

Relationship of Childhood Sexual Abuse with Obsessive Compulsive Disorder During Adulthood

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Abstract

People's personalities and feeling of self-worth are shaped by their upbringing, according to several studies. A person's life will be ruined if they were molested as children, especially if the abuse was sexual. This might lead to a host of problems as an adult. In adults, a link between childhood sexual abuse (CSA) and the severity of OCD has been hypothesised. In to one study, adult OCD is associated with childhood sexual abuse.

Methods: It's an investigation that's both descriptive and exploratory. The study was carried out at "W Pratiksha Hospital" and other practise clinics. The study comprised a total of 50 OCD sufferers, ages ranging from 18 to 60, who participated. A pre-made questionnaire was used to collect the data we required from the participants (the Y-BOCS and the CSA).

In this study, patients tended to be between the ages of 31 and 40, with 44% of them falling within that range. The majority of CSA incidences were seen in female OCD patients. Adult obsessive-compulsive tendencies like OCD are linked to childhood sexual abuse, according to the research. When a youngster has been sexually assaulted, they are more prone to acquire OCD in adulthood (OCD).

Adults with CSA and OCD have a strong connection, according to the results of new study. Adding to the increasing amount of evidence that OCD or child abuse are connected, the findings of this study.

Keywords: Childhood Sexual Abuse, Mental Health, Obsessive Compulsive Disorder, Adulthood.

INTRODUCTION

One of the long-term effects of childhood trauma is the development of OCD and perfectionism. According to a number of research, childhood trauma is highly associated with adult mental disorders (Hovens et al., 2009; Browne & Finkelhor, 1986; Kessler et al., 1997). When it comes to anxiety disorders like generalised dread of public places and specific fear of an item or circumstance, medical literature regularly notes that childhood trauma is associated with the development of depression (Wiersma et al., 2009; Scott et al., 2010). (Stein, 1996; Cougle, 2010; Scott et al., 2010). According to past studies, early life experiences have a significant impact on one's health and well-being. Childhood sexual abuse may have long-term consequences. Many instances go unrecorded; however, this is not always the case (Canadian Mental Health Association, 2019). OCD people are more likely to be a victim of

sexual abuse, according to recent studies (Fricke et al., 2007; Grisham + colleagues, 2011). On the other hand, a Medline search for CSA in OCD patients yields minimal material.

Obsessive Compulsive Disorder

In OCD, individuals experience repeated and unwelcome thoughts, ideas, or emotions (obsessions) that leave them feeling compelled to do something again and over again. This is an anxiety condition (compulsions). Hand washing, checking items, and cleaning are all examples of repetitive habits that may seriously hamper a person's day-to-day tasks and social interactions. People with OCD are plagued by intrusive, irrational thoughts and feelings (obsessions) that drive them to engage in compulsive actions. Fear of germs and the drive to keep things in order are common themes in OCD. The onset of symptoms is generally gradual, and they change with time. OCD symptoms include hand

washing, dread of death, cleanliness, germ obsessions, and worrying that something horrible will happen, such as someone being shot or dying, as well as recurring religious ideas. Talk therapy, medication, or a combination of both may be used to treat mental health issues (APA, 2020). The presence of both obsessions and compulsions is used to make the diagnosis of obsessive-compulsive disorder (OCD). According to the National Institute on Drug Abuse (NIDA), 2.3 percent of the population will suffer from the disorder at some point in their lives (Ruscio et al., 2010; Van Oudheusden et al., 2018). We know from OCD genetic research that non-genetic environmental variables account for around half of the symptom variation; thus, identifying these factors is critical to figuring out the disease's genesis. (Iervolino et al., 2011).

Childhood Sexual Abuse

Any non-consensual, forced contact of a sexual nature before the age of 18 years old, in which the age gap among offender and victim was above five years, however if that difference were less than five years it would only constitute as sexual abuse if forced." The DSM-IV-TR paedophilia definition is used as a basis for this definition (Berlin et al., 2011). CSA may be classified in two ways, based on this definition:

Sexually transmitted infections (STIs) that occur as a result of non-contact CSA include: attempts at seduction, seeing pornographic material, or being exposed to sexual organs.

