



SHORT-TERM PSYCHOLOGICAL CONSEQUENCES OF CHILD SEXUAL ABUSE

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The main objective of the present study is to offer an update of the short-term consequences of child sexual abuse which have been found in current empirical national and international studies. Psychological symptoms were classified into five different categories: emotional, cognitive, relationship, functional and behavioural problems. Results showed that there are multiple and diverse psychological consequences related to the experience of child sexual abuse, impeding the establishment of a syndrome or group of symptoms characteristic of this type of victim which could facilitate its detection. There is a need for professionals to have a profound knowledge of these types of problems to positively influence the prompt detection of sexual abuse and, thus, effectively intervene with victims of this type.

Keywords: sexual abuse, childhood, victimization, psychopathology, short-term consequences

El objetivo de este trabajo es ofrecer una revisión actualizada de los principales indicadores psicológicos o consecuencia psicológicas iniciales encontradas en los estudios nacionales e internacionales llevados a cabo con víctimas de abuso sexual infantil. Se clasificaron los distintos síntomas en cinco categorías: problemas emocionales, problemas cognitivos, problemas de relación, problemas funcionales y problemas de conducta. Los resultados muestran la diversidad de consecuencias psicológicas asociadas a la experiencia de abuso sexual infantil, impidiendo establecer un síndrome o un conjunto de síntomas característicos de este tipo de víctimas que facilite su detección. Es necesario que los profesionales conozcan en profundidad este tipo de problemáticas, lo que influirá positivamente en la pronta detección de estos casos y en una intervención efectiva con este tipo de víctimas.

Palabras clave: abuso sexual, infancia, victimización, psicopatología, consecuencias a corto plazo

Child sexual abuse is a serious public health problem which, in the majority of cases, interferes in the adequate development of those who suffer from it and has negative repercussions on the physical and psychological condition of the victim. The experience of child sexual abuse can be considered an extreme situation which, as described by Lazarus and Folkman (1984), usually results in an elevated level of stress and unease in most individuals.

This is not a recent problem. To a greater or lesser extent, child abuse has been a constant throughout history, which occurs in all cultures and societies and in every social stratum, constituting a universal and complex problem resulting from the interaction of individual, familial, social and cultural factors which can even lead to the minor's death (Echeburúa & Guerricaechevarría, 2000).

The psychological consequences which usually accompany the experience of child sexual abuse are

frequent and diverse, as much those which occur in childhood as those which, on many occasions, endure until adulthood. Studies confirm consequences which affect all areas of the victim's life, which impedes us from talking about a child sexual abuse syndrome (Beitchman, Zucker, Hood, DaCosta, & Akman, 1991; Browne & Finkelhor, 1986; Runtz & Schallow, 1997). The works published in this respect demonstrate the non-existence of a sole pattern of symptoms in these victims, and even the total absence of symptoms in some of them, impeding the establishment of a syndrome which defines and encompasses the emotional, cognitive and social problems which are related to the experience of sexual abuse (Kendall-Tackett, Meyer & Finkelhor, 1993).

Many diverse authors affirm the existence of asymptomatic victims, establishing that between 20 and 30% of the victims of child sexual abuse remain emotionally stable after this experience (López, 1994). However, these victims could subsequently present problems, comprising the so-called latent effects of child sexual abuse (Kendall-Tackett et al., 1993).

In the present review, the principal initial psychological consequences of child sexual abuse will be described. The

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psychological indicators of child sexual abuse or initial consequences are those effects which usually happen in the two years following the abuse (Browne & Finkelhor, 1986, López, 1993) and which, as such, are usually found present in childhood and adolescence.

Although many of the initial effects of child sexual abuse may perdure throughout the developmental cycle (Swanston, Tebbutt, O'Toole & Oates, 1997; Tebutt, Swanston, Oates & O'Toole, 1997), some of them minimize or disappear (Oates, O'Toole, Lynch, Stern & Cooney, 1994), especially upon reaching adulthood and may even develop exclusively in certain developmental phases (Kendall-Tackett et al., 1993).

