



Sexual Abuse of Women and Its Impact: Psychosexual Perspectives

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ABSTRACT

This is a qualitative study, conducted in the Northwestern area of Pakistan. The target population of this study was physicians, particularly psychiatrists and sexologists. The aim of this study was to know how sexual abuse affects mental and reproductive health of the victims. A total of 30 in-depth interviews were conducted with practitioners, including 15 psychiatrists and 15 sexologists. All these interviews were semi-structured and the respondents were selected randomly. It was found that sexual abuse has severe impacts on the reproductive and mental health of the victims. Reproductive health symptoms include vaginitis, human papilloma virus, contributing to the risk factor of cancer, genital herpes and HIV/AIDS. Mental health symptoms include posttraumatic stress disorder, anxiety disorder, depression and hyperthyroidism. Depression when reaches to chronic stage results in ideation of self-rejection and self-harm.

KEYWORDS: Sexual abuse, mental health, reproductive health, sexually transmitted diseases, HIV/AIDS, depression, anxiety disorder.

INTRODUCTION

Sexual abuse is an unwanted and non-consensual sexual intercourse between two persons of the same or opposite sexes [1, 2]. It is a deviant sexual behavior of the man who sexually encounters a woman against her will [3]. Deviant sexual behavior is usually adopted by individuals who fail to avail legal opportunities for sexual satisfaction. Deviant sexual behavior is a risk factor for sexually transmitted diseases particularly HIV/AIDS [4]. This risk factor increases more in sexual violence incidents and other unnatural means of sexual behavior such as homosexuality [1, 4]. Even psychological health of the victims is affected adversely in incidents of sexual violence. Posttraumatic stress disorder, depression, chronic stress, low self-esteem and even indulgence in revictimization are of the common symptoms of sexual abuse [1].

Sexual abuse has a long-lasting impact on the victims [1]. Sexual abuse influences victims' life both directly and indirectly. The direct impacts of sexual abuse include psychological and physical effects and indirect impacts include victims' relationship, and status in society. Bloom [5] divides both direct and indirect impacts of sexual abuse on victim's life into emotional, relational and physical health. Physical and emotional health of an individual has a direct link with relational health and both are interdependent. An emotionally and physically strong body is an indicator of good relational health. Bloom further argues that the effect of sexual abuse on victims in terms of emotional, physical and relational health could be explained with the help of biopsychosocial model which involves victim's physical, psychological and social influences. These three influences are due to an overwhelming stress caused by sexual abuse. In this model, Bloom argues that psychobiological change is the epicenter of human evolutionary process. The traumatic experience is a determining factor which influences biopsychological changes. Human realizations and feelings, learning and thinking processes, sensing, measuring and perceiving other human beings and the environment are all determined by the traumatic experiences.

Sexual abuse has a significant impact on victims because posttraumatic stress disorder is not caused by simple traumatic incident rather by an overwhelming stress. Sexual abuse trauma is as severe as the trauma of war [6]. Sexual abuse causes an overwhelming stress which results in posttraumatic stress disorder. Phillip [7] argues that posttraumatic stress disorder is caused when a person is exposed to such traumatic incidents which result in symptoms of hyperarousal or numbing or disorientation of memories. Usually the reverberating scenes disturb the victim to such a level that causes disorientation of memories. Some of the researchers [7, 8, 10] are of the view that

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posttraumatic stress disorder is an exposure of the victim to incidents of an overwhelming stress where the victims show symptoms of hyperarousal or recurrence. Incidents of minor stress do not cause traumatic stress disorder because hyperarousal and recurrence are associated with incidents of overwhelming stress. Victims of sexual abuse and war usually pass through such situation that affects their relational, psychological and physical health.

According to Yehuda [11] there are psychological and biological aspects of the posttraumatic stress disorder. The psychological aspects are more related to mental and behavioral changes and the biological aspects are related to physical changes in human body. Some victims of posttraumatic stress disorder recover very quickly and others take longer than expected to recover from stress disorder. Physical changes occurred due to exposure to traumatic incident include increase in thyroid hormone level in victims of posttraumatic stress disorder. This biological change explains the somatic syndrome of the posttraumatic stress disorder. It means that psychological aspects deal more with behavioral and mental influences, therefore, these aspects directly affect relational health of the victims. The physical health is more associated with biological influences [5].

