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Child Sexual Abuse

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**Case History: Sashim’s Secret**

Sashim, an only child, was 6 years old when her parents divorced. Her father had been physically violent toward both Sashim and her mother, and they broke off all ties with him after the divorce. The next three years were difficult for Sashim, because she rarely saw her mother, who had to work two jobs to make ends meet. When Sashim was 9 years old, her mother became romantically involved with Bhagwan, a 39-year-old construction foreman. Shortly after Sashim’s mother met Bhagwan, he moved in with the family and took a serious interest in Sashim. He took her to movies, bought her new clothes, and listened to her when she complained about difficulties at school. He seemed to provide her with the parental attention that she had missed for so many years.

During the course of several months, Bhagwan’s behavior toward Sashim gradually changed. He became much more physical with her, putting his arm around her when they were at the movies, stroking her hair, and kissing her on the lips when he said good night. He began to go into her bedroom and the bathroom without knocking when she was changing her clothes or bathing. He also began checking on her in the middle of the night. During these visits, he would stroke and caress her body. In the beginning, he touched only her nonprivate areas (e.g., shoulders, arms, and legs), but after several visits, he began to touch her breasts and genitals. Eventually, he began to kiss her sexually during his touching, all the while telling her how much he loved her and enjoyed being her father.

(Continued)
As this case history demonstrates, child sexual abuse (CSA) is a multifaceted problem, extraordinarily complex in its characteristics, dynamics, causes, and consequences. This chapter examines the major issues that contribute to this complexity. We begin by addressing issues related to defining the scope of CSA, including definitions and estimates of the rates of CSA in the United States. We then focus on the typical characteristics of CSA victims and perpetrators as well as additional factors noted in the research. We also address the dynamics of CSA and the consequences of this form of maltreatment for victims. We conclude the chapter with an analysis of potential causes of CSA and responses to the problem. Although we focus our discussion on CSA within the broad context of family violence, we do not limit our attention to intrafamilial (i.e., incestuous) sexual abuse, because most CSA is extrafamilial, perpetrated by someone outside the family but by someone known to the child or his or her family (Finkelhor, Ormrod, & Turner, 2009; Finkelhor, Ormrod, Turner, & Hamby, 2005a; Hanson, Self-Brown, Fricker-Elhai, Kilpatrick, Saunders, & Resnick, 2006).

Scope of the Problem
What Is Child Sexual Abuse?

As discussed previously, one of the greatest barriers to understanding different forms of child maltreatment is the difficulty inherent in defining particular problems. This is the case with CSA.
Indeed, as Haugaard (2000) notes, “child sexual abuse has never been unequivocally defined,” and this lack of consensus among professionals in the field “continues to inhibit research, treatment, and advocacy efforts” (p. 1036). To illustrate the complexities in defining CSA, consider the following scenarios:

- Jamie, a 15-year-old, frequently served as babysitter for his neighbor, 4-year-old Naomi. Each time Jamie was left alone with Naomi, he had her stroke his exposed penis while they watched her favorite video.
- Manuel and Maria frequently walked around nude at home in front of their 5-year-old son, Ernesto.
- Richard, an adult, repeatedly forced his nephew Matt to have anal intercourse with him when Matt was between the ages of 5 and 9 years. After the abuse stopped when he was 10, Matt frequently sneaked into his 6-year-old sister’s room and had anal intercourse with her.
- Sally, at 16 years old, was a self-proclaimed nymphomaniac. She had physical relationships (e.g., kissing, fondling, and sexual intercourse) with numerous boyfriends from school. One evening when Sally was home alone with her 45-year-old stepfather, he asked her if she wanted to “mess around.” Sally willingly agreed to have sexual intercourse with him.
- Dexter, a 30-year-old man, invited 7-year-old Jimmy to his house frequently for after-school snacks. After their snacks, Dexter asked Jimmy to undress and instructed him to assume various sexual poses while Dexter videotaped him. Dexter sold the videos for profit.

Which of these interactions should be described as CSA? The above vignettes illustrate two important questions concerning the definition of CSA. First, what behaviors are culturally defined as inappropriately sexual? Second, under what circumstances do sexual interactions become abusive? Since much of the discussion about defining CSA occurred in the 1980s and 1990s, we have retained references to these original works and included more recent references that have reexamined the issue whenever possible.

Cultural Context

As noted in Chapter 1, sexual interactions between children and adults have occurred throughout history. Only relatively recently, however, has CSA been recognized as a social problem. It is thus apparent that any definition of CSA depends on the historical period in question, the cultural context of the behavior, and the values and orientations of specific social groups (Wurtele & Miller-Perrin, 1992). To define CSA today in the United States, it is essential to know something about what types of behaviors are generally regarded as acceptable within American families. Would most people consider Manuel and Maria abusive for walking around nude in front of their 5-year-old son? What if their son were 13 years old? How much variation in nudity, touching various body parts, and kissing on the lips is socially acceptable between adults and children?

Poole and Wolfe (2009), in a recent review of the research on normative sexual behaviors in early, middle, and late childhood, conclude that children are curious about sex and engage in sexual behaviors throughout childhood. Some of the most common behaviors in children aged 2–6 years include kissing nonfamily members, trying to look at others undressing, undressing in front of others, showing sex parts to others, touching women’s breasts, and touching sex parts or masturbating. According to Poole and Wolfe, sexual behaviors also occur in middle and late childhood but are less often observed by parents. The most common sexual behaviors during middle and late childhood (for children aged 7 to 10 years and 11 to 12 years, respectively) are
similar to those described for early childhood, including looking at people undressing, touching sex parts and masturbating, fondling genital areas, and showing sex parts to other children. In addition, middle school children frequently engage in sex play with a close friend, which sometimes involves some form of manipulation or persuasion (Poole & Wolfe, 2009). Several unique behaviors also increase from middle to late childhood including talking about sex, kissing and hugging, looking at pornographic pictures, sexual teasing, and interest in the opposite sex (Friedrich, Fisher, Broughton, Houston, & Shafran, 1998; Larsson & Svedin, 2002).

In general, sexual behaviors are defined as common when they are reported by 20% or more of caregivers (Friedrich et al., 1998). In one study, for example, Friedrich and colleagues (1991) examined sexual behaviors in a group of children aged 2 to 6 years. Parents reported commonly observing several sexual behaviors in their children, including masturbating with their hands (23% of boys and 16% of girls), showing sexual parts to adults (26% of boys and 18% of girls), and touching sexual parts in public (36% of boys and 19% of girls). Clearly, some types of sexual behavior are quite common in nonabused children. Nonabused children, however, engage in sexual behaviors at a relatively infrequent rate compared to some sexually abused children. In one study, for example, sexually abused children were three times as likely to show sex parts to other children and 14 times as likely to imitate intercourse when compared to nonabused children (Friedrich, Grambusch, Damon, Hewitt et al., 1992). In addition, more explicit sexual behaviors (e.g., inserting objects into the anus or vagina, French kissing, oral-genital contact) are extremely rare and might suggest that a child has been sexually abused (Davies, Glaser, & Kossoff, 2000; Friedrich et al., 1998; Sandnabba, Santtila, Wannas, & Krook, 2003). Additional research is necessary to determine the average frequency of other family behaviors such as sleeping patterns, nudity, privacy, and other types of touching (e.g., kissing and hugging) as well as cultural differences in such behaviors.

Conceptual Issues

In Chapter 1, we included the Center for Disease Control and Prevention’s (CDC) definition of CSA, which identifies “any completed or attempted (non-completed) sexual act, sexual contact with, or exploitation of (i.e., noncontact sexual interaction) a child by a caregiver” (Leeb et al., 2008, p. 11). This definition is somewhat limited because it focuses only on caregivers as perpetrators. As noted above, CSA is most often not committed by parents or caregivers (Finkelhor, Ormrod et al., 2005a; Finkelhor, Ormrod et al., 2009; Hanson et al., 2006). The National Center on Child Abuse and Neglect (NCCAN) published one of the earliest definitions of CSA in 1978, which is similar to the CDC’s definition but more inclusive:

Contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another child. (p. 2)

This definition, which is consistent with most current legal and research definitions of CSA, incorporates four key components that are generally regarded as essential in defining CSA. First, definitions of CSA are typically broad enough to include extrafamilial abuse as well as intrafamilial abuse (i.e., incest). Such broad definitions have both advantages and disadvantages. As we have
noted in Chapter 3 with regard to child physical abuse, broad definitions of abuse lead to the labeling of greater numbers of interactions as abusive. Haugaard (2000) asserts that one consequence of broad definitions of abuse has been increased public concern resulting from reports of high rates of abuse. In contrast, all-encompassing definitions of abuse can be practically meaningless (Emery & Laumann-Billings, 1998). In addition, such broad definitions can lead some to believe that reports of high rates of abuse are merely exaggerated claims, producing skepticism and possible dismissal of the problem rather than concern (Perrin & Miller-Perrin, 2011).

Second, definitions of CSA often include sexual experiences with children that involve both physical contact and noncontact activities. For example, CSA may include physical contact such as fondling or intercourse as described in the vignettes above about Jamie, Matt, and Sally, but it can also include noncontact forms as in the scenario involving Dexter and Jimmy. Controversy continues to exist, however, regarding what specific behaviors should be deemed abusive, regardless of whether those behaviors are classified as contact or noncontact experiences. Is parental nudity (a noncontact behavior) abusive? One way to distinguish between abusive and nonabusive behaviors is to evaluate the intent of the perpetrator. Many definitions of CSA, for example, include the requirement that the sexual activities are intended for the sexual stimulation of the perpetrator, thus excluding normal family and caregiving interactions (e.g., nudity, bathing, displays of affection). In practice, of course, determining whether a behavioral intention is sexual or nonsexual can be difficult. How can one determine whether a grandfather kisses his granddaughter out of innocent affection or for his sexual gratification? Furthermore, some experts argue that caregiving behaviors can go beyond normal experiences and become abusive, such as when children are repeatedly exposed to genital examinations or cleanings (Berson & Herman-Giddens, 1994).

A third important component of CSA definitions emphasizes the adult’s exploitation of his or her authority, knowledge, and power to achieve sexual ends. Implicit in this component is the assumption that children are incapable of providing informed consent to sexual interactions with adults for two reasons: (a) Because of their developmental status, children are not capable of fully understanding what they are consenting to and what the consequences of their consent might be, and (b) children might not be in a position to decline involvement because of the adult’s authority status. The vignette above about Sally and her stepfather illustrates a case of abuse because, despite Sally’s sexual experience and consent in this situation, she is not mature enough to understand the ramifications of having sexual intercourse with her stepfather. As Haugaard and Reppucci (1988) point out, “The total legal and moral responsibility for any sexual behavior between an adult and a child is the adult’s; it is the responsibility of the adult not to respond to the child” (p. 193).

The fourth and final component of CSA definitions addresses the age or maturational advantage of the perpetrator over the victim. Although many definitions limit abuse to situations involving an age discrepancy of five years or more between perpetrator and victim (e.g., Conte, 1993), others include children and adolescents as potential perpetrators if a situation involves the exploitation of a child by virtue of the perpetrator’s size, age, sex, or status. Broader definitions of CSA include circumstances such as those described above in the second scenario between 10-year-old Matt and his 6-year-old sister. An increasing number of reports involving both adolescent offenders and children victimizing children younger than themselves are beginning to appear (e.g., Abel & Rouleau, 1990; Gomes-Schwartz, Horowitz, & Cardarelli, 1990; Saunders, Kilpatrick, Hanson, Resnick, & Walker, 1999).
Legal Issues

All U.S. states have laws prohibiting the sexual abuse of children, but the specifics of criminal statutes vary from state to state (Myers, 1998). CSA laws typically identify an age of consent—that is, the age at which an individual is considered to be capable of consenting to sexual contact. In most states, the age of consent falls somewhere in the range from 14 to 18 years. Sexual contact between an adult and a minor who has not reached the age of consent is illegal. Most states, however, define incest as illegal regardless of the victim’s age or consent (Berliner & Elliott, 2002).

