Remote Psychiatric Sequelae of Sexual Abuse in Childhood

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Abstract

In this retrospective study for 627 psychiatric patients (421 females and 206 males), and 54 other patients (38 females and 16 males) reported history of sexual abuse during childhood. The results illustrated the demographic features of the abused victims, the offenders and the acts of assault. The results showed also a significant correlation between sexual abuse during childhood and disorders of adult personality and behavior especially disorders associated with sexual development and orientation, borderline personality disorder, substance abuse and behavioral syndromes associated with psychological disturbance.

Introduction: The most common types of child maltreatment are physical abuse, neglecting and sexual abuse. The Batterd child Syndrome" by Kempe and Co-workers was the first report of child abuse as a clinical phenomenon (Kempe et al, 1962). A rather consistent pattern of fearfulness and anxiety-related symptoms has been described in sexually abused children, i.e. sleep disturbance, insomnia and nightmares, somatic complaints and psychosomatic disorders, loss of appetite and regressive symptoms. A heightened fearfulness may occur extending to phobic avoidance of all males. School avoidance is common and older children and adolescents often run away from home (Gree, 1983).

Frinkhar (1994) stated that about 150.000 cases of child sexual abuse were reported in United States during 1993 and the true scope of this problem is better reflected in retrospective surveys of adults.

The long term impact of sexual abuse may result in various forms of psychopathology and in more specific disturbance in sexual behavior and gender role. Green (1978) stated that among the long term sequelea of sexual abuse are mistrust, proof self image, depression, hysterical symptoms and character traits, social withdrawal and impaired peer relations, poor school performance and cognitive impairment.

Pribore and Dinwiddie (1992) described the types of psychiatric illness associated with incest during childhood, they found that anxiety disorders, major depression and alcohol abuse and dependence were significantly higher in the incest group.

Briere and Zaidi (1989) found a relation between histories of sexual abuse and suicidality, substance abuse, sexual difficulties, multiple psychiatric diagnosis and borderline personality disorder. they found also that severe abuse and multiple abuse best predicted psychiatric sequelae.

Among seventy one Dutch patients with multiple personality disorder, Boon and Draijer (1993) found a history of childhood physical and/or sexual abuse in 94.4%.

Walker et al. (1992) found that women with a childhood history of sexual abuse has significantly higher scores

on measures of psychological distress, somatization and dissociation functioning as more impaired.

Aim of work

Finding out demographic description of sexual abuse during childhood and study its relations to the different psychiatric disorders that might develop after.

Subjects and Method: A retrospective study of 627 patients (421 females and 206 males) attending outpatient psychiatric clinics, all above the age of 18 years, 54 cases (38 females and 16 males) reported history of sexual abuse during childhood (before age of 15). All cases were subjected to the following procedure:

a) Full psychiatric sheet including personal data, complaints and history of present illness with special emphasis on
- Sexual inclinations and practices i.e. age of maturity, sources of sexual knowledge, reaction to menstruation in female cases, any sexual fantasies, masturbation guilt associated with sex, and homosexual experience, any extramarital sexual experiences any homosexual fantasies.
-Marital history including any sexual difficulties i.e. impoeance, premature ejaculation, lack of desire, frigidity, dysparunia vaginsimus or increased sexual arousal.
-Past history of sexual assault during childhood period with full details of the act of assault regarding the offender, the age of the victim, the frequency of abuse, the number of abuses, the kind of assault, the presence of violence and the fairly knowledge and reaction.

b) Full psychiatric examination and diagnosis according to the "International Classification of Diseases" ICD-10.

c) All cases that reported sexual assaults were followed up in a psychoanalytically oriented psychotherapy once a week for two months, to find up any interrelation between sexual assault and psychiatric disorders.

Results and discussion:

A) Demographic description

In this retrospective study, out of 631 patients (425 females and 206 males) attending outpatient psychiatric clinics, 54 reported history of sexual abuse before age of 18 years representing 8.62% with high incidence among females than males (70.37% and 29.63% respectively) table (1). This may be attributed to the high presentation of females in the studied sample (67.15%). In a similar study done by Hutchings and Dutton (1994) on one hundred and twenty two adults outpatients, 48% reported that they had been sexually assaulted or abused, 59% of women and 24% of men.

Also Finkelhor (1994) confirmed that in at least 19 countries in addition to the United States and Canada, child sexual abuse ranging from 7% to 36% for woman and 3% to 29% for men and most studies found females to be abused at 1.5 to 3 times the rate of males.

Regarding to the characteristics of assault among the abused cases, our results revealed a statistical significant difference between male and female cases as regard the kind of the offender and frequency of abuse table (2).

