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ORIGINAL ARTICLE

Consequences of childhood sexual abuse for health and well-being: Gender similarities and differences

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Abstract

Aims: Analyse gender similarities and differences in the consequences of childhood sexual abuse for health and well-being. *Methods*: Comparative analysis of 28 in-depth interviews with 14 purposefully chosen participants, seven women and seven men, who had experienced childhood sexual abuse; two interviews were conducted with each participant. *Results*: The participants expressed a journey of deep and silent suffering which seems, for them, to be endless and almost unbearable. All of them have suffered from complex health problems since childhood. A gender difference was shown in the tendency of women to internalize their emotional pain while the men had a tendency to externalize it. ***Conclusions*: It is important for health professionals to be aware of the symptoms and consequences of child sexual abuse in order to provide support, appropriate care and treatment for the survivors. Finally, preventive and long lasting public health measures have to be taken in order to prevent children from experiencing such serious trauma.**

Key Words: *Childhood sexual abuse, comparative analysis, hermeneutics, interviews, men's health, phenomenology, qualitative, suffering, women's health*

Introduction

Childhood sexual abuse (CSA) is a worldwide public health problem [1]. Studying gender similarities and differences regarding the consequences of CSA for health and well-being can provide important public health perspectives. However, such comparisons are limited and have mainly been about negative effects on sexual- and mental health including Post-Traumatic Stress Disorder (PTSD), but less about health in general, relationships, intimacy and relations with children.

CSA and mental health problems

CSA is a great risk factor for psychological problems for both men and women, with sufferers reporting higher degrees of depression and significantly higher levels of global mental health problems, hostility, paranoid ideations, and psychotic ideation than do people with no history of abuse [2]. Among young people in Iceland suffering CSA, girls were found to be more likely to experience subsequent depression [3]. Both boys and girls with CSA experience have more psychological problems than those without such a history, and children that told someone about the abuse had generally better health than those who did not [4]. Boys with a history of CSA are more prone to suicidal thoughts and self-harming behaviour; they are at a 10-fold risk of threatening to take their own lives or to plan their suicide, and a 15-fold risk of suicide attempts than are boys with no such stories [5]. However, a Swedish study showed more gender-neutral results among school boys who had been sexually abused; 33.3% of the boys had

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attempted suicide or harmed themselves in other ways, compared to 30.4% of the girls. For youths without such stories, the corresponding numbers are 5.1% and 9.1% [6]. For both men and women, CSA has been related to anxiety about abandonment and psychological distress [7]. Female students reported more distress, self-blame, withdrawal and trying to forget, but were more likely to talk about the abuse than did male students [8].

CSA, PTSD and ADHD

People experience many symptoms of PTSD after CSA, especially in childhood [9]. PTSD and ADHD are among common diagnoses for children suffering CSA, and these diagnoses share similar symptoms such as sleeping problems, irritability or anger, lack of concentration, hypersensitivity to stimuli and exaggerated responses. PTSD is significantly more common among young people with a history of CSA than with young people without such a story [10]. An extensive review study showed that women are at greater risk of being diagnosed with PTSD than men [11]. Teenage girls also show a higher frequency of PTSD than boys of similar age, and those who delayed revealing the abuse received a higher PTSD score whereas this proved not to be a relevant factor for boys [8]. In a study among youngsters aged 8–16 years, no difference was found between boys and girls in relation to PTSD, but girls showed significantly more grief than did boys [12].

CSA, sexual health and relationships

People who are sexually victimized as children become sexually active at a very young age, change partners often, tend not to use protection against sexually transmitted diseases, and generally have difficulty with sexual intimacy [13]. Sexually abused individuals report a higher number of traumas and victimization experiences than controls and all types of childhood victimization (physical abuse, sexual abuse, and neglect) are associated with increased risk of lifetime re-victimization [14,15]. Survivors more frequently marry alcoholics and are more likely to have marital problems than people who were not abused as children [1].

