

## SEXUAL MEDICINE REVIEWS

## Methodologic Considerations for the Study of Childhood Sexual Abuse in Sexual Health Outcome Research: A Comprehensive Review

Chelsea D. Kilimnik, MS,<sup>1</sup> Carey S. Pulverman, PhD,<sup>1,2,3,4</sup> and Cindy M. Meston, PhD<sup>1</sup>

## ABSTRACT

**Introduction:** Childhood sexual abuse (CSA) has been a topic of interest in sexual health research for decades, yet literature on the sexual health correlates of CSA has been hindered by methodologic inconsistencies that have resulted in discrepant samples and mixed results.

**Aim:** To review the major methodologic inconsistencies in the field, explore the scientific and clinical impact of these inconsistencies, and propose methodologic approaches to increase consistency and generalizability to the general population of women with CSA histories.

**Method:** A comprehensive literature review was conducted to assess the methodologic practices used in examining CSA and sexual health outcomes.

**Main Outcome Measures:** Methodologic decisions of researchers examining sexual health outcomes of CSA.

**Results:** There are a number of inconsistencies in the methods used to examine CSA in sexual health research across the domains of CSA operationalization, recruitment language, and measurement approaches to CSA experiences.

**Conclusion:** The examination of CSA and sexual health correlates is an important research endeavor that needs rigorous methodologic approaches. We propose recommendations to increase the utility of CSA research in sexual health. We recommend the use of a developmentally informed operationalization of childhood and adolescence, rather than age cutoffs. Researchers are encouraged to use a broad operationalization of sexual abuse such that different abuse characteristics can be measured, reported, and examined in the role of sexual health outcomes. We recommend inclusive recruitment approaches to capture the full range of CSA experiences and transparency in reporting these methods. The field also could benefit from the validation of existing self-report instruments for assessing CSA and detailed reporting of the instruments used in research studies. The use of more consistent research practices could improve the state of knowledge on the relation between CSA and sexual health. **Kilimnik CD, Pulverman CS, Meston CM. Methodologic Considerations for the Study of Childhood Sexual Abuse in Sexual Health Outcome Research: A Comprehensive Review. Sex Med Rev 2018;X:XXX–XXX.**

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**Key Words:** Childhood Sexual Abuse; Methodology; Non-Consensual Sexual Experiences

## INTRODUCTION

Childhood sexual abuse (CSA) has been a topic of interest in sexual health research for decades. The prevalence rates of CSA histories vary widely, but meta-analytic reviews have found

prevalence rates of approximately 20% for women and 8% for men internationally.<sup>1,2</sup> Despite the high prevalence rates and the ongoing examination of sexual health correlates of CSA, methodologic inconsistencies have resulted in discrepant samples and mixed results that prevent the ability to make strong inferences about the relation between CSA and sexual health outcomes. The 1st aim of this review is to introduce the methodologic inconsistencies of the field across 3 main domains, namely operationalization, language, and measurement. The 2nd aim of this review is to propose certain methodologic considerations within each of the domains that might help increase consistency and generalizability to the complete population of women with CSA histories.

The present review examined literature reviews, meta-analyses, and empirical studies found from keyword searches in the

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<sup>1</sup>Psychology Department, The University of Texas at Austin, Austin, TX, USA;

<sup>2</sup>VISN 17 Center of Excellence for Research on Returning War Veterans, Central Texas VA Healthcare System, Waco, TX, USA;

<sup>3</sup>Department of Psychiatry, Dell Medical School of the University of Texas at Austin, Austin, TX, USA;

<sup>4</sup>Texas A&M College of Medicine, Bryan, TX, USA

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PsychInfo and PubMed databases using the search terms child(hood) sex(ual) abuse + methodology, definitions, language, measurement, sexual (functioning, well-being, health, behaviors, risk taking, distress, schemas, activity, anxiety, excitation, inhibition, satisfaction, arousal, desire), and sexuality. Articles were read and reviewed when the topic of interest was CSA and sexual health correlates (eg, sexual functioning, risky sexual behaviors, sexual schemas), and included a female sample—in whole or in part. Articles were examined for the operational definition of CSA, the language used in the recruitment of samples, and measurement approaches to assessing CSA histories. Because early reviews have been conducted on some of the methodologic inconsistencies, the present review gave priority to research conducted in the past 2 decades (since 1997). In addition, it should be noted that we use the language of CSA and childhood non-consensual sexual experiences (NSEs) throughout the review to refer to childhood sexual experiences that were non-consensual or abusive in nature. Because many individuals with childhood NSEs do not identify these experiences with the sexual abuse label (which is discussed in more detail in the Language section of this article), the language of childhood NSEs is used to be more inclusive to the multiplicity of women's experiences.