Physical contact CSA: Cases of CSA including sexual physical contact, such as kissing or feeling up a partner, as well as complete sexual congress.

Any sexual interaction or use of a kid for sexual motives here between child & an adult is considered sexual abuse. Most of the time, it's carried out by a person the child has grown to trust (World Health Organization, 2003). Everyone below the age of eighteen is considered a kid (UNHCR, 1989). Some other form of childhood sex exploitation is sexual exploitation.

Children's Sexual Abuse (CSA) is defined as the mistreatment of authority and power, blended with force or threats, which did lead to a rape of children in situations in which boys or girls who are significantly stronger and more powerful

than the victim are seeking satisfaction via those who are childish in development, so that their consent is not a concept. Inappropriate and intrusive activities that do not immediately involve physical touch may also provide this enjoyment (Miller et al. 2007). It is also known as the sexual abuse of children, or child sex. Sexual behaviour with a kid is a kind of child abuse known as "child sexual abuse." If a youngster is under the age of 18, he or she cannot agree to any sexual conduct. Involvement with a youngster in this manner is a crime that may have long-term consequences for the victim. Anxiety, despair, and an increased risk of adult victimisation, as well as complicated post-traumatic post traumatic and physical harm, are all possible outcomes of child sexual abuse.

Forcing a minor to do sexual actions in return for items like money, drugs, food, or shelter constitutes child sexual abuse (BC Ministry of Children and Family Development, 2007). All of the many methods predators might use to entice youngsters into their traps include the use of "affection bait," "pet bait," "assistance bait," "authority bait," "bribery bait," "emergency bait," and "ego bait" (Office of Radio & Television, n.d.). There are rules for dealing with situations of child sex abuse in order to safeguard children. Protecting victim to sexual offences (POCSO) was enacted in 2012, and it is a specific legislation that has been in place since. Children are safeguarded by the POCSO Act of 2012, a comprehensive law that includes provisions for reporting crimes of sexual violence, sexual harassment, and pornography, as well as for documenting and recording evidence and expediting criminal trials in specially designated courts.

Childhood Sexual Abuse (CSA) and obsessive-compulsive disorder (OCD)

In adulthood, children who were mistreated or neglected as children are more likely to suffer from physical or mental health disorders, which has an important effect on the individual and society (Clemens, Brown & Smaile, 2001; Cohen, Brown & Smaile, 2018). (Magruder, McLaughlin, & Elmore Borbon, 2017). Because of the large number of children in India, they are particularly vulnerable to sexual abuse, neglect, and exploitation (Chawla 2004; Deb 2005,2009; Priyabadini 2007). According to a recent study, as many as one in five Indians had been abused

at some time in their lives (Chatterjee et al. 2006; Chawla 2004; Deb 2006-2009; Deb and Mukherjee 2009; Deb and Walsh 2012). According to CSA surveys in India, 30 percent of boys and 40 percent of females indicate they were sexually molested as youngsters, with "sexual abuse" defined as genuine genital contact and not just exposure (Iravani et al., 2011). It's possible that exposure to stress or trauma early in life is a major contributor to the emergence of mental health problems later in life (Grasso et al., 2013; Heim and Nemeroff, 2001). Traumatized people are more prone to develop post-traumatic stress disorder (PTSD) and other trauma-related disorders (Kendall-Tackett et al., 1993). The relationship between early trauma and the development of mental illnesses like melancholy and anxiety is evident, though (Chapman et al., 2004; Cogle et al., 2010; Edwards et al., 2003; Ford et al., 2010). Adolescence is also a sensitive period for anxiety and sadness, particularly for those who have seen or experienced abuse as a kid (Brown et al., 1999; Russell et al., 2010). A much of our long-term health and well-being is influenced by our childhood experiences, according to past study (Hertzman, 1994). Sexual abuse as a youngster may have long-term effects on a child's mental and emotional health. (2019).

