

The impacts of adolescent sexual abuse: A briefing on the literature

March 2019

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Key messages

- 1) There is very limited research on the mental health and wellbeing impacts of experiencing sexual abuse *in adolescence*.
- 2) There is literature on the impacts of child sexual abuse (CSA) on adolescents, but often these studies do not report the age of onset of CSA. This means it is difficult to know if differences in impacts exist where abuse occurs at younger, versus older, ages.
- 3) An emerging evidence base on child sexual exploitation (CSE), a form of CSA predominantly experienced in adolescence, highlights that victims have significant mental health needs. However there are not yet any studies designed to robustly investigate the scale and nature of these impacts.
- 4) There is evidence that the impacts of sexual abuse across childhood and adolescence, as well as experiences of other adversities, may be cumulative. In other words, the more abuse experienced, the more likely an adolescent will be to demonstrate mental health or behavioural impacts or have increased vulnerability to revictimisation.
- 5) The *Learning from the Experts* research will contribute to the gap in evidence by documenting, with young people, their mental health and wellbeing needs following sexual abuse in adolescence, and what best supports them.

1. Background

1.1 *Learning from the Experts* is a participatory research study on adolescent sexual abuse¹ being undertaken by the International Centre: Researching child sexual exploitation, violence and trafficking. The research, funded by the National Society for the Prevention of Cruelty to Children (NSPCC) and the Economic and Social Research Council (ESRC), explores the mental health and wellbeing needs of those who experience child sexual abuse (CSA) in adolescence. You can read more about the research and research questions [here](#).

1.2 The research began with a literature review. This briefing, on the impacts of adolescent sexual abuse, is accompanied by two further briefings covering:

¹ The Learning from the Experts research is focused on understanding mental health and wellbeing needs and support following abuse that occurs in adolescence. We call this 'adolescent sexual abuse'.

- concepts and frameworks for thinking about the mental health and wellbeing of young people following sexual abuse in adolescence; and
- the identification and assessment of mental health and wellbeing needs, and support for those who experience sexual abuse in adolescence.

1.3 A detailed methodology is published [here](#).

2. Introduction

2.1 This briefing addresses the first part of the second review question (as set out in the methodology briefing):

What does the research tell us about the impact of adolescent sexual abuse on young people’s mental health and wellbeing and what should a response to support healthy child development look like?

2.2 The search for literature on the mental health and wellbeing impacts of experiencing sexual abuse during adolescence (defined as falling between the ages of 11 and 17) yielded limited research. There is a growing literature in the United Kingdom on child sexual exploitation (CSE),² a form of CSA³ predominantly experienced in adolescence, which identifies a range of mental health needs among victims of this form of abuse (Berelowitz et al., 2013; Franklin et al., 2015; Hamilton-Giachritsis et al., 2017; Palmer, 2015). However there is still no single study that robustly investigates the scale and nature of these impacts.

2.3 Given the limited literature specifically focused on adolescent sexual abuse, the wider body of literature on CSA generally was examined. This literature documents the significant impacts that CSA can have on victims and survivors across the life course. Fisher et al.’s (2017) rapid evidence assessment on the

² Department for Education 2018 definition of CSE: Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity in exchange for (a) something the victim needs or wants, and/or (b) the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

³ Department for Education 2018 definition of CSA: Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

impacts of CSA, for example, describes adverse outcomes which span physical, emotional and mental health, inter-personal relationships, socio-economic domains, religious and spiritual beliefs and vulnerability to revictimisation.

2.4 Findings on the mental health impacts of CSA must be considered in light of more general patterns of mental ill health within the adolescent population. Whilst we lack robust and up-to-date prevalence data on young people’s mental health within the UK, Hagell (2017) warns that observed trends are not positive, pointing to rising rates of hospital admissions and referrals to Child and Adolescent Mental Health Services.

3. Brief overview of methodology and summary of relevant papers

3.1 Given the aims of the review (see Methodology) and the time constraints involved, the searches focused on literature published in the previous 10 years (2007-2017). Only one study was identified that provides specific evidence about the mental health and wellbeing impacts of *adolescent sexual abuse* (Cole et al., 2016). Eight other papers were included in the review because they provide evidence about the mental health and wellbeing impacts of CSA on adolescents as part of a wider study, but are limited either because they fail to differentiate between age of onset of CSA or because they explore sexual abuse as part of a wider concept of harm, specifically that of adolescent dating violence. The table below groups the papers according to their focus.

