



Correlation Between Childhood Sexual Abuse In Women And Ocd In Adulthood: An Exploratory Study

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Abstract

Introduction: Several studies indicate that childhood experiences contribute towards the development of personality and individual's character. The life of an individual is scarred for life if they are abused in their childhood, especially if the abuse is sexual in nature and that too against females. Sexual abuse in childhood may lead to several mental complications in the adulthood. The research paper has hypothesized that there is a positive correlation between Childhood Sexual Abuse (CSA), and Obsessive-Compulsive Disorder (OCD) in adulthood. The study has explored that women who have experienced sexual abuse in their childhood are more prone to OCD in adulthood.

Methods: This is an exploratory-descriptive study performed in "W Pratiksha Hospital and other practice clinics". The study has included 50 OCD patients of age 18 years- 60 years. A structured questionnaire (Y-BOCS and CSA questionnaire) was used for data collection.

Results: The study has found that majority of the patients (44%) belongs to age group 31-40 years. CSA was mostly reported in females OCD patients. The results have signified that there is a positive correlation found between childhood sexual abuse and OCD in adulthood. The results showed that most female OCD patients had experienced CSA while there were only less males who have experienced sexual abuse in their childhood.

Conclusions: The present study has concluded that females with CSA are more prone to develop OCD in adulthood. The findings of the present study provide further evidence for establishing the association between childhood sexual abuse and OCD among females.

Keywords: Females, Childhood Sexual Abuse, Childhood trauma, Obsessive Compulsive Disorder, Adulthood

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INTRODUCTION

Childhood Sexual Abuse

The definition of CSA chosen for the purpose of this study was "any non-consensual or forced contact of a sexual nature prior to reaching 18 years of age in which the age difference between victim and offender was over five years, whereas if that difference was under five years it would count as sexual abuse only if forced." This definition is based on the definition of the DSM-IV-TR for pedophilia (Berlin et al., 2011).

According to this definition, CSA falls into two

Categories:

- Non-contact CSA: Cases of CSA without physical contact: attempted seduction, exposure to pornography, or exposure to sexual organs.
- Contact CSA: Cases of CSA with physical contact: fondling, or physical contact of a sexual nature, sort of penetration — kissing, feeling up, etc., as well as full sexual congress

Abuse of a child's sexuality can be defined as any form of sexual contact between a child and an adult or the use of a child for sexual purposes.

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Most of the time, it is someone the child is familiar with and can trust (World Health Organization, 2003). A person under the age of 18 is considered a child (UNHCR, 1989). Exploitation of children for sexual purposes is another type of child sexual abuse.

The term "Child Sexual Abuse" (CSA) refers to the misuse of power and authority in conjunction with coercion or force that results in the exploitation of children in circumstances where adults or children who are sufficiently bigger than the victim seek satisfaction from those who are still developing and where, as a result, the victim's consent is not a concept. Explicit sexual acts or intrusive and improper behaviours that don't directly entail contact may be used to achieve such enjoyment (Miller et al. 2007). Sexual abuse of children is another name for child sexual abuse. Sexual contact with a kid is a form of child abuse known as child sexual abuse. A youngster (<18 years) cannot give his or her consent to any sexual conduct. A person who engages in such behaviour with a child commits a crime that may have years-long repercussions for the victim. In addition to other issues, the consequences of child sexual abuse can result in major issues like anxiety, depression, a tendency for further adult victimisation, complex post-traumatic stress disorder, and physical harm to the child.

When a child is coaxed into or coerced into sexual behaviours in exchange for anything like cash, drugs, food, or shelter, it is considered child sexual abuse (BC Ministry of Children and Family Development, 2007). Basically, the lures predators can employ to take advantage of children include affection lure, pet lure, assistance bait, authority lure, bribery lure, emergency lure, ego, etc (Office of Radio & Television, n.d.). There are rules for handling incidents of child sexual abuse in order to safeguard children from being abused sexually. A special law known as "The Protection of Children from Sexual Offenses" (POCSO) was passed in 2012. Incorporating child-friendly reporting mechanisms, evidence documentation and recording, investigation, and speedy trial of crimes through designated special courts, the POCSO act of 2012 is a comprehensive law that offers protection to children against crimes of sexual violence, sexual harassment, and pornography.

