**Introduction**

Childhood sexual abuse has been proven to have lasting effects on the victims. Ideally, the physical effects may be remedied when the victims are still children. However, it is the psychological, emotional, or sociological effects that transcend into the victims’ adult stages. Already, there exist research studies from previous studies. Therefore, a meta-analysis of existing research studies provides the best research method strategy. Evidence has shown that various problems can be traced to childhood sexual abuse. Specifically, childhood sexual abuse leads to serious psychological problems hence research studies must focus on this field. Therefore, it is essential to research how childhood sexual abuse affects adult romantic relationships, sexual relationships, and sexual satisfaction.

**Literature Review**

**Katz, J., & Tirone, V. (2008)**

Katz & Tirone (2008) studied the ways childhood sexual abuse may affect female adult survivors by looking into two aspects of future sexual relationships in addition to any additive effects on sexual functioning concerning sexual satisfaction and possible alternative predictors of sexual functioning in a romantic context. The authors specifically explored how childhood sexual abuse may affect adult sexual satisfaction and future unwanted sexual interactions and re-victimization. This study was conducted at an undergraduate public college with 173 participants. Participants were to anonymously complete a series of self-reported questionnaires, including an additional questionnaire at the end to monitor participants’ emotional response to the study. The questionnaires covered personal demographics, relationship demographics, history of early sexual abuse, sexual compliance, post refusal sexual persistence, sexual satisfaction, general relationship quality, and gender-based dating beliefs. This study concluded that childhood sexual abuse has caused women to have lower sexual satisfaction, higher sexual compliance, higher exposure to partner manipulation and deception for sexual interactions after women’s refusal, as well as decreased general satisfaction and commitment in general relationship quality. The study also found no significant difference between women with a history of childhood sexual abuse and women without a history of childhood sexual abuse regarding post refusal sexual persistence. There were no significant differences in relationship demographics, including participant age, partner age, or year in school between participants. Results also concluded that a majority of participants who reported a history of childhood sexual abuse identified with a racial/ethnic minority group and higher levels of traditional gender-based beliefs in women with a history of childhood sexual abuse. Katz & Tirone (2008) found that there was a higher likelihood of re-victimization and unwanted sexual interactions in women with a history of childhood sexual abuse.

The limitations of this study included diversity factors such as gender and racial/ethnic backgrounds, as well as not properly defining or studying sexual functioning. The limitations surrounding diversity factors included gender and racial/ethnic backgrounds. For gender, the study consisted of only female participants. This causes a lack of generalization for the results of the study as childhood sexual abuse can occur amongst all genders. As for the racial/ethnic background, the study sample were primarily Caucasian. I found this to be the main limitation for this study specifically because the results showed that participants that reported a history of childhood sexual abuse also identified as being part of a racial/ethnic minority group. This can also cause the results to be less generalized in racial/ethnic groups. On the other hand, one of the purposes of this study was to measure the sexual functioning in adults with a history of childhood sexual abuse. However, the study focused more on sexual satisfaction and unwanted sexual interactions as opposed to sexual functioning.

**Sullivan, J. M., Lawson, D. M., & Akay-Sullivan, S. (2020)**

Sullivan, Lawson, and Akay-Sullivan (2020) analyzed attachment styles and interpersonal issues related to childhood sexual abuse. The authors sought to understand attachment styles among participants with a history of childhood sexual abuse. Sullivan et al. (2020) analyzed how attachment styles affected therapy outcomes. Attachment style was directly linked to patients’ interpersonal behaviors and how they relate to others. Therefore, the research study intended to analyze the extent of the influence and its significance during therapy. Specifically, this article focused on the understanding that patients who exhibit more secure attachment receive better outcomes after therapy than patients who have an insecure attachment. The data used in the study was obtained from a university training clinic over a period of three and a half years. There were 243 female participants involved in this study, and only 137 went through the entire process of the research study. This study collected data using clinical scales including Individual Therapy Alliance: Revised-Shortened (ITA-RS), Inventory of Interpersonal Problems- Short form (IIP-SF), and an outcome questionnaire with 45 items used to collect data on the patient’s progress during and after therapy sessions.

