

May 2024

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Bernadette Marson

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Recommended Citation

Marson, Bernadette (2024) "The Impact of Childhood Sexual Abuse on Interpersonal Relationships: A Cross-Sectional Study in Trinidad," *Journal of International Women's Studies*: Vol. 26: Iss. 3, Article 2. Available at: <https://vc.bridgew.edu/jiws/vol26/iss3/2>

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The Impact of Childhood Sexual Abuse on Interpersonal Relationships: A Cross-Sectional Study in Trinidad

By Bernadette Marson¹

Abstract

Child sexual abuse (CSA) is a pervasive social problem that can have long-term effects on women's relationships because it makes them vulnerable to revictimization. Girls are more vulnerable than boys to be victims of CSA, and those abused by someone they trust are at higher risk of experiencing increased trauma and interpersonal problems. This quantitative research study investigated the association between CSA and interpersonal relationships. Participants completed anonymous surveys exploring these two variables. Results showed that among other vulnerabilities, women who reported sexual abuse within the family reported overall greater interpersonal problems compared with non-abused participants. Given the prevalence of intrafamilial and other types of CSA and its impact on interpersonal relationships, providing an environment where girls are safe from abuse is important. Research, education, policy, and educational programs can help prevent CSA and its consequences.

Keywords: Women, Interpersonal relationships, Trinidad, Child sexual abuse, Adult survivors

Introduction

Childhood sexual abuse (CSA) has been characterized by researchers as a preventable violation of the evolving child (Finkelhor et al., 2014). CSA is a global crisis of epidemic proportions with major short-term and long-term consequences (Finkelhor et al., 2014; Leventhal, 1998; Røjgaard Nielsen et al., 2018). It is also a public health problem because of the life-long physical and mental health effects, which in turn results in an economic burden on the survivors (Fix et al., 2021). In their international study comprising 22 countries, Pereda and associates (2009) found that approximately 19.7% of women and 7.9% of men experienced CSA. Other studies examining gender and CSA show that the prevalence in boys was lower (10%) when compared to girls at 12.5% (Finkelhor et al., 2009). In contrast, Barth and associates (2013) reported an estimated 8-17% of men and 8-31% of women experience CSA worldwide.

For the purpose of this research study, CSA is characterized as any involvement of children under the age of 16 in sexual touching and non-touching and children under the age of 18 experiencing sexual penetration (International Center for Missing & Exploited Children Trinidad & Tobago, 2021). Children who are sexually abused experience several types of sexual abuse categorized as non-touch and touch. Non-touch abuse includes photographing a child in sexual positions, exposure of genitals, voyeurism, trafficking/prostitution, and pornography. Touch sexual abuse includes oral sex and fondling (Vaillancourt-Morel et al., 2016).

Women who are CSA survivors may experience complex effects on interpersonal relationships alongside a wide range of further problems and vulnerabilities (Godbout et al., 2009;

¹ Bernadette Marson, Ph.D., is a clinical consultant and senior contributing faculty member. She is the founder of Marson LCSW and Consulting Services, PLLC. She specializes in mental health, women's studies, relationships, and childhood sexual abuse. She is a published author, and her work is transdisciplinary, collaborating with colleagues from Psychiatry, Psychology, Social Work, and Business Administration. One of her goals is to identify and foster leaders in the field of mental health. Email address: bcmacsw1@gmail.com.

Gewirtz-Meydan & Lassri, 2022). According to Sullivan and associates (2019), an interpersonal problem is any kind of relational difficulty that characterizes typical functioning in social settings. These interpersonal problems include lack of trust, marital dissatisfaction, diminished relationships, interpersonal problems in intimate and sexual relationships, problems initiating and maintaining stable relationships, less skillful parenting, anger or hostility towards others, and problems at school and work or with friends and family (Paridis & Boucher, 2010; Quilty et al., 2013; Talmon & Ginzberg, 2018; Hailes et al., 2019; Zamir, 2021). Research has also shown that CSA is also associated with long-term psychological problems such as disassociation, anxiety, depression, sexual problems, self-mutilation, somatization, obsessions and compulsions, and post-traumatic stress (Easton, 2019). Additionally, CSA survivors are more likely to attempt suicide, become substance abusers, and/or experience sexual re-victimization.

When compared to non-abused men and women, adult sexual revictimization (ASA) is two to three times more likely to occur in adults with a history of CSA (Røjgaard Nielsen et al., 2018). Women who experience CSA are at greater risk of facing challenges due to the poor-quality relations resulting from the abuse. Research shows that building trusting relationships decreases the likelihood of poor relationships often associated with CSA survivors (Barker et al., 2022; Mullen et al., 1994). Research has also been done on the effects of CSA on men. For example, Valente (2005) conducted research on the sexual abuse of boys, and the effects were the same as it is for women. Thus, it is important to understand the correlation between interpersonal relationships and CSA to appropriately address the trauma and decrease the high rates of interpersonal difficulties and other related problems, including sexual activities and attitudes.

In Trinidad, CSA is widespread. Since 1995, there has been an increase in the number of sexual offense cases, including rape and incest. According to Rampersad (2021), reports from the Central Statistical Office (CSO) showed that 309 cases were reported in 1995. Statistics from the Child Protection Unit (CPU) of the Trinidad and Tobago Police showed 1,800 reports of child sexual abuse between January 2020 and September 2021 (Rampersad, 2021). In their 2019 Annual Report, the Children's Authority of Trinidad and Tobago (CATT) (2022) reported that 22.6% of the reported childhood abuse and maltreatment cases were sexual abuse cases. Since 2017, CATT (2022) reported a decrease in the number of reported cases. The years 2017 and 2018 showed a decrease from 26.8 to 23.1% cases respectively. Despite the decrease in reported cases during this period, CSA remains the highest category in all of the child maltreatment cases reported in Trinidad by CATT. During 2018 and 2019, women were 10-57% more likely to be sexually abused than men. Though CATT did not break down the category of sexual abuse by geographic location, this research study was conducted in two areas in the central part of the country.