In summary; Sexual abuse in childhood increases the odds for both sexes for psychological trauma and re-victimization. A comparison of the long-term effects of CSA by gender of the victim can provide a perspective on the need for future research, prevention activities, and treatment of survivors. Therefore, it is important for health care professionals to know the gender similarities and differences of the consequences of CSA. The aim of the present comparative analysis was to compare the health and well-being of Icelandic male and female CSA survivors. The research question was: *What are the gender similarities and differences for health and well-being in regard to the consequences of childhood sexual abuse?*

Methods

This study is part of a larger research project; *Childhood Sexual Abuse (CSA): Developing an Interdisciplinary Primary Health Care Intervention.* It involves using two of our own datasets to answer the research question by analysing and comparing them. The datasets involved women's experiences of the consequences of CSA on their health and well-being [16] and men's reactions to the same experience [17]. The research method in these studies was the Vancouver School of doing phenomenology [18] where researchers go through seven abstract thought processes (silence, reflection, identification, selection, interpretation, construction and verification), which are constantly repeated throughout the 12-step research process, as described in earlier papers [16,17].

The participants were selected through purposeful sampling; seven women and seven men, who had suffered CSA. Two interviews were conducted with each participant, in total 28 in depth interviews. The research participants chose where the interviews were conducted and had professional support at the time of the interviews. Each interview was transcribed and analysed for themes and the data collection, data analysis and data presentation were constantly critically evaluated using the research process of the Vancouver School which has some inbuilt strategies designed to increase validity, particularly "member checking" in steps 7 and 11 [18].

Since the research involves a group of vulnerable people, we took every effort to protect the participants ethically. The research was introduced and explained to them through an introductory letter and they all gave their informed consent. All of them were given pseudonyms. The first author, who conducted all the interviews, is experienced in working with CSA survivors and decided to have ample time between all first and second interviews so that participants could reflect on the interviews and withdraw from the study if they so wished. None opted to do so.

Results

Most of the participants had been abused from the age of 4–5 years, that they can remember, and all before the age of 12. They were 30–65 years old at the time of the interviews. All participants, except one man, had children. All but one of the women had

difficulties keeping their jobs and five of them are now on disability allowance, and some of the men had similar stories. None of the women had any education beyond the compulsory level and some of them dropped out even earlier, as did some of the men. Only one of the men had finished more than a gymnasium level. This is something all would have liked to have changed if they had been given a chance to rewind the time. Through the years, most have sought professional help from GPs, specialists, nurses, ministers, psychiatrists and psychologists, but without receiving adequate treatment, at least not support that succeeded in increasing their subjective health and well-being. Five of the men were non-custodial fathers. The survivors stated that their children had given their life meaning and have actually kept them alive. Both the women and the men have experienced deep and almost unbearable suffering, affecting every aspect of their lives. The experience was in many ways different by gender, and so were the consequences. Women, in most cases, seemed to direct their feelings inwards, resulting in internalization, while the men tended to be overly extrovert, resulting in externalization of their feelings. Results of the comparative analysis were divided into three main themes: *poor childhood health and lack of well-being* (see Table I), *Poor adult health and lack of well-being* (see Table II) and *Difficulties in relationships with mates and in relating to their children* (see Table III). We also summarize *the main findings regarding gender differences* (see Table IV).

Poor childhood health and lack of well-being (see Table I)

Experiencing the trauma. Childhood was very stressful for all the participants, and most of them described their experience of the trauma as a "soul-murder" (Table I). Both genders experienced deep emotional pain and emotional dissociation. All described how the violators acted in such a way as to make them, the children, responsible for the crime, and all had to deal with self-accusations, shame and guilt, believing that they themselves were to blame for what happened. On top of that the men felt that this was not supposed to happen to boys. Their lives became filled with insecurity and silence. They all lived in secrecy, sensing perceived threat and humiliation and experienced great fear. Only one of the women, Heather, tried to tell her mother about the abuse when she was 5 years old, and her mother responded by slapping her.

All participants had been going through deep and silent suffering. None, except one woman, told about the abuse. They had a broken self-image which made them insecure. The women described how they directed their feelings inwards; became suppressed and developed different somatic symptoms. The men, on the other hand, described how they expressed their strong negative feelings, how the fear was channelled into rage and aggression of shame and anger; breaking the law, and other behavioural problems; the exception was Anders, who developed digestion problems before the age of 5 which continued until his early adolescence. He was more or less incontinent until the age of 10, which resulted in serious bullying.

