




THE ISSUE OF CHILD SEXUAL ABUSE


BY DARKNESS TO LIGHT

What is child sexual abuse?

Child sexual abuse and assault (CSAA) is a complex problem that has impacted all nations; however, it has been difficult to come to a consensus on the proper definition of the issue. Darkness to Light has adopted the definition developed by Mathews and Collin-Vézina (2019) while also including the word “assault” to account for the offenses conducted by juvenile/peer offenders.

-  Mathews and Collin-Vézina (2019) defines child sexual abuse as:
- An act that involves a child defined by both legal age (under 18 years) and developmental capacity;
 - Where the child is unable to give true consent or, ability exists but consent not given (true consent requires “full, free, voluntary, and uncoerced participation”);
 - An act (whether contact or noncontact) is considered “sexual” when it is done for the purpose of sexual gratification (immediate or deferred);
 - An act where there is a power differential with victim in a position of inequality in which their vulnerability is exploited.

What is the magnitude of the problem?

Child sexual abuse and assault is far more prevalent than most people realize. CSAA occurs in every community and across all ethnic, socioeconomic, and religious backgrounds (Mathews & Collin-Vézina, 2019). Actual prevalence of CSAA is likely to be underestimated by official reports (Finklehor et al., 2013); however, based on the data that is available we know that 1 in 10 children experience CSAA nationally (Department of Health and Human Services, 2022; Downing, 2021). 

How does this impact different racial groups?

With the limited data available and up to date research on prevalence by demographic groups, the answer to this question is complex. Before we can list out the different statistics available, we have to acknowledge that the variations in the extent of substantiated child abuse and neglect cases. These variations can be due to characteristics of the residents, qualities of neighborhoods, policies and practices of local child welfare agencies, underreporting, economic hardship and violence, structural racism that has disenfranchised non-white and Latino communities, access to quality childcare, and the list goes on.

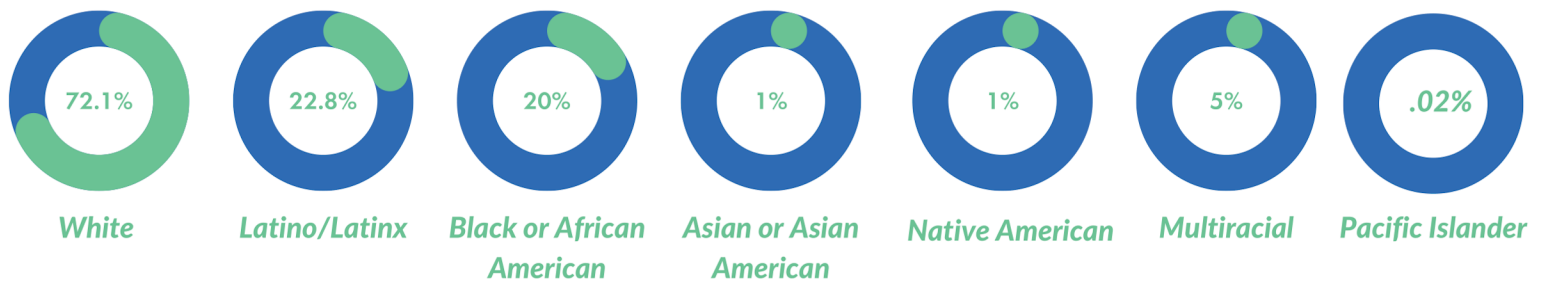


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CSA Victims by Race

Data based on 2018 National Child Abuse and Neglect Data System and state-level population estimates from the US Census Bureau



How does this impact the LGBTQ+ community?

The absence of safe spaces and safe adults has historically put LGBTQ+ youth at a higher risk of childhood trauma. Many youth who identify as lesbian, gay, bisexual, or transgender are at greater risk of various types of traumas including bullying, child sexual abuse, homelessness, sexual exploitation, suicidal thoughts, and teen dating violence.

- Lesbian, gay, and bisexual (LGB) youth are almost 4 times as likely to report child sexual abuse than heterosexual youth (Friedman et al., 2011).
- About 1 in 4 transgender youth are abused before their 18th birthday (Newcomb et al., 2020).
- 18% of LGB teens report being forced to have sexual intercourse (Kann et al., 2016).

