



# PARENTAL & CAREGIVER PERSPECTIVES ON CHILD SEXUAL ABUSE PREVENTION:

**A review of societal understanding and a call to action to address child sexual abuse as a public health issue.**

Parental and Caregiver Perspectives on Child Sexual Abuse Prevention: A review of societal understanding and a call to action to address child sexual abuse as a public health issue.

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**Our Mission**

Our down-to-earth educational resources help families and communities all over the world Rock the Talk® to raise awareness and protect children from the threat of sexual abuse. From parents and caregivers to advocates and prevention-focused organizations, we offer a range of free downloads, materials, coloring pages, and blog posts to help spark conversations and change the culture of sexual abuse, from a mindset of silence and shame to courage and compassion.

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# Parental & Caregiver Perspectives on Child Sexual Abuse Prevention

## Introduction

Child sexual abuse (CSA) is an issue that impacts individuals and families of all backgrounds, organizations, schools, and society at large. It is a complex issue because in over 90% of cases it is estimated that child sex offenders are most often individuals related to or trusted by the victim and their family (Centers for Disease Control and Prevention, n.d.), very commonly other juveniles (Finkelhor et al., 2009). This is contrary to the stereotype that perpetrators are strangers or have behaviors that make them easy to identify as predators. The few cases that do result in a conviction are not representative of the whole, nor are they presented in the media as part of a widespread epidemic. Despite the severity and prevalence of CSA, funding for public awareness is lacking (Letourneau et al., 2014), with most efforts being fronted by small organizations and child advocacy centers that work with limited budgets. Research into understanding effective evidence-based prevention programs are limited (Centers for Disease Control and Prevention, n.d.), and past programs focused mainly on child education. Letourneau et al. (2014) elaborates, “Many current programs also fail to target parents and other adults who might protect children, and few if any programs target potential offenders or bystanders” (p.222).



## Societal Impact

With decades of research (Singh et al., 2014) exposing the pervasive nature of CSA, it is estimated by the World Health Organization that CSA contributes to 0.6% of the world's "global burden of disease" due to the impact on mental health for survivors, lost productivity, increased risk of other health issues, and connection to suicide rates (World Health Organization, 2009). The Center for Disease Control (CDC) acknowledges a notably low estimate that the total lifetime economic burden of CSA in the United States in 2015 was at least \$9.3 billion, but likely higher due to the low reporting of CSA (Centers for Disease Control and Prevention, n.d.). Whether we identify the connection or not, CSA affects all people in all communities, impacting mental and physical health, child welfare and criminal systems, special education needs, productivity losses, and suicide (Letourneau et al., 2018.)

## Public Health Approach to Child Sexual Abuse Prevention

CSA has been listed as one of the 24 global risk factors determined by the World Health Organization that affects the global burden of disease. Lifetime exposure to CSA and/or other types of sexual harm affects 10% of a nationally representative sample of U.S. children. Generally, CSA is viewed as a social problem that can be treated through clinical intervention and criminal attention, however, these tactics are reactive rather than preventative (Letourneau et al., 2014). A public health approach could be more preventative and address CSA as a whole; calling in professionals from all backgrounds, particularly on a community and societal level to help normalize efforts to protect and empower children. The cooperation of child development experts, medical and mental health professionals, and community leaders can impact awareness and the adoption of abuse prevention practices greatly.

There are a few indications that society is in need of and ready for a more prioritized public health approach to CSA prevention. First, CSA is complex and complicated (Letourneau et al., 2014). The more professionals making an effort to study, educate, and prevent CSA, the more improvements we can see. Not only can we prevent CSA from happening to children but we can also better prevent possible offenders from offending. Second, Letourneau et al. (2014) explains, "Improving the science of CSA should contribute to less biased and more thoughtful discourse on this topic" (p. 226). There are serious emotional responses to CSA within society but there is often misinformation, stigma, and taboo so if there is more improvement to the science of CSA, society could feel more confident in discussing this topic. Third, recent news articles have shown the media's readiness to aid in the prevention of sexual abuse by their addressing of the topic of CSA with more nuanced discussions (Letourneau et al., 2014). This has also been witnessed as more parenting-focused groups and social media influencers are including body safety education as part

of their platform. Lastly, there is more collaboration between CSA victimization and perpetration groups in order to be preventative and reduce offender recidivism rates (Letourneau et al., 2014).

## Challenges

The taboo of CSA, especially incest, often leads to it not being discussed publicly, despite the research that has estimated 1 in 10 children experience contact sexual abuse (Darkness to Light, n.d.), to historical rates as high as 1 in 4 women and 1 in 6 men being survivors of CSA (Felitti et al., 1998). For children with disabilities, the rate of abuse increases, with handicapped children 2.6 times more likely and children with mental health disabilities 4.9 times more likely to experience sexual abuse compared to their non-handicapped peers (Smith & Harrell, 2013). The influence of media in its coverage of reports of CSA are criticized for sensationalizing these crimes and instilling a sense of fear and misconceptions in the general public (Dowler, 2006). People often depend on the sex offender registry to pinpoint who are at risk to their children. While the sex offender registry may be helpful in determining who is a risk, depending on this resource alone is ineffective in preventing abuse. Due to low victim reporting rates, low CSA case attrition, and other factors, very few sex offenders go to trial, are convicted, and put on the registry. It is also important to note that research rates regarding prevalence vary due to the resources used for data, "reported" abuse, that is filed with protective services or the police are significantly lower than actual rates of abuse.

## Low Rate of Disclosure

It is difficult for victims to report their abuse for a variety of reasons, or for the adults responsible for reporting to do so. Children who have been victimized, may feel afraid of their perpetrator and any threats, shame for the context of the abuse, fear they will not be believed or for the consequences that may come with disclosure, and/or confusion for the pleasurable effects they may experience. It is particularly difficult for male victims to report female perpetrated sexual abuse since society has enforced the concept that sexual contact with older females is seductive, acceptable, and an initiation into manhood (Deering & Mellor, 2011). Incest in particular is very much underreported, as victims may have limited resources to seek help and often struggle with shame and fear of the consequences in disclosing (Ballantine, 2012). For many children and their families, reporting to the authorities does not always result in a positive or healing outcome, but rather creates more stress, isolation and rejection from family, friends, and community members, and even the identified perpetrator being awarded custody of the child through family court. In some cases, children are also put into the foster care system until a safe home environment can be determined or found, further traumatizing the child and making them feel as though they have been punished for disclosing.



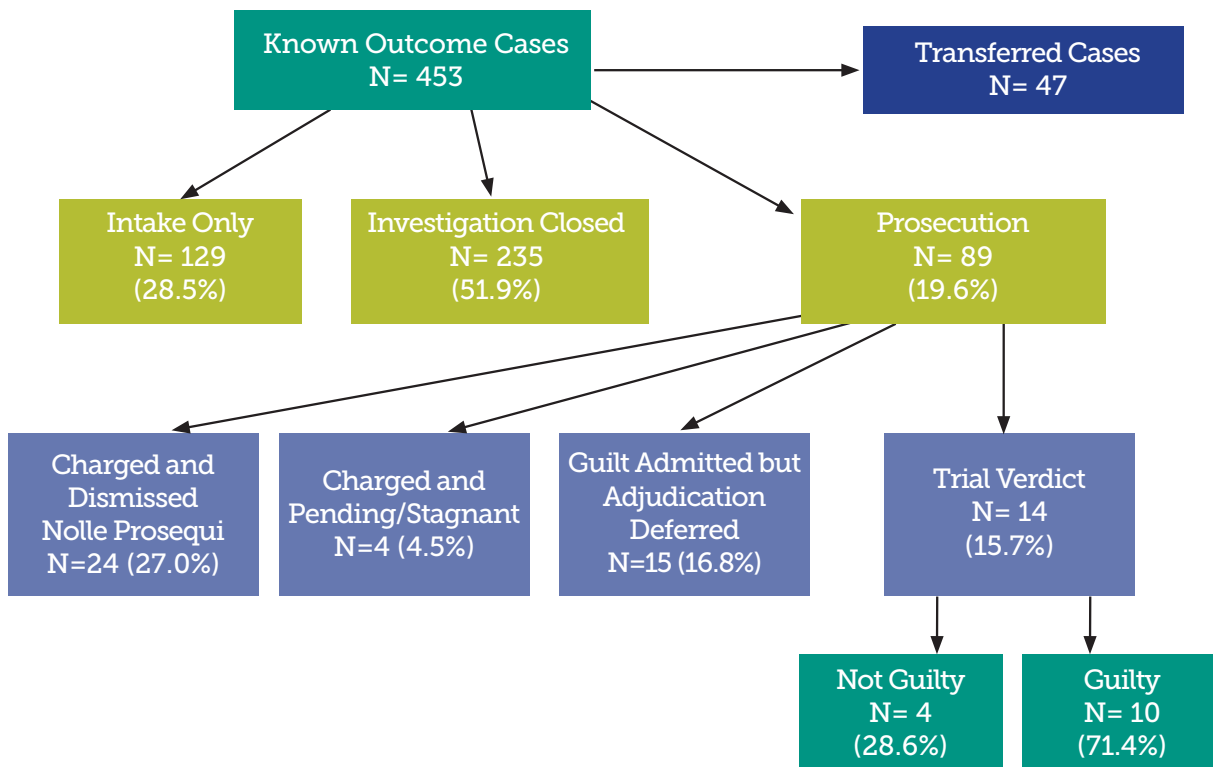
## Low Prosecution Rates

A significant problem for CSA prevention is the low rate of prosecution for sex offenders. Less than one in five reported cases move forward to prosecution. About half of those cases lead to a conviction or guilty plea (Block & Williams, 2019). Female perpetrated CSA cases are not coming to the attention of the judicial system as equally as male-perpetrated CSA cases are. (Curti et al., 2019) The challenges that lead to these low rates of convictions or guilty pleas include the family's lack of support for the child, lack of physical evidence, and difficulty in attaining victim's reliable disclosure (Block & Williams, 2019). It can also be influenced by the District Attorney Office's confi-

dence level in the possibility of conviction, if they do not feel the case will result in a win, they may decide to not proceed or accept a plea deal to avoid trial.

