



POLICY WHITE PAPER

Prevention of Child Sexual Abuse: A Policy Briefing

Summary

Child sexual abuse and assault currently affect 1 in 4 girls and 1 in 20 boys in the United States before they reach the age of 18.¹ The effects of child sexual abuse and assault are traumatic, long lasting, and costly. They include lifelong physical and emotional harm to individual children and the loss of human dignity and economic worth in our society. Although rates of sexual abuse declined during the 1990s, they've plateaued in recent years,² suggesting a renewed effort is needed to protect children. New policies that result in smart investments in prevention programs, research, and education should be enacted to ensure that our children are safe, healthy, and successful in school and have productive and rewarding futures.

What Is Child Sexual Abuse, and How Widespread Is It?

According to researchers at the National Center for Injury Prevention and Control, "Child sexual abuse involves inducing or coercing a child to engage in sexual acts. It includes behaviors such as fondling, penetration, and exposing a child to other sexual activities"³ (such as flashing, masturbation, peeping, or pornography).

The number of reported cases of child sexual abuse can vary widely depending on the definition of abuse used and the system collecting and reporting the data (for example, child welfare, law enforcement, self-report through surveys).

In addition, a distinction is generally made between sexual abuse and sexual assault. Sexual assault refers to any unwanted sexual act or behavior to which a person hasn't given consent and which is threatening, violent, forced, or coercive. Child sexual abuse, which can include assault, commonly refers to an adult or an older youth with power and authority taking sexual advantage of a child.

The most recent data suggest that 26.6% of girls and 5.1% of boys in the US experience sexual abuse or assault before age 18; the rates at the hands of adult perpetrators are 11.2% for girls and 1.9% for boys.¹ It's estimated that a child is sexually abused every eight minutes in the US.⁴

Overall, sexual abuse incidents are underreported. A 2000 study of childhood rape victims found that 73% of victims didn't tell anyone about the abuse for at least a year, and 47% didn't tell anyone for at least five years.⁵ Of those surveyed in the study, 28% had never told anyone about the assault before the interview.⁵

Who Is Affected by Child Sexual Abuse and What Is the Cost?

Child sexual abuse affects children from all socioeconomic levels. However, research suggests that several subgroups of children are at heightened risk of victimization, including LGBTQ youth,⁶ youth in foster care,⁷ children with physical and mental disabilities,^{8,9} and homeless and runaway youth.^{10,11}

Children who experience sexual abuse suffer the effects throughout their lives. As a result of abuse, children often feel powerless and unable to control their lives and are more likely to exhibit sexualized behavior and age-inappropriate sexual knowledge.¹² Child sexual abuse also increases the likelihood that children will need special education services.¹³

Girls experiencing sexual abuse are more likely to exhibit internalizing behaviors such as depression, bulimia, obesity, and anorexia.¹² Boys are more likely to exhibit externalizing behaviors such as delinquency and heavy drinking.¹² Both genders are also more likely to experience symptoms of post-traumatic stress disorder (PTSD), such as anxiety and violent behavior.¹²

As adults, victims of child sexual abuse are more likely to experience depression, suicide, and substance abuse. When these victims become parents, they're more likely to use harsh parenting techniques and make poor parenting decisions that lead to their children experiencing higher rates of sexual abuse.¹² Female survivors of child sexual abuse are more likely to become pregnant before age 19 and have low self-esteem and low levels of education attainment.¹³

The economic impact of all kinds of child maltreatment, including child sexual abuse, is significant. A 2012 study found that, the **average lifetime cost per victim is \$210,012** for children who are victims of sustained child abuse, which includes loss of earnings, higher health care costs, child welfare and criminal justice costs, and special education costs.¹⁴ This study included only substantiated cases and did not account for unsubstantiated or unreported cases.

Who Are the Abusers?

