

Estimating a Child Sexual Abuse Prevalence Rate for Practitioners:

A Review of Child Sexual Abuse Prevalence Studies

Released: August, 2013

Author

Catherine Townsend
Grants, Research & National Strategy Manager
Darkness to Light

Contributing Author

Alyssa A. Rheingold, Ph.D.
Associate Professor & Director of Clinical Operations
The National Crime Victims Research and Treatment Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina





Estimating a Child Sexual Abuse Prevalence Rate for Practitioners: A Review of Child Sexual Abuse Prevalence Studies

Released: August 2013

The Authors:

Catherine Townsend is Grants, Research & National Strategy Manager, Darkness to Light

Alyssa A. Rheingold, Ph.D. is Associate Professor & Director of Clinical Operations, National Crime Victims Research and Treatment Center, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina

Copyright 2013 *Darkness to Light*. All rights reserved.

For more information, please contact: Darkness to Light
7 Radcliffe Street, Ste. 200
Charleston, SC 29403
843-513-1616

The information contained in this paper represents the current view of Darkness to Light as of the date of publication. This paper is for informational purposes only. Darkness to Light makes no warranties, expressed, implied or statutory as to the information in this document.

Suggested Citation:

Townsend, C. & Rheingold, A.A. (2013). *Estimating a child sexual abuse prevalence rate for practitioners: A review of child sexual abuse prevalence studies*. Charleston, S.C., Darkness to Light. Retrieved from www.D2L.org/1in10.

Special thanks to Chris Newlin, Deborah Callins and Muriel Wells of the National Children's Advocacy Center for their valuable editing assistance.

CONTENTS

ABSTRACT	5
INTRODUCTION	6
INCIDENCE VERSUS PREVALENCE	6
ISSUES AND CHALLENGES IN DETERMINING PREVALENCE	7
Study's Definition of Child Sexual Abuse	
Study's Methodology of Data Collection	
Time Period Studied	
DECLINING CHILD SEXUAL ABUSE RATES	7
REVIEW METHODS	9
Literature Review: Prior Meta-analyses	
Study Selection: Literature Review	
Data Extraction	
Table 1: Studies Identified for Review	
CRITERIA FOR FINAL COHORT	11
Standards for Inclusion in Final Cohort	
A Standard for the Definition of Child Sexual Abuse	
A Standard for Methodology	
A Standard for the Time Period Studied	
STUDIES EXCLUDED FROM COHORT	12
Studies Excluded by Definition	
Studies Excluded by Methodology	
Studies Excluded Because of Time Period Evaluated	
Table 2: Studies Excluded from Cohort	
STUDIES INCLUDED IN THE FINAL COHORT	16
Discussion of Studies Included in Final Cohort	
Table 3: Studies Included in Final Cohort	
RESULTS	20
Data	
Table 4: Results	
Discussion	
SUMMARY	22
REFERENCES	23
APPENDIX.....	26
Definitions of Child Sexual Abuse Used by Practitioners	
Terms of Use	

Estimating a Child Sexual Abuse Prevalence Rate for Practitioners: A Review of Child Sexual Abuse Prevalence Studies

ABSTRACT

Child sexual abuse prevention organizations and practitioners that interact with the public desire a current child sexual abuse prevalence statistic. In 2013, there is not one single definitive study or meta-analysis U.S. practitioners can point to as the basis for a current child sexual abuse prevalence statistic.

This white paper is intended to provide a basis for a range of credible child sexual abuse prevalence rates. U.S. studies that collected child sexual abuse prevalence rate data since 1992 were identified and reviewed. Criteria were established for the age of data, methodology and definition of child sexual abuse. Of the 16 identified studies, six met the criteria established for relevance to practitioners. A range of child sexual abuse prevalence rates has been derived from these studies.

These six studies suggest an overall full-childhood sexual abuse prevalence rate of 7.5% – 11.7%*. These studies suggest the child sexual abuse prevalence rate for girls is 10.7% to 17.4%* and the rate for boys is 3.8% to 4.6%*.

*Contact abuse only

Study Subjects

It should be noted that study subjects in all of the six final-cohort studies were adolescents. Older adolescents are currently the favored study subjects because they have lived more years in which they can become a victim of child sexual abuse than children in general. Accordingly, adolescents should produce more accurate full-childhood prevalence rates than children as a whole. The ideal study subjects for prevalence studies are 17- or 18-year-olds who have just completed childhood. Theoretically, these study subjects will produce the most accurate prevalence rates, because a large proportion of sexual assault takes place between the ages of 14 and 17 (Planty, 2013; Snyder, 2000). At present, there is little published data on prevalence rates specifically for 17- or 18-year-olds. When this data becomes available, it would be advisable to re-analyze and re-calculate overall child sexual abuse prevalence rates.

Estimating a Child Sexual Abuse Prevalence Rate for Practitioners: An Analysis of Child Sexual Abuse Prevalence Studies

INTRODUCTION

Child sexual abuse awareness/education organizations and practitioners (practitioners) have long discussed the need for a current child sexual abuse prevalence statistic that is consistently used by all. One of the most important elements in connecting with the public is a statement of the size of the problem. Without it, the ability to engage the public and funders is limited.

The problem is, as of July 2013, there is not a single definitive study or meta-analysis that practitioners can point to as the basis for a child sexual abuse prevalence statistic. Many practitioners are using outdated and misleading prevalence statistics that are more than a decade old.

While there are few recent studies that were solely intended to determine a U.S. child sexual abuse prevalence rate, there are a number of studies that have collected valuable prevalence data as part of larger research topics, such as violence against children, children's quality of life, teen dating violence and teen suicide. This paper reviews these studies for the pertinence of the data collected and identifies a cohort of high quality studies that are relevant to U.S. child sexual abuse practitioners. From these studies, a range of prevalence rates has been derived for use by practitioners.

INCIDENCE AND PREVALENCE

Many practitioners express confusion about the difference between prevalence and incidence.

An *incident* is the single occurrence of one event, usually to one individual. *Prevalence* refers to the *condition* of occurrence. *Incidence rate* refers to the number of *occurrences* of a particular event within a specified time period (usually one year) and within a defined population. It is usually expressed as the number of incidents per number of individuals (often 1,000). *Prevalence rate*, on the other hand, is usually expressed as a percentage or fraction of the individuals within an identified group who have experienced the incident *one or more times*, typically over a longer period of time.

Child sexual abuse practitioners desire a full-childhood prevalence rate. Full-childhood prevalence rates are often used to convey the likelihood or risk of child sexual abuse that children face as they grow up.

There are a number of well-known one-year child abuse incidence studies, including:

- The U.S. HHS ACF Reports from the States to the National Child Abuse and Neglect Data Systems, 2003 (United States Administration for Children & Families, Child Maltreatment 2003)
- The National Incidence-Based Reporting System, (NIMBRS-2), 2001 (Finkelhor et al., 2003)
- The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4), 2006 (Sedlack et al., 2010)

These incidence studies have caused a great deal of controversy among practitioners. Understanding these studies have inherent limitations and do not translate into a prevalence rate is key to understanding the subject. Because this paper is focused entirely on *full-childhood prevalence rates*, one-year incidence studies are not be included in the review process.

