



HJRS Link: [Journal of Academic Research for Humanities \(HEC-Recognized for 2023-2024\)](#)

Edition Link: [Journal of Academic Research for Humanities, 3\(3\) July-September 2023](#)

License: [Creative Commons Attribution-Share Alike 4.0 International License](#)

Link of the Paper: <https://jar.bwo.org.pk/index.php/jarh/article/view/316>

A TRAUMA, TOO OFTEN IN SILENCE; A CASE STUDY ABOUT PSYCHOLOGICAL IMPACT OF CHILD SEXUAL ABUSE IN PUNJAB, PAKISTAN.

Corresponding Author 1: **AZKA MURTAZA**, PhD Scholar, Department of Sociology & Criminology, University of Sargodha. Email: azka.qazi@yahoo.com

Co-Author 2: **PROF. DR. YASIR NAWAZ MANJ**, Chairman Sociology, Dean of Arts & Social Sciences, Government College Women University Sialkot. Yasir.manj@gmail.com

Paper Information

Citation of the paper:

(APA) Murtaza. Azka, Manj. Yasir, (2023). A Trauma, Too Often In Silence: A Case Study About Psychological Impact Of Child Sexual Abuse In Punjab, Pakistan. Journal of Academic Research for Humanities, 3(3), 105–115.

Subject Areas:

- 1 Humanities
- 2 Psychology

Timeline of the Paper:

Received on: 8-07-2023.
Reviews Completed on: 20-09-2023.
Accepted on: 21-09-2023.
Online on 22-09-2023.

License:



[Creative Commons Attribution-Share Alike 4.0 International License](#)

Recognized:



Published By:



Abstract

Child sexual abuse is an adverse harmful behavior against children, usually occurring in silence but leaving prolonged psychological impacts on survivors. The study was focused on investigating that what could be the possible psychological impact of child sexual abuse on survivors. The study aimed to find out the demographic and socioeconomic information of the respondents as well as to investigate the nature of the psycho-emotional health impact of child sexual abuse. The nature of the study was qualitative and the case study method was applied. The universe of the study was child sexual abuse survivors from Punjab, Pakistan. The simple random sampling technique was applied for the selection of districts and the purposive sampling technique was applied for the selection of courts and respondents. The sample size was comprised of 15 case studies and the tool for data collection was an interview guide containing semi-structured open-ended questions. The data was analyzed with the help of thematic analysis. Children are significantly vulnerable to sexual abuse in Pakistan and the study was primarily focused on its psychological impact. The study concluded that adverse experiences of sexual abuse during childhood had significant impacts on the individuals who suffered from it. The survivors have a persistent fear of revictimization, and they feel tense, and worried, and get scared easily. It is also concluded that several psychological/mental health problems such as Post-Traumatic Stress Disorder, anxiety, depression, hostile issues, and poor self-esteem are linked with "Silent abuse" known as "child sexual abuse".

Key Words: Trauma, Anxiety, Depression, Hostility, Stress.

Introduction

Child sexual abuse is a condition of psychological, physical, sexual, and economic harmful behaviors and acts against an individual below the age of eighteen years. It is worldwide a communal problem and has serious psychological, social, and physical impacts, which negatively influence on well-being, health, and personality development of children. It refers to undesirable sexual activity, in which the abuser uses threats or force against the victim and takes advantage of him or her in a state where the victim is not able to give consent (Malhotra & Srivastava, 2016). CSA is a form of abuse against children that is sexual or contact and the victim is below the age of 18 and the abuser is usually an adult or older than the victim. It impacts the nations, communities, educational institutes, families, and individuals (Antonowicz, 2010; Bernstein et al. 2003; Richter, L. & Higson-Smith, C. (2004). Child sexual abuse is one of the most serious social issues due to its high rate of occurrences and prolonged impacts. The prolonged impact of CSA includes several socio-psychological and behavioral problems in later life. It also involves depression, post-traumatic stress disorder (PTSD), and little self-worth (Kim, et al. 2009; Lemieux & Byers, 2008). A report qualitative analysis of child sexual abuse and exploitation of children was carried out by 'the Pakistani National Commission for Child Welfare and Development. The data was collected from seventy-four abused children, which showed that young girls are more vulnerable to molestation and sexual abuse by close ones in the family, known individuals, and neighbors, however, abuse in most cases of the boys occurred by unfamiliar persons and mentor figures and CSA is perhaps least recognized as well as smallest revealed types of abuse of children

