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Comparing intrafamilial child sexual abuse and commercial sexual exploitation of children: A systematic literature review on research methods and consequences

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ABSTRACT

Context: Child sexual abuse is known to have a major negative impact on its victims' lives. Knowledge on the consequences of commercial sexual exploitation of children (CSEC), however, is still relatively unexplored and therefore treatment cannot be tailored for these victims.

Objectives: This review aims to compare research on consequences of CSEC with those of intrafamilial child sexual abuse (ICSA), with particular attention to the research methods that are used.

Methods: The search on seven databases resulted in 1698 studies. Out of these studies, eighteen studies matched the inclusion criteria and were therefore included in this review. Fourteen studies focused on ICSA and four on CSEC.

Results: The most notable difference in methodologies was the time between the sexual abuse and interviewing of the victims. This led to a variation in focus of consequences. For ICSA, most studies focused on mental health consequences while for CSEC, the majority focused on physical health consequences, in particular sexually transmitted diseases.

Conclusions: Further research on consequences of CSEC is greatly needed. Longitudinal research should focus on comparing the presence of various consequences (mental health, physical health, sexual behavior and daily functioning) in victims of CSEC, victims of ICSA and a non-sexually abused control-group.

1. Introduction

The impact of child sexual abuse (CSA) on victims' lives has been explored for many years. Therefore, we know that sexual victimization in childhood can have a profound impact, leading to a various amount of mental and physical problems later in life, such as depression (e.g. Amado, Arce, & Herraiz, 2015; Felitti & Anda, 2010; Neumann, Houskamp, Pollock, & Briere, 1996; Paolucci, Genuis, & Violato, 2001), posttraumatic stress disorder (e.g. Kendall-Tackett, Williams, & Finkelhor, 1993; Neumann et al., 1996; Paolucci et al., 2001), anxiety disorders (e.g. Amado et al., 2015; Chen et al., 2010; Neumann et al., 1996), dissociative disorders (e.g. Neumann et al., 1996), suicidal ideation or attempts (e.g. Chen et al., 2010; Felitti & Anda, 2010; Neumann et al., 1996; Paolucci et al., 2001), eating disorders (e.g. Chen et al., 2010; Smolak & Murnen, 2002), sexual maladaptive behavior (e.g. Kendall-Tackett et al., 1993; Neumann et al., 1996; Paolucci et al., 2001), drug- and/or alcohol abuse (e.g. Felitti & Anda, 2010; Neumann

et al., 1996) and aggressive behavior (e.g. Kendall-Tackett et al., 1993). Also, the extensive Adverse Childhood Experiences Study has linked child sexual abuse to medical problems later in life, such as increased likelihood of heart disease and unexplained medical symptoms (Felitti & Anda, 2010).

Based on this knowledge, different types of (treatment) programs were developed to reduce or prevent the negative impact on CSA victims' lives. However, not all forms of CSA have been extensively examined. A distinct form of sexual abuse is commercial sexual exploitation of children (CSEC) by human traffickers or *loverboys*. *Loverboys*, as they are called in the Netherlands, are a specific type of human traffickers, who distinguish themselves from other human traffickers through their distinctive exploitation methods. That is, they groom their victims by feigning romantic interest and then exploit the minor in the sex industry (van San & Bovenkerk, 2013; Verwijs, Mein, Goderie, Harreveld, & Jansma, 2011). Outside the Netherlands, this phenomenon is known by different descriptions, like *pimps*, *child sex*

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trafficking, domestic minor sex trafficking (DMST), commercial sexual exploitation of children (CSEC) and feigned romantic relationships (Barnitz, 1998; Clawson & Goldblatt Grace, 2007; UNODC, 2014; van San & Bovenkerk, 2013; Verwijs et al., 2011). All terms are referring to the same phenomenon: commercial sexual exploitation of a minor with the goal of financial gain. In contrast to the other definitions, the term *loverboy* refers to the methodology of the commercial sexual exploitation, namely by feigning romantic interest. In this review CSEC is defined as *any sexual act performed by a minor (under the age of 18) through force, coercion or manipulation by a human trafficker*.

Commercially sexual exploited girls are known to have been sexually abused by multiple offenders (Commissie Azough, 2014), since these victims were forced, coerced or manipulated into performing sexual acts with clients arranged by the human trafficker. As a result, victims of CSEC experience multiple sexual abuse by both strangers and people they know, like the human trafficker himself. In general, repeated sexual victimization has shown to increase the likelihood of psychological difficulties in victims, as it seems to have a cumulative effect (Follette, Polusny, Bechtle, & Naugle, 1996; Messman-Moore, Long, & Siegfried, 2000). Therefore, victimization of CSEC could have severe consequences on its victims. Some elements in the victimization of CSEC are specific for this type of abuse, which could have distinguishing effects on victims of CSEC compared to victims of sexual abuse without commercial exploitation. These specific elements are: 1) the high level of betrayal, since the victim saw/sees the human trafficker/*loverboy* as their boyfriend (van San & Bovenkerk, 2013; Verwijs et al., 2011); 2) the high level of dependency, due to the isolating process that often accompanies the recruitment of a potential victim and the blackmailing that regularly comes after that (Humanitas PMW, 2008; Nationaal Rapporteur Mensenhandel, 2009); and 3) the high level of abuse, since CSEC is associated with repeated sexual abuse by multiple (known and unknown) offenders (Greenbaum, 2014; Verwijs et al., 2011).

The annual report of CoMensha¹ of 2014 shows 216 supposed female victims of CSEC by a human trafficker in the Netherlands. Both proven and supposed victims are taken into account at CoMensha, since victims hardly ever admit being victimized by a human trafficker. The shame after the exploitation, the loyalty to the *loverboy* and the fear of reprisals by the *loverboy*, tend to negatively influence the willingness to report (e.g. Smit & Boot, 2007; Staring, 2007; Verwijs et al., 2011). Therefore, the accurate number of female victims may be much higher. Not to mention, CSEC is not a crime solely focused on females, males can be victimized by human traffickers as well. However, due to the lack of published studies on male victims, this study will focus solely on female victims of CSEC.

