



LONG-TERM PSYCHOLOGICAL CONSEQUENCES OF CHILD SEXUAL ABUSE

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The main aim of the present study is to offer an updated review of the long-term consequences of child sexual abuse found in empirical studies from the last decade. Psychological symptoms were classified as follows: emotional problems, relational problems, functional problems, adjustment problems and sexual problems. The results confirmed the seriousness of the difficulties such victims may experience and how they persist throughout development. Psychologists need to be aware of and to detect problems related to sexual abuse so as to facilitate appropriate and effective intervention.

Key words: Sexual abuse, Childhood, Victimization, Psychopathology, Long-term consequences.

El objetivo de este trabajo es ofrecer una revisión actualizada de las principales consecuencias psicológicas a largo plazo encontradas en los estudios llevados a cabo con víctimas de abuso sexual infantil en la última década. Se clasificaron los distintos síntomas en cinco categorías: problemas emocionales, problemas de relación, problemas funcionales, problemas de adaptación y problemas sexuales. Los resultados confirman la gravedad de los problemas que pueden presentar estas víctimas y su extensión a lo largo del ciclo evolutivo, siendo necesario que los profesionales sean capaces de detectar estas problemáticas para poder intervenir en estos casos de forma adecuada y eficaz.

Palabras clave: Abuso sexual, Infancia, Victimización, Psicopatología, Consecuencias a largo plazo.

Epidemiological studies carried out in our country (López, 1994; De Paúl, Milner, & Múgica, 1995; Pereda & Forns, 2007) show that child sexual abuse is a more extensive problem than previously estimated, and that it tends to be accompanied by considerable psychological distress in the vast majority of victims.

The psychological consequences associated with the experience of child sexual abuse can last throughout development and constitute, in adulthood, the so-called long-term effects of sexual abuse (Echeburúa & Guerricaechevarría, 2000). It may also be that the victim develops no perceptible problems in childhood, and that they appear as new problems in adulthood (Beitchman, Zucker, Hood, DaCosta, Akman, & Cassavia, 1992).

We speak of long-term effects when they appear at least two years after the experience of abuse (Browne & Finkelhor, 1986). Such effects occur in roughly 20% of child sexual abuse victims (López, 1994).

Long-term effects are comparatively less common than initial consequences; however, child sexual abuse constitutes a substantial risk factor for the development of

a wide range of psychopathological disorders in adulthood (Flitter, Elhai, & Gold, 2003). Research data so far has not permitted the identification of a specific syndrome or set of symptoms associated with the experience of sexual abuse that can affect different areas of the victim's life (Cantón & Cortés, 1998), and nor has it been possible to confirm any kind of deterministic relationship between experiencing child sexual abuse and the presence of psychological problems as an adult, with a whole range of variables appearing to affect this relationship (Browning & Laumann, 2001). Indeed, the long-term effects of child sexual abuse have been considered speculative (Noguerol, 1997), and authors have stressed the difficulty involved in their study, especially by comparison with the initial consequences, and principally in view of their interaction with other types of factors related to the passage of time (López, 1993).

Some authors have reported poorer general mental health in victims of child sexual abuse, with greater presence of psychiatric symptoms and disorders (Fleming, Mullen, Sibthorpe, & Bammer, 1999; Peleikis, Mykletun, & Dahl, 2005). Other studies, carried out with victims of child maltreatment, including sexual abuse, estimate a probability of developing personality disorders four times higher in these victims than in the general population (Johnson, Cohen, Brown, Smailes, & Bernstein, 1999; Vitriol, 2005). Studies such as that of Bernstein, Stein and

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Handelsman (1998) have concluded that, in contrast to the case of other types of child abuse, sexual abuse does not correlate with any personality disorder in particular, but rather with all of them to some extent.

While certain variables may be involved in the development of psychological problems in victims of child sexual abuse (e.g., dysfunctional family context), the majority of studies continue to propose a direct relationship between the experience of sexual abuse and the subsequent development of psychological problems (Dinwiddie, Heath, Dunne, Bucholz, Madden, Slutske et al., 2000; Fleming et al., 1999; Hill, Davis, Byatt, Burnside, Rollinson, & Fear, 2000; Johnson et al., 1999; Kendler, Bulik, Silberg, Hettema, Myers, & Prescott, 2000; Nelson, Heath, Madden, Cooper, Dinwiddie, Bucholz et al., 2002).

Here we propose a classification of long-term psychological effects based on the most common symptoms indicated in the studies reviewed, similar to that proposed for short-term psychological consequences in a previous work (Pereda, 2009). The limitation of attempting to classify the various psychological effects in theoretical categories should be borne in mind.

