

Persistence of Shame and Guilt in the Survivors of Child Sexual Abuse: A Review of Case Studies

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Abstract

Child sexual abuse (CSA) remains a severe and concerning problem, with global estimates indicating that approximately 1 in 5 girls and 1 in 13 boys experience some form of sexual abuse during childhood (World Health Organization, 2020). This qualitative research explores the emotional aftermath of CSA, with a specific focus on the roles of shame and guilt in shaping survivors' psychological experiences.

Through a systematic review of case studies on "Guilt and shame in Child sexual abuse victims", authors have tried to explore how shame and guilt may persist in the CSA victims, making not only their childhood, but also their adulthood, a nightmare they can't escape. Utilizing a case study approach, this study analyzes the lived experiences of four adults who were CSA survivors. Thematic analysis revealed that shame often manifested as a deep sense of self-blame, secrecy, and social withdrawal. Guilt was also found to be closely linked to internalized responsibility for the abuse and fear of familial and societal rejection. The findings underscore the necessity of early, trauma-informed interventions that directly address shame and guilt-related issues and malfunctions. This research further advocates for creating safe spaces and therapeutic support systems that can help survivors process complex emotions and reduce the risk of long-term harm.

Keywords: shame, guilt, sexual abuse, child sexual abuse(CSA), POSCO Act

Introduction:

Childhood is our most cherished and significant part of life. The development theorists emphasize that most parts of a person's personality are shaped and developed in these initial years. Not only is this period extremely carefree, but it is also incredibly vulnerable. Children are often so engrossed in their optimistic little worlds that they are unaware of the threats and maliciousness that may surround them. This is usually taken advantage of by predators looking for unsuspecting and trusting victims, which, more often than we can imagine, are children. Among all the reported and observed issues and maldictions prevalent in these blooming years of a child, child sexual abuse can be considered to be the most common transgression against children, which is not only brutal but also one of the most devastating experiences for children. Experiences in the early years imprint so deeply on a child's mind that the darkness of these shadows never ceases to lurk in their life to come.

According to Huttenlocher and Dabholkar (1997), "we are born with all of the brain cells that we will ever have." These cells are thought to number between 100 and 200 billion neurons, with a primary function of storing and transmitting information. This statement suggests that

our brain stores every information, all our experiences, and everything we see or go through, eventually shaping us as human beings and the entities we develop into. Freud's theory of psychosexual development suggests that the conflicts or the issues that arise at the years of development in a child can have a life-long effect on child's life and personality, he immensely focused on and talked about the childhood experiences and their impact on an individual, he also focused on the unconscious that stores all our memories and experiences and shapes our personality.

According to Erickson's stages of development, any conflict in the primary years can develop a sense of shame and guilt in children, implying that any event occurring in these primary years can have an effect for a lifetime. A traumatic experience or a sabotaging memory can impact the mind of the individual and develop social adjustment issues and destructive patterns of defence mechanisms among the survivors of the trauma.

Child Sexual Abuse:

Child sexual abuse (CSA) is a precarious problem that is causing harm not only to children but also to a whole. CSA is not a modern-day problem, but the increase in upcoming cases and reports reveals how it has expanded its reach in vigorous ways, which is rotting the very foundation of humankind. Experiencing such trauma opens the path to many mental health issues, such as dissociative personality disorder, depression, PTSD, distorted perception, trust issues, and learned helplessness in the life of a child/victim. Sexual assault is the most personal crime that can be committed against an individual, leading to psychological trauma and many issues, from physical to social, in later life.

The American Psychological Association (APA) defines Sexual abuse as 'unwanted sexual activity, where perpetrators use force, make threats, or take advantage of victims not able to give consent'. In case of CSA, the perpetrator coerces a child to engage in sexual activity, either using force or manipulation. APA also suggests that 'most victims and perpetrators know each other', indicating that most of these crimes are done by someone trusted or in the close vicinity of the victim. CSA can lead to immediate reactions such as shock, fear, or disbelief as well as long-term effects such as anxiety, fear, or PTSD (post-traumatic stress disorder). Therefore, two CSA survivors may experience two absolutely different aftereffects or reactions post this horrific experience.