Stereotypes of perpetrators of child sexual abuse, including strangers luring children away from their families, are largely false. Perpetrators of child sexual abuse and assault are most typically:

- Male (more than 90%)¹⁵
- A person known to the child (approximately 50%)¹⁵
- A member of the child's family (approximately 25–33%)¹⁵
- Over age 18 (76.8%), although it's important to note that nearly 20% are between ages 12 and 17¹⁶

Although the public has experienced rising concern about child sexual abuse and the Internet, some of these fears have been based more on anecdote than on research. However, for some youth, particularly youth already vulnerable to exploitation in other ways, there is potential for offender contact and grooming to occur online. It's estimated that 1 in 25 young people between ages 10 and 17 have been asked to send sexually explicit pictures of themselves to someone on the Internet.¹⁷ In some cases, these high-risk situations could lead to other kinds of victimization, such as stalking, assault, and financial extortion.¹⁸

Preventing Child Sexual Abuse

Research shows that the two most effective ways to prevent child sexual abuse are through education and training focused on adults and programming focused on skills training in children.¹⁹ When school-based programs are used in conjunction with parental involvement, they produce more benefits than either does individually.¹⁹ Additionally, adults in the school setting are most likely to report sexual abuse; reports by school officials account for 52% of abuse reports made by professionals to authorities.²⁰ Of children victimized in 2011, 42% of victimization episodes were known about by school officials compared with 13% known about by police and 2% by medical professionals.²¹

Adult-Focused Education: Adult-focused prevention programs focus on two areas: giving adults the knowledge and skills to identify the signs of abuse and refer to appropriate services, and ensuring a strong bond between parents/caregivers and children that promotes communication. Research shows that when parents/caregivers teach their children about sexual abuse, they decrease the likelihood that the child will be victimized.¹⁹ Increasing children's knowledge of sexual abuse also creates an environment in which the child is more comfortable disclosing abuse or other threatening behaviors.¹⁹

Child-Focused Skills Training: The goal of child-focused programming is also twofold: to empower children through increased knowledge of strategies that prevent victimization and to create an atmosphere that results in increased disclosure when abuse does occur.¹⁹ A child who is empowered will have higher self-esteem. A child with high self-esteem may be more likely to disclose abuse or may reject abuse attempts, making it more difficult for perpetrators to rationalize their actions and commit the abuse.²² Studies indicate that the likelihood of a child reporting abuse is a significant deterrent to perpetrators.²³

Pillars of Prevention

The National Coalition to Prevent Child Sexual Abuse and Exploitation has developed six "pillars of prevention,"²⁴ listed below, to guide policymakers toward effective policies:

1. **"Strengthen Youth Serving Organizations' Sexual Abuse and Exploitation Prevention Capacity":** Create more policies that make it easier for organizations that serve youth, such as after-school programs, day camps, and sports programs, to screen the adults who work in these programs for perpetrators of child sexual abuse. Require programs to implement prevention strategies for in-person contacts and technology-based interactions.
2. **"Support Healthy Development of Children":** Implement programs that provide support for children who have been victimized and prevent the development of abusive behaviors.
3. **"Promote Healthy Relationships and Sexuality Education for Children and Youth":** Create policies that ensure quality, research-based, age-appropriate sexuality education.
4. **"End the Demand for Children as Sexual Commodities":** Create policies that focus on disrupting activities and practices that support the market for children as sexual commodities.
5. **"Sustainable Funds for Prevention":** Promote policies that establish a sustainable funding source for programs that prevent child sexual abuse. Funds are necessary for initial programming and for evaluating programs and their implementation.
6. **"Prevent Initial Perpetration of Child Sexual Abuse and Exploitation":** Promote policies that prevent initial perpetration, specifically focusing on children who are more susceptible to sexual abuse.

Barriers to Preventing and Treating Child Sexual Abuse

Underreporting is a significant barrier to understanding the breadth of the problem and initiating treatment to mitigate negative effects. Children may be reticent to report abuse because the overwhelming majority of perpetrators are known and trusted friends, family, and acquaintances. This makes it very difficult for children to speak out about the abuse. Additionally, adults may have difficulty believing

that a trusted friend or relative is the perpetrator of the abuse. Children often face stigma if they report abuse, and they may fear blame or shame that they brought on the abuse, participated in it, and may have experienced physical pleasure.

