

CHILDHOOD SEXUAL ABUSE AMONG ADULTS WITH FIRST-EPISODE DEPRESSION AND GENERALIZED ANXIETY DISORDER: A CASE-CONTROL STUDY

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ABSTRACT

Background: Childhood sexual abuse (CSA) is a major adverse childhood experience associated with an increased risk of psychiatric disorders in adulthood. However, evidence comparing CSA among adults with first-episode depression, generalized anxiety disorder (GAD), and healthy controls remains limited, particularly in the Indian setting. This study compared the prevalence and severity of CSA among these groups and examined its association with psychiatric symptom severity. **Materials and Methods:** A hospital-based case-control study was conducted among 157 adults comprising 52 patients with first-episode depression, 52 patients with generalized anxiety disorder, and 53 healthy controls. Psychiatric diagnoses were established according to DSM-5 criteria. Childhood sexual abuse was assessed using the Childhood Trauma Questionnaire (CTQ), while depression and anxiety severity were evaluated using the Hamilton Depression Rating Scale (HAM-D) and Hamilton Anxiety Rating Scale (HAM-A), respectively. Sociodemographic and clinical characteristics were recorded, and multivariable logistic regression was performed to identify independent associations. **Results:** The prevalence of childhood sexual abuse was significantly higher among patients with first-episode depression (44.2%) and GAD (34.6%) than among healthy controls (13.2%) ($\chi^2=15.81$, $p<0.001$). Mean CTQ sexual abuse scores also differed significantly across groups (9.8 ± 4.3 , 8.7 ± 3.8 , and 6.2 ± 1.9 , respectively; $F=16.92$, $p<0.001$). Childhood sexual abuse independently increased the odds of first-episode depression (adjusted OR=4.62, 95% CI: 1.78–11.99; $p=0.002$) and GAD (adjusted OR=3.49, 95% CI: 1.33–9.16; $p=0.011$). CTQ sexual abuse scores demonstrated significant positive correlations with depressive severity ($r=0.46$, $p<0.001$) and anxiety severity ($r=0.39$, $p=0.004$). **Conclusion:** Childhood sexual abuse is strongly associated with both first-episode depression and generalized anxiety disorder and contributes to greater symptom severity. Routine trauma screening and trauma-informed psychiatric care should be integrated into the assessment and management of adults presenting with common mental disorders to improve early identification and long-term clinical outcomes.

INTRODUCTION

Childhood sexual abuse (CSA) is a major public health concern and a severe form of childhood maltreatment that has profound and long-lasting effects on psychological, emotional, and social well-being.^[1] The World Health Organization defines CSA as the involvement of a child in sexual activity that they do not fully comprehend, are unable to give informed consent to, or that violates societal laws or taboos.^[2] Globally, approximately 18–20% of

females and 7–8% of males experience some form of sexual abuse before the age of 18 years, although the true prevalence is likely underestimated because of underreporting, stigma, and cultural barriers.^[3] In India, childhood sexual abuse remains a hidden problem, with many survivors disclosing abuse only after developing psychological or behavioral problems during adolescence or adulthood.^[4]

Childhood sexual abuse is recognized as one of the most significant adverse childhood experiences (ACEs) and has consistently been associated with an

increased risk of psychiatric disorders later in life.^[5] Evidence from longitudinal and meta-analytic studies demonstrates that individuals exposed to CSA have a two- to four-fold higher risk of developing major depressive disorder, generalized anxiety disorder (GAD), post-traumatic stress disorder, substance use disorders, and suicidal behavior compared with those without such exposure.^[5,6] Early sexual trauma is believed to disrupt normal neurodevelopment by inducing persistent alterations in the hypothalamic-pituitary-adrenal axis, emotional regulation pathways, and stress-response mechanisms, thereby increasing vulnerability to mood and anxiety disorders.^[6]

Depression and GAD are among the leading causes of disability worldwide and account for a substantial proportion of the global burden of mental illness.^[7] Although their etiology is multifactorial, childhood trauma has emerged as one of the strongest environmental risk factors influencing disease onset, symptom severity, recurrence, and treatment response.^[8] Individuals with a history of CSA often experience earlier onset of illness, greater psychiatric comorbidity, poorer psychosocial functioning, and diminished quality of life than those without childhood trauma.^[9]

Studying first-episode cases minimizes the influence of chronic illness, repeated relapses, and prolonged psychotropic treatment, thereby providing a clearer understanding of the relationship between early-life sexual trauma and the initial manifestation of psychiatric disorders.^[10] Therefore, the present study aimed to compare the prevalence of childhood sexual abuse among adults with first-episode depression, generalized anxiety disorder, and healthy controls, thereby generating evidence to support routine trauma screening and trauma-informed psychiatric care.

