

Conseguenze psicopatologiche di Violenze e Abusi Sessuali in relazione a età, tipologia di eventi e differenti contesti ambientali

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UNIVERSITÀ
DEGLI STUDI
FIRENZE

Agenda

Concetti di psichiatria generale.

**Eventi, traumi, vulnerabilità,
resilienza.**

Epidemiologia degli abusi sessuali.

**Abusi sessuali nel bambino e
nell'adulto.**

**Conseguenze psicopatologiche degli
abusi nel bambino e nell'adulto.**

Diagnosi

Diagnosi: Dal latino *diagnōsis*, attraverso il greco antico *διάγνωσις* (*diágnōsis*), da *διαγιγνώσκειν* (*diaghignóskein*, capire), formato da *διά* (*diá*, attraverso) + *γιγνώσκειν* (*ghignóskein*, conoscere).

L'identificazione della natura
o/e la causa di qualcosa.

Diagnosi Clinica

Processo che permette di organizzare le diverse informazioni allo scopo di:

- ottenere una approfondita conoscenza del paziente inteso come persona**
- impostare una adeguata strategia terapeutica**
- stabilire una prognosi**
- permettere una comunicazione chiara ed efficace tra colleghi sanitari.**

Disturbo Mentale

Un disturbo mentale è una sindrome che colpisce la sfera cognitiva, affettiva, comportamentale o relazionale di una persona in modo disadattativo, ovvero sufficientemente forte da causargli sofferenza personale soggettiva e/o rendere problematica la sua integrazione socio-lavorativa. *(DSM 5, 2013)*

Disturbo mentale e non malattia mentale

In psichiatria, per identificare una sindrome, si usa il termine disturbo, e non quello di malattia.

Il termine malattia in medicina si usa quando si conosce con certezza l'eziologia, la patogenesi, e la clinica.

Nella maggior parte dei casi non si conosce con certezza una causa certa, ad eccezione delle malattie infettive.

In medicina, l'eziologia e la patogenesi è quasi sempre multifattoriale.

I disturbi mentali sono multifattoriali



World Health Organization

According to a systematic review of data and statistics from community studies in European Union (EU) countries, Iceland, Norway and Switzerland 27% of the adult population (here defined as aged 18–65) had experienced at least one of a series of mental disorders in the past year (this included problems arising from substance use, psychoses, depression, anxiety, and eating disorders).

These figures represent an enormous human toll of ill health, with an estimated 83 million people being affected. Yet even these figures are likely to underestimate the scale of the problem, as only a limited number of disorders were included and it did not collect data on those aged over 65, a group that is at particular risk.

Rates for women are significantly higher as compared to those for men, except for substance use disorders (men: 5.6%, women 1.3%), and psychotic disorders (almost identical estimates) Overall rates are 33.2 versus 21.7.

Risk factors for mental health

The determinants, onset and severity of mental health disorders are complex – they can rarely be attributed to a single factor. Identifying potential risk factors form an important element of health research, potential prevention and in some cases, appropriate treatment; nonetheless, many risk factors remain only correlates of observed patterns in mental health. They therefore need to be interpreted carefully.

The World Health Organization synthesizes the potential contributors to mental health and wellbeing into three categories:⁴

- individual attributes and behaviours: these can be particular genetic factors or personality traits;
- social and economic circumstances;
- environmental factors.

Level	Adverse Factors	Protective Factors
Individual attributes	Low self-esteem	Self-esteem, confidence
	Cognitive/emotional immaturity	Ability to solve problems & manage stress or adversity
	Difficulties in communicating	Communication skills
	Medical illness, substance use	Physical health, fitness
Social circumstances	Loneliness, bereavement	Social support of family & friends
	Neglect, family conflict	Good parenting/family interaction
	Exposure to violence/abuse	Physical security & safety
	Low income & poverty	Economic security
	Difficulties or failure at school	Scholastic achievement
	Work stress, unemployment	Satisfaction & success at work
	Environmental factors	Poor access to basic services
	Injustice & discrimination	Social justice, tolerance, integration
	Social & gender inequalities	Social & gender equality
	Exposure to war or disaster	Physical security & safety

Evento di vita

- Definizione -

Avvenimento della vita oggettivamente **identificabile, delimitato e circoscritto** nel tempo, che **modifica** l'assetto di vita di una persona. Gli eventi possono essere **positivi** o **negativi**, e possono avere un impatto diverso e soggettivo.

Evento di vita caratteristiche

Gli eventi possono essere distinti in:

1) Indipendenti

**(fuori dal controllo del soggetto;
es. terremoto)**

2) Dipendenti

**(che possono dipendere dal comportamento
del soggetti; es. divorzio)**

Vulnerabilità: predisposizione a sviluppare sintomi e disturbi mentali.

E' principalmente determinata da fattori genetici e da esperienze negative dei primi anni di vita.

Resilienza: la capacità di un individuo di affrontare e superare un evento significativo o francamente traumatico, riuscendo a non sviluppare una sintomatologia clinicamente significativa nonostante le avversità.

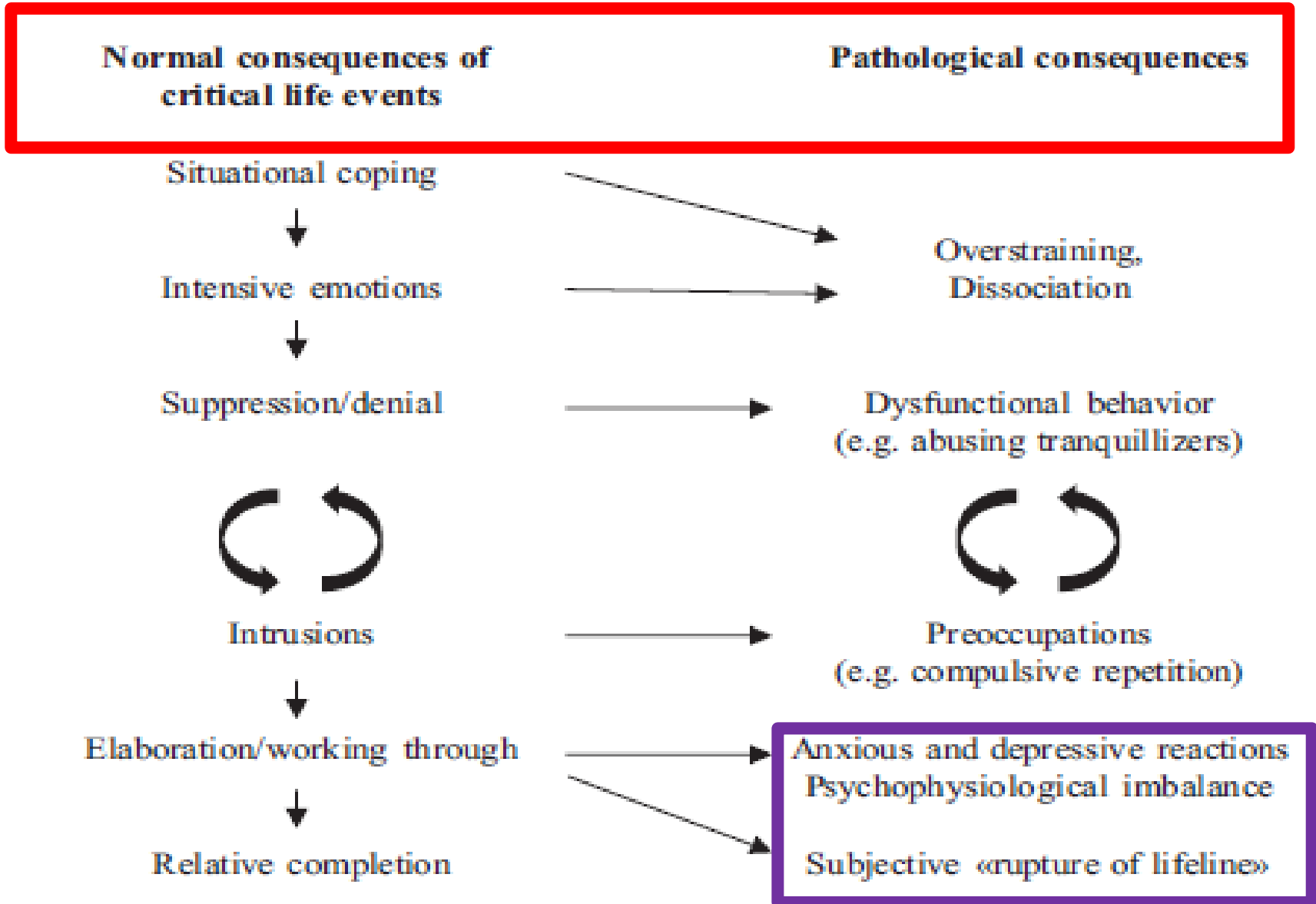
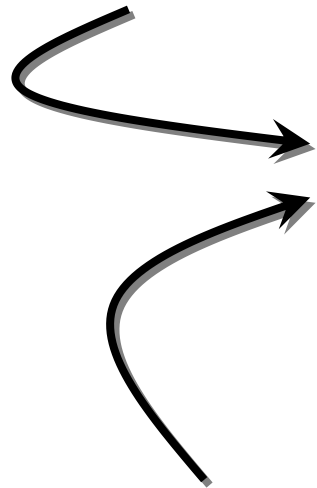


Fig. 1. Model of normal and pathological stress reactions, combined from Horowitz (1997) and Simmen-Janevska and Maercker (2011).

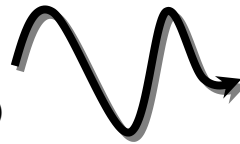
Evento di vita come fattore scatenante

**Predisposizione
genetica**



Vulnerabilità

Altri fattori
(es supporto sociale)



Sintomi



**Eventi traumatici
precoci**

**Eventi
Recenti**

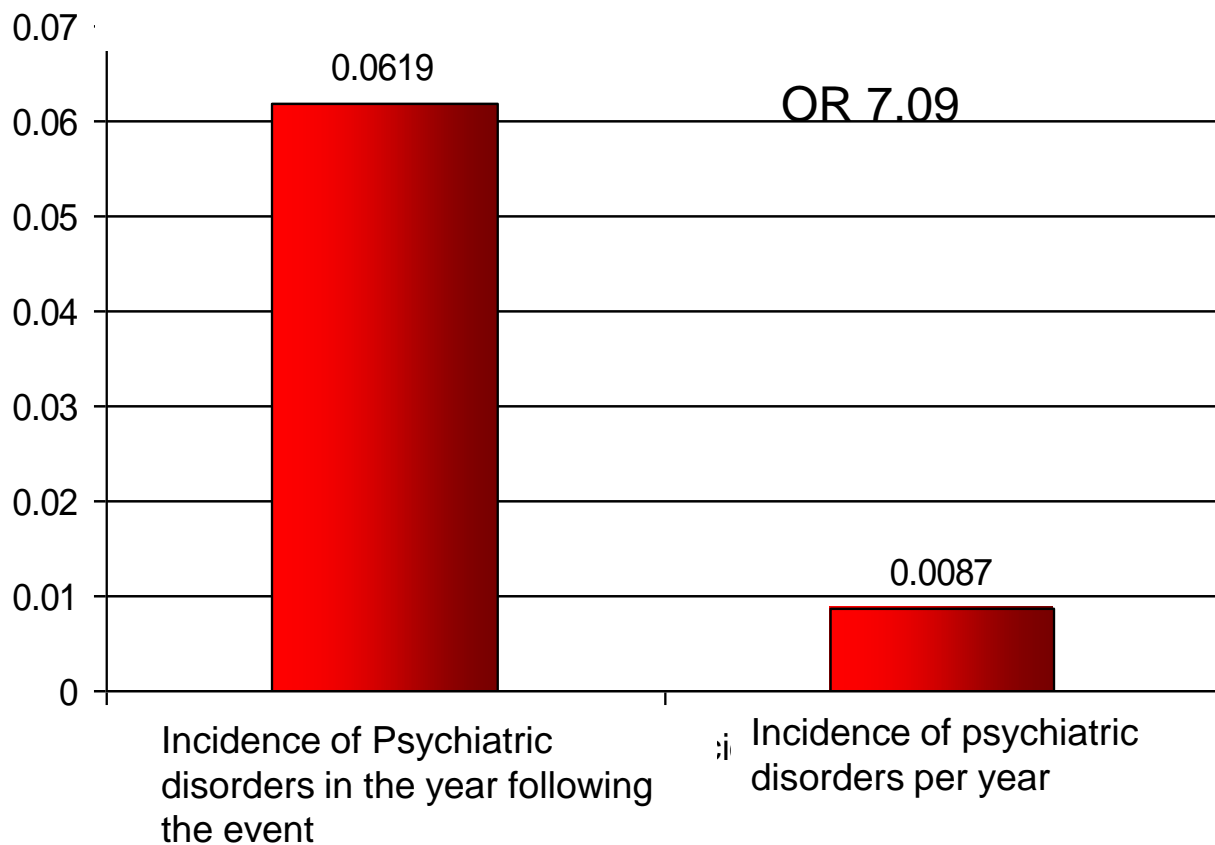
Significativi o Traumatici

Epidemiology of Life Events: Life Events and Psychiatric Disorders in the Sesto Fiorentino Study

Carlo Faravelli Mario Catena Alessandra Scarpato Valdo Ricca

Dipartimento di Scienze Neurologiche e Psichiatriche, University of Florence, Firenze, Italy

- Death of parent
- Death of beloved person
- Severe personal illness
- Divorce
- Loss of job



Trauma psichico

Il trauma psichico è un evento che, per le sue caratteristiche, risulta "non integrabile" nel sistema psichico dell'individuo, minacciando di frammentare la sua coesione mentale.

Il trauma psichico è secondario a eventi tali da aver messo in pericolo la vita propria o quella di persone vicine al soggetto.