ISSUES AND CHALLENGES IN DETERMINING CHILD SEXUAL ABUSE PREVALENCE RATES

Measuring the prevalence of child sexual abuse is challenging. Douglas and Finkelhor (2005) have summarized some of these challenges.

A Study's Definition of Child Sexual Abuse

The disparate definitions of child sexual abuse used by various studies are one of the most significant issues Douglas and Finkelhor (2005) identified as a challenge to determining a prevalence rate. The acts that define abuse vary from study to study. At one end of the spectrum are studies that collect data only on forcible intercourse or attempted intercourse by an adult, while at the other end of the spectrum are studies that collect data on a wide range of non-contact sexual acts, including flashing and exposure to pornography. In between, there are studies that include peer abuse or exclude sexual intercourse between a teen and adult.

To further complicate the issue, practitioners often use a definition of child sexual abuse that is different from the definitions used by researchers.

A Study's Methodology of Data Collection

A second problem Douglas and Finkelhor (2005) identified is the methodology for collecting data about the prevalence of abuse. There are four primary methodologies for collecting data:

One-Year Incidence Studies: Some studies measure incidents reported to official agencies, usually over a one-year period. A weakness of studies using this methodology is that most practitioners need to know the likelihood of abuse over a full childhood, not one year. In addition, research shows that many children do not disclose abuse at the time it is occurring, and many disclosed cases are never reported to authorities (Broman-Fulks et al., 2007; Smith et al., 2000). Accordingly, it is probable these studies undercount victims. A strength of these studies is they are based on concrete data. Studies can be reliably replicated over time. This is valuable in determining incidence and prevalence trends.

One-Year Prevalence Studies: There are several studies that measure the prevalence of child sexual abuse incidents occurring in the prior year. These studies are based on child self-reports, rather than on official reports. While research shows many children do not disclose abuse for many years after the event (Broman-Fulks et al.,

A Decline in Child Sexual Abuse?

One of the most significant challenges in determining a prevalence rate that will be accepted by practitioners is the divide between some direct providers of child sexual abuse services and academia over the subject of declining child sexual abuse rates.

Data from three agency and four victim self-report studies show child sexual abuse rates have declined steadily and significantly from the early 1990s to 2010 (Finkelhor & Jones, 2012).

At the same time, many service providers, particularly Children's Advocacy Centers and similar organizations, are serving increasing numbers of sexually abused children.

There may be variables at work that explain this phenomenon. In the last 20 years, there can be no doubt that law enforcement and Child Protective Service agencies have increased their referrals to Children's Advocacy Centers and similar organizations. Children's Advocacy Centers have become better known in their communities, resulting in more self-referrals. In the last 20 years, many Children's Advocacy Centers have extended their geographical reach. These may account for at least some of the perceived increase in child sexual abuse rates.

The November 2012 Crimes Against Children Research Center bulletin titled "*Have Sexual Abuse and Physical Abuse Declined Since the 1990s?*" is an excellent resource for practitioners who wish to explore this subject in more depth.

http://www.unh.edu/ccrc/pdf/CV267_Have%20SA%20%20PA%20DeclineFACT%20SHEET_11-7-12.pdf

2007; Smith et al., 2000), no one has determined the rate of disclosure of recent child sexual abuse to a study surveyor. There is a common perception that these studies undercount victims, but there is no research available to support this assumption. One-year prevalence studies do not translate into a full-childhood prevalence rate and are not relevant for this review.

Child Self-Report Studies: Some studies collect data from children and youth about abuse over the child's life to-date. A strength of these studies is they meet the needs of practitioners for a full-childhood prevalence rate. However, unless a study collects and reports data from 17- and 18-year olds, this methodology has a significant flaw. Children or young adolescents providing data for a study have not yet experienced a full childhood in which they might be abused. This suggests that child self-report studies that collect and report data from a wide array of ages understate prevalence rates (Planty, 2013). It also implies studies collecting data from 17- and 18-year-olds will result in rates that are the most accurate. At present, there is little published data on prevalence rates for 17- or 18-year-olds. As a result, the preferred study subjects are older adolescents.

A possible weakness of child self-report studies may be that children are unwilling to disclose abuse (Broman-Fulks et al., 2007; London et al., 2005; Smith et al., 2000) or have inaccurate recollections of abuse that occurred years earlier. Research has not established a rate of disclosure in a survey environment, so underreporting is an unproved assumption. However, forensic research has shown children are more than 90% accurate in details of self-report down to age four (Carter et al., 1996).

Adult Self-Report Studies: Other studies look at whether adults were abused when they were children. There is a good deal of evidence that shows many child sexual abuse survivors wait until adulthood to disclose abuse, implying the most accurate prevalence figures come from adults (Elliott & Briere, 1994; Goodman et al., 1992; London et al., 2005; Sas & Cunningham, 1995). There is also research that suggests adult child sexual abuse survivors are likely to cooperate with requests for information from surveyors (Edwards, 2001). There is some concern adults might not recollect childhood abusive experiences because of the length of time between the incident and the disclosure. There is no research available to evaluate this assumption.

The Time Period Evaluated

Douglas and Finkelhor (2005) further explored the fact that the different methodologies discussed above collect data from different time periods.

Incidence Studies and One-Year Child Self-Report Prevalence Studies: While incidence studies do measure child sexual abuse as it occurs, they do not measure full-childhood prevalence. This renders incidence data irrelevant for the purpose of this review.

Child Self-Report Studies: Child self-report studies are more relevant in terms of the time period being studied. Depending on the ages of the children or adolescents providing data, these studies document child sexual abuse that occurred 0-17 years prior to the study date. Rates based on these studies are not necessarily current, but they are, by far, the best option available.

Adult Self-Report Studies: There is a great deal of research that shows child sexual abuse rates have been decreasing steadily over the last 20 years (Finkelhor & Jones, 2012). Unless study subjects are limited to very young adults, adult self-report studies will not reflect this decrease. Most adult-focused studies measure child sexual abuse in past generations, when child sexual abuse prevalence rates were different. Because of the time periods they evaluate, most adult self-report studies available today are not useful in determining a current prevalence rate.

REVIEW METHODS

Literature Review: Prior Meta-analyses

There have been three well-known meta-analyses of child sexual abuse prevalence studies in the last 16 years. Gorey and Leslie (1997) analyzed studies dating back to the early 1980s. Bolen and Scannapieco (1999) performed a meta-analysis of similar intent and methodology in 1999. Barth et. al, (2012) performed a meta-analysis using only data collected after 2000.

Gorey and Leslie (1997) and Bolen and Scannapieco (1999) analyzed studies using adult self-reports. At the time, the authors could not be aware that child sexual abuse rates were declining (Finkelhor & Jones, 2012). Adult self-report studies cannot measure abrupt rate changes. As a result, the rates found by these analyses (18-20% for women, 8% for men) were not relevant for the time, nor are they relevant now. However, the authors did find that the definition of child sexual abuse and the depth of data collection (# of screening questions) were significant moderators of prevalence rate variances. This reinforces the Douglas and Finkelhor's (2005) theories about the impact of disparate definitions.