According to the WHO, CSA is when a child participates in sexual acts that are not fully understood by the child or for which the child cannot provide informed consent, and is not developmentally ready. These are often acts that usually breach the law or are against social norms. Statistics suggest that about 7.9 percent of males, whereas 19.7 percent of females, are subjected to CSA, even before they turn 18.

Child sexual abuse remains a significant concern in India, posing a serious threat to the safety, dignity, and psychological well-being of children. To address this, the Indian government introduced the Protection of Children from Sexual Offences (POCSO) Act in 2012, aimed at safeguarding children under 18 from various forms of sexual abuse. The Act defines offences like penetrative and non-penetrative assault, sexual harassment, and child pornography. It also mandates child-friendly procedures, gender neutrality, and the establishment of special courts

for fast-track trials. The 2019 amendment further strengthened the law by introducing stricter punishments, including the death penalty for severe cases. However, challenges like underreporting, low awareness, poor enforcement, and judicial delays hinder its effective implementation.

Feelings of Guilt and Shame in Survivors of CSA

Guilt and shame

Guilt can be defined as a negative self-evaluated emotion that feeds upon the negative opinion about oneself, along with a sense of anxiety, as well as a feeling of distress. Guilt often leads to anxiety issues, depression, and stress, including difficulty sleeping, loss of interest, fatigue, difficulty concentrating, and social withdrawal. Guilt can have a variety of effects on an individual, from difficulty pursuing their goals to difficulty forming healthy or new relationships with people because they feel the guilt in moving on with their lives, and feel that they don't deserve to.

According to Kendra Cherry, there are four major types of guilt, which can be categorised into:

- **Natural guilt:** It is the natural response of an individual to something that the individual has done, which might be considered morally or socially inappropriate. This helps the individual in adapting to the socially acceptable and appropriate behaviour.
- **Maladaptive guilt:** Some people tend to feel guilty about the things they were involved in but had no control over; the individual seems to be blaming himself/herself for not being able to control the situation, even though they couldn't have the control over the situation in any way.
- **Guilty thoughts:** The human brain tends to fill leisure time with all kinds of thoughts, for which some individuals seem to develop a sense of guilt for having those thoughts or feeling the way they felt about them, even if the individuals did not act upon them.
- **Existential guilt:** This is a complex type of guilt that develops as the result of witnessing injustices or not being able to live according to one's principles. Survivor's guilt is another type of 'existential guilt' that surfaces when an individual feels guilty for doing well or better than the others around them, this can also develop as the result of an individual's survival in an accident or traumatic event, for example an individual who lost a significant other in an accident but got away safely tends to blame himself/herself for being the one who got away safely. It is an irrational guilt that can be found in the survivors of trauma, such as sexual abuse.

Feelings of guilt often result in feelings of shame, which eventually make people self-isolate. This ends up making people sabotage their current as well as possible future relationships, which also makes it difficult to find strong social support.

Arlin Cuncic (2021), in one of her articles, describes shame as a feeling of embarrassment or humiliation that arises concerning the perception of having done something dishonorable, immoral, or improper.

In the book “Shame” published by Oxford University Press, the authors have talked about the four different categories of shame, which are:

1. **The Hot Response:** Feelings of shame result in the individual lashing out in anger, defending themselves, or responding aggressively as a response to their shame. A person tries to protect themselves by resorting to anguish and defensive techniques.
2. **Behaviors to Cope with or Conceal Shame:** A person avoids being the centre of attention, or feels small, doesn't share their feelings, and avoids sharing their thoughts and their take on things as a result of the feelings of shame.
3. **Safety Behaviors to Avoid Shame or Being Discovered:** This is when people resort to crying, avoiding conflict situations, or apologizing for no apparent reasons to safeguard themselves from feeling ashamed.
4. **Behaviors to Repair Shame:** This involves the things an individual does to soothe himself or others by giving reasonable things and by apologizing. For eg, on forgetting an important event such as the birthday of a significant other or any other event, the individual tends to reason to himself with ‘I had so much going on’ or ‘I was so busy with work’ and apologizes to the person of concern.

Shame and guilt are often seen as accomplices and usually happen to co-exist among individuals; both occur due to similar factors and inhibit the social functioning of the individual.