METHOD

Selection of the studies

Studies in English or Spanish focusing on the long-term psychological consequences of child sexual abuse from a ten-year period (1997-2007) were selected through a search in the principal relevant databases, including SciELO, Psycinfo and the Social Sciences Citation Index from the Web of Science. Two further strategies were adopted with the aim of covering the majority of articles published in this field: (a) a manual search in the two most relevant journals (Child Abuse & Neglect and Journal of Child Sexual Abuse) and (b) a manual search based on the bibliographical references from the most relevant papers on this topic.

In cases in which the study sample has special characteristics (e.g., clinical samples) these are specified, since the review carried out refers to studies with samples from the general population.

RESULTS

The different long-term problems most commonly found in the child sexual abuse literature according to this review are grouped below in thematic sections, to make it easier to understand the results of the studies.

Emotional problems

The most noteworthy problems in this area, give their presence in a large part of the victims of child sexual abuse, are: depressive and bipolar disorders; anxiety symptoms and disorders – especially post-traumatic stress disorder; borderline personality disorder; self-destructive behaviours (including neglecting one's duties, risk behaviours and lack of self-protection); self-harm behaviours; suicidal ideas and suicide attempts; and low self-esteem (see Table 1).

Relational problems

The area of interpersonal relations is one of those most strongly affected, both initially and long-term, in victims of child sexual abuse.

Notable in this regard are greater social isolation and anxiety, fewer friends and social interactions, and low rates of participation in community activities. There is also often maladjustment in intimate partner relations, with unstable partnerships and a negative rating of such relations, among other aspects. Difficulties in child rearing are also found, with more permissive parental styles in victims of sexual abuse compared to control groups, as well as more frequent use of corporal punishment in conflicts with offspring and a general depreciation of the maternal role (see Table 2).

Behavioural and social adjustment problems

Higher levels of hostility are observed in victims of child sexual abuse than in control groups, as well as greater presence of anti-social behaviours and behaviour disorders (see Table 3).

Kaufman and Widom (1999) found, in a longitudinal study (1989-1995), higher risk of running away from home in victims of child abuse (including child sexual abuse) compared to a control group. In turn, absconding, as well as the fact of having suffered child sexual abuse, increased the risk of offending and of being arrested for a range of offences.

Functional problems

One of the problems most commonly affecting the physical functioning of these victims involves physical pain without medical explanation. Also observed are headaches, fibromyalgia and gastro-intestinal disorders, constituting a considerable burden on health services, especially if they are not properly diagnosed or treated (Walker, Unutzer, Rutter, Gelfand, Saunders, VonKorff et al., 1999).



Various studies have shown the widespread presence of eating disorders in victims of child sexual abuse, and particularly of bulimia nervosa (see Table 4).

Also detected are conversion disorders, which can affect the victim's motor or sensory functions (APA, 2002); so-called non-epileptic seizures, which briefly change a person's behaviour and seem like epileptic crises, even though they are caused not by abnormal electrical activity in the brain but rather by the experience of highly stressful events; and somatization disorder, defined by the presence of somatic symptoms that require medical treatment and that cannot be entirely explained by the presence of a known illness, or by the direct effects of any substance (APA, 2002). Dissociative symptoms and disorders are also common in victims of child sexual abuse, involving disruption in the normally integrative functions of consciousness, memory, identity and perception of the environment (APA, 2002).

Some research has focused on gynaecological disorders, particularly chronic pelvic pain, as well as significantly early onset of menopause in female victims of sexual abuse.

TABLE 2 LONG-TERM PSYCHOLOGICAL CONSEQUENCES OF CHILD SEXUAL ABUSE: RELATIONAL PROBLEMS	
Symptomatology	Studies
social isolation and anxiety	Nelson et al. (2002). University population: Abdulrehman & De Luca (2001).
difficulties in intimate partner relationships	Fleming et al. (1999).
difficulties with child rearing	Douglas (2000); Roberts, O'Connor, Dunn, Golding & ALSPAC (2004). Clinical population: Banyard (1997); Ruscio (2001).

TABLE 3 LONG-TERM PSYCHOLOGICAL CONSEQUENCES OF CHILD SEXUAL ABUSE: BEHAVIOURAL AND SOCIAL ADJUSTMENT PROBLEMS	
Symptomatology	Studies
hostility	University population: Abdulrehman & De Luca (2001); Haj-Yahia & Tamish (2001); Porter & Long (1999).
behaviour disorders	Nelson et al. (2002).

