

Child Sexual Abuse and Effects of the Trauma in Adulthood: A Qualitative study via Contemporary Sociological and Psychological Research on the Stigma around Childhood Sexual Abuse

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Abstract:

Childhood sexual abuse (CSA) remains a pervasive yet largely underreported issue in Bangladesh. Despite growing awareness, this form of abuse is often obscured by a *culture of silence*, which is a systemic discouragement of open discussion to preserve family honor and avoid public shame. Coupled with *social stigma*, which results in blame and judgment toward survivors, these cultural barriers contribute to chronic underreporting, lack of legal recourse, and inadequate psychosocial support.

This study explores the long-term psychosocial impacts of CSA and examines how survivors in Bangladesh navigate familial, social, and cultural responses to their abuse. The research draws on feminist theory, which situates CSA within patriarchal power structures; family systems theory, which critiques dysfunctional family dynamics and parental denial; and attachment theory, which links early trauma with lasting emotional and relational difficulties.

Employing a qualitative design, the study used purposive and snowball sampling to recruit 40 adult survivors aged 20–28 who experienced CSA between the ages of 4 and 15. Data were collected through structured questionnaires and in-depth virtual interviews during the COVID-19 pandemic. Thematic analysis revealed that 70% of participants did not recognize the abuse at the time. Many reported persistent psychological effects, including anxiety, depression, and trust issues. Survivors also cited poor parental response, emotional isolation, and lack of institutional support as exacerbating factors.

Findings underscore the urgent need for culturally sensitive interventions. Recommendations include age-appropriate CSA education in school curricula, improved parent-child communication, and access to trauma-informed mental health services. The study advocates for breaking cultural taboos, fostering survivor-centered discourse, and implementing policy reforms to support prevention and recovery. Addressing CSA requires confronting systemic silence and reshaping societal norms to protect vulnerable children and support healing across the lifespan.

Keywords: childhood, sexual abuse, social stigma, psychological trauma, Bangladesh, etc.

Introduction:

Childhood sexual abuse (CSA) remains a deeply underreported and culturally silenced issue in Bangladesh. While exact prevalence is difficult to determine, empirical studies reveal troubling patterns. A cross-sectional investigation among 130 adolescents (ages 13–19) in Dhaka found 30.8% reported experiencing unwanted physical touch, 46.2% verbal abuse, and 15.4% online exploitation; nearly half (46.2%) did not disclose the abuse to anyone (Bashar, et al., 2024). Such findings point to broader societal dynamics of denial and stigma.

In this study, CSA refers primarily to non-penetrative forms such as unwanted touching, kissing, and fondling—reflecting the types of incidents most commonly reported by participants, without overstating penetrative violence.

A key barrier to disclosure in Bangladesh is a culture of silence, where abuse is suppressed to preserve family honor or avoid shame. This is compounded by social stigma, where survivors are often blamed or discredited. These patterns are not merely social taboos, but manifestations of deeply entrenched patriarchal power structures, as explained by feminist theory. Family systems theory reveals how household dysfunction and denial sustain abuse, while attachment theory connects early trauma with long-term emotional distress and relational disruption.

This study examines how adult survivors in Bangladesh navigate the fallout of CSA, how they made sense of their experiences, whether they recognized abuse at the time, and how they coped in the context of social silence and shame. By centering qualitative survivor narratives alongside theoretical frameworks, this research illuminates the sociocultural roots and psychosocial consequences of CSA, offering grounded insights for academic discourse and policy intervention.

Although several studies have documented the prevalence of child sexual abuse globally, there is limited research in Bangladesh that specifically centers on non-penetrative abuse and its long-term

psychological consequences. Moreover, the silence from families and the sociocultural normalization of such offenses have rarely been examined from the perspective of adult survivors. This study addresses that gap by amplifying survivor narratives and connecting their experiences to broader social structures. The findings aim to inform not only academic discourse but also public awareness, prevention strategies, and the development of support systems tailored to the psychological needs of survivors in the Bangladeshi context.

Methodology:

This study is based on primary data and employed a qualitative research design to explore the long-term psychosocial impacts of non-penetrative childhood sexual abuse (CSA) in Bangladesh. Qualitative methods were chosen for their ability to capture the depth and complexity of survivors' lived experiences, particularly within sociocultural contexts of silence and stigma.

