

Impacts of sexual abuse in childhood and adolescence: an integrative review

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Abstract *This article identifies the impacts of sexual abuse in childhood and adolescence. We conducted an integrative literature review in September 2018 using the Virtual Health Library. A search was conducted using the following descriptors: Sexual Abuse of Children and Adolescents and Sexual Abuse or Child Development. The inclusion criteria were open access full-text original articles published between 2013 and September 2018 in Portuguese, English or Spanish. Sixteen eligible articles were selected after reading the titles and abstracts. The full texts of these articles were read and organized into a table. The studies show that sexual abuse in childhood and adolescence has lifelong psychological, physical, sexual and social impacts. The findings of this study can help alert health care professionals to the importance of investigating the signs and symptoms of sexual abuse given the multiple impacts of abuse on victims' lives.*

Key words *Sexual abuse of children and adolescents, Adult survivors of child abuse, Child development*

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Introduction

Statistics on the sexual abuse of children and adolescents draw attention to the vulnerability and exposure of this group to this kind of violence. According to Brazil's National Plan to Combat Sexual Violence against Children and Adolescents, sexual exploration and abuse are elements of sexual violence. Sexual abuse of children and adolescents ranges from lewd acts to sexual penetration by an adult for pleasure, differing from sexual exploration, which involves commercial interests¹.

World figures on sexual violence against children and adolescents highlight the worrying nature of the phenomenon. A report compiling data from the period 2016 to 2017 in the United Kingdom showed that there were 54,846 offences against children under 18, indicating an upward trend in cases over time². In New Zealand, a sexual harm helpline received more than 1,200 phone calls in one month, the majority of which from teenage girls aged 13 to 19³.

In Brazil, data from the National Human Rights Ombudsman reveal that, between 2015 and 2016, the *Disque 100* hotline received more than 33,000 reports of sexual violence against children and adolescents⁴. A Ministry of Health epidemiological bulletin showed that there were 184,524 reports of cases of sexual violence between 2011 and 2018, 76.5% of which against children and adolescents, which may be related to the greater vulnerability of this age group⁵.

The situation is aggravated when the perpetrator is a family member, often meaning that the problem is covered up, thus exposing individuals to years of abuse that can have a serious impact on their lives. Data on reports of sexual violence in Brazil between 2015 and 2016 reveal that parents or guardians were the main suspect in 59% of the cases and that 53% of the acts sexual abuse were perpetrated in the victim's home and 26% in the home of the suspect^{5,6}. Another nationwide study based on the medical records of 700 victims of sexual violence in Terezina in the State of Piauí reported that 46.7% of the acts of abuse took place in a domestic setting and that the main perpetrators were parents and stepfathers⁷. A study bringing together data from 171 countries also showed that sexual violence is committed by people living with the child or adolescent⁸.

One of the main challenges of intrafamilial violence is disclosing the experience. This is because the proximity of the victim to the abuser means that the family often covers up cases of

sexual violence in an attempt to protect the perpetrator. In addition, for a number of reasons children and adolescents feel powerless to disclose abuse, including: difficulty understanding the abuse as violence; the victim does not have someone to rely on to make an in(formal) complaint; the victim is discredited by adults or threatened by the abuser^{9,10}.

These factors reinforce the culture of silence¹¹, exposing the victim to continued abuse over a prolonged period of time, turning the situation into a chronic problem. Of 311 cases of sexual violence against children and adolescents investigated in Morocco, 67% involved victims who had been abused repeatedly and 78% involved violence committed by the same abuser¹². Corroborating the long-term and continuing nature of abuse, a study conducted in Slovenia revealed that children take around seven years to disclose abuse¹³.

Given the long-term and continuing nature of sexual abuse, the early identification of victims becomes even more vital to ensure children receive timely support tailored to their individual needs. In this regard, knowledge of the impacts of this experience in childhood and adolescence on victims' lives can help professionals who work with children and adolescents identify abuse. The objective of this study was therefore to identify the impacts of sexual abuse in childhood and adolescence.

Methodology

We undertook an integrative literature review. This method seeks to synthesize findings presented by studies on a particular topic or issue, enabling a comprehensive analysis of the literature on the topic of interest and the identification of existing knowledge gaps¹⁴. By broadening the knowledge and understanding of a particular phenomenon, integrative reviews provide important inputs to help shape care interventions and indicate further research.