TABLE 1 LONG-TERM PSYCHOLOGICAL CONSEQUENCES OF CHILD SEXUAL ABUSE: EMOTIONAL PROBLEMS	
Symptomatology	Studies
depressive and bipolar disorder	Alexander, Anderson, Brand, Schaeffer, Grelling & Kretz (1998); Cukor & McGinn (2006); Hill et al. (2000); Liem & Boudewyn (1999); Molnar, Buka & Kessler (2001); Nelson et al. (2002); Owens & Chard (2003); Swanston et al. (2003). University population: Porter & Long (1999). Clinical population: Gladstone, Parker, Wilhelm, Mitchell & Austin (1999); Johnson, Pike & Chard (2001); Scherer Zavaschi, Graeff, Tatit Menegassi, Mardini, Simões Pires, Homem de Carvalho, Rohde & Laks Eizirik, (2006); Vitriol, Vásquez, Iturra & Muñoz (2007); Zlotnick, Mattia & Zimmerman (2001).
anxiety symptoms and disorders	Molnar et al. (2001); Owens & Chard (2003); Swanston et al. (2003). University population: Abdulrehman & De Luca (2001); Porter & Long (1999).
post-traumatic stress disorder	Alexander et al. (1998); Filipas & Ullman (2007); Molnar et al. (2001); Owens & Chard (2003); Twaite & Rodríguez-Srednicki (2004). Clinical population: Elhai, Frueh, Gold, Gold & Hamner (2000); Johnson et al. (2001); Malean, Toner, Jackson, Desrocher & Stuckless (2006); Peleikis, Mykletun & Dahl, 2005; Raghavan & Kingston (2006); Rodríguez, Ryan, Vande & Foy (1997); Vitriol, Gomberoff, Basualto & Ballesteros (2006).
low self-esteem	Fleming et al. (1999); Liem & Boudewyn (1999); McCauley, Kern, Kalodner, Dill, Schroeder & DeChant (1997); Swanston et al. (2003). University population: Abdulrehman & De Luca (2001); Whealin & Jackson (2002)
alexithymia	Clinical population: McLean et al. (2006); Scher & Twaite (1999). University population: Hund & Espelage (2005).
borderline personality disorder	Johnson et al. (1999). Clinical population: Gladstone et al. (1999); Grilo, Sanislow, Fehon, Martino & McGlashan (1999).
self-destructive behaviours	Liem & Boudewyn (1999); Painter & Howell (1999); Rodríguez-Srednicki (2001).
suicidal ideation and suicide attempts/self-harm	Brown, Cohen, Johnson & Smailes (1999); Molnar, Berkman & Buka (2001); Nelson et al. (2002); Oates (2004). University population: Chelf & Ellis (2002); Nilsen & Conner (2002); Thakkar, Gutierrez, Kuczen & McCanne (2000).



Disorders related to substance abuse are also frequently identified in studies on the consequences of child sexual abuse.

Finally in this sub-section, research has revealed a relationship between the experience of child sexual abuse and poorer health in general, by means of both actual physical symptoms and victims' perceived or subjective health (Walker, Gelfand, Katon, Koss, Von Korff, Bernstein et al., 1999; Swanston, Plunkett, O'Toole, Shrimpton, Parkinson, & Oates, 2003).

Sexual problems

Browning and Lauman (2001), whilst acknowledging maladaptive sexuality as the most widely found consequence of child sexual abuse, stress the lack of a causal relationship between the experience of child sexual abuse and the development of this problem; even so, they

consider child sexual abuse as an important risk factor to be taken into account.

Other studies have also confirmed the widespread presence of sexual problems in victims of child sexual abuse, such as unsatisfactory and dysfunctional sexuality or sexual risk behaviours (e.g., unprotected sex, larger numbers of sexual partners and greater risk of sexually-transmitted diseases and HIV). The important negative consequences of sexual problems in these victims, and particularly of promiscuous sexual behaviours and early initiation to sexuality, also include prostitution and early motherhood (see Table 5).

Revictimization

Revictimization is one of the most serious consequences of child sexual abuse related to the area of sexuality. This term refers to the subsequent experience of physical and/or sexual violence in victims of child sexual abuse by aggressors other than the perpetrator of the original abuse (Maker, Kemmelmeier, & Peterson, 2001).