Participants and Sampling:

A total of 40 participants (28 female and 12 male), aged 20 to 28, were selected using purposive and snowball sampling. Eligible participants had experienced non-penetrative CSA—such as unwanted touching, kissing, or fondling—before the age of 16. Initial participants were identified through personal and academic networks, while others were referred by existing respondents. These non-probability sampling methods were appropriate due to the sensitive nature of the topic and barriers to accessing survivors in the Bangladeshi context.

Data Collection:

Data were collected in 2020 through structured questionnaires and in-depth online interviews, each lasting 45 to 90 minutes. Participants were provided with the questionnaire in advance. Interviews were conducted via secure virtual platforms, allowing for flexibility and privacy during the COVID-19 pandemic. Field notes were taken to support the transcripts.

Ethical Considerations:

All participants were informed of their rights, including the option to skip any question or withdraw at any time. Verbal consent was obtained prior to each interview. Anonymity was strictly maintained through pseudonyms and the removal of identifying details.

Data Analysis:

Thematic analysis was used to identify and interpret recurring patterns in the data. Codes were developed iteratively, guided by the study's theoretical framework, and focused on themes such as recognition of abuse, emotional consequences, family and societal reactions, and coping strategies.

Strengths and Limitations:

The study's strength lies in its access to firsthand narratives of adult survivors—voices often excluded from public discourse in Bangladesh. Limitations include potential memory bias due to the retrospective design, and the exclusion of individuals without internet access or digital literacy due to the online interview format.

Review of Literature:

1. Motives Behind CSA: Hatred, Not Affection

In the *Hatred of Innocence*, Richard Hoffman argues that child sexual abuse is not an expression of affection but rather an act of hatred. Abusers, he suggests, are driven by a desire to destroy the innocence they see in children—an innocence they themselves lack. He further critiques the use of terms like “pedophile,” which tend to focus on a supposed affection for children, rather than emphasizing the violence and hatred inherent in the abuse (Hoffman, 1998). While insightful on offender psychology, this work does not explore the long-term impact on survivors.

2. Psychological and Emotional Aftermath of CSA

Michael Lew a psychotherapist working with thousands of male survivors, identifies recurring emotional consequences: shame, guilt, low self-esteem, depression, isolation, suicidal ideation, sexual dysfunction, and confusion about gender

identity. He notes that boys are particularly vulnerable due to societal expectations of masculinity, often being pressured to remain silent in order to protect the appearance of a “model family” (Lew, 2004). However, Lew's work focuses more on individual healing and less on societal or familial responses.

3. Trauma and PTSD in CSA Survivors

Dr. Bessel A. van der Kolk (1994) emphasizes the biological responses to trauma, describing how exposure to abuse can create chronic states of hyperarousal or PTSD (A., 1994). While his research has mostly focused on war veterans, the symptoms he outlines such as flashbacks and chronic anxiety are relevant to CSA survivors. That said, the study offers limited exploration of CSA-specific trauma, and its emphasis is more neurological than social or psychological.

4. Pathways to Healing and the Impact of Denial

Ellen Bass and Laura Davis (1998), in *The Courage to Heal*, shift the focus from damage to healing. They highlight how survivors may forget or suppress abuse yet still react to specific stimuli later in life. When families ignore or invalidate a child's experience, the trauma is magnified (Ellen Bass, 1998). While the book offers a healing-centered approach, it lacks an analysis of family or societal roles in the aftermath of abuse.

5. CSA in Males: RAINN's Findings

According to a report by RAINN (2020), common responses among male survivors include PTSD, flashbacks, depression, isolation, anxiety, and questions about sexual identity. Self-blame is particularly common, especially if physiological responses occurred during abuse (RAINN, 2020). However, the research focuses primarily on listing symptoms and lacks guidance on treatment or prevention.

6. Survivor Narratives and Cultural Taboos

Gaby Hinsliff (2018), in a *Guardian* article, recounts a survivor's struggle to seek help in a conservative family that viewed CSA as a taboo topic (Hinsliff, It never stops shaping you': the

legacy of child sexual abuse – and how to survive it, 2018). Despite attempts to speak out, the survivor was met with silence and denial, resulting in long-term emotional harm. While powerful, this article centers on one individual case and cannot be generalized.