LGBTQ+ youth face unique challenges that place them at greater risk. They are more vulnerable to bullying and harassment, leading to feeling isolated, unsafe, and depressed – conditions that potential harm-doers may take advantage of through the grooming process. However, the good news is that according to the CDC, youth who feel connected at school or at home is as much as 66% less likely to experience violence (Steiner et al., 2019).

How does this impact children with disabilities?

Children with intellectual and/or developmental disabilities are 3 to 8 times more likely to be abused than their nondisabled peers (Byrne, 2017; Jones et al., 2012). Similar to other vulnerable populations, many children with disabilities lack a support system in which they can confide about the abuse. On top of the taboos around discussing sex and sexual abuse that persist throughout society, children with disabilities are provided no sexual education or sexual abuse awareness education resulting in a lack of language that allows them to understand what happened.



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How often do children disclose abuse?

Research shows that many children do not disclose sexual abuse immediately after the abuse occurs. In fact, many children do not disclose the abuse for years, if at all.

- The average age for disclosing CSAA is about 52 years (Sprober et al., 2014).
- 86% of CSAA goes unreported altogether (Kilpatrick, Saunders, & Smith, 2003).
- Younger children (e.g. ages 1 through 6) are likely to have more difficulties disclosing sexual abuse compared to older children (Middleton, 2017).
- The majority of child sexual abuse victims who disclose their abuse delay disclosure until adulthood (McElvaney, 2015; Reitsema & Grietens, 2016).
- Older children and female victims are more likely to disclose CSAA than younger children and male counterparts which may be due to social stigma, limited vocabulary/knowledge, and cultural norms attached to masculinity (Azzopardi et al., 2019).
- Even when disclosures occur, a very small amount (16%) of them are formally disclosed directly to authorities (McGuire & London, 2020). The majority of disclosures are made initially disclosures to peers, then parents or trusted adults who can then help them report to a person of authority (Manay & Collin-Vezina, 2021).

What helps children tell?

A meta-analysis of the literature (N=20) found 6 key themes that help children disclose (Brennan & McElvaney, 2020):





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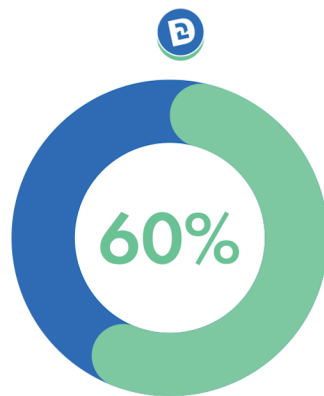
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Who are the perpetrators of child sexual abuse?

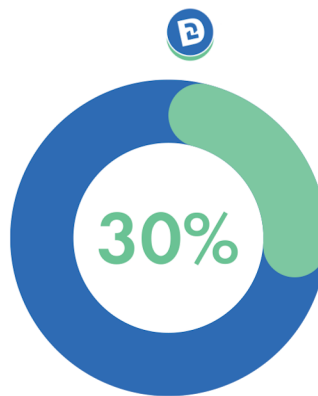
Abusers can be neighbors, friends, and family members. People who sexually abuse children can be found in families, schools, churches, recreation centers, youth sports leagues, and any other place children gather. Many abusers are youth themselves or are situational offenders.



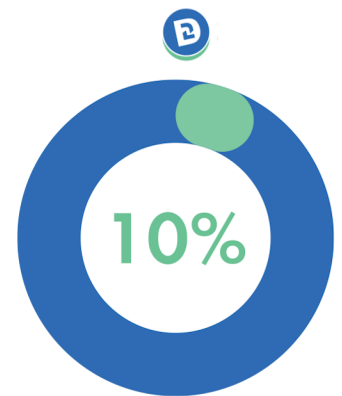
About 90% of children who are victims of sexual abuse known their abuser (Finklehor & Shuttuck, 2012).



60% of abusers are acquaintances, teachers, neighbors, or community leaders (Finklehor & Shuttuck, 2012).



30% of children are abused by immediate or extended family (Finklehor & Shuttuck, 2012)



Only 10% of children are sexually abused by a stranger (Finklehor & Shuttuck, 2012).



More than 70% of children who are sexually abused, are abused by a peer

It is important to note that not everyone who sexually abuses children is a pedophile. Child sexual abuse is perpetrated by a wide range of individuals with diverse motivations.



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Are abusers primarily male?

