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Child Abuse & Neglect



Commentary

Gendered violence: Advancing evidence-informed research, practice and policy in addressing sex, gender, and child sexual abuse

Christine Wekerle*, Tara Black

McMaster University, University of Toronto, Canada

We have to ensure that our children, all of them, have the right and the safety to say “no” and stop leaving them vulnerable in their own homes. It is our business to step in and keep them safe. ... This means that speaking aloud the words of “cease and desist” are the responsibility of everyone. . .

(Wesley-Esquimaux, 2013. p. 77)

Those who can make you believe absurdities can make you commit atrocities – Voltaire

Child sexual abuse (CSA) is defined by the [World Health Organization \(WHO\) along the lines of sexual violence \(2010\)](#): “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work” (p.11). [The World Health Organization and International Society for the Prevention of Child Abuse and Neglect \(ISPCAN\) \(2006\)](#) specifies CSA as: “. . .the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power over the victim.” (p.10) Acts range from sexual harassment by adults, older children or peers to rape. CSA is perpetrated on a minor by threat force, intimidation and manipulation, with grooming practices seen in on-line luring to sex trafficking ([Collin-Vézina, Daigneault, & Hébert, 2013](#)). Despite a consistency in the global definition, different systems and jurisdictions within systems will utilize a range of terms for different situations, including sexual assault, sexual violence, date rape, child sexual exploitation etc., which – at least from the legal perspective – creates an impossible challenge to unify terms with specific reference to actions. For research, the terminology ambiguity has been well-recognized as potentially impactful on epidemiological estimates, the stigma for disclosure notwithstanding ([Finkelhor, Shattuck, Turner & Hamby, 2014](#)) It seems pressing that the specificity of the definition in any research study is provided, in addition to the context ([Dubowitz, this issue](#)). In the ISPCAN survey of 72 countries, wide-ranging expert opinion was found. For example, many did not view child marriage or female genital mutilation as CSA, even though practices may involve pre-pubertal girls and coercion, where refusal or escape may be a matter of life and death. Child sexual trafficking (often termed child sexual exploitation) is a prevalent and lucrative criminal activity globally. There appears to be more consensus among high- and middle-income countries as to what constitutes CSA, and these social-political-economic-cultural intersections remain part of the challenged for a unified addressing the ending of violence against children and adolescents.

The United Nations’ Sustainable Development Goal 5 to achieve gender equality, with a particular attention to youth empowerment and a focus on girls.¹ As it relates to childhood abuse, this is relevant given that females are reported as at highest risk in a variety of meta-analytic reviews (e.g., effect size of gender ranged up to 0.30 in trauma studies, [Brewin,](#)

* Corresponding author.

E-mail address: chris.wekerle@gmail.com (C. Wekerle).

¹ To coincide with the 2017 International Women’s Day, and to provide some research summary to the Sustainable Development Goal 5–Gender Equity, Elsevier released a Gender in the Global Landscape Report (this report can be found at: <https://www.elsevier.com/promo/research-intelligence/global-gender?URL=https://www.journals.elsevier.com/child-abuse-and-neglect/open-access-articles>).

Andrews, & Valentine, 2000; over half of female survivors do not self-label their sexual violence victimization as rape (Wilson & Miller, 2016). Many of the publications in this issue have found this pattern of higher female victimization, relative to males. For example, Allgroggen, Rau, Ohlert, and Fegert (this issue) reported the lifetime prevalence of sexual victimization in a German sample of adolescents in institutional care: 47% for girls and 8% for boys, highlighting the critical importance for considering the contribution of violence in at-risk sub-populations for truly achieving trauma-informed care. While the consensus on trauma-informed care is emerging, one common priority is the psychological and physical safety-mindedness for the prevention of re-victimization, re-traumatization, and the promotion of physical and mental health and resilience. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) defines a trauma-informed system as one that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (p. 9). As trauma-informed cognitive-behavior therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006; Cohen, Mannarino, Kliethermes, & Murray, 2012) is a gold standard for treatment with CSA youth, investigations into how to improve the access and delivery of this model are highly relevant (Wamser-Nanney and Steinzor, this issue, Wamser-Nanney and Steinzor explore the reasons for attrition from TF-CBT. Demographic characteristics, number of traumatic events, and children's caregiver-rated pretreatment were significant predictors of attrition.

