

Sexual Abuse in Children and Adolescents: Risk Factors and Symptomatology

Abuso sexual en niños, niñas y adolescentes: factores de riesgo y sintomatología



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Abstract

Objective: To assess the scientific literature regarding risk factors and symptoms of short- and long-term sexual abuse in children and adolescents.

Methodology: A review of scientific articles in English and Spanish was conducted, and 27 studies published in APA PsycArticles, Dialnet, Springer, and ScienceDirect between 2011 and 2020 that contained quantitative or qualitative information regarding risk factors and symptoms of children and adolescents' sexual abuse were selected.

Results: Researchers identified some risk factors associated with age groups, primarily between 6–7 and 12–13 years, as well as types of reconstituted families and the presence of caregivers other than parents. Some short-term symptoms have been observed, including sudden changes in behavior, difficulties in interpersonal relationships, anxiety, fear, and guilt. Additionally, physical injuries and somatic alterations have been recorded. There are long-term symptoms associated with post-traumatic stress, suicidal behavior, eating disorders, difficulties with social interaction, and, to a lesser extent, drug dependence.

Conclusions: The use of social networks is taken as a reference to consider risk factors in current dynamics. However, the literature emphasizes the need to continue consolidating the analysis of these factors and their articulation with effective actions to prevent and detect abuse in a timely manner. As for the symptomatology, progress is evident in the short-term analysis as not only physical and physiological aspects, but also psychosocial aspects have been addressed. Likewise, long-term symptomatology is primarily analyzed from a psychological perspective.

Keywords: Sexual abuse, childhood, adolescence, symptomatology.

Resumen

Objetivo: Analizar avances en la literatura científica sobre factores de riesgo y sintomatología a corto y largo plazo del abuso sexual en niños, niñas y adolescentes.

Método: Mediante una revisión de artículos científicos en inglés y en español, se seleccionaron 27 investigaciones disponibles en APA PsycArticles, Dialnet, Springer y ScienceDirect, entre 2011 y 2020 con información cuantitativa o cualitativa sobre factores de riesgo y sintomatología del abuso sexual en niños, niñas y adolescentes.

Resultados: Se identifican factores de riesgo asociados a grupos etarios, principalmente entre 6-7 y 12-13 años, tipos de familias reconstituidas, así como a la presencia de cuidadores distintos a los padres.

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Entre los síntomas a corto plazo, se identifican cambios bruscos de comportamiento, dificultades en las relaciones interpersonales, angustia, miedo y culpa. Además, se registran lesiones físicas y alteraciones somáticas. A largo plazo se identifican síntomas asociados a estrés postraumático, conductas suicidas, trastornos alimenticios, dificultades de interacción social y en menor medida drogodependencia.

Conclusiones: Respecto a los factores de riesgo se visibiliza el uso de redes sociales como un referente a considerar en las dinámicas actuales. Sin embargo, la literatura enfatiza en seguir consolidando el análisis de estos factores y su articulación con acciones pertinentes para la prevención y atención oportuna del abuso. En cuanto a la sintomatología se evidencian avances en el análisis a corto plazo, pues no sólo se aborda lo físico y fisiológico sino también desde lo psicosocial. Similarmente, el análisis de la sintomatología a largo plazo se orienta principalmente a procesos psicosociales.

Palabras clave: Abuso sexual, niñez, adolescencia, sintomatología.

1. INTRODUCTION

Sexual abuse of children and adolescents has been widely conceptualized, and even today, its definition and characterization is debated. It is considered a form of child maltreatment in which a minor is involved in sexual activities that they may not fully understand, for which they lack the capacity for free consent, or that violate normative and social principles of adult–minor interaction or that among minors ([Franco & Ramirez, 2016](#)).

An abusive situation often arises within a relationship where the adult or another minor typically holds a position of responsibility, power, or even trust in relation to the victim. However, some authors also assert that sexually abusive acts occur from an adult toward a minor, considering the minor’s limited ability to give consent, because of their level of developmental, emotional, and cognitive maturity ([Baita & Moreno, 2015](#)).