Powerlessness is a psychological aspect which means the quality of being unable to act or lacking power or strength [12]. Powerlessness and helplessness are relevant psychological aspects of posttraumatic stress disorder. Majority of the victims feel powerless or helpless when exposed to an overwhelming stress. Bloom gave a very significant outcome of powerlessness. Bloom argues that powerlessness is such an experience which every individual wants to end or get relieved from. In order to break the chain of powerlessness, a victim becomes the victimizer and this transformation or movement from victim to victimizer is an inherent psychological quality in victims. Inability to act is a circumstantial trap where the victim revenges, as well as, avenges to break this chain of powerlessness and get rid out of this trap. But subjective interpretation of the incident has a significant role in powerlessness and it is mostly observed in cases of sexual abuse where the victim is previously victimized and re-victimized. It means that the victim, on the one hand, wants to end powerlessness and on the other hand, takes revenge for the prejudice committed to him/her.

Another possible outcome of powerlessness is proneness to re-victimization. Since, powerlessness is a psychological aspect of posttraumatic stress disorder, therefore, it has multi-dimensional drive in victims. Movement from victimized to victimizer is not the only outcome of psychological influences but proneness to re-victimization is quite often witnessed among sexually abused women. In order to get relieved from and break the chain of powerlessness, the victim gets subjected to re-victimization. Here both psychological and biological elements of posttraumatic stress disorder have a strong internal drive which pushes the victims further into a deep relational process from where redemption is almost impossible for them. Majority of the women, destined to brothel, were once sexually abused or had previous history of sexual abuse. Their proneness to re-victimization made them permanent victims. Bloom argues that this process inflicts a huge cost both to the victim and society, however, this cost may not be easily and accurately identified or measured. It has been estimated by Bloom that the cost of every single adult rape to victim and society ranges from US dollar 47000 to 60000. But, in fact, sexual abuse is such a practice, the cost of which can never be measured in terms of dollars.

Humphrey and White [13] argue that the rate of victimization of women, sexually abused at early age, was higher than those who were not abused at early age of adolescence. They further argue that sexually abused women are more likely to be abused than other women. Women who are victimized in adolescence, are 4.4 times more prone to re-victimization [5]. One main reason for re-victimization is posttraumatic stress disorder and the second reason is fear. The victims of sexual abuse feel intimidated and due to this fear they do not resort to report. Their silence remains an attraction for the perpetrators for further encounters.

There are numerous other consequences of sexual abuse. These consequences vary from society to society because of the prevailing norms, dissecting and sub-dissecting societies on different lines. *Pakhtun* society has some distinct features, regarding women status and role and people's strict adherence to rudimentary and traditional cultural norms and practices. Sex and sexuality are those concepts which are considered obnoxious to disclose or discuss publicly. This social behavior results in huge violence against women because woman biology reflects sex, while sex is considered as vile therefore, women are distinctly treated in all social affairs. Sexually abused women are either murdered in silence or ex-communicated in social relationship. This behavior on the part of local men in *Pakhtun* society has inflicted huge cost to women status and role. The most disadvantaged group in society is, therefore, victims of sexual abuse.

MATERIAL AND METHOD

This study was conducted in *Khyber Pakhtunkhwa*, the Northwestern province of Pakistan. The target area for this study was the Northwestern area of Pakistan and the target population was physicians specifically psychiatrists and sexologists. Among the respondents, only those physicians were selected who were practitioners in psychiatry and

sexology. Psychiatrists are experts who have diverse knowledge of mental disorders and its symptoms. Since sexual abuse is an incidence of overwhelming stress with widespread mental health impacts, therefore, these psychiatrists were selected with the aim to know the visible and invisible impacts of sexual abuse on mental health of the victims. Sexologists are practitioners in medicines with specialization in sex related diseases. Sexologists were selected for this study in order to know the impact of sexually transmitted diseases on the reproductive health of the victims. A total of 30 in-depth interviews were conducted and the samples were randomly selected. In this study, I designed semi-structured interviews because semi-structured interviews give an opportunity to the enquirer to skip certain questions during interviews or change the sequence of the questions when deemed necessary or follow the respondents in certain questions and explanations which bring more valuable information forward [14, 15, 16, 17, 18, 19]. In semi-structured interviews both the enquirer and the respondent have greater flexibility in interpreting and understanding both the subjective and objective realities. In this study, I provided greater space and opportunity to the respondents to speak and interpret by asking them open ended questions.