There is evidence that abused children show emotional, behavioral, physical, and interpersonal difficulties in adulthood (Arsenault et al., 2011; Avery et al., 2000; Bulik et al., 2001; Fergusson et al., 2008; Jonson-Reid et al., 2012). A combined study of the Eastern Caribbean, Trinidad and Tobago, and Barbados showed an alarming 70-80% of CSA victims were girls and approximately 50% of the victims were abused by an individual who resided in the same home as the child (Perrault, 2011). Sexual penetration has been identified as the most prevalent form of CSA in Trinidad, and in most instances, the abused knows the perpetrator. Even though CSA is a serious issue, it is framed as a social taboo, resulting in many CSA survivors showing an unwillingness to report such occurrences (Sharma & Gupta, 2004; Baboolal et al., 2007). This could also be due to the deep-seated cultural sanctions that are associated with CSA. There are occurrences where there is the risk of further abuse and violence when the child speaks out. Jones & Trotman Jemmott (2009) characterized several other interlocking aspects, such as poverty, the

socio-economic dependency of women on men, patriarchal values that protect the status and privilege of men above that of the child, the disempowerment of children, and implicit social sanctioning, especially when the perpetrator is in a position of power.

Object relations theory and psychoanalytic theory maintain that trauma from CSA could develop into a variety of problems in adult relationships. The long-term consequences of trauma are identified in both theories. Aligned with the insight of post-structuralist theorist Foucault, this research views CSA as a manifestation of power, which is asserted as a practice instead of a possession (Foucault, 1991). This study used a cross-sectional approach because it allowed for the comparison between participants without a history of CSA and those with a history of CSA.

Purpose of the Study

This study explores CSA and its long-term impact on interpersonal relationships. Despite studies contributing to the understanding of the negative life-long impact of CSA in adulthood, research in Trinidad has not previously been conducted on this issue. Only two known studies have been identified in the country, conducted by Rollocks (2006), who assessed depression and post-traumatic stress among boys who were physically and sexually abused while in residential care, and Baboolal and associates (2007), who investigated CSA among women and men patients in an outpatient psychiatric clinic.

As the research noted above shows, CSA victims are more likely to experience a lifetime of poor adult relationships and interpersonal problems. Moreover, a high-quality relationship contributes to relationship satisfaction and is a key contributor to an individual's emotional and physical happiness (Lambert et al., 2012). Given the difficulties adult survivors of CSA may experience by having poor-quality relationships, developing trusting relationships and positive responsiveness in their adult relationships is key for CSA survivors to improve their happiness (Barker et al., 2022). The current study addressed this gap by investigating the correlation of interpersonal problems and CSA among 103 women, using self-report questionnaires.

Childhood Sexual Abuse and Feminist Perspectives

Considering the high prevalence and the harmful long-term effects experienced by many CSA victims, it is fundamental that a precise understanding of CSA underlies prevention and treatment policies. Given that societies are stratified, not only in terms of gender but also in terms of class, race, sexuality, religion, geography, and ability, there are several feminist theories that can be drawn on to increase understanding. Feminist standpoint theory, inspired by Nancy Hartsock, provides such understanding and offers an explanation for the sexual abuse of women. According to Hartstock (1983), men's domination of women can be explained by patriarchal ideology. She believed that sexism coexists with economic and class relations. Hartstock posited that women's lived realities differ significantly from men's because of the structural differences and modes of power that arise in relationships.

Poststructuralist feminism explains how the landscape of reality is constituted through the relationships between power and knowledge. Research has shown that men are the majority of CSA offenders. This suggests that an examination of gender can provide an explanation for such abuse. Feminists have put forth a variety of opposing viewpoints on CSA. While there are many differences among them, many of them share the idea that men's predominance in our society is the cause of CSA. For instance, according to Marxist feminist theories, gender and class inequality are the main causes of CSA (Rennison, 2014), while radical feminist theory concludes that patriarchy is the root cause of gender inequality and CSA (Whisnant, 2017).

Feminist theory proposes a gender-based analysis of the patriarchal social order that enables men to hold greater privilege and power over women in a social hierarchy (Ward, 1984). In comparison to psychoanalytic theory's emphasis on family systems, individual experience, and attachment perspectives, feminist theory situates the sexual abuse of children inside the broader cultural milieu of patriarchy. Violence against children, perpetrated by men, is a result of deeply rooted patriarchal structures that require and thus foster vulnerability in women and entitlement in men. When masculinity is socially constructed as synonymous with aggression and dominance, sexual violence against women and children by men develops as a means through which power can be exerted. Childhood sexual abuse perpetrated by women is also about power and control, but it is outside the purview of this study.

Methods

In this research study, a quantitative, cross-sectional descriptive design was used to test the hypothesis that there is a relationship between CSA and interpersonal problems for women survivors of CSA. A cross-sectional design was used because it is frequently used in studies of this nature to provide information on the prevalence of the issue being studied. The participants were selected because there is a higher incidence of CSA among women than men.

Participants

Participants in this study included 103 women, some of whom had a history of CSA and some of whom had no history of CSA. 45% of the participants ($n=46$) reported a history of CSA whereas 55% ($n=57$) indicated no history of CSA. Data was collected from participants ranging in age from 18-60 years old, with an average age of 33.97 years ($SD = 12.60$). About 99 % of the participants were heterosexual and 1% were bisexual. Most of the participants were married (44.7%), 11% indicated they were divorced or separated, 4.9% were widowed, 29.1% indicated they were single/never married, and 10.3% reported living with someone. Of the sample, 62.1% were Afro-Trinidadians, 19.4% were Douglas (the mixture of Indo-Indian and Afro-Trinidadian, which is similar to being biracial), and 18.4% identified as Indo-Trinidadians. In terms of religion, Pentecostals accounted for 19.4%, Catholics 21.4%, and Christians 44.7%. A total of 12.6% of participants completed college, whereas others reported some college (28.2%), technical school (2.9%), primary (1%), and secondary school education (55.3%).