Conseguenze psichiche di eventi traumatici

Dopo eventi particolarmente gravi, che possono mettere in pericolo la vita di una persona:

- 1) La maggior parte dei soggetti non sviluppa alcun disturbo mentale (resilienza).**
- 2) Un certo numero di persone esposte a tali eventi sviluppa sintomi isolati, di durata limitata nel tempo.**
- 3) Un numero limitato di persone sviluppa un disturbo mentale, che può durare anche decenni (vulnerabilità).**

Disturbi Mentali più frequenti secondari a eventi traumatici

Disturbo d' Ansia e Panico

Disturbi Dissociativi

(Depersonalizzazione e Derealizzazione)

Disturbi Depressivi

Disturbo Post Traumatico da Stress

Disturbi da Uso di Sostanze

ANSIA

Stato di agitazione motivato da incertezza, trepidazione; desiderio affannoso. Sentimento di attesa apprensiva: essere, stare, mettersi in ansia; attendere con ansia | (psicol.) risposta, reazione di fronte a qualcosa percepito come una minaccia

Etimologia: ← dal lat. tardo *anxiā(m)*, deriv. di *angere* 'stringere'.

Dizionario Garzanti

PAURA

Sensazione che si prova in presenza o al pensiero di un pericolo vero o immaginato; timore, preoccupazione [+ di, che]: diventare pallido, bianco per la paura; tremare di paura; prendersi una bella paura; avere paura della morte, di morire; ho paura che perderemo la partita

Etimologia: ← lat. pavōre(m) ‘timore’

Dizionario Garzanti

PANICO

Si dice di *terrore improvviso e incontrollabile*: essere in preda al panico; lasciarsi prendere dal panico; timor panico

Etimologia: ← dal lat. panīcu(m), dal gr. panikós ‘del dio pan’; nel sign. di ‘terrore’ perché si credeva che un sentimento simile fosse causato dalla presenza del dio Pan, il quale si adirava con chi lo disturbasse emettendo urla terrificanti, provocando così una incontrollata paura

Dizionario Garzanti

Depersonalizzazione

Esperienza di irrealtà, distacco, marcata estraneità rispetto ai propri pensieri, sentimenti, sensazioni, corpo, o azioni.

Es.

Distacco dalle percezioni sensoriali e dagli istinti di sopravvivenza (fame, sete, sessualità)

Distorsione del senso del tempo, che può scorrere più lento o troppo veloce

Irreale o assente senso della consapevolezza di sé

Senso di estraneità nei confronti del proprio corpo o di parti di esso

Derealizzazione

Esperienza di irrealtà e estraneità rispetto all'ambiente circostante.

Es.

Oggetti o persone sono percepiti come irreali, onirici, nebbiosi, privi di vita, automi

Distorsioni visive quali sfocature, campi visivi allargati o ridotti, perdita o aumento della tridimensionalità, macro/micropsie

Depressione

Sintomo

Sentirsi triste, infelice, “giù di corda, abbattuto, non avere voglia di fare le cose, ecc..

Episodio

Insieme di segni e sintomi in uno specifico periodo di tempo (da minuti a mesi)

Disturbo

Uno o più episodi con caratteristiche specifiche intra e inter episodiche

Cosa caratterizza la Depressione

La depressione, a differenza della tristezza, si caratterizza per:

- 1) Bassa autostima
- 2) Assenza di interessi e piacere
- 3) Convinzioni negative sul futuro
- 4) Convinzioni negative sul mondo

Disturbo Acuto da Stress e Disturbo Post Traumatico da Stress

Quadri clinici insorti in seguito all'esposizione ad eventi che determinano una minaccia per la vita o l'integrità fisica propria o di altri.

Si caratterizzano per:

**ripetuta esperienza di rivivere l'evento, flashbacks.
Incubi, paura di impazzire o morire**

**attacchi di panico, ed evitamento persistente degli
stimoli associati al trauma**

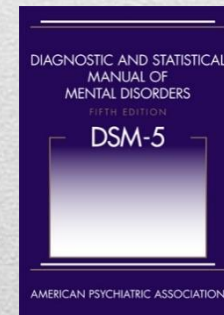
stato di ipervigilanza/allarme

appiattimento affettivo/distacco emotivo

Abuso sessuale: definizione



«La violenza sessuale può comportare l'uso della forza fisica o la coercizione psicologica per costringere la persona a impegnarsi in un atto sessuale contro la sua volontà, che l'atto sessuale sia compiuto o meno.»



American Psychiatric Association, 2013

Abuso sessuale: definizione



- L'uso della forza fisica per costringere una persona ad impegnarsi in un atto sessuale contro la sua volontà.
- **Tentato o compiuto atto sessuale che coinvolga una persona che non è in grado di comprendere la natura o la condizione dell'atto, di rifiutare la partecipazione o di comunicare riluttanza ad impegnarsi nell'atto sessuale.**
- **Esempi sono costituiti da malattia, disabilità, o influenza di alcool o altre droghe, intimidazione o pressione.**

Saltzman LE, Fanslow JL, McMahon PM, Shelley GA. Intimate partner violence surveillance: uniform definitions and recommended data elements, version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2002.

Abuso sessuale nel minore : definizione

- Qualsiasi interazione di natura sessuale tra un **minore** ed **un caregiver**, includendo: un rapporto sessuale completo o incompleto, contatto o interazione a carattere sessuale (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008).



Epidemiologia dell'abuso sessuale



Prevalence and Overlap of Childhood and Adult Physical, Sexual, and Emotional Abuse: A Descriptive Analysis of Results from the Boston Area Community Health (BACH) Survey

Gretchen R. Chiu, Karen E. Lutfey, Heather J. Litman, Carol L. Link, Susan A. Hall, and John B. McKinlay
New England Research Institutes, 9 Galen Street, Watertown, MA 02472, U.S.A

Population-based, epidemiologic cohort study conducted among 5,502 men and women aged 30 to 79 years (2003-2005) in Boston.

Prevalence of abuse by gender.

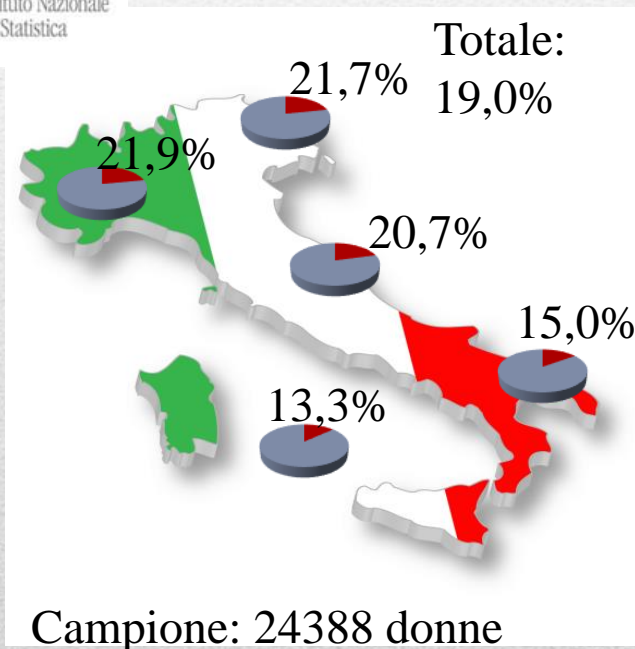
	Men (N=2 301)	Women (N=3 201)	p-value*
Sexual Abuse			
Child	16.7%	26.7%	<0.001
Adult	13.2%	25.8%	<0.001
Lifetime	23.3%	37.7%	<0.001

Chiu GR, Lutfey KE, Litman HJ, Link CL, Hall SA, McKinlay JB. Prevalence and overlap of childhood and adult physical, sexual, and emotional abuse: a descriptive analysis of results from the Boston Area Community Health (BACH) survey. *Violence Vict.* 2013;28(3):381-402.

Epidemiologia dell'abuso sessuale



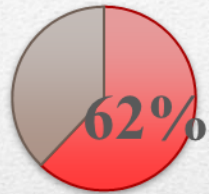
Molestie sessuali in Italia



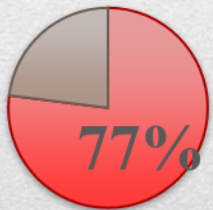
Centri aree metropolitane	30,7
Periferie aree metropolitane	21,5
Fino a 2.000 abitanti	16,0
Da 2.001 a 10.000 abitanti	15,3
Da 10.001 a 50.000 abitanti	15,6
50.001 abitanti e più	18,8
Italia	19,0

Indagine multiscopo dell'Istat sulla "Sicurezza dei cittadini"

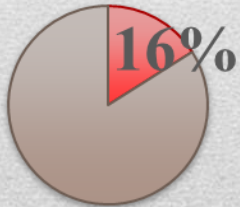
Violence against women in Italy



...of the rapes are committed by a partner



...of the sexual harassments are committed by unknown persons



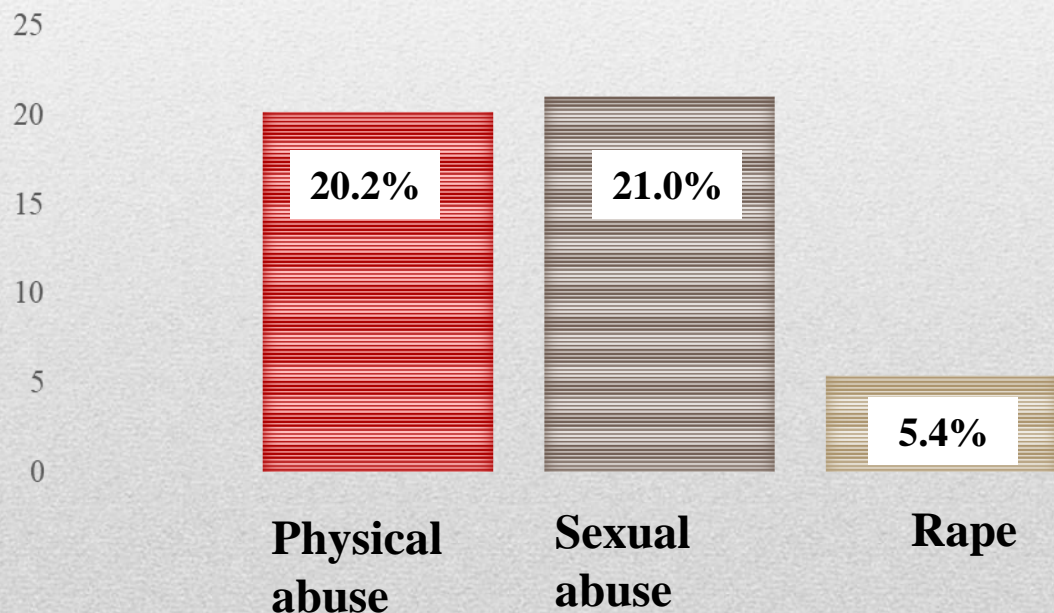
...sexual abuse before 16 years old

Survey by Italian National Institute for Statistics



Violence against women in Italy

6.788.000 women (31.8%) were victim of any form of violence in Italy



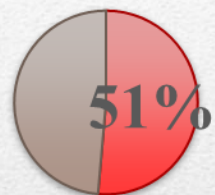
Survey by Italian National Institute for Statistics



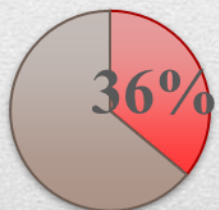


Who is at risk?

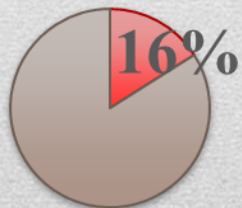
Who is at risk?



...of the separated or divorced women were victim of sexual abuses



...of the women with physical limitation or medical disability were victim of sexual abuse

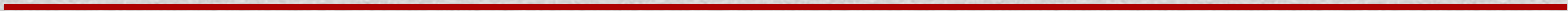


...of the women were victim of stalking

Survey by Italian National Institute for Statistics



Conseguenze dell'abuso sessuale



Long-term outcomes of childhood sexual abuse: an umbrella review

Helen P Hailes*, Rongqin Yu*, Andrea Danese, Seena Fazel

Summary

Background Although many meta-analyses have examined the association between childhood sexual abuse and subsequent outcomes, the scope, validity, and quality of this evidence has not been comprehensively assessed. We aimed to systematically review existing meta-analyses on a wide range of long-term psychiatric, psychosocial, and physical health outcomes of childhood sexual abuse, and evaluate the quality of the literature.

Methods In this umbrella review, we searched four databases (PsycINFO, PubMed, Cumulative Index to Nursing and Allied Health Literature, and Global Health) from inception to Dec 31, 2018, to identify meta-analyses of observational studies that examined the association between childhood sexual abuse (before 18 years of age) and long-term consequences (after 18 years). We compared odds ratios (ORs) across different outcomes. We also examined measures of quality, including heterogeneity between studies and evidence for publication bias. This study is registered with PROSPERO, CRD42016049701.

Findings We identified 19 meta-analyses that included 559 primary studies, covering 28 outcomes in 4 089 547 participants. Childhood sexual abuse was associated with 26 of 28 specific outcomes: specifically, six of eight adult psychiatric diagnoses (ORs ranged from 2.2 [95% CI 1.8–2.8] to 3.3 [2.2–4.8]), all studied negative psychosocial outcomes (ORs ranged from 1.2 [1.1–1.4] to 3.4 [2.3–4.8]), and all physical health conditions (ORs ranged from 1.4 [1.3–1.6] to 1.9 [1.4–2.8]). Strongest psychiatric associations with childhood sexual abuse were reported for conversion disorder (OR 3.3 [95% CI 2.2–4.8]), borderline personality disorder (2.9 [2.5–3.3]), anxiety (2.7 [2.5–2.8]), and depression (2.7 [2.4–3.0]). The systematic reviews for two psychiatric outcomes (post-traumatic stress disorder and schizophrenia) and one psychosocial outcome (substance misuse) met high quality standards. Quality was low for meta-analyses on borderline personality disorder and anxiety, and moderate for conversion disorder. Assuming causality, population attributable risk fractions for outcomes ranged from 1.7% (95% CI 0.7–3.3) for unprotected sexual intercourse to 14.4% (8.8–19.9) for conversion disorder.

