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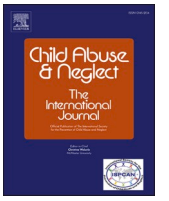

Research article

Sexual education and development after early childhood sexual abuse: A qualitative study of experiences of parents and children

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ABSTRACT

Background: In the Amsterdam Sexual Abuse Case (ASAC), infants and toddlers experienced childhood sexual abuse (CSA). The perpetrator was convicted, and psychosocial care was offered to children and families. A research project was established to investigate the impact of CSA at an early age, with this study specifically focusing on sexual education and development.
Objective: To investigate parents' and children's experiences with sexual education and development following CSA.
Participants and setting: We conducted interviews with 18 parents of 20 children, and with 6 children themselves. On average, the children were 16 months old at the time of the CSA and 16 years old during the interviews.
Methods: Qualitative open interviews using an interview guide, followed by thematic analysis.
Results: In general, parents and children reported common experiences with sexual education and development. However, some distinctive concerns related to past CSA were mentioned by parents such as added weight to talking about sex, being more cautious, and additional conversations about boundaries and possible influence on sexual experiences. Also, both parents and children expressed uncertainty about the impact of the past sexual abuse on sexual development.
Conclusions: Our findings generally align with existing literature on sexual education in a non-abused population. Impact on sexual development as perceived by parents and children was mostly absent, indicating resilience. Nonetheless, distinctive concerns and uncertainties about the impact of early CSA persist. Future research should delve deeper into the long-term consequences of early CSA and the factors contributing to resilience over time.

1. Introduction

In 2010, a large-scale sexual abuse case emerged in Amsterdam where a male day care worker and babysitter was suspected of sexually abusing 150 infants and toddlers. This case, commonly referred to as the Amsterdam Sexual Abuse Case (ASAC), was unique

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for several reasons: it involved very young children (onset of abuse ranged between the ages 0–3 years old), predominantly boys, there was evidence of both child exploitation material and confessions of the perpetrator, and the perpetrator was extra-familial. The perpetrator was convicted, and medical and psychosocial care was offered to the children and families involved. Given the limited understanding of the impact of sexual abuse during early childhood, the ASAC subsequently paved the way for further research into the long-term consequences of very early childhood sexual abuse (CSA). Therefore, in 2013, a longitudinal research project was set up, aiming to follow up and monitor a cohort of ASAC survivors over an extended period of time (Lindauer et al., 2014). The current study is part of this longitudinal research project.

CSA is a global problem with an estimated prevalence across the world ranging from 8 to 31 % for girls and 3 to 17 % for boys (Barth et al., 2013). While these prevalence rates have been published some time ago, they underscore the pervasive nature of CSA across diverse cultural, economic, and social contexts. The consequences of CSA can be notably severe. Specifically, individuals who experienced CSA face elevated risks of developing psychiatric disorders such as conversion disorder, borderline personality disorder, anxiety, depression, suicidality and post-traumatic stress disorder (PTSD) (Amado et al., 2015; Hailes et al., 2019; Maniglio, 2013) alongside increased vulnerability to substance abuse (Fletcher, 2020). Furthermore, research has identified associations between CSA and lower academic attainment (Fry et al., 2018; Hardner et al., 2018; Ochoa & Constantin, 2023) as well as poorer physical health outcomes (Hailes et al., 2019). However, most studies have limited differentiation in impact based on the age at which sexual abuse occurred, resulting in an understudied impact of CSA from an early age.

Yet, previous studies within the ASAC research project have addressed the consequences of very early CSA. For instance, van Duin et al. (2018) demonstrated that three years after disclosure, extrafamilial CSA in very young children was associated with both sexual and non-sexual behavior problems and attachment insecurity, but less frequently with PTSD or dissociation. Moreover, Tsang et al. (2021) found that the 8 years following CSA, children often exhibited more than just PTSD symptoms, including atypical symptoms such as behavioral issues. Adding, parents continued to struggle with PTSD long after the disclosure of CSA (Tsang et al., 2021). Adding, Tsang et al. (2023) investigated the presence of worrisome sexual behavior (WSB) in the project's participating youth as reported by their parents. WSB encompasses sexual behavior involving others or only oneself that is deemed unacceptable according to societal standards. The study found that WSB was still significantly high 8 years after the CSA, indicating its persistent nature. Thus, there is reason to anticipate both similar and distinct impacts from very early CSA compared to CSA later in life.

Further examining the relation between CSA and sexual development, research indicates that survivors of CSA are more likely to face additional challenges concerning their sexual development and experiences. In this study we have defined sexual development by the fifteen key domains necessary for healthy sexual development as suggested by McKee et al. (2010), especially freedom from unwanted activity, understanding of safety, awareness and acceptance that sex is pleasurable, self-acceptance, relationship skills, lifelong learning and education about biological aspects. From the literature it becomes apparent that CSA can detrimentally affect nearly all these key domains. Concerning the domain freedom from unwanted activity, both male and female survivors of CSA have an elevated risk of recurring sexual victimization, often referred to as sexual revictimization (Frugaard Stroem et al., 2019; Scoglio et al., 2021). Regarding the domain understanding of safety, studies have illustrated associations between CSA and engaging in high-risk sexual behaviours. Individuals who experienced CSA were more likely to have unprotected sex and to engage in sexual activity while under the influence of alcohol or drugs (Heusser & Elkonin, 2013; Ménard & MacIntosh, 2021) and are more often diagnosed with sexually transmitted diseases (Ménard & MacIntosh, 2021). Additionally, there is a strong association between CSA and sex as self-injury, wherein individuals report using sex as a form of self-harm (Fredlund et al., 2017). To add, survivors of CSA can encounter difficulties regarding the domain awareness and acceptance that sex is pleasurable. How sexual pleasure is impacted in CSA survivors is not yet fully clarified. A systematic review conducted by Bigras et al. (2021) into associations between CSA and sexual well-being in adulthood concludes that sexual dysfunction, which impedes the experience of sexual pleasure, is mostly apparent in cases of comorbid psychological disorders. Furthermore, the review exposes the existing gaps in knowledge on the subject, notably the significant underrepresentation of men. Other studies demonstrated that both women and men can experience sexual dysfunction following CSA (Gewirtz-Meydan & Opuda, 2022; Lacelle et al., 2012; McCool-Myers et al., 2018). Added, CSA can negatively impact the domains of self-acceptance and relationship skills, such as the sexual self-concept (Guyon et al., 2024). Bigras et al. (2021) identified that negative sexual cognitions, lower sexual self-esteem and sexual inhibition were significantly associated with CSA. Additionally, a review by Weetman et al. (2022) displayed that male survivors can deal with sexual orientation confusion, sexual intimacy difficulties, and struggle with emotional intimacy. To summarize, CSA survivors are at elevated risk for sexual revictimization, are more likely to engage in high-risk sexual behavior, and can experience decreased sexual wellbeing.

The domain of lifelong learning and education about biological aspects remains relatively unexplored in regard to survivors of CSA. Delving deeper into sexual education, parents usually play a significant role in their children's sexual development by providing sexual education through engaging in parent-child sex communication (PCSC). In this study, PCSC is considered part of sexual education, encompassing all communication between parent and child in regard to sexual development. Further exploring PCSC, a systematic review conducted by Flores and Barroso (2017) emphasizes the salience of PCSC, highlighting that parents are able to give time-sensitive and sequential information to the child. Hence, PCSC can contribute long-term to children's sexual development.