Barth et al. (2012) conducted an international meta-analysis of child self-report studies that included at least one screening question about the respondent's child sexual abuse experiences. The strength of this study was it analyzed only newer studies and only studies using a child self-report methodology. However, the data analyzed by the authors from studies outside the U.S. are not relevant to U.S. practitioners. Research has shown that child sexual abuse is much more prevalent in African countries and elsewhere around the world (Barth et al., 2012). Further, many of the studies Barth included in the analysis defined child sexual abuse in vastly different ways and included a diverse array of study subjects. Accordingly, Barth's estimation of a prevalence rate is not relevant for child sexual abuse practitioners in the U.S. However, like Gorey and Leslie (1997) and Bolen and Scannapieco (1999), Barth determined the depth of data collection (# of screening questions) and the definition of abuse were significant moderators in prevalence variances between the studies analyzed. This also reinforces Douglas and Finkelhor's (2005) theories on the significance of definition in determining a prevalence rate.

Study Selection: Literature Review

The authors undertook a literature review from February through May 2013. Studies that collected child sexual abuse prevalence data were identified through scholarly Internet search engines, article citations and prior meta-analyses. Only U.S. studies that collected full-childhood prevalence rates since 1992 were included in the initial cohort. There were 16 studies identified as meeting the minimal requirements for analysis.

Data Extraction

Descriptive characteristics were extracted from each of the 16 reviewed studies including:

- Publication information
- Year of data collection
- Time period of data being collected
- Sample size and location
- Sample representation
- Survey methodology

- Characteristics of the sample providing data, including gender and age
- Study’s definition of child sexual abuse, as determined by survey questions
- Prevalence rate from the study, broken down by gender

Table 1 lists the studies identified for review:

TABLE 1: Studies Identified for Review					
Study Known As:	Published	Data Collected	Sample Size	Sample	Survey Type
The ACE Study, 1995 - 1997	Felitti, et al., 1998	1995-1997	13,494	San Diego, adults	Mailed survey
The National Comorbidity Study, 1992	Molnar, et al., 2001	1992	5,877	National, adults	Interview
Prevalence and Sequelae Study, 2001	Briere & Elliott, 2003	2001	1,442	National, adults	Mailed survey
The National Violence Against Women Study, 1995-1996	Tjaden & Thoennes, 2000	1995-1996	16,005	National, adults	Telephone survey
Teen Dating Violence Study, 2000-2001	Banyard & Cross, 2008	2000-2001	2,101	New Hampshire, 7 th -12 th graders	School survey
Influences of Immigration and Acculturation Study, 2001, 2003	Decker, et al., 2007	2001, 2003	5,919	Massachusetts, high school girls	School survey
School Sports in Adolescence Study, 2001	Harrison & Narayan, 2003	2001	50,168	Minnesota, 9 th graders	School survey
Substance Use During Adolescence Study, 2000	Moran, et al., 2004	2000	2,187	Oregon, 6 schools, 9 th and 12 th graders	School survey
Adolescent Alcohol Related Sexual Assault Study, 2005	Young, et al., 2008	2005	1,017	Large city in Midwest, 7 th -12 th graders	Web survey
National Survey of Adolescents, 1995	Kilpatrick, et al., 2000	1995	4,023	National, 12-17-year-olds	Telephone survey
National Survey of Adolescents, 2005	Saunders, 2010	2005	3,614	National, 12-17-year-olds	Telephone survey
National Survey of Children’s Exposure to Violence (NatSCEV I) 2008	Finkelhor, et al., 2009	2008	4,549	National, 0-17-year-olds	Telephone survey
National Survey of Children’s Exposure to Violence (NatSCEV II) 2011	Finkelhor, et al., 2013	2011	4,503	National, 0-17 year-olds	Telephone survey
Minnesota Student Survey, 2004	Eisenberg, et al., 2007	2004	83,731	Minnesota, 9 th and 12 th graders	School survey
Minnesota Student Survey, 2010	Dataset, unpublished	2010	84,121	Minnesota, 9 th and 12 th graders	School survey
Developmental Victimization Survey, 2003	Hamby et al., 2005	2002-2003	2,030	National, 2-17-year-olds	Telephone Survey

CRITERIA FOR INCLUSION IN FINAL COHORT

Standards for Inclusion in Final Cohort

The issues Douglas and Finkelhor (2005) addressed in their “Childhood Sexual Abuse Fact Sheet” (<http://www.unh.edu/ccrc/factsheet/pdf/CSA-FS20.pdf>) suggest three primary criteria to be used in reviewing studies for inclusion in the final cohort.

- The definition of child sexual abuse used by the study.
- The methodology employed by the study.
- The time period evaluated by the study.

The Definition of Child Sexual Abuse as a Standard for Inclusion in the Final Cohort

Most practitioners in the field of child sexual abuse use similar definitions of child sexual abuse. See the Appendix for definitions used by leading practitioners. Darkness to Light, Stop It Now!, Prevent Child Abuse America, the American Professional Society on the Abuse of Children and the U.S. Department of Health and Human Services all use definitions that include the following elements:

- Victims of child sexual abuse include both boys and girls, ages 0-17.
- Child sexual abuse includes both contact and non-contact sexual acts.
- Child sexual abuse includes any sexual act between an adult and a young child, regardless of whether force or coercion is used.
- Child sexual abuse includes any sexual act between a teen and an adult who is significantly older, regardless of whether force or coercion is used.
- Child sexual abuse includes forced or coerced sexual acts between two children when there is an age or power differential. This can include unwanted or forcible peer abuse.
- Child sexual abuse does not typically include consensual sex between peers, or between an older teen and a young adult.

For the purposes of this practitioner-focused review, studies using a definition that include these elements are preferred. However, most studies included in this review do not use all elements of the preferred definition of child sexual abuse. There are three points on which many studies differ from the preferred definition, and from one another.

- Age of perpetrator and victim: Within the studies reviewed, there is little or no consistency or exactitude on the limits of age for a perpetrator or victim. In some studies, perpetrators are defined only as “older.” In other studies, the age of the victim, not the perpetrator, defines child sexual abuse. For the purposes of this review, studies were not excluded on the basis of subject age unless they specifically contradicted the elements of the preferred definition.
- Inability to consent: It should be noted that some studies being reviewed limit the definition of child sexual abuse to forcible or unwanted sexual acts. However, for some age groups, wanted sexual acts by minors who are legally unable to give consent are defined as abusive by practitioners. It can be assumed that a definition of child sexual abuse that includes only forcible or unwanted sexual acts undercounts victims. However, it is not known whether the volume of these incidents is large enough to significantly affect results, so this definitional disparity was not used to screen out studies from the final cohort.

- Contact and non-contact abuse: Many studies do not collect data on non-contact abuse. In contrast, practitioners uniformly include non-contact abuse in their definition of child sexual abuse. Rather than screen out otherwise excellent studies collecting data only on contact abuse, the authors have chosen to qualify the prevalence rates resulting from these studies as representing only contact abuse.

There are other definitional issues that were used to exclude studies from the final cohort. These include:

- Studies using only single gender subjects.
- Studies examining age groups that have not had the opportunity to experience a full, or nearly full, childhood.
- Studies that examine sexual acts that are not typically considered abusive.