Lack of well-being in childhood. The childhood of both genders was characterized by harassment and distress, they were all picked on a lot and had few, if any, friends, and lived in isolation. They dealt with learning disabilities and dyslexia. The men described symptoms of hyperactivity or attention deficit but without any diagnosis. Individuals of both genders used self-harming behaviour, were suicidal and tried to take their own lives. All the men and two of the women started using alcohol during adolescence and felt it to be a certain escape or sedative. The women were more prone to eating disorders than were the men. The women spoke of how they were inhibited during their childhood, always trying to keep a low profile. The one exception, Audrey, on the other hand turned rebellious, becoming sexually active at the age of 13 with many much older men. She was also diagnosed with ADHD. The men spoke of having been prone to be risk-takers, and some of them even said that they were lucky to survive. Many of them experienced physical problems such as myalgia, gastric problem and migraine headaches.

Poor adult health and lack of well-being (see Table II)

Physical suffering. Adulthood was characterized by deep suffering in all areas of life for both men and women (Table II). All the women and four of the men had been dealing with complex health problems. Heather was often very ill, her oxygen consumption was low, and her lungs were dysfunctional, as well as her heart and nervous system. She had constant problems with urination and defecation. It was just as if her bodily functions did not want to keep on working; she had vision problems, often fainted, and she was examined thoroughly but without any diagnosis. Many had sleeping difficulties, sought ways to numb their emotional pain, e.g., through alcohol, especially the men.

Psychological suffering. All participants have felt an urge to self-destruct, used self-harming behaviour and considered taking their own lives. All have dealt with almost unbearable feelings of rejection by themselves,

Table I. Poor childhood health and lack of well-being.

Name of aspect	Gender similarities	Gender differences	
		The women	The men
Emotional pain	Both genders experienced intense emotional pain	The girls' emotional pain was generally more directed inwards, resulting in a sense of inner torture and despair	The boys' emotional pain was generally more directed outwards, resulting in anger and rage
Dissociation	Both genders experienced dissociation of body and soul		
Repressed and silent suffering	Both genders experienced secrecy, perceived threat, humiliation and deep and silent suffering	None of the girls told of the abuse but one of them tried	None of the boys told of the abuse
Fear	Both genders experienced great fear	As young girls, they experienced this fear as constant insecurity and alertness. They were always expecting bad things to happen, feeling their personal defences had been broken down. They also kept a low profile because of fear	The boys' fear was more channelled into rage and aggression
Self-blame	Both genders were forced to feel responsible for the crime, resulting in self-accusations, shame and guilt		On top of this, the boys felt that this experience "Should not happen to boys"
Bullying and social isolation	For both genders, childhood was characterized by harassment and distress. They were picked on a lot, had few if any friends and therefore experienced social isolation		
Dysfunction	Both genders dealt with learning disabilities, dyslexia and attention-deficit disorder		
Self-harm	Both genders used self-harming behaviour, were suicidal and tried to take their own lives		
Insecurity	Both genders experienced a broken self-image which resulted in great insecurity	The girls in general directed their feelings inwards, became suppressed. Felt vulnerable and without personal defence. Most tried to keep a low profile, living in constant fear. One was rebellious and became extroverted	The boys directed their feelings outwards and experienced hyperactivity, behavioural problems; criminal activity: fights, burglary, vandalism, theft, unlicensed driving and great harshness. Most of them had an affinity for risk-taking
Numbing the emotions	Many of the participants started using alcohol as teenagers	Two of the women	All of the men
Physical problems	Many of the participants dealt with multiple physical problems, such as myalgia and muscle pain, gastric problems, migraine, headache, dizziness and fainting	All of the women	Three of the men

partners, family and society, and they felt impure and that nobody could ever be interested in them, a self-image that has influenced their thoughts, feelings and acts. Families of some of the participants have rejected them after they revealed the abuse. The men, especially, spoke of rejection from society for having suffered abuse. Most of the survivors spoke of flight, phobia and isolation. The men described emotional numbness or hypersensitivity. They found it difficult to be among people. The women let no-one close to themselves, always experiencing some great, unexplainable distress. They all had experienced anxiety and depression at some time in their lives and were dealing with deep emotional problems, in many cases almost unbearable. They also spoke of having been very active, even hyperactive, with racing minds and not being able to stand any form of tranquillity. The men described periods of great rage, a reaction that the women did not share. Fits of rage were even so overwhelming that the men often felt almost insane. They described their outbursts of rage like volcanic eruptions. Bill was abused for many years by his older brother, but then at the age of 12 or 13, he finally fought back. He completely lost control and beat up