Interpretation Although childhood sexual abuse was associated with a wide range of psychosocial and health outcomes, systematic reviews on only two psychiatric disorders (post-traumatic stress disorder and schizophrenia) and one psychosocial outcome (substance misuse) were of a high quality. Whether services should prioritise interventions that mitigate developing certain psychiatric disorders following childhood abuse requires further review. Higher-quality meta-analyses for specific outcomes and more empirical studies on the developmental pathways from childhood sexual abuse to later outcomes are necessary.



Lancet Psychiatry 2019

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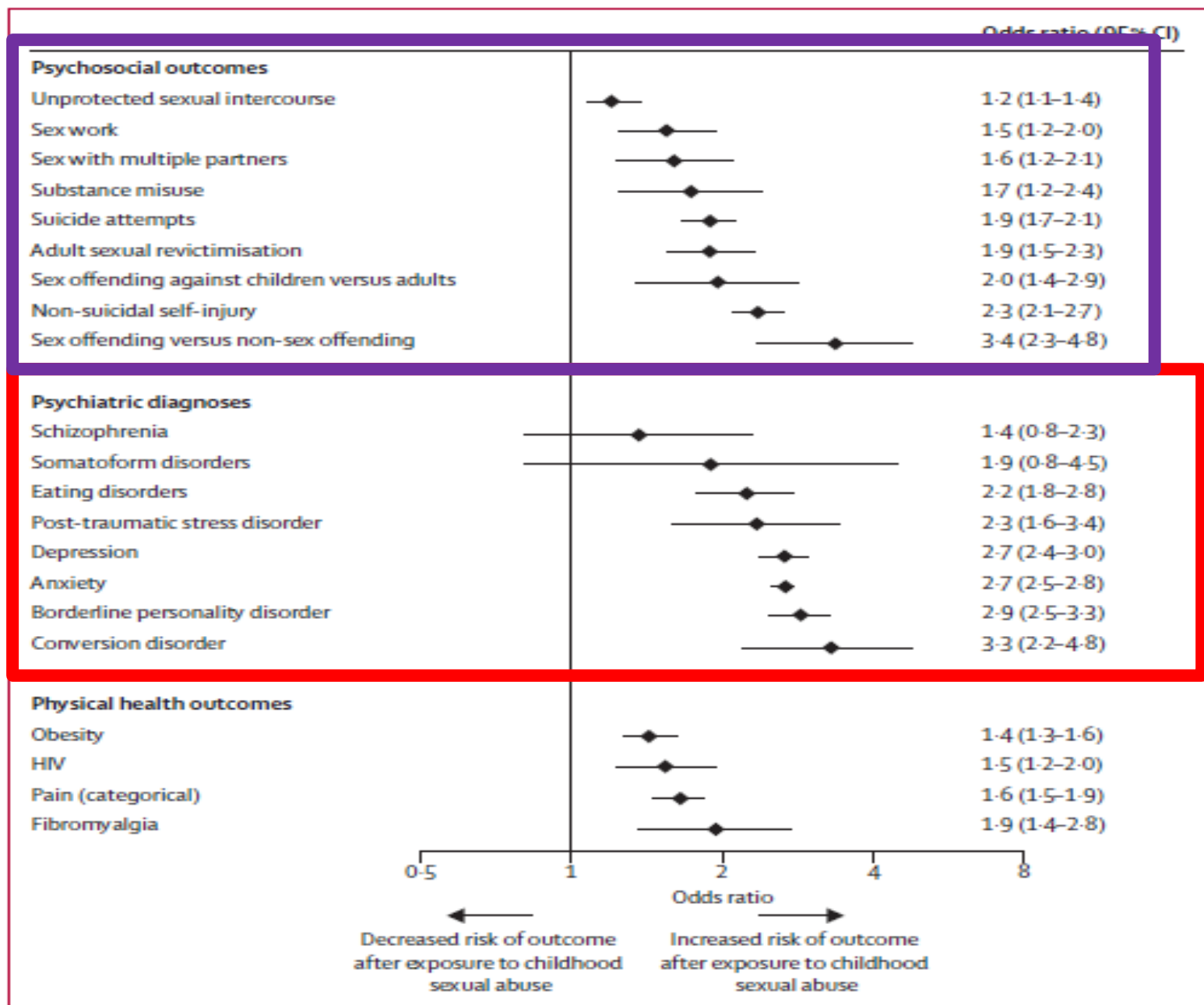


Figure 2: Risk estimates of long-term outcomes following childhood sexual abuse

Conseguenze dell'abuso sessuale

- Comportamenti a rischio:
 - ✓ uso di alcool
 - ✓ fumo di sigaretta
 - ✓ comportamenti criminali
 - ✓ comportamenti sessuali a rischio

- Problemi medici:
 - ✓ urologici,
 - ✓ ginecologici,
 - ✓ disfunzioni sessuali,
 - ✓ dolore addominale e pelvico,
 - ✓ HIV,
 - ✓ cefalea,
 - ✓ obesità, diabete

- Psicopatologia



Chiu GR, Lutfey KE, Litman HJ, Link CL, Hall SA, McKinlay JB. Prevalence and overlap of childhood and adult physical, sexual, and emotional abuse: a descriptive analysis of results from the Boston Area Community Health (BACH) survey. *Violence Vict.* 2013;28(3):381-402.

Abuso sessuale

Disturbo Borderline di Personalità

- ✓ Comportamenti multi-impulsivi
- ✓ Senso di vuoto
- ✓ Auto-lesionismo
- ✓ Fenomeni dissociativi
- ✓ Abuso di sostanze



Diagnostic group	Controls (n = 2677)		Cases (n = 2688)		OR	95% CI
	n	%	n	%		
<i>Mental health contact</i>	206	7.7	627	23.3	3.65	3.09-4.32
<i>Axis I clinical disorders</i>	187	7.0	495	18.4	3.01	2.52-3.59
Psychotic disorders	37	1.4	78	2.9	2.13	1.44-3.17
Affective disorders	86	3.2	173	6.4	2.07	1.59-2.70
Organic disorders	0	0.0	9	0.3	-	-
Posttraumatic stress disorder	20	0.7	108	4.0	5.56	3.44-8.99
Other anxiety disorders	60	2.2	155	5.8	2.67	1.97-3.61
Eating disorders	6	0.2	7	0.3	1.16	0.39-3.46
Paedophilia	0	0.0	3	0.1	-	-
Known alcohol abuse	13	0.5	75	2.8	5.88	3.26-10.63
Known drug abuse	20	0.7	115	4.3	5.94	3.68-9.58
Other disorders	17	0.6	60	2.2	3.57	2.08-6.14
<i>Axis II personality disorders</i>	18	0.7	92	3.4	5.24	3.15-8.70
<i>Non-psychiatric complaint</i>	18	0.7	92	3.4	5.24	3.15-8.70
Cluster B PD	12	0.4	62	2.3	4.26	1.43-12.66
Borderline PD	8	0.3	41	1.5	5.24	2.08-13.00
Antisocial PD	4	0.1	21	0.8	1.16	0.39-3.46

OR 95% CI =
4.26; 1.43-12.66

Cutajar MC, Mullen PE, Ogloff JR, Thomas SD, Wells DL, Spataro J. Psychopathology in a large cohort of sexually abused children followed up to 43 years. *Child Abuse Negl.* 2010 Nov;34(11):813-22.

Abuso sessuale

Disturbo Borderline di Personalità

- ✓ Comportamenti multi-impulsivi
- ✓ Senso di vuoto
- ✓ Auto-lesionismo
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- ✓ Abuso di sostanze

Depressione Maggiore

- ✓ Distorsioni cognitive
- ✓ Helplessness
- ✓ Ideazione suicidaria



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Other disorders	17	0.6	60	2.2	3.57	2.08-6.14
<i>Axis II personality disorders</i>	18	0.7	96	3.6	5.47	3.30-9.08
Non-cluster B PD	7	0.3	31	1.2	4.45	1.96-10.13
Cluster B PD	12	0.4	65	2.4	5.51	2.97-10.22
Borderline PD	8	0.3	48	1.8	6.07	2.87-12.85
Antisocial PD	4	0.1	17	0.6	4.26	1.43-12.66
Non-psychiatric complaint	18	0.7	92	3.4	5.24	3.15-8.70

OR 95% CI = 2.07; 1.59-2.70

Cutajar MC, Mullen PE, Ogloff JR, Thomas SD, Wells DL, Spataro J. Psychopathology in a large cohort of sexually abused children followed up to 43 years. Child Abuse Negl. 2010 Nov;34(11):813-22.

Abuso sessuale

Disturbo Borderline di Personalità

- ✓ Comportamenti multi-impulsivi
- ✓ Senso di vuoto
- ✓ Auto-lesionismo
- ✓ Fenomeni dissociativi
- ✓ Abuso di sostanze

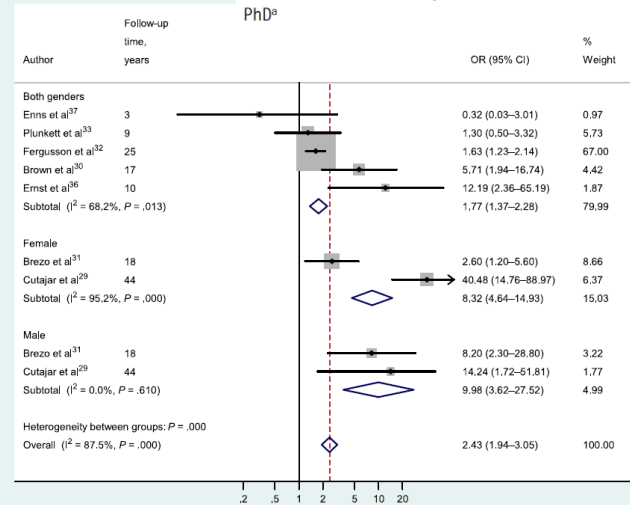
Depressione Maggiore

- ✓ Distorsioni cognitive
- ✓ Helplessness
- ✓ **Ideazione suicidaria**

PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Childhood Sexual Abuse and Suicidal Behavior: A Meta-analysis

AUTHORS: Karen M. Devries, PhD,^a Joelle Y. T. Mak, MSc,^a Jennifer C. Child, MSc,^a Gail Falder, MSc,^a Loraine J. Bacchus, PhD,^a Jill Astbury, PhD,^b and Charlotte H. Watts, PhD^a



Devries KM, Mak JY, Child JC, Falder G, Bacchus LJ, Astbury J, Watts CH. Childhood Sexual Abuse and Suicidal Behavior: A Meta-analysis. Pediatrics. 2014 May;133(5):e1331-e1344. Epub 2014 Apr 14. Review.

Abuso sessuale

Disturbo Borderline di Personalità

- ✓ Comportamenti multi-impulsivi
- ✓ Senso di vuoto
- ✓ Auto-lesionismo
- ✓ Fenomeni dissociativi
- ✓ Abuso di sostanze

Depressione Maggiore

- ✓ Distorsioni cognitive
- ✓ Helplessness
- ✓ Ideazione suicidaria

Disturbi d'ansia

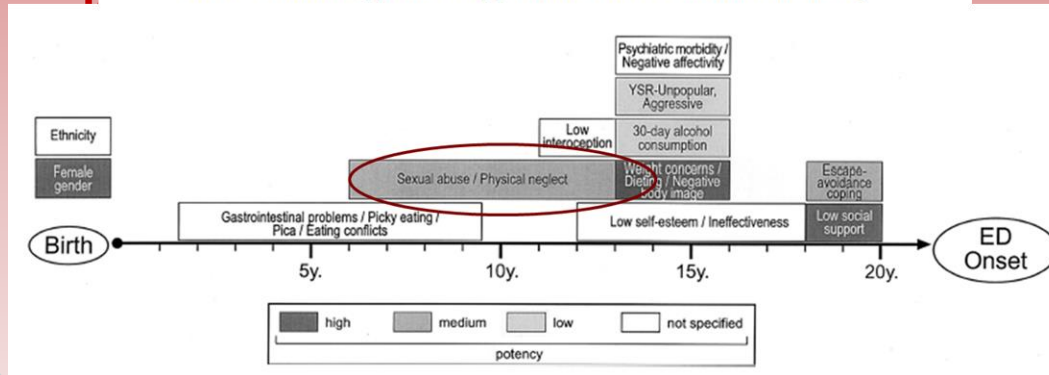
- ✓ PTSD
- ✓ Disturbo di Panico
- ✓ Insonnia

Cutajar MC, Mullen PE, Ogloff JR, Thomas SD, Wells DL, Spataro J. Psychopathology in a large cohort of sexually abused children followed up to 43 years. *Child Abuse Negl.* 2010 Nov;34(11):813-22.

