

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

Released: March 2016

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

ABSTRACT

Child sexual abuse awareness/education organizations and 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 supportable statement of the size of the problem. Without it, the ability to engage the public and funders is limited.

Prior to 2013, practitioners were using a wide range of rates, many of which were derived from outdated studies. In 2013, Townsend & Rheingold reviewed the current literature on U.S. child sexual abuse prevalence. They proposed a prevalence rate of 7.5% to 11.7%. This was rounded to “about 10%.” A number of practitioners adopted this rate in their communications with funders and the public.

Since the original white paper was issued, two new studies and two data analyses of four existing studies that include child sexual abuse prevalence rate information have been published. These include new or segregated data that have informed a revised prevalence rate.

Additionally, definitions of child sexual abuse have been refined by practitioners over the last two years. New definitional criteria have also suggested a revised prevalence rate.

Results:

The updated cohort of studies have informed revised prevalence rates that are reasonably parallel to the rates suggested by the 2013 literature review.

REVISED SUGGESTED CHILD SEXUAL ABUSE PREVALENCE RATES			
Criteria for a revised rate	Prevalence		
	Overall	Girls	Boys
The prevalence rate when peer-perpetrated abuse is Included	12.5%* - 15.4%*	20.0%* - 26.6%*	5.0%* - 5.1%*
The prevalence rate when peer-perpetrated abuse is not included	8.1%* - 8.2%*	11.7%* - 12.2%*	4.1%* - 4.5%*

The averages of the prevalence rates suggested by this review are loosely clustered around 11%. For uniformity and clarity, the authors suggest that practitioners employ a phrase like “About one in 10 children is sexually abused” when conveying the prevalence of child sexual abuse to the general public or non-scientific funders.

*Contact abuse only.

Non-Contact Abuse

Although many practitioners believe that child sexual abuse has a non-contact component that should be included in determining prevalence rates, the authors chose to include only data on contact abuse. This was done for two reasons: few studies include non-contact abuse; and the definition of non-contact abuse is not uniform between studies. Consequently, prevalence rates proposed by this review represent only contact abuse.

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

INTRODUCTION

Child sexual abuse prevention organizations and practitioners that interact with the public desire a current child sexual abuse prevalence statistic. In 2013, Townsend, & Rheingold systematically reviewed and analyzed the literature on child sexual abuse prevalence and released a white paper that proposed a prevalence rate that could be used by practitioners.

Since the 2013 white paper was issued, researchers have released two new studies and two data analyses of four existing studies that include child sexual abuse prevalence rate information. These studies and data analyses have informed revisions to the 2013 suggested prevalence rate.

Additionally, definitions of child sexual abuse and criteria for data collection have been refined over the last two years. These, too, have informed revised prevalence rates.

Refining the Definition of Child Sexual Abuse

When the 2013 white paper was published, the inclusion or exclusion of peer-perpetrated abuse was not addressed as a differentiating factor in the definition of child sexual abuse. Of the six studies that served as the foundation of the 2013 prevalence rate, four collected data inclusive of forced or coerced sex between peers of similar physical or mental development (peer-perpetrated abuse) and two collected data only on sexual experiences between a child and older youth or adults.

In the last two years, the presence or absence of peer-perpetrated abuse in study data has been recognized as a significant differential factor in establishing a prevalence rate. Accordingly, an updated review of the literature must refine the definition of child sexual abuse based on whether peer-perpetrated abuse is included or not.

In the process of refining the definition of child sexual abuse, the authors encountered a difference of opinion among practitioners. Some practitioners include forced or coerced sex between peers of similar physical or mental development in their definition of child sexual abuse. Others believe that the definition of child sexual abuse should be limited to sexual experiences between a child and older youth or adults. A 2015 survey of the National Coalition to Prevent Child Sexual Abuse and Exploitation membership found that practitioners and organizations are equally split on this definitional issue.

There are valid arguments for both views. Accordingly, the authors have chosen to propose two prevalence rates; one that includes peer-perpetuated abuse and one that does not.

Refining the Criteria for Data Collection

In the 2013 white paper, Townsend & Rheingold pointed out that the ideal subjects for prevalence studies are 17- and 18-year-olds. Finkelhor, et al (2014) similarly addressed the age of study subjects. Data collected from these subjects are more accurate than data collected from adolescents in general because 17- and 18-year-old subjects have completed a full childhood in which they might be abused.