Study Methodology as a Standard for Inclusion in the Final Cohort

Child sexual abuse practitioners desire a full-childhood prevalence rate. Full-childhood prevalence rates are often used to convey the likelihood or risk of child sexual abuse that children face as they grow up. One-year incidence studies and one-year child self-report prevalence studies do not provide a full-childhood rate. Studies using these methodologies were screened out of the final cohort.

Another factor in setting a standard for methodology is the age of the study subjects. The ideal study subjects for prevalence studies are 17- or 18-year-olds who have just completed childhood. Theoretically, these study subjects will produce the most accurate prevalence rates. At present, there is little published data on prevalence rates for 17- or 18-year-olds. As a result, older adolescents are currently the favored study subjects. They have lived more years in which they can become a victim of child sexual abuse than children in general.

The Time Period Evaluated as a Standard for Inclusion in the Final Cohort

A final cohort selection standard for the time period evaluated was developed based on the distribution of identified studies over time. Studies that took place before 2000 were eliminated from the final cohort, as were any studies capturing child sexual abuse incident information prior to 1982. This is because children born prior to 1982 would have been too old to participate in a child self-report study conducted in 2000.

DISCUSSION OF STUDIES EXCLUDED FROM COHORT

Studies Excluded by Definition

The studies excluded for definitional reasons were:

- The Adolescent Alcohol Related Sexual Assault Study, 2005 (Young et al., 2008) was excluded because its definition of child sexual abuse was far too broad, including acts that are typically considered non-abusive, including “sexual stares” among peers.
- The Influences of Immigration and Acculturation Study, 2001, 2003 (Decker et al., 2007) was excluded because it collected information from a female sample only.
- The School Sports in Adolescence Study, 2001 (Harrison & Narayan, 2003) was excluded because it analyzed only data from 9th grade students.
- The Teen Dating Violence Study, 2000-2001 (Banyard & Cross, 2008) was excluded because it measured only teen dating experiences, not the full range of child sexual abuse.

Studies Excluded by Methodology

One excellent study excluded from the final cohort because only data reporting sexual victimization in the prior year was available in publication. A one-year child sexual abuse prevalence rate does not translate into a full-childhood rate, which is a criterion for inclusion.

- Developmental Victimization Survey, 2003 (Hamby et al., 2003)

Studies Excluded Because of Older Time Periods

Although several of the adult self-report studies listed in Table 1 include a great deal of information of interest to practitioners, all of them captured information about child sexual abuse that took place long before the standard set by this review. Accordingly, all adult self-report studies were excluded from the final cohort.

It is important to note that many practitioners currently use statistics from adult self-report studies. There is a widespread belief among practitioners that studies using adult self-reports are far more statistically accurate, than the studies using child self-reports, because of higher disclosure rates.

The Adverse Childhood Experiences (ACE) study (Brown et al., 2009; Felitti et al., 1998) is the primary source cited for a prevalence statistic by many national and community-based organizations. The ACE study is often cited as the source of the commonly used statistic “1 in 5 adults report that they were sexually abused as children.” or “1 in 4 women and 1 in 6 men report that they were sexually abused as children.” Unfortunately, this has been translated into “1 in 4 girls and 1 in 6 boys *will* be sexually abused before they turn 18.” Of course, this is not an accurate translation of the statistic. However, it is deeply ingrained in child sexual abuse practice and media reports.

The adult self-report studies excluded because of the time period they evaluated are:

- The ACE Study, 1995 - 1997 (Felitti, et al., 1998)
- The National Comorbidity Study, 1992 (Molnar et al., 2001)
- Prevalence and Sequelae Study, 2001 (Briere & Elliott, 2003)
- The National Violence Against Women Study, 1995-1996 (Tjaden & Thoennes, 2000)

Additionally, one child self-report study was excluded because of the time period it evaluated.

- The National Survey of Adolescents, 1995 (Kilpatrick et al., 2000)

TABLE 2: STUDIES EXCLUDED FROM FINAL COHORT (Page 1)				
Study Known As:	Abuse period studied	Survey Questions	Prevalence	Exclusion Notes
The ACE Study, 1995 - 1997	1935-1995	<p>Did an adult or person at least 5 years older than you ever. . .</p> <ul style="list-style-type: none"> Touch or fondle you in a sexual way? Have you touch their body in a sexual way? Attempt oral, anal, or vaginal intercourse with you? Actually have oral, anal, or vaginal intercourse with you? 	22.5%	Excluded because of the time period studied.
The National Comorbidity Study, 1990-1992	1946-1990	<ul style="list-style-type: none"> Did someone have sexual intercourse with you when you did not want to by threatening you or using some degree of force? Did someone touch or feel your genitals when you did not want them to? How old were you when this first happened and was this an isolated event or chronic? 	8%	Excluded because of the time period studied.
Prevalence and Sequelae Study, 2001	1911-2001	<ul style="list-style-type: none"> Before the age of 18, did anyone 5 or more years older than you ever kiss or touch you in a sexual way, or force you to touch them in a sexual way? Before the age of 18, did anyone less than 5 years older than you use physical force to kiss or touch you in a sexual way, or force you to touch them in a sexual way. 	23.25%	Excluded because of the time period studied.
Teen Dating Violence Study, 2000-2001	1982-2000	Have you ever been made by someone (a date) to do something sexual that you did not want to do?	13.2%	Excluded because the study sample was not representative (dating partners only).
The National Violence Against Women Study, 1995-1996	1917-1995	<ul style="list-style-type: none"> Has a man or boy ever made you have sex by using force or threatening to harm you or someone close to you? Has anyone, male or female, ever made you have oral sex by using force or threat of force? Has anyone ever made you have anal sex by using force or threat of harm? Has anyone, male or female, ever put fingers or objects in your vagina or anus against your will or by using force or threats? Has anyone, male or female, ever attempted to make you have vaginal, oral, or anal sex against your will, but intercourse or penetration did not occur? How old were you when one of these first occurred? 	9.72%	Excluded because of the time period studied.

TABLE 2: STUDIES EXCLUDED FROM FINAL COHORT (Page 2)

Influences of Immigration and Acculturation Study, 2001, 2003	1984-2001	Has anyone ever had sexual contact with you against your will?	14.0%	Excluded because the sample surveyed was all female.
School Sports in Adolescence Study, 2001	1984-2001	Has any older person outside your family touched you sexually against your wishes, or forced you to touch them sexually? Has any older/stronger member of your family touched you sexually, or had you touch them sexually?	7.3%	Excluded because the study collected responses only from 14 year-olds.
Adolescent Alcohol Related Sexual Assault Study, 2005	1988-2005	Has anyone: Stared at you in a sexual way? Made sexual jokes? Made sexual or obscene phone calls? Sent you sexual or obscene messages via computer? Kissed, hugged or sexually touched? Made you have oral sex? Made you have sexual intercourse? Made you do something else sexual?	54.1%	The study included questions about acts that are not considered abusive by either adults or peers. It was excluded for definitional reasons.
National Survey of Adolescents, 1995	1978-1995	Has a man or boy ever put a sexual part of his body inside your private sexual parts, inside your rear end, or inside your mouth when you didn't want them to? (Not counting any incidents you already told me about), has anyone, male or female, ever put fingers or objects inside your private sexual parts or inside your rear end when you didn't want them to? (Not counting any incidents you already told me about), has anyone, male or female, ever put their mouth on your private sexual parts when you didn't want them to? Not counting any incidents you already told me about), has anyone, male or female, ever touched your private sexual parts when you didn't want them to? Not counting any incidents you already told me about), has anyone ever made you touch their private sexual parts when you didn't want them to? <i>For boys only:</i> (Not counting any incidents you already told me about), has a women or girl ever put <i>your</i> sexual private part in her mouth or inside her body when you didn't want her to?	8.2%	Excluded because of the time period studied.