Whether in the case of an adult or a minor, authors agree that abuse occurs in a situation of helplessness because of the power or authority imbalance between the perpetrator and the victim ([Lívano, Valdivia-Lívano, & Mejía, 2021](#)). This includes sexual activities involving the use of force; threats; or physical, psychological, or emotional coercion to engage a minor in sexual actions or attempts, unwanted sexual comments or innuendos, creation or dissemination of pornographic material involving minors, sexual exploitation, and human trafficking, as well as forcing the minor to be exposed to pornography ([Molina, Jaime, & Gutiérrez-Carvajal, 2020](#); [Council of Europe, 2007](#)).

Sexual abuse against children and adolescents is a form of violence against minors that can occur at home or in other contexts where they interact. This phenomenon has physical, psychological, and socio-emotional consequences for victims and even their families. Further, it involves high social and economic costs because of the individual and collective consequences it brings. Hence, addressing this issue requires a multisectoral and multidisciplinary approach that enables the generation of

updated, relevant, and timely knowledge, contributing to its prevention and intervention.

Additionally, there is a need for identifying and systematically analyzing risk factors associated with abuse situations. This serves as input that contributes to understanding the phenomenon for prevention and a contextualized approach to actions that help mitigate conditions increasing the risk of sexual abuse in children and adolescents. Authors such as [Assink et al. \(2019\)](#), [Vicente \(2017\)](#), and [Pereda and Abad \(2013\)](#) agree that risk factors refer to the set of conditions or circumstances that increase the probability of an event, in this case, abuse.

Authors have delineated individual factors (related to personal characteristics and processes), including gender (with a higher prevalence of female victims); the presence of any type of disability, whether physical, cognitive, or psychosocial; and the absence of care from caregivers, among others ([Assink et al., 2019](#)). Similarly, family-related risk factors have been identified, including aspects related to the family's structure, size, and dynamics. It is emphasized that single-parent, extensive, and reconstituted families are more frequently associated with abuse cases, without excluding other types of families. Previous research also indicates that lack of supervision; frequent family conflicts; inefficient communication patterns between children, adolescents, and adults or caregivers; and circumstances affecting supervision, emotional support, and corrective measures among family members are additional risk factors for abuse occurrence ([Vega & Ramirez, 2020](#); [González-García & Carrasco, 2016](#)).

Social risk factors tend to be associated with the use of social networks and the growth of sexual tourism, and beliefs associated with the invisibility of sexual abuse in the child and adolescent population, among others ([Vicente, 2017](#)). Furthermore, multiple risk factors often converge, increasing the vulnerability of children and adolescents to sexual abuse. Hence, addressing this issue requires a multifactorial, systemic, and contextualized perspective for timely prevention and effective management ([Tharp et al., 2013](#)).

Addressing the issue of child sexual abuse is a priority, considering that it remains a current and growing problem in Latin American contexts. The Pan American Health Organization indicates that approximately 58% of Latin American children and adolescents and 61% of North Americans have suffered sexual, physical, or emotional abuse ([PAHO, 2020](#)). For example, in Colombia, the Ministry of Health and Social Protection estimates that 15% of women and 8% of men were victims of sexual abuse during their

childhood or adolescence ([Ministry of Health and Social Protection, 2019](#)).

It is evident that information and knowledge generation about sexual abuse against children and adolescents are strengthening but still limited. In addition, various studies report that these abuse situations have short and long-term repercussions on individuals' health, well-being, and proper development ([Franco-Jaen, Rodríguez, & Del Río, 2020](#); [Lewis, McElroy, Harlaar, & Runyan, 2016](#); [Amado, Arce, & Herraiz, 2015](#); [Cantón-Cortés & Cortés, 2015](#)). These repercussions often manifest through physical, psychological, emotional, and social symptoms, ranging from physical injuries, physiological disturbances, sleep quality impairment, and sexually transmitted infections to difficulties in self-perception, self-esteem, mood alterations, impact on interpersonal relationships, sexualized behaviors, posttraumatic stress, suicidal tendencies, substance dependence, among others. Hence, it is important to continue addressing theoretical frameworks, action plans, and strategies to tackle this issue.

The different symptoms associated with sexual abuse in children and adolescents, both in the short and long term, are shaped by multiple factors such as the victim's developmental stage, frequency and characteristics of the aggression, and intervention after the abuse. In this sense, while identifying short- and long-term symptoms helps consolidate a body of knowledge useful for the timely management of abuse situations and the formulation of relevant interventions in each case, it is essential to bear in mind the complexity of this issue. Symptomatology should be assumed as a reference, rather than a standard, to identify useful tools and processes aimed at restoring conditions for the development and well-being of victims and their families based on their resources, characteristics, and needs ([Ensink et al., 2020](#); [Cantón-Cortés & Cortés, 2015](#)).

