

**The relationship between child sexual abuse (CSA), child abuse survivors (AAS) and posttraumatic stress disorder (PTSD) and other behavioral characteristics among adults at a community mental health center**

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*“To live is to suffer. To survive is to find meaning in suffering.”*

*Freidrich Nietzsche*

In 2012, the National Children’s Alliance reported child sexual abuse (CSA) as the most frequent abuse act subjected to children. Out of 197,902 cases, 49,155 were sexual abuse. The preceding order consisted of: physical abuse (17,531), neglect (14,630), and witness to violence (8,507). Early experiences in infancy, childhood, and adolescence are amongst the important determinants of which developmental pathway an individual will follow. Epidemiological and clinical studies have explored prevalence rates of traumatic experiences along with the impact of early trauma on a person’s life. Clinical impressions associated with early childhood trauma present a wide array of symptoms and diagnostic manifestations.

Specifically, child sexual abuse can cause children adverse complications in adulthood. Maltreated children may develop maladaptive representations of self and others in context of how they create meaning to situations that occur in their lives. Most adult survivors of childhood abuse present with maladaptive behavioral patterns that require clinical intervention and treatment.

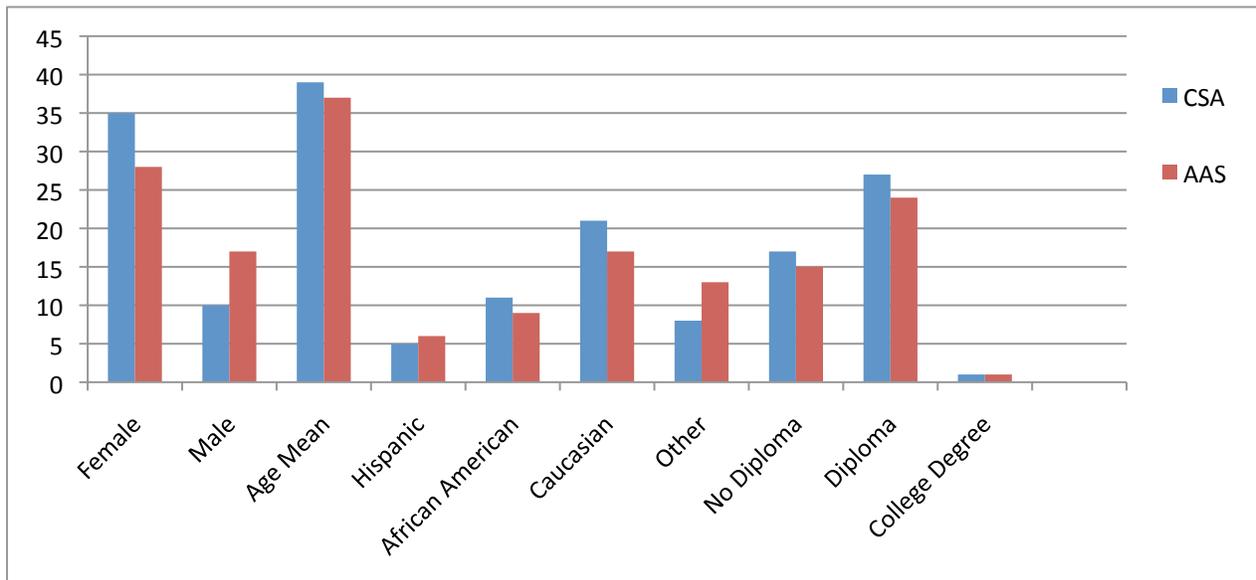
In adult clinical samples, PTSD has been identified as the most occurring disorder associated with a history of childhood abuse. The literature reports relationship between childhood abuse and a variety of long- term psychological problems including PTSD. However not all traumatic experiences impact individuals the same. Developing symptoms of psychopathology is not universal among survivors of childhood trauma. This brief article is to examine the relationship between adult survivors of CSA and adult survivors of (AAS) in relation to posttraumatic stress disorder and behavioral characteristics within a community mental health center

This study is a retrospective clinical chart review of 90 clients (45=CSA & 45=AAS) at a community mental health center. For the purpose of this study, CSA is defined as sexual molestation, rape, and sexual fondling of a child. AAS is defined as physical and/or emotional abuse of a child. Archival data was retrieved from: bio-psychosocial assessments, psychiatric evaluations and brief mental health status examinations.