As established by the following studies, child sexual abuse is related to symptomatology which affects different areas of the victim's life. According to Mannarino and Cohen (1986), 69% of victims of child sexual abuse present psychopathological symptomatology while according to McLeer, Dixon, Henry, Ruggiero, Escovitz, Niedda, et al. (1998), this percentage is situated at 62.8%. While the establishment of a classification for the multiple difficulties that the victims seem to develop is not a simple task, the objective of this paper is to present a proposal based on the most frequent symptomatology indicated in the reviewed studies which would enable professionals to know those indicators that have repeatedly been confirmed from a scientific perspective. However, the limitation posed by attempting to classify the different psychological effects into theoretical categories must be kept in mind.

METHOD

Selection of the studies

Those studies, in English or Spanish, which were focussed on the initial or short-term psychological consequences of child sexual abuse, were selected through a search of the main data bases, including *Psycinfo* and *Social Sciences Citation Index* of the Web of Science. With the intention of covering the majority of articles published in this area, two further strategies were adopted: (a) a manual search of the bibliographic reference lists of the most relevant articles on the subject and (b) a manual search of the two most relevant journals regarding this subject matter (*Child Abuse & Neglect* and *Journal of Child Sexual Abuse*).

The review carried out refers to samples belonging to the general population and, when special characteristics (e.g., clinical groups) were present, these are specified.

RESULTS

In order to facilitate the understanding of the studies' results, the different short-term problems that the bibliographies have found present in victims of child sexual abuse most frequently, have been grouped into the following sections:

- Emotional problems: some of the internalizing problems, according to the categorization by Achenbach (1991), most frequently observed in victims of child sexual abuse are included (see Table 1) in this section. The elevated frequency of posttraumatic symptomatology in these minors stands out (see the reviews by Green (1993) or Rowan and Foy (1993) in this respect), with a prevalence situated around 50% of the victims (Ackerman, Newton, McPherson, Jones & Dykman, 1998, Garnefski & Diekstra, 1997, McLeer et al, 1998). Symptoms of anxiety and depression are also observed (between 4 and 44% in males and between 9 and 41% in females who are victims of child sexual abuse, Ackerman et al, 1998), as well as low self-esteem, feelings of guilt, and stigmatization (between 4 and 41% respectively according to Mannarina & Cohen, 1986, Tebutt et al, 1997). Suicidal ideation and/or behaviour is found in an elevated number of cases as shown in the studies by Garnefski and Arends (1998) (between 26.5 and 54% of female victims and between 43.3 and 52.7% of male victims), Garneski and Diekstra (1997) (37.4% of females and 50% of males), and Martin, Bergen, Richardson, Roeger and Allison (2004) (29% of female victims and 50% of male victims).
- Cognitive and academic performance problems: among which the impairment in the capacity of attention and concentration (see Table 2) stand out, with a frequency of hyperactivity symptomatology between 4% and 40% of victims (Mannarino & Cohen, 1986, Ackerman et al, 1998, respectively).
- Relational problems: given the rupture in the confidence of victims of sexual abuse, one of the areas which is usually more affected in child sexual abuse victims is that of social relationships with peers and adults, whether they are family members or strangers, (see Table 3), The study by Oates, Forrest and Peacock (1985) stands out as an example of this impairment in which 43% of sexual abuse victims declared having few friends compared to 11% of non-victim minors.
- Functional problems: those consequences of child sexual abuse which represent difficulties in the physical functions of the victim are found in this group (see Table



4). Sleep problems (in 56% of cases according to Mannarino and Cohen, 1986), loss of sphincter control (18% of cases according to Mannarino and Cohen, 1986), and eating problems (in 49% of cases according to Swanston et al, 1997) are of special interest.

- Behavioural problems: the problems most related to the victim's behaviour have been included in this section where sexualized behaviours, compulsive compliance and aggressive or disruptive behaviour stand out (see Given the elevated frequency with which they are observed, it is worth adding some comments about the behaviour problems present in victims of child sexual abuse.