Few studies have examined the potential connection between child sexual abuse and OCD symptoms, despite the fact that other forms of child maltreatment have been connected to mental health problems. Obsessive compulsive disorder and early trauma are linked, according to data from community samples. In a study of 391 women from the general population, Saunders et al. (1992) found that those who had been sexually abused as a child were more likely to have OCD later in life. Obsessive-compulsive disorder is linked to childhood trauma, primarily emotional abuse but also sexual abuse abandonment, according to Mathews, Kaur, and Stein (2008).

However, this does not necessarily imply a cause-and-effect relationship between childhood sexual abuse and adult OCD. A variety of factors, such as anxiety, sadness, and a person's perception of "self," as well as certain personality characteristics and co-occurring illnesses, may play a role in this. The present emphasis of study is on the relationship between

childhood sexual abuse (CSA) and obsessive-compulsive disorder (OCD).

A small but consistent increase in the incidence of Phobias (OCD) has been found among male veterans with higher levels of battle exposure, with rates as high as 5.5 percent in those with the top levels of trauma exposure, in the absence of specific diagnosis of Post-Traumatic Stress (PTSD) (Jordan et al., 1991). In a sample of people of 391 women, those with a history of teenage rape or molesting were seen to have a significantly greater lifetime incidence of OCD (Saunders et al., 1992).

Numerous reports describe an OCD beginning with symptoms and timing consistent with a traumatic origin (de Silva & Marks, 1999; Sasson et al., 2005; Lafleur et al., 2012). For instance, Pitman (1993) documented a war veteran who acquired significant checking, hoarding, and hand washing compulsions with post-traumatic stress disorder (PTSD) but had no pre-combat psychopathology.

A lady who was sexually assaulted developed OCD shortly after developing contamination obsessions and obsessive washing, according to de Silva's (1999) adult instances of OCD after trauma. In another case, a robbery at knifepoint resulted in PTSD and a series of sanitising, counting, and touching rites.

In a descriptive case collection of 13 vets of the defence force with concurrent PTSD and OCD, Sasson et al. (2005) discovered that distinct OCD symptoms were connected with different forms of trauma.

A research by Lafleur et al. (2012) found a link between childhood trauma and the onset of OCD in adulthood. Trauma exposure was shown to be greater in children had OCD than in a group of non-OCD youngsters who were age and gender matched to the OCD group. People who had been abused as children were found to have OCD symptoms such as washing their hands and worrying about horrible things occurring, such as someone dying or being shot, dread of death, and repeating religious ideas. In children with OCD, a past of psychological trauma was shown to be overrepresented.

Also, only a few research have looked at the link between childhood sexual abuse and adult OCD severity.

The absence of a follow-up period limits these investigations, which is an important consideration (Semiz et al., 2014; Fricke et al., 2007). Given everything that has been said so far, the present research set out to replicate and expand prior discoveries on the link between childhood sexual abuse and adult-onset OCD.

Methods

This section represents the research methodology that was adopted to conduct the study. It elaborates the sampling techniques, sample size, ways of data collection and, data analysis.

Research Approach

It is the goal of this research to determine whether childhood abuse is linked to the severity of OCD in adulthood. Childhood sexual abuse has been considered a particular trauma in this study, which has attempted to demonstrate a link between OCD and childhood sexual abuse. Adults who were sexually abused as children are more likely to develop OCD in adulthood, according to new research. As a result, this study has sought to determine if this correlation suggests a direct link or whether this connection is aided by other variables. Researchers have attempted to look at the connection between the demographic data gathered by means of a structured survey (OCD and CSA).

Study Area

This study was performed in the “W Pratiksha Hospital Gurgaon, Dear Mind Practice Center”.

Study Population

This is an exploratory-descriptive study based on the samples of identified OCD patients within the age 18 years to 60 years, attending to the W Pratiksha Hospital Dear Mind, Gurgaon.

Sample Size

A total of 50 OCD patients who meet the study's requirements and criteria have been enrolled in this study. According to the study's inclusion and exclusion criteria, participants were included in the study.

Criteria for inclusion and omission:

A patient with OCD among the ages of 18 and 60 who is willing to engage in the study with their permission will be chosen.

