

Child sexual abuse: a review of the literature

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Child Sexual Abuse: A Review of the Literature Abstract Child sexual abuse (CSA) is a hidden epidemic of child abuse and neglect. Approximately there are 3 million reports of CSA in the United States every year involving nearly 6 million children. CSA take place across ethnic and cultural lines, in all socioeconomic levels, all levels of education and within all religions. Numerous adverse effects correlate with CSA some examples include, anxiety, avoidance depression, low self-esteem, post-traumatic stress disorder (PTSD), and promiscuity. In the present paper, research in the role of psychological distress in women with history of CSA reviewed to gain a understanding depression , high risk sexual activity nature of the trauma , obstacles in relationships, possessing negative beliefs and attitudes towards others, psychological effects, psychopathology. The following literature review attempts to establish and support CSA association with psychological, emotional and physical behaviors in adulthood. Continuous studies of sexually abused children and treatment outcomes are essential. Keywords: Child sexual abuse, anxiety, avoidance depression, low self-esteem, post-traumatic stress disorder, promiscuity Child Sexual Abuse Survivors of CSA often suffer from adverse psychological distress from CSA, long after the abuse has ended. Adult survivors are at increased risk of having of having one or more long-term negative consequences (Bremner et al., 1999; Colangelo and Keefe-Cooperman, 2012; Gladstone, Parker, Wilhelm, Mitchell, & Austin, 1999; Goodyear-Brown, 2012; Rosenthal, Rasmussen Hall, Palm, Batten, & Follette, 2005; Trowell, Kolvin, Weeramanthri, Sadowski, Berelowitz, Glasser, & Leitch, 2002). A history of CSA is not uncommonly reported by survivors with depressive disorders (Gladstone et al., 1999).

They seek out a mental health professional for numerous reasons. Rosenthal et al. (2005) found shame, guilt and the social stigma with CSA of such experiences; it is likely that survivors would attempt to avoid memories and feelings through various means including psychological distress, depression, anxiety, substance abuse, suicidal behavior and borderline personality disorders. Defining the Problem Bremner et al. (1999) affirmed child sexual abuse is extremely common in today's society; 16% of women are the victim of rape, attempted or molestation at some time before their 18th birthday. However, CSA prevalence rates varied substantially making comparisons difficult (Colangelo & Keefe-Cooperman, 2012 as cited in Butcher, Mineka, & Hooley, 2010). In addition, the main definitional difference was whether the abuse was physical or also involved noncontact behaviors. Goodyear-Brown, 2012 (as cited in Berliner, 2011; Berliner & Elliott, 2002; Finkelhor, 1979) defined CSA as any sexual activity involving a child in whom the child is unable or unwilling to give consent. In addition, reported CSA is a problem of epidemic symmetry affecting children of all ages, socioeconomic levels and cultural backgrounds. Therefore, all states have legal procedures against child sexual abuse, literal meanings dissent from state to state, and sexual abuse is not always clearly addressed as distinct from physical abuse (Goodyear-Brown, 2012). CSA impacts all people from a wide variety of backgrounds. Researchers have documented CSA has no boundaries of race, class, culture, ethnicity, gender, and sexuality. As a result it affects the whole community including, children, adolescents, and adults. While victims including offenders are without doubt, most undeviatingly impacted, households and communities in which the abuse occurred are also strongly