Abuso sessuale

Disturbo

Coming to Terms With Risk Factors for Eating Disorders: Application of Risk Terminology and Suggestions for a General Taxonomy



Disturbi Alimentazione

- ✓ Disturbo Immagine corporea
- ✓ Abbuffate
- ✓ Vomito

sostanze

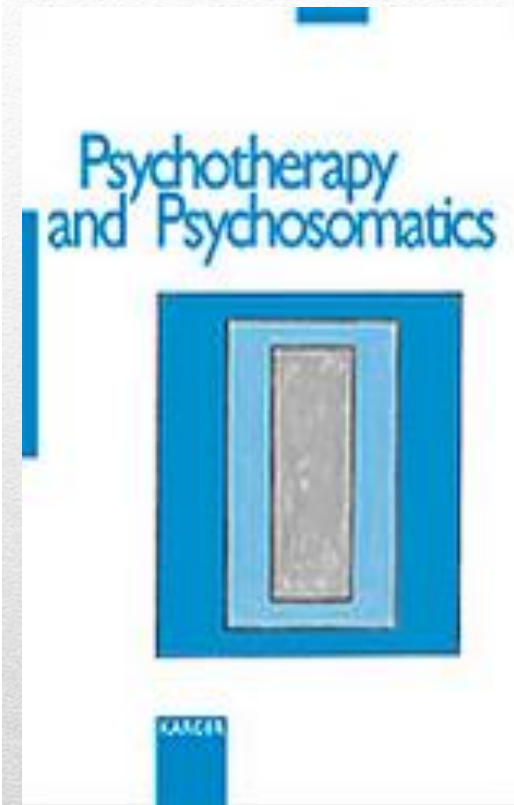
Jacobi & De Zwaan, Coming to terms with risk factors for eating disorders: application of risk terminology and suggestions for a general taxonomy. Psychological Bulletin, 2004

Psychother Psychosom 2012;81:380–382

DOI: 10.1159/000337176

Childhood Abuse, Sexual Function and Cortisol Levels in Eating Disorders

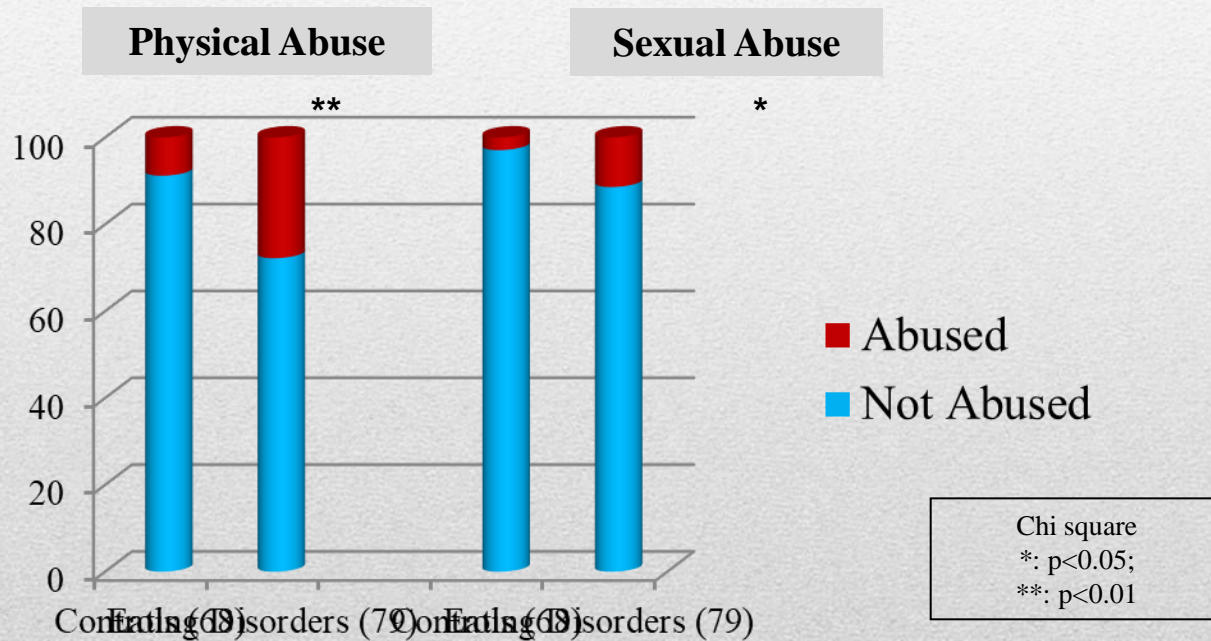
*Giovanni Castellini^a, Lorenzo Lelli^a, Carolina Lo Sauro^a,
Linda Vignozzi^{bd}, Mario Maggi^{bd}, Carlo Faravelli^e, Valdo Ricca^a*



Castellini et al. Childhood abuse, sexual function and cortisol levels in eating disorders. Psychother Psychosom. 2012;81(6):380-2.

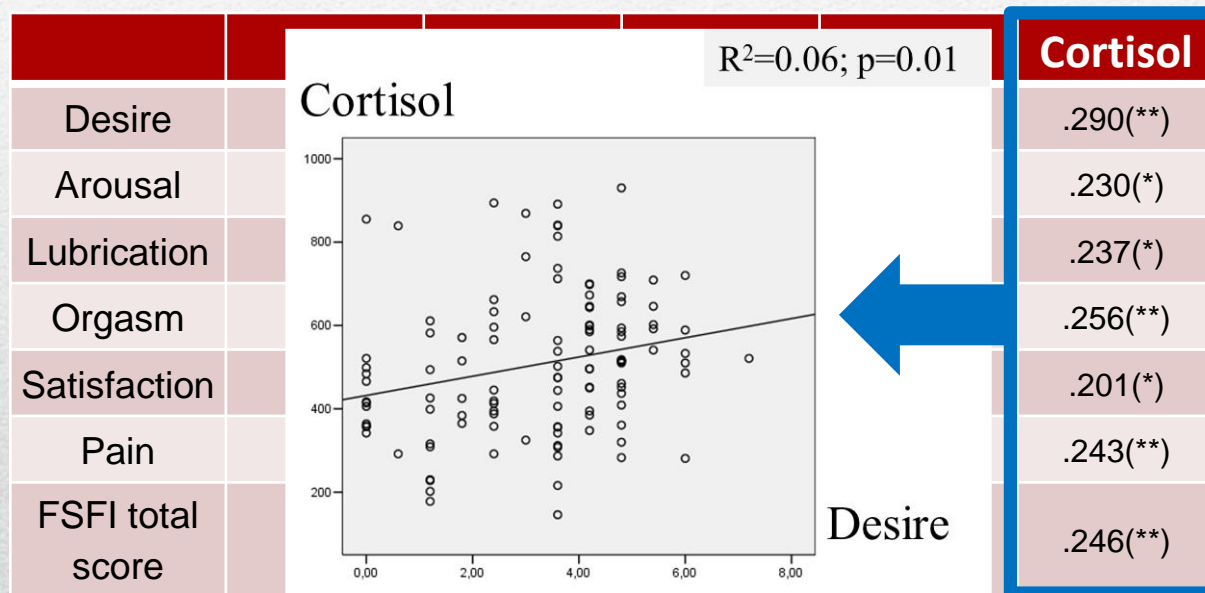
Results

Childhood abuse and Eating Disorders



Castellini G, Lelli L, Lo Sauro C, Vignozzi L, Maggi M, Faravelli C, Ricca V. Childhood abuse, sexual function and cortisol levels in eating disorders. *Psychother Psychosom.* 2012;81(6):380-2.

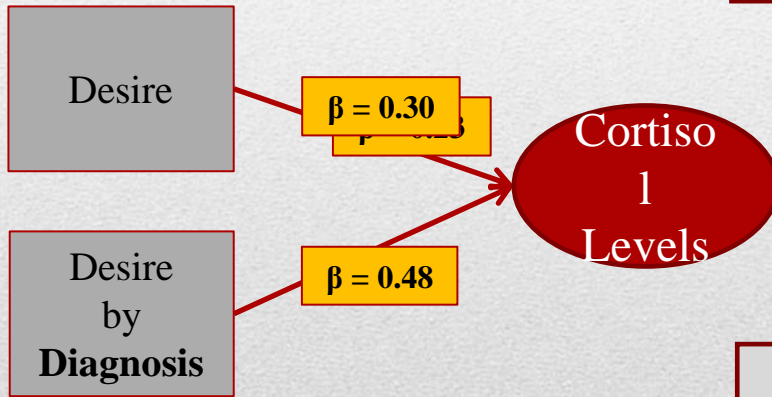
Desiderio sessuale e cortisolo ematico



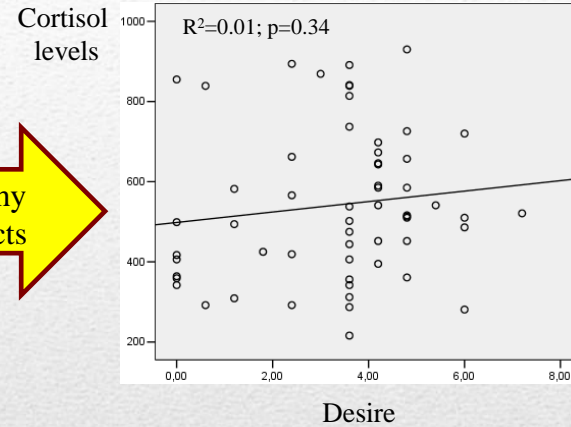
Whole sample: Spearman rho *: $p < 0.05$; **: $p < 0.01$

Castellini et al. Childhood abuse, sexual function and cortisol levels in eating disorders. *Psychother Psychosom.* 2012;81(6):380-2.

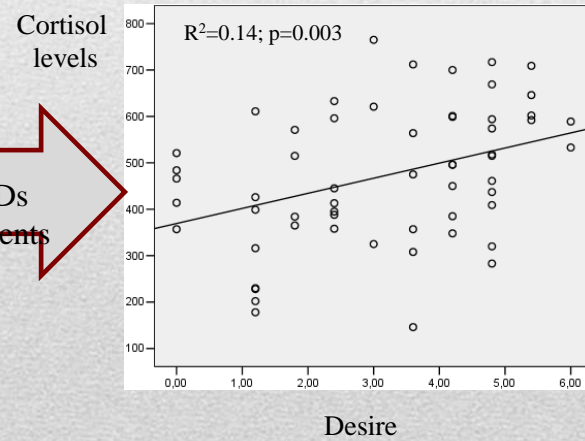
Come possiamo spiegare la relazione tra cortisolo e sessualità?



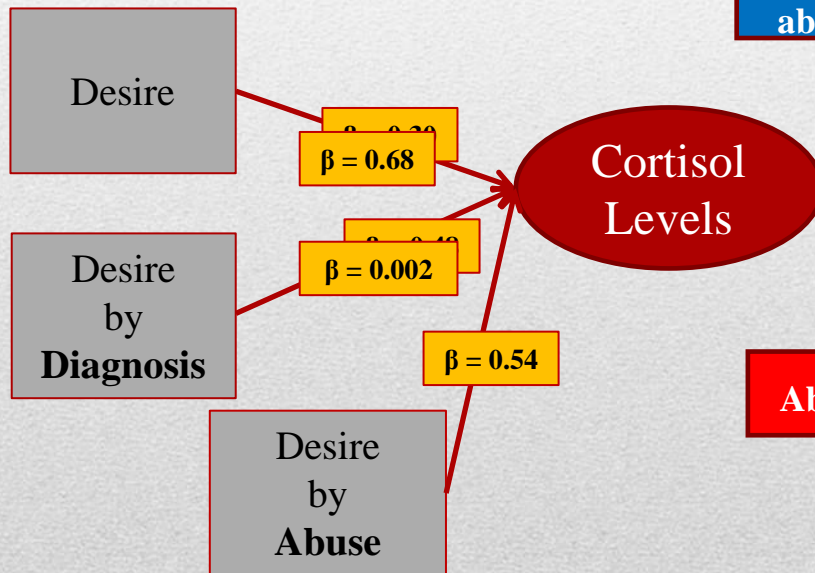
Healthy subjects



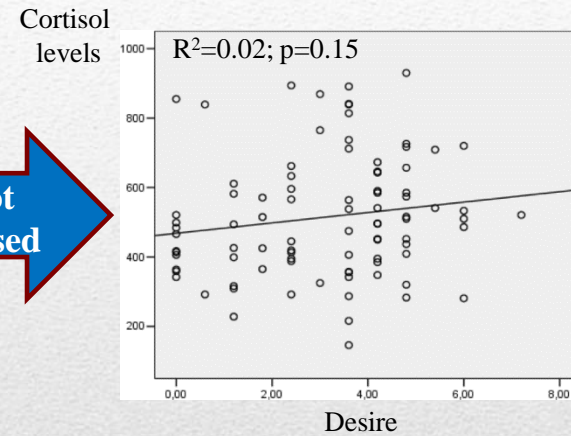
EDs patients



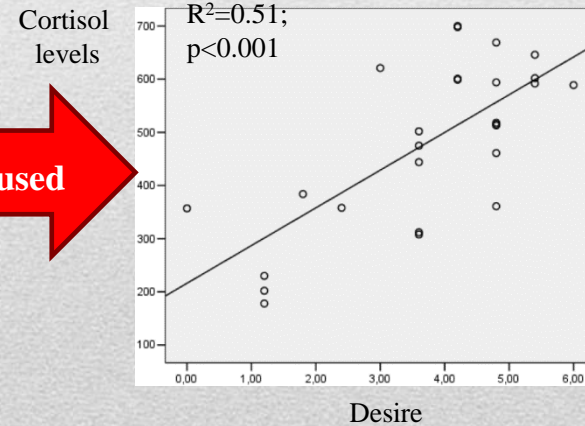
Come possiamo spiegare la relazione tra cortisolo e sessualità?

