

Key messages from research on the impacts of child sexual abuse

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Key messages

Victim-survivors of child sexual abuse can be affected in a wide range of ways, but the nature and extent of the impacts experienced vary: no two people are affected in exactly the same way. This means that victim-survivors themselves are the best experts on how they have been and are being affected, and any attempt to understand the impact on an individual should begin with them.

We know from research that many victim-survivors report adverse impacts on their mental health and wellbeing, including anxiety disorders, depression, eating disorders and disturbances, sleep disruption and insomnia, and dissociation. Long-term clinical psychiatric diagnoses associated with child sexual abuse include post-traumatic stress disorder and personality disorders.

Child sexual abuse is associated with adverse physical health conditions in childhood and adulthood, some of which may be interconnected with the mental health impacts of abuse. General health, gastrointestinal health, gynaecological or reproductive health, pain (including in the immediate term from injuries or longer-term chronic conditions), cardiopulmonary health and body mass index may all be impacted.

Sexual abuse can affect children's psychosexual and psychosocial development and attachment, with impacts on sexual functioning as well as relationships in both adolescence and adulthood. While there is evidence of protective parenting practices by victim-survivors in adulthood, there may also be adverse parenting impacts including difficulties with creating and maintaining boundaries.

Factors influencing impact include the child's age when the abuse occurred, their relationship to the person who harmed, the duration of the abuse, other childhood experiences (including other forms of child abuse), attachment to non-abusing parents or carers, whether or not the abuse is discovered/disclosed, and responses to its discovery/disclosure (both in childhood and adulthood).

Impact may also be affected by the victim-survivor's sex, culture, ethnicity, disability status, sexual orientation and gender identity. It is therefore important to centre an understanding of intersectionality when thinking about the impacts of child sexual abuse.

There can be impacts beyond the child, especially on non-abusing parents, as well as on wider society. The financial and non-financial costs of contact child sexual abuse are estimated to run into billions of pounds.

A lot can be done to improve long-term outcomes for victim-survivors. Alongside secure attachment to non-abusing caregivers, social support and supportive responses following discovery/disclosure (including in adulthood) are the most important factors associated with improved emotional and behavioural outcomes. Consequently, professionals can play a key role in mitigating the impact of child sexual abuse for both children and adults.

Our 'Key messages from research' papers aim to provide succinct, relevant information for frontline practitioners and commissioners. They bring together the most up-to-date research into an accessible overview, supporting confident provision of the best possible responses to child sexual abuse.

This paper brings together learning from existing research on the impacts of child sexual abuse. It sets out what is known about impact across all forms of child sexual abuse, unless a particular form and/or context for sexual abuse is stated.

The term ‘children’ in this paper refers to individuals under 18 years of age.

What is child sexual abuse?

The UK Government’s statutory definition of child sexual abuse acknowledges that sexual abuse can occur across a range of forms and contexts (Department for Education, 2018). Both children and adults can sexually abuse children, and the abuse can take place in both intra- and extra-familial contexts. Child sexual exploitation is a form of child sexual abuse.

Technology-assisted abuse has many of the same impacts as offline abuse (Hamilton-Giachritsis et al, 2017; Palmer, 2015), although children sexually abused online are particularly unlikely to disclose it (Palmer, 2015).

Many people live with the impacts of being sexually abused in childhood. The CSA Centre’s analysis of a number of surveys suggests that at least 15% of girls and 5% of boys are sexually abused before the age of 16 (Karsna and Kelly, 2021).

Why do the impacts of child sexual abuse differ?

Victim-survivors of child sexual abuse can be impacted in a wide range of ways by the abuse, but the nature and extent of impact varies from one individual to the next (Kendall-Tackett et al, 1993; Saywitz et al, 2002). Although some key factors – such as the child’s age when the abuse occurred, their relationship to the person harming them, and the abuse’s duration – may influence the impact of child sexual abuse (Beitchman et al, 1991; Sneddon et al, 2016; Ullman, 2007), there is no conclusive agreement about this (Oddone Paolucci et al, 2001; Maniglio, 2009).

Establishing causality is difficult

The complex relationship between sexual abuse and other aspects of an individual’s life experiences means that, while a particular outcome may be strongly associated with child sexual abuse, it is not usually possible to state that the abuse is the *sole cause* of that outcome – especially where someone has also experienced other forms of child abuse or neglect (Fisher et al, 2017). It is common for victim-survivors to experience multiple forms of victimisation in childhood; over half of adults in England and Wales who reported being sexually abused before the age of 16 years also experienced another type of abuse, whether physical abuse, emotional abuse and/or witnessing domestic violence or abuse (Office for National Statistics, 2020).

