

Summary

Self-reported problems following child sexual abuse A meta-review

Background

Sexual abuse of children is a topic that is associated with considerable societal uproar. In The Netherlands, society has been shocked several times in the past two years by severe cases of child sexual abuse (CSA), in which very young children were involved. Among these were reports of sexual abuse of children within the Roman-Catholic church (examined in The Netherlands by the Committee Deetman), reports of sexual abuse of minors in governmental institutions (examined by the Committee Samson) and a large-scale case of child sexual abuse in Amsterdam.

Following these high profile cases, the National Expertise centre of Child Pornography of the District Attorney (DA) in the Netherlands sharpened her investigation of a paedophile organization called 'Vereniging Martijn'. This is an organization that claims to plead for the 'acceptation of adult-children relationships'. The DA decided to try to ban this organization through a civil suit. The Research and Documentation centre of the Dutch Ministry of Security and Justice was asked to perform a literature study on the prevalence rate of reported problems of diverse nature following child sexual abuse. There is already a lot of information available about this topic, however, much of the literature is scattered and a comprehensive overview of different kinds of problems is not readily available. Also, not all is known about the circumstances or conditions of the abuse that may influence the severity of the reported problems. Therefore, there were two main goals of the present study:

- 1 to conduct a comprehensive review of the lifetime prevalence rates of problems that are reported following child sexual abuse;
- 2 to examine the circumstances that moderate the relation between child sexual abuse and reported problems.

Methods

Due to the short timeframe available for this study (December 1st 2011 to February 26th 2012), we chose to conduct a meta-review of the literature. In this meta-review, only reviews and meta-analyses were included and the results of those studies were summarized. In reviews and meta-analyses, the results of multiple separate studies are bundled. The quality of the reviews and meta-analyses were judged based on several methodological criteria. First, it was ascertained if the review or meta-analysis was conducted systematically. This was done by checking the method section of the article for information on search terms, the databases that were searched and the in- and exclusion criteria of the reviews and meta-analyses. Subsequently, we systematically listed a number of methodological characteristics of all the studies underlying the reviews or meta-analyses. This was done to ascertain the quality of the reviews and meta-analyses and also to be able to examine the circumstances or moderator variables possibly influencing the severity of the reported problems following child sexual abuse. Based on these methods, we cannot infer causal relations between CSA and reported problems; however, we can find strong clues about this relationship.

Definition of child sexual abuse in the present study

In the present study, child sexual abuse is defined as any sexual contact between an adult (18 years or older) and a minor (younger than 18 years), who, by definition, does not completely understand, is incapable of or is powerless to indicate that this contact is unwanted. In the present study, all forms of sexual abuse of children is included, varying from actual physical contact ('hands-on') to no physical contact ('hands-off').

Results

In total, we found 61 reviews and meta-analyses, of which 27 fitted the inclusion and exclusion criteria. In these 27 studies, 35 problems following CSA were examined.

Characteristics of the reviews and meta-analyses

Of all reviews and meta-analyses, a number of characteristics were systematically listed. In most reviews and meta-analyses:

- the results of studies into different kinds of groups of subjects were bundled, such as information on persons being treated in clinical practice, students and people from the community (16 of 21 reviews);
- groups of subjects from clinical settings were studied (34.0% of all groups);
- only studies with control groups were included (16 of 26 reviews);
- a retrospective design was used to ascertain CSA (74.4% of all studies);
- the information about the CSA was based on information given by the victim (78.3% of all studies that included this information).

Reported problems following CSA

The majority of the problems that were examined (24 of 35) were more often reported by victims of CSA than by the control groups of people who were not sexually abused as a child. For nine different problems, mixed findings were reported (i.e., some symptoms of a certain problem were more often reported by victims as compared to non-victims, whereas some symptoms were less often reported by victims), and for two problems there was no difference in the prevalence rate between victims and non-victims. The reported problems were categorized into five different categories, which are listed below. In this listing, it is also indicated which problems are reported more often by victims of CSA as compared to non-victims.