Various studies have demonstrated the risk of revictimization presented by victims of child sexual abuse (see Table 5). Reviews, on the other hand, have highlighted the enormous differences in the percentages of revictimization obtained by different studies, ranging

**TABLE 4
LONG-TERM PSYCHOLOGICAL CONSEQUENCES OF
CHILD SEXUAL ABUSE: FUNCTIONAL PROBLEMS**

Symptomatology	Studies
eating disorders	Fairburn, Cooper, Doll, Welch (1999); deGroot & Radin (1999); Groth-Marnat & Michel (2000); Kent, Waller & Dagnan (1999); Léonard, Steiger & Kao (2003); Matsunaga, Kaye, McConaha, Plotnicov, Pollice, Rao, Stein (1999); Noll, Zeller, Trickett, Putnam (2007); Owens & Chard (2003); Polivy & Herman (2002); Putnam (2003); Romans, Gendall, Martin & Mullen (2001).
physical pain	Berkowitz (1998); Goldberg, Pachas & Keiths (1999); McCauley et al. (1997); McGowan, Clark-Carter & Pitts (1998); Walker, Gelfand et al. (1999).
conversion disorder	Roelofs, Keijsers, Hoogduin, Näring & Moene (2002).
non-epileptic seizures	Fizman, Alves-Leon, Nunes, D'Andrea & Figueira (2004); Sharpe & Faye (2006).
dissociative disorder	University population: Startup (1999). Clinical population: Johnson et al. (2001); Vanderlinden & Vandereycken (1999).
somatization disorder	Berkowitz (1998); Jonzon & Lindblad (2005).
gynaecological disorders	Allsworth, Zierler, Krieger & Harlow (2001).
substance abuse	Dunlap, Golub & Johnson (2003); Kendler et al. (2000); López, Carpintero, Hernández, Martín & Fuertes (1995); Malnar et al. (2001); Nelson et al. (2002); Owens & Chard (2003); Swanston et al. (2003).

**TABLE 5
LONG-TERM PSYCHOLOGICAL CONSEQUENCES OF
CHILD SEXUAL ABUSE: SEXUAL PROBLEMS**

Symptomatology	Studies
unsatisfactory and dysfunctional sexuality	Fleming et al. (1999); Meston, Rellini & Heiman (2006).
sexual risk behaviours	Fergusson, Horwood & Lynskey (1997); Malow, Dévieux & Lucenko (2006); Parillo, Freeman, Collier & Young (2001).
early motherhood	Dunlap et al. (2003); Swanston et al. (2003).
prostitution	Dunlap et al. (2003); Miner, Flitter & Robinson (2006).
revictimization	Banyard, Arnold & Smith (2000); DiLillo (2001); Fergusson et al. (1997); Fleming et al. (1999); Maker et al. (2001); Nelson et al. (2002); Swanston, Parkinson, Oates, O'Toole, Plunkett & Shrimpton (2002); Swanston et al. (2003); West, Williams & Siegel (2000). University population: Filipas & Ullman (2007); Jankowski, Leitenberg, Henning & Coffey (2002); Liem & Boudewyn (1999). Clinical population: Vitriol et al. (2006).

from 16% to 72%, depending on the definitions and samples employed (Breitenbecher, 2001; Messman-Moore & Long, 2003; Roodman & Clum, 2001).

Intergenerational transmission

The possible intergenerational transmission of parenting practices, as well as of child physical and sexual abuse, continues to be a controversial research issue, and one that can yield contradictory results.

Specific reviews on the hypothesis of the intergenerational transmission of abuse – that abuse by parents will be reproduced in the children themselves – have confirmed the possibility of its existence (Green, 1998), though in this case the author stresses the enormous variability in the percentages between different studies. In the particular case of child sexual abuse, the figures for intergenerational transmission are situated between 20% and 30% of cases (Clarke, Stein, Sobota, Marisi, & Hanna, 1999; Glasser, Kolvin, Campbell, Glasser, Leitch, & Farrelly, 2001; Oates, Tebutt, Swanston, Lynch, & O'Toole, 1998). However, the controversy over this possible consequence of sexual abuse is ongoing, and the research results to date cannot be considered definitive.

DISCUSSION AND CONCLUSIONS

Studies carried out on the long-term psychological consequences of child sexual abuse have confirmed the seriousness of the problems victims can present and how they persist throughout development, in spite of the difficulties involved in the study of this issue, not least those of a methodological nature.

The absence of suitable control groups in many studies – some indeed lack them completely – is one of the major problems highlighted by authors (Beitchman et al., 1992; Briere, 1992; Browne & Finkelhor, 1986), together with the possible inclusion of false negatives or the failure to detect some victims of sexual abuse. Such methodological difficulties may lead to underestimation of the differences between the groups compared, and therefore of the long-term consequences of child sexual abuse (Briere, 1992).