Cultural norms may also cause adults to ignore the abuse, to not discuss or report it or seek treatment, to refuse to believe the abuse is happening, or to normalize or trivialize it (such as by calling photos of children being sexually abused “kiddie porn”).

Some children and youth who have been removed from or rejected by their birth families may be more susceptible to sexual abuse because they often lack a caring, supportive adult who can educate them, encourage conversation, and form strong bonds. In addition, vulnerable children and youth may not know how to report or may not feel empowered to report, particularly if they think the reporting will place them in danger or make the abuse worse.

Funding for prevention of child sexual abuse has seriously lagged in recent years. The vast majority of government funding for child abuse goes to identifying and reporting the abuse and the abuser, treating victims after the fact, and convicting and managing the perpetrator. It’s much more cost effective to prevent the abuse before a child is harmed. In addition, programs evaluated years ago have morphed over time into different efforts, and these newer prevention programs haven’t received funding to adequately evaluate their effectiveness. Establishment of an evidence base demonstrating what works is critical. Yet in recent years, virtually no federal funding has been forthcoming to conduct program evaluation research.

Lastly, mandatory reporters, or those legally mandated to report child sexual abuse, may not have sufficient training to recognize the signs of abuse and to feel comfortable reporting, particularly if the perpetrator is someone known to them. The people designated as mandatory reporters vary from state to state, but generally, teachers, social workers, and medical professionals are mandatory reporters.

Policy Recommendations

The most cost-effective policies aimed at child sexual abuse focus on prevention efforts, and the most effective

prevention efforts occur when children receive a school-based prevention program in conjunction with the involvement of a caring adult. In light of that, enactment of the following policies could have a positive impact on child sexual abuse rates:

- Develop a broad, national, evidence-informed educational program to identify the signs of child sexual abuse and take steps to prevent it. Support research, targeted cultural messages, and outreach efforts (to populations most at risk) to start a national conversation on eliminating child sexual abuse and promoting child safety.
- Develop a national technical assistance center that, at a minimum, provides states with information on evidence-based prevention programs, funds evaluation of promising practices, runs a national hotline for individuals affected by child sexual abuse, advocates for more uniform definitions of child sexual abuse and guidelines for child sexual abuse reporting, and is the repository of training programs for mandatory reporters.
- Incorporate a two-generational approach in all child sexual abuse prevention work that targets the child and the child’s parents/caregivers.
- Develop culturally specific educational programs and reporting tools that would enable cultural communities at risk to more readily recognize and report abuse and seek help.
- Advocate for funding to support both evidence-based prevention strategies and research to evaluate promising prevention practices.
- End statute of limitation (SOL) laws for reporting child sexual abuse.

Who We Are

Committee for Children is a global nonprofit dedicated to fostering the safety and well-being of children through social-emotional learning and development. Committee for Children is the world’s largest provider of research-based educational programs that promote social-emotional skills and prevent bullying and sexual abuse.

