

Sexual Abuse as a Risk Factor for Developing Psychological Disorders

Dr. Meriem Djoiaubia

Lecturer B, 8 May 1945 University, Guelma (Algeria)

Meriemdjoiaubia@gmail.com

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Abstract:

This article aims to review the scientific evidence showing that sexual abuse of children constitutes a major risk factor for a number of negative outcomes. It also reveals a strong association with multiple psychological disorders, including post-traumatic stress disorder (PTSD), mood, eating, sleep and sexual disorders, avoidance, and insecure attachment, all of which may intersect to increase the risk of negative outcomes.

Keywords: sexual abuse, risk factor, psychological disorders

Introduction

Child sexual abuse (CSA) is considered one of the most serious forms of maltreatment and has profound effects on the mental health and psychosocial development of victims. Scientific literature has established a close relationship between CSA and a wide range of psychological and behavioral disorders. This review aims to provide a critical reading of the available evidence linking sexual abuse to psychological disorders, with a focus on potentially confounding social-demographic factors and other co-occurring traumas.

The definition of child sexual abuse in this context is based on the international multidisciplinary analysis provided by Collin-Vézina and Mathews (2017), which includes all sexual practices with a minor under 18 years of age, whether in the form of direct physical contact or non-contact activities, in the absence of the ability to give informed and genuine consent. The contexts of abuse vary from within the family, educational and sports institutions, by close and trusted individuals, and even strangers, as well as modern forms of online exploitation such as cyber-extortion and production of child pornography (G. Noll, 2021, p. 4). International statistics indicate that the magnitude of this phenomenon is alarming. The U.S. report recorded more than 63,000 confirmed cases of child sexual abuse victims in 2018, an increase of 6% from the previous year, marking the first increase in over fifteen years. At the local level, data from the National Institute of Forensic Evidence and Criminology of the National Gendarmerie (Bouchawi) showed a rise in the number of cases related to this type of crime, with 215 child victims in 2020 (178 females and 37 males), rising to 243 cases in 2022 (189 females and 54 males). Despite the accuracy of these data, the gap between official reporting rates and prevalence estimates from retrospective epidemiological studies clearly indicates a large number of unreported cases or those not disclosed to authorities (National Institute of Forensic Evidence and Criminology of the National Gendarmerie).

Many studies confirm that child sexual abuse is directly associated with long-term behavioral and emotional disorders, which may manifest as low self-esteem, psychosomatic disorders,

early sexual activity, addictive behaviors, or suicidal tendencies. Trauma often goes unnoticed in childhood, with symptoms appearing more clearly during adolescence or adulthood, making therapeutic intervention delayed and complex. Clinicians agree that trauma from abuse deeply affects communication systems, relationships, beliefs, and values, leaving long-lasting effects that extend beyond the moment of the act to impact the victim's psychological and social development throughout life (Boujdi, 2013, p. 154).

Given these multiple consequences, this study aims to investigate whether the pathological impact of child sexual abuse is exclusively related to its sexual nature, making it distinct from other forms of trauma within the framework of adverse childhood experiences (ACEs), or whether it shares symptoms and pathogenic mechanisms with other traumas, differing only in severity. It also aims to highlight sexual abuse as a major risk factor for predicting psychological disorders, which requires special attention in terms of prevention, early detection, and therapeutic intervention.

Importance of the Study:

- The importance of this study stems from the fact that child sexual abuse is a complex, cross-cultural phenomenon with serious repercussions, extending from individual mental health to general social stability. Despite accumulating scientific evidence on the link between sexual abuse and psychological disorders, there is ambiguity regarding the specificity of this type of trauma compared to other forms of maltreatment within ACEs. This study provides an opportunity for a deeper understanding of the distinct psychological effects of sexual abuse and whether it represents an independent risk factor for psychological disorders or overlaps significantly with other traumas.
- This study will enrich Arabic scientific literature by adding a critical and analytical perspective based on the latest references and field studies, helping to fill the knowledge gap in this area.
- It will also benefit researchers and specialists in psychology, criminology, and psychiatry by providing a clear theoretical foundation enabling them to develop specialized preventive and therapeutic programs. At the societal level, the topic highlights a sensitive issue affecting children's fundamental rights and emphasizes the urgent need for prevention mechanisms, early detection, and effective intervention. Evidence-based scientific awareness contributes to breaking the social silence surrounding sexual abuse and encourages the development of public policies to protect children and reduce the recurrence of such practices.

