

## **EXPERIENCES OF CHILD SEXUAL ABUSE IN HOMOSEXUAL, HETEROSEXUAL AND BISEXUAL PEOPLE**

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**ABSTRACT:** *The objective of this research was to describe the experience of child sexual abuse in men and women and the construction of their sexual orientation. The study was qualitative with exploratory scop. The sample was selective, consisting of 6 people, a heterosexual man and a woman; a homosexual man and woman and a bisexual woman and man. A semi-structured interview was included, the following aspects of analysis: experiences before, during and after child sexual abuse; discovery of sexual orientation / preference sexual, sexual fantasies, relationship with parents, and couples. The Atlas ti software in version 7 was used for the analysis. A free coding was carried out, to later make an axial coding in which general categories were obtained that encompass several codes at the same time and that allowed us to create a network of experiences and meanings regarding the aspects of analysis. After sexual abuse, the subjects are afraid, confused and isolated. The subjects describe the insecurity of having sexual intercourse that is attributed to previous experience of sexual abuse. People who have become homosexual and bisexual mention that sexual abuse may have influenced their orientation and they mention it. One of the subjects described as homosexual is mentioned as the cost of work the expression of their sexual orientation and the rape of a man caused fear to men. Five of the six subjects' feelings of pleasure to have been abused and at the same time present the emotions of fear, disgust and anger, which caused confusion.*

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**KEY WORDS:** *child sexual abuse, sexual orientation, experience of abuse, sexuality, relationship*

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## INTRODUCTION

Each person has a way of living and expressing their sexuality, all people feel love, pleasure and affection according to their own context and reality, whether individual or social. In this way, the OMS, (2006) mentions that the development of sexuality interacts "biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual".

An important aspect of sexuality is sexual orientation, the ability of each person to feel an emotional, affective and sexual attraction by people of a different gender than their own, of their same gender or more than one gender, as well as to the ability to maintain intimate and sexual relationships with people; an enduring pattern of emotional, romantic and/or sexual attractions towards men, women or both sexes (CNDH, 2012).

One aspect of the transition from childhood to adulthood is the progress of more evident sexual orientation, which constitutes a key component of this process. It is important to recognize that there are probably many reasons to define a person's sexual orientation and the motives may be different for each of them (Perea, Loredó, & Monroy, 2012). Child sexual abuse is a problem whose physical and emotional impact can lead to severe emotional sequelae in the short, medium, and long term (Echeburúa, 2015).

The development of a positive identity as homosexual, heterosexual or bisexual depends to a great extent on the affective relationships with the parents, the environment and the family support, this depends on the emotional, psychological and social stability of the person. Sexual orientation is of great relevance to adequate sexual health (Shutt-NSAID and Maddaleno, 2003). Child sexual abuse is a problem with physical and emotional impact that can cause serious emotional difficulties in the short, medium and long term. The emotional damage occurs in approximately 90% of the victims, it depends on various factors such as: who was the aggressor, the type of sexual abuse (touches, pornography, rape, etc.), the number of times that the abuse was carried out, the reaction of the family to this event, as well as coping strategies that the victim has (Perea, Loredó, & Monroy, 2012).

Therefore, it is important to know the experience in the sexual orientation of people: homo, hetero and bisexual who have suffered child sexual abuse. Since accepting and identifying with a sexual orientation is not always easy, expressing their sexuality can entail serious difficulties (Laumann and Michael, 2001). With this research is intended to describe the subjective factors that individuals can give to sexuality, in this case, specifically sexual orientation, as well as behaviors and the subjects' manifestations regarding child sexual abuse; affective and subjective intellectual processes, the set of structures that enable and explain that individuals can give the diverse character to their sex life.

Through these descriptions you can address the psychological therapy of people who have experienced some type of child sexual abuse and provide support during the process of building their sexual orientation, regardless of which ever it is so they can achieve a good and well-accepted orientation.

## LITERATURE REVIEW

It is currently estimated that between 90 and 93 per cent of the population is heterosexually oriented and between 7 and 10 per cent are homo or bisexual (Muños & Pavez, 2010). Several authors have found in their research high prevalence of child sexual abuse. Elliot (1997 quoted in Moral 2007) found that 20 to 25% of girls and 10 to 15% of children suffer some type of sexual abuse before age 17. Brown and Finkelhor (1986 quoted in Moral 2007) obtained that one in three girls and one in four children have experienced sexual experiences with adults. Dube, Anda, Whitfield and Cois (2005 quoted in Moral 2007) Report child sexual abuse in 25% of women and 16% of men.