This study was conducted in accordance with the provisions of Law 9.610/1988 governing copyright, giving proper credit to the authors of the publications used in the review¹⁵.

To carry out the study, we elaborated a methodological protocol consisting of six stages¹⁶. In the first stage (*formulation of the guiding question*), we defined the following question using the PICO framework (Chart 1): What are the impacts of sexual abuse in childhood and adolescence on

victims' lives? The PICO acronym stands for: population (P), intervention (I), comparison (C), and outcome (O)¹⁷. It is important to note that we did not use "C", given that the study did not propose to develop clinical research¹⁸.

The second stage (*sampling*) followed the recommendations of the Statement for Reporting Systematic Reviews and Meta-Analyses of Studies (PRISMA), which consists of a checklist to help researchers develop systematic reviews¹⁹. A literature search was performed using the Virtual Health Library (VHL), which brings together the main national and international health databases, thus ensuring a wide variety of results. We used the following combinations of Health Sciences Descriptors (DeCS) in Portuguese, English and Spanish and the Boolean operators "and" and "or": Sexual Abuse of Children and Adolescents and (Adult Survivors of Sexual Abuse or Child Development). The search was performed simultaneously by two researchers in September 2018.

The following inclusion criteria were used: open access full-text original articles on topics related to the experience of violence in childhood and adolescence written in Portuguese, English or Spanish and published between 2013 and September 2018. Articles in which the impacts were not related to the object of study, duplicate articles and theses, dissertations, books and/or other non-original publications were excluded.

The third stage (*data collection*) was performed using a descriptive instrument containing the following elements: author, year of publication, periodical, country of study, title, methods and impacts. The fourth stage (*critical analysis of the selected studies*) was performed after the application of the inclusion criteria and consisted of reading the article titles and abstracts. Publications not related to the object of study and duplicate articles were excluded, resulting in a final sample of 16 eligible articles. The full texts of the 16 articles were read and organized into a Microsoft Excel® worksheet (Figure 1).

The results of the collected material were analyzed using thematic analysis²⁰ and are presented in Chart 2, which synthesizes the impacts in the following categories: *Psychological* (low self-esteem, depression, post-traumatic stress disorder – PTSD, sleep difficulties, borderline personality disorder, self-injury, suicidal behavior, psychotic disorders, auditory hallucinations); *Physical* (tension-type headache, migraine, metabolic syndrome); *Sexual* (pregnancy, HIV/sexually transmitted infections - STIs, sexual aversion disorder, questioning of sexual orientation, difficulty with orgasm, early onset of sexual activity, risky sexual behavior, selling sex); and *Social* (smoking, alcohol and other drugs, leaving home (living in the street), shame, revictimization).

The findings, *discussion of the results* (Stage 5) and *presentation of the integrative review* (Stage 6) are set out below.

Results

The review included 16 articles addressing the impacts of sexual abuse in childhood and adolescence (Chart 2). Although the VHL includes five databases, studies were only found in two: Lilacs (Latin American & Caribbean Health Sciences Literature) and Medline® (Medical Literature Analysis and Retrieval System Online). All articles included adult participants who had suffered sexual abuse in childhood and/or adolescence.

Discussion

Psychological impacts

The literature on the impacts of childhood sexual abuse show that victims can have the following psychological problems: low self-esteem, depression, post-traumatic stress disorder (PTSD), sleep difficulties, borderline personality

Chart 1. The PICO framework.

Acronym	Definition	Application
P	Population	Children and adolescents
I	Intervention	Sexual abuse
C	Comparison	Not applicable
O	Outcome	Lifelong impact