The abovementioned alarming signals explain the progressive attention on this phenomenon from politicians and social scientists over the last two decades. In the Netherlands, this eventually led to a national action plan from Commissie Azough (2014) to improve care for girls who were sexually exploited by a *loverboy*. However, research on impact and effective care and treatment programs for this group of juvenile, female victims is still in its infancy. Accordingly, only a few treatment programs for *loverboy*-victims in the Netherlands are accepted as theoretically well founded (Mein, Los, Jansma, Distelbrink, & Verwijs, 2014; van Dijke et al., 2012; Werson, Lamers-Winkelmann, van der Pers, & van Dijke, 2015). Yet, the effectiveness of these treatment programs is still unknown. In order to create tailored care for female victims of CSEC, more knowledge on the consequences of victimization has to be obtained.

1.1. Commercial sexual exploitation of children vs. intrafamilial child sexual abuse

CSEC is a form of sexual abuse whose impact is not well documented yet. However, in its nature it is comparable with other types of sexual abuse and it should therefore be possible to draw a parallel to the existing research on sexual abuse. There are two studies that compared CSEC with CSA. Cole, Sprang, Lee, and Cohen (2016) showed that underaged victims of commercial sexual exploitation by an adult (in the form of a human trafficker or pimp) were significantly more likely to have problems regarding truancy, show more developmentally inappropriate sexualized behavior, use more drugs and alcohol, are more criminally active and run away from home more often than sexually abused children who were not commercially exploited. Varma, Gillespie, McCracken, and Greenbaum (2015) found similar differences. They reported that victims of CSEC were more likely to have experienced violence, substance use, running away from home and had more experiences with child protective services and/or law enforcement than CSA victims without evidence of commercial exploitation.

Victims of CSA without commercial sexual exploitation, however, are not a homogeneous group. Therefore, the comparison in this review will be made between CSEC and intrafamilial child sexual abuse (ICSA). The matching elements between CSEC and ICSA are the high level of dependency on the offender and the feeling of betrayal. Also, like CSEC, ICSA mostly happens repeatedly over a longer period of time, albeit not always by multiple (known and unknown) offenders (Kristensen & Lau, 2007; Trickett, Noll, & Putnam, 2011). The abovementioned matching abuse factors, relationship to the perpetrator, the severity and the duration/frequency of the abuse, have shown to influence the severity of the consequences of sexual abuse (e.g. Classen, Palesh, & Aggarwal, 2005; Hillberg, Hamilton-Giachritsis, & Dixon, 2011) and are therefore taken into account in matching the victims of commercial sexual exploitation with another group of sexual abuse victims. Based on these matching elements, it is to be expected that several consequences after victimization of ICSA are similar to consequences of CSEC by a human trafficker, like a *loverboy*. Nevertheless, not all elements of CSEC can be paralleled, which may result in different consequences. An example of a dissimilarity that can lead to a different outcome is that victims of CSEC are mostly abused by multiple (known and unknown) offenders. This may be an important difference, since research has shown that sexual abuse by multiple offenders has more severe consequences on victims' lives than sexual abuse by a single offender (Briere & Elliott, 2003; Springs & Friedrich, 1992). Furthermore, and maybe even more important, victims of sexual exploitation often have a history of CSA (Estes & Weiner, 2001; Fedina, Williamson, & Perdue, 2016; Lalor & McElvaney, 2010). Prior child sexual abuse could intensify the impact of sexual exploitation, since repeated sexual victimization often leads to more severe psychological difficulties (Follette et al., 1996; Messman-Moore et al., 2000). Also, the unpredictability of the unknown clients/sex-buyers could have distinguishing effects on the victims. Knowing if distinguishing elements cause different outcomes, is important in creating accurate treatment programs for the victims of sexual exploitation by human traffickers.

1.2. Aim of the study

Despite the growing awareness on this topic, research on CSEC remains insufficiently explored. As a result, treatment programs for victims of CSEC need to be improved by expanding our knowledge on consequences of this phenomenon on its' victims. Therefore, the objective of this review is to compare research on consequences of CSEC with those of ICSA, with particular attention to the research methods that are used. Since research on CSEC is scarce, a comparison was needed with a group of victims that would be similar to victims of CSEC. Victims of CSA would be too heterogeneous to be compared to victims of CSEC, which leads to the more limited group of victims of

¹ CoMensha is the national coordination center of human trafficking in the Netherlands.

ICSA. Since the group of ICSA victims is under-aged, this study will disregard adult victims of CSEC. Being able to properly compare these female victims is important in creating tailored treatment programs. Similarities give the possibility to benefit from current effective treatment programs for victims of ICSA, where the differences can show the need to explore these distinctive outcomes of CSEC and how to efficiently treat those consequences. Nevertheless, this comparison can only be made when the methodological construct of the studies are more or less the same. Therefore, this review will look at the possibility to compare research on CSEC with research on ICSA, regarding the research methods and strategies. Knowledge in this area can show crucial information on how to conduct future empirical research on victims of CSEC in order to properly compare child victims of commercial sexual exploitation with victims of ICSA. Also, this review will present the first results of the comparison between the studies on the impact of these two forms of sexual abuse.

2. Methods

2.1. Data sources and search strategy

This systematic review was conducted based on two strategies: searches of online databases and manual research of bibliographies of published studies. Two online full-text platforms were searched: EBSCO and Thomson Reuters. These platforms encompassed the following seven databases: Criminal Justice Abstract, KCI-Korean Journal Database, MEDLINE, PsycINFO, Russian Science Citation Index, Scielo Citation Index, and Web of Science. These databases were chosen on their broad collection of literature in social and behavioral sciences, public health, and criminal justice. The search period was January 2000 to October 2016. From 2000, CSEC got more attention as a newly identified population all over the world and therefore research on CSEC began. A combination of different keywords and wildcard searches were used to search these platforms, viz.: *intrafamilial sexual abuse*, *intra-familial sexual abuse*, *incest*, *commercial sexual exploitation of children*, *CSEC*, *domestic sex trafficking*, *sex* exploit**, *sex* traffick**, *impact*, *effect*, *consequences*, *damage*, *child**, and *youth** (for a complete list of the combination of keywords and wildcard searches used, see [Appendix](#)).