Focus of impact papers identified for the literature review

Focus of papers	References
Explicit focus on the impacts of adolescent sexual abuse	Cole et al. (2016)
Focus on the impacts of abuse without reference to the age of onset of CSA	Danielson et al. (2010) Fergusson et al. (2008) Jones et al. (2016) Papalia et al. (2017)
Addresses adolescent sexual abuse within wider studies of adolescent dating violence	Ackard et al. (2007) Hébert et al. (2008) Hébert et al. (2016) Mitra et al. (2013)

4. Impacts of child sexual abuse on young people

4.1 Fisher et al (2017) note the wide variety of impacts that are observed in victims and survivors and suggest that some impacts appear to be developmentally

specific. That is, some impacts are more likely to be relevant for, or emerge during, certain points in the life course.

4.2 Fisher and colleagues (2017) point out that it is not possible to be certain about developmental (age) differences in impact because of the many challenges that the literature presents. Because of the way many studies of impact are designed, it can be impossible to assess if an impact is **caused** by CSA, either directly or indirectly, or whether it is **linked to it** in some way. Furthermore, while the literature helps us to understand that harm may be cumulative, it may also be that young people who develop mental health needs after earlier experiences of abuse are then at increased risk of future trauma, which can, in turn increase their mental health needs further. It is, therefore, difficult to ascertain causality in studies of mental health impacts following sexual abuse.

4.3 Beitchman and Zucker (1992) argued for the necessity of considering the age of onset of sexual abuse and how this correlates with other abuse-specific variables. Their review concluded that the evidence on differential impacts related to onset of CSA was equivocal then (in the 1990s), and, unfortunately, the evidence base has not become any clearer since they wrote their paper.

4.4 The best and most robust studies to assess causal links are prospective, longitudinal studies capable of tracking children, young people and adults across the life course. However, these are expensive and complex study designs and not many exist which provide findings on the impacts of sexual abuse and maltreatment in adolescence.

4.5 Evidence across the nine papers selected for inclusion in this review relates to mental health impacts, behavioural impacts, and revictimisation impacts of experiencing CSA.

Mental health impacts

4.6 The only paper identified that addresses the mental health impacts of adolescent sexual abuse specifically is Cole et al. (2016). In this study, the researchers compared trauma symptoms in young people with experiences of commercial sexual exploitation which occurred in adolescence in addition to early experiences of sexual abuse (n=43; median age of 14 and a half years) and young people with experiences of other forms of sexual abuse in childhood or adolescence but not commercial sexual exploitation (n=173; median age of 15). Both groups experienced early extensive complex trauma (including sexual and emotional abuse, neglect and witnessing domestic violence), largely in the caregiving environment, with no significant differences between groups in terms of trauma type or sexual assault prevalence. However, they found higher levels of externalising trauma symptoms in young people who had experienced commercial sexual exploitation in addition to early complex trauma. Symptoms

included post-traumatic stress disorder (PTSD) with particular differences in relation to avoidance and hyperarousal. These findings suggest that harm may be cumulative.

- 4.7 Fergusson, Boden and Horwood (2008) analysed data from a 25-year longitudinal study on health and development in Christchurch, New Zealand. The authors analysed data points of cohort members at age 18 and 21. They found that cohort members who had experiences of CSA were at increased risk of later mental health problems, including depression, anxiety, conduct and anti-social personality disorder, suicidal ideation and suicide attempts. Cohort members exposed to CSA had rates of mental health problems that were 2.4 times higher than their non-abused counterparts.
- 4.8 Hébert and colleagues (2008) examined the link between CSA and adolescent dating violence among a longitudinal sample of girls (cohort members were first studied at age 4–5 with annual data collection points until age 12 and a final data collection point at 15). The study found that girls at age 15 who were exposed to both CSA and dating violence were more likely to experience both internalising and externalising mental health symptoms than girls with experiences of sexual abuse in childhood only. This, like Cole et al.'s (2016) study, suggests that multiple traumas may be associated with specific negative outcomes. In a later study, Hébert et al. (2016) drew on data from the Quebec Youths' Romantic Relationships Survey to explore the direct and indirect links between CSA and cyberbullying, bullying and mental health problems. The study found indirect links between CSA and mental health problems that were influenced by cyberbullying and bullying in school. In other words, propensity to experience mental health problems in the form of psychological distress, low self-esteem and suicidal ideation is heightened among young people with multiple experiences of trauma (CSA plus cyberbullying), underscoring the cumulative impact of harm.
- 4.9 Mitra, Mouradian and McKenna (2013) examined the prevalence and health risks of dating violence (including sexual violence) among American high school students (aged 12 to 18) with disabilities. The authors found that girls and boys with disabilities were more likely to report dating violence than girls and boys without disabilities. Their analyses showed that girls with disabilities who reported dating violence were more likely to report feeling sad or hopeless for two weeks or more in the past year and suicidal ideation in the past 12 months compared to those with disabilities but who reported no dating violence and those without disabilities who reported dating violence. In other words, disability paired with dating violence appears to increase the risk of experiencing some forms of mental ill health. Finally, Ackard and colleagues (2007) analysed data over five years (from 1999 when cohort members were on average 15 years old to 2004, when the average age was 20 years and four months) from an epidemiological study of adolescent eating behaviours and weight-related issues, and found that adolescent dating violence was significantly associated with high depressive