Measures

The Early Sexual Experience Checklist (ESEC) was an instrument used in this study to measure CSA. This instrument was developed by Miller and Johnson (1998). The Inventory of Interpersonal Problems (IIP-64) (Horowitz et al., 1988) was used to assess interpersonal problems. The IIP-64 is a 64-item self-report instrument that is widely used to assess an individual's most dysfunctional patterns of interpersonal difficulties. The instrument is divided into eight scales, categorized as domineering/controlling, vindictive/self-centered, cold/distant, socially inhibited/avoidant, non-assertive, overly accommodating/nurturant, self-sacrificing, and intrusive/needy. An example of a measurable statement from the IIP-64, which uses a 5-point scale ranging from 0 (not at all) to 4 (extremely), is "It's hard for me to show affection to others." A demographic questionnaire, which included questions related to sex, age, educational level, relationship status, religion, and sexual orientation, was developed for this study.

Procedure

Participants were recruited via flyers and snowball sampling. The flyers were distributed in the community, mainly among churches. Those who expressed interest in participating in the study were asked to share the information with others in the community. Hard copies of the surveys were handed out or mailed to the participants along with stamped return envelopes. All of the participants signed informed consent forms. To ensure confidentiality, a unique ID number was assigned to each participant. All study procedures were reviewed by the university's institutional board.

Results

Among the women who were subjected to CSA, many of them were between 7 and 15 years old when the abuse first occurred. In comparison, the perpetrators were aged 11-47 years. A vast majority of CSA survivors in the subject group (31 of the 46, or 67.4%) were abused by relatives, while a smaller percentage of the CSA survivors were abused by acquaintances or friends (19.6%) and by strangers (8.7%). Of the CSA survivors, 8.7% reported that the perpetrator was their brother, compared to 10.9% who experienced abuse at the hands of their fathers. 36.9% of the victims of CSA in our study were abused by their cousins. The percentages for these types of perpetrators is reflected in Table 1 below; percents are given of the total group (all 103 women) and for just the CSA survivors (46).

Table 1. CSA Perpetrators

Relationship	<i>N</i>	% of 103 total women	% of 46 CSA survivors
Father	5	4.8	10.9
Brother	4	3.9	8.7
Cousin	17	16.5	36.9
Uncle	1	1.0	2.2
Stepfather	1	1.0	2.2
Stepbrother	2	1.9	4.3
Brother-in-law	1	1.0	2.2
Acquaintances/Friends	9	8.7	19.6
Strangers	4	3.9	8.7

Extent of Childhood Sexual Abuse, Familial Perpetrators, and Age of Onset

Most of the abuse survivors (52.2% of the CSA survivors or 23.3% of the total sample of women) experienced CSA five or more times. Those who experienced the abuse only once were only 15.2% of the CSA survivors (6.8% of the total women). Another 34.8% of the CSA survivors (15.5% of total women) indicated that the CSA was carried out for 1 year or more while 41.3% of CSA survivors reported that the abuse continued for several months. Important in studies of CSA is the age of onset of the abuse. The age of onset for CSA had a positive association with the level of force used. This outcome shows in early onset cases of CSA where there was a consistent increase in interpersonal problems, as the level of force also increased over time. Significantly related to early CSA was intrafamilial abuse. Family members were more likely to be the perpetrators of early CSA (Table 2).

Table 2. Regression Coefficients to Test Early Childhood Sexual Experiences

Predictor Variable	ΔR^2	Adj. R^2	ΔF	B	SE B	β	t	p
Step 1	.669	.662	97.14***					
Intrafamilial abuse				1.12	.300	.300	3.73	.000***
Victim's age				.179	.025	.583	7.25	.000***
Step 2	.089	.751	34.91***					
Intrafamilial Abuse				.597	.273	.160	2.19	.031*
Age of victim				.130	.023	.424	5.72	.000***
Level of force				.745	.126	.405	5.91	.000***
Total R^2	.758	.751						

Note: * $p < .05$, *** $p < .001$.

The results revealed a correlation between the level of force and CSA. It is notable that this finding is consistent with a prior study (Reppucci & Hauggard, 1989). Significantly related in this study were CSA frequency and the age of onset. Prepubescent young children are at greater risk of being sexually abused because they may not be knowledgeable of the fact that they are being abused and will not engage in resistance. Sharon and associates (2012) found that a higher incidence of CSA correlated with a younger age of onset. As indicated earlier, in this research, the age of onset for participants was 7-15 years old. Feerick and Snow (2005) conducted a research study on 313 undergraduate women, and the results showed that 9.85 years old was the average age of onset for CSA. The findings of a study conducted in Trinidad showed that 72% of survivors first experienced CSA between 9 and 12 years old, for controlled cases (those whose CSA experiences were unknown to the researchers) (Baboolal et al., 2007). In the same study, when non-controlled cases (those whose CSA history was known to the researchers) were assessed, the age was between 4 and 8 years old. Some CSA characteristics, such as age of onset, are viewed as probable predictors of adult functioning (Feerick & Snow, 2005).