Study-Related Terms

Definition of Sexual Abuse:

- Child sexual abuse is expressed as "Pedophilia (La Pédophilie)," a concept first used in 1968 to indicate sexual attraction to children or early adolescents. It was proposed by Austrian physician Richard von Krafft-Ebing in his book *Psychopathia Sexualis* to describe sexual attraction toward a person below the age of puberty or early sexual development.

- This issue is classified as one of the sexual psychopathologies referred to as "Paraphilia," indicating a set of pathological psychological disorders manifested in fantasies, attractions, or any sexual behavior contrary to nature, such as sexual attraction toward animals, inanimate objects, or children. This disorder can be expressed through behaviors such as lustful gazing, touching, exposing, or other forms of sexual contact with the victim (Abbasi, 2014, p. 98).
- Sexual abuse is defined as imposing sexual acts or sexual hints on a specific child by one or more persons, or an adult performing any act intended to satisfy a sexual need through the child (verbally or physically), whether the child is aware of what is happening or not, and whether the child consents or not.
- Such abuse may include:
 - Exposure of genital organs
 - Removal of clothing
 - Physical touching or fondling
 - Spying on the child
 - Exposing the child to obscene images (Shweish & Abdelhai, 2007, p. 5)
- It is defined as any act or behavior of a sexual nature imposed on a child under 18 years of age, whether as direct physical contact (e.g., rape or sexual touching) or non-contact practices (e.g., exposure to pornography, online exploitation, or sexual grooming). In all cases, the child's lack of capacity to give informed and genuine consent due to psychological and cognitive immaturity is required.

3-2 Psychological Disorders:

- The Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5) defines a psychological disorder as a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior. This disturbance reflects a dysfunction in the underlying psychological, biological, or developmental processes responsible for mental functioning (American Psychiatric Association, 2013). The DSM-5 also notes that psychological disorders are usually associated with significant distress or impairment, manifested in social interactions, occupational functioning, or other activities (Aftab & Rashed, 2020, p.4).

3-3 Risk Factor:

Exposure to risk factors during childhood or adolescence may lead to disorders or developmental setbacks in later stages of growth. Negative experiences and hardships that an individual encounters in life are considered risk factors that may impede good mental health or the ability to demonstrate psychological resilience. Some of these factors include poverty, parental mental disorders or illnesses, genetic anomalies, sexual abuse, divorce, natural disasters, and terrorism.

A risk factor is any variable or circumstance that increases the likelihood of an individual experiencing negative psychological, physical, or social outcomes. In this study, it refers to those circumstances or experiences that increase the probability of psychological disorders appearing in children who have been sexually abused.

4- Consequences of Sexual Abuse on Children:

Sexual abuse results in multiple consequences, which can be summarized as follows:

4-1 Mood Disorders:

Clinical studies indicate that mood disorders are among the most prominent psychological outcomes of sexual abuse. These manifest as heightened emotional reactivity, maladaptive cognitive and behavioral responses to psychological stress, rumination, and impulsive behaviors.

Neuroimaging studies have shown that these traumatic experiences are associated with increased amygdala activity in response to negative stimuli, impaired connectivity between the prefrontal cortex and amygdala in emotional regulation, and changes in cortical thickness in the gyrus adjacent to the left hippocampus, which may reflect antisocial behavior. In high-risk environments, children who experience abuse often resort to maladaptive coping strategies such as rumination or mimicking maladaptive emotional patterns of caregivers (e.g., impulsivity), increasing the likelihood of multiple psychological disorders, including depression, anxiety disorders, substance abuse, eating disorders, and behavioral problems (G. Noll, 2021, p.10).

Clinical observations support the negative emotional impacts of childhood sexual abuse. Griffith et al. (1981) reviewed clinical charts of 155 adolescent female sexual abuse survivors treated at Harbourview Medical Center in Washington, where 63% reported psychological and social complications. Reports included “interwoven psychosocial consequences” (e.g., sleep and eating disorders, fear and phobias, depression, guilt, shame, anger). External consequences included school problems and running away, observed in 66% of in-family victims and 21% of out-of-family victims (Hall & Hall, 2011, pp.66-67).