Impacts may occur at different times, and may change over time

Individuals may feel the impacts of child sexual abuse at different points over the course of their lifetime (Jay et al, 2022; Truth Project, 2022), and the ways they are impacted can change from childhood to adulthood (Oaksford and Frude, 2003); furthermore, other forms of victimisation as a child and/or an adult can compound the impacts of sexual abuse (Scott et al, 2015).

Conversely, some adults who were sexually abused as children do not report significant adverse consequences in adulthood (Domhardt et al, 2015; Kendall-Tackett et al, 1993; Rind and Tromovitch, 1997), although the evidence on long-term impact is still building (Allnock, 2017; Oaksford and Frude, 2003). All of this means that victim-survivors themselves are the best experts on how they have been and are being affected, and any attempt to understand how an individual is impacted should begin with them.

Impacts are affected by social inequalities

An understanding of intersectionality – a recognition that people occupy multiple, overlapping identities and social positions (Crenshaw, 1991) – is crucial when thinking about the impacts of child sexual abuse. Intersectionality means that ascribing particular forms of impact to specific groups is complicated, but it is important to recognise differences where they exist.

Cultural context can play an important role in child sexual abuse, including influencing whether and how such abuse is reported and addressed by adults/professionals (Fontes and Plummer, 2010; Sanjeevi et al, 2018). Socio-cultural factors, including cultural norms, can create barriers to disclosure for victim-survivors from Black and minority ethnic groups (Children's Commissioner for England, 2015; Rodger et al, 2020). Social inequalities and discrimination can mean that children from these groups are also less likely to come to authorities' attention, face additional barriers to accessing statutory services, receive poorer-quality support, and may be more often targeted for exploitation (Bernard, 2019; Davis, 2019).

Victim-survivors of child sexual abuse may experience specific mental health impacts based on their biological sex (Fisher et al, 2017), although there is no conclusive agreement on this (Finkelhor, 1990; Rind and Tromovitch, 1997).

There are high rates of sexual abuse perpetrated against d/Deaf and disabled children as well as barriers to help-seeking for them (Jones et al, 2012; Miller and Brown, 2014), which may compound the impact of the abuse.

Homophobia within families and other environments can create a conducive context for sexual abuse and serve to silence children who identify as lesbian, gay, and bisexual (Xu and Zheng, 2015), as can stereotypes and stigma directed against transgender and queer/questioning victim-survivors (Gibson et al, 2022).

Taking an intersectional approach requires recognising that no one individual is identified by a single characteristic; victimisation occurs within the context of these multiple dimensions of someone's identity and social location (Lockwood et al, 2022).

What is known about impact?

Taking this understanding of variability into consideration, a range of impacts have been documented for victim-survivors of child sexual abuse in childhood and adulthood. The list below is not exhaustive but highlights some of the most strongly evidenced areas of impact in the literature.

Mental health and emotional wellbeing

Adverse impacts on mental health and wellbeing are regularly reported by victim-survivors, during both childhood and adulthood (Allnock et al, 2022; One in Four, 2015; Truth Project, 2022). Victim-survivors may experience anxiety disorders and depression (Hailes et al, 2019; Maniglio, 2010; Maniglio, 2013; Trickett et al, 2011); eating disorders and disturbances, particularly bulimia nervosa (Solmi et al, 2021; Wonderlich et al, 1997); and sleep disruption and insomnia (Steine et al, 2019), although sleep disturbance in general is common for all children so care is advised in using this as an indicator of sexual abuse (Faust et al, 2009).

As a coping response, victim-survivors may dissociate from the abuse, both while it is occurring and later (Hailes et al, 2019; Trickett et al, 2011). This can make it difficult to talk about what happened in the way that professionals and the criminal justice system sometimes require. Disclosing child sexual abuse can be a traumatic process, with both short-term and long-term effects on emotional wellbeing (Allnock et al, 2019; Arata, 1998; Feiring et al, 2002), especially where others have negative reactions to the disclosure (McTavish et al, 2019). However, victim-survivors have also indicated that delayed disclosure had a detrimental impact on their mental health (Bond et al, 2018). Disclosure can lead to intense feelings of shame and guilt, which may contribute to the onset of post-traumatic stress disorder (PTSD) (Feiring et al, 2002).

Many studies have highlighted a link between self-blame and low self-esteem for victim-survivors (Fergusson et al, 2013; Pérez-González and Pereda, 2015; O’Riordan and Arensman, 2007). These feelings of guilt and shame can have a lasting impact on emotional wellbeing, so that victim-survivors’ feel unworthy, have low self-confidence, distrust the genuineness of others, and fear discovery (Dorahy and Clearwater, 2012; Finkelhor and Browne, 1985; MacGinley et al, 2019). Shame also plays a key role in suicidality and suicidal ideation (Alix et al, 2017).

