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A Needed Uniform Criteria for Defining Childhood Sexual Abuse

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Abstract: Childhood sexual abuse (CSA) has serious public health consequences and implications. Variables such as gender, sexual orientation, ethnicity, race, and other socioeconomic factors in relation to CSA could be better understood. However, a consistent definition of CSA among research, governmental, and regional sectors in the United States does not exist. Differences in the operationalization of CSA have contributed to the fluctuation of prevalence and incidence rates. The literature varies with respect to age requirements for CSA and types of sexual behaviors. The Department of Justice lacks a detailed definition of CSA, and the definition also differs from state to state. At times different types of child abuse are aggregated, or lacks differentiation from child maltreatment, molestation, or other types of abuse. This report is a call to action to standardize the definition of CSA at the local, state, and federal levels. A definition is needed that is inclusive of different subsets of CSA, given that more aggressive abusive episodes can elicit more adverse outcomes. Without consistency and uniformity in how CSA and subtypes of CSA are defined, discrepancies in occurrences, research outcomes, and preventative and interventional efforts could hinder the progress made in this field of study.

Keywords: Childhood Sexual Abuse, Definition, Standardization

1. Introduction

In most accounts, childhood sexual abuse (CSA) is discussed as a singular phenomenon, but after the amalgamation of definitions, a wide range of circumstances constitute as CSA. Sexual abuse falls under the four common types of child abuse and neglect [1]. CSA is also linked to adverse health outcomes. Multiple studies have found that sexual abuse can lead to long-term negative consequences in multiple domains [2-4]. Experiencing sexual abuse during childhood is more common among women (~18%) than men (~7%) [5-7], but while women are at a higher risk for CSA, men are less likely to report or disclose the abuse [8]. CSA is understudied among men, and research on sexual minority men is limited to disease or behavior. Various studies sampling gay and bisexual men have found that reported CSA rates are higher (20%–37%) among these groups in comparison to heterosexual men [9-11]. These rates do not imply that CSA causes one to be gay or bisexual [12], but suggest that rates for men may be higher than the recorded average in the United States, especially since CSA is defined differently in research and governmental sectors. Differences in the operationalization of CSA have contributed to varying prevalence and incidence rates of sexual abuse [13].

2. Current CSA Research

Several studies have examined racial differences with respect to CSA, but the literature on this topic is not consistent. For example, most research that has discussed racial differences among male CSA survivors has been skewed toward White males [14-15]. Older empirical studies that have examined differences in CSA among Whites, African-Americans, Latinos, and Native Americans ultimately suggest that little difference exists among racial groups [16-17], but more recent studies have found that African-Americans and Latinos collectively are more likely than Whites to report a history of CSA [10, 18-20]. In one study, Latinos were more likely than African-Americans to report CSA [21]. Cultural ideology based on Catholicism, purity, and gender roles may have an impact on how Latinos experience CSA [22-23]. Institutional system mistrust and

skepticism about the effectiveness of CSA interventions could also be higher among Latinos and African-Americans in comparison to other ethnic and racial groups [23-25]. Further research is needed in this domain to fully understand the outcomes and risk factors of CSA.

Research states that survivors of CSA, who often suffer from mental and physical problems, substance abuse, and increased victimization are likely to engage in high-risk health behaviors and behavioral problems [15, 26]. High-risk health behaviors include having more lifetime sexual partners, having unprotected sexual activity, and abusing substances [15, 27-28]. Behavioral problems include aggression, adult criminality, and abusive behavior [29-31]. Existing research lacks socioeconomic diversity, since CSA is limited to convenience sampling techniques [32]. These limitations hinder understanding CSA and its effects fully, even though it is apparent that CSA has multiple severe outcomes over time. Yet how can CSA be adequately studied if definitions differ across numerous platforms?