in Pakistan due to a cultural taboo associated with the problem. The report also found that young children, especially around the age of ten years, are more vulnerable to sexual abuse. Such cases are mostly tackled at the domestic level and concerned authority i.e., police act upon certain incidents based on more violence and brutality, whereas media only report the more sensitive incidents (United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), New York, 2001). Sexual abuse of children is a compelling sexual activity with a youngster who is unable to give consensus. The influence of sexual abuse can vary from carnal to harsh emotional effects. There are several severe emotional issues caused by CSA such as poor self-esteem, anxiety, depression, substance abuse, and PTSD (Post-traumatic stress disorder. Even though sexual exploitation against children sexually is considered an invasive and abusive act in Pakistan, the matter usually goes unnoticed and unrecognized in the country. It majorly impacts persons, groups, and societies on a significant level. In the year 2012 about 3,861 occurrences of CSA were reported and in the year 2013, roughly 1,204 occurrences were reported (Aziz & Aziz, 2014).

A study was conducted on the cases of female sexual abuse survivors of incest during their childhood to understand the impact on emotional adjustment by finding the discrepancies between problem-focused and emotion-focused approaches. It was reported that there are more chances of facing depression and emotional stress if CSA survivors use the 'avoidance' approach. The problem-focused approach to gaining societal support is associated with greater possibilities of depression and stress. While detachment, an emotion-focused approach, was associated with lesser possibilities of societal dis-adjustment (Brand & Alexander,

2003). Many studies have found that the use of avoidance coping methods (e.g., denial, distancing, and disengagement) by CSA victims is associated with negative psychological outcomes (Bal, et al., 2003; Canton & Justicia, 2008). A retrospective study found that from January 2010 to December 2016, a total of 21,760 cases of CSA were reported. The occurrence of child abuse in Pakistan is reported as 41% (44% males and 39% females) of respondents reported facing at least one form (looking at private parts, pornography, touching private parts, speaking sexually, and/or intercourse) of sexual abuse during childhood. Most of the victims of child sexual were abused by their known people such as relatives, neighbors, peers, and friends. Child sexual abuse is concealed but a very distressing problem in each civilized society (Avais et al., 2020).

Significance of Study

Child sexual abuse is largely a widespread but newly known societal issue in Pakistan, which negatively impacts the well-being of the survivors. It is reported that in Pakistan eight cases of child sexual abuse are reported per day (Sahil, 2019). The preset study was significant because despite the statistics showing a considerable increase in the reported cases, the available literature on CSA is very limited and rare as the problem failed to gain due attention as much as needed. On the other hand, CSA is a very secretive offense, typically occurring in private and leaving no signs behind which makes the detection very difficult. There are several challenges and barriers regarding disclosure, reporting, and further proceedings of the case. A societal issue cannot be effectively handled till there is identification and awareness of the issue. Contradicting a problematic condition exists and putting the responsibility somewhere

else is a usual and ordinary response to seeing the taboo surrounding CSA. There is a stigma attached to speaking about sexual exploitation and abuse due to cultural barriers, which make it harder to report and discuss such occurrences. Ultimately, the trauma and its severe impacts remained unresolved in the children which negatively impacted the wellbeing of the children. These apprehensions confirm that CSA is way down the line in the list of priorities. The present study set out to fill an apparent gap in information about child sexual abuse in Pakistan by providing more actualities concerning psychological impacts on CSA survivors.

Research Objectives

1. To find out the demographic & and socioeconomic information of the respondents.
2. To find out the nature of the psychological impact of child sexual abuse.
3. To study the emotional well-being of victims affected by traumatic experiences.