Data Presentation and Analysis

The following passage consists of the reproductive and mental health impacts of sexual abuse. This discussion focuses mainly on the reproductive and mental health symptoms, identified during the interviews with the professionals in psychiatry and sexology. Firstly, the reproductive health symptoms are discussed with more focus on the primary statements of the respondents and information from literature and then mental health symptoms are elaborated.

Sexual Abuse and Reproductive Health

There is a strong association between experiences of sexual abuse and the status of reproductive health of the victims [20, 21, 22, 23]. The reproductive health of the victims is affected in many ways. There are both direct and indirect effects of sexual abuse on the reproductive health of the victims. Unintended pregnancy, negative birth outcomes, sexually transmitted diseases and HIV transmission are some of the biological impacts, directly connected with sexual abuse experiences [20, 23, 24]. Chronic pelvic pain, vaginal bleeding and urinary tract infection are some of the severe problems connected with sexual abuse experiences have debilitating prognoses for the reproductive health. Each of these symptoms have chronic repercussions for the reproductive health of the victims when treatment is delayed. Pamela and Wendy [23] argue that sexually transmitted diseases result in many neonatal complications, particularly pre-mature birth and other mother-fetal transmission of infections. It is called the "hidden epidemic" [25] because these infections do not receive such attention the way they spread and affect the reproductive health. These infections seem very invisible and silent but with fetal consequences. The consequences are fetal both for woman and her child in times of pregnancy [26]. Premature birth is one of the major outcomes of the sexually transmitted diseases [23], as well as, death of the neonatal due to rupture of the fetal membrane [27]. Pamela and Wendy [23] further argue that the risk factor of STD and HIV highly increases in sexual violence because in sexual violence the victim does not have any option of negotiating or using contraceptive.

Sexually transmitted diseases spread through sexual intercourse with multiple impacts on the reproductive health of the woman [28]. Sexually transmitted diseases consist of bacterial and viral infections. Bacterial STDs include chlamydia, gonorrhoea and syphilis that are treated with antibiotics, while viral STDs include human papilloma virus (HPV), genital herpes, hepatitis B and HIV/AIDS [29]. Chlamydia is a painful infection that leads to infertility [30]. Chlamydia is also a highly risk factor for HIV and people infected with chlamydia are more likely to get HIV. Similarly, gonorrhoea also causes infertility when delayed in treatment. Syphilis causes premature and under-weight births and even neonatal deaths in pregnancy [29, 30].

Human Papilloma Virus is a serious infection that is usually transmitted through sexual intercourse or skin contact. HPV can cause cervical cancer but not all women infected with HPV develop cervical cancer. According to Washington State Department of Health [29], HPV causes an estimated 530000 cases of cervical cancer and 275000 deaths caused by cervical cancer every year in world health organization regions. HPV is one of the viral STDs that results in death of the woman as well as neonatal when the woman is pregnant. One of the respondents from the professional category explained;

Papilloma Virus is a family that has many types. Of this family, more than 150 types are known and it is a DNA virus. Sexual intercourse accounts for more than 40 types of papilloma virus transmission. This virus basically affects the genital and its area. It results in cervical cancer particularly type-16 and type-18 are the main agents. At the initial stage, it does not reveal any symptoms but in the later stages it reveals itself in the form of vaginal bleeding and painful sexual intercourse. The risk factors include continued use of birth control pills, sex with multiple partners and weak immune system.

Human papilloma virus results in potentially malignant conditions that contribute more to the risk factor of cancer [31]. Potentially malignant condition is a precancerous condition that leads to a disordered state of morphology of cells. This disordered state increases the risk factor for the development of cancer. The main areas which it affects are vagina, cervix, penis, anus and the respiratory tract. In most of the cases it arises from the cervix. Almost all cervical cancers are developed by HPV infection [31, 32]. Cervical cancer has been a significant cause of mortality among women [33]. Human papilloma virus type-16 and 18 account for about 70 percent of cervical cancer. According to World Health Organization, [34] 266000 deaths occurred due to cervical cancer worldwide and about 528000 new cases were reported during the year 2012. The transformation of normal cervical cells into cancerous cells is very rapid in bodies with weak immune systems. This process of transformation of normal cervical cells into cancerous cells is easily controlled by improving the immune system of the body [35, 36]. Usually, human body develops cancer when HPV infection covers longer period or it resides in human body persistently. One of the highly risk factors is its persistent presence in human body without revealing its symptoms. HPV infection usually takes longer period to get visible. While covering longer period, the symptoms become chronic and contribute to the development of potentially malignant conditions.