Data collected in this research study show a direct association between intrafamilial abuse and CSA ($p < .001$). The questionnaires revealed that 9% of CSA was perpetrated by strangers and 19% by acquaintances or friends. A similar conclusion was reached by Hornor (2010) who found that the most common form of CSA was intrafamilial. It is also consistent with what has been found in previous studies where a similar pattern of results showed that the perpetrator was known by the victim (Hauggard & Reppucci, 1988; Finkelhor, 2009). However, contrary to findings of Hauggard & Reppucci and Finkelhor where the brother or father were the main intrafamilial perpetrators of abuse, the findings of the present study demonstrated that the most common

perpetrator was a cousin. A similar conclusion was reached by DeJong (1989), whose research findings showed that CSA committed by fathers was at a comparable rate with CSA where the cousin was the perpetrator. Others have shown that CSA by siblings is the most prevalent form of intrafamilial abuse (Seto et al., 2015). In contrast, Baboolal and associates (2007) found that the most prevalent perpetrator of CSA was a family friend. However, it can be speculated that the potential differences in these findings could be attributed to the small sample size in each study and the range of demographic areas in which their research was conducted.

Interpersonal Problems

The present findings confirm that CSA has a strong direct effect on interpersonal problems. A *t*-test was conducted to explore whether there was a difference between women who did not report CSA and those who reported CSA in relation to interpersonal problems. In those who reported no history ($M = 63.56$, $SD = 35.51$), $t(101) = 5.82$, $p < .001$, two-tails reported significantly fewer interpersonal problems than those who identified as CSA victims ($M = 109.02$, $SD = 43.74$). The purpose of a two-tailed hypothesis test is to determine if the sample mean is significantly higher or lower than the population mean.

Descriptive statistics were computed for interpersonal relationships. The findings reveal that the “cold” scale received the highest scores ($M = 12.13$, $SD = 7.60$) among participants, followed by “exploitable” ($M = 11.75$, $SD = 6.37$). “Overly nurturant” was next ($M = 11.53$, $SD = 6.41$), followed by “non-assertive” ($M = 11.52$, $SD = 7.65$), “avoidant” ($M = 10.27$, $SD = 7.21$), “vindictive” ($M = 9.45$, $SD = 6.80$), “domineering” ($M = 9.02$, $SD = 6.37$), and “intrusive” ($M = 8.19$, $SD = 6.00$). In their clinical interpretations of the eight scales, Wongpakaran and associates (2012) suggested that individuals who obtain high scores on the cold scale tend to find it difficult to maintain and make long-term commitments and show little affection or attention to others. These individuals exhibit social anxiety, embarrassment, and shyness in social settings. Those who are exploitable may be at risk of being abused by others. They tend to be extremely agreeable and are inclined to sacrifice their interest for other people, often being generous, friendly, and helpful. Many of those within the exploitable group struggle to be assertive. Overly nurturing individuals are often people-pleasers who generally are very helpful to the extent that they prefer to do things collectively and smother others. Non-assertive individuals are self-doubting and show a severe deficiency in self-esteem and self-confidence.

In line with the findings of Meiselman (1978), in this study, there is a significant correlation ($\beta = .380$, $t = 3.40$, $p = .001$) between the age of the first onset of CSA and interpersonal problems. These findings are consistent with an earlier study (Hailes et al., 2019) that reported similarly that individuals with a history of CSA are known to be at risk for dissociative symptoms when compared to individuals who did not experience CSA. Preliminary research suggests that women who reported higher confirmed diagnoses of borderline personality disorder (BPD) were victims of early onset of CSA (McLean & Gallup, 2003). There is growing evidence that a predictor for interpersonal problems is BPD (Menon et al., 2016).

The evidence from this study suggests that the level of force is closely related to interpersonal deficits in survivors of CSA. This result is consistent with previous research (Menen et al., 2016) that found that adult survivors of CSA, where force was imposed during the experience, showed a higher incidence of extreme fears of sexual relationships, sexual shame, sexual dysfunction, and sexual avoidance. These findings also lend support to other CSA studies, which found that when force was used by the perpetrator, CSA victims disclosed experiencing more severe interpersonal problems (Feiring & Taska, 2005; Finkelhor, 1979; Menen, 2016). In

adulthood, these women exhibit higher levels of interpersonal impairment. Another study conducted by Testa and associates (2005) put forward evidence that dissociation and post-traumatic stress disorder (PTSD) symptoms were associated with exposure to force during early onset CSA.

The present findings confirm there was a positive relationship between the level of force ($p < .001$) and the age of onset of CSA. An ancillary analysis was performed to assess if there was any presence of interpersonal problems in abused and non-abused women. From the results, it is clear that a history of CSA significantly correlated with deficits in interpersonal relationships. This study found that there was an association between the age of first experience and intrafamilial abuse. Rates of interpersonal problems were significantly higher when the level of force was increased. The current results converge with prior existing research (Labadie et al., 2018) which suggests that abuse by a family member is directly associated with interpersonal problems, as outlined in Table 3.

Table 3. Key Demographic Variables and Interpersonal Problems

Predictor Variable	ΔR^2	Adj. R^2	ΔF	B	SE B	β	t	p
Step 1	.43 7	.413	18.80** *					
Highest level of education				5.78	7.04	.06 5	.82 4	.141
Intrafamilial abuse Age of victim				10.7 1 1.78	10.7 0 .891	.39 4 .22 3	1.0 0 2.0 0	.319 .049*
Level of force				19.1 5	4.99	.39 4	3.8 4	.000** *
Step 2	.45 3	.425	2.93					
Highest level of education				5.47	5.09	.06 1	.78 4	.435
Age of victim Early childhood experiences				.892 5.24	1.02 3.06	.11 2 .23 1	.87 1 1.7 1	.386 .090
Level of force Intrafamilial abuse				16.2 6 6.32	5.22 10.9 0	.33 5 .06 5	3.1 1	.002** .563
Total R^2	.45 3	.425						

Note: * $p < .05$, ** $p < .01$, *** $p < .001$.

