



## CHILD SEXUAL ABUSE AND PERSONALITY DEVELOPMENT

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### Abstract

This paper discusses on the personality development of Sexually abused children. Child sexual abuse (CSA) is a multifaceted problem, complex in character and consequences. Research done over the past decade indicates that a wide range of psychological and interpersonal problems are more prevalent among those who have been sexually abused than among individuals with no such experiences. Although no definitive causal relationship between CSA and problems in personality development can be established but on the basis of this literature review it can be concluded that childhood sexual abuse is a most important risk factor for a variety of problems. This article summarizes what is currently known about these potential impacts of child sexual abuse and established that experience of abusive treatment leave an impact on victims personality development which may further influence their future wellbeing.

**Key Words:** Child Abuse, Physical Abuse, Personality Development, Personality Adjustment, Children, Adolescents.

### Introduction

Child abuse is a worldwide problem, it is neither specific to any particular group or age level and report on cases of children being abused, abandon, and molested always in the news. This distressing and atrocious behaviour towards children seems to be on the rise. Child Sexual Abuse, it is a state of emotional, physical, economic and sexual maltreatment allows out to a person below the age of eighteen years and is a globally common phenomenon. Child sexual abuse has serious physical and psycho-social consequences which badly affect the health, overall well-being and personality of a child.

### Definition of Child Sexual Abuse

Child sexual abuse definitions vary across disciplines, social systems, research efforts, and laws. Some of the important definitions are,

According to WHO ( 2009 ), "Child sexual abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or inattentive treatment or commercial or other exploitation, resulting in actual or possible harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."

**Sexual abuse** is unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent. Most victims and perpetrators know each other. Immediate reactions to sexual abuse include shock, fear or disbelief. Long-term symptoms include anxiety, fear or post-traumatic stress disorder ( APA's Encyclopedia of Psychology, 2000).

The most comprehensive definition is given by the Standing Committee on Sexually Abused Children (SCOSAC, 1984) which states that "Any child below the age of consent may be deemed to have been sexually abused when a sexually matured person has engaged or permitted the engagement of that child in any activity of a sexual nature which is intended to lead to sexual gratification of the sexually mature person".

CSA activities include oral-genital, genital - genital, genital- rectal, hand-genital, hand-rectal or hand-breast contact; exposure of sexual anatomy; forced viewing of sexual anatomy and showing of pornographic material to a child or using a child in production of pornography, viewing or touching of genitals etc. Sexual activities by preadolescent children of same or opposite sex, separated by no more than 4 years of age, in which there has been no force or coercion, is termed as sexual play (Johnson, 2001).

### Forms of Child Sexual Abuse

The term 'Child Sexual Abuse' may have different meaning in different cultural background and socio-economic situations. A universal definition of child sexual abuse in the Indian context does not exist and has yet to be defined. According to WHO (2009).

**Physical Abuse:** Physical abuse is the forcing of physical injury upon a child. This may include burning, hitting, punching, shaking, kicking, beating or otherwise harming a child. The parent or caretaker may not have intended to hurt the child. It may, however, be the result of over-discipline or physical punishment that is inappropriate to the child's age.



**Sexual Abuse:** Sexual abuse is inappropriate sexual behaviour with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism and sexual exploitation. To be considered 'child abuse', these acts have to be committed by a person responsible for the care of a child (for example a baby-sitter, a parent, or a day-care provider), or related to the child. If a stranger commits these acts, it would be considered sexual assault and handled solely by the police and criminal courts.

**Emotional Abuse:** It is also known as verbal abuse, mental abuse, and psychological maltreatment. It includes acts or the failures to act by parents or caretakers that have caused or could cause, serious behavioural, cognitive, emotional, or mental trauma. This can include parents/caretakers using extreme and/or bizarre forms of punishment, such as confinement in a closet or dark room or being tied to a chair for long periods of time or threatening or terrorizing a child. Less severe acts, but no less damaging, are belittling or rejecting treatment, using derogatory terms to describe the child, habitual tendency to blame the child or make him/her a scapegoat.

**Neglect:** It is the failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. Physical neglect can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection (heat or cold). It may include abandonment.

**Educational Neglect** includes failure to provide appropriate schooling or special educational needs, allowing excessive truancies. Psychological neglect includes the lack of any emotional support and love, never attending to the child, substance abuse including allowing the child to participate in drug and alcohol use.