Moral (2007), found in his study of college psychology students that victims of sexual abuse recognized having more homosexual fantasies and dreams (with explicit content). They said they never had explicit homosexual fantasies or dreams 45% compared to the 83% of rest of the sample. In a significantly greater proportion, the sex abuse group has had at least one homosexual relationship (18.4%) compared to the rest of group (2.2%). Sexual abuse was associated with having voluntarily maintained, at least one, same-sex relationship. The association was stronger in men with 50% of cases than in women with 10%. Wilson and Widom (2010) found that people with documented stories of child sexual abuse tended to inform with more frequency that they have had same-sex sexual partners, compared to control subjects, men with a history of child sexual abuse were significantly more likely than controls to report sexual partners. They mention that these forward-looking findings provide tentative evidence of a link between child sexual abuse and same-sex sex couples within men, although more research is needed to explore this relationship and examine the possible underlying mechanisms.

Gilgun and Reiser (1990) conducted life-story interviews to determine the thoughts, feelings and doubts of three men who were sexually abused as children and who tried to accept their sexual identity. The stories illustrate 3 types of sexual orientations among victims of sexual abuse: homosexual, heterosexual and insecure, but possibly bisexual. The process of accepting their sexual identity involved years of silent suffering. According to Roberts and Sorensen research the results (1999) conclude that there is a small but significant increase in the rate of homosexual activity among women who are survivors of child sexual abuse and mentions that the homosexuality, has been described as a pathological sequel to sexual abuse in several studies.

In a significantly greater proportion, the sex abuse group has had at least one homosexual relationship (18.4%) than to the compared group (2.2%). Sexual abuse was associated with having voluntarily maintained, at least once, same-sex relationships. The association was stronger in men with 50% of cases than in women with 10%. (Moral, 2007) In a study by Eskin, Kaynak and Demir (2005), they found that the self-report of childhood sexual abuse was associated with same-sex sexual behavior. Being sexually abused by someone of their own sex was related to same-sex sexual orientation in male participants, but not in participating women.

Premature exposure to forced sexual activity can have an adverse impact on psychosexual development, sexual identity, and future capacity for sexual intimacy. Some studies talk about sexual identity issues in girls who have been sexually abused. Similar problems have been observed in boys who have also suffered them (Centre London 94, 2010).

Roberts, Glymour and Koenen (2013 cited in Rind, 2013), using models of instrumental variables, argued that child abuse causes homosexual orientation, defined in part as any same-sex attraction. In their analyses, they found that child sexual abuse (CSA) was more strongly related to homosexual orientation than non-sexual abuse, especially among men. On the other hand, there is affirmative therapy for homosexuals, where homosexuality is considered a style or a life choice, as normal as heterosexuality, neither better nor worse than it. It is believed that homosexuals want to learn to live in peace with themselves and others, despite operating within a defined homophobic social context (Ardila 2007).

### **Research Questions**

This study, with a qualitative approach, aimed to answer the following research question:

How do you interpret the experience of child sexual abuse and the construction of sexual orientation?

Through a semi-structured interview, in which the following aspects of analysis were established: experiences before, during and after child sexual abuse, discovery of sexual orientation/sexual preference, sexual fantasies, relationship with the parents, and relationships. The analysis of the data was done through the Atlas ti program in version 7, performing a free coding, to later make an axial encoding in which we obtained general categories that encompass several codes at once and that allowed us to create a network of experiences and meanings that answer the research question described above, always taking into account the context of the sample subjects.

The exhibition was selective, consisting of 6 people, from 18 to 50 years old, all born in the state of Yucatan, currently living in the city of Merida. They were divided into 3 groups: man and woman with homosexual sexual orientation; male and female with bisexual sexual orientation and c) a heterosexual sexual orientation man and woman.

### **Theoretical Framework**

The dimensions of sexuality account for the various ways of feeling and living it. The way this happens allows (self) identifying and (self) knowing humans as men or women, who can be heterosexual, homosexual, bisexual or transgender. These dimensions are: sex, gender identity, gender role, sexual orientation and sexual behavior. The first can be defined as being male or female from various anatomical, physiological and psychological conditions (Muñoz and Pavez, 2010). The second dimension is belonging to one sex or another, that is, feeling male or female; Gender role is the role, action or attitude assumed by a person according to social, cultural, political, economic, ethical or religious factors; sexual orientation is

determined by natural desire, both sexual, amorous and erotic; towards others, while sexual behavior are the sexual practices and histories of people who may always or at some time be equal or different from their sexual orientation and who are heavily influenced by the social, political, where human beings are inserted (APA, 2002).