- 1 medical problems: sleeping disorders, fibromyalgia syndrome, problems regarding the general physical health, gynaecological problems, heart and lung diseases, pain, chronic pelvic pain (7 of 11 medical problems in total);
- 2 psychological problems: anxiety disorders, depression, eating disorders, post-traumatic stress disorder, auditory verbal hallucinations, non-epileptic seizures and substance abuse disorders (7 of 10 psychological problems in total);
- 3 sexual problems: unprotected sexual contacts, sex with multiple partners, sex trading (sex in exchange for money, drugs or shelter), teenage pregnancy, sexual activity at a young age, substance use or abuse during sexual contacts, sexual risk taking behaviour (7 of 8 sexual problems in total)
- 4 circle of violence: adult sexual revictimization (1 of 3 problems in total);
- 5 other problems: interpersonal dependency, and lower scores on academic performance (intelligence tests and/or self-reported scores by students on their academic performance; 2 of 3 problems in total).

Strength of the relations

For 22 of the 24 problems that were reported more often by victims of CSA than non-victims, information on the strength of the relation between CSA and the reported problem was available. For eight problems, a moderate to very strong relation with a history of CSA existed. These were fibromyalgia syndrome, gynaecological problems, heart- and lung diseases, chronic pelvic pain, anxiety disorders, non-epileptic seizures, teenage pregnancy, interpersonal dependency and sleeping disorders.

For eight different problems, the relation between CSA and the reported problem varied between the different reviews and meta-analyses. These were: general physical health, pain, depression, eating disorders, posttraumatic stress disorder, adult sexual revictimization, becoming a sex offender in adulthood, and auto mutilation and/or suicide. For the other six problems, the relation was 'small to average' (4 problems) or 'small' (2 problems).

In six reviews and meta-analyses the relation between a reported problem and CSA was examined in two ways: it was examined whether a problem was more often reported by victims of sexual abuse compared to people who were not sexually abused and it was also examined if CSA was more common for people with the same problem as compared to people who did not have this problem. In four out of six of these reviews and meta-analyses in both of these sets of analyses, a relation between CSA and the problem was found. These problems are: eating disorders, auditory verbal hallucinations, teenage pregnancy and becoming a sex offender in adulthood.

Moderating circumstances

Next we looked at moderating circumstances or characteristics of the abuse that may have had influence on the severity of the reported problems. In three reviews, moderating variables were the main topic of the article and in 15 reviews, moderator variables were part of the secondary analyses. Overall, in most examinations there was *no* influence of moderator variables. This means that the problems that were reported after CSA were similarly reported by a group with a varying range of characteristics. The exceptions are briefly discussed below.

The results showed that the attitude and reactions by people who are working in health care can sort their influence on the severity of the reported problems. Further, the number of sexual partners that someone has had, influenced adult sexual revictimization. Next, different coping styles influenced the severity of the problems, that is, coping styles that deny or suppress the CSA are related to more problems in adulthood. Finally, persons who are being treated in a clinical setting report more problems than other persons.

The other circumstances/characteristics that were examined, but overall did not sort moderating influence were: the nature of CSA (CSA in general or CSA with specific characteristics), the frequency of CSA, the age at which CSA took place, the way CSA was ascertained, the relation between the perpetrator and the victim and gender. This means that problems after CSA are reported broadly by all victims of CSA.

Limitations of the present study

Due to the short time frame, it was not possible to conduct the coding and selection procedures of the reviews and meta-analyses by two or more independent people. Further, we only summarized those findings that were reported in the reviews and meta-analyses and in this process we were dependent on the choices that had been made by the authors of the reviews and meta-analyses. In a few instances, this brought about limitations in the way we could report the findings of a certain study.

For instance, in several reviews and meta-analyses not only CSA but also other types of abuse were examined, and in some reviews and meta-analyses abuse at an older age than 18 was also included. It was not always possible to deduct only the information on CSA, however, in most cases it was.

Conclusion

In sum, considering all findings of the present study and weighing all limitations, it is robustly found that victims of child sexual abuse report more problems than people who have not been sexually abused as a child. These problems are diverse in nature and are found in a broad group of victims, independent of several characteristics of the abuse (nature, frequency), independent of characteristics of the victim (age at the time of the abuse, gender) and independent of methodological characteristics of the study (way of determining the CSA).