Research Questions

1. What was the demographic and socioeconomic information of the respondents?
2. What was the possible psychological impact of Child sexual abuse on survivors?

Research Methodology

The nature of the study was qualitative and the case study method was applied. The universe of the study was child sexual abuse survivors from Punjab, Pakistan. A simple random sampling technique was applied for the selection of districts, i.e., Chakwal, Rawalpindi, Sargodha, and Lahore, and a purposive sampling technique was applied for selecting courts and respondents. The sample size was comprised of 15 case studies and the tool for data collection was an interview guide containing semi-structured open-ended questions. The data was

collected using diaries, notes, and pens and no audio/video clips were made due to the sensitivity of the problem. The researcher also used pseudonyms to keep the identity of the respondents confidential and no personal identity was disclosed. The data was analyzed with the help of thematic analysis.

Literature Review

Recently, it has found that this situation has been changed. The foreseeable acknowledgment of child sexual abuse is vital and this extensive matter for children found recently in all states and every social, verbal, and financial background. The conception that child sexual abuse fetches wide-ranging dangers to the physical and psychological well-being of the child transversely lifetime is still additionally new (ISPCAN, 2011). Banyard et al. (2004) mentioned that some researchers have identified the mental effects of CSA on either male or female survivors, while some identified the comparison of both genders. It is found that females reported greater chances of experiencing anxiety and depression than their male counterparts. Finkelhor, (1990) also reported this aspect with a small difference as women greatly experience internalizing issues such as hopelessness, anxiety, and stress, on the other hand, men reported externalizing problems such as aggression and substance abuse. Another study mentioned that the diverse nature of the expression of anger is due to sociocultural acceptance of showing anger from males, as opposed to other emotions such as sadness and distress Crowder, (1995).

Lalor, K. & McElvaney, R. (2010) asserted that CSA is associated with adverse psychological outcomes such as anxiety, poor self-esteem, and depression. Other factors may include sexual revictimization,

high-risk sexual behavior, having multiple partners in adulthood, teenage pregnancy, and adult sexual assault. Campbell, Raja (1999); & Ullman, (1996) reported that disclosing to both formal and informal sources and having worsened psychological health symptoms as well as deferred recovery from trauma and hurdles in further disclosure leads to secondary victimization. Ahrens, (2006) narrated that Suffering secondary victimization is also linked with discouraging the survivor from trying revelation again, which impacts the silencing of them. Pazdera et al., (2013) concluded that depression is constantly linked with the traumas caused by childhood sexual abuse. Fergusson & Mullen, (1999) found that the incidents of child sexual abuse negatively affect the survivors such as relational difficulties in adulthood, revictimization, and parenting difficulties. The survivors may also experience extreme distress, which can impact the mental health of them. The impact of child sexual abuse on the mental health of the survivors varies according to gender. Maniglio, (2009) concluded that CSA is observed as a hurtful incident that devastatingly influences the feelings of the survivors about themselves as there are issues of poor self-esteem and feeling of meagerness. Child sexual abuse is considered a risk factor in the development of psychopathology. Macy & Johns, (2011) reported that the conditions of post-traumatic stress disorder are considered mental health disorders. Andrews et al., (2004) found that significantly higher levels of depression along with other psychological difficulties in adulthood are associated with outcomes of contact sexual abuse. Briere & Elliott, (2003); and Cutajar et al., (2010) concluded that CSA involves penetration related to elongated term trauma as well as mental health symptoms. Briere & Elliott,

(2003); Molnar et al., (2001) mentioned that extent and rate of recurrence are related to long-term psychological trauma-related symptoms. Molnar et al., (2001) mentioned that intimidation or vigor and relation to the abuser is linked with long-term mental health symptoms.