Table II. Poor adult health and lack of well-being.

Name of aspect	Gender similarities	Gender differences	
		The women	The men
Complex health problems	All the women and four of the men have suffered from complex health problems like digestion problems, infections, heart arrhythmia, angina, elevated blood pressure, dizziness, pain, fainting, endocrine problems, diabetes, lymphatic problems, nervous breakdowns, reduced energy, chronic fatigue, asthma, epilepsy and eating disorders	All of them have experienced uterine problems; unexplainable pain; miscarriages; ectopic pregnancies; reproductive health problems starting at puberty, during sexual activity or birth of first child. Five of the women have fibromyalgia, five are on disability allowance and five have had hysterectomies	The men have suffered from stomach problems, abdominal cramps, colon cramps and other chronic illnesses
Sleeping difficulties, myalgias and muscle pain	Many experienced sleeping difficulties, myalgia and muscle pain	All of the women	Two of the men
Numbing emotional pain	Many have used alcohol to numb their emotional pain, especially the men	Some of the women have used alcohol to numb their pain, others have used food and have become obese	On top of this some of the men have become addicted to drugs and prescription medicine
Self-harm	Both genders have felt an urge to self-destruct, used self-harming behaviour and considered taking their own lives		
Rejection	Both genders have dealt with strong feelings of rejection by themselves, partner, family and society		On top of this, the men have felt rejected for having been abused
Sense of being impure	Feeling impure and that nobody could ever be truly interested in them was felt by both genders		
Phobias and isolation	Both genders have experienced flight, phobias and isolation – letting nobody close to themselves		
Emotional numbness and despair	Both genders have experienced emotional problems	The women have always felt some great unexplainable despair	The men speak much of emotional numbness or hyper-alertness, not caring for anything or anyone
Anxiety and depression	Both genders experienced anxiety and depression at some time in their life	The women seemed to seek help to a greater extent than the men	The men seem to be in greater denial and have had a tendency not to seek help
Deep emotional problems	Both genders were dealing with deep emotional problems, in many cases almost unbearable	The women speak more of immense emotional pain	The men describe periods of rage. They even speak of such intense rage that it comes close to insanity. The feelings were either rage or nothing at all

his brother, threw him around in the room and still does not understand how he was able to do that.

Difficulties in relationships with mates and in relating to their children (see Table III)

Both genders have had difficulties relating to and trusting other people, especially mates and children (Table III). The self-image of the sufferers was broken and they have felt that they deserved nothing good. The men have felt emotionally disconnected since the abuse, and all of them were unable to reconnect and learn to trust again. The men were never able to tell about the abuse and felt that they were keeping the secret from their mates. The women found it hard to be touched and to enjoy sexual intimacy. The men did not mention any difficulties with touching women but they have felt the abuse to be present at all times. The abuse has had a deep impact on their sexual health and sexual pleasure. Both genders spoke of flashbacks having influenced their sex life, even during sexual encounters with their mates. The flashbacks also happened as a distortion of reality, as it had with Susan. Her

Table III. Difficulties in relationships with mates and in relating to their children.

