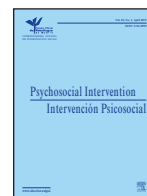




# Psychosocial Intervention

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## Psychological injury in victims of child sexual abuse: A meta-analytic review

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### ABSTRACT

In order to assess the effects of child/adolescent sexual abuse (CSA/ASA) on the victim's probability of developing symptoms of depression and anxiety, to quantify injury in populational terms, to establish the probability of injury, and to determine the different effects of moderators on the severity of injury, a meta-analysis was performed. Given the abundant literature, only studies indexed in the scientific database of reference, the Web of Science, were selected. A total of 78 studies met the inclusion criteria: they measured CSA/ASA victimization or injury in terms of depression or anxiety symptoms, measured the effect size or included data for computing them, and provided a description of the sample. The results showed that CSA/ASA victims suffered significant injury, generally of a medium effect size and generalizable, victims had 70% more probabilities of suffering from injury, and clinical diagnosis was significantly a more adequate measure of injury than symptoms. The probability of chronic injury (dysthymia) was greater than developing more severe injury, i.e., major depressive disorder (MDD). In the category of anxiety disorders, injury was expressed with a higher probability in specific phobia. In terms of the victim's gender, females had significantly higher rates of developing a depressive disorder (DD) and/or an anxiety disorder (AD), quantified in a 42% and 24% over the baseline, for a DD and AD respectively. As for the type of abuse, the meta-analysis revealed that abuse involving penetration was linked to severe injury, whereas abuse with no contact was associated to less serious injury. The clinical, social, and legal implications of the results are discussed.

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### **Daño psicológico en víctimas de abuso sexual infantil: Una revisión meta-analítica**

#### RESUMEN

Con el objetivo de conocer los potenciales efectos de la victimización de abuso sexual infantil/adolescente (ASI/ASA) en el desarrollo de sintomatología depresiva y ansiosa así como cuantificar, en su caso, el potencial daño en términos poblacionales, la probabilidad de manifestación de daño y el efecto diferencial de moderadores en la severidad del daño manifestado, se planificó una revisión meta-analítica. Dada la gran proliferación de literatura se seleccionaron aquellos estudios indexados en la base de datos de referencia de calidad científica, la Web of Science. Setenta y ocho estudios cumplieron los criterios de inclusión: medida de la victimización de ASI/ASA, medida del daño en sintomatología depresiva o ansiosa, medida del tamaño del efecto o inclusión de datos que permitieran computarlo y descripción de la muestra. Los resultados mostraron que la victimización de ASI/ASA conlleva un daño significativo de un tamaño en general moderado y generalizable, que las víctimas tienen un 70% más de probabilidades de presentar daño y que el diagnóstico clínico es una medida significativamente más adecuada del daño que la sintomatología. La probabilidad de cronificación del daño (distimia) es mayor que la de un daño más grave (depresión mayor). En la categoría de los trastornos de ansiedad, el daño se manifiesta con mayor probabilidad en fobia específica. En cuanto al género de la víctima, las mujeres presentan una tasa significativamente mayor de desarrollo de un cuadro depresivo, cuantificado en un 42% sobre la línea base, y ansioso, cuantificado en un 24%. Por el tipo de abuso, los meta-análisis evidencian que el abuso con penetración conlleva más daño y el abuso sin contacto un daño menor. Se discuten las implicaciones clínicas, sociales y legales de los resultados.

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The World Health Organization (WHO, 1999) defines child sexual abuse (CSA) as 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. This definition encompasses the universal criterion, the involvement of a child in sexual behaviours/activities that the child is neither physically nor mentally prepared, and who lacks the capacity to consent, as well as the legal standards specific to each country (Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). These authors often refer to the characteristics of the aggressor (e.g., age, family relationship) and define the typologies of abuse (e.g., contact, exhibitionism). In the scientific literature, the term child sexual abuse includes adolescent sexual abuse (ASA) (Rich, Gidycz, Warkentin, Loh, & Weiland, 2005; Schoedl et al., 2010).

A recent meta-analysis established the global prevalence of CSA/ASA at 11.8% (Stoltenborgh et al., 2011). Additionally, both epidemiological studies (WHO, 2014) and several meta-analysis (Pereda, Guilera, Forns, & Gómez-Benito, 2009; Stoltenborgh et al., 2011) have coincided in that females had CSA/ASA rates around 18% to 20% higher than the 8% prevalence rate for males.

Of the different forms of child abuse, CSA/ASA is linked to severe injury (Intebi, 1998). In fact, numerous empirical studies have established a relationship between CSA/ASA and psychological injury (e.g., major depressive disorder, dysthymia, generalized anxiety disorder, phobic disorders), which may become manifest in the short-term and/or become chronic (Jumper, 1995; Paolucci, Genuis, & Violato, 2001). Psychological injury is classified according to two broad diagnostic categories: mood disorders and depressive disorders (as termed by the DSM-IV and DSM-V, respectively), and anxiety disorders (Jumper, 1995; Maniglio, 2009; Paolucci et al., 2001). The manifestation of sequelae in symptoms or in a particular disorder was related to the variables specific to each individual.

