

WOMEN'S SEXUAL ABUSE: 50 YEARS LATER

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A psychiatric morbidity in senior females who were sexually abused during their adolescence seems to have a possible repercussion.

Five sexually abused (S.A) women and nine physically victimized (P.V) subjects (50 years ago), participated in this study. Following a psychiatric interview the Symptom-Checklist-90-R (SCL-90-R), the Beck Depression Inventory (BDI), and a linear analogue scale (L.A.S) of self-esteem were administered.

Results showed that S.A women scored greater on the BDI, while their self-esteem was more affected. On the other hand, on the SCL-90-R questionnaire, Somatization, Hostility, Depression and Interpersonal sensibility subscales presented great scores.

We can speculate that maladjustment and vulnerability appeared to be more common and more persistent in sexually abused women, and resulted in modifying their social, emotional and family life.

Key Words: sexual abuse, PTSD, life events, depression.

Sexual abuse constitutes an act of violence and humiliation, which is articulated through sexual intercourse.

It's been supported that the act, especially during wars, not only occurs in order to release restrained aggressive inclinations against subjects that the abuser feels in awe of, but also in order to express power, while sex is secondary.

Namely the awe with which the rapist is actuated from the rival male element mobilizes a reciprocal violence, which is directed towards the female population. From the victim's point of view, such an act leads to distinguishable different acute psychological disturbances according to many studies^{13,3,11}. On the other hand, retrospective investigations suggested that childhood sexual victimization might be associated with medically unexplained physical symptomatology in the middle age^{1,10,15,16,17}.

The same applies to "war neuroses"⁹, to post-traumatic stress disorders, depression, anxiety and other long-term psychological sequelae^{16,7,12}. As time passes the victim is trying to overcome the physical and psychological problems related to the sexual abuse action.

However, for how long could the symptomatology persist? How long does a victim need to overcome the trauma? Can

it affect the whole life of a woman?

The identification of women who have been abused and later access (50 years) to them for follow up information is especially difficult for a variety of reasons.

Many factors such as lack of psychiatric interviews, social barriers, control groups, inadequate number of researches, etc, might contribute to limitations in recognizing the possibility of such a life time consequences¹⁸.

Therefore the aim of the present research is to try to identify if senior women who were sexually abused during their adolescence are still suffering from a psychiatric morbidity.

Method

During the period of the civil war in Greece (1944-5), many incidences had been reported of sexually abused women. The state, in order to help the victims, after the end of the war granted them a monthly pension, which they receive until today.

In 1993 the Ministry of Health and Social Welfare in Greece requested all the war victims, if they had been receiving financial help for whatever reason, to declare their problem to the local state authority they live at (Head of a village, Mayor

Table 1. Characteristics of sample

	Mean age	Education	Marital status	Time of event	Mean age of victims	Mean length of victimization	Victimized by group
Sexually abused (S.A)	64	6 years	3 married (and divorced) 2 single	1945 - 1946	16	6 days	all
Physically victimized (P.V)	67	9 years	8 married (1 divorced) 1 single	1945 - 1947	18	16 days	7

of a town), so that their case could be reevaluated in order to allow them to continue to receive this compensation benefit. A Health Committee appointed then by the Ministry for the re-examination of these victimized subjects during the civil war, almost 50 years ago, referred different cases to our psychiatric Department.

Five sexually abused (S.A) women and nine physically victimized subjects (P.V) who were referred to by the above committee, participated in this study.

S.A patients as well as the P.V group were interviewed by the researcher and the Symptom-Checklist-90-R (SCL-90-R)⁵, the Beck Depression Inventory (BDI)² questionnaires and a linear analogue scale (L.A.S) of self-esteem (10 cm line), were administered.

Results

Table I shows the characteristics of both samples.

Four of the five S.A's women scored greater on the BDI than the P.V group (>14 on the BDI comparing with >12 of the P.V group).

SCL-90-R results revealed distinguishable differences in subscales: I (Somatization), VI (Hostility), IV (Depression) and III (Interpersonal Sensibility) between the two groups (Table II).

It was also observed that self-esteem was more affected in S.A women than in the P.V group (Mean value: P.V group=4,7 / S.A=group 6,2) (Table III).

DISCUSSION

A positive association was found to exist between women experienced sexual abuse at the aged under 16 years and depression, sexuality, and house keeping^{4,6}. It seems that there is also an association between abuse and chronic health problems in children with such an experience^{8,14}.

Our results indicate that depressive symptomatology increased, and self-esteem decreased more in the S.A group than in the P.V one.

It was found that 80% of sexually abused women were more likely to become moderately depressed compared with 77% of subjects who suffered physical victimization although this led them at that time to a required medical intervention (surgery or suffered a concussion).