The results of this study showed there was a direct correlation between attachment and therapy outcomes. Preliminary analysis at the initial stages of the research showed a significantly higher bond or therapeutic attachment among the no abuse group. Patients who had a history of childhood sexual abuse showed poor interpersonal relationships and had problems forming therapeutic bonds, leading to poor therapy outcomes. Similarly, patients with a history of childhood sexual abuse generally presented insecure attachment styles throughout the study. Therefore, they were slightly slower to form therapeutic attachments and had interpersonal problems even in the final stages of treatment.

One of the main limitations of this study was that the population was narrowed down specifically to women seeking medical services. This can cause the results not to be generalized, seeing that there were no males included in the study, seeing how sexual abuse is not confined to one gender only. In addition to how the results could not be generalized, there were also no women who were not seeking, could not afford, or did not have access to medical care included in the study. Another limitation was the difference in the number of participants between the three groups. There were 56 participants that reported a history of childhood sexual abuse, 43 participants reporting various types of abuse, and 38 participants reporting no abuse. The difference in the number of participants between the groups can cause a significant difference in the results of the study compared to having an equal number of participants between each group.

**Bigras, Godbout, & Briere, (2015)**

Bigras, Godbout, and Briere (2015) discuss how childhood sexual abuse is directly linked to sexual anxiety and sexual satisfaction. In addition, the authors explored how childhood sexual abuse may also cause psychological issues and how it may affect their sexual health. The participants for this study were drawn from a pool of volunteers recruited via the internet. To improve the accuracy and reliability of the study, questionnaires were sent via the internet and by mail. The authors assert that people with a history of childhood sexual abuse, both women and men, were likely to suffer other psychological issues. These psychological issues affected their social lives, which in turn affected their sexual relationships. Respondents with a history of childhood sexual abuse often suffered from sexual anxiety, reported having lower sexual satisfaction, and faced other sexual problems as compared to non-childhood sexual abuse survivors. The sexual problems were also attributed to self-capacity issues, which affected their abilities to form a personal identity, control or tolerate strong emotions, and have self-awareness.

This study primarily focused on females who formed a majority of the respondents, with 257 female and 45 male participants. This might have led to bias in the results because it would be hard to distinguish the psychological issues that affect specific gender. Similarly, it would not be accurate to generalize the psychological issues since gender is a critical factor for survivors. In addition, the prevalence of types of abuse may be gender-specific.

The authors found that there was no direct link between sexual functioning and childhood sexual abuse. However, childhood sexual abuse had several psychological effects on adult survivors. Therefore, the journal article is a helpful source material used to study the indirect effects of childhood sexual abuse on sexual satisfaction and anxiety. While it cannot be used to predict sexual problems, it can be used to help survivors of childhood sexual abuse deal with sexual issues by handling their history of trauma.

**Callahan, Price, and Hilsenroth (2003)**

Callahan, Price, and Hilsenroth (2003) analyzed clinical samples to determine the long-term effects of childhood sexual abuse. The authors focused on outpatient community clinics for patients seeking psychotherapy services. This data was separated into two main groups consisting of patients who had been survivors of childhood sexual abuse and those who had not. The study aimed to develop better strategies and treatment methods that could be used in treating abuse survivors. This will help to provide insights on the clinical methods and help improve patient outcomes.

According to Callahan et al. (2003), there was a direct correlation between childhood sexual abuse and clinical results during and after psychotherapy. Patients who had suffered childhood sexual abuse had lower interpersonal functioning and increased symptomatology. Therefore, they recommended that patients with a history of childhood sexual abuse should have their psychotherapy treatment customized. This can assist them with healing from their childhood trauma. Using this strategy would improve their clinical outcome and ensure that their treatment methods achieve better results. In addition, the authors found evidence that the severity of abuse led to increased and severe symptoms among those with a history of childhood sexual abuse compared to those without a history of childhood sexual abuse patients.

Though the authors’ study conducted a comprehensive analysis of the psychological effects of childhood sexual abuse on symptomatology and interpersonal factors, the research study was biased. The results did not elaborate on the interpersonal aspect of the clinical study. While this might be attributed to the clinical nature of the study, it fails to appreciate critical factors in psychotherapy, such as the personality and behaviors of the survivors. However, the research study is enlightening and offers critical insights on how childhood sexual abuse affects psychotherapy treatment in clinical settings. The results can be used to develop treatment methods that suit individual patients and understand why some patients exhibit severe symptoms during treatment.