Genital herpes is another viral STD. This infection is basically caused by a virus called herpes simplex virus (HSV). There are two types of herpes simplex virus; HSV-1 and HSV-2. Infection is usually caused by HSV-2 and sometimes by HSV-1 [37]. The common symptoms of HSV are sores on the genital, rectal area and even thighs and buttocks. The sores on the genital and the surrounding area cause huge pain when blister and break. This infection remains chronic in newborns and people with weak immune system. The primary outbreak causes severe pain, fever, headache, muscle ache and fatigue. It also causes burning during urination and genital discharge. One of the respondents from the category of professionals explained;

Genital herpes is a sexually transmitted disease that causes severe pain in body and usually the patient reports fever and fatigue due to this infection. Counselling, prognosis and treatment differ for every single patient because it depends upon the type of virus that has caused the problem. The diagnosing of virus is necessary for proper treatment.

Since, the viruses causing infection are different, therefore, the clinical strategies and treatment must also be different [38]. The prognoses and symptoms are both different in patients infected with genital herpes. Pain and fatigue are commonly witnessed symptoms in patients of type-1 infection. Severity in infection also varies with time and sex. In first and second year of infection caused by type-1, men are comparatively at lower risk of recurrence than women. However, in the subsequent period, when patients cease to visit clinic, there is high risk of recurrence in both male and female patients.

In sexually transmitted diseases, the most debilitating and chronic infection is HIV/AIDS [39, 40]. HIV stands for human immunodeficiency virus and AIDS stands for acquired immunodeficiency syndrome. This virus affects the immune system of human body and destroys the white blood cells. The white blood cells fight diseases or infections in human body. HIV is the initial stage of the infection and AIDS is the final stage. HIV spreads mostly through unprotected sexual contact with an infected person [39]. It also transfers from one human body to another through blood. Usually, the newborns are infected when they are born to HIV infected women. HIV is one of the chronic impacts of sexual abuse that directly leads to death with the passage of time [40]. One of the respondents from the category of professionals, replied to a question that what are the highly risk factors of acquired immunodeficiency syndrome?

Acquired immunodeficiency syndrome is a deadly disease that can be easily transferred from male to female or female to male species through sexual intercourse or blood transfusion. The high risk factors in this regard are unprotected sex and untested blood transfusion.

The most frequent and commonly witnessed mean of HIV/AIDS is unprotected sex, especially sexual contacts between opposite sexes. However, there are cases of HIV/AIDS reported among gay couples in the United States. Infection and the risk factors vary from country to country and bisexual to heterosexual contacts. According to Boily et al., [41] the risk factor of HIV/AIDS transmission is 4 to 10 times higher in developing countries as compared to developed countries. Male to female and female to male transmission also differs. In developing countries, the risk factor of female to male transmission is estimated as 0.38 percent per sexual episode and 0.30 percent for male to female transmission as compared to 0.04 percent and 0.08 percent in the developed countries respectively. The risk factor also varies with the type of sexual contact between two individuals takes place. The risk of transmission through anal intercourse is estimated as 1.4-1.7 percent per sexual episode is higher than vaginal and oral intercourses. These estimates include both heterosexual and bisexual contacts [41, 42]. The risk factor also varies with previous history of sexually transmitted infections [43]. For example, genital ulcer increases the risk of transmission fivefold [44]. Among other STDs, gonorrhoea and trichomoniasis and vaginitis have strong association with the risk factor of HIV/AIDS transmission.