Another problem implicit in this issue concerns the definition of child sexual abuse employed in the study in question, and which will determine the type of sample selected, and hence the psychological consequences that can be assessed, as well as the assessment instruments used (Briere, 1992).

As regards the sample characteristics, it is important to stress that the majority of studies focus on the assessment of female victims, even if some do use groups of both sexes. Hence, there are few comparisons by sex, making it impossible to clarify the symptoms that male victims of sexual abuse might present (Browne & Finkelhor, 1986).

One of the criticisms we should highlight here is that aimed at studies using samples from psychiatric services, which tend to include the most severe cases and are therefore likely to overestimate the seriousness of the consequences of child sexual abuse; at the other extreme, and also the object of criticism, are studies using university students, which tend to underestimate these consequences. Although on comparing the level of symptomatology in sexual abuse victims from the university population with those of victims from the general population their psychological distress appears to be much lower and less durable, authors defend the use of this type of sample since the differences found, while important to take into account, do not attain significance, and this is a way of avoiding the distortions and memory-related problems we may find in older adults in retrospective studies (Rind, Tromovitch, & Bauserman, 1998).

The studies also stress the lack of control of variables which may over the years have influenced the victim's state (such as other traumatic events) and been the cause of the symptoms observed, independently of the child sexual abuse experience (Higgins & McCabe, 2000).

Nevertheless, after controlling such variables, a relationship is still confirmed between the experience of sexual abuse and the development of a range of psychological problems, mainly related to internalizing symptoms (depression, suicidal ideation and behaviour, post-traumatic stress disorder) and problems in the area of sexuality.

With regard to sexual problems, revictimization and intergenerational transmission of sexual abuse have been two of the most serious, and indeed controversial, consequences commonly found in studies addressing this topic, and with considerable repercussions at a social level.

Revictimization and the related concept polyvictimization – which tends to apply to those who suffer different types of abuse in childhood (Finkelhor, Ormrod, & Turner, 2007) – refer to the greater risk of sexual abuse victims to experience other violent events throughout their life. This consequence of sexual abuse

means that research should focus more on broad assessments which take into account the experience of different interpersonal violence episodes in the course of development, with a view to identifying the true and specific effects of each type of victimization (Campbell, Greeson, Bybee, & Raja, 2008). The cumulative effect of victimization throughout the lifespan and its effects on mental health has recently begun to be analyzed, and is a research line that should be followed up in the coming years, given the considerable impact it appears to have on victims (Banyard, Williams, & Siegel, 2001).

As regards the phenomenon of intergenerational transmission, the main criticism related to obtaining information from sexual abusers concerns the fact that they may report having suffered child sexual abuse themselves as a means of explaining their own violent behaviour, or even to gain the sympathy of the therapist or the jury (in criminal cases); consequently, some reports may be false, and this can lead to overestimation of the percentages of abuse. In any case, authors tend to consider child abuse as a risk factor for the individual subsequently becoming an aggressor, despite the general assertion that, for now, no direct or causal relationship can be established, since multiple personal, family and social factors can mitigate such risk (Cannon, 2001).

We should also stress that multiple variables, related to the specific characteristics of the abuse experience as well as to individual and psychosocial factors, can influence the development of psychopathology in victims of child sexual abuse. According to Briere and Elliot (1994) "only a second wave of research – focusing on potential ameliorating or exacerbating variables in the genesis of abuse effects – can provide a more complete picture of the complexities of childhood sexual victimization and its psychological impacts" (p. 64). In the context of this recent line of study we cannot identify a set of symptoms characteristic of the victims of child sexual abuse, nor is it possible to establish a causal relation between the experience of sexual abuse and the presence of psychological problems, given the wide range of variables that influence this relation, including the type of abuse, the relationship between victim and abuser, certain personality traits in the victim, and the social support received by the victim on revealing the abuse. While it is impossible to intervene in variables related to the abuser and the abuse itself after it has occurred, other variables related to the victims and their environment can indeed be influenced, opening up an extensive potential

field of tertiary prevention (García Diéguez & Noguerol Noguerol, 2007). Increased knowledge of the mediating variables related to the experience of child sexual abuse will permit better treatment of these victims, as well as the prevention of later psychological problems (Conte & Schuerman, 1987).

In sum, the experience of sexual abuse has substantial repercussions for its victims at all stages of their development, and professionals must be capable of detecting the problems involved with a view to intervening in these cases appropriately and effectively.

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