CSA in Women and its Impacts

During the past several decades, research on the long-term behavioral, social, and mental health consequences of childhood maltreatment has proliferated. Studies examining the long-term effects of childhood abuse and related stressors have found increased risk for outcomes such as substance use and misuse, psychiatric disorders, suicide, and numerous other health and social problems (Heffernan et al., 2000; Dube et al., 2005). Investigations of childhood sexual abuse (CSA), in particular, have received a large amount of attention. There are studies available that have focused on CSA of female survivors, synthesizing the information about the characteristics and long-term impact of CSA on survivors (Saunders et al., 1999; Fromuth et al., 1986). However, there is scarcity of studies correlating CSA and OCD of female victims.

Most studies of CSA prevalence indicate that girls are more likely to be victims than boys (Finkelhor et al., 1994). However, prevalence estimates range from 20% to 30% for females, and 4% to 76% for males (Finkelhor et al., 1994; Holmes et al., 1998). For both genders, CSA risk is correlated with family-related factors such as divorce and domestic violence, and having members who abuse substances or who are emotionally unavailable (Finkelhor et al., 1986; Beitchman et al., 1992). It has also been reported that CSA commonly involves the use of force or threats (Saunders et al., 1999; Dube et al., 2005). Whereas the perpetrators of CSA among young girls are predominately male as compared to females (Grayston et al., 1999).

Studies of CSA have demonstrated strong relationships to several negative health, behavioral, and social outcomes among male and female survivors that are currently public health priorities, which include HIV risk behaviors, psychiatric disorders, substance abuse, and suicidality (Metcalf et al., 1990; Kendler et al., 2000; Dube et al., 2005; Heffernan et al., 2000). While some of these studies have used population-based samples, many have been limited to the examination of CSA among clinical samples, such as individuals in substance abuse recovery and psychiatric patients. Furthermore, studies that examine CSA in relationship to outcomes have tended to ignore the presence of other co-occurring forms



of child maltreatment and many reports of CSA are almost exclusively among women.

The relationship between childhood sexual abuse and mental health in adult life was investigated in a random community sample of women. There was a positive correlation between reporting abuse and greater levels of psychopathology on a range of measures. Substance abuse and suicidal behaviour were also more commonly reported by the abused group (Mullen et al., 1993). Childhood sexual abuse was more frequent in women from disrupted homes as well as in those who had been exposed to inadequate parenting or physical abuse. While elements in the individual's childhood which increased the risks of sexual abuse were also directly associated to higher rates of adult psychopathology, abuse emerged from logistic regression as a direct contributor to adult psychopathology (Mullen et al., 1993).

Briere et al., (2003) in their study reported a high prevalence of CSA in females as compared to male. There were 32.3% females who reported CSA while there were 19.5% females who reported physical abuse against them. Twenty-one percent of subjects with one type of abuse also had experienced the other type, and both types were associated with subsequent adult victimization.

In another study Pulverman et al., (2018) explored the impact of CSA on women. It was found that women with CSA histories report higher rates of sexual dysfunction compared with their non-abused peers. The sexual concerns most commonly reported by women with abuse histories include problems with sexual desire and sexual arousal. Mechanisms that have been proposed to explain the relation between CSA and sexual dysfunction include cognitive associations with sexuality, sexual self-schemas, sympathetic nervous system activation, body image and esteem, and shame and guilt.

In addition to the psychological impacts, the women with a history of CSA are also more prone to revictimization. Clinically it is generally well accepted that women with a history of childhood sexual abuse are more

likely than women without such a history to experience adult assault (Messman, 1996).

