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Role of psycho-social variables in dealing with trauma of child sexual abuse

Sunaina Goswami

M.A Clinical Psychology

School of Social Science and Languages, Lovely Professional University

Dr. Sanjay Ghosh

Assistant Professor Psychology, School of Social Science and Languages
Lovely Professional University

Abstract---Objective: The study was undertaken to determine “Role of Psycho-Social variables in dealing with Trauma of Child Sexual Abuse”. Method: Two different areas were taken for the present study such as Pithoragarh district of Uttarakhand, Jalandhar district of Punjab, 100 subjects were taken (50 subjects were male and 50 female subjects) purposefully and were matched age, sex, education, occupation, family environment scale, self-esteem scale, sexual and physical abuse questionnaire, childhood trauma questionnaire, multidimensional scale of social support, were employed to each of the subjects in two sessions. The following standardized questionnaires will be used in the study and will be administered through both offline and online mode. Results: Results revealed that male subjects showed more prominence in family environment and social support. Female subjects showed more prominence in self-esteem in the exposure of sexual and physical abuse female subjects were found to be more exposed in this regard and male subjects were more exposed to childhood trauma. Conclusion: This may be due to that, among young adults male subjects are getting more access to family environment and social support and female subjects are commonly exposed to sexual and physical abuse whereas male subjects are getting more traumas in childhood in terms of physical abused.

Keywords---sexual abuse, trauma, family environment, social support, self esteem.

Introduction

In 1999 Childhood sexual abuse was defined by the World Health Organisations as “Child Sexual Abuse is the involvement of a child in sexual activity that he or

she does not fully comprehend, is unable to give consent to, or for which the child is not developmentally prepared and cannot give consent to, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performance and materials”

The family environment involves the circumstances and social climate conditions within families. Since each family is made up of different individuals in a different setting, each family environment is unique, not combating child sexual abuse and actual abuse, family arguments are obstacles for the improvement of mental problems and depression in young adults, but according to (Kenny & Eachern,2006) with the help of a sound and supportive family environment the accomplishment on the mental despair can be attained. Kids from adaptable and strong homes show propensities for mind, important to innovative creation, (Meyersona, Longa et al, 2002).

Those children who are sexually or physically abused and then threatened by their own family members and close relatives had problems in expressing their emotions, The four basic dimensions of family expressiveness (cohesion, flexibility, satisfaction and communication) are significantly associated with higher expressions of positive, submissive emotions as well as the lower frequent expressions of negative dominant emotions (Sonja Cotar & Konard, 2016), Even though a numerous researches suggested different implementation of the impact of perceived social support on mental health outcomes, the specified pathways through which perceived social support encourage young adults, (Feeney and Collins, 2014).

At the same time, some findings suggest that high perceived social support may not always encourage mental health, but may actually be related with increased suffering (Seidman et al., 2006). The individuals who have close social support adapt better to different stressors, including deprivation, work pressure, assault, and sickness. (Social support has been very effective in preventing and controlling the aftermath of childhood sexual and physical abuse.

Previous studies have concluded that those who suffer a phase of childhood sexual abuse perform more risky sexual behaviours and are more likely to experience further phases of sexual victimization during adolescence and early youth. (Browne A & Finkelhor D, 1986). However, other investigations have suggested that sexual abuse is a stronger predictor than physical abuse of depression (Brown, Cohen, Johnson, & Smailes, 1999).

Significance of the study

A child abuse survivor struggles with many problems in his/her life such as shame and guilt, his/her intimacy and relationship is hampered, OCD and low self-esteem, as many of them are traumatized with the abuse that the feel

uncomfortable and anxious with anyone touching them, many of the survivors have felt uncomforted and shame while touching their own bodies. Hence, Positive/ Negative self-esteem deals with effective overcoming of childhood sexual abuse trauma.

