

A STUDY ON CHILD SEXUAL ABUSE AND EMOTIONAL DISORDERS IN WOMEN

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ABSTRACT

A history of childhood sexual abuse (CSA) is a risk factor for adult emotional distress, including symptoms of depression, anxiety, dissociation, and trauma. However, CSA is likely associated with adult distress especially in women. The author has document support for the roles of self-blame, interpersonal difficulties, and avoidant coping strategies as mediators. In addition, emotional disorder appears to mediate links between CSA and other adverse outcomes. The author discusses outcomes of sexual trauma in general and its consequences.

Keywords: CSA, Emotional Distress, Emotional Distress, Depression

INTRODUCTION

Numerous studies have reported that CSA is related to adult mental health problems including depression. A review of the long-term effects of CSA found that six out of eight studies reported a relationship with depression. Despite many reports of a relation between CSA and adult adjustment, there is accumulating evidence to contradict these claims. Some studies have found that CSA accounts for little or no variance in adjustment when background characteristics are controlled. On the other hand, other studies have found that CSA accounts for a significant amount of variance in adjustment despite controlling for background characteristics. A history of childhood sexual abuse (CSA) clearly is associated with adult emotional distress. CSA survivors tend to show elevated levels of distress across symptom domains. However, they are at particular risk for a handful of emotional disorders, including chronic or recurrent depression, anxiety disorders and posttraumatic stress disorder. Some investigators argue that CSA also is a significant risk factor for dissociative disorders, with more severe and multiple forms of abuse being associated with the diagnosis of disorders further along the dissociative continuum. Thus, CSA is a risk factor for various forms of emotional distress, particularly depression, anxiety, PTSD, and dissociation.

Research conducted over the past decade indicates that a wide range of psychological and Interpersonal problems are more prevalent among those who have been sexually abused than among individuals with no such experiences. Although a definitive causal relationship between such difficulties and sexual abuse cannot be established using current retrospective research methodologies, the aggregate of consistent findings in this literature has led many to conclude that childhood sexual abuse is a major risk factor for a variety of problems. This article summarizes what is currently known about these potential impacts of child sexual abuse. The various problems and symptoms described in the literature on child sexual abuse are reviewed in a series of broad categories including posttraumatic stress, cognitive distortions, emotional pain, and avoidance, an impaired sense of self and interpersonal difficulties. Research has demonstrated that the extent to which a given individual manifests abuse-related distress is a function of an undetermined number of abuse-specific variables, as well as individual and environmental factors that existed prior to, or occurred subsequent to, the incidents of sexual abuse.

Emotional Disorders

Emotional disorder is a psychological or behavioral pattern generally associated with subjective distress or disability that occurs in an individual, and which are not a part of normal development or culture. The recognition and understanding of mental health conditions has changed over time and across cultures, and there are still variations in the definition, assessment, and classification of mental disorders, although standard guideline criteria are widely accepted. A few

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mental disorders are diagnosed based on the harm to others, regardless of the subject's perception of distress. Over a third of people in most countries report meeting criteria for the major categories at some point in their life.

The causes are often explained in terms of a diathesis-stress model or biopsychosocial model. In biological psychiatry, mental disorders are conceptualized as disorders of brain circuits likely caused by developmental processes shaped by a complex interplay of genetics and experience. Services are based in psychiatric hospitals or in the community. Diagnoses are made by psychiatrists or clinical psychologists using various methods, often relying on observation and questioning in interviews. Treatments are provided by various mental health professionals. Psychotherapy and psychiatric medication are two major treatment options as are social interventions, peer support and self-help. In some cases there may be involuntary detention and involuntary treatment where legislation allows. Stigma and discrimination add to the suffering associated with the disorders, and have led to various social movements campaign for change.

Most emotional disorders are associated with a number of risk factors, and it is important to identify the ways in which these factors are associated with each other. One risk factor may be a proxy for another that actually is the source of the risk. For instance, a meta-analysis examining the associations among CSA, family environment, and psychological distress found that the effect of a dysfunctional family environment was a stronger predictor than CSA of later psychological .Because family dysfunction is a more global variable than CSA, CSA may be a proxy for the risk of growing up in a difficult family. Risk factors also may mediate or moderate each other.

A mediating risk factor is one that explains the association between another risk factor and the outcome. For instance, CSA and emotional distress may be linked because CSA has an impact on survivors' ability to find and use social support. By definition, a mediator must be a consequence of the CSA and therefore develops after the CSA has occurred. A risk factor is said to moderate another risk factor when it alters the strength of the association between it and the outcome, either by increasing or decreasing the risk. A moderator specifies the conditions under which the risk factor produces the outcome. So for instance, social support also could moderate the impact of CSA on adult emotional distress. Emotional Distress Clinicians have long noted the emotional pain reported by many survivors of sexual abuse. This distress is also well documented in the research literature, primarily in terms of increased depression, anxiety, and anger.

Anxiety

Child abuse is, by its nature, threatening and disruptive, and may interfere with the child's developing sense of security and belief in a safe, just world. Thus, it should not be surprising that victims of such maltreatment are prone to chronic feelings of fearfulness or anxiety. Elevated anxiety has been documented in child victims of sexual abuse, as well as in adults who were molested as children. In the general population, survivors are more likely than nonabused individuals to meet the criteria for generalized anxiety disorder, phobias, panic disorder, and/or obsessive compulsive disorder, with sexual abuse survivors having up to five times greater likelihood of being diagnosed with at least one anxiety disorder than their non-abused peers.