While the positive relation between sufficient PCSC and sexual development is acknowledged, studies show that PCSC in general also presents parents with challenges. Challenges identified by Holman et al. (2023) when investigating the general experiences of PCSC for parents included the desire to educate their children while avoiding premature or excessive exposure to certain topics, negotiating family values and breaking the cycle of silence, ensuring accuracy of information, and balancing guidance with the child's autonomy. Adding, a systematic review investigating parents' experiences revealed that although parents had defined ideals regarding PCSC, they often struggled to meet them (Noorman et al., 2023). Mullis et al. (2020) revealed in their systematic review the prevalent barriers parents faced when providing sexual education, namely feelings of embarrassment, discomfort, and fear. Moreover, their

review underscored the finding that not all parents perceive themselves as primarily responsible for providing sexual education, and children frequently seeking information from alternative sources beyond the family, such as peers and the internet. Additionally, cultural barriers, exemplified by the taboo surrounding discussions on sex and generational disparities, intensify the challenges associated with the providing sexual education. According to Díaz-Rodríguez et al. (2024), children often express dissatisfaction with the sexual education offered both at home and in school, indicating a preference for more in-depth sexual education. These results illustrate that though the literature supports the idea of sexual education encouraging a healthy sexual development, many parents find it challenging to provide effective sexual education. Yet, there is a scarcity of studies addressing sexual education in the context of (early) CSA, its possibility to aid healthy sexual development and the impact of cultural context.

In the Netherlands, sexual education is compulsory in secondary education, and discussions on (sexual) diversity are encouraged in primary schools, though implementation varies across institutions. Dutch culture in general is supportive of openness in talking about sex and sexual development. Approximately more than half of the Dutch population identifies as non-religious, which often coincides with a liberal view on sexuality. Yet, openness can vary significantly based on personal preferences, geographical location and family dynamics.

While most literature underscored the negative consequences of CSA, not all children surviving sexual abuse seem to be affected similarly. A systematic review by Domhardt et al. (2015) found that some survivors of CSA had a normal level of functioning even after being sexually abused, with percentages of 10–53 % of survivors either not showing psychopathology or demonstrating adaptive coping. This difference in how individuals were affected by adverse events is broadly attributed to the concept of resilience. Although there has been much debate about the operationalization of resilience, it is widely accepted that resilience is a multidimensional adaptation process (Hiebel et al., 2021). The best supported protective factors that foster resilience following CSA include education, interpersonal and emotional competence, control beliefs, active coping, optimism, social attachment, external attribution of blame, and, most importantly, support from the family and the wider social environment (Domhardt et al., 2015). Thus, while many studies have reported negative consequences following CSA, certain individuals have proven to be resilient.

Nonetheless, those who suffered CSA may face various challenges concerning their sexual development, and uncertainty remains regarding the influence of the consequences of CSA on sexual education and vice versa. A lack of understanding remains regarding the effects of CSA during very early childhood. Additionally, current literature describes almost exclusively the experiences of individuals with autobiographical memory of the CSA, unlike many of the ASAC survivors.

To address these gaps of knowledge, the present study aims to investigate the experiences of parents of children who suffered CSA at a very young age, as well as of children themselves, regarding sexual education and development. The following research question was addressed: What are the experiences of parents and children with sexual education and development after early childhood sexual abuse?

2. Methods

We conducted a qualitative study to investigate sexual education and perspectives on sexual development after early CSA of parents and children. This study is part of the longitudinal research project, the ASAC-study; for more details regarding the participant recruitment process and details on the larger research project, we refer to the protocol by Lindauer et al. (2014). While all active participants were invited for an additional qualitative interview following the yearly measurements of the longitudinal project, a subset of participants involved in the broader research project responded to be willing and was interviewed for the current study.

We chose a qualitative approach, as it allowed for a detailed and nuanced exploration of experiences among parents and children. This study adopts an interpretivist ontology and constructivist epistemology to explore the individual perspectives of both children and their parents and how they view the impact of the past sexual abuse. Interpretivist ontology presupposes that reality does not exist independently of interpretation, which is influenced by individual perspectives and social contexts. Constructivist epistemology views knowledge as actively built by individuals through their interactions with the world, recognizing the impact of personal experiences and interpretations in shaping one's understanding.

2.1. Setting

We contacted parents and children who had previously consented to be approached for interviews within the longitudinal study. At the time of the CSA, children were infants or very young, which meant that most had no active memory of the abuse and parents had the option to disclose or not to disclose the sexual abuse to their children. While some participating parents chose not to disclose the CSA at the time of the interview, all children involved in the present study had previously been informed about their CSA experiences. Interviews were conducted in the participants' homes in a private area, at the Public Health Service Amsterdam, or at the Amsterdam University Medical Centre. One interview was conducted via video call. At the request of one parent, one interview was not recorded. Therefore, no quotes were selected from this interview, although the general input was considered during analysis. All participants had given written informed consent prior to the interviews.

2.2. Techniques and procedures

To elevate the clinical relevance of our study and incorporate expert perspectives on the topics under investigation, we established an advisory board comprising professionals from various organizations specializing in adolescent sexual and mental health care. This initiative was especially relevant given the study's focus on sexual development, a domain characterized by difficulties in

standardization and limited availability of standardized assessment tools, as well as susceptibility to societal norms. Thus, the expertise provided by professionals complemented existing literature by offering valuable clinical perspectives. The role of the advisory board was to give advice regarding existing knowledge, including background literature, and to reflect on the results of the data analysis, focusing on whether the results were recognisable. The advisory board did not have any influence on the study design and the analysis.

Open interviews were conducted by author MB, inviting respondents to tell their own story. An interview guide was used in order to check whether all relevant topics were addressed and, if needed, providing the interviewer with example questions and probing questions to foster further exploration. The interview guide is presented in Table 1. After completing the data collection and analysis, we shared the results with the advisory board and asked for their interpretations and possible indications for the clinical practice.

2.3. Data analysis

The audio was recorded during the interviews if participants had given their permission, this resulted in seventeen recorded interviews of parents and six of children. Interviews were transcribed verbatim and checked against the recordings. The transcripts were imported into MAXQDA (version 2018), a qualitative data analysis software package. We utilized thematic analysis employing both deductive and inductive approaches (Braun & Clarke, 2012).

After the first two interviews with parents and the first interview with one of the children we began analysing the transcripts through open coding, which was conducted independently by two authors (MB and IH). They discussed their codes until reaching agreement. This initial step in the analysis allowed us to assess the interview guide and incorporate new topics.

Table 1
Interview guide parent and child interview.