Most people picture a man when they think of an abuser and although it may appear this way, female abusers exist. The majority of studies available on female perpetrated abuse rely on cases disclosed to child protective services and police and incarcerated female perpetrators (Curti et al., 2019). Studies have shown that the majority of abusers are men (Essabar, Khalqallah, & Dakhama, 2015; Gerke, 2021); however, women are 4.5 times more likely than men to offend against their own biological children (McLeod, 2015). There are many reasons why it appears that the majority of abusers are male:

- victims who were abused by women may not have perceived or recognized that the incident was abuse (Ford, 2006),
- the majority of victims are male and they may delay disclosure due to fear of shame or not being believed or even feeling like less of a “man” (Sable et al., 2010),
- victims are less likely to be believed (Etherington, 1999),
- female perpetrated abuse is also often not taken seriously due to the socialized view that adult female sexual interactions are every teenage boy’s fantasy.

However, the research shows that victims of female-perpetrated sexual abuse have the same serious negative consequences on victims with the addition of mockery and abuse being downplayed. Research shows that victims of female-perpetrated abuse experience the same or greater consequences as victims of male-perpetrated abuse including depression, anger, suicidal thoughts, and problems with substances, relationships, and sexual functioning (Tsopelas, Spyridoula, & Athanasios, 2011).

What is the rate of peer-on-peer abuse?

A large portion of offenses are committed by other juveniles and acquaintances. More than 70% of children who are sexually abused are abused by a peer (Gewirtz-Meydan, & Finklehor, 2020). 

Almost half (45.8%) of peer sexual assault on adolescents were committed by a friend, 18.5% were by someone the victim knew but not well, a girl/boyfriend (15.4%), someone the victim just met (8.2%), and a casual date (2.5%). Two of three victims of peer sexual assault knew the perpetrators in some manner with 50% of perpetrators being friends. (Young et al., 2009).



RISK FACTORS & CONSEQUENCES

BY DARKNESS TO LIGHT

Under what circumstances does child sexual abuse occur?

In most instances of child sexual abuse, abusers do not actively seek out opportunities to abuse children in the beginning (Smallbone & Wortley, 2000). It is more common for abusers to take advantage of opportunities in their everyday lives (Smallbone, 2006). Contact child sexual abuse can occur in a variety of spaces. Understanding the spaces in which our children are most vulnerable can help us better minimize opportunities and prevent child sexual abuse.

When surveying 100 adult male child sexual abusers, researchers found that first sexual contact occurred:

- most commonly between 3 PM to 9 PM,
- often inside a home,
- with another person close by in the home in 2 out of 3 cases,
- by someone outside of their family when they're older and later in the day in comparison to younger victims (McKillop et al., 2015).

When looking at peer-on-peer sexual assault, incidents occurred most commonly at schools (44%) (Young et al., 2009).

While some abuse can happen in plain sight, the majority of abuse occurs in isolation.

- Victims of abuse were unsupervised in more than 70% of cases (Ginige et al., 2018).
- Abusers commonly isolate children into one-on-one situations by taking them to isolated areas (Leclerc & Cale, 2015; Smallbone & Wortley, 2001).








RISK FACTORS & CONSEQUENCES

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Can child sexual abuse occur online?

Yes, unfortunately, children are vulnerable to abuse even online. Online child sexual abuse exploitation occurs when technology or the internet is used to help facilitate the sexual abuse of a child which may include producing or sharing child sexual abuse material, grooming to meet face-to-face for sexual purposes, or engaging in communication that is sexual in nature online.

- More than 29 million reports of suspected child sexual exploitation are received by the National Center for Missing and Exploited Children (NCMEC). That's 564,461 reports per week (National Center for Missing and Exploited Children, 2021). 
- Approximately 1 in 5 youth experience unwanted online exposure to sexually explicit material (Madigan et al., 2018). 
- 1 in 9 youth experience online sexual exploitation (Madigan et al., 2018). 
- 1 out of 4 minors experienced online sexual grooming via long, intimate, conversations in online chatrooms (Greene-Colozzi et al., 2020).
- Approximately 2 out of 5 youths who engage in an intimate online relationship with an adult stranger met the adult in person. 2 out of 3 victims reported physical sexual intercourse (Greene-Colozzi et al., 2020).
- Children with a history of CSA have 4x the chance of experiencing child sexual exploitation in adolescence (Laird, 2020).

What is grooming and manipulation?

Grooming and manipulation is a deliberate process by which offenders gradually groom or manipulate a child by setting up opportunities for abuse through gradual boundary violations and by gaining the trust of the child and those closest to them before sexual abuse occurs.