7. Long-Term Effects: UK-Based Government Reports

(Soares, 2019) reporting on findings from the UK's *Truth Project*, reveals that 85% of CSA survivors experience lifelong mental health issues. Common outcomes include depression, anxiety, addiction, employment struggles, and relationship issues. The *Independent Inquiry into Child Sexual Abuse* (Jay, OBE, Frank, & CBE, 2018) also points to difficulties with trust, education, and spiritual beliefs. These reports offer valuable insight but are based on UK legal and social frameworks and may not fully apply to the Bangladeshi context.

8. Health Consequences in Later Life

Tina Maschi et al. (2013) explores how childhood trauma, including CSA, affects physical and mental health in older adults. They found connections to chronic illness, cognitive impairment, and even early mortality (Maschi, 2013). However, the small sample size limits generalizability, and the lack of a universally agreed PTSD definition complicates analysis.

9. CSA and High-Risk Behavior

Springer et al. (2003) demonstrate that CSA survivors are more likely to develop both psychological disorders (PTSD, depression, anxiety) and somatic conditions (chronic pain, fatigue, gastrointestinal disorders). The study also links CSA with risky behaviors such as substance abuse and unsafe sex (Springer, 2003). While the findings are compelling, the study focuses more on symptoms than systemic solutions.

Theoretical Perspective:

1. Family Systems Theory

The first formal theory of child sexual abuse may be the family system theory, which appeared in

the professional literature in the 1960s and 1970s (Carper, 1979), (Bolen, 2002). Derived from General system Theory by Ludwig von Bertalanffy, this theory blames the family itself for childhood sexual abuse that happens through incest. The early analysis of this theory focuses primarily on the father-daughter incest and echoes proponents of the 'mother-blaming theory', where the mothers are deemed responsible and/or blamed for any kind of sexual abuse faced by their children. In cases of incest, the offending father was viewed as an authoritarian figure who was suffering from some form of childhood deprivation. The suffering of the child victim was thought of as a secondary gain in terms of affection, attention, power, or sexual gratification for the offender. The nonoffending mother held the role of the "cornerstone of the pathological family system" (Bolen, 2002), who consciously or subconsciously allowed the abuse. The mother is portrayed as someone who had failed to the socially prescribed role of a wife was unable to meet the sexual and emotional needs of her husband. As a result, such duties were put on the daughter to fulfil and keep the family unit together. According to this theory, the mother either colluded directly with her husband (the offending father) or was aware of such abuse going on but failed to put a stop to it (Corry Azzopardi, 2017).

In later analysis of this theory, incest was hypothesized in the context of circular causality. 'Circular Causality' implies that each member contributes to the maintenance of the incestuous behavior and to join in a "conspiracy of silence", where the members were aware of but did not acknowledge the abuse. (Bolen, 2002) (Mental Health Articles, 2016).

2. Feminist Theory:

Feminist theory was the first perspective that viewed child sexual abuse through the lens of a critical and gender-based analysis. Developed in the 1970s and 1980s, this is also the first theoretical perspective that held the offender entirely responsible for his/her actions and shifted

the victim blaming angle of the controversial issue of childhood sexual abuse. The feminist theory believes that the root causes of CSA lie in patriarchy and its practices in societies. The socially constructed image of the 'ideal man' or 'masculinity' represents dominance and aggression almost synonymously, and power is believed to be asserted through violence, or threat of violence against women and children. Women and children are considered as 'property', something belonging to men, often through marriage and creating a family. Male dominance and superiority are maintained by exercising power over them. Feminist theory brought to light that, child sexual abuse was not the result of unfulfilled sexual desires of children, or failure to maintain the role of a perfect wife by the mother, or a dysfunctional family, but an injustice against the weak and vulnerable, by offenders who abused their authoritarian position and power (Bolen, 2002).

Feminist theory focuses exclusively on the patriarchal cultures and deems the imbalance of power between the sexes to be the reason why CSA occurs. But this argument fails to take into account female offenders of CSA. While an overwhelming majority of these offences are committed by men, there are female offenders as well. Moreover, if patriarchy is the principal reason behind CSA, there remains the question of what can be done to change that? Patriarchy is deeply embedded in our society and to change that, society as a whole needs to be uprooted and reorganized, which might not be a practical or possible solution.