Interviewee	Subject	Content/Possible questions
Parents	Sexual education	What do you find important to discuss with your child with regard to sexual development? How, when and where do you talk about these topics? How, when and where do you talk about topics such as puberty/love and romantic relationships/ sexual experiences/ sexual orientation/ gender/ sexuality/ sexual boundaries and negative sexual experiences/ sexting and pornography? How do you go about the privacy of your child? Where do you think your child learns about aforementioned topics? In what capacity do you think you as a parent are aware of the thoughts and experiences of your child with regard to sexual education and development? What are challenges for you as a parent when providing sexual education? Do you wish for extra support or information in regard to sexual education and development?
	Knowledge about the child's sexual development	What information do you have with regard to the sexual development of your child? How open are your child and you with regard to sexual development? What sexual behavior do you notice with your child (e.g. do you know whether your child is sexually active, do you see worrisome sexual behavior)? Do you have concerns about the sexual development of your child and if so, what are those concerns?
	Impact of the past sexual abuse	In what way does the past sexual abuse influence how you go about providing sexual education? To your knowledge, in what way does the pas sexual abuse influence the sexual development of your child? In what way does the past sexual abuse influence your interaction with your child (e.g. do you let your child sleepover at friends)? (If siblings who did not experience sexual abuse present) Do you notice a difference in your feelings and behavior towards your child who was a survivor of sexual abuse in comparison to your children who did not? (If the sexual abuse has been disclosed to the child) In what way do you talk about the past sexual abuse with your child? If so, in what way do you see your worries about your child's sexual development change over time?
Children	Sexual education	What topics have you discussed with your parents in regard to sexual development? How, when and where did your parents and you talk about these topics? How, when and where did you talk about topics such as puberty, gender, love, romantic relationships, sexual orientation, sexuality, sexual preferences and boundaries, sexually or romantically motivated social media and internet usage? What are your thought about your current sexual education?
	Sexual development and experiences	Could you explain to me what puberty means to you? For some teenagers it is quickly apparent whether they feel like a boy or a girl. For some however they are still figuring out those feelings for themselves, or they find out that they don't feel like either a boy or a girl. Could you tell me how this is for you? What experiences do you have with being in love? How do you think about who you are attracted to (boys, girls, other)? Some teenagers are curious about or engage in sexual activities such as kissing, manual stimulation of the genitalia, oral sex or penetration sex. What is this like for you, what experiences have you gained? How do you go about expressing your sexual preferences and boundaries? Have you ever had a negative sexual experience besides the past sexual abuse? What are your thoughts and experiences with online relationships and sending or receiving nude photos?
	Impact of past sexual abuse	What impact does the past sexual abuse have on you currently? Does the past sexual abuse impact any of the topics we have discussed and if so, in what way?

Following this approach for the first ten interviews, two authors (MB and IH) abstracted the codes into themes and subthemes aligned with the focus of the study, making use of subjects listed in the interview guide, Table 1. The themes and subthemes were reviewed, adjusted, and refined during a discussion involving all authors. Further refinement through discussion by authors MB, IH and GW took place during the analysis of the remaining interviews. Quotes from the participants were translated from Dutch to English by a native English speaker.

Throughout data collection and analysis, we reflected on our own background as researchers and practitioners. All authors of this study are Dutch, white and have had higher education. The authors have varying backgrounds in (developmental and neuro-) psychology, mental health, psychiatry, sociology and philosophy, and include a junior researcher, a senior researcher, and professors. These diverse backgrounds reflect different theoretical and practical views on the research topic, preventing a one-sided perspective on sexual development and education. The authors are familiar with (gender) diversity and the LGBT+ community either through clinical practice, research or personal interest.

2.4. Ethical considerations

The Medical Ethics Review Committee of the Amsterdam University Medical Center, location AMC, the Netherlands, approved the research project under project number 2013_026, spanning from 2013 to 2025. The current sub-study was approved through an amendment in February 2023, ensuring all protocols met the updated regulatory standards.

Table 2
Sample characteristics of parents that were interviewed.

	n	
Parents that were interviewed	18	
Female	14	
Male	4	
Families	16	
Interviewed with partner	2	
Children of interviewed parents	20	
Female	2	
Male	18	
Children to whom CSA was disclosed	14	
Female	1	
Male	13	
Children to whom CSA was not disclosed	6	
Female	1	
Male	5	
Children who are substantiated victims	19	
Female	2	
Male	17	
Children who are unsubstantiated victims	1	
Female	0	
Male	1	
CSA type		
Exposure of genitals to child	15	
Ejaculation onto child	13	
Fondling	18	
Oral copulation	6	
Penetration of anus or vagina with finger, penis or sex toy	8	
Frequency		
Once or twice	7	
Three to ten times	8	
More than ten times	3	
Unknown	2	
	Mean (n)	SD
Age child at abuse onset in months	16.2 (18*)	7.61
Age child at first assessment in years	6.1 (20)	1.50
Age child during the interview for this study in years	15.6 (20)	1.57
Time between the interview and the first assessment in years	9.5 (20)	0.51
Duration of the interview in minutes	46.3 (16**)	9.41

Note.
* $n = 18$, for two children age of onset was unclear.
** $n = 16$, one interview was not audio recorded, one interview involved two parents.

3. Results

3.1. Sample characteristics

Our sample included 18 parents of 20 children and 6 children themselves. The ages of the children ranged from 12 to 18 years old. The sample characteristics are described in Table 2 and Table 3.

Comparisons were made between parents who had disclosed the CSA to their children and those who had not by placing their quotes side by side after coding all interviews, however no visible differences or trends were recognized by all authors and therefore no stratification was applied in the results.

In total, six children were interviewed. For all but one of the children, their parent(s) were also interviewed for this study. Among the six children, three had been informed about CSA before the first assessment within the longitudinal project, while the other three were informed about the CSA between the ages of 7 and 12. All types of CSA listed in Table 2 were present within the group of interviewed children. The frequency of CSA was evenly distributed across the three categories listed in Table 2, except for the 'unknown' category. Additional sample characteristics are described in Table 3.

3.2. Qualitative analysis: parents

We describe experiences of parents with regard to providing sexual education, as well as their perception of the impact of past abuse on sexual development. Based on the analysis of the parent interviews, three issues were identified: parent-child sex communication, challenges regarding sexual education and views regarding the impact of the past sexual abuse on sexual education and development. An overview of the issues, themes and subthemes identified in can be found in Table 4. The issues reflect the research question. The themes and subthemes characterize the experiences of parents with regard to the issues.

3.2.1. Parent-child sex communication

3.2.1.1. Talking about sex in casual conversations. In discussing sexual topics, parents predominantly expressed a preference for addressing these subjects during casual conversations. The topics they deemed most crucial to discuss include consent, safety, fun and awareness. Parents mostly talked about sex with their children in passing, favoring a light-hearted approach and typically avoiding formal discussions often referred to as 'the talk'.

3.2.1.1.1. Talking about consent, safety, fun and awareness. Initially, parents were asked about the topics they considered most crucial to discuss in relation to sexual development. The majority emphasized the importance of consent, specifically the indicating and respecting sexual boundaries. Parents reported that discussions about setting and respecting boundaries encompassed both general contexts and specifically sexual boundaries.

> *"[…] And need to show respect for each other and be sensitive to that. So, boundary lines are especially important, too, in that type of thing."* Mother #12.
>
> *"But in particular not to seriously overstep your own boundaries, or the other person's either."* Mother #3.

