



Research Paper

# Does Childhood Sexual Abuse Impact the Development of Paedophilic Tendencies

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## Abstract

*This literature review will explore the relationship between childhood sexual abuse (CSA) and the possibly ensuing development of paedophilic tendencies. It analyses findings from multiple studies to examine the psychological, behavioural and environmental factors contributing to this complex issue. This review highlights the role of trauma, social learning, attachment disruptions while considering the protective factors that lower the risk of developing deviant sexual interests.*

*It is important to underscore the role of therapy as a preventive measure as well as acknowledge the heavy stigma surrounding it, especially in the case of paedophilia, which prevents most individuals with these tendencies to ever seek help.*

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## I. Introduction

Paedophilia is defined as a psychiatric disorder or mental illness by the *DSM-5* within which an adult or older adolescent experiences a primary or exclusive attraction to prepubescent children. It is a type of paraphilia.

Paedophilia is different from child molestation. All child sexual abusers are not Paedophiles. They are individuals who may experience involuntary sexual arousal towards children.

Childhood Sexual Abuse (CSA) is an issue with severe long-term effects on its victims. Among the various behavioural and psychological consequences, the development of paedophilic tendencies stands out as an especially disturbing outcome.

Understanding the pathways through which CSA may lead to such tendencies is crucial for both its prevention and intervention efforts. This paper attempts to explore existing research on this relation, examining the evidence for a link and identifying the factors that influence this development.

### Prevalence and Impact of Childhood Sexual Abuse

CSA affects a significant proportion of the global population. Adult retrospective studies show that 1 in 4 women and 1 in 6 men were sexually abused before the age of 18 (*Centres for Disease Control and Prevention, 2006*). This means there are more than 42 million adult survivors of child sexual abuse in the U.S alone. We do not have a specific, pinpoint statistic regarding the prevalence of CSA because a large proportion of victims do not disclose or report their abuse. 73% of child victims do not tell anyone about the abuse for at least a year. 45% of victims do not tell anyone for at least 5 years. Some never disclose (*Smith et al., 2000; Broman-Fulks et al., 2007*)

Even if the true prevalence of CSA is not known, most will agree that there will be 500,000 babies born in the US this year that will be sexually abused before they turn 18.

Nearly 70% of all reported sexual assaults (including assaults on adults) occur to children of ages 17 and under (*Snyder, 2000*). Children experience higher rates of sexual assault victimization than in adults. In 2000, the sexual assault rate for children 12 to 17 was 2.3 times higher than for adults (*U.S. Department of Justice, Bureau of Justice Statistics, 2000*)

## Consequences

The consequences of it are far-reaching, often leading to psychological disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD). Victims may also struggle with substance abuse, self-harm, and difficulties in forming healthy relationships. Other societal consequences like teenage pregnancy are also a result. The U.S. government estimates that teen pregnancy costs the nation over \$9 billion annually (*National Campaign to Prevent Teen Pregnancy, 2004*). If the applicable research (*Noll, Shenk, & Putnam, 2009*) is accurate, logic suggests that over \$2 billion of this is attributable to child sexual abuse.

The behavioural consequences following a sexually traumatic event in childhood vary widely. Some individuals may exhibit hypersexuality, characterized by an increased focus on sexual thoughts and behaviours. Others may develop an aversion to sexual activity altogether. In certain cases, victims may feel compelled to reenact their abuse, potentially leading to paedophilic and sexually offensive behaviour.

Over-sexualized behaviour can lead to an increased risk of sexually-transmitted diseases. Sexually-transmitted diseases cost the US \$8.4 billion annually (*Kaiser Family Foundation, 1997*). If the research is accurate (*Zierler, et. al., 1991; Allers, et. al., 1993; Dekker, et. al., 1990*), logic tells us that over \$1.5 billion of this is attributable to child sexual abuse.