When breaking down emotional impact into specific reactions, the most common effects observed in experimental studies are:

- **Fear:**

Tufts (1984) provides strong evidence of the impact of fear on sexually abused children, finding that 45% of children aged 7–13 exhibited severe fears according to the LBC scale, compared to 13% of children aged 4–6 (Browne & Finkelhor, 1986, p.67).

- **Anger Responses:**

Another primary reaction among children is anger. Researchers at Tufts University (1984) found that 45–50% of children aged 7–13 showed significant hostility on aggression and antisocial behavior scales (LBC), while 35% showed elevated externalized aggression (GGCA). For children aged 4–6, 13–17% scored higher on aggression and antisocial behavior (LBC), while 25% of 4–6-year-olds and 23% of adolescents scored high on externalized aggression (GGCA).

In his court case study, DeFrancis (1969) noted that 55% of children displayed behavioral disturbances such as active defiance, disruptive behavior within the family, and fighting with siblings or peers. Although DeFrancis’s sample may have been skewed toward aggressive reactions, these findings align closely with Tufts’ school-age sample (Browne & Finkelhor, 1986, p.68).

- **Depression:**

Hartman et al. (1987) found that depression is the most common long-term symptom

among survivors of sexual abuse, as survivors may struggle to acknowledge the abuse and consequently develop negative self-perceptions. Years of negative self-thoughts lead survivors to feel worthless and avoid others, believing they have nothing to offer. Ratikkan (1992) describes childhood sexual abuse survivors as experiencing frequent frustration, suicidal ideation, disturbed sleep, and disordered eating. Victims often feel guilt, shame, and self-blame, particularly when abused by a trusted adult. Children may struggle to perceive the perpetrator negatively, making it difficult to recognize the abuse as not their fault. Survivors often internalize negative messages about themselves and display more self-destructive behaviors and suicidal ideation than those not exposed to sexual assault (Hall & Hall, 2011, p.3).

- **Anxiety:**

Stress and anxiety are often long-term consequences of sexual abuse. Childhood sexual abuse can be frightening and cause prolonged distress even after the experience ends. Survivors often suffer from chronic anxiety, tension, panic attacks, and phobias. Ratikkan (1992) compared trauma-related stress symptoms in Vietnam veterans with adult survivors of childhood sexual abuse, showing that sexual abuse can cause symptoms similar to war-related trauma (Hall & Hall, 2011, pp.3–4).

Some survivors may dissociate to protect themselves from future abuse, a coping mechanism that can persist when they feel unsafe or threatened. Dissociation in survivors of childhood sexual abuse may manifest as confusion, nightmares, flashbacks, and emotional numbness. Denial and repression of the abuse may be long-term effects, sometimes resulting in partial amnesia or attempts to block the memory of the trauma. Whether survivors can later recall these experiences remains debated among clinicians.

- **Guilt and Shame:**

Guilt and shame are frequently observed responses to childhood sexual abuse, though few studies report clear prevalence rates. DeFrancis (1969) noted that 64% of his sample reported guilt, primarily related to disclosure issues rather than the abuse itself. Anderson et al. (1981) reported guilt in 25% of victims, and 25% of female sexual abuse survivors were observed to be depressed post-abuse (Browne & Finkelhor, 1986, p.68).

4-2 Post-Traumatic Stress Disorder (PTSD):

Early clinical literature (Herman, 1981; Russell, 1986) indicates that childhood sexual abuse is a qualitatively traumatic experience distinct in nature and outcomes from other forms of trauma. Sexual violation in childhood deeply affects psychological and sexual development, disrupting the formation of attitudes, beliefs, and norms related to sex, leading to broad disturbances in sexual development. This is known as sexualized trauma, where sexual experiences are reframed in a distorted context, manifesting in maladaptive thoughts and behaviors, confusion regarding sexual health and decision-making, and associations of sexual activity with negative emotions such as guilt and shame.