Sexual orientation has been observed to be independent of biological sex or gender identity. Sexual orientation also refers to each person's sense of identity based on such attractions, related behaviors, and belonging to a community of others who share those attractions (CNDH, 2012). Research over several decades has shown that sexual orientation varies from exclusive attraction to the opposite sex to exclusive same-sex orientation (Alston, 2006). However, sexual orientation is generally classified into three categories: heterosexual (having emotional, romantic or sexual attractions towards members of the opposite sex), homosexual (gay/lesbian) (having emotional, romantic or sexual attractions towards members of the same-sex) and bisexual (having emotional, romantic or sexual attractions towards both men and women) (APA, 2002).

Child sexual abuse is seen as a type of child abuse. Child sexual abuse is spoken of when the adult uses the minor to stimulate or become sexually aroused, either with or without physical strength, pressure or deception. Thus, when there is no coercion, the age difference between the victim and the aggressor is considered to prevent the child with a true freedom of decision and consent (Moral, 2007). Deza (2005) defines child sexual abuse as the activity aimed at providing sexual pleasure, stimulation or sexual gratification to an adult, which he/she uses to a child, taking advantage of his/her situation of superiority. Sexual abuse can also be committed by a person under the age of 18, when the victim is significantly older than the victim (five or more years), or when the offender is in a position of power or control over the child. Viviano (2012) performs a classification of irrigation factors in which it mentions the factors found in interviews. They will be mentioned below.

Types of sexual abuse with physical contact:

- Oral contact in genital or other areas linked to sexual activity that are usually covered by clothing (chest, belly, pelvis and buttocks). These contacts may include kissing and oral gratification.
- Caresses, rubbing or touching of the areas of the body already indicated, in order to get excited or explore the body of the minor. This includes stimulation of the child's sexual organs. Similarly, rubbing that the abuser performs "as by carelessness", or taking advantage of situations where the body of the minor is accessible, for example when passing through a narrow place, when in the bus, when the same bed is shared, and taking advantage of situations of expression of affection.
- Performing sexual intercourse, which is considered sexual rape. This can occur by penetrating the penis into the vagina or anus. It also includes penetration with other parts of the body (fingers) or with objects. So-called oral sex has also been defined as a form of sexual rape.

- Interfemoral sex consisting of performing the sexual act without penetration. The male sex organ is aroused by rubbing between the legs of the minor. Some abusers often resort to this act and avoid penetration that has more severe prison sentences.

Types of sexual abuse without physical contact:

- Spy on the child or adolescent when dressed.
  - Expose the genitals to the minor or masturbate in front of him or her.
  - Use them to make pornographic material.
  - Take photos or film them naked.
  - Make them watch pornography.
  - Incitement by the abuser to have the child or adolescent touch their genitals.
- Incite the sexuality of the minor through conversations and images of sexual content through chat, email, social networks among others mention the factors found in interviews. The following will be mentioned

Factors on a personal level:

- Lack of information about sexuality which prevents you from identifying the risk.
- The child suffers abuse, or experiences situations of affective deprivation, so they accept and even seek affective contacts that can lead to sexual abuse.

Factors on a family level:

- Negligent, absent or depressed mother who does not provide care and supervision.
- Reconstituted families with stories of abandonment or breakups.
- Absence of adults that the minor may trust.
- Authoritarian parents.
- No talk about sexual abuse.
- Presence of alcoholism, drug addiction and other addictions in the family.
- Families with "chaotic open functioning" are families whose homes are continuously entering and leaving relatives, known or little-known people without assessing relevance or establishing clear rules around coexistence and boundaries. In these conditions, sons and daughters are exposed to risks of sexual abuse.

Factors on a Community level:

- Absence of abuse detection mechanisms in educational institutions and other common environments of children.

### **Analysis**

Following the analysis of the interviews conducted, the descriptions and meanings of the construction of the sexual orientation of men and women who suffered sexual abuse and how they lived that experience are presented. The following are the results and comments of the interviews discussed:

Table1.