In addition to consent, parents discussed safety with their children. For instance, parents educated their children about safe sex practices, such as using condoms and contraception methods. Often, parents did not delve deeply into these practices but instead facilitated access to them by, for example, purchasing condoms and leaving them around the house for their children to use without having to ask parents for them directly.

> *"I'm buying condoms for you, and you just have to say when you've used them up or whatever. And I want you to use them, too, because any babies will be your responsibility too. That's absolutely not just the girl's responsibility, it's also your own obligation, and I don't have to—y'know, just avoid that!"* Mother #13.

Some parents also considered it important to emphasize that sex is intended to be fun and that this should be the primary motivation for engaging in sexual activities with another person.

> *"What we talk about in that sense is that it's something you're supposed to enjoy doing. Both of you, for that matter. So mutual consent, that's something we've really— in fact it's something we've always been talking about right from childhood. Don't do it unless both of you are enjoying it."* Father #8.

Table 3
Sample characteristics of children that were interviewed.

	Mean (n)	SD
Age child at abuse onset in months	16.3 (6)	6.68
Age child at first assessment in years	5.8 (6)	1.33
Age child during the interview for this study in years	15.8 (6)	1.33
Time between the interview and the first assessment in years	10 (6)	0
Duration of the interview in minutes	29.5 (6)	6.72

Table 4
Issues, themes and subthemes from parent-interviews.

Issues	Themes	Subthemes
1) Parent-child sex communication	Talking about sex in casual conversations	Talking about consent, safety, fun and awareness
		Talking about it in passing
		Keeping conversations light-hearted
	Respecting the child's privacy	Not intruding in the child's personal space
		Keeping sexual education general rather than personal
		Being available for questions
		Respecting boundaries indicated by the child
2) Challenges in sexual education	Complex conversations	When is sexual education sufficient?
		Navigating conversations about sex with teenagers
		The internet as a source of sexual education
		The weight of talking about sex after CSA
3) Impact of the past sexual abuse on sexual education and development	Growing trust in a healthy sexual development	The child shows no negative consequences
		Support from others
		Having to live with uncertainties
	Impact on sexual education	Being more cautious
		Additional conversations about boundaries and possible influence on sexual experiences

"So, I also really have taught them, like, yeah but you also have sex because it's fun and feels good, so it's not just to make children, but also because you just enjoy it." Mother #13.

Finally, parents recognized the importance to talk about awareness in relation to understanding one's own body and that pornography does not reflect reality. For example, parents would educate their children about the physical changes they could expect during puberty.

"Yeah, well especially their own bodies, so figuring out, understanding, knowing how to deal with it, and being able to do whatever happens." Father #9.

And while most parents were not opposed to their children watching pornography, they emphasized the importance of mentioning that it does not accurately reflect reality.

"I did see that as a duty of mine to let them know that that [porn] is not necessarily real and that's it's not necessarily how things work in real life." Mother #11.

3.2.1.1.2. Talking about it in passing. When examining how parents approached talking about topics related to sex, most parents mentioned talking about it in passing. Parents described they would talk about these topics whenever they arose naturally in conversation or when related topics were being discussed.

"Oh, well, not very, very serious like, y'know, sitting down for intense conversations, but more like casually in passing." Mother #16.

Motives for bringing up topics included addressing issues mentioned in the news, topics discussed at school or with peers, or real-life examples of those topics that parents wished to explain.

"We were at this birthday party. [...] And there was a family there with two mothers, so then you can also explain that. "Where's the father?" "Well, I don't know, but this is two mothers that love each other," and so forth. So that's all fine, y'know." Mother #15.

Not only did parents mention talking about topics related to sex in passing, but they also highlighted that having conversations in passing can be relevant when discussing the past sexual abuse.

"I think that—when the kids were much, much younger—that we got into kind of a real conversation for the first time [about the sexual abuse], that was also in the car. [Child] suddenly inquired from the back seat, 'Hey, but, um, that crook that was in our house that time, um—What did he actually do there, and what did he steal?' And that we then started supplying some more information." Mother #12.

3.2.1.1.3. Keeping conversations light-hearted. Parents emphasized that they try to keep conversation light-hearted. Parents thought it would be counterproductive to force a conversation.

"Well, [such conversations] are maybe kinda, uh, casual and breezy—yeah, I do think so, fairly breezy." Mother #6.
"At the point where you start pushing [for openness in a conversation], you're bound to meet resistance. That happens with everybody. [...] We're convinced that works the wrong way." Father #8.

When explaining their approach to lighthearted conversations, parents mentioned that they incorporate humor and make jokes, which parents emphasized can be a valuable way to start conversations about sex-related topics.

"Things like starting to grow hairs, and of course joking about that. And about wet dreams." Mother #13.

"[Father] But then it comes up, just kind of in passing; it doesn't really get, at least not really [serious], it's more like jokingly. [Mother] Yeah, but I think that joking, that's—that makes it easier to talk about. That's important. In any case it can be talked about." Father #9, Mother #10.

Most parents said to prefer not to plan a sit down for 'the talk', which is commonly known as a formal conversation where parents educate their children about sexuality, often associated with being awkward and uncomfortable. Parents instead said to prefer conversations about sexual education to be short, spontaneous and not pedantic.

"So, I say no more than a few sentences at a time. I don't deliver lectures or sermons or anything." Mother #15.
"In no case can you sit down with teenagers and have a talk. They'll be sitting next to you in the car and that's when they start telling you things." Mother #7.

Sometimes, however, parents did choose to sit down at the table or in the bedroom for certain conversations. If parents had done so, they said they would prefer to do this one-on-one with the child.

"We did sometimes briefly sit down, but we—not deeply serious, of course, but just briefly at a table, and not with two kids at the same time. That would come to nothing, we thought." Father #4.

3.2.1.2. Respecting the child's privacy. An important matter for parents is to respect the privacy of their child. Parents mentioned several ways of doing so, such as not intruding on the child's personal space, keeping conversations general rather than personal, being available for questions, and respecting boundaries set by the child.

3.2.1.2.1. Not intruding in the child's personal space. Parents said to find it increasingly important to respect the child's private life as the child grows older. For example, parents no longer look at the child's private messages on their mobile phone. Most parents mentioned that this changes around the child's transition to secondary school, in the Netherlands around the age of twelve.

"Now they're in secondary school, so of course we can't just [look at their telephone] anymore. I can't say, 'I want your PIN number and I want to know what...,' so I do feel that's a kind of limit—that they have the right to their own private space at some point." Mother #11.

Parents also mentioned that in order to respect their child's boundaries they did not ask questions they considered to be too personal.

"I notice that I do find it too intimate, or too personal, to really start talking about, like, "So do you masturbate then too?"" Mother #13.

Some parents said they respected their child's boundaries by not expecting them to share anything personal when having conversations, other parents said they themselves preferred not to talk about details of sex.

"Well, I'm not going to explain to you how things work with sex. That wouldn't make your sex experiences any more fun. [...] For that kind of practical part, you can just ask your friends. I wouldn't have wanted to hear that from my mother either." Mother #3.
"On the one hand, I don't want to hear everything from them, I mean, in full detail, y'know? Figure it out for yourself. I just want them to be independent and self-confident enough to explore it herself." Mother #15.

3.2.1.2.2. Keeping sexual education general rather than personal. Parents mentioned to keep conversation general and to not make it personal when giving sexual education.