Name of aspect	Gender similarities	Gender differences	
		The women	The men
Trust issues	Both genders have dealt with great emotional problems since their youth and have experienced difficulties trusting and relating to other people. Their self-image is broken and they feel they deserve nothing good	All of the women have problems with trusting others	The men feel that trust is not a viable option. They describe being emotionally disconnected after the abuse, not managing to relate or learn to trust again
Relationships and touch issues	They all started relationships at a young age and have many failed relationships behind them. All but two of the women have been divorced	The women speak of difficulties with all physical contact. They feel uncomfortable having men touching them	The men deny problems with physical contact but say that the feeling of abuse is always present
Sexual pleasure issues	Sexual health of both genders has been deeply affected	The women have generally not been able to enjoy sex but have gone through the motions for their men. They have felt obliged to serve them sexually. Flashback influencing their sexual life.	The men describe how sex was their proof of masculinity and pretense, sometimes through abnormal sexual behaviour, promiscuity and irresponsible sexual activity
Postpartum depression	Both genders describe symptoms of postpartum depression. They never experienced joy over the birth of their children	Most of the women had postpartum depression. The traumatic experience of having been sexually abused in childhood, then later experiencing postpartum depression, has established problems regarding bonding with their children	Postpartum depression is not a subject of discussion for men but many had felt its symptoms
Issues regarding touching their children	Both genders describe having had difficulties with touching their children, hugging them, changing diapers or receiving physical contact from the children.	On top of this, the women also described stress and strain in their parenting roles	Besides this, the men describe prejudgment regarding their relations with children in general.
Distrusting others regarding their children	Both genders found it hard to trust the care of their children to someone else	The women also tended to isolate themselves and their children	The men felt over-protective of their children

grandfather's image kept appearing before her when she least expected it.

Both men and women described symptoms of postpartum depression, had never experienced joy over the birth of their children, over-protected them and trusted nobody to care for them. Both genders have usually not been able to set their own boundaries for others. They have put up with just whatever, not being able to defend themselves. They all described difficulties with touching their own children. The women said they worried about their children at all times. The men really tried to be there for their kids, but in reality they were emotionally disconnected. The men sensed great prejudices towards themselves. After Finn told about his childhood abuse, he was forbidden to associate in any way with his nieces and nephews. The men believed that the main reason why most men stay silent about their experience of childhood sexual abuse is the fact that many people falsely believe that all victims become perpetrators.

The main findings regarding gender differences are summarized (Table IV).

Discussion

The results of the present study illustrate that childhood sexual abuse can have very serious and long-term physical, psychological, sexual and social consequences for both men and women. The results portray how victims of CSA have been mentally and physically broken down. All the participants described how they have been permanently damaged; how their lives have been a continuous struggle; and how their suffering is still deep and in fact almost unbearable.

The findings demonstrate how the women had a higher tendency for *introversion*, behavioural- and emotional suppression. It came out in depression, anxiety and other mental health symptoms, also widespread and complex, often unexplained, physical

Table IV. Summary of the main findings regarding gender differences.

	Women	Men
Psychological health consequences	In childhood, the women in general directed their feelings more inwards, became suppressed, felt vulnerable and without personal defence. They tried to keep a low profile, living in constant fear. Resulting in a sense of inner torture and always felt some great unexplainable despair. They speak more of immense emotional pain.	In childhood, the men directed their feelings more outwards and experienced hyperactivity, behavioural problems and all kinds of criminal activity. Most of them had an affinity for risk-taking in anger and rage. They describe periods of rage, even speak of such intense rage that it comes close to insanity and also speak much of emotional numbness or hyper-alertness, not caring for anything or anyone.
Physical health consequences	All of the women have suffered from complex and multiple physical health problems, often unexplained, such as myalgia, muscle pain, migraine, headache, dizziness, fainting, digestion problems, infections, heart arrhythmia, angina, elevated blood pressure, endocrine problems, diabetes, lymphatic problems, nervous breakdowns, reduced energy, chronic fatigue, asthma, eating disorders and sleeping problems. All of them have experienced uterine problems; miscarriages; ectopic pregnancies. Five of the women have fibromyalgia, five are on disability allowance and five have had hysterectomies.	Only four of the men dealt with some physical problems, such as muscle pain, gastric problems, headache, digestion problems, heart arrhythmia, angina, elevated blood pressure, diabetes, nervous breakdowns, asthma, epilepsy, abdominal cramps, colon cramps and sleeping problems.
Social health consequences	In childhood, they experienced fear as constant insecurity and alertness and they kept a low profile because of fear. Two of the women had alcohol problem, they started using alcohol as teenagers to numb their feelings and pain. Four of the women had an eating disorder, they used food to numb their feelings and pain All of the women described stress and strain in their parenting roles and they tended to isolate themselves and their children The women have difficulties with all physical contact and feel uncomfortable having men touching them. The women have generally not been able to enjoy sex but have felt obliged to serve men sexually.	In childhood fear was more channelled into rage and aggression. All the men had alcohol problems at some point in their life, they started using alcohol as teenagers to numb their feelings. Some of them still use it and became addicted to illegal drugs. None of the man had eating disorder The men described prejudgment regarding their relations with children in general and felt over-protective of their children and did not trust others around them. The men deny problems with physical contact but say that the feeling of abuse is always present. The men describe how sex was their proof of masculinity and pretense, sometimes through abnormal sexual behaviour, promiscuity and irresponsible sexual activity.