**Classen, Field, Koopman, Nevill-Manning, & Spiegel (2001)**

Classen, Field, Koopman, Nevill-Manning, & Spiegel (2001) believed that childhood sexual abuse survivors were likely to face the same problem as adults compared to respondents with no history of childhood sexual abuse. The authors focused on the interpersonal problems that contribute to the re-victimization of sexually abused women. These problems were identified as the issues that led to distress among the survivors. This study was conducted from a sample of 152 women who had sought clinical help after suffering sexual abuse. The respondents were categorized into two groups, childhood sexual abuse survivors and non- childhood sexual abuse survivors. About 56% of female childhood sexual abuse survivors reported being raped or having faced attempted rape as an adult compared to 21% of non- childhood sexual abuse survivors.

Results from this study by Classen et al. (2001) suggested that sexually abused children are more likely to suffer re-victimization as compared to adults. The figure from the research study showed that 60% of sexually abused women had a prior history while 35% had no history. This seems to suggest that re-victimization is a severe problem among survivors with a history of childhood sexual abuse. However, this is not the case, as victimization is a significant problem among all survivors of sexual abuse. Despite this minor shortcoming, Classen et al. (2001) discuss a significant issue facing sexually abused women; therefore, more research is required in this field to give comprehensive answers. Re-victimization has been attributed to interpersonal problems such as lack of parental support and expressive or non-expressive coping style among survivors. The authors show how understanding these factors would help to tackle the problem of victimization.

**Davis, Petretic-Jackson, & Ting (2001)**

Davis, Petretic-Jackson, and Ting (2001) studied the relationship between multiple cases of abuse, interpersonal functioning, and how it affects intimacy dysfunction among childhood sexual abuse survivors. This study was conducted on 315 female respondents drawn from a psychology class, with the average age being 20 years old. According to Davis et al. (2001), women who reported being survivors of childhood sexual abuse were likely to experience intimacy dysfunction and have poor quality interpersonal relationships. Based on this study, it is apparent that female respondents with prior experience of sexual or physical abuse have a higher probability of developing interpersonal functioning issues. The authors also reported higher psychological maltreatment as compare to non-childhood sexual abuse survivors.

Furthermore, their experiences from previous relationships affected their perception of relationships. This led to intimacy dysfunction due to the multiple experiences. Generally, they perceived past relationships as more dysfunctional than current relationships and reported some level of dissatisfaction. However, there was no evidence to suggest that current relationships were affected by the victim abuse status.

The authors’ research on childhood sexual abuse required the survivors to report different types of abuse they have faced, including physical and sexual abuse. However, when discussing the results, Davis et al. (2001) did not discuss the personal effects of specific abuses. This is a common challenge in research studies of this nature. It may be hard to determine their impacts since some survivors face multiple cases of abuse, and survivors react to abuse and have different coping mechanisms. Nonetheless, the journal article is valuable source material and offers insights on some of the factors that affect intimacy dysfunction.

**Wilson & Scarpa (2015)**

Wilson & Scarpa (2015) aimed to analyze how interpersonal challenges create a link between childhood sexual abuse and depression. The authors noted the importance of psychotherapy treatments and their part in incorporating the information on the link between sexual abuse and depression symptoms when treating childhood sexual abuse survivors. From a sample of 2,892 college women, this study found that there was a direct link between childhood sexual abuse and depression symptoms, with interpersonal problems being the mediating factor. According to Wilson & Scarpa (2015), childhood sexual abuse was a factor that led to interpersonal challenges, which were common among patients with a history of childhood sexual abuse showing symptoms of depression. In addition, childhood sexual abuse survivors had a higher risk of suffering from depression. Therefore, interpersonal difficulties can be attributed to the mediating link between childhood sexual abuse and depression symptoms. The authors assert that childhood sexual abuse, interpersonal difficulties, and depression symptoms are related, and a treatment plan for patients should comprehensively work on all three issues.

In this study, there were critical issues raised during the research study that the authors failed to answer. For instance, there were questions on how the coping mechanisms of childhood sexual abuse survivors affected their treatment outcomes. In some patients, coping mechanisms, such as attachment, improved their clinical outcomes. On the contrary, detachment hindered treatment outcomes, which shows a gap in the research study as other factors can also affect the treatment methods for childhood sexual abuse survivors with depression symptoms. However, interpersonal difficulty plays a significant role in the treatment plans of childhood sexual abuse survivors with depression symptoms. The authors explain why clinical solutions of these patients should therefore be encouraged to examine interpersonal difficulties in their patients when developing treatment plans.

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