One of the shocking findings of research in these topics has been that, in more cases than not, it is the victim who experiences the feelings of shame and guilt, rather than the perpetrator, post any such incident. Victims can always think of something they should have done to stop the attack. Guilt also occurs due to the myths and narratives created by society, such as believing that wearing tight or exposed dresses leads to such crimes. Abusers manipulate children to believe that they are responsible for whatever crime the abusers commit. According to Sigmund Freud, guilt results when id-based instincts conflict with the moral requirements of the superego. According to him, guilt is a normal part of human experience. Guilt is defined as an emotional experience that occurs when an individual realizes or believes that they have not behaved according to their standards of conduct or have breached a universal moral standard and bears responsibility for that infraction.

Shame, Guilt, and CSA:

Shame and Guilt can be described as the negative view or evaluation of oneself. The immense guilt can be experienced either at the time of the abuse, or it might surface days, months, or even years later due to the unresolved conflict. In a study done by Medan et al(2018), they observed that the survivors of CSA reported a persistent shame and guilt for being involved in it, even when it was against their will. The finding of the study suggests that the victims of sexual abuse tend to experience a sense of guilt and shame among survivors and causing emotional distress as well as emotional trauma to the child subjected to it. ‘It has been found that guilt in the sufferers of CSA is more than the offenders’ (Proeve and Howells, 2002)

In their study, Schönbucher et al (2012) found that less than one-third of participants reported the childhood sexual abuse (CSA) right away, most often confiding in people of their age or their friends. It was also observed that in most cases, any kind of disclosure (either immediate or deferred) was made to friends rather than adults. It was also found that a huge number of people, more than one-third, never reported or informed a parent about the abuse at all. The study suggests that it was due to the feeling of guilt and shame that survivors of CSA avoided sharing or disclosing it to their parents, and in some cases to anyone. Schönbucher and colleagues(2012) explain that people were more likely to feel guilt or shame when the abuser was much older, and were less likely to speak up about the abuse. The shame that follows childhood sexual abuse can be overwhelming, and “intensely painful and destructive to one's sense of self” (MacGinley, Breckenridge, and Mowll, 2019). It also often leaves survivors feeling broken, isolated, and uncertain about their place in the world.

McElvaney et al (2021) acknowledged the scarcity of research exploring shame experiences in young sexual abuse survivors. Their research also suggested that non-disclosure of the abuse often facilitates shame in the long term. The data gathered by Medan et al(2018) explain that the children subjected to the CSA tend to feel ashamed about themselves and guilty for not being able to be the one in control of the situation. An exposure to CSA impairs an individual's social functioning as well as distorts their ideas about self and makes them critical of themselves. According to a study by Wiechelt, S. A., & Sales, E. (2001), the women who are subjected to childhood sexual abuse are more likely to be unable to recover from alcoholism due to the shame and social adjustment issues. The research also suggests that women with a history of CSA are more likely to experience relapse.

Child sexual abuse can have severe immediate effects, but in major of cases the long-term effects can be severely harmful and threatening to the individual's view of self as well as the individual's view of the world. It is a taboo not often spoken or talked about, which makes it even more difficult for the survivors of CSA to share or disclose anything regarding the abuse.

In a collectivistic country like India, family and societal ties deeply influence an individual's life. When maintaining harmony with the community takes priority over an individual's well-being, especially at the cost of a child's dignity and mental health, it can lead to distrust and fear of social rejection. This environment may also cause children to fear being blamed for falling victim to sexual abuse, triggering emotions like anxiety, fear, and guilt.

Review of Literature:

Meydan and Godbout (2023) in their study examined the moderating role of traumatic sex, including shame and guilt, in relation to child sexual abuse and other difficulties. A survey was conducted online of people over the age of 18 years through convenience sampling. The results revealed a direct link between sexual dysfunction and emotional detachment during sex, feelings of shame and guilt regarding sexual traits, and heightened alertness during intercourse. Higher levels of compulsive sexual behavior disorder were associated with intrusive recollections of the abuse, satisfying the other during sex, and more severe dissociation during sex.