Any patient who refuses to participate in the study or who does not meet the inclusion criteria would be exempted from the study. • Exclusion Criteria A genetic disordered subject will likewise be barred from participating in the research.

Sampling technique

The study has selected 50 OCD patients (both males and females) using convenient sampling technique.

Research Design

The study has employed exploratory research design. In addition, with this, research is based on the main information (based on questionnaire) that's been acquired by closed ended questionnaire.

— Exploratory research design.

The Exploratory Research design have been chosen as the same is conducted for a problem which is not well researched before and demands implications. Since the research problem area has been rarely studied earlier, the researcher trust that the Exploratory research would help here in determining the best research plan, data-collection technique and selection of the subject.

— Descriptive research design

Studying something in great detail in order to describe it is called descriptive research. The design of the research was chosen in order to employ a wide range of quantitative & qualitative methodologies to analyse one or more variables.

Study Method

This is an exploratory-descriptive study and is based on the primary data.

Data sources:

The data for the present study was collected from "W Pratiksha Hospital and other practice clinics". Participating patients was in between 18 years- 60years old and clinically diagnosed as OCD patient. The intention of the study was

shared with the study subjects and their written consent was obtained prior to the participation in the study. The number of participants for this study was 50 adults.

Tools

- a) Consent Form
- b) Demographic Profiling (Questionnaire)
- c) YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS)* & Questionnaire
- d) CSA Structure Questionnaire (Reference: C.G. Kooiman et al. / Child Abuse & Neglect 26 (2002) 939-953)

Data Collection

Primary data is the foundation of our investigation. A systematic questionnaire was used to obtain the necessary data from the research participants. Standardized clinical interviews and self-report assessments were used to collect data from the participants. All interviewers were trained and overseen by an experienced clinical psychologist in the performance of the evaluation methodologies. Microsoft Excel and SPSS software, version 26, were used to record and analyse the data.

Measurements of Variables

In order to evaluate variables, the "Questionnaire" was developed to assess the responses from the respondents which helped to fulfil the objectives of the study.

OCD and Co-morbidity

To examine OCD and other current psychological disorders, the structured clinical interview was used for all patients.

Severity of OCD

Severity of OCD was measured with the Yale-Brown Obsessive Compulsive Scale (severity scale). This scale is a reliable and valid instrument for assessing the severity of OCD.

Demographic study

The structured questions were used to understand the socio-demographic and socio-economic characteristics. Demographic variables are: Age, Gender, Economic wealth, and Education.

Age: Respondents ageing between 18-60 years was selected for this.

OCD symptoms

50 participants were evaluated by the Y-BOCS.

Childhood Sexual trauma

Childhood sexual trauma was evaluated retrospectively using the questionnaire on childhood sexual trauma.

Statistical Analysis

Primary data is the foundation of our investigation. A systematic questionnaire was used to obtain the necessary data from the research participants. Standardized clinical interviews & self-report assessments were used to collect data from the participants. All interviewers were trained and overseen by such a competent clinical psychologist in the performance of the evaluation methodologies. Microsoft Excel and SPSS software, version 26, were used to record and analyse the data.

Results

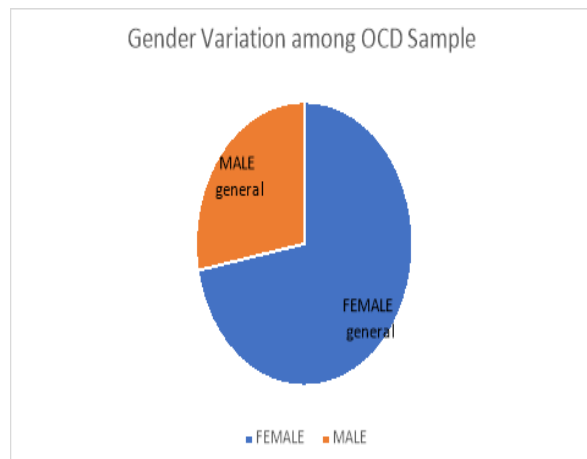
Demographics

Gender

As shown in the following table, it has been observed that majority of the study subjects are female (72%) and minority is male (28%). These findings have signified the high prevalence of OCD in females.