TABLE 2: STUDIES EXCLUDED FROM FINAL COHORT (Page 3)				
Developmental Victimization Survey 2003	1986-2003	<p>Someone touched child's private parts when unwanted, made child touch their private parts, or forced child to have sex.</p> <p>Someone forced child to have sexual intercourse and put any part of their body inside child. Someone forced, or attempted to force, child to have sexual intercourse.</p> <p>An adult the child knows touched child's private parts, made child touch their private parts, or forced child to have sex.</p> <p>An adult the child does not know touched child's parts, made child touch their private parts, or forced child to have sex.</p> <p>A peer made child do sexual things.</p> <p>A peer made child look at their private parts by using force or surprise, or by "flashing" child.</p> <p>An adult made child look at their private parts by using force or surprise, or by "flashing" child.</p> <p>Someone hurt child's feelings by saying or writing sexual things about child or child's body.</p> <p>For child under 16 years of age, child did sexual things with an adult (18 years and older), even willingly.</p>	6.7%	Excluded because the prevalence rate established is for one year, not a full-childhood.

STUDIES INCLUDED IN THE FINAL COHORT

Discussion of Studies Included in Final Cohort

2008 National Survey of Children's Exposure to Violence (NatSCEV I) and 2011 National Survey of Children's Exposure to Violence (NatSCEV II), (Finkelhor et al., 2013)

Two highly relevant studies included in the final cohort are the 2008 National Survey of Children's Exposure to Violence (NatSCEV I) and the 2011 National Survey of Children's Exposure to Violence (NatSCEV II). Part of the strength of these studies is they reinforce one another with similar design and results.

The purpose of these studies was not to determine a prevalence rate for child sexual abuse, rather, to quantify the volume of violence against children. However, in terms of methodology and depth of data collection, these studies are particularly valuable in determining a child sexual abuse prevalence rate.

The data included in both studies broke out responses from older adolescents, ages 14-17, from children of all ages. It would be ideal if data from 17-year-old subjects had been broken out. Because 17-year-old subjects have just completed childhood, they should produce the most accurate prevalence rates. However, the published literature, to date, does not break out the responses of 17-year olds exclusively. As a result, older adolescents are the preferred study subjects. Adolescents should produce more accurate full-childhood prevalence rates than children as a whole.

Not only do older children have more experiences of abuse to report, it is also possible that adolescent subjects report at a higher rate than children of other ages. This is supported by evidence that older teenagers are more likely than younger teenagers (and presumably preteens) to report child sexual abuse crimes to the police (Finkelhor, Ormrod, Turner, & Hamby, 2012; Finkelhor & Ormrod, 1999). It is possible this willingness to disclose

to authorities would hold true for study surveyors. Accordingly, the rates produced by these studies may be some of the most accurate rates ascertained by research to date.

The greatest strength of these studies was the depth and detail of the data collected. Research has shown that asking multiple screening questions about sexual assault increases the number and accuracy of reports on this topic (Bolen & Scannapieco, 1999; Williams et al., 2000). A further strength is that both studies used a large, national sample.

Non-Contact Abuse

These two studies were the only studies in the final cohort to collect information on non-contact child sexual abuse. These studies compiled data on peer non-contact abuse, sexual harassment, adult non-contact abuse, and statutory sexual offenses. When these non-contact forms of abuse (including non-contact abuse by peers) are incorporated with sexual assault data, the resulting prevalence rate determined by these studies is 27.4%– 27.8% (NatSCEV II data: 20.2% of boys and 34.9% of girls). Although many practitioners believe that child sexual abuse has a non-contact element that should be included in the determination of prevalence rates, the white paper authors chose to include only the data on contact abuse (peer and adult sexual assault). This was done in order to uniformly compare results with other studies that did not include a non-contact component.

Minnesota Student Survey, 2004 (Eisenberg, et al., 2007) and the Minnesota Student Survey, 2010

The Minnesota Student Survey is an anonymous paper survey administered every three years to children in Grades 6, 9 and 12 in Minnesota public schools. The survey measures many factors in the lives of children. It includes two questions about familial and non-familial sexual abuse. While this does not produce a great depth of data for child sexual abuse practitioners, the questions elicit valuable prevalence information.

Both studies measured familial abuse and unwanted contact abuse by older individuals. The 2004 and 2007 survey questions do not address peer abuse, unless perpetrated by a family member. The 2010 study included a question about peer abuse, but the question was excluded from this review because it limited the potential perpetrator pool to dates, and concurrently measured physical abuse.

The Eisenberg Study used the 2004 dataset to measure suicide ideation among sexually abused children. The 2010 Survey is an unpublished dataset. Both provide the opportunity to differentiate data by grade and gender, and by whether students answered “yes” to one question or both. In order to compare these studies with the other studies in the cohort, only data from 9th- and 12th-graders were included.

Strengths of these studies include the large sample size and the opportunity to ascertain trends over time (because of the repetition of the survey every three years). A weakness of these studies is there were only two screening questions. Three other studies in the final cohort had at least six questions. There is evidence the number of screening questions increases the number and accuracy of reports (Bolen & Scannapieco, 1999; Williams, et al., 2000). An additional weakness is these studies only collected data in one state. Minnesota may not be representative of the nation as a whole.

In both the 2004 and the 2010 studies, 12th graders reported approximately the same level of full-childhood sexual abuse as 9th graders. This was also true in the 1998, 2001 and 2007 surveys. This is contrary to well-established research that shows a large proportion of child sexual abuse incidents occur to children between the ages of 14-17 (Planty, 2013; Snyder, 2000). There is no immediate explanation for this anomaly, and it suggests an opportunity for further investigation.

National Survey of Adolescents (NSA), 2005 (Saunders, 2010)

The 2005 National Survey of Adolescents replicated and followed up on a similar study conducted in 1995. The purpose of the study was to measure a number of factors in the lives of adolescents, including sexual victimization. The study was conducted through a telephone survey of 12 -17-year-old adolescents. This study measured both peer and adult sexual assault.

The greatest strength of this study was the depth and detail of the data collected. The study had six screening questions. Asking multiple screening questions about sexual assault increases the number and accuracy of reports (Bolen & Scannapieco, 1999; Williams, et al., 2000). A further strength of this study was its national scope and use of a large sample size.

A weakness of this study was that it collected data from adolescents as young as 12 years old. Study reports did not break out data from older study subjects. It would have been ideal if data from 17-year-old subjects had been broken out. Because these subjects have just completed childhood, they will produce the most accurate prevalence rates.