There are four types of evidence that predict whether charges will be filed following an investigation of CSA. These include victim disclosure, a corroborating witness, confession by the accused perpetrator, and/or multiple reports of abuse by the same offender (Block & Williams, 2019). A retrospective analysis done in a state in New England analyzed over 500 CSA cases that were referred for prosecution from 2009-2013. Their results depicted below indicate the attrition of CSA cases (Block & Williams, 2019).

Out of the 453 known cases, 14 cases went to a trial and resulted in a verdict (Block & Williams, 2019). There are a variety of barriers that impact a prosecution of an alleged offender. For example, there are cases where a parent defended a perpetrating partner instead of the child. However, one of the most important predictors of a case moving forward is caregiver support. The cases that do not move forward most often do not proceed because the parent/caregiver did not substantiate the abuse or believe the child. Since a CSA case involves a child's word against an adult perpetrator, if the child at least has the support of a caregiver, they are more likely to have a strong case (Block & Williams, 2019). Additionally, a parent/caregiver's support can instill more confidence and self-esteem into a child who is a victim of CSA; which can help them throughout the trial and afterwards in the healing process. While there is no simple fix for this issue, society can make a better effort to increase the discussion of CSA and the importance of protecting children by believing them and prioritizing their right to safety



(Block & Williams 2019)

## Purpose

Given that education within families is valued as highly important to prevention (Smallbone et al., 2013), the purpose of this study was to explore parental and caregiver perceived knowledge and perspectives on CSA, particularly how caregivers feel prevention information should be disseminated to the public. Parents and caregivers are not only the first people who can begin educating children about their bodies and rights (body safety), they also have the means to do so on a regular basis. With the majority of sexual perpetrators being people known and trusted by the child, it is likely that guardians are also in close contact with these people and can benefit from education in how to prevent abuse. The questions from the research survey focused on the parents' thoughts on CSA prevention, their understanding of CSA, and insight into their experience if they were a survivor of CSA.

## Methods

The study's data was collected through a qualitative research survey that consisted of 38 questions and an additional 6-13 optional questions for participants who identified themselves as CSA survivors. The survey was completely anonymous and was distributed through online social media platforms, email newsletters, and an additional 100 male participants paid for through the survey website.

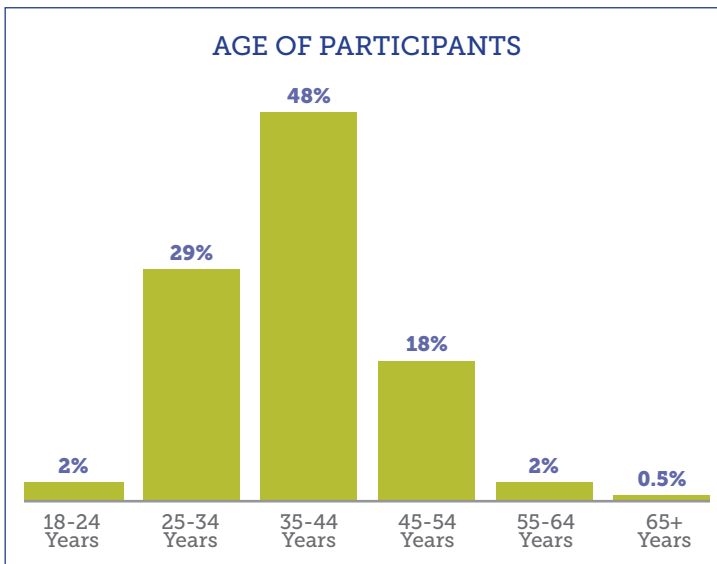
Participants were parents and caregivers (of children who are currently younger than 18 years old) living in their home throughout the United States. There were 586 participants who filled out the entire survey and 103 participants who partially filled out the survey. 90.3% of the participants indicated that they are either a mother, stepmother, grandmother, or aunt. For the test's purposes, the authors considered these respondents females. 17.7% of the participants indicated that they are either a father, stepfather, grandfather, or uncle. For the test's purposes, the authors considered these respondents males.

96.8% of the participants indicated that their primary language is English whereas 3.2% of the participants indicated that they primarily speak another language. The other languages that they reported as their primary languages are Spanish, Tamil, Dutch, German, IsiXhosa, Malayalam, Maori, Portuguese, and Russian.

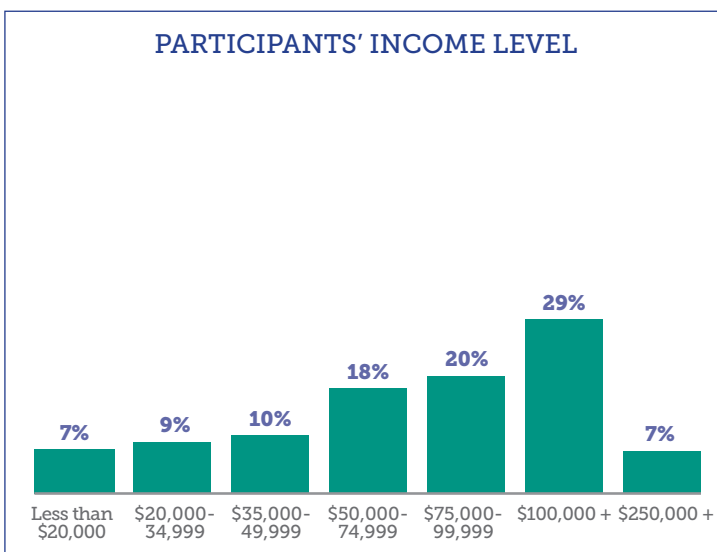
Due to the fact that the study yielded categorical data, chi-square tests were run to analyze any relationships between the respondents' answers to comparable questions. The chi-square tests do not indicate the exact details of a significant or non-significant relationship but they do offer insight into the presence or lack of a significant relationship between variables. Statistical significant levels were accepted with a  $p < 0.05$ .

## Demographic Category Results

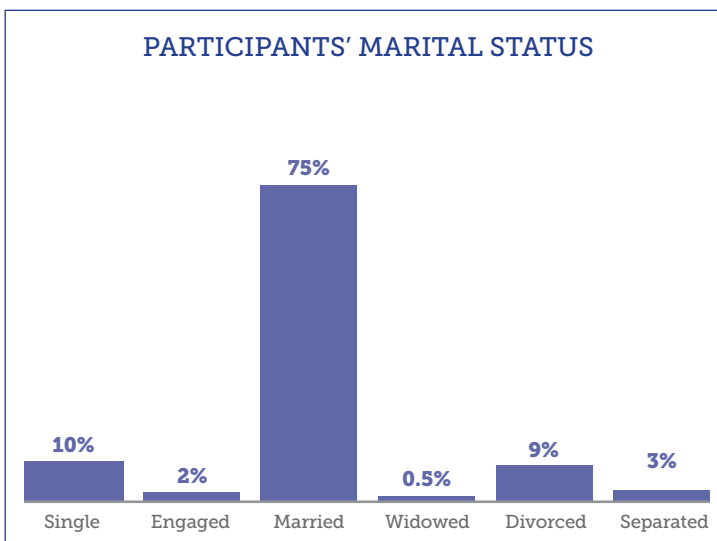
### Age



### Income

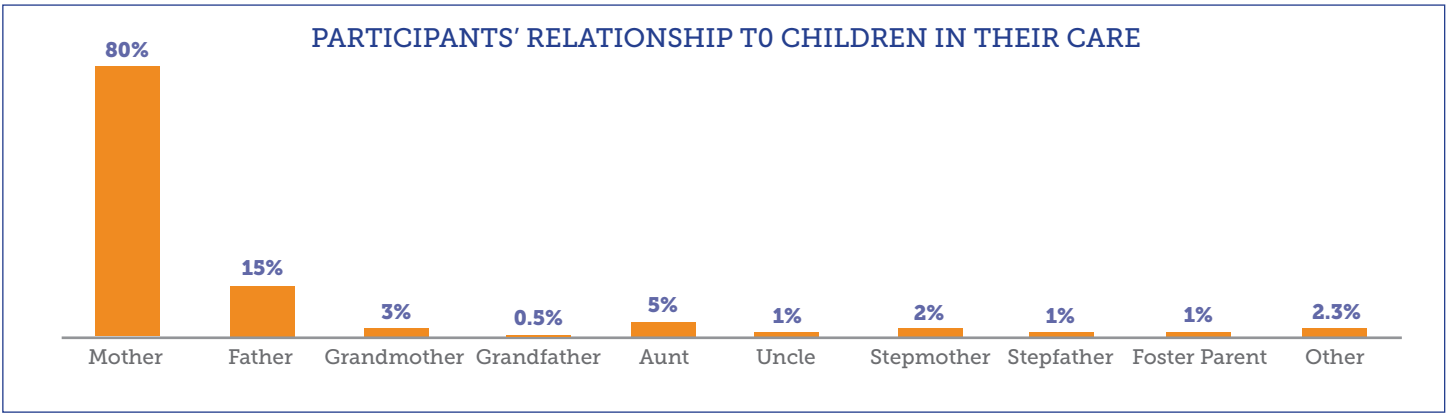


### Marital Status

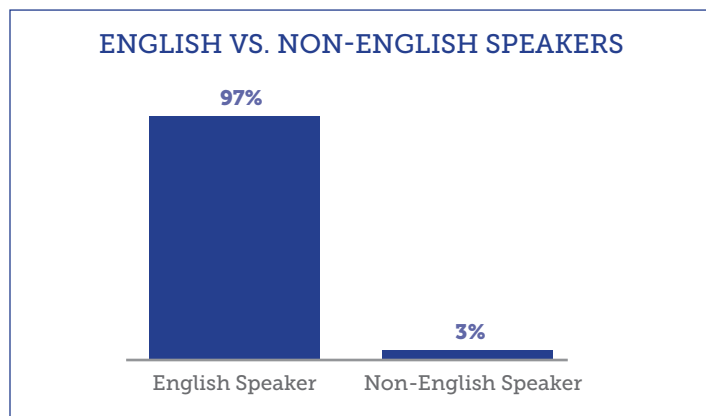




**Relationship to Children they Care For**



**Language**



**Results and Discussion**

**Body Safety Education**

The following is data depicting respondent’s answers to the question, “Did you receive body safety education in school or in another youth setting outside of the home?”