Sexualized conduct

The presence of sexualized behaviours, also called erotized behaviours, is one of the most frequent problems found in victims of child sexual abuse,

habitually being regarded as a strongly reliable indicator in its detection. As an example, in the review by Bromberg and Jonson (2001), the authors indicate that sexualized behaviour is 15 times more probable in

TABLE 1 INITIAL PSYCHOLOGICAL CONSEQUENCES OF CHILD SEXUAL ABUSE: EMOTIONAL PROBLEMS	
Symptomatology	Studies
fears phobias	Ligezinska, Firestone, Manion, McIntyre, Ensom & Wells (1996); Mannarino & Cohen (1986)
depressive-symptoms anxiety	Ackerman et al. (1998); Ahmadkhaniha, Shariat, Torkaman-nejad & Moghadam (2007); Briere & Elliott (1994); Cohen & Mannarino (1988); Cosentino, Meyer-Bahlburg, Alpert, Weinberg & Gaines (1995); Dykman, McPherson, Ackerman, Newton, Mooney, Wherry, et al. (1997); Hébert, Tremblay, Parent, Daignault & Piché (2006); Kaufman (1996); Ligezinska et al. (1996); Mannarino & Cohen (1986); McLeer et al. (1998); Mian et al. (1996); Oates et al. (1994); Putnam (2003); Stern, Lynch, Oates, O'Toole & Cooney (1995); Swanston et al. (1997); Tebutt et al. (1997); Wolfe & Birt (1997)
low self-esteem feelings of guilt stigmatization	Black et al. (1994); Brand, King, Olson, Ghaziuddin & Naylor (1996); Briere & Elliott (1994); Cerezo (1995); Hébert et al. (2006); Ligezinska et al. (1996); Mannarino & Cohen (1986); Oates et al., (1985); Oates et al. (1994); Quas, Goodman & Jones (2003); Stern et al. (1995); Swanston et al. (1997); Tebutt et al. (1997)
posttraumatic stress disorder	Ackerman et al. (1998); Briere & Elliott (1994); Hall (1999); McLeer et al. (1998); Timmons-Mitchell, Chandler-Holtz & Semple (1997); Tremblay, Hébert & Piché (2000)
Suicidal ideation and behaviour self harm	Aglan, Kerfoot & Pickles (2008); Brand et al. (1996); Briere & Elliott, (1994); Garnefski & Arends (1998); Garnefski & Diekstra (1997); Martin et al. (2004); McLeer et al. (1998); Swanston et al. (1997)

TABLE 2 INITIAL PSYCHOLOGICAL CONSEQUENCES OF CHILD SEXUAL ABUSE: COGNITIVE PROBLEMS	
Symptomatology	Studies
hyperactive behaviour	Cohen & Mannarino (1988); Dykman et al. (1997); Mannarino & Cohen (1986)
attention and concentration problems poor academic performance lower cognitive functioning in general	Einbender & Friedrich (1989); Kinard (2001a, 2001b); Shonk & Cicchetti (2001)
attention deficit with hyperactivity disorder	Ackerman et al. (1998); Kaufman (1996); Weinstein, Staffelbach & Biaggio (2000); Wolfe & Birt (1997)

TABLE 3 INITIAL PSYCHOLOGICAL CONSEQUENCES OF CHILD SEXUAL ABUSE: RELATIONSHIP PROBLEMS	
Symptomatology	Studies
social relationship problems	Alessandri (1991); Briere & Elliott (1994); Einbender & Friedrich (1989); Hébert et al. (2006); Stern et al. (1995)
fewer number of friends less play time with peers	Alessandri (1991); Oates et al. (1985)
high social isolation	Cohen & Mannarino (1988); Hébert et al. (2006); Mian et al. (1996)

TABLA 4 INITIAL PSYCHOLOGICAL CONSEQUENCES OF CHILD SEXUAL ABUSE: FUNCTIONAL PROBLEMS	
Symptomatology	Studies
sleep problems (nightmares)	Mannarino & Cohen (1986)
loss of sphincter control (enuresis and encopresis)	Mannarino & Cohen (1986); Morrow, Yeager & Lewis (1997)
eating disorders	Briere & Elliott (1994); Swanston et al. (1997)
somatic complaints	Cohen & Mannarino (1988)



minors who are victims of sexual abuse than in non-victims. Nevertheless, these behaviours are not exclusive of sexual abuse victims and may be produced by motives different from sexual abuse such as living other experiences of a violent character (being the victim of physical maltreatment or witnessing familial violence) or familial attitudes with respect to sex, among others (Friedrich, Fisher, Broughton, Houston & Shafran, 1998).