2.2. Study selection

The search of the online databases resulted in a total of 1698 studies, with 1160 studies on ICSA and 538 studies on CSEC (see [Figs. 1 and 2](#)). All articles that mentioned *consequence*, *effect*, *impact* or *damage* of *child sexual abuse* or *sexual exploitation* in the title or abstract were considered to be relevant in this stage. Based on these criteria, the total number of studies was reduced to 403 studies (319 on ICSA and 84 on CSEC). However, when the abstract of an article showed that the study was only based on *boys* and/or *adults*, the article was excluded. Furthermore, all articles, reviews and meta-analysis on *risk factors* for victimization of child sexual abuse or sexual exploitation, were excluded based on reading the abstract. Subsequently, the number of studies was further reduced by analyzing the studies on inclusion and exclusion criteria, which are detailed below. Analysis of the bibliographies of the articles resulted in adding one study that met the in- and exclusion criteria, but did not appeared during the search of the online databases. In sum, 18 articles were retained (14 on ICSA and 4 on CSEC).

2.2.1. Inclusion criteria

Studies were retained if they:

- Used original qualitative and/or quantitative data.

- Were published since 2000.²
- Were published in English or Dutch.
- Relied on a sample of at least 15³ female victims of intrafamilial sexual abuse or commercial sexual exploitation who were under the age of 18 at the time of the sexual abuse. Victims had to be over 10 years old at the time of the study, since victims of CSEC are mostly adolescents and therefore their consequences might not be comparable to very young victims of ICSA.

2.2.2. Exclusion criteria

Supplementary to the inclusion criteria, the following exclusion criteria were applied:

- Samples that did not study any consequences of intrafamilial child sexual abuse or sexual exploitation of children.
- Samples that did not differentiate between various types of exploitation, for example labor exploitation or sexual exploitation.
- Samples that did not differentiate between extrafamilial and intrafamilial child sexual abuse.
- Samples that did not differentiate between adult victims and victims under the age of 18.
- Samples with victims younger than 10 years old at the time of the study, since the consequences for these victims are difficult to compare with the consequences for older victims. Victims of sexual exploitation are mostly victimized in their adolescence.
- Samples that did not differentiate between male and female victims.
- Studies that were not full-text available online.

2.3. Quality assessment

The 18 retained articles were subjected to a quality assessment by the first two authors of this paper. The methodological quality of the studies was appraised by using 12 criteria (see [Table 1](#)) from the Critical Review Form – Quantitative Studies ([Law et al., 1998](#)). This tool was developed by the McMaster University Occupational Therapy Evidence-Based Practice Research Group and is commonly used in critical reviews, since it allows researchers to compare the quality of various types of study designs. Whenever a criterion was met, the item scored 1 and 0 if it was not. The overall quality of each study was calculated by summing the score of each item to create a total score ranging from 0 to 12, where 12 indicated excellent methodological quality. The total quality scores were divided into four categories: poor (score = 0–3), fair (score = 4–6), good (score = 7–9) and excellent (score = 10–12).

Overall the authors were relatively consentient on the quality scores. The interrater reliability was high, showing a Kappa of 0.821. The mean scores of the methodological quality assessment of the 18 included studies reveals an overall high quality score, which ranges from 9 to 11 and had a median of 10. Seven studies had a good quality score, the remaining eleven studies had an excellent quality score. The most prevalent methodological limitations were the reliability and validity of the outcome measures used, no or little information on endured drop-outs in the study, and not reporting on the clinical importance of the study.

2.4. Data extraction and analysis

All 18 studies positively endured the quality assessment. Therefore, relevant information from all studies was extracted into three summary tables, see [Tables 2 and 4](#) for the studies on ICSA and [Tables 3 and 4](#) for the studies on CSEC. Information that was considered relevant and was

² Studies before 2000 were not retained, because of the lack of research on commercial sexual exploitation of children before that year.

³ Guest, Bunce, and Johnson (2006) argue that fifteen is the smallest acceptable number for a qualitative sample.

Fig. 1. Summary of study selection process on intrafamilial child sexual abuse.

therefore retrieved, contained information on: source of the study (author, publication year and country), study (design, sample, control group and assessment of the sexual abuse), definition of ICSEA and CSEC and finally the outcomes concerning consequences of ICSEA or CSEC. The findings of all studies are presented in one overview, see Table 4.

The extracted data was analyzed on comparability of study design and their methodological quality, study sample, definition of the sexual abuse, and the outcomes. The study methods will be compared by looking at (1) selection methods, (2) assessment of sexual abuse, (3) sample size, and (4) prospective or retrospective design. Finally, the

Fig. 2. Summary of study selection process on commercial sexual exploitation of children.

Table 1
Methodological quality of articles: components of the Critical Review Form – Quantitative Studies (Law et al., 1998).

Study purpose	Was the purpose stated clearly?
Literature	Was relevant background literature reviewed?
Study design	Was the design appropriate for the study question?
Sample	Was the sample described in detail? Was the sample size justified?
Outcomes	Were the outcome measures reliable? Were the outcome measures valid?
Results	Were the results reported in terms of statistical significance? Were the analysis methods appropriate? Was clinical importance reported? Were the drop-outs (or response rate) reported?
Conclusion	Were conclusions appropriate given study methods and results?

outcomes of the studies will be reported in the chapter focus of consequences. Due to the heterogeneity of findings reported in these studies, the outcomes of the studies will be presented based on four predominant types of consequences after victimization of ICSA or CSEC. These consequences were: (1) mental health consequences, (2) physical health consequences, (3) sexual behavior consequences, and (4) other consequences.

3. Results

Table 2 presents the information on the methodologies from the 14 studies on ICSA. Seven studies were conducted in the USA of which two were based on more or less the same sample (Trickett et al., 2011; Trickett, Noll, Reiffman, & Putnam, 2001). Nevertheless, they did not measure the same consequences. The remaining seven studies were conducted in six different countries in Europe. Two studies using an almost identical sample from Denmark (but focusing on different forms of consequences) (Kristensen & Lau, 2011; Lau & Kristensen, 2010) and the others were from Belgium, Spain, United Kingdom, Poland and Turkey. Furthermore, all studies used a retrospective design, except for the studies performed by Jasinski, Williams, and Siegel (2000) and Trickett et al. (2001, 2011), which employed a prospective design. In addition, the definition of ICSA differed. For example, the most chosen cutoff age in the definition of the studies was 18 years old. This was in six of all studies. Five studies used a cutoff age of 16, and the remaining three studies used the age 12, 14 or used the description ‘while growing up’. Also, not all studies clarified on the acts of abuse that counted as child sexual abuse. Finally, in 11 studies the victims were sexually abused by a family member. The other three studies only included victims of sexual abuse by a father or father figure. The summarized methodological information from the four studies on CSEC show a different image (see Table 3). These four studies were conducted in the USA, Mexico, India and Nepal and all had a retrospective design. The definition of CSEC shows some differences between the studies. Only two studies used a cutoff age of 18, the other two studies did not use a cutoff age at all. Nevertheless, they did distinguish between results of minor and adult victims. Therefore, the information presented on consequences of the minor victims in these studies could still be used for this review. Also, precise acts of CSEC were not mentioned in all studies, but all included a form of performing sexual acts in exchange for money.

