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Original article

Current mental health in women with childhood sexual abuse who had outpatient psychotherapy

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Abstract

***Purpose.* –** This study from Norway examines mental health status of women with child sexual abuse (CSA) who formerly had outpatient psychotherapy for anxiety disorders and/or depression. The relative contributions of CSA and other family background risk factors (FBRF) to aspects of mental health status are also explored.

***Subjects.* –** At a mean of 5.1 years after outpatient psychotherapy, 56 female outpatients with CSA and 56 without CSA were personally examined by an independent female psychiatrist. Systematic information about current mental health and functioning was collected by structured interview and questionnaires.

***Results.* –** Among women with CSA 95% had a mental disorder, 50% had PTSD, and mean global assessment of functioning (GAF) score was 61.8 ± 10.6. In contrast, 70% of women without CSA had a mental disorder, 14% had PTSD, and mean GAF 71.2 + 8.5. GAF and trauma scale scores were mainly determined by CSA, while FBRF mainly influenced the global psychopathology and dissociation scores.

***Discussion.* –** We have little knowledge on the mental health status at long-term in women with CSA who had psychotherapy. This study found their mental status to be rather poor, and worse than that of women without CSA who had psychotherapy for the same disorders. From the broad spectrum of mental disorders associated with CSA, this study concerns only women treated as outpatients for anxiety disorders and/or non-psychotic depressions.

***Conclusion.* –** Women with CSA showed poor mental health at long-term follow-up after treatment. The fitness of the psychodynamic individual psychotherapy given, or to what extent treatment can remedy the consequences of such childhood adversities, is discussed.

Keywords: Mental status; Child sexual abuse; Anxiety disorders; Depression

1. Introduction

In Norway severe child sexual abuse (CSA) in girls up to 16 years of age has a prevalence of 5% [17], which is in line with findings from other countries [8]. CSA in girls often leads to severe repercussions in their adult life, and mental disorders, low self-esteem, problems in partner relationships, sexual dysfunctions, and retraumatization are common occurrences [4,10,16,23]. CSA increases the risk for anxiety disorders and depression in both community and clinical studies [21,27,34]. Studies with co-twin control designs have shown that CSA is associated with an increased risk for such disorders even when family background risk factors (FBRF) are controlled for [7,16,24]. Women with CSA often seek treatment in order to improve suffering and impairments [23], and those with depression are sometimes hospitalized [12,34], while women with anxiety disorders regularly are treated as outpatients [27].

Among 21 empirical studies of outpatient psychotherapy of women with CSA identified by extensive literature search, nine reported status between 6 and 12 months after termination [1,11,20,25,26,29–32], and three status after approximately 5 years [2,13,33]. Most of these studies concerned women with depression and/or anxiety disorders. All follow-up studies had samples of less than 40 women at the end of treatment. Thereby, the number of patients examined after therapy was quite low. Status at long-term was mainly

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described as group mean scores on depression, symptom profile, and on self-esteem. No studies reported descriptive diagnoses according to DSM-IV or ICD-10. These results, therefore, did not allow any broad description of mental health status of women with CSA at long-term after treatment.

None of these studies attempted to separate the relative effects of CSA and FBRF on the mental health measures, although we know that FBRF play a considerable etiological role that has to be controlled for in women with CSA [7,10,16,23].

The primary aim of this study was to examine broadly the mental health status of a larger number of women with CSA who had terminated outpatient psychotherapy some years ago. The sample was limited to women with diagnoses within the classes of anxiety disorders and/or non-psychotic depressions in DSM-IV or ICD-10, since these diagnoses constituted the majority of patients in psychotherapy studies of women with CSA. Women, who had been in psychotherapy for the same disorders, but without known CSA, were used as a comparison group. The secondary aim was to explore the relative influence of CSA and FBRF on the indicators of mental health status at long-term.

2. Methods

2.1. Ethics

The Regional Committee for Medical Ethics in Health Region East of Norway approved the study. All patients gave written consent for participation after having received written and oral information about the study.

2.2. Sample selection criteria

Our first task was to identify a sample of women with CSA who had been to outpatient psychotherapy for anxiety disorders and/or non-psychotic depression. We put up the following inclusion criteria:

- The patients should have been between 20 and 45 years at the start of their individual psychotherapy;
- The therapists should be female psychiatrists or clinical psychologists, but at the outpatient clinics female psychiatric nurses and social workers also were accepted;
- Confirmation by the therapists that at the start of treatment the patients' diagnoses were anxiety disorder and/or non-psychotic depression according to DSM-IV or ICD-10, and that they did not suffer from lifetime or current psychosis, bipolar disorder, substance dependence, anorexia nervosa, strong suicidal ideation, or clinically prominent personality disorder. The therapists' diagnoses were based on pre-treatment clinical evaluations. When the therapists were psychiatric nurses or social workers the diagnoses should have been made by their supervising psychiatrists;
- Confirmation by the therapists that at the start of treatment, the patients had given a clear statement if they had experienced CSA or not;
- The psychotherapies should have lasted at least six sessions and have been terminated at least 1 year before the start of the present project.

2.3. Patient recruitment

2.3.1. Department of Psychiatry, Aker University Hospital

Primarily the patients were recruited from Sinsen Outpatient Clinic and the Center for Anxiety Disorders both units of the Department of Psychiatry, Aker University Hospital, during 1999 and 2000. At these two units systematic screening of records and consultations with the therapists, identified 114 women (57 with CSA and 57 without) who fulfilled the sample selection criteria. These women were contacted by mail, 29 did not answer, and 10 refused to participate. Among 75 patients giving informed consent, 19 had acknowledged CSA before treatment started, and 56 did not report CSA. Due to lack of data, we did not do a comparison between the 19 compliers and the 38 non-compliers with CSA.

2.3.2. The Oslo Resource Center for Incest Survivors

In order to recruit more women with CSA, we contacted the Oslo Resource Center for Incest Survivors. The center is a private organization that offers information and advice for free to women with CSA. The center does not offer treatment, however, and women using its services, are referred to psychiatric treatment by their general practitioners independent of the center. At the Oslo Resource Center every third woman among the first 300 on their mailing list, got an invitation to take part in a study of their status after psychotherapy. Those who came forward were examined with sample selection criteria, and those eligible were consecutively included until the quota of 56 patients with CSA was filled ($N = 37$).

Fifty-six women with acknowledged pre-treatment CSA constituted the CSA group, and 37 of these (66%) were recruited from the Oslo Resource Center and 19 (34%) from Sinsen Outpatient Clinic. The 56 women without history of CSA, who made up the comparison group, were recruited from Sinsen (24 patients, 43%) and the Anxiety Center (32 patients, 57%). No significant differences in demographics were found between the women recruited from these sites.

2.4. CSA characteristics

In this study CSA was defined as report of clear and conscious memory by the woman of at least one incident in which a person at least 5 years older than herself exposed her to unwanted sexual experiences before she was 16 years of age. Sexual experiences were defined as: touching or fondling of sexual body parts, masturbation, oral sex, vaginal and anal intercourse, or penetration of these orifices by objects. This definition of CSA was close to those most commonly used in the literature [8]. We also by interview collected information about type of abuse, age of onset, relationship to the abuser, duration and frequency of abuse, whether or not force or coer-