Gender Variation among the OCD Patient Sample Population

OCD Sample Gender	Size
FEMALE	36
MALE	14

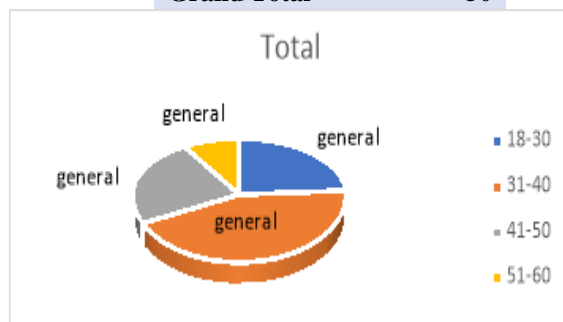


Age

As shown in the following table and pie chart, it has been observed that majority of the study subjects (44%) belongs to the age group 31-40 years, followed by 24% of the study subjects belonging to age group 18-30 years.

Significance of Age among OCD Patient

Row Labels	Count of Age
18-30	12
31-40	22
41-50	11
51-60	5
Grand Total	50



H1: There is a positive correlation between obsessive-compulsive disorder and childhood sexual abuse.

A positive link was established between sexual abuse with obsessive-compulsive disorder. To see whether CSA and OCD are linked, researchers used Pearson's correlation test. OCD patients (50 Sample) were shown to have a positive correlation with childhood sexual abuse, according to the results of a research. According to the results of a recent study, there is a statistically significant correlation between an individual's CSA score and their OCD score.

Obsessive compulsive disorder is positively correlated with Childhood sexual abuse.

	OCD SCORE	CSA SCORE
OCD SCORE	1	
CSA SCORE	0.7196031	1

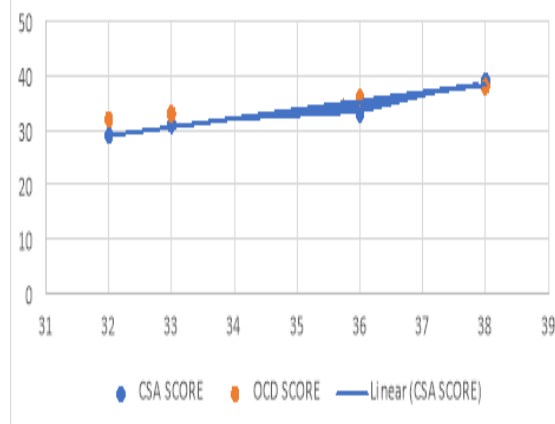
H2: The severity of intense disorder in adulthood is linked to childhood sexual abuse.

As predicted, there was an association among childhood sexual abuse and the degree of OCD (severe OCD) in the adults. CSA and OCD severity were correlated using Pearson's correlation test. The hypothesis was proved as the result signifies that extreme OCD (score wise) has a strong positive correlation with CSA (CSA Score). The relationship between extreme OCD and CSA score (Childhood Sexual Abuse Severity Score) has been found statistically significant ($r = .966$).

Relationship between Extreme OCD (OCD Score Wise) and CSA

OCD SCORE	CSA SCORE	OCD SCALE	CSA SCALE	CSA
33	31	EXT OCD	HIGH CSA	YES
36	33	EXT OCD	HIGH CSA	YES
38	39	EXT OCD	HIGH CSA	YES
32	29	EXT OCD	HIGH CSA	YES
38	39	EXT OCD	HIGH CSA	YES
33	31	EXT OCD	HIGH CSA	YES