Substance Use During Adolescence Study, 2000 (Moran et al., 2004)

This was a smaller, lesser-known study conducted in six schools in Oregon. The study compared substance abuse among adolescents maltreated in various ways. The definition of child sexual abuse used by the study was comparable to the definition used in the Minnesota study.

A strength of this study was the sample was comprised of adolescents, ages 15-17. Because data from 17-year-old study subjects was not broken out, older adolescents in this age range are the preferred study subjects. The study also had a large sample size for such a limited study (>2,000).

The primary weakness of this study was it asked only one screening question, albeit a well crafted question. This is important because asking multiple questions about sexual assault increases the number and accuracy of reports (Bolen & Scannapieco, 1999; Williams et al., 2000). Another weakness of this study is it measured abuse in a very small geographical area that might not be representative of the nation as a whole.

TABLE 3: STUDIES INCLUDED IN FINAL COHORT (Page 1)

Study Known As:	Abuse period studied	Survey Questions	Inclusion Notes
National Survey of Children’s Exposure to Violence (NatSCEV I), 2008	1991-2011	<p>Has a grown-up you know touched your private parts when you didn’t want it or made you touch their private parts? Or did a grown-up you know force you to have sex?</p> <p>Has a grown-up that you did not know touched your private parts when you didn’t want it or made you touch their private parts? Or did a grown-up you know force you to have sex?</p> <p>Now, think about kids your age, like from school, a boyfriend or girlfriend, or even a brother or sister. Has another child or teen make you do sexual things?</p> <p>Has anyone tried to force you to have sex, that is, sexual intercourse of any kind, even if it didn’t happen?</p> <p>Has anyone made you look at their private parts by using force or surprise, or by flashing you?</p> <p>Has anyone hurt your feelings by saying or writing something sexual about you or your body?</p> <p>Have you done sexual things with anyone age 18 or older, even things you both wanted? (only asked of children age 12 or over)</p>	The depth and detail of the data collected made these studies particularly valuable. These studies used a large, national sample. A further strength of the studies was the separation of adolescent data from whole childhood data.
National Survey of Children’s Exposure to Violence (NatSCEV II), 2011		1987-2004	<p>Has any older person outside your family touched you sexually against your wishes, or forced you to touch them sexually.</p> <p>Has any older/stronger member of your family touched you sexually, or had you touch them sexually?</p>
Minnesota Student Survey, 2010	1993-2010	<p>Has any older person outside your family touched you sexually against your wishes, or forced you to touch them sexually.</p> <p>Has any older/stronger member of your family touched you sexually, or had you touch them sexually?</p>	This study collected data specifically from adolescents, which is the sample most relevant to this analysis. This study did not produce data of great depth or detail, but the data collected is highly pertinent. This study included a large sample size and reinforces similar studies conducted in prior years. The study only collected data in Minnesota.

TABLE 3: STUDIES INCLUDED IN FINAL COHORT (Page 2)

<p>Substance Use During Adolescence Study, 2000</p>	<p>1982-2000</p>	<p>Did someone in your family or another person do sexual things to you or make you do sexual things to them that you didn't want to?</p>	<p>This study collected data specifically from adolescents, which is the sample most relevant to this analysis. This study did not produce data of great depth or detail, but the data collected is pertinent. The study only collected data from students in six schools in Oregon. This sample may not be representative of the nation as a whole.</p>
<p>The National Survey of Adolescents, 2005 (Saunders, 2010)</p>	<p>1991-2005</p>	<p>Has a man or boy ever put a sexual part of his body inside your private sexual parts, inside your rear end, or inside your mouth when you didn't want them to? Not counting any incidents you already told me about, has anyone, male or female, ever put fingers or objects inside your private sexual parts or inside your rear end when you didn't want them to? Not counting any incidents you already told me about, has anyone, male or female, ever put their mouth on your private sexual parts when you didn't want them to? Not counting any incidents you already told me about, has anyone, male or female, ever touched your private sexual parts when you didn't want them to? Not counting any incidents you already told me about, has anyone ever made you touch their private sexual parts when you didn't want them to? <i>For boys only:</i> Not counting any incidents you already told me about, has a women or girl ever put <i>your</i> sexual private part in her mouth or inside her body when you didn't want her to?</p>	<p>This study collected data specifically from adolescents, which is the sample most relevant to this analysis. It provided a great deal of detailed data on sexual assault. It made use of a large national sample.</p>

RESULTS

Data

Using data collected on subjects of ages 14-17 (NSA, 12-17), the six studies in the final cohort suggest a prevalence rate of 7.5% to 11.7%*. Four of the six studies published separate data on boys and girls. These studies estimate the *prevalence rate for girls at 10.7% to 17.4%* and the rate for boys at 3.8% to 4.6%**.

**Contact abuse only*

TABLE 4: RESULTS			
Study Known As:	Prevalence		
	Total, Age 14-17 (NSA, 12-17)	Girls, Age 14-17 (NSA, 12-17)	Boys, Age 14-17 (NSA, 12-17)
National Survey of Children’s Exposure to Violence (NatSCEV I), 2008	11.3%	N/A	N/A
National Survey of Children’s Exposure to Violence (NatSCEV II), 2011	10.6%	17.4%	4.2%
Minnesota Student Survey, 2004	7.5%	10.7%	4.2%
Minnesota Student Survey, 2010	7.8%	11%	4.6%
National Survey of Adolescents, 2005	7.5%	11.5%	3.8%
Substance Use During Adolescence Study, 2000	11.7%	N/A	N/A

Discussion

The six studies in the final cohort produced overall prevalence rates that are surprisingly consistent. Many practitioners are under the impression the prevalence rates emerging from research studies are wildly disparate, and therefore unreliable. This would be the case if all 16 studies identified had been included in the final cohort (7.5%* - 54.1%^). However, methodological and definitional issues excluded ten studies with more divergent prevalence rates, leaving a group of six studies with relatively homogenous results.

*Contact abuse only

^Contact and non-contact abuse.

This cohort suggests a *female prevalence rate that is more than three times the prevalence rate of males*. A review of several well-known adult and child self-report studies show that females participating in prevalence studies report 1.5 to 5 times more sexual abuse than males (Felitti et al., 1998; Finkelhor et al., 2013; Finkelhor & Shattuck, 2012; Kilpatrick & Saunders, 2000; Molnar et al., 2001).

The proposed estimated rate is relatively easy to communicate to the public. Practitioners can report this rate in a number of ways, including:

- “About 1 in 10 children is sexually abused*,”
- “About 1 in 10 children will be sexually abused before they turn 18 *,”
- “About 1 in 7 girls and 1 in 25 boys will be sexually abused before they turn 18*”
- “It is estimated that 7-12% of children are sexually abused*”
- “Some experts believe that 7-12% of children are sexually abused*”
- “It is likely that one in ten children will be sexually abused before they turn 18 unless we do something to stop it*,”
- “As many as 400,000 babies born in the U.S. this year will be sexually abused before their 18th birthday unless we do something to stop it*,”

**Contact abuse only*

**The average of the upper and lower limits of the prevalence statistic range is 9.6%. This average has been rounded to 10%.*

>Just over four million babies are born in the U.S. annually. Assuming that child sexual abuse rates remain constant over the next 17 years, about 400,000 babies born this year (10% of all babies born) will become victims of sexual abuse before they turn 18.