#### **Status of Child Sexual Abuse across Globe**

WHO (2003) estimates that almost 53,000 child deaths in 2002 were due to child killing. In the Global School-Based Student Health Survey carried out in a wide range of developing countries, between 20% and 65% of school going children reported having been verbally or physically bullied/sexually harassed in school/tuitions in the previous 30 days. Similar rates of bullying/harrasement have been found in developing countries like USA, INDIA, CHINA, PAKISTAN, AFGHANISTAN, UAE countries. An estimated 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact.

The WHO (2009) estimates that 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact, though this is certainly an underestimate. Much of this sexual violence is inflicted by family members or other people residing in or visiting a child's family home- people normally trusted by children and often responsible for their care. A review of epidemiological surveys by WHO (2009) from 21 countries, mainly high- and middle- income countries, found that at least 7% of females (ranging up to 36%) and 3% of males (ranging up to 29%) reported sexual victimization during their childhood. According to this, between 14% and 56% of the sexual abuse of girls, and up to 25% of the sexual abuse of boys, was perpetrated by relatives or step parents. In many places, adults were outspoken about the risk of sexual violence their children faced at school or at play in the community, but rarely did adults speak of children's risk of sexual abuse within the home and family context. The shame, secrecy and denial associated with familial sexual violence against children foster a pervasive culture of silence, where children cannot speak about sexual violence in the home, and where adults do not know what to do or say if they suspect someone they know is sexually abusing a child, which is the major reason why children later suffers personality disorders. Review conducted by Collin-Vezina *et al.* (2000) reported that CSA is a major issue which affects more than one out of five females and one in 10 males globally.

#### **Status of Child Sexual Abuse in India**

Nineteen percent of the world's children live in India. According to the 2001 Census, some 440 million people in the country today are aged below eighteen years and constitute 42 percent of India's total population i.e., four out of every seven persons. This is an enormous number of children that the country has to take care of. India has expressed its recognition of the fact that when its children are educated, healthy, happy and have access to opportunities, they are the country's greatest human resource. Harmful traditional practices like child marriage, caste system, discrimination against the girl child, child labour impact negatively on children and increase their vulnerability to abuse and neglect. Lack of adequate nutrition, poor access to medical and educational facilities, migration from rural to urban areas leading to rise in urban poverty, children on the streets and child beggars, all result in breakdown of families.

According to the report published in 2005 on 'Trafficking in Women and Children in India', 44,476 children were reported missing in India, out of which 11,008 children continued to remain untraced. India, being a major source and destination



country for trafficked children from within India and adjoining countries has, by conservative estimates, three to five lakh girl children in commercial sex and organized prostitution.

In a survey conducted by the Indian government of 125000 children in Thirteen states reported that more than half (53%) said that they had been subjected to one or more forms of sexual abuse. Over 20% of those interviewed said they were subjected to severe forms of abuse. Of those who said they were sexually abused, 57% were boys. (Study on Child Abuse: India 2007. India, Ministry of Women and Child development Government of India 2007).

A survey by United Nations International Children Education Fund (UNICEF) on demographic and health was conducted in India from 2005 to 2013, which reported that ten per cent of Indian girls might have experienced sexual violence when they were 10–14 years of age and 30% during 15–19 years of age. Overall, nearly 42% of Indian girls have gone through the trauma of sexual violence before their teenage (Ray, 2007).

The detection of new cases of CSA is high in India: One-fifth to half of the country's population might have faced some form of sexual abuse at least once in their life, but these may not include the children (1 in 5) who do not reveal their sexual abuse from within or outside their family (Carson *et al.*, 2013). The research on the issue of CSA has not received much importance in India because of lack of reporting/disclosure. (Be here *et. al.*, 2013). Although considerable attention has been brought about sexual abuse among females, there is dearth of information on CSA in India (Breaking the silence. Child sexual abuse in India. USA, Humans rights watch. 2013).

### **Child Sexual Abuse and Personality Development**

The present work has aimed to review the relationship existing between the experience of sexual abuse in childhood and the development of personality disorders in the adult age.

There has been much work on the influence of the child Sexual abuse on the development of the personality and its psychopathology. There are different studies that have observed the stability of the personality traits during the life cycle and how experiences of childhood, affects the development of the adult personality. The experience of sexual abuse in childhood is an important risk factor for the development of a large diversity of psychopathological disorders in the adult age. However, the studies performed up to now have not made it possible to confirm the existence of a causal relationship between this experience and the presence of psychopathology.