Women who did not experience CSA recounted fewer interpersonal problems, while more interpersonal problems were reported by women who experienced intrafamilial abuse. This finding

is at variance with those of Behera and associates (2020) who found interpersonal problems at much higher rates, particularly in the realm of separation, divorce, and discontent in the relationship, which is significantly associated with intrafamilial abuse. This is consistent with Conger and associates (2000) and Labadie and associates (2018), who noted that when a family member is the perpetrator of CSA, there is a likelihood for higher occurrences of difficulties in adult couple relationships.

According to Banyard and associates (2004) and to the present study's findings as well, family members are more likely to be the perpetrators of CSA. Girls are more likely to be exposed to intrafamilial abuse (Muratoğlu et al., 2018). Talmon and Ginzburg (2018) reported that women survivors of intrafamilial CSA experience more negative long-term interpersonal consequences depending on the closeness of their relationship to the offender. In the literature, it has been reported that victims of CSA exhibit high rates of insecure attachments (Alexander et al., 1998; Menen, 2016). When this occurs, there is the likelihood of lower levels of intimacy. Similarly, it impacts emotional intimacy and feelings about sex. When the victim of CSA is emotionally close to the perpetrator, research suggests that insecure attachment occurs (Labadie et al., 2018). These authors purported that the result is often the CSA victim's avoidance of committed and trusting relationships. Such avoidance can be exhibited in the CSA survivor avoiding relationships altogether or engaging in frequent short-lived sexual encounters with little emotional intimacy (Labadie et al., 2018).

Overall, the findings from this research study are in accordance with findings reported by other researchers. The incidence of interpersonal problems is elevated among women who experienced intrafamilial CSA. Banyard and associates (2004) examined intrafamilial abuse in the context of gender and intimate relationships, and they reported that intrafamilial abuse could lead to the woman's use of physical force or the lack of power in relationships. Even though negative outcomes are linked with all classes of CSA, intrafamilial CSA is linked to higher incidents of interpersonal problems in adult couple relationships (Labadie et al., 2018). These findings are not surprising because Banyard (1997) reported that mothers who were victims of incest were found to display inadequacy in their parenting or other interpersonal problems.

Discussion

The purpose of this study was to examine whether there was a relationship between CSA and interpersonal problems in women who experienced CSA in Trinidad, as little is known about the impact on interpersonal problems in the country. The findings showed that there were numerous associations between sequelae of interpersonal problems and CSA. This supports the hypothesis that there is an association between interpersonal problems and CSA in women. As predicted, findings did show that women survivors of CSA showed increased levels of interpersonal problems. This finding is similar to research conducted with adult survivors of CSA (Hailes et al., 2019; Finkelhor, 1979). Similar findings of research conducted with CSA adult survivors found that couples reported experiencing higher levels of relationship problems (Hailes et al., 2019; Mullen et al., 1994). The significant association found between interpersonal problems and CSA is concerning because it predicts the likelihood of relationship and marital problems and other kinds of discord.

Results showed that interpersonal problems were common among those who experienced CSA at an early age. Other studies discovered similar findings (Feerick & Snow, 2006; Meiselman, 1978). Similarly, McLean & Gallup (2003) found that women who reported an early onset of CSA were also diagnosed at much higher rates for BPD, which is also directly associated with a

reduction in relationship satisfaction. Based on the magnitude of the association between interpersonal dissatisfaction and an early age of onset, which has also been reported to result in higher degrees of dissociative symptoms (Hailes et al., 2019), it is important to implement intervention strategies to reduce the prevalence of CSA and its impact on young children.

Another key finding was the direct effect of force upon later interpersonal problems. For CSA survivors, where force was used by the perpetrator, there were notably higher levels of interpersonal problems (Finkelhor, 1997). These women are more susceptible to experiencing substantial difficulties in adult functioning. Given that victims of CSA who experienced force exhibit higher levels of sexual dysfunction, excessive fears of sexual relationships, and sexual avoidance, such outcomes may be similar for the participants in this study who experienced force, although this research did not find such a correlation. Of additional importance is past research that has reported an association between coercion in CSA and symptomatology of PTSD and dissociation (Testa et al., 2005). Overall, these mental health problems have the potential for difficulties in relationships, which could potentially lead to interpersonal problems.

Intrafamilial abuse was seen as a predictor for interpersonal problems. This is in accordance with previous findings which confirmed this fact (Behera et al., 2020). For survivors of CSA where intrafamilial abuse occurred, Behera and colleagues reported that factors such as marital separation and relationship dissatisfaction were found in victims of intrafamilial CSA (Behera et al., 2020). Studies conducted on CSA perpetrated by family members reported higher occurrences of relationship problems with adult couples (Conger et al., 2000; Labadie et al., 2018). Lastly, no link between race/ethnicity and CSA was determined. These findings are similar to other literature (Mennen & Meadow, 1995) that reported no association.

This study contributes to the accumulation of data that establishes a clear connection between interpersonal relationships, adult functioning, and CSA. If this knowledge can be disseminated to the wider population and society, this would be an important evolution in this area of research. Furthermore, many myths continue to surround CSA such as the misguided focus on caution around strangers, when in fact patriarchal CSA is widespread in families. While feminists have been influential in challenging victim blaming and powerlessness, there is still much to be done to protect children from the harmful effects of child sexual abuse.

Limitations

While the findings of this study offer contributions to the literature, some limitations should be noted. First, the sample did not look at a diverse community to include men victims as well as women victims. The exclusion of men limits generalizability. Further, participants in the study live primarily in two areas of the country, further limiting generalizability. Since the abuse happened many years in the past, participants may have inaccurate recollections of the negative occurrences or may inaccurately recall the traumatic experiences.

