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Current issues in child sexual abuse, gender and health outcomes: Shedding new lights to inform worldwide policy and practice

The experience of sexual abuse in childhood or the teenage years is self-reported by 1 out of 8 people worldwide (18.0% of women and 7.6% of men) (Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). This alarming rate has clearly called for extensive and powerful policy and practice efforts, and both international and national communities have acknowledged the urgent need to do more to prevent and respond appropriately to cases of child sexual abuse. Regarding institutional responses to disclosure, services for sexually abused children and youth have gone through an extensive transformation in the past decades, which include: the implementation of a standardized forensic interview protocol in several Western countries to promote good interviewing practices (see review of the National Institute of Child Health and Human Development Protocol by La Rooy et al. (2015); as well as inter-agency protocol agreements between child welfare agencies and the police to enhance collaboration between services, and particularly through specialized Child Advocacy Centers that provide a wide-range of services under one roof (see Cross et al., 2008). This latter initiative has addressed – at least in part – the problems associated with the uncoordinated response to reported cases of CSA (Elmquist et al., 2015). When it comes to treatment strategies, gold standard models such as Trauma-Focused Cognitive Behavioral Therapy (Cohen, Mannarino, & Deblinger, 2012) are now firmly established. This psychosocial treatment model is designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents and is being implemented in different countries around the world. There is ample evidence that this psychotherapeutic approach helps mitigate the aftermath of sexual trauma (e.g. Mannarino, Cohen, Deblinger, Runyon, & Steer, 2012). Moreover, some interesting political reappraisal processes and cutting-edge prevention programs have emerged lately, such as the German 'Speaking helps' campaign (Rassenhofer, Spröber, Schneider, & Fegert, 2013), which hold great promise to raise awareness regarding CSA, reduce social stigma, and promote a non-blaming, compassionate discourse towards victims in our communities

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campaign (Rassenhofer et al., 2013), which hold great promise to raise awareness regarding CSA, reduce social stigma, and promote a non-blaming, compassionate discourse towards victims in our communities.

In light of the above mentioned advancements, we recognize that the taboo of child sexual abuse is clearly not as prominent as a few decades ago when the issue was rarely spoken of, acknowledged and addressed. However, extensive societal prevention and intervention efforts must be further developed and implemented in order to eradicate this disturbing social problem and its negative outcomes. Although CSA is recognized by the international community as a serious violation of human well-being and of the law, no country has yet developed mechanisms that ensure that their children and youth will be safe from sexual abuse. We argue that this form of violence has yet to be fully recognized as a public health issue that requires wide-ranging strategies supported by governance bodies because there are still some grey areas and gaps in knowledge. For example, the development of effective strategies to deal with CSA is hampered by the fact that many victims delay disclosure or never tell, or do not access tailored and optimal services to heal from the trauma (Cloitre, 2015; Collin-Vézina, De la Sablonnière, Palmer, & Milne, 2015). These shortcomings suggest the need to develop more sensitive investigatory and assessment techniques, as well as a more guided approach to linking CSA victims with trauma-focused services. Knowledge gained from disclosure processes also challenge legal frameworks that still have a statute of limitations – that is a maximum time after an event within which legal proceedings may be initiated. These legal regulations appear at odds with the disclosure process of many CSA victims, as one that unfolds over time along with greater safety, knowledge and capacities. Victims of CSA may be reluctant to disclose their abuse due to fear of retribution from their offender, creation of upheaval in their family, or because of worry they will not be believed by other adults in the family. Also, although it is well documented that sexual violence can lead to profound and debilitating short- and long-term mental health and chronic health problems (Afifi et al., 2016; Chen et al., 2010; Hillberg, Hamilton-Giachritsis, & Dixon, 2011), the unique contribution of sexual violence victimization relative to other factors, as well as of the complex nature of the interactions at play, are yet to be established. Finally, although the majority of international research suggests that females are more likely than males to be the victims of CSA (Stoltenborgh et al., 2011), there is ample evidence that sexual violence is experienced by a significant portion of boys and men. The study of the impact of gender on child sexual abuse disclosure processes, associated outcomes and service seeking behaviors, however, is still in its infancy (Gagnier & Collin-Vézina, 2016; O'Leary & Barber, 2008).

Taken together, these observations have provided the groundwork to set up a two-part special content on child sexual abuse, gender, and health outcomes. The first of the two parts is featuring six papers that provide a range of insightful new knowledge on the impact of CSA on health and psychological indicators, as well as on prevention and early intervention strategies that show promise to improve responses to victims. The second part, coming out in early 2017, will extend content to key sub-populations (e.g. child welfare-involved youth), as well as population study and global perspectives. As a whole, this special content will further expand our understanding of CSA and its impact through different angles and lenses to improve courses of action undertaken at the individual, familial and societal levels, and, in so doing, increase our ability to protect the lives of at-risk children.

In the first cluster of papers presented in the current issue, the focus is on advancing knowledge and understanding on how childhood CSA victimization is associated with heightened risk for a number of adverse mental and physical health outcomes across genders. Abajobir, Kisely, Williams, Maravilla, & Najman (2017) set out to accomplish this objective by performing a systematic review and meta-analysis of 8 studies examining the CSA-risky sexual behavior link. Abajobir and colleagues were particularly interested in determining whether this link differed by victim gender. Although great strides have been made in the field's understanding of the link between CSA and risky sexual behaviors, a thorough and exhaustive review of the extant studies in this area was needed to identify significant and consistent patterns of results. Consistent with previous research suggesting that CSA increases risk for risky sexual behaviors, Abajobir and colleagues found that self-reported risky sexual behaviors were more likely among both male and female CSA victims relative to non-victims.

As is apparent from the studies described above, previous research has primarily examined risky sexual behaviors as an outcome of CSA. These behaviors, however, may also serve as an important mechanism between CSA and more distal outcomes. Krahé and Berger (2017) set out to examine whether risky sexual behaviors and self-esteem were significant mediators of the association between CSA and sexual aggression perpetration and victimization in adulthood. Moreover, given that previous studies examining gender differences in the link between CSA and sexual aggression perpetration/victimization have provided mixed results, Krahé and Berger were interested in whether these hypothesized indirect pathways would differ by victim's gender. Risky sexual behaviors were a significant mediator of the direct association between CSA and sexual aggression victimization for both men and women, and were a significant mediator of the CSA-sexual aggression perpetration for women only. Their findings suggest that while there are some similarities in the sexual aggression outcomes associated with CSA for men and women, there are also significant gender differences in how these direct associations are mediated. These differences have potential implications for prevention and intervention efforts targeted towards at-risk men and women.

Although much is known about the impact of CSA in adolescence and early adulthood, relatively fewer studies have investigated later life health outcomes associated with CSA, particularly among men. In order to address these gaps in the research literature, Easton and Kong (2017) examined late-life data to test out whether CSA is associated with higher levels of adverse mental health outcomes – depression, somatic symptoms, and hostility – and whether these associations might be moderated by childhood adversities and adherence to traditional masculine norms. Consistent with their hypotheses, Easton and Kong found that CSA was significantly associated with greater levels of all three mental health outcomes, even after controlling for sociodemographic characteristics. In terms of interaction effects, childhood adversities were a moderator of