



Child sexual abuse can be prevented and treated with a conscious and sustained effort. Stop the Silence® (www.stopthesilence.org) & NAASCA (www.naasca.org) provide that effort.

Child Sexual Abuse in the U.S.

Child sexual abuse (CSA) includes voyeurism, exhibitionism, inappropriate touching, pornography, fondling, insertion, and rape, occurs at enormous numbers around the world, and often occurs on a continuum over years. It is difficult to address due to the sensitivity of the topic, as well as the near-invisibility of its victims.

There is massive underreporting of the problem due to fear, a sense of guilt, shame, and a resistance to believe minors. In a 2012 U.S. maltreatment report, of the victims who were sexually abused, 26 percent were in the age group of 12-14 years and 34 percent were younger than 9 years (1); 9.3 percent of cases of maltreatment of children in 2012 were classified as sexual abuse (1). In 2012, cases reported in the U.S. totaled 62,939 (1).

Information about CSA is difficult to gather due to the sensitivity of the issue itself. Moreover, the information that is available has been gathered using varying research methods, resulting in a lack of complete information. However, we do know that, in the U.S., CSA affects at least one in four girls and one in six boys before they turn 18 (2).

Research shows that CSA is most often perpetrated by people the victim knows. A study by Snyder (2000) and presented by The Department of Justice, showed forty-nine percent of offenders of victims under age six were family members, 42 percent of offenders of victims ages 7-11 were family members and 24 percent of offenders of victims ages 12-17 were family members (3). CSA offenders are also often times notoriously described as friendly, kind, engaging, likeable, and able to make others believe they are trustworthy. They often times target their victims by insinuating themselves into that child's life through their family, school, religious venues and hobbies (3). Sexual predators are also easily able to exploit child victims due to a physically or emotionally absent parent and through the Internet (4). A 2008 article from the *American Psychologist* presented survey information showing that 1 in 25 youths received an online sexual solicitation in which the solicitor tried to make offline contact (5). The 2008 article also suggests that in 27 percent of the online incidents, solicitors asked youths for sexual photographs of themselves (5).

CSA is not just excluded to male offenders. According to a 2000 statistical report by the US Department of Justice (DOJ), female offenders victimized 12 percent of victims under the age of six years, six percent of victims ages 6-12 and three percent of victims ages 12-17 (3). DOJ reported that interviews conducted by Emory University psychiatrist Gene Abel discovered that male offenders who abused girls had an average of 52 victims each (3). Men who molested boys had an astonishing average of 150 victims each (3) The Department of Justice estimates there are approximately 400,000 convicted pedophiles currently residing in the United States alone (3). The US Department of Justice also found that 23 percent of all sexual offenders were under the age of 18 (3).

Not all sexually abused children exhibit symptoms—some estimate that up to 40 percent of sexually abused children are asymptomatic; however, others experience serious and longstanding consequences (1). Some symptoms can include but are not limited to unexplained injuries, poor growth, weight gain, low self-esteem, social withdrawal, depression, poor school attendance and performance, post-traumatic stress disorder (PTSD), pregnancy, sexually transmitted diseases as well as suicide, homicide, and chronic disease (6) Thirty-five percent of women who were raped as minors also were raped as adults compared as compared to 14 percent of women without an early rape history (6).

CSA costs the nation billions of dollars each year (7) for medical and psychiatric treatment, special education, and legal/judicial and incarceration costs. Female adult survivors of CSA are nearly three times more likely to report substance use problems (40.5 percent versus 14 percent in general population) (8). Male adult CSA victims are 2.6 times more likely to report substance use problems (65 percent versus 25 percent in general population). Among male survivors, more than 70 percent seek psychological treatment for issues such as substance abuse, suicidal thoughts and attempted suicide (9). Females who are sexually abused are three times more likely to develop psychiatric disorders than females who are not sexually abused (10).

The vast majority of our public and policymakers, however, know relatively little about this crime or its victims (11) and our court systems are often without the information that they need to make appropriate decisions about the cases in front of them. Without adequate information, increased awareness, and a sense that leaders, stakeholders, and the public can take action and therefore feel empowered/minimize helplessness, the adequate address of CSA by various segments of society is more unlikely.

One way to mitigate the effects of CSA is to bring it out of the shadows – thereby opening the door to action (as was done with breast cancer and HIV/AIDS). Given the challenges related to addressing CSA (e.g., shame, stigma, fear, and/or discomfort), public awareness and education campaigns have already confronted numerous obstacles, such as difficulty providing candid, actionable information to various populations. To further reach groups effectively and responsibly, advocacy, education and training programming must be designed to address and overcome the difficult issues presented.

Stop the Silence provides programming that has shown to: increase awareness and knowledge, change attitudes, and catalyze behavior and policy change toward the prevention and treatment of CSA. We provide short- and longer-term strategic planning and technical assistance to accomplish results. We have housed our programming under one umbrella focused on a localized approach through universities and communities.

Citations:

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