Conclusion

The negative impact of CSA is lifelong. Because it seriously impacts health, mental health, and the overall well-being of future generations, it should be considered a public health concern. This study provided valuable insight into the relationship that exists between CSA and interpersonal deficits, and it is the only one to focus on these issues in Trinidad. The present research expanded on previous research and despite the limitations, there are empirical and clinical implications. It provides support for the hypothesis that there is a relationship between interpersonal problems and CSA. This study demonstrates the need for attention to be placed on

developing preventive measures to prevent the widespread occurrence of CSA and improving post-treatment methods. Individuals, families, communities, and professionals should be educated about the long-lasting negative effects of CSA on adult functioning and interpersonal relationships. School-based education on the prevention of CSA could be seen as a protective approach. For example, children could attend workshops geared toward sexual abuse prevention. These prevention programs could focus on role-playing and simulation, where children learn to practice self-defense and safety steps in addition to identifying body parts, boundary violations, and safe and unsafe contact.

This social change effort could be accomplished by increasing the awareness of CSA and its negative life-long effects through the development of educational programs. Additionally, more stringent policies and interventions to address sexual harm before rather than after it occurs are needed. Feminist theologians, such as Elizabeth Johnson and Margaret Farley, have postulated that institutional reforms are needed to eradicate the structure of underlying sexism and the silencing of women (Haker, 2023). According to Labadie and associates (2018), identifying survivors of CSA who are at risk of experiencing interpersonal difficulties in relationships and identifying different approaches to support them in maintaining more satisfying, stable, and meaningful relationships would have fundamental public health and economic benefits.

References

- Alexander, P. C., Anderson, C. L., Brand, B., Schaeffer, C. M., Grelling, B. Z., & Kretz, L. (1998). Adult attachment and long-term effects in survivors of incest. *Child Abuse and Neglect*, 22(1), 45-61.
- Arseneault, L., Cannon, M., Fisher, H. L., Polanczyk, G., Moffitt, T. E., & Caspi, A. (2011). Childhood trauma and children's emerging psychotic symptoms: A genetically sensitive longitudinal cohort study. *American Journal of Psychiatry*, 168(1), 65-72. <http://dx.doi.org/10.1176/appi.ajp.2010.10040567>
- Avery, L., Massat C. R., & Lundy, M. (2000). Posttraumatic stress and mental health functioning of sexually abused children. *Child and Adolescent Social Work Journal*, 17(1), 19-34.
- Baboolal, N. S., Lalla, S., Chai, A., Curtis, R., Nandwani, C., Oliver, L., & Smith, C. (2007). Childhood sexual abuse among outpatients attending adult psychiatric clinics: A case-control study. *West Indian Medical Journal*, 56(2), 152-158.
- Banyard, V. L. (1997). The impact of childhood sexual abuse and family functioning on four dimensions of women's later parenting. *Child Abuse and Neglect*, 21(11), 1095-1107. [https://doi.org/10.1016/S0145-2134\(97\)00068-9](https://doi.org/10.1016/S0145-2134(97)00068-9)
- Banyard, V. L., Williams, L. M., & Siegel, J. A. (2004). Childhood sexual abuse: A gender perspective on context and consequences. *Maltreatment*, 9(3), 223-238. <http://dx.doi.org/10.1177/107755904266914>
- Barker, G. G., Volk, F., Hazel, J. S., & Reinhardt, R. A. (2022). Past is present: Pathways between childhood sexual abuse and relationship satisfaction. *Journal of Marital and Family Therapy*, 48(2), 604-620. <https://doi.org/10.1111/jmft.12522>.
- Barth, J., Bermetz, L., Heim, E., Trelle, S., & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health*, 58(3), 469-483. <https://doi.org/10.1007/s00038-012-0426-1>
- Bulik, C. M., Prescott, C. A., & Kendler, K. S. (2001). Features of childhood sexual abuse and the development of psychiatric and substance use disorders. *British Journal of Psychiatry*, 179(5), 444-449. <http://dx.doi.org/10.1192/bjp.179.5.444>

- Children's Authority of Trinidad and Tobago. (2017). *Annual report*. <https://ttchildren.org/annual-report-2017-1/>
- Children's Authority of Trinidad and Tobago. (2018). *Annual report*. <https://ttchildren.org/annual-report-2018-1/>
- Children's Authority of Trinidad and Tobago. (2022). *Annual report*. <https://ttchildren.org/annual-report-2019-1/>
- Conger, R. D., Cui, M., Bryant, C. M., & Elder, G. H., Jr. (2000). Competence in early adult romantic relationships: A developmental perspective on family influences. *Journal of Personality and Social Psychology*, 79(2), 224–237. <https://psycnet.apa.org/doi/10.1037/0022-3514.79.2.224>
- DeJong, A. R. (1989). Sexual interactions among siblings and cousins: Experimentation or exploitation. *Child Abuse and Neglect*, 13(2), 271–279. [https://doi.org/10.1016/0145-2134\(89\)90014-8](https://doi.org/10.1016/0145-2134(89)90014-8)
- Easton, S. D. (2019). Childhood disclosure of sexual abuse and mental health outcomes in adulthood: Assessing merits of early disclosure and discussion. *Journal of Child Abuse & Neglect*, 93, 208–214. <http://dx.doi.org/10.1016/j.chiabu.2019.04.005>
- Feerick, M. M., & Snow, K. L. (2005). The relationship between childhood sexual abuse, social anxiety, and symptoms of posttraumatic stress disorder in women. *Journal of Family Violence*, 20, 409–419. <http://dx.doi.org/10.1007/s10896-005-7802-z>
- Feiring, C., & Taska, L. (2005). The persistence of shame following sexual abuse: A longitudinal look at risk and recovery. *Child Maltreatment*, 10(4), 337–349. <https://doi.org/10.1177/1077559505276686>
- Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2008). Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse & Neglect*, 32(6), 607–619. <http://dx.doi.org/10.1016/j.chiabu.2006.12.018>
- Finkelhor, D. (1979). *Sexually victimized children*. Free Press.
- Finkelhor, D. (2009). The prevention of childhood sexual abuse. *The Future of Children*, 19(2), 169–194. <https://doi.org/10.1353/foc.0.0035>
- Finkelhor, D., Shattuck, A., Turner, H. A., & Hamby, S. L. (2014). The lifetime prevalence of child sexual abuse and sexual assault in late adolescence. *Journal of Adolescent Health*, 55(3), 329–333. <https://doi.org/10.1016/j.jadohealth.2013.12.026>
- Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (2009). Children's exposure to violence: A comprehensive national survey. *Office of Juvenile Justice and Delinquency Prevention National Survey of Children's Exposure to Violence Series*, Article 227744.
- Fix, R., Busso, D. S., Mendelson, T., & Letourneau, E. J. (2021). Changing the paradigm: Using strategic communications to promote recognition of child sexual abuse as a preventable public health problem. *Journal of Child Abuse and Neglect*, 117, Article 105061. <https://doi.org/10.1016/j.chiabu.2021.105061>
- Foucault, M. (1991). *Discipline and punish: The birth of the prison*. Penguin Books.
- Gewirtz-Meydan, A., & Lassri, D. (2022). Sex in the shadow of child sexual abuse: The development and psychometric evaluation of the post-traumatic sexuality scale. *Journal of Interpersonal Violence*, 38(5-6), 4714–4741. <https://doi.org/10.1177/08862605221118969>
- Godbout, N., Sabourin, S., & Lussier, Y. (2009). Child sexual abuse and adult romantic adjustment. *Journal of Interpersonal Violence*, 24(4), 693–705. <https://doi.org/10.1515/IJAMH.2000.12.2-3.103>