These experiences often occur in secrecy and deception, under false pretenses such as care or protection, which deepens the betrayal of trust and entrenches feelings of shame. In cases without direct force, as in continuous grooming patterns, victims tend to blame themselves rather than the perpetrator. In violent or threatening contexts, normalization of exploitative or

abusive relationships may increase susceptibility to repeated victimization (Barnes et al., 2009, p.20).

Finkelhor and Browne (1985) developed a conceptual framework called the traumagenic dynamics model, highlighting three core features of childhood sexual abuse: betrayal through sexual manipulation, powerlessness from exploitation and bodily violation, and stigma from sexual transgressions and societal taboos. These dynamics complicate sexualized trauma experiences and deepen psychological effects.

Cognitive-affective perspectives link these dynamics to distortions in sexual self-schemas, affecting how individuals process sexual stimuli and guide sexual behavior. Damaged or distorted schemas may result in non-normative sexual behaviors, which, while not classified as pathological disorders, can significantly impact mental and sexual health and increase vulnerability to dysfunction or harm (Noll, 2021, p.12).

Empirical evidence shows that survivors may display multiple forms of sexualized trauma: some engage in hypersexual or uncontrolled sexual behavior, others avoid sexual activity, and some display sexual ambivalence, alternating between preoccupation and avoidance. These outcomes, while not necessarily psychiatric disorders, carry clinical and public health implications, including adolescent pregnancy, prostitution, repeated sexual victimization, or engagement in deviant sexual behavior, all of which increase risk for psychological disorders.

4-3 Avoidance:

Empirical evidence indicates that survivors of childhood sexual abuse often adopt avoidance-based coping strategies, both immediately post-trauma and long-term. These include withdrawal, emotional suppression, and denial. Experiential avoidance (attempts to suppress trauma-related thoughts, emotions, or memories) is one of the most common maladaptive strategies and is associated with increased PTSD severity and borderline personality disorder. Modeling this mechanism alongside markers such as autonomic nervous system dysregulation and HPA-axis disruption shows that experiential avoidance is the strongest predictor of later PTSD symptoms in abused children and adolescents (Noll, 2021, p.14).

4-4 Insecure Attachment:

Betrayal and violation of trust resulting from childhood sexual abuse lead to deep disturbances in internal attachment models, often resulting in insecure attachment patterns. Children rely on defensive, self-protective strategies. This attachment disruption manifests in interpersonal and relational difficulties and is frequently observed in children and adolescents who experienced abuse.

Studies indicate that insecure attachment can moderate the relationship between sexual abuse and behavioral, traumatic, or psychological problems across developmental stages, from early childhood to adulthood. Meta-analyses show that children with insecure or disorganized attachment face higher risks of internalizing and externalizing disorders and are more likely to develop psychological disorders in adulthood. These patterns may be intergenerational; mothers who experienced childhood sexual abuse often reproduce insecure attachment patterns with their own children (Noll, 2021, p.16).

While the mediating mechanisms between insecure attachment and psychopathology are not fully understood, studies suggest two main pathways: emotional dysregulation and social-cognitive disturbances. Lack of support and responsiveness during abuse disclosure

exacerbates erosion of trust, intensifying negative effects on internal attachment models and worsening pathological outcomes.

4-5 Eating Disorders:

Sexual abuse is a significant psychological stressor leaving imprints on the victim's emotional and bodily regulation. This often manifests as eating disorders, with many survivors exhibiting pathological attempts to control weight and appetite (e.g., anorexia nervosa or binge eating) as a defensive mechanism to regain control over the body post-violation (Smolak & Murnen, 2002, p.142).

Studies show that body dissatisfaction, particularly regarding weight, is a strong predictor of later eating disorders and depressive symptoms. Literature documents a potential link between childhood or adolescent sexual abuse and later susceptibility to eating disorders, though the nature of this relationship remains debated (Helgadóttir, 2016, p.7).

Clinically, individuals with eating disorders often use maladaptive patterns around food as a coping mechanism for traumatic experiences, including sexual abuse or other stressful life events. Extreme food restriction or binge-purge cycles serve to restore a sense of control over psychological and bodily experiences. Persistent engagement in these patterns increases anxiety about weight, body size, and shape, reinforcing eating disorder pathology.