To further understand this phenomenon and build resources for effective intervention in cases of sexual abuse in children and adolescents, this review is structured to study the symptomatology of this phenomenon. The present study provides updated information corresponding to a preliminary theoretical review focused on the analysis of risk factors and symptoms associated with abuse in minors conducted by [Mebarak, Martínez, Sánchez, and Lozano \(2010\)](#). It is useful as a foundation for generating a new contextualization of advances and limitations in research on the topic, conducting an integrated analysis that allows an overview of the current knowledge about medium- and long-term symptomatology identified with regard to abuse. This study acknowledges new research on the subject without identified records of reviews that comprehensively analyze its findings.

1. METHODOLOGY

1.1. Literature Review

The literature review was conducted between January and March 2021. The search was carried out in four databases: APA PsycArticles, Dialnet, Springer, and Science Direct. English and Spanish search terms were employed to identify studies published between 2011 and 2020. The Spanish terms used were [abuso sexual infantil], [sintomatología, factores de riesgo, consecuencias, logros], [depresión, estrés postraumático, ansiedad, abuso de sustancias, complicaciones físicas crónicas, conductas de alto riesgo], and [relaciones interpersonales]. The following equivalent English terms were also used: [child sexual abuse], [symptomatology, risk factors, consequences, goals], [depression, posttraumatic stress disorder, anxiety, substance abuse, chronic physical complications, high-risk behaviors], and [social or interpersonal relationships].

The analysis of the selected articles focuses on identifying significant findings, whether in terms of statistical representativeness or the most representative categories associated with the research objective. Variables or categories under investigation are identified and recorded in a synthesis table to consolidate commonalities and divergences around the three focal points that form the basis of the literature review: risk factors, short-term symptoms, and long-term symptoms of sexual abuse in children and adolescents.

1.2. Article Selection

Twenty-seven articles were identified for analysis, selected based on the following inclusion criteria: 1) qualitative or quantitative research on risk factors or symptomatology of sexual abuse in children and adolescents in both the short and long term; 2) articles published between 2011 and 2020; 3) articles published in both English and Spanish; and 4) articles published in peer-reviewed indexed journals.

Additionally, the following exclusion criteria were applied to articles: 1) theoretical review articles, essays, or non-scientific dissemination documents on the topic; 2) articles published before 2011; 3) research result articles documenting the use of non-validated measurement instruments or lacking sufficient information on their psychometric properties; 4) articles published in journals without a peer-review process; and 5) articles addressing the topic of sexual abuse in children and adolescents but not focusing their analysis on the identification of risk factors or associated symptomatology.

2. RESULTS

The main findings are presented below based on the analysis of the articles chosen for the literature review. These findings focus on advancements in research regarding risk factors and symptomatology in terms of both short- and long-term outcomes of sexual abuse in children and adolescents.

2.1. Risk Factors

Regarding risk factors associated with the occurrence of sexual abuse in children and adolescents, the literature review identified the convergence of individual, family, and social conditions that increase the likelihood of sexual aggression in the targeted populations. Notably, among the factors most frequently identified in the literature are age groups, family types showing a higher prevalence of such cases, and the practices that determine the individuals assuming caregiver roles. Additionally, the analyzed studies describe factors associated with family dynamics and the disability conditions of the victims.

The analyzed studies indicate that children between 6–7 and 12–13 years of age are at a higher risk because of the documented high prevalence of abuse during these years ([González-García & Carrasco, 2016](#)). Studies also consistently indicate that children in families with single parents, as well as in multiparent or reconstructed families, or with step-parents are at a higher risk of experiencing abuse ([Vega & Ramirez, 2020](#); [Finkelhor, 2009](#)). Cases were identified among children cared for by relatives such as aunts/uncles or grandparents rather than biological parents and among children living with a stepfather or stepmother.