When the original white paper was released in 2013, very little prevalence data specific to 17- and 18-year-old subjects was available. By necessity, the prevalence rate suggested in 2013 was based on data from 12- through 17-

year-olds. Since 2013, two new data analyses of four existing studies have been published, isolating data from 17-year-old subjects. Accordingly, refined criteria on study subject age will be used to select the final cohort of studies establishing the foundation of a revised prevalence rate. Inclusion in the final cohort of studies will be limited to studies segregating data from 17- and 18-year-old study subjects.

ISSUES AND CHALLENGES IN DETERMINING CHILD SEXUAL ABUSE PREVALENCE RATES

Measuring the prevalence of child sexual abuse is challenging. Douglas & 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 & 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-perpetrated abuse or exclude sexual intercourse between an older teen and adult.

A Study's Methodology of Data Collection

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

Child Self-Report Studies: Some studies collect data from children and youth about abuse over the child's life to date. Unless a study collects and reports data from 17-year olds only, this methodology has a significant flaw. Most child self-report studies collect and publish data from children of a wide range of ages. 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).

Another potential 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. No research to evaluate this assumption was found.

The Time Period Evaluated

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

Child Self-Report Studies: Recent child self-report studies are the most 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 23 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.

It is important to note that some practitioners currently use statistics from adult self-report studies. There is a widespread belief among practitioners that studies using adult self-reports are more 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 ACE Study is a highly respected source of information. However, it should be noted that the time period it evaluated dates back to the 1930’s, making it irrelevant for current practitioners.

IDENTIFICATION OF AN INITIAL COHORT OF STUDIES

Updated Literature Review Results

There are few studies that were solely intended to determine a U.S. child sexual abuse prevalence rate. Information has been drawn from studies that have collected valuable prevalence data as part of larger research topics, such as violence against children, and children’s overall quality of life.

The authors undertook a literature review from February through May 2013. Literature was once again reviewed from January through June 2015. 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 of studies to be reviewed.

In 2015, two new studies, two previously omitted older studies and two data analyses changed the cohort of studies that were identified and evaluated in 2013. The two data analyses isolated data from 17-year-old subjects participating in four child-focused studies that were part of the 2013 review. This data segregation makes these

studies more relevant to development of a proposed prevalence rate. The studies and data analyses that updated the 2013 cohort were:

- Minnesota Student Survey (2013)
- National Survey of Children's Exposure to Violence (2014) (NatSCEV III)
- The Boston Area Community Health Survey (2002-2005)
- Minnesota Student Survey (2007)
- Saunders, B.E., Adams, Z.W., (2014) Epidemiology of traumatic experiences in childhood. *Child & Adolescent Psychiatric Clinics of North America* (23): 167–184
- Finkelhor, D., Shattuck, A., Turner, H., Hamby, S. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health*; 55(3):329-33

Meta-analyses

There have been four well-known meta-analyses of child sexual abuse prevalence studies in the last 18 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. Stoltenborgh et al. (2015) analyzed studies from 1980 – 2008. 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, India 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.

Stoltenborgh et al. (2015) conducted an international meta-analysis of child and adult self-report studies that determined prevalence rates for all forms of child maltreatment. 244 publications between 1980 and 2008 were reviewed, resulting in 551 prevalence rates. A strength of this analysis was that data was segregated by continents, making the data more relevant to U.S. practitioners. A major weakness of this analysis was the time period of abuse evaluated by the studies in the cohort. While individual studies were not identified by the author, it is likely that some of the studies included in the cohort measured abuse that took place in the 1920's and 1930's. A further weakness of the analysis was the lack of definitional standards for inclusion in the cohort. Stoltenborgh et al. (2015) developed a child sexual abuse prevalence rate for North America of 28.1% but, given the time period of abuse studied, this rate is not relevant for the purposes of this review.

Data Extraction

Descriptive characteristics were extracted from each of the 16 reviewed studies and the data reviews of four existing studies including:

- Publication information
- Year of data collection
- Time period of abuse data being collected
- Sample size and location
- Survey methodology
- Characteristics of the sample providing data, including gender and age
- Study's definition of child sexual abuse, as determined by survey questions
- Survey questions
- Prevalence rate from the study, broken down by gender