Some researchers found that child sexual abuse is incorrectly associated with negative impacts. Walters (1975) emphasized that certain myths are found regarding the long-term psychological impacts. He added that harm caused by sexual abuse experiences is linked with the aspects extrinsic to CSA. The greater emotional impairment is rooted in the interpretation of the exploitation and ways of handling the situations by the parents, law implementation, school administrators, medical staff, and social workers and not from the abuse. Maniglio, R. (2015) found that there is a correlation between child sexual abuse and conduct disorder. There are strong chances of conduct disorder due to child sexual abuse when the child has experienced repeated episodes of sexual abuse involving penetration and molestation. It is also found that such children also face dangerous situations and relationships which lead to sexual revictimization. Smolak & Murren, (2002) reported that there are adverse psychological impacts of child sexual abuse as it is associated with psychological health syndromes such as depression, anxiety, eating disorders, dissociative disorders, post-traumatic stress disorder, obsessive-compulsive symptomology, and borderline personality disorder. Murthi & Espelage (2005) reported that child sexual abuse is associated with a higher level of distress among young children especially under the age of 12 years in comparison to individuals who are above the age of 12 years at the time of abuse. Filipas & Ullman, (2006);

Leahy et al., (2004); Ullman, (2007) described the association an individual has with the committer as also believed to moderate the linked impacts of child sexual abuse on a child. Filipas & Ullman (2006); Ullman (2007) narrated that there is certainty to experience more symptoms of post-traumatic stress disorder in children who were sexually abused by a recognized and trusted committer, as well as family members than those whose committers are less acquainted.

Results & Discussions

Child sexual abuse is a complex adverse experience associated with many difficulties and challenges for survivors. Regarding psychological impact, it is found in the study that several psychological problems, as well as emotional well-being issues such as anxiety, post-traumatic stress, depression, anger, and hostile issues as well as poor self-esteem, are significantly associated with child sexual abuse. These adverse experiences negatively impact the psychological well-being of the survivors. After experiencing child sexual abuse, the survivor may feel inadequate generating emotional problems such as post-traumatic stress, depression anxiety, anger, and hostile issues as well as impaired senses of self.

Post-Traumatic Stress Disorder

The study found that children could experience intense to fewer symptoms of post-traumatic stress disorder after experiencing sexual abuse. It is found that young children have more severe symptoms of stress than older children.

As a female child respondent reported as;
I have stressful feelings about the repeated episodes of traumatic incidents and recall the memories. I wake up at night due to bad nightmares about the traumatic events. I was emotionally very upset about the

incident, and it continued for a long time, I felt numb and unable to reveal it. It was a terrible experience in my life. (Sonia)

And a male child respondent reported as;
"I have upsetting thoughts and bad dreams about the distressing happening as people advised me to keep silent over the issue as it is embarrassing for a future man to be identified as a sexual abuse victim in society. This caused so much tension for me as people other than me were not very sympathetic towards me. I lost interest in my daily routine activities as I did not want to interact with people. I felt that I was unable to cry." (Haris)

It is revealed that the survivor of sexual abuse could experience distressful thoughts and bad nightmares about the incident happening creating tension, disturbance in sleep, fear, and lack of interest in life. The present study found that respondents claimed the symptoms of PTSD. These findings are consistent with existing literature as Jumper, (1995) also concluded that CSA is associated with emotional problems such as hopelessness, anxiety, and post-traumatic stress disorder. Murthi & Espelage (2005) also reported that children who experience sexual abuse below the age of twelve years have greater symptoms of distress than those who are older than twelve years of age. The existing research also concluded that delaying or suppressing disclosure as well as a non-revelation of child sexual abuse inclined to be linked with emotional pain (Herbert, et al., 2009) and post-traumatic stress disorder (Ahrens, 2010).

Anxiety

The study found that the adverse experiences of sexual CSA have significant impacts on the individuals who suffer from it. The study identified that survivors are in constant fear of revictimization, and they feel tense, worried, and scared easily. Sexual

abuse is a cultural taboo to talk about and survivors are forced to keep silent and not disclose it to anyone. They faced severe threats from abusers for hiding the incidents which created so much emotional tension and fear about danger of recurrences. It was found that most of the respondents reported the symptoms of anxiety and associated symptoms.

