

The Impact of Child Sexual Abuse on Children (Survivors) in their Adolescence Age

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Abstract

Child sexual abuse (CSA) is a very traumatizing event that has a significant impact on teenagers' mental health. This article explores the complex effects of CSA, providing an in-depth review of its behavioral, social, and psychological effects. Psychologically, survivors often have intense anxiety, nightmares, and flashbacks, which might result in serious disruption to their everyday life and relationships. This condition is known as post-traumatic stress disorder (PTSD). Also prevalent is depression, which shows up as a lifelong sadness, hopelessness, and social withdrawal, further isolating the survivors from their support systems. Anxiety disorders, including generalized anxiety disorder (GAD) and panic attacks, are common, reflecting the pervasive fear and insecurity stemming from the trauma.

Self-esteem issues are another critical aspect, with many survivors experiencing deep-seated shame and self-blame, which distort their self-image and hinder their ability to form healthy relationships. Substance abuse often emerges as a maladaptive coping mechanism, exacerbating mental health challenges and complicating recovery. Behaviorally, CSA survivors face significant trust issues, particularly towards adults and authority figures, which can lead to social isolation and difficulties in forming meaningful relationships. Some adolescents externalize their pain through aggression and delinquency, leading to further social and legal problems.

Academic challenges are also prevalent, as the psychological toll of CSA impairs concentration, memory, and motivation, resulting in poor academic performance. Risky sexual behaviors may arise from a distorted understanding of healthy sexual relationships or as an attempt to regain control over their bodies. The long-term impact of CSA extends into adulthood, with many survivors continuing to struggle with chronic mental health issues, such as depression, anxiety, and PTSD, affecting their careers, relationships, and overall quality of life. The significance of early intervention in reducing these long-term impacts is emphasized in this paper. Adolescents who want to process their trauma and create positive coping mechanisms need access to mental health services, such as counseling and therapy. Support from family, friends, and community resources also plays a crucial role in the recovery process. By providing timely, compassionate, and comprehensive support, we can improve the mental health outcomes for CSA survivors and support their journey toward recovery and resilience. The article calls for continued research and resources to address the complex needs of these young survivors, emphasizing the necessity of a multi-faceted approach to their care and well-being.

Introduction

Child sexual abuse (CSA) is a pervasive issue with profound and lasting consequences for survivors, particularly as they transition into adolescence and adulthood. According to the World Health Organization (WHO), approximately 1 in 4 girls and 1 in 13 boys worldwide experience sexual abuse during childhood (WHO, 2018). This traumatic experience can significantly disrupt normal development and lead to a wide array of mental health issues, impacting every aspect of an adolescent's life.

The psychological toll of CSA is immense, with survivors frequently developing post-traumatic stress disorder (PTSD), depression, and anxiety disorders (American Psychiatric Association, 2013). These conditions often result in symptoms such as flashbacks, severe anxiety, and persistent sadness, which can hinder an adolescent's ability to engage in daily activities and maintain healthy relationships (McLeer et al., 1998). Additionally, self-esteem issues are common, as survivors may internalize feelings of shame and self-blame, distorting their self-image and confidence (Feiring et al., 2002).

Beyond the immediate psychological effects, CSA also has significant behavioral and social repercussions. Survivors often struggle with trust issues, particularly towards adults and authority figures, leading to social isolation and difficulties in forming meaningful relationships (Finkelhor & Browne, 1985). Some adolescents may express their inner turmoil through aggressive behavior or delinquency, further complicating their social and legal standing (Spatz Widom & Maxfield, 2001). Academically, the impact of CSA can be seen in impaired

concentration, memory, and motivation, resulting in poor performance and educational outcomes (Wolfe et al., 2003).

Furthermore, CSA survivors are at an increased risk of engaging in substance abuse as a maladaptive coping mechanism, which can lead to addiction and further mental health complications (Simpson & Miller, 2002). Risky sexual behaviors are also more prevalent among these adolescents, stemming from a distorted understanding of healthy sexual relationships or an attempt to regain control over their bodies (Noll et al., 2003).

