

Child Sexual Abuse Prevention:

The Who, What, Why, and How



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**Children's
Trust Fund**

Missouri's Foundation For Child Abuse Prevention
Strong Families, Safe Kids

What is Child Sexual Abuse? ⁽¹⁾

Child sexual abuse is the involvement of a child, ages 0-18, 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 and cannot give consent, or that violates the law. This may include, but is not limited to:

- the inducement or coercion of a child to engage in any unlawful sexual activity;
- the exploitative use of a child in prostitution or other unlawful sexual practices;
- the exploitative use of children in pornographic performance and materials.

Prevalence of Child Sexual Abuse

Gender: 10–17% of girls and 4–5% of boys in the United States are affected by child sexual abuse in their lifetime. ⁽²⁾⁽³⁾ Rates for boys are likely underreported ⁽⁴⁾.

Age: For boys, is fairly stable from age 2-17; for girls it is most common among 14-17 year olds. ⁽⁵⁾

Race: Cases involving Black and Hispanic children are reported at a higher rate, than white and non-Hispanic children. ⁽⁶⁾

Disability: Cognitive and physical disabilities increase risk for sexual abuse victimization. ⁽⁷⁾⁽⁸⁾

Urbanicity: Children residing in rural areas are more likely to experience child sexual abuse. ⁽⁹⁾

Poverty: No difference in initial or first report of abuse to child protective services; however, for additional (re-reported) instances of abuse to child protective services, lower-income families had higher rates of re-reported maltreatment ⁽¹⁰⁾.

73% of child rape victims did not report abuse for at least a year. ⁽²⁴⁾

Childhood sexual abuse is associated with greater risk for:

1. Mental Health Problems

- PTSD, anxiety disorders, depression, and suicide attempts.
- Substance use.

2. Sexual Behavior Problems

- Earlier sexual debut, more sexual partners, more unprotected sex, and earlier pregnancy for boys and girls.⁽¹¹⁾
- Arrests for sexual offenses.
- Sexual revictimization.⁽¹²⁾

3. Other Behavior Problems ⁽¹³⁾

- Delinquent behavior.
- Arrest for non-sexual offenses.
- Running away from home.

4. Academic problems ⁽¹⁴⁾

- Lower grades.
- More likely to drop out of school.

Long-Term Effects of Child Sexual Abuse into Adulthood ⁽¹⁵⁾⁽¹⁶⁾

Childhood sexual abuse is associated with greater risk for:

1. Mental health problems

- PTSD, substance abuse, eating disorders, conversion disorder, borderline personality disorder, anxiety, depression, and suicide attempts.

2. Risky Sexual Behavior

- More likely to engage in unprotected sex, more likely to experience sexual revictimization⁽¹⁷⁾.
- More likely to engage in sex work, more likely to sexually abuse a child.

3. Physical Health Problems

- Obesity, HIV, pain, chronic pelvic pain (for women), and fibromyalgia.⁽⁵⁾

4. Criminal Justice System Involvement ⁽¹⁸⁾

- Child sexual abuse is linked to later violent, sexual, and other offending overall.
- For Women: Child sexual abuse is linked to later general and violent offending.
- For Men: Child sexual abuse is linked to later sexual offending.

Financial Costs of Child Sexual Abuse

The average estimated total lifetime cost for one occurrence of CSA in Missouri among females is **\$277,095** and males is **\$128,891**. The total lifetime costs of all first-time cases of CSA that occurred in Missouri in 2018 totaled **\$282,418,638**. The cost was calculated by adapting a methodology ⁽¹⁹⁾ to calculate national estimates to the state level. Most costs were calculated outside of Missouri. Costs include child/adult healthcare costs, child welfare system costs, violence, special education, suicide, and lost productivity/wages, and quality of life years (QALYs) lost.