As a respondent reported that;

"After the incident, I usually feel tense like something terrible will happen again as my perpetrator is residing in the same area. I felt worried, anxious, and scared." (Rafia)

The existing studies also determined that childhood sexual abuse is related to the symptoms of anxiety later in life. Apprehension symptomology, considered in the DSM-IV (APA, 2000) as bodily fluctuations (e.g., amplified heart rate, perspiration), prevalent emotional state of strain or fear, and evading of anxiety aggravating stimuli, have been linked with suffering child sexual abuse (Spataro, et al., 2004). Fossati, et al, (1999) and Smolak & Murren, (2002) also concluded that CSA is associated with psychological health problems i.e., PTSD, hopelessness, and anxiety as well as problems related to dietary and eating habits.

Depression

It is found that experiencing CSA is allied with the symptoms of depression. The study identified that the symptoms of depression include overreaction to situations, hands trembling, feelings of panic in tense situations, getting scared, and feeling of being meaningless or worthless. It also includes dejection or desolation, unimportance, or extreme or inappropriate self-blame. It is reported that survivors of CSA experience the symptoms of depression.

As a respondent also reported as;
"I felt that I had increased my heart rate while remembering the old sad memories about the incident and often had trouble breathing. I felt that I was unable to forget about it. I also try to avoid my daily routine activities." (Hina)

A male respondent also reported that;
"I was having very stressful thoughts about the incident. I was suggested to keep silent over the issue as it is embarrassing for a male to be identified as a sexual abuse victim in this society. This entire situation caused so much tension for me. I was having less interest in participating in daily activities. I also felt hopeless, uneasy, scared, and disconnected." (Azan)

The findings of this study are consistent with the existing literature as [Maniglio, \(2010\)](#); & [Neumann et al., \(1996\)](#) concluded that persons who suffered adverse experiences of CSA could be influenced by depressing signs later in their lifetime. It is also explained according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; [APA, \(2000\)](#); American Psychological Association, mentioned that the standards for depression include emotional state of desolation or desolation, unimportance, or extreme or unsuitable culpability).

[Reza et al., \(2009\)](#) also described that childhood sexual abuse is also associated with emotional problems, such as depression and anxiety, that can carry on into later life and affect social relationships and economic productivity. As [Pazdera et al., \(2013\)](#) also reported that child sexual abuse is linked with depression among individuals.

Hostility and Anger Issues

CSA is an intricate issue that leaves adverse impacts on the lives of the survivors. It is identified that hostility, irritation, and anger issues have significant impacts on the

personalities of sexual abuse survivors. Due to feeling discriminated, suppressed, and unfair treatment, they may get irritated and triggered a lot as an outcome. It is found that childhood sexual abuse is associated with hotheadedness, volatility, and anger-related issues.

As a female respondent reported;
"After the incident, I usually get irritated, and small things triggered me a lot. I shout and show my anger outbursts more often, which made my some of family members dislike me." (Asma Alia)

It is revealed in the study that sexual abuse incidents are linked with hostile and anger-related behaviors in survivors. it is also a strong prospect that children use anger and hostile behavior as a defense mechanism against them or they get irritated destructive acts of the perpetrators. These findings are consistent with existing studies in which it is concluded that psycho-emotional upshots are allied with CSA which contain self-worth diminishing, anger, irritation, and hostility problems ([Klonsky & Moyer, 2008](#); [Rind & Tromovitch, 1997](#); [Rind, et al., 1998](#)).

Impaired Self Esteem

It is also identified that the findings of this study in respect to having low self-esteem after facing sexual abuse in childhood.

A respondent also reported that;
"I can't face society and felt embarrassed as my worth towards society has been ruined completely. I felt so isolated, and powerless. It is very tough to survive being the sexual abuse victim." (Hina)

In a previous study [Aneshensel, \(2015\)](#) reported that societal assistance and well-being are primary circumstantial aspects that could shield the adverse impact of strain on individuals' perception of themselves. The CSA survivors who mostly the fewer chances

of getting communal or societal assistance are at a greater happenings of adverse impacts. Is found that the significant psychological and behavioral impacts are found due to child sexual abuse in children and created issues regarding self-esteem impairment, and perceiving oneself as socially and societal estrangement (Klonsky & Moyer, 2008).