Research Objectives

1. To assess the relationship of social support in dealing with trauma of child sexual abuse.
2. To assess the relationship of family environment in dealing with trauma of child sexual abuse.
3. To assess the relationship of self-esteem with trauma of child sexual abuse.
4. To interrelate social support, family environment and self esteem

Research Hypothesis

1. There will be a significant relationship between social support and trauma of child sexual abuse.
2. There will be correlation between Family Environment and trauma of child sexual abuse.
3. There will be correlation between effect ofTrauma of Child Sexual Abuse and Self-esteem.
4. There will be a significant Interco relation between social support family environment and self-esteem of the subjects having childhood sexual abuse

Research Design

The number of subjects was 100.The age of the subjects ranges between 20 years to 30 years.The subjects consisted of both male and female population.

Sampling Technique

Purposive sampling has been taken.

Instruments

1. Multidimensional Scale of perceived social support:Developed by Zimet, Dalhem & Farley in 1988.It includes 12 items Itcovers three dimensions; Family Friends and significant other.Reliability and validity of the scale = 0.81 to 0.98 and 0.92 to 0.9.
2. The Sexual and Physical Abuse Questionnaire (SPAQ):Developed by Cornrlis (Kees)& Gerardus Kooiman in2002.It includes 9 items with 4 options each.It covers three dimension; Physical abuse, sexual abuse, social support.Reliability of the scale =0.63 (physical abuse),0 .82 (sexual abuse).
3. Family Environment Scale (Bhatia and Chadha, 2005 re-examined):Developed by Moos in 1974, re-examined in 2005 by Bhatia and Chadha.It includes 69 items with five point scale(Strongly agree, Agree, Neutral, Disagree and Strongly disagree).It comprises of 5 sub scales like Attachment, Expressiveness, Struggle, Acknowledgment and

Mindful. Generally speaking Test Unwavering quality. Coefficient fir the scale is o.95.

4. Self-esteem scale: It was developed by Rosenberg in 1965. It consists of 10 items with 5 point scale. Test-retest reliability over a period of 2 weeks reveals correlations of .85 and .88, indicating excellent stability.
5. Childhood Trauma Questionnaire: It was developed by Pennebaker, J.W & Susman in 2013. It consists of 13 items with seven point scale. Test-retest reliability over a period of 2- to 6- months' interval reveals correlations of 0.88, indicating excellent stability.

Procedure

For this study the subjects were selected from Pithoragarh, Uttarakhand and Jalandhar, Punjab. After explaining the purpose of study and the method to the subject, their consent was taken and the test was given to them. The tools which have been selected for the present study was given to them. The tools were completed in two successive sessions. The sequence of the test was changed in order to avoid order effect. After the completion of the two session, the responses of the subjects were scored, tabulated and analysed through SPSS. After that interpretations were done and accordingly conclusions were made.

Statistical Techniques

All the data was analysed through proper Statistical process (Mean, SD and t) through SPSS.

Table 1. Distribution of scores of Male subjects in different scales

Family Environment Scale					The Sexual and Physical Abuse Questionnaire			Multidimensional scale of perceived social support			Self Esteem	Childhood Trauma Questionnaire	
Tool 1	Tool 2	Tool 3	Tool 4	Tool 5	Tool 1	Tool 2	Tool 3	Tool 1	Tool 2	Tool 3		Tool 1	Tool 2
14	12	10	11	11	9	0	0	16	20	16	21	22	5
18	11	9	12	14	8	2	2	13	13	14	21	21	5
12	14	5	11	18	9	2	2	15	15	16	25	24	4
12	15	8	14	16	9	2	5	16	17	15	25	24	14
19	12	5	14	12	9	2	2	19	17	14	26	24	17
12	14	4	14	11	9	2	5	15	17	15	21	25	15
14	11	1	15	12	9	2	6	16	17	15	24	21	14

