

Child Sexual Abuse II

Fostering Resilience and Taking a Realistic Approach to Prevention

Experts believe many cases of child sexual abuse go undisclosed. When a child does disclose that they are experiencing sexual abuse, society's discomfort with sexuality can lead to an inadequate or ineffective response from adults. However, education and training can help prevent sexual abuse and aid recovery. Though child sexual abuse is a grave violation of a young person's rights and brings the risk of many adverse health conditions, recovery and healthy adult life are possible.

OVERVIEW: 1-3 PERCENT OF YOUTH EXPERIENCE CHILD ABUSE, WITH SOME GROUPS AT HEIGHTENED RISK

- Child sexual abuse is defined in various ways, making it challenging to generalize about its prevalence in society and its effect on children, teens, and families.^{1,2,3} Many professionals define child sexual abuse broadly to include both direct genital contact and indirect interactions such as 'exposure' or internet-based activity (for example, the sending of electronic sexual images to minors) up through age 17.^{4,5,6}
- Child sexual abuse has declined by more than 50% in the U.S. since the early 1990s, based on reports to child protection agencies and law enforcement officials. However, substantiated cases of child sexual abuse – i.e. cases in which accusations have been confirmed with evidence – are estimated to be a small proportion of actual incidents of CSA.^{3,4,7}
- Recent estimates suggest that between 1-3% of U.S. youth experience sexual abuse in any given year. Females are more at risk than males for experiencing child sexual abuse. Males are more at risk than females for committing sexual abuse.^{3,4,8,9,10}
- Most perpetrators of child sexual abuse are relatives or close acquaintances of the youth they target. "Stranger Danger" – the notion that youth are at highest risk of sexual abuse from strangers – is a widely-accepted myth that continues to drive public policy around this issue.^{9,11}
- Juvenile offenders account for over 1 in 3 known perpetrators of child sexual abuse. The majority of under-age youth who commit sexual offenses against other youth are male, and are more likely to act in groups against more vulnerable males (especially against pre-pubescent male children).⁹
- Research indicates a connection between bullying and sexual abuse, with bully/victims (those youth who bully their peers and have also been bullied) especially at risk for child sexual abuse.¹²
- Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are more likely to have experienced child sexual abuse than heterosexual youth. However, sexual abuse does not "cause" heterosexual youth to become LGBTQ.^{13,14,15}
- Youth with physical, emotional, or cognitive disabilities are over three times more at risk for child sexual abuse than their non-disabled peers, and may not be able to disclose to a trusted adult because of a disability which impairs communication (e.g. a hearing-impaired youth who has not been taught sign language for this concept).¹⁶
- Child sexual abuse most often comes to the attention of adults when children disclose, although only a small percentage of sexually abused youth disclose due to a variety of factors:
 - Youth may have been threatened with harm by the perpetrator if they tell someone.^{7,17}
 - Some youth may fear that other adults will not believe them if they disclose.¹⁷
 - Often, youth blame themselves for the abuse.¹⁷
- In some cases, youth do not understand the activity to be harmful and maintain secrecy because sexual matters are normally not discussed in their household.¹⁷
- Mandated reporters of child sexual abuse – for example, teachers, medical providers, or others who serve youth – are required in the

Only a small percentage of sexually abused children disclose their abuse, most often due to fear and/or self-blame.

U.S. to report *suspected* CSA to child protection or law enforcement authorities.^{16,18}

THE IMPORTANCE OF COMMUNICATION

- Many survivors of child sexual abuse overcome adverse health conditions, and can prove especially resilient when provided with therapy and other supports that empower them to take control over their lives and relationships.^{4,10,17,20}
- “Wellness-focused” therapies for child sexual abuse survivors contrast with “trauma-focused” therapies. Wellness-focused therapies may help youth to focus on their strengths, abilities, and opportunities for post-traumatic growth. Trauma-focused therapies may help youth analyze the nature of the abuse, but may miss opportunities to help youth focus on future social and sexual health goals.²¹
- Although guidelines for choosing model prevention programs were published in 1999 by the National Center for Missing and Exploited Children (*Guidelines for Programs to Reduce Child Victimization*: www.ncmec.org), there is still no single, authoritative registry of model programs or best practices for prevention education planners.³
- Age-appropriate child sexual abuse prevention messages can and should be incorporated into comprehensive sexuality education programs. These include teaching younger children how to recognize and report unwanted touch and helping youth at all ages identify a trusted adult they can contact if they experience sexual abuse.²²

STRATEGIES TO EMPOWER YOUTH AND HELP SURVIVORS HEAL

- School-based prevention programs that teach avoidance skills to youth show evidence that youth empowerment and safety can be increased, and also help reduce stigma and self-blame for sexually abused youth.^{4,23}