Another family dynamic-related risk factor, according to [Apraez-Villamarín \(2015\)](#), is the existence of an abusive, unstable, or dysfunctional relationship between caregivers. Additionally, the author states that children and adolescents who share a room with third parties, live in overcrowded houses, or reside in boarding houses where their rooms are accessible to others are at a higher risk of sexual abuse. Other risk factors identified by [Vicente \(2017\)](#) point to physical or mental disability conditions in minors, alcoholism, or other addictions in parents or caregivers and deficiencies in establishing a psychosocial support network.

2.2. Symptomatology of Sexual Abuse in Children and Adolescents

In addition to risk factors, the literature review identified a set of symptoms associated with sexual abuse in children and adolescents. [Castro \(2019\)](#)

refers to these as subclinical alterations related to processes of thought, language, body perception, affectivity, motor action, and stress tolerance, among others. Notably, symptoms in a child victim of sexual abuse may vary depending on factors such as the frequency, intensity, and type of abuse, as well as the relationship with the perpetrator. However, there are effects that occur in a significant proportion of cases. These can be classified as short and long term.

2.3. Short-Term Symptomatology

Short-term symptoms correspond to immediate effects and observable manifestations in the shortest timeframe after perpetration of abuse. Among these symptoms, difficulties in relating to individuals of the same sex as the perpetrator have been identified ([Lira et al., 2017](#)), as well as somatic problems such as intestinal or headaches and enuresis ([Cantón-Cortés, 2015](#)). At a social level, [Clasen, Blauer, and Madsen \(2018\)](#) demonstrated that minors who experience sexual abuse often encounter academic problems at school. They also experience feelings of guilt, distress, or fear, as most do not yet clearly understand what happened to them.

Physical symptoms are infrequent, variable, and nonspecific. In fact, abusive behaviors such as touching and exposure to sexual content usually do not leave physical traces on abused children or adolescents ([Pereda, 2010](#)). An example of this is presented by [Veirano et al. \(2017\)](#), who identified that in a sample of 156 minors who were victims of abuse, 49% did not show specific symptoms or signs of sexual abuse (e.g., sexually transmitted infections, genital injuries, pregnancy). In the same study, one of the less frequently found nonspecific symptoms was enuresis.

In contrast, [Yildirim et al. \(2011\)](#) did not find a significant association between sexual abuse and lower urinary tract symptoms (LUTS), which include urgency, incontinence, weak stream, hesitation, frequency, and all forms of dysfunctional urinary incontinence. However, LUTS were higher in children exposed to abuse compared to the control group, making it a symptom that should not be dismissed in terms of its association with potential cases of abuse in this population. [Anderson et al. \(2014\)](#) found that the prevalence of vulvovaginitis and enuresis among children reporting instances of sexual abuse was significantly higher than the prevalence of these conditions in other children.

Specific symptoms of sexual abuse in children and adolescents, such as genital and anal injuries, presence of semen, infections, sexually

transmitted diseases, genital warts, syphilis, HIV, and orofacial lesions, are challenging to find in these cases, although they do occur. Therefore, these symptoms should not lose relevance in the diagnosis ([Vrolijk-Bosschaart et al., 2017](#); [Anderson et al., 2014](#); [Goyal et al., 2013](#); [Yildirim et al., 2011](#); [Pereda, 2010a](#)).

Concerning nonspecific symptoms, a higher prevalence of behavioral changes or alterations in behavior has been found during the assessment and diagnosis of sexual abuse ([Veirano et al., 2017](#)). In line with this, the authors found that abrupt changes in behavior occurred in 38% of a sample of 156 children, representing the highest proportion of nonspecific symptoms. Similarly, [Vrolijk-Bosschaart et al. \(2017\)](#) observed that in most cases, behaviors such as anxiety, withdrawal, or excessive extroversion manifested themselves. According to the authors, these symptoms arise during physical examinations, which should be considered in the evaluation and diagnosis.

Regarding the effects of sexual abuse on minors' interpersonal relationships, there is a tendency to address long-term symptoms ([DiLillo, 2001](#); [Rumstein & Hunsley, 2001](#)). It is noteworthy that concerning short-term symptoms in cases of sexual abuse, authors like [Blanchard and Hébert \(2014\)](#) found that children who have been victims of such abuse presented greater difficulties and lower interpersonal trust compared to non-abused peers.