<b>NO</b>	<b>447</b>	<b>71%</b>
<b>YES</b>	<b>182</b>	<b>29%</b>

The following is data depicting respondent’s answers to the question, “Did your caregivers educate you on body safety/sexual abuse as a child?”

<b>NO</b>	<b>464</b>	<b>74%</b>
<b>YES</b>	<b>165</b>	<b>26%</b>

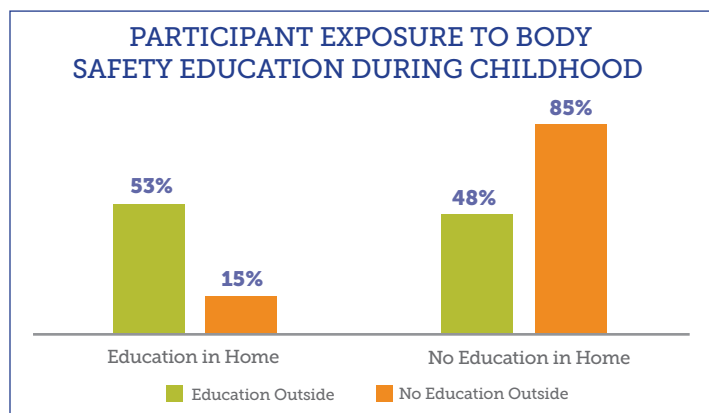
The numbers were relatively similar in regard to where or where not people received body safety education as a child. In both cases, more than 70% of the respondents did not receive body safety education either inside the home or outside the home.

The results depicted a correlation between home education and education outside of the home. 84% of respondents who were not educated within a school, daycare, or other youth setting also did not receive body safety education at home. 52% of those who were educated in body safety outside of the home, were also educated in body safety by a parent or caregiver, indicating that there is a connection between community education for children and home education. We surmise that it is likely community education - a class lesson, for example, that in one way or other, influences parents and caregivers to embrace body safety as part of their focus. If educational material or a list of suggested resources were sent home, this may have influenced the caregivers’ interest in learning and adopting body safety knowledge, so that children receive these messages repeatedly; just as any public health issue requires frequent reminders and reinforcement – bodily safety and healthy sexual behaviors also need to be addressed on a regular basis.

Such messages also need to be reinforced in schools, childcare centers, community and youth serving organizations. It is a normal and natural process of child development to be curious about the differences in each other's bodies and interact with their peers in ways that require proper redirection in regard to consent, bodily autonomy, and appropriate behaviors. Situations where children have minimal adult supervision: using communal bathrooms, on school buses, or during recess, are times when improper interaction may occur without adult knowledge, making it even more important to educate children so they can know what constitutes inappropriate behavior, and that it is important to seek help from trusted adults for intervention.

23% of respondents reported that they were taught about their bodies and or body safety in a way that made them feel ashamed or embarrassed.

This is important to note because shame is a well-documented reason why children and adults do not disclose abuse. Consideration for the perspective of children and how they perceive messages regarding their bodies and boundaries, should be a priority for any awareness or education program. It has been acknowledge that adults may transfer their own feelings of shame or embarrassment onto children without intention, and thus it is also important that adults take time to reflect on their own upbringing and struggles they may have regarding the topic of genitals, sexuality, and body safety. It can be confusing for a child to be taught they have body rights and protections on a general level, yet not have this message reinforced on a regular basis in a way that empowers and assures that they have adults in their life prepared to help them.

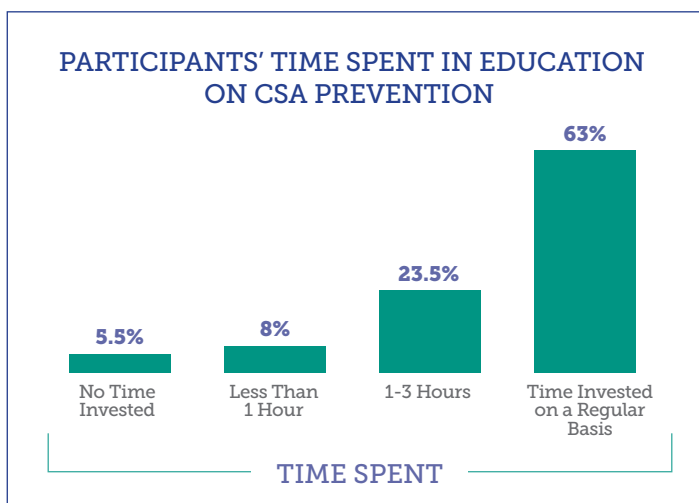


### Knowledge of CSA Prevention

Most respondents received abuse prevention education through websites, books, and trainings. Only 10% said they received abuse prevention information from their pediatrician and 50.5% of participants said their pediatrician has never discussed sexual abuse prevention with them. Most participants have invested time to educate themselves on sexual abuse prevention. This is somewhat predicted as the survey was mainly shared through sexual abuse prevention organizations; it would be presumable that people who support and follow such organizations do so because they have a desire to learn or considerable knowledge on the subject.

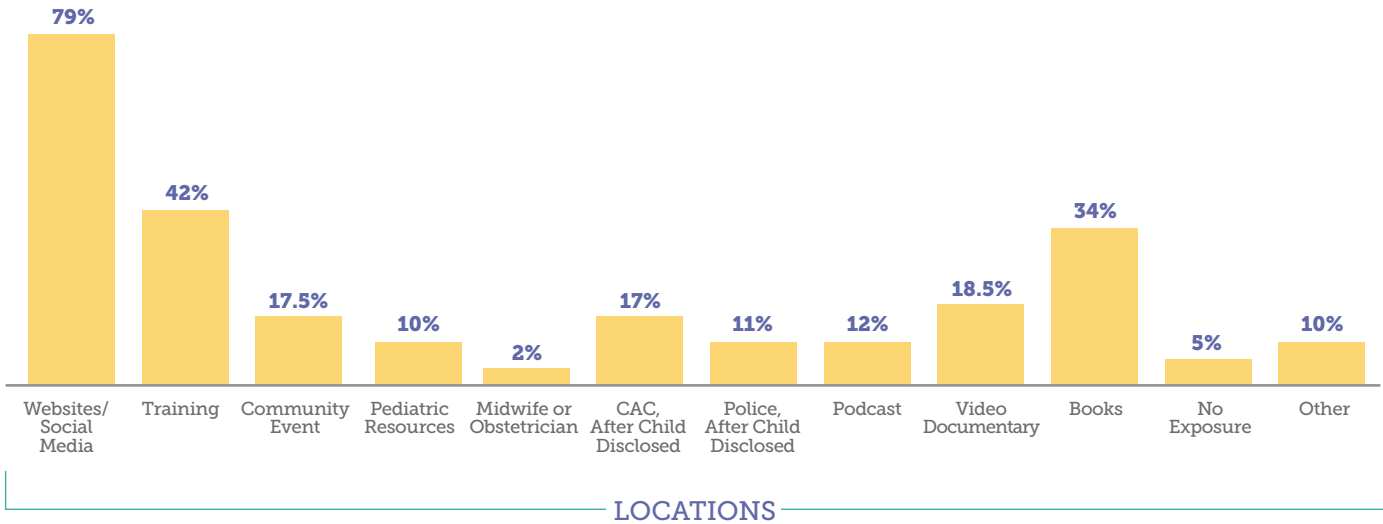
In order, the following are the top 6 body safety lessons that respondents were taught as children:

1. What parts of your body are private (n=199, 79.3%)
2. That other people should not touch or have you touch their genitalia (n=155, 61.8%)
3. That it is important to tell if someone was touching you inappropriately (n=130, 51.8%)
4. Proper words for genitalia (n=122, 48.6%)
5. Promote your right to consent (say yes or no) to touches (n=89, 35.5%)
6. That sexual abuse might be perpetrated by someone you knew, not just strangers (n=64, 25.5%)