3. Attachment Theory:

Originating from the work of Bowlby (1958, 1969, 1982) and Ainsworth (1967, 1973), Attachment Theory examines how early

experiences of trauma, neglect, or loss influence relational patterns. Alexander (1992) applied this framework to CSA, identifying three key risk dynamics:

- **Rejection:** Emotionally or physically unavailable parents make children more vulnerable to abuse and less likely to seek help.
- **Role Reversal:** Some abused children take on caretaking roles, especially in incest cases, reinforcing the abuser's entitlement.
- **Unresolved Trauma:** Disorganized attachment from past abuse may impair a caregiver's ability to recognize or respond to ongoing abuse, and may prevent victims from disclosing (Alexander, 1992).

Although insightful, this theory still lacks causal clarity, and existing research is largely correlational. More robust, inclusive studies are needed to fully understand its implications in CSA contexts.

While none of these theories fully explain CSA on its own, together they offer a comprehensive lens through which to interpret survivors' narratives. They illuminate the complex intersections of family dynamics, power structures, and psychological vulnerabilities—critical for analyzing abuse not only as isolated incidents, but as reflections of broader social systems.

Results:

The study, based on primary data collected from interviews conducted in 2020, involved 40 respondents who had experienced childhood sexual abuse.

Findings indicate significant variation in victims' ages during both the abuse and the interview, continuity of abuse, relationship with the offender, forms of abuse experienced, and aftermath.

Below is a summary of the data obtained from respondents

The various variables and results are illustrated in the table below:

Variable	Frequency (N=40)	Percentage (%)
(Respondent's Present Age)		
20-22 years	6	15
23-25 years	14	35
26-28 years	20	50
(Age during the first incident)		
4-6 years	16	40
7-9 years	8	20
10-12 years	11	27.5
13-15 years	5	12.5
(Continuity of Abuse)		
Yes	24	60
No	16	40
(Time of Continuity)		
Once	9	22.5
One month	8	20
A few months	13	32.5
A year	10	25
(Knowledge of Abuse)		
Yes	12	30
No	28	70
(Self-suggestions by the victims about the abuse)		
It was nothing bad	11	27.5
I must keep this a secret	40	100
I deserve this	9	22.5
This is my fault	35	87.5
(Relationship with the offender)		
Relative	17	42.5
Family Friend	13	32.5

Tutor	10	25
(Acts of abuse)		
Attempted Rape	5	12.5
Fondling	35	87.5
Unwanted kiss	37	92.5
Unwanted touch	40	100
(Aftermath of the abuse)		
Trouble with eating	17	42.5
Trouble with sleeping	34	85
Trouble with studying	29	72.5
Trouble being active	12	30

The following figures illustrate key findings from the data:

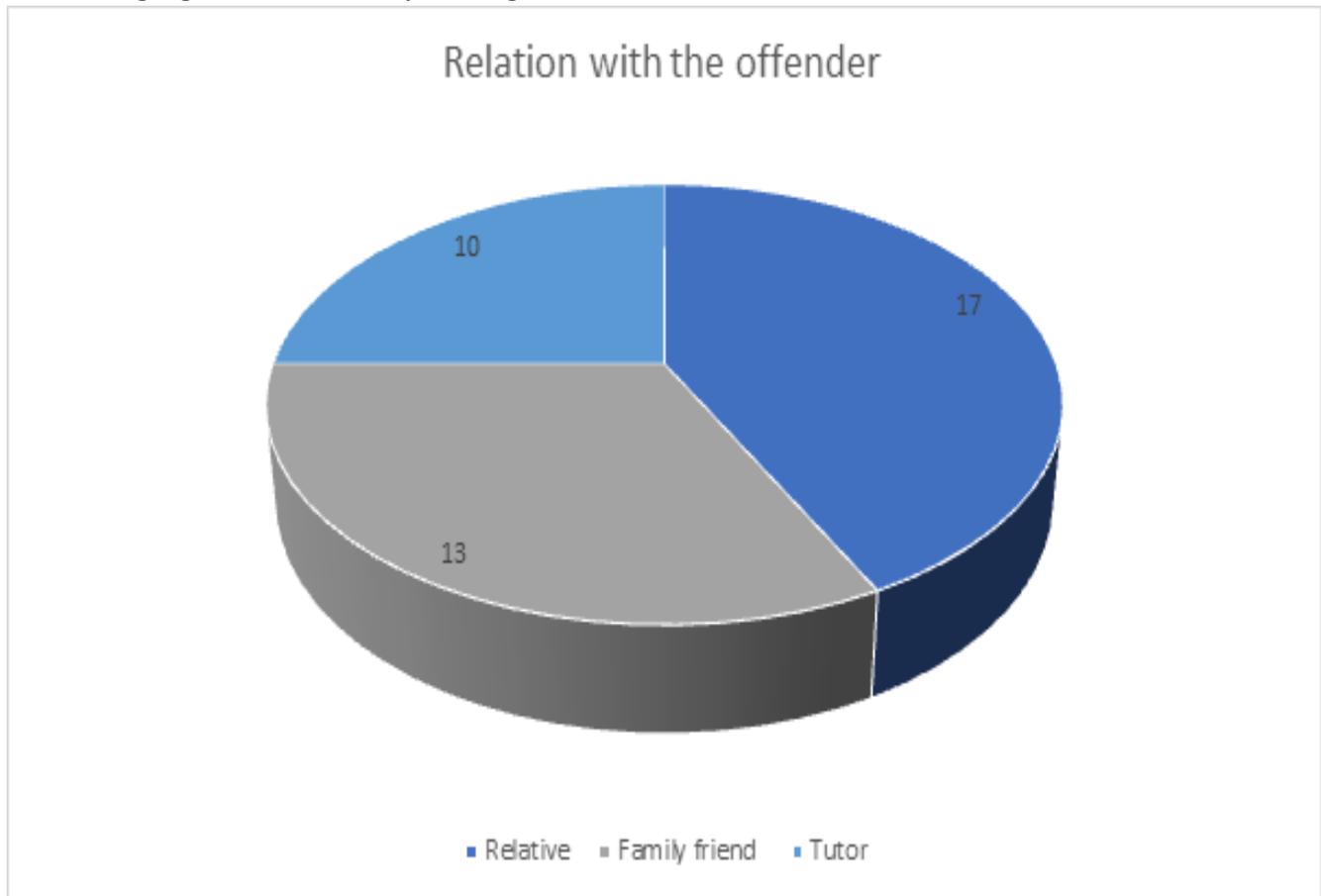


Figure: 01: The relationship between the victim and the offender.

Figure 1. Relationship with the offender – Most offenders were relatives or family friends, highlighting the proximity of trust breached. The study revealed that the offenders who commit child sexual offenses are usually someone who is either related to or spends a lot of time with the

child victim. It can be a relative, a family friend, or a home tutor. Among the 40 participants of this study, 17 offenders (42.5%) were relatives of the victim, 13 (32.5%) were family friends and 10 (25%) were home tutors of the victims