Towards this end, the range of CSA experiences may be best conceptualized as trauma events that often reflect an overlap with other adverse childhood events. Trauma events may or may not confer trauma responses. A common thread in the contributing publications is the poly-victimization and isolating the contribution of CSA which may be the original maltreatment or may be subsequent to other forms of maltreatment. Indeed, CSA was rarely a sole traumatic event (e.g., Turner, Taillieu, Cheung & Afifi, this issue; Wekerle, Goldstein, Tanaka, & Tonmyr, this issue). Working with a US population dataset, Turner et al. (this issue) found a prevalence of CSA among males at 5.3%, where only 1.3% reported CSA only. Trauma responses may be unfolding, as disclosure is a developmental process and perceptions of victimization may change across changing contexts and living environments. In this commentary, we will focus on the sex and gender findings among contributions, with a view towards the need to expand our investigations to better capture the developmental aspects of gender and the sex and gender interaction among CSA survivors.

1. Gender and pre-traumatic event factors

Pre-traumatic event(s) factors are recognized as contributory, including those related genetics, neuroendocrine system, family history of mental health disorders (including parental traumatization), and, of relevance to this special section, sex differences and gender issues (Brewin et al., 2000; Collin-Vézina et al., 2013; van Ee, Kleber, & Jongmans, 2016; Stoltenborgh, van Ijzendoorn, Euser, Bakermans-Kranenburg, 2011). While sex and gender influences in clinical practice research continues to develop, Tannenbaum, Greaves and Graham (2016) provide a clarifying discussion on their operationalization and application to research that may inform health and well-being, although not specific to the developmental context of childhood to emerging adulthood. They do note the developmental aspects of gender in identifying it as a “multifaceted and fluid construct, influenced in a temporal manner by social and cultural contexts and environments to create gender norms” (p. 2). Various influencers include geography, ethnicity, social status, and sexuality, etc. In sex and gender research, sex refers to the biological aspects of maleness and femaleness (i.e., chromosomes, gene expression, hormone function, reproductive/sexual anatomy), and gender refers to the socially constructed expression of identification and perception of gender along a masculine-feminine continuum (i.e., non-binary; see Sex and Gender Equity Research guidelines, Heindari, Babor, De Castro, Tort, & Curno, 2016). How gender may be manipulated by perpetrators of childhood sexual violence has been under-attended in the literature to date. For example, how do perpetrators take advantage of the child's developmental level in their goals of developing identity, autonomy, and sexual knowledge interest? The strategy of confusing or pitting developing cognition against natural developmental strivings towards agency may make for greater impact to gender, where interactions between sex and gender are relevant (e.g., a male perpetrator telling a pre-adolescent or early adolescent male that he was “favored” because the perpetrator could tell he is gay and rationalizing the offending behaviors as “education” or “supporting natural self-expression”). These are important research conversations to better understand how to “de-program” the offender-engendered narratives foisted onto the child victim, along with the sexually violent behaviors. Historically, the child abuse and neglect field has not separated out the use of the terms sex and gender, in keeping with advancements in gender and health fields. Perhaps given the potential confusion for the use of sex in research on childhood sexual abuse, gender has been the preferred term used to denote sex. However, we are currently in a place of enhanced understanding of relevant theory and terminology clarification to now consider the import of sex, gender, and their interaction (Tannenbaum et al., 2016). Sex and gender are highly relevant determinants of health and well-being, and we need continued breadth in our scope to locate these within child abuse and neglect, sexual violence, and trauma-focused research.

Gender-inclusive conceptualizations of sexual violence (e.g., Turchik et al., 2016) take into account that sexual aggression and exploitation involves victims and offenders across genders and, childhood assaults are developmentally impactful, potentially affecting domains in gender domains (identity), sexuality and sexual health (orientation, risk behaviors, infection risk), and relationships (dating, later sexual assault risk). Disparities to the greater female: male ratio in childhood sexual abuse are noted for sexual minority males (Friedman et al., 2011). CSA. Another important issue for adolescents, is the overlap among sexual victimization and sexual offending. In a recent study on adult convicted sexual offenders using

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