The long-term impact of CSA can extend well into adulthood, affecting careers, relationships, and overall quality of life. Many survivors continue to grapple with chronic mental health issues, such as depression, anxiety, and PTSD, highlighting the need for early intervention and comprehensive support systems (Putnam, 2003). By providing timely and compassionate mental health services, along with robust family and community support, we can significantly improve the recovery and resilience of adolescents affected by CSA (Cohen et al., 2004).

This article aims to explore the extensive psychological, behavioral, and social consequences of CSA on adolescents. It underscores the importance of recognizing the signs of CSA and providing timely, effective interventions to support the mental well-being of survivors. Through a thorough examination of existing literature and research, this article seeks to contribute to a deeper understanding of the complex needs of CSA survivors and advocate for continued efforts to address this critical issue.

Conceptual Framework (Definition of Terms)

Child Sexual Abuse (CSA)

According to the **World Health Organization (WHO)**, CSA is defined as "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared" (WHO, 2003). This abuse can happen in various settings, including within the family (incest), in institutions, or by strangers, and often has long-term detrimental effects on the mental health and overall well-being of the child as they grow into adulthood. CSA is any sexual activity or exploitation involving a child by an adult or an older adolescent, often through coercion, manipulation, or force. CSA can involve both physical contact, such as fondling or penetration, as well as non-contact acts like exposure to sexual materials or situations inappropriate for a child's age. This form of abuse violates a child's trust, safety, and personal boundaries, leading to severe emotional, psychological, and sometimes physical harm.

Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) is an evidence-based form of psychotherapy that helps individuals identify and change dysfunctional thinking patterns, emotional responses, and behaviors. In the context of **Child Sexual Abuse (CSA)** survivors, CBT is particularly effective in addressing the mental health challenges that arise from trauma, such as **Post-Traumatic Stress Disorder (PTSD)**, depression, anxiety, and emotional dysregulation. CBT works by cognitive restructuring, behavioral intervention and exposure technique. By addressing both the cognitive (thought-based) and behavioral aspects of trauma, CBT plays a crucial role in the recovery process for CSA survivors.

Generalized Anxiety Disorder (GAD)

Generalized Anxiety Disorder (GAD) is a mental health condition characterized by excessive, uncontrollable and often irrational worry or fear about everyday situations. Adolescents who have experienced **Child Sexual Abuse (CSA)** are particularly vulnerable to developing GAD, as the trauma of abuse can trigger chronic anxiety that extends beyond the initial event. GAD presents with symptoms such as persistent worry, difficulty concentrating, emotional distress, and physical symptoms. The disorder reflects their ongoing difficulty managing the fear, guilt, or shame associated with the abuse, often leading to a hyper-vigilant state. This persistent anxiety can interfere with social relationships, school performance, and overall quality of life.

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that develops after a person experiences or witnesses a traumatic event, such as **Child Sexual Abuse (CSA)**. PTSD is common among survivors of CSA and significantly impacts their mental well-being and daily functioning. It manifests through a range of emotional, psychological, and behavioral symptoms that can persist long after the traumatic event. PTSD is characterized by re-experiencing of the trauma, avoidance, hyper arousal, and negative change in mood and cognition. PTSD can have profound and long-lasting effects on an adolescent's mental health, relationships, and daily functioning. The early recognition and intervention of PTSD are critical in helping CSA survivors rebuild their lives and regain a sense of safety and control over their emotions.

Theoretical Framework

The theoretical framework for understanding the impact of child sexual abuse (CSA) on adolescents' mental well-being draws from several interrelated psychological theories. These theories provide a comprehensive lens to examine the multifaceted consequences of CSA and the mechanisms through which this trauma affects mental health.

Trauma Theory

Trauma theory is central to understanding the psychological impact of CSA. This theory posits that traumatic experiences, particularly those occurring during critical developmental periods, can profoundly disrupt an individual's psychological functioning. According to trauma theory, CSA can lead to post-traumatic stress disorder (PTSD), characterized by intrusive memories, avoidance behaviors, negative alterations in cognition and mood, and hyperarousal (American Psychiatric Association, 2013). The pervasive sense of threat and helplessness experienced during the abuse can fundamentally alter the survivor's sense of safety and self, leading to long-term psychological distress.