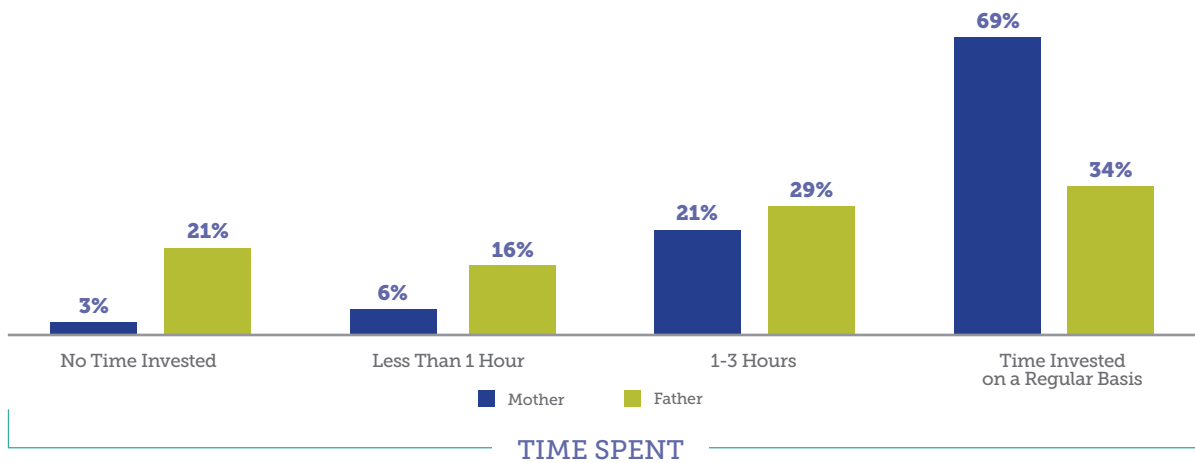




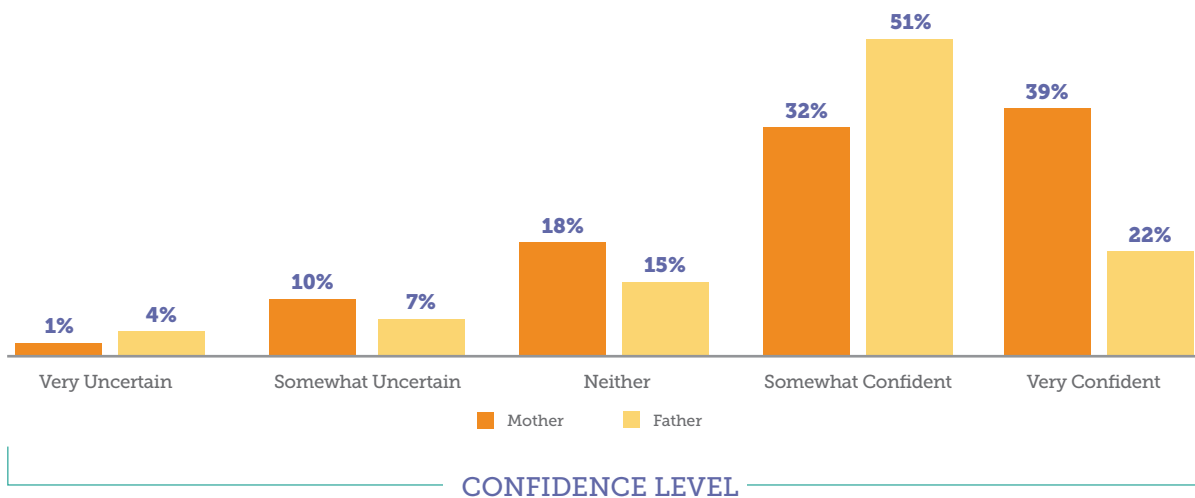
## PARTICIPANTS' EXPOSURE TO PREVENTION AWARENESS



## MOTHERS VS. FATHERS' TIME INVESTED IN EDUCATION ON PREVENTION AWARENESS



## MOTHERS VS. FATHERS' CONFIDENCE LEVEL IN PROTECTING CHILD FROM CSA



68.8% of mothers compared to 33.7% of fathers invest time on a regular basis to education on prevention awareness. 2.9% of mothers compared to 21.1% of fathers spend no time educating themselves on prevention awareness. It is important to note that mothers spend more time educating themselves on CSA and how to prevent it. We theorize there are a couple reasons as to why fathers are not spending as much time as mothers in prevention awareness.

Fathers may feel that CSA prevention is not in their realm of fatherly duties. In Elrod and Rubin's (1993) research study on parental involvement in sexual abuse prevention education, they found that fathers were more reluctant to be a primary educator to their children on CSA prevention. Instead, they indicated that they would rather have their wives or another professional fill that role. Additionally, the stereotype that mothers are the primary caregivers and fathers are the financial supporters may be reinforcing fathers' reluctance to engage in abuse prevention efforts. Smith et al. (2012) elaborates by sharing a study's results. In that particular study, teen mothers believed that child rearing is their primary duty and teen fathers believed that their primary duty is playing with and spending time with the children.

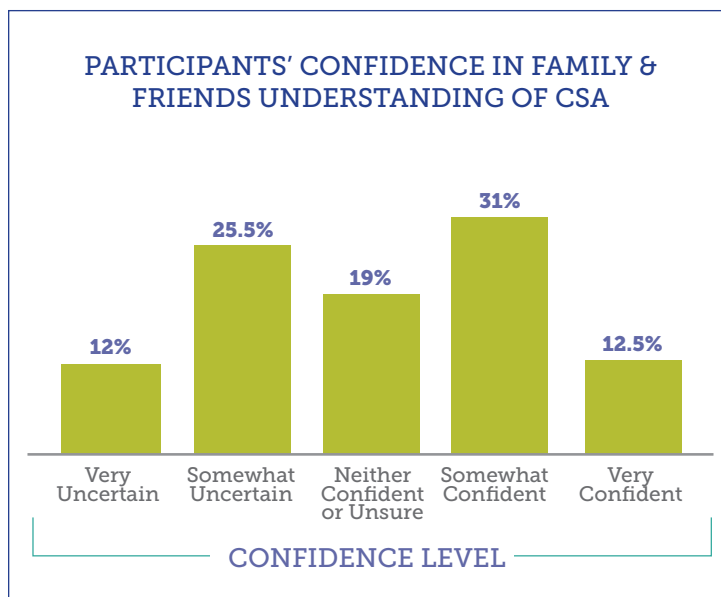
It is not just fathers and mothers who have rigid views about their parental duties. Society enforces the idea that mothers and fathers have separate duties that do not overlap. Smith et al. (2012) explains that primary prevention programs sometimes carry the bias that fathers have limited involvement in child rearing and that is why they do not actively recruit fathers to be a part of their program.

“As society and parents better understand the power of their role as a parent and the duty they have as a protector and educator, their efforts to prevent CSA in the home may improve, and in turn increase their ability to protect their children.”

As society and parents better understand the power of their role as a parent and the duty they have as a protector and educator, their efforts to prevent CSA in the home may improve, and in turn increase their ability to protect their children.

## Value & Confidence

- **77.9%** said sexual abuse prevention is very important to them
- **43%** feel somewhat to very confident that the people in their family and social circles are aware of the issues regarding child sexual abuse.

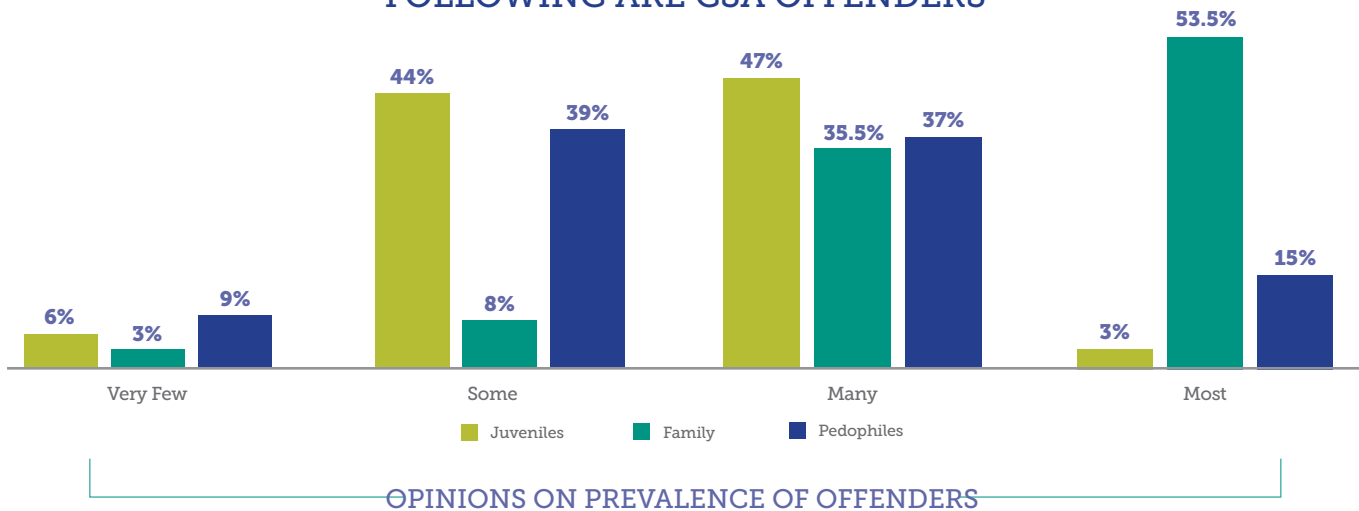


This is important to hold in consideration: knowing that approximately 80% of reported abuse occurs within the home of the child or another residence (Snyder, 2000), awareness and commitment to protect children must be upheld by all adults within that child's life, not just their primary caretakers. 12.4% of the study's participants had complete confidence in their family and friends' understanding of CSA and the importance of preventing it. With the majority of abuse estimated to be occurring in home settings, it is important that parents feel confident in their friends and family's ability to prevent CSA. A family that promotes body safety with their children may unknowingly put their child in a situation that increases risk by allowing familiarity with a person or family to serve as a substitute for knowledge and commitment to preventing abuse. Rather, it is necessary to have affirmation that those we trust with children are aware of the risk of CSA and take steps to educate and reduce opportunity for abuse.

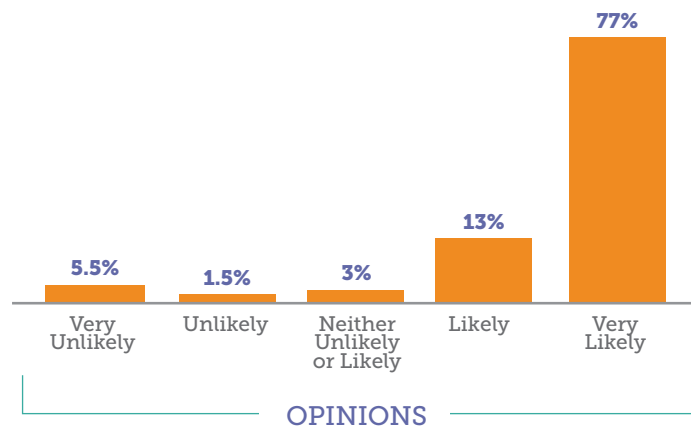
- **77%** answered "very likely" that abusers are people known to the child, which indicates that the focus on stranger danger is becoming less of a mainstream concept in regard to sexual abuse prevention, but still influential.
- **50%** of respondents thought that many or most of child sexual abusers are juveniles.
- **52.5%** of respondents thought that many or most of child sexual abusers are pedophiles.