Conclusion

It is concluded that several psychological problems and mental health issues such as post-traumatic stress, anxiety, depression, anger, and hostile issues as well as poor self-esteem are significantly associated with child sexual abuse. These adverse experiences negatively impact the psychological well-being of the survivors. Survivors of sexual abuse could experience distressful thoughts and bad nightmares about incidents happening creating tension, disturbance in sleep, fear, and lack of interest in life. The adverse experiences of sexual abuse during childhood have significant impacts on the individuals who suffer from it. The study identified that survivors are at the persistent fear of revictimization, and they feel tense, worried, and get scared easily. Child sexual abuse is associated with the symptoms of depression. The study concluded that most survivors of CSA experience the symptoms of depression. The hostility, irritation, and anger issues as well as impaired self-esteem have significant impacts on the personalities of sexual abuse survivors.

Recommendations

The study provided some necessary recommendations to reduce the psychological impact of child sexual abuse on survivors, which are given as;

- The children's rights are mentioned in the legislation, and it is the basic right of children to grow up in a healthy environment. However, the problem is

the gap between the theoretical and practical nature of the legislation for child protection. There is a strong need to evaluate the status of children regarding the moral responsibility of society and implementation of the legislation for child protection for providing a sexually abuse-free childhood to all children.

- It is also recommended that children should be discouraged from receiving gifts from people and unnecessary interaction with potential abusers should be discouraged.
- The children who are sexually abused should be provided the foster care from their near ones, which will reduce the negative impacts of child sexual abuse. Parents and families should be emotionally supportive in this regard as they are seen as the primary caregivers and protectors.
- Survivors should not be blamed for such adverse happenings. Children should be assured that dishonor is not linked with being the victim. They are not responsible for such happenings.
- A culture of silence over such matters increases the children's vulnerability. So, it should be discouraged.
- Child sexual abuse survivors face stigmatization and disdainful behaviors of people throughout their lives, which is extremely harmful to self-image, and their perception about self-worth and becomes the cause of self-harm among them. It is highly recommended that people should be educated through school-based programs and media-based campaigns about the sensitivity of the problem.
- Children should be provided the legal support to get justice.

- Children should also be provided with immediate medical and psychiatric support by the government.