	1	1											
15	10	19	15	11	5	2	5	16	17	16	24	22	7
14	9	16	14	10	9	2	2	17	17	16	12	21	8
14	11	16	16	14	9	2	2	19	16	15	12	21	9
16	4	14	16	12	8	2	5	15	17	20	1	24	11
12	11	14	17	14	9	2	2	15	12	20	12	11	10
18	2	18	15	14	9	2	1	15	12	14	16	11	14
20	2	15	15	11	8	2	0	15	11	14	14	14	17
14	6	19	14	17	9	2	0	15	14	20	21	15	5
15	5	12	12	17	9	0	2	15	16	14	22	21	6
12	14	14	14	16	8	0	0	15	16	14	32	12	11
21	12	17	14	11	9	0	5	16	13	15	32	41	2
11	11	18	12	12	5	2	5	16	12	16	35	52	4
14	14	19	15	14	8	0	6	16	14	13	31	41	4
14	17	13	14	11	7	0	9	16	11	12	21	21	7
14	9	15	12	12	9	0	2	17	11	14	24	51	7
15	8	15	12	11	9	0	5	17	13	17	21	21	1
14	14	15	14	14	9	2	2	17	13	17	24	40	4
14	2	15	12	14	9	2	6	18	14	19	12	12	5
14	11	15	11	14	9	2	8	18	16	19	12	12	11
21	14	14	8	16	9	2	5	19	14	17	11	41	9
14	12	16	11	16	9	0	2	19	15	19	12	11	11
20	13	14	14	11	9	0	5	19	15	17	15	12	12
16	16	16	15	14	9	0	4	17	16	19	14	41	4
16	14	14	14	12	9	0	6	16	16	17	12	11	5

14	1 4	1 6	14	14	9	2	0	16	15	15	13	11	8
14	1 2	1 4	12	11	9	2	0	16	15	15	14	12	9
15	1 5	1 5	14	11	9	0	2	16	16	15	14	14	6
15	1 4	1 4	12	11	9	2	0	16	14	19	15	12	4
17	1 4	1 4	14	11	9	0	2	16	14	15	12	12	5
14	1 4	1 4	12	12	9	0	0	15	14	16	15	14	7
18	1 4	1 9	12	12	9	2	5	15	14	14	22	14	3
19	1 4	1 9	11	11	9	2	2	15	16	15	14	12	5
14	1 5	1 5	10	9	9	0	4	12	16	16	14	14	4
14	1 6	1 6	11	17	9	2	2	14	15	14	17	15	12
16	1 4	1 3	9	9	9	0	5	15	12	15	16	15	10
12	1 4	1 3	11	5	9	2	2	12	14	16	21	14	9
12	1 1	1 5	4	11	9	0	5	16	14	14	25	14	10
14	1 1	1 5	12	14	9	2	2	13	14	15	21	14	11
14	1 1	1 5	12	15	9	0	5	12	15	19	24	12	14
15	8	1 5	12	11	9	2	2	12	16	15	11	12	2
14	4	1 5	12	11	9	0	5	12	14	18	21	14	11
17	1 2	1 4	11	12	9	2	2	12	14	12	14	14	12
17	2 0	1 4	14	12	9	0	6	12	14	12	12	12	11
15. 08	1 1 · 5 4	1 4 · 2	12. 72	12.6 2	8.7	1.1 6	3.2 4	15. 5	14. 66	15. 78	18.4	19. 82	8.22
2.4 3	3 · 9 3	3 · 3 3	2.2 1	2.43	0.8 5	0.9 8	2.2 5	1.9 6	1.8 5	2.0 9	6.67	10. 76	4.03 1

