

Child sexual abuse exploits and degrades children and can cause serious damage to cognitive, social, and emotional development of a child. As a society, we have a collective responsibility to prevent child sexual abuse. To accomplish this, we must initiate and support services and policies that enhance children's development, health and safety and we must advocate for policies and programs to help meet the basic needs of children and families. We must also promote research, training, and public education to strengthen protective factors that buffer risk factors for sexual abuse while also directly addressing those risk factors.

Prevent Child Abuse America advocates for:

- **Raising awareness of the unacceptability of child sexual abuse, and promoting the notion that stopping child sexual abuse is everyone's responsibility.**

All adults and adolescents need to know that child sexual abuse is a crime that often causes severe damage to children, that help is available for those who seek it, and that children can never consent to sexual activity.¹ Further, a comprehensive prevention strategy should include increasing parents' and other caregivers' awareness and knowledge of protective measures they can take on behalf of their children.

A powerful public education message must be transmitted to the general public, encouraging society to recognize that child sexual abuse is both everyone's problem and responsibility. The goal of such public education efforts is to eliminate any tolerance for sexual abuse or confusion over what society condones as appropriate interactions between adults and children.²

- **Educating the public, especially policymakers, about the true nature of child sexual abuse.**

The wide dissemination of accurate information to the public, especially to policymakers, will help break the silence and taboo that surrounds child sexual abuse, and may facilitate the formulation of effective solutions to the problem.

- **Rigorously evaluating and strengthening existing child sexual abuse prevention programs.**

Current child abuse prevention programs are focused primarily on educating preschool and elementary school children on how to recognize instances of abuse and teaching them personal safety skills. Programs may also focus on helping children who are victims of past or ongoing sexual abuse by encouraging them to disclose such incidents to parents or other responsible adults.³

Research yields little evidence that such programs actually prevent the occurrence of child abuse. Although program evaluations demonstrate short-term knowledge gain, they fail to establish a link between such knowledge gain and the prevention of child sexual abuse. The lack of conclusive outcomes does not necessarily mean that such programs are ineffective. Rather, demonstrating effectiveness is a challenging task, mainly because of the methodological shortcomings of existing evaluations. Such limitations include the absence of comparison groups, lack of pre-testing on measures of knowledge and skills, inadequate follow-up periods, and small sample size.⁴

Future evaluations of existing child abuse prevention programs must correct such methodological shortcomings. Moreover, child sexual abuse prevention programs must be strengthened so that program strategies are more explicitly directed toward the goal of preventing child sexual abuse.

- **Shifting the prevention of child sexual abuse from children to adults.**

Many experts are concerned that even when children retain the knowledge acquired through child sexual abuse prevention programs, such children are incapable of resisting abusive behavior directed at them by older and stronger offenders.⁵ Such concerns seem valid given that

approximately 40 percent of child sexual abuse victims are aged 6 and younger, and thus may be especially impressionable and vulnerable to victimization.⁶

Adults must exercise an affirmative obligation to safeguard children from sexual abuse. Therefore, while strengthening existing child sexual abuse prevention programs, efforts must be made to create programs that shift the responsibility of child sexual abuse prevention from children to adults and public institutions. One such approach includes widespread and intensive public education, such as the use of media campaigns, to increase adults' awareness and knowledge of child sexual abuse and to teach actions adults can take to protect children.⁷

The signals of child sexual abuse are often subtle and frequently defy detection even by knowledgeable parents and seasoned professionals. Additional efforts are needed, including parent education in methods for reducing the risk of child sexual abuse and training for professionals and other caregivers who work with children to recognize and appropriately respond to sexually reactive behavior. In addition, training and education of parents, caregivers, and professionals must also focus on what to do when a child discloses sexual abuse, how to report sexual abuse, and how to respond to the child's needs when disclosure is made.

- ♦ **Exploring, evaluating, and strengthening new approaches to preventing child sexual abuse.**

Child sexual abuse is primarily addressed by two systems – the child protective system and the criminal justice system. Both systems address child sexual abuse only after the abuse has already occurred. Moreover, both are concerned with dispensing justice rather than preventing child sexual abuse. As such, neither focuses on formulating solutions to reduce child sexual abuse or to heal the negative consequences of child sexual abuse. In addition, since the majority of child sexual abuse cases are not formally reported to either the criminal justice or child protective systems, neither the interests of justice or protection are adequately served by the current institutional response to child sexual abuse.