TABLE 1: STUDIES AND DATA ANALYSES IDENTIFIED FOR REVIEW (PAGE 1)					
Study Known As:	Published	Data Collected	Sample Size	Sample	Survey Type
The National Comorbidity Study, 1992	Molnar, et al., 2001	1992	5,877	National, adults	Interview
National Survey of Adolescents, 1995	Kilpatrick, et al., 2000	1995	4,023	National, 12-17-year-olds	Telephone survey
The National Violence Against Women Study, 1995-1996	Tjaden & Thoennes, 2000	1995-1996	16,005	National, adults	Telephone survey
The ACE Study, 1995 - 1997	Felitti, et al., 1998	1995-1997	13,494	San Diego, adults	Mailed 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
Teen Dating Violence Study, 2000-2001	Banyard & Cross, 2008	2000-2001	2,101	New Hampshire, 7 th -12 th graders	School survey
Prevalence and Sequelae Study, 2001	Briere & Elliott, 2003	2001	1,442	National, adults	Mailed survey
School Sports in Adolescence Study, 2001	Harrison & Narayan, 2003	2001	50,168	Minnesota, 9 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
Boston Area Community Health Survey	Chiu, et al. 2013	2002-2005	5,502	Boston, adults age 30 - 79	Interview
Minnesota Student Survey, 2004	Dataset, unpublished	2004	38,650	Minnesota, 12 th graders (17-18)	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
Minnesota Student Survey, 2007	Dataset, unpublished	2007	40,189	Minnesota, 12 th graders (17-18)	School survey
Minnesota Student Survey, 2010	Dataset, unpublished	2010	41,907	Minnesota, 12 th graders (17-18)	School survey

TABLE 1: STUDIES AND DATA ANALYSES IDENTIFIED FOR REVIEW (PAGE 2)

Minnesota Student Survey, 2013	Dataset, unpublished	2013	42,109	Minnesota, 11 th graders (16-17)	School survey
Saunders & Adams, Data Analysis	Saunders & Adams (2014)	2014	599	National, 17-year-olds	Data analysis
<ul style="list-style-type: none"> National Survey of Adolescents, 2005 	Saunders, 2010	2005		National, 17-year-olds	Telephone survey
Finkelhor, et al., 2014 Data Analysis	Finkelhor, et al., 2014	2014	708	National, 17-year-olds	Data analysis
<ul style="list-style-type: none"> Developmental Victimization Survey, 2003 	Hamby et al., 2005	2002-2003		National, 17-year-olds	Telephone Survey
<ul style="list-style-type: none"> National Survey of Children’s Exposure to Violence (NatSCEV I) 2008 	Finkelhor, et al., 2009	2008		National, 17-year-olds	Telephone survey
<ul style="list-style-type: none"> National Survey of Children’s Exposure to Violence (NatSCEV II) 2011 	Finkelhor, et al., 2013	2011		National, 17-year-olds	Telephone survey
National Survey of Children’s Exposure to Violence (NatSCEV III) 2014	Finkelhor, et al., 2015	2013-2014	4,000	National, 0-17-year-olds	Telephone survey

CRITERIA FOR INCLUSION IN A FINAL COHORT INFORMING PREVALENCE RATES

The Definition of Child Sexual Abuse in Establishing Criteria for the Final Cohort

In order to develop criteria that establishes a final cohort of relevant studies used to propose a prevalence rate, the critical elements that define child sexual abuse must be determined. As a practitioner-relevant rate is desired, that definition should be practitioner-generated.

See the Appendix for definitions used by leading practitioners.

Most leading practitioners use definitions that include the following elements.

- Victims of child sexual abuse include both boys and girls, ages 0-17.
- Child sexual abuse includes 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 minors is considered abusive if there is a significant disparity in age, development, or size, rendering the younger child incapable of giving informed consent.
- Child sexual abuse includes both contact and non-contact sexual acts.

While practitioner definitions of child sexual abuse have many similarities, there are also differences. Practitioners differ on one significant element of definition.

- Some practitioners include forced or coerced sex between peers of similar physical or mental development in the scope of the definition of child sexual abuse. Others only include sexual experiences between a child and older youth or adults.

An informal poll of National Coalition to Prevent Child Sexual Abuse and Exploitation (2015) found that members were equally split on whether the definition of child sexual abuse includes peer-perpetrated abuse or not.

There are valid arguments for both definitions. Some practitioners point to the way laws are written and to the uniform provision of direct services to victims as a reason to include peer-perpetrated abuse in the definition of child sexual abuse. Other practitioners point to the definition published by the Centers for Disease Control, and different prevention strategies as reasons not to include peer-perpetrated abuse in the definition of child sexual abuse.

Accordingly, the authors have chosen to develop two child sexual abuse definitions: one that includes peer-perpetrated abuse and one that does not. These definitions inform two separate prevalence rates.