Table 2. Distribution of scores of Female subjects in different scales

Self-Esteem	Childhood Trauma Questionnaire		Family Environment Scale					The Sexual and Physical Abuse Questionnaire			Multidimensional Scale of Perceived Social Support		
	Tool 1	Tool 2	Tool 1	Tool 2	Tool 3	Tool 4	Tool 5	Tool 1	Tool 2	Tool 3	Tool 1	Tool 2	Tool 3
21	33	7	15	11	11	15	12	11	0	2	11	16	12
11	6	4	16	10	10	15	9	18	0	0	15	16	12
32	39	11	17	10	10	15	9	9	0	0	15	15	10
32	39	11	19	10	10	14	8	14	0	0	15	15	10
21	7	4	15	9	9	12	12	15	0	5	16	14	8
21	14	5	14	14	11	12	11	16	0	4	16	14	10
25	11	11	14	11	12	12	14	11	0	8	16	15	10
28	8	7	16	12	14	12	15	11	0	9	14	14	10
24	14	14	16	12	11	11	16	15	0	7	16	15	12
23	15	14	17	14	11	12	11	15	6	8	16	15	12
36	7	15	18	13	12	12	11	16	5	7	14	14	13
36	7	12	19	12	10	11	14	17	6	8	16	12	13
25	4	12	14	12	10	10	15	18	5	9	16	12	13
36	14	9	14	12	10	10	17	17	4	7	14	12	12
34	14	7	19	14	10	14	19	17	0	5	14	12	12
30	22	7	15	14	10	15	9	19	0	5	14	11	14
31	14	8	15	14	10	14	5	17	4	5	15	10	14
12	25	8	16	14	10	11	7	19	5	6	15	10	15
12	15	7	19	9	9	14	12	17	2	5	15	10	13
41	26	7	16	9	11	14	11	17	6	5	14	13	15
16	21	8	19	8	10	11	14	17	6	5	12	13	15
16	24	9	19	10	11	12	18	15	2	5	14	10	13
14	24	7	14	11	11	12	14	16	0	4	12	10	13
15	21	7	15	12	12	11	15	16	0	5	12	15	12
14	14	7	14	21	12	11	16	12	0	3	12	10	12
11	25	7	14	21	11	12	14	12	5	3	12	10	12
24	25	7	18	14	6	12	11	12	5	4	12	8	10
26	26	8	19	14	9	12	12	12	0	5	14	8	10
36	25	7	19	16	9	14	13	12	0	4	10	7	10
35	26	4	19	14	8	14	14	12	5	3	12	8	12
21	26	7	21	15	11	14	15	14	5	3	7	11	12
24	26	7	21	17	9	14	11	14	5	4	12	15	12
27	25	15	14	15	11	14	11	14	6	5	6	15	12
30	11	15	14	14	9	14	9	14	6	5	7	15	10
40	7	14	14	12	10	14	5	16	5	5	7	15	10
11	25	12	14	14	10	14	8	16	4	6	6	10	12
11	7	12	14	14	10	11	14	14	2	5	7	10	10
15	7	12	14	14	10	12	14	16	6	6	7	10	10
15	7	21	11	12	10	12	6	16	5	5	6	10	10
14	14	12	11	14	5	12	12	16	4	4	7	11	9
14	11	12	11	14	11	11	12	16	5	3	12	11	10
16	14	11	15	11	5	11	11	12	4	5	12	10	11
16	12	11	12	12	11	9	14	14	5	4	12	10	11
14	7	14	11	14	6	12	14	14	5	3	11	10	10
11	12	14	12	11	8	14	15	16	6	5	11	10	9
12	14	15	12	15	9	12	14	14	5	4	15	10	12
14	12	15	12	14	9	16	11	16	6	3	15	11	12
17	14	14	14	14	11	14	11	14	5	4	14	11	12
14	14	14	14	14	12	16	17	16	6	3	14	9	12
14	14	14	12	11	11	14	15	14	5	3	12	8	12
21.76	16.88	10.24	15.34	12.96	9.96	12.72	12.34	14.82	3.32	4.62	12.38	11.72	11.54
8.98	8.52	3.69	2.70	2.55	1.72	1.62	3.15	2.22	2.45	1.97	3.10	2.46	1.59