## PARTICIPANTS' OPINION ON HOW OFTEN THE FOLLOWING ARE CSA OFFENDERS



## PARTICIPANTS' OPINIONS ON HOW OFTEN PERPETRATORS ARE PEOPLE KNOWN TO CHILD

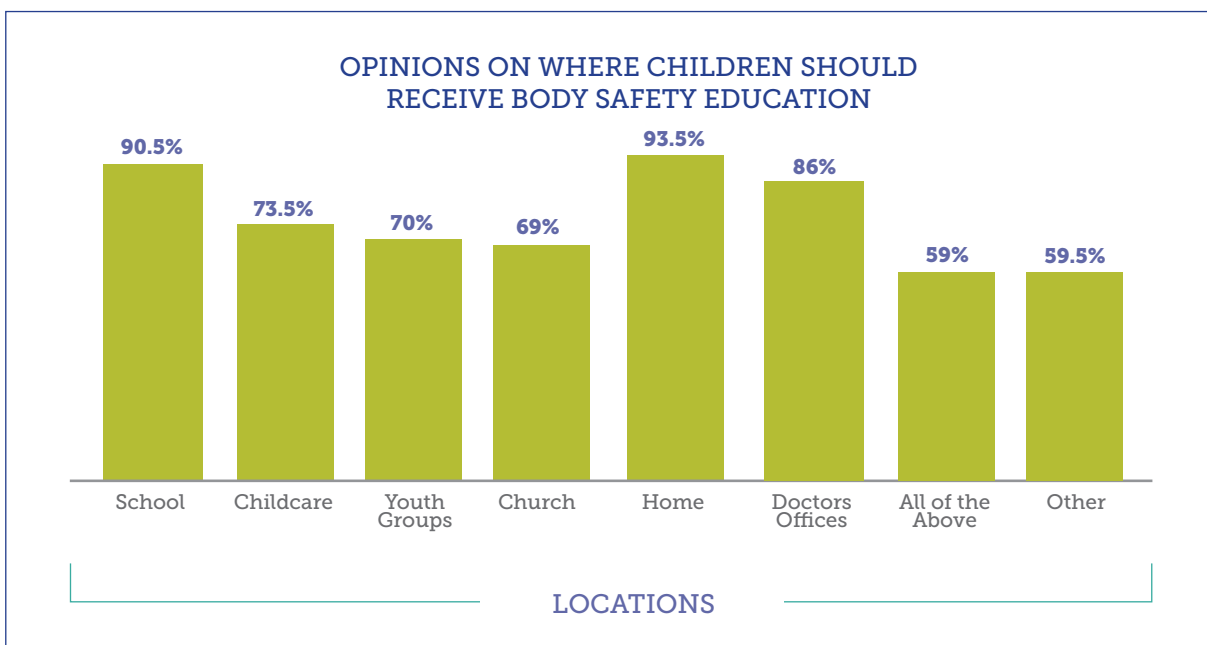


It is advantageous for protective adults to have a general understanding of who the perpetrators of CSA are in order to best be able to prevent abuse. Statistically knowing that over 90% of perpetrators are people known by the child (Snyder, 2000), with as many as 40% of abuse committed by juveniles (Finkelhor et al., 2009), and with children between the ages of 12-17 experiencing 32.8% of all sexual assaults (Snyder, 2000), it is unlikely that “many or most” perpetrators are pedophiles.

Guardians must be prepared to protect children from trusted adults and other children which they might not immediately see as a risk. In the media, perpetrators are often referred to as ‘pedophiles’ which can be misleading, as most do not meet the psychological criteria to be diagnosed with pedophilia - a specific sexual attraction to

prepubescent children. In contrast, the FBI has established various typologies of ‘situational offenders’ - perpetrators that commit CSA because they have access to children, not because they are sexually attracted to children (Tallon & Terry, 2013). While limited research is available regarding the prevalence of pedophilia in relation to CSA offenses, knowing that 30-40% of offenders are family (Finkelhor & Shattuck, 2012), up to 40% of all offenders are juveniles (Finkelhor et al., 2009), and that children 12-17 year of age (not prepubescent) represent an estimated 33% of all victims of sexual assault (Snyder, 2000), it is unlikely that many or even most perpetrators are, in reality, pedophiles. This is important because adults, families, and communities may feel a sense of security that they do not know someone who exhibits signs of being a pedophile, and in essence increase their vulnerability by assuming they are safe.

## Opinions on Where Body Safety Education Should Be Promoted



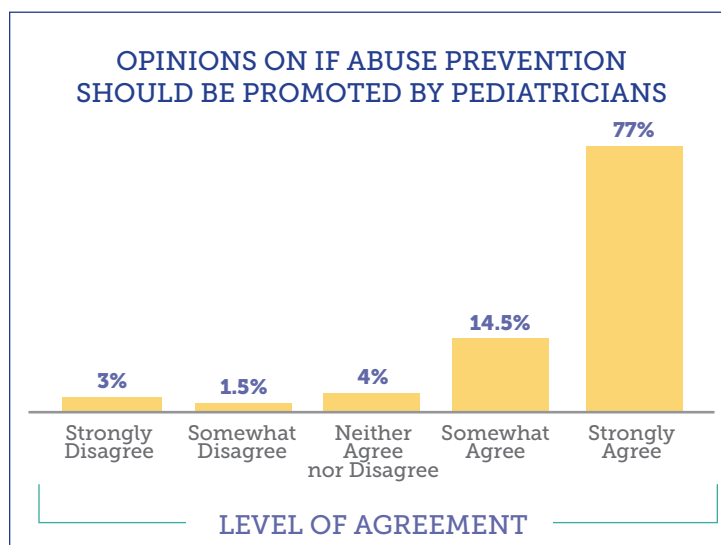
### School-Based Education

Schools have been the most common channel for body safety education of children since the 1980s, which has proven life-saving for many children who have disclosed their abuse after participating in a presentation. Given that most children do not attend primary school until age five, there are crucial years that children are not able to access this knowledge. Unfortunately, during the 1990s there was a noticeable decrease in CSA education in schools, as other issues such as substance abuse, dating violence, and other issues became prioritized. Education in schools however is seeing an increase, as legislation is passed to mandate body safety programs and the increase of child advocacy centers and other community organizations are promoting empowerment of children.

One particular deficiency, regarding school-based body safety education is that the program often focuses solely on educating the child, neglecting the critical component of adult education. Zeuthen and Hagelskjaer (2013) references other research that questions the ability of children to adequately absorb the concept of CSA and suggest that the responsibility of prevention should focus on adults: protective adults and outreach to potential perpetrators. A single lesson completed once per year is, undeniably, insufficient - there are a multitude of body safety-focused messages and learning experiences throughout daily life that children can benefit from.

The opportunity to send home supportive, comprehensive educational materials for parents and caregivers was seemingly overlooked or unavailable in many situations during the 1980s and 90s. School is categorically an important place for body safety education to be reinforced for the general knowledge of children, as well as the knowledge that teachers are one of the most common reporters of child abuse with 21% of all reports of child abuse and neglect filed by educators (Children’s Bureau, 2021), it is important that children are aware of their rights and protections in this setting, but adults should understand that this is not the only situation in which children should be educated about body safety.

### Pediatric-Based Education



77% of respondents “strongly agree” that prevention should be promoted by pediatricians. Pediatricians have a significant role in CSA prevention. Finkel (2014) explains that pediatricians are well versed in administering the same training to parents regarding seat belt safety, bicycle safety, water safety, and environmental hazards. However, pediatricians are less likely to address personal space and privacy. Finkel (2014) explains that since pediatricians routinely see their patients on a regular basis and generally examine and interact with children’s bodies on a private level, they have the unique opportunity to teach their patients and their parents about body safety, screen for any possible abuse, and provide introductory guidance on abuse prevention.

It is important for pediatricians and other health professionals to acknowledge the opportunity they have to support education to prevent CSA. Research shows that there is a strong association between high prevalence of adverse childhood experiences (ACEs) such as CSA and negative health outcomes (Purewal et al., 2016). There is a “strong, dose-response association between ACEs and negative health outcomes such as cardiovascular disease, chronic lung disease, headaches, autoimmune disease, sleep disturbances, early death, obesity, smoking, general poor health, depression, post-traumatic stress disorder, anxiety, substance abuse, and binge drinking in adults” (Purewal et al., 2016, p.11) By investing more time into preventing CSA within their practice, pediatricians can help reduce the risk of harm which can reduce the possibility of them having negative health outcomes later in adulthood. Zeuthen & Hagelskjaer (2013) suggest that CSA prevention should be related to child development, something that The Mama Bear Effect supports as crucial to maximizing our success in providing children with a stable, nurturing environment that instills the concepts of body safety appropriate for their age and development.

### **The Importance of Supporting Parents & Caregivers in Abuse Prevention & Early Research**

It is clear that parents and caregivers of our current age are more aware and committed to their responsibility for educating children about privacy and bodily rights. In contrast, research initially asserted that parents were not qualified to teach body safety to children, however as efforts to protect preschool children were identified as necessary due to the increased awareness of abuse for this age group, studies were conducted to measure effectiveness of parents as educators in body safety. Not surprisingly, research found that parents were just as capable as teachers (Wurtele et al., 1992). It was also hypothesized that these lessons may need to be repeated for the child to absorb the information. Something which is currently promoted by abuse prevention professionals; building body safety conversations or reminders into daily life are the preferred way experts promote to instill an effective understanding of personal autonomy and appropriate behaviors.

This 1992 study also assessed the effectiveness of parental and teacher education of children and found that children did not show any emotional distress learning this information, which has been expressed on a societal level as a potential concern and rationale for not educating children about sexual abuse (Wurtele et al., 1992). Normalizing the discussion of body safety within the home can make it easier for children to feel comfortable talking with their parents. It is important to note that 93.6% of survey respondents felt that the home is where children should receive body safety education.

Beyond educating children, parental knowledge of CSA is important because adults may be able to prevent abuse from being attempted. Ideally, the objective of protective adults should be to avoiding risk in the first place, not simply preparing children for such situations. Knowing that in the majority of cases, the perpetrator is someone known to the protective adults, there is often a process of grooming the adults in that child’s life as well (Mcalendin, 2006), which means parents/caregivers must be vigilant in the most trusted of situations. There is great potential to reduce risk and avoid putting a child’s body safety education to the test, by giving adults knowledge regarding possible signs of grooming, situations that can increase risk for abuse (those that are not supervised or easily interruptible), and how to speak up even when they are unsure of a person’s intentions or behaviors that may compromise a child’s understanding of their rights and appropriate boundaries.