Lateef et al. (2023) recognized shame as a hindrance for disclosure when it comes to child sexual abuse, but also recognized less focus on shame post disclosure, which in turn became the topic of their research. Through an interview-driven process, the research focused on figuring out how shame affects CSA survivors after sharing their trauma and abuse.

McElvanley et al. (2021), while researching the stigmatized experience of sexual abuse in children, recognized that the research focusing on shame and guilt in this context was limited. Hence, they followed with research targeting young adults between the ages of 15-25 years old. The study included the usage of thematic analysis through which three key themes were identified. Avoidance and self-blame were two important factors noticed in people with a history of child sexual abuse.

Mojallal et al. (2021), in a study, examined the role of childhood maltreatment (including sexual abuse) in association with developing vulnerability towards shame and guilt as adults. For this purpose, data was collected through self-report measures from a sample of 415 university students (mostly females) between the age group of 18-26 years.

In a study observing the presence of shame experiences in adult survivors of child sexual abuse

Westerman et al. (2020) attempted to evaluate the effectiveness of interventions, such as mindfulness and compassion-based programs, in regards with the shame and psychological distress associated with child sexual abuse in adult survivors. For this, a systematic review of 177 papers was taken into consideration. Findings provided evidence that supports the idea that these interventions help reduce shame and psychological distress.

MacGinley et al (2019) viewed shame as an effect of sexual abuse as a child. They acknowledged the scarcity of research done in this area, specifically qualitative research and research exploring the experiences of a child's sexual abuse. The study also focused on collecting online data and reviewing it.

In a longitudinal study, Alix et al (2019), sought to determine if self-blame, shame, and maladaptive coping mechanisms were predictive of PTSD, symptoms of depression, and thoughts of suicide in young girls who were survivors of sexual abuse. A series of questionnaires was filled out by a sample of 100 adolescent girls over a period of time. Results indicated that self-blame, avoidance coping, and shame should be the focus of future therapies when dealing with young adolescent girls with a sexual abuse history.

Medan et al. (2018) studied the experiences of 133 adult survivors of child sexual abuse involving child pornography, using an online survey with open-ended questions. Over half of the participants reported intense emotional arousal and negative emotions. Many expressed constant worry about how others perceived them, fearing they might be seen as consenting participants. They reported a persistent shame and guilt for being involved in it, even if it was against their will.

Pavithra and Relton (2015) researched to study the effects of sexual abuse among adolescent girls. A sample of 135 respondents was selected for quantitative data collection, and 3 respondents were selected for a qualitative study. This study sought to determine the psychological or mental well-being of the sexually abused children of that particular school. It

was concluded that the children never revealed any kind of sexual abuse because a large number of them were guilty, some were scared, and a few felt shame in disclosing the truth.

Schönbucher et al (2012), in their study, found that a very small population tends to immediately disclose their experience of child sexual abuse to another person. The study suggests that due to the feeling of guilt and shame that survivors of CSA avoided sharing or disclosing it to their parents, and in some cases, to anyone.

Clearwater and Dorahi (2011) did a study on males who had been through child sexual abuse. They mapped the scores of the participants on a variety of scales. The study revealed that the participants who were sexually harassed in their childhood showed self-doubt, low Self-esteem, and a sense of guilt.

Feiring and Taska (2005) did a longitudinal study over a span of 6 years. The study aimed to see the persistence of shame and guilt following the sexual abuse. A sample of 118 sexually abused individuals was interviewed in the time interval of 1 year and then 6 years to see the level of guilt and shame among the sample. The study revealed that the results were more grave after the period of 6 years. Victims reported a significantly high level of persistent guilt and shame, and some even developed the symptoms of post-traumatic stress disorder. The authors also suggested that the major focus of the intervention plans for sufferers of sexual abuse should be resolving guilt and shame.

Case Studies:

CASE I

The respective case reveals the scenario in a Nigerian family after the demise of the mother of a teenage girl, 'OA'.

'OA' was 14 years old when her mother passed away. The death of the mother came with another trauma for her; she was the only child of a 48-year-old father with an occupation as a Civil Servant. After her mother died, the girl and her father lived alone in the house, and the father began to perform sexual activities with the child. The case was unveiled after a few years, when the girl was 17 years old and had to see the doctor for certain issues. It was revealed that she had to go through an illegal abortion without proper clinical assistance.