- Incorporating child sexual abuse education into general safety education programs may help to increase youths’ comfort in discussing sexual topics and reduce shame, stigma, and self-blame for youth who have experienced sexual abuse.²⁴
- Because research indicates a connection between bullying and child sexual abuse, bullying prevention programs should attempt to help bully/victims with referral and assessment for sexual abuse as a possible cause of the bullying behavior.¹²
- For youth who have experienced sexual abuse, therapeutic storytelling may be a strategy by which counselors can build trust, reduce shame and self-blame, and increase the willingness of youth to discuss their experiences. In some forms of therapeutic storytelling, a therapist engages a child sexual abuse survivor with individually-tailored stories in which the main characters overcome danger, threats, or fears. Therapeutic storytelling can model possibilities for healing and growth following trauma.¹⁰
- Numerous books for children, youth, and young adults address the topics of sexual abuse and resiliency. Parents and professionals should become thoroughly acquainted with a variety of these books before sharing them with youth. Such books have potential to raise awareness but may also trigger anxiety for youth survivors of child sexual abuse unless shared in a context where referral and support services are available.²⁵

EDUCATION AND TRAINING CAN HELP PARENTS AND PROFESSIONALS STOP CHILD SEXUAL ABUSE AND FACILITATE RECOVERY

- Family cohesion is especially important for helping youth affected by child sexual abuse to cope with their experiences and reclaim control over their social and sexual lives. Prevention programs that include family members of at-risk youth are likely to have a greater impact in reducing risk factors for sexual abuse.²⁶
- Training parents to refute common myths around “stranger danger” can help to increase their awareness of far more common (and preventable) child sexual abuse risk factors in the household.^{11,23}
- Training parents to teach proper names for genitals and other reproductive organs to their youngest children can help to increase youths’ empowerment to resist

An atmosphere of trust, confidentiality, and openness to discussing sexual issues all contribute to prevention and resilience.¹⁹

child sexual abuse or disclose it to trusted adults. It can also reduce shame, stigma, and self-blame for youth who have experienced sexual abuse.^{23,24}

- Educating parents in tandem with their children can increase family communication about child sexual abuse and strengthen communication between groups of parents in a community. In one study, a program for parents and their pre-school children increased family and community awareness of sexual abuse and the likelihood of discussions within and between families regarding detection and prevention.²⁴
- Parents, once trained to understand child sexual abuse, can also help to educator 'bystanders' – that is, other family members and close acquaintances whose raised awareness can lead to risk reduction and early intervention in cases of suspected sexual abuse.^{4,23}
- Training of medical providers, school staff, clergy, child protection caseworkers, forensic interviewers, and law enforcement officials can increase the willingness of youth to disclose child sexual abuse as well as the willingness of adults to report suspected sexual abuse.^{3,14,27}
- Forensic interviewers can be more effective at helping substantiate a child sexual abuse report when interviewing youth by using age-appropriate language when asking questions to the affected child or adolescent. Research indicates that more training is needed in this area.²⁸
- Children's Advocacy Centers (CACs) are specialized facilities where teams of professionals in pediatrics, social services, counseling, child protection and criminal justice can assist youth and families affected by sexual abuse. Many CACs are located in hospitals. When child sexual abuse is first disclosed or suspected in hospital emergency rooms, the affected youth should be referred immediately if possible to the nearest CAC.¹⁸

POLICIES AND PROGRAMS SHOULD FOCUS ON PREVENTING CHILD SEXUAL ABUSE

- Evidence is lacking that laws and policies prevent child sexual abuse when they focus on monitoring and restricting known perpetrators. There is stronger evidence that sexual abuse is prevented – rather than simply avenged - through laws, policies, and fully-funded programs that focus

on early identification of people at risk for committing child sexual abuse. Effective strategies help those at-risk of committing sexual abuse by confronting attitudes and behaviors that contribute to exploitation of children. Effective strategies also hold open the possibility for offenders – especially juvenile offenders whose recidivism rates are low – to re-integrate into society and establish productive and trusting relationships with family and community members.^{3,4,7,23}

- Recently, a few states have begun to convene Sex Offender Management Boards (SOMBs). These are panels of professionals from child protection agencies, law enforcement agencies, and youth-serving programs, who work collaboratively to review current practices and policies for evidence of effectiveness. SOMBs can advise state legislatures and other policy-makers on best practices to reduce the risk of recidivism among adult and youth child sexual abuse offenders.²⁵
- Actuarial Risk Assessment Instruments (ARAI) are used in some states to assess the risk of recidivism for individual adult CSA offenders. ARAIs can guide officials in the criminal justice system to determine an offender's potential to re-integrate into society and overcome risks of re-offending.²⁵

By Kurt Conklin, MPH, MCHES

Advocates for Youth, February 2012

Sexual abuse is prevented – rather than simply avenged - through laws, policies, and fully-funded programs that focus on early identification of people at risk for committing child sexual abuse.