## OPERATIONALIZATION OF CSA EXPERIENCES

The differences in the ways in which researchers operationalize or define CSA is perhaps the area that has received the most criticism within the field.<sup>3–7</sup> Research has demonstrated that variability in the definition of CSA used in prevalence studies accounts for 39% of the variability among prevalence estimates in North American samples.<sup>4</sup> Although this is critically problematic to understanding the base rates of CSA, it also suggests that the CSA operationalization used in any given study can play a role in the sexual outcomes observed through sample inclusion.

In the process of operationalizing CSA, researchers must define *childhood* (ie, the criteria that will be imposed to separate *childhood* experiences from *adolescent* and/or *adult* experiences) and *sexual abuse* (ie, the characteristics of the experience that will qualify it as sexual abuse for the purposes of the study). In defining childhood for the study of sexual abuse, researchers have typically imposed age cutoffs indicating that abuse experiences occurring *before* this age will be categorized as CSA (eg, <16 years old). Age differences between the child and perpetrator also have been examined (eg, sexual contact with someone  $\geq 5$  years older) in an effort to exclude experiences that could be consensual peer-to-peer sexual exploration.

### Operationalization of Childhood

The tradition of using age cutoffs to define childhood in CSA research most likely stems from early research that used an age cutoff to demarcate the age group that at the time of the research was believed to be the most at risk for sexual abuse (<16 years).<sup>8</sup> Currently, the span of age cutoffs within the literature vary:

younger than 18,<sup>9</sup> younger than 16,<sup>10</sup> younger than 14,<sup>11</sup> and younger than 12.<sup>12</sup> Further adding to the inconsistency, some studies fail to report a method for operationalizing childhood.<sup>13</sup> To date, the most frequently used age cutoff to define childhood in the literature appears to be younger than 16 years, which could be due to precedent from previous studies or the common legal age of consent in Canada and across most of the United States being 16 years.<sup>14</sup> The dramatic inconsistency in the age cutoffs imposed in the literature results in heterogeneity of study samples, decreasing the ability to make generalizing inferences to the entire CSA population.

Most CSA studies using age cutoffs to define developmental stages (ie, childhood, adolescence, adulthood) fail to provide a rationale for the selection of the specific age cutoff. 1 study using the 12-year cutoff proposed that this age was a proximal index for the onset of puberty.<sup>15</sup> Consideration of abuse in the context of pubertal onset is important to understanding the influence of CSA on adjustment outcomes, particularly sexual well-being.<sup>16</sup> However, using a proximal age cutoff for pubertal onset might be overly simplistic because there are dramatic individual differences in the age of pubertal onset.<sup>17</sup>

Complicating the issue of operationalizing childhood, an experience of CSA also can affect pubertal onset and development. Stressful or traumatic early life events, such as sexual abuse, have been shown to significantly affect the neuroendocrine functioning and brain development of individuals.<sup>18–20</sup> Trickett et al<sup>20</sup> conducted a longitudinal study of female development following girls who had CSA incidents reported to Child Protective Services within 6 months of the study commencement and were 6 to 16 years old at the time of the study, with an age-matched comparison group. Their results indicated that the girls who had been sexually abused demonstrated accelerated pubertal development (including earlier pubertal onset) and hypothalamic-pituitary-adrenal axis dysregulation (indicated by hyper-cortisol levels in childhood and hypo-cortisol levels in early adulthood with corresponding dysregulated stress responsivity). Furthermore, research has suggested that CSA exposure during different developmental stages (ie, preschool, latency, prepubertal, pubertal, and adolescence) are differentially related to lower levels of brain volume in certain regions (eg, CSA during the age span of 3–5 years was related to a smaller hippocampal volume).<sup>21</sup> These research findings suggest that there are critical developmental periods throughout childhood and adolescence that are differentially vulnerable to trauma and stress<sup>18,19,22</sup> and can affect sexual development.<sup>20,23,24</sup> The dysregulation of these biological and developmental processes can result in significant impairment of physiologic responses, including stress responsivity and sexual arousal.<sup>25</sup>

Because adolescence is a time of biological and social sexual maturation indexed by pubertal onset<sup>23</sup> and can be fairly reliably indexed retrospectively for women by age at menarche,<sup>26,27</sup> individual-level data for pubertal onset could be a valid and informative way to operationalize a distinction between

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