- Haker, K. (2023). Censorship, silence, and the voices of Catholic feminist theologians. *Journal of Feminist Studies in Religion*, 39(2), 155-170. <https://doi.org/10.2979/jfs.2023.a908316>
- Hartsock, N. C. M. (1983). The feminist standpoint: Developing the ground for a specifically feminist historical materialism. In S. Harding & M. B. Hintikka (Eds.), *Discovering reality: Feminist perspectives on Epistemology, Metaphysics, Methodology, and Philosophy of Science* (pp. 283-310). Springer. https://doi.org/10.1007/0-306-48017-4_15
- Hailes, H. P., Rongqin, Y., Danese, A., & Fazel, S. (2019). Long-term outcomes of childhood sexual abuse: An umbrella review. *The Lancet Psychiatry*, 6(10), 830-839. [http://dx.doi.org/10.1016/S2215-0366\(19\)30286-X](http://dx.doi.org/10.1016/S2215-0366(19)30286-X)
- Hornor, G. (2010). Child sexual abuse: Consequences and implications. *Journal of Pediatric Health*, 24(6), 358-364. <http://dx.doi.org/10.1016/j.pedhc.2009.07.003>
- Horowitz, L. M., Rosenberg, S. E., Baer, B. A., Ureno, G., & Villasenor, V. S. (1988). Inventory of interpersonal problems: Psychometric properties and clinical applications. *Journal of Consulting and Consulting and Clinical Psychology*, 56(6), 885-892.
- International Center for Missing & Exploited Children Trinidad and Tobago. (2021). *National child protection legislation*. <https://cdn.icmec.org/wp-content/uploads/2021/11/ICMEC-Trinidad-and-Tobago-National-Legislation-UPDATED-Aug-2021.pdf>
- Jones, A., & Trotman Jemmott, E. (2009). *Child sexual abuse in the Eastern Caribbean: The report of a study carried out across the Eastern Caribbean during October 2008 to June 2009*. Research Report. <https://eprints.hud.ac.uk/id/eprint/8923/>
- Jonson-Reid, M., Kohl, P. L., & Drake, B. (2012). Child and adult outcomes of chronic child maltreatment. *Pediatrics*, 129(5), 839-845. <http://dx.doi.org/10.1542/peds.2011-2529>
- Labadie, A. C., Godbout, N., Vaillancourt-Morel, M., & Sabourin, S. (2018). Adult profiles of childhood sexual abuse survivors: Attachment insecurity, sexual compulsivity, and sexual violence. *Journal of Sex and Marital Therapy*, 44(4), 354-369.
- Leventhal, J. M. (1998). Epidemiology of sexual abuse of children: Old problems, new directions. *Journal of Child Abuse & Neglect*, 22(6), 481-491. [http://dx.doi.org/10.1016/S0145-2134\(98\)00014-3](http://dx.doi.org/10.1016/S0145-2134(98)00014-3)
- Lambert, J. E., Engh, R., Hasbun, A., & Holzer, J. (2012). Impact of posttraumatic stress disorder on the relationship quality and psychological distress of intimate partners: A metanalytic review. *Journal of Family Psychology*, 26(5), 729-737. <https://doi.org/10.1037/a0029341>
- McLean, L. M., & Gallop, R. (2003). Implications of sexual abuse for adult borderline personality disorder and complex posttraumatic stress disorder. *American Journal of Psychiatry*, 160(2), 369-371. <https://doi.org/10.1176/appi.ajp.160.2.369>
- Meiselman, K. (1978). *Incest: A psychological study of causes and effects with treatment recommendations*. Jossey-Bass.
- Mennen, F. E., & Meadow, D. (1995). The relationship of abuse characteristics to symptoms in sexually abused girls. *Journal of Interpersonal Violence*, 10(3), 259-274. <https://doi.org/10.1177/088626095010003002>
- Menon, P., Chaudhari, B., Saldanha, D., Devabhaktuni, S., & Bhattacharya, L. (2016). Childhood sexual abuse in adult patients with borderline personality disorder. *Industrial Psychiatry Journal*, 25(1), 101-106.
- Miller, R. S., & Johnson, J. A. (1998). Early sexual experience checklist. In C. M. Davis, W. L. Yarber, R. Bauserman, G. Schreer, & S. L. Davis (Eds.), *Handbook of Sexuality-Related Measures* (pp. 23-24). Sage Publications.

- Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1994). The effect of child sexual abuse on social, interpersonal, and sexual function in adult life. *British Journal of Psychiatry*, 165(1), 35–47. <http://dx.doi.org/10.1192/bjp.165.1.35>
- Muratoğlu, G., Çelikel, A., & Karbeyaz, K. (2018). Evaluation of the incest cases in Hatay. *International Medical Journal* 7(2), 257-259. <http://dx.doi.org/10.5455/medscience.2017.06.8736>
- Pereda, N., Guilera, G., Forns, M., & Gomez-Benito, J. (2009). The prevalence of childhood sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*, 29(4), 328-338. <https://doi.org/10.1016/j.cpr.2009.02.007>
- Perrault, N. (2011). *Child sexual abuse/incest in the Caribbean. Breaking the walls of silence*. Port of Spain, Trinidad: UNICEF Regional Office, Latin America, and the Caribbean.
- Quilty, L. C., Mainland, B. J., McBride, C., & Bagby, R. M. (2013). Interpersonal problems and impacts: Further evidence for the role of interpersonal functioning in treatment outcome in major depressive disorder. *Journal of Affective Disorders*, 150(2), 393-400. <http://dx.doi.org/10.1016/j.jad.2013.04.030>
- Rampersad, S. (2021, October 24). *1,800 child sexual abuse reports logged in 21 months*. The Trinidad and Tobago Guardian. <https://www.guardian.co.tt/news/1800-child-sex-abuse-reports-logged-in-21-months-6.2.1404452.8cd81b1356>
- Rennison, C. M. (2014). Feminist theory in the context of sexual violence. In G. Bruinsma & D. Weisburd (Eds.), *Encyclopedia of criminology and criminal justice* (pp. 1617–1627). Springer. https://doi.org/10.1007/978-1-4614-5690-2_70
- Reppucci, N. D., & Haugaard, J. J. (1989). Prevention of child sexual abuse: Myth or reality. *American Psychologist*, 44(10), 1266-1275. <https://psycnet.apa.org/doi/10.1037/0003-066X.44.10.1266>
- Røjgaard Nielsen, B. F., Wind, G., Tjørnhøj-Thomsen, T., & Martinsen, B. (2018). A scoping review of challenges in adult intimate relationships after childhood sexual abuse. *Journal of Child Sexual Abuse*, 27(6), 718–728. <https://doi.org/10.1080/10538712.2018.1491915>
- Rollocks, S. (2006). Post-traumatic stress and depression among sexually abused and physically abused children placed in residential care facilities in Trinidad. *The Caribbean Journal of Social Work*, 5(5), 81-90.
- Seto, M. C., Babchishin, K. M., Pullman, L. E., & McPhail, I. V. (2015). The puzzle of intrafamilial child sexual abuse: A meta-analysis comparing intrafamilial and extrafamilial offenders with child victims. *Clinical Psychology Review*, 39, 42-57. <http://dx.doi.org/10.1016/j.cpr.2015.04.001>
- Sharma, B. R., & Gupta, M. (2004). Gender based violence in India: A never-ending phenomenon. *Journal of International Women's Studies*, 6(1), 114-123.
- Sullivan, J. M., Lawson, D. M., & Akay-Sullivan, S. (2020). Insecure attachment and therapeutic bond as mediators of social, relational, and social distress and interpersonal problems in adult females with childhood sexual abuse history. *Journal of Child Sexual Abuse*, 29(6), 659-676. <https://doi.org/10.1080/10538712.2020.1751368>
- Talmon, A., & Ginzburg, K. (2018). “Body self” in the shadow of childhood sexual abuse: The long-term implications of sexual abuse for male and female adult survivors. *Child Abuse & Neglect*, 76, 416–425. <https://doi.org/10.1016/j.chiabu.2017.12.004>
- Testa, M., VanZile-Tamsen, C., & Livingston, J. A. (2005). Childhood sexual abuse, relationship satisfaction, and sexual risk taking in a community sample of women. *Journal of*

- Consulting and Clinical Psychology*, 73(6), 1116–1124. <https://doi.org/10.1037/0022-006X.73.6.1116>
- Vaillancourt-Morel, M., Godbout, N., Sabourin, S., Briere, J., Lussier, Y., & Runtz, M. (2016). Adult sexual outcomes of child sexual abuse vary according to relationship status. *Journal of Marital and Family Therapy*, 42(2), 341–356. <http://dx.doi.org/10.1111/jmft.12154>
- Valente, S. M. (2005). Sexual abuse of boys. *Journal of Child and Adolescent Psychiatric Nursing*, 18(1), 10-16. DOI: 10.1111/j.1744-6171.2005.00005.x
- Ward, E. (1984). *Father-daughter rape*. Women's Press.
- Whisnant, R. (2017). Feminist perspectives on rape. In E. N. Zalta (Ed.), *The Stanford encyclopedia of philosophy*. Metaphysics Research Lab, Stanford University. <https://plato.stanford.edu/archives/fall2017/entries/feminism-rape/>
- Wongpakaran, T., Wongpakaran, N., Sirithethawee, U., Pratoomsri, W., Burapakajornpong, N., Rangseekajee, P., Bookkamana, P., & Temboonkiat, A. (2012). Interpersonal problems among psychiatric outpatients and non-clinical samples. *Singapore Medical Journal*, 53(7), 481-487.
- Zamir, O. (2021). Childhood maltreatment and relationship quality: A review of type of abuse and mediating and protective factors. *Trauma, Violence, and Abuse*, 23(4), 1344-1357. <https://doi.org/10.1177/1524838021998319>