MATERIALS AND METHODS

Study Design and Setting

This hospital-based, observational case-control study was conducted in the Department of Psychiatry of a tertiary care teaching hospital over a period of 18 months from January 2023 to June 2024. The study was designed to compare the prevalence and characteristics of childhood sexual abuse (CSA) among adults with first-episode major depressive disorder (MDD), adults with generalized anxiety disorder (GAD), and age- and sex-matched healthy controls. Prior approval was obtained from the Institutional Ethics Committee before commencement of the study. Written informed consent was obtained from all participants after explaining the purpose and nature of the study. Confidentiality and anonymity were maintained throughout the study in accordance with the Declaration of Helsinki.

Study Participants

A total of 157 participants aged 18–60 years were enrolled and divided equally into three groups comprising 52 patients with first-episode depression, 52 patients with generalized anxiety disorder, and 53 healthy controls. Patients were consecutively recruited from the Psychiatry Outpatient Department after detailed psychiatric evaluation by consultant psychiatrists. Healthy controls were recruited from hospital staff, attendants of patients, and members of the general community who had no current or past psychiatric illness and no family history of major psychiatric disorders in first-degree relatives. Controls were frequency matched with cases for age and sex to minimize confounding.

Eligibility Criteria

Patients included in the depression group fulfilled the diagnostic criteria for first-episode Major Depressive Disorder, while those in the anxiety group fulfilled the diagnostic criteria for Generalized Anxiety Disorder according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Only treatment-naïve patients or those presenting before initiation of pharmacological therapy were included to avoid potential recall bias related to chronic illness or prolonged treatment. Participants were required to be between 18 and 60 years of age and capable of providing informed consent. Individuals with bipolar disorder, schizophrenia spectrum disorders, obsessive-compulsive disorder, post-traumatic stress disorder, intellectual disability, neurocognitive disorders, substance dependence (except nicotine), severe medical or neurological illness, or previous psychiatric treatment were excluded. Participants who were unable to comprehend the interview schedule or declined consent were also excluded.

Data Collection Procedure

Eligible participants underwent face-to-face interviews in a private consultation room by trained psychiatrists or clinical psychologists using a structured interview schedule. Sociodemographic information including age, sex, marital status, educational status, occupation, socioeconomic status, residence, and family history of psychiatric illness was recorded using a predesigned proforma. Clinical details including age at onset, duration of illness, symptom profile, and psychiatric diagnosis were documented after detailed mental status examination. Assessment of childhood sexual abuse was performed using the Childhood Trauma Questionnaire-Short Form (CTQ-SF), a widely validated 28-item self-report instrument that assesses five domains of childhood maltreatment: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. The sexual abuse subscale consists of five items scored on a five-point Likert scale ranging from 1 ("Never True") to 5 ("Very Often True"), yielding scores from 5 to 25. Higher scores indicate greater severity of childhood sexual abuse. Standard cut-off values were used to classify participants as having none/minimal, low,

moderate, or severe sexual abuse. Participants requiring clarification during questionnaire administration were assisted without influencing their responses.

The severity of depression was evaluated using the Hamilton Depression Rating Scale (HAM-D-17) for participants diagnosed with major depressive disorder, whereas anxiety severity among GAD patients was assessed using the Hamilton Anxiety Rating Scale (HAM-A). These clinician-administered instruments were completed by trained psychiatrists who were blinded to the participants' childhood trauma scores whenever feasible.

Outcome Measures

The primary outcome measure was the prevalence of childhood sexual abuse among adults with first-episode depression, generalized anxiety disorder, and healthy controls. Secondary outcomes included comparison of sexual abuse severity scores between study groups, association of CSA with sociodemographic variables, and the relationship between CSA severity and clinical severity of depression and anxiety.