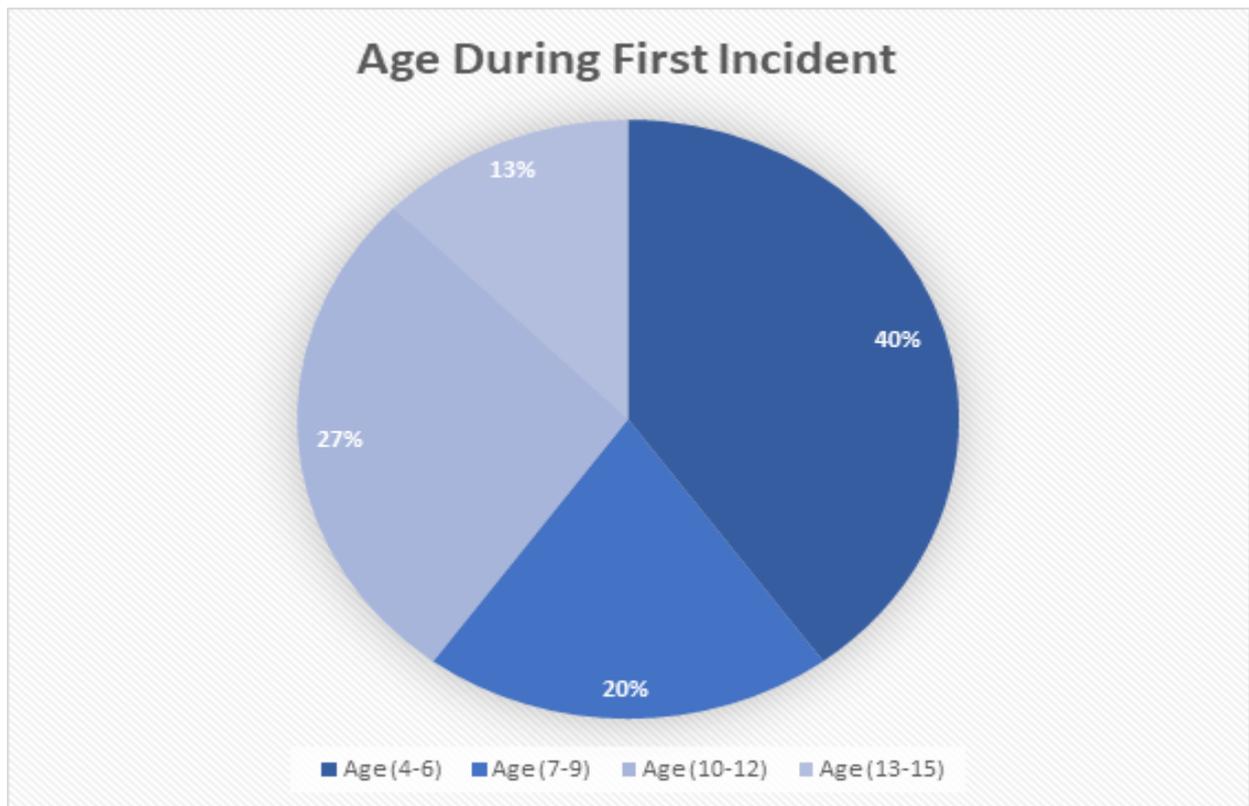


Figure - 02: Age of victims when the incident first occurred.

It was revealed that victims were between the ages of 4 to 15 years when the first incident occurred. The lion's share of the victims was in the age group of 4 to 6 years (40%) when the first incident took place, followed by 20% in the age range of 7

to 9 years, 27.5% in the 10 to 12 years category and 12.5% in the 13 to 15 years of age, making this the smallest percentage out of the four categories.