"Preferably more like in general, than getting really personal, like, "Yeah, what are you up to in terms of sex, by the way?"" Mother #13.
"I don't go into a whole lot of detail, sexual details. After all, I find that maybe going too far, also because I don't know how far he is himself...." Father #2.

3.2.1.2.3. Being available for questions. While parents said to try to keep conversation casual and not to invade the child's privacy, they also mentioned that if more serious topics need to be discussed they were open to it. Being open to answer questions gave children the right to privacy as well as involvement from parents.

"I said, 'Well yes, if there's things you want to know, you can always ask.' We found that important." Father #4.
"What I did make clear to [child] fairly early on was that, for one thing, he could talk about everything and, for another thing, that it makes no difference to us, but that he could turn to us if he has questions like that." Mother #7.

3.2.1.2.4. Respecting boundaries indicated by the child. Furthermore, parents mentioned that children also set boundaries regarding their willingness to discuss topics.

"[Child] can also say very, very explicitly, 'Well I'm not about to discuss that with you, definitely not, that's super umcomfy, Mom,' he says." Mother #6.
"Then I said, like, "Have you already got pubic hair?" and the answer was "Huh, well, that's none of your business. Why do you think they call it 'private parts'?" Mother #14.

3.2.2. Challenges in sexual education

3.2.2.1. Complex conversations. Parents mentioned that generally, having conversations about sex could sometimes be complex. For parents, it was challenging to determine when they had provided sufficient sexual education to their children. Furthermore, parents needed to navigate these conversations amidst their own discomfort with regard to certain topics and the additional challenge of discussing it with their child who was now becoming a teenager. Moreover, parents said determining what and how much to disclose to their children with the influence and accessibility of the internet could be challenging. Lastly, for some parents, there was added weight to these conversations due to the child's history of sexual abuse.

3.2.2.1.1. When is sexual education sufficient?. Parents mentioned the challenge of not always knowing when they have done enough in providing sexual education. Some parents said they find it difficult to determine the content of sexual education, while others struggle to find the right time and place to discuss such matters. Additionally, parents mentioned how frequently topics should be discussed can be a concern.

> *"How much are you going to talk about it, or how? When does it suffice? When is it too much? And every child is different."* Father #9.

Parents also mentioned that they don't always know if or how often they should bring up the past sexual abuse following disclosure to their child.

> *"I hope I'm dealing with [talking about the abuse] in the right ways. But, as I said, I'm not so sure of that."* Mother #6.

3.2.2.1.2. Navigating conversations about sex with teenagers. Parents mentioned that when their child entered adolescence, the role they played in their child's life changed. The child's friends became a more significant source of information, experiences were more often shared with friends than with parents, and children generally spent more time away from home, resulting in casual conversations between parent and child occurring less frequently. Consequently, parents recognized that teenagers found it increasingly awkward or shameful to talk about sex with their parents. This shift in the parent-child relationship was reported to have made discussing sex-related topics difficult in some instances.

> *"I mean that with an adolescent kid like that, it gets a lot harder to find those spontaneous moments, because they—yeah, they don't want much to do with you anymore."* Mother #16.

> *"No, you're not their source of information anymore. You're like—like, the only thing you can do is just be that embarrassing person."* Father #9.

Furthermore, parents indicated that not only did their children sometimes make it more difficult to navigate these conversations, but parents themselves also found it challenging to talk about certain topics related to sexual development. Parents reported that they sometimes did not know if, or how, they should address these topics.

> *"I can talk about [sex] a tiny bit. For the rest you leave that entirely to your child. That's how my wife sees it too. [...] Rationally speaking I see that differently, but in practice I can't really ... I wouldn't know how to do it differently."* Father #2.

3.2.2.1.3. The internet as a source of sexual education. Parents explicitly mentioned the challenge posed by the internet in present-day sexual education. They acknowledged that children begin learning about related topics online at an early age, often seeking answers to their questions independently. During conversations, parents observe that children have already researched various topics online before discussing them. For parents, this presented the challenge of not knowing to what extent their child had accessed information, and consequently, not knowing how to effectively connect this with providing sexual education.

> *"First of all, I think they're already implementing a good deal of their own sexual development themselves, through things they hear from friends, and find online, and learn in school, that type of thing."* Mother #17.

Parents expressed experiencing little to no control over what their children see on the internet. They admitted uncertainty about whether the content their children encounter is age appropriate and concerns about the potential impact of online content exposure were voiced.

> *"I don't want [online content] to pressure them or [give them] the wrong kinds of expectations or ideas. Especially that..., that's what I think about a lot, because that mustn't play an important role."* Father #9.

> *"That's the only thing I, well, not really worry about, but sometimes stop to consider, like, "My god, they really do, of course, have access to everything, right from a very young age.""* Mother #11.

3.2.2.1.4. The weight of talking about sex after CSA. More specifically related to the past sexual abuse, some parents recognized that talking about topics related to sexual development were more charged due to the past sexual abuse.

> *"Asking [child] sometime whether he's already sexually active himself [...] that's a bit of a challenge for us to discuss that with him. Also because, to me, what happened to him just makes it a little more sensitive than with [his sibling], I'd say."* Mother #14.

> *"I have a 100% taboo on this subject. [...] I don't talk about it. If [the children] start talking about that subject, I walk away or something."* Mother #5.

In addition to finding talking about sexual education a challenge in general, some parents also mentioned specifically that talking about the past sexual abuse was complicated or sometimes difficult for them.

"Well, in itself I do find that sexual abuse very difficult to, well I find it sensitive [...] He also doesn't really seem to have much desire to discuss it further." Mother #6.

"So, what hinders me is indeed things like how he's going to react [to talking about the sexual abuse]. What kind of feelings does he get when, y'know, when it's about sex? So, for me that's just really an obstacle. [...] You don't want to throw him back into time right now when he's in really good shape, or at least we think so. Because something in him might just come to the surface again someday." Mother #14

3.2.3. Impact of the past abuse on sexual education and development

3.2.3.1. Growing trust in a healthy sexual development. While parents sometimes expressed worries about their child's development, many mentioned that they had regained trust in their child's development over time. This change had occurred as they observed their child not experiencing negative consequences and receiving support from others. However, for many parents uncertainty about the impact of the past CSA remained present to some degree, even 13 years later.

3.2.3.1.1. The child shows no negative consequences. Parents mentioned that during the initial period of discovery, the consequences of CSA and its impact on the child's sexual development were unclear to them. None of the parents reported seeing any impact of past sexual abuse on their child's sexual development at the time of the interviews.

"Then you might think, okay, but what is [the impact of the abuse] then? Okay, so maybe you just don't 'do it' at all, or that you develop slightly perverse quirks, or that it's, er, that it really is traumatic, I dunno. And as far as I can tell, it's absolutely not traumatic. No, my idea is that it really has no influence on his sex life whatsoever." Mother #13.

Parents described how their worries gradually subsided as they observed no negative consequences during milestones like puberty or their child's first sexual experience. Successfully passing these and other milestones decreased parents' concerns about the impact of past sexual abuse on their child.

