

Preventing child sexual abuse: The Why and How

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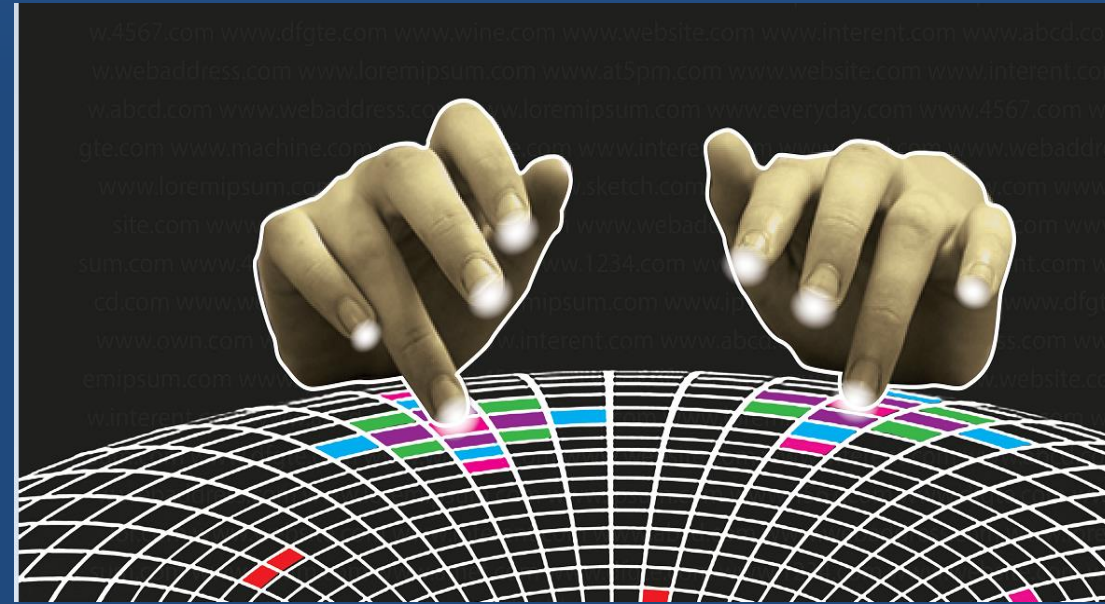
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What is child sexual abuse?

- Sexual acts with a child under the age of 18 that involve direct physical contact or non-contact sexual acts, and where there is no or limited capacity to provide true consent (Mathews, 2017)
- Pooled international aggregate rate 15% of girls 8% of boys (Barth, 2013)
- Rates in the US have plateaued over the past 15 years with increases reported in 2018 for the first time in nearly 3 decades

Internet-initiated sexual exploitation

- Online sexual exploitation
 - Luring children to pornography
 - Exchange of sexual images
 - Luring children offline
 - Sex trafficking



- On the rise since the proliferation of the Internet and the wide use of social media (US Dept. of State, 2016)

What are the societal costs?

- Associated costs are large--e.g., \$9.3B USD lifetime burden for one year of victims (Letourneau, 2018)
 - Mental health costs
 - Child welfare costs
 - Law enforcement
 - Loss of productivity



Sexual abuse can significantly disrupt development?

Sexual & Mental Health Outcomes:

- High-risk sexual behaviors
- Sexually transmitted infections
- Teen pregnancy
- Sexual re-victimization
- Inter-partner violence
- Sexual dysfunction
- Mood & anxiety disorders
- PTSD
- Attachment to partners & children
- Alcohol & substance abuse disorders

Physical & Cognitive Health Outcomes:

- Stress-mediated processes
- Early pubertal development
- Obesity
- Immune function deficits
- Inflammatory markers
- Cognitive deficits
- Premature delivery
- Accelerated cognitive aging

Annual Review of Clinical Psychology

Child Sexual Abuse as a Unique Risk Factor for the Development of Psychopathology: The Compounded Convergence of Mechanisms

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What we know

- 90% of victims know their perpetrator
- 30% of victims are abused by a family member
- 60% are abused by someone who is 'trusted' by the family
- Less than 45% of victims do not disclose within 5 years
- 12-17% never disclose to anyone prior to adulthood
(Summarized in Finkelhor 2012)
- Less than 20% get referred to evidence-based treatments (McPherson 2012)



What makes sexual abuse so hard to prevent?