Obsessive compulsive disorder (OCD)

Obsessive compulsive disorder (OCD) is an anxiety disorder in which people have recurring and unwanted thoughts, ideas or feelings (obsessions) that make them feel driven to do something repetitively (compulsions). The obsessive-compulsive disorder is characterised by a preoccupation with rituals and repetitive behaviours, such as the compulsive desire to arrange things in a particular order or the anxiety caused by it. In most cases, symptoms don't present themselves right away and tend to change with time. Some frequent signs of obsessive-compulsive disorder include excessive hand washing, a dread of dying, an obsession with cleaning and germs, beliefs that something horrible will happen, such as someone will die or get shot, dying, and repeating religious thoughts. According to studies, treatment may consist of talk therapy, medicines, or both (psychiatry.org; APA, 2020). The presence of both obsessions and compulsions is required for a diagnosis of obsessive-compulsive disorder, also known as OCD. It is estimated to have a lifetime prevalence of 2.3%, and it frequently occurs in conjunction with considerable social and vocational disability, low quality of life, and a chronic course (Ruscio et al., 2010; Van Oudheusden et al., 2018). According to the findings of genetic research on obsessive-compulsive disorder (OCD), approximately fifty percent of the variation in OCD symptoms can be attributed to non-genetic environmental factors; as a result, it is essential to identify these factors in order to gain an understanding of the disease's aetiology (Iervolino et al., 2011).

CSA and OCD

Obsessive-compulsive disorder (OCD) is an impairing, chronic mental disorder characterized by obsessions or compulsions. Obsessions often refer to recurrent, intrusive, and contradictory thoughts or impulsive intentions. Compulsions mostly consist of repetitive, ritual, or pathological behaviours, thereby reducing anxiety and depression caused by the obsessions. OCD exerts significant social and occupational impairment to the sufferers (Markarian et al., 2010). Moreover, about 55% of OCD patients have psychiatric comorbidities



(Torres et al., 2016). According to the World Health Organization (WHO), OCD ranks among the top 10 disabling diseases (Murray, 1996).

Childhood maltreatment (CM) refers to the abuse and neglect suffered by individuals younger than 18 years. There are five types of CM: childhood physical abuse (CPA), childhood emotional abuse (CEA), childhood sexual abuse (CSA), childhood physical neglect (CPN), and childhood emotional neglect (CEN) (Butchart et al., 2006).

Childhood sexual abuse is recognized as a key risk factor for depression, both during childhood and subsequently. The severity of contact childhood sexual abuse is associated with higher rates of mental problems in adulthood, and a history of childhood sexual abuse of ten predicts a chronic course of mental illness in women (Calam et al., 1998; Bifulco et al., 1998). Sexually victimized children are often, although not in-variably, also exposed to other adverse family conditions, as different forms of child abuse commonly co-occur (Bifulco et al., 1998). Child abuse tends to occur more frequently within families characterized by high "stress," and parental conflict and domestic violence are strongly associated with the occurrence of both childhood sexual abuse and childhood physical abuse. Family contexts of parental neglect and childhood physical abuse may also place children at high-risk of sexual abuse by perpetrators outside the home (Bowen, 2000; Gladstone et al., 2004).

Males and females have distinct patterns of childhood adversities, with females experiencing more complex and varied patterns of childhood adversity. These patterns of adverse childhood experiences (ACEs) were associated with numerous negative mental, emotional, and social outcomes among both sexes (Haahr-Pedersen et al., 2020). Female patients more often report severe forms of childhood trauma, particularly sexual abuse (Becker et al., 2017). Mental disorder is more common in females as compared to males with childhood trauma /sexual abuse. In a study it was found that three out of hundred women develop PTSD at some point of their life, but only one out of hundred men (Alonso et al., 2004). Therefore, it is proposed that females with childhood sexual abuse are more prone to develop OCD in

adulthood. Previous studies have signified that childhood maltreatment such as childhood sexual abuse (CSA) is may be associated with an increased risk of developing psychiatric disorders (such as OCD) in later life (Carr et al., 2013; Norman et al., 2012). Besides, considerable studies have reported that OCD patients report significantly more childhood maltreatment such as CSA when compared with matched healthy controls (HCs) (Osland et al., 2018; Jaisoorya et al., 2017; 2015). Notably, there are several studies based on population or clinical sample claiming that CSA is associated with the severity of obsessions or compulsions in OCD (Fricke et al., 2007; Grisham, 2011).

As is well-known, studies of comorbidity in OCD have reported that OCD sufferers are often accompanied by a high level of depressive symptoms (Pinto et al., 2006). A clinical study that enrolled 160 patients diagnosed with OCD found a higher depressive level in the childhood trauma (CT)-exposed group than non-CT exposed group (Kart et al., 2019). Moreover, empirical studies have pointed out the unique relationship between the childhood abuse and the severity of depressive symptoms in OCD (Bey et al., 2017; Kart et al., 2019).