Some of the STDs cause severe vaginal pain and irritation such as trichomoniasis. Trichomoniasis is caused by a parasite and usually a person gets infected through sexual intercourse. Trichomonas is a non-viral pathogen that transfers through sexual intercourse. One of the impacts of trichomoniasis is vaginitis [29, 30]. The common symptoms of vaginitis are vaginal pain, irritation and inflammation and vaginal discharge. Irritation and pain increases more during sexual intercourse. According to Kaiser Family Foundation, [45] each year about 5 million cases of trichomonas are reported worldwide with negative birth outcomes when the infected woman is pregnant. One of the adverse impacts of trichomonas is premature rupture of fetal membranes that results in death of the neonatal [27]. The symptoms of trichomonas do not seem severe, however, the impacts are quite adverse. One of the professionals explained;

Trichomoniasis is a sexually transmitted disease that affects the reproductive health of the woman quite negatively. It covers one to four weeks to reveal its symptoms. Therefore, most of the patients infected with trichomoniasis do not know until the symptoms become visible. These symptoms include vaginal pain, irritation in the vaginal area and vaginal discharge that finally result in more chronic reproductive health impacts when there comes delay in treatment.

Vaginitis are directly linked with the reproductive health. Vaginitis are of three kinds; bacterial vaginosis, vaginal candidiasis, and trichomoniasis [46]. A woman can have a combination of all or one infection at a time. Usually, infections are caused when women neglect the use of contraceptive or they do not have any such choices of using contraceptive. Ill-use or no use of contraceptive makes woman vulnerable to such infections.

Sexual violence and the changing attitudes of people towards sexuality are the contributing factors to the spread of sexually transmitted diseases. This problem gets worse with social complications, particularly the social stigma associated with sexual violence and sexually transmitted infections. Persistent social stigma has been a barrier to treatment [47] which affects the health of the women quite adversely. One of the professionals elaborated;

Patients particularly women and sometimes even men feel reluctant to reveal their infections because majority of the patients consider it immoral to have sexually transmitted infections. This behavior has quite negative health consequences for them because it is a barrier to timely treatment.

This behavior in *Pakhtun* society is due to the attached social stigma with sexually transmitted infections. People do not seek treatment and consider sexually transmitted infections as normal but such delays result in severe health repercussions. Venereal diseases in *Pakhtun* social setup are preferred to be secret and confidential especially by female patients. This preference is due to the issue of social stigma that prevents patients from revealing or reporting infection and its exact reason.

Sexual Abuse and Mental Health

Mental health is a complete state of mental order [48]. Mental health is more than the absence of mental disorder. It is a state of human mind that determines physical, social and mental well-being. Mental health is a state of human mind with cognitive, emotional and social abilities to manage everyday activities in a proper way [48, 53]. Mental health is the determinant of both physical and social health [48]. Many behavioral problems are the manifestations of mental disorder. Mental disorder is an uncontrolled state of human mind with clinically diagnosable conditions that influence an individual's social, emotional and cognitive capabilities [48, 53]. Schizophrenia, post-traumatic stress disorder, anxiety, depression and substance misuse are the common symptoms of mental illness. These symptoms of mental illness are high risk factors for human morbidity and mortality. These symptoms are usually caused by incidents of overwhelming stress or incidents that shatter an individual's sense of security. Experiences that involve threats to life, esteem and safety are such events where individual feels overwhelmed and helpless.

Sexual abuse is an incident of overwhelming stress that directly affects the mental health of the victim. There is a strong association between sexual violence and mental health [49], psychological distress and denial of sexual and reproductive rights [50], sexual violence and depression, suicidal ideation, substance use and low self-esteem [51, 52, 53, 54]. However, substance use is common among men experienced an incident of overwhelming stress – externalizing, while women respond to stress with high psychological distress, suicidal attempts and low self-esteem – internalizing [55, 56, 57]. Internalizing stress is common among women. It results in chronic mental health problems. Ali et al., [50] found in his study conducted on women experienced violence that poor mental health is strongly associated with exposure to violence. Women exposed to violence showed mental health problems than unexposed women. Exposure to violence and its impact on mental health vary from men to women. It means that the victim responds to stress differently. Some victims externalize the stress while others internalize it. This process of responding to stress is called appraisal [58]. Appraisal is basically the mean to evaluate the situation, its potential threat and coping resources. Appraisal is a cognitive process that holds an incident as a potential threat, harm or challenge. A person experiencing an incident of overwhelming stress, takes it either as a threat, harm or challenge.