3.1. Comparing methodologies

3.1.1. Selection methods

3.1.1.1. Intrafamilial child sexual abuse. Three out of the fourteen studies on ICSA recruited participants through community samples, which in two cases were students (Cantón-Cortés & Cantón, 2010; Stroebel et al., 2012). In the other case this was a large sample of lesbian women (Hyman, 2000). All three of these studies compared victims of ICSA with non-sexually abused victims. Hyman (2000) also

differentiated victims of ICSA with and without coercion. Coercion was designated as physical force by the perpetrator during the abuse. Four of the studies selected victims through an at-risk population (e.g. Myers et al., 2006; Tomas-Tolentino, 2010). These four studies included a control group as well. One study compared intrafamilial child sexual abuse to extrafamilial child sexual abuse (Myers et al., 2006). Tomas-Tolentino (2010) compared child sexual abuse victimization of a father (figure) to child sexual abuse not committed by a father(figure). The two studies by Trickett et al. (2001, 2011) compared victims of ICSA to non-sexually abused women. Finally, six studies recruited victims of ICSA through a (sub)clinical sample (e.g. Bal, De Bourdeaudhuij, Crombez, & Van Oost, 2004; Sobański et al., 2013). Half of these six studies did not include a control group (Jasinski et al., 2000; Kristensen & Lau, 2011; Lau & Kristensen, 2010). Sobański et al. (2013) compared victims of incest to females without a history of incest, Bal et al. (2004) compared intrafamilial child sexual abuse victimization to extrafamilial child sexual abuse victimization, and Unlu and Cakaloz (2016) compared victims of ICSA with victims of sexual dating violence and extrafamilial child sexual abuse.

The study of Freshwater, Leach, and Aldridge (2001) was the only study that used a combination of selection methods. They recruited victims of child sexual abuse within a clinical setting and through local advertisements. The control group of non-sexually abused females was recruited through local advertisements.

3.1.1.2. Commercial sexual exploitation of children. Two studies recruited victims of CSEC through at-risk populations (Deb, Mukherjee, & Mathews, 2011; Edinburgh, Pape-Blabolil, Harpin, & Saewyc, 2015). The other two studies used clinical samples (Goldenberg, 2012; Silverman et al., 2007).

Only Deb et al. (2011) matched their victims with a non-sexually abused female control group. These non-sexually abused females were recruited at schools near the welfare shelters.

3.1.1.3. Summary. The studies on ICSA contained three different selection methods, being community samples, at risk populations and (sub)clinical samples. In addition, eleven out of the fourteen studies included a control group. The four studies on CSEC showed two samples from at risk populations and two clinical samples. Only one study included a control group.

3.1.2. Assessment of sexual abuse

3.1.2.1. Intrafamilial child sexual abuse. Most studies on ICSA assessed the sexual abuse through self-report. Of these eleven studies, nine studies based their results on questionnaires/surveys (e.g. Cantón-Cortés & Cantón, 2010; Freshwater et al., 2001), one on face-to-face interviews (Jasinski et al., 2000) and one on a computerized self-interview (Stroebel et al., 2012). The remaining three studies consulted official records to assess information on the sexual abuse (Trickett et al., 2001; Trickett et al., 2011; Unlu & Cakaloz, 2016).

Six of the fourteen studies used more than one assessment measure. For example, Bal et al. (2004) used a questionnaire as guidance for a semi-structured interview by a therapist, which was further supplemented with information from official documents. Two other studies also complemented the questionnaire on sexual abuse with a clinical interview (Kristensen & Lau, 2011; Lau & Kristensen, 2010). Jasinski et al. (2000) supplemented medical records with face-to-face interviews. The two studies of Trickett et al. (2001, 2011) used official records from Child Protective Services in conjunction with questionnaires on sexual abuse to complement each other.

3.1.2.2. Commercial sexual exploitation of children. Self-report as an assessment method was used by three studies on CSEC. However, none of these three studies were based solely on questionnaires but also on information assessed through face-to-face interviews (Deb et al., 2011; Edinburgh et al., 2015; Goldenberg, 2012). Silverman et al. (2007)

Table 2
Methodologies of the included studies on intrafamilial sexual abuse ($N = 14$).