Table 3: Showing Comparison Of Scores Between Male And Female Subjects

VARIABLES	MALE MEAN	MALE SD	FEMALE MEAN	FEMALE SD	t value	REMARKS
ATTACHMENT	15.08	2.43	15.34	2.7	0.5	NOT SIGNIFICANT
EXPRESSIVENESS	11.54	3.93	12.96	2.55	2.14	SIGNIFICANT AT .05 LEVEL
STRUGGLE	14.2	3.33	9.96	1.72	7.99	SIGNIFICANT AT .01 LEVEL
ACKNOWLEDGEMENT	12.92	1.84	12.72	1.62	0.49	NOT SIGNIFICANT
MINDFULNESS	12.62	2.43	12.34	3.15	0.49	NOT SIGNIFICANT
SEXUAL ABUSE	8.7	0.85	14.82	2.22	18.16	SIGNIFICANT AT .01 LEVEL
PHYSICAL ABUSE	1.16	0.98	3.32	2.45	5.77	SIGNIFICANT AT .01 LEVEL
SUPPORT	3.24	2.25	4.62	1.97	3.24	SIGNIFICANT AT .01 LEVEL
FRIENDS	15.5	1.96	12.38	3.1	6	SIGNIFICANT AT .01 LEVEL
FAMILY	14.66	1.85	11.72	2.46	6.74	SIGNIFICANT AT .01 LEVEL
SIGNIFICANT OTHER	15.78	2.09	11.54	1.59	11.41	SIGNIFICANT AT .01 LEVEL
CHILDHOOD TRAUMA	19.82	10.76	16.88	8.52	1.51	NOT SIGNIFICANT
RECENT TRAUMA	8.22	4.03	10.24	3.69	10.32	SIGNIFICANT AT .01 LEVEL
SELF ESTEEM	18.4	6.67	21.76	8.98	2.12	SIGNIFICANT AT .05 LEVEL
FAMILY ENVIRONMENT SCALE	13.21	2.79	12.66	2.34	1.18	NOT SIGNIFICANT
SEXUAL AND PHYSICAL ABUSE	4.36	1.36	7.58	2.21	8.77	SIGNIFICANT AT .01 LEVEL
MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT	15.31	1.96	11.88	2.38	7.80	SIGNIFICANT AT .01 LEVEL

Results and Discussion

From the overall assessment of family environment dimensions, it has been found that male subjects showed more prominence to be adjusted in family environment compared to their female counterparts. It has come out from the mean scores, where male subjects mean is higher than that of female subjects (Male mean = 13.21, Female mean = 12.66). From SD values (Male SD = 2.79, Female SD = 2.34), it

has been shown that male subjects expressed more variability of scores in compared to female subjects. The t value (1.18) has not been found significant. The above result is very similar to previous research findings (Panos Vostanis and Judith Nicholls T, 1995) which implies that male subjects show more effective family environment relationships compared to female subjects. Contrary findings have also been found from other researches (Shanti Balda, Sheela Sangwan and Arti Kumari, 2019).

In overall assessment of this dimension, it has been found that female subjects are more exposed to sexual and physical abuse compared to male subject. It is very much evident from their mean scores, where female subjects are higher than that of male subjects (Male mean = 4.36, Female mean = 7.58). From SD values (Male SD = 1.36, Female SD = 2.21), it implies that female subjects showed more variability of scores than that of male subjects. The t value (8.77) has been found significant at 0.01 level. It refers that the difference between the means of male and female subjects is statistically significant.

In this dimension the result prove that female subjects are much more exposed to sexual and physical abuse compared to male subjects. It is very much in line with previous research findings (Abeid, M., Muganyizi, P., Massawe, S. et al, 2015). Reverse findings, such as males are more exposed to sexual and physical abuse than females, have also been cited by other researchers (Patrizia Riccardi, 2010). From the overall scores of all dimensions in social support scale it has been found that male subjects scored higher than the female subjects (Male mean = 15.31, Female mean = 11.88) it indicates that male subjects are very much accessible to social support compared to female subjects. From SD values, (Male SD = 1.96, Female SD = 2.38), showed that female subjects expressed more variability of scores compared to male subjects. The t value (7.80) has been found significant at 0.01 level.