"I do think I used to wonder, 'Gosh, how will that turn out around that time? Will this trauma resurface, what kind of things will we run into?' But in fact things have always been going quite well with [child] and the development has just progressed normally in my eyes. So, in the back of your mind you do wonder, 'Will this be okay?' But I can just see it's going fine." Mother #15.

Some parents mentioned that they had not been worried from the start.

"Basically, we've never seriously expected [child] to have any lasting consequences from that." Father #8.

3.2.3.1.2. Support from others. Parents mentioned that support from others is an essential element in regaining trust in their child's future. Parents mentioned that they wanted to periodically assess whether their child's behavior was considered normal or, in cases of emerging problems, determine if it could be related to past CSA.

"Let me put it this way: sometimes I feel I'd like to hear, or find out, um, whether [his behavior] is normal or not." Mother #6.

Thus, support from either professionals or friends has had a reassuring effect on how they perceive their child's sexual developmental trajectory. Sometimes, it would either normalize the behavior for parents or reassure them that they could access help if needed.

"I've asked them [health workers] things like 'Hmm, I see [child] does this or that and I believe that's normal, do you think so too? Or do you see that differently?' And that did help me then to, y'know, kind of normalize my perception somewhat, I think." Mother #12.

3.2.3.1.3. Having to live with uncertainties. Although all parents stated that they did not see negative consequences of the past sexual abuse on their child's sexual development and trusted that their child will develop healthily, they often mentioned having concerns to some degree. For example, parents reported worrying about whether their child could have negative sexual experiences in the future.

"... that I do sometimes think, "Ooh, I just hope [child] won't get into the wrong hands."" Mother #3.

"*What if he does feel attracted to men, and he runs into the wrong man? Then I don't think he has the right defenses."* Father #4.

Also, parents described worries about their child's future development in regard to their sexuality and their ability and willingness to respect others' boundaries.

"They told us [the children] weren't conscious of it, but, yeah, that restlessness that they had as babies—I think that's still present somewhere in their bodies, maybe hidden very deep. And so of course as a parent you just have this fear that that could trigger something negative in him when he gets sexually active." Mother #14.

"When the abuse occurred, we were like, gosh, maybe he'll later become a perpetrator himself, or allow someone to abuse him again. Because normally [when] boundaries have been crossed, he would cross boundaries himself, so to speak. We were very alert to that." Father #2.

Many parents mentioned they sometimes worry whether peculiarities in the child's behavior might be linked to the past sexual abuse. This worry can persevere for many years, and was present for some parents still at the time of the interview, which took place 13 years after initial discovery of the child's past sexual abuse.

"When they're young—I mean, he really did do some stupid things. […] Because you've got that abuse in the back of your mind, then you—well I saw it in that context, I'd say. 'Could this be connected to…?' Something like that." Father #2.

"Somewhere in my head there's a voice that says 'I need to watch out.' […] It's like when I see something, like, 'Hmm, that's strange,' then I pay extra attention. And more than I would have otherwise. […] But I wouldn't call that 'worries.' I don't think of it every day." Father #4.

Nonetheless, for some parents, past sexual abuse had also provided insight into the ability to heal from trauma, offering a more optimistic perspective for their child's future and feeling more certain about their ability to deal with any hardships.

"I think the most important thing is that—even if he runs into any problems, or if something comes up—that the most important thing is that he'd feel confident to let us know, and that we can do something about it or seek help or whatever. I mean, I no longer have the idea, like, that something's broke that can't get fixed." Mother #12.

3.2.3.2. Impact on sexual education. Regarding the impact of past CSA on sexual education, parents mentioned being more cautious in their parenting approach, and addressing specific topics for instance about sexual boundaries, or education to provide context to possible experiences due to the past sexual abuse.

3.2.3.2.1. Being more cautious. Parents highlighted how their experiences with their child's CSA influences their approach to educating their children about sex. When parents undergo a shift in worldview towards being less naive and more cautious due to past abuse, they become more vigilant about who they trust with their children's care.

"They were in an after-school care program with a whole lot of boys. Yeah, I took him, I took them out of that, even though his best friend was in it too." Mother #14.

This heightened concern also extends to their child's sexual experiences, making it challenging for them to let go of their worries and grant their children independence.

"Although I would have previously always thought, 'Oh, things will be fine. You only read that in the newspapers.' […] But now I know it can happen. I mean, like from one day to the next, things can look very different." Mother #15.

Additionally, some parents explained to their children that, due to past sexual abuse, they reacted differently than other parents might do in certain situations.

"Then I indeed try to explain to her (but she already knows that) that her dad is more inclined to get worried. And that it *also goes back to that, y'know—so she, she also knows that."* Mother #15.

Lastly, some parents explicitly mentioned how their strong emotions due to past sexual abuse affect the choices they make regarding their child's (sexual) independence.

"[The father] has a whole lot of hesitations [about child sleeping over with others], and especially during that initial period. […] And in fact he still does—that he has more trouble letting go of that than I do." Mother #14.

3.2.3.2.2. Additional conversations about boundaries and possible influence on sexual experiences. Parents mentioned having additional conversations with their child due to past sexual abuse, some of these conversations are about sexual boundaries. Consequently, parents may approach sexual education with their children from a perspective of protection and prevention, emphasizing the importance of awareness, safety, and boundaries.

"At that time, after the abuse case, we of course kept repeating things like "You know that nobody's allowed to touch your wee-wee or your bottom."" Mother #13.

"I think [sex education] is important at all ages, but especially, of course, in the light of how we intended to start talking about [the abuse] sometime. […] I also thought it was important for him to know what sex is. And by the way, we also talked about things like good secrets and bad secrets." Mother #7.

Other conversations are focused on providing a framework within which the child can contextualize his or her experiences. For example, they might discuss if there would be any different sensations the first time they have sex.

Table 5
Issues, themes and subthemes from child-interviews.

Issues	Themes	Subthemes
1) Parent-child sex communication	Open conversations about sex	Casual conversations Feeling free to ask questions Discomfort when talking about sex Discussing sexual boundaries
2) Views on sexual education from external sources	Preference for a positive approach	Limits of sexual education at school Internet as educator
3) Influence of sexual abuse on sexual development	No perceived impact of abuse, uncertainty remains	*Not applicable*

"Then I said, "So now that you've got your [girlfriend], er, and when you're together—I mean, we've talked before about how you don't have any memories, but of course your body could still have memories. So, like you might feel kind of strange in certain cases, or you might think 'What's going on here?' or 'Something seems wrong here.'" Mother #12.
"… and that, should he have whatever recollections [of the abuse], or maybe also of what we [as parents] were like at that time, that he'll know where that's coming from." Mother #16

3.3. Qualitative analysis: children

We describe experiences of children in regard to sexual education, their sexual development and the impact of the past sexual abuse. In the analysis of the child interviews, three key issues were identified: parent-child sex communication, views on sexual education from external sources, and influence of sexual abuse on sexual development. Table 5 presents a summary of these issues, along with their corresponding themes and subthemes as identified in the child interviews.

3.3.1. Parent-child sex communication

3.3.1.1. Open conversations about sex. Children mentioned having open conversations about sex with their parents. This encompasses four subthemes: engaging in casual conversations, feeling free to ask questions, finding it uncomfortable to talk about sex with parents, and discussing sexual boundaries.

