SEXUAL ABUSE IN CHILDHOOD: RELATIONSHIP WITH POST-TRAUMATIC STRESS DISORDER

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Abstract:
This study is a systems research that aims to investigate whether children who have been sexually abused develop post-traumatic stress disorder. Research has shown that traumatic events in a person’s life such as an accident, a natural disaster, and sexual abuse are directly related to the development of PTSD, as demonstrated by the research used in this thesis. The paper was guided by PRISMA 2020, which helped guide the research. The surveys used for the paper were 8 (n=8) and involved children who had been sexually abused between the ages of 1-17 and developed PTSD and in some cases in co-morbidity with other mental disorders. The surveys were briefly analyzed and then converted into tables for easier understanding. An important finding from the surveys is that children who have been sexually abused over the age of 6 have higher rates of PTSD and also higher rates than children who have been diagnosed with PTSD but have not been sexually abused. Surely, several factors such as gender, age, and frequency play a role in the development and comorbidity of mental disorders. Of course, as child sexual abuse is a sensitive and topical problem, further research is necessary as well as the development of a treatment focused on child sexual abuse.

Keywords: sexual abuse, childhood, post-traumatic stress disorder, PTSD, comorbidity, mental disorders

1. Introduction

Child abuse is undeniably a major social problem, which appears in all eras and societies, with tragic consequences on the development of the child. Since the middle of the last
century the acuteness and extent of the problem mobilized institutions and scientists to approach and highlight it and above all to secure the rights of childhood.

Greece ratified the Convention on the Rights of the Child on December 2, 1992, and in the last decade, there have been many efforts and actions by Greek non-governmental organizations (e.g., Smile of the Child, SOS Children’s Villages) dealing with children to mobilize everyone on children’s rights. However, in recent years there has been an increase in crime against children and the spread of child pornography. Statistics reveal that more than 1/3 of the cases of general abuse refer to sexual abuse of children with 80% of the abuse occurring within the family by people children trust and/or have a daily relationship with (Home Affairs EU, 2023). According to the Smile of the Child Organization, a 2006 survey on child sexual abuse in Greece showed that in a small sample of 18–20-year-olds, 17% of girls and 7% of boys had been sexually abused before the age of 18 years. The rape was committed by a relative, by someone less known to the child or by a stranger. It is worth noting that the children most at risk are those in social isolation, and poverty, children from families with various problems, migrant children, as well as those growing up on the streets (Home Affairs EU, 2023).

Recently, more and more cases of sexual abuse of minors are becoming known and the most presented cases by the press are those of rape, incest, child seduction, pimping, and sexual indecency. In the vast majority of cases, the perpetrator knows or is related to the victim and the crime is committed in the residency of the perpetrator or the victim (Home Affairs EU, 2023). Even though there is no absolute agreement among experts on the definition of Childhood Sexual Abuse (CSA) because each group approaches the subject from a different point of view, according to the Council of Europe, CSA is defined as: (a) engaging in sexual activities with a child who, according to the provisions of the national law, has not reached the legal age for sexual activities and (b) engaging in sexual activities with a child, where coercion, violence, and threats are used, or the abuse is committed from a recognized position of trust, authority or influence over the child (e.g. within the family) (Zerva, 2023) However, even without a commonly accepted definition of abuse, the general consensus is that CSA is one of the most traumatic experiences in a child’s life. It should also be stressed that any form of violence against children, including sexual violence, is accompanied by other abusive behaviors such as bullying, isolation, and exploitation, i.e., emotional abuse (Zerva, 2023).

Regarding the phenomenon of physical abuse of children, various theoretical models have been developed over time. Initially, in 1962 Kempe and his colleagues created a psychopathological model, focused on the problems of mental health and the adjustment of parents. During the 1970s, under the state of classical epidemiological sociological research in the USA, the phenomenon was attributed to social structural factors, such as poverty and unemployment. The role of the child himself through his characteristics led to the theory of the "special victim" that was quickly abandoned in 1980 when Blesky developed the ecological model, which is a holistic approach to the phenomenon (Agathonos-Georgopoulou, 1999; Belsky, 1993). According to this, parents who have been abused in the past by their own parents have an increased likelihood of abusing their own children. Pursuant to Kaufman and Zigler violence, antisocial
behavior, and aggression assimilated during childhood can then be expressed in adulthood (Kaufman & Zigler, 1989). To that end, the individual adopts a certain model of behavior, which they later reproduce as parents to their own children. Another study conducted by Simons and colleagues in 1991, concluded that corporal punishment is highly related to the parents’ educational level, their beliefs and philosophies about the meaning of discipline, and how it should be imposed on children (Simons, Whitbeck, Conger & Chyi-In, 1991).