As regard the relation of the offenders to the victim it was found that the offender was family related to about 58% of female cases while well known to about 68.7% of boys.

These results came in accordance with that of Andreson et al. (1994) and Kaupp and Eggers (1993) who stated that the abusers were usually known to the victim, being family members in 38.8% of cases and acquaintances in an-

other 46.3%, Stranger abuse account for 15% of all abuse experiences.

The age of the victim was found to be less than 10 years in most of the cases whether males or females but regarding the frequency of abuse, it was found that girls were more frequently abused than boys (6.9% and 62.5% respectively) with a statistical significant difference. This came in accordance with Finkelhor (1994) and Nutttal and Jackson (1993) who reported that the peak age at which both genders were sexually abused was 8 years.

In our study, the offender was found to be one and the same person in most cases whether males or females. On the other hand, as regard kind of assault, molestation was more prevailing among both sexes than intercourse and violence was not accompanying the act in most of the sample.

Anderson et al. (1994) reported that a significant umber of childhood sexual abuse experiences 70% involved genital tract and 12% of those abused were subjected to sexual intercourse. Also Hutchings and Dutton (1994) stated that 42% of women and 17% of men reported that had been raped, 27% of women and 7% of men reported attempted rape and 31% of women and 10% of men reported molestation. As regard family knowledge and reaction to the sexual assault table (3) shows that the family was informed at the beginning in male cases while later in female cases, this might be explained the fact that most of offenders were relatives in female cases and also by the fear and anxiety attached to sexual topics among girls in our culture. the family reaction was active in most of our sample.

B) Remote psychiatric sequelae

There was a positive correlation between reporting sexual abuse and greater levels of psychopathology on a range of measures (Mullen et al. 1993). Also in our study, we found a statistical significant differences between the abused and the non-abused group regarding the psychiatric disorders that develop later on in life (table 4).

Three main categories of diagnoses were found significantly prevaling among cases who reported history of sexual abuse during childhood, the first were disorders of adult personality and behavior, the second, mental and behavior disorders due to psycho-active substance use and the third, behavioral syndromes assoiated with physiological disturbance and physical factors.

Regarding the first category, a statistical significant difference was found in the psychological and behaviorl disorders associated with sexual development and orientation (table 5) including sexual maturaion disorders, egodytonic sexual orientation and sexual relationship disorders asociated with homosexuality. These results came in accorance with that of Green (1978), who found various forms of psychopathology and more specific disturbances in sexual behaviour and gender role among long term impact of sexual abuse. Also Bulter et al, (1993) reported that there was a significant relation between sexual abuse in childhood and sexual dysfunction in women's adult life.

Although no significant differnece was found regarding specific personality disorders as a whole, yet we found it widely distributed among our sample (table 6) (64.3%) and a significant difference was evident regarding the emotionally unstable (borderline type) a result that came in accordance with that of Boon and Draijer (1993), who found personality disorders prevaling among his

Table (1) Sex distribution of studied according to history of sexual abuse

Sex distribution/ history of Sexual abuse	Male		Female		Total	
	n	%	n	%	n	%
Sexually abused	16	29.63	38	70.37	54	8.62
Non Sexually abused	190	33.16	383	66.84	573	91.38
Total	206	32.85	421	67.15	627	100%

Table (2) Sex distribution of sexually abused cases according to variables related to the characteristics of abuse

Abused cases / Variable	Male n=16		Female n=38		Z	P
	n	%	n.	%		
	4	24	22	57.9	2.209	<0.05
Offenders	11	68.7	14	36.8	2.147	<0.05
relative	1	6.3	2	5.3	0.145	>0.05
well kmown						
forigner						
	12	75	21	55.26	1.359	>0.05
Age of victim	4	25	17	44.74	1.359	>0.05
<10 years						
>=10 years						
	6	37.5	5	13.1	2.028	<0.05
Frequency of abuse	10	62.5	33	86.9	2.208	<0.05
once						
frequent						
	13	81.25	29	76.32	0.398	>0.05
Number of abusers	3	18.75	9	23.68	0.398	>0.05
one person						
multiple						
	13	81.25	34	89.47	0.822	>0.05
Kind of assault	3	18.75	4	10.53	0.822	>0.05
molestation						

Table (3) Sex distribution of sexually abused cases according to the family knowledge and reaction

Abused cases / Variables	Males n=16		Female n=38		Z	P
Family knowledge	No	%	No	%		
at begining	4	25	3	7.89	1.709	<0.05
later on	0	0	10	26.32	2.273	<0.05
not known	12	75	25	65.79	0.665	>0.05
Family reaction						
Active	4	25	11		0.296	>0.05
Passive	0	0	2		0.935	>0.05

sample and with that of Briere and Zaidi (1989) who found a relation between histories of sexual abuse and axis II disorders especially borderline personality. Also Links and Reekum (1994) stated that there is a strong eitologic link between childhood sexual abuse and borderline personality.