- Difficult to talk about
- Many people don't believe it can happen in their family/community/school
- Physical signs are rare
- Occurs in a shroud of secrecy
- Difficult to prosecute – evidence can be difficult to obtain
- Laws and policies put limits on disclosure timeframes via 'statutes of limitations'
- Can result in significant family disruption
- We don't yet understand the scope of Internet sex crimes



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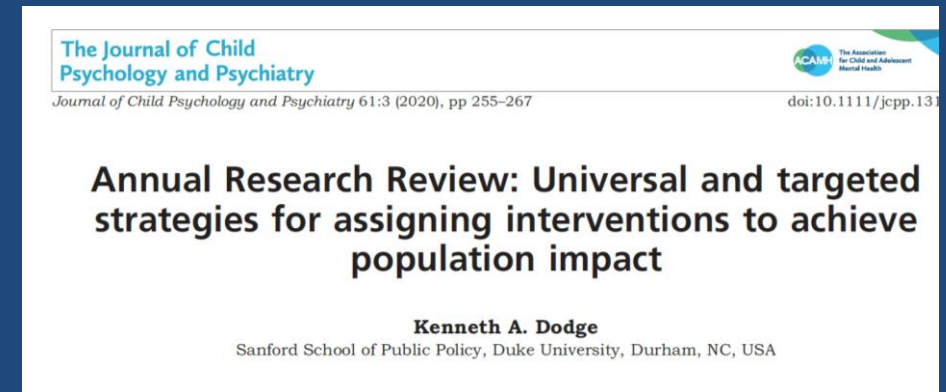
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Primary Prevention

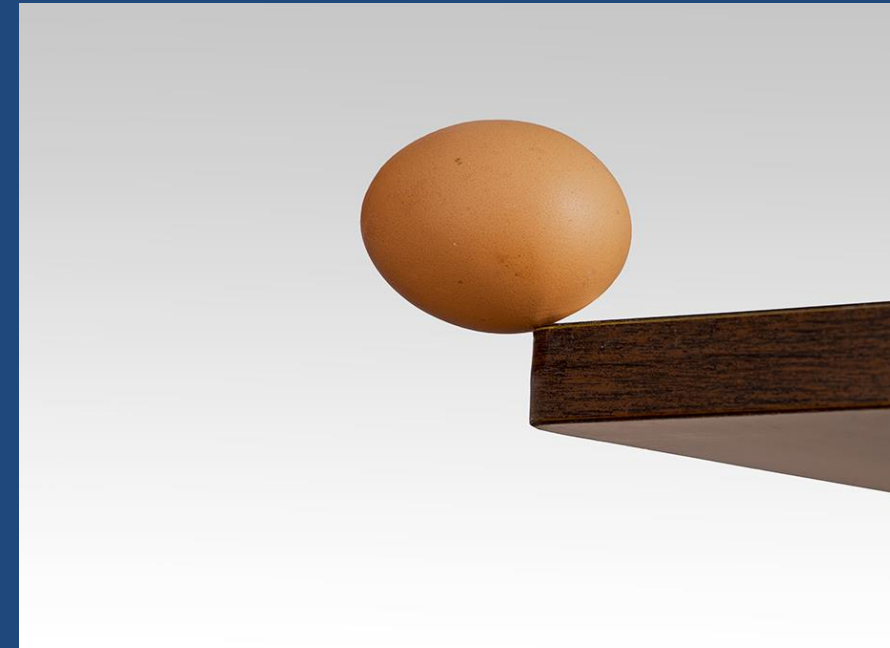
Stopping sexual abuse *before* it happens

- Universal – everyone in the population
 - How do we leverage systems to maximize universal **REACH**?
- Targeted or Selective
 - What systems do we leverage to maximize **REACH** to those who will benefit most?



Targeting households at the highest risk

- Parents may *inadvertently* create environments where exploitive individuals gain access to children
- Parents have mental health and/or substance use problems
- Low social supports for caregiving
- Child surveillance & supervision is challenging
- Prior or current involvement in the child welfare system



Leverage systems where Parent Training is delivered

Widely Disseminated Parent Training Programs

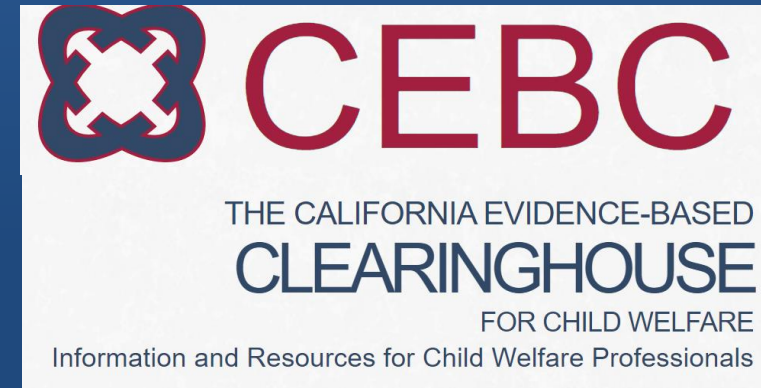


Sexual abuse prevention programming



Evidence-based Matters

- To stakeholders
- To policy-makers
 - Specific language in Federal policies
 - Eg, CAPTA, Family First, MEICHV
- To funders
- Becoming imperative to bring promising programs into the evidence-base; e.g., through randomized clinical trials (RCTs)
 - Ideally with long-term follow-up
 - Show change in knowledge AND behaviors
 - Demonstrate changes in overall sexual abuse rates