In Greece, the number of studies carried out to date regarding child abuse is limited, the samples are small and the generalization of their results is difficult. This study is a systematic research-review based on PRISMA 2020 and the main question of the paper is whether childhood sexual abuse (CSA) is associated with the presence of post-traumatic stress disorder (PTSD) symptomatology. In this regard, some studies have also shown that children who have been sexually abused and diagnosed with mild symptoms of PTSD meet some criteria for the future development of post-traumatic stress disorder. Individual questions that arise from the main question of the research are: (a) whether children who have been sexually abused and diagnosed with PTSD show other mental disorders and (b) what is the efficacy of treatment on children with PTSD (Page et al., 2021a).

2. Method

The criteria for selecting the studies for the systematic review were:

a) the title of the article to contain the words "Child Sexual Abuse and the Development of Post-Traumatic Stress Disorder"/"Child Sexual Abuse and PTSD",
b) the age of the abused children ranges between 1 to 17 years, although the development of PTSD could also occur in adulthood,
c) to have free access to the full text without the need to contact the author or publisher, in order to save time and money -although the number of these articles was relatively small (n=15),
d) the publication date to be between 2018-2023, as the Diagnostic and Statistical Manual of Mental Disorders (DSM) has evolved in recent years and the aim was to keep the work as up-to-date as possible.

The surveys were to be selected either in English or Greek but all the surveys used in this review are in English, as the Greek literature on this topic is limited. Finally, the collected studies did not only refer to PTSD but also to other disorders such as depression, anxiety, somatoform, and personality disorders. Studies in which the answer to the main question of this review was not clear and ambiguous were excluded. Also, studies that focused on a specific case (case study), analyzed PTSD in a more general way, studies that did not clearly analyze DMTS in relation to Child Sexuality Abuse, studies on the prevalence of DMTS with a relatively small research sample which focused more on disorders other than DMTS were also excluded.

The databases which were used in this study were: PubMed and Google Scholar. On the PubMed database, the search was on free access articles containing the
terms "Child sexual abuse and PTSD", from which 2,003 results were obtained. Also, the search on PubMed included the term "Child sexual abuse and post-traumatic stress disorder" with the criterion "Systematic Review" or "Review" from which 245 reviews were obtained, while the criterion "Free full text" provided 28 results and the criterion of the time frame between 2018-2023, yielded 14 results.

On the Google Scholar database, the term "Child sexual abuse and PTSD" popped up in 320,000 free-access articles. With the limitation of the term "Review Articles" the results reached 23,800 and the further limitation of the time frame between 2018-2023 yielded the final amount of 11,900 articles.

In total, 322,003 surveys were screened. Of these, after adding the selection and exclusion criteria, 14 from PubMed and 11,900 from Google Scholar remained. Also, 7 searches were common because they were detected in both databases. Based on the reading of the studies and all the limitations mentioned above, 6 studies remained from PubMed and 2 from Google Scholar. The final number of surveys used was 8 (n=8) and the results are shown in the flow chart based on the PRISMA Statement 2020.

Table 1: Flow chart based on PRISMA 2020 flow diagram
3. Results

From the present research, 8 researches were found, which responded to the question of whether children who have been sexually abused develop post-traumatic stress disorder. Four studies (Table 1) showed that children who have been sexually abused show high rates of post-traumatic stress disorder and that the longer the duration of the abuse, the higher the rates of the disorder.

Research by Pijper et al., (2022), involved children who had recently been sexually abused and showed that they had severe PTSD symptoms two weeks after the abuse and while four weeks later the symptoms were less severe, the rates were still high.

The children in the study of Hébert et al., (2020) also show the same characteristics, i.e. the rates of PTSD are high, whether the research was done shortly after sexual abuse or on adults who had been abused as children. As shown by the research of Batchelder et al., (2018) three studies conducted years after the abuse revealed lower rates of PTSD.

The one study by Tsang et al., (2020), involved children who had been sexually abused as infants and was conducted 8 years post-abuse. Thus, it makes sense that PTSD rates are low, while in this research even the parents had developed symptoms of the disorder.

The other two studies by Rameckers et al., (2021) and Wang et al., (2022) were conducted years after the abuse when the children were adults and found that emotional abuse is also very likely to be associated with PTSD especially when it occurs along with sexual.