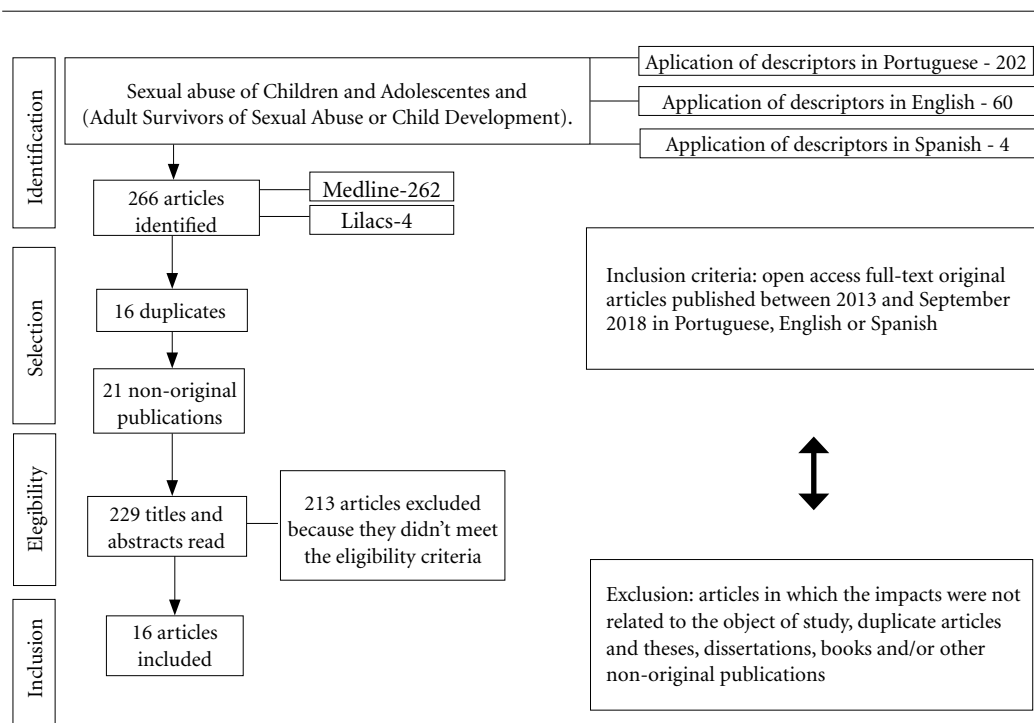


Figure 1. Flow diagram of the article selection process. Salvador, Bahia, 2018.

disorder, self-injury, suicidal behavior, psychotic disorders, and auditory hallucinations.

With regard to self-esteem, a study undertaken by Lira et al.²¹ points out that this problem is a result of intense suffering related to childhood abuse, highlighting feelings of inferiority among women who “feel like a piece of trash”. This suffering, internalized since childhood and/or adolescence, adversely affects the individual’s emotional development. The feeling can get worse over time, ultimately culminating in depression.

Depression was also highlighted as one of the impacts of sexual abuse, being mentioned by four of the studies included in this review. One of the studies estimated that 33% (n = 174) of sexual abuse survivors had depression²² and two reported a positive association between childhood abuse and the disorder^{23,24}. It is important to stress just how damaging depression can be, especially at particular life stages, such as pregnancy and the post-partum period²⁵. This is because the symptoms can become more pronounced at these times due to increased hormone levels, which can trigger depression²⁶. In this regard, one of the

studies shows that women are 2.1 times more likely to suffer from depression during pregnancy²⁷.

Like other types of mental illness, depression may be related to trauma caused by sexual abuse, mainly due to the impact of this experience on children’s lives. This trauma can manifest itself in the form of PTSD, as highlighted by Ulibarr et al.²⁴ and Houston et al.²⁸, who revealed a positive association between anxiety disorders and childhood sexual abuse. It is important to highlight that PTSD is characterized by physical and psychological scars and symptoms arising from traumatic situations experienced or witnessed by victims, who repeatedly relive the episode²⁹.

It is important to underscore that everyday situations can trigger the recall of a previous traumatic experience and that the pregnancy and childbirth process can present particularly powerful triggers²⁷. In this regard, Montgomery et al.³⁰ showed that postpartum women with a history of childhood sexual abuse experienced the “re-enactment of abuse” in situations such as vaginal examination and other intimate procedures, pain during labor and encounters with

Chart 2. Synthesis of included articles.