Characteristics and frequency of child sexual abuse

Subjects	Sex and sexual orientation	Age the abuse occurred	Type of abuse: With physical contact/without physical contact	Abuse frequency
1	Heterosexual woman	5 years old	By physical contact: caresses and touching of genitalia	It occurred on 3 occasions.
2	Heterosexual man	5 years old 6 years old	By physical and non-physical contact: showing pornography, caressing their genitals and inducing the child to touch their genitals	It occurred more than 5 occasions
3	Homosexual woman	5 years old	By physical contact: touching and performing oral sex.	It occurred more than 5 occasions
4	Homosexual man	5 years old	By physical and non-physical contact: Showing pornography, inducing to touch the abuser's genitals and there was rape	The rape was only one occasion; pornography and touching the abuser's genitals more than 5 times.
5	Bisexual woman	5 years old	By physical and non-physical contact: showing pornography, touching their genitals. Rape.	The touches were on more than 5 occasions and the rape on 2.
6	Bisexual man	14 years old 5 years old	By physical contact: caresses touching and rubbing of genitals, kisses.	More than 5 occasions

As can be seen in the table above, all subjects suffered sexual abuse at 5 years of age, one of them at this same age suffered rape; in the same way after sexual abuse, a woman of the sample suffered rape on two occasions at the age of 14. The most common type of sexual abuse was by physical contact: caresses and touching of genitalia. The type of non-physical sexual abuse was exposing the subjects to pornographic imagery without their consent.

Table2.

Characteristics of the child sex abuser

Subjects	Abusers' sex	Kinship	Type of Abuser	Abusers Age
1	Woman	Friend of the family	Foreign	30 years old
2	Two Men	Grandfather and neighbor	Domestic and foreign	65 and 35 years old respectively
3	Two Men	Uncle and cousin	Domestic	45 and 15 years old
4	Three Men	Two cousins and a classmate	Foreign and domestic	Between 12 to 13 years old.
5	Two Men	Uncles	Domestic	46 and 35 years old
6	A man and a woman	Cousins	Domestic	Between 13 to 14

As it shows in the table above, six abusers are male, and two women; mostly family members, teenagers and a family friend; adults between the ages of 30 and 65 and adolescents between the ages of 12 and 14.

Table 3.

Description of the victim's attitude towards the abuser (VATTA)

VATTA Category
When the victim continues to frequent the abuser after the abuse, their attitude towards that person changes, provoking fear, disgust, hatred and avoiding contact.
<i>E2: "Well obviously every time I saw her in my house, I avoided being near her or in the same place where they were gathered, i mean the least contact was what I wanted, I didn't like her coming into my house."</i>
<i>E4: "Well... I was very resenting towards them, I felt that... especially when I was old, what happened with that uncle, I came to hate him, the less I saw him was better, I didn't want to bump into him."</i>

Table 4.

Description of the victim's silence (VS)

VS category
Often the victim keeps the secret and prefers not to express it because of the feeling of fear, of guilt, or because there was no good communication with the parents.
<i>E3: "I did not say anything to my parents because well they always scolded me for anything, they never listened to me, they never had time to talk to me, because for their work or because of something else; and my dad was also never in the house (with sadness and his voice choppy), and I had no one to talk too, and I started to keep it all in all the time"</i>
<i>E4: "No, I never, I mean, I was never able to tell them because I felt that if I told them they were going to make a big thing within my family, fights, I don't know what was going to happen, I was afraid, I was so scared. Even though they died I never told them because I felt like I was going to hurt them even though I started enjoying it afterwards, I started doing stupidities and everything."</i>

Table 5.

Description of the victim's reactions to abuse (VRA)

Subcategories of (VRA)	Interpretation
Feelings (F)	Victims experience a series of feelings about sexual abuse. The most common feelings are of confusion of not knowing what was going on, frustration of not knowing whether it is wrong or not, pain, sadness and above all fear.
The lockdown (L)	In the face of sexual abuse, victims are isolated from their friends and family. They stop doing the activities they did before the abuse, that made them feel good. They lock themselves up, avoiding communication, and this causes them to be repressed people.
Difficulty in interpersonal relationships (DIR)	Children when they are victims of sexual abuse, they no longer want to interact with the people around them, such as their parents and peers because they are afraid of being hurt again.
On alert (OA)	Most victims are afraid that the abuser will hurt them again, so they become a person in a state of alertness, defensive and with a lot of fear.
Intuitive memories (IM)	The victim remembers at some point what the abuser did to them and this causes them a lot of fear.



Difficulties in sex (DIS)	Sexual abuse causes most victims a very great insecurity at the time of performing a sexual act, because of the fear they feel.
Sexual behaviors (SB)	After sexual abuse some victims have sexual behaviors such as excessive masturbation, rubbing against other people or promiscuous objects and relationships.
Sexual abuse and alcohol use	Victims of sexual abuse often consume alcoholic beverages.