The Definitional Criteria for Inclusion in the Final Cohort

Based on the elements identified above, there are four definitional criteria that determine inclusion in the final cohort:

- **The study collected data on an aggregate of adult, older youth and peer-perpetrated abuse, or an aggregate of adult and older youth-perpetrated abuse.** Studies that collected data on abuse perpetrated by an adult but not older youth, or only on abuse perpetrated by peers do not meet either of the proposed definitions of child sexual abuse.
- **The study collected data on abusive acts occurring to children ages 0-17.** Some studies did not collect data on abusive sexual acts occurring to children older than 14 or 15.
- **The study collected data from both genders:** Because the definition of child sexual abuse encompasses both male and female victims, studies using only single gender subjects are excluded from the final cohort.
- **Only contact abuse data was included in the study's prevalence rate:** Most 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. Consequently, data or studies that include, but do not isolate, non-contact abuse are excluded from the final cohort.

Studies that Collected Data Only On Unwanted or Forcible Sex Acts Will Not Be Excluded

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, desired sexual acts involving a child who is 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. Accordingly, this definitional disparity was not used as a criteria to screen out otherwise valuable studies from the final cohort.

Study Methodology as a Criterion for Inclusion in the Final Cohort

Study subjects were 17 and 18-years-old: When Townsend & Rheingold released a white paper on child sexual abuse prevalence in 2013, there was little published data on prevalence rates specifically for 17 and 18-year-olds. As a result, the subject age criterion for inclusion in the final cohort of the 2013 review was ages 12 - 17. The ideal study subjects for prevalence studies are 17- and 18-year-olds that have just completed a full childhood in which they could have been abused. Including younger adolescents in a sample is not desirable because a large proportion of sexual assault takes place between the ages of 15 and 17 (Finkelhor et al., 2014). Since the original assessment was released, more age-specific data has been published. There are now three studies and two data analyses of four existing studies that have isolated data from 17- and 18-year-old subjects. Consequently, studies that did not isolate data from 17- or 18-year-olds will be eliminated from the final cohort.

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

Study subjects were born after 1982: A final cohort selection criterion was developed based on the distribution of identified studies over time. Studies that took place before 2000 are 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.

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, these studies are excluded from the final cohort.

Summary: Criteria for Inclusion in Final Cohort of Studies

- The study collected data on an aggregate of adult, older youth and peer-perpetrated abuse, or an aggregate of adult and older youth-perpetrated abuse.
- The study collected data on abusive acts occurring to children ages 0-17.
- The study collected data from both genders.
- Only contact abuse data was included in the study's prevalence rate.
- Study subjects were 17 or 18-years-old.
- Study subjects were born after 1982.

STUDIES EXCLUDED FROM FINAL COHORT

The studies excluded from the final cohort using the criteria identified were:

- **The National Comorbidity Study, 1992** (Molnar et al., 2001) was excluded because the time period it evaluated was too old to meet current criteria.
- **The National Survey of Adolescents, 1995** (Kilpatrick et al., 2000) was excluded because the time period it evaluated was too old to meet current criteria.
- **The National Violence Against Women Study, 1995-1996** (Tjaden & Thoennes, 2000) was excluded because the time period it evaluated was too old to meet current criteria.
- **The ACE Study, 1995 - 1997** (Felitti, et al., 1998) was excluded because the time period it evaluated was too old to meet current criteria.
- **The Substance Use During Adolescence Study (2000)** was excluded from the final cohort because it collected data only on abuse occurring between the ages of 14-17.
- **The Teen Dating Violence Study, 2000-2001** (Banyard & Cross, 2008) was excluded because it measured only teen dating experiences, not a lifetime range of child sexual abuse.

- **Prevalence and Sequelae Study**, 2001 (Briere & Elliott, 2003) was excluded because the time period it evaluated was too old to meet current criteria.
- **The School Sports in Adolescence Study**, 2001 (Harrison & Narayan, 2003) was excluded because it analyzed only data from 9th grade students.
- **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 Boston Area Community Health (BACH) Survey**, 2002-2005 (Chiu, et al., 2015) was excluded because the time period it evaluated was too old. Additionally, its definition of child sexual abuse included only children 14 or younger.
- **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, such as “sexual stares” among peers.
- **The Minnesota Student Survey (2013)** was excluded from the final cohort because, unlike its predecessors, it utilized a 16 and 17-year-old sample, rather than a 17 and 18-year-old sample.
- **The National Survey of Children’s Exposure to Violence (2014) (NatSCEV III)** (Finkelhor, et al., 2015) was excluded because it did not segregate study subject age to 17-year-olds only. Isolated subjects were 14 – 17 years of age.