It could be theorized that most of the respondents indicated the home is a primary place for body safety education, because their own awareness and education on the subject has likely taught them of the different ways in which parents can empower children on a regular basis, not only through an organized lesson at school or a youth program. Additionally, considering a major portion of respondents who experienced CSA (44.2%) were also dissatisfied with the reaction of the person they disclosed their abuse to in childhood, it can be speculated that programs which focus solely on educating children and not caregivers, may put children at a disadvantage when it comes to disclosing. As it is promoted in public awareness campaigns by organizations such as RAINN and child advocacy centers, a person’s reaction is very important to a CSA survivor. It takes courage and trust to disclose abuse, and it is important that children are offered a safe space to talk about body safety and possible abuse in an environment that is supportive and nurturing.

Zeuthen and Hagelskjaer (2013) elaborates by explaining the following:

The home is a fundamental setting for teaching children how to take care of themselves, and the involvement of parents in prevention of abuse has so many obvious advantages that it is troubling that this potential has hardly been realized (p. 747).

Through their studies they have found that even if parents do discuss CSA with their children, they often fail to teach their children that an abuser could be someone the child knows (Zeuthen & Hagelskjaer,

It is critical that parents are having an accurate body safety discussion with their children regularly, addressing the realities of CSA that may be more uncomfortable acknowledge, and are offering them a safe space to ask questions and disclose any possible abuse.

### Reporting Abuse

A chi-square test was conducted to analyze for a relationship between whether or not someone received body education as a child and their rate of disclosure time if they were sexually abused. The results showed that there is not a significant relationship between these variables. The data implies that whether or not someone receives body education, there is no effect on how quickly they report their abuse. Not surprising, it suggests educated children need help making a disclosure, that simply teaching children body safety is not enough to support a child in seeking help. Considering that even adult survivor of sexual assault do not disclose abuse right away, it can be just as difficult if not harder, for children to feel comfortable talking about abuse. The more open an environment that parents and caregivers facilitate within their relationships with children, the more likely children will feel comfortable disclosing abuse or even talking about their bodies, human sexuality, and other sensitive topics in general.

After police, the second professional parents would reach out to with suspicions of sexual abuse is a pediatrician - it is important for pediatricians to be prepared with knowledge and resources within the community to refer to a family if they need a professional investigation or resources to respond to problematic sexual behaviors. Close relationships with child advocacy centers, therapists, and access to resources on body safety and sexual behaviors can help improve handling of reports and provide support and referrals for therapy or educational resources.

### Adverse Childhood Experiences (ACE)

Adverse Childhood Experiences

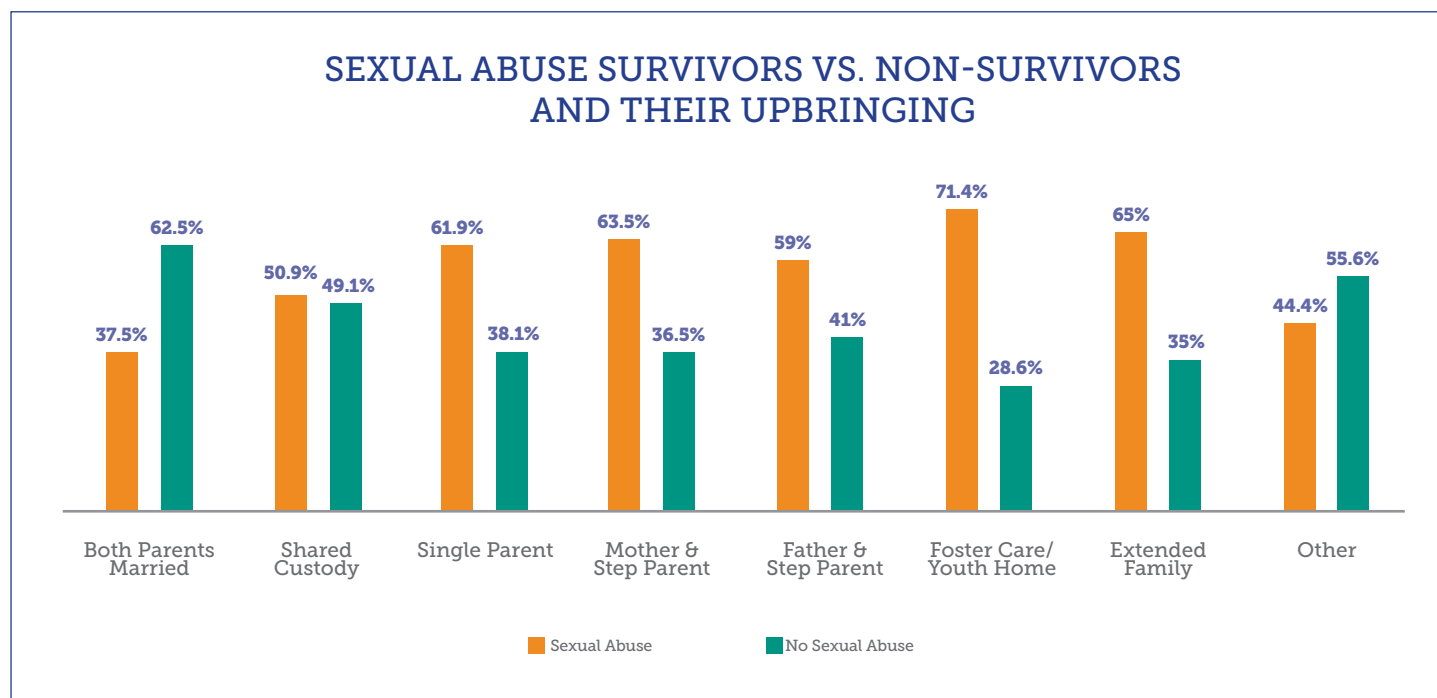
- **27%** of our respondents experienced 0 ACEs,
- **57%** of our respondents experienced 1-4 ACEs,
- **16%** of our respondents experienced 5-10 adverse childhood experiences (ACE).

### Sexual Abuse

- **45%** of our respondents experienced CSA.
  - ♦ **41%** of female respondents,
  - ♦ **4%** of male respondents
- **23%** of the respondent's children had been sexually abused.

It is important to note that more than half of the respondents experienced 1-4 ACEs. ACEs such as CSA can significantly affect a person's physical, emotional, and psychological well-being during childhood and also into adulthood. Richmond-Crum et al. (2013) explain that there is a link between ACEs and adult chronic disease and other negative health behaviors. Maltreatment or an ACE can affect a child's brain development and lead to life-long health issues such as heart, lung, and liver disease; cancer; obesity; smoking; substance abuse; asthma; depression; and eating disorders (Richmond-Crum et al., 2013). Now, more than ever, it is critical that ACEs such as CSA are being screened for and treated in all child-serving medical centers. Richmond-Crum et al. (2013)'s statement clarifies:

Child maltreatment prevention is traditionally conceptualized as a social services and criminal justice issue. All these responses are critical and important, alone they are insufficient to prevent the problem. A public health approach is essential for the prevention of child abuse and neglect (p. 1).



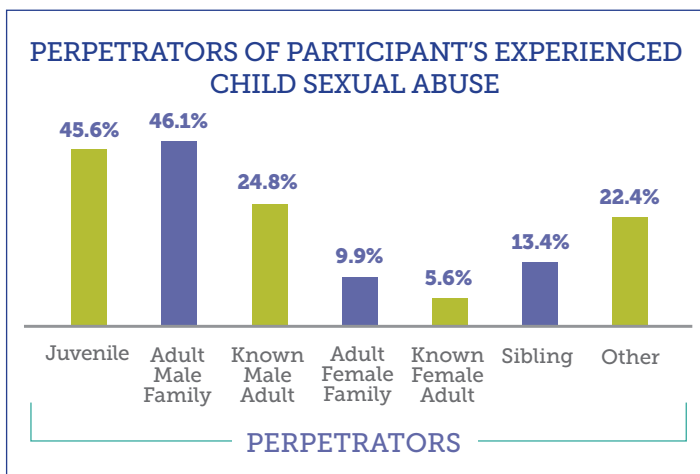
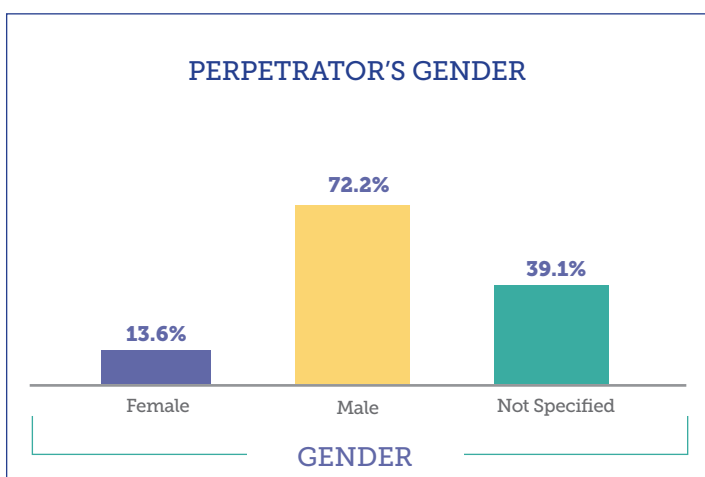
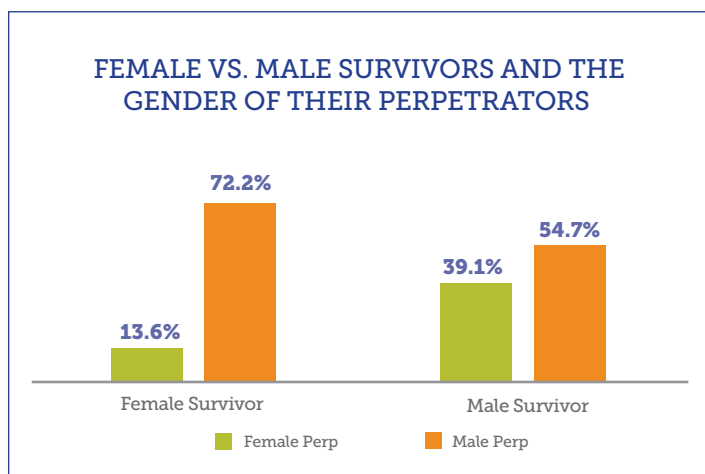


The graph (below left) includes information regarding family structure and its correlation to CSA. The type of upbringing that yielded the least amount of sexual abuse survivors was a family with both parents married. This finding corroborates other research regarding family structure which explains that children with two married biological parents are at a lower risk of CSA. The risk increases when children live with stepparents or a single parent (Darkness to Light, n.d.).