*E1: "very confused, very very confused. With a lot of confusion above all and fear. You get frustrated," " many fantasies no, but sometimes I was afraid more than anything, afraid of that person."*

*E4: "To me the only thing that... that it gave me, it scared me... it scared me because I didn't know anything, I was a little girl who knew nothing about sexuality, I mean I was closed, a girl (raises her tone of voice), just those who normally play with her dolls, the house with her toys but not knowing that the hand of that disgusting man started to touch me, so I was afraid, I was scared."*

*E2: "In that lapse that had just happened as I told you, I became a very closed girl, then I already... I didn't interact with them much anymore, I flatly didn't want to be with anyone anymore, I preferred to be alone, before I would tell my parents everything, but I stop after that."*

*E5: "So i started to isolate myself, well I stopped doing what I did before, going out to play with my friends, because the man was there, and they were... and my grandfather was also there, when I was at home, I felt uncomfortable."*

*E2: "Well... Honestly yes because I became a very closed child, I was like... I mean, I would get along with all my mom's friends and I would play with them and...but since that happened I stopped being like before, I became more closed."*

*E4: "Well, my relationship with my mom before was it very good, before I would tell her everything but then I felt that... that I became like... like I wanted to stay quiet, so I didn't tell her my personal stuff, because she would tell me how I'm going to tell her all that, how I'm going to tell her that my uncle touched me."*

*E2: "I didn't have nightmares, but I did sleep with fear, I was afraid that she would come in or something."*

*E6: "Well, yes, I felt umm... vulnerable to everything, I felt that anyone could come and do anything to me, I felt defenseless."*

*E3: "When he wanted to do it well, I was afraid because I remembered what had happened to me in my childhood so not like that."*

*E1: "I wanted to have a boyfriend because that's what society says, but I never had sex because I wasn't attracted to being with him. I actually saw them more as friends."*

*E3: "So then... what happened a lot of times was that... that he wanted to do it with me but I never, ever let him because I was afraid to do it and remember what had happened to me in my infancy, but I did want to do it, I wanted to... I wanted to have that moment of being with a man, I felt like being with a man."*

*E3: "I was like, I mean, I had sex like casual. I went to a party and if I met someone and I would get with him, so that happened like... at every party... I mean not at all, but when someone I did like me and saw how attracted I was well, I wanted to be with that person and sometimes it happened and other times it didn't, I had several casual relationships at night. And stable partners... after him I had... one... two and with my current partner would be three right, but I did have sex with men I knew."*

*E5: "Then I started to touch myself, it became like a... I don't know if it was like a void because when I was with my cousins or with someone, I would approach them and cuddle on their legs just as the puppies do, I would get like this and I would cuddle".*

*E3: "At first it was like I needed to umm... drink or something to feel confident with... with that person, or with anyone else, and... try to be like that right, I tried to... first they were like games right, like... I touch you, you hug me, you cuddle me and we kiss," "sometimes I needed to drink some alcohol to... to feel confident, to grasp that courage right, to do it right, then in that moment I hadn't drank nothing and... and I felt a little uncomfortable and walked away."*

*E4: "I would go to parties with my friends, we drank and everything"*

Table 6.

## Description of child sexual abuse risk factors

**RF Category**

Several situations influence and increase the probability of a sexual act during childhood. Some of the problems are between parents, leaving the children in the care of a family member, absence of the parents in a symbolic or real way, lack of responsibility of the parents; access to established pupils, lack of communication, divorce process and lack of sex education.

*E1: "well because back then my parents had a lot of problems, so typical, someone had to care for the children right, so we went to the house of my... of that person, in fact it was my dad's uncle that suddenly said we are going to take care of the kids, but I remember that especially my sister was looked after by my aunt, my little brother was very small and was always attached to my mom, and he took care of me, his house was two houses away from mine."*

*E3: "When I went to elementary school, I was still 5 years old, too, between 5 and 6 years old. So... back then, they accepted... in the grade school that I went to they accepted people, well... kids older than us", "in fact they never told me about sex, never told me it could happen or... any of that."*

Table 7.

## Description of sexual fantasies, dreams and thoughts that are after sexual abuse (SFDT)

**SFDT Category**

Victims of sexual abuse often have sexual fantasies, dreams, and thoughts related to SA in their childhood. They commonly fantasize about being touched or masturbated.