Various authors have studied those sexual behaviours which can be considered normative according to age (Brilleslijper-Kater & Baartman, 2000; Friedrich et al., 1998) and gender (Sandnabba, Santtila, Wannäs & Krook, 2003) and they have compared them with those that the majority of child sexual abuse victims present, illustrating the elevated frequency of non-normative knowledge and sexualized behaviour in these victims (Cohen & Mannarino, 1988; Einbender & Friedrich, 1989; Mannarino & Cohen, 1986), even at a very young age (Mian, Marton & LeBaron, 1996).

On the other hand, some authors have confirmed that sexualized behaviours in childhood seem to be related to promiscuous behaviour and unwanted pregnancies in adolescence (Fiscella, Kitzman, Cole, Sidora & Olds, 1998), increasing the risk of revictimization in victims of sexual abuse in later stages of development.

Prostitution in minors who are victims of child sexual abuse is also one of the problems related to the area of sexuality found by some authors, especially in certain Asian and Latin American countries (Cusick, 2002).

In general, as ascertained by Barudy (1993), there is a

contrast between the quick and premature rate at which the victims of child sexual abuse develop in terms of sexuality and the difficulties they present in psychoaffective and relational growth, which is worth noting.

Compulsive conformity

Crittenden and DiLalla (1988) posited the existence of a specific pattern of behaviour, known as compulsive compliance, used by some victims of maltreatment, sexual abuse and negligence in order to accommodate themselves to the situation and be able to physically and psychologically survive it. The authors define this strategy as the presence of a compliant and vigilant conduct in boys and girls who are victims of maltreatment, which reduces the risk of hostile and violent behaviours on the part of their aggressors and increases the probability of pleasant interactions with them. In the study, the victims of sexual abuse were those who presented a higher level of compulsive compliance. However, although the authors initially advocate the adaptive effect of this strategy, they also warn about the risk this implies if it is carried over to the rest of the victim’s interpersonal relationships, a usual occurrence in cases of child sexual abuse.

Disruptive and dysocial behaviour

At the other end of the spectrum, some authors have obtained an elevated frequency of a disruptive and dysocial character in victims of child sexual abuse included within the so-called externalizing

**TABLE 5
INITIAL PSYCHOLOGICAL CONSEQUENCES OF CHILD SEXUAL ABUSE:
BEHAVIOURAL PROBLEMS**

Symptomatology	Studies
sexualized behaviour	- compulsive masturbation - imitation of sexual acts - use of inappropriate sexual vocabulary - excessive sexual curiosity - exhibitionism Cohen & Mannarino (1996); Friedrich, Grambsch, Damon, Hewitt, Koverola, Lang et al. (1992); Hébert et al. (2006)
compulsive compliance	Crittenden & DiLalla (1988)
disruptive and dysocial behaviour	- hostility - aggressiveness - anger and rage Ackerman et al. (1998); Alessandri (1991); Briere & Elliott (1994); Gamefski y Diekstra (1997); Hébert et al. (2006); Kaufman (1996); Wolfe & Birt (1997)
	- oppositional defiance disorder Ackerman et al. (1998); Cohen & Mannarino (1988); Dykman et al. (1997); Gamefski & Diekstra (1997); Swanston et al. (1997); Tebutt et al. (1997)



symptomatology according to the categorization by Achenbach (1991), especially in male sexual abuse victims (Romano & De Luca, 2001). The authors differ in the frequencies obtained for this type of behaviour in victims of sexual abuse, oscillating between the 2% indicated in the study by Mannarino and Cohen (1986) for both sexes, and the 25.3% for females and 58.4% for males in the study by Garnefski and Diekstra (1997).