TABLE 2: STUDIES EXCLUDED FROM FINAL COHORT (PAGE 1)				
Study Known As:	Period studied	Survey Questions	Prevalence	Exclusion Notes
The National Comorbidity Study, 1990-1992	1946-1990	<p>Did someone have sexual intercourse with you when you did not want to by threatening you or using some degree of force?</p> <p>Did someone touch or feel your genitals when you did not want them to?</p> <p>How old were you when this first happened and was this an isolated event or chronic?</p>	8%	Excluded because of the time period studied.
National Survey of Adolescents, 1995	1978-1995	<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?</p> <p>(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?</p> <p>(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?</p> <p>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?</p> <p>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?</p> <p><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>	8.2%	Excluded because of the time period studied.

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

<p>The National Violence Against Women Study, 1995-1996</p>	<p>1917-1995</p>	<p>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?</p>	<p>9.72%</p>	<p>Excluded because of the time period studied.</p>
<p>The ACE Study, 1995 - 1997</p>	<p>1935-1995</p>	<p>Did an adult or person at least 5 years older than you ever. . . 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?</p>	<p>22.5%</p>	<p>Excluded because of the time period studied.</p>
<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>11.7%</p>	<p>This study collected data from adolescents, ages 12-17, and could not break out data specifically from 17-year-olds.</p>
<p>Teen Dating Violence Study, 2000-2001</p>	<p>1982-2000</p>	<p>Have you ever been made by someone (a date) to do something sexual that you did not want to do?</p>	<p>13.2%</p>	<p>Excluded because the study sample was not representative (dating partners only).</p>
<p>Prevalence and Sequelae Study, 2001</p>	<p>1911-2001</p>	<p>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.</p>	<p>23.25%</p>	<p>Excluded because of the time period studied.</p>
<p>School Sports in Adolescence Study, 2001</p>	<p>1984-2001</p>	<p>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?</p>	<p>7.3%</p>	<p>Excluded because the study collected responses only from 14 year-olds.</p>

TABLE 2: STUDIES EXCLUDED FROM FINAL COHORT (PAGE 3)

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.
Boston Area Community Health (BACH) Survey, 2002-2005)	1925-1975	Did an adult: Ever expose the sex organs of their body to you when you did not want it? Threaten to have sex with you when you did not want it? Touch the sex organs of your body when you did not want this? Made you touch the sex organs of their body when you did not want this? Force you to have sex when you did not want this? Have you had any other unwanted sexual experiences not mentioned above?	16.7%	Excluded because of the time period studied. Also, only measured abuse in victims up to age 14.
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.
Minnesota Student Survey 2013	1997 - 2013	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?	6%	This study sampled 11-graders (16-17) not 12 th graders (17-18)
National Survey of Children's Exposure to Violence (NatSCEV III) 2014	1998-2014	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? 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? 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? Has anyone tried to force you to have sex, that is, sexual intercourse of any kind, even if it didn't happen? Has anyone made you look at their private parts by using force or surprise, or by flashing you? Has anyone hurt your feelings by saying or writing something sexual about you or your body? Have you done sexual things with anyone age 18 or older, even things you both wanted? (only asked of children age 12 or over)	10.2%	This study did not isolate data from 17-year-old study samples.

STUDIES INCLUDED IN THE FINAL COHORT

Of the 16 studies and two data analyses considered, three studies and both data analyses met the criteria for inclusion in the final cohort. This final cohort is the foundation for the development of two proposed prevalence rates; one that includes peer-perpetrated abuse and another that does not.

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

Study Known As:	Abuse period studied	Survey Questions	Peer-perpetrated abuse included?	Sample Size	Prevalence Rate	Inclusion Notes
Minnesota Student Survey, 2004	1987-2004	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?	Study excluded peer-perpetrated abuse.	19,236	8.1%	This study collected data specifically from 17 and 18-year-olds, which is the sample most relevant to this analysis. It excluded peer abuse. 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 subsequent years.
Minnesota Student Survey, 2007	1990-2007	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?	Study excluded peer-perpetrated abuse.	20,096	8.2%	This study collected data specifically from 17 and 18-year-olds, which is the sample most relevant to this analysis. It excluded peer abuse. 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 other years.
Minnesota Student Survey, 2010	1993-2010	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?	Study excluded peer-perpetrated abuse.	20,954	8.2%	This study collected data specifically from 17 and 18-year-olds, which is the sample most relevant to this analysis. It excluded peer abuse. 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.
Saunders & Adams Data Analysis, 2014	1991-2005	The National Survey of Adolescents, 2005 (Saunders, 2010)	Study included peer-perpetrated abuse.	599	12%	This analysis isolated data from 17-year-olds, which is the sample most relevant to this assessment. It included peer abuse. The study produced data of great depth and detail. This sample size analyzed is smaller than desired.