References

- Ahrens, C.E. (2006). Being silenced: The impact of negative social reactions on the disclosure of rape. *American Journal of Community Psychology*, 38, 263- 274.
- Ahrens, C.E., Stansell, J., & Jennings, A. (2010). To tell or not to tell: The impact of disclosure on sexual assault survivors' recovery. *Violence and Victims*, 25(5), 631-648.
- Andrews, G., Corry, J., Slade, T., Issakidis, C., & Swanston, H. (2004). *Child sexual abuse: Comparative quantification of health risks*. Geneva, Switzerland: WHO.
- Aneshensel, C.S. (2015). Sociological inquiry into mental health: The legacy of Leonard I. Pearlin. *Journal of Health and Social Behavior*, 56 (2), 166-178.
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders DSM-IV*. Washington DC: American Psychiatric Association.
- Antonowicz, L. (2010). Too Often in Silence: A Report on School-Based Violence in West and Central Africa. UNICEF, Plan West Africa, Save the Children Sweden, and Action Aid. Retrieved October 5, 2012 http://www.unicef.org/wcaro/VAC_Report_english.pdf.
- Avais MA, Narijo H, Parker M. (2020) A Review of Child Sexual Abuse in Pakistan Based on Data from "Sahil" Organization. *J Islamabad Med Dental Coll*. 2020; 9(3): 212-218. Doi: 10.35787/jimdc.v9i3.412
- Aziz, A.S & Aziz, A.S, (2014); child sexual abuse leads toward psychological disorders: Literature Review; *El-mednifico Journal*; Retrived by <https://www.researchgate.net/publication/276162315>.
- Bal, S., Van, P.O., Bourdeaudhuij, I. & Crombez, G. (2003). Avoidant coping as a mediator between self-reported sexual abuse and stress-related symptoms in adolescents (*Child Abuse & Neglect, Volume 27, Issue 8, Pages 883-897*).
- Banyard, V.L., Williams, L.M., & Siegel, J.A. (2004). Child sexual abuse: A gender perspective on context and consequences. *Child Maltreatment*, 9, 223-238.
- Bernstein DP, Stein JA, Newcomb MD, Walker E, Pogge D, Ahluvalia T, et al. Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse & Neglect*. 2003;27:169–190.
- Brand, B.L & Alexander, P.C. (2003); Coping with incest: The relationship between recollections of childhood coping and adult functioning in female survivors of incest; *Journal of Traumatic Stress* 16(3):285-93 DOI: 10.1023/A:10237043 09605
- Briere, J. & Elliott, D. M. (2003). Prevalence and psychological sequelae of selfreported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, 27, 1205–1222.
- Campbell, R., & Raja, S. (1999). Secondary victimisation of rape victims: Insights from mental health professionals who treat survivors of violence. *Violence and Victims*, 14(3), 261-275.
- Cantón D., Justicia F. (2008) Afrontamiento del Abuso Sexual Infantil y Ajuste Psicológico a Largo Plazo [Coping with child sexual abuse and long-term psychological adjustment] *Psicothema*. 2008;20:509–515. [PubMed] [Google Scholar]
- Crowder, A. (1995). *Opening the door: A treatment model for therapy with male survivors of sexual abuse*. Chicago, IL: Routledge.
- Cutajar, M. C., Mullen, P. E., Ogloff, J. R., Wells, D. L., & Spataro, J. (2010). Psychopathology in a large cohort of sexually abused children followed up to 43 years. *Child Abuse & Neglect*, 34, 813–822.
- Fergusson, D.M., & Mullen, P.E. (1999). *Childhood sexual abuse: An evidence based perspective*. Thousand Oaks, CA: SAGE Publications, Inc.

- Filipas, H. H., & Ullman, S. E. (2006). Child Sexual Abuse, Coping Responses, Self-Blame, Posttraumatic Stress Disorder, and Adult Sexual Revictimization. *Journal of Interpersonal Violence*, 21(5), 652–672. <https://doi.org/10.1177/0886260506286879>.
- Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. *Professional Psychology: Research and Practice*, 21, 325-330.
- Fossati, A., Madeddu, F., & Maffei, C. (1999). Borderline personality disorder and childhood sexual abuse: A meta-analytic study. *Journal of Personality Disorders*, 13, 268–280
- Herbert, M., Tourigny, M., Cyr, M., McDuff, P., & Joly, J. (2009). Prevalence of childhood sexual abuse and timing of disclosure in a representative sample of adults from Quebec. *The Canadian Journal of Psychiatry*, 64(9), 631-636.
- International Society for the Prevention of Child Abuse and Neglect (ISPCAN). (2011). ISPCAN 'DENVER THINKING SPACE' 2011: *Child Sexual Abuse An International Perspective on Responding to Child Sexual Abuse*. Retrieved from <http://c.ymcdn.com/sites/www.ispcan.org/resource/resmgr/docs/ispcandeverthinkingspace.pdf>
- Jumper, S. A. (1995). A meta-analysis of the relationship of child sexual abuse to adult psychological adjustment. *Child Abuse and Neglect*, 19, 715–728.
- Kim, J., Talbot, N. L., & Cicchetti, D. (2009). Childhood abuse and current interpersonal conflict: The role of shame. *Child Abuse & Neglect*, 33(6), 362–371. <https://doi.org/10.1016/j.chiabu.2008.10.003>
- Klonsky, E. D., & Moyer, A. (2008). Childhood sexual abuse and non-suicidal self-injury: Meta-analysis. *British Journal of Psychiatry*, 192, 166–170.
- Lalor, K. and McElvaney, R. 2010. Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma Violence and Abuse* 11(4) 159-77 [URL: <http://tva.sagepub.com/content/11/4/159.short?rss=1andsource=mfr>]
- Leahy, T., Pretty, G., & Tenenbaum, G. (2004). Perpetrator methodology as a predictor of traumatic symptomatology in adult survivors of childhood sexual abuse. *Journal of Interpersonal Violence*, 19, 521-540.
- Lemieux, S. R., & Byers, E. S. (2008). The sexual well-being of women who have experienced child sexual abuse. *Psychology of Women Quarterly*, 32(2), 126–144. <https://doi.org/10.1111/j.1471-6402.2008.00418.x>
- Macy, R. J., & Johns, N. (2011). Aftercare services for international sex trafficking survivors: Informing U.S. service and program development in an emerging practice area. *Trauma, Violence & Abuse*, 12(2), 87–98. doi:10.1177/1524838010390709.
- Malhotra, D. M., & Srivastava, D. A. (2016). Child Sexual Abuse and Personality Development. *International Journal of Multidisciplinary Research Review*, 1(3), 46. Retrieved 2016, from www.imjdr.com/downloads/3103201610.pdf
- Maniglio R. (2009) The impact of child sexual abuse on health: A systematic review of reviews. *Clin Psychol Rev*. 2009;29(7):647–657. <http://dx.doi.org/10.1016/j.cpr.2009.08.003>
- Maniglio, R. (2015). Significance, nature, and direction of the association between child sexual abuse and conduct disorder: A systematic review. *Trauma Violence & Abuse* 16(3) 241-57 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/24626460>]
- Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001). Child sexual abuse and subsequent psychopathology: Results from the national comorbidity study. *American Journal of Public Health*, 91, 753–760.
- Murthi, M., & Espelage, D. (2005). Childhood sexual abuse, social support and