In a study, Carpenter et al., (2011) investigated the interrelationships between childhood trauma, attachment, alexithymia, and the severity of obsessive-compulsive disorder (OCD) in a cohort of participants with OCD. The study found that there was a significant positive correlation between childhood trauma and attachment avoidance, which in turn was significantly positively associated with alexithymia. Alexithymia was significantly associated with the severity of OCD symptoms and the number of OCD symptoms. There is a relationship between childhood trauma and OCD, however this relationship is not direct in nature but is influenced by peoples' past experiences with significant others and associated difficulties in emotional processing.

However, in a study it was found that women with CSA who exhibit OCD are also more likely to be emotionally over-involved with their children and exhibit less warm and affectionate parenting styles than healthy controls (Challacombe & Salkovskis, 2009).



In the study of Lochner et al., (2002), the authors used the revised Childhood Trauma Questionnaire (CTQ), which assesses physical, emotional and sexual abuse and neglect in 74 female patients with OCD, 36 female patients with trichotillomania, and 31 normal controls. They found a significantly greater severity of childhood trauma and emotional neglect in OCD and trichotillomania patients compared to the controls.

In another study, Spataro et al., (2004) examined the association between child sexual abuse in both boys and girls and subsequent treatment for mental disorder using a prospective cohort design. The study reported that both male and female victims of abuse had significantly higher rates of psychiatric treatment during the study period than general population controls (12.4% v. 3.6%). Rates were higher for childhood mental disorders, personality disorders, anxiety disorders and major affective disorders, but not for schizophrenia. Male victims were significantly more likely to have had treatment than females (22.8% v.10.2%).

Caspi et al., (2008) in their study reported that CSA frequency as 15.7% for males and 30.7% for females, which is in agreement with world-wide estimations of the frequency of CSA. The study reported high prevalence of CSA in females as compared to males.

Despite the above intriguing findings, there are also inconsistent results. For instance, a clinical study investigating the association between maltreatment in childhood and obsessive-compulsive symptoms (OCS) severity has revealed a non-significant effect of childhood maltreatment on OCS (Selvi et al., 2012). Subsequently, another cross-sectional study based on Netherlands Obsessive Compulsive Disorder Association (NOODA) was in agreement with the above conclusion (Visser et al., 2014).

Since the specific relationship between CM and symptoms of OCD is poorly understood and there is also scarcity of studies exploring the relationship between females with childhood sexual abuse and OCD. In the context of the above the present research has explored the

correlation between Childhood Sexual abuse of women and OCD in Adulthood.

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

The present study is to explore the correlation between Childhood Sexual abuse of women and OCD in Adulthood. Considering the childhood sexual abuse as a specific trauma, this research has tried like to explore the possibility of establishing a relationship with OCD. The study has hypothesized that there is a positive correlation between childhood sexual abuse and the severity of obsessive-compulsive disorder in adulthood. Furthermore, this research has attempted to explore the level at which this link indicates a direct connection or if this connection is facilitated by other factors. The researcher has also tried to investigate the inter-correlation between the demographic factors captured in the structured questionnaire (OCD and CSA).

Study Area

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

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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

The present study has included a total of 50 identified OCD patients who fit the research requirement and criteria of the study. The study subjects were included as per the inclusion and exclusion criteria of the study.

- Inclusion Criteria: Patient with OCD between age group 18-60 years interested to participate in the research with their consent, were selected for the study.
- Exclusion Criteria: Patients who were not ready to give their consent to participate in the research and any patient who were not fulfilling the inclusion criteria were excluded from the study. Subject with genetic disorders were also excluded from the study.



Sampling technique

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

Research Design

The study has adopted exploratory research design. In addition, with this, study is based on the primary data (based on questionnaire) that was collected through 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

Descriptive research intent to precisely and systematically define a population, condition or phenomenon. The reason behind choosing the design for the study is to leverage its strength to use an extensive variety of quantitative and qualitative methods to investigate 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- 60 years 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

This study is based on primary data. The required data was collected from the study subjects using a structured questionnaire. Participants completed standardized clinical interviews and self-report measures. All interviewers were trained and monitored in the conduct of the assessment techniques by an experienced clinical psychologist. The data was recorded and further analysed using Microsoft excel and SPSS software version 26.