Attachment Theory

Attachment theory, developed by John Bowlby, emphasizes the importance of early relationships in the development of a child's emotional and social well-being. Secure attachments formed during childhood are critical for healthy psychological development. CSA often involves a breach of trust by a caregiver or authority figure, severely damaging the survivor's ability to form secure attachments (Finkelhor & Browne, 1985). This theory helps explain the trust issues, relationship difficulties, and social isolation commonly observed in CSA survivors. The disruption of secure attachment can lead to internalized feelings of shame, low self-esteem, and difficulties in forming healthy interpersonal relationships.

Cognitive-Behavioral Theory

Cognitive-behavioral theory (CBT) provides insight into how CSA affects an individual's thought patterns and behaviors. According to CBT, the trauma of CSA can lead to the development of maladaptive cognitive schemas, such as beliefs about self-blame, worthlessness, and mistrust of others (Feiring et al., 2002). These distorted cognitions can result in emotional distress and maladaptive behaviors, such as substance abuse and risky sexual behaviors, as individuals attempt to cope with their trauma. CBT interventions aim to challenge and reframe these negative thought patterns to promote healthier coping mechanisms and improve mental well-being.

Developmental Psychopathology

Developmental psychopathology examines the interplay between biological, psychological, and social factors in the development of mental disorders. This perspective is essential for understanding the varied impacts of CSA, as it considers how the timing, duration, and context of the abuse interact with an individual's developmental stage. CSA occurring during critical developmental periods can disrupt normative developmental trajectories, leading to a range of psychological, behavioral, and social problems (Putnam, 2003). This framework highlights the importance of considering individual differences and contextual factors in assessing the impact of CSA.

Ecological Systems Theory

Ecological systems theory, developed by Urie Bronfenbrenner, provides a holistic view of how various environmental systems influence an individual's development. This theory posits that an individual's development is shaped by interactions within multiple environmental systems, from immediate settings like family and school to broader societal contexts. CSA can disrupt these systems, leading to adverse outcomes. For example, family dynamics may be altered, and the survivor's educational environment may be affected by academic difficulties and behavioral problems (Wolfe et al., 2003). This theory underscores the importance of considering the broader ecological context in understanding and addressing the impact of CSA.

Integration of Theories

These theoretical perspectives collectively provide a comprehensive framework for understanding the impact of CSA on adolescents' mental well-being. Trauma theory elucidates the immediate psychological effects of CSA, while attachment theory and cognitive-behavioral theory explain the development of maladaptive interpersonal and cognitive patterns. Developmental psychopathology emphasizes the importance of developmental timing and individual differences, and ecological systems theory highlights the broader environmental context.

By integrating these theories, we can better understand the complex and multifaceted consequences of CSA. This integrated approach also informs the development of holistic and multi-faceted intervention strategies, aimed at addressing the diverse needs of CSA survivors and promoting their long-term recovery and resilience.

Literature Review

The impact of child sexual abuse (CSA) on adolescents' mental well-being has been extensively studied, revealing significant psychological, behavioral, and social consequences. This literature review synthesizes key findings from existing research, highlighting the profound effects of CSA and the necessity for early and effective interventions.

Psychological Consequences

A substantial body of research has documented the psychological impacts of CSA, with post-traumatic stress disorder (PTSD) being one of the most common outcomes. The American Psychiatric Association (2013) outlines that PTSD symptoms include re-experiencing the traumatic event, avoidance of reminders, negative alterations in cognition and mood, and hyperarousal. Studies by McLeer et al. (1998) found that sexually abused children are at a high risk of developing PTSD, with symptoms often persisting into adolescence.

Depression is another prevalent psychological consequence. Gladstone et al. (2004) reported that CSA survivors frequently experience feelings of hopelessness, worthlessness, and persistent sadness. These depressive symptoms can severely affect an adolescent's social interactions and overall quality of life. Furthermore, anxiety disorders, including generalized anxiety disorder (GAD), panic attacks, and specific phobias, are commonly observed in CSA survivors (McLeer et al., 1998).