Some victims become convinced that engaging in aggressive behaviour is the best way to get what they want. As affirmed in diverse studies, having been a victim of child abuse seems to constitute a risk factor for becoming a victimizer in adulthood, this phenomenon being known as the intergenerational transmission of violence, one of the most serious social consequences of sexual abuse (see the reviews by Widom, 1989 or Maxfield and Widom, 1996).

Critical reviews of the studies on short-term psychological consequences

One of the first critical reviews on the psychological consequences of child sexual abuse is that carried out by Browne and Finkelhor (1986), who analyzed the studies published on the psychological impact of sexual abuse between 1956 and 1985. Of the 26 studies reviewed, the authors were only able to find six studies published on the initial or short-term consequences, emphasizing their scarce frequency. Browne and Finkelhor (1986) also underscored the enormous existing difficulties in finding studies carried out with male victims and the serious problem that this lack of knowledge implies for the treatment of these victims.

Subsequently, Beitchman and colleagues (1991) reviewed 42 studies with child and adolescent samples concluding that only sexualized behaviour could be considered a consequence of child sexual abuse since the rest of the problems mentioned were also found present in most clinical samples.

Notwithstanding, the review conducted by Trickett and McBride-Chang (1995) on the psychological impact of child maltreatment, including the experience of sexual abuse, has shown the existence of multiple psychological consequences in these victims. In this work, only articles with appropriate control groups which were comparable to the study group in sociodemographic characteristics were included. A certain development pattern for the symptomatology presented by the victims of child sexual abuse was confirmed, with more internalizing problems in

preschool years (especially enuresis, anxiety and somatic complaints) and the onset of externalizing problems in subsequent periods (such as disruptive behaviour and delinquency), as well as a greater presence of dissociative symptomatology in older victims and depression as the main internalizing symptom.

In our country, the reviews carried out also confirm that the victims of child sexual abuse present a greater frequency and higher level of symptoms related to emotional, social, cognitive, behavioural and functional areas than the comparative groups used. However, they underscore the problems presented by the diverse studies in the comparison of results due to the different definitions of abuse and methodologies which are used (Cantón & Cortés, 2000; Cerezo, 1995; Díaz, Casado F, García, Ruiz & Esteban 2000; Echeburúa & Guerricaechevarría, 2000; Simón, López & Linaza, 2000).

DISCUSSION AND CONCLUSIONS

Concisely, the review carried out on the short-term psychological consequences of child sexual abuse confirms its frequent presence and diversity, as well as the difficulty that the study of this subject matter implies, with multiple methodological problems which impede the advancement in the knowledge of the psychological state of the victims, making the development of efficient and specific treatment programs more difficult (Paolucci, Genuis & Violato, 2001).

Firstly, the authors emphasize the existing problems in obtaining a broad sample of victims, especially in studies with minors, which in many cases causes the sample size to be insufficient for the extraction of robust and definitive conclusions about the short-term psychological consequences of child sexual abuse (Briere, 1992; Briere & Elliott, 1993; Trickett & McBride-Chang, 1995).

It is worth mentioning a problem intrinsic to the study of this subject matter, which is the possible inclusion of sexual abuse victims who are not detected in control groups and which may provoke the minimization of the differences between groups, and thus, of the initial consequences of child sexual abuse (Briere, 1992; Kinard, 1994).

On the other hand, the frequent inclusion of victims who have suffered multiple types of maltreatment in addition to sexual abuse or the utilization of maltreated minors in the different studies without specifying the exact type of maltreatment which took place, are important biases in the attainment of results since they exacerbate the psychological



consequences of sexual abuse and do not permit the establishment of a specific and differentiated symptomatology for these victims (Briere, 1992). This phenomenon, recently termed poly-victimization (Finkelhor, Ormrod & Turner, 2007), is being analyzed due to its important repercussions in the adequate treatment of the victims.