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

All data were collected in a data collection form and then transferred to an Excel sheet by independent data entry operator. Discrepant



values were corrected by checking the data collection form. Clean data was then analysed statistically. The data was used for qualitative and quantitative analyses using statistical formulae. The objectives of the study were assessed by performing applicable correlation tests.

RESULTS

Gender vs OCD

O1 : Females high CSA scale leads to extreme and severe OCD in adulthood

Row Labels	EXT OCD	SEVERE OCD	MODERATE OCD	MILD OCD	Grand Total
FEMALE	6	13	6	11	36
HIGH CSA	6	11			17
MODERATE CSA		1	4	10	15
LOW CSA		1	1	1	3
MODERATELY HIGH CSA			1		1
MALE		4	6	4	14
HIGH CSA		1			1
MODERATE CSA			1	1	2
LOW CSA		3	5	2	10
MODERATELY HIGH CSA				1	1
Grand Total	6	17	12	15	50

According to the data presented in the above table, it has been observed that in females high CSA scale leads to extreme and severe OCD in adulthood (Out of 6 Extreme OCD patients, all 6 has High CSA and out of 13 Severe OCD patients 11 has got High CSA).

The findings also signified that majority of females who has OCD, had history of CSA (33 out of 36), contrary to the male population has shown negligible count of CSA (4 out of 14). It leads to an assumption that in our society still have the fear, ego and enhancing impression in males.

Gender, OCD and CSA

O2: Female with High/Moderate CSA scale leads to religious OCD, health OCD and cleaning OCD during adulthood.

Row Labels	HIGH CSA	MODERATE CSA	LOW CSA	MODERATELY HIGH CSA	Grand Total
FEMALE	17	15	3	1	36
Health OCD	6	5	1		12
Religious OCD	4	3		1	8
Cleaning OCD	4	5			9
Noting Down OCD	2				2
Rechecking OCD	1		2		3
Rechecking & Story Creating OCD		1			1
Health and Fear of Going out OCD		1			1
MALE	1	2	10	1	14
Health OCD			7		7
Rechecking & Cleaning OCD			1		1
Cleaning OCD	1	1			2
Rechecking Last seen Status of WA OCD			2		2
cleaning & health OCD		1			1
Rechecking OCD				1	1
Grand Total	18	17	13	2	50

As shown in the above table, it has been observed that in female High/Moderate CSA

scale leads to religious OCD, health OCD and cleaning OCD during adulthood (as 27 out of 32 sample has Health OCD/Religious OCD/Cleaning OCD). On the contrary, in males no such trend is observed however, the study observed that low CSA scale leads to health OCD (as 7 out of 7 sample has health OCD).

CSA and OCD

O3: History of sexual abuse by family members led Extreme/Severe OCD during Adulthood.

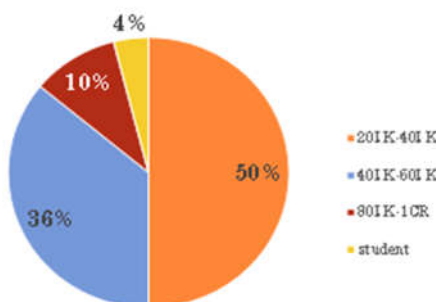
Row Labels	EXT OCD	SEVERE OCD	MODERATE OCD	MILD OCD	Grand Total
Sexually abused by own family member	5	17			22
Abused by outsider	1		6	12	19
NA			6	3	9
Grand Total	6	17	12	15	50

According to the data presented in the above table, it has been observed that samples who has history of sexual abuse by family members has developed Extreme (n=5) / Severe OCD (n=17) during adulthood. The study also observed that out of 6 extreme OCD patients 5 got sexually abused by family members during childhood and out of 17 severe OCD patients, all 17 got sexually abused by family member during childhood.

Demographics Results Income

As shown in the following table and pie chart, it has been observed that majority of the study subjects (50%) belongs to the Income group of 20-40 Lakhs (INR), followed by 36% of the study subjects belonging to the Income group of 40-60 Lakhs (INR).