## Theoretical Frameworks

To explain the potential development of paedophilic tendencies following CSA, some pre-existing theoretical frameworks can be employed:

### The Social Learning Theory

*Bandura, A. J. (1977). Social learning theory. Englewood Cliffs, NJ: Prentice Hall. Bandura, A. J. (1977).*

The theory suggests that behaviours are learned. Whether that be through observation or imitation, child victims may internalize the behaviour of their abusers and in some cases, reenact it later in life.

### Attachment Theory

*Wang, D., & Stalker, C. A. (2016). Attachment theory in Coady, Nick (Ed); Lehmann, Peter (Ed).*

The Attachment theory suggest that early experiences with caregivers shape a person's ability to form secure relationships. CSA disrupts these attachment patterns, especially if the perpetrator is a parent or parental figure. This leads to difficulties and issues with trust and intimacy. These disruptions may lead to maladaptive sexual behaviours.

### Psychological Mechanisms

CSA can lead to various psychological issues that may contribute to the development of deviant sexual inclinations. One such mechanism is the distortion of sexual cognitions. Victims may develop distorted beliefs about sexuality, often viewing sexual activity as a means of control or power. This cognitive distortion could be the basis of the inappropriate sexual interests and behaviours.

Additionally, affective dysregulation, characterized by difficulty managing emotions, is a common consequence. Victims may struggle with feelings of shame, guilt and low self-worth, which can exacerbate deviant sexual interests. This inability to regulate emotions effectively may lead to some individuals seeking control or comfort through inappropriate sexual behaviours.

## Empirical Evidence

The empirical evidence linking CSA to the development of paedophilic tendencies is complex and nuanced. While there is an obvious correlation between the two, it is not a straightforward cause-and-effect relationship.

Studies have shown that a significant proportion of individuals with paedophilic tendencies have a history of abuse. The formation of sexual preferences and behaviours is a complex process influenced by biological, psychological, and social factors. Theories such as sexual imprinting and classical conditioning suggest that early experiences can play a pivotal role in shaping mindsets and this applies here.

*Sharan, M., & Pillai, P. (2012). Development of sexually abusive behavior in sexually victimized males: A longitudinal study. Journal of Child Sexual Abuse, explores how early sexual experiences can become entrenched as deviant patterns in later life. It challenges the notion that more severe abuse leads to a higher risk*

of becoming an abuser and highlights the role of intrafamilial violence, neglect, and other environmental factors in increasing the risk.

However, it is essential to note that not all victims develop these tendencies, and the majority do not engage in sexually abusive behaviours. The risk factors influencing this outcome include the duration of the abuse, the identity of the abuser, and the presence or absence of a supportive environment during the recovery process.

## **II. Discussion**

The potential development of paedophilic tendencies following childhood sexual abuse is a multifaceted issue that requires a nuanced understanding. While it is a risk factor, it does not inevitably lead to such outcomes. Other factors, such as genetic predispositions, neurological abnormalities, and broader environmental influences, also play a role in the development of these tendencies.

Preventive measures should focus on providing comprehensive support to victims, addressing the immediate and long-term psychological and emotional needs. Moreover, broader societal and cultural issues that contribute to child abuse, such as inadequate child protection laws and the lack of awareness, must be addressed.

Several protective factors can reduce the likelihood of developing paedophilic tendencies following CSA. Access to therapy and mental health support is a critical component of recovery. Therapeutic interventions can help survivors process their trauma, develop healthy coping mechanisms, and challenge distorted sexual cognitions.

Strong social support networks, including supportive family members, friends, and community resources, play a vital role in the recovery process. Positive adult role models can provide guidance and support, helping survivors develop healthy relationships and boundaries.

Early intervention is another crucial factor. Identifying and addressing the psychological and emotional needs of CSA survivors as soon as possible can prevent the development of abnormal sexual behaviours. Comprehensive education on healthy relationships and sexuality can also serve as a preventive measure.

## **III. Conclusion**

This research takes up a comprehensive approach due to lack of access to inmate personal histories, which prevents it from going in depth and isolating specific psychological pathways from childhood sexual victimization to becoming a perpetrator. It is also important to acknowledge that there is a lack of diverse data sources due to the dependence on the self-reporting of paedophilic non-offending individuals.