Identifying grooming can be difficult but there are several red flag behaviors that can be considered manipulative behaviors used by abusers. Victims of CSA often experience a higher number of sexual grooming behaviors than those who do not (Jeglic, Winters, & Johnson, 2023).

Jeglic, Winters, & Johnson's (2023) Red Flag Child Sexual Grooming Behaviors: Level of Concern Guide can be found on the following page.





RISK FACTORS & CONSEQUENCES

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High Risk: at least 7x more likely to occur in cases of CSAA

- Increases sexualized touching of the child over time
- Engages in seemingly innocent or non-sexual touching of the child
- Uses accidental touching or distraction while touching the child
- Exposes their naked body to the child
- Watches the child undressing or while naked
- Shows child pornography magazines, images, or videos
- Tells the child about past sexual experiences
- Separates or isolates the child from their peers and family

Moderate Risk: at least 3 - 7x more likely to occur in cases of CSAA

- Asks the child questions about the child's sexual experiences and relationships
- Uses inappropriate sexual language or tells dirty jokes around the child
- Teaches the child sexual education
- Provides the child with drugs or alcohol
- Gets close to the child's family to gain access to the child
- The child lacks adult supervision
- The child is not close to their parents, or their parents are not resources for them
- Gives the child rewards or privileges (community members only)

Enhanced Risk: at least 2 to 3 times more likely to occur in cases of CSAA

- Does activities alone with the child that excludes other adults
- Gives the child a lot of attention
- Spends a lot of time with the child or communicates with the child often
- Shows the child's love and affection
- Tells the child they love them or that they are special
- Shows the child favoritism or tells the child they have a "special relationship"
- The child lacks confidence or has low self-esteem
- The child feels unwanted or unloved by others
- The child feels lonely or isolated from others
- The child has psychological or behavioral troubles
- The child feels needy
- Gives the child compliments (family member only)
- Seems charming, nice, or likable (family member only)
- Takes the child on overnight stays or outings (non-family and community member only)
- Gives the child rewards or privileges (non-family member only)
- Engages in childlike activities with the child (community member only)



RISK FACTORS & CONSEQUENCES


BY DARKNESS TO LIGHT

What increases a child's risk for sexual abuse?

While no child is immune from abuse, there are several risk factors identified through the research that heightens a child's risk of abuse. It is important to note that while the following factors may increase the risk of abuse, it does not mean that the child is going to be abused. There are protective factors that can mediate the following risk factors. These factors are helpful to understand and help focus prevention programs.

- Prior victimization of a child and/or their family members (Assink, 2019). Child maltreatment is 3x more likely in families that have parents with a history of maltreatment in their own childhood (Assink, 2018).
- Parental problems such as partner violence, relationship issues, substance abuse, mental or physical health struggles, and low levels of education pose a risk for CSA (Assink, 2019).
- A non-nuclear family structure or problems within the family (Assink, 2019).
- Parenting problems including low quality parent-child relationship (Assink, 2019).
- Children with mental or physical health conditions (Assink, 2019).
- Children using drugs or substance use (Assink, 2019).
- Children engaging in violent behaviors (Assink, 2019).
- Children with low social skills (Assink, 2019).
- Children with frequent internet use (Assink, 2019).
- Men, who in their childhood did not conform to gender norms, have a 20% increased risk (19% greater odds) of CSA (Xu, Y., & Zheng, Y., 2015).

How does transgenerational abuse impact a child's risk for abuse?

Transgenerational abuse is the experience of generations in a family facing the effects of abuse. Unfortunately, children that live in families with a history of abuse are a high risk to experience abuse themselves. In fact, children with parents who have experienced child maltreatment are almost 3 times more likely to experience it themselves (Assink et al., 2018).  Oftentimes, victims of abuse find themselves in a familial cycle of abuse and trauma due to cycles of silence.





RISK FACTORS & CONSEQUENCES

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What are protective factors that can help prevent or mitigate the effects of CSAA?

Protective factors or positive childhood experiences can aid children in having healthy development and mitigate the effects of child sexual abuse and other adverse childhood experiences (ACEs) (Bethel et al., 2019). By allowing children the ability to form secure and supportive connections and relationships, develop self-worth, and feel a sense of belonging they can become more resilient and protected from harm.

Protective factors can include:

- Feeling comfortable discussing emotions and feelings with family,
- Having a supportive family through difficult times,
- Enjoyment in participating in community activities and traditions,
- Feeling a sense of belonging at school,
- Having a supportive friend(s),
- Having a safe adult who has a genuine interest in them,
- Feeling safe and protected by an adult in their home (Bethel et al., 2019).