The type of upbringing with the largest number of sexual abuse survivors was children in foster care or a youth home. Other research also shows that children living without either of their parents, such as in a foster care home, are ten times more likely to be sexually abused than children who live with both of their biological parents (Darkness to Light, n.d.).

### Perpetrators

Depicted below is a comparison of the perpetrators gender of the male and female survivors.



Finkelhor et al. (2009) explains that a significant portion of child sex offenses are committed by minors which contradicts the stereotype that sex offenses are only committed by pedophiles or men. While this study's results show that perpetrators are highly likely to be an adult male, the results also show that juveniles are just as likely to sexually abuse a child or peer. This study's results indicate that 45.6% of the participant's perpetrators were juveniles and 46.1% of their perpetrators were adult male family members. Research has shown that juveniles account for 35.6% of people known to the police who commit sex offenses against children under the age of 18 (Finkelhor et al., 2009). Parents and other caregivers need to not only teach their children boundaries that relate to one-on-one situations with adults but they also need to address the same concepts in relation to one-on-one situations with other peers and juveniles.

### Juvenile Offenders

It is important to recognize that juveniles were the second largest group of perpetrators that the respondents reported to have been abused by as a child. Siblings were the fourth highest group of perpetrators. It is critical for society to understand that it is likely for juveniles and siblings to sexually abuse but also that their motivations are not the same as adult offenders. If society can be more aware of this, parents can better understand how to prevent their children from being sexually abused by a sibling, friend, or peer, and also how to take steps to prevent their child from committing sexual abuse.

Juvenile sex offenders (JSO) are not miniature versions of adult sex offenders; they have their own typologies and methods (Ryan & Otonichar, 2016). Four types of JSOs include those with paraphilic disorders, antisocial personality traits, neurological compromise, and youth with impaired social skills (Ryan & Otonichar, 2016). Research shows that there are important differences between nonsexual adolescent offenders and sexual adolescent offenders. JSOs have a less extensive criminal background and less substance use. However, they are more likely to have been physically and emotionally abused and much more likely to have been sexually abused than nonsexual adolescent offenders (Ryan & Otonichar, 2016).

## Female Offenders

15% of the participants' sex offenders were females. Society enforces the belief that women are naturally nurturing, caregiving, and motherly. The fact that a woman can sexually abuse a child contradicts the common belief that women are sexually passive and do not have the capability to commit such a crime (Curti et al., 2019). The authors theorize that the blind spot that society has on female perpetrated child sexual abuse is one of the reasons there are low rates of conviction and prosecution for female offenders. In a paper presented at the National Symposium on Child Victimization, it was reported that only one case out of 83 cases of children reported female perpetrated sexual abuse, was sent to trial (Curti et al., 2019).

There are many types of female offenders but Robertiello and Terry (2007) were able to narrow it down to three typologies that are important for parents and caregivers to be aware of. First is the teacher/lover typology. A female offender with this typology will abuse an adolescent via a position of power. The female offender does not view their actions as criminal but rather as an act of love or kindness. The second typology is the male coerced/male accompanied typology. A female offender with this typology is influenced by a man they love and fear. These women typically have low self-esteem, low intelligence, and feelings of powerlessness. The third typology is the predisposed typology. A female offender with this typology victimizes their own children or children in their care. These women are highly likely to have been sexually abused as children, have serious psychological disorders, and are unable to establish healthy sexual relationships with adults. These women may have sadistic fantasies triggered by anger (Robertiello & Terry, 2007).

Curti et al. (2019) theorizes that the female offenders perpetrated abuse as an extension of their child's daily care. This theory coincides with the data they found: the method most used was genital fondling which can take place during washing, dressing, and applications of creams (Curti et al., 2019). This research further supports the need for adult education so that protective parents can discuss prevention with prospective caregivers, as well as with children who many not identify abuse perpetrated under the guise of care. Clearly educating and promoting self-care of genitals at an early age and reinforcing the need for caregivers (individual and through organized childcare centers) to be committed to reducing risk of abuse and promoting empowerment of children is a valuable component to reducing risk.

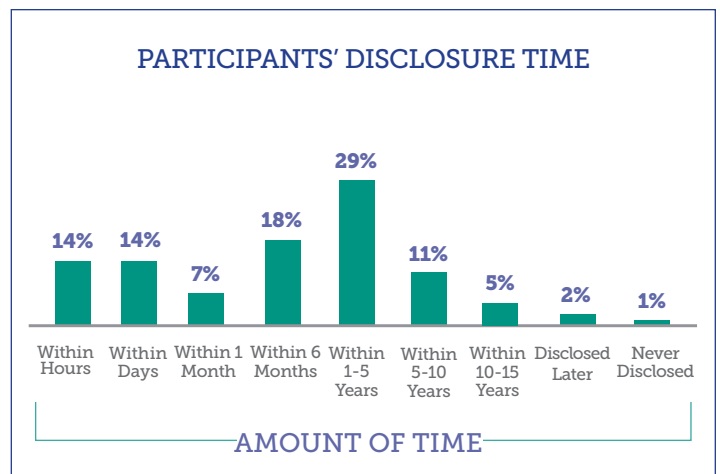
## Disclosure of Abuse

48.4% of those who experienced sexual abuse as children disclosed to someone during their childhood.

### Recipients of Disclosure



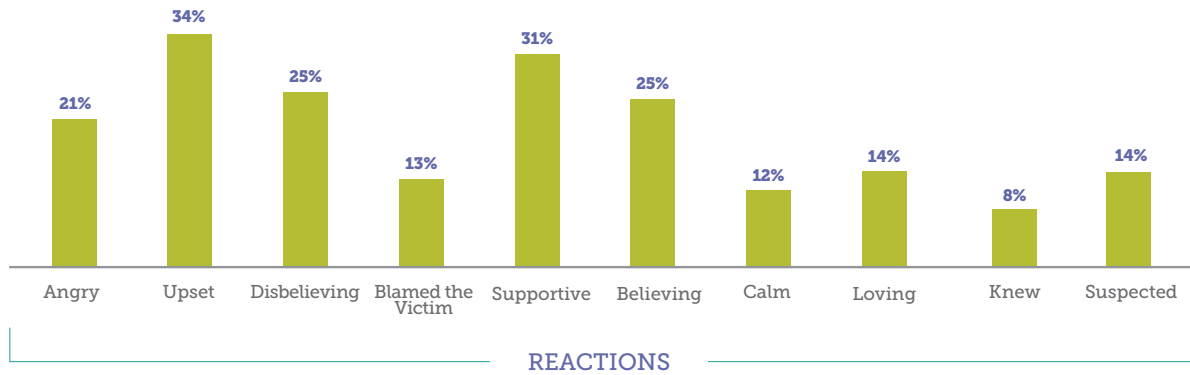
### Time to Disclose



Most research suggests that the average disclosure time is 52 years old. There are a few barriers that make it difficult for survivors to report their abuse. Barriers include: lack of knowledge regarding CSA, inability to explain abuse, no adult to disclose to, no opportunities to disclose, and fear of not being believed (Child USA, 2020).

The highest disclosure time in this current study is 1-5 years. Even though these results differ from the 52-year average time, it still shows that the barriers to disclosure are real and affect all victims.

## REACTIONS OF PEOPLE THAT THE VICTIMS DISCLOSED THEIR ABUSE TO DURING CHILDHOOD

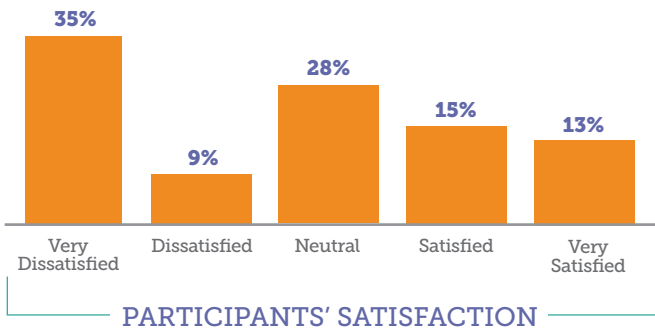


### Key Findings:

- 22.1% of the people survey participant disclosed to either knew or suspected something was happening.
- 93.4% of CSA survivors reported the reactions received were negative (angry, upset, disbelieving, blame).
- 81.1% of CSA survivors reported the reactions received were positive (supportive, believing, calm, loving.)

### Satisfaction of Survivor from Disclosure Recipient's Reaction

#### PARTICIPANTS' SATISFACTION TO THE REACTION OF THE PERSON THEY DISCLOSED TO



In total, 44.2% of the survivors were either dissatisfied or very dissatisfied whereas 27.9% of the survivors were either satisfied or very satisfied with the reaction of the person they disclosed their abuse to. This statistic depicts how impactful someone's reaction is to a child when they disclose their abuse.

When a child discloses abuse, it is critical that their family members and caregivers believe and react with support and love. Their reactions can play an integral role in the child's recovery and healing process. A person's reaction to a child's disclosure can either have positive or negative lasting impacts that will follow them into adulthood. Through education, knowledge, and a desire to protect children, parents/

caregivers can be better equipped to handle disclosures from someone who has been sexually abused and know where to seek further support and resources for healing.

### Chi-Square Test Results

The results from the chi-square tests yielded many significant relationships. One result revealed a significant relationship between whether or not someone was sexually abused and the amount of time they invest in child sexual abuse prevention. Within our sample, 71% of the sexual abuse survivors invest time on a regular basis versus 55% of non-survivors who invest time on a regular basis. Sexual abuse survivors may feel more inclined to prevent CSA because they know exactly what it is like and how it negatively impacted their life.

The chi-square tests further revealed a significant relationship between gender and the participants' confidence level in protecting children from sexual abuse. Within our sample, 37% of males felt very confident versus 22% of females that felt very confident in protecting children from sexual abuse. There is not enough supporting research to clarify why there was a higher rate of men who felt confident in protecting children from sexual abuse. In general, 82% of all CSA victims are female (RAINN, n.d.). Since the probability is higher for a female to be sexually abused, females may feel less confident in protecting others from being abused. It is also possible that due to the research indicating that men spend less time educating themselves on the issues of CSA, they may not have a comprehensive understanding of what is involved in preventing CSA and thus be presumptuous in their ability to prevent abuse.