The difference between the two means have been found statistically significant. The present findings are very much in line with the previous research studies (Myria Ioannou, Angelos P. Kassianos and Maria Symeou, 2019) which refers that male subjects show more prominence in social support compared to female subjects. Opposite findings have also come across from other research studies (Tam Cailian, 2020).

In the domain of childhood trauma, overall findings suggest that male subjects are more accessible to their childhood trauma experiences compared to female subjects. The present findings is closely associated with previous research studies (Xiangfei Meng & Carl D'Arcy, 2016). Some research findings also suggests contrary findings to that where females are more accessible to childhood traumatic experiences than male. (L Røberg, 2018) In the recent study, it has been found that males have shown more prominence in self-esteem compared to female subjects (Male mean = 18.4, Female mean = 10.24). From the SD values (male = 6.67, female = 3.69), it may be referred that male subjects showed more variability of scores in compare to female subjects. The t value (2.12) has been found significant at 0.01 level, which suggests that the difference between two mean scores is statistically significant.

The above finding is very much in line with previous research studies (Reut Agam, 2015), which that depicts, male subjects show more prominence in self-esteem compared to females. Contrary findings suggest the opposite in gender difference (Zuckerman & Hall, 2016). Along with the analysis of objective findings, some associated relations have also been found from the content analysis of the case studies. Among the case study of three boys and three girls it has been found that all the subjects have experienced trauma in their childhood and also some associated features like physical injuries, body aches. They all were abused by either family members or close relatives. They all experienced childhood trauma at the age of 11 years or below. They are so much traumatized that they feel scared of touching their bodies by anyone. Many of them experienced bleeding from private parts they developed anxiety and self-doubt. They feel lack of confidence and they got threatening from the family members for exposing those trauma. Some of them have the symptoms of self-harm, depression and suicidal attempts. Many of them are struggling with poverty.

Combining these two objective and subjective analysis it has been found that childhood trauma, sexual and physical abuse have a detrimental effect on the subject's self-esteem, social support and access to family environment (Laura K. Murray, Amanda Nguyen, and Judith A. Cohen, 2014). The present study has made an effort to present a schematic profile of childhood trauma and its consequences.

Conclusion

From the result, it may be concluded that male subjects showed more prominence in family environment and social support. They were also found to be more experience in childhood trauma compared to female subjects. Only in sexual and physical abuse female subjects showed more exposure to their variable. Male subjects scored higher in those above mentioned dimension because of their less supported family members in childhood trauma but during their adult phase they are getting more access to family environment and social support which in turn increases. Overall childhood trauma has been seen obviously among the males because it includes physical abuse other than sexual abuse. Many research findings have also been traced that female subjects are more exposed to sexual and physical abuse. Contrary findings have also been traced in this regard. So, from the result, it may also be said that alternative hypothesis has been expected in the present study. It indicates that there is a relationship between the variables with the subjects of childhood trauma in the present study. Therefore, in the small segment of research, the role of psycho-social variables in dealing with the subjects of childhood trauma has been studied so that title of the study is very apt and justified.

Research Limitations

1. Other variables, namely health and environment correlate may also be studied to get a comprehensive assessment of the subjects of childhood trauma.
2. Family members of the subjects of childhood trauma may also be included in the study so that the subjects will get much more support from their

family and surrounding and the apprehension of the magnitude of trauma by the family member can also be established.