Criminal statutes also vary in how they define sexual contact between an adult and a minor. Most define CSA in relatively broad terms. In the state of Oregon, for example, *abuse of a child* is defined by a number of inappropriate behaviors including sexual abuse, rape of a child, and sexual exploitation (National Clearinghouse on Child Abuse and Neglect Information, n.d.). In the Oregon statute, *sexual abuse* is not further defined. In contrast, California law defines CSA very specifically: *sexual abuse* includes both *sexual assault* and *sexual exploitation*, and both of these terms are explicitly defined (National Clearinghouse on Child Abuse and Neglect Information, n.d.). In the California statute, *sexual assault* includes anal or vaginal penetration by the penis or another object, oral-genital and oral-anal contact, touching of the genitals or other intimate body parts whether clothed or unclothed, and genital masturbation of the perpetrator in the presence of a child (California Penal Code 11165.1).

Estimates of Child Sexual Abuse

Despite problems in defining CSA, researchers have made numerous efforts to determine the scope of the problem. In the United States, researchers generally gather data on which to base statistical estimates from one of two kinds of sources: official government reports and the results of self-report surveys of children or adults who have been asked about their experiences with child sexual victimization.

Official Estimates

Some official estimates of rates of CSA come from annual surveys of CPS agencies conducted by government and other organizations to assess the numbers of official reports of CSA in the United States. For example, in 2002, approximately 88,700 cases of CSA were reported to CPS agencies and substantiated, according to the National Child Abuse and Neglect Data System (NCANDS) (see U.S. Department of Health and Human Services [U.S. DHHS], 2004). Approximately 7 years later, the NCANDS report for 2009 indicated that an estimated 65,964 cases of CSA were substantiated as victims of CSA (Sedlak et al., 2010). Of the 3.6 million children involved in reports to CPS during 2009, 9.5% were victims of CSA.

The four National Incidence Studies (NIS-1, NIS-2, NIS-3, NIS-4) have attempted to avoid some of the problems associated with underreporting of CSA by including cases of abuse encountered by community professionals as well as reports to CPS (Sedlak, 1990; Sedlak & Broadhurst, 1996; Sedlak et al., 2010; U.S. DHHS, 1981, 1988). According to the findings of NIS-1, 42,900 children under the age of 18 were sexually abused in the United States in 1980 (a rate of 0.7 per 1,000 children). NIS-2 found that 133,600 children were sexually abused in 1986 (a rate of 2.1 per 1,000 children). NIS-3 estimated that 300,200 children were sexually abused in 1993 (a rate of 4.5 per 1,000 children). Finally, NIS-4, which is the most recent study, estimated that 180,500 children were sexually abused in 2005–2006 (a rate of 2.4 per 1,000 children).
Data from both the NCANDS and the NIS indicate an increase in reporting rates for CSA during the 1980s and early 1990s. A very different picture emerges during the mid-1990s to present day, however, as data indicate a marked decline in reporting rates of CSA. Substantiated cases of sexual abuse decreased by 31% from 1992 to 1998, for example (U.S. DHHS, 2001). Data from the NIS-4 study, evaluating reports during 2005–2006, indicate similar declines in CSA: a 22% decline in the number of CSA reports and a 29% decline in rates of CSA since 1993 (Sedlak et al., 2010). The proportion of sexual abuse cases represented among all types of maltreatment reported has also declined. Whereas CSA cases represented 15% of reports in 1991 (NCCAN, 1993), the proportion of children found to be victims of child sexual abuse seems to have leveled off at 10% in both 2003 and 2009 (U.S. DHHS, 2005, 2010a).

Many factors contribute to fluctuating reporting rates, making the interpretation of official statistics difficult (we return to this issue later in the chapter). The particular definition of CSA being employed is one such factor. In NIS-2, for example, rates were higher when teenagers in addition to adults were considered perpetrators of abuse (U.S. DHHS, 1988). As noted previously, official estimates—such as those published by the U.S. DHHS—are difficult to interpret because most child maltreatment never comes to the attention of CPS. Underreporting of CSA in particular is problematic given that many incidents are not disclosed to professionals, friends, or family members due in part to the especially stigmatizing nature of this form of child maltreatment (e.g., Fleming, 1997). Another limitation of official estimates is the fact that the NCANDS data only include cases of CSA perpetrated by parents or caregivers. It seems clear that whatever estimates are used, they are likely underestimates of the true incidence and prevalence of CSA (Berliner, 2011).

**Self-Report Surveys**

Compared with official statistics, self-report surveys have the potential to present a clearer picture of the true rate of victimization. As discussed in Chapter 2, however, such surveys are not without their problems. Some men and women who were victimized as children may be reluctant to report their childhood experiences as adults. Even more importantly, measurement requires definition and operationalization of the ambiguous term sexual abuse. Estimates will vary dramatically from one study to another. In one review of college student and community studies, for example, the prevalence rates for CSA ranged from 7% to 62% for females and from 3% to 16% for males (Wurtele & Miller-Perrin, 1992). More sophisticated analyses that take into consideration variable response rates across studies and other potential methodological problems have appeared, which help shed light on the true prevalence rate of CSA in the general population (Gorey & Leslie, 1997).

Following approximately three decades of research examining the occurrence of CSA in the general population, consistent prevalence estimates have emerged in studies examining populations in both the U.S. and worldwide. In a national random sample of 1,000 U.S. adults who participated in a telephone survey sponsored by the Gallup Organization, Finkelhor, Moore, Hamby, and Straus (1997) asked respondents two questions about their own childhood experiences of sexual abuse. Overall, 23% of the respondents reported having been touched in a sexual way or forced to have sex before the age of 18 by a family member or by someone outside the family. The women in this survey sample were nearly three times as likely as the men to self-report CSA. These results are similar to those found in the most representative and methodologically sound self-report surveys in the literature, which indicate that at least 20% of women and between 5% and 10% of
men in North America experienced some form of sexual abuse as children (Finkelhor, 1994a). Studies examining the impact of CSA abuse in countries outside the United States have corroborated these findings by finding similar rates (e.g., Fanslow, Robinson, Crengle, & Perese, 2007; Gilbert, Widom, Browne, Fergusson, Webb, & Janson, 2009; Pereda, Guilerà, Forns, & Gomez-Benito, 2009a). In a meta-analysis of the prevalence of child sexual abuse in 22 countries, approximately 8% of men and 20% of women suffered some form of sexual abuse prior to the age of 18 (Pereda, Guilerà, Forns, & Gomez-Benito, 2009a).

Gorey and Leslie (1997) conducted an integrative review synthesizing the findings of 16 cross-sectional surveys to examine the prevalence of child abuse among nonclinical North American samples. They found unadjusted estimates of the prevalence of CSA of 22.3% for women and 8.5% for men. These researchers also found that as response rates to surveys increased, prevalence decreased. Adjusting for response rate and operational definitions used across studies, these researchers found slightly lower estimates of the true incidence of CSA, estimating it to be somewhere between 12%–17% for females and 5%–8% for males.

Are Declines in Child Sexual Abuse Real?

As discussed above, official estimates indicate that reports of CSA increased dramatically during the 1980s and early 1990s and have declined since, leveling off to represent about 10% of all substantiated cases of child maltreatment. Why did official rates increase and then decline? It is certainly possible that the actual incidence of sexual abuse increased in the 1980s because of changes taking place within the family that contributed to children’s vulnerability, such as increased divorce rates (leading to increased presence of stepfathers) and increased numbers of women in the workforce (leading to increased presence of babysitters). Yet it is also possible that what actually increased was public awareness about CSA, resulting in a greater number of reports of abuse. The increase in CSA cases in the 1980s likely reflect legislative changes (e.g., mandatory reporting laws) as well as increased public and professional awareness about CSA, which led to increases in reporting. Subsequent declines in CSA reports could also be the result of social forces, such as changes in public attitudes and policies (U.S. DHHS, 2001). Alternatively, declines in CSA could be an indication that the actual incidence of CSA is decreasing as a result of prevention and criminal justice efforts, public awareness campaigns discouraging abuse, and treatment interventions that have been introduced during the past two decades (Jones & Finkelhor, 2003).

Although official reporting statistics provide some information about trends over time, self-report data may provide a more accurate picture, because they also indicate the sources of such trends (Jones & Finkelhor, 2003). Feldman and colleagues (1991) examined evidence based on self-report as far back as the 1940s and failed to find evidence for a decline in CSA over time. After controlling for variations in methodology across studies, these researchers found that in contrast to the declines in CSA that occurred between 1980 and 1990, prevalence figures in 1940 were not significantly different from prevalence estimates of the 1970s and 1980s. The absence of a decline in sexual abuse during this earlier time period (e.g., between 1940 and 1980) might reflect the fact that the older cohorts during that time period would not have been exposed to the same social changes occurring during the 1980s that led to declines in CSA in the 1990s. The findings from two more recent self-report surveys are consistent with declines in reports of CSA (Finkelhor & Jones, 2004). Both surveys were conducted during the 1990s and support the notion that in recent years, there has been a significant decline in CSA. Furthermore, these declines are consistent with
other social indicators that show an improvement in child welfare (e.g., lower teen pregnancy rates, fewer reports of children running away, lower teen suicide rates) and a general decrease in crime (e.g., homicide, robbery) (Finkelhor & Jones, 2006).

Section Summary

Sexual interactions between children and adults have existed throughout history, but most societies have not recognized these types of interactions as abusive until relatively recently. Although any definition of CSA is time- and culture bound, current definitions focus on the types of behaviors and the intent involved as well as age and/or power discrepancies between offenders and victims. Legally, it is assumed that children are incapable of providing informed consent to sexual interactions with adults. Although all states have laws prohibiting the sexual abuse of children, criminal statutes vary from state to state. CSA includes both contact and noncontact experiences, events that occur both within and outside the family, and behaviors that involve the exploitation of authority, status, or physical size to achieve the perpetrator’s sexual interests.

Although the actual number of children victimized by CSA is unknown, it is apparent that sexual victimization in childhood is a common experience. Indeed, there is good reason to speculate that official and self-report data underestimate the extent of the problem. The actual rate of CSA remains elusive because of the reluctance of victims and families as well as professionals to report abuse. The variability of both official and self-report estimates is due to a number of factors, including the type of population sampled and the definition of abuse employed. Research during the past several years has documented significant decreases in rates of reported CSA, which suggests that these changes are attributable to an actual decrease in the incidence of abuse.

Searching for Patterns: Victim, Perpetrator, and Social Ecological Characteristics

Research evaluating the demographic characteristics associated with CSA has addressed several questions about victims, perpetrators, and the social ecologies in which they reside. Studies have focused on the ages and sex of the adults and children involved, on the relationships between perpetrators and victims, and on specific social ecological risk factors associated with CSA (for reviews, see Black, Heyman, & Slep, 2001b; Finkelhor, 2009; Putnam, 2003).