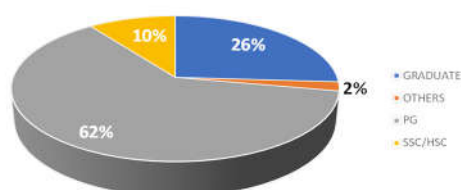
Income Group (INR)	Count of Income Group
20LK-40LK	25
40LK-60LK	18
80LK-1CR	5
student	2
Grand Total	50



Education

As shown in the following table and pie chart, it has been observed that majority of the study subjects (62%) are Post Graduate (PG), followed by 26% of the study subjects are Graduate.

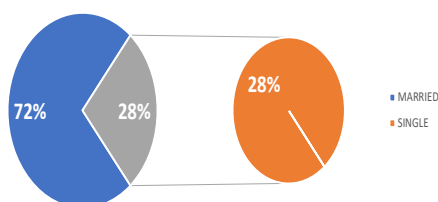
Educational Qualification	Count
GRADUATE	13
OTHERS	1
PG	31
SSC/HSC	5
Grand Total	50



Marital Status

As shown in the following table and pie chart, it has been observed that majority of the study subjects (72%) are married, 28% of the study subjects single.

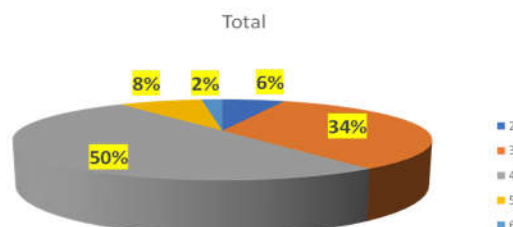
Marital Status	Count
MARRIED	36
SINGLE	14
Grand Total	50



Family Size

As shown in the following table and pie chart, it has been observed that majority of the study subjects (50%) has got a family size of 4 members, followed by 34% of the study has got family size of 3 members.

Family Members	Count
2	3
3	17
4	25
5	4
6	1
Grand Total	50



DISCUSSION

This research paper is a part of a study investigating the relationship of childhood sexual abuse with obsessive compulsive disorder during adulthood. According to the study, females who had CSA as children are more likely to go on to acquire OCD in their adulthood. According to earlier research, females are more likely to experience CSA, and this childhood abuse or trauma may result in mental disorders later on in life (Bey et al., 2017; Kart et al., 2019; Carpenter et al., 2011). The thorough evaluation of the research indicates that childhood sexual abuse will have both immediate and long-term psychological impacts. Anxiety (Sadowski et al., 2003; Spataro et al., 2004), guilt (Quas et al., 2003), hostility (Dubowitz et al., 1993), irregular sexual behaviour (Dubowitz et al., 1993; Hall et al., 2002), substance abuse (Knisely et al., 2000), learning difficulties, and anger are possible immediate impacts of CSA (Paradise et al., 1994). In the long-term, CSA is a risk factor for the development of adult psychopathology, such as borderline personality disorder (Lieb et al., 2004; McLean et al., 2003), eating disorders (Smolak et al., 2002), somatization disorder, depression (Cheasty et al., 1998), washing hands (de Silva, 1999), and thoughts of something bad happening, someone would die or get shot, fear of death, dying, and repetitive religious thoughts (Lafleur et al., 2012). Additionally, Mathews et al. (2008) revealed that childhood sexual abuse appears to be connected with the broad personality trait



categories and may contribute to the development of OCD. In a different study, Fricke et al. (2007) and Grisham et al. (2011) revealed a higher prevalence of childhood neglect and abuse among OCD patients, and that it is linked to both worse treatment outcomes and more severe OCD symptoms. The limitations of past research, however, stem from their small sample sizes and contradictory results. The current study therefore examined the association between females who experienced childhood sexual abuse and OCD in adulthood, with the goal of replicating and extending these findings using a carefully diagnosed group of participants.