Acknowledgment

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References

- Abeid, M., Muganyizi, P., Massawe, S., Mpembeni, R., Darj, E., & Axemo, P. (2015). Knowledge and attitude towards rape and child sexual abuse – a community-based cross-sectional study in rural Tanzania. *BMC Public Health*, *15*(1). <https://doi.org/10.1186/s12889-015-1757-7>
- Adams, J., Mrug, S., & Knight, D. C. (2018). Characteristics of child physical and sexual abuse as predictors of psychopathology. *Child Abuse & Neglect*, *86*, 167–177. <https://doi.org/10.1016/j.chiabu.2018.09.019>
- Balda, S., Sangwan, S., & Kumari, A. (2019). Family environment as perceived by adolescent boys and girls. *International Journal of Current Microbiology and Applied Sciences*, *8*(01), 2262–2269. <https://doi.org/10.20546/ijcmas.2019.801.237>
- Brown, Jocelyn, Cohen, Patricia, Johnson Jeffrey, & Smailes, Elizabeth.M (1999). Childhood abuse and neglect: Specificity of effects on adolescent and Young Adult Depression and suicidality. *Journal of the American Academy of Child & Adolescent Psychiatry*, *38*(12), 1490–1496. <https://doi.org/10.1097/00004583-199912000-00009>
- Burton, E., Stice, E., & Seeley, J. R. (2004). A prospective test of the stress-buffering model of depression in adolescent girls: No support once again. *Journal of Consulting and Clinical Psychology*, *72*(4), 689–697. <https://doi.org/10.1037/0022-006x.72.4.689>
- Choenarom, C., Williams, R. A., & Hagerty, B. M. (2005). The role of sense of belonging and social support on stress and depression in individuals with depression. *Archives of Psychiatric Nursing*, *19*(1), 18–29. <https://doi.org/10.1016/j.apnu.2004.11.003>
- Choudhry, V., Dayal, R., Pillai, D., Kalokhe, A. S., Beier, K., & Patel, V. (2018). Child sexual abuse in India: A systematic review. *PLOS ONE*, *13*(10). <https://doi.org/10.1371/journal.pone.0205086>
- De Bellis, M. D., & Zisk, A. (2014). The biological effects of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America*, *23*(2), 185–222. <https://doi.org/10.1016/j.chc.2014.01.002>
- Fairbairn, M., Kainulainen, K., Markkanen, T., & Nurmi, S. (2019). Despicable dark relics: Generated by gravity with unconstrained masses. *Journal of Cosmology and Astroparticle Physics*, *2019*(04), 005–005. <https://doi.org/10.1088/1475-7516/2019/04/005>
- Gibson, L. E., & Leitenberg, H. (2001). The impact of Child sexual abuse and stigma on methods of coping with sexual assault among undergraduate women. *Child Abuse & Neglect*, *25*(10), 1343–1361. [https://doi.org/10.1016/s0145-2134\(01\)00279-4](https://doi.org/10.1016/s0145-2134(01)00279-4)

