Child Sexual Abuse: Prevention, Treatment, & Safety Promotion

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Child sexual abuse (CSA; i.e., physical or nonphysical sexual acts with a child under the age of 18 in which there is no or limited capacity to provide true consent) can occur through online exploitation, child pornography, and the luring of children offline for sexual encounters. Although CSA is likely underreported, recent studies suggest that approximately 15% of girls and 8% of boys will be victims of CSA before entering adulthood. About 75% of CSA occurs with someone the child knows – family members and trusted adults from schools, sports leagues, and faith-based organizations. Approximately 23% of CSA is peer-to-peer (e.g., children under 18).

The long-term effects of CSA are serious – survivors are more likely to have physical injuries, chronic pain, STIs, and sexual dysfunction. CSA is also associated with adverse mental health outcomes, including higher rates of depression, PTSD, suicide attempts, and substance use/misuse. Strategies to prevent and treat CSA, along with barriers and recommendations for policymakers to consider, are discussed below.

Prevention and Treatment

Successful prevention efforts engage the population at multiple levels via children, caregivers, community members, and potential offenders. The most effective approaches for CSA prevention are to: 1) educate parents, caregivers, and children about bodies and safety behavior and 2) empower children to tell an adult/resist if they feel uncomfortable or unsafe. **Please note the example programs listed below are alphabetized within subheadings and not listed in any preferential order. For more information about evidence-based programs, please refer to this resource.*

Universal prevention programs start early by targeting the entire population (e.g., all children) regardless of risk and are usually offered to children and youth in a school-based program.

- Examples of evidence-based universal prevention programs: Body Safety Training, Safe Touches, and Who Do You Tell?
    - These programs emphasize education and empowerment for children using role-play scenarios and age-appropriate teaching of body autonomy, consent, and safety, as well as how to recognize, respond to, and report inappropriate sexual behavior directed towards them, and access support to reduce the impacts of sexual violence.

Targeted prevention programs focus on children at-risk for CSA or adults who have regular contact with children (i.e., teachers, first-responders, community members).

- Examples of evidence-based programs supporting children and families: Nurse-Family Partnership (NFP), Parents as Teachers (PAT)
    - These programs focus on home visiting for pregnant mothers and young children in order to provide education about effective parenting and child development as well as health checks and community resources for support with goals of strengthening families and preventing child abuse and neglect.
- Evidence-based programs supporting caregivers and other adults working with children: Circles of Safety, Prevent It, Stewards of Children
    - These programs teach caregivers, teachers, physicians, and advocates how to *effectively* screen for CSA and what to do if they suspect CSA has occurred.

Treatment programs can either support survivors of CSA or support the reform and rehabilitation of offenders in order to prevent re-offenses.

- Treatment programs that target survivor's resulting trauma responses, in addition to healthy sexual behaviors, are likely to be most effective in reducing potential emotional regulation difficulties, which will therefore reduce the risk of potential forms of problematic sexual behavior as the child develops into an adult.

- Examples of evidence-based treatment programs for **survivors**: Dialectical Behavioral Therapy (DBT), Safety, Mentoring, Advocacy, Recovery, and Treatment (SMART), Trauma Focused-Cognitive Behavioral Therapy (TF-CBT). These programs focus on reducing dysregulation and interpersonal issues (DBT), problematic sexual behavior (SMART), or trauma-related mental health issues (e.g., depression/anxiety; TF-CBT).

- The Center of Sex Offender Management (CSOM) of the U.S. Department of Justice suggests three treatment approaches for sex offenders, which can be used in combination or alone: 1) Cognitive-behavioral approaches focus on changing thinking patterns and changing deviant arousal patterns of offenders; 2) Psycho-educational approaches focus on the development of empathy for survivors and recognition of responsibility; 3) Pharmacology approaches use medication to reduce sexual arousal.
    - Examples of evidence-based treatment programs for **offenders**: Good Lives Model of Offender Rehabilitation (GLM), Sexual Abuse Counseling and Prevention Program (SACPP), Sexual Abuse Family Education-Treatment (SAFE-T). These programs focus on providing therapy treatment for offenders to support rehabilitation and prevent CSA re-offense (GLM, SAFE-T), or by providing group-based family therapy for child offenders (SACPP).

Prevention of Online Distribution of Child Sexual Exploitation and Abuse Materials

Child sexual abuse materials (CSAM; e.g., photos, videos, and artifacts that depict child sexual abuse) are sometimes sold, bartered, or shared with other offenders individually or as part of a group activity. The prevalence of these crimes continues to increase as technology advances.

- Distributing materials created during the commission of crimes against children is a criminal act. Investigating these acts falls within the jurisdiction of law enforcement.
- The primary opportunity to prevent sharing of these materials is by reporting any instance of exposure to these materials. The public may inadvertently view these materials and should be encouraged to *always* report if a child victim is involved.
- Additional training, funding, and research to support child abuse documentation, tracking, and investigation by law enforcement is needed.

Barriers and Recommendations for CSA Prevention

- For CSA to be considered a greater public health priority, policymakers may consider:
    - Establishing public campaigns and public service announcements to promote awareness of CSA and programs that aim to reduce its prevalence. It is important to emphasize that prevention efforts aim to protect potential and actual victims of CSA - prevention efforts do not protect potential or actual offenders.
    - Encouraging statewide dissemination efforts of evidence-based universal CSA prevention programming at all population levels.
- To demystify CSA, it is important to emphasize that most abuse occurs with someone the child knows.
    - Caregivers and adults should encourage open conversation about healthy physical and sexual development and reduce the stigma associated with talking about CSA.
- Treatment for survivors is not always offered, has limited availability and high treatment demands, and is expensive. Furthermore, there is often a level of shame for CSA survivors that can act as a barrier in accessing treatment.
    - Expanded funding for victim services, including Child Advocacy Centers (CAC), which provide access to assessments and services for survivors and also helps with education to the community, will be beneficial.
    - Investment in research on early prevention to identify and treat the factors that contribute to CSA offense is needed.
- To address the distribution of child sexual exploitation and abuse materials online, federal, state, and local laws may consider working in collaboration to create a pragmatic policy framework adaptive to ongoing technological advances.
    - Given technological advances and ever-changing updates to digital platforms, it is important to consider updating and, if necessary, expanding laws relating to children and media to ensure children's privacy and safety.