*E5: "If in fact as I told you I had those experiences with my cousin and they are... and I think that because of what happened, because of the event that happened, if I had fantasies, I dreamt or imagined that someone was touching me or that someone was masturbating me."*

*E6: "Yes, I dreamt a lot... when I was older as I was like thirteen, I had dreams that I was doing it with my cousin, who made me... touch her or sometimes it was the same with my male cousin, the same thing, right. And that's where I started to fantasize about other things, but I thought so much that I did it with a woman or with a man. I mean, it made me feel good to think that."*

**DISCUSSION**

Victims experience a series of feelings towards child sexual abuse. The most common feelings are of confusion in not knowing what was happening and presenting opposing emotions for abusers who are part of their family, in this way, Brawn (2002), mentions that the familiarity between the child and the abuser presents strong bonds both positive and negative, which contributes to a greater cognitive-behavioral impact for the child and his or her family in this type of abuse. The participants also describe frustration in not knowing if what they are doing is right or wrong, and above all they mention feeling afraid. They describe feeling vulnerable towards anything that happened and defenseless.

Victims grow up in fear of same-sex people who abuse them, including their parents, both men and women.; they describe rejection towards these people, avoiding any contact or displays of affection and creating better emotional bonds with people of the opposite sex of whom they were abused. Street, Gibson and Holohan, (2005) mention that in the face of child sexual abuse, the style of avoidance is associated with guilt; with denial or estrangement avoid feelings of guilt (Najdowski and Ullman, 2009). In the face of sexual abuse, victims are isolated from their parents and friends. They stop doing the activities that made them feel good before the abuse event. They avoid communication and interaction that they had before

with their family and friends. The previous mentioned is coincides with Rodríguez, Arenia and Garcia (2012) highlights the presence of greater isolation and social anxiety, fewer friends and social interactions, as well as low levels of participation in community activities.; Pereda, (2009) who mentions that one of the areas that is most affected in victims of child sexual abuse is the social relationship with equals and adults, whether belonging to the family or strangers, which associate with the breakdown that the experience of sexual abuse implies in the trust of the victim; Pereda (2010) also describes among the long-term consequences of sexual abuse problems in relationships and mentions that those who have presented child abuse tend to isolation and have social anxiety, fewer friends and social interactions, as well as low levels of participation in community activities. In this way, Guangzhou and Cortes (2001) describe among the consequences of child sexual abuse anxious and depressive reactions in girls; in boys, they found that school failure and non-specific socialization difficulties as well as aggressive sexual behaviors can occur.

None of the subjects told their parents about the sexual abuse, out of shame; and, in whom the abuse was domestic they describe concern about what may happen in their families. In this way, the American Academy of Child and Adolescent Psychiatry (2004) argues that when sexual abuse occurs in the family, the child may be afraid of the anger, jealousy or shame of other family members, or perhaps may fear that the family will disintegrate if the secret is discovered.

In general, these results coincide with what Arruabarrena (1996) and Canton and Cortez (2000) who express that negative manifestations of minors are usually: confusion, sadness, irritability, anxiety, fear, helplessness, guilt and self-reproach, shame, stigmatization, difficulty in both attachment and deficit relations in social skills, social isolation, distrust of all or, sometimes, people of the sex of the aggressor.

Sexual abuse causes in most victims, insecurity by having sex, these describe fears due to previous negative experience. Mas and Carraso (2005) mention that usual problems following child sexual abuse are alterations in the sexual sphere such as sexual dysfunctions and less enjoyment ability, in boys, specifically can be reported in long-term behaviors aggressive sexual issues (Canton and Cortes, 2001).

After sexual abuse, the victims presented sexual behaviors such as excessive masturbation, rubbing towards other people or promiscuous objects and relationships, these descriptions, produce by the 6 participants are congruent with Bromberg and Jonson (2001), these, mention that sexualized behavior is 15 times more likely in minor victims of sexual abuse than in non-victims. Arruabarrena (1996), also describes hypersexualized behaviors such as compulsive masturbation, seductive behaviors or an over-curiosity about sexual issues.

They also have sexual fantasies, dreams and thoughts related to sexual abuse in their childhood, but in these fantasies, they do not see the face of the person or imagine women or men, other than the abuser. Those described as heterosexual mention that fantasies are with people of the opposite sex to those, who describe themselves homosexuals with same-sex people and who describe themselves bisexual with people of both sexes.