- Gordon, M. (1989). The family environment of sexual abuse: A comparison of natal and stepfather abuse. *Child Abuse & Neglect*, 13(1), 121–130. [https://doi.org/10.1016/0145-2134\(89\)90035-5](https://doi.org/10.1016/0145-2134(89)90035-5)
- Kenny, M. C., & McEachern, A. G. (2007). Family environment in hispanic college females with a history of childhood sexual abuse. *Journal of Child Sexual Abuse*, 16(3), 19–40. https://doi.org/10.1300/j070v16n03_02
- Kolbe, V., & Büttner, A. (2020). Domestic violence against men— prevalence and risk factors. *Deutsches Ärzteblatt International*. <https://doi.org/10.3238/arztebl.2020.0534>
- Kooiman, C. G., Ouwehand, A. W., & ter Kuile, M. M. (2002). The sexual and physical abuse questionnaire (SPAQ). *Child Abuse & Neglect*, 26(9), 939–953. [https://doi.org/10.1016/s0145-2134\(02\)00363-0](https://doi.org/10.1016/s0145-2134(02)00363-0)
- Lippert, T., Cross, T. P., Jones, L., & Walsh, W. (2009). Telling interviewers about sexual abuse. *Child Maltreatment*, 14(1), 100–113. <https://doi.org/10.1177/1077559508318398>
- Meyerson, L. A., Long, P. J., Miranda, R., & Marx, B. P. (2002). The influence of childhood sexual abuse, physical abuse, family environment, and gender on the psychological adjustment of adolescents. *Child Abuse & Neglect*, 26(4), 387–405. [https://doi.org/10.1016/s0145-2134\(02\)00315-0](https://doi.org/10.1016/s0145-2134(02)00315-0)
- Miller-Perrin, C. L. (1997, November 30). *Sexually abused children's perceptions of sexual abuse: An exploratory analysis and comparison across ages*. Journal of Child Sexual Abuse. Retrieved April 19, 2022, from <https://eric.ed.gov/?id=EJ573137>
- Morrison, N. C., & Clavenna-Valleroy, J. (1997, November 30). *Perceptions of maternal support as related to self-concept and self-report of depression in sexually abused female adolescents*. Journal of Child Sexual Abuse. Retrieved April 19, 2022, from <https://eric.ed.gov/?id=EJ573138>
- Murray, L. K., Nguyen, A., & Cohen, J. A. (2014). Child sexual abuse. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 321–337. <https://doi.org/10.1016/j.chc.2014.01.003>
- Røberg, L., Nilsen, L., & Røssberg, J. I. (2018). How do men with severe sexual and physical childhood traumatization experience trauma-stabilizing group treatment? A qualitative study. *European Journal of Psychotraumatology*, 9(1), 1541697. <https://doi.org/10.1080/20008198.2018.1541697>
- Roopesh, B. N. (2015). Child sexual abuse in a trusted relationship: Trauma or confusion? *Child Safety, Welfare and Well-Being*, 75–81. https://doi.org/10.1007/978-81-322-2425-9_6
- Rosenberg self-Esteem Scale*. Shirley Ryan AbilityLab. (n.d.). Retrieved April 19, 2022, from <https://www.sralab.org/rehabilitation-measures/rosenberg-self-esteem-scale>
- Stoltenborgh, M., van IJzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment*, 16(2), 79–101. <https://doi.org/10.1177/1077559511403920>
- Sweeney, S., Air, T., Zannettino, L., & Galletly, C. (2015). Gender differences in the physical and psychological manifestation of childhood trauma and/or adversity in people with psychosis. *Frontiers in Psychology*, 6. <https://doi.org/10.3389/fpsyg.2015.01768>

- Tremblay, C., Hébert, M., & Piché, C. (1999). Coping strategies and social support as mediators of consequences in Child sexual abuse victims. *Child Abuse & Neglect*, 23(9), 929–945. [https://doi.org/10.1016/s0145-2134\(99\)00056-3](https://doi.org/10.1016/s0145-2134(99)00056-3)
- Van Bruggen, L. K., Runtz, M. G., & Kadlec, H. (2006). Sexual revictimization: The role of sexual self-esteem and dysfunctional sexual behaviors. *Child Maltreatment*, 11(2), 131–145. <https://doi.org/10.1177/1077559505285780>
- Winters, G. M., Colombino, N., Schaaf, S., Laake, A. L., Jeglic, E. L., & Calkins, C. (2020). Why do child sexual abuse victims not tell anyone about their abuse? an exploration of factors that prevent and promote disclosure. *Behavioral Sciences & the Law*, 38(6), 586–611. <https://doi.org/10.1002/bsl.2492>
- Wolfe, V. V., Gentile, C., & Wolfe, D. A. (1989). The impact of sexual abuse on children: A PTSD formulation. *Behavior Therapy*, 20(2), 215–228. [https://doi.org/10.1016/s0005-7894\(89\)80070-x](https://doi.org/10.1016/s0005-7894(89)80070-x)
- Wurtele, S. K., Moreno, T., & Kenny, M. C. (2008). Evaluation of a sexual abuse prevention workshop for parents of young children. *Journal of Child & Adolescent Trauma*, 1(4), 331–340. <https://doi.org/10.1080/19361520802505768>
- Zinzow, H., Seth, P., Jackson, J., Niehaus, A., & Fitzgerald, M. (2010). Abuse and parental characteristics, attributions of blame, and psychological adjustment in adult survivors of Child sexual abuse. *Journal of Child Sexual Abuse*, 19(1), 79–98. <https://doi.org/10.1080/10538710903485989>