Dissociation is another short-term symptom addressed in recent research, manifesting as a disruption of the typically integrated functions of consciousness, memory, identity, and perception of the environment ([Bernier et al., 2013](#)). Authors like [Herbert et al. \(2016\)](#), [Bernier et al. \(2011\)](#), and [Pereda \(2010\)](#) posit that these dissociation symptoms might be mediated by variables like gender and the conditions in which the abuse occurred. Additionally, dissociation in children and adolescents with experience of sexual abuse has been associated with sleep problems ([Hébert et al., 2016](#)).

At the behavioral level, [Lewis et al. \(2016\)](#) found that children who are victims of sexual abuse tend to internalize and externalize problems more than non-abused children. A gender difference was observed, with boys tending to externalize problems more behaviorally than girls. Regarding the consequences of sexual abuse in minors at the neurobiological level, [Pereda and Gallardo \(2011\)](#) state that changes in the functioning of victims are evident, especially in the hypothalamic-pituitary-adrenal neuroendocrine focal point, as well as a reduction in gray matter at the cerebral level.

Research data on short-term symptomatology associated with sexual abuse in minors are given in Table 1.

Table 1.

Short-term symptoms identified in research between 2011 and 2020.

SYMPTOMATOLOGY	INSTRUMENTS	SAMPLE	AUTHORS	COUNTRY
Dissociation	1-year follow-up evaluation	48 children confirmed as victims of abuse	Bernier, Hébert, and Collin (2013) ; Pereda and Gallardo-Pujol (2011)	Canada
Fear and anxiety	Physical exams and sexually transmitted infection tests of abuse victims, along with a qualitative approach to interpreting physical complaints and children's behavior during the physical examination documented in medical records	Children and adolescents confirmed as victims of sexual abuse and children perceived as strong suspects of abuse	Vrolijk et al. (2017)	Holland
Symptoms in the lower urinary tract	Questionnaire on the incontinence and dysfunctional micturition scoring system, medical history, and physical examination	52 patients, among whom 8 are men and 44 are women, with experience of sexual abuse	Yildirim et al. (2011)	Turkey
Genital injuries	Compilation of medical records in computerized databases	Children under 15 years old diagnosed with sexual abuse upon discharge from moderate care at HP-CHPR	Veirano et al. (2017)	Uruguay
Vulvovaginitis and enuresis	Physical examination: assessment of vulvovaginitis, erythema, scars, deep and superficial hymenal notches, hematomas, hymen laceration, anal reflex dilation, loss of anal tone, venous congestion, proctitis, anal fissure/tear, reports of daytime or nighttime enuresis (for children >5 years), encopresis, dysfunctional voiding, fondling, oral contact, vaginal and anal penetration, sexual contact history, urine analysis, presence, and count of red and white blood cells per high-power field.	1,280 children	Anderson et al. (2014)	United States
Social difficulties and interpersonal low self-esteem	The Children's Attitude and Perception Scale, The Children's Generalized Trust Beliefs, The Loneliness and Social Dissatisfaction Scale, The Social Skills Rating System-Teacher, The Teacher's Report Form for Ages 6-18	93 child victims of sexual abuse and a comparative group of 75 non-victims	Pereda and Sicilia (2017)	Spain
Dissociation and sleeping disorders	Child Dissociative Checklist, Child Behavior Checklist-Preschool Version, the measure of psychiatric distress symptoms Modified version of the History of Victimization Form	179 children aged 3-6 years (victims of sexual abuse)	Hébert, Langevin, Guidi, Bernard, and Allard (2016)	Canada

Long-term symptomatology

Brown and Finkelhor (as cited in [Pereda, 2010](#)) argue that an effect is considered long term if it occurs two or more years after the occurrence of sexual abuse. Consistent with this, it has been found that child sexual abuse can serve as a risk factor for developing a variety of disorders. On an emotional level, victims may develop bipolar or anxiety disorders, with posttraumatic stress being the most common, along with suicidal tendencies, low self-esteem, and social isolation ([Blakemore et al., 2017](#); [Cantón-Cortés, 2015](#); [Pereda, 2010a](#)). In addition, victims may experience difficulties in the sexual domain, either psychologically or physically ([Lira et al., 2017](#); [Villanueva, 2013](#)). Table 2 presents the main results of the reviewed articles on the long-term symptomatology of sexual abuse in children and adolescents.

Table 2.
Long-Term Symptomatology Identified in Research from 2011 to 2020.