impacted if there is no satisfactory response to the issue. Personality Disorders The ability to develop relationships and get along with others is essential to healthy wellbeing. Maintaining positive, reciprocal social connections includes comprehending social cues, speaking up for oneself, and finding people who will not exploit and hurt others. Consequently, the ability to develop and maintain relationships becomes affected. Low Self-Esteem Sexual abuse survivors, in one study, expressed more internalizing behaviors than did their non-abused counterparts. In fact, women with history of CSA were more likely to use negative terms to describe themselves and less likely to attribute positive meaning to sexual behavior (Colangelo & Keefe-Cooperman, 2012, as cited in Meston and Heiman, 2000). Also, women with a history of CSA perceived their bodies as less sexually attractive than nonabused and reported feeling angry and distant from, their own bodies during sexual activity (Colangelo & Keefe-Cooperman, 2012, as cited in Wrenn and Heiman, 1998). In addition, patients who report CSA, 93% self-reported helplessness, sinfulness, guilt, worthlessness and self-image (Gladstone et al., 1999). Avoidance Rosenthal et al., (2005) established that women victimized during childhood, were likely to have avoidance of experiences. Survivors with the avoidant style have few interpersonal bonds and few friends. They are not as imaginable to be linked in relations with others and less likely to be married. The invasive style is overly burdensome and controlling. However, the invasive style has exceptional needs for closeness. There is extreme self-disclosure, and relationships are excessively smothering. Equally the avoidant and invasive styles are dysfunctional and are possibly to result in loneliness. Sexual

Disorders The impact of CSA on a woman's sexual functions relates to high risk sexual activities. Risky sexual behavior is the most thoroughly documented of destructive behavior in abuse survivors. Also, significantly impacts the quality of sexual and romantic relationships of the victims.

Promiscuity Researchers found 20% of women worldwide reported sexual contact with an adult during their childhood (Colangelo & Keefe-Cooperman, 2012 as cited in Freyd et al., 2005). Women reported performing a sexual act against their will, before age 15 (Colangelo & Keefe-Cooperman, 2012 as cited in Fanslow, Crengle, Perese and Robinson, 2007). Also, women with a sexual abuse history reported more negative feelings about sex and experience less satisfaction than do nonabused women (Colangelo & Keefe-Cooperman, 2012 as cited in Leonard et al., 2008; Meston et al., 2006).

Findings, for women whose abuse experience included earlier onset of consensual sexual activity, higher rates of teen pregnancy, multiple sexual partners, unprotected intercourse (Colangelo & Keefe-Cooperman, 2012, as cited in Ferguson et al., 1997; Raj, Silverman & Amaro, 2000; Walker et al., 1999). Furthermore, increased rates of abortion and anal sex (Colangelo & Keefe-Cooperman, 2012 as cited in Windgood & DiClemente, 1997). Anxiety

Disorders A plethora of literature has developed over the past 20 years demonstrating the potentially life-threatening magnitude of negative emotions. Depression is one of the most frequently occurring sequelae of past abuse. Depression Gladstone et al., (1999) linked behavioral problems in adulthood to CSA and found that more patients with exposure to CSA, than patients with no exposure, had evidence of significant personality disturbances before their current depressive episode. In addition, patients

with history of CSA reported higher levels of depression (Gladstone et al., 1999). Significantly, patients with exposure of CSA reported having an alcoholic father than did those who had not. To emphasize researchers also found other over represented characteristics to feel unsafe, a dysfunctional father, verbal abuse and exposure to an unstable relationship between parents (Gladstone et al., 1999). Post Traumatic Stress Disorder (PTSD) Bremner et al., (1999) identified CSA is the most common cause of PTSD, which affects 10% of individuals in this country. In spite of the high prevalence rates of CSA and PTSD, there is little on the long-term effects of abuse on the brain. Trowell et al. (2002) examined the relationship between PTSD and symptoms that led victims to seek treatment. They found that a significant number of victims in their sample manifest symptoms of PTSD, including flashbacks and intrusive memories. However, despite the fact that most CSA victims did not meet full diagnostic criteria for PTSD, many reported having some post-traumatic symptoms. These symptoms included hyper vigilance, intrusive thoughts, and rapid intrusive flashbacks of the abuse. Researchers monitored the relative efficacy of focused individual or group psychotherapy for sexually abused girls and psychopathological outcome findings and patterns of change. Both treatment groups showed substantial psychopathological improvements, but with no evident difference between individual and group therapy. Therefore, individual therapy led to a greater improvement in manifestations of PTSD (Trowell et al., 2002).

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