The Age of Study Subjects

It should be noted that the study subjects in all of the six of the studies in the final cohort were adolescents. The ideal study subjects for prevalence studies are 17- or 18-year-olds who have just completed childhood. Theoretically, these study subjects will produce the most accurate prevalence rates. At present, there is little published data on prevalence rates for 17- or 18-year-olds. Accordingly, older adolescents are currently the favored study subjects for prevalence studies. Older adolescents should produce more accurate full-childhood prevalence rates than children as a whole because a large proportion of sexual assault takes place between the ages of 14 and 17 (Planty, 2013, Snyder, 2000). When prevalence data from 17- or 18-year-olds is broken out from these studies and published, it would be advisable to re-analyze and re-calculate overall child sexual abuse prevalence rates.

Summary

Child sexual abuse practitioners have expressed a desire for a well-documented child sexual abuse prevalence statistic. Communicating the extent of the problem of child sexual abuse is one of the most important elements in connecting with the public. It is more difficult for child sexual abuse organizations to engage the public and funders when there is no reliable, consistent statistic.

Since 1992, there has not been a definitive study or meta-analysis of child sexual abuse prevalence that practitioners can cite as the basis for a statistic. Consequently, as of early 2013, many practitioners are using outdated and misleading statistics.

This white paper provides a basis for a range of credible child sexual abuse prevalence rates of use to practitioners. It is a result of a methodical assessment of the literature, and a thorough review of 16 studies deemed to be pertinent. The prevalence rate range derived from the six studies in the final cohort has positive implications for practitioners and researchers alike. It is reasonable and fits within trends found by researchers.

The authors of this paper see two needs for future research into the field of child sexual abuse:

- It is hoped that researchers will use a uniform definition of child sexual abuse that standardizes the age limits of perpetrator and victim, subject ability to consent, and contact/non-contact abuse.
- It is hoped that all researchers collecting data on the prevalence of child sexual abuse (even if this is not the primary intent of their study) will break out the data collected from 17-year-olds, in order to produce the most accurate prevalence rate possible.

REFERENCES

- Barth, J., Bermetz, E., Helm, E., Trelle, S., & Tonia, T. (2012). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health Online*, 58(3), 1-15. doi:10.1007/s00038-012-0426-1. <http://link.springer.com/article/10.1007%2Fs00038-012-0426-1>
- Banyard, V. L., & Cross, C. (2008). Consequences of teen dating violence: Understanding intervening variables in ecological context. *Violence Against Women*, 14(9), 998–1013. doi:10.1197/1077801208322058
- Briere, J., & Elliott, D.M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, 27(10), 1205-1222.
- Broman-Fulks, J. J., Ruggerio, K. J., Hanson, R. F., Smith, D. W., Resnick, H. S., Kilpatrick, D. G., & Saunders, B.E. (2007). Sexual assault disclosure in relation to adolescent mental health: Results from the National Survey of Adolescents. *Journal of Clinical Child & Adolescent Psychology*, 36(2), 260-266.
- Bolen, R. M., & Scannapieco, M. (1999). Prevalence of child sexual abuse: A corrective meta-analysis. *Social Services Review*, 73(3), 281–313. doi:10.1086/514425
- Brown, D. W., Anda, R. F., Tiemeier, H., Felitti, V. J., Edwards, V. J., Croft, J. B., & Giles, W. H. (2009). Adverse childhood experiences and the risk of premature mortality. *American Journal of Preventive Medicine*, 37(5), 389-396.
- Carter, C. A., Bottoms, B. L., & Levine, M. (1996). Linguistic and socioemotional influences on the accuracy of children's reports. *Law and Human Behavior*, 20(3), 335-358.
- Decker, M. R., Raj, A., & Silverman, J. G. (2007). Sexual violence against adolescent girls: Influences of immigration and acculturation. *Violence Against Women*, 13(5), 498–513. doi:10.1197/1077801207300654
- Douglas, E., & Finkelhor, D. (2005). Childhood Sexual Abuse Fact Sheet. Crimes Against Children Center, University of New Hampshire. <http://www.unh.edu/ccrc/factsheet/pdf/CSA-FS20.pdf>
- Eisenberg, M. E., Ackard, D. M., & Resnick, M. D. (2007). Protective factors and suicide risk in adolescents with a history of sexual abuse. *Journal of Pediatrics*, 151(5), 482–487. doi:10.1016/j.jpeds.2007.04.033
- Elliott, D. M., & Briere, J. (1994). Forensic sexual abuse evaluations of older children: Disclosures and symptomology. *Behavioral Sciences and the Law*, 12(3), 261–277.
- Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M., & Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal Preventive Medicine*, 14(4), 245-258.
- Finkelhor, D., & Ormrod, R. K. (1999). Reporting crimes against juveniles. *Juvenile Justice Bulletin*, (No. NCJ 178887). Washington, DC: United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Finkelhor, D., & Ormrod, R. (2001). Child Abuse Reported to the Police. *Juvenile Justice Bulletin*, (No. NCJ 187238). Washington, DC: United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Finkelhor, D., Hammer, H., & Sedlak, A. J. (2008). Sexually assaulted children: National estimates and characteristics. *Juvenile Justice Bulletin*, Washington, DC: Department of Justice, Department of Justice. <https://www.ncjrs.gov/pdffiles1/ojjdp/214383.pdf>.
- Finkelhor, D., Ormrod, D., Turner, H., & Hamby, S. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment*, 10(1), 5-25.
- Finkelhor, D., & Jones, L. (2006). Why have child maltreatment and child victimization declined? *Journal of Social Issues*, 62(4), 685-716.
- Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics*, 124(5), 1-14. doi:10.1542/peds.2009-0467