References

1. Finkelhor, D., Shattuck, A., Turner, H. A., & Hamby, S. L. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health, 55*(3), 329–333.
2. Child Trends DataBank. (2016). Child maltreatment: Indicators on children and youth. Retrieved from http://www.childtrends.org/wp-content/uploads/2015/03/40_Child_Maltreatment.pdf
3. Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>
4. Rape, Abuse & Incest National Network. (2016). Statistics. Retrieved from <https://www.rainn.org/statistics>
5. Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect, 24*(2), 273–287.
6. Institute of Medicine and National Research Council of the National Academies. (2013). Confronting commercial sexual exploitation and sex trafficking of minors in the United States. DOI: 10.17226/18358
7. Gluck, E., & Mathur, R. (2014). Child sex trafficking and the child welfare system. State Policy Advocacy and Reform Center. Retrieved from <http://childwelfareparc.org/wp-content/uploads/2014/07/Sex-Trafficking-and-the-Child-Welfare-System.pdf>
8. Wilczynski, S. M., Connolly, S., Dubard, M., Henderson, A., & McIntosh, D. (2015). Assessment, prevention, and interventions for abuse among individuals with disabilities. *Psychology in the Schools, 52*(1), 9–21.
9. Smith, N., & Harrell, S. (2013). Sexual abuse of children with disabilities: A national snapshot. VERA Institute of Justice, Center on Victimization and Safety. Retrieved from <http://archive.vera.org/sites/default/files/resources/downloads/sexual-abuse-of-children-with-disabilities-national-snapshot-v2.pdf>
10. Rew, L., Taylor-Seehafer, T., & Fitzgerald, M. L. (2001). Sexual abuse, alcohol and other drug use, and suicidal behaviors in homeless adolescents. *Issues in Comprehensive Pediatric Nursing, 24*(4), 225–240.
11. Able-Peterson, T., & Meuleners, M. J. (2009). Homeless youth and sexual exploitation: Research findings and practice implications. National Alliance to End Homelessness. Retrieved from http://www.endhomelessness.org/page/-/files/2559_le_Sexual_Exploitation_of_Homeless_Youth_10_2009.pdf
12. Hornor, G. (2010). Child sexual abuse: Consequences and implications. *Journal of Pediatric Health Care, 26*(6), 358–364.
13. Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1996). The long-term impact of the physical, emotional, and sexual abuse of children: A community study. *Child Abuse & Neglect, 20*(1), 7–21.
14. Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect, 36*(2), 156–165.

15. Douglas, E. M., & Finkelhor, D. (n.d.). Childhood sexual abuse fact sheet. Retrieved from <http://www.unh.edu/ccrc/factsheet/pdf/CSA-FS20.pdf>
16. Snyder, H. N. (2000). Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics—A statistical report using data from the National Incident-Based Reporting System. Washington, DC: US Department of Justice, Bureau of Justice Statistics.
17. Mitchell, K. J., Finkelhor, D., & Wolak, J. (2007). Online requests for sexual pictures from youth: Risk factors and incident characteristics. *Journal of Adolescent Health, 41*(2), 196–203. Retrieved from [http://www.jahonline.org/article/S1054-139X\(07\)00179-6/pdf](http://www.jahonline.org/article/S1054-139X(07)00179-6/pdf)
18. Wolak, J., & Finkelhor, D. (2016). Sextortion: Key findings from an online survey of 1,631 victims. Durham, NH: Crimes against Children Research Center. Retrieved from <http://www.unh.edu/ccrc/pdf/Key%20Findings%20from%20a%20Survey%20of%20Sextortion%20Victims%20revised%208-9-2016.pdf>
19. Finkelhor, D., & Dziuba-Leatherman, J. (1995). Victimization prevention programs: A national survey of children's exposure and reactions. *Child Abuse & Neglect, 19*(2), 129–139.
20. Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). Fourth national incidence study of child abuse and neglect (NIS-4): Report to Congress. Washington, DC: US Department of Health and Human Services, Administration for Children and Families. Retrieved from http://www.acf.hhs.gov/sites/default/files/opro/nis4_report_congress_full_pdf_jan2010.pdf
21. Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. (2012, April). Child and youth victimization known to police, school, and medical authorities. National Survey of Children's Exposure to Violence. Washington, DC: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.ojjdp.gov/pubs/235394.pdf>
22. Gibson, L. E., & Leitenberg, H. (2000). Child sexual abuse prevention programs: Do they decrease the occurrence of child sexual abuse? *Child Abuse & Neglect, 24*(9), 1115–1125.
23. Daro, D., & McCurdy, K. (1994). Preventing child abuse and neglect: Programmatic interventions. *Child Welfare, 73*(5), 405–430.
24. National Coalition to Prevent Child Sexual Abuse & Exploitation. (2015). Six pillars for prevention. Retrieved from <http://preventtogether.org/Resources/Documents/PreventionCoalitionPillarsFinal2015.pdf>