New, cutting-edge approaches are being developed to prevent child sexual abuse. Such approaches complement the criminal justice and child protective systems, but focus more on accountability, rehabilitation, and restitution than on punishment. However, despite the great potential such approaches hold to preventing child sexual abuse, they are new and not yet fully tested. Such approaches, including fostering survivor leadership, circles of accountability and support, targeted public messages directed at perpetrators and would-be perpetrators of child sexual abuse, and child sexual offender treatment, should be further explored, rigorously evaluated, and strengthened.

- ♦ **Making mental health services available to all those affected by child sexual abuse.**

Children who have been sexually abused may face severe and long-term psychological consequences. Mental health services, especially if timely, can help ease some of these consequences. They also may help stop the intergenerational transmission of child sexual abuse. Mental health services to those engaging in abusive behavior can help them address stressors that often lead to sexual abuse, helping end such abuse.

Background

Definition of Child Sexual Abuse

Child sexual abuse is defined as inappropriately exposing or subjecting a child to sexual contact, activity, or behavior. Sexual abuse includes oral, anal, genital, buttocks, and breast contact. It also includes the use of objects for vaginal or anal penetration, fondling, or sexual stimulation. Exploitation of a child for pornographic purposes, making a child available to another as a child prostitute, and stimulating a child

with inappropriate solicitation, exhibitionism, and erotic material are also forms of sexual abuse.⁸ Non-contact behaviors, such as voyeurism, indecent exposure, and sexual remarks to children, also constitute sexual abuse.

Scope of Child Sexual Abuse

In 2008, approximately 69,184 children (9.1 percent of all substantiated cases of child maltreatment) in the United States were officially counted as victims of child sexual abuse.⁹ These figures may actually under-represent the number of child sexual abuse victims. One study indicates that at least 12-35 percent of American women and 4-9 percent of American men experienced some form of sexual abuse as children.¹⁰

Nature of Child Sexual Abuse

Child sexual abuse occurs in all populations. It happens to children in all socioeconomic and educational levels, across all racial and cultural groups, and in both rural and urban areas.

The vast majority of child sexual abusers include someone the child knows such as a parent or other relative, teacher, clergy, neighbor, or friend. Approximately 60 percent of boys and 80 percent of girls who were sexually victimized were abused by someone the child knew.¹¹

Only a fraction of those who commit sexual assault are apprehended and convicted for their crimes. According to Center for Sex Offender Management, only 33.9 percent of sexual assaults against persons 12 years or older were reported to law enforcement.¹² Current research does not track the rate of reporting for child sexual abuse for children younger than 12 years of age.¹³ Most experts, however, assume such rates are similar to those for children older than 12 years of age.¹⁴

Child sexual abuse is perpetrated by juveniles as well as adults. Forty percent of reported sexual assaults against children ages six and under are attributable to juvenile abusers, as are thirty-nine percent of reported sexual assaults against children ages 6 through 11.¹⁵ Adolescent boys make up approximately 23 percent of sexual offenders.¹⁶ Research findings indicate that from 40 to 80 percent of juvenile sex offenders have themselves been victims of sexual abuse.¹⁷

Common warning signs of those who sexually abuse children include excessive talk about the sexual activities of children or teens; excessive masturbation; talk about sexual fantasies including children; encouraging a child to keep secrets; viewing of child pornography; requests to adult partners to dress or act like a child during sexual activity; excessive time spent with children or teens, not with adults; and the identification of children with sexual slang terms.¹⁸ However, sexual offenders often do not display such overt indicators of their sexual abuse of children. Therefore, in addition to being attuned to warning signs, parents and caregivers should routinely employ risk reduction strategies, which minimize, to the extent possible, the child's risk exposure for sexual abuse. Such basic measures as refraining from public display of the child's printed name on the outside of clothing or backpacks, providing parental supervision calibrated to the level of opportunity a given circumstance may present for the occurrence of child sexual abuse, and observing and monitoring relationships the child has with adolescents and adults are routine practices that parents and caregivers can adopt to reduce the child's risk exposure for sexual abuse.