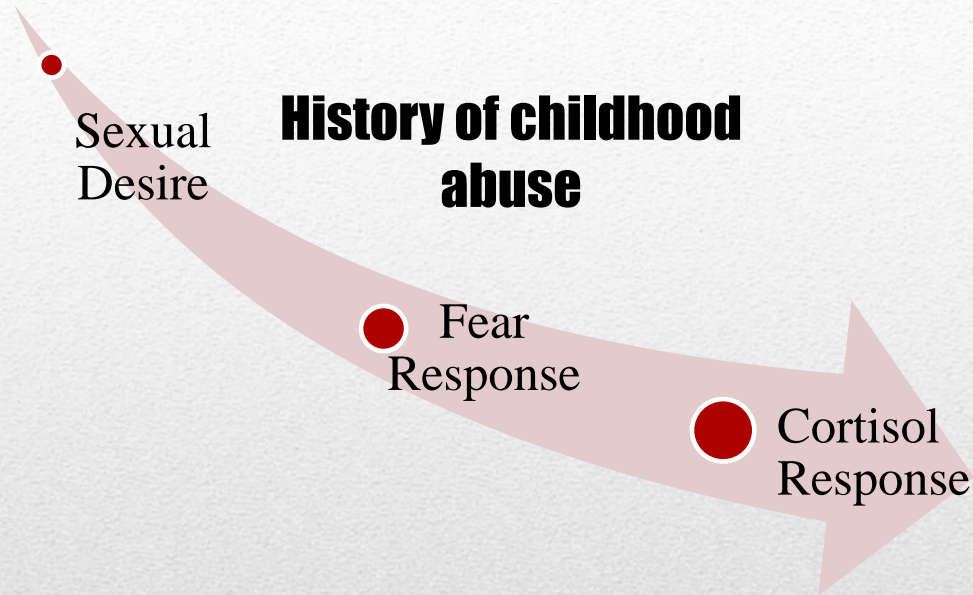


Not abused



Abused





E' ipotizzabile che, in soggetti che hanno subito un abuso sessuale infantile, il coinvolgimento emotivo presente nella relazione sessuale dia luogo ad un'attivazione dei meccanismi dello stress

Abuso sessuale: moderatori dell'esito



Abuso sessuale



Abuso sessuale



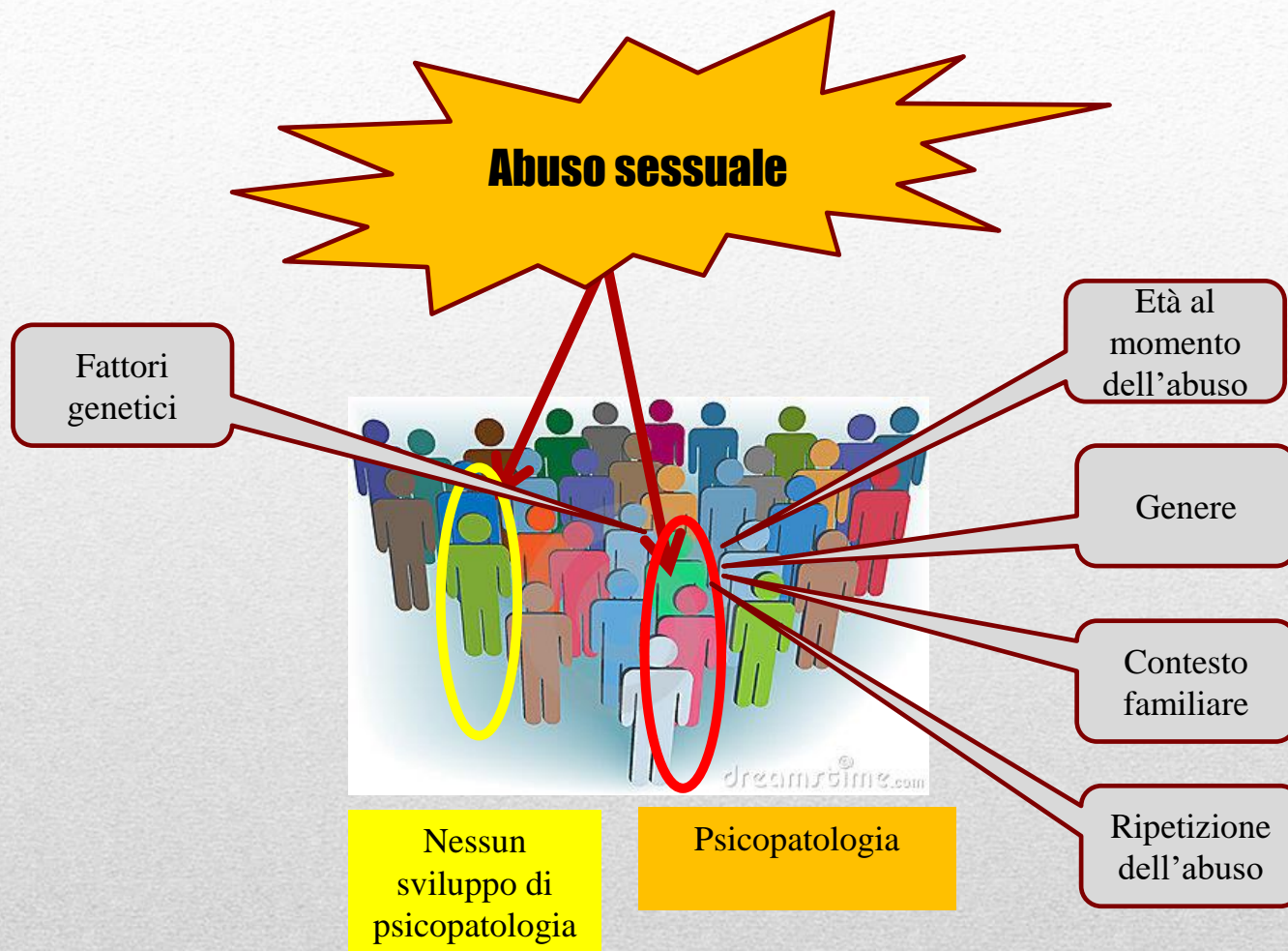
Nessun
sviluppo di
psicopatologia

Abuso sessuale

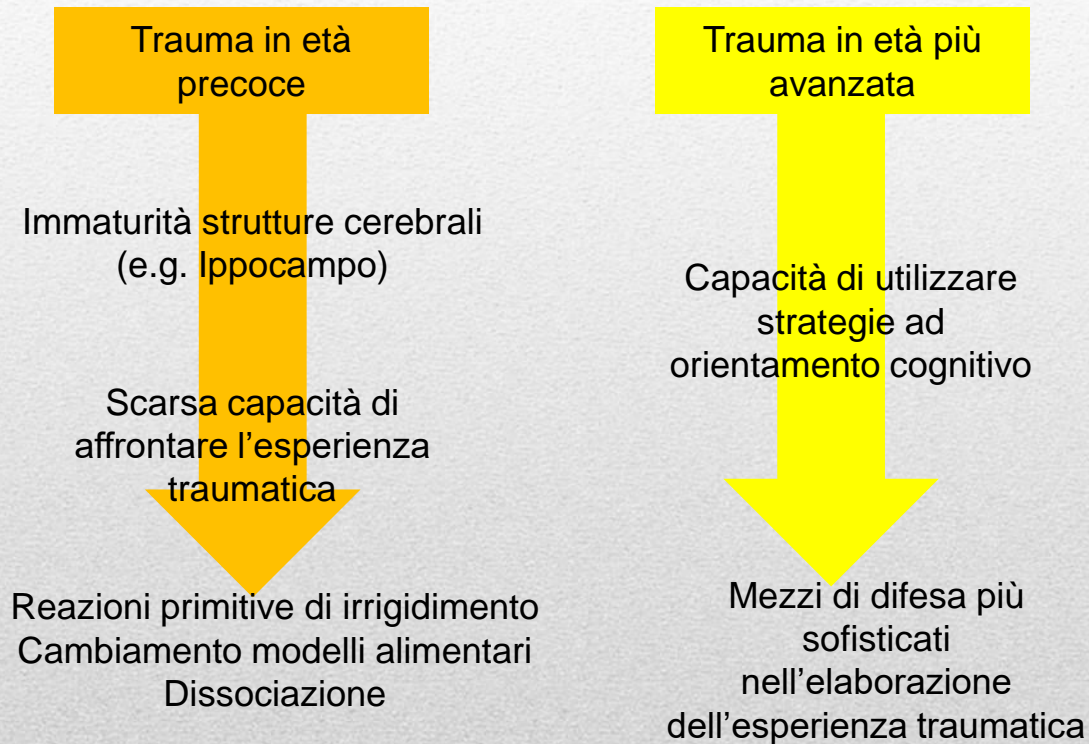


Nessun
sviluppo di
psicopatologia

Psicopatologia



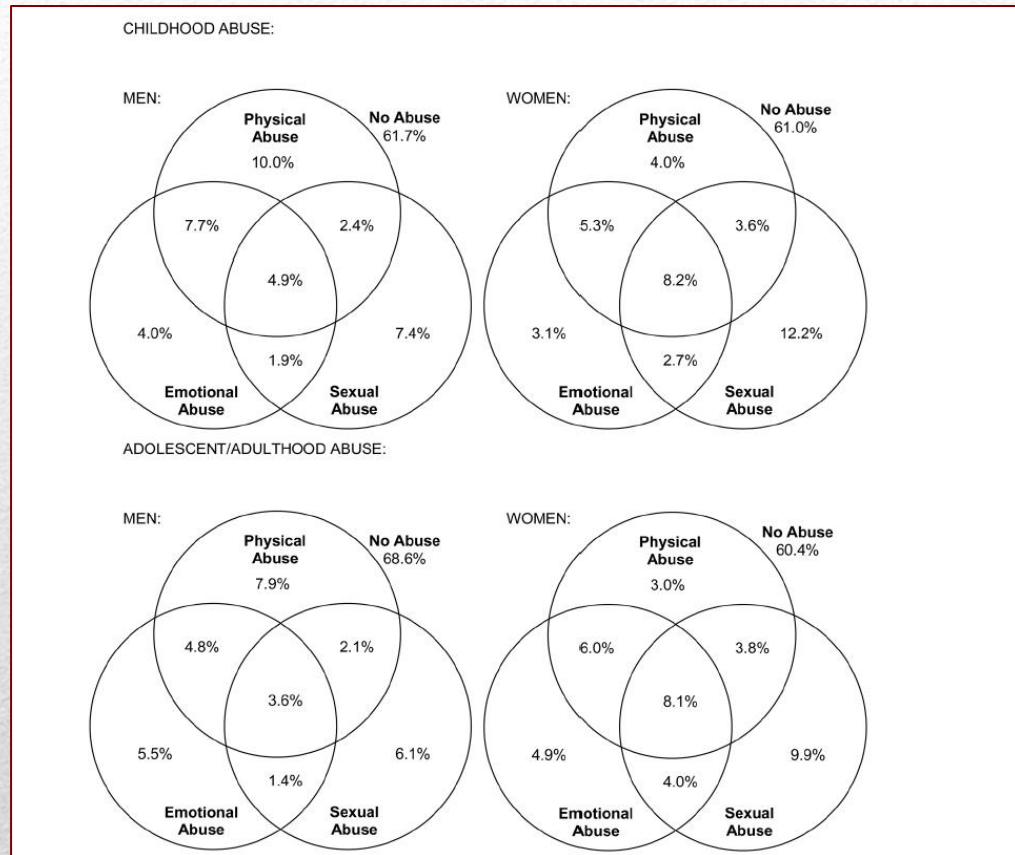
Moderatori di esito: età



Vanderlinden & Vandereycken, 1998

Abuso e contesto familiare

Esiste una sostanziale sovrapposizione tra i vari tipi di abuso: sessuale, fisico ed emotivo



Chiu GR, Lutfey KE, Litman HJ, Link CL, Hall SA, McKinlay JB. Prevalence and overlap of childhood and adult physical, sexual, and emotional abuse: a descriptive analysis of results from the Boston Area Community Health (BACH) survey. *Violence Vict.* 2013;28(3):381-402.

Who is at risk? Child neglect and sexual abuse

Original Article

Child Neglect and the Broader Context of Child Victimization

Heather A. Turner¹, Jennifer Vanderminden², David Finkelhor¹, and Sherry Hamby³

Child Maltreatment
1-10
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DOI: 10.1177/1077559518825312
journals.sagepub.com/home/cmj
SAGE

Physical neglect was particularly strongly related to sexual abuse and witnessing sibling abuse

Table 3. Adjusted Relative Risk Ratios for Neglect Types With Other Victimization Types (Weighted).

Victimization Type	Any Physical Neglect ^a	Any Supervisory Neglect ^b
Other forms of maltreatment		
Physical abuse	5.28***	3.76***
Emotional abuse	3.50***	3.40***
Sexual abuse	9.07***	4.70**
Other forms of victimization		
Witness partner violence	3.00***	2.83***
Witnessing sibling abuse/other family violence	9.60***	5.80***
Peer physical assault	1.50***	1.73***
Peer sexual victimization	2.70***	2.82***
Assault by an adult (nonrelative)	1.43	2.60**
Sexual victimization by an adult (nonrelative)	5.86***	7.51***
Dating violence	4.35***	2.99**
Property crime	1.65***	1.70***

Note. Risk ratios calculated using Zhang and Yu (1998) methodology. Significance level determined from logistic regression results that adjusted for age and SES; additional analyses were conducted separately by age groups and the pattern of results in the two age groups was very similar, so age groups were combined to help increase power to detect associations involving lower base rates.

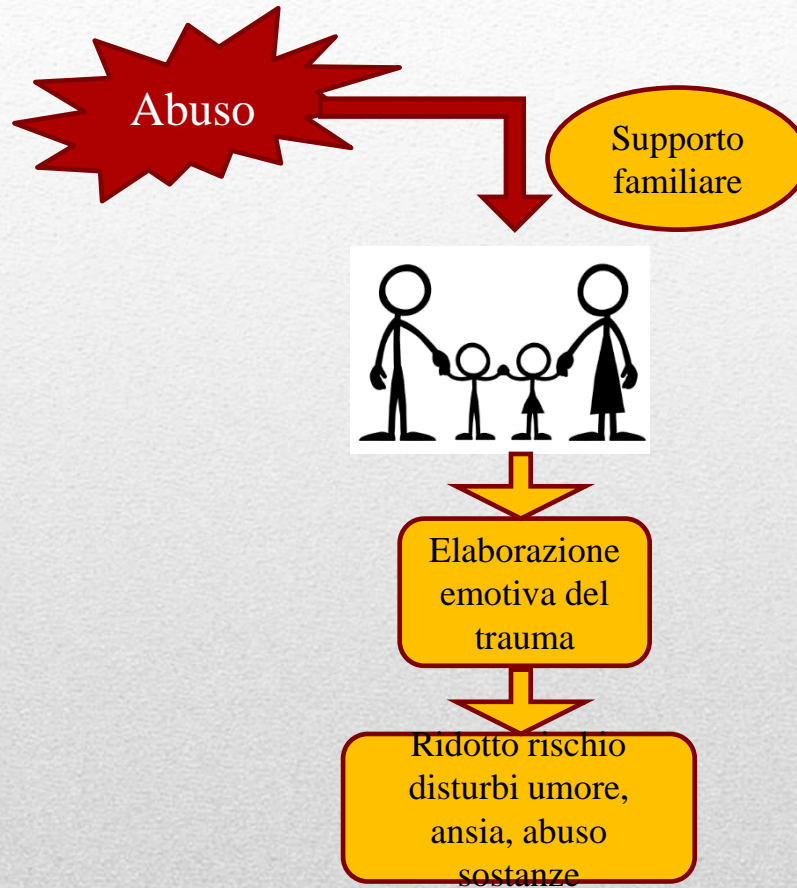
^aAny endorsement of care neglect, home unsafe/unclean, or hygiene neglect.
^bAny endorsement of parental incapacitation, parental absence, and inappropriate adults in home.

