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Corrigendum

Corrigendum to "Differential effects of childhood trauma subtypes on fatigue and physical functioning in chronic fatigue syndrome" [Comprehensive Psychiatry 78 (2017) 76–82]

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The authors would like to respond to several comments of a reader of the article and to provide additional information regarding the reported statistics:

The a priori hypothesis formulated in this article assumes the existence of differential effects of childhood trauma subtypes in patients with chronic fatigue syndrome (CFS) on levels of fatigue and physical functioning. The literature has repeatedly reported differentiated clinical effects in adulthood depending on the subtype of childhood trauma in general [1] and most specifically in CFS [2,3]. More recently, we published a systematic review on the structural and functional brain abnormalities associated with exposure to different childhood trauma subtypes [4].

We admit that the reported effect sizes are small considering the means and standard deviations of the dependent variables, and could therefore be mistaken for standardized coefficients, which they are not. However, despite the small effect size, the effect of sexual harassment was found to be significant, and may therefore warrant further scrutiny in future research on CFS.

Regarding the way in which results are reported, we understand that it is common in a number of fields to report standardized coefficients as beta coefficient (β), but in other fields β would routinely be used to report unstandardized coefficients. In the original Table 3 we reported the unstandardized coefficients. Given the inconsistent notation across fields, we admit that, in retrospect, it would have been preferable to explicitly mention that the β coefficients reported are in fact unstandardized coefficients. We have revised Table 3, which now includes the unstandardized as well as the standardized coefficients.

Taken the sample-size and the included variables into account, we did not intend to make any predictions. Regrettably, we used some words in the article that imply the use of a predictive model. To set things straight, when we use the words *predictive, prediction, predict, predictor* in our paper, we actually mean that there is an influence or

Table 3
The CIS and SF-36 predicted by the five TEC subscales in the regression analyses ($N = 155$).

Dependent	Independent (TEC)	Unstandardized coefficient (SE)	Standardized coefficient	t	*p*-Value
CIS total	Emotional neglect	0.02 (0.27)	0.01	0.63	0.94952
	Emotional abuse	0.41 (0.28)	0.12	1.48	0.14003
	Bodily threat total	0.22 (0.30)	0.06	0.74	0.45903
	Sexual Harassment	1.38 (0.61)	0.18	2.26	**0.02540**
	Sexual abuse	0.83 (0.65)	0.10	1.28	0.20314
SF-36 physical functioning	Emotional neglect	0.02 (0.37)	0.01	0.07	0.94746
	Emotional abuse	0.17 (0.39)	0.04	0.43	0.66949
	Bodily threat total	0.04 (0.41)	0.01	0.11	0.91457
	Sexual Harassment	−1.79 (0.84)	−0.17	−2.13	**0.03447**
	Sexual abuse	−0.53 (0.89)	−0.05	−0.60	0.55204

TEC = Traumatic Experiences Checklist; CIS = Checklist Individual Strength; SF-36 = Medical Outcomes Short Form 36 Health Status Survey; SE = Standard Error.

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an effect of the independent variable (in this case sexual harassment) on the outcome measures (fatigue and physical functioning).

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