Various research studies have given different age requirements for CSA, and different types of sexual behaviors also vary across studies [9, 15, 33-34]. The Department of Justice does not have a detailed definition of CSA, but the Centers for Disease Control and Prevention define CSA as "engaging a child in sexual acts [including] fondling, rape, and exposing a child to other sexual activities" [35]. Across various scientific studies, CSA is defined as sexual contact, sexual activity, sexual interaction, or sexual coercion (including touching, kissing, oral sex, and penetration) during childhood, preadolescence, or adolescence, typically by an adult or an individual who is at least five years older than the underage victim [15, 33-34, 36-37]. However, some studies do not specify age limits of the victim and perpetrator. Some researchers argue that nonsexual contact such as exhibitionism, showing sexually explicit material, or sexual requests should not be excluded from this definition [9, 15, 33-34]. Whether or not the minor gives consent, the sexual behavior or gesture is legally considered sexual abuse [33]. The perpetrator can be a relative or a nonrelative, but most abusers are known, and are at times, well-trusted by their victims [38].

Risk factors for CSA include living in poverty, being brought up in a single-parent home, having a substance-abusing family member, experiencing abusive parental styles, and being raised by negative parenting styles that include neglect, conflict, emotional abuse, and physical abuse [39-41]. The literature does not state any differences related to education, social status, community size, and geographic region [39-41]. CSA is often one of several traumas happening to a child concurrently, a situation called polyvictimization. In many cases, children who have been sexually abused may live in non-abusive homes where childhood victimization does not seem apparent [40]. It is possible that the experiences of victims who have experienced more severe sexual abuse may dominate reported cases.

3. Call to Action

CSA as a domain of study and interventional concern could be further understood based on gender, sexual orientation, ethnicity/race, and other socioeconomic factors if a consistent definition existed across all disciplines and sectors. A clear definition among researchers, practitioners, and policymakers is essential to understanding what constitutes sexual abuse. A reliable and valid definition of CSA has yet to be established. CSA may influence current sexual decision-making and contribute to other adverse factors. The Department of Justice lacking a detailed definition of CSA is problematic regarding criminality and policy development. Across various studies, the definition and operationalization of CSA varies and presents different age criteria [15, 33-34, 37]. Variability in definitions could provide high estimates. Currently, the definition of CSA is broad, and experiences of victims who have experienced more severe abuse could be obscured by more general findings. Finkelhor's widely used definition includes too many variables [33]. The DSM-5 defines CSA as occurring solely when the abuser is someone who knows the child [43], even though children can be subjected to abuse by a stranger or someone they are unacquainted with.

There should be a standardized, refined, and explicit definition of CSA at the local, state, and federal levels, especially given that the definition of CSA is different from state to state and at times is aggregated or undifferentiated from child maltreatment, molestation, or other types of abuse. A definition is needed that can be systematically utilized for research, development of interventions, and educational purposes. The definition of CSA should also be tightened, in that there should be definitive differences among those who have experienced sexual abuse with penetration versus without penetration, coercion versus noncoercion, or through contact versus noncontact. Consistent with other studies, differences among various types of sexual abuse are apparent [42, 44-45]. Therefore, counseling and interventions for the type of sexual abuse may require distinctive approaches. Current interventions for CSA occur after offenders have already victimized the child [46]. Resources to combat CSA are also limited and difficult to pinpoint, since CSA is linked to complex family problems [39-40, 47]. A focused definition could lay the groundwork for an improved, more comprehensive measure of CSA, needed research, and development of interventions.

4. Conclusion

Despite previous research broadly conducted on CSA, the complexity of sexual health cannot fully be understood without a universal definition of CSA and defined subtypes of sexual abuse. Perhaps a reevaluation of how CSA is conceptualized could increase public awareness and political concern and also improve knowledge and expertise. A great deal of progress has been made toward research, developing evidence-based interventions, political gains to prevent CSA,

and to protect and treat survivors. But without segregating patterns of variation, there is a chance that we are hindering the progress made in this field of study.

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