Depression

A variety of studies have documented greater depressive symptom among child victims, as well as adult survivor. Elevated anxiety has been documented in child victims of sexual abuse as well as in adults who were molested as children. In the general population, survivors are more likely than non abused individuals to meet the criteria for generalized anxiety disorder, phobias, panic disorder, and/or obsessive compulsive disorder, with sexual abuse survivors having up to five times greater likelihood of being diagnosed with at least one anxiety disorder than their non- abused peers.

Impaired Sense of Self

The development of a sense of self is thought to be one of the earliest developmental tasks of the infant and young child, typically unfolding in the context of early relationships. How a child is treated / maltreated early in life influences his or her growing self-awareness. As a result, severe child

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maltreatment—including early and sustained sexual abuse—may interfere with the child's development of a sense of self.

Avoidance

Avoidant behavior among victims of sexual abuse may be understood as attempts to cope with the chronic trauma and dysphoria induced by childhood victimization. Among the dysfunctional activities associated with avoidance of abuse-specific memories and feeling are dissociation, substance abuse, suicidality, and various tension-reducing activities.⁹ In each instance, the problem behavior may represent a conscious or unconscious choice to be involved in seemingly dysfunctional and/or self-destructive behaviors rather than fully experience the considerable pain of abuse specific awareness. Unfortunately, although sometimes immediately effective in reducing distress, avoidance and self-destructive methods of coping with child abuse experiences may lead ultimately to higher levels of symptomatology, lower self-esteem, and greater feelings of guilt and anger.

Interpersonal Difficulties

Research and clinical observation have long suggested that child sexual abuse is associated with both initial and long-term alterations in social functioning. Interpersonal difficulties arise from both the immediate cognitive and conditioned responses to victimization that extend into the long term ; for example, distrust of others, anger at and/or fear of those with greater power, concerns about abandonment, perceptions of injustice), as well as the accommodation responses to ongoing abuse.

CSA Symptoms and Outcomes

A handful of studies also have assessed the possibility that emotional distress mediates the link between CSA and other adverse outcomes, such as alcohol use and revictimization. Individuals with a history of CSA are likely to abuse alcohol as adults; researchers conceptualize alcohol use in this population as a form of coping with the distress generated by the CSA or as an attempt to self-medicate. However, the relationships among CSA, emotional distress, and alcohol use have been assessed empirically. CSA is defined as unwanted contact that occurred through the use of threat or force.

Discussion

Child sexual abuse (CSA) was defined as any unwanted and nonconsensual sexual behaviors occurring before the age of 16 years. Peer sexual abuse (PSA) is defined as any unwanted and nonconsensual sexual behaviors occurring before the age of 16 years with a perpetrator who is less than 5 years older than the victim at the time of the abuse. Adult sexual assault (ASA) is defined as any nonconsensual sexual act occurring after the age of 16 years, irrelevant of the age difference between victim and perpetrator. The research on revictimization has often examined CSA as an isolated risk factor, even though sexual abuse frequently coexists with other traumatic experiences that could be potential predictors of adult victimization. For example, sexual and physical abuses are two forms of maltreatment that frequently co-occur in families with domestic violence and parental substance abuse. CSA leads to trauma, including posttraumatic symptoms, depression, substance use, helplessness, negative attributions, and anxiety. Scientific inquiry has demonstrated the wide variety of psychological problems that can be associated with childhood sexual abuse. However, the data on both adult and child victims have certain limitations. Studies often do not have large enough samples to examine these variables while, at the same time, controlling for the potential impact of other forms of concomitant child abuse. As a result, it is not always clear to what extent a given study has identified the unique effects of sexual abuse. Such research should continue to examine the impacts of abuse in a variety of large samples and to utilize multivariate approaches to the study of sexual abuse.

Conclusions and Suggestions for future Studies

The practice implications of this review are that psychological treatments for adult survivors of CSA should focus on self-blame, addressing interpersonal difficulties and enhancing attachment security, and promoting the use of emotional expression, instead of avoidance to cope with the abuse. The research implications are that researchers need to have a better understanding of causal and non-causal risk factors and of the ways in which these risk factors interact with each other. Models explaining emotional distress also need to consider moderating as well as mediating variables. The scope and significance of the

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victimization of CSA women raises many questions and challenges for services researchers. Fully understanding and addressing the problems raised in this review require clinical research, epidemiological studies and services research.

The extent and nature of victimization in this population require further investigation. To address this goal, measures will have to be developed that are reliable and valid for this particular population. This task will be complex because of the cognitive deficits common among SMI women. The reliability of these measures could be established with test-retest procedures to determine the extent to which self-reports vary with the mental status of the respondent. Assessment of a measure's validity will be much more difficult and may ultimately require researchers to seek some form of external corroboration.

New measures may need to be developed that better reflect the language and cultural constructions of violence held by those CSA women who are unable to take advantage of available educational opportunities and may be excluded from mainstream culture. To help potentially delusional respondents to attend and comprehend the questions, measures should be kept simple and concrete and should be administered by an interviewer rather than as paper-and-pencil questionnaires. Additionally, standard definitions and assessment procedures should be developed, and measures should ask about multiple forms of abuse within a particular sample in order to place one type of abuse within the context of lifespan victimization. Trauma treatment models are needed to address the special needs of this population. In conclusion, current research suggests an extremely high incidence and prevalence CSA women with emotional disorders. Left untreated, these abuse correlates may influence service utilization patterns and treatment. Systematic experiential inquiry is also crucial to unravel the causes and effects of CSA women, as well as for evaluating effective interventions.

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