The study has three main categories: demographic characteristics, behavioral characteristics, and AXIS diagnosis. Each main category is grouped by sub- categories which describe the most common traits identified within the CSA and AAS group. The scoring system for each sub- category is reported by a point system. The occurrence reported for each category received 1 point. There is no additional scoring for multiple incidents with a category. An example, for the category of substance use a participant received 1 point for alcohol and cannabis use.

The participants of the study were males and females who expressed a history of childhood abuse. Out of a total of 90 chart reviews: 35 females to 10 males reported CSA and 28 females to 17 males reported AAS.

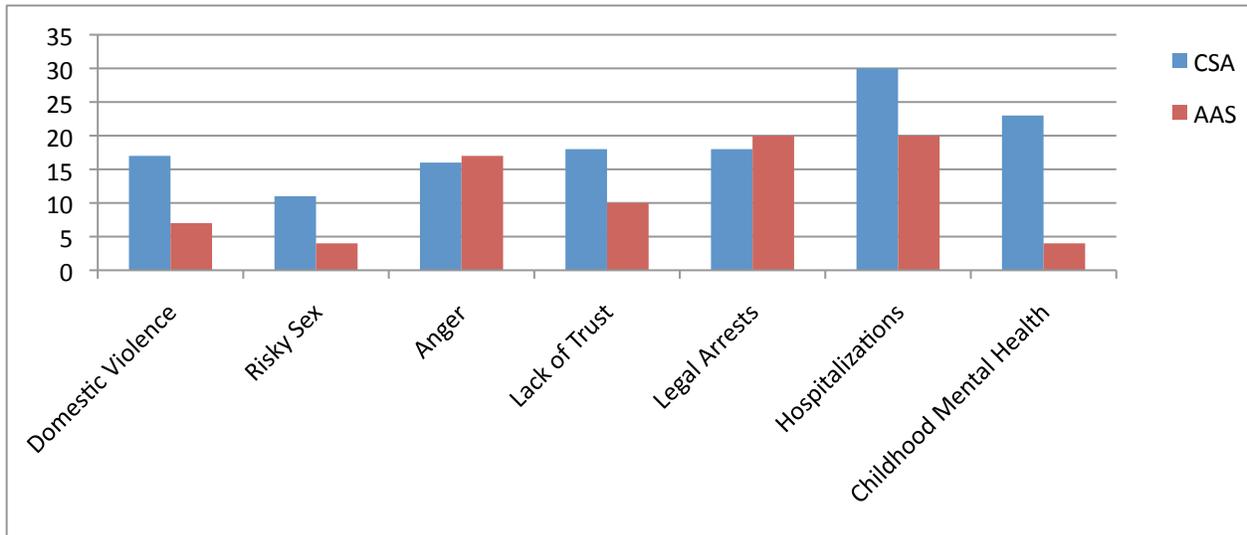
#### Demographic Characteristics



**Demographic Characteristics**                      **CSA**                      **AAS**

1. Female	35	28
2. Male	10	17
3. Age Mean	39	37
4. Hispanic	05	06
5. African American	11	09
6. Caucasian	21	17
7. Other	8	13
8. No Diploma	17	15
9. Diploma	27	24
10. College Degree	01	01