Nº	Author/Year/ Periodical/ Country	Title	Method	Impacts
1	Barrios et al., 2015 PLoS One Peru	Association of childhood physical and sexual abuse with intimate partner violence, poor general health and depressive symptoms among pregnant women	Interviews with 1,521 women receiving antenatal care	Psychological: depression Social: revictimization
2	Bellis et al., 2014 Bulletin of the World Health Organization, Eastern Europe (Albania, Latvia, Lithuania, Montenegro, Romania, Russia, Yugoslavia and Turkey)	Adverse childhood experiences and associations with health-harming behaviors in young adults: surveys in eight eastern European countries	Surveys with 10,696 young people in secondary and higher education	Sexual: early onset of sexual activity Social: smoking, alcohol and other drugs
3	Benoit; Downing, 2013; Child abuse & neglect, the US	Childhood sexual experiences among substance-using non-gay identified black men who have sex with men and women	Interviews with 33 black men who were sexually abused in childhood and have sex with men and women	Sexual: risky sexual behavior, selling sex, HIV Social: shame, use of alcohol and other drugs
4	Bunevicius et al., 2013; Journal of Women's Health, the US	The association of migraine with menstrually related mood disorders and childhood sexual abuse	Interviews with 174 women recruited through newspaper or radio ads	Psychological: depression Physical: migraine Social: use of alcohol and other drugs
5	Houston et al., 2013; Journal of Health Psychology, the US	Psychological pathways from childhood sexual and physical abuse to HIV/sexually transmitted infection outcomes among homeless women: the role of posttraumatic stress disorder and borderline personality disorder symptoms	Interviews with 190 single homeless women living in shelters	Psychological: PTSD, borderline personality disorder Physical: HIV/STIs
6	Lee et al., 2014; Journal of Health Psychology, the US	Childhood trauma and metabolic syndrome in men and women	Information from 1,234 adults aged 25-75 taken from the database of a health and aging study	Physical: metabolic syndrome
7	Lestrade et al., 2013; Child Abuse & Neglect, the US	High-risk sexual behaviors among depressed black women with histories of intrafamilial and extrafamilial childhood sexual abuse.	Information from 60 black women receiving treatment for depression taken from a trauma symptom inventory	Sexual: selling sex
8	Lira et al., 2017; Texto e Contexto Enfermagem, Brazil	Childhood sexual abuse and its impacts on adult life	Interviews with nine women with a history of sexual childhood abuse receiving treatment in a referral center	Psychological: low self-esteem, self-injury, suicidal behavior Physical: pregnancy Sexual: difficulty with orgasm, early onset of sexual activity, sexual aversion disorder, questioning of sexual orientation Social: leaving home (living in the street), drug use

it continues

Chart 2. Synthesis of included articles.

Nº	Author/Year/ Periodical/ Country	Title	Method	Impacts
9	Marshall et al., 2013; American Journal of Public Health, Canada	Longitudinal associations between types of childhood trauma and suicidal behavior among substance users: a cohort study	Questionnaires with 1,634 drug users aged at least 14 years with a history of childhood abuse	Psychological: suicidal behavior
10	Montgomery et al., 2015; BMC Pregnancy and Childbirth, UK	The re-enactment of childhood sexual abuse in maternity care: a qualitative study	Interviews with nine women and maternity health care professionals; review of their maternity care records	Psychological: PTSD
11	Sheffield et al., 2013; Comprehensive Psychiatry, the US	Childhood sexual abuse increases risk of auditory hallucinations in psychotic disorders	Interviews with 114 psychotic disorder patients from the inpatient unit and outpatient clinic of a psychiatric hospital and 81 healthy control subjects from the community	Psychological: psychotic disorders, auditory hallucinations
12	Swanson et al., 2014; Journal of Traumatic Stress, the US	The role of childhood trauma and PTSD in postpartum sleep disturbance	Questionnaires with 173 postpartum women	Psychological: difficulty sleeping
13	Thompson et al., 2014; Schizophrenia Bulletin, Australia	Sexual trauma increases the risk of developing psychosis in an ultra high-risk "prodromal" population.	Questionnaires with 233 young people aged 15-30 at ultra high-risk (UHR) of developing psychosis participating in a survey at a specialist "at risk" clinic for UHR young people	Psychological: psychosis
14	Tietjen et al., 2015; Neurology, the US	Recalled maltreatment, migraine, and tension-type headache: results of the AMPP study	Home questionnaire with 24,000 individuals who reported at least one episode of tension-type headache	Physical: migraine, tension-type headache
15	Ulibarr et al., 2015; Journal of Child Sexual Abuse, the US	Associations between mental health, substance use, and sexual abuse experiences among Latinas	Interviews with 204 Latina Mexican women aged 18-34 participating in a program providing nutrition and health education services for low-income women and children	Psychological: depression, PTSD Social: drug use
16	Wahab et al., 2013; Asia-Pacific Psychiatry, Malaysia	Young female survivors of sexual abuse in Malaysia and depression: what factors are associated with better outcome?	Questionnaires with 51 women aged 12 -20 attending a suspected child abuse and neglect clinic	Psychological: depression Social: family separation

strangers. This trauma can also trigger insomnia because individuals are in a constant state of alert

and may experience *nighttime agitation* when they manage to rest³¹. Although Swanson et al.³²

did not find an association between sexual abuse and sleep difficulties, they did show that when sexual abuse is combined with physical violence and/or neglect it can trigger sleep problems.