3.3.1.1.1. Casual conversations. Most children mentioned that they have casual conversations with their parents about topics related to sexual development.

"I'd had some sex education at school, and I mentioned that to my parent, and that's how we got talking about it. That's how things went, I think." #21.
"[My parents] didn't sit me down in a chair, like okay, now we're gonna talk about it for awhile. I think it was just kind of little by little…." #20.

3.3.1.1.2. Feeling free to ask questions. Children mentioned that they feel free to ask questions if they have any.

"I can't think of anything I wouldn't dare ask. […] I tell them everything, or everything I do, even with drugs, alcohol, everything. […] Because I'd like to share that with them too, maybe." #20.

However, most children also noted that they rarely ask questions of their parents.

"If me and my sibling have questions about that kind of thing then we just ask […] And then we discuss it. But we don't necessarily talk about it a whole, whole lot, because we've got other things to discuss too. […] And I don't necessarily have any super need for it." #19.

Children said to find it important to have the opportunity to discuss topics related to sex with their parents if they wanted to.

"I also think it's important to be able to tell my parents [about negative sexual experiences]." #19.

3.3.1.1.3. Discomfort when talking about sex. Children reported that they sometimes find it awkward when their parents talk about sex-related topics, noting that the discomfort can lessen as they grow older.

"Sometimes it can get to be a little 'awkward,' as they say in English, kind of embarrassing [to talk about it]." #19.
"Nowadays I can just talk openly about it, about sex and all those things, but not—it used to be 'awkward.' But I think that's true of all children. […] I think it's just less of a taboo now for me … [because] I'm older. […] It's just less 'awkward' or some such." #21.

Adding, children mentioned that they do not share everything with their parents. Most children said they shared their experiences with friends, for example, because they could relate to them more easily than to their parents.

"I have the idea that maybe—like, when you're looking for solutions, that your parents often come up with a different solution than people your own age. […] You do sometimes, like, notice that they're from a different generation." #22.

3.3.1.1.4. Discussing sexual boundaries. Children reported that their parents had explicitly addressed the importance of sexual boundaries. Setting boundaries was discussed beyond just the sexual context, and children appeared capable of applying this concept in various situations.

"In that sense I think I've grown up pretty well, because my parents always say, "If someone says 'no,' then it's 'no,' and if someone says nothing, then it's 'no.' " And it's not 'yes' unless someone says 'yes.' […] And that goes not just for sex but, like, for everything."#24.

In addition, children described how they would go about setting those boundaries. Most children explained that they would initially try to set boundaries more passively to avoid negatively impacting their relationship with the person they were setting the boundary for.

"I try to show my boundaries kind of passively, 'cause I think it's so stupid sometimes when someone shows their boundaries, it can also get kind of standoffish or something. And I'd like to avoid that." #19*"You also need respect for yourself, like, 'No, I won't put up with that.' You just have to draw a line. […] That you don't have to put up with everything."* #20.

3.3.2. Views on sexual education from external sources.

3.3.2.1. Preference for a positive approach. Children repeatedly mentioned that they found sexual education at school limited and preferred a more in-depth, positive approach to sexual education. They also addressed the role the internet plays in their sexual education and development.

3.3.2.1.1. Limitations of sexual education at school. Most children said they only received technical, biological or negative information at school.

> *"We did get quite a lot about STDs at school. Actually, you only learn about unpleasant things at school. […] They didn't go into personal or essential issues. It was mostly about dangers and contraception and things like that. […] They're basically advising against [sex], I'd say. That's how it sounded."* #22.

One child appreciated the education provided at school, which included learning about more social aspects to sexual development.

> *"During biology it's quite well done, because the teacher also explains clearly that you should say what you do and don't like, also with sex and things."* #19.

Children mentioned that they wished to learn about more than the biological or negative aspects to sex, preferring a more positive, in-depth approach.

> *"I think, school? They really make a dramatic thing of it. […] I've learned nothing at all about how you have sex, what's important, and what it's all about besides merely reproduction."* #20.

3.3.2.1.2. Internet as educator. Some mentioned encountering online content that had left a negative impression on them, while others found it easy to avoid such content.

> *"When I was in elementary school, I looked at [porn] sometimes too, but I got a little—well I wouldn't call it trauma, but it kind of kept me awake. I didn't know what to think of it and to me it was all kind of, a little weird."* #19.
> *"I think you'd have to search very specifically to run into [online videos] that you don't want to see. […] You shouldn't be clicking on weird-looking sites."* #22.

Most children stated that they used the internet conveniently to answer their questions.

> *"That's why the internet is also convenient. Now you can just quickly look up anything they didn't give you [at school]."* #22.

3.3.3. Influence of sexual abuse on sexual development

3.3.3.1. No perceived impact of abuse, but uncertainty remains. We also asked children about the impact of past sexual abuse on their current lives and experiences. All children expressed that the past sexual abuse did not influence their sexual development. Additionally, they mentioned that they hardly ever think about it nowadays.

> *"I almost never think about [the abuse] in fact. But it's not like I force myself. […] I've also never had problems, really. I do think maybe I talked a bit much [about the abuse] when I was younger, because it was sort of a way of getting attention during a conversation."* #19.
> *"No, [I don't have the idea that the past affects me], no, not really."* #20.
> *"I know so little about it that I can't even remember what happened."* #22.

However, some said they did not know how to recognize if the past sexual abuse had an impact on them. There seems to remain a certain amount of uncertainty for children about the meaning of the past CSA for their lives.

> *"Not really, no, don't think [the past still affects me]. I don't know whether I can judge that, y'know what I mean? But—because I don't know whether I could notice things about myself that show it does affect me."* #21.

Adding, one child described how they suspected that the past sexual abuse may have further compounded their feelings of unsafety when they later were targeted by a teacher in class, resulting in them being afraid attending school during that year.

> *"Yes I think that not feeling safe [at school] unconsciously triggered something, since I also never felt safe at the day care. Maybe because there was someone who also targeted me or something like that, that it triggered me. Maybe. But maybe that wasn't the case at all, I don't know."* #20.

4. Discussion

In this study, we aimed to explore the experiences of parents and children regarding sexual education and development after CSA very early in life.

4.1. Sexual education

First, we examined sexual education from the perspectives of both parents and children. The preference for casual conversations, prioritization of their child's privacy, and the challenges described by parents—such as uncertainty about whether it was sufficient and navigating discussions with their teenage children—align with findings by Holman et al. (2023). Furthermore, consistent with the observations made by Mullis et al. (2020), we identified that the presence of the internet introduced new concerns regarding sexual education. These results suggest that obstacles in sexual education that parents of children with early CSA face are similar to those of parents whose children do not have such a history, considering aforementioned studies investigated experiences of people within the general population. Children elaborated on what they wanted sexual education to be like, namely with a positive approach, which is in line with the study by Díaz-Rodríguez et al. (2024) among the general population.