SYMPTOMATOLOGY	INSTRUMENTS	SAMPLE	AUTHORS	COUNTRY
Problems with interpersonal relationships in adulthood and unsafe sexual practices with the risk of HIV	Childhood Trauma Questionnaire, Self-Esteem Scale, General Self-Efficacy Scale, Center for Epidemiological Studies Depression Scale, PTSD Symptom Scale, Interview	693 women recruited from gynecological clinics	Lamoureux, Palmieri, Jackson, and Hobfoll (2012)	United States
Depression or feelings of sadness, crying, and despair	Social reaction questionnaire and Brief Symptom Inventory interview	12 women who experienced childhood sexual abuse	Pereda and Sicilia (2017)	Spain
Suicidal behaviors	Structured interview and Barratt Impulsiveness Scale (BIS-11)	177 women admitted to clinics for suicide attempts	Daray et al. (2016)	Argentina
Presence of obsessive-compulsive symptoms, depression, hostility, difficulties, and lower satisfaction regarding sexual relationships	Questionnaire on Child Sexual Abuse by López-Sánchez, Derogatis, and Melisaratos Brief Symptom Inventory O'Leary et al.'s Brief Sexual Functioning Inventory	464 men	Pinto-Cortez, Pereda, and Chacón (2017)	Chile
Alexithymia and distress	Toronto Alexithymia Scale (TAS-20) Kessler Psychological Distress Scale The UCLA Posttraumatic Stress Disorder-Reaction Index The Trauma Symptom Checklist for	6,531 adolescents (3,776 girls and 2,755 boys)	Hébert, Boisjoli, Blais, and Oussaïda (2018)	Canada
Posttraumatic Stress	The UCLA Posttraumatic Stress Disorder-Reaction Index The Trauma Symptom Checklist for Children-Alternate (TSCC-A) The Child Behavior Checklist The Trauma History Profile	56 participating centers (mental health community centers hospitals) of USA	Kisiel et al. (2014)	United States
Psychological difficulties: Attachment insecurity	Children's abuse history Child attachment Children's behavior difficulties Children's behavior difficulties Children's sexualized behavior	111 children aged 7–13 years, of which 43 were victims of sexual abuse	Ensink, Borelli, Normandin, Target, and Fonagy (2020)	United States
Sexualized behaviors	Rossi and Nock Factorial Survey	974 professionals	González-Ortega & Orgaz-Baz	Spain
Eating disorders	Meta-Analysis of Child Sexual Abuse Issues	Patients with eating behavior disorders	Losada and Saboya (2013)	Argentina

According to [Daray et al. \(2016\)](#), patients with a history of sexual abuse present a higher number of suicide attempts than those who are not sexually abused. However, there is no evidence that these victims exhibit greater impulsivity than the rest of the population. In contrast, [Pérez del Río and Mestre \(2013\)](#) identified a relationship between childhood sexual abuse and drug dependence. Additionally, [Huertas \(2011\)](#) establishes a connection between abuse and subsequent psychological alterations, including dissociative identity disorder.

2.4. Advances in Research on Sexual Abuse Symptomatology in Latin America

From the conducted review, it was identified that there are few records of research on the symptomatology of sexual abuse in children and adolescents in Latin America during the period of 2010–2020. Most of the research was conducted in European or North American countries. [Mebarak et al.'s \(2010\)](#) review showed a similar trend in literature regarding studies addressing the topic in this context.

In the current review, notably, more records were found in Latin America regarding the long-term symptomatology of sexual abuse in minors. In this regard, the analyzed research primarily addressed the association of abuse with suicidal behaviors ([Daray et al., 2016](#)), obsessive-compulsive symptoms, depression, hostility, difficulties, low satisfaction in sexual relationships ([Pinto et al., 2017](#)), and eating disorders ([Losada & Saboya, 2013](#)). In the short term, authors such as [Veirano et al. \(2017\)](#) have addressed genital injuries.

This trend in research aligns with the findings presented by the [Pan American Health Organization \(2020\)](#), recognizing that, despite progress in public policy, education, and knowledge generation about addressing sexual abuse in children and adolescents, multiple limitations persist in consolidating effective tools to reduce risk factors, understand the implications and consequences of abuse in minors, and consequently strengthen actions for effective intervention. Consistent with this and the findings of this review, the importance of continuing to consolidate theoretical and methodological frameworks to enhance the understanding of this phenomenon and addressing it in Latin America is evident.

