The Long-Term Sequelae of Sexual Abuse: Support for a Complex Posttraumatic Stress Disorder

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This study examined the relationship between childhood sexual abuse and symptoms of a newly proposed complex posttraumatic stress disorder or disorder of extreme stress not otherwise specified (DESNOS). Compared to 34 women without histories of sexual abuse, 74 survivors of sexual abuse showed increased severity on DESNOS symptoms of somatization, dissociation, hostility, anxiety, alexithymia, social dysfunction, maladaptive schemas, self-destruction, and adult victimization. In addition, a logistic regression found that a complex of symptoms representing DESNOS was significantly related to a history of sexual abuse. Consistent with other studies, the results of this study provide support for the idea that symptoms of DESNOS characterize survivors of sexual abuse.

KEY WORDS: childhood sexual abuse; complex posttraumatic stress disorder; disorder of extreme stress.

Over the past 20 years the long-term effects of childhood sexual abuse have been well documented. Studies have consistently shown a relationship between a history of childhood sexual abuse and later psychopathology (Browne & Finkelhor, 1986). Although a myriad of mental health sequelae is associated with childhood sexual trauma, a specific disorder that captures the primary sequelae of childhood abuse has evaded researchers. Some researchers have supported the diagnosis of posttraumatic stress disorder (PTSD) as the most parsimonious and unifying conceptu-

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alization of the impact of childhood abuse (Lindberg & Distad, 1985; Rowan & Foy, 1993). Others (Finkelhor 1990; Herman, 1993) have argued that the impact of sexual abuse cannot be subsumed or explained within the framework of PTSD. A major objection to this application of PTSD is that sexual abuse usually takes place over a period of time instead of as a circumscribed event, and therefore results in a different set of problems (Finkelhor, 1990; Herman, 1993). Most clinicians working with survivors of sexual abuse have identified the need for a more comprehensive diagnosis than simple PTSD.

Recently, Herman (1993) proposed an “expanded concept” of post-traumatic stress reaction for victims of prolonged, repeated interpersonal violence, which she labelled disorder of extreme stress not otherwise specified (DESNOS) or complex PTSD. DESNOS includes three symptom clusters—somatic, dissociative, and affective—and three characterological features—relationship disruptions, changes to identity, and repetition of harm including revictimization and self-destructive behavior.

Systematic research evaluating the validity of the DESNOS classification for sexual abuse survivors (or any other trauma population) is virtually nonexistent. Yet, the conceptualization of the disorder appears empirically grounded. Studies have shown that each of the three symptom clusters of DESNOS are characteristic of sexual abuse survivors. High rates of somatization (Bryer, Nelson, Miller, & Krol, 1987; Pribor, Yutzy, Dean, & Wetzel, 1993), dissociation (Putnam, Guroff, Silberman, Barban, & Post, 1986; Saxe et al., 1993), depression (Mullen, Romans-Clarkson, Walton, & Herbison, 1988), and anxiety (Saunders, Vilepon-teaux, Lipovsky, Kilpatrick, & Vernon, 1992) are found in women with histories of sexual abuse. The characterological components of DESNOS are less well studied. Survivors of sexual abuse have reported relationship difficulties (Courtois, 1979; Meisselman, 1978), poor self-esteem (Briere & Runtz, 1986; Courtois, 1979), revictimization as adults (Russell, 1986), and extensive self-mutilative acts (van der Kolk, Perry, & Herman, 1991).

The present study attempted to differentiate female survivors of sexual abuse from women without histories of sexual abuse on several features representing the various symptom clusters of DESNOS. Although, in part, this is a replication of previous studies, other studies have not examined all these symptoms within the same sample. Another purpose of the study was to explore whether survivors of sexual abuse were more likely to present with a set of symptoms that represented the diagnosis of DESNOS than were women without histories of sexual abuse.