*p < .05. **p < .01. ***p < .001.

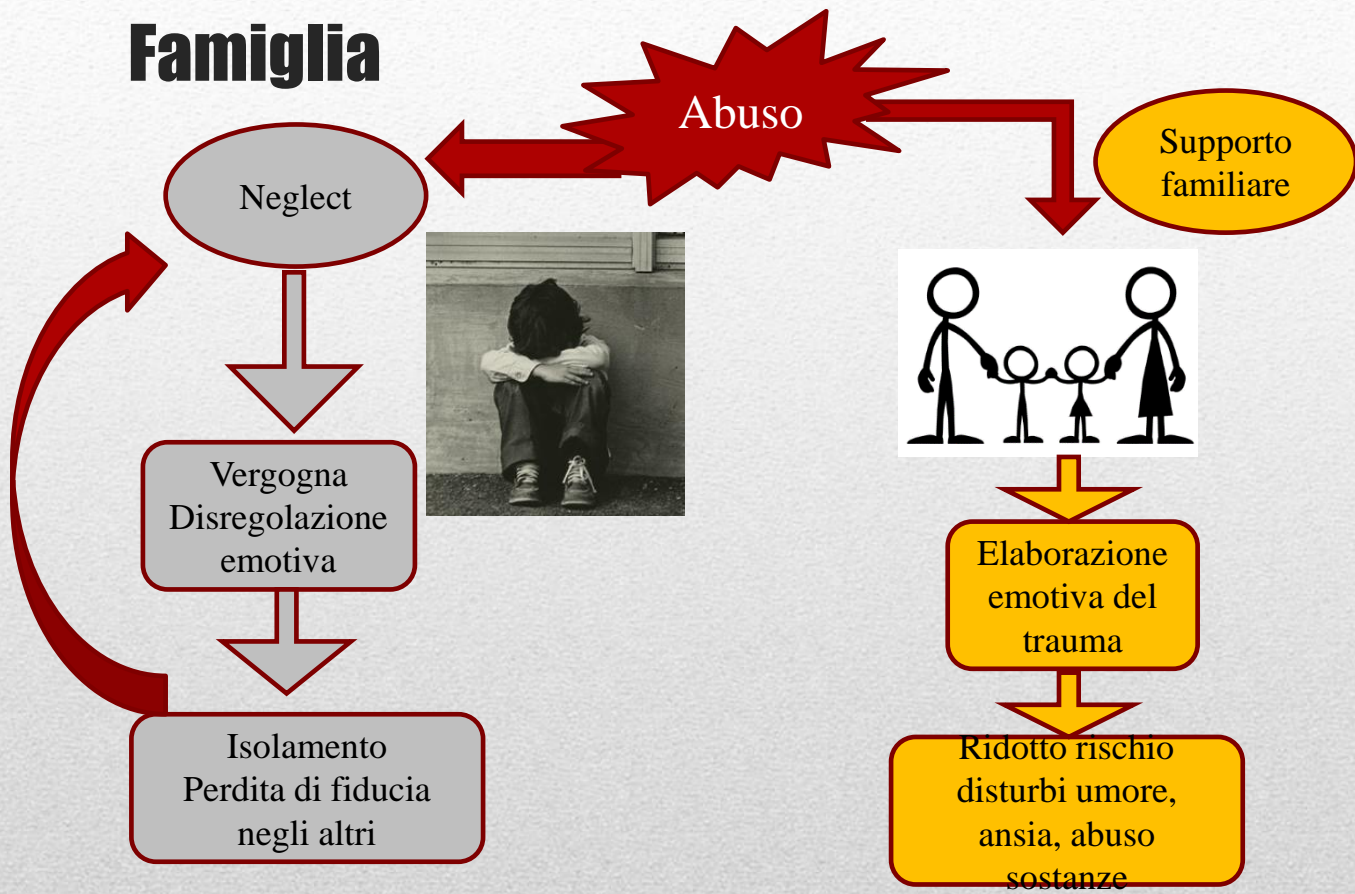
Turner HA, Vanderminden J, Finkelhor D, Hamby S. Child Neglect and the Broader Context of Child Victimization.

Child Maltreat. 2019 Jan.

Famiglia



Sperry DM, Widom CS (2013) Child abuse and neglect, social support, and psychopathology in adulthood: A prospective investigation. *Child Abuse & Neglect* 37:415– 425

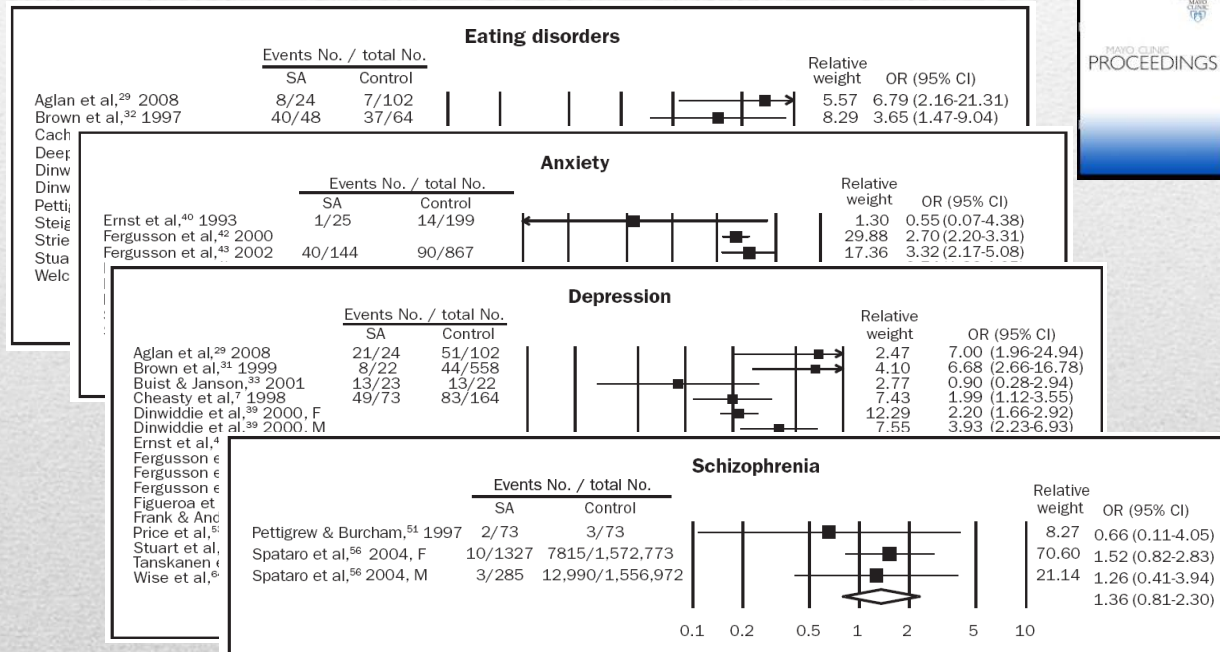
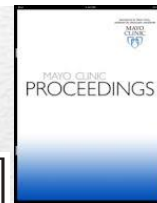


Sperry DM, Widom CS (2013) Child abuse and neglect, social support, and psychopathology in adulthood: A prospective investigation. *Child Abuse & Neglect* 37:415– 425

Esiste un'associazione specifica tra abuso sessuale e esito?

Sexual Abuse and Lifetime Diagnosis of Psychiatric Disorders: Systematic Review and Meta-analysis

Laura P. Chen, BS; M. Hassan Murad, MD; Molly L. Paras, BS; Kristina M. ColbenSON, BS;
Amelia L. Sattler, BS; Erin N. Goranson, BS; Mohamed B. Elamin, MD; Richard J. Seime, PhD;
Gen Shinozaki, MD; Larry J. Prokop, MLS; and Ali Zirakzadeh, MD



Moderatori di esito: genere



- ✓ Associazione con patologia psichiatrica più frequente nelle donne
- ✓ Donne con pregressi abusi sessuali compiono tentato suicidio in media 5 anni prima degli uomini



- ✓ Uomini: bassa incidenza di abusi sessuali
 - ✓ Minor tendenza degli uomini ad esprimere disagio affettivo
-

Abuso sessuale e psicopatologia

Psychopathology After Rape

Carlo Faravelli, M.D.
Alice Giugni, M.D.
Stefano Salvatori, Ph.D.
Valdo Ricca, M.D.

Objective: This study evaluated the psychopathological consequences of a single rape occurring in adult women.

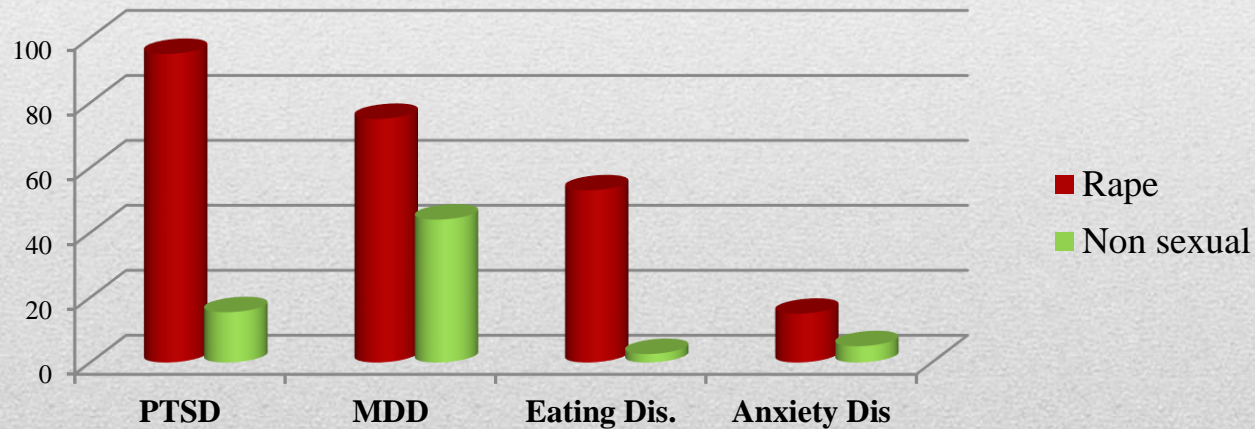
Method: The psychiatric symptoms reported by 40 women who were victims of rape during the previous 9 months as decided by a court of law were compared with the symptoms of

32 women who underwent severe, nonsexual, life-threatening events (car accidents, physical attacks, or robberies). None of the raped women had experienced previous sexual abuse during childhood or adolescence.

Results: The raped women showed a significantly greater prevalence of posttraumatic stress disorder, as well as sexual, eating, and mood disorders.

Conclusions: These findings indicate that the psychopathological consequences of a rape could be specific and may warrant particular attention.

(Am J Psychiatry 2004; 161:1483-1485)



Faravelli C, Giugni A, Salvatori S, Ricca V. Psychopathology after rape. Am J Psychiatry. 2004 Aug;161(8):1483-5.

Who is at risk? Sexual minorities

The prevalence of sexual assault against people who identify as Gay, Lesbian or Bisexual in the United States: A systematic review

Emily F. Rothman, ScD,
Boston University School of Public Health
Deinera Exner, MPH, and
Cornell University
Allyson Baughman, MPH
Boston University School of Public Health



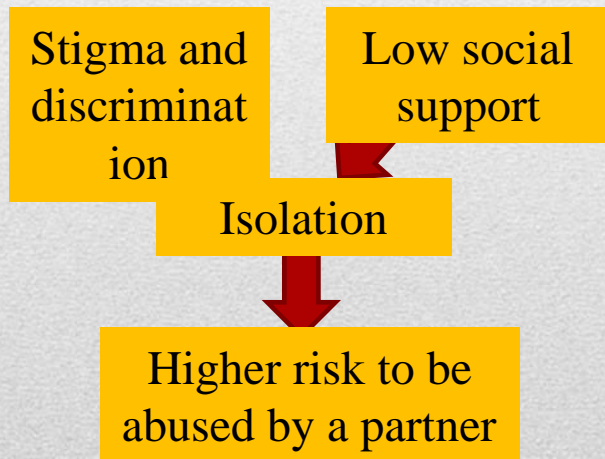
Type of sexual assault	Range		
	Low	High	Median ^a
Using all available estimates (n=75)			
<u>Gay/bisexual males</u>			
Childhood SA	4.1%	59.2%	22.7%
Adult SA	10.8%	44.7%	14.7%
Lifetime SA	11.8%	54.0%	30.4%
Intimate partner SA	9.5%	57.0%	12.1%
Hate crime-related SA	3.0%	19.8%	14.0%
<u>Lesbian/bisexual females</u>			
Childhood SA	14.9%	76.0%	34.5%
Adult SA	11.3%	53.2%	23.2%
Lifetime SA	15.6%	85.0%	43.4%
Intimate partner SA	3.0%	45.0%	13.3%
Hate crime-related SA	1.0%	12.3%	5.0%

Rothman EF, Exner D, Baughman AL. The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: a systematic review. *Trauma Violence Abuse*. 2011 Apr;12(2):55-66.