Statistical Analysis

Data were entered into Microsoft Excel and analyzed using the Statistical Package for the Social Sciences (SPSS) version 26.0 (IBM Corp., Armonk, NY, USA). Continuous variables were expressed as mean $\pm$ standard deviation (SD), while categorical variables were presented as frequencies and percentages. Comparisons of continuous variables among the three study groups were performed using one-way analysis of variance (ANOVA), followed by Bonferroni post-hoc analysis for pairwise comparisons where appropriate. Independent Student's t-test was used to compare continuous

clinical variables between the depression and generalized anxiety disorder groups. Categorical variables were compared using the Chi-square (χ^2) test. Multivariable binary logistic regression analysis was performed to determine the independent association of childhood sexual abuse with first-episode depression and generalized anxiety disorder after adjusting for potential confounders, and the results were expressed as adjusted odds ratios (ORs) with 95% confidence intervals (CIs). Pearson's correlation analysis was used to evaluate the relationship between childhood sexual abuse scores and psychiatric symptom severity. A two-tailed p-value of <0.05 was considered statistically significant.

RESULTS

The mean age of participants was comparable across the three groups, with no statistically significant difference (Depression: 33.9 ± 9.6 years; GAD: 32.8 ± 8.9 years; Controls: 32.5 ± 9.1 years; $p=0.712$). Females constituted a slight majority in all groups (55.8% in depression, 57.7% in GAD, and 54.7% in controls), and the gender distribution did not differ significantly ($p=0.948$). Similarly, marital status, place of residence, educational attainment, and socioeconomic status were comparable among the study groups (all $p>0.05$). However, employment status differed significantly, with a greater proportion of healthy controls being employed (64.2%) compared with participants with first-episode depression (42.3%) and GAD (46.2%) ($\chi^2=6.84$, $p=0.033$). [Table 1]

Table 1: Comparison of Sociodemographic Characteristics among Study Groups (N = 157)

Variable	First Episode Depression (n=52)	GAD (n=52)	Healthy Controls (n=53)	Test Statistic	p- value
Frequency (%) / Mean $\pm$ SD					
Age (years)	33.9 $\pm$ 9.6	32.8 $\pm$ 8.9	32.5 $\pm$ 9.1	F = 0.34	0.712
Gender					
Male	23 (44.2)	22 (42.3)	24 (45.3)	$\chi^2 = 0.11$	0.948
Female	29 (55.8)	30 (57.7)	29 (54.7)		
Marital Status					
Married	30 (57.7)	32 (61.5)	36 (67.9)	$\chi^2 = 1.38$	0.501
Unmarried	19 (36.5)	18 (34.6)	16 (30.2)		
Widowed/Divorced	3 (5.8)	2 (3.9)	1 (1.9)		
Residence					
Rural	31 (59.6)	30 (57.7)	29 (54.7)	$\chi^2 = 0.29$	0.864
Urban	21 (40.4)	22 (42.3)	24 (45.3)		
Education					
Illiterate	4 (7.7)	3 (5.8)	2 (3.8)	$\chi^2 = 3.17$	0.531
Primary School	9 (17.3)	8 (15.4)	7 (13.2)		
Secondary School	13 (25.0)	12 (23.1)	11 (20.8)		
Higher Secondary	9 (17.3)	11 (21.2)	12 (22.6)		
Graduate or Above	17 (32.7)	18 (34.6)	21 (39.6)		
Employment Status					
Employed	22 (42.3)	24 (46.2)	34 (64.2)	$\chi^2 = 6.84$	0.033
Unemployed	18 (34.6)	16 (30.8)	11 (20.8)		
Homemaker	8 (15.4)	8 (15.4)	6 (11.3)		
Student	4 (7.7)	4 (7.7)	2 (3.8)		
Socioeconomic Status*					
Upper	3 (5.8)	4 (7.7)	5 (9.4)	$\chi^2 = 2.45$	0.654

Upper Middle	12 (23.1)	13 (25.0)	15 (28.3)		
Middle (Lower Middle)	29 (55.8)	31 (59.6)	32 (60.4)		
Upper Lower	7 (13.5)	4 (7.7)	1 (1.9)		
Lower	1 (1.9)	0 (0.0)	0 (0.0)		