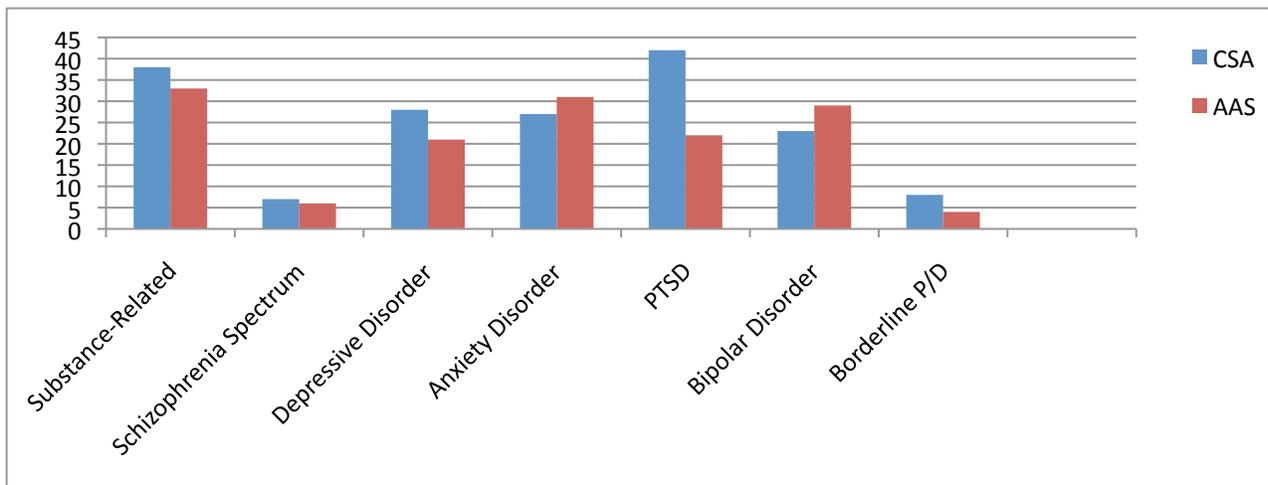
**Behavioral Characteristics**



**Behavioral Characteristics**                      **CSA**                      **AAS**

1. Domestic Violence	17	07
2. Risky Sex	11	04
3. Anger	16	17
4. Lack of Trust	18	10
5. Legal Arrests	18	20
6. Hospitalizations	30	20
7. Childhood Mental Health	23	04

**AXIS**



AXIS	CSA	AAS
1. Substance –Related	38	33
2. Schizophrenia Spectrum	07	06
3. Depressive Disorder	28	21
4. Anxiety Disorder	27	31
5. PTSD	42	22
6. Bipolar Disorder	23	29
7. Borderline P/D	08	04

Of the behavioral categories domestic violence, risky sex, anger, lack of trust, legal arrests, hospitalizations, and childhood mental health, the CSA group received higher scoring than the AAS group except for legal arrests. Legal arrests for CSA group consisted of domestic violence, substance-related charges, fraud, and misdemeanors where as the AAS group had a legal history of attempted murder, battery, and assault charges. Overall, the CSA group expressed significant disturbances with adaptive behavioral patterns while the AAS group expressed significant impairment of violent behavior with the majority resulting in legal arrests. The CSA group had significantly higher instances of hospitalizations than the AAS group.

AXIS impressions clearly identified the CSA group as having the higher score for PTSD than the AAS. The two groups presented consistency of scores between the other categories with minor variances. Although the two groups share similar scores, there was evidence of

differentiation for PTSD. Therefore the relationship between CSA and AAS appear to be that the CSA group demonstrated significant fear induced symptoms for adult survivors with higher incidences of behavioral disturbances.

Disturbances of child sexual abuse and adult psychopathology are documented by the literature. However, there is less information presented of behavioral disturbances for CSA survivors. Additionally, the literature did not demonstrate how childhood sexual abuse compares to other forms of childhood abuse. We can conclude that CSA expressed highest clinical and behavioral disturbances for adult pathology as well as higher severity for posttraumatic stress than other form of abuse with this research. However, there are some limitations to this study. The lack of assessment tools for diagnosing PTSD leaves symptomology based solely on the client's self-report. The limited clinical sample of one setting lacks comparison and contrast of other community mental health centers. Lastly, the sample size of 90 participants was limited due to more participants reporting CSA by history than any other form of abuse. In spite of the limitations, it is clear that adult survivors of childhood sexual abuse report re-experiencing traumatic events at a higher frequency with behavioral disturbances.