

# Preventing Child Sexual Abuse



Child sexual abuse exploits and degrades children, and can lead to feelings of hopelessness, depression, and to self-destructive and anti-social behaviors.

We, as a state and as individuals, have the collective responsibility to prevent child sexual abuse. To accomplish this, we must strengthen child abuse prevention services that support children and families. We must enact stronger legislation that protects children from child sexual abuse. And we must promote research, training, and public education to address the risk factors that can lead to child sexual abuse.

Prevent Child Abuse New York 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.

Further, a comprehensive prevention strategy should include increasing the awareness and knowledge of parents and other caregivers about protective measures they may take on behalf of their children.

A powerful public education message must be transmitted to the general public encouraging everyone in 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.

- *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:
  - o The vast majority of child sexual abusers include someone the child knows such as a parent or other relative, teacher, clergy, neighbors, and friends. Approximately 60 percent of boys and 80 percent of girls who were sexually victimized were abused by someone the child knows.
  - o Only a fraction of those who commit sexual assault are apprehended and convicted for their crimes. According to Center for Sex Offender Management, only thirty-two percent of sexual assaults against persons 12 years or older were reported to law enforcement. Current research does not track the rate of reporting for child sexual abuse for children younger than 12 years of age. Most experts, however, assume such rates are similar to those for children older than 12 years of age.

- o 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.
- o Adolescent boys make up approximately 23 percent of sexual offenders. Research findings indicate that that from 40 to 80 percent of juvenile sex offenders have themselves been victims of sexual abuse.
- o While not all child sexual abusers are untreatable pedophiles, the abusive conduct of some child sexual abusers appears intractable. Research documents a 42 percent reconviction rate for a group of child sexual abusers whose criminal histories were followed for 15-30 years following incarceration. Therefore, a differential response is indicated: one that emphasizes containment and/or treatment depending on the level of continued risk posed to children and the potential for treatment effectiveness.
- *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.

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.

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 directly and 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. Such concerns seem valid given that approximately 40 percent of child abuse victims are aged 6 and under, and thus may be especially impressionable and vulnerable to victimization.

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 to adults and public institutions. An example of such an approach is widespread and intensive public education of the warning signs of child sexual abusers and how adults should act to safeguard children from sexual abuse. But 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 is needed in such issues as: 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. In sum, adults must exercise an affirmative responsibility to safeguard children from sexual abuse.

- *Providing access to mental health services for victims of child sexual abuse.* Both male and female victims of abuse have significantly higher rates of psychiatric treatment than the general public, and rates of childhood mental disorders, personality disorders, anxiety disorders, and major affective disorders are higher for individuals who have been sexually abused. Chronic depression is a common response to childhood sexual abuse, as is post-traumatic stress disorder. High rates of depression, anxiety, substance abuse, dissociative disorders, interpersonal dysfunction, sexual problems, and suicidality have all been identified to varying degrees among women and men who survive sexual abuse.
- *Exploring, evaluating, and strengthening new approaches to 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 does a good job at 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. Therefore, 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.

## 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, buttock, 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



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

### *Scope of Child Sexual Abuse*

In the year 2006, approximately 2,604 children (3.4 percent of all substantiated cases of child maltreatment) in New York were officially counted as victims of child sexual abuse. These figures may actually under represent the number of child sexual abuse victims. A number of studies indicate that at least 20-25 percent of American women and 5-16 percent of American men experienced some form of sexual abuse as children.

### *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.

Warning signs of child abusers include excessive talk about the sexual activities of children or teens; excessive masturbation; talk about sexual fantasies about children; the encouragement of secrets in a child; viewing of child pornography; requests to adult partners to dress or act like child during sexual activity; excessive time spent with children or teens, not with adults; and the identification of children with sexual slang terms. But often sexual offenders 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 employ risk reduction strategies as a matter of routine – minimizing, 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, provision of parental supervision calibrated to the level of opportunity a given circumstance may present for the occurrence of child sexual abuse, and observation and monitoring of 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 inconspicuous since 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.

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 urinating, recurring complaints of stomachaches and/or headaches. Few children present

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

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

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

Other long-term consequences 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 impregnate a teenage girl.
- Increased likelihood of homelessness: A study of homeless people found that many of them, especially homeless women, reported serious family problems or a history of sexual or physical abuse as children that predisposed them to homelessness as an adult.
- Increased risk of drug and alcohol abuse: Research indicates that repeated sexual abuse causes physical changes that may lead to drug and alcohol abuse later in life.