

# Child Sexual Abuse: An International and Community Perspective -- Prevalence, Effects, Response, and Prevention

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## Agenda

1. *CSA Overview: Definition and Prevalence*
2. *Effects of CSA: Children, Adults, and Society*
3. *Prevention and Intervention*
4. *Stop the Silence: Stop Child Sexual Abuse, Inc.*



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## CSA Overview: Accepted Definition

CSA occurs when the child is engaged in sexual activities that the child cannot comprehend, for which the child is developmentally unprepared and cannot give consent, and/or that violate the law or social customs of society and which often take place on an increasing continuum of abuse:

- Voyeurism and/or exhibitionism and/or pornography
- Inappropriate touch, rubbing, brushing
- Oral-genital, genital, or anal contact by or to the child
- Rape



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## International Overview: Prevalence

- At least 150 million girls, 73 million boys subjected to forced sexual intercourse and other forms of sexual violence (WHO, 2002)
- Large percentage of most pops have experienced CSA
- Other studies have corroborated prevalence rates, and noted high incest rates (but comparative studies not reliable)




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## Prevalence in the U.S.

- One out of three girls and one out of six boys in the U.S. by the time they are 18 years old.
- Variation in operational definitions of CSA, methods, sampling, sample size
- At least 316,000 children were reported as sexually abused in 1998 (underreporting highly likely)
- NIS-4 Study (2010) finds specific U.S. pops affected
- Most CSA start-up at 7 years old; most occurring at about 14 years of age; One out of ten children report
- Over 40 percent of adults never tell in their lifetimes




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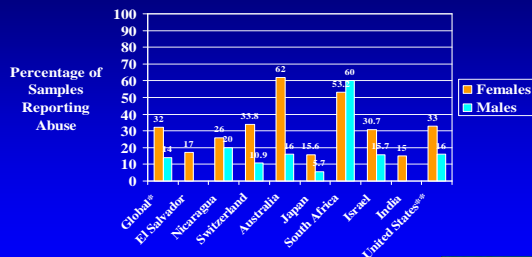
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## Comparative Prevalence of CSA



Source: Fahberg, V & Kerstnar, S (2003), Child Sexual Abuse Across Cultures: What We Know So Far, Commissioned by UNICEF.  
 \*Source: Sapp, M & Vandoren, AM (2005). Update on childhood sexual abuse. Curr Opin Pediatr 17:259-64.  
 \*\*Source: Pridem, FW (2003). Ten-year research update review: child sexual abuse. J Am Acad Child Adolesc Psychiatry, March 2003, pp. 269-78.




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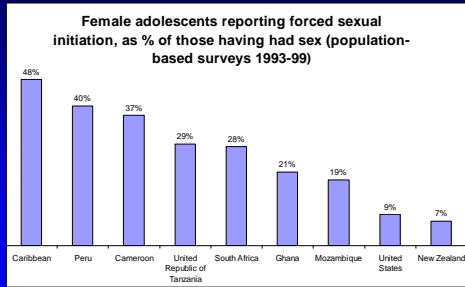
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## Prevalence: Forced Sexual Initiation



Source: WHO's World Report on Violence and Health, 2002



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## Who Are the Offenders (U.S.)?

- Children reports: 3/4 of sexual predators < than 35 yr
- 80% are of normal intelligence
- Most (70%) incarcerated violent offenders serving time for violent crimes against children are white
- Perpetrators are from all ethnic and socioeconomic backgrounds in our society (in U.S., mostly white men).
- Ninety to 94 % of CSA occurs with someone a child has an established and trusting relationship with, whether known or not by the parent.
- Approximately 30% of that 90-94% are relatives.



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## Effects of CSA

- Anti-social behavior, acting out, poor school performance, dropping out of school
- Many psychological, cognitive, and biological effects in childhood or later in life, e.g., psychosis, PTSD
- Eating disorders
- Social ills: teen pregnancy, prostitution, drug abuse
- Violent behavior (self and others), homicide
- Transmittable diseases (e.g., HIV, other STIs)
- Chronic disease and death
- Hundreds of \$\$ billions in mitigation




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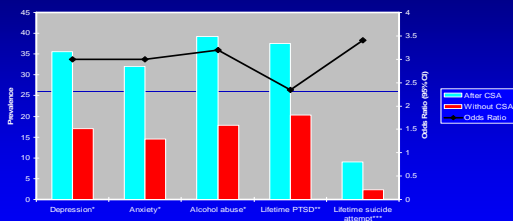
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## Odds Ratio for Specific Symptoms During Adulthood Following CSA<sup>†</sup>



<sup>†</sup>Bernet, W., Corwin, D.: An evidence-based approach for estimating present and future damages from child sexual abuse. *J Am Acad Psychiatry Law* 34:224-30, 2006.

\*Fergusson DM, Horwood LJ, Linskey MF: Childhood sexual abuse and psychiatric disorder in adulthood: II. Psychiatric outcomes of childhood sexual abuse. *J Am Acad Child Adolesc Psychiatry* 35:1385-74, 1996.

\*\*Widom, CS: Post-traumatic stress disorder in abused and neglected children grown up. *Am J Psychiatry* 156:1225-9, 1999.

\*\*\*Daly, SR, Anst, RF, Finkel VJ, et al: Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the lifespan: findings from the adverse childhood experiences study. *JAMA* 288:3089-96, 2001.