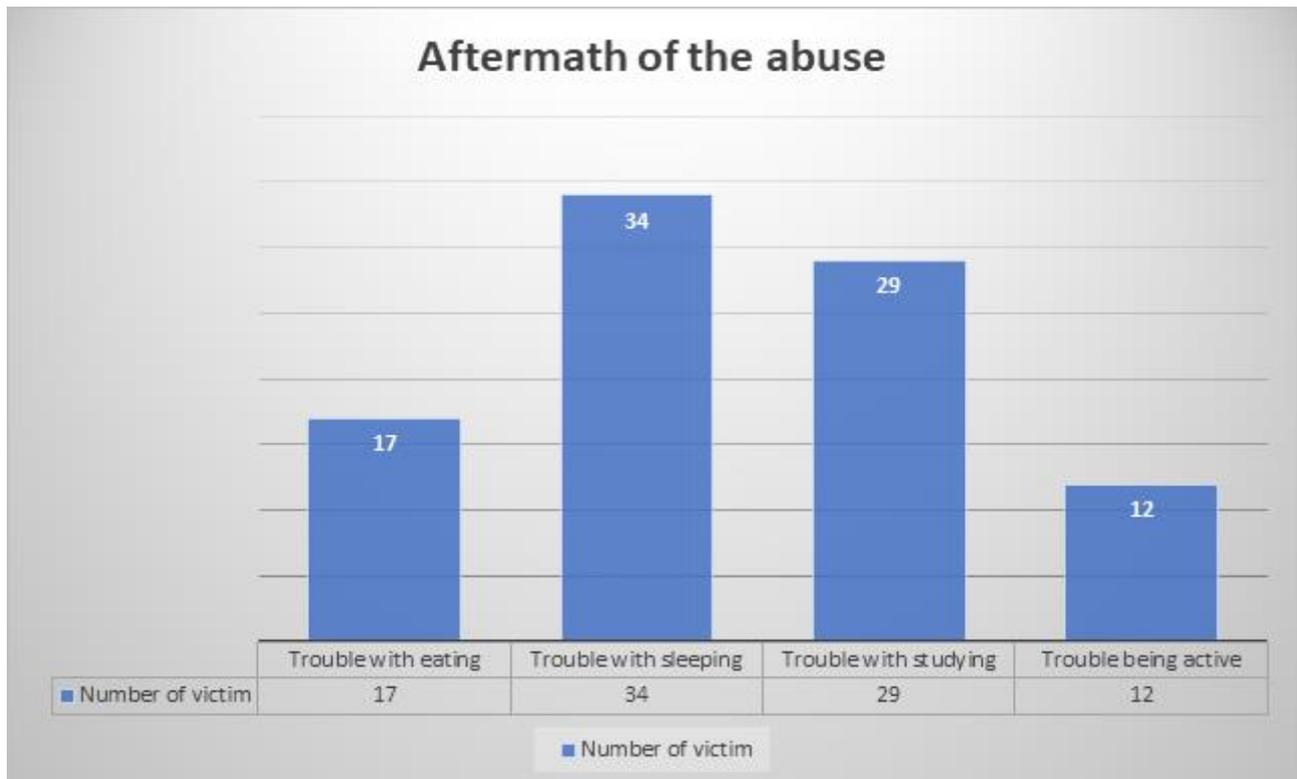


Figure: 03: Aftermath of the abuse.

Figure 3. Aftermath of the abuse: Sleep and study-related difficulties were among the most common consequences. Here we can see a visual representation of the immediate aftermath of the abuse experienced by the victims. All the respondents revealed that they had difficulties with eating, sleeping, and being active following the first incident. Among them, 34 people had difficulties with sleeping, 17 struggled with eating for a significant amount of time following the incident, 12 of the respondents said that they found it difficult to be active in their daily lives. One respondent mentioned that she became aggressive and felt irritable all the time after the incident took place.

When asked if what happened affected their study/school life in any way, 29 of the participants said yes. 10 of the respondents suffered abuse in the hands of their teachers which left a lasting scar on their psyche. The pain of the abuse was associated with the occupation of the abuser and created significant trauma around their educational life. They said that even now, every time they open a book and try to study, they are reminded of how their teacher abused them. As a result, studying became an extremely difficult task for them to do.

Discussion:

The findings of this study reveal that the majority of respondents experienced CSA at a very young age, often between 4–6 years, and many endured repeated abuses over extended periods. The prevalence of abuse by relatives and family friends aligns with prior literature (Lew, 2004; Hinsliff, 2018) which highlights the betrayal of trust and the barriers victims face in disclosing abuse. This early onset of abuse also suggests that offenders often exploit the developmental vulnerability of children, targeting those least able to understand or articulate their experiences. Such early victimization can have a profound influence on identity formation, emotional regulation, and later relationship patterns, as children process trauma within a framework of dependency and trust toward their abuser.

From a theoretical perspective, the patterns identified resonate with Attachment Theory, where parental inaccessibility and emotional unavailability increase vulnerability to abuse (Alexander, 1992). The high proportion of offenders being close family or friends can also be understood through Family System Theory's notion of the "conspiracy of silence" (Bolen, 2002), where family dynamics perpetuate the abuse. These patterns reveal how power imbalances and dependency in family relationships can inhibit disclosure, allowing abuse to continue unchallenged. Furthermore, the victim-blaming, self-perceptions identified in this study echo the cultural gender norms critiqued by Feminist Theory, which situates CSA within a patriarchal framework that disempowers victims (Bolen, 2002). This interconnectedness between the theories underscores that abuse is rarely an isolated act, but rather one that is reinforced by social structures, emotional bonds, and entrenched cultural beliefs.

The psychological aftermath observed—trouble sleeping, studying, and eating—mirrors prior empirical research (Kolk, 1994; RAINN, 2020), underscoring the long-term impacts of trauma. These difficulties are not just immediate post-traumatic responses, but can persist for years, influencing education, employment, and interpersonal relationships. The secrecy maintained by all victims in this study reaffirms Hoffman's (1998) assertion that abuse is not merely about desire, but an exertion of power and control, sustained by societal silence. This silence not only prevents early intervention but also compounds the sense of shame and self-blame among survivors, perpetuating cycles of trauma that can span generations.