It is important to take into account the source from which the study sample is obtained, since, in many cases, the samples are provided by child protection agencies which usually include the most serious cases, overestimating the severity of child sexual abuse symptoms.

With regard to the short-term psychological assessment of sexual abuse victims, most studies use a single source of information (the non-abusive caregiver, usually the mother) with the bias that this method may imply in many cases (Kinard, 1998; McGee, Wolfe, Yuen, Wilson & Carnochan, 1995). Other authors defend the serious problem that the use of a single informant entails in cases of child sexual abuse; however, they consider the caregivers to be those who can best evaluate the state of the victims, even better than the victims themselves (Kendall-Tackett et al., 1993).

Finally, the reviews also emphasize the lack of control of variables which may interfere in the state of the victim (such as the existence of family problems) and be the cause of the symptoms observed, independently from the experience of child sexual abuse (Bromberg & Johnson, 2001; Lakey & Heller, 1985).

With respect to this problem, most authors conducted cross-sectional studies which impede the confirmation that the symptoms assessed are consequences of sexual abuse and that these same symptoms are not due to other situations which occurred before or after the abuse experience (Reece, 1998). The use of unreliable or unrobust instruments to assess the consequences of sexual abuse (Morrissette, 1999) or the utilization of inadequate statistics analysis to establish causal relationships have also been some of the most frequent methodological criticisms regarding these studies (Briere, 1992; Briere & Elliott, 1993).

In spite of the difficulties observed in the works reviewed, internalizing symptomatology, mainly anxiety problems (especially posttraumatic symptomatology), depression, low self-esteem, feelings of guilt and stigmatization, are those which are found most frequently in the works published in the last few years, although they do not permit the establishment of a syndrome or specific set of symptoms for these victims.

Behaviour problems are also relevant, especially sexualized behaviour in minors, and may be of great utility as indicators of a sexual abuse situation, although other possible motives which may have led the child to exhibit these behaviours should be thoroughly investigated.

It is worth mentioning that the authors who examine the initial or short-term consequences of child sexual abuse always study these in minors in general, whether these are preschoolers, school children, preadolescents or adolescents. Nevertheless, there are few studies based on developmental theories which carry out a differentiation of the symptomatology presented by the diverse age groups, although various authors defend the need for this differentiation (Alessandri, 1991; Beitchman et al., 1991; Black, Dubowitz & Harrington, 1994; Cerezo, 1995; Cicchetti & Toth, 1995). We advocate, as proposed by Finkelhor (1995), for future studies to continue analyzing the psychological consequences of child sexual abuse from the perspective of developmental victimology, considering the risk and the impact of victimization according to the different developmental studies.

It is also important to take into account the function of the so-called mediating or moderating variables between the experience of sexual abuse and the development of this symptomatology. The presence or absence of certain variables not solely related to the objective characteristics of the stressor (frequency and duration of the abuse, physical coercion by the aggressor) but also with individual factors (feelings of guilt, self-esteem, coping strategies) and psychosocial factors (social support after disclosure, revictimization in law courts), would consistently facilitate the appearance of psychopathological disorders, whereas the presence or absence of other variables would minimize or annul the possible psychological effects related to this situation providing the individual with the capacity to resist in the presence of this stressor (Compas & Phares, 1991; Lazarus & Folkman, 1984).

The studies carried out in this respect seem to confirm that an important percentage of child sexual abuse victims do not present psychological repercussions following that experience. Authors such as Echeburúa (2004) situate this resilience percentage at 30% of the victims in the short term and 70% in the long term.

Therefore, it is convenient to determine the variables that may be associated to the presence or absence of



psychological symptomatology in victims of child sexual abuse. Although it is impossible to intervene concerning the variables related to the aggressor, other variables referring to the victim and the victim's environment can be changed, giving way to an important field of work in tertiary care. A better knowledge of the mediating variables related to the experience of child sexual abuse would permit better treatment for these victims, as well as the prevention of possible subsequent psychological problems.

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