*Modified Kuppuswamy Scale

Patients with first-episode depression and generalized anxiety disorder had comparable clinical characteristics. The mean age at onset was 31.8 ± 8.7 years in the depression group and 30.6 ± 8.1 years in the GAD group ($p=0.468$). Likewise, the mean duration of illness did not differ significantly between the groups (5.6 ± 2.4 vs. 6.1 ± 2.8 months; $p=0.334$). A positive family history of psychiatric illness was reported by approximately one-third of participants

in both groups (32.7% vs. 28.8%; $p=0.662$). The mean HAM-D score among patients with depression was 22.7 ± 5.1 , whereas the mean HAM-A score among GAD patients was 23.4 ± 5.4 , indicating moderate-to-severe symptom severity. The majority of patients in both groups had severe illness (65.4% in depression and 69.2% in GAD), with no statistically significant difference in severity distribution ($p=0.673$). [Table 2]

Table 2: Clinical Characteristics of Patients with First-Episode Depression and Generalized Anxiety Disorder

Variable	Depression (n=52)	GAD (n=52)	Test Statistic	p-value
	Frequency (%) / Mean $\pm$ SD			
Age at onset (years)	31.8 $\pm$ 8.7	30.6 $\pm$ 8.1	t=0.73	0.468
Duration of illness (months)	5.6 $\pm$ 2.4	6.1 $\pm$ 2.8	t=0.97	0.334
Family history of psychiatric illness	17 (32.7)	15 (28.8)	χ^2 =0.19	0.662
HAM-D score	22.7 $\pm$ 5.1	—	—	—
HAM-A score	—	23.4 $\pm$ 5.4	—	—
Moderate illness	18 (34.6)	16 (30.8)	χ^2 =0.18	0.673
Severe illness	34 (65.4)	36 (69.2)		

HAM-D: Hamilton Depression Rating Scale; HAM-A: Hamilton Anxiety Rating Scale.

A history of childhood sexual abuse (CSA) was significantly more common among patients with first-episode depression (44.2%) and generalized anxiety disorder (34.6%) than among healthy controls (13.2%) ($\chi^2=15.81$, $p<0.001$). Similarly, the mean CTQ sexual abuse score was highest in the depression group (9.8 ± 4.3), followed by the GAD group (8.7 ± 3.8), and lowest among healthy controls (6.2 ± 1.9), demonstrating a significant overall

difference ($F=16.92$, $p<0.001$). The distribution of CSA severity categories also varied significantly between the groups ($\chi^2=17.42$, $p<0.001$), with moderate-to-severe CSA reported more frequently among psychiatric patients than controls. Bonferroni post-hoc analysis revealed significantly higher CTQ sexual abuse scores in both the depression ($p<0.001$) and GAD ($p=0.003$) groups compared with healthy controls, whereas no significant difference was observed between depression and GAD patients ($p=0.278$). [Table 3]

Table 3: Comparison of Childhood Sexual Abuse among Study Groups

Variable	Depression (n=52)	GAD (n=52)	Controls (n=53)	Test Statistic	p-value
	Frequency (%) / Mean $\pm$ SD				
History of Childhood Sexual Abuse	23 (44.2)	18 (34.6)	7 (13.2)	$\chi^2=15.81$	<0.001
No Childhood Sexual Abuse	29 (55.8)	34 (65.4)	46 (86.8)		
CTQ Sexual Abuse Score	9.8 $\pm$ 4.3	8.7 $\pm$ 3.8	6.2 $\pm$ 1.9	F=16.92	<0.001
CTQ Sexual Abuse Category					
None/Minimal	29 (55.8)	34 (65.4)	46 (86.8)	$\chi^2=17.42$	<0.001
Low	10 (19.2)	9 (17.3)	4 (7.5)		
Moderate	8 (15.4)	6 (11.5)	2 (3.8)		
Severe/Extreme	5 (9.6)	3 (5.8)	1 (1.9)		

CTQ: Childhood Trauma Questionnaire. Post-hoc (Bonferroni): Depression vs Controls $p<0.001$; GAD vs Controls $p=0.003$; Depression vs GAD $p=0.278$. After adjustment for potential confounding variables, childhood sexual abuse emerged as an independent predictor of both first-episode depression and generalized anxiety disorder. Participants with a history of CSA had 4.62-fold higher odds of developing first-episode depression compared with healthy controls (adjusted OR=4.62, 95% CI: 1.78–

