

Ventosa, M.R.¹ & Domínguez, N.²

¹Institut de Neuropsiquiatria i Adiccions. Community Mental Health Center “Marti i Julià”. Parc de Salut Mar, Barcelona; 34647036629; 25028@parcdesalutmar.cat;
²Hospital Mutua de Tarrasa, Tarrassa (Barcelona); 34628612862; noedomingue@gmail.com;

INTRODUCTION

Background: There is a gap between the psychopathological disorders more frequently found in previous research and the specific symptoms that can present our psychiatric patients.
Goal: Identify and assess the set of symptoms revealed by female adult survivors within the main areas reported in previous research.

MATERIAL AND METHOD

Method: The sample was formed by 46 women from the outpatient treatment-seeking population at a Community Mental Health Center in the metropolitan area of Barcelona. The case group was composed of 23 women that had revealed CSA (<13 yrs.) and the control group consisted of another 23 women randomly selected from female patients in the same outpatient population. Socio-demographic and abuse data were collected. Subjects answered a specific questionnaire designed for the study.
Material: The TLEQ were adapted to gather relevant information about the typology of CSA. Only sexual abuse involving physical contact with coercion (emotional or physical) was included.
The Questionnaire for the Mental Health Evaluation of CSAW consisted of 70 items designed with item content covering the range of psycho-pathological disturbances found in previous research and the more specific symptoms revealed by women in therapy sessions. Seven categories of symptoms were found in main databases: (1) mood and affective disturbances; (2) anxiety disorders; (3) sleep disturbances; (4) interpersonal difficulties; (5) somatic disturbances; (6) cognitive problems, including dissociative and perceptual disturbances; and (7) sexual problems.

RESULTS

- 1. The CSAW group obtained higher scores (table 1) in affective and mood disorders ($p= .013$), interpersonal problems ($p= .023$), cognitive disturbances ($p<.001$) and sexual disorders ($p= .002$).
- 2. The 24 significantly **discriminatory items** in our sample consisted of depressive feelings, self-harm behaviors, low self-esteem, interpersonal problems, sensory and cognitive disturbances and sexual problems.
- 3. The only significant PTSD symptom was **re-experimentation**.
- 4. **Unintended pregnancy and re-victimization** were significantly higher ($p= .012$ and $p= .005$) in the CSA group.

Table 1: Between groups (CSAW–NO-CSAW) mean differences by evaluated cluster areas.

Items	NO CSAW (n = 23)		CSAW (n = 23)		p
	M	SD	M	SD	
Mood disturbances (cluster M)	2.85	0.94	3.50	0.73	.013
Depressive thoughts and feelings	3.39	1.02	4.01	0.82	.016
Suicidal ideation and behavior	2.11	1.35	2.87	1.37	.064
Self-destructive behaviors	2.07	0.84	2.53	0.80	.017
Low self-esteem	2.91	1.31	3.76	1.16	.019
Anxiety (cluster M)	2.96	0.93	3.31	0.82	.222
General anxiety symptoms	3.54	1.02	3.67	0.97	.666
PTSD symptoms	3.16	1.26	3.70	1.05	.140
Compulsive phobias	1.11	0.37	1.57	1.23	.187
Sleep disorders	2.73	1.27	3.04	1.19	.366
Insomnia and nightmares	2.73	1.27	3.04	1.19	.366
Interpersonal problems	2.46	0.90	3.01	0.71	.023
Social anxiety and relationship difficulties	2.46	0.90	3.01	0.71	.023
Functional-somatic problems	2.84	0.96	3.10	0.87	.428
Cognitive disturbances (cluster M)	1.56	0.41	2.44	0.80	<.001
Dissociation	1.73	0.53	2.44	0.80	.002
Sensory alterations (illus.-hallucin.)	1.16	0.39	2.07	0.95	<.001
Sexual disturbances (cluster M)	1.89	0.67	2.89	0.81	.002
Sexual dysfunctions	2.02	0.82	2.89	0.96	.004
Genital and urinary disturbances	2.04	0.98	2.57	1.00	.077
Risky sexual behaviors	1.22	0.54	2.20	1.26	.001

CONCLUSIONS

- 1. A specific configuration of symptoms was found, common in our CSA female psychiatric patients population, independently of psychiatric diagnoses.
- 2. This study stress the clinical interest of an assessment approach for identifying the specific symptoms in the evaluation of CSAW mental health with the purpose of improving diagnosis and treatment adequacy. A validation process with larger samples and different populations will be required.