of Directors**

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**c/o Colonie Community Center •**  
**1653 Central Avenue • Albany, NY 12205**  
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presentations to school professionals in order to improve their knowledge of eating disordered behavior and recruit group leaders to possibly run a support group within the school setting. And of course, our annual conference was a HUGE

success. So to say the least, we are hopeful that many more people will appreciate and utilize all that CRAED has to offer. To our existing members, a heartfelt "thank you" and request to spread the good news!!!!

# ANNOUNCEMENT

Dr. Sharon Alger- Mayer, Associate Professor of Medicine, at Albany Medical Center, will be presenting an evening lecture entitled:

**"Food, Mood, and Appetite Control" : Strategies to Improve Control through Nutritional Intervention and Physical Activity.**

The lecture will be held May 6th, 2003 from 6 - 7:30 pm at the Center for Integrative Health and Healing , 388 Kenwood Avenue, Delmar NY. ( At the 4-corners) .

Space is limited, and we will need to restrict the number of attendees to 15. Please call the Center at 689-2244 to reserve your seat.

The presentation is provided as a community service and is free of charge.

# IN THE NEWS

## **Childhood and adulthood abuse in bulimic and nonbulimic women: Prevalences and psychological correlates**

Thirty percent to 45% of women with bulimia nervosa (BN) report having experienced childhood sexual abuse (Connors & Morse, 1993; Wonderlich, Brewerton, Jolic, Dansky, & Abbott, 1997) and even more women report that they had been abused physically (Rorty, Yager, & Rossotto, 1994). Two studies reported that bulimic women report a high prevalence of unwanted sexual experiences in adulthood (Dansky, Brewerton, Kilpatrick, & O'Neil, 1997; Wonderlich et al., 2001). One of these studies evaluated the effects of multiple sexual assaults on eating-disordered behavior in a community sample (Wonderlich et al., 2001). These authors found that individuals who experienced both childhood and adult sexual abuse showed marked eating disorder symptomatology and impulsivity compared with individuals who experienced no abuse, with individuals who were only abused sexually in childhood, or with individuals who were only abused sexually in adulthood. These findings suggest that

repeated abuse may be associated with more severe eating disorders and generalized symptoms. To our knowledge, no other study has studied implications of repeated abuse in bulimic women.

The current study assessed the proportion of women, in a sample of bulimic and normal-eater women, who had experienced childhood abuse and then later abuse in adulthood. It also explored the possible implications of repeated abuse, across childhood and adulthood, for eating symptoms and associated psychopathologic traits.

### Results and Discussion

In our sample, we found reported rates of sexual and physical abuse in childhood among bulimic and nonbulimic women to be comparable to those obtained in previous reports (Calam & Slade, 1989; Connors & Morse, 1993). Similarly, rates for abuse in adulthood for bulimic women also resembled those reported in previous studies (Dansky et al., 1997).

Abuse in adulthood without childhood abuse was very rare. In our study, only 1 bulimic woman

experienced adulthood abuse without childhood abuse and none of our control women reported adult abuse without childhood abuse. A possible explanation for the concurrence of childhood and adult abuse experiences may be that effects of childhood abuse on personality or adaptive mechanisms could increase the risk of later abuse in adulthood. For example, abuse might cause individuals to feel deserving of mistreatment, and hence to accept abusiveness in later relationships. Another explanation may be that the co-occurrence of childhood and adulthood abuse might implicate inherent individual traits (e.g., impulsivity). Individual traits might heighten the probability of an individual's risk of being abused in the first place, which, if persistent, might also underlie the risk later in life. Yet a third explanation is possible. For example, if people remain in certain social strata in which an elevated risk of abuse exists (e.g., in economically disadvantaged situations), then persistent risk of abuse (in both childhood and adulthood) might be attributed to aspects of the social environment. Our data do not allow us

to select from among these alternative explanations. However, it seems to be true that abuse in adult years can often signal the presence of an earlier abusive experience.

We found the combined presence of childhood and adulthood abuse to be associated with elevations on certain psychological dimensions, especially dissociation and submissiveness. These results could implicate the causal effects of childhood abuse on personality development or the influences of constitutional traits in heightening the risk for abuse or both. Our data do not allow us to ascertain which explanation is correct. However, they do indicate a correspondence between traits and experience that may be of clinical relevance. For example, whether traits are a cause or a consequence, or both, their presence would seem to indicate a need to work the "interpersonal stance" assumed by abuse survivors, in the interest of preventing further risk of abuse.

*Excerpted from International Journal of Eating Disorders 33:4, 2003*



# CONTRIBUTING MEMBERSHIP

***We need your financial support!***

Student	\$ 15.00
Individual	25.00
Family	35.00
Professional	55.00
Supporter	80.00
Patron	100.00
Benefactor	250.00

Your contribution is tax deductible, and membership includes a subscription to the newsletter. Checks or money orders can be made payable to:

**Capital Region Association for Eating Disorders  
c/o Colonie Community Center  
1653 Central Avenue  
Albany, NY 12205**

*Membership Form: Please complete and mail with your contribution.*

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 MEMBERSHIP CATEGORY \_\_\_\_\_ \$ AMT \_\_\_\_\_  
 ARE YOU AVAILABLE FOR VOLUNTEER WORK? Yes \_\_\_\_\_ No \_\_\_\_\_

## **Capital Region Association For Eating Disorders - Support Groups**

**All groups meet 7- 8:30 p.m., are confidential and free.**

**Call 464-9043 to verify time, place and type of meeting (Combined, Significant Other, etc.)**

Every **FIRST TUESDAY** - May 7, June 4\*, July 2, August 6

Combined Group - Ellis Hospital, Dining Room #1, Schenectady

\*June 4 group meets in B Conference Room at Ellis Hospital

Every **SECOND SUNDAY** - May 12, June 9, July 14, August 11

Significant Others - Bellevue Hospital, Administration Building, Niskayuna

Every **SECOND WEDNESDAY** - May 8, June 12, July 10, August 14

Combined Group - Russell Sage College, Kellas Hall, Troy

Every **FOURTH THURSDAY** - May 23, June 27, July 25, August 22

Combined Group, Significant Others - Four Winds-Saratoga, Algonquin Bldg., Saratoga Springs