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

		<p>The National Survey of Adolescents, 2005 (Saunders, 2010)</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?</p> <p>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?</p> <p>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?</p> <p>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?</p> <p>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?</p> <p><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>				
Finkelhor, et al. Data Analysis 2014	1986-2011	Developmental Victimization Survey 2003, National Survey of Children's Exposure to Violence (NatSCEV I), 2008, National Survey of Children's Exposure to Violence (NatSCEV II), 2011	Studies included peer-perpetrated abuse.	708	15.4%	This analysis isolated data from 17-year-olds, which is the sample most relevant to this assessment. It included peer abuse. The study produced data of great depth and detail. This sample size analyzed is smaller than desired.
	1986-2003	<p>Developmental Victimization Survey 2003</p> <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>				
	1991-2008	<p>National Survey of Children's Exposure to Violence (NatSCEV I), 2008</p> <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>				

TABLE 3: STUDIES INCLUDED IN FINAL COHORT (PAGE 3)

	1991-2011	<p>National Survey of Children’s Exposure to Violence (NatSCEV II), 2011</p> <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>
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A PROPOSED PREVALENCE RATE THAT INCLUDES PEER-PERPETRATED ABUSE

The Final Cohort: Studies that Include Peer-Perpetrated Abuse

The studies included in the final cohort for a prevalence rate that includes peer-perpetrated abuse are the National Survey of Adolescents (2005), the Developmental Victimization Survey (2003), and the National Survey of Children’s Exposure to Violence I (2008) and II (2011).

In 2014, Saunders & Adams isolated prevalence data from 17-year-old subjects participating in the National Survey of Adolescents (2005).

Also in 2014, Finkelhor, et al. isolated prevalence data from 17-year-old subjects participating in the DVS (2003), NatSCEV I (2008) and NatSCEV II (2011) studies. The data from the three studies was aggregated to create a child sexual abuse prevalence rate that represents adult, older youth and peer abuse.

The results of the National Survey of Children’s Exposure to Violence 2014 (NatSCEV III) were released in August 2015. The data released did not isolate data specifically from 17-year-old subjects. Instead, it aggregated data from older adolescents (ages 14-17). The NatSCEV III study subject age does not meet the criteria for the final cohort.

A strength of all of these studies is the depth and number of questions asked. 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).

The weakness of these studies is the small sample size. There were 599 17-year-old study subjects in the NSA (2005) study and 708 17-year-old study subjects in the aggregated DVS (2003), NatSCEV I (2008), and NatSCEV II (2011) studies.

Results:

TABLE 4: A PREVALENCE RATE THAT INCLUDES PEER-PERPETRATED ABUSE			
Study Known As:	Prevalence		
	Total, Age 17	Girls, Age 17	Boys, Age 17
Saunders & Adams 2014 (Data Analysis)	12.5%	20%	5%
Finkelhor, et al., 2014 (Data Analysis)	15.4%	26.6%	5.1%

The proposed prevalence rate that includes peer-perpetrated abuse is 12.5% - 15.4%*. The rate for girls is 20% - 26.6%* and the rate for boys is 5.0% - 5.1%*.

*Contact abuse only

A PROPOSED PREVALENCE RATE THAT EXCLUDES PEER-PERPETRATED ABUSE

The Final Cohort: Studies that Exclude Peer-Perpetrated Abuse

The Minnesota Student Surveys, 2004, 2007 and 2010 constitute the final cohort of studies determining a prevalence rate that does not include peer-perpetrated abuse.

The Minnesota Student Survey is an anonymous paper survey administered every three years between 1998 and 2010 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.

For the purposes of this updated review, only 12th grade data was assessed (over 95% of respondents were 17 and 18 years old). Data from incarcerated students and students in alternative schools were also included.