Authors	Country	Definition of intrafamilial sexual abuse	Assessment of sexual abuse (study design)	Sample victims of intrafamilial sexual abuse (size, age and sex)	Control or comparison group (size, age and sex)	Recruitment of victims
Bal, De Bourdeaudhuij, Crombez and Van Oost (2004)	Belgium	Sexual touching, genital fondling, attempted penetration and penetration by a family member before the age of 18.	Questionnaire, semi-structured interview and official files. Retrospective (after at least 4 weeks)	<ul style="list-style-type: none"> $N = 61$ Sex = 100% F Age = 11–18 	Victims of extrafamilial sexual abuse: <ul style="list-style-type: none"> $N = 26$ Sex = 100% F Age = 11–18 	(Sub)clinical sample: <ul style="list-style-type: none"> Six Confidential Centers for Child Abuse and Neglect and Six Child Guidance Centers
Cantón-Cortés and Cantón (2010)	Spain	Contacts and sexual interactions between a minor (before age of 14) and a family member.	Questionnaire. Retrospective (after at least 4 years)	<ul style="list-style-type: none"> $N = 80$ Sex = 100% F Age = 18–24 	No sexual abuse	Community sample: <ul style="list-style-type: none"> College students
Freshwater, Leach and Aldridge (2001)	United Kingdom	Sexual abuse by a father or step-father before the age of 16.	Questionnaire. Retrospective (between 1 and 55 years after)	<ul style="list-style-type: none"> $N = 21$ Sex = 100% F Age (M) = 16–67 	No sexual abuse	(Sub)clinical sample: <ul style="list-style-type: none"> Through therapists, volunteers from post-therapy self-help groups and local advertisements.
Hyman (2000)	USA	Having sex, being raped or sexually attacked by a relative while growing up.	Survey. Retrospective (between 4 and 70 years after)	<ul style="list-style-type: none"> Intrafamilial sexual abuse with coercion: <ul style="list-style-type: none"> $N = 135$ Sex = 100% F Age (M) = ? 	<ul style="list-style-type: none"> Victims of extrafamilial sexual abuse: <ul style="list-style-type: none"> $N = 314$ Sex = 100% F Age (M) = ? 	Community sample: <ul style="list-style-type: none"> National Lesbian Health Care Survey
Jasinski, Williams and Siegel (2000)	USA	Sexual abuse ranging from sexual intercourse to touching and fondling by a family member before the age of 12.	Medical records, face-to-face interviews. Prospective (after 17 years)	<ul style="list-style-type: none"> Intrafamilial sexual abuse without coercion: <ul style="list-style-type: none"> $N = 1075$ Sex = 100% F Age = 22–80 Age (M) = ? $N = 62$ Sex = 100% F Age = 18–31 	No control group	(Sub)clinical sample: <ul style="list-style-type: none"> City hospital emergency room for treatment and collection of forensic evidence after child sexual abuse.
Kristensen and Lau (2011)	Denmark	At least one reported incidence of sexual abuse with physical contact experienced before the age of 16, committed by a biological relative or non-biological family member.	Self-report questionnaire. Retrospective (after $M = 27$ years)	<ul style="list-style-type: none"> $N = 158$ Sex = 100% F Age (M) = 33.4 	No control group	(Sub)clinical sample: <ul style="list-style-type: none"> Through group psychotherapy in psychiatric setting for victims of CSA.
Lau and Kristensen (2010)	Denmark	At least one reported incidence of sexual abuse with physical contact experienced before the age of 16, committed by a biological relative or non-biological family member.	Self-report questionnaire. Retrospective (after $M = 27$ years)	<ul style="list-style-type: none"> $N = 161$ Sex = 100% F Age (M) = 33.3 	No control group	(Sub)clinical sample: <ul style="list-style-type: none"> Through group psychotherapy in psychiatric setting for victims of CSA.
Myers et al. (2006)	USA	Sexual experiences against their will before the age of 18 with a family member. Sexual experiences included fondling, frottage, attempted or completed intercourse, oral copulation either to the victim or perpetrator, and various types of oral, vaginal, or anal penetration of the victim or perpetrator.	Questionnaire. Retrospective (after approximately 30 years)	<ul style="list-style-type: none"> $N = 63$ Sex = 100% F Age (M) = 39.5 	Victims of extrafamilial sexual abuse or both intra- and extrafamilial sexual abuse. <ul style="list-style-type: none"> $N = 84$ Sex = 100% F Age (M) = 39.5 	At risk population: <ul style="list-style-type: none"> Through community-based clinics, county hospitals, ethnic- and AIDS-service organizations, and drug rehabilitation centers that served HIV-positive women. Also, print and radio advertisements were used.
Sobański et al. (2013)	Poland	Actual or attempted incest before the age of 18.	Questionnaire. Retrospective (after at least 11 years)	<ul style="list-style-type: none"> $N = 107$ Sex = 100% F Age (M) = ? 	Psychotherapy patients without a history of incest: <ul style="list-style-type: none"> $N = 2475$ Sex = 100% F Age (M) = 33.2 	(Sub)clinical sample: <ul style="list-style-type: none"> Hospital for psychotherapy treatment.
Stroebe et al. (2012)	USA	Incest committed by a father figure before the age of 18.	Computerized self-interview. Retrospective (after approximately 20 years)	<ul style="list-style-type: none"> $N = 19$ Sex = 100% F Age (M) = 34.6 	No control group	Community sample: <ul style="list-style-type: none"> College students, university staff, and through adds in locale public meetings.

(continued on next page)

Table 2 (continued)

Authors	Country	Definition of intrafamilial sexual abuse	Assessment of sexual abuse (study design)	Sample victims of intrafamilial sexual abuse (size, age and sex)	Control or comparison group (size, age and sex)	Recruitment of victims
Tomas-Tolentino (2010)	USA	Sexual relations between a father figure and a related child or adolescent (before the age of 18) wherein the child may be coerced, forced, or engaged in sexual activity solely for the gratification of the adult's need.	Questionnaire. Retrospective (after M = 28 years)	– N = 24 – Sex = 100% F – Age = 20–58	No sexual abuse: – N = 1261 – Sex = 100% F – Age (M) = 25.6	
					Victims of child sexual abuse not committed by a father figure: – N = 241 – Sex = 100% F – Age (M) = 25.8 Victims of intrafamilial sexual abuse not committed by a father figure: – N = 25 – Sex = 100% F – Age = 20–58	At risk population: – Non-for-profit community mental health agencies.
Trickett, Noll and Putnam (2011)	USA	Substantiated contact sexual abuse including genital contact and/or penetration before the age of 16 by a family member (parent, grandparent, older sibling or uncle)	CPS records, questionnaire. Prospective	– N = 84 – Sex = 100% F – Age (M) = T1: 11.06 years T2: 12.22 years T3: 13.42 years T4: 18.05 years T5: 19.85 years T6: 24.89 years – N = T1:78, T4:76 – Sex = 100% F – Age (M) = T1: 11.38 T4: 18.86	No sexual abuse: – N = 84 – Sex = 100% F – Age (M) = matched the abused group	At risk population: – Child Protective Services
Trickett, Noll, Reiffman and Putnam (2001)	USA	Substantiated contact sexual abuse including genital contact and/or penetration before the age of 16 by a family member (parent, grandparent, older sibling or uncle)	CPS records, questionnaire. Prospective	– N = T1:78, T4:76 – Sex = 100% F – Age (M) = T1: 11.38 T4: 18.86	No sexual abuse: – N = T1:76, T4:70 – Sex = 100% F – Age (M) = T1: 10.85 T4: 18.14	At risk population: – Child Protective Services
Unlu and Cakalo (2016)	Turkey	Those who were sexually abused before the age of 18 by their close blood relatives (e.g. father/mother, uncle/aunt, and sibling), stepparents, or stepsiblings.	Official records. Retrospective (after at least 6 months)	– N = 33 – Sex = 100% F – Age (M) = 15.2	Victims sexual dating violence: – N = 125 – Sex = 100% F – Age (M) = 15.5 Victims of other sexual abuse: – N = 96 – Sex = 100% F – Age (M) = 14.9	(Sub)clinical sample: – Turkish national system: 'Sexual Abuse Data Form'.