Lastly, the chi-square test results revealed a relationship between fathers, mothers, and their confidence level in protecting children from sexual abuse. 40% of fathers felt very confident versus 22% of mothers who felt very confident in protecting children. This data supports the results found in the previously mentioned relationship between gender and confidence level of protecting children from sexual abuse in our sample. In this study's sample, males felt more confident than females in protecting children from sexual abuse.

## Executive Summary

Child sexual abuse is a pervasive issue requiring a multi-faceted approach to prevention, detection, and proper response functions. Awareness of sexual abuse has expanded greatly over the past four decades, but there is still much work to be done to establish effective, research-based prevention methods that are adopted across the various fields that influence parenting, child development, education, and community outreach. All youth-serving professionals and public-health focused organizations should consider themselves essential to the cause of protecting children from sexual abuse; it is not simply a crime to be addressed but a human depravity that affects generations, permeating a myriad of ills throughout society. Child sexual abuse has not become an epidemic because sexual perpetrators are so numerous and powerful, but in large part due to inaction, apprehension, and ignorance. Just as we witnessed from the start of the Covid-19 epidemic, efforts to promote improved public safety standards - through signs, messages, and public communication in regard to increased hygiene, social distancing, and adopting policies for masking, it is not so difficult to imagine that a similar campaign promoting awareness of CSA prevention could be easily mobilized and adopted.

Four of this study's main findings indicate a need for change in our society's view on CSA and how to successfully prevent it.

- Insufficient access to body safety education for adults and children
- Child sexual abuse is not being addressed as a public health issue
- Public awareness of the prevalence of child perpetrated sexual abuse is inadequate
- Adults need proper support/training to appropriately handle and response to disclosures of abuse

First and foremost, body safety education and CSA prevention education need to be adequately taught both in the home and in schools and youth-serving organizations, engaging both adults and children. 71% of this study's participants did not receive body safety education outside the home and 74% did not receive it in the home during their childhood. Body safety education should be instilled regularly with children from early on in life, inside and outside the home; normalizing the importance of truthful education about the human body, and respect for personal boundaries.

Secondly, more needs to be done to engage pediatric and primary care doctors to impart their support and provide resources for CSA prevention. Only 10% of this study's participants have been exposed to prevention education in pediatrician offices in some way, but yet 77% of the participants strongly agree that prevention education needs to be addressed by the pediatric community. Pediatricians and primary care physicians have the unique opportunity to be teaching abuse prevention with patients and parents as they are considered an expert source for all things related to health and wellness of children and their development. Just as they address car seat safety, water safety, milestones and eventually puberty, they can easily tie-in conversations and resources related to sexual abuse prevention. Additionally, school-based education should not solely focus on child education but also for parents and caregivers who can reinforce body safety messages on a more regular basis and address the risk of abuse committed within the home.

Lastly, it is important for all adults to acknowledge the impact their reactions have on survivors and the value in understanding the issues of CSA and preparing oneself for a disclosure. Receiving a disclosure of CSA is often shocking, especially if the perpetrator is someone that they respect. 93.4% of this study's CSA survivors reported the reactions that they received after disclosing their abuse





were negative (angry, upset, disbelieving, blame). 44.2% of the survivors were either dissatisfied or very dissatisfied whereas 27.9% of the survivors were either satisfied or very satisfied with the reaction of the person they disclosed their abuse to. It is imperative that parents, caregivers, and those that work and volunteer with children are prepared to be supportive when a child makes a disclosure, by believing them and focusing their responses to best help the child begin a process of healing and support a potential investigation.

The impact on the lives of those who experience sexual abuse during the childhood is undeniable and often lasts throughout their lives. The cost and burden on society at large to simply respond to the impact of CSA is measurable and immense - from healthcare, welfare, education, and the judicial system (just to scratch the surface), with billions of dollars being spent as a result of ineffectively protecting children from abuse. The movement to change the way humanity perceives and responds to CSA has largely been influenced by survivors with the courage to expose the failures, corruption, and inconvenient truths that have long been ignored, denied, and covered up. Whether it is the enabling of serial perpetrators like Larry Nassar or Jeffrey Epstein, the media's portrayal of women who have "sexual romps" with children - not "rape", or the continual attacks on

survivors on why they didn't tell, why they didn't fight, why they didn't "act" like a victim when they reported - our society, from the most powerful authorities, to the average citizen, has made it very difficult for necessary change to be made to truly protect children from sexual abuse. The evidence is clear: CSA is a serious malady that requires the dedication and investment of all those with the power and authority to influence positive, productive change. Starting before birth, we have opportunities and responsibilities to create environments that help nurture and protect children, so that they may thrive and in turn impact the wellbeing of society at large, for this generation and many to come. The cost to prevent abuse is financially small in comparison to the cost of responding - but it is not a matter of cost that is holding back change, but rather the price of accepting this reality and living knowing that we are all vulnerable. Imparting trust and authority upon others is not as simple as believing people have good intentions or sufficient resumes, but we must continually verify trust, give children the authority to have power over their own bodies, and that their voices deserve to be heard. We cannot protect children from abuse if we do not show children that they are worthy of respect, and we cannot do this without earnest education and protection from the dangers they face in this world.

“...our society, from the most powerful authorities, to the average citizen, has made it very difficult for necessary change to be made to truly protect children from sexual abuse.”



## Annex

### Body Safety Education

**1. Understanding the concept of “private parts.”** Some adults may believe that sexual abuse is always traumatizing at the moment of assault and that children would instinctually know to tell someone right away. But, knowing that most perpetrators are trusted by the child and family, and that the naivete and innocence of children is often taken advantage of.

**2. Establishing rules regarding appropriate behavior regarding private parts.** Survivors have shared that part of the reason for not disclosing sexual abuse was because they did not realize the behavior was wrong, or that they did not have the language to communicate what was happening to them. Especially considering children may need assistance with bathing and dressing (even more so for children with disabilities), adults may not value the importance of taking the time to clarify why an interaction involving genitals is appropriate and explain what sorts of behaviors would not be appropriate - rubbing, tickling, contact with someone else’s genitals, mouth, objects, etc. Abusers are known to “groom” children and slowly initiate sexual touching, which is why it is important that adults are aware that most often, it is a person of trust that sexually abuses a child, and educate children to know that no one is allowed to touch their private parts unless necessary.

**3. The Importance of Disclosing.** Encouraging disclosure is an important step to prevent abuse, however it is important that children are empowered to know that they will not be in trouble, that abuse is not their fault, and that they will be believed. Historically, survivors have shared that they were not believed by multiple people when they disclosed, they were criticized during the disclosure - for not getting away or telling sooner, or the reaction of the person they disclosed to discouraged them. Aside from having to undergo a potential investigation, a disclosure of sexual abuse may result in the separation of family, loss of financial security, rejection from friends/family, etc. It is not uncommon for children to recant abuse, not because it was untrue, but because the result of disclosing became stressful and the result was undesirable.

**4. Teaching proper names for genitalia** is one of the key issues that abuse prevention programs focus on regarding child education. When families do not use the correct terms and instead use nick

names for genitalia, it not only may create a ‘taboo’ of using the proper terminology and an association that these parts of our body are not meant to be discussed, but it may also impact communication when the child needs help with their genitals. In a number of cases the authorities have shared situations where a child was taught that their vulva was called their “diamonds,” “cookie”, or even “purse” and when the child attempted to disclose a sexual assault, the person they disclosed to did not realize what the child was talking about and missed the opportunity to prevent the abuse from continuing. Furthermore, if cases are investigated it adds a layer of complexity for investigators and prosecutors to translate the child’s meaning, and consequently can give defense teams a weakness in the child’s testimony.

**5. Promoting bodily consent.** Giving children the right to say ‘no’ to touches is one of the primary lessons that is gaining substantial attention on a societal level, from sources such as the Harvard Graduate School of Education and countless books for children. These lessons for children and changes in parenting/caregiver interactions with and between children, instill with children an understanding of bodily autonomy, promoting self respect, and promoting empathy for others.

**6. Debunking Stranger Danger.** Historically, CSA prevention focused on giving children instruction on how to stop or escape from potentially dangerous situations, often focusing on “stranger danger” as the biggest threat to children. Perhaps in part due to media coverage of child abductions by strangers along with the discomfort of society to acknowledge that the people we know and trust pose the more real threat to the safety of children. Educating children that inappropriate or abusive behavior can be perpetrated by the people they trust will more accurately prepare them for this potential threat. Likewise when parents and caregivers show children that they are aware of this possibility, we believe children can more easily disclose abuse with increased confidence that they will be believed. In some cases, children did not disclose abuse specifically because they did not trust that their parent(s)/caregiver would accept that the perpetrator committed the behavior. It is important for children and adults to be accepting of this reality and prepare themselves as best as they possibly can.

# Thoughts from Participants

"I disclosed to my mom after having my daughter. She called me a liar."

"I didn't realize that what my cousin was doing was wrong. I just felt guilty."

"It's definitely hard navigating this subject as a parent to young children. I think if it were more of an open subject and normalized in our culture it would keep more kids safe."

"As a child I was not aware I was abused until I was a teenager."

"If my parents had had education that I now have, I feel like I would have disclosed sooner."

"I educated my children but did not regularly ask them if they'd been inappropriately touched. I wish I had asked them at least every month."

"I wish someone would have taught me that my body was important and private and that I could decide who had access to it."

"When my daughter disclosed abuse to me at age 8, I was very uninformed. I'm a college educated person that didn't know to have these conversations ahead of time. I had to do all my own research to find out statistics."

"I think if body safety were normalized in society it would improve awareness so much."

"Looking back at my childhood, I was always sad. If one of my teachers or adults in my life would've asked and I would've felt comfortable and trusted them, I would have said something."

"I feel so strongly that society needs to address this ongoing epidemic of child sexual abuse. We need to stop being afraid to talk about it."

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