Who is at risk? Sexual minorities

The prevalence of sexual assault against people who identify as Gay, Lesbian or Bisexual in the United States: A systematic review

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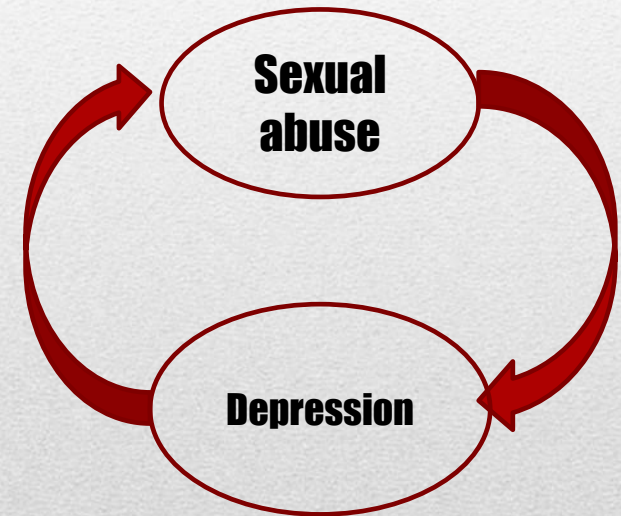
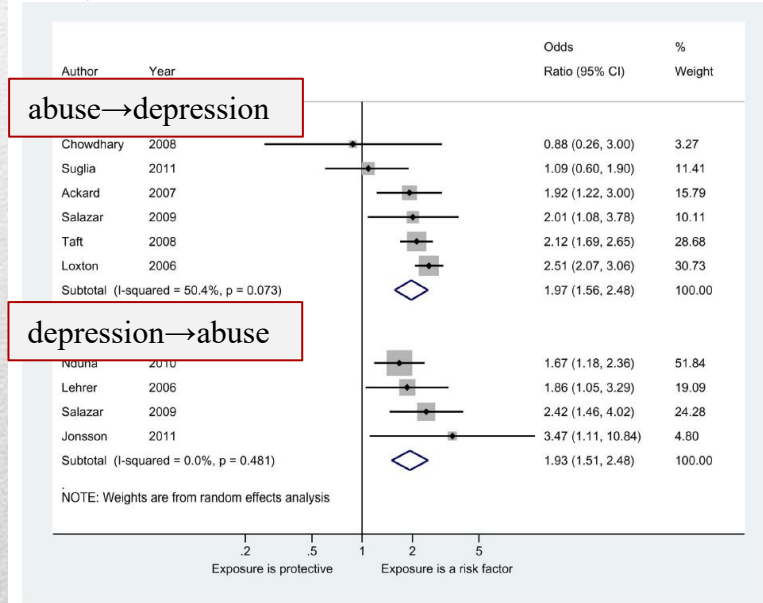
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Rothman EF, Exner D, Baughman AL. The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: a systematic review. *Trauma Violence Abuse*. 2011 Apr;12(2):55-66.

Who is at risk? Depression and sexual abuse

Intimate Partner Violence and Incident Depressive Symptoms and Suicide Attempts: A Systematic Review of Longitudinal Studies

Karen M. Devries^{1*}, Joelle Y. Mak¹, Loraine J. Bacchus¹, Jennifer C. Child¹, Gail Falder¹, Max Petzold², Jill Astbury³, Charlotte H. Watts¹



Devries KM, Mak JY, Bacchus LJ, Child JC, Falder G, Petzold M, Astbury J, Watts CH. Intimate partner violence and incident depressive symptoms and suicide attempts: a systematic review of longitudinal studies. *PLoS Med.* 2013;10(5):e1001439.

Lisa: life events



“My parents were too occupied with their divorce and their job.

I spent a lot of time alone, and I learnt that eating was a relief for sadness”



Lisa... revictimization



Lisa was repeatedly abused by her first violent husband

13 years

Sexual
1
Abuse

Lisa was repeatedly abused by her uncle during her summer holidays when she was 13 years old.

Sexual
1
Abuse

25 years

Who is at risk?



Prevalence and Overlap of Childhood and Adult Physical, Sexual, and Emotional Abuse: A Descriptive Analysis of Results from the Boston Area Community Health (BACH) Survey

Gretchen R. Chiu, Karen E. Lutfey, Heather J. Litman, Carol L. Link, Susan A. Hall, and John B. McKinlay
 New England Research Institutes, 9 Galen Street, Watertown, MA 02472, U.S.A

Population-based, epidemiologic cohort study conducted among 5,502 men and women aged 30 to 79 years (2003-2005) in Boston.

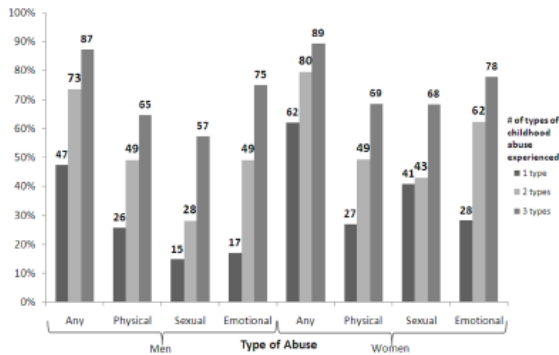
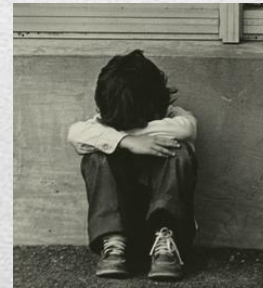


Figure 2. Prevalence of adolescent/adult abuse in men and women who experienced 1, 2, or 3 types of abuse as a child.

Revictimization

The victimization of an adult who was victimized as a child



Chiu GR, Lutfey KE, Litman HJ, Link CL, Hall SA, McKinlay JB. Prevalence and overlap of childhood and adult physical, sexual, and emotional abuse: a descriptive analysis of results from the Boston Area Community Health (BACH) survey. *Violence Vict.* 2013;28(3):381-402.

Lisa... risky sexual behaviors



□ *Around 20 years old, Lisa had many partners*

□ *With some of them she had sado-masochistic intercourses*

13 years

Sexual
1
Abuse

Hypersexual Disorder

20 years

Sexual
1
Abuse

25 years

□ *She also practiced prostitution; not for money but for a kind of addiction to sex*

Childhood abuse and risky sexual behaviors

- ❑ CA predicted earlier onset of sexual activity and greater likelihood of prostitution (Wilson and Widom 2008)

- ❑ Victim of CA more likely to have causal sex and unprotected sex (Lemieux and Byers 2008)



13 years

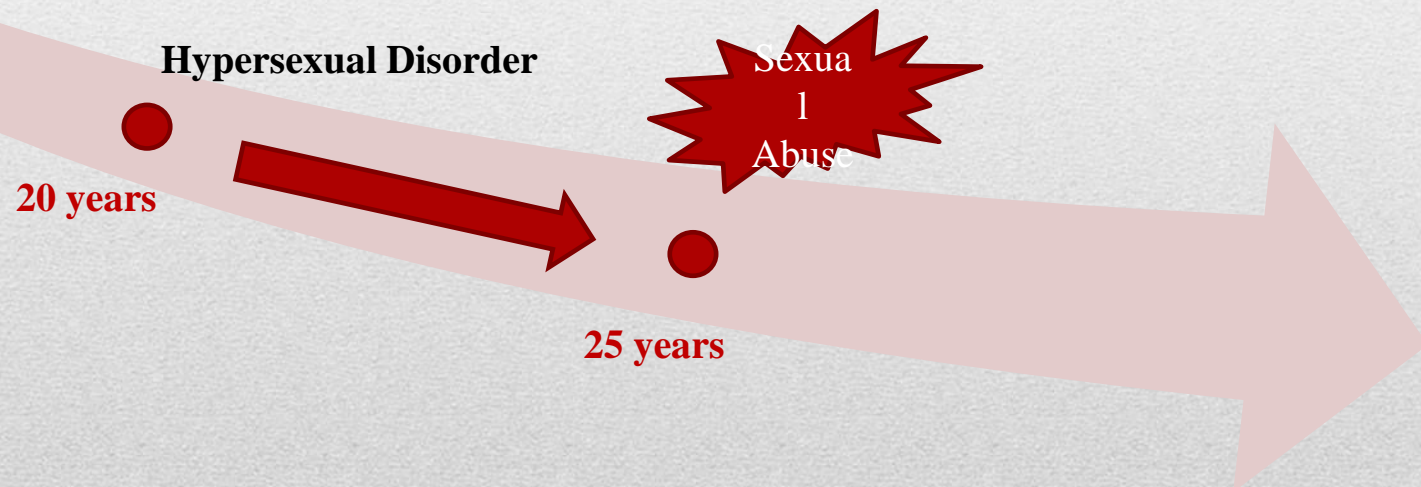
Hypersexual Disorder

20 years

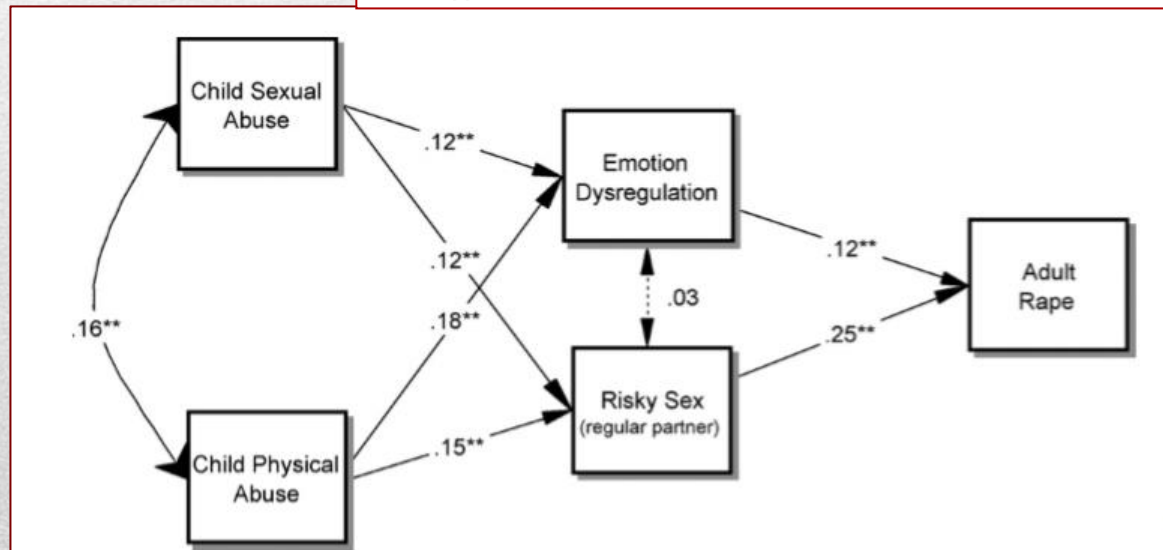
- ❑ CA is associated with an increased number of sexual partners, higher frequency of intercourse, and younger age at first consensual intercourse (Meston, Heiman, & Trapnell, 1999; Noll, Trickett, & Putnam, 2003).

Risky sexual behaviors and revictimization

- ❑ Risky sexual behavior is one of the most consistent predictors of revictimization (Messman-Moore & Long, 2003).



Hypersexuality mediates the the road to revictimization



Messman-Moore TL, Walsh KL, DiLillo D. Emotion dysregulation and risky sexual behavior in revictimization. *Child Abuse Negl.* 2010 Dec;34(12):967-76.

The road from abuse to paraphilias

THE JOURNAL OF
SEXUAL MEDICINE

PARAPHILIAS

ORIGINAL RESEARCH

Deviance or Normalcy? The Relationship Among Paraphilic Thoughts and Behaviors, Hypersexuality, and Psychopathology in a Sample of University Students

Giovanni Castellini, PhD,¹ Alessandra H. Rellini, PhD,² Cristina Appignanesi, MD,¹ Irene Pinucci, MD,¹ Matteo Fattorini, BA,¹ Elisa Crano, BA,¹ Alessandra D. Fisher, PhD,³ Emanuele Cassioli, MD,¹ Lorenzo Lelli, MD,¹ Mario Maggi, MD,³ and Valdo Ricca, MD¹

[Check for updates](#)



Sexual Abuse

	Paraphilic behaviors					
	Hypertrophic behavior (n = 20)	Frotteuristic behavior (n = 19)	Fetishistic behavior (n = 140)	Transvestic behavior (n = 33)	Masochist behavior (n = 73)	Sadist behavior (n = 25)
HDSI	3.74 ± 0.88	3.77 ± 0.75	3.55 ± 0.76*	3.82 ± 0.79	3.84 ± 0.79	3.84 ± 0.79
FSFI desire	4.41 ± 1.11	4.77 ± 0.95*	5.22 ± 0.62*	9.32 ± 6.37*	6.79 ± 5.46*	9.30 ± 6.51*
FSFI arousal	3.98 ± 2.05	4.17 ± 1.75	4.50 ± 1.73	4.99 ± 0.80*	4.64 ± 0.92 [†]	4.42 ± 1.22
FSFI lubrication	4.27 ± 2.10	4.50 ± 1.82	4.66 ± 1.74	4.42 ± 1.22	4.71 ± 0.94 [†]	4.32 ± 1.33
FSFI orgasm	3.62 ± 1.82	3.78 ± 1.82	3.66 ± 1.74	4.53 ± 2.08	4.58 ± 1.74	4.40 ± 1.67
FSFI satisfaction	4.23 ± 2.05	4.50 ± 1.30	4.2 ± 2.05	4.42 ± 2.16	4.71 ± 2.05	3.90 ± 2.13
FSFI pain	4.12 ± 2.24	4.2 ± 2.03	4.42 ± 1.91	4.42 ± 2.16	4.71 ± 2.05	3.90 ± 2.13
GIDYQ-AA	4.57 ± 0.21	4.57 ± 0.42*	4.26 ± 0.57 [†]	4.17 ± 0.50*	4.43 ± 0.34*	4.31 ± 0.52*
CECA.Q sexual abuse	82 (19.5%)	20 (30.3%)*	6 (30.0%)	4 (21.1%)	36 (25.7%)*	8 (24.2%)
CECA.Q physical abuse	82 (19.5%)	19 (28.8%) [†]	3 (15.0%)	4 (21.1%)	30 (21.4%)	10 (30.3%)
CECA.Q father neglect	19.28 ± 7.75	21.17 ± 7.93	19.05 ± 9.35	21.74 ± 8.24	20.64 ± 7.73	21.13 ± 7.21
CECA.Q mother neglect	14.22 ± 6.14	14.94 ± 5.89	14.80 ± 6.01	14.42 ± 6.30	14.51 ± 5.45	15.21 ± 6.07

Values are number (percentage) for categorical variables or mean ± SD for continuous variables; χ^2 for categorical variables or independent sample t test for continuous variables. CECA.Q = Childhood Experience of Care and Abuse Questionnaire; FSFI = Female Sexual Function Index; GIDYQ-AA = Gender Identity/Gender Dysphoria Questionnaire; HDSI = Hypersexual Disorder Screening Inventory; SCL-90-R = Symptom Checklist 90-Revised.
*P < .01.
[†]P < .05.