Self-esteem issues are critically important in understanding the psychological impact of CSA. Feiring et al. (2002) noted that survivors often struggle with deep-seated shame and self-blame, which distort their self-image and undermine their confidence. This negative self-perception can lead to long-term difficulties in forming and maintaining healthy relationships.

Behavioral and Social Consequences

Trust issues are a significant social consequence of CSA. Finkelhor and Browne (1985) highlighted that survivors often develop profound distrust, particularly towards adults and authority figures. This mistrust can lead to social isolation, making it challenging for survivors to build and sustain meaningful relationships.

Aggressive behavior and delinquency are common behavioral responses to CSA. Spatz Widom and Maxfield (2001) found that some adolescents externalize their internal pain and frustration through aggression and delinquent acts, which can result in further social and legal complications. These behaviors are often a manifestation of the unresolved trauma and distress experienced by the survivors.

Academically, CSA can have a detrimental impact on performance. Wolfe et al. (2003) demonstrated that the psychological toll of CSA impairs concentration, memory, and motivation, leading to poor academic outcomes. These academic challenges can further exacerbate the social and emotional difficulties faced by survivors.

Substance abuse is another significant issue among CSA survivors. Simpson and Miller (2002) reviewed the concomitance between childhood sexual and physical abuse and substance use problems, finding that many survivors turn to alcohol or drugs as a coping mechanism. This maladaptive behavior often leads to substance dependence, compounding the survivors' mental health issues.

Sexual risk-taking behaviors are also more prevalent among CSA survivors. Noll et al. (2003) found that these behaviors could stem from a distorted understanding of healthy sexual relationships or as an attempt to regain control over their bodies. These risky behaviors increase the likelihood of further victimization and adverse health outcomes.

Long-Term Impact and Importance of Early Intervention

The long-term impact of CSA is profound, with many survivors continuing to experience mental health issues well into adulthood. Putnam (2003) provided a comprehensive review of the long-term effects of CSA, noting persistent symptoms of depression, anxiety, and PTSD among adult survivors. These chronic mental health issues can affect all aspects of a survivor's life, including their career, relationships, and overall quality of life.

Early intervention is crucial in mitigating the long-term effects of CSA. Cohen et al. (2004) emphasized the importance of providing timely and compassionate mental health services, such as counseling and therapy, to help adolescents process their trauma and develop healthy coping mechanisms. The support from family, friends, and community resources is also vital in the recovery process, offering a network of care that can significantly improve the outcomes for CSA survivors.

Discussion

Child sexual abuse (CSA) has far-reaching and devastating effects on adolescents' mental well-being, influencing various domains of their psychological, social, and academic lives. The findings from the research highlight the severe impact of CSA on both the short-term and long-term mental health of survivors, emphasizing the need for comprehensive interventions to address the trauma experienced by these adolescents. In this discussion, we explore the implications of these findings, the broader social context, and the necessity for tailored interventions to support survivors.

Psychological Implications of Child Sexual Abuse

The psychological impact of CSA on adolescents is profound, often leading to a cascade of mental health problems such as Post-Traumatic Stress Disorder (PTSD), depression, and anxiety. These mental health issues are common among CSA survivors, and their prevalence underscores the need for trauma-informed care and early intervention. Post-Traumatic Stress Disorder (PTSD)

The manifestation of PTSD symptoms such as flashbacks, nightmares, and emotional numbness is a common response to the trauma of CSA (McLeer et al., 1998). PTSD symptoms not only disrupt normal functioning but also compound emotional distress. Adolescents in particular are vulnerable to the heightened stress and arousal that PTSD brings, which can interfere with their developing sense of identity and emotional regulation. It is important to recognize that adolescents may not always have the language to articulate their trauma, and symptoms may instead manifest as behavioral problems or social withdrawal. Early diagnosis and treatment, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), are highly effective in alleviating PTSD symptoms in CSA survivors (Cohen et al., 2004).