In the longer term, victim-survivors of child sexual abuse may be diagnosed with psychiatric disorders such as post-traumatic stress disorder (Fry et al, 2018; Maniglio, 2009) and borderline personality disorder (Cutajar et al, 2010; Elzy, 2011; de Aquino Ferreira et al, 2018). Importantly, the Independent Inquiry into Child Sexual Abuse (IICSA) noted that there has been a shift in how the links between adverse mental health outcomes and sexual abuse are understood, moving towards an understanding of these as adaptive rather than ‘disordered’ responses (Fisher et al, 2017).

Physical health

Impacts on physical and mental health are interconnected, and it is sometimes difficult to separate the two. For example, mental health issues may cause chronic insomnia, which in turn can impact physical health (Fernandez-Mendoza and Vgontzas, 2013). Self-harming behaviour, which victim-survivors may use to help regulate their emotions and mental health (Connors, 1996; Ford and Gomez, 2015), can also have significant consequences for physical health.

Immediate physical impacts of child sexual abuse may include injuries associated with penetrative abuse and sexually transmitted infections (Maniglio, 2009), as well as early-onset puberty for girls (Trickett et al, 2011). Although it is widely thought that child sexual abuse causes physical injuries or other physical impacts which can be identified through medical examination (Wurtele and Kenny, 2010), this is often not the case (Heger et al, 2002); the child’s own account remains the single most important diagnostic feature in identifying sexual abuse (Heger et al, 2002).

Longer-term, the impacts of child sexual abuse on victim-survivors' general physical health can include upper respiratory issues and gastrointestinal conditions such as irritable bowel syndrome (Irish et al, 2010; Nelson, 2002; Nelson et al, 2012). There can also be impacts on gynaecological or reproductive health (Trickett et al, 2011), including for women a greater fear of childbirth and increased difficulties with delivery and breastfeeding (Brunton and Dryer, 2021; Elfgen et al, 2017; Leeners et al, 2016). Victim-survivors may also suffer from chronic illnesses such as arthritis (Baiden et al, 2021) and cardiopulmonary symptoms (Kamiya et al, 2016); and are at higher risk of obesity or high body mass index, particularly for women (Mamun et al, 2007; Richardson et al, 2014).

Sex and sexual functioning in adolescence and adulthood

'Traumatic sexualisation' – the inappropriate development of sexuality, sexual feelings and attitudes (Browne and Finklehor, 1986) – is commonly considered a specific impact of child sexual abuse. This can affect an individual's sense of sexual satisfaction, sexual feelings and sexual actions (Guyon et al, 2022; Lacelle et al, 2012). In addition, impacts on sexual functioning – such as problems with sexual desire and sexual arousal – may become apparent for victim-survivors in adolescence and adulthood (Gewirtz-Meydan, 2022; Kristensen and Lau, 2011; Pulverman et al, 2018; Trickett et al, 2011). Together, the impacts on sex and sexual functioning can compound adverse impacts on mental and physical health, and on emotional wellbeing.

While sexual abuse is always a violation, sexually abused children can sometimes experience bodily responses often associated with pleasure, leading to a feeling of betrayal by the body (Shin and Salter, 2022). It may also lead them to initiate sexual activity with those abusing them, and/or with other people. This can develop into forms of harmful sexual behaviour in childhood towards adults or other children (Hackett, 2014) – but it is important to remember that most sexually abused children do not go on to abuse others, and most children displaying harmful sexual behaviour do not commit sexual offences as adults (McNeish and Scott, 2023).

Relationships and parenting

Sexual abuse can affect children's psychosocial development and attachment (Downs, 1993; Ensink et al, 2020) across different relationships in both childhood and adulthood (Davis and Petretic-Jackson, 2000). In the long term, sexual abuse in childhood can adversely impact relationship satisfaction, stability and emotional investment (Friesen et al, 2010; Liang et al, 2006). However, some victim-survivors report having an enhanced sense of empathy, which supports the development of fulfilling and connected interpersonal and intimate relationships (Jay et al, 2022).

Victim-survivors may experience difficulties with some aspects of parenting. These can include difficulties establishing boundaries between themselves and their children, being overly permissive as parents and/or using physical discipline (DiLillo and Damashek, 2003), struggling with attachment and being critical of their own parenting ability (Banyard, 1997; Jay et al, 2022), and – particularly for men – feeling fearful that they will abuse their children (Wark and Vis, 2018). Though there can be adverse impacts on parenting, victim-survivors can also demonstrate protective parenting practices, including confidence in their ability to protect their children from abuse (Jay et al, 2022).