Voyeuristic

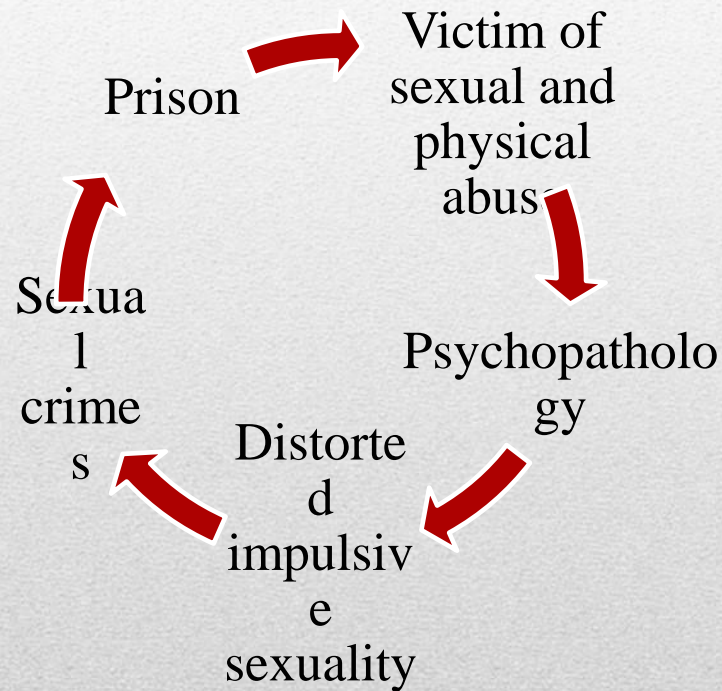
Fetishistic

Masochist

Sadist

Castellini G et al. Deviance or Normalcy? The Relationship Among Paraphilic Thoughts and Behaviors, Hypersexuality, and Psychopathology in a Sample of University Students. J Sex Med. 2018 Sep;15(9):1322-1335

The vicious cycle of violence



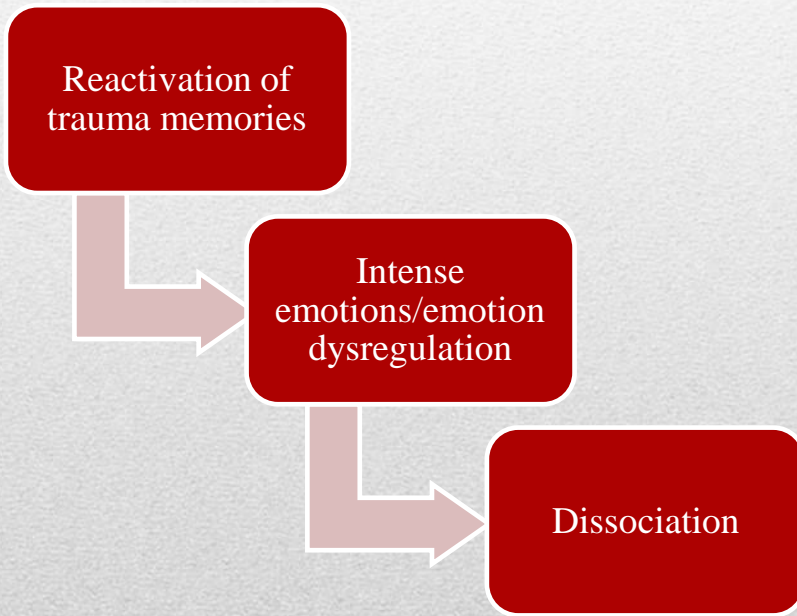
Caravaca Sánchez F, Ignatyev Y, Mundt AP. Associations between childhood abuse, mental health problems, and suicide risk among male prison populations in Spain. Crim Behav Ment Health. 2018 Dec 18.

Trauma memories

- Lisa did not remember anything about her abuse for years
- She had only terrific nightmares and flashbacks about a men entering in her room, taking her, and asking her to look outside a window.
- This was the scene that she described during psychotherapy about her first episode of abuse



Trauma memories and dissociation



Mason TB et al. Comfortably Numb: The Role of Momentary Dissociation in the Experience of Negative Affect Around Binge Eating. *J Nerv Ment Dis.* 2017 May;205(5):335-339.

Dissociation

A disruption in the usually integrated functions of consciousness, memory, identity, and perception of the environment. It determines a disconnection between body and mind.



American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4th ed. Washington, DC: American Psychiatric Association; 2013.

Lisa: dissociation

*“Sometimes I have flashbacks of my uncle
and of that disgusting period.*

*I feel a mixture of sense of guilt, anger and
disgust toward him and me.*

Then I feel a horrible sensation of numbing.”



Lisa: emotion dysregulation, dissociation, and dysfunctional behaviors

“To regain control of the situation I have tried several different behaviors: dieting, masturbating, having sex, eating a large amount of food, drinking alcohol, and even cutting my body”



Sexual Abuse
13 years

16 years
Anorexia Nervosa

20 years
Hypersexual Disorder

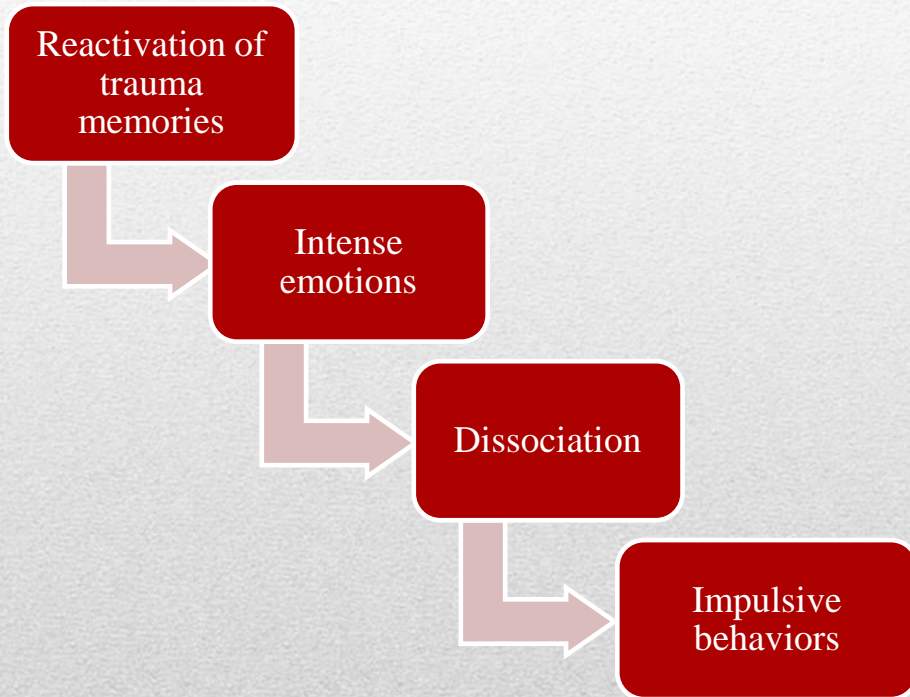
22 years
Bulimia Nervosa

Dissociative disorder

Substance abuse

Obesity

Dissociation and impulsive behaviors



Mason TB et al. Comfortably Numb: The Role of Momentary Dissociation in the Experience of Negative Affect Around Binge Eating. *J Nerv Ment Dis.* 2017 May;205(5):335-339.

Emotion dysregulation, dissociation and self-harm



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The Roles of Emotion Dysregulation and Dissociation in the Association Between Sexual Abuse and Self-Injury Among Juvenile Justice-Involved Youth

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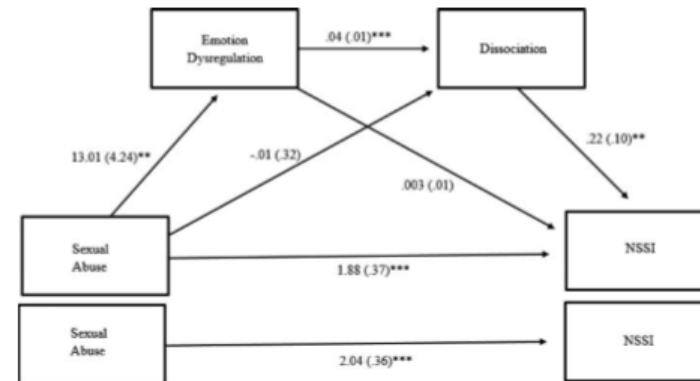


FIGURE 1 Mediation of the association between sexual abuse and nonsuicidal self-injury (NSSI) by emotion dysregulation and dissociation ($n = 133$). Sexual abuse was coded dichotomously (0 = no sexual abuse, 1 = sexual abuse). Analyses controlled for age and ethnicity. Unstandardized B coefficients are displayed with standard errors in parentheses. ** $p < .01$, *** $p < .001$.

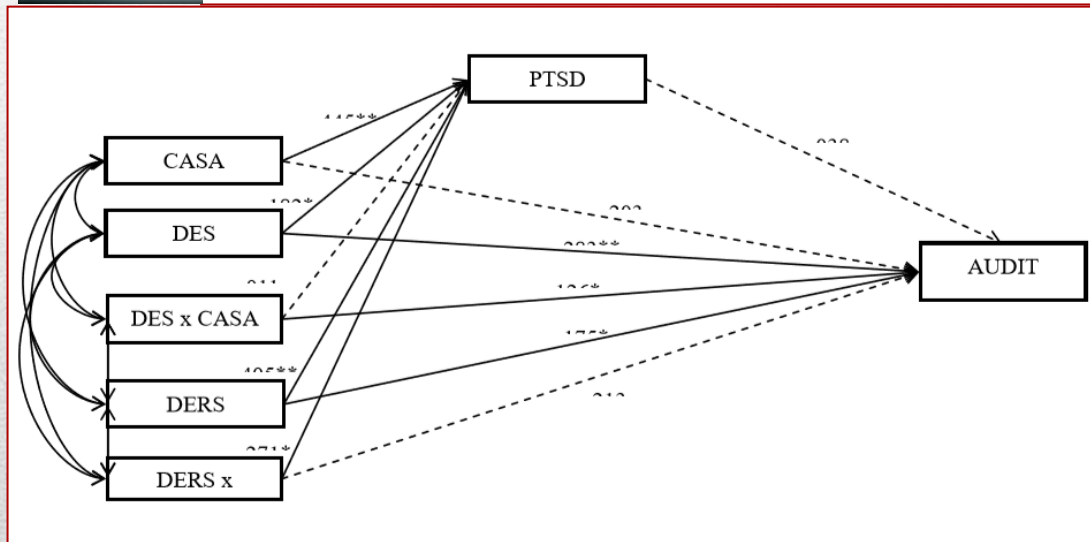
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Emotion dysregulation, dissociation and problematic drinking



Proposed Pathways to Problematic Drinking via PTSD Symptoms, Emotion Dysregulation, and Dissociative Tendencies following Child/Adolescent Sexual Abuse

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Klanecky AK, McChargue DE, Tuliao AP. Proposed pathways to problematic drinking via post-traumatic stress disorder symptoms, emotion dysregulation, and dissociative tendencies following child/adolescent sexual abuse. J Addict Dis. 2016 Jul-Sep;35(3):180-93.

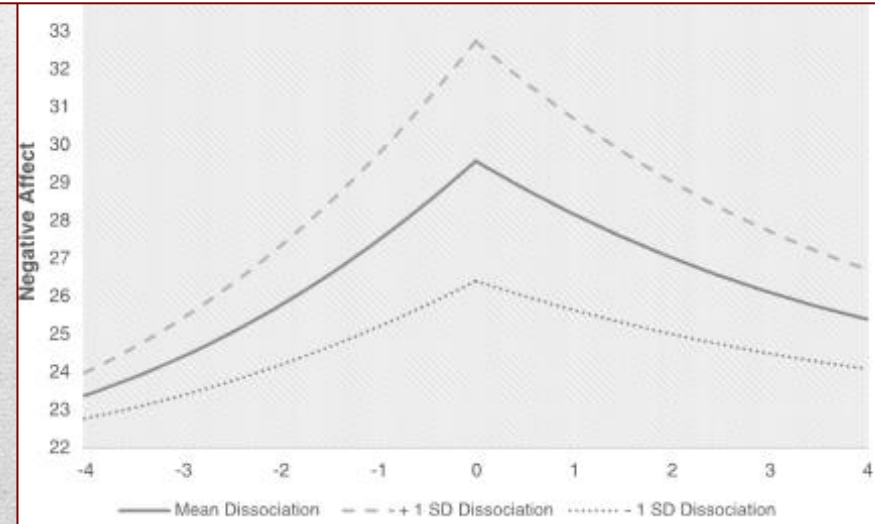
Dissociation as a defense from PTSD symptoms

ORIGINAL ARTICLE

Comfortably Numb

The Role of Momentary Dissociation in the Experience of Negative Affect Around Binge Eating

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Mason TB et al. Comfortably Numb: The Role of Momentary Dissociation in the Experience of Negative Affect Around Binge Eating. *J Nerv Ment Dis.* 2017 May;205(5):335-339.

Conclusioni

La storia di violenze e abusi sessuali comporta un elevato rischio di sviluppare una sofferenza psichica grave, che può prendere le caratteristiche di varie disturbi mentali. Molte pazienti non riferiscono una storia di violenze, se non dopo molti mesi dall'inizio della relazione terapeutica. E' compito del clinico indagare e eventualmente riconoscere sintomi che possono indicare una storia positiva per eventi traumatici infantili, adolescenziali o dell'età adulta, e indirizzare il trattamento in funzione della presenza o meno di una storia di violenze e abusi sessuali