RISK FACTORS & CONSEQUENCES

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What are the immediate consequences of child sexual abuse?

The most common and most immediate consequence of child sexual abuse is typically emotional and mental health issues. This can include:

- Depression, anxiety, and anger (Norton-Baker et al., 2019; Yüce et al., 2015);
- Suicidal ideation and attempts (Mainali et al., 2023);
- Dissociation (Trickett et al., 2011);
- Attention problems (Strathearn et al., 2020);
- Post-traumatic stress disorder (Strathearn et al., 2020).

Children who have been sexually abused also often demonstrate over-sexualized behavior that is different from normal sexual development and engage in risky sexual behaviors:

- Male child sexual abuse victims are more likely to engage in riskier sexual behaviors to cope and to gain the approval of their peers and partners. Males also engaged in risky sexual behavior more than females. (Wekerle et al., 2017);
- Unprotected sexual intercourse (Oshri et al., 2012; Senn & Carey, 2010);
- Early sexual relations (Strathearn et al., 2020; Trickett et al., 2011);
- Increased number of sexual partners (Abajobir et al., 2018; Fergusson et al., 2013; Van Roode et al., 2009);
- Teen pregnancy (Noll et al., 2009; Yampolsky et al., 2010).

Illegal and substance misuse is found among teenagers with a history of CSA including:

- Alcohol use (Fergusson et al., 2008; Sartor et al., 2007; Smith et al., 2014);
- Cannabis (Hayatbakhsh et al., 2009; Duncan et al., 2008);
- Early nicotine (Al Mamun et al., 2007).

CSaA can also impact the child's performance in school from underperforming to overperforming. A study of sexually abused girls showed:

- 39% displayed academic difficulties,
- 24% repeated a grade,
- 15% were enrolled in a remedial class,
- 48% reported below-average grades,
- and over 37% displayed cognitive ability below 25% (Daignault & Hebert, 2009).

Youth who experience CSAA reported greater severity and risk for other types of abuse including physical abuse, emotional abuse, and neglect (Wekerle et al., 2017).



RISK FACTORS & CONSEQUENCES

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What are the long term consequences of child sexual abuse?

Substance Use

- The use of these substances in adolescence often leads to the development of substance dependence (Ullman et al., 2009; Douglas et al., 2010) as well as associated health complications, such as altered brain development, chronic psychosis disorders, and lung cancer (Volkow et al., 2014).
- CSAA victims are 1.7 more likely to substance misuse (Hailes et al., 2019; Tonmyr, Shields, 2017).

Mental health impacts

- CSAA victims are 3x more likely to experience conversion disorder,
- CSAA victims are 2.9x more likely to experience borderline personality disorder,
- CSAA victims are 2.7x more likely to experience anxiety,
- CSAA victims are 2.7x more likely to experience depression,
- CSAA victims are 2.3x more likely to experience PTSD (Hailes et al., 2019).

Obesity & eating disorders

- CSAA victims are 2.2 to experience eating disorders,
- CSAA victims are 1.4x more likely to experience obesity (Hailes et al., 2019).

Sexual Risk Behaviors

- CSAA victims are 1.2x more likely to have unprotected sex,
- CSAA victims are 1.5x more likely to be a sex worker,
- CSAA victims are 1.6x more likely to have multiple partners (Hailes et al., 2019).

as mentioned in
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"For individuals that were exposed to harm, what were the long-term impacts? And it's all kinds of health impacts, you know, **460% more likely to develop depression, 1,220% more likely to commit suicide** if they've experienced at least four aces, you know, or attempt suicide."

- Chris Newlin



RISK FACTORS & CONSEQUENCES

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What are the long term consequences of child sexual abuse and assault?

Relationship Issues

- Trust issues,
- Fear of intimacy,
- Unstable relationships,
- Divorce,
- Difficulty parenting (Testa, VanZile-Tamsen, & Livingston, 2005; Zvara, Mills-Koonce, & Cox, 2016).

Physical Health Problems

Adults who experience CSAA are 1.35 to 2.12 times more likely to report health problems such as:

- poorer overall health,
- pain/fibromyalgia,
- gastrointestinal symptoms,
- gynecological symptoms,
- cardiopulmonary symptoms (Irish, Kobayashi, Delhanty, 2010).
- HIV (Hailes et al., 2019)

Sexual Dysfunction

- Difficulty with arousal and desire (Pulverman, Kilimnik, & Meston, 2018).
- Low risk perception for danger (Lalor & McElvaney, 2010).