Depression and Anxiety

Depression and anxiety are two of the most common mental health conditions among CSA survivors. The overwhelming feelings of sadness, fear, and hopelessness that accompany these conditions can be debilitating (Gladstone et al., 2004). Depression is often characterized by feelings of worthlessness, guilt, and self-blame, emotions that CSA survivors frequently experience due to the nature of their abuse. Anxiety disorders, on the other hand, manifest through heightened fear and hypervigilance, which are particularly disruptive during adolescence, a time when social connections and identity formation are critical. These mental health conditions often co-occur, creating a feedback loop where anxiety exacerbates depressive symptoms and vice versa. Long-term mental health support is crucial for CSA survivors, as untreated depression and anxiety can lead to further complications, including suicidal ideation and attempts.

Emotional Dysregulation and Identity Formation

CSA has a profound effect on adolescents' emotional regulation. Survivors often experience difficulties managing emotions, swinging between emotional numbness and intense emotional outbursts (Putnam, 2003). The development of emotional regulation is critical during adolescence, a time when individuals are forming their identity and navigating complex social relationships. When CSA disrupts this process, it can result in long-term difficulties in emotional expression and coping. Moreover, survivors may struggle with developing a positive sense of self, particularly when they internalize feelings of shame, guilt, or unworthiness (Feiring et al., 2002). These negative self-perceptions contribute to low self-esteem and an inability to trust others, affecting both interpersonal relationships and self-image.

Behavioral and Social Consequences

In addition to the psychological damage caused by CSA, the trauma also manifests in the behavior and social interactions of adolescents. The coping mechanisms that survivors develop often reflect maladaptive strategies that further isolate them from supportive relationships and healthy social development.

Aggression and Delinquency

Adolescents who have experienced CSA may resort to aggressive behaviors as a coping mechanism for their trauma. Studies show that many CSA survivors exhibit externalizing behaviors such as aggression, physical violence, or defiance toward authority figures (Spatz Widom & Maxfield, 2001). These behaviors are attempts to regain control in environments where they feel powerless or vulnerable. Unfortunately, these aggressive behaviors often lead to further social isolation, peer rejection, or involvement in the juvenile justice system, which compounds the trauma already experienced.

Aggression may also be linked to unexpressed anger and frustration related to the abuse. Without proper intervention, adolescents may develop delinquent patterns that persist into adulthood, potentially leading to

lifelong consequences such as criminal involvement or substance abuse (Putnam, 2003). These findings suggest that interventions focused on anger management and trauma recovery are essential in helping CSA survivors break this cycle of aggression.

Risky Sexual Behavior

A disturbing finding is the increased likelihood of CSA survivors engaging in risky sexual behaviors. Adolescents who have experienced sexual abuse may struggle with understanding healthy boundaries and relationships, leading to behaviors such as early sexual initiation, unprotected sex, or multiple partners (Noll et al., 2003). These behaviors may reflect a distorted sense of control over their bodies or an attempt to normalize the abusive experiences they endured. In some cases, risky sexual behavior is a way for survivors to regain a sense of power or agency, even if it exposes them to further harm.

The implications of these behaviors are significant, as they place CSA survivors at higher risk for sexually transmitted infections (STIs), unintended pregnancies, and re-victimization. Moreover, without comprehensive sexual education and trauma-informed care, these adolescents may continue engaging in unhealthy relationships throughout adulthood. Therefore, it is critical to include sexual health education and counseling as part of recovery interventions for CSA survivors.

Social Isolation and Trust Issues

CSA often disrupts an adolescent's ability to form and maintain healthy social relationships. Survivors frequently experience **social isolation** as a result of their mistrust of others and their difficulty in establishing boundaries. Social withdrawal is a defense mechanism to protect against further harm or perceived threats, which can severely hinder normal social development (Finkelhor & Browne, 1985). This mistrust of others extends to authority figures such as teachers or counselors, making it difficult for survivors to seek help or engage in therapeutic relationships.

The social isolation that results from CSA can have a lasting impact on interpersonal relationships. Adolescents may struggle to form intimate or trusting relationships later in life, leading to a pattern of emotional detachment, loneliness, or dysfunctional partnerships. Interventions that focus on building trust and social skills are crucial in helping survivors reintegrate into supportive social networks and develop healthy, meaningful relationships.