Characteristics of Sexually Abused Children

Age

Most clinical studies indicate the mean age of CSA victims as 9 to 11 years (e.g., Gomes-Schwartz et al., 1990; Ruggiero, McLeer, & Dixon, 2000). Retrospective studies conducted with adults support the finding that middle childhood (approximately 7 to 12 years of age) is the most vulnerable period for CSA (Finkelhor, 1993; Finkelhor, Hollander, Lewis, & Smith, 1990; Saunders et al., 1999). It is also probable that some abuse of very young children goes undetected, because these children are less likely (or less able) than older children to report abuse (Hewitt, 1998). Some reports suggest that children as young as 3 months of age have been victimized (Ellerstein & Canavan, 1980).
Sex

Data from both official sources and self-report surveys indicate that the majority of CSA victims are female (Finkelhor, Turner et al., 2009; Sedlak et al., 2010). Girls are nearly four times more likely than boys to be sexually abused, according to NIS-4 findings (Sedlak et al., 2010). Data from national community surveys also show that sexual victimization is more common for girls, although the sex differences are less pronounced (Finkelhor, Turner et al., 2009). Many experts believe that, in reality, boys may be abused more often than the data indicate, because males appear to be less likely to report sexual abuse. Self-report surveys of adult males, for example, have found that male victims are less likely to disclose abuse (e.g., Finkelhor, 1981). Several societal norms may contribute to this underreporting, including (a) the expectation that boys should be dominant and self-reliant; (b) the notion that early sexual experiences are a normal part of boys’ lives; (c) fears associated with homosexuality, because most boys who are abused are abused by men; and (d) pressure on males not to express helplessness or vulnerability (Nasjleti, 1980; Rew & Esparza, 1990; Romano & De Luca, 2001). Some research evidence suggests that the proportion of males being abused is higher than previously thought. Data from self-report surveys of children and adults, for example, indicate higher rates of CSA for males than do official reporting statistics (Finkelhor, Turner et al., 2009; Larson, Terman, Gomby, Quinn, & Behrman, 1994).

Characteristics of Individuals Who Sexually Abuse Children

Many people have the impression that CSA perpetrators are frightening strangers or “dirty old men.” Research findings concerning the demographic characteristics of CSA perpetrators, however, suggest that these stereotypes are rarely accurate.

Age

Data from NIS-4 suggest a relatively equal distribution of offenders across age groups for offenders 26 years old or older (Sedlak et al., 2010). Although official estimates show that CSA offenders vary widely in age, clinical and community studies suggest that there seem to be two distinct age periods for the onset of CSA offending: one during adolescence and one during the thirties (Smallbone & Wortley, 2004). Data from the National Incident-Based Reporting System (accessed from the Uniform Crime Report) indicate that juvenile offenders perpetrate 43% of sexual assaults against children aged 6 years or younger (National Center for Juvenile Justice, 1999). General population surveys have also found high rates of juvenile offenders, with adolescents representing up to 40% of offenders (Saunders et al., 1999). In addition, studies of perpetrator samples suggest that most male sexual offenders develop deviant sexual interests prior to age 18 (e.g., Abel & Rouleau, 1990; Caldwell, 2002). Children are also sometimes sexually abusive toward younger children, such as is sometimes the case in sibling abuse (see Chapter 7 on additional forms of child maltreatment).

Sex

As we have noted, the overwhelming majority of CSA perpetrators (75% or more) are male (Finkelhor, 1984; Russell, 1983; Sedlak et al., 2010). This gender discrepancy has been noted across multiple studies using a variety of samples and methodologies. Data from the 2000 National Incident-Based Reporting System indicate that of those sex offenses reported, approximately 96%
included male offenders and 4% female offenders (McCloskey & Raphael, 2005). Perpetrator-victim sex differences varied depending on whether the offense was **pedophilia** (adult-to-child) or **ephebophilia** (adult-to-adolescent). Male perpetrators offended against child victims nearly one fourth of the time and chose female victims in approximately 90% of cases. Male perpetrators offended against adolescent victims in approximately 40% of cases and likewise chose female victims. In contrast, females offended against child victims in about 40% of cases and adolescent victims in 45% of cases, choosing male victims as often as female victims.

It may be that sexual abuse committed by females is more common than incidence studies suggest. A study examining calls in 2005 and 2006 to the UK charity ChildLine (as cited in Gannon & Rose, 2008) indicated that 82% of callers who reported being sexually abused identified the gender of their abuser, and of those victims, 5% of girls and 44% of boys stated that their abuser was female.

There are a variety of reasons to explain why female perpetration of CSA may be underreported. Because of culturally prescribed definitions of CSA, many Americans may fail to recognize women as potential offenders (see Box 4.1). Abuse by females may go unnoticed, for example, because inappropriate sexual contact may occur in the context of culturally approved routine child care. Even when such contact comes to light, professionals may minimize the behavior and label it as **inappropriate affection** (Gannon & Rose, 2008; Saradjian, 1996; Turton, 2010). As Boroughs (2004) aptly puts it, “it is difficult to understand how a woman is physically capable of sexually abusing a child in the traditional concept of rape without a genital organ for penetration” (p. 484). In addition, some have suggested that there may be more shame associated with disclosing CSA by a female, especially a mother figure (Tsopelas, Spyridoula, & Athanasios, 2011).

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**Box 4.1  The LeTourneau Case: Love or Abuse?**

When a 36-year-old teacher at Shoreline Elementary School confessed to having had sex with a former student in the summer of 1997, the community of Burien, Washington, was understandably shocked. The teacher was married and had four children, was well liked in the community, and was considered one of the better teachers in the school. The sexual affair had been consensual, but the child, who had just turned 13 when the affair started, was hardly in a position to offer consent. In the state of Washington, sex with a minor aged 12 to 16 years is considered **rape of a child**, a serious felony that carries a maximum penalty of 89 months in prison (Cloud, 1998). Because both the teacher and student confessed to the affair, there was no doubt about the guilt of the teacher.

Although the sexual abuse of students by teachers is not widely studied and is certainly not the most common form of sexual abuse, it is probably more common than many people realize. In one of the few studies conducted on the topic to date, Shakeshaft and Cohan (1995) found that more than 50% of school superintendents in the state of New York indicated that they had been called on to address cases of sexual abuse between school personnel and students. In the state of Washington, the superintendent of public instruction receives between 75 and 100 accusations of teacher sexual

*(Continued)*
misconduct annually (Montgomery, 1996). Indeed, cases such as the one in Burien, although unusual, are not unheard of. Only a year before the Burien case made headlines, junior high teacher Mark Billie was convicted of raping a 15-year-old student in the neighboring community of Kirkland (Bartley, 1998).

The Burien case, however, received far more attention than other similar cases of sexual abuse in the schools. The story was told and retold in all of the nation’s major newspapers and magazines and was featured on countless television newsmagazine programs. From the *Globe* to the *Washington Post* and from *20/20* to *Dateline NBC*, this case was big news. Why the interest? The rapist was a woman.

Mary Kay LeTourneau first met Vili Fualaau when he was a student in her second-grade class at Shoreline Elementary School. Vili was in her class again four years later, when he was a sixth grader. During his sixth-grade year, Vili and LeTourneau became quite close. When Vili had problems at home or at school, he could always talk with LeTourneau. She was his mentor and confidant. Their relationship was so close that sometimes when Vili’s mother had to work late, Vili would spend the night at LeTourneau’s home. During this time, LeTourneau may have been in need of a confidant herself. She and her husband, Steve, had been forced to file for bankruptcy and were having marital problems. On top of that, her father was very ill (Cloud, 1998).

During the latter part of Vili’s sixth-grade year, the relationship began to change. Vili began to write love letters to LeTourneau and apparently asked her to have sex with him. At first, she refused. Then, in the aftermath of a particularly heated fight with her husband, she had sex with Vili for the first time (Cloud, 1998). The relationship lasted for 8 months and was discovered only after LeTourneau told her husband she was pregnant. Knowing that he was not the father, Steve LeTourneau confronted Vili, who confessed to the affair. The police arrested Mary LeTourneau in February 1997.

LeTourneau pleaded guilty to second-degree child rape and was sentenced to 7.5 years in prison. Judge Linda Lau, however, was reluctant to put her in prison for so long. LeTourneau’s defense lawyer had argued that LeTourneau suffered from bipolar disorder and that she was in need of treatment rather than punishment. LeTourneau had no criminal record, and she seemed unlikely to reoffend. Not even the boy’s mother was pushing for prison time. Standing before Judge Lau, LeTourneau begged for mercy: “I did something that I had no right to do morally or legally,” she said. “It was wrong, and I am sorry. I give you my word that it will not happen again” (quoted in Fitten, 1997, p. 3).

The judge ultimately showed leniency, suspending all but 6 months of the sentence. She did, however, set two conditions: LeTourneau would have to undergo treatment as a sex offender, and she could have no contact with Vili (Santana, 1998).

Despite her statements before the judge, LeTourneau apparently saw herself as more a victim than a criminal. She resented receiving the label *child rapist* as well as having to attend counseling in a sex offender treatment program. She claimed that she had fallen in love with a 13-year-old, and he had fallen in love with her--she failed to see what was so wrong with that (Cloud, 1998). Only four weeks after LeTourneau was released from prison, having served her 6-month sentence, police found her and Vili together in her car. Because this was a violation of the conditions of her release, Judge Lau immediately reimposed the 7.5-year prison sentence, saying, “These violations are extraordinarily egregious and profoundly disturbing. This case is not about a flawed system. It
is about an opportunity that you foolishly squandered" (quoted in Santana, 1998, p. 5). In March 1998, LeTourneau’s attorney announced that Mary was 6 weeks pregnant (Santana, 1998).

When LeTourneau was released from prison in 2004, she was ordered by the judge in the case not to make contact with Vili. The now-21-year-old Fualaau successfully challenged the order, arguing that he was old enough to pick his own friends. Finally, on May 20, 2005, just when it seemed the case could not get any more bizarre, Mary Kay LeTourneau, age 43, and Vili Fualaau, age 22, were married in front of 200 people at a winery in Washington (Becker, 2005).

At first glance, this may seem like a strange case to include in a chapter on child maltreatment. After all, it does not represent a typical example of child sexual abuse. It is atypical because it involves a male victim and a female perpetrator, demographic characteristics especially uncommon in reported cases of sexual abuse (U.S. DHHS, 1996). Many professionals in the field, however, argue that female perpetration of CSA is underrecognized (e.g., Saradjian, 1996).