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## Understanding Abuse Continuum

- Most who are abused do not go on to abuse, but a large proportion of those who abuse may have been abused
- Most abuse perpetrated by those who know the children well, have access, and can exercise control over them
- Most children do not report the abuse; a high percentage of adults never tell anyone in their lifetimes
- Most offenders do not get caught; when caught, they often go untreated and/or unpunished
- Abuse appears to be worse in countries where the power differential between men and women are greatest




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## Societal view of CSA

- We seem not to perceive CSA in the family as damaging as that committed by “others” (per our media, laws)
- Unaligned judiciary (Battered Mothers Testimony Project, Family Preservation Act)
- Courts often believe alleged perpetrator or are highly skeptical of accusation (Bross, 1995)
- Custody may go to accused parent if court is made to believe that a false accusation was made (rare: Bross)
- Presentation in court of non-offending parent can cause evaluators and court-personnel to view an otherwise capable guardian as inadequate/unstable (Herman, 1993).
- Judicial tolerance of CSA and incest can inappropriately teach children that abuse and violence are tolerable parts of intimate relationships and that perpetrators of abuse in family relationships are not punished (Groves, 1996)



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## Why Prevent – A Public Health Focus

- CSA critically hurts children, the adults they become, and society at large
- CSA is an epidemic/pandemic (if it were contagious...?)
- CSA is generational
- CSA can be prevented – and we should
- More cost effective to prevent than treat
  - estimated annual cost of child abuse & neglect (CSA est. at 1/4 of abuse) well over \$103.8 billion in 2007 value (PCAA)
  - \$2 every year spent on research for every \$100 cancer-related expense, \$.05 every year spent for every \$100 cost of child maltreatment



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## How to Prevent CSA (primary) – Everyone’s Role

- Honestly look at your and others’ interactions with children
- Don’t leave children alone with untried caregivers
- If a child complains (to parents, caregivers, physicians, social workers, etc.) of unease with someone—whenever that person is—listen
- Provide a trusting and developmentally relevant environment for children around you – encourage them to speak openly
- SERVICE PROVIDERS: ASK APPROPRIATE QUESTIONS/ACT
- Reach out to your community with information – focus on the need for ADULT responsibility in the protection of children
- Provide age-appropriate information for children and speak with them about what to do in compromising situations
- Support ways to intervene with possible offenders



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## How to Prevent CSA (secondary) – Service Providers’ Intervention

- Warning signs:
  - Waking up during the night/nightmares
  - Showing aggressive behavior toward animals
  - Genital infections/pain while urinating
  - Regressing to early developmental stages
  - Sudden reluctance to be alone with a person
  - Initiating sophisticated sexual behaviors
- Contact Stop the Silence and others for information and help
  - Hotline 866-FOR-LIGHT (866-367-5444)
  - Child Help (1.800-422-4453)
  - Covenant House (1-800-999.9999)



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## How to Prevent CSA – Joining with Others

- Join work of international, national, and community agencies
- Educate and train
  - Reach community members and people who work intensively with children on a daily basis (e.g., schools, camps)
- Work with policy makers
  - Help develop/join groups working on policies and programs for people who have yet to commit a sexual offense
  - Write to Congress – Encourage an increase in budgets on research and programming on child sexual abuse



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## Initiation of Focus on CSA: Introduction and Background

- The focus of Stop the Silence arose from international public health background/perspective
- Early “success” at programming
- Early success as an anomaly
- Development of campaign and organization
- Building programming
- On-going work



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## The Need for a Comprehensive Public Health Approach

- Research
- Counseling victims and survivors
- Advocacy
- Policy change
- Training service providers
- Raising public awareness, educating
- Providing other prevention/treatment



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## The Development of Stop the Silence:

- The **Mission** – Expose and stop child sexual abuse and help survivors heal worldwide.
- **Goals:**
  1. help stop CSA and related forms of violence;
  2. promote healing of victims and survivors;
  3. celebrate the lives of those healed.



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## Early Stop the Silence Strategies

- Generate mass media attention
- Leverage relationships with CBOs, national and international advocates, researchers, and organizations (e.g., new: NPEIV)
- Conduct community outreach and education in coordination with CBOs and other local organizations



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Race startup 2004



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## Where Are We Now?

- Research – e.g., in collaboration with Cornell University
- Services – e.g., Queendom T.E.A.
- Media Advocacy – National PSA distribution, Race to Stop the Silence, Comcast, ClearChannel, Channel 4, Lifetime TV, Washington Post, Women’s Calendar/Women’s Radio, Web-based (Talk Around the Clock), Freeze to Stop the Silence
- Training for service providers (physicians, social workers, judges) with various audiences, e.g., in U.S. with various service providers (D.C., Ithaca, N.Y., Santa Cruz, CA), in Zambia
- Education and outreach – *Stop the Silence* reaches out to schools, day cares centers, houses of worship, etc.
- Policy Development (DOJ-supported work).



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## On-going, Worldwide Community-level Barriers

- Lack of consistent criteria or agreement
- Lack of agency coordination
- Inadequate funding for:
  - Services
  - Research
  - Advocacy
  - Service provider training
  - Community education and outreach
  - Policy development



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“We are the victims of exploitation and abuse... you call us the future, but we are also the present... we are children whose voices are not being heard: it is time we are taken into account...”

- Youth Delegates to U.S. Special Session on Children, May 2002



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We are the victims – and survivors...  
We are the future...



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Thank you. Discussion.

Contact info: Pamela Pine, PhD, MPH,  
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