REFERENCES

1. Arreola SG, Neilands TB, Díaz R. Childhood sexual abuse and the sociocultural context of sexual risk among adult Latino gay and bisexual men. *Am J Public Health*. 2009;99:5432-5438.
2. Gwandure C. Sexual assault in childhood: risk HIV and AIDS behaviours in adulthood. *AIDS Care*. 2007;19:1313-1315.
3. Wurtele SK. Preventing sexual abuse of children in the twenty-first century: preparing for challenges and opportunities. *J Child Sexual Abuse*. 2009;18:1-18.
4. Finkelhor D. The prevention of child sexual abuse. *Future of Children*. 2009;19:169-194.
5. McCarthy JA. Internet sexual activity: a comparison between contact and non-contact child pornography offenders. *J Sexual Aggression*. 2010;16:181-195.
6. Rose Wilson D. Health consequences of childhood sexual abuse. *Persp in Psychiatric Care*. 2010;46:56-64.
7. Tabachnick J, Klein A. A reasoned approach: reshaping sex offender policy to prevent child sexual abuse. Association for the Treatment of Sexual Abusers. Available at: <http://www.atsa.com/sites/default/files/ppReasonedApproach.pdf>. Accessed November 28, 2011.
8. Barrett B. The impact of childhood sexual abuse and other forms of childhood adversity on adulthood parenting. *J Child Sexual Abuse*. 2009;18:489-512.
9. Finkelhor D, Ormrod R, Chaffin M. Juveniles who commit sex offenses against minors. *OJJDP Bulletin*. 2009;December.
10. Kress VE, Adamson NA, Yensel J. The use of therapeutic stories in counseling child and adolescent sexual abuse survivors. *J of Creativity in Mental Health*. 2010;5:243-259.
11. Babatsikos G. Parents' knowledge, attitudes and practices about preventing child sexual abuse: a literature review. *Child Abuse Rev*. 2010;19:107-129.
12. Holt M, Finkelhor D, Kaufman Kantor G, et al. Hidden forms of victimization in elementary students involved in bullying. *School Psychology Rev*. 2007;36:345-360.
13. Arreola S, Neilands T, Pollack L, et al. Childhood sexual experiences and adult health sequelae among gay and bisexual men: defining childhood sexual abuse. *J Sex Research*. 2008;45:246-252.
14. Brady S. The impact of sexual abuse on sexual identity formation in gay men. *J Child Sexual Abuse*. 2008;17:359-376.
15. Friedman MS, Marshal MP, Guadamuz TE, et al. A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. *Am J Public Health*. 2011;101:1481-1494.
16. Skarbek D, Hahn K, Parrish P. Stop sexual abuse in special education: an ecological model of prevention and intervention strategies for sexual abuse in special education. *Sex Disabil*. 2009;27:155-164.
17. Ligiéro DP, Fassinger R, McCauley M. Childhood sexual abuse, culture, and coping: a qualitative study of Latinas. *Psychology Women Qrtly*. 2009;33:67-80.
18. Newton AW, Vandeven AM. The role of the medical provider in the evaluation of sexually abused children and adolescents. *J Child Sexual Abuse*. 2010;19:669-686.
19. Aronson Fontes L, Plummer C. Cultural issues in disclosures of child sexual abuse. *J Child Sexual Abuse*. 2010;19:491-518.
20. Walker EC, Holman TB, Busby DM. Childhood sexual abuse, other childhood factors, and pathways to survivors' adult relationship quality. *J Fam Viol*. 2009;24:397-406.
21. Hodges EA, Myers JE. Counseling adult women survivors of childhood sexual abuse: benefits of a wellness approach. *J Mental Health Counseling*. 2010;32:139-154.
22. Future of Sex Education. *National Sexuality Education Standards*, 2011. Accessed February 7, 2012 from <http://www.futureofsexed.org/fosestandards.html>
23. Wurtele SK, Kenny MC. Partnering with parents to prevent childhood sexual abuse. *Child Abuse Rev*. 2010;19:130-152.
24. Kenny MC. Child sexual abuse prevention: psychoeducational groups for preschoolers and their parents. *J for Specialists in Group Work*. 2009;34:24-42.
25. Lampert J, Walsh K. 'Keep telling them until someone listens': understanding prevention concepts in children's picture books dealing with child sexual abuse. *Children's Lit in Educ*. 2010;41:146-167.
26. McClure FH, Chavez DV, Agars MD, et al. Resilience in sexually abused women: risk and protective factors. *J Fam Viol*. 2008;23:81-88.
27. DeMarni Cromer L, Goldsmith RE. Child sexual abuse myths: attitudes, beliefs, and individual differences. *J Child Sexual Abuse*. 2010;19:618-647.
28. Korkman J, Santtila P, Drzewiecki T, et al. Failing to keep it simple: language use in child sexual abuse interviews with 3-8-year-old children. *Psychology, Crime & Law*. 2008;14:41-60.