The screening interviews confirmed our speculation that maladjustment and vulnerability appeared to be more common and more persistent in sexually abused women, and resulted in the modification of their social, emotional and family life. Besides the main subscales affected in the SCL-90-R, were, in order, as following: Interpersonal sensitivity, Somatization and

Table II. Mean SCL-90-R scores

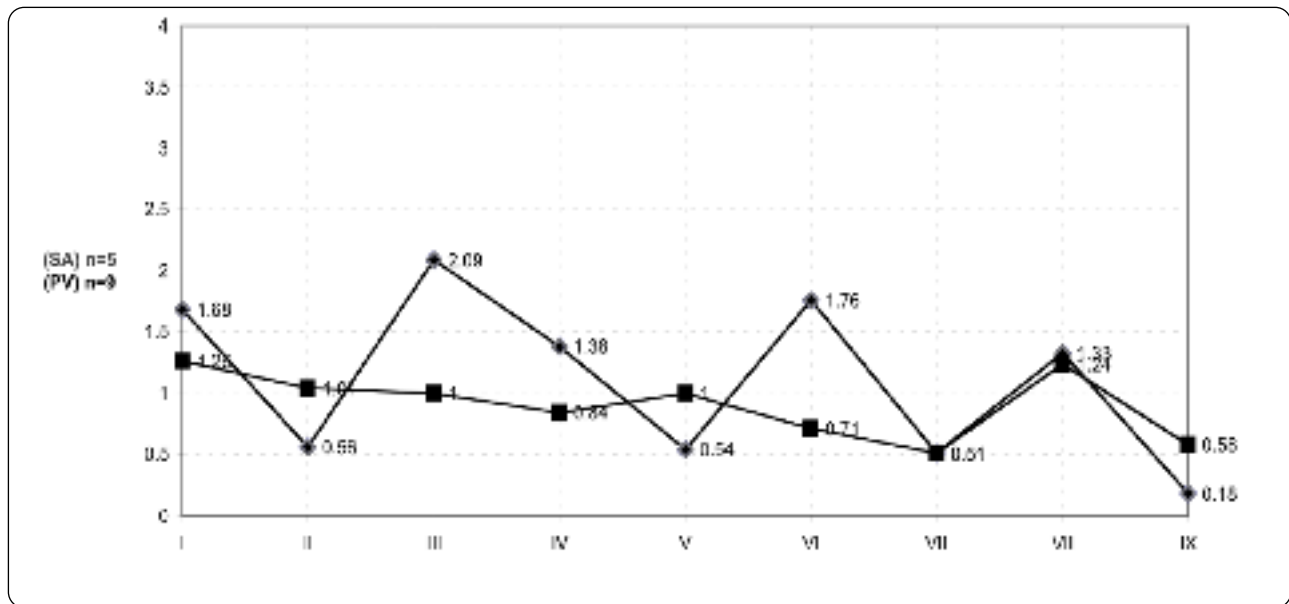
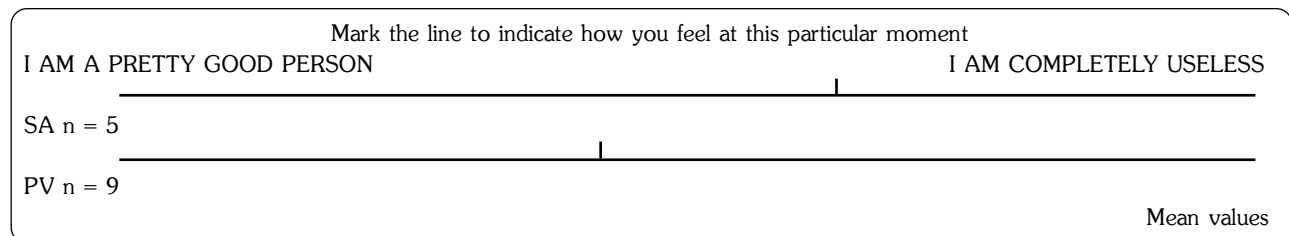


Table III.



Depression.

However, it was well known that this study faced different methodological difficulties such as the use of non-specific for the case questionnaires and the small number of subject which made it difficult to statistically analyze the results.

On the other hand, it was necessary to identify relatively recent factors such as, for example, "life events" which might have more to do with their psychological imbalance than the rape trauma in their early years.

But the temptation was high. The Committee, and others, was wondering about possible "intentional production (malingering) of false or grossly exaggerated physical or psychological symptoms motivated by the continuity of a financial compensation".

The speculation that the significantly high degree of psychophysiological complaints would be explained by the term "malingering" was neither fully justified, nor dismissed.

Moreover, there is no doubt that the courage needed to complete a non confidential report and notify in public to the head of their village one more time about their sexual abuse experience, was great. The possibility of themselves, their children and grandchildren being victimized by societal attitude was extremely great and we believe that it was difficult for them to take such a risk for a small monthly income. So taking into account the usual public attitude in these small societies regarding sexual matters, the malingering for such a thing is quite difficult. On the other hand, their marital and professional history (table I) indicate a difficulty to follow usual personal and professional roles and to adjust themselves accordingly, possibly due to their vulnerability acquired through such an awful experience they had.

However, the need for a greater number of subjects and for more research is without doubt absolutely necessary.

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