The high CSA/ASA prevalence rates, the association between victims and mental injury, the severity and chronicity of injury, the variability in prevalence, severity, and chronicity of injury, and the contradictory results underscored the need for undertaking a meta-analysis to review the empirical data on psychological injury in CSA/ASA victims in terms of symptoms and anxiety and depressive disorders.

Though injury associated to CSA/ASA victims is assumed to be general, certain moderators are expected to explain differences in the degree of injury. Succinctly, the prevalence and severity of injury has been reported to be different for females and for males (Jonas et al., 2011; Koenen & Widom, 2009; Stoltenborgh et al., 2011; Tolin & Foa, 2006; WHO, 2000, 2014); the type of sexual abuse suffered (i.e., contact, no contact, intercourse) (Bulik, Prescott, & Kendler, 2001; Cutajar et al., 2010; Fergusson, McLeod, & Hordwood, 2013; Jonas et al., 2011); the type of measure of psychological injury, symptoms (psychometric measure), and diagnosis of the disorders (clinical diagnosis) (Maniglio, 2010; Peleikis, Mykletum, & Dahl, 2005; Vilariño, Arce, & Fariña, 2013); and cultural aspects related to the manifestation of symptoms, and anxiety and depressive disorders (American Psychiatric Association, 2013).

Owing to the clinical, social, and legal implications of the results, the meta-analytical technique to be employed should not be constrained to standard effect sizes with their significance, generalization, and assessment of moderators, but should also quantify injury in terms of populations (i.e., assessing injury rates above the baseline) and evaluate the probability of manifesting injury and the differential effects of moderators on the severity of injury.

## Method

### Database Search of Studies

The process for selecting scientific studies began with a search in the meta-search engines (i.e., Google, Yahoo, Google Scholar), which,

according to the descriptors, listed between approximately 36,000 to 770,000 results. The vast majority of the search results yielded, without compromising the requirements for performing a robust meta-analysis (i.e., sufficient  $k$  and  $N$ ), a selection of studies par excellence. Thus, the next step was to search for studies in one of the world's leading scientific databases of reference, the Web of Science. All of the databases of scientific papers (Core Collection, Current Contents, Medline, Scielo, KCI-Korean) were searched to include not only scientific literature par excellence, but also cultural concepts (i.e., Latinos, Asiatic), which are referred to in the manuals for the classification of mental disorders (DSM and ICD) and may have differential effects on the symptoms associated to victims of sexual abuse, i.e., depressive and anxiety disorders. Nevertheless, the race or ethnicity of victims of sexual abuse was not related in itself to the manifestation of depressive or anxiety disorders (Mennen, 1995).

In the initial search for studies in the meta-search engines, both English and Spanish descriptors were used: child maltreatment/maltrato infantil, child sexual abuse/abuso sexual infantil, victimization/victimización, internalizing disorders/trastornos internalizantes, anxiety/ansiedad, and depression/depresión. In the second search in the Web of Science, the same English language descriptors were used given that all of the descriptors in these databases are in English. Following a method of successive approximations, all of the keywords were reviewed in the selected articles in the search for other potential descriptors. This method identified other descriptors employed by other authors (e.g., child sexual abuse, adolescent sexual abuse, internalizing behaviour disorder, CSA survivors, and sequelae) that were included in the search. In all, the system yielded more than 15,900 (searching by child sexual abuse) and 2,000 (searching by child sexual abuse AND depression OR anxiety) studies that were finally reduced to 78 after applying the following inclusion and exclusion criteria.

### Inclusion and Exclusion Criteria

Of the studies listed by the system, the following met the inclusion criteria: a) studies assessing the sequelae of CSA/ASA [CSA/ASA understood 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 and cannot give consent] in terms of depression or anxiety internalizing variables; b) studies reporting the effect sizes of CSA/ASA sequelae, in which the variables and/or statistics enabled the following to be calculated: group size, mean and standard deviation of sequelae measurement variables for each group, prevalence, specificity, and sensitivity; c) studies defining the ground truth for classifying participants as victims of CSA/ASA or the measure (i.e., instrument) of abuse; and d) studies providing descriptive data on the sample employed (e.g., age, sample size).

Studies failing to meet the prescribed requirements were excluded, as were cases where, after contacting the authors, the data required was not facilitated for the computation of the effect sizes. In addition, studies with data errors (e.g., lack of consistency in group size throughout the study not attributable to missing data) were eliminated. Similarly, studies failing to guarantee the mutual exclusion of the victim of sexual abuse condition from other forms of maltreatment were also excluded (e.g., studies undertaking a single comprehensive analysis of victims of sexual and physical abuse or neglect). The inclusion of studies was restricted in time to studies published since 1995 given the profusion of meta-analysis on studies up to 1995 (Jumper, 1995). Thus, by applying these criteria, 78 studies were selected, with a total of 19,360 subjects, from which 149 effect sizes were obtained: 62 for the effects of CSA/ASA on anxiety disorders and 87 for depressive disorders. All of the studies selected had been published in double blind peer-reviewed scientific journals indexed at the Web of Science.

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