- Finkelhor, D., Ormrod, R., & Chaffin, M. (2009). Juveniles who commit sex offenses against minors. *Juvenile Justice Bulletin*, (No. NCJ 227763). Washington, DC: U.S. Department of Justice Office of Justice Programs Office of Juvenile Justice and Delinquency Prevention
- Finkelhor, D., & Jones, L. (2012). Have sexual abuse and physical abuse declined since the 1990s? Durham, NH: Crimes against Children Research Center.
http://www.unh.edu/ccrc/pdf/CV267_Have%20SA%20PA%20Decline_FACT%20SHEET_11-7-12.pdf
- Finkelhor, D., Ormrod, R., Turner, H. A., & Hamby, S. L. (2012). Child and youth victimization known to school, police, and medical officials in a national sample of children and youth. *Juvenile Justice Bulletin*, (No. NCJ 235394). Washington, DC: United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Finkelhor, D., & Shattuck, A. (2012). Characteristics of crimes against children. Durham, NH: Crimes against Children Research Center.
http://www.unh.edu/ccrc/pdf/CV26_Revised%20Characteristics%20of%20Crimes%20against%20Juveniles_5-2-12.pdf
- Finkelhor, D., Turner, H., Shattuck, A., & Hamby, S. (2013). Violence, crime and abuse exposure in a national sample of children and youth: An update. *JAMA Pediatrics*, 167(7), 614-621.
doi1001/jamapediatrics.2013.42
- Goodman, G. S., Taub, E. P., Jones, D. P., England, P., Port, L. K., Rudy, L.,...& Melton, G. B. (1992). Testifying in criminal court: Emotional effects on child sexual assault victims. *Monographs of the Society for Research in Child Development*, 57(5), i1-159.
- Gorey, K. M., & Leslie, D. R. (1997). The prevalence of child sexual abuse: Integrative review adjustment for potential response and measurement biases. *Child Abuse and Neglect*, 21(4), 391–398.
doi:10.1016/S0145-2134(96)00180-9
- Hamby, S. L., Finkelhor, D., Ormrod, R., & Turner, H. (2005). The Juvenile Victimization Questionnaire (JVQ): Administration and Scoring Manual. Durham, NH: Crimes Against Children Research Center.
- Harrison, P. A., & Narayan, G. (2003). Differences in behavior, psychological factors, and environmental factors associated with participation in school sports and other activities in adolescence. *Journal of School Health*, 73(3), 113–120. doi:10.1111/j.1946-1561.2003.tb03585
- Kilpatrick, D. G., & Saunders, B. E. (2000). Prevalence and consequences of child victimization: Results from the National Survey of Adolescents. Charleston, S.C: National Crime Victims Research and Treatment Center.
- London, K., Bruck, M., Ceci, S., & Shuman, D. (2003). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law*, 11(1), 194-226.
- Minnesota Department of Health Statistics (2010). 2010 Minnesota Student Survey, Statewide Tables.
<http://www.health.state.mn.us/divs/chs/mss/statewidetables/mss10statetablesfinal.pdf>
- Molnar, B., Buka, S., & Kessler, R. (2001). Child sexual abuse and subsequent psychopathology: Results from the National Comorbidity Survey. *American Journal of Public Health*, 91(5), 753–760.
- Moran, P. B., Vuchinich, S., & Hall, N. K. (2004). Associations between types of maltreatment and substance use during adolescence. *Child Abuse and Neglect*, 28(5), 565–574. doi:10.1016/j.chiabu.2003.12.002
- Planty, M., Langton, L., Krebs, C., & Berzofsky, M. (2013). Female victims of sexual violence, 1994 - 2010. Special Report. (No. NCJ 240655). Washington, DC: Bureau of Justice Statistics. U.S. Department of Justice.
- Sas, L. D., & Cunningham, A. H. (1995). Tipping the balance to tell the secret: The public discovery of child sexual abuse. London, Ontario, Canada: London Family Court Clinic.
http://www.lfcc.on.ca/tipping_the_balance.pdf
- Saunders, B. E. (January, 2010). Child sexual assault 1995-2005; Results from the NSA and NSA-R. Presented at San Diego International Conference on Child and Family Maltreatment. 2010, San Diego, CA.
- Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary. Washington, DC: U.S. Department of Health and Human Services, Administration for Children & Families.

- Smith, D., 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.
- Swahn, M. H., & Bossarte, R. M. (2007). Gender, early alcohol use, and suicide ideation and attempts: Findings from the 2005 Youth Risk Behavior Survey. *Journal of Adolescent Health, 41*(2), 195–181. doi:10.1016/j.jadohealth.2007.03.003
- Tjaden, P., & Thoennes, N. (2000). Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey. Washington, DC: US Department of Justice, National Institute of Justice.
- Turner, H. A., Finkelhor, D., & Ormrod, R. (2007). Family structure variations in patterns and predictors of child victimization. *American Journal Orthopsychiatry, 77*(2), 282–295. doi:10.1037/0002-9432.77.2.282
- U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2005). *Child Maltreatment 2003*. Washington, DC: U.S. Government Printing Office.
- Williams, L. M., Siegel, J. A., & Pomeroy, J. J. (2000). Validity of women's self-reports of documented child sexual abuse. In A. S. Stone et al. (Eds), *The science of self-report: Implications for research and practice* (pp 211-226). Mahwah, NJ: Lawrence Erlbaum.
- Wolitzky-Taylor, K. B., Ruggiero, K. J., Danielson, C. K., Resnick, H. S., Hanson, R. F., Smith, D.W., ... & Kilpatrick, D. G. (2008). Prevalence and correlates of dating violence in a national sample of adolescents. *Journal of American Academy of Child and Adolescent Psychiatry, 47*(7), 755–762. doi:10.1097/CHI.0b013e318192ef5f
- Young, A., Grey, M., Abbey, A., Boyd, C. J., & McCabe, S.E. (2008). Alcohol related sexual assault victimization among adolescents: prevalence, characteristics, and correlates. *Journal of Studies of Alcohol, 69*(1), 39–48.

Appendix

Definitions of Child Sexual Abuse Used by Leading Practitioners

American Professional Society on the Abuse of Children (APSAC) in its Handbook on Child Maltreatment (2nd Edition, 2002):

Child sexual abuse involves any sexual activity with a child where consent is not or cannot be given. This includes sexual contact that is accomplished by force or threat of force, regardless of the age of the participants, and all sexual contact between an adult and a child, regardless of whether there is deception or the child understands the sexual nature of the activity. Sexual contact between an older and a younger child also can be abusive if there is a significant disparity in age, development, or size, rendering the younger child incapable of giving informed consent. Child sexual abuse can include both touching and non-touching behaviors and its victims can include infants, toddlers, young children, and teens.

Darkness to Light

Child sexual abuse is any sexual act between an adult and a minor or between two minors when one exerts power over the other.

Child sexual abuse includes forcing, coercing or persuading a child to engage in any type of sexual act. This includes sexual contact as well as non-contact acts such as exhibitionism, exposure to pornography, voyeurism and communicating in a sexual manner by phone or internet.

Prevent Child Abuse America

Sexual abuse of a child is inappropriately exposing or subjecting the 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. This sexual activity may be with a boy or a girl and is done for the benefit of the offender. In addition, exploitation of a child for pornographic purposes, making a child available to others as a child prostitute, and stimulating a child with inappropriate solicitation, exhibitionism, and erotic material are also forms of sexual abuse.

Stop It Now!

All sexual activity between an adult and a child is sexual abuse. Sexual touching between children can also be sexual abuse.

Sexual abuse between children is often defined as when there is a significant age difference (usually 3 or more years) between the children, or if the children are very different developmentally or size-wise.

Sexual abuse does not have to involve penetration, force, pain, or even touching. If an adult engages in any sexual behavior (looking, showing, or touching) with a child to meet the adult's interest or sexual needs, it is sexual abuse.

U.S. Department of Health and Human Services, Administration for Children and Families, Child Welfare information Gateway

The Child Practitioner definition of sexual abuse is defined to include:

- *"(A) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or*
- *(B) the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children."*

TERMS OF USE

Darkness to Light encourages practitioners to use, reproduce and distribute this paper, in whole or in part.

Practitioners may use the information in this paper in “fact sheets” or other documents under their own logo.

Attribution should be given to Darkness to Light, where appropriate.

In more structured or scientific documents, the suggested citation is:

Townsend, C. & Rheingold, A.A. (2013). *Estimating a child sexual abuse prevalence rate for practitioners: A review of child sexual abuse prevalence studies*. Charleston, S.C., Darkness to Light. Retrieved from www.D2L.org/1in10.