Additionally, the studies revealed that girls are more likely to come from low socio-economic households and develop depression and anxiety disorders along with PTSD, while boys are more likely to come from high socio-economic strata and develop psychosis along with PTSD. Two studies (Table 2) showed that there is a comorbidity of post-traumatic stress disorder with other disorders such as depression, other anxiety disorders and psychosis. Also, children who have been sexually abused show higher rates of PTSD than children diagnosed with PTSD but not sexually abused, while the research of Hebert et al., (2020), (Table 3), showed that trauma-focused therapy (TF-CBT) has positive effects and can reduce symptoms mainly in children with CPTSD.

### Table 2: High rates of PSTD

<table>
<thead>
<tr>
<th>Name of Author(s)</th>
<th>Research Framework</th>
<th>Sample Number</th>
<th>Percentage of PSTD Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pijper et al. (2002)</td>
<td>Sexual Abuse Center, Holland</td>
<td>98</td>
<td>- 82.4% (2 weeks after Sexual Abuse) - 70.6% (4 weeks after Sexual Abuse)</td>
</tr>
<tr>
<td>Batchlender et al. (2018)</td>
<td>Boston Clinic, Massachusetts</td>
<td>290</td>
<td>39%</td>
</tr>
<tr>
<td>Mc Tavih et al. (2019)</td>
<td>Data Basis</td>
<td>31 Researches</td>
<td>High Correlation</td>
</tr>
<tr>
<td>Herbert et al. (2020)</td>
<td>Child Support Center, Canada</td>
<td>884</td>
<td>51% PSTD 23% CPSTD</td>
</tr>
</tbody>
</table>
Table 3: Comorbidity with other disorders

<table>
<thead>
<tr>
<th>Name of Author(s)</th>
<th>Research Framework</th>
<th>Sample Number</th>
<th>Percentage of PSTD Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alie Poirer et al. (2020)</td>
<td>Organization for Health Security for Children and Adolescents, Canada</td>
<td>1764</td>
<td>1.53% in children not having been abused</td>
</tr>
<tr>
<td>Wang et al. (2022)</td>
<td></td>
<td>92.218</td>
<td>6.07% un children who have been abused</td>
</tr>
</tbody>
</table>

4. Conclusion

The main conclusion of the paper is that childhood sexual abuse is highly associated with post-traumatic stress disorder (Mcleer et al., 1988). Child sexual abuse is one of the most serious crimes that can be committed against a child and has either short-term or long-term consequences. As research has shown, the main reaction of the victim is post-traumatic stress disorder, with the most common symptom in children being reliving the event, as well as nightmares and thoughts in relation to the event. Post-traumatic stress disorder in sexually abused children has a high comorbidity with depression and anxiety disorders compared to their non-abused peers, as evidenced by the above research (Mcleer et al., 1988). Of course, while on the one hand, a large percentage of children show symptoms of disorders after sexual abuse, on the other hand, another percentage of children, if not half, do not show short-term negative effects. Several factors play a role in this.

First of all, the gender of the child. In this regard, the research of Yinzhe Wang et al., (2022), among others, reveals that boys are much more likely to be sexually abused but have a harder time developing a disorder than girls, who are more likely to develop post-traumatic stress disorder.

Secondly, the frequency is also important, as there is a difference in whether the child is abused frequently for more than a month, with a child who has been abused only once in his life.

Third, the nature of the abuse, for example, whether it is penetrative or external stroking.

Fourth, the perpetrator, that is, if it was someone from a close environment or someone unknown.

Finally, the age of the child, since, as was also seen from the above research, children who have been sexually abused from the age of 6 years and older show higher rates of mental trauma (PTSD).

As childhood sexual abuse is a very serious issue with negative effects on the child’s life, special emphasis must be placed on prevention from a very young age, to avoid such cases as much as possible. It is important that children are informed as early as possible both from school and the family. In addition, if the family becomes aware that the child has or is being abused, they should be able to communicate with them without shame, since very often there are no obvious signs and the only source of information is the child himself. Finally, professionals should be skilled and aware of the signs of sexual abuse (whether obvious or not) in order to be able to understand when a child has been
a victim of sexual abuse. In closing, based on the research by Hebert et al., (2009) Trauma Focused Therapy (TF-CBT) has positive effects and can reduce symptoms in children, mainly in children with CPTSD. The most important action is proper education both by families and the school, in order for children to learn how to avoid and speak up when something like this happens. Moreover, parents, educators, and health professionals should be trained to recognize the signs of sexual abuse. Treatment has positive effects and can reduce the symptoms of PTSD therefore the focus should be on how to design and implement new treatments focused on trauma after sexual abuse.

**Conflict of Interest Statement**
The authors declare no conflicts of interest.

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