3. DISCUSSIONS

Sexual abuse in children and adolescents is a growing global phenomenon that affects victims and society at large. It has short-, medium-, and long-term repercussions on individuals' health and well-being. Therefore, the

importance of generating knowledge to consolidate relevant actions for its management is widely acknowledged. Advances in research related to risk factors and symptomatology associated with abuse have been made, but results data require further strengthening. Some advances and opportunities for improvement on the topic have been identified in this review.

Participants in research on the subject are mainly young adults, either diagnosed or not with any psychological pathology associated with sexual abuse during their childhood or adolescence. There is a notable trend toward data collection from information provided by patients of different ages during their consultations or when accessing various services in health centers. These characteristics align with the findings in the [Mebarak et al. \(2010\)](#) review. However, a significant novelty in this update is the greater frequency of analyzed information with children and adolescents under 17 years old. This is particularly evident in the analysis of short-term symptoms, which were less frequently recorded in studies before 2010.

In fact, there are records of studies on short-term symptomatology, especially in European and North American contexts, that highlight physical manifestations such as genital and anal injuries, the presence of semen, infections, sexually transmitted diseases, and occasionally orofacial injuries ([Pereda, 2010](#)). [Vrolijk-Bosschaart et al. \(2017\)](#) found manifestations related to anxiety, withdrawal, and excessive extroversion. Research addressing the analysis of short-term symptomatology shows progress in an approach that has gone beyond exclusively physical and physiological indicators to include the investigation and analysis of psycho-affective and social symptoms. This approach allows for a broader perspective on the identification of abuse situations and provides better tools for detection and timely intervention ([Clasen, Blauer, & Madsen, 2018](#); [Veirano et al., 2017](#); [Hébert et al., 2016](#)).

Among the long-term symptoms, this updated review aligns with [Mebarak et al. \(2010\)](#) in asserting that the main described impairments are related to the psychological domain. Consistently, posttraumatic stress was identified as one of the consequences that is most frequently present ([Ensink et al., 2020](#); [Kisiel et al., 2014](#)). Additionally, associations with suicide attempts ([Daray et al., 2016](#)), dissociative identity disorder ([Huertas, 2011](#)), eating disorders ([Losada & Saboya, 2013](#)), and, to a lesser extent, studies on the relationship between childhood sexual abuse and drug dependence ([Pérez del Río & Mestre, 2013](#)) were noted.

Notably, [Mebarak et al. \(2010\)](#), [Pinto \(2017\)](#), and [Lira et al. \(2017\)](#) emphasize sexual behavior impairments in adulthood among those who were victims of abuse during their childhood or adolescence. However, the analyzed studies did not examine self-punitive behaviors, which were addressed in [Mebarak et al.'s \(2010\)](#) review. [Mebarak et al. \(2010\)](#) emphasize the need to strengthen research on patterns of interpersonal relationships in minors or adults who have been victims of abuse during their childhood or adolescence. This approach has expanded between 2010 and 2021, identifying difficulties in interacting with others in different contexts ([Lamoureux et al., 2012](#)), hostile behaviors ([Daray et al., 2016](#)), and insecure attachments ([Ensink et al., 2020](#)).

Regarding the long-term symptoms resulting from childhood and adolescent sexual abuse, there are evident impairments that disrupt conditions for victims' individual well-being, further diminishing the quality of their interpersonal relationships ([Cortés et al., 2011](#)). However, a recognized limitation in addressing this issue is the difficulty in conducting comparative analyses; differentiating between samples; and establishing influential relationships between risk factors, conditions, and characteristics of abuse with the identified symptoms due to methodological approaches ([López et al., 2017](#)). Nevertheless, progress continues to be made in understanding this topic and defining references that contribute to its prevention and timely intervention.

Finally, recent studies point out risk factors that align with [Mebarak et al.'s \(2010\)](#) findings; however, they highlight the use of social networks as a new reference to take into account ([Vega & Ramírez, 2020](#); [González-García & Carrasco, 2016](#)). In line with this, the relevance of the family context and the close social environment is highlighted as scenarios to be considered in the prevention of sexual abuse in childhood and adolescence. This consideration stems from the recognition that among the risk factors identified in previous research and literature reviews, family dynamics and patterns of social interaction with individuals close to children and adolescents, stand out as relevant aspects to consider in the prevention and reduction of conditions associated with abuse ([Assink et al., 2019](#); [Apraez-Villamarín, 2015](#); [Acuña, 2014](#)). Authors and organizations addressing the issue emphasize the importance of integrating evolving references on childhood and adolescent sexual abuse with public policies and actions aimed at more timely and effective attention to this issue.