11.99; $p=0.002$). Similarly, CSA was independently associated with generalized anxiety disorder, with affected individuals having 3.49 times higher odds of GAD than controls (adjusted OR=3.49, 95% CI: 1.33–9.16; $p=0.011$). Female sex, family history of psychiatric illness, and rural residence were not independently associated with either psychiatric disorder after multivariable adjustment (all $p>0.05$). [Table 4]

Table 4: Multivariable Logistic Regression Analysis Showing Association of Childhood Sexual Abuse with Psychiatric Disorders

Outcome: First-Episode Depression versus Healthy Controls			
Variable	Adjusted OR	95% CI	p-value
Childhood sexual abuse	4.62	1.78–11.99	0.002
Female sex	1.29	0.62–2.68	0.491
Family history	2.18	0.96–4.94	0.064
Rural residence	1.16	0.56–2.42	0.689
Outcome: Generalized Anxiety Disorder versus Healthy Controls			
Variable	Adjusted OR	95% CI	p-value
Childhood sexual abuse	3.49	1.33–9.16	0.011
Female sex	1.38	0.67–2.85	0.376
Family history	1.82	0.78–4.24	0.164
Rural residence	1.08	0.52–2.24	0.831

Multivariable binary logistic regression analysis adjusted for sex, family history of psychiatric illness, and place of residence. OR: Odds Ratio; CI: Confidence Interval.

Pearson's correlation analysis demonstrated a significant positive association between childhood sexual abuse severity and psychiatric symptom severity. Higher CTQ sexual abuse scores were

moderately correlated with greater depressive symptom severity as measured by HAM-D ($r=0.46$, $p<0.001$). Likewise, CTQ sexual abuse scores showed a significant positive correlation with anxiety severity assessed using the HAM-A ($r=0.39$, $p=0.004$), indicating that increasing severity of childhood sexual abuse was associated with more severe depressive and anxiety symptoms. [Table 5]

Table 5: Correlation between Childhood Sexual Abuse Score and Severity of Psychiatric Symptoms

Variable	Correlation coefficient (r)*	p-value
CTQ Sexual Abuse vs HAM-D score	0.46	<0.001
CTQ Sexual Abuse vs HAM-A score	0.39	0.004

*Pearson's correlation; CTQ: Childhood Trauma Questionnaire; HAM-D: Hamilton Depression Rating Scale; HAM-A: Hamilton Anxiety Rating Scale.

DISCUSSION

The present case-control study examined the association between childhood sexual abuse (CSA) and common psychiatric disorders by comparing adults with first-episode depression, generalized anxiety disorder (GAD), and healthy controls. The three study groups were comparable with respect to age, sex, marital status, educational level, residence, and socioeconomic status, suggesting that the observed differences in CSA were unlikely to be attributable to baseline demographic disparities. Employment status was the only characteristic that differed significantly, with psychiatric patients being less frequently employed than healthy controls. This observation is consistent with previous studies by Khatri et al., and Huang et al., indicating that depression and anxiety disorders adversely affect occupational functioning through impaired concentration, reduced productivity, absenteeism, and diminished psychosocial functioning.^[11,12] Similar findings have been reported in studies by Li et al., and Mansueto et al., demonstrating lower employment rates among individuals with common mental disorders than in the general population.^[13,14] The principal finding of this study was the significantly higher prevalence of childhood sexual abuse among adults with first-episode depression (44.2%) and generalized anxiety disorder (34.6%) compared with healthy controls (13.2%). These findings closely align with previous meta-analyses and longitudinal cohort studies by Nelson et al., Sarnola et al., and Novais et al., demonstrating childhood sexual abuse as one of the strongest

environmental risk factors for mood and anxiety disorders.^[15,16,17] A comprehensive meta-analysis by Nelson et al. reported that childhood maltreatment substantially increased the risk of adult depression while also contributing to greater illness severity and poorer treatment outcomes.^[15] Similarly, Sarnola et al. observed significantly higher rates of childhood trauma among patients with depressive and anxiety disorders than among healthy individuals, with sexual abuse exhibiting one of the strongest associations.^[16] Novais et al., in their systematic review of adverse childhood experiences, further demonstrated a dose-response relationship between childhood trauma exposure and subsequent mental illness, indicating that individuals exposed to sexual abuse have several-fold greater odds of developing depression and anxiety during adulthood.^[17]