The Minnesota Student Survey was repeated in 2013, but 11th-graders, rather than 12th-graders were sampled. This means that most respondents were 16 or 17-years-old. Consequently, the 2013 study was excluded from the final cohort.

Beyond meeting the criteria for inclusion in the final cohort, the Minnesota studies have several strengths.

- The studies are characterized by a very large sample size
- The results of the studies are remarkably consistent from year to year.

For the purposes of practitioners, these studies have several weaknesses.

- Minnesota subjects are not necessarily representative of the nation as a whole, and students still in school in the 12th grade are not fully representative of all 17- and 18-year-olds. In fact, 20.5% of Minnesota students do not complete 12th grade (Minnesota Department of Education, 2013).
- By practitioner definition, children sometimes want sex with an older individual, but are not old enough or developed enough to consent. This study collected data on extrafamilial sex that was only against the wishes of the child. This will likely result in a prevalence rate that is artificially low.

- The study had only two questions about sexual abuse. 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).
- In all three studies, 12th graders reported approximately the same level of full-childhood sexual abuse as 9th graders. This is contrary to well-established research that shows that a large proportion of child sexual abuse incidents occur to children between the ages of 15-17 (Finkelhor et al., 2014; Planty, 2013; Snyder, 2000).

Results:

TABLE 5: A PREVALENCE RATE THAT EXCLUDES PEER-PERPETRATED ABUSE			
Study Known As:	Prevalence		
	Total, Age 17-18	Girls, Age 17-18	Boys, Age 17-18
Minnesota Student Survey, 2004	8.1%	11.7%	4.5%
Minnesota Student Survey, 2007	8.2%	12.2%	4.2%
Minnesota Student Survey, 2010	8.2%	12.0%	4.1%

The proposed prevalence rate that does not include peer-perpetrated abuse is 8.1% to 8.2%*. The rate is 11.7% to 12.2%* for girls and 4.1 to 4.5* for boys.

**Contact abuse only*

DISCUSSION OF THE SUGGESTED PREVALENCE RATES

Summary of Rates

TABLE 6: PROPOSED CHILD SEXUAL ABUSE PREVALENCE RATES			
Criteria for a revised rate	Prevalence		
	Overall	Girls	Boys
The prevalence rate when peer-perpetrated abuse is Included	12.5%* - 15.4%*	20.0%* - 26.6%*	5.0%* - 5.1%*
The prevalence rate when peer-perpetrated abuse is not included	8.1%* - 8.2%*	11.7%* - 12.2%*	4.1%* - 4.5%*

Non-scientific funders and the public will be confused by the dual prevalence rates presented in this paper. Dual rates were made necessary by different definitions of child sexual abuse among practitioners. Additionally, the term “peer-perpetrated abuse” is difficult to explain and is not necessary for most audiences. The average of the prevalence rates suggested by this review are loosely clustered around 11%. When conveying the prevalence of child sexual abuse to the general public or non-scientific funders, the authors suggest that practitioners employ phrases like the ones below.

- “About one in 10 children is sexually abused*,”
- “About one in 10 children will be sexually abused before they turn 18 *,”
- “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*,>”
- “About one in five girls and one in 20 boys is sexually abused.*,+”

**Contact abuse only*

+The average of the upper and lower limits of both peer abuse-inclusive and peer abuse-exclusive prevalence statistic ranges is 11%. 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.

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. However, there have been many studies that have collected data pertinent to child sexual abuse prevalence rates. The authors have conducted a methodical assessment of the literature, and a thorough review of 16 studies and two data analyses of four studies deemed to be pertinent.

This white paper provides a basis for a range of credible child sexual abuse prevalence rates of use to practitioners. The prevalence rate range derived from the studies in the final cohort has positive implications for practitioners and researchers alike. It is reasonable and fits within trends found by researchers.

The proposed prevalence rate that includes peer-perpetrated abuse is 12.5% - 15.4%*. The rate for girls is 20% - 26.6%* and the rate for boys is 5.0% - 5.1%*. The proposed prevalence rate that does not include peer-perpetrated abuse is 8.1% to 8.2%*. The rate is 11.7% to 12.2%* for girls and 4.1 to 4.5* for boys. To avoid confusion, the authors suggest that the message conveyed to non-scientific funders and the public is “About one in 10 children is sexually abused*”

**Contact abuse only*

IMPLICATIONS FOR FURTHER RESEARCH

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

- It is hoped that practitioners and 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 researchers will conduct studies that isolate data on adult/older youth from peer abuse.
- It is hoped that researchers collecting data on the prevalence of child sexual abuse (even if this is not the primary intent of their study) will segregate the data collected from 17 and 18-year-olds, in order to produce the most accurate prevalence rate possible.