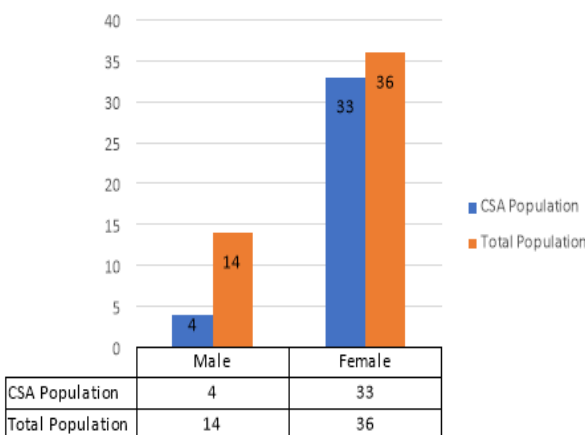
	OCD SCORE	CSA SCORE
OCD SCORE	1	
CSA SCORE	0.966092	1



H3: Childhood sexually abuse is significantly higher in female OCD patients

The present study has reported that CSA was significantly higher in female OCD patients. The hypothesis was proved as the result from the collected data in study signifies that majority of the female OCD patients (91.6%) are sexually abused during their childhood. In contrary the male population has shown insignificant count of CSA (28.5%).

Gender vis CSA

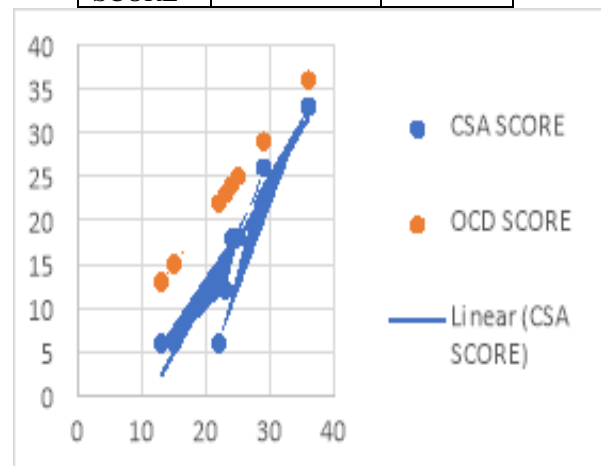


H4: There is a positive correlation between Religious OCD and childhood sexual abuse (CSA).

In line with our hypotheses, there was a positive correlation found between religious OCD and childhood sexual abuse (CSA). Pearson's correlation test was performed to explore the relationship between religious OCD and CSA. The hypothesis was proved as the result from the collected data in study has signified that the OCD patients with religious thought (OCD symptom) has a strong positive correlation with CSA ($r = .92$).

Relationship between Religious OCD and Childhood sexual abuse (CSA).

	OCD SCORE	CSA SCORE
OCD SCORE	1	
CSA SCORE	0.926779393	1



OCD SCORE	CSA SCORE	OCD SCALE	CSA SCALE	TYPE OF OCD
22	6	MODERATE OCD	MODERATE CSA	Religious OCD
36	33	EXT OCD	HIGH CSA	Religious OCD
24	18	SEVERE OCD	HIGH CSA	Religious OCD
13	6	MILD OCD	MODERATE CSA	Religious OCD
15	6	MILD OCD	MODERATE CSA	Religious OCD

23	12	MODERATE OCD	MODERATELY HIGH CSA	Religious OCD
25	18	SEVERE OCD	HIGH CSA	Religious OCD
29	26	SEVERE OCD	HIGH CSA	Religious OCD

Men with LOW CSA may tend to develop Health OCD

In the present study it was observed that men with low CSA has a relationship with Health OCD (Out of 10 male with OCD and Low CSA, 7 has Health OCD)

Row Labels	Health OCD	Rechecking & Cleaning OCD	Rechecking Last seen Status of WA OCD	Grand Total
LOW CSA	7	1	2	10

Discussion

An investigation on the link between childhood sexual abuse and OCD has been conducted in this research. OCD sufferers are more likely to have experienced childhood abuse and neglect, which has been linked to an increased severity of OCD symptoms and poorer treatment results (Fricke and colleagues; Grisham and colleagues, 2011). Small sample numbers and inconsistencies in results restrict past studies. As a result, the present research sought to confirm and expand these results by examining the link among childhood sexual abuse & adult-onset OCD in a thoroughly diagnosed population.