As very few studies have empirically and specifically studied how child sexual abuse affects personality development. One of the most important ones is that of Tong *et al* (1987). In this study, the authors presented a longitudinal follow-up of approximately 3 years on boys and girls who have been sexual abuse victims. They found that at the end of this period, 3 out of every 4 minors had less confidence in adults than before their traumatic experience, 30% had fewer friends, 20% were more aggressive, 24% had greater sexual awareness, 28% had behavioral problems, 17% had repeated a school year, and even another 17% had experienced worsening of their academic performance at school. The sexually abused girls had significantly lower self-esteem than the control girls. There was no difference in self-esteem between the control and the sexually abused boys The authors concluded that child sexual abuse could have implications in the capacity of the victims to relate with others, both in the friendship relationships that they could establish with adults as well as the way they related with their peers. Thus, some authors have observed worst general mental health in victims of child sexual abuse ,with greater presence of psychiatric symptoms and disorders in the adult age, establishing a four times greater likelihood of developing personality disorders in these victims than in the general population.

According to McClowskey and Lichter (2003), children who are sexually abused report long term developmental problems, such as low self-esteem, depression, physical aggression and school failure. Physically abused victims often displayed excessive uneasiness, anxiety, low self -esteem, depression, withdrawal, aggression and other negative emotional problem (Bolger, Thomamas and Eckenrode, 1997 and Schickedanz, Schickedanz, Forsyth and Forsyth, 1998). Physically abused victims often displayed excessive uneasiness, anxiety, low self-esteem, depression, withdrawal, aggression and other negative emotional problem Trickett and McBride-Chang (1995). Victims also showed passive behaviour, poor academic achievement and communication skills, poor resiliency skills and problem solving abilities (Kurtz, Kurtz and Gaudin, 1993). Consequently, their inefficiency to control their life and negative personality, may easily lead them towards antisocial behaviour, such as delinquency, crime and other psychiatric problems (Kasmini 1993, 1998; Gewirtz and Edleson, 2007). Abused children are more likely to become truant, runaways, delinquents, prostitutes and substance abusers (Libbey and



Bybee, 1978; Barahal, Waterman and Martin, 1981;Kurts, Kurtz, and Jarvis, 1991). As a result such children often suffers life complexities, unsettled problems, and difficulty in relationship with other people- both maintaining and sustaining.

Young victims of physical abuse usually experience emotional disturbance such as feelings of isolation, shame, fear, depression, anxiety and even suicide ideation (Osgood and Chambers, 2000; Wolfe, Scott, Wekerle and Pittman, 2001; Widom 2000). From the studies it is clear that, abuse does not only leave the physical scars, but what is more important is the long term consequences on behaviour and emotions. Abused children often display poor or negative personality (Finkelhor 1990; Douglas 1995; Osofsky 1995; Kasmini 1998; Schickedanz et al.1998).

Different studies have demonstrated how the history of traumatic events in childhood, among them sexual abuse experience, seems to increase the risk of antisocial disorder, borderline and antisocial personality disorder, borderline and personality dependent disorder, obsessive-compulsive disorder, or psychopathological personality traits such as paranoid, borderline, histrionic, narcissistic, or dependent, among others.

Putnam, (2003) in his review, stressed the great variety of psychiatric conditions that have been consistently associated with the abuse experience, such as depressive disorders, borderline personality disorder, somatization disorder, substance use disorders, posttraumatic stress disorder, dissociative disorder and bulimia nervosa. A range of symptoms and disorders has been associated with CSA, but depression in adults and sexualized behaviors in children are the best-documented outcomes. He concluded CSA is a significant risk factor for psychopathology, especially depression and substance abuse. Preliminary research indicates that CBT is effective for some symptoms, but longitudinal follow-up and large-scale "effectiveness" studies are needed. Prevention programs have promise, but evaluations to date are limited.

Johnson et al., (1990) concluded that different types of maltreatment result in the development of different personality disorders, stressing the risk of borderline disorder in victims of sexual abuse and antisocial and dependent disorder in those of physical abuse and neglect. For this reason it is important to take into consideration the influence of the mediating or moderator variables between the experience of sexual abuse in the development of this symptom. For example, Johnson, Sheahan and Chard , (2003) analyzed the possible interaction between the presence of posttraumatic stress disorder, the use of avoidant coping strategies and the diagnosis of personality disorders, principally avoidant, dependent, antisocial and borderline disorder in child sexual abuse victims. It was observed that the child sexual abuse victims who used avoidant strategies to cope with their problems, had a greater risk of developing the posttraumatic stress disorder as well as personality disorders as compared to those who used problem focused strategies.