Consequences of Child Sexual Abuse

The physical signs of child sexual abuse are often hard to detect, as most perpetrators avoid physically harming their victims so they can repeat the activities over time. Because of this dynamic and the fact that children generally disclose long after the last contact, few children will have diagnostic findings. Child sexual abuse can be very different from rape, where force and restraint are used and signs of injury are generally present.¹⁹

When children are injured as a result of sexual contact, they may present with vaginal or rectal bleeding; genital pain, itching, swelling, or discharge; difficulty with bowel movements; painful urination; and recurring complaints of stomachaches and/or headaches. Few children present with extragenital trauma

to the breasts, buttocks, lower abdomen or extremities.²⁰ Children can also contract sexually transmitted diseases or become pregnant as a result of sexual abuse.²¹

Behavioral and emotional consequences/warning signs include: extreme changes in behavior such as loss of appetite, eating disorder, withdrawal, or aggressiveness; disturbed sleep patterns or a sudden fear of the dark; regression to infantile behavior; multiple personality disorders; and delinquent behavior or a drop of grades in school.²² Additional indicators may include intrusive thoughts, nightmares, heightened startle response, poor concentration, and hyper-vigilance, and in some cases the child may appear depressed, withdrawn, or lethargic.²³ Children will commonly respond to their victimization with sexualized behaviors and/or age inappropriate knowledge of sexual activities.²⁴

Long-term consequences of sexual abuse may include a chronic self-perception of helplessness, hopelessness, depression, impaired trust, self-blame, self-destructive behavior, and low self-esteem.²⁵

Other long-term consequences for victims of child sexual abuse include:

- *Increased likelihood of teen pregnancy:* In one study, men who were sexually abused at aged 10 or younger were 80 percent more likely than non-abused men to later engage in sexual activity resulting in teen pregnancy.²⁶
- *Increased likelihood of homelessness:* A study of homeless women found that childhood maltreatment, including physical, verbal, and sexual abuse, was a “pervasive and devastating predictor of dysfunctional outcomes,” including chronic homelessness.²⁷
- *Increased risk of drug and alcohol abuse:* Research indicates that both women and men who have experienced child sexual abuse have an increased risk of drug and alcohol abuse in their adult life.²⁸

It is clear that the consequences of child sexual abuse far beyond the affected children and families. Enormous societal costs are involved. Prevent Child Abuse America estimated the economic impact of child abuse and neglect at \$104 billion in 2007; and this was likely a conservative estimate. Thus, in addition to the compelling human argument to help optimize children’s development, health and safety, there is also a financial impetus to help prevent the neglect of children. The aphorism that “our children are our nation’s most valuable resource” should be more than a slogan. Finally, at the heart of child neglect is a concern with their basic rights, their human rights.

The costs associated with the pervasive and long-lasting effects of child abuse and neglect are as undeniable as our obligation to prevent – not just respond to – this problem. In 2007, \$33 billion in direct costs for foster care services, hospitalization, mental health treatment, and law enforcement were supplemented by over \$70 billion in indirect costs like loss of individual productivity, chronic health problems, special education, and delinquent and criminal justice services.²⁹

For more information contact Prevent Child Abuse America at 312-663-3520 or at mailbox@preventchildabuse.org.

Endnotes

¹ Daro, D.A. (1994). Prevention of child sexual abuse. *The Future of Children: Sexual Abuse of Children*, 4 (2). Center for the Future of Children. The David and Lucille Packard Foundation. Available online at http://www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc_id=74215.

² Ibid.

³ Putnam, F.W. (2003). Ten-year research update review: child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(3), 269-278.

⁴ Ekstrand, L.E. (1996). *Preventing Child Sexual Abuse: Research Inconclusive About Effectiveness of Child*

Education Programs. Washington, DC: General Accounting Office.

⁵ Giardino, A.P. & Randell A. (2005). *Child Maltreatment*. St. Louis: STM Learning, Inc.

⁶ Finkel, M.A. & Giardino, A.P. (2009). *Medical Evaluation of Child Sexual Abuse: A Practical Guide*. Elk Grove Village, IL American Academy of Pediatrics.