symptoms or somatization and social isolation, whereas the men were more prone to *extroversion*, rage, aggressiveness, antisocial, criminal behaviour and other behavioural problems and tendency to use alcohol and illegal drug to numb their feelings and existential pain (see Table IV).

Self-destructive behaviour and suicidal thoughts

Both genders have had tendencies to be depressed, as other studies have also shown [7,19], they have exhibited self-destructive and self-harming behaviour and have been suicidal, behaviours that are comparable to other studies [5,6]. Some wondered why they had not gone all the way and committed suicide. The women were more likely to acknowledge their emotional pain and seek professional help, while the men tried to keep a straight face, be tough and fight back, but eventually they did collapse. Here we may be seeing part of an explanation for the reason why men commit suicide more often than women. The men tend to be driven to prove their masculinity, just to hide their bitter experience of having been sexually abused. They have a need to look strong, to be providers and to be in the driver's seat. This is their way to hide how miserable they feel, their broken self-image and their embarrassment; this mask they wear. Other problems resulting from violence are alcohol- and substance abuse [20], personality disorders and social anxiety [21] symptoms familiar to both genders in our research.

Physical symptoms – mind, body and soul

Different complex physical symptoms have plagued all the women and four of the men. This finding is supported in part by other studies [22,23]. Severe

early life stressors have lasting immune consequences [24]. In large epidemiological studies, childhood abuse has been associated with greater odds of developing age-related physical diseases in adulthood [25,26]. Immune deregulation may be one potential pathway that explains this link [24]. People who experienced severe life stressors as children such as CSA are at greater risk for cardiovascular disease, type II diabetes, cancer and a variety of somatic difficulties than those who did not have these early life experiences [24,27]. Early adversity is associated with elevated inflammation, telomere shortening, latent herpes virus reactivation, and a poorer response to an immunogenic tumor [24]. Longitudinal studies show that child abuse is associated with greater exposure to chronic and episodic stressors [25,28].

Sexual-and relationships problems

All the CSA survivors in our research had relational and sexual health problems. An earlier study showed that women who have been sexually abused as children deal with sexual problems [29] like all of the women in our study have done as well. In another study, women were also found vulnerable to further sexual and physical violence as adults [15], as was the case with the women in our study. Both sexes show a high level of anxiety in close relations with their children, hesitate to touch their private parts, and are afraid that they might do this in an inappropriate way like a previous finding on female CSA survivors has shown [30], a finding that is similar for both genders in our study.

Conclusion

The results from this comparative analysis of the gender similarities and differences of the consequences of CSA for health and well-being show that such childhood violence may have extensive and serious consequences for mind, body and soul, having long-term consequences for both men and women. Both genders had suffered extensively and their suffering is still deep and in fact almost unbearable. The women seem to have a higher tendency for *introversion*, behavioural and emotional suppression, but the men are more prone to *extroversion*, rage, aggressiveness, antisocial behaviour and other behavioural problems. Health professionals and other professionals working with people, such as in schools and social services, need to be aware that a person presenting a certain health, social or educational problem may possibly have another story hidden underneath, a story of serious childhood trauma never having reached the surface. Last but not least, public health measures have to be taken in order to prevent children from experiencing such serious trauma.

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Conflict of interest

None declared.

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