Table 3

Author	Country	Definition of CSEC	Assessment of CSEC	Sample victims of CSEC (size, age and sex)	Control or comparison group (size, age and sex)	Source of victim sample
Deb, Mukherjee and Mathews (2011)	India	Sexually abused girls who were trafficked and who were then further used for commercial sexual exploitation before the age of 18.	Face-to-face interview. Retrospective (shortly after exploitation period)	<ul style="list-style-type: none"> $N = 120$ Sex = 100% F Age = 13–18 	<ul style="list-style-type: none"> No sexual abuse: <ul style="list-style-type: none"> $N = 120$ Sex = 100% F Age = 13–18 No control group 	At risk population: <ul style="list-style-type: none"> Government and private child welfare shelters
Edinburgh, Pape-Blabohil, Harpin and Saewyc (2015)	USA	CSEC is defined as the exchange of sex for some type of consideration, including but not limited to: money, housing, food, clothes, transportation or a mobile phone. Before the age of 18.	Forensic interview, medical reports and questionnaires. Retrospective (shortly after exploitation period)	<ul style="list-style-type: none"> $N = 55$ Sex = 100% F Age (M) = 14.9 	No control group	At risk population: <ul style="list-style-type: none"> An urban hospital-based Child Advocacy Center.
Goldenberg (2012)	Mexico	Sex trafficking constitutes any act of recruitment, transportation, transfer, harboring or receipt of persons, using threat, force, coercion, abduction, fraud, or deception, for the purpose of prostitution or other forms of sexual exploitation, including all cases of sexual exploitation of minors.	In-depth interviews. Retrospective (after $M = 15$ years, range: 4–33)	<ul style="list-style-type: none"> $N = 30$ Sex = 100% F Age (M) = 32.0 	No control group	(Sub)clinical sample: <ul style="list-style-type: none"> Formerly trafficked girls were sampled through a larger study on 420 former sex workers.
Silverman et al. (2007)	Nepal	Coerced or forced in trafficking for sexual exploitation.	Official records. Retrospective (shortly after exploitation period, but at least 2 months)	<ul style="list-style-type: none"> $N = 287$ Sex = 100% F Age (M) = 17.8 	No control group	(Sub)clinical sample: <ul style="list-style-type: none"> Major Nepalese nongovernmental organization providing shelter and care to repatriated survivors of sex trafficking.

Consequences of the included studies on intrafamilial child sexual abuse and commercial sexual exploitation of children ($N = 18$).

Consequence categories	Intrafamilial child sexual abuse	Commercial sexual exploitation of children
Mental health	Posttraumatic stress disorder (6) ^a Depression (5) Dissociation (4) Psychological treatment (3) Suicide attempts (2) Self-mutilation (2) Anxiety (2) Perceived distress (1) Lower self-esteem (1) Self-ideal self-discrepancy (1) Affective disorder (1) Anger (1) Feelings of shame (1) Fearful attachment style (1) Anti-depressive medication (1)	Posttraumatic stress disorder (1) Suicide attempts (1) Self-mutilation (1)
Physical health	Physical health problems (unspecified) (2) Increased rates of obesity (1) Earlier onset of puberty (1) Gynecological problems (1) More healthcare utilization (1) More HIV risk behaviors (1)	Elevated risk for HIV (2) Elevated risk for sexually transmitted diseases and/or infections (3)
Sexual behavior	Sexual problems (unspecified) (5) Perceived low sexual drive (1) Physical endearment discomfort (1) Unsatisfied with their body (1) Unsatisfied with current sexual life (1) No current sexual activity (1) Low sexual interest or pleasure (1) Flashbacks in sexual situations (1) Difficulties in contact with opposite sex (1) Discomfort concerning masturbation (1) Higher rates of cheating on partner (1) Engage in sex to obtain money, drugs or other goods (1) Maladaptive sexual development (1)	–
Daily functioning	Fail in school (2) Substance abuse (2) Physical revictimization (2) Sexual revictimization (2) Delinquent behavior (2) Reduced earnings (1) Teen motherhood (1) Premature born baby (1) Put their children at risk for abuse, neglect and overall maldevelopment (1)	Substance abuse (2) Higher economic vulnerability (1) Teen motherhood (1) Aggression (1)

^a The numbers in brackets indicate the number of studies that found the consequences as a result of CSEC or ICSA.

assessed CSEC through medical and official records.

Edinburgh et al. (2015) performed forensic interviews combined with medical/clinical reports and self-report questionnaires. This was the sole study that based its results on a combination of three different assessment methods to gather information on the CSEC that took place.

3.1.2.3. Summary. Assessment through self-report was most used in both studies on ICSA as CSEC. In contrast, all of the studies on CSEC based their studies on multiple assessment measures. This was not the case for the studies on ICSA, where only six out of the fourteen studies used more than one assessment measure.

3.1.3. Sample size

3.1.3.1. Intrafamilial child sexual abuse. The sensitivity of this subject reflects on the number of participants in the studies, which are relatively low. The sample size varies from 19 to 500 girls or women with a history of ICSA. This last number originates from Hyman (2000) and was an exception, compared to the amount of participants in the rest of the studies. With Hyman (2000) excluded, the sample size varies from 19 to 161, with an average of 73 participants.

3.1.3.2. Commercial sexual exploitation of children. The relatively small samples are also seen in the studies on CSEC. The sample size in these studies, varies from 30 to 287 girls or women with a history of CSEC, with an average of 123 participants.

3.1.3.3. Summary. The average sample size of studies on ICSA is 73 and 123 for studies on CSEC, which are not that far apart.

3.1.4. Prospective or retrospective design

3.1.4.1. Intrafamilial child sexual abuse. Nine studies on ISCA employed a retrospective design, which resulted in cross-sectional data. The time that elapsed since the sexual abuse showed a wide variation between and within these studies. For example, the victims in the study of Freshwater et al. (2001) were between 16 and 67 years old, which means that the oldest victim had experienced child sexual abuse at least 52 years ago. The study of Hyman (2000) showed an even wider variance. In this study, the oldest participant was 80 years old. However, it remains unknown whether this woman belonged in the sexually abuse or non-abused group.