The relationship between posttraumatic stress disorder and personality disorders in sexual abuse victims has also been observed in other studies. McLean and Gallop , (2003) reported that women who were victims of sexual abuse who participated in his study were diagnosed with both posttraumatic stress disorder and borderline personality disorder. They concluded that perhaps a single disorder model should be made on the axis I (posttraumatic stress disorder) regardless of the state, and axis II (borderline personality) regardless of the trait.

Other studies, such as that of Bernstein, Stein and Handelsman , (1998), have concluded that, as opposed to that which occurs in other types of childhood maltreatment, sexual abuse does not correlate with any specific personality disorder, but rather, to a certain degree, it does so with all of them. Their results, however, seem to be mediated by the fact that the participants were men and gender could have acted as a moderating factor. Other subsequent studies have not been able to consistently replicate this association. Along this line, other works, such as the recent one of Lobbestael et al. (2010), have studied the relationship between different types of childhood maltreatment and personality disorders and they found that childhood sexual abuse predicts personality disorders in the three clusters (specifically paranoid, schizoid, borderline and avoidant disorder) while other types of maltreatment, such as for example physical maltreatment, only affects the antisocial personality disorder.

Haller and Miles determined, (2004) that, in the case of childhood sexual abuse, almost twice the number of women developed personality disorders than in other cases of abuse. For these investigators, the development of an antisocial behavior may be a way of self-protection, as a means of being able to be independent from others and to avoid intimate relationships, understood as signs of weakness. The same cannot be said for borderline personality disorder. As in other personality disorders, borderline disorder is not associated with any specific form of childhood maltreatment, although childhood sexual abuse is a very strong predictive factor of the borderline symptoms. Other works have confirmed this association. In turn, it has been stated that women diagnosed of borderline personality disorder suffer sexual abuse in



childhood more frequently as well as more serious sexual abuses than the undiagnosed women. For Meza-Rodríguez, (year), the experience of childhood sexual abuse can activate the hypothalamic-pituitary-adrenal system which, related with hyper activation of the serotonergic system, may lead to the manifestation of impulsive behaviors. Furthermore, Rusch et al. (2007) demonstrated a relationship between the experience of sexual abuse and thinner corpus callosum in women with borderline personality disorder. However, other studies have not found this relationship between neurobiological dysfunctions and childhood sexual abuse in patients with borderline personality disorder.

### Conclusions

This paper reviewed in the development of personality disorders in child sexual abuse victims and status of child sexual abuse in India. Certainly, understanding the associations and effects produced due to childhood traumatic experiences in the development of personality would make it possible to convey more effective treatments for the victims of child sexual abuse. There is a large child population in India and a large percentage of this population is vulnerable to abuse, exploitation and neglect. There is also inadequate information about the extent of child abuse in the country. Excepting a few irregular studies, with limited scope, the attempt to understand the different forms and magnitude of child abuse and effect on personality of this is insufficient. The only information available annually is the crime data maintained by NCRB. There is a gross under-reporting of crimes against children, which in itself is indicative of the low priority accorded to children by parents, caregivers and the police which leads to a great cause in developing high risk of personality disorders among children. In general, this review indicates that childhood sexual abuse and the relationship with personality disorders is related with loss of confidence, security, stability, self-efficacy and regulation of affect, variables present in most of the victims and very related with paranoid personality, borderline personality, antisocial personality.

Moreover, it may be acknowledged that sexually abused children become more introvert, possessed low self-concept and become more anxious, and suffer a great degree of personality disorders (Deb & Sen, 2005). Although counselling is found to be beneficial in increasing the self-concept and reducing the anxiety to some extent, there is a need to extend intensive counselling for a longer period of time. There is also an urgent need to recruit more trained counsellors and psychologists in the rehabilitation homes to deal with traumatic children more professionally and efficiently. In order to save the innocent and poor girl children in the rural areas, there is a need to take up awareness programme in the rural areas on child trafficking and in this regard local panchayat should take the initiative along with NGOs and social welfare department (Deb, 2005).

The findings and above discussions verified that victims of child physical abuse will have tendency towards difficulties in their personality development due to their negative personality adjustment. Past trauma of child sexual abuse leaves a negative impact on the personality development of children. Without effective and appropriate assistance, treatment or counseling, the impact of abusive experienced by these children will consistently have an impact or leave a mark on their adolescents and adults lives. They will continuously developing the feelings of insecurity and anxiousness towards others. Children who are not able to trust themselves or other people will never experience or obtain "love" in a positive manner. The studies reviewed provide inconclusive results, which demonstrate the need for longitudinal studies that could test the directionality of the relationship between child sexual abuse, personality traits, and personality disorders.

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