Another impact noted by Houston et al.²⁸ was borderline personality disorder, which is marked by instability of self-image and interpersonal relationships and psychotic episodes and linked to self-injury and attempted suicide³³. In this regard, Lira et al.²¹ found a relation between depression and suicide ideation, also highlighting that self-injury is one of the impacts of childhood sexual abuse. It is important to stress that self-injury is not necessarily linked to attempted suicide. Self-injury has a punitive connotation and the primary intention is to cause physical pain to suppress or minimize emotional pain³⁴, while with attempted suicide, although the individual decides to take his/her own life, he/she does not want to die, but rather release him/herself from intolerable pain³⁵. In this regard, Marshall et al.³⁶ noted an association between sexual abuse and suicide ideation.

Attempted suicide is also considered one of the signs of psychotic disorders, which, according to Sheffield et al.³⁷ and Thompson et al.³⁸, was also associated with childhood sexual abuse. People with psychotic disorders can also experience various types of hallucinations, including auditory hallucinations. Sheffield et al.³⁷ suggest that childhood sexual abuse confers a specific risk for auditory hallucinations. Although seeing and hearing things that do not exist outside the mind, such as imaginary friends, is a normal part of child development, these hallucinations should not continue after childhood. Thus, when auditory hallucinations become an enduring problem they may be sign of sexual abuse³⁹.

Physical impact

With regard to physical impact, it is important to highlight that psychoemotional illness is related to somatization process brought about by the experience of sexual abuse. Somatization is when the body converts mental problems into physical symptoms generally without any defined physiological cause. Somatization was evident in the articles in the form of headaches and metabolic disorders. Tietjen et al.⁴⁰ shows that people abused in childhood can experience tension-type headaches, while Bunevicius et al.²³ point to a greater chance of developing migraines without or with auras, where the latter is associated with vision or sensory disturbances.

With regard to metabolic syndrome, a study revealed that the prevalence of symptoms was greater in women who experienced sexual violence than in those who did not⁴¹. It is worth noting that metabolic syndrome is linked to compulsive eating, which in turn is associated with changes in habits after trauma, being characterized by the development of various conditions that can increase predisposition to cardiovascular diseases and diabetes⁴².

Sexual impacts

Lira et al.²¹ point out that one of the sexual impacts of childhood sexual abuse among women is pregnancy. This is aggravated by the fact that essentially unplanned and unwanted teenage pregnancy can lead to psychoemotional problems, particularly when it is the result of sexual abuse often perpetrated by a family member.

In addition to unwanted pregnancy, sexually abused children and adolescents can contract STIs. In this regard, a study undertaken in New York showed that women with a history of childhood sexual abuse were more likely to be diagnosed with HIV or other STIs²⁸. It is important to stress that contracting a STI increases predisposition to other STIs and that a delay in treatment can lead to future problems such as sterility, successive miscarriages, premature birth, neurological problems, and cancer⁴³.

Benoit and Downing⁴⁴ draw attention to gender identity conflicts, showing that men abused by other men in childhood and/or adolescence desire and get pleasure from having sex with other men in adulthood. By going against the heteronormative norms imposed by society, this situation can cause intense suffering. On the other hand, Lira et al.²¹ suggest that abuse survivors can create an aversion to relations with people from the same sex as the abuser, generating a feeling of ambiguity in relation to their own sexual orientation. In some situations, this aversion extends to sex, due to the disgust felt by victims towards touch and the referencing of past pain and suffering. The authors also suggest that, although victims may be able to have a relationship, they may still experience difficulties with orgasm²¹.

While some victims may have sexual difficulties, others may suffer from hypersexual disorder, leading to compulsive sexual behavior, including unprotected sex with strangers⁴⁵, increasing exposure to STIs. Hypersexuality can be common in childhood, when children begin to get to know their body. When parts of the body that provide

pleasure are stimulated, the child may begin to touch him/herself in attempt to repeat the sensation⁴⁶. Early sexual awakening tends to be damaging for the child's life, especially since children do not have the emotional maturity to deal with sexuality, as shown by Bellis *et al.*⁴⁷ and Lira *et al.*²¹.