In relation to past CSA, some distinctive concerns became apparent among parents, namely added emotional weight to conversations on sex-related topics, being more cautious in their parenting approach and having specific points of attention in sexual education. To our knowledge, the added weight on sexual education, the impact on parenting following sexual abuse of their child and more specific points of attention in sexual education have not yet been described in the current literature. However, being more cautious seems to fit trauma-related cognitions which is common in those who suffer from PTSD (American Psychiatric Association, 2013; Lilly et al., 2011). Although we did not specifically examine PTSD symptoms of parents within the current study, Tsang et al. (2021) found that 27 % of parents in the ASAC study exhibited fluctuating clinical PTSD symptoms 8 years after the sexual abuse had taken place. Therefore, we believe it is probable that trauma-related symptoms experienced by some parents are influencing sexual education to some extent.

4.2. Sexual development

Second, we explored the influence of past sexual abuse on children's sexual development. Parents largely indicated that past CSA did not directly affect their children's current sexual development. Over time, most parents described their trust in a healthy sexual development growing, albeit with lingering concerns about potential negative impacts of past CSA. Children generally reported infrequent thoughts about the past abuse and perceived no direct influence on their sexual development or experiences, though some expressed doubts about its potential impact.

When comparing these findings to the literature on the consequences of CSA, several differences are apparent. Mostly, neither parents nor children reported instances of sexual revictimization, high-risk sexual behavior, sexual dysfunction, or any other signs of compromised sexual well-being or impacted sexual development. Adding, we did not find any evidence of persistent WSB in contrast to the previously conducted study by Tsang et al. (2023) in the larger population of which our sample was a part. A possible explanation for this discrepancy could be that in the latter study the WSB significantly decreased from 7 years after CSA, although still presenting 8 years after CSA, which may suggest that WSB keeps decreasing with time. In comparison, the current study interviewed children 14 years after CSA, which could explain the lack of WSB reported by parents and children. Moreover, variations in methodology (namely qualitative interviews versus questionnaires) may account for the observed differences as de Graaf and Rademakers (2011) described different methods are likely to give different results in relation to investigating childhood sexual development. Using a questionnaire may result in more clear-cut results, whereas qualitative interviews may stimulate expressing doubts and adding nuances. To conclude, on the basis of the current study and the study by Tsang et al. (2023) some uncertainty remains with regard to the relation between early CSA and sexual development.

4.3. Implications and recommendations

To some extent, our results are unexpected, as the current literature would suggest a more pronounced negative impact of CSA on sexual development.

When presenting our findings to the advisory board, their assessment was in line with our interpretation of the results. Namely, that sexual education appeared largely similar to that of the general population, with the exception of more distinctive concerns in regard to sexual education for parents, and children and parents having some feelings of uncertainty about the impact of past CSA on sexual development.

From the literature on resilience among CSA survivors, it is known that possibly up to over half of CSA survivors exhibit normal functioning (Domhardt et al., 2015). Our findings indicate that survivors of early CSA, as reported by both their parents and themselves, display notable resilience in the current study. While our study did not directly explore resilience, the ASAC population knows several of the protective factors identified by Domhardt et al. (2015), such as having external attribution of blame, and professional support for children and families. These factors are combined with the context of an extra-familial perpetrator and legal consequences for the perpetrator. Additionally, issues related to loyalties, fear of repercussions, not being believed, solitude, and secrecy, which are common among CSA survivors, were not evident among our study participants. Thus, we hypothesize that these characteristics observed in the participants of our study may contribute to their resilience, partially explaining the divergence between our findings and those reported in the literature. However, it is crucial to note that the role and timing of resilience in CSA survivors remain relatively unclear (Domhardt et al., 2015). Future research should explore how resilience emerges in very early CSA survivors and whether these findings persist or evolve over time, as negative consequences may manifest later in life for (early) CSA survivors.

Additionally, another explanation for the discrepancy between the challenges for individuals following CSA as described in the literature compared to our results could be that the participants in this study differ from those in previous research. For instance, much

of the literature relies on retrospective reports, which may not capture the experiences of all CSA survivors, especially those who do not experience negative consequences and therefore are less likely to be selected and participate in research.

In conclusion, we recommend that future research examines the impact of CSA on both parents and children prospectively. Additionally, further investigation is needed on how resilience affects survivors of CSA. Finally, further exploration into the long-term consequences of CSA at a very young age and its effects on sexual development is advised.

4.4. Strengths and limitations

Evidently, this study stands out for its inclusion of CSA cases supported by legal evidence, eliminating the reliance on retrospective victim disclosure, and predominantly involving male survivors. Moreover, in contrast to a large portion of the literature, this study adopts a prospective approach, offering unique insights into the long-term consequences of early CSA for sexual education and development. Nonetheless, there are some limitations to consider in our study.

First, both existing literature and participant feedback suggest that parents may lack comprehensive knowledge about their teenage children's sexual experiences, and adolescents might feel reluctant to disclose such experiences to interviewers. Additionally, participants in research may constitute a specific subgroup characterized by their openness to discuss sexual education and their willingness to share experiences following early CSA. However, we expect both limitations to be mostly mitigated due to our participants not only engaging in these qualitative interviews but also participating within the longitudinal research project for over 10 years. Adding, participants are accustomed to being interviewed by the researchers involved, as well as motivated to partake even when they find it difficult to share.

Second, we investigated the experiences of parents and children at a specific point in time, when children were 12 to 18 years old. During the time of the interview, parents were actively navigating sexual education, and some of their children were in the process of having their initial sexual experiences. This implies that our results may not be fully representative for individuals whom suffered early CSA in the past and are over 18 years old.

Third, there are certain limitations to the methods used. In terms of transferability (Lincoln & Guba, 1985), the study is limited due to the relatively homogeneity of the sample, namely participants predominantly residing in urban areas in the Netherlands, possessing higher levels of education, and experiencing similar patterns of CSA. Therefore, their experiences may not represent all parents and children after early CSA. Nevertheless, our findings offer insights into potential consequences within our study context, considering this study provides one of the first insights in the sexual education and development after CSA in extremely young victims, namely infants and toddlers. Furthermore, there is alignment between our study's outcomes and other international research, for example as demonstrated by Holman et al. (2023) and Mullis et al. (2020). This proposes that our findings have wider relevance and can enhance understanding of the impact of CSA, particularly for very young children.

5. Conclusion

These findings highlight both the commonalities and distinctions in sexual education and sexual development following CSA and in the general population. Our results offer insights into how survivors of CSA at a very young age may experience different outcomes or timing thereof compared to those who were non-abused or abused at later stages of development. There is some indication that growing up in a safe and caring environment, access to professional care and long-term monitoring may contribute to fostering resilience in survivors of CSA and their parents. Adding, clinicians should take note that these parents and children likely differ from individuals who experience CSA later in life.

We recommend that the impact of CSA on both parents and children in relation to sexual education is further explored. Additionally, we suggest that future research focuses on how resilience manifests in CSA survivors and whether these findings persist or evolve over time, as negative consequences may emerge later in life for early CSA survivors. Finally, further investigation into the long-term consequences of CSA at a very young age and its effects on sexual development is advised.

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CRediT authorship contribution statement

M. van der Burgt: Writing – original draft, Project administration, Methodology, Data curation, Conceptualization. **G. Widdershoven:** Writing – review & editing, Supervision, Methodology, Conceptualization. **A.P. Verhoeff:** Writing – review & editing, Funding acquisition. **I.M. Hein:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Conceptualization.

Data availability

The data that has been used is confidential.

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