People who consider themselves homosexuals and bisexuals describe that they experienced confusion about their sexual orientation by not knowing if what they were doing was this right or wrong; that they struggled to accept their orientation for other people's opinions and that they had a struggle with themselves to accept their sexual orientation. They mention believing that sexual abuse may have influenced their orientation. In this way, Gonzáles y Toro (2012) mentions that, when a person identifies a sexual orientation other than heterosexual, they break with the norms established by society and faces several existing prejudices towards this population. Heterosexual people don't associate their sexual orientation with the experience of sexual abuse

There are models of development of homosexual identity, since these enter a process of their social orientation that heterosexuals do not, being heterosexuality, the norm established by society. Troiden (1979) establishes the following stages of development: awareness-raising, dissociation and significance, acceptance of identity and commitment. Five of the six subjects describe experiencing feelings of pleasure during abuse and presenting emotions of fear, disgust and anger; which caused them confusion.

In the case of one of the men of the sample where there was rape (anal penetration) there was pain and no pleasure, this person, homosexual and abused by a man describes that subsequent rape was scared of men so he did not interact with them, however, he realized that he was attracted to men, which caused discomfort for a long time. He accepted his homosexual orientation and has had sex with men, yet he has never allowed anal intercourse in which he is penetrated, for "fear of reliving the experience of abuse" Laumann, and Michael (2001) argue that misadaptive sexuality is the most widespread consequence of child sexual abuse, however, highlight the absence of a causal link between the experience of child sexual abuse and the development of this problem, while child sexual abuse would act as an important risk factor to consider. As well as the frequent presence of sexual problems in victims of child sexual abuse, such as unsatisfactory and dysfunctional sexuality, sexual risk behaviors.

In addition, most victims of sexual abuse were found to be more likely to consume alcoholic beverages, as 5 of the 6 interviewees mentioned that in their meetings or outings with friends, they consumed alcoholic beverages; these results are consistent with what Adima identified (1993). Similarly, they expressed that to feel safe and be able to have sex they consume alcohol. This fact is occurred more often in people with sexual orientation other than heterosexual, mostly at the confusion stage of defining their sexual orientation.

## CONCLUSION

Victims describe fear, rejection and avoidance of people with the same sex of their abusers, including their parents, both men and women; as well as creating better emotional bonds with people of the opposite sex of whom they were abused. In the face of sexual abuse, the subjects mention that they avoided communication and interaction that they had before with their family and friends; as well as feeling vulnerable and in fear frequently. Subjects described insecurity when having sex, they attribute to previous negative experience of sexual abuse.

People described as gay and bisexual mention that the sexual abuse may have influenced their orientation and mentioned "*not knowing if what they are doing is right or wrong*"; that they "*struggled to accept their orientation because other people's opinions*" and that they "*had a struggle with themselves to accept their sexual orientation.*" One of the subjects who identifies as homosexual mentioned that he was struggled the expression of his sexual orientation since the rape of a man generated fear of men. Five of the six subjects describe feelings of pleasure of having been abused and at the same time being afraid, disgusted and angry, which generated confusion for them.

Alston, P. (2006). Principios sobre la aplicación de la legislación internacional de derechos humanos en relación con la orientación sexual y la identidad de género. *Principios de Yogyakarta*, 6.

American Academy of Child and Adolescent Psychiatry. (2004). *Abuso en los niños* (9).

Arruabarrena, I. (1996). Maltrato psicológico a los niños, niñas y adolescentes en la familia, definición y valoración de su gravedad. Intervención psicosocial. Madrid: Ediciones Pirámide.

Adima (1993). Guía de atención al maltrato infantil en Andalucía. Barcelona: Editorial Masson.

APA, A. P. (2002). Respuestas a sus preguntas para una mejor comprensión de la orientación sexual y la homosexualidad. *American Psychological Association*, 2-7.

Ardila, R. (2007). Terapia afirmativa para homosexuales y lesbianas. *Revista Colombiana de Psiquiatría*, 36, 67-77.

Brawn, S. (2002). La violencia infantil intrafamiliar. *Del silencio a la revelación del secreto*. Brasil: Editorial Age.

Bromberg, D. S. y Johnson, B. T. (2001). Sexual interest in children, child sexual abuse, and psychological sequelae for children. *Psychology in the Schools*, 38 (4), 343-355

Cantón, J. & Cortés, M. (2000). Guía para la evaluación del abuso sexual infantil. Madrid: Pirámide

Cantón, J. y Cortés, M.R. (2001). Sintomatología, evaluación y tratamiento del abuso sexual infantil. En V.E. Caballo y M.A. Simón (Eds.). *Manual de psicología clínica infantil y del adolescente*. Madrid. Pirámide, pp. 293-321.