Our findings additionally revealed significantly higher CTQ sexual abuse scores among psychiatric patients than healthy controls, with depression patients exhibiting the highest mean scores. However, no statistically significant difference was observed between the depression and GAD groups during post-hoc analysis. This suggests that childhood sexual abuse may represent a shared transdiagnostic vulnerability factor rather than a disorder-specific risk factor. Similar conclusions have been drawn by Baldwin et al., whose meta-analysis reported that childhood trauma contributes broadly to internalizing disorders rather than exclusively to depression or anxiety.^[18] These findings support contemporary dimensional models of psychopathology, wherein early adverse experiences influence common emotional regulation

pathways that predispose individuals to multiple psychiatric syndromes depending upon additional genetic, environmental, and psychosocial modifiers.^[19]

An important observation in the present study was the significantly greater proportion of participants with moderate-to-severe CSA in both psychiatric groups compared with healthy controls. This finding is clinically important because increasing severity of childhood trauma has consistently been associated with progressively worse psychiatric outcomes. Previous investigations by Nanni et al. demonstrated that greater childhood maltreatment exposure predicts earlier onset of depression, increased recurrence, chronicity, and reduced response to antidepressant treatment.^[20] Likewise, Gu et al., reported that cumulative adverse childhood experiences exhibit a graded relationship with adult emotional disorders, suicidal behaviour, and functional impairment, suggesting that trauma severity is an important determinant of psychiatric prognosis.^[21]

Multivariable logistic regression demonstrated that childhood sexual abuse independently increased the odds of first-episode depression by more than fourfold (adjusted OR=4.62; 95% CI: 1.78–11.99) and generalized anxiety disorder by nearly three and a half times (adjusted OR=3.49; 95% CI: 1.33–9.16), even after adjustment for sex, family history, and residence. These findings are consistent with epidemiological evidence indicating that childhood sexual abuse remains an independent predictor of adult psychopathology irrespective of other demographic risk factors.^[22,23] Notably, female sex and family history did not achieve statistical significance after adjustment, suggesting that the effect of childhood sexual abuse may outweigh these variables within this cohort. Comparable observations have been reported by Noll et al., and Cheng et al., who identified childhood trauma as one of the strongest independent determinants of common psychiatric disorders after controlling for genetic and environmental influences.^[22,23]

The positive correlations observed between CTQ sexual abuse scores and symptom severity further strengthen the biological plausibility of our findings. Childhood sexual abuse showed moderate positive correlations with both depressive severity ($r=0.46$) and anxiety severity ($r=0.39$), indicating that increasing trauma exposure was associated with more severe psychiatric symptoms. Similar associations have been reported by Teicher et al., who described enduring neurobiological consequences of childhood maltreatment involving dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, altered amygdala and hippocampal development, impaired prefrontal cortical connectivity, chronic inflammatory activation, and epigenetic modifications affecting stress-response genes [24]. These neurobiological alterations may reduce resilience to future psychosocial stressors, thereby increasing vulnerability to persistent depressive and

anxiety symptoms.^[25] Functional neuroimaging studies by Marusak et al., and Cassiers et al., have also demonstrated exaggerated amygdala reactivity, impaired emotional regulation, and altered fear processing among adults exposed to childhood sexual trauma, providing mechanistic support for the observed clinical associations.^[26,27]

Limitations

This study has certain limitations. Its hospital-based case-control design limits the generalizability of the findings to the wider community and precludes causal inference. Childhood sexual abuse was assessed using retrospective self-report, making the results susceptible to recall and reporting bias. Other forms of childhood adversity, resilience factors, and genetic influences were not evaluated. Additionally, the relatively modest sample size from a single center may have limited statistical precision.

CONCLUSION

The present study demonstrates that childhood sexual abuse is significantly more prevalent among adults with first-episode depression and generalized anxiety disorder than among healthy controls. Individuals with a history of childhood sexual abuse had substantially higher odds of developing both psychiatric disorders, and greater trauma severity was associated with increased depressive and anxiety symptom severity. These findings reinforce the role of childhood sexual abuse as an important transdiagnostic risk factor for common mental disorders. Routine screening for childhood trauma during psychiatric assessment, particularly among patients presenting with first-episode depression or generalized anxiety disorder, may facilitate early identification, trauma-informed interventions, personalized treatment strategies, and ultimately improve long-term clinical and functional outcomes.

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