The present research paper has found that there was a positive correlation between childhood sexual abuse and obsessive-compulsive disorder. The study found out there was a positive correlation found between childhood sexual abuse and the severity of obsessive-compulsive disorder (extreme OCD) in adulthood. Finally, the research paper has found that CSA was significantly higher in female OCD patients. The findings of the research paper signified that majority of females who has experienced sexual abuse in their childhood has developed OCD in their adulthood. The findings suggest that females who has experienced CSA are more prone to obsessive-compulsive disorder in their adulthood.

The results of the current investigation were found to be consistent with those of earlier studies. There is strong consensus that there is a link between childhood trauma and adult psychiatric disease (Hovens et al., 2009). According to a study by Caspi et al. (2008), adult cases of obsessive-compulsive disorder (OCD) and childhood sexual abuse are significantly linked (Caspi et al., 2008). According to a reference study by Boger et al. (2020) Patients with OCD have much greater rates of sexual abuse, emotional abuse, and emotional neglect than people in the general population. According to the study, the highest correlation between OCD symptom severity and the intensity of experienced childhood maltreatment was revealed for emotional abuse. Higher degrees of OCD symptom severity in individuals were connected to higher levels of childhood trauma (Boger et al., 2020).

In line with major finding of the study, the researcher has observed that majority of the OCD patients are female and the patients who were sexually abused in their childhood are mostly female. In contrary to the fact the males who has OCD, has minor history of childhood sexual abuse. The researcher may presume that the contrast in the data is due to conservative Male mindset, male ego, reputation, fear of losing masculinity. Across the world, CSA contributed to between 4% and 5% of the disability-adjusted life years (DALYs) in males and between 7% and 8% of the DALYs in females for each of depression, alcohol abuse/dependence and drug abuse/dependence. As per a report one in 9 girls and 1 in 53 boys under the age of 18 experience sexual abuse or assault at the hands of an adult (Finkelhor et al., 2014). Bureau of Justice Statistics (2000) reported that 82% of all sexual abuse victims under 18 are female. Previous studies have signified that females ages 16-19 are four times more likely than the general population to be victims of rape, attempted rape, or sexual assault (Bureau of Justice Statistics, 1997; 2000; US Department of Health and Human Services, 2018).

In the study it was found that majority of the study subjects (44%) were sexually abused by their own family member. These findings suggest that there was a majority of females who experience sexual abuse by their close one such as family members. The findings were consistent with the previous studies. Out of the sexual abuse cases reported to CPS in 2013, 47,000 men and 5,000 women were the alleged perpetrators. It was found that child victims often know the perpetrator. In 88% of the sexual abuse claims that CPS substantiates or finds supporting evidence of, the perpetrator is male. In 9% of cases, they are female, and 3% are unknown (US Department of Health and Human Services, 2013; 2018).

Studies have signified that the effects of child sexual abuse can be long-lasting and affect the victim's mental health. Victims are more likely than non-victims to experience the several mental health challenges such as about four times more likely to develop symptoms of drug abuse, about four times more likely to experience PTSD as adults, and about three times more likely to experience a major



depressive episode as adults (Zinzow et al., 2012). As opposed to the common belief, it was found that male victims were more likely than women to experience anxiety, rumination and worry. Female survivors of child sexual abuse are more likely to experience externalising effects than male survivors, who are more likely to experience internalising ones. (Andrews, Corry, & Slade, 2003).

In conclusion, the study reported a positive correlation between the childhood sexual abuse and OCD during adulthood. The study concluded that females who has experienced sexual abuse in their childhood are more prone to develop obsessive-compulsive disorder (OCD) in their adulthood. It is important to take into account the study's limitations. The study's findings support the hypothesis that OCD patients may be highly motivated to disclose a CSA event in an effort to identify an outside factor as the origin of their disorder. If OCD following sexual assault has more sexual motifs is an intriguing subject that has not been investigated previously. This might be the focus of additional research. Future research may look more closely at how severe OCD symptoms are in female patients who have had CSA. Many studies have realized that the progress of OCD often happens shortly following a main adverse life event or, in some cases. The results of this study encourage further research into the role of CSA in OCD and PD, also with additional psychiatric disorders.

The study may further help counselling and treatment of female patients who were sexually abused as children. If appropriate therapy and treatment offered to such females at an initial phase, this may help them in having a good quality of life and can also decrease the probability that they will develop OCD.

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