4-6 Sleep Disorders

Sleep disorders are associated with a wide range of negative physiological and psychological effects. Physiological effects include a general deterioration in physical health, while psychological effects include deterioration of mental health and poor overall performance. It has been shown that sleep plays an important role in the human learning process, as it enhances brain plasticity through the formation of new neural connections.

Sexual trauma is also associated with sleep disorders, such as chronic insomnia, recurring nightmares, and circadian rhythm sleep-wake disorders, which reflect the ongoing state of hyperarousal and pathological vigilance associated with post-traumatic stress disorder (Steine et al., 2019, p.46).

Insomnia is among the most common sleep disorders associated with exposure to sexual abuse in childhood. It causes persistent difficulty in initiating or maintaining sleep despite favorable conditions, which can lead to impaired daytime functioning. The prevalence of this disorder among children ranges from 1% to 6%, and this rate increases significantly among children with neurodevelopmental disorders, autism, or those who have experienced sexual abuse. It may reach between 25% and 50% among preschool children who have been sexually abused (Al Hwayyan & Mahamid, 2019, p.295).

It is also common for children who are victims of sexual abuse to suffer from disorders associated with rapid eye movement (REM) sleep, or deep sleep, in addition to sleepwalking. In cases of sleepwalking, the child rises from bed at night and wanders without any awareness and does not remember the incident afterward, even if they move to another room. Usually, the child is able to move but may stumble or collide with objects. Attempting to wake the child in this state is very difficult and may cause confusion.

Night terrors are among the most severe disorders in children who have experienced sexual abuse. They are episodes of intense fear, usually beginning with sudden crying or screaming, accompanied by increased activity of the autonomic nervous system. This disorder is more

prevalent among victims before adolescence, with parents describing the child as unresponsive to attempts at soothing. A positive relationship has also been found between this disorder and higher anxiety levels, both in children in general and specifically in children who have been sexually abused (Al Hwayyan & Mahamid, 2019, p.296).

Many studies have provided evidence confirming the link between sexual abuse and sleep disorders. In a study conducted by Okada et al. (2017) on a sample of 273 Japanese children aged 4 to 15 years, both questionnaires and interviews were used to collect data. The results showed that children who had experienced sexual abuse were more likely to suffer from sleep disorders compared to their peers who had not been subjected to any form of abuse. The study also indicated that the severity of disorders increases the younger the child is at the time of abuse, which explains the profound impact of this traumatic experience on the child's psychological and physiological development.

These findings indicate that sleep disorders are not merely a side effect but a significant clinical indicator reflecting the cumulative impact of childhood sexual trauma. They also represent an additional risk factor for the development of other psychological problems such as anxiety, depression, and cognitive and attention deficits. Therefore, assessing sleep disorders in this population is a crucial step in early diagnosis and comprehensive therapeutic intervention.

5 Suicide and Psychotic Disorders

Recent scientific evidence indicates a strong and reliable relationship between childhood sexual abuse and the emergence of suicidal behaviors later in life. Analytical and meta-analytic studies have shown that children who experience sexual abuse are two to four times more likely to develop suicidal thoughts or attempt suicide compared to others. Some longitudinal studies indicate that this risk may reach ten times or more in cases where the abuse is repeated or prolonged. These findings confirm that sexual abuse does not leave only transient psychological effects but is a fundamental risk factor that can lead to loss of desire for life and increased likelihood of suicidal behavior in adolescence and early adulthood. Hence, these indicators highlight the importance of early intervention and psychological and social support for victims of sexual abuse, not only to reduce associated mental disorders such as anxiety and depression but also to prevent life-threatening behaviors like suicide (Angelakis, Austin, & Gooding, 2020, p.534).

Sexual abuse is also considered one of the most severe psychological traumas with long-term effects, closely linked to the emergence of severe mental disorders such as psychosis, including hallucinations, delusions, and thought disturbances. A meta-analysis of multiple studies showed that early exposure to sexual abuse doubles the likelihood of developing psychosis compared to individuals not exposed to such traumas (Varese et al., 2012, p.667).