⁷ De Arellano, M.A., Campbell, C., Rheingold, A.A., & Self-Brown, S. (2008). A media campaign prevention program for child sexual abuse: community members' perspectives, *Journal of Interpersonal Violence*, 23(6), 728-743.

⁸ Prevent Child Abuse America. (1999). *Fact Sheet: Child Sexual Abuse*. Available online at

http://member.preventchildabuse.org/site/DocServer/sexual_abuse.pdf?docID=126.

⁹ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2010). *Child Maltreatment 2008*. Available from <http://www.acf.hhs.gov/programs/cb/pubs/cm08/cm08.pdf>.

¹⁰ Putnam, F.W. (2003). Ten-year research update review: child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(3), 269-278.

¹¹ Lieb, R., Quinsey, V., & Berliner, L. (1998). Sexual predators and social policy. In M. Tonry (Ed.), *Crime and Justice*. Chicago: University of Chicago Press.

¹² U.S. Department of Justice, Bureau of Justice Statistics. (2006). *Percent of victimizations reported to the police, by type of crime and age of victims*. Available online at <http://www.ojp.usdoj.gov/bjs/pub/pdf/cvus/current/cv0696.pdf>.

¹³ Ibid.

¹⁴ Freeman-Long, R. (2000). *Myths and Facts about Sex Offenders*. Silver Spring, MD: Center for Sex Offender Management.

¹⁵ Snyder, H.N. (2000). *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics*. Washington, DC: U.S. Department of Justice.

¹⁶ Ibid

¹⁷ Becker, J.V. & Hunter, J.A. (1997). Understanding and treating child and adolescent sexual offenders. In T.H. Ollendick & R.J. Prinz (Eds.), *Advances in Clinical Child Psychology*, 19. New York: Plenum Press.

¹⁸ Stop It Now. (2008). *Warning signs about child sexual abuse*. Available online at

<http://www.stopitnow.org/warnings.html>.

¹⁹ Finkel, M.A. & Giardino, A.P. (2009). *Medical Evaluation of Child Sexual Abuse: A Practical Guide*. Elk Grove Village, IL American Academy of Pediatrics.

²⁰ Ibid.

²¹ Child Welfare Information Gateway. (2007). *Recognizing child abuse and neglect: signs and symptoms*. Available online at <http://www.childwelfare.gov/pubs/factsheets/signs.cfm>.

²² Prevent Child Abuse America. (1999). *Fact Sheet: Child Sexual Abuse*. Available online at

http://member.preventchildabuse.org/site/DocServer/sexual_abuse.pdf?docID=126.

²³ Whitman, B. (2002). Psychological and psychiatric issues. In A.P. Giardino & E.R. Giardino (Eds.), *Recognition of Child Abuse by the Mandated Reporter, Third Edition*. St. Louis: G.W. Medical Publishing.

²⁴ Ibid.

²⁵ Massachusetts Citizens for Children. (2001). *A State Call to Action: Working to End Child Abuse and Neglect in Massachusetts*. Available online at http://www.masskids.org/cta/cta_i_ch01.html.

²⁶ Anda, F.R., Chapman, D.P., Croft, J.B., Dietz, P.M., Felitti, V.J., Marks, J.S., et al. (2001). Abused boys, battered mothers, and male involvement in teen pregnancy. *Pediatrics*, 107(2), E19.

²⁷ Leslie, M.B., Nyamathi, A., & Stein, J.A. (2002). Relative contributions of parent substance abuse and childhood maltreatment to chronic homelessness, depression, and substance abuse problems among homeless women: Mediating roles of self-esteem and abuse in adulthood. *Child Abuse and Neglect*, 26 (10), 1011-1027.

²⁸ Anda, R.F., Brown, D.W., Dong, M., Dube, S.R., Felitti, V.J., Giles, W.H., et al. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28 (5), 430-438.)

²⁹ Wang, C.T. & Holton, J. (2008). *Total Estimated Cost of Child Abuse and Neglect in the United States*. Available online at http://member.preventchildabuse.org/site/DocServer/cost_analysis.pdf?docID=144.