Regarding the second category including mental and behvioral disorders due to psycho-active substance, we found it more common among the abused group (20.4%) in contrast to only 9.08% among the non abused group and the difference was statisitcally significant. Almost the same percent of abused cases were found to have antisocial personality disorder (22.2%), a result that suggests the relation between sexual abuse in childhood and substance use disorder and antisocial personality disorder. These results came in accordance with Mullen et al (1993) who confirm that substance abusse and suicidal behavoir were also more commonly reported by the abused group.

As to the third category of behaviorl syndroms associated with physiological disturbances and physical factors, we found it significantly prevaling among our sample especially sexual dysfunctions in the form of lack or exessive sexual drive and eating disorders like bulimia, over eating and anorexia, also abuse of non dependence producing substances (laxatives). These results came in accordance with that of Green (1978) who found a relation between increased sexual arousl or sexual inhibition and aviodance and with Bulik (1989) who proved its relation to Bulimia and Waller (1992) who found a relation to binging nd vomiting.

It seems that the sexual abuse in childhood has a constant and persistent destructive effect that reflects on the long term development process of the personality and has its remote impact on the psychological functions especially on the behavior and although its immediate

Table (4) Comparison between sexually abused and non-abused cases regarding to the different psychiatric disorders

Studied group / Psy. disorder	Abused cases n=54		Non-abused cases n=573		Z	P
	No.	%	No	%		
1- Disorders of adult personality of behavior	28	51.85	117	20.42	5.237	<0.01
2- Organic disorers including symptomatic & mental disorder	0	0	28	4.88	1.662	<0.05
3- Mental & behavioral disorder due to psychactove substance use	11	20.4	52	9.08	2.639	<0.05
4- Schizophrenic, schizotypol & delusional disorder	3	5.5	56	9.77	1.015	>0.05
5- Mood disorders	7	12.9	69	12.04	0.198	>0.05
6- Behavioral syndroms	5	9.3	21	3.66	1.971	<0.05
7- Mental retardation	3	5.5	19	3.32	0.855	>0.05
8- Neurotic stress related & somatoform disorders	17	31.4	282	49.21	2.494	<0.05
9- Disorders of psychological development	0	0	5	0.87	0.689	>0.05
10- Behavioral & Emotional disorders	0	0	2	0.35	0.435	>0.05

Table (5) Comparison between sexually abused and non abused cases regarding to adult personality and behavioral disorders

Studied group / Disorder	Abused cases n=28		Non-abused cases n=117		Z	P
	No	%	No	%		
1- Specific personality disorder	18	64.3	81	69.2	0.505	>0.05
2- Mixedpersonality disorder	2	7.1	19	16.2	1.229	>0.05
3- Enduring personality changes	0	0	3	2.6	0.856	>0.05
4- Haabit & impulse disorder	0	0	4	3.4	0.992	>0.05
5- Disorders of sexual preference	1	3.6	3	2.6	0.292	>0.05
6- Gender identity disorder	0	0	1	0.9	0.419	>0.05
7- Psychological & behavioral disorders associated with sexual development & orientation	7	25	6	5.1	3.306	<0.05

effect may be cooled down, yet its deep, continious destructive effect is continously playing a destructive role.

Conclusion:

From these results we can conclude that the sexual abuse in childhood has a constant and persistent destructive effect that reflects on the long term developmental process of the personality and remote impact on the psychological functions specially the behaviour of human being and although its immediate effect may be cooled down, yet its deep, continous pathological effect is continuusly playing a destructive role.

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المضاعفات النفسية الناتجة عن الاعتداءات الجنسية التى تحدث فى سن الطفولة

هذه الدراسة لعدد ٦٢٧ مريضا نفسيا استرجعوافيها ذكرياتهم منهم ٢٠٦ ذكرا،و ٤٢١ انثى و قد وجد ان ٥٤ مريضا (٣٨ انثى و ٦١ ذكرا) يمثلون ٨,٦٣٪ من العينة قد تعرضوا للاعتداء الجنسي خلال فترةالطفولة

وشمل البحث دراسة هولاء الضحايا و مرتكبى الاعتداءاو ظروف و ملابسات الاعتداءات

ولقد اظهرت النتائج وجود علاقة ذات دلالة احصائية بين التعرض للاعتداءات الجنسية فى فترةالطفولة و كل من الاضطرابات الشخصية للبالغين و الاضطرابات السلوكية و خاصة الاضطرابات الجنسيةو النفسجسمية و ايضا بالإدمان على العقاقير و الكحول.