2018 estimation of first-time CSA cases ⁽²⁰⁾

Male	Female	Total
296	881	1178

	Average Lifetime Costs		Lifetime Costs (among all 2018 first-time CSA victims in MO)	
	Male	Female	Male	Female
Child health care costs	\$19,613	\$19,613	\$5,809,494	\$17,287,638
Adult medical care costs	\$10,230	\$10,230	\$3,030,207	\$9,017,157
Productivity lost	no difference	\$162,250	N/A	\$143,012,677
Child Welfare System costs	\$8,947	\$8,947	\$2,650,188	\$7,886,315
Violent crime costs	\$2,582	\$2,582	\$764,725	\$2,275,636
Special Education costs	\$4,658	\$4,658	\$1,379,661	\$4,105,533.43
Suicide death costs	\$38,059	\$21,598	\$11,273,247	\$19,037,194
Total cost without loss of Quality of Life Years (QALYs)	\$84,089	\$229,878	\$24,907,522	\$202,622,151
QALYs	\$44,802	\$47,217	\$13,270,528	\$41,618,436
Total cost with QALYs	\$128,891	\$277,095	\$38,178,050	\$244,240,587



What Do We Know About Who Sexually Abuses?

- Most children who are victims of sexual abuse know the person who abused them, with most children experiencing sexual abuse by immediate or extended family members.⁽²⁾⁽⁵⁾
- Gender: Men and boys are more likely to engage in sexually abusive behavior.⁽²⁵⁾
- Sexual Orientation: Sexual orientation does not impact whether someone will engage in sexual abuse.⁽²⁵⁾
- Age: Nearly half of all cases of sexual abuse include a child or adolescent perpetrator.⁽²⁾⁽⁶⁾⁽²⁶⁾
- Pedophilia: Not everyone who sexually abuses children has a sexual preference for children.

Why Does Sexual Abuse Occur?

For sexually abusive behavior by adults: ⁽²⁷⁾⁽²⁸⁾⁽²⁹⁾

- Access. Being in a position including one-on-one situations with children where there is no supervision or oversight of one's behavior.
- Loneliness. Social isolation, problems with social skills or lack of competence in social skills.⁽²⁹⁾
- Sexual problems. High sexual drive.⁽²⁹⁾ A sexual attraction to children. An estimated 5% of the public may have pedophilic interests or tendencies,⁽²⁸⁾ though not all people with sexual attraction to children act on that attraction.^(30,31) History of child sexual abuse.
- Low educational attainment.⁽³²⁾ Lack of education may be associated with child sexual abuse through lower cognitive abilities, or through inadequate awareness about the harms of child sexual abuse. Further, people with a sexual attraction to children, who are uneducated, may have a more difficult time seeking help to avoid harming a child.

For sexually abusive behavior by youth: ⁽²⁸⁾

- Previous history of childhood sexual abuse.⁽³³⁾ Children who have such a history are more likely to sexually harm other children through reenactment of their own trauma, through mistaken beliefs that childhood sexual abuse is normative behavior, or through sexual experimentation based on what they have learned by being sexually abused.
- Lack of adult supervision or monitoring. For example, playing unsupervised in a room with a younger sibling or peer.
- Lack of sexual education and no understanding that it is not okay to touch a younger child's sexual organs.
- Other forms of violence exposure and abuse. Children who have been harmed may act out or retaliate in a variety of ways – including through inappropriate sexual behavior.

Sexual abuse is preventable. Perpetration prevention holds great promise as an evidence-based CSA primary prevention strategy. This method shifts the onus of CSA prevention away from the child, who has the least power.

Promising Strategies for Prevention of Child Sexual Abuse

- De-prioritize funding for interventions that focus on educating children. There is limited evidence that they are effective in actually preventing CSA among children. ⁽³⁵⁻³⁷⁾
- Allocate funding for evidence-based strategies that focus on perpetrators/potential perpetrators. ⁽³⁴⁾⁽³⁸⁾
- Educate the public and key stakeholders including policymakers about CSA, as a preventable public health problem. ⁽³⁹⁾

Youth Serving Organizations ^(27,40)

Eight types of strategies have been developed and implemented in large youth serving organizations with the goal of preventing child sexual abuse. While tests of their effectiveness in preventing child sexual abuse are limited or nonexistent, these appear to be the best practices identified to date:

Practice #1:

- Focus on Child Well-Being and Safety Above All Else

Practice #2:

- Make Training a Cornerstone of the YSO's Approach

Practice #3:

- Increase the Monitoring of Adult-Child Interactions in YSO Programs

Practice #4:

- Collaborate with Children and Parents

Practice #5:

- Identify Safety Concerns and Generate Solutions to Specific Organizational CSA Safety Risks

Practice #6:

- Increase YSO Evaluation and Accountability

Practice #7:

- Address Youth Sexual Behavior

Practice #8:

- Strengthen Human Resource Management



Darkness to Light

- Darkness to Light provides trainings in-person, online (self-paced), virtual (facilitated). Darkness to Light is a promising training for adults that aims to increase awareness of the problem of CSA and promote knowledge in recognizing appropriate versus inappropriate boundaries between adults and children. This can minimize opportunities for CSA. It includes a standardized program by a trained facilitator and can be used with members of the broader public, caregivers, and organizational or professional staff. Interested individuals can also become an authorized trainer. Course content covers four broad areas specific to CSA: 1) statistics on the prevalence and other facts about CSA, 2) consequences of CSA, 3) adult behaviors that constitute grooming and other red flags, and 4) child sexual exploitation including sexual trafficking. Importantly the Darkness to Light organization offers a **no-cost crisis helpline** for people with questions or concerns about CSA. Anyone who needs services can call or text the number (866)FOR-LIGHT or text "LIGHT" to 741-741.

Troubled Desire for Counselors, Family Members, and Other Supports ⁽⁴¹⁾

- Online; Predominantly offers psychoeducation on sexual attraction to children and offered out of Germany.
- Includes informational videos by experts. Describes pedophilia, treatment for pedophilia, and differentiates pedophilia, sexual attraction to children, and acting on attractions to children.

Help Wanted for Counselors, Family Members, and Other Supports ⁽⁴²⁾

- Under development online; Will provide resources for people who work with or are close to someone who has disclosed their sexual attraction to children. The curriculum will parallel the original Help Wanted curriculum with a focus on supports.

Help Wanted ⁽⁴²⁾

- Online; Predominantly for male adolescents and young men and offered out of the U.S.
- Offers resources specific to male youth and young adults with a sexual interest in children. Help Wanted content includes/addresses: 1) defining CSA, 2) disclosing one's sexual attraction to children, 3) coping with sexual attraction to children, 4) building a positive self-image, and 5) building a healthy sexuality while abstaining from harming children.

Responsible Behavior with Younger Children (RBYC) ⁽⁴⁵⁾

- Universal intervention for girls and boys in middle school and offered out of the U.S. The RBYC curriculum is designed for 6th and 7th graders (typically ages 11 – 13). Sessions address malleable risk and protective factors that can be targeted with a universal preventive approach. These include: (1) low empathy towards younger children, (2) cognitions that support engaging in sex with younger children, and (3) lack of knowledge regarding appropriate sexual behaviors. The RBYC curriculum also integrates developmental differences between older and younger children; an understanding of the definition of child sexual abuse, why it occurs, how to prevent or intervene in it; and peer sexual harassment. RBYC incorporates best practices associated with effective prevention interventions, including multi-dosage content, skill practice (e.g., role plays), continuity between sessions, and caregiver-facilitated assignments.

Problematic Sexual Behavior - Cognitive Behavioral Therapy

- Targets children 12 years of age and younger who exhibit intrusive sexual behaviors that are usually directed at other, often younger children. ^(46,47)
- The program includes 12-27 individual sessions, 60-90 minute in length, and also includes weekly group therapy for youth, and weekly group therapy for caregivers of participating youth. Individual sessions with youth address seven focal areas: (1) understanding appropriate versus inappropriate sexual behavior, privacy, and boundaries; (2) sexual education; (3) learning to set and respect boundaries and other individualized abuse-prevention skills; (4) emotion regulation and coping skills; (5) self-control strategies and problem-solving/decision-making skills; (6) social skills; and (7) learning to acknowledge and apologize for inappropriate sexual behavior, and to make amends with victims/their families.

In caregiver-focused groups, content also addresses seven areas: (1) responding effectively/appropriately to sexual behavior and other behavior problems; (2) psychoeducation on sexual development, moral development, and general child development; (3) understanding problematic sexual behaviors among children; (4) learning to discuss sexual education topics with children; (5) applying rules about sexual behaviors; (6) abuse-prevention strategies and skills; and (7) strategies to improve the quality of their relationships with their children.



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