Extant prevailing strategies for primary prevention



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 **DARKNESS to LIGHT**
END CHILD SEXUAL ABUSE



KEEPING OUR CHILDREN SAFE



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About Circles of Safety®

Sexual abuse prevention and safety training for youth-serving organizations and caregiving adults



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Potential Perpetrators



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The Moore Center for the
Prevention of Child Sexual Abuse

Responsible Behavior with Younger Children: Examining the Feasibility of a Classroom-Based Program to Prevent Child Sexual Abuse Perpetration by Adolescents

Amanda E. Ruzicka^a, Luciana C. Assini-Meytin^a, Cindy M. Schaeffer^b, Catherine P. Bradshaw^c, and Elizabeth J. Letourneau^a



Stop It Now![®]



lieben sie kinder mehr als ihnen lieb ist?

es gibt hilfe! kostenlos und unter: schweigepflicht. institut für sexualmedizin der charité.
telefon: 030/450 529 450, www.kein-taeter-werden.de

mit unterstützung von CHARITÉ

Project Dunkelfeld; Beier, et al., 2009



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SHIFTING BOUNDARIES:
Lessons on Relationships for Stud



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Parent-Focused Sexual Abuse Prevention: Results From a Cluster Randomized Trial

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Child Maltreatment
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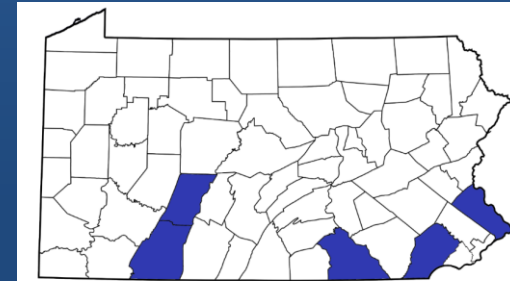
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Coordinated Efforts



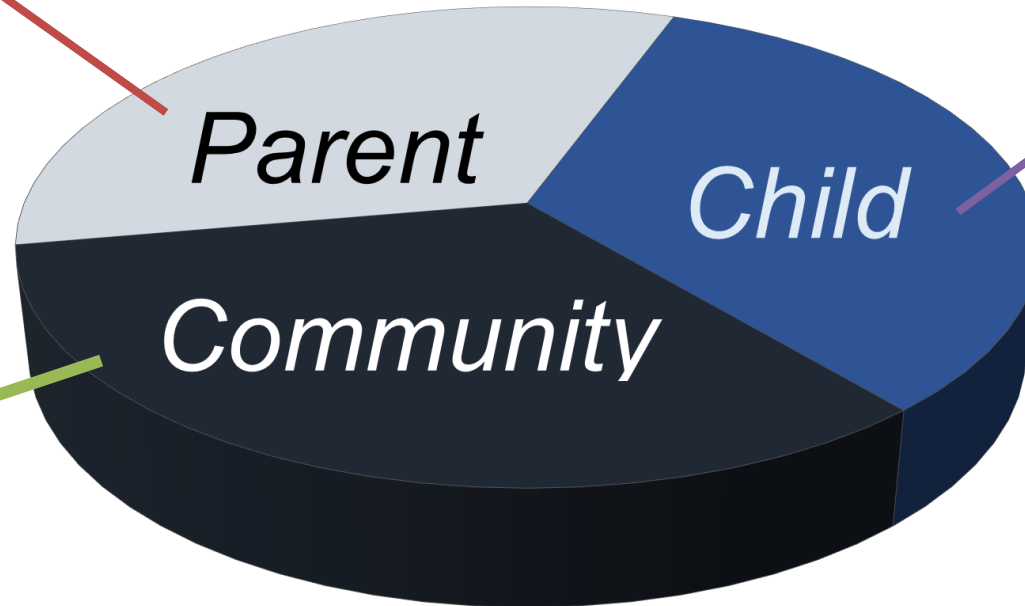
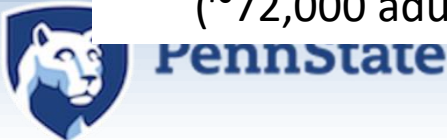
Safe & Healthy
Communities Initiative



Target: 100% of
GPS families
receiving parent
education



Target: 5% of population
(~72,000 adults)



SAFE  TOUCHES

Target: 100% of 2nd graders
(~15,000 kids)



Reach Matters



- Major driver of universal impact
 - The success of the strategy
 - Probability that rates will be impacted
- Major driver of cost analysis
 - The more people reached, the more cost-effective the implementation
- Maximizing program engagement



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Next Steps

- Bring promising programs into the evidence base
- Demonstrate long-term impacts on rates
 - Implore larger public investment –spend now to save public costs later
- Increase engagement
- Extend reach
 - Leveraging systems
 - Universal & Targeted

