

MENTAL DISORDERS IN SEXUALLY ABUSED CHILDREN

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SUMMARY

Sexual abuse in childhood is associated with many adverse consequences for survival during their lifetime. Numerous research studies clearly show the link between sexual abuse of children and the spectrum of unfavorable mental, social, sexual, interpersonal and behavioral as well as physical health consequences. Current research shows the strongest link between sexual abuse of children and the presence of depression, alcohol and abuse of other psychoactive substances and nutritional disorders in surviving women and anxiety-related disorders in male survivors. There is also an increased risk of re-victimization, especially for girls.

Negative effects of mental health in children with sexual abuse include posttraumatic symptoms, depression, helplessness, negative evaluation, aggressive behavior and behavioral problems. Recent research links sexual assault on children with psychotic disorders, including schizophrenia and dysfunctional disorders, as well as personality disorders. Sexual abuse of children involving penetration is specifically identified as a risk factor for the development of psychotic and schizophrenic symptoms.

Many studies have shown that sexual victimization in childhood is a significant risk factor for suicidal ideation and suicidal behaviors

Key words: *children - sexual abuse - mental disorders - consequences*

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INTRODUCTION

Sexual abuse in childhood and its consequences has been increasingly written about in recent years in scientific literature. There are many forms of sexual abuse in childhood but the most sexual abuse occurs in childhood.

According to the World Health Organization (WHO) 2006 guidelines, child sexual abuse is 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 and cannot give consent, or that violates the laws or social taboos of society. In the case of sexual abuse there is a difference in age, size or power between the abuser and the victim of sexual abuse. Sexual activities relate to all forms of sexual contact and behavior. This involves inciting or forcing a child to engage in illegal sexual activity; the use of a child in prostitution or other illegal sexual activity, the use of a child in pornographic material and performance.

Sexual exploitation of children and young people under 18 includes situations, contexts and relationships in which young people receive "something" (eg food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of sexual activity (National Working Group for sexually exploited children and young people 2008).

It is difficult to estimate the prevalence of child sexual abuse, because many cases go unreported. Radford and co-workers found that almost a quarter of young adults (24.1%) experienced child sexual abuse (Radford et al. 2011). Girls are at greater risk of abuse by family members than boys. Boys are at greater risk

of being abused by foreigners than girls (Maikovich-Fong & Jafee 2010).

Sexual abuse can happen to any child, but some circumstances can increase vulnerability of child. Numerous risk factors can lead a child in the situation of being exposed to sexual abuse, such as:

- female child;
- unaccompanied minor;
- child in foster care, adopted child;
- physically or mentally disabled child;
- history of previous abuse;
- poverty;
- war and armed conflict;
- psychological or cognitive vulnerability;
- dysfunctional families;
- social isolation and lack of emotional support network;
- parents with mental illness or psychoactive substances abuse.

Children from dysfunctional family relationships are particularly vulnerable to sexual abuse. Domestic violence can push children outside the home and make them vulnerable to people who look kind and show their affection (Goodyear-Brown 2012).

Children with mental illness, learning disability or physical disability are at twice risk for sexual abuse in comparison to their peers (Smith 2009). Sexual child abuse can occur in any community, but factors such as poverty, homelessness and loss increase the likelihood of sexual abuse (Lynne & Farley 2008). Young homeless people are more likely to experience sexual abuse (Smith et al. 2007).

Children can be at risk when using the internet (chat rooms, web forums) due to high possibility to meet perpetrator or to get persuaded to send their pictures or to perform sexual acts in front of cameras (Leonard 2010).

RESULTS AND DISCUSSION

Numerous studies clearly demonstrate the link between child sexual abuse and spectrum of adverse mental, social, sexual, interpersonal and behavioral as well as physical health consequences. Sexual abuse in childhood is in correlation with higher levels of depression, guilt, shame, self-harm, eating disorders, somatic problems, anxiety, dissociative disorders, sexual problems and problems related to interpersonal relationships.

Victims of sexual abuse may have a number of symptoms even after years of abuse. Physical signs and symptoms are easier to see, but emotional and psychological symptoms have long lasting effects. Alexander defines sexual abuse as "chronic neurological disease" and states that negative consequences can last for decades (Alexander 2011).

The consequences of child sexual abuse can include depression, eating disorders, post-traumatic stress, and an impaired ability to cope with stress or emotions (Allnock et al. 2009).

Depression is the most common long-term symptom of sexual abuse. Survivors have a negative image of themselves, low self-esteem, feeling of uselessness and withdrawal from social relationships; suicidal ideas, sleeping difficulties, and disturbed eating patterns.

Often there are long-term problems such as physical disorders and eating disorders in child sexual abuse. Abused children feel dirty or ugly, unhappy with their appearance and body, experience pelvic pain, gastrointestinal problems, headache and swallowing difficulty. Many experience chronic anxiety, tension, anxiety and phobia attacks; as well as post-traumatic stress disorder.

As a consequence of sexual abuse in childhood, survivors' avoidance, fear or lack of interest in sex can be developed as well as negative feelings like anger or guilt, emotional distance during sex; intrusive or disturbing sexual thoughts and images; involvement in compulsive or inappropriate sexual behavior; difficulties in establishing or maintaining intimate relationships.

Sexually abused victims have more sexual problems than the general population. The study showed that men who are sexually abused as children will experience the most likely erectile dysfunction, premature ejaculation, decreased sexual desire, and women will experience disturbances of sexual excitement (Laumann et al. 1999).