Centre Londres 94. (2010). Trastornos de identidad sexual. *Psicopatología*.

CNDH, N. U. (2012). Nacidos Libres e Iguales. *Orientación Sexual e Identidad de Género en las Normas Internacionales de Derechos Humanos.*, 16-19.



- Deza, S. (2005). Factores protectores en la prevención del abuso sexual infantil. *Liberabit*, 11, 19-24.
- Echeburúa, E. (2015). Emotional consequences in victims of sexual abuse in Childhood. *Cuad Med Forense*, 12, 75-82.
- Eskin, M., Kaynak, H. & Demir, S. (2005). Same-Sex Sexual Orientation, Childhood Sexual Abuse, and Suicidal Behavior in University Students in Turkey. *Archives of Sexual Behavior*, 34, 185-195.
- Gilgun, J. F. & Reiser, E. (1990). The development of sexual identity among men sexually abused as children. *Families in Society*, 71, 515–523.
- Goználes, J. y Toro, J. (2012). El significado de la experiencia de la aceptación de la orientación sexual homosexual desde la memoria de un grupo de hombres adultos puertorriqueños. *Eureka*. 2, 158-170
- Laumann, E. O. y Michael R. T. (2001). Sex, love and health in America. Chicago,IL: The University of Chicago Pres
- Mas, B. y Carrasco, M.A. (2005). Abuso sexual y maltrato infantil. En M.I. Comeche y M.A. Vallejo (Eds.). *Manual de terapia de conducta en la infancia*. Madrid. Pirámide, pp. 231-266.
- Moral, J. (2007). Abuso sexual infantil en estudiantes universitarios de psicología. *Archivos Hispanoamericanos de Sexología*, 47-64.
- Muñoz, M. d., & Pavez, J. (2010). Manual pedagógico para aminorar la discriminación por orientación sexual e identidad de género en los establecimientos educacionales (Segunda edición ed.). Santiago de Chile: *Movimiento de Integración y Liberación Homosexual (Movilh)* ).
- Najdowski, C.J., y Ullman, S.E. (2009). PTSD symptoms and self-rated recovery among adult sexual assault survivors: The effects of traumatic life events and psychosocial variables. *Psychology of Women Quarterly*, 33, 43-5.
- Organización Mundial de la Salud (2006). Defining sexual health: report of a technical consultation on sexual health, 28–31 January 2002, Geneva.
- Perea, A., Loredó, A., & Monroy, A. &. (2012). El abuso sexual: del silencio Ignominioso a una realidad estigmatizante. *Maltrato en Niños y adolescentes.*, 75-102.
- Roberts, S. J. & Sorensen, L. (1999). Prevalence of Childhood Sexual Abuse and Related Sequelae in a Lesbian Population. *Journal of the Gay and Lesbian Medical Association*, 3, 11-19.



- Rodríguez, L., Arenia B. y Alvarez I. (2012). Consecuencias psicológicas del abuso sexual infantil. *Eureka*. 9, 58-68
- Rind, B. (2013). Homosexual Orientation—From Nature, Not Abuse: A Critique of Roberts, Glymour, and Koenen (2013). *Archives of Sexual Behavior*, 42,1653-1664.
- Street, A.E., Gibson, L.E., y Holohan, D.R. (2005). Impact of childhood traumatic events, trauma-related guilt and avoidant coping strategies on PTSD symptoms in female survivors of domestic violence. *Journal of Traumatic Stress*, 18, 245-252.
- Shutt-Aine J, Maddaleno M. (2003). Salud sexual y desarrollo de adolescentes y jóvenes en las Américas: Implicaciones en programas y políticas. *OPS*, Washington.
- Troiden, R. R. (1979). Becoming homosexual: A model of gay acquisitions. *Psychiatry*, 42, 362-363.
- Viviano, T. M. (2012). Abuso Sexual: estadísticas para la reflexión y pautas para la prevención. Recuperado de <https://www.mimp.gob.pe/files/pncvf>
- Wilson, H. W. & Widom, C. S. (2010). Does Physical Abuse, Sexual Abuse, or Neglect in Childhood Increase the Likelihood of Same-sex Sexual Relationships and Cohabitation? A Prospective 30-year Follow-up. *Archives of Sexual Behavior*, 39, 63-74.

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### **References**