

# Impacts of child sexual abuse for adult survivors experiencing complex trauma or Complex Post Traumatic Stress Disorder

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## Background

The National Centre for Action on Child Sexual Abuse (the National Centre) commissioned the Gendered Violence Research Network at the University of New South Wales (UNSW) and Blue Knot Foundation to undertake a rapid evidence review. The review posed three foundational questions related to adult survivors of child sexual abuse experiencing complex trauma. This Knowledge Summary brief focusses on one of the three questions.

*What evidence exists on the impacts of child sexual abuse on adult survivors who are assessed or self-identify as experiencing complex trauma or complex post-traumatic stress disorder?*

The [Australian Child Maltreatment Study](#) (ACMS) published in April 2023<sup>1</sup> identified that child sexual abuse is common with a prevalence of 28.5%. It also established that each form of child maltreatment rarely occurs alone and that child sexual abuse itself is rarely experienced just once. These findings establish the foundation of experiences of complex trauma related to child sexual abuse.

The rapid evidence review identified 19 studies which examined the impacts of child sexual abuse on adult victims and survivors who were assessed or self-identified as experiencing complex trauma or Complex Post-Traumatic Stress Disorder (CPTSD). CPTSD is a diagnosis included in the ICD-11<sup>2</sup> which best captures some of the 'symptoms' of complex trauma. That said, no single diagnosis adequately describes the holistic experiences of people with the lived and living experience of child sexual abuse with complex trauma.

## Understanding the findings

The rapid evidence review verified existing understanding that victims and survivors experience a range of mental health, physical health, behavioural and interpersonal impacts. In considering the findings, it is important to note that the many systems which enable our bodies to function are interconnected. While identified in separate categories the mental and physical health, relationship and behavioural impacts are similarly inherently interconnected. Overwhelming childhood experiences such as child sexual abuse not only affect our relational capacity but also the different systems of the body – including neurobiological, endocrine (hormones), immune and other systems. These effects give rise to many of the chronic impacts of child sexual abuse leaving their developmental roots disconnected from the long-term consequences.

People who experience the trauma of child sexual abuse often develop coping strategies, which are creative and effective in the short term. In the long-term however they often invoke health risk behaviours such as those highlighted in the ACMS and go on to cause ill-health in adulthood. Children, like adults, develop coping strategies to protect them from being overwhelmed as a result of the toxic stress of trauma and help them manage the physiological and psychological effects.



### *Mental health impacts*

The ACMS identified that Australians experiencing child maltreatment, including child sexual abuse, were 2.8 times more likely to have a diagnosed mental disorder. Many survivors with the lived and living experience of child sexual abuse and complex trauma experience wide ranging psychological impacts with complex and multifaceted reasons for their mental distress. These include betrayal of trust, loss of safety, self-blame and shame, low self-esteem, body image issues, violation of personal boundaries, and issues with attachment and isolation.

In the evidence review survivors were identified as experiencing:

- symptom clusters which met the diagnosis of CPTSD

These include difficulties regulating strong emotions, heightened arousal, negative self-concept and interpersonal problems.

- depressive symptoms

The ACMS identified that Australians who experienced child maltreatment were 3.2 times more likely to have had a major depressive disorder i.e., a diagnosis of major depression.

- anxiety

The ACMS identified that people with experiences of child maltreatment were 3.1 times more likely to have a current generalised anxiety disorder i.e., a diagnosis of generalised anxiety.

- self-harm

The ACMS identified the dramatic increase in self-harm, attempts suicide and cannabis dependency related to different forms of child maltreatment, but most notably, child sexual and emotional abuse. Specifically, a 2021 study by Mantovani and Smith<sup>3</sup> found that individuals who had experienced childhood abuse, including child sexual abuse, were more likely to engage in self-harm and to have more severe self-harm behaviours than those who had not experienced childhood abuse.

- dissociation

Dissociation can be understood as an innate ability of the mind to detach from potentially overwhelming experiences. This capacity serves clear survival purposes. When this need to self-protect using dissociation commences in childhood, dissociation often continues into adult life as a 'default' response to stress and overwhelming stress.

The 2016 Study by Dorahy et al.<sup>4</sup> identified the prevalence of dissociation in complex trauma clients and suggested perceiving it as a coping mechanism for people experiencing severe and ongoing abuse highlighting the importance of screening for it in people experiencing childhood abuse.

### *Physical health impacts*

It is well established that victim and survivors of child sexual abuse are at an increased risk of a range of ongoing physical health issues in adulthood, including musculoskeletal pain, abdominal pain and gastrointestinal symptoms, fatigue and dizziness.

This can be understood in terms of the effects of overwhelming stress on the internal regulator which keeps us healthy and connects the nervous system with the hormone system with the immune system. When these systems are chronically out of balance we are at risk for disease and physical health issues.

Some victim and survivors may seek services for unexplained physical health problems and child sexual abuse needs to be considered and screened for as part of the assessment.



### *Interpersonal impacts*

Child sexual abuse is a violation of a child's physical and emotional boundaries by another person, who shatters their sense of safety and betrays their trust and prior relationship. This affects the child's capacity and often that of the adult they become to form and maintain healthy relationships, including intimate relationships.

The studies in the review additionally flagged experiences of social isolation related to the loss of family and friends, and the loss of interpersonal agency.

### *Behavioural impacts*

In considering the so called 'behavioural impacts' it is important to think about trauma of child sexual abuse and the often significant distress it causes. People adopt a range of coping strategies to try and calm their distress. This includes the strategies identified in the review such as substance misuse, sexual risk-taking and other risky behaviours.

It is always important to understand these, and other health risk behaviours as identified in the ACMS. These include, cannabis dependency, smoking, binge drinking, self-harm and attempted suicide. Understanding these as both in the context of: i) what happened to the person to have affected them so profoundly; and ii) as coping strategies as to how they have survived as best they can.

## **National Centre Insight**

The behavioural, physical, emotional and psychological impacts of child sexual abuse are significant. There is a critical need for coordinated, accessible and effective services to be available to victims and survivors, and that generalist services and community organisations understand how complex trauma may show up in the everyday life of victims and survivors. At the National Centre, we aim to support this coordinated approach by amplifying the views of victims and survivors, both their experiences and their knowledge about pathways to healing and wellbeing.

## **Help us understand your learning needs**

The National Centre's Learning and Professional Development Plan aims to build and strengthen the capability of workers and organisations in how they respond to and support victims and survivors of child sexual abuse through training, learning, development and knowledge exchange resources and activities. Please help us to understand your learning needs by emailing us your feedback at: [practice@nationalcentre.org.au](mailto:practice@nationalcentre.org.au).

- 1 ACMS, 2023. <https://www.acms.au/>
- 2 World Health Organization. <https://icd.who.int/browse11/l-m/en#/http%253a%252f%252fid.who.int%252fid%252fentity%252f585833559>
- 3 Mantovani, N. and Smith, J., A retrospective study examining the adverse effect of childhood abuse among adult psychiatric service users in Britain. *International Journal of Mental Health Nursing*, 2021. 30(5): p. 1093-1105.
- 4 Dorahy, M.J., Middleton, W., Seager, L., Williams, M., and Chambers, R., Child abuse and neglect in complex dissociative disorder, abuse-related chronic PTSD, and mixed psychiatric samples. *Journal of Trauma & Dissociation*, 2016. 17(2): p. 223-236.