Spirituality and religious belief

To date, evidence on the impacts of child sexual abuse on religious belief is limited almost exclusively to Christianity (Fisher et al, 2017). Some victim-survivors report lower levels of spiritual wellbeing and lower engagement in religious practice following abuse (Hall, 1995; Hurcombe et al, 2019); for children sexually abused within religious institutions, the impact on mental health can be compounded by the religious context (Hurcombe et al, 2019). However, faith can act as a protective factor against some of the adverse mental health and wellbeing impacts of sexual abuse, with some adult victim-survivors finding that their faith and spirituality provide psychological and emotional comfort (Domhardt et al, 2015; Gall et al, 2007).

Socio-economic and educational impacts

Child sexual abuse can have a negative impact on victim-survivors' educational attainment (Fry et al, 2018; Trickett et al, 2011), although engagement with education can be used by children as a coping strategy and act as a protective factor in mitigating the mental health impacts of sexual abuse (Domhardt et al, 2015; Williams and Nelson-Gardell, 2012). In adulthood, child sexual abuse can be associated with lower employment rates, incomes and self-reported financial stability (Barrett et al, 2014; Lee and Tolman, 2006; Fergusson et al, 2013). In many cases, it may be that the mental and physical health impacts of child sexual abuse are behind these lower socio-economic outcomes (Fisher et al, 2017).

Impacts are wider than the individual

Although this paper has focused on the impacts of child sexual abuse on victim-survivors, there are a number of wide-ranging impacts that extend beyond this, including impacts on families. Non-abusing mothers may experience impacts that mirror those of their sexually abused child (Breckenridge and Flax, 2016; Quadara et al, 2016), and this means that they also need support. Less is known about the impacts on other non-abusing family members including siblings (Fisher et al, 2017), or on fathers, friends and peers.

There is a social impact, including victim-survivors' increased use of and involvement with public services such as social services and the criminal justice and healthcare systems (Maniglio, 2009; Sneddon et al, 2016). The financial and non-financial costs relating to children who experienced contact sexual abuse in the year ending 31 March 2019 have been estimated to be at least £10.1 billion (Radakin et al, 2021).

What helps to improve long-term outcomes?

Both individual and social factors can mitigate the impact of sexual abuse on victim-survivors, both at the time and later in life.

Individual factors include attributing blame externally and having internal resources such as coping skills and self-esteem (Allnock and Hynes, 2011; Marriott et al, 2014). Education has also been highlighted as a protective factor (Domhardt et al, 2015).

In terms of social factors, secure attachment to caregivers can be key in mitigating the adverse impacts of child sexual abuse (Aspelmeier et al, 2007; Charest et al, 2019; Jardin et al, 2017). Support from non-abusing parents, particularly mothers, is associated with improved emotional and behavioural outcomes (Elliott and Carnes, 2001). Having support from family and friends is another key protective factor (Allnock and Hynes, 2011; Brunton et al, 2022; Pepin and Banyard, 2006).

Identifying child sexual abuse early and providing a supportive response can reduce long-term adverse impacts, as can support in adulthood (Truth Project, 2022). If responses – by professionals and others – are not supportive, or if the child anticipates that they will not be supportive, this can compound adverse impacts on mental health and emotional wellbeing, including by instilling shame and guilt (Allnock et al, 2019; Allnock et al, 2022). Conversely, non-judgemental and trauma-informed responses can improve victim-survivors' ability and willingness to seek support and disclose further (Easton et al, 2013; Hartley et al, 2015; McElheran et al, 2012).

Professionals can respond in compassionate and consistent ways to help mediate impacts, including by providing opportunities for children and adults to disclose child sexual abuse, believing disclosures, and recognising and responding to signs of child sexual abuse (Truth Project, 2022).

Help for professionals

There are evidence-based resources which give practical guidance and suggestions on creating a safe and supportive space where victim-survivors can explore the impacts of child sexual abuse and receive an appropriate response (Allnock et al, 2019; Glinski and Sabin, 2022; Sneddon et al, 2016); these include resources focused on victim-survivors with African and/or Caribbean heritage (Bernard, 2019; Davis, 2019). The CSA Centre has also published practice guidance on supporting non-abusing parents and carers (Parkinson, 2022) – a vital element in improving outcomes for victim-survivors of child sexual abuse (McCourt et al, 1998; Serin, 2018; van Toledo and Seymour, 2016).

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