One reason female perpetration may go unrecognized is society’s reluctance to define sexual interactions between women and children as abuse. The LeTourneau case provides a good illustration of the process by which societies come to define some interactions between adults and children as abusive. From the beginning, the reactions of the U.S. public as to whether the LeTourneau case was really a case of sexual abuse were mixed. Media accounts emphasized that Vili pursued LeTourneau, that he was especially mature, and that he knew exactly what he was doing. Likewise, some observers asserted that LeTourneau was not a sex offender, but simply a vulnerable woman in a shaky marriage who happened to fall in love. Although these kinds of reactions to the case represented the views of many Americans, many child advocates were not nearly so reluctant to define LeTourneau’s behavior toward Vili as abusive. Regardless of whether she was pretty or psychologically disturbed and regardless of whether he was precocious, they stated, this was child abuse. As one noted,

"Lots of 13-year-old kids are physically mature, very intelligent. But this business of a 35-year-old woman making a love commitment with a 13-year-old boy is hard to fathom. What 13-year-old has the capacity for that kind of love? I have no sympathy for her. When we hear it here—the proclamation of love—it is a rationalization. Did she care about his welfare, about what could happen to him by becoming a father at 13? I don’t see where she’s acted in [the boy’s] best interest. That’s not love—that’s a big emotional party. (Florence Wolfe, codirector of Seattle-based Northwest Treatment Associates, quoted in Fitten, 1997, pp. 2–3)

The vast majority of reported CSA perpetrators are male, and this may have contributed significantly to many people’s reluctance to recognize LeTourneau’s actions as abuse. It is men, for example, who are supposedly physiologically programmed to seek as many partners as possible (McDermott, 1997). On the surface, it seems nearly impossible for a woman to be sexually attracted to a 13-year-old boy. This may have been the thought of the police officers who initially found the couple together in June 1996, some 8 months before LeTourneau’s eventual arrest. LeTourneau and Vili were lying together, late at night, underneath a blanket in the back of LeTourneau’s parked van. The officers who found them there talked with LeTourneau and with Vili’s mother and became convinced that nothing had happened, as LeTourneau claimed; they decided not to take any action. If the same police officers had found a 35-year-old male teacher lying in the back of a parked van with a 13-year-old female student, their reaction would likely have been different.
Increasing numbers of researchers have begun to evaluate various characteristics of female perpetrators of CSA (for reviews, see Boroughs, 2004; Gannon & Rose, 2008; Johansson-Love & Fremouw, 2006; Tsopelas et al., 2011). Female offenders have been described using a number of different typologies (see Elliott, 1993; Mitchell & Morse, 1998; Saradjian, 1996). Early studies described female perpetrators as (a) accomplices to male perpetrators, (b) lonely and isolated single parents, (c) adolescent babysitters, or (c) adult women who develop romantic relationships with adolescent boys (Elliott, 1993; Finkelhor, Williams, & Burns, 1988; Margolin & Craft, 1990; Saradjian, 1996). A number of additional typologies have been developed more recently (e.g., Sandler & Freeman, 2007; Vandiver & Kercher, 2004), although many of these await empirical validation. There is some evidence that female offenders are more likely to be caretakers to their victims than to be strangers and that they tend to abuse younger children than do male offenders. The severity of abuse, however, does not appear to differ between male and female perpetrators (Rudin, Zalewski, & Bodmer-Turner, 1995; Turton, 2010).

Researchers who have examined factors associated with female perpetration of CSA have uncovered some common characteristics, including sexual victimization in childhood, specific personality traits (e.g., need for nurturance and control), personality disorders, depression, anxiety, dissociation, post-traumatic stress disorder (PTSD), substance abuse, and disturbed sexual and social relationships (for reviews, see Johansson-Love & Fremouw, 2006; Saradjian, 1996; Tsopelas et al., 2011). Caution in interpreting the results of these studies is necessary, however, because most of the research has been based on case studies. Additional research using appropriate comparison groups and adequate samples is needed before firm conclusions can be drawn.

**Relationship to the Abused Child**

Perpetrators of CSA are generally divided into two categories: those who commit intrafamilial (within the family) abuse and those whose abuse is extrafamilial (outside the family). Most experts believe that extrafamilial abuse is by far more common than intrafamilial abuse. For many years, however, the opposite was true because of an overreliance on sexual abuse brought to the attention of authorities through incidence data. The NIS-4 data, for example, indicate that 60% of sexual abuse reported to authorities was committed by either a biological or nonbiological parent/partner (Sedlak et al., 2010). In contrast, large-scale victimization surveys of women reporting childhood histories of abuse, which are less subject to reporting biases and more accurately mirror the general population, find opposite results. In 1983, for example, Russell published the results of a survey conducted with a probability sample of 930 women living in the San Francisco area. She found that nearly 60% of sexual abuse was extrafamilial. Bolen (2000) reanalyzed Russell’s data to include additional categories not analyzed in the original study and found even higher rates of extrafamilial sexual abuse. Thus, the CSA that comes to the attention of authorities and is substantiated is more likely to be intrafamilial, whereas that identified in the general population through self-report surveys tends to be primarily extrafamilial.

The most comprehensive information regarding the victim-perpetrator relationship in CSA encounters comes from the first national survey of adults reporting histories of CSA (Finkelhor et al., 1990). In this study, percentages for victim-perpetrator relationships for female and male victims, respectively, were as follows: strangers, 21% and 40%; friend or acquaintance, 41% and 44%; and family member, 29% and 11%. In this sample, males were more likely to have been
abused by strangers, whereas females were more likely to have been abused by family members. Overall, however, these data suggest that although extrafamilial CSA is more common, the perpetrator of either form of abuse is a person familiar to the child in the majority of cases for both males and females. More recent studies confirm that about 90% of child victims under the age of 12 know their offenders (Finkelhor & Ormrod, 2001).

Social Ecological Factors

As noted in Chapter 2, according to social ecology theory, it is not only important to examine individual victim and perpetrator characteristics in identifying correlates of CSA, but it is also important to examine other systems and contexts in which the individuals reside. In an effort to identify and describe social ecological risk factors associated with CSA, several researchers have compared victims and nonvictims on various contextual factors. They have found that a number of family and social characteristics are associated with increased risk for CSA, such as the presence of a stepfather, living without both natural parents for extended periods, interparental violence, family isolation and residential mobility, and a parents’ prior history of sexual abuse (Brown, Cohen, Johnson, & Salzinger, 1998; Finkelhor et al., 1997; McCloskey & Bailey, 2000). Other social ecological risk factors include having a mother who is employed outside the home or who is disabled or ill; living with parents whose relationship is conflicted; living with parents who have alcohol or drug abuse or emotional problems; having few close friends; and having a poor relationship with one or both parents (e.g., Brown et al., 1998; Finkelhor, 1984; McCloskey & Bailey, 2000). Researchers have also evaluated other variables suspected of being linked to CSA, such as ethnicity and socioeconomic status, but so far these studies have produced mixed results (e.g., Doll, Joy, & Bartholow, 1992; Finkelhor et al., 1990, 1997; Laumann, Gagnon, Michael, & Michaels, 1994; Sedlak & Broadhurst, 1996; Wyatt, 1985).

Section Summary

One of the most consistent findings of the research evaluating risk factors associated with CSA is that females are more likely than males to be victims of CSA, and males are more likely than females to be perpetrators. Relatively recent research suggests, however, that significant proportions of female perpetrators and male victims may go undetected by researchers, practitioners, and reporting agencies.

Research has shown that widely held stereotypes of CSA perpetrators and victims are inaccurate. For example, rather than being “dirty old men,” CSA perpetrators vary in age (although research suggests that most sexual offenders develop deviant sexual interests prior to age 18). CSA perpetrators are also less likely to be strangers to their victims than is often imagined. Most develop trusting relationships with their victims, and many are acquaintances or friends of the victims, fathers, other parental figures, or other family members. Child and family variables that may increase the risk of CSA victimization include victim’s age (i.e., 7 to 12 years old), family composition (e.g., presence of a stepfather), maternal availability, and family conflict (e.g., parents with emotional or drug-related problems).

Populations of victims and offenders are heterogeneous, suggesting that sexual abuse occurs in virtually all demographic, social, and family circumstances. Furthermore, because the majority
of research has focused on female victims and male perpetrators, most research findings do not pertain to male victims or female perpetrators. As a final caveat, it is important to acknowledge the difficulty in determining whether the variables found to be associated with CSA are actual risk factors for abuse, consequences of abuse, or correlates of abuse history.

**Dynamics of Child Sexual Abuse**

To develop a comprehensive understanding of CSA, it is necessary to examine the characteristics of the victimization experience itself. Much of what is known about the victimization experience comes from cases reported to CPS agencies and from studies of CSA victims and perpetrators.

**Types of Sexual Activity**

Both adults and children have provided descriptions of the types of sexual behaviors they encountered in incidents of CSA. The range of sexual activities theoretically extends from exhibitionism to intercourse. Newer forms of CSA are appearing with the advent of various forms of technology, including sexual exploitation via the Internet and—more controversially—teenage sexting. CSA also includes various forms of organized exploitation, including child pornography, child prostitution, and sex trafficking, all of which are discussed in a subsequent section of this chapter. Our understanding of the types of sexual activities experienced and reported by individuals who have been sexually abused has been influenced by the questions posed by researchers. In addition, the research procedures employed (e.g., face-to-face interviews vs. anonymous interviews or surveys) and the types of samples studied (e.g., community samples of adults or children reported for abuse, clinical populations, and college students) have affected the proportions of victims reporting various types of abuse.

**Specific Sexual Behaviors**

Russell (1983) distinguished three types of sexual activity: very serious abuse (e.g., completed or attempted vaginal, oral, or anal intercourse; cunnilingus; and anilingus), serious abuse (e.g., completed and attempted genital fondling, simulated intercourse, and digital penetration), and least serious abuse (e.g., completed and attempted acts of sexual touching of buttocks, thighs, legs, genitals, clothed breasts, or other body parts; and kissing). Of the 930 women in her sample, 38% reported having had childhood experiences involving one of these forms of sexual abuse. Of the 38% who reported childhood sexual abuse, 28% experienced less serious abuse, 34% experienced serious abuse, and 38% experienced very serious abuse. Recent researchers have relied on similar classification systems (Denov, 2003). The types of abuse reported in different studies tend to vary by the types of populations sampled. Not surprisingly, respondents in nonclinical samples have tended to experience less severe forms of abuse than those in clinical samples (e.g., Ruggiero et al., 2000; Saunders et al., 1999).

**Exploitation Through the Internet**

Sexual exploitation of children can also occur as a result of Internet interactions, a form of exploitation described in the research literature in recent years as cyberexploitation or online crimes against children. Researchers examining this issue have described the variety of ways in
which children who use the Internet may be at risk (Kreston, 2002; Malesky, 2005; Mitchell, Finkelhor, & Wolak, 2003). First, children and adolescents may be propositioned online for sexual activity. Such propositions may be explicit proposals, or perpetrators may take a more indirect approach, using an online version of the grooming process described below to establish and maintain contact with children. Some children may provide their names, addresses, and telephone numbers to individuals they correspond with online and may even agree to meet with them. Second, children may be exposed to various forms of sexually explicit material on the Internet via links that come up when they use search engines, through their own misspelling of web addresses, or through unsolicited e-mails and pop-up ads. Third, children may experience online harassment. This can include a variety of behaviors, such as “threatening or offensive behavior targeting the child or sharing information or pictures online about the targeted child” (Kreston, 2002, p. 13). The risks of these activities are promulgated by a number of different Internet facets including newsgroups, e-mail, websites, and chat rooms. In addition to the direct exposure of children and adolescents to sexual and aggressive solicitation, unwanted exposure to sexual material, and harassment, the Internet can also be used as a vehicle to support other sexually deviant and illegal activities such as trafficking of child pornography as well as communication among pedophiles, which may strengthen and validate beliefs about adult-child sexual contact (Malesky, 2005).

Researchers at the Crimes Against Children Research Center conducted the Youth Internet Safety Survey in an attempt to determine the magnitude of online exploitation of children (Finkelhor, Mitchell, & Wolak, 2000, 2005). The survey was administered to a national U.S. sample of 1,501 children and adolescents aged 10 to 17 years. The respondents were asked about their experiences online with unwanted sexual solicitation, exposure to sexual material, and harassment within the past year. Of the children in this sample, 1 in 5 reported having experienced an unwanted sexual solicitation, 1 in 4 had experienced unwanted exposure to sexual material, and 1 in 17 had been threatened or harassed. Adolescents in the sample (aged 14 to 17 years) were more likely than younger children to have had these experiences online. As Finkelhor, Mitchell, and Wolak (2000, 2005) point out, however, it is important that one view these findings from an appropriate perspective. Although the findings from this survey suggest that children are at risk for this form of exploitation, such victimization constitutes a small proportion of the sexual abuse, exploitation, and other crimes to which children are vulnerable. In addition, the results of this survey suggest that most of the solicitations made online by potential CSA perpetrators fail; they do not result in offline sexual assault or illegal sexual contact. Although no successful solicitations were found in this survey, such cases have been investigated and confirmed by law enforcement agencies (Finkelhor et al., 2000, 2005).