The study of Bal et al. (2004) showed the least amount of time between the occurring sexual abuse and the time of interviewing or surveying about the consequences of the sexual abuse. The participants in this study were still minors and interviewed shortly after disclosing the sexual abuse, which had to be at least four weeks. This term was set in order to properly diagnose PTSD according to the researchers. Unlu and Cakaloz (2016) also only studied the consequences in children to 18 years old after a few months (at least six) after the sexual abuse. These two studies were exceptions in this area. The other studies with a retrospective design interviewed or surveyed victims after approximately 25 years, ranging between four and thirty years.

Only three studies used a prospective design to measure the consequences of child sexual abuse (Jasinski et al., 2000; Trickett et al., 2001, 2011). These studies with a prospective design allowed the researchers to make data informed conclusions, since the sexual abuse was affirmed to precede the consequences. One was a 23-year longitudinal study, which showed consequences of ICSA in childhood, adolescence and later in life during six different time sets (Trickett et al., 2001, 2011). The other prospective study interviewed the victims of ICSA at two different times, shortly after the abuse and 15 to 19 years after (Jasinski et al., 2000).

3.1.4.2. Commercial sexual exploitation of children. All four studies on CSEC had a retrospective design. The amount of time that elapsed after the sexual exploitation varied from a couple days to 33 years. Except for the study from Goldenberg (2012), all the other studies on CSEC interviewed or analyzed official records, shortly after the period of commercial sexual exploitation ended. This varied from a couple of days to a couple of months. Goldenberg (2012), on the other hand, interviewed women approximately 15 years after they were trafficked for sexual exploitation, ranging from four to 33 years.

3.1.4.3. Summary. The most predominant difference between the studies on ICSA and CSEC is the elapsed time between the sexual abuse and interviewing or surveying the victims. Where most studies on CSEC interviewed or analyzed the consequences in victims after a few weeks up to a few months, most studies on ICSA interviewed or surveyed the victims after several years.

3.2. Focus of consequences

3.2.1. Intrafamilial child sexual abuse

The studies on ICSA show results in four areas of consequences, being mental health, physical health, sexual behavior and daily functioning. However, most studies focused mainly on mental health consequences. Eleven out of the fourteen studies found at least one type of mental health consequences after victimization of ICSA, with the most attention for posttraumatic stress disorder and depression (e.g. Bal et al., 2004; Lau & Kristensen, 2010; Myers et al., 2006). Also, the studies on consequences in sexual behavior were well represented, with five studies (e.g. Kristensen & Lau, 2011; Stroebel et al., 2012; Trickett et al., 2011). The least amount of studies were dedicated to physical health consequences. Three studies focused on physical health consequences in general (Hyman, 2000; Trickett et al., 2001; Trickett et al., 2011), of which only one study covered the relation between ICSA and sexually transmitted diseases (Trickett et al., 2011).

3.2.2. Commercial sexual exploitation of children

In contrast to the studies on ICSA, the studies on CSEC reported on less areas of consequences. For example, none of the included studies measured consequences concerning sexual maladapted behavior in juvenile victims of commercial sexual exploitation. Most studies examined physical health in victims of CSEC, in particular sexually transmitted diseases (Edinburgh et al., 2015; Goldenberg, 2012; Silverman et al., 2007).

Besides the focus on physical health consequences by most studies, other consequences were also measured. Edinburgh et al. (2015), for example, also reported on mental health consequences. Furthermore, Deb et al. (2011) was the only study that focused on aggression after victimization of CSEC.

3.2.3. Summary

Where the studies on ICSA mainly focused on consequences in mental health and sexual behavior, the studies on CSEC predominantly focused on physical health, in particular sexually transmitted diseases and/or infections. For a clear overview of measured consequences see Table 4.

4. Discussion

Alarming signals on victimization of CSEC by human traffickers, like potentially severe negative consequences and the increasing number of known victims, resulted in progressive attention on the subject. However, (empirical) research on the consequences of this specific kind of sexual abuse is still in its infancy. Because of the lack of studies on CSEC, this review aimed to explore the possibility to compare research on CSEC with research on ICSA first, regarding to the research methods and strategies. After the comparison in methodologies, the outcomes were displayed.

The results from this study showed the incomparability of the studies. This incomparability was mostly caused by the variation in consequences measured in the victims. This variation is probably the result of the great difference in time that elapsed between interviewing the victims and when the actual sexual abuse took place. This time gap was significantly greater for victims of ICSA than victims of CSEC. Considering the methodological differences, it is impossible to compare the consequences of these two separate forms of sexual abuse at this time.

The comparison between methodologies was made in four areas: (1) selection methods, (2) assessment of sexual abuse, (3) sample size, and (4) prospective or retrospective design. In all of these areas differences were found. Concerning the selection methods, the most obvious difference was the use of control groups. Where eleven out of fourteen studies on ICSA did include a control group, there was only one of four studies on CSEC that did. Furthermore, differences in assessment strategies were minimal and differences in sample size were negligible. In both groups, victim samples were relatively small, with averages of 73 and 123 victims. Small sample sizes were to be expected within this types of research, considering the sensitivity of the subject (Brunovskis & Surtees, 2010). The fourth and last area regarding the design, showed more differences. All studies on CSEC were retrospective, as were most studies on ICSA. However, the time that elapsed between the sexual abuse and the time of interviewing differed greatly. Except for one, all studies on CSEC interviewed their group of victims within a couple of days or months. The studies on ICSA surveyed on average 25 years after the abuse. Only two studies interviewed or surveyed the victims within a couple of weeks or months after the sexual abuse.

The time that elapsed since the sexual abuse could be an essential reason why the focus of consequences were so distinct. For ICSA, most studies focused on mental health consequences of the victims. Nevertheless, consequences in all four areas (mental health, physical health, sexual behavior and daily functioning) were found in these studies. In case of CSEC, the majority of the studies focused on physical health consequences, in particular sexually transmitted diseases. In contrast to studies on ICSA, the studies on CSEC did not report consequences in all four areas. For example, none of the included studies measured consequences concerning sexual maladapted behavior in underaged victims of commercial sexual exploitation. The focus on physical health consequences in the studies on CSEC are predominantly short-term consequences. This was to be expected, since they measured the consequences after only a few weeks or months after the exploitation. Also, the relatively new identification of this population could have influenced this finding, since physicians may not be aware to focus on other outcomes than physical health.