One person holds a stressful event as a challenge while other interprets it as a potential harm or threat to life. This process determines the impact of the incident on the mental health of the victim [59]. Every victim's coping strategy is different than other. The behavioral aspects of the coping strategy are substance use, suicidal ideation and attempts and low self-esteem [60], while cognitive and emotional aspects are avoidance and suppressing one's feelings [61, 62]. The use of drugs and alcohols, as well as, adopting sexually risky behavior are some of the health seeking behavioral strategies. Such strategies are usually adopted in chronic stress, depression, anxiety and other symptoms of mental health impairment [63, 64, 65]. Spatz-Widom et al. [66] argue that avoidance and keeping one's feelings to oneself are high risk factors for depression and psychological distress. Suppressing one's feelings has severe mental health outcomes. Suicidal ideation and attempts, low self-esteem and returning to the same abusive behavior are some of the manifestations of suppressive feelings.

One of the respondents from the category of psychiatrists replied to a question that how sexual abuse affects mental health of the victim?

Every incident of extreme traumatic nature affects mental health. When someone confronts a danger, the cycle of stress hormones in the body is set off and the body becomes alert. This process directly influences heart rate, blood pressure, digestion and short-term memory. By disrupting these normal processes, the body reaches a state of hyper attentiveness. Some individuals respond to this process very actively by considering the event as a challenge, while others take a long time to recover from this process by considering the event as a threat to life. They are the people who develop post-traumatic stress disorder. Such people might be the survivors of war, severe accidents, sexual violence/rape and other physical abuse or torture.

Post-traumatic stress disorder is a type of natural response, individual carries to a traumatic event. Many people face traumatic event in their life, however, few of them develop post-traumatic stress disorder. Post-traumatic stress disorder is not an illness [67] rather a natural response to a life-threatening event. It is an injury to recall the same event that has passed already. According to National Centre for Posttraumatic Stress Disorder [68], the development of posttraumatic stress disorder is influenced by biological, social and psychological factors. Biological factors are those factors that are genetically transferred from parents to off-springs. Social factors include the social environment where an event takes place and the respective norms of behavior and cultural pattern. Social stigma of dishonor and disrespect or assigning of labels, such as coward, highly influence the development of posttraumatic stress disorder. Psychological factors include history of mental illness and traumatic experiences.

Sexual abuse is an extremely traumatic event that is highly associated with the development of posttraumatic stress disorder [69, 70]. Comparatively women are more vulnerable to develop posttraumatic stress disorder than men, when experience sexual abuse [71, 72]. Posttraumatic stress disorder has different symptoms such as memory loss, magical thoughts, anxiety disorder, sleep and eating disturbances and panic attacks. Flashback is also one of the major symptoms of posttraumatic stress disorder. Flashback means reemergence of traumatic thoughts [73] that bonds victim to the same event persistently. Aggression in behavior, emotional numbing and depression with risky sexual behavior and substance misuse are also common symptoms of posttraumatic stress disorder.

One of the psychiatrists explained;

Aggression and irritation in behavior are the common symptoms of posttraumatic stress disorder caused by persistent flashback that finally leads to self-harming behavior, generalized anxiety disorder and panic disorder. Panic disorder or attack is a state of intermittent feelings of terror, discomfort and fear of dying or revictimization. Such symptoms become chronic in hyperthyroidic patients.

Hyperthyroidism is a condition that is caused by over or excessive production of thyroid hormones in the body [74]. Hyperthyroidic patients have sleeping problems, irritation in muscles, fatigue, high rate of heart beat and weight loss. Hyperthyroidism sometimes leads to death when expansion in thyroid glands starts with persistent temperature. Though, hyperthyroidism is a medical condition, however, its symptoms are similar to symptoms of panic disorder. Panic disorder is an abrupt attack of anxiety with fear of reoccurrence [75]. Fear of reoccurrence leads to avoidance of situation that may cause panic attack. This behavior of patients affects their psychosocial functioning negatively. Avoidance of situation that may cause panic attack is called agoraphobia [76]. Due to agoraphobia patients avoid visiting places of even daily activities which finally limit their daily engagements and affect the quality of their social life very negatively. Women are two to three times more likely to develop panic disorder than men [75, 77]. Cognitive behavioral therapy is effective in treating patients of panic disorder [78].

One of the respondents from the category of psychiatrists replied to a question that tell me about the most probable mental disorder caused by incidents of sexual abuse in the context of *Pashtun* social setup?

I have attended such patients with multiple mental diagnoses. Very common in such patients are anxiety disorder, posttraumatic stress disorder, social phobia and depression. Anxiety disorder in

such patients has characteristics of both anxiety and extreme fear. Such victims are very anxious about their future relationship and acceptance and worry about current dishonor and extreme fear of revictimization. Such patients are diagnosed with symptoms of aggression, irritation in behavior, substance misuse, emotional numbing, sleep and hunger disturbances and symptoms of self-injury or suicidal thoughts.