The case revealed that a few reasons were involved that prevented her from coming out and disclosing what was happening to her. Her father used to threaten and starve her to death. She also spoke of guilt and shame as the major factors for not revealing the truth. She also blamed herself for what was happening to her. She was afraid of the stigmatization she would go through if the case were revealed. She feared the shame she might suffer. Other trivial reasons were her allowance and education fees-related issues.

After revealing the case, the father and the girl both asked to keep the whole thing confidential, and the father promised that he wouldn't repeat the nasty things he did to his daughter. He also proposed that he would remarry to gratify his sexual needs and desires. Few follow-ups were made to see if the promise was kept by the father, and the results were positive.

CASE II

Rob was 26 when he realized he had a problem. His wife used to tell him they needed marriage counseling and that he had unstable temper tantrums, but he refused and didn't realize it. A day when the wife left along with the children, he realized that he had broken his child's toy unknowingly and then he thought although he never hit his wife but used to yell at her and spank his children when they were toddler, he then phoned his wife and said he was ready to receive the therapy.

During the therapy, he revealed his depression phase as an adult and also told about his two attempts at suicide, which he thought were the results of his fight with the family and his then recent breakups with his girlfriends on demand of the family. After a few sessions with the therapist, he remembered being sexually abused as a child. The counselling therapy triggered the memories and helped him to remember a few incidents of the sexual abuse. It was reported that the repressed emotions and feelings of persistent guilt and shame were the reasons for his temper tantrums. Now he felt how wrong he was when he used to spank his toddlers, even when his wife used to oppose it. Now he realized the prevailing guilt and shame were the reasons for his suicide attempts as an adult. After taking the therapy, he became an active member of Parents Anonymous and later became the leader there. He didn't let the past affect the present and decided to work on his negatives.

CASE III

Margaret had an alcoholic and abusive father who sexually abused her when she was a toddler. She couldn't remember much, but only the foul smell of beer on her father's breath and the urgency and fear in his breathing while doing some inappropriate touch and engaging in penetration of his parts in her genitals.

She also remembered being sexually abused when she was around six by a neighbour, who used to make her touch his genitals. But she feared to tell it to anyone because of the shame and responsive fear. The man soon moved away somewhere, and she remembered feeling relieved when she overheard his father telling her mother about the death of the man.

Another incident of sexual abuse she encountered was when she was 12 years old and was inappropriately touched in her private parts by an acquaintance. She felt too embarrassed and ashamed to tell the man to stop or to reveal the episode to anyone out there.

She just tried to ignore the incident and the person. She couldn't tell anyone about the incident because of the persistent Shame, guilt, confusion, and embarrassment.

She didn't encounter major symptoms of depression and anxiety, and imagined a positive future afterwards, but the problem arose when she suffered from continuing issues related to her job and in her relationships with her partners. She then sought therapy for several years and joined a few self-help groups that helped her resolve the emotional issues.

CASE IV

Riyaz was 11 years old when he first encountered a sexual assault by a boy, four or five years elder to him. He took Riyaz to an isolated place behind the building where he rubbed himself against him for a few minutes. Riyaz tried resisting but the guy was older and stronger than

him. He encountered another sexual abuse after a few years when he was in class 9th grade. His benchmate tried to touch him and unzip his trousers. No one could see them as they were on the last bench. His batchmate tried to make Riyaz touch him too, but he resisted very strongly. This continued for a few days, and Riyaz finally asked his teacher to change his seat. After these incidents, he became very weak and started stammering. Being around boys made him nervous. His fear did not let him open up about these incidents. He was afraid of being ridiculed and not being believed so he kept it to himself. These moments made him feel embarrassed, ashamed and guilty that he could not protect himself. He felt like nobody would believe him, as boys are considered to be strong and brave.

Methodology:

1. Research Design

The case study approach is selected as the most suitable method to dive deep into the experiences of individual CSA survivors. Secondary data from existing case studies of CSA survivors has been analyzed to identify recurring themes, emotions, and psychological impacts over time. A systematic review of the data from the sourced case studies has been done, keeping the ethical considerations in mind.