Substance Abuse as a Coping Mechanism

The use of alcohol or drugs is a common coping mechanism among CSA survivors. Adolescents may turn to substances to numb the emotional pain or escape the traumatic memories associated with the abuse (Simpson & Miller, 2002). While this may offer temporary relief, substance abuse ultimately compounds the psychological and social difficulties faced by survivors. It can lead to addiction, further mental health complications, and an increased risk of risky behaviors.

Substance abuse interventions must be integrated with trauma-informed care, as treating substance abuse alone does not address the root cause of the behavior—the unresolved trauma from the abuse. By treating both the substance abuse and the underlying trauma simultaneously, survivors can develop healthier coping mechanisms and reduce the likelihood of addiction.

Impact on Academic Performance

The trauma experienced from CSA often spills over into academic performance. Adolescents may struggle to concentrate, retain information, and engage with their schoolwork due to the overwhelming mental and emotional burden they carry.

Cognitive Impairments and Academic Struggles

CSA survivors often report difficulty concentrating, memory lapses, and reduced cognitive performance, all of which negatively affect their academic success (Wolfe et al., 2003). The stress and emotional strain caused by the trauma interferes with their ability to focus on school tasks. These cognitive impairments can lead to declining grades, lack of motivation, and disengagement from academic responsibilities.

Moreover, the emotional and psychological toll of CSA may cause survivors to miss school frequently or avoid academic tasks altogether, resulting in poor attendance and increased likelihood of dropping out. Academic struggles, in turn, exacerbate feelings of hopelessness and failure, reinforcing the negative self-image already present in many survivors. School-based interventions that provide academic support, counseling, and

accommodations are essential to help survivors stay engaged in their education and achieve their full academic potential.

Long-Term Consequences and Intergenerational Trauma

One of the most concerning aspects of CSA is the potential for long-term psychological and social consequences that extend into adulthood. Many survivors continue to struggle with mental health issues such as **chronic depression, anxiety, and PTSD** long after the abuse has ended (Putnam, 2003). These long-term effects can severely limit their ability to maintain healthy relationships, pursue career opportunities, and lead fulfilling lives. Furthermore, there is evidence that the trauma experienced by CSA survivors can be passed down to future generations. Survivors who have not received adequate support may have trouble in parenting, perpetuating cycles of emotional neglect, abuse, or dysfunction in their children (Finkelhor & Browne, 1985). This intergenerational trauma highlights the need for not only immediate interventions for CSA survivors but also long-term support to help them heal and break the cycle of trauma.

The Role of Early Intervention and Trauma-Informed Care

The findings from this article demonstrate the importance of early intervention in mitigating the harmful effects of CSA on adolescents. **Trauma-informed care**, which acknowledges the pervasive impact of trauma and integrates this understanding into every aspect of care, is crucial in supporting survivors. **Early access to mental health services**, such as TF-CBT, can significantly improve outcomes for CSA survivors by reducing symptoms of PTSD, depression, and anxiety (Cohen et al., 2004). Schools, families, and communities must be proactive in identifying signs of abuse and providing immediate, evidence-based interventions to support survivors.

Recommendations

The profound and multifaceted impact of CSA on adolescents' mental well-being necessitates a comprehensive and integrated approach to support survivors. By implementing early identification, comprehensive mental health services, supportive environments, prevention education, ongoing research, policy advocacy, and community-based support networks, we can significantly improve the mental well-being and quality of life of CSA survivors. One of the most critical aspects of supporting CSA survivors is the **early detection of abuse and timely intervention**. CSA often goes undetected for prolonged periods due to fear, shame, or the inability of the child to communicate their experiences. To achieve this, we need to promote **Enhance awareness among educators, caregivers, and health professionals** to recognize early warning signs of CSA as well as develop and or enhance the protocol for mandatory reporting. Early survivors have access to immediate therapeutic support intervention and this can significantly reduce the long-term psychological effects of CSA. School systems and community programs must play an active role in providing educational and emotional support, while policymakers should focus on strengthening legal protections and advocating for comprehensive CSA prevention frameworks. Finally, ongoing research is necessary to continually improve the effectiveness of interventions and ensure that CSA survivors receive the care they need.

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