4-7 Sexual Effects

Many survivors of sexual abuse experience long-term effects of the abuse, such as depression and dissociative patterns, which affect their sexual functioning. Marz (2001) provides a list of the ten main sexual symptoms often resulting from experiences of sexual abuse: avoidance of sex or fear of it, disinterest in sex, treating sex as an obligation, experiencing negative feelings such as anger, disgust, or guilt when touched, difficulty in arousal or sensation, feeling emotionally distant or absent during sex, suffering from intrusive or disturbing sexual thoughts

and images, engaging in compulsive or inappropriate sexual behaviors, difficulty establishing or maintaining intimate relationships, suffering from vaginal pain or orgasm difficulties (women), and experiencing difficulties in erection, ejaculation, or orgasm (men).

A study examining the prevalence and predictors of sexual dysfunction in the United States found that sexual abuse victims experience more sexual problems than the general population. Male victims of childhood sexual abuse were more likely to suffer from erectile dysfunction, premature ejaculation, and decreased sexual desire.

Hypersexual Activity

Empirical evidence indicates that childhood sexual abuse contributes to the emergence of qualitative patterns of excessive and maladaptive sexual behavior. Peer-reviewed studies have shown that intrusive sexual thoughts, using sex as a tool in relationships, and excessive guilt associated with sexual activity represent strong mediating mechanisms explaining the relationship between early sexual abuse and risky sexual behaviors, surpassing traditional factors associated with knowledge, motivation, or behaviors. Cumulative analyses also revealed that survivors of sexual abuse—both males and females—are more likely to engage in high-risk sexual practices, with females being more affected (Noll, 2021, p.20).

Additionally, female survivors often begin voluntary sexual relationships at an earlier age than their non-abused peers and are more likely to contract sexually transmitted infections or engage in practices such as prostitution, often associated with early sexual contact. Early motherhood is a recurrent outcome among adolescents who experienced sexual abuse, with longitudinal studies and meta-analyses showing a close relationship between early abuse and teenage pregnancy, even after controlling for multiple other factors such as different abuse patterns and negative childhood experiences (Hall & Hall, 2011, p.11).

Sexual Avoidance or Aversion

The impact of childhood sexual abuse also manifests in opposite patterns, represented by avoidance or aversion to sexual activity. Theoretical reviews indicate that the absence of positive sexual feelings, not just the presence of negative emotions, is a central explanatory mechanism for sexual disorders in this population. Longitudinal studies have shown that shame and self-blame resulting from abuse predict the emergence of chronic sexual difficulties in adulthood (Noll, 2021, p.20).

Moreover, women who experienced childhood sexual abuse face much higher rates of revictimization during adolescence and early adulthood, reinforcing negative sexual associations. Neuroimaging studies have shown thinning of the genital sensory cortex in survivors, reflecting the impact of excessive negative sensory experiences on neural development, explaining the tendency to avoid sexual activity and develop related functional disorders. However, these findings are also subject to alternative interpretations, suggesting that subsequent low sexual activity may itself be responsible for this structural neural change.

Sexual Ambiguity

Although hypersexual behaviors, avoidance, and sexual disorders are often described as primary pathways in the sexual development of survivors of childhood sexual abuse (CSA) with traumatic sexualization, the literature has identified a third trajectory known as sexual ambiguity. A study by Noll et al. (2003) within the FGDS project indicated that female survivors of childhood sexual abuse reported high levels of sexual ambiguity, defined as a

contradictory state combining preoccupation with sex with strong feelings of avoidance and aversion. This pattern was particularly associated with early sexual abuse involving penetration and perpetrated by the biological father without the use of violence (Noll, 2021, p.21).

This contradictory coexistence between sexual impulses on one hand and aversion and disgust on the other may result from a deep confusion between feelings of shame, guilt, betrayal, helplessness, and exploitation, and the meanings of sexual arousal, intimacy, and love. Such interference may increase susceptibility to ongoing emotional trauma and complicate social relationships, leading to cognitive and emotional disturbances in sexual perception, potentially reaching the level of compulsive sexual behavior, which has also been documented among sexual offenders (Hall & Hall, 2011, p.11).