In a follow-up study, Mitchell, Wolak, and Finkelhor (2007) found that rates of unwanted Internet sexual solicitations declined from 19% to 13% between the years 2000 and 2005. However, harassment increased from 6% to 9% as did unwanted exposure to sexual materials, increasing from 25% to 34%. These 5-year trends as well as the overall incidence of Internet exploitation varied by age, gender, race, and household income. For example, although a decline in the percentage of youth reporting sexual solicitations was evident across all sex and age groups, the decline was not seen among minority youth or those living in less affluent households. The authors attribute the declines, at least in part, to the effect of education and law enforcement activity on the issue of Internet exploitation between 2000 and 2005.
Recent evidence suggests that the Internet can also be used by family members and other individuals known to children as a method to facilitate offline exploitation. Mitchell and colleagues examined data pertaining to arrests for Internet-related sex crimes against minors from a national sample of law enforcement agencies (Mitchell, Finkelhor, Wolak, 2005). Results indicated not only that family and acquaintance offenders were nearly as likely to use the Internet as offenders not known to the child but that they used the Internet in ways to further their offline exploitation. For example, family and acquaintance offenders used the Internet as a tool to seduce or groom children, store or distribute sexual images of victims, and communicate with and reward victims.

Scholars have proposed several approaches to combating the problem of Internet exploitation of children. A first step is to educate children, parents, and professionals who work with children and families about the potential dangers the Internet poses to children and adolescents and how they can protect against this form of exploitation. Parents need to be educated, for example, about ways in which they can limit their child’s Internet access (e.g., browser access controls, software filters). Findings from a recent national telephone survey of households in the United States with youth who regularly use the Internet support the need for parent education. Survey findings indicated that just 33% of parents reported using filtering or blocking software in an attempt to protect their children from unwanted online content (Mitchell et al., 2005). As an additional approach to combating Internet exploitation, Kreston (2002) recommends that families place any computers with Internet access in family living areas rather than in private rooms and that parents instruct their children not to enter Internet chat rooms without parental permission.

The National Center for Missing and Exploited Children has implemented an education and awareness campaign about the dangers of the Internet targeted toward parents and children. The campaign, which has reached millions of children and families in homes and classrooms, emphasizes parental knowledge about computers and the Internet as well as the importance of parents’ involvement in the lives of their children (Finkelhor et al., 2000, 2005). Program evaluation research is needed to determine how successful such campaigns are in increasing parental knowledge and preventing Internet exploitation.

Legislation is also needed to address the issue of online exploitation of children. Currently, several countries have laws in place that are intended to protect children from such exploitation. The United States, for example, has established an $11 million federal program that includes Internet Crimes Against Children Task Forces, which were developed to assist state and local law enforcement agencies in conducting undercover investigations, providing technical assistance and training, and developing prevention and education materials. In addition, the Child Online Privacy Protection Act was created to protect children from explicit sexual advertising practices online and from registration of their personal information without parental consent. Additional efforts are necessary, however, to ensure that federal and state child abuse statutes, most of which were written prior to the development of the Internet, apply to illegal behaviors carried out online (Finkelhor et al., 2000, 2005; Mitchell et al., 2003).

**Sexting**

Perhaps the most recently identified potential (and somewhat controversial) form of CSA is **sexting**, which involves sending sexually explicit messages and/or photographs electronically either via text messaging or by posting photographs on the Internet (The National Center for Missing
In recent years, the issue of sexting has reached the threshold of public awareness due to increased scholarly attention to the issue as well as media coverage of scandals involving prominent public figures (e.g., Hernandez, 2011; Lenhart, 2009; Shafron-Perez, 2009; Wastler, 2010). Sexting among adults is often seen as a potential way to improve or maintain intimacy and this type of private conduct among adults is protected by the First Amendment (Jolicoeur & Zedlewski, 2010; Shafron-Perez, 2009). In contrast, such exchanges between an adult and a child would fall under most states’ child sexual abuse statutes either as a form of sexual exploitation or child pornography. To date, little information is available about this form of CSA.

Most public and scholarly attention toward sexting has focused on sexting among teenagers. Several recent surveys of youth have attempted to examine the prevalence of sexting among teens both in the U.S. and abroad (Jolicoeur & Zedlewski, 2010). Perhaps the most methodologically sound study was carried out by the Pew Internet and American Life Project in partnership with the University of Michigan (Lenhart, 2009). The telephone survey of a nationally representative sample of 800 youth aged 12–17 years indicated that nearly 20% of teens who had cell phones reported either sending or receiving sexually suggestive nude or nearly nude photos. In addition, older teens were more likely to engage in sexting behavior, with nearly 40% of 17-year-olds having sent or received a sexting message. These figures are likely underestimates of the true incidence of sexting among teens, as parents were likely close by during these interviews (Jolicoeur & Zedlewski, 2010).

Why is there such concern being expressed about teen sexting? One reason has to do with the fact that law enforcement and legal professionals have begun to prosecute teens for sexting on the grounds that sharing such images constitutes a violation of child pornography laws. Individuals who have sent or received sexually explicit images of minors, even when the senders were minors themselves, have been charged under child pornography laws (Jolicoeur & Zedlewski, 2010). In one case, for example, a 16-year-old girl and her 17-year-old boyfriend took naked photos of themselves engaging in various sexual acts and sent them from her computer to the boy’s email account (A.H. v. State of Florida, 2007). Despite the fact that no one else received the photos, when the police learned about them, both teenagers were arrested and charged with producing and distributing child pornography. In perhaps the most well-publicized teenage sexting case, a boy who had recently turned 18 years old had just had an argument with his 16-year-old girlfriend and forwarded a naked picture of her (which she had taken and sent to him) to her contact list of friends and family members (Feyerick & Steffen, 2009). The young man was convicted of distributing pornography, placed on probation for 5 years, and will be required to register as a sexual offender until he turns 43. Many legal experts have expressed concern that the original child pornography laws were not written in anticipation of such circumstances and that the use of such laws does not take into account the developmental immaturity of adolescents (McAuliff, 2011; Shafron-Perez, 2009; Wastler, 2010).

In addition to the immediate legal repercussions potentially associated with teen sexting, there are other potential consequences. Once an image is distributed electronically, teens have no control over the distribution of that image. As a result, the image might be passed to any of a number of individuals, creating terrible shame, embarrassment, humiliation, and significant long-term consequences. The distribution of such images, for example, might damage future relationships, create obstacles to college admissions, and limit future employment opportunities (Jolicoeur & Zedlewski, 2010; Shafron-Perez, 2009). In more extreme cases, individuals have suffered harm
through bullying and harassment by other teens, and in a few cases, mistreatment has been linked to suicide (Jolicoeur & Zedlewski, 2010).

Many states have begun to reevaluate their child pornography laws in light of the rise of teen sexting. Many states, for example, have adopted new sexting legislation. Others have reduced penalties for teenagers who have engaged in sexting (Jolicoeur & Zedlewski, 2010; Shafron-Perez, 2009). In addition, educational efforts on the dangers of sexting are beginning to appear. Jolicoeur and Zedlewski (2010), for example, recommend educating parents as well as educators about sexting and how it can be effectively monitored and discussed with teens. Various professional organizations are developing websites to help meet this need by providing education and consultation for parents and educators (see Center for Safe and Responsible Internet Use at http://csriu.org/).

**Modus Operandi of Offenders**

Preliminary reports from men incarcerated for CSA or participating in treatment programs for CSA offenders have provided some information about the techniques perpetrators use to identify and recruit child victims as well as maintain their involvement (e.g., Budin & Johnson, 1989; Conte, Wolf, & Smith, 1989; Elliott, Browne, & Kilcoyne, 1995; Kaufman, Hilliker, & Daleiden, 1996; Kaufman, Holmberg et al., 1998).

**Initiation of Abuse**

Perpetrators do not molest every child to whom they have access; instead, they generally select children who are vulnerable in some way. These may include children who are passive, quiet, trusting, young, unhappy in appearance, needy, or living in a divorced home.

Once a perpetrator has identified a target child, he or she may desensitize the child to sexual activity through a *grooming* process that involves a progression from nonsexual to sexual touch in the context of a gradually developing relationship. The typical scenario begins with seemingly accidental or affectionate touches and then proceeds to sexual touches. Offenders tend to misrepresent moral standards or misuse their authority or adult sophistication to seduce children (e.g., “It’s okay; you’re my daughter”). In addition, perpetrators report employing a range of coercive tactics to initiate relationships with children, such as separating the children from other protective adults, conditioning the children through reward (e.g., money, attention, toys, candy, and clothes) and punishment (e.g., threatening to hit the child or to hurt loved ones), forcing the children to observe violence against their mothers, and using physical force or threatening gestures.

To avoid overreliance on data derived solely from acknowledged perpetrators, researchers have also asked CSA victims directly about their abuse experiences. Berliner and Conte (1990), for example, interviewed child victims (10 to 18 years of age) about the processes of their own sexual victimization. The children’s accounts closely resembled those provided by perpetrators. The children reported that their perpetrators initiated sexual activity by gradually shifting from normal affectionate contact or physical activities (e.g., bathing, hugging, massaging, wrestling, and tickling) to more sexual behaviors (e.g., genital touching). The children also reported that their perpetrators made statements in which they attempted to justify the sexual contact. Most commonly, the perpetrators claimed that the behavior was not really sexual, or if they acknowledged that the
behavior was sexual, they asserted that it was acceptable (e.g., “I’m just going to look, I won’t touch”; “I’m teaching you about sex”).

**Maintenance of Abuse**

Studies that have examined victim and perpetrator perspectives on the process of CSA also shed light on the strategies that perpetrators use to keep children engaged in sexual activities for prolonged periods. Central to a perpetrator’s maintenance of sexual activities with a child is the perpetrator’s ability to convince the child that the activities should be kept secret so that other adults cannot intervene to terminate the abuse. Studies of child victims as well as adults who were victimized as children indicate that the majority of victims do not disclose their abuse immediately, and a significant number of victims do not disclose their abuse for years (Briere & Elliott, 1994; Gomes-Schwartz et al., 1990; Timnick, 1985).

Perpetrators report using a range of coercive activities to maintain abusive relationships, including bribes, threats, and physical aggression. A child may maintain silence about being abused, for example, because the offender has offered the child attention, money, or purchases of special toys in exchange for his or her silence (e.g., Elliott et al., 1995). Perpetrators also often use threats to silence their victims. They might threaten to harm or kill the child, a significant other, or a pet; to send the victim to a frightening place; to withdraw previously given special privileges, outings, attention, or affection; or to show the child’s parents pictures of the child involved in sexual acts (e.g., Kaufman et al., 1998). Finally, perpetrators often employ overt acts of aggression, such as physically overpowering the child, to reinforce secrecy (Budin & Johnson, 1989; Conte et al., 1989; Lang & Frenzel, 1988). Some research suggests that sexual offenses against children are most often nonviolent; Timnick (1985), for example, has estimated that physical violence accompanies approximately 20% of CSA incidents. Other findings, however, suggest that offenders are more frequently aggressive and often use physical threats (Becker, 1994; Briere & Elliott, 1994; Stermac, Hall, & Henskens, 1989).