4. CONCLUSIONS

The literature review on risk factors and symptomatology of sexual abuse in children and adolescents demonstrates progress in addressing the subject, contributing to understanding both the phenomenon and strategies for its prevention and timely intervention. These advances are identified in European and North American contexts, while in Latin America, although there are studies on the subject, they are presented in a lesser proportion, indicating the need to continue consolidating references on the topic from a contextualized perspective.

Regarding risk factors associated with childhood and adolescent sexual abuse, the literature between 2011 and 2020 illustrates the identification of aspects related to family structure and dynamics. It highlights that in cases involving reconstituted and extensive families and in some cases where children and adolescents belong to single-parent families, there is a higher prevalence of abuse cases. In reality, this phenomenon is multifactorial and not solely a result of the structure, but it can also be attributed to family dynamics. Findings indicate that in contexts of domestic violence, with inefficient communication patterns, and caregivers with addictions, as well as overcrowded home conditions, pose risks. Likewise, age groups, gender, and disability are mentioned as factors to consider in addressing sexual abuse during these life stages. Additionally, a factor gaining significance in this updated analysis is the use of social networks because it gives rise to interaction processes that, in some cases, can lead to vulnerability to potential abuse.

On the other hand, referring to the symptomatology associated with sexual abuse in children and adolescents, the analyzed research describes that, in the short term, it is possible to identify symptoms associated with physical injuries, alterations in the urinary tract, and disruptions in sleep patterns, among others. However, there is an increasing emphasis on analyzing short-term psycho-affective and social symptoms, including withdrawal, social isolation, academic difficulties, low self-confidence, fear, anxiety, and even dissociation, as some of the manifestations present in victims.

Additionally, long-term symptomatology tends to be associated with suicidal behaviors, difficulties in establishing interpersonal relationships, disruptions in self-confidence and self-esteem, posttraumatic stress, and mood disorders; further, to a lesser extent, it is associated with drug

dependencies and other addictions. In these studies that emphasize the consequences of childhood and adolescent sexual abuse in the long term, there are commonalities in approaches from the perspective of psychosocial impacts on the victims.

Notably, the analyses of symptomatology emphasize the importance of generating contextualized evaluation processes where these are considered references and not standards. It is necessary to consider multiple factors surrounding symptoms associated with sexual abuse, including intensity, chronicity, abuse conditions, and the life-cycle stage of the victim, among other aspects that influence the development and characteristics of symptoms. However, the progress made in these studies is significant in shaping the understanding of the issue and for developing relevant approaches to address it.

LIMITATIONS AND RECOMMENDATIONS

Most studies in this literature review were from contexts other than Latin American ones. While this provides a broad perspective on the issue, it creates gaps in understanding the problem within Latin America. Additionally, the scarcity of studies on this issue in Latin American countries makes it challenging to conduct cross-cultural analyses that could contribute to the consolidation of scientific knowledge from this region. In light of the variability in methodologies, samples, and processes employed in research on the topic, limitations are established in generating meta-analysis processes that would further strengthen the identification of trends and other potential references related to the subject under investigation.

Recommendations derived from the literature review consistently highlight the importance of strengthening research on risk factors and symptomatology of sexual abuse in children and adolescents within the Latin American context. The relevance of integrating research processes with dissemination efforts, social appropriation of knowledge, and systematic contribution of scientific knowledge to shaping public policies and actions that contribute to the prevention, timely intervention, and effective handling of the issue across various domains is emphasized.

HIGHLIGHTS (KEY IDEAS)

- Analyzing risk factors and symptomatology of sexual abuse in children and adolescents contributes to relevant approaches to the issue.

- Updates in the literature address the symptomatology associated with childhood and adolescent sexual abuse.
- Short-term symptoms are linked to physical injuries, sleep disturbances, low self-confidence, and inadequate emotional management.
- Long-term symptoms are associated with mood disturbances, interpersonal relationship strategy changes, and the development of sexuality.

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