Important results that came out of this research were:

In the beginning, we discovered a link between childhood sexual abuse & OCD. A second finding was that childhood sexual abuse was associated with an increased risk of developing an intense form of obsessive-compulsive disorder (OCD). Third, female OCD patients had considerably greater CSA levels, according to the research. Religious OCD has been linked to childhood sexual abuse, according to new research (CSA).

The findings of this study were in accordance to those of other studies, according to previous investigations. According to a number of research, childhood trauma is highly associated with adult mental disorders (Hovens et al., 2009). An adult's risk of developing obsessive compulsive disorder increases dramatically if he or she had childhood sexual abuse (2008). In the paper of Caspi et al. Researchers found that

patients with OCD were more likely to suffer from sexual or mental abuse, as well as emotional neglect (2020). According to the findings, more severe OCD symptoms are associated with a kid's experience of abuse as a youngster, with emotional abuse being the most harmful. More severe OCD symptoms were seen in those who had a propensity of childhood trauma (Boger et al., 2020).

Women are more likely than men to suffer from OCD, and those who were sexually molested as children are more likely to suffer from OCD, as well. Contrary to conventional assumption, men with OCD are more likely to have been sexually abused as youngsters than you may think. To understand the disparities in data, the researcher may infer that they are a result of conservative Men's beliefs about masculinity. Males and females were both affected by mental health issues such depression and alcohol abuse/dependence, which together account for between 4 percent and 5 percent of the overall number of disability-adjusted life years (DALYs). Anxiety, rumination and worry were much higher among male victims than female ones. Male child sex abuse survivors are more likely to have internalising symptoms, whereas female survivors are more likely to experience externalising symptoms (Andrews, Corry, & Slade, 2003). OCD patients with higher CT scores were more likely to have religious and ritualistic compulsions, according to Ay and colleagues (2018).

Sexual abuse in childhood has been linked to both short-term and long-term mental health issues, according to prior studies. Unusual

sexual behaviour, drug abuse, and academic problems are all potential direct effects of CSA stress, guilt, and animosity (Dubowitz & al., 1993). (Sadowski et al., 2003; Spataro et al., 2004; Hall et al., 2002). (1994) Paradise and colleagues' Maladaptive behaviour such as borderline personality disorder, eating disorders, somatoform disorder disorder (Cheasty et al., 1998), depression (de Silva, 1999), hand washing, and repetitive religious thoughts may all be linked to adult maladaptive behaviour (Lafleur et al., 2012). OCD and other personality characteristics may be influenced by a person's experience of sexual abuse as a kid, according to some research (Mathews et al., 2008).

In a separate study, the topic of whether CSA and OCD are associated in adulthood was investigated. OCD patients (53.3 percent) were shown to have a significantly higher prevalence of CSAs involving physical contact, according to the data. OCD and contact CSA were shown to have a high correlation in the study (Caspi et al., 2008).

According to the results of this research, patients who were sexually assaulted as children developed adult symptoms such as worry, anger, negative thinking, social anxiety, trust issues, and a lack of confidence. It was discovered by Ou et al. (2021) that the severity of OCD symptoms ($r = 0.10$, 95 percent CI: 0.01–0.19, $P = 0.04$) and depression in OCD sufferers ($r = 0.15$, 95 percent CI: 0.07–0.24, $P = 0.0002$) is correlated with the presence of childhood sexual abuse. According to Destree et al., there was a clear link between early trauma and the extent of OCD symptoms (2021). According to Ay et al reference's study, childhood trauma is a risk factor for OCD (2018).

In the end, researchers discovered a connection between childhood adversity and OCD in later life. Several problems in the study must be kept in mind. OCD patients may be compelled to divulge CSA incidents in order to pin the cause of their disease on something outside of themselves. OCD that develops as a result of sexual abuse may manifest itself in more explicit sexual imagery; this possibility has yet to be explored. On the other hand, more investigation may be necessary. Some study has linked childhood trauma to the development of OCD, which is often accompanied by an increase in the presence of an external stressor. Many people suffer from OCD or PD, and the findings of this

study show that contact CSA may have a role in treating these and other mental diseases.

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