A prospective study on a sample of over 1600 subjects who exposed to sexual abuse as child showed that abused children had a significantly higher psychiatric treatment rate during the study period than the control

group (12.4% vs. 3.6%). Rates were higher for mental disorders in childhood, personality disorders, anxiety disorders and affective disorders. This prospective study indicates the link between child sexual abuse and the increased rate of mental disorders in childhood and adulthood (Spataro 2004). Higher rates have been reported for mental disorders and suicide attempts in men who have experienced sexual abuse as child with or without other forms of abuse compared to those who have not experienced sexual abuse. These results are important for understanding the significant long-term effects of child sexual abuse in men (Turner et al. 2017).

Sexually abused male groups had a high level of conflict with society, tendencies towards criminal behavior, compulsions, anti-social characteristics, mental confusion, anxiety, low self-esteem and moodiness. Also, men who have experienced sexual abuse in childhood show more aggression and hostility toward others.

Abused women can experience perceptual disorders and other symptoms such as somatic complaints, depression, anxiety, social avoidance and development of a passive-aggressive personality disorder. Sexual abuse and childhood rape are the most common causes of post-traumatic stress disorder in women, and women are twice more likely to develop post-traumatic stress disorder than men. Anxiety, depression, lack of trust, suicide attempt and post-traumatic stress are normal responses to child sexual abuse (ICAADA Central Indiana Regional Chapter 2010).

Child sexual abuse can have an impact on brain functioning, where child's brain is damaged by suffering abuse. The effects of sexual abuse can include dissociation, memory impairment and reduced social functioning (Whitehead 2011).

Sexual abuse in childhood can have a wide range of effects in adulthood. Some survivors experience less mental health problems, while others have many mental health problems. Child abuse is a kind of trauma, which is shocking, intense and disturbing.

Sexual abuse in childhood can affect:

- *Confidence-misuse* of trust can jeopardize the feeling that the world is a safe place and impairs the ability to trust others. This is especially pronounced if there is a close relationship with the abuser.
- *Self-esteem* - a child can blame himself or herself for abuse, although this is not his or her fault, and you may have a bad picture of his or her future.
- *Coping with stress* - a child can have a lot of negative feelings, making it difficult to deal with everyday stress.
- *Impulsivity* - acting before thinking of the consequences, which can lead risky activities.
- *Anger* - anger management difficulties.
- *Dissociation* - a common reaction to pain and fear; the mind is "separated" from the painful events in order to protect from it; the difficulty in remember-

ring what happened, the feeling that the world is not real or the feeling of disconnection with your body.

- *Self-harm* as a way of coping with difficult thoughts or feelings (Batey et al. 2010).

The experience of child sexual abuse is a greater risk of developing anxiety disorders (such as post-traumatic stress disorder), depression, eating disorders, dissociative disorders and personality disorders (Spataro et al. 2004).

Child sexual abuse survivors are at greater risk of developing alcohol and other substance abuse and are more likely to start abusing psychoactive substances in the younger age. Psychoactive substances abuse can be a way to cope with difficult experiences (Waldrop et al. 2007).

People who have experienced sexual abuse in childhood are two to three times more likely to experience abuse in adulthood. Abuse in childhood can affect the way adults interpret warning signs, understanding, trust and control in relationships; but also their expectations on how others act in relationships (Lau & Kristensen 2010).

The effects on physical health in sexually abused children have been described in numerous studies. These effects include:

- gastrointestinal diseases (e.g. irritable bowel syndrome, dyspepsia, chronic abdominal pain);
- gynecological disorders (e.g. chronic pain in the pelvic area, dysmenorrhea, menstrual irregularities);
- somatization (preoccupation with bodily processes).

Child sexual abuse is associated with developing of a wide range of mental, health and social problems, both in childhood and in adulthood. Short-term problems are:

- problems in controlling anger or violent behavior;
- difficulties in emotional reactions regulations;
- negative effects on self-esteem;
- fear and anxiety;
- problems in interpersonal relationships;
- nightmares;
- post-traumatic stress disorder;
- school difficulties;
- a sense of betrayal, weakness;
- stigmatization;
- inappropriate sexual behavior;
- sleep problems;
- social retreat, isolation;
- bodily complaints.

Long-term problems are:

- anxiety disorders;
- depression;
- interpersonal difficulties;
- post-traumatic stress disorder;

- sexual dysfunctions;
- disorders related to substance abuse;
- suicidal thoughts / suicidal behavior.

The results of the study indicate that some characteristics of sexual abuse experience predict a greater impact on mental health and social problems. Even more pronounced consequences occur after experience of sexual penetration. Negative effects are:

- both physical and sexual violence;
- cognitive assessment of life threat or serious injury;
- psychological abuse;
- a close relationship with the abuser;
- longer duration of abuse;
- frequent abuse;
- inadequate or lack of support from mother;
- inadequate or lack of support from sibling(s);
- lack of or inadequate community support;
- sex/gender (it seems that male victims have more difficulties than female ones);
- multiple abusers;
- disturbed family relationships.

Sexually abused children have twice the risk of psychotic reaction in their teens, and may also be a trigger for schizophrenia in those who are genetically predisposed. The researchers found that it is 2.6 times more likely to develop schizophrenia later in life in child sexual abuse victims (Cutajar et al. 2010).

CONCLUSION

The impact of sexual abuse on child's health is associated with a number of negative medical and psychological consequences, including taking psychoactive substances, violent behavior and psychological problems. Sexual abuse in childhood is in correlation with higher levels of depression, guilt, shame, self-harm, eating disorders, somatic symptom disorder, anxiety, dissociative disorders, sexual problems and problems related to interpersonal relationships, as well as psychoactive substances abuse.

In order to prevent or minimize the development of negative medical and psychological consequences, it is important that a sexually abused child is included as early as possible in a multidisciplinary treatment. The process of recovery and treatment begins with the disclosure of sexual abuse.

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