Although the above shows that the studies are incomparable at this time, certain findings highlight the need for further exploration. The consequences that were measured in both groups, namely PTSD, suicidal behavior and substance abuse, were more prevalent with juvenile victims of commercial sexual exploitation compared to victims of ICSA. However, these findings are based on one study on CSEC, which means no conclusions can be made based on these outcomes. It does emphasize the need for further exploration. An elevated risk of consequences in victims of CSEC would not be unthinkable, considering that these victims are mostly sexually abused by multiple (known and unknown) offenders, which is known to increase the severity of the psychological impact in victims (Follette et al., 1996; Messman-Moore et al., 2000). Also, related to this explanation is the finding from Lalor and McElvaney (2010) that females with a history of CSA have an increased risk to be sexually exploited later in life. This means that CSA is a risk factor for CSEC and therefore further expands the negative outcomes for victims who also experience CSEC. This is partly supported by the results in this review, where multiple studies showed that ICSA increased the likelihood of later sexual victimization (Lau & Kristensen, 2010; Trickett et al., 2011).

The lack of high quality research on consequences of CSEC is something to address. This can be explained by multiple reasons. For once, until recently victims of CSEC were prosecuted for prostitution in the USA. Since 2010 the first states introduced “Safe Harbor” laws which should turn this focus on criminalizing the victim around. These “Safe Harbor” laws seek to offer and engage victims in the rehabilitation services instead of prosecuting them as prostitutes. However, not all states have enacted this sort of legislation just yet and moreover, there is some variance in these laws (Wasch, Wolfe, Levitan, & Finck, 2016). As a result, victims are not clearly visible yet and therefore little

research on the victims has been done. Second, due to the sensitivity and secretive character of CSEC, victims of CSEC remain an elusive group even when victims of CSEC are seen as victims and not as criminals. Finally, researchers may not see the importance of distinguishing victims of CSEC from victims of other forms of CSA at this time, which leads to a general approach in treating victims of CSEC.

Furthermore, in terms of comparability between the methodologies there are some factors that should be taken into account in future research. For example, the included studies on CSEC and ICSA lacked information on the age of onset of the sexual abuse, frequency of abuse or relationship with the human trafficker. These factors are known to influence the severity of the consequences in victims of sexual abuse (e.g. Classen et al., 2005; Hillberg et al., 2011). When this information is missing, it is impossible to ascribe consequences of CSEC to certain aspects of the abuse, like the age of onset, the sexual abuse itself, the high level of dependency or betray regarding to the human trafficker.

Another factor that should be taken into account in comparing studies, is the country where the research took place. The studies on CSEC were conducted in America, Mexico, Nepal and India, where the studies on ICSA were conducted in Northern America and Europe. It is possible that cultural factors influence the severity of the impact of sexual abuse. Research shows contradictive results on this manner (Bryant-Davis, Chung, & Tillman, 2009; Kenny & McEachern, 2000). For example, the review of Kenny and McEachern (2000) state that some studies did find significant relations between cultural factors and the impact of child sexual abuse, where others found no significant relation at all. Moreover, the literature review of Bryant-Davis et al. (2009) discusses that Asian women may be more likely to show mental health dysfunctions, like self-blame and suicidal thoughts, than white, black and Latino women. On the other hand they discuss the possibility that the high spirituality in Asian women could have a protective influence on developing mental health consequences.

The above brings us to the limitations of this review. The most important limitation is the lack of high quality studies on consequences of CSEC. Therefore, conclusions on the consequences of the two forms of sexual abuse cannot be made. The comparability, causality and generalizability of consequences were further complicated by the design of the included studies, which was mostly cross-sectional in nature. Furthermore, over half of the studies used self-assessment measures. In combination with the retrospective designs this might cause memory bias. The differentiation in executive countries restricts the generalizability of the findings as well, since cultural factors can play a role on the impact experienced by victims of child sexual abuse and exploitation. Nevertheless, this review has some important strengths as well. Although the number of studies is small, the included studies represent an overall high quality level as a result of the strict inclusion and exclusion criteria. Second, this review is innovative in nature, considering that it is one of the first, if not the first, review comparing research on the impact on victims of ICSA and CSEC. Consequently, this study shows insight from a new perspective and the results emphasize the necessity for further research on this topic. Finally, the solid systematic review methodology used in this study was another strength and benefitted this study.

5. Conclusions

This review shows that, despite the progressive attention on CSEC, there remains a dearth of research on the consequences of CSEC. Currently, no solid conclusions on the comparability of consequences between victims of ICSA and CSEC can be made, due to the few amount of high quality studies on CSEC. Also, the methodologies between studies on ICSA and CSEC differ too much to draw conclusions. Therefore, the most important conclusion of this review is that adequate research is greatly needed on the consequences of CSEC. Adequate research in this case entails research with a longitudinal design that focuses on comparing the presence of various consequences (mental health,

physical health, sexual behavior and daily functioning) in juvenile victims of commercial sexual exploitation, victims of ICSEA and in non-sexually abused females that match these groups. This type of research will expand our knowledge on the impact of CSEC and shows where treatment programs should be focusing on.

Appendix A. Searches

A.1. Intrafamilial sexual abuse

The following combination of keywords and wildcard searches were used to search the databases on intrafamilial child sexual abuse:

- intrafamilial sexual abuse OR intra-familial sexual abuse OR incest
- AND impact OR effect OR consequences OR damage
- AND child* OR youth*.

This resulted in the next results for the two platforms used:

- Thomson Reuters: 744 results
- EBSCO: 416 results
- A total of 1160 results.

A.2. Commercial sexual exploitation of children

The following combination of keywords and wildcard searches were used to search the databases on commercial sexual exploitation of children:

- commercial sexual exploitation of children OR CSEC OR domestic sex trafficking OR sex* exploit* OR sex* traffick*
- AND impact OR effect OR consequences OR damage
- AND child* OR youth*.

This resulted in the next results for the two platforms used:

- Thomson Reuters: 359 results
- EBSCO: 179 results
- A total of 538 results.

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⁴ References marked with an asterisk indicate studies included in the review.

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