**Organized Child Exploitation**

Of all the major forms of child maltreatment discussed in this book, CSA is the one that is most likely to occur between a child and an adult who is not a family member. Organized exploitation is one form of CSA that is typically extrafamilial, although reports also suggest that some elements of organized exploitation may also occur within the family (Itzin, 1997). The term *organized exploitation* typically refers to the sexual maltreatment of groups of children for the sexual stimulation of one or more perpetrators, for commercial gain, or both. This form of child maltreatment includes sex rings, pornography, prostitution, and sex trafficking—activities that are often interrelated. To date, research on the organized sexual exploitation of children is limited.

**Sex Rings**

In a child sex ring, a number of children are sexually abused by one or more perpetrators. Using various modes of deception, enticement, and manipulation, the perpetrators interest children in joining the group and then require that the children fulfill sexual demands in order to be accepted (Burgess, Groth, & McCausland, 1981; Lanning & Burgess, 1984). Burgess and her
colleagues distinguish among three types of child sex rings: solo rings, which consist of single adults involved with small groups of children; syndicated rings, which consist of multiple adults in well-structured organizations that exist to recruit children, produce pornography, deliver direct sexual services, and establish networks of customers; and transitional rings, which consist of one or more adults and several children but do not include any organizational aspect, although such rings may eventually move toward organizational status (e.g., selling pornographic photographs) (see Burgess & Hartman, 1987; Burgess, Hartman, McCausland, & Powers, 1984).

One core element of sex rings is the inclusion of pornographic activities, which are sometimes used to stimulate and instruct children in these groups (e.g., Burgess et al., 1984). In addition, the sexual activities of children in sex rings are often photographed or videotaped, and some researchers believe that a child sex ring may be the first phase in the development of an organization devoted to child prostitution and pornography (Creighton, 1993; Hunt & Baird, 1990; Wild, 1989).

**Pornography**

The National Center for Missing and Exploited Children (n.d.) notes that federal law defines child pornography as “a visual depiction of any kind, including a drawing, cartoon, sculpture, or painting, photograph, film, video, or computer or computer-generated image or picture, whether made or produced by electronic, mechanical, or other means, of sexually explicit conduct” involving a minor. Until the late 1970s, there were no laws against child pornography in most U.S. states. In 1978, the U.S. Congress passed the Protection of Children Against Sexual Exploitation Act in an attempt to halt the production and dissemination of pornographic materials involving children. Soon thereafter, several other countries adopted prohibitions against child pornography as well (Doek, 1985; Tyler & Stone, 1985). In addition, the Child Sexual Abuse and Pornography Act of 1986 provides for federal prosecution of individuals engaged in child pornography, including parents who permit their children to engage in such activities (Otto & Melton, 1990). Several U.S. states have also passed legislation that requires commercial film and photo processors to inform authorities when they discover suspected child pornography during the processing of film (Wurtele & Miller-Perrin, 1992).

Determining the number of children involved in child pornography is extremely difficult, given that the production, distribution, and sale of child pornography are cloaked in secrecy. U.S. government subcommittees that have investigated the problem of child pornography, however, have determined that significant numbers of children are sexually exploited in this way, with an estimated 7% of the pornographic industry in the United States involving children in sexual activities (cited in Pierce, 1984). In recent years, some have argued that the advent of the Internet has led to significant increases in the numbers of children exploited by the child pornography industry (U.S. Department of Justice, n.d.; Virginia Department of Social Services, 2003).

Child pornography is clearly abusive in and of itself, but it likely also contributes to the problem of child maltreatment by stimulating adult sexual interest in children (Rush, 1980; Russell, 1988). Results of studies that have examined the role of pornography in affecting perpetrators’ likelihood of offending against children have been equivocal. Some researchers have found that CSA perpetrators use pornography more than comparison groups do, whereas others have found no relationship between CSA perpetration and pornography (Carter, Prentky, Knight, Vanderveer, & Boucher, 1987; Howe, 1995; Malamuth & Briere, 1986). There is no doubt, however,
that child pornography contributes to the exploitation of children by creating a market for the victimization of children and by serving as a tool that perpetrators use to educate and stimulate victims or to blackmail victims into maintaining secrecy about abusive activities (Burgess & Hartman, 1987; Hunt & Baird, 1990; Tyler & Stone, 1985).

Little has been written about attempts to address the problem of child pornography outside the enactment of federal and state legislation that prohibits the use of minors in the production of pornographic material. Although such laws have been somewhat successful in curtailing the problem within the United States, complete elimination of the problem of child pornography will require worldwide prohibitions (Tyler & Stone, 1985; Virginia Department of Social Services, 2003). With the advent of the Internet and the widespread availability of personal computers, the problem has become increasingly complex as access to child pornography has become a worldwide problem of considerable magnitude (Durkin & Bryant, 1995; Esposito, 1998; Hughes, 1996).

**Prostitution**

Of all the forms of organized sexual exploitation of children, child prostitution has received the most attention from researchers. The findings of surveys conducted with adult female prostitutes suggest that significant numbers of these women began to work as prostitutes when they were children. Silbert and Pines (1983) surveyed 200 street prostitutes in San Francisco and found that approximately 40% reported that they were less than 16 years of age when they began prostitution. Other studies have found child prostitutes as young as 10 years of age, with a median age for entry into prostitution at age 14 (e.g., Nadon, Koverola, & Schludermann, 1998).

Characteristics of adolescent prostitutes that have been documented repeatedly in the literature include a history of childhood maltreatment (such as physical and sexual abuse and exposure to interpersonal violence), personal and parental alcohol or drug abuse, and poor family functioning (e.g., Bagley & Young, 1987; Earls & David, 1990; Silbert, 1982). One of the most common factors in the backgrounds of adolescent prostitutes, however, is runaway youth status, whether because of the death of a parent, being kicked out of the family home, or alcoholism or abuse in the home (Nadon et al., 1998).

Like child sex rings, child prostitution is associated with child pornography. Silbert and Pines (1983) found that 38% of their sample of adult prostitutes in San Francisco said that someone had taken sexually explicit photographs of them for commercial purposes when they were children, and 10% described being used in pornographic films when they were children. Child pornography and prostitution have also been linked in reports of international trafficking of women and children for sexual purposes, which will be discussed in the following section. According to Muntarbhorn, the United Nations concluded that child prostitution and pornography represent “a vast national and transnational problem” (cited in Itzin, 1997, p. 62).

**Sex Trafficking of Children**

In recent years, the problem of sex trafficking and tourism has become a topic of international discussion and concern. Sex trafficking of children is part of a larger problem of human
trafficking of children, which can take many forms including submitting children to forced labor or services, slavery, and the removal of organs (discussed in Chapter 7 as additional forms of child maltreatment). We discuss sex trafficking here because it is a form of sexual exploitation of children that refers to the buying and selling of children for adult sexual purposes. In several developing countries, children as young as 5 years of age are being sold as sex slaves, who are forced to have sex with adults who are willing to pay. Those who pay to have sex with children are referred to as sex tourists, individuals who travel to foreign countries to engage in sexual activity with children.

The U.S. State Department of Justice estimated that as many as 900,000 children were engaged in sex trafficking across the world in 2003 (U.S. Department of Justice, n.d.). Sex trafficking and tourism typically flourish in developing countries with unstable economies, such as Thailand, Cambodia, Indonesia, and Malaysia. These children are reportedly from very poor families and are either sold by desperate parents who need money or kidnapped and then forced to have sex with adults (U.S. Department of Justice, n.d.). Descriptions of the lives of these children are difficult to comprehend, with studies indicating that these children are forced to have sex with as many as 32 clients per week (U.S. Department of Justice, n.d.).

Sex trafficking also occurs within the United States and is becoming a growing problem (U.S. Department of Justice, n.d.). There is some evidence of interstate trafficking of children in the United States. In 2001, a report by the University of Pennsylvania indicated that more than 250,000 runaway and abandoned children were at risk for becoming victims of this commercial sexual exploitation (Estes & Weiner, 2001). The Internet has facilitated the rise in child sex trafficking and tourism both nationally and internationally by providing a quick and easy marketing and consumer venue.

In response to the problem of child sex trafficking and tourism, the Child Exploitation and Obscenity Section (CEOS) of the U.S. Department of Justice was formed. The Section was created in 1987 to protect the welfare of America’s children by enforcing federal criminal statutes relating to the exploitation of children, including sex trafficking and tourism (U.S. Department of Justice, n.d.). The CEOS works with the United States Attorney’s Offices and the Federal Bureau of Investigation to investigate and prosecute individuals who violate federal statutes prohibiting interstate and international sex trafficking of children. Federal statutes prohibit both the sex trafficking of children as well as sex tourism. U.S. code (U.S.C.) 1591, for example, “prohibits trafficking by making it illegal to recruit, entice, or obtain a person to engage in commercial acts or to benefit such activities” (U.S. Department of Justice, n.d.). Those who patronize the industry also fall under federal regulations such as U.S.C. 2423(b) that “prohibits traveling across state lines or into the United States for the purpose of engaging in any illicit sexual conduct (which includes any commercial sex act with a person under 18)” (U.S. Department of Justice, n.d.). Federal laws also apply to American nationals who travel abroad with the intent to sexually exploit children or engage in child sex trafficking in other countries. U.S.C. 2423(c) “prohibits an American citizen or national engaging in illicit sexual conduct outside the United States” (U.S. Department of Justice, n.d.).

One of our students, Diana Rozendaal, became aware of the child sex trafficking and tourism problem and decided to become involved as part of the solution. Diana studied international relations and studied abroad in Thailand the summer after her first year in college. Box 4.2 includes an interview with Diana about her experiences in Thailand.
Box 4.2 Interview With a Student With First-Hand Experience of Child Sex Trafficking and Tourism

Q: How did you first learn about child prostitution and the sex trade in Thailand?

A: The summer after my freshman year of college, when I was 18 years old, I participated in a service-learning program in Thailand. Before my trip, I was somewhat aware that prostitution was common in Southeast Asia but I never really thought to do anything about it... because frankly, it seemed too big of a challenge and I didn’t think I could do anything about it. Once in Thailand, we began discussing the sex trafficking problem and we watched testimonies of young girls sold or tricked by family members into prostitution or of girls (and sometimes boys) who willingly became sex workers. Most times, it was because of extreme financial hardship, and the parents did not know of any other option when they so desperately needed to put food on the table. Watching the videos broke my heart and the grief was inescapable. In the U.S., we sometimes hear of such things, but we too easily brush it off as something that doesn’t concern us, since it is so far away. Walking around the streets of Thailand, getting to know the people, and learning about such a vibrant culture made me realize that the distance between one human being and another should never be an excuse for apathy or inaction. The girls forced into that lifestyle deserve better, and as someone who had already lived such a privileged life, I knew that it was time to share my freedom with others by speaking out against such injustice and by acting for those who cannot act themselves. Not that I tried to, but it was impossible to forget the images and stories that I had seen. One day, while wandering through the city (Chiang Mai) with a friend, I met Mona. She told us that she had been promised a job working at a factory in Thailand. When she was traveling from her home country of Burma with her friend, she was stopped by Thai police who drugged and gang-raped her. As if that was not enough, they then sold her to a brothel, where she is forced to have sex with as many as 10 men a night. She told us that she did not see herself ever leaving that life as she did not know anyone and was afraid that she’d be caught, tortured, and killed.

Q: Describe your personal experiences encountering child prostitution. What kind of an impact did these experiences have on you, personally?

A: After having watched the testimonies of the girls forced into prostitution, I became emotionally overwhelmed and sort of withdrew. I needed time to process what I had just seen and heard. I was in complete disgust and revulsion that people could be treated in such a way and that so many people were forced into the sex trade. Toward the end of the program, our group leaders decided that it was time for us to see what a brothel was really like. I felt compelled to see it all for myself while at the same time frightened. We were partnered off with staff members while we walked through the Thai red light district. We would sit at the tables and watch while old men would walk their new Thai "friend" into the back room. At one bar, girls walked around in provocative costumes, each with a number to identify them. Girls were forced to dance on the bar for customers, but their faces looked like death: their eyes were vacant and their smiles nonexistent.