Anxiety disorder is basically a combination mental disorders such as generalized anxiety disorder, social anxiety disorder, phobia and panic disorder [79]. All these disorders are known and identified by their symptoms. Fear is common in all anxiety disorders but sometimes this fear overwhelms and obstructs psychosocial functioning. Physical symptoms include digestion irritation, vomiting, fatigue, numbness of muscles, sleeplessness and lack of hunger. Mental symptoms include difficulties in relationship, lack of interest in work, avoiding places of public scrutiny, seclusion, fear of death and panic attacks [79, 80, 81]. These symptoms vary in severity and impact in patients considering the incident as a challenge or threat. Anxiety disorder is more common in females than males. Anxiety disorder usually starts before the age of 25 and recedes with increase in age [79]. Patients, particularly between the age of 25-35 are more vulnerable to be diagnosed with symptoms of anxiety disorder. Patients of anxiety disorder are unable to cope with daily activities normally. The quality of their psychosocial functioning is affected by persistent fear.

Some traumatic events result in depression that directly affects psychosocial and physical functioning [73]. Mirza and Jenkins [82] found a positive relationship between depressive disorder and relationship problems. Depression is a state of mood disorder or low mood [79]. The common symptoms of depression include disinterest in daily activities, irritation, hopelessness, rage and guilt. It is a reaction to incidents of stress. It is also caused by misuse or excessive use of drugs that cause addiction. It is also a personality trait but with genetic loading [83]. Life events of stress and deprivation account more for depressive thoughts. Victims of such events are more likely to experience depression. Parental neglect, social rejection due to dishonor or poverty, sexual abuse and incidents that inflict greater mental shock are some of the risk factors of depression [84, 85]. One of the psychiatrists explained that "events and symptoms of depression vary from patient to patient. In case of sexual abuse feelings of despair, guilt and worthlessness are very visible. These symptoms result in behavior of self-rejection and self-harm. Behavior of self-injury or self-rejection is diagnosed by attempts or ideation of self-injury".

In this study four victims were identified with suicidal ideation. Irritation in their behavior, ideation for self-harm and confirmation that death is better than life by revealing their intentions, were the common symptoms of despair and self-rejection. One of the victim's feelings of worthlessness and despair were clear in her explanation that "neither I would have born to my parents nor they would sell me and see their daughter's sufferings". This state of despair develops due to life events that cause great stress and pain. Life events particularly sexual abuse and deprivation give birth to depressive feelings [84, 85]. These depressive feelings finally result in depression and self-harming behavior.

People who passed through incidents of overwhelming stress, usually reveal depressive feelings, negative thoughts and even attitudes of depressive symptoms [1]. Emergence of depressive thoughts is associated with the belief of the victim. This behavior is very common among women who experienced sexual abuse incidents. Continued emergence of depressive thoughts and the degree of its severity among women is comparatively higher than men. One of the significant reasons of this behavior is maladaptive cognitive pattern and attitudes of low self-esteem and depression.

Conclusions

Sexual abuse is an incident of overwhelming stress. Sexual abuse affects both reproductive and mental health of the victims very negatively. Usually, pregnant women are the chief sufferers because it affects both the neonatal and the mother. Premature birth, mother fetal transmission of infections such as pelvic pain, vaginal bleeding and urinary tract infection are some of the direct impacts of sexual abuse. In sexually transmitted infections, HIV transmission is the most severe impact of sexual abuse on the victims. Other sexually transmitted infections include HPV1 and HPV2, vaginitis and genital herpes. Unintended pregnancy is also one of the outcomes of sexual abuse which results in many neonatal and mother fetal prognoses. Similarly, mental health is very negatively affected by sexual abuse incidents. Posttraumatic stress disorder is very common in sexual abuse incidents because these incidents are of overwhelming stress. Chronic stress, depression, anxiety disorder are some of the common mental health symptoms of sexual abuse. These symptoms vary from patient to patient. Sensitive patients become very much vulnerable to behavior of self-rejection and self-harm when their stress reaches to chronic stage, while experiencing sexual abuse incident. Other patients suffer from persistent stress that finally leads to social isolation.

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