Sexual Revictimization

- 50% of CSAA victims experience revictimization (Papalia, Mann, & Ogloff, 2021)
- Sexual abuse was the strongest predictor of human trafficking: the odds of human trafficking were 2.52 times greater for girls who experienced sexual abuse, and there was an 8.21 times greater risk for boys who had histories of sexual abuse. (Reid et al., 2017)

Economic Impact

Economic impact of CSAA is approximately \$9.3 billion with the lifetime cost (Letourneau, 2018). Incarcerating child sexual abusers topped \$5.4 billion (Letourneau et al., 2023)



REPORTING CHILD SEXUAL ABUSE

BY DARKNESS TO LIGHT


What are the reporting rates for child sexual abuse and assault?

Only 26% of CSAA survivors disclose their abuse to adults and 12% disclosed to the authorities (Lahtinen et al., 2018). There are several reasons why victims of child sexual abuse do not disclose immediately, if at all. These include guilt, fear of family disruption, self-blame, fear of not believed (Lemaigre, 2017; McElvaney, 2014).

In some instances, non-disclosure is due to the experience being considered not serious enough to report (41%) or children did not perceive the incident as child sexual abuse (Lahitnen, 2018).

Delays in disclosure may be a result of emotional abuse from family members and unstable or dysfunctional familial environments. Survivors living with offenders are less likely to disclose abuse as opposed to survivors no longer living with offenders (Tashjian 2016, Leclerc & Wortley, 2015). Issues with disclosure in ethnic minority communities may stem from racism and stereotypes perpetuated by institutions and professionals (Hurcombe, Redmon, Rodger, & King, 2023). Additionally, stigma may discourage disclosure (Rodger et al., 2020).

How often are reports false?

Although, false allegations do occur they happen at a non-negligible rate (O'Donohue, 2018). Less than 5% of all cases are found to be intentionally fabricated (O'Donohue, 2018; Trocme & Bala, 2005). 

How many child sexual abuse and assault reports result in prosecution?

- Less than 1 in 5 reported cases of child sexual abuse & assault went forward to prosecution.
 - About half of these cases resulted in a conviction or guilty pleas (Block & Williams, 2019).
- Reasons why cases are not opened or investigated further:
 - case involved two consenting minors,
 - perpetrator was unknown or too young,
 - parents were unsupport or protective of their children,
 - parents defended perpetrating partner instead of their child,
 - case was viewed to be in the interest of the child victims and/or their families (Block & Williams, 2019).





REPORTING CHILD SEXUAL ABUSE

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How do I recognize the signs of abuse?

The majority of sexually abused children do not display signs of child sexual abuse making it often difficult to recognize CSAA in children. The easiest way to identify CSAA is through disclosure; however, majority of children do not disclose or delay disclosure (McElvaney, 2015; Reitsema & Grietens, 2016). If a child does not disclose, we must rely on any available physical or psychosocial signs of CSAA.

Behavioral Signs

- behavioral problems (e.g. acting out, social withdrawal, over-perfect behavior, etc.),
- post-traumatic stress symptoms,
- depressive symptoms (Vrolijk-Bossschaart et al., 2018).
- age-inappropriate sexual behavior (Baker et al., 2008).
- age-inappropriate sexual knowledge (Vizard, 2013).

Physical Signs

- genital pain and genital bleeding (Anderson et al., 2014).
- abdominal pain (van Tilburg et al., 2010).
- cuts or bruising of genitals (Adams, Farst, & Kellog, 2018).
- STIs (Adams, Farst, & Kellog, 2018).

But it is important to remember that signs are only found in a minority of CSAA victims. Approximately 95% of cases found no physical findings (Adams et al, 2016).

How do I respond to CSAA?

How you respond to disclosures of child sexual abuse matters. The most important action an adult can do when a child discloses is to believe them.

Survivors often fear being disbelieved making it difficult for them to be believed. Survivors can sometimes choose not to report because they think they're been accused of lying or being invalidated. If a caregiver believed the allegations, they are more likely to disclose the abuse during the forensic interview (Grandgenett et al., 2021). Positive reactions to disclosure allow for survivors to feel optimistic about continuing to share their story (Dworkin & Allen, 2018).





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