2. Case Selection and Data Source

The study utilizes secondary data from four previously documented case studies of CSA survivors. These case studies were sourced from academic journals, clinical reports, and therapeutic assessments where the survivors' emotional responses to the abuse were specifically analyzed. The cases meet the following inclusion criteria:

- Survivors aged between 9 to 15 at the time of the abuse
- Documented experiences of guilt and shame following the abuse

3. Ethical Considerations

While secondary data has been used in the study, the study has tried to ensure the ethical standards by adhering to confidentiality, informed consent, and minimization of harm by avoiding any retraumatization of the survivors.

4. Research Objectives

- To analyze the **psychological and emotional persistence** of shame and guilt in CSA survivors over time.

5. Limitations

The study depends on the availability and quality of secondary data from the four selected cases. The details within these case studies may be limited.

While the study aims to gather deep insights from four cases, the findings may not be universally generalizable due to the small sample size.

Discussion

The reviews on this research suggest that the children who are subjected to CSA in their childhood tend to experience immediate or lateral feelings of guilt and shame as well as emotional distress. Adults with a history of childhood sexual abuse are likely to develop maladjusted social functioning as well as issues having intimate relationships with friends, family, or their significant other. Due to feelings of shame and guilt, individuals often isolate themselves and develop a fear of rejection, narrowing their outlook in life.

The studies collectively provide evidence that these experiences can have a lifelong prevalence, hindering the psychological adjustment post-abuse, along with many other aspects of a person's life. In the respective case studies, it was observed that both male and female youths felt a sense of guilt and shame after being exposed to sexual abuse. The results also revealed that survivors of sexual abuse might go through emotional dysfunction and might also experience post-traumatic symptoms such as anxiety, depression, withdrawal symptoms, and depersonalization. Most of the survivors reported being exposed to physical or sexual abuse, but some expressed other forms of abuse, such as child pornography. The observed emotional arousal was found to be different in victims of physical sexual abuse and the victims of non-contact sexual abuse, but the feeling of shame and guilt persisted in all the survivors.

The reasons for the guilt and shame were found to be quite different in male and female survivors. In males, these feelings were associated with the sense of powerlessness and a feeling of being incapable to save themselves from the situation and not being able to do anything, whereas in females the feelings of shame and guilt were manifestation of feelings of disgust for being involved in such an activity, and they feel embarrassed about it, and for being the one to experience that. It was found that both males and females thought themselves to be the one involved in the abuse and felt they might have been doing something that resulted in what had happened.

Conclusion:

The study sought to explore the probability of the experience of guilt and shame among child sexual abuse survivors and its impact on the individual's ability to cope and adjust in social situations. The evidence from the studies suggests that an individual might experience psychological distress, along with feelings of guilt and shame, which might follow throughout their lifespan. Child sexual abuse can have severe immediate and long-term effects, often damaging an individual's self-perception and worldview. Survivors commonly develop a harsh and critical self-view, highlighting the importance of early identification to ensure appropriate care and a helpful and effective intervention plan.

An eclectic approach to Counseling, as proposed by Kathleen L. Ratican (1992), might serve to be the best intervention plan in the treatment. They also suggest that a special sensitivity is demanded out of the counselors when dealing with such sensitive issues so that the subject of concern can be provided with a safe environment to disclose about the abuse as well as understand, explore and evaluate the pervasive effect of abuse in their lives, to draft the most apt intervention that can be effectively applied.

Group psychotherapy is an effective form of intervention. (Ginzburg et al., 2009). Talbot et al. (2011) suggests Interpersonal Psychotherapy as a great intervention as it decreases the

symptoms of depression, PTSD symptoms, and shame compared to standard psychotherapy in survivors of CSA.

There is no one cure for all, just like there is no one reaction to the same experience in different individuals. Different combinations of psychotherapies and strategies may be used to improve the psychological and emotional health of survivors of abuse. But the most important task remains to find these children or adults, and help them be vocal about their experiences, so that they can be helped. Hence, it becomes important to psychoeducate people, especially children, on such topics, so that they can understand, figure out, call out, and talk about their experiences without feeling ashamed and guilt-ridden.

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