Overall, this study contributes to the body of evidence showing that CSA is embedded in relational and cultural contexts, requiring multifaceted interventions that address individual recovery, family dynamics, and societal norms. Interventions should aim to challenge harmful gender stereotypes, dismantle the "conspiracy of silence" within families, and promote accessible,

stigma-free reporting mechanisms. Addressing CSA effectively will require a combination of trauma-informed care, culturally sensitive education, and legal reforms that prioritize the safety and dignity of survivors over the preservation of family or social reputation.

Recommendations:

1. Policy-Level Recommendations

The study revealed that the majority of CSA incidents occurred at an early age (4–6 years) and were often perpetrated by close family members or friends, aligning with the “conspiracy of silence” described in Family System Theory (Bolen, 2002). To break this cycle, policy interventions must be robust and victim-centered:

- **Strengthen child protection laws** to ensure timely prosecution, eliminating procedural loopholes that allow perpetrators—especially those within family networks—to evade justice.
- **Mandatory reporting mechanisms** for teachers, healthcare professionals, and social workers, given their potential role in detecting early signs of abuse.
- **Integrate CSA prevention into school curricula**, educating children on personal boundaries, recognizing unsafe situations, and how to seek help.
- Establish **specialized investigative units** trained to handle CSA cases sensitively, minimizing re-traumatization and ensuring survivor safety.

2. Community and Family-Level Recommendations

Findings showed a strong prevalence of abuse by relatives and family friends, combined with secrecy and victim-blaming, consistent with both Family System Theory and Feminist Theory’s critique of patriarchal norms. Addressing these requires cultural and familial shifts:

- **Launch awareness campaigns** to dismantle stigma, challenge myths about CSA, and

emphasize that abuse can happen within trusted relationships.

- **Parenting education programs** to promote emotional availability and attentiveness, reducing vulnerabilities highlighted in Attachment Theory.
- **Build Community watch and reporting networks** to offer safe and anonymous channels for disclosing abuse.
- **Engage religious and community leaders** in openly condemning CSA and rejecting victim-blaming narratives rooted in gender norms.

3. Individual and Survivor Support Recommendations

The psychological impacts observed—sleep disturbances, academic difficulties, and eating problems—mirror prior research (Kolk, 1994; RAINN, 2020) and underscore the need for survivor-centered care:

- **Provide accessible, trauma-informed counseling services** tailored for CSA survivors, including both short- and long-term support.
- **Establish peer support groups** to combat isolation and provide validation through shared experiences.
- **Offer academic assistance and vocational training** to address educational setbacks and enhance survivors’ future prospects.
- **Promote creative therapeutic outlets** such as art, writing, and music to facilitate emotional expression and healing.

Conclusion:

This study highlights that childhood sexual abuse (CSA) in Bangladesh often occurs at a very young age, is frequently perpetrated by individuals within the child’s circle of trust, and is sustained by secrecy, victim-blaming, and cultural silence. These findings reaffirm theoretical perspectives such as **Attachment Theory**, which underscores the role of parental unavailability in increasing

vulnerability (Alexander, 1992), **Family System Theory**, which explains the “conspiracy of silence” that enables abuse within families (Bolen, 2002), and **Feminist Theory**, which situates CSA within patriarchal structures that protect offenders and disempower victims (Bolen, 2002).

The physical, psychological, and educational consequences reported by survivors—such as sleep disturbances, academic difficulties, and persistent self-blame—mirror previous literature (Hoffman, 1998; Kolk, 1994; RAINN, 2020) and demonstrate that CSA is not an isolated incident but a life-altering trauma with far-reaching impacts. Addressing CSA therefore requires more than punitive measures; it demands a coordinated response that integrates legal reform, community engagement, and survivor-centered rehabilitation.

Ultimately, breaking the cycle of CSA in Bangladesh will require confronting deeply ingrained social norms, fostering open dialogue about abuse, and ensuring that survivors receive the protection, validation, and long-term support they deserve. By combining evidence-based policies, culturally sensitive interventions, and societal change, it is possible to move toward a future where children are truly safe, their voices are heard, and their rights are protected.

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