Sexual Criminality

Sexual criminality is another potential outcome of traumatic sexualization, where some victims exhibit early awareness, knowledge, and interest in sexual activity that is not age-appropriate. This may manifest in initiating sexual acts with unwilling peers or in reenacting the abuse on younger children. The sexual offending theory suggests that aggressive sexual behaviors may arise from a complex system of interactions, including neuropsychological dysfunctions, clinical symptoms, and social learning factors (Ward & Beech, 2006). Some compulsive sexual behaviors rooted in early trauma may enhance aggression and sexual dominance (Noll, 2021, p.21).

Experimental findings show notable variation. A study including 843 treatment-seeking clients found a relationship between childhood sexual abuse and tendencies toward sexual criminal behavior, more evident in men (30%) than women (<1%). Studies of prison populations showed greater consistency, particularly among males. In a study of 576 male sexual offenders and 2,520 male juvenile delinquents, childhood sexual abuse was associated with higher rates of sexual criminality but not with other crimes such as murder, theft, or robbery (Browne & Finkelhor, 1986, p.70).

Conclusion

Studies indicate that childhood sexual abuse is a multidimensional clinical risk factor, closely associated with post-traumatic stress disorder (PTSD), mood and anxiety disorders, and substance abuse, with mixed evidence regarding personality disorders and risky sexual behaviors. Gender-related outcomes also appear, such as revictimization and sexual dysfunction. These result from pathological mechanisms including traumatic sexualization, insecure attachment, emotion regulation disorder, avoidance, and long-term biological effects of stress. Therefore, addressing sexual abuse requires multi-level efforts, including psychological education, early sex education as a core protective mechanism for children, enhancing self-protection skills, raising social awareness, and interventions targeting at-risk families and individuals with pedophilic tendencies.

References

Al Hwayyan, O., & Mahamid, F. (2019). The effectiveness of a counselling program based on play in reducing sleep disorders in children of sexual abuse. *Journal of Social Studies Education Research*, 10(3), 292–310.

- Angelakis, I., Austin, J. L., & Gooding, P. (2020). Childhood maltreatment and suicide attempts in children and young people: A systematic review and meta-analysis. *Child Abuse & Neglect, 104*, 104–638.
- Barnes, J. E., Noll, J. G., Putnam, F. W., & Trickett, P. K. (2009). Sexual and physical revictimization among victims of severe childhood sexual abuse. *Child Abuse & Neglect, 33*, 412–420.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin, 99*(1), 66–77.
- Hall, M., & Hall, J. (2011). The long-term effects of childhood sexual abuse, counseling implications. Retrieved from http://counselingoutfitters.com/vistas/vistas11/Article_19.pdf
- Helgadóttir, S. G. (2016). Associations between childhood sexual abuse, body image and the development of eating disorders (Bachelor's thesis, Reykjavik University). Reykjavik University Digital Archive.
- Noll, J. G. (2021). Child sexual abuse as a unique risk factor for the development of psychopathology: The compounded convergence of mechanisms.
- 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*(2), 136–150.
- Steine, I. M., et al. (2019). Sleep problems in adult survivors of child sexual abuse: A systematic review. *Sleep Medicine Reviews, 44*, 56–66.
- Varese, F., et al. (2012). Childhood adversities increase the risk of psychosis: A meta-analysis of patient-control, prospective- and cross-sectional cohort studies. *Schizophrenia Bulletin, 38*(4), 661–671.
- Aftab, A., & Rashed, M. A. (2020). Mental disorder and social deviance. *International Review of Psychiatry*. Advance online publication. <https://eprints.bbk.ac.uk/id/eprint/40555/>
- Boudja, N. (2013). Child sexual abuse and its effects in adulthood. *Al-Murshid Journal, 3*(1), 152–160.
- Abbasi, S. (2014). Child sexual abuse: Forms and consequences by gender. *Algerian Journal of Childhood and Education, 2*(2), 97–112.
- Shweish, L. M., & Abdelhay, F. A. (2007). Child sexual exploitation. Unpublished undergraduate project, University of Damascus, Syria.
- National Institute of Criminal Evidence and Criminology, National Gendarmerie. Retrieved from https://www.mdn.dz/site_cgn/sommaire/presentation/unit_spe/incc/incc_ar.php