symptoms in female respondents, with results for suicide attempts approaching statistical significance. For males, adolescent dating violence was marginally associated with binge-eating and suicidal ideation. The analysis of the research findings, however, combined experiences of physical and sexual dating violence, which limits what can be known specifically about impacts of sexual violence in adolescent dating relationships.

Behavioural impacts

4.10 Behavioural impacts such as substance use and other so-called 'risky behaviours' have also been documented. In comparing behaviour differences between young people who were commercially sexually exploited and those who experienced other forms of abuse, Cole et al. (2016) observed that the former reported greater involvement in the juvenile justice system (measured by rate of involvement in detention centres) and more behavioural difficulties (measured by skipping school, sexualised behavior, alcohol use, drug use, criminal activity and running away) than those who had experienced other forms of sexual abuse. The authors concluded that exposure to commercial sexual exploitation in adolescence disproportionately affects young people emotionally, developmentally, psychologically and behaviourally. The differences identified amongst the commercial sexual exploitation group may relate to the accumulated experiences of trauma (as Hébert and colleagues (2008) suggest) or to impacts of childhood abuse that increased their vulnerability to commercial sexual exploitation in adolescence.

4.11 Analyses drawing on data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) in the United States revealed that CSA was indirectly linked with sexual intercourse and substance abuse in adolescence via externalising behaviours (Jones et al., 2016). In terms of how this manifests, boys demonstrating externalising behaviours were more likely to engage in early sexual intercourse, while girls were more likely to engage in both early sexual intercourse and alcohol use. Danielson et al.'s (2010) analysis of data on adolescents with histories of CSA, drawn from a National Survey of Adolescents, identified that drinking alcohol to the point of intoxication was the most frequent 'risky behaviour' reported (by 40% of the sample). Over a third of this sample reported engaging in delinquent behaviour and over a quarter reported non-experimental drug use. Fergusson et al.'s (2008) longitudinal analysis also found statistically significant relationships between CSA and substance use.

Interpersonal revictimisation

4.12 Two studies found interpersonal revictimisation among sexually abused adolescents. Hébert et al. (2016) found a direct link between CSA and cyberbullying; rates of cyberbullying experienced were twice as high among sexually abused adolescents compared to non-victims. The authors concluded

that the revictimisation of CSA victims through cyberbullying and bullying in school partly explains the link between CSA and mental health problems, pointing to the accumulation of harm that predicts poor outcomes.

4.13 Papalia et al. (2017) recently examined the pathways to interpersonal revictimisation over fifteen years (age 10 to 25) among a sample of individuals who had experienced contact sexual abuse in childhood. A subsample of individuals with an interpersonal (re)victimisation history was used to examine 'age-(re)victimisation' curves for CSA victims and comparisons. The authors found four pathways to revictimisation: normative; childhood-limited; emerging-adulthood; and chronic trajectories. Older age of onset of abuse, a criminal history and mental health problems were predictive of classification within the emerging-adulthood and chronic trajectories.

5. Summary

5.1 Little direct research into the effects of adolescent sexual abuse has been undertaken in recent years. There is a wider evidence base that establishes links between CSA and adolescent outcomes, but these often do not consider age at onset of CSA. More research is needed to understand what specific differences may exist between impacts of CSA at younger ages and impacts associated with experiencing the abuse in adolescence. This is important for shaping effective and targeted service provision that supports young people in a holistic way.

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ISBN:

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