In addition, not all cases of abuse are marked by pain, leading to confused feelings that run from pleasure and affection to fear of the abuser⁴⁸. Depending on the frequency of abuse, when this mix of sensations last, the victim can end up falling in love with the abuser⁴⁹. Another form of abuse is negotiation, when the abuser offers sweets, presents, money or even drugs in exchange for sex or caresses, whereby the victim may begin to understand sex as something that is sellable⁵⁰. In this regard, Lestrade *et al.*⁴⁵ show that 25% of the sample were offered money or drugs in exchange for sex.

Social impacts

Lira *et al.*²¹, Bellis *et al.*⁴⁷, Benoit and Downing⁴⁴, and Bunevicius *et al.*²³ showed that one of the impacts of sexual violence is drinking, smoking and the use of other drugs. This can be explained as a way of coping with the experience²¹, with victims using these resources to ease suffering, as it is known that some drugs induce a sense of well-being and euphoria and help forget traumatic memories⁵¹.

Drug use may also be a result of living on the street due to sexual abuse. Sexually abused children and adolescents often leave home to get away from the situation or may be kicked out because of family conflict, especially in cases where the abuser is a relative. In this regard, Lira *et al.*²¹ highlight that sexual abuse affects the individual and weakens the family structure.

The studies highlight the grave social impacts of sexual abuse, hampering the victim's development and realization of life potential. In this respect, the shame from sexual abuse affects the interpersonal relations of victims, who can become increasingly withdrawn. In a study detailing the experiences of men abused by other men, Benoit and Downing⁴⁴ illustrate the feeling of shame when describing the suffering caused by wounded masculinity and the fear of being identified as someone who was abused.

Withdrawn behavior can also make individuals more susceptible to revictimization, through either further sexual abuse or other types of violence. This is because victims use introspection as a defense mechanism, hindering disclosure

and thus making other events possible⁵². In this regard, Barrios *et al.*²⁷ found that women with a history of childhood sexual violence were 3.4 times more likely to suffer further sexual and physical abuse during their lifetime.

Although most of the impacts highlighted by the studies are seen in health services, the majority of health care professionals rarely associate these impacts with sexual abuse. This often means that victims go from service to service and fail to receive adequate treatment, prolonging the experience and resulting in new impacts. Due to the close contact they have with patients, nurses can play a key role in recognizing violence, reducing impacts and shortening the length of time of suffering of children and adolescents or people who were abused in childhood and/or adolescence.

Final considerations

The literature on sexual abuse in childhood and adolescence published between 2013 and 2018 show that this problem has psychological, physical, sexual and social impacts on the victims' lives.

It is important to highlight that these categories were used for presentation purposes and some impacts permeate others. For example, pregnancy resulting from rape has sexual, psychological and physical impacts. In addition, certain impacts can trigger others, jeopardizing the child's or adolescent's development.

Although the articles point to the impacts of sexual abuse, the order in which events took place was not clear and therefore it is not possible to identify causality. However, the findings clearly show that victims of sexual abuse are a particularly vulnerable group.

By identifying existing knowledge on the impacts of sexual abuse, the findings of this study can help alert health care professionals to the importance of investigating sexual abuse as a potential cause of the signs and symptoms mentioned by patients. Nurses play a key role within primary health care settings due to the close contact they have with patients and their families, which is fundamental to the process of establishing bonds, investigation and care. In this regard, the care provided to victims should not be limited to clinical treatment, but rather take into consideration the patient's history of violence in order to minimize its impact.

None of the articles highlighted impacts during childhood, which may be because the

studies were conducted with adults, who may not have linked some of the impacts to the experience of sexual abuse. It is also worth highlighting that memory bias may occur when participants are asked to recall events from the distant past. Further research on sexual abuse in childhood and adolescence should therefore be conducted with children and adolescents.

Collaborations

MA Cruz, LM Campos, FM Estrela and JGS Lírio participated in data analysis and interpretation and in writing the article, and approved the final version to be published. NP Gomes and MCO Whitaker participated in data analysis and interpretation, critically revised the article, and approved the final version to be published.

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Article submitted 04/02/2019

Approved 07/06/2019

Final version submitted 09/06/2019

Chief editors: Romeu Gomes, Antônio Augusto Moura da Silva