APPENDIX

Prevalence vs. Incidence

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

An *incident* is the single occurrence of one event to one individual. *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 (*often over a full childhood*). Prevalence rates are typically used to convey the risk of childhood sexual abuse.

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

- The annual U.S. HHS ACF Reports from the States to the National Child Abuse and Neglect Data Systems (NCANDS), (United States Administration for Children & Families).
- 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)

The incidence rates established by these studies do not translate to prevalence rates. These incidence studies measure reported or substantiated incidents of child sexual abuse, typically within a one year period.

These incidence studies have caused a great deal of controversy among practitioners. Understanding that these studies have inherent limitations and do not translate into a full-childhood 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 included in the review process.

Declining Child Sexual Abuse Rates

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). Incident rates in 2012 showed a very slight increase (Finkelhor, et al., 2014).

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 25 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%20Decline_FACT%20SHEET_11-7-12.pdf

DEFINITIONS OF CHILD SEXUAL ABUSE USED BY LEADING PRACTITIONERS

Centers for Disease Control (*Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0*)

Sexual Abuse

Any completed or attempted (non-completed) **sexual act**, **sexual contact** with, or exploitation (i.e., **noncontact** sexual interaction) of a child by a caregiver*.

***Caregiver**

A caregiver is a person, or people, who at the time of the maltreatment is in a permanent (**primary caregiver**) or temporary (**substitute caregiver**) custodial role. In a custodial role, the person is responsible for care and control of the child and for the child's overall health and welfare.

- Primary caregivers must live with the child at least part of the time and can include, but are not limited to, a relative or biological, adoptive, step-, or foster parent(s); a legal guardian(s); or their intimate partner.
- Substitute caregivers may or may not reside with the child and can include clergy, coaches, teachers, relatives, babysitters, residential facility staff, or others who are not the child's primary caregiver(s).

Sexual Act: Sexual acts include contact involving penetration, however slight, between the mouth, penis, vulva, or anus of the child and another individual. Sexual acts also include penetration, however slight, of the anal or genital opening by a hand, finger, or other object (Basile and Saltzman 2002). Genital on genital contact includes:

- Penis to vulva
- Penis to anus
- Penis to penis

Mouth on genital contact includes:

- Mouth to penis
- Mouth to anus
- Mouth to vulva

Sexual acts can be performed by the caregiver on the child or by the child on the caregiver. A caregiver can also force or coerce a child to commit a sexual act on another individual (child or adult).

Abusive Sexual Contact: Abusive sexual contact includes intentional touching, either directly or through the clothing, of the following:

- Genitalia (penis or vulva)
- Anus
- Groin

- Breast
- Inner thigh
- Buttocks

Abusive sexual contact does not involve penetration of any of the above. Abusive sexual contact can be performed by the caregiver on the child or by the child on the caregiver. Abusive sexual contact can also occur between the child and another individual (adult or child) through force or coercion by a caregiver. Abusive sexual contact does not include touching required for the normal care or attention to the child's daily needs.

Noncontact Sexual Abuse: *Noncontact sexual abuse does not include physical contact of a sexual nature between the caregiver and the child. Noncontact sexual abuse can include the following:*

- *Acts which expose a child to sexual activity (e.g., pornography; voyeurism of the child by an adult; intentional exposure of a child to exhibitionism);*
- *Filming of a child in a sexual manner (e.g., depiction, either photographic or cinematic, of a child in a sexual act);*
- *Sexual harassment of a child (e.g., quid pro quo; creating a hostile environment because of comments or attention of a sexual nature by a caregiver to a child);*
- *Prostitution of a child (e.g., employing, using, persuading, inducing, enticing, encouraging, allowing, or permitting a child to engage in or assist any other person to engage in, prostitution, or **sexual trafficking**. Sexual trafficking is defined as the act of transporting children across international borders through deception for forced sexual activity such as prostitution or sexual slavery (Miller and Jayasundara 2001).*

1999 World Health Organization Consultation on Child Abuse Prevention

Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

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

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.

Committee for Children

Engaging a child in sexual acts, such as fondling, rape, and exposing a child to other sexual activities.

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.

**By virtue of a significant age or developmental differential.*

Enough Abuse

Enough Abuse uses the APSAC definition of child sexual abuse.

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."*

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