- psychological outcomes: A loss framework. *Child Abuse and Neglect*, 29, 1215-1231.
- Neumann, D.A., Houskamp, B.M., Pollock, V.E., & Briere, J. (1996). The long-term sequelae of childhood sexual abuse in women: A meta-analytic review. *Child Maltreatment*, 1(1), 6-16.
- Pazdera, A. L., McWey, L. M., Mullis, A., & Carbonell, J. (2013). Child sexual abuse and the superfluous association with negative parenting outcomes: The role of symptoms as predictors. *Journal of Marital & Family Therapy*, 39(1), 98-111. doi:10.1111/j.1752-0606.2011.00272.x
- Reza, A., Breiding, M. J., Gulaid, J., Mercy, J. A., Blanton, C., Mthethwa, Z., Bamrah, S., Dahlberg, L. L., Anderson, M. (2009). Sexual violence and its health consequences for female children in Swaziland: a cluster survey study. *Lancet*; 373(9679), 1966-72.
- Rind, B., & Tromovitch, P. (1997). A meta-analytic review of findings from national samples on psychological correlates of child sexual abuse. *Journal of Sex Research*, 34, 237-255.
- Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin*, 124, 22-53.
- Sahil (2019) Cruel Numbers (2019) Retrieved from <http://sahil.org/wp-content/uploads/2019/04/Cruel-Numbers-2019.pdf>
- Smolak, L., & Murnen, S. K. (2002). A meta-analytic examination of the relationship between child sexual abuse and eating disorders. *International Journal of Eating Disorders*, 31, 136-150.
- Spataro, J., Mullen, P.E., Burgess, P.M., Wells, D.L., & Moss, S.A. (2004). Impact of child sexual abuse on mental health: Prospective study in males and females. *British Journal of Psychiatry*, 184, 416-421.
- Ullman, S.E. (1996). Correlates and consequences of adult sexual assault disclosure. *Journal of Interpersonal Violence*, 11(4), 554-571.
- Ullman, S.E. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse*, 16(1), 19-36.
- United Nations Economic and Social Commission for Asia and the Pacific Report on "Sexually abused and sexually exploited children and youth in Pakistan: a qualitative assessment of their health needs and available services", (ESCAP), New York, 2001.
- Walters, D. R. (1975). *Physical and sexual abuse of children: Causes and treatment*. Bloomington: Indiana University Press.