(Continued)
I wondered what kind of childhood they had had or if they had even had one at all. What were these girls’ names and what conditions had forced them into the position that they now found themselves in? Watching them there, waiting for their next customer, knowing that they would probably spend the rest of their lives there was like being at the beach and watching someone drown, myself unable to speak or move, watching them slowly die.

Q: How did you respond to your experiences in Thailand? Did you take any action to try and address the problem?

A: Upon my return to the United States, I began doing research on sex trafficking and the organizations that set out to end it. It was at that time that I came into contact with the International Justice Mission (IJM), a small but rapidly growing Christian human rights nonprofit organization based in Washington, DC. With the help of IJM and friends, I started a chapter on the campus of my college. I began speaking in classrooms to gather more student support and that year we started a campus chapter of IJM. Through the chapter, we set out to educate as many people as possible, because people cannot and will not act unless they are educated on this issue. We also gathered to pray for the victims and for those working so diligently to free them. Through raising awareness on campus, we were also able to raise funds to help IJM. It was amazing to see how many people got involved in our campaign once someone asked. Although I am currently working to help animal suffering (something else that is very close to my heart), I hope to soon return to Southeast Asia and hopefully volunteer/work for a nonprofit organization to help end sex trafficking.

Q: Do you have any words of advice or encouragement to inspire others to become involved in helping to alleviate child prostitution?

A: Turn your compassion into action! First of all, know that every action you take makes a difference. We all have the opportunity to do something, whether big or small. Educate yourself on the issues, tell everyone (you never know what that person may go on to do), start a college or community group, get your church involved, research groups like IJM and Amnesty International and find out what individual actions you can take to help, whether it’s writing a letter, donating, or volunteering your time. Go. Push your comfort zone: Look at the pictures, read the stories, watch the videos, and then, go there yourself. But I promise, once you’ve realized how much all of creation needs your voice and your action, you will never be able to turn away again... your life will never be the same, because your heart and soul will be connected to theirs and your life will be filled with more meaning and purpose than you ever thought possible.

Section Summary

A number of empirical studies of the dynamics of CSA victimization are beginning to appear that describe the types of sexual activities involved and how the abuse is initiated and maintained. The sexual activities of CSA perpetrators range from exhibitionism to various forms of penetration. Perpetrators appear to target children who are vulnerable in some way and initiate abuse by
desensitizing children to increasingly sexual types of contact. To initiate and maintain abuse, perpetrators may use coercive tactics such as verbal threats or overt aggression.

A relatively new area within CSA research concerns the sexual exploitation of children via the Internet. Such exploitation may include propositions for sexual activity, exposure to sexually explicit material, and sexual harassment. Although researchers have only recently begun to explore this problem, findings to date indicate that this form of victimization constitutes a small proportion of CSA. Another new and potentially controversial form of CSA is *teen sexting*, which involves sending sexually explicit messages and/or photographs electronically either via text messaging or by posting photographs on the Internet. Although some law enforcement and legal professionals have begun to prosecute teens for sexting on the grounds that sharing such images constitutes a violation of child pornography laws, experts interested in child welfare have argued that states need to reevaluate their child pornography laws, given the unique developmental issues associated with teen sexting.

Organized exploitation is another form of child maltreatment that involves groups of children who are abused for the sexual stimulation of one or more perpetrators and often for commercial gain. Although research investigating organized exploitation is limited, this form of child maltreatment involves four interrelated activities: child sex rings, pornography, prostitution, and child sex trafficking. One core element of child sex rings is the inclusion of pornographic activities, and many believe that sex rings may be the first phase of organized exploitation leading to child prostitution and child pornography. Another similarity between the various types of organized exploitation is that children involved in prostitution and pornography are often runaway youth attempting to escape a dysfunctional or abusive home environment. In recent years, the problem of sex trafficking and tourism has become a topic of international discussion and concern. Interventions aimed at alleviating the problem of organized exploitation have focused primarily on policy initiatives and legislative changes designed to protect children from these activities. Although these approaches have met with some success, more efforts need to be directed at these less common, but no less detrimental, forms of child maltreatment.

**Consequences Associated With Child Sexual Abuse**

Since the initial recognition of CSA as a societal problem, scholars have argued about the effects on children of adult-child sexual interactions in the context of secret relationships. Some have suggested that children who are sexually exploited by adults do not suffer harm, either while they are children or in adulthood (e.g., Rind, Tromovitch, & Bauserman, 1998; Yorukoglu & Kemph, 1966). The majority of research evidence, however, suggests that CSA victims are more likely than nonvictims to exhibit a variety of negative physical, psychological, behavioral, and interpersonal problems (see reviews by Gilbert, Widom, Browne, Fergusson, & Webb, 2009; Maniglio, 2009; Paolucci, Genuis, & Violato, 2001; Trickett & Putnam, 1998; Tyler, 2002). The consequences associated with CSA can be classified as either *initial effects* (occurring within 2 years following the abuse) or *long-term effects* (consequences beyond 2 years subsequent to the abuse).

**Initial Effects**

Investigators have identified a wide range of emotional, cognitive, physical, and behavioral effects in CSA victims within 2 years of the abuse. The specific manifestation of symptoms appears
to depend on the developmental level of the victim (Hewitt, 1998; Kendall-Tackett, Williams, & Finkelhor, 1993; Wurtele & Miller-Perrin, 1992). Table 4.1 displays the most common initial effects associated with CSA for preschool, school-age, and adolescent children.

<table>
<thead>
<tr>
<th>Behavioral Effects</th>
<th>Emotional Effects</th>
<th>Cognitive Effects</th>
<th>Physical Effects</th>
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<tbody>
<tr>
<td><strong>Preschool Children</strong></td>
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<tr>
<td>Regression/immaturity</td>
<td>Anxiety</td>
<td>Learning difficulties</td>
<td>Bruises</td>
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<tr>
<td>Social withdrawal</td>
<td>Clinging</td>
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<td>Genital bleeding</td>
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<tr>
<td>Sexualized behavior</td>
<td>Nightmares</td>
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<td>Genital pain</td>
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<td>Sexual preoccupation</td>
<td>Fears</td>
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<td>Genital itching</td>
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<td>Precocious sexual knowledge</td>
<td>Depression</td>
<td></td>
<td>Genital odors</td>
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<tr>
<td>Seductive behavior</td>
<td>Guilt</td>
<td></td>
<td>Problems walking</td>
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<tr>
<td>Excessive masturbation</td>
<td>Hostility/anger</td>
<td></td>
<td>Problems sitting</td>
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<tr>
<td>Sex play with others</td>
<td>Tantrums</td>
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<td>Sleep disturbance</td>
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<tr>
<td>Sexual language</td>
<td>Aggression</td>
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<td>Eating disturbance</td>
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<td>Genital exposure</td>
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<td>Enuresis</td>
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<tr>
<td>Sexual victimization of others</td>
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<td></td>
<td>Encopresis</td>
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<tr>
<td>Family/peer conflicts</td>
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<td>Stomachache</td>
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<tr>
<td>Difficulty separating from caregivers</td>
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<td>Headache</td>
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<tr>
<td>Hyperactivity</td>
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<td><strong>School-Age Children</strong></td>
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<tr>
<td>Regression/immaturity</td>
<td>Anxiety</td>
<td>Learning difficulties</td>
<td>Stomachache</td>
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<tr>
<td>Social withdrawal</td>
<td>Phobias</td>
<td>Poor concentration</td>
<td>Headache</td>
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<tr>
<td>Sexualized behavior</td>
<td>Nightmares</td>
<td>Poor attention</td>
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<tr>
<td>Sexual preoccupation</td>
<td>Fears</td>
<td>Declining grades</td>
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<tr>
<td>Precocious sexual knowledge</td>
<td>Obsessions</td>
<td>Negative perceptions</td>
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<tr>
<td>Seductive behavior</td>
<td>Tics</td>
<td>Dissociation</td>
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<tr>
<td>Excessive masturbation</td>
<td>Hostility/anger</td>
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<tr>
<td>Sex play with others</td>
<td>Aggression</td>
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<tr>
<td>Sexual language</td>
<td>Family/peer conflicts</td>
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<tr>
<td>Genital exposure</td>
<td>Depression</td>
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<tr>
<td>Sexual victimization of others</td>
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In a review of 45 empirical studies on initial effects of CSA, Kendall-Tackett and colleagues (1993) found that one of the two most common symptoms identified in sexually abused children is sexualized behavior (e.g., overt sexual acting out toward adults or other children, compulsive masturbation, excessive sexual curiosity, sexual promiscuity, and precocious sexual play and knowledge). Sexually abused children demonstrate significantly more of such symptoms compared with physically abused and neglected children as well as psychiatrically disturbed
CHILD MALTREATMENT

children (Friedrich et al., 1997; Kendall-Tackett et al., 1993). The sexual behaviors of sexually abused children are often associated with intercourse, such as mimicking intercourse and inserting objects into the vagina or anus (Friedrich et al., 2001). Sexualized behavior is also believed to be the behavioral symptom that is most predictive of the occurrence of sexual abuse, although only approximately one third of victims exhibit this symptom (Friedrich, 1993).

The other most frequent problems noted in sexually abused children are symptoms of PTSD. These include nightmares, fears, feelings of isolation, inability to enjoy usual activities, somatic complaints, autonomic arousal (e.g., heightened startle response), and guilt feelings. Several studies have demonstrated that sexually abused children consistently report higher levels of PTSD symptoms relative to comparison children and are more likely to receive a diagnosis of PTSD than are other maltreated children (e.g., Dubner & Motta, 1999; Finkelhor, 2008; McLeer et al., 1998; Ruggiero, McLeer, & Dixon, 2000).

CSA has also been associated with a wide range of psychopathology. Of the victimized children studied by Gomes-Schwartz and colleagues (1990), 17% of the preschool group (4 to 6 years of age), 40% of the school-age group (7 to 13 years of age), and 8% of the adolescent group (14 to 18 years of age) evidenced clinically significant pathology, indicating severe behavioral and emotional difficulties. Using a checklist of parent-reported behaviors to assess the effects of sexual abuse on 93 prepubertal children, Dubowitz, Black, Harrington, and Verschoore (1993) found that 36% had significantly elevated scores on the Internalizing Scale (e.g., depression and withdrawn behavior) and 38% had elevated scores on the Externalizing Scale (e.g., acting-out behaviors). Similar levels of dysfunction would be expected in only 10% of the general population of children.

In addition to experiencing a myriad of symptoms and range of psychopathology, many sexually abused children are impacted by the experience seriously enough to warrant a specific psychiatric diagnosis. As noted above, one frequent outcome for children who are sexually abused is PTSD. Studies consistently find that one third or more of sexually abused children meet diagnostic criteria for PTSD (Ruggiero et al., 2000). Some sexually abused children also receive multiple diagnoses that include depression and anxiety as well as PTSD (Deblinger, Mannarino, Cohen, & Steer, 2006).

Overall, evidence to date strongly suggests that CSA results in disturbing psychological sequelae in a significant proportion of child victims. Based on their review, Browne and Finkelhor (1986) concluded that 20% to 40% of abused children seen by clinicians manifest pathological disturbance. Most of the types of symptoms demonstrated in victims of CSA, however, are no different from the difficulties seen in clinical samples of children and adolescents more generally. In degree of symptomatology, sexually abused children generally exhibit significantly more psychological symptoms than nonabused children, but fewer symptoms than children in clinical samples. The only exceptions to this pattern are findings indicating that sexually abused children exhibit more sexualized behavior and PTSD symptoms than both nonabused children and children in clinical groups (Beitchman, Zucker, Hood, daCosta, & Akman, 1991; Kendall-Tackett et al., 1993).

Long-Term Effects

The psychological consequences of childhood sexual victimization can extend into adulthood and affect victims throughout their lives. A history of CSA has been associated with a variety of long-term symptoms such as emotional reactions including depression and anxiety (e.g., Gold, Lucenko, Elhai, Swingle, & Sellers, 1999; Molnar, Buka, & Kessler, 2001; Sachs-Ericsson et al., 2010; Spataro, Mullen, Burgess, Wells, & Moss, 2004; Weiss, Longhurst, & Mazure, 1999). According to
Berliner and Elliott (2002), depression is the most common symptom reported by adults who were sexually abused as children. Additional effects include problems with interpersonal relationships (Davis & Petretic-Jackson, 2000; DiLillo & Damashek, 2003), PTSD symptoms (Saunders et al., 1999; Schneider, Baumrind, & Kimerling, 2007), problems with sexual adjustment (Bartoi & Kinder, 1998; Bensley, Eenwyk, & Simmons, 2000), impaired social and occupational functioning (Zielinski, 2009), physical or health problems (e.g., chronic pain and obesity; see Chartier, Walker, & Naimark, 2007; Kendall-Tackett, 2003; Meagher, 2004), and behavioral dysfunction (e.g., substance abuse, eating disorders, and self-mutilation; see Briere & Gil, 1998; Saunders et al., 1999; Smolak & Murnen, 2002; Yates, Carlson, & Egeland, 2008). Several longitudinal studies have found elevated rates of various mental disorders in adults who were sexually abused as children (e.g., Cohen, Brown, & Smailes, 2001; Widom, 1999). Table 4.2 summarizes the long-term effects associated with CSA.

<table>
<thead>
<tr>
<th>Type of Effect</th>
<th>Specific Problem</th>
<th>Specific Symptoms</th>
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<tbody>
<tr>
<td>Emotional</td>
<td>Depression</td>
<td>Depressed affect</td>
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<td>Suicidality</td>
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<td>Low self-esteem</td>
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<td>Guilt</td>
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<td>Poor self-image</td>
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<td>Self-blame</td>
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<td>Anxiety</td>
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<td>Anxiety attacks</td>
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<td>Fears</td>
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<td>Phobias</td>
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<td>Somatic symptoms</td>
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<td>Migraines</td>
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<td>Stomach problems</td>
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<td>Aches and pains</td>
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<td>Skin disorders</td>
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<td>Interpersonal</td>
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<td>Difficulty trusting others</td>
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<td>Poor social adjustment</td>
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<td></td>
<td></td>
<td>Social isolation</td>
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<td></td>
<td>Feelings of isolation, alienation, insecurity</td>
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<td></td>
<td></td>
<td>Difficulty forming/maintaining relationships</td>
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<td></td>
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<td>Parenting difficulties</td>
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<td>Sexual revictimization</td>
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<td>Physical victimization</td>
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<tr>
<th>Type of Effect</th>
<th>Specific Problem</th>
<th>Specific Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Post-traumatic stress disorder</strong></td>
<td><strong>Reexperiencing</strong></td>
<td>Intrusive thoughts, Flashbacks, Nightmares</td>
</tr>
<tr>
<td><em>(PTSD) symptomatology</em></td>
<td><strong>Numbing/avoidance</strong></td>
<td>Dissociation, Amnesia for abuse events, Disengagement (<em>&quot;spacing out&quot;</em>), Emotional numbing, Out-of-body experiences, Poor concentration</td>
</tr>
<tr>
<td>Sexual adjustment</td>
<td></td>
<td>Anorgasmia, Arousal/desire dysfunction, Sexual phobia/aversion, Sexual anxiety, Sexual guilt, Promiscuity, Prostitution, Dissatisfaction in sexual relationships</td>
</tr>
<tr>
<td>Behavior dysfunction</td>
<td><strong>Eating disorders</strong></td>
<td>Bingeing, Purging, Overeating</td>
</tr>
<tr>
<td></td>
<td><strong>Substance abuse</strong></td>
<td>Alcoholism, Use of illicit drugs</td>
</tr>
<tr>
<td></td>
<td><strong>Self-mutilation</strong></td>
<td>Cutting body parts</td>
</tr>
<tr>
<td>Physical/health problems</td>
<td></td>
<td>Hitting head or body with or against objects, Chronic pain, Headaches, Irritable bowel syndrome, Obesity</td>
</tr>
</tbody>
</table>

**Table 4.2 (Continued)**

**SOURCES:** A representative but not exhaustive list of sources for the information displayed in this table includes the following: Bartoi and Kinder (1998); Bensley, Eenwyk, and Simmons (2000); Briere and Gil (1998); Chartier et al. (2007); Davis and Petretic-Jackson (2000); DiLillo and Damashek (2003); Fargo (2009); Gilbert, Widom et al. (2009); Gold et al. (1999); Hambly (2004); Kendall-Tackett (2003); Maniglio (2009); Meagher (2004); Molnar et al. (2001); Neumann, Houskamp, Pollock, and Briere (1996); Noll, Trickett, and Putnam (2003); Sachs-Ericsson et al. (2010); Saunders et al. (1999); Schneider et al. (2007); Spataro et al. (2004); Talbot et al. (2009); Weiss et al. (1999); Widom (1999); Yates et al. (2008); and Zanarini, Ruser, Frankenburg, Hennen, and Gunderson (2000).
Explaining the Variability in Effects

The research findings discussed above suggest that no single symptom or pattern of symptoms is present in all victims of CSA. Many CSA victims exhibit no symptoms at all, at least in the short term. Based on their review of CSA effects, Kendall-Tackett and colleagues (1993) concluded that approximately 20% to 50% of CSA victims are asymptomatic at initial assessment, and 10% to 25% become symptomatically worse during the 2 years following victimization. Why is it that some victims are severely affected, others are moderately affected, and still others are relatively unscathed by their experience of CSA? Furthermore, why do some victims manifest anxiety in response to their abuse and others show physical symptoms or depression?

One reason it is difficult to answer these questions is that methodological weaknesses have plagued the research in this area. Definitions vary across studies; many studies have failed to include comparison groups; and some research has relied on interview and assessment devices that are unstandardized. The samples used in the research are also problematic. College student samples, for example, tend to be nonrepresentative of the general public in terms of intelligence, social class, and motivational aspects. Clinical samples of CSA victims are also biased, because they include only CSA cases referred for treatment services, so the results may not be generalizable to all cases of CSA (e.g., such samples may not include less symptomatic victims or undisclosed victims). Finally, research findings concerning psychological symptoms in adolescents or adults who were abused as children do not establish a definitive causal relationship between those symptoms and the subjects' histories of CSA. Although studies conducted within the past 10 years have achieved greater empirical precision by using larger numbers of participants, multiple measures, comparison groups, and longitudinal designs (e.g., Erickson, Egeland, & Pianta, 1989; Gomes-Schwartz et al., 1990; Noll et al., 2003), more research is needed to clarify the specific effects of CSA for individual victims.

Researchers attempting to understand the effects associated with childhood sexual victimization have explored associations between characteristics of the sexually abusive situation or its aftermath and differential psychological effects. Are the psychological effects of CSA victimization by a father figure, for example, more severe than those seen when the abuser is an uncle? Are the effects more severe when the child's disclosure is met with disbelief? Researchers have evaluated the relationships between CSA effects and a number of factors, including the circumstances of the abuse, postabuse characteristics, and victim perceptions of the abuse. Table 4.3 lists many of the variables that have been examined and their influence on the effects of CSA.

Several aspects of CSA situations are associated with increased symptoms in both child victims and adult survivors. Perhaps the most consistent finding is that threats, force, and violence by the perpetrator are linked with increased negative outcome (Ruggiero et al., 2000; Tyler, 2002). Studies have also demonstrated that the least serious forms of sexual contact (e.g., unwanted kissing or touching of clothed body parts) are associated with less trauma than are more serious forms of genital contact (e.g., vaginal or anal intercourse) (Bagley & Ramsay, 1986; Gilbert, Widom et al., 2009; Mennen & Meadow, 1995). Most studies indicate that when abuse is perpetrated by a father, father figure, or other individual who has an intense emotional relationship with the victim, the consequences are particularly severe (Beitchman et al., 1991; Beitchman, Zucker, Hood, daCosta, Akman, & Cassavia, 1992; Briere & Elliott, 1994). In addition, when victims are exposed to multiple episodes of abuse and/or multiple forms of child maltreatment
Table 4.3 Potential Mediators of the Effects of Child Sexual Abuse

<table>
<thead>
<tr>
<th>Potential Mediators</th>
<th>Influence on Child Sexual Abuse Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse Characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>Duration and frequency</td>
<td>Results are mixed for research evaluating child victims; increased duration is associated with a greater negative effect for adults abused as children.</td>
</tr>
<tr>
<td>Type of sexual activity</td>
<td>More severe forms of sexual activity (e.g., penetration) are associated with a greater negative effect.</td>
</tr>
<tr>
<td>Age at onset</td>
<td>Results are mixed.</td>
</tr>
<tr>
<td>Child-perpetrator relationship</td>
<td>A greater negative effect is associated with fathers, father figures, and intense emotional relationships.</td>
</tr>
<tr>
<td>Number of perpetrators</td>
<td>Results are mixed for research evaluating child victims; a greater number of perpetrators is associated with a greater negative effect for adults abused as children.</td>
</tr>
<tr>
<td>Victim sex</td>
<td>Results are mixed, with some findings showing similarities between sexes and some suggesting more externalizing symptoms for males and internalizing symptoms for females.</td>
</tr>
<tr>
<td>Force or physical injury</td>
<td>Presence of force or physical injury is associated with a greater negative effect.</td>
</tr>
<tr>
<td>Multiple forms of abuse</td>
<td>Different combinations of child maltreatment are associated with a greater negative effect.</td>
</tr>
<tr>
<td><strong>Postabuse Characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>Response toward the victim</td>
<td>Negative responses are associated with a greater negative effect.</td>
</tr>
<tr>
<td>Court involvement</td>
<td>Results are mixed.</td>
</tr>
<tr>
<td>Out-of-home placement</td>
<td>Results are mixed.</td>
</tr>
<tr>
<td>Available social support</td>
<td>Increased social support is associated with a less severe effect.</td>
</tr>
<tr>
<td><strong>Perceptions of Abuse</strong></td>
<td></td>
</tr>
<tr>
<td>Perceived severity</td>
<td>Increased perceived severity of abuse and negative appraisals of the abuse experience are associated with a greater negative effect.</td>
</tr>
<tr>
<td>Negative attributions</td>
<td>Perceptions of self-blame, shame, and stigmatization are associated with a greater negative effect.</td>
</tr>
</tbody>
</table>

SOURCES: A representative but not exhaustive list of sources for the information displayed in this table includes the following: Banyard, Williams, and Siegel (2004); Barker-Collo and Read (2003); Bernard-Bonnin, Herbert, Daignault, and Allard-Dansereau (2008); Calam, Horne, Glasgow, and Cox (1998); Daigneault, Tourigny, and Hebert (2006); Dong et al. (2004); Elliott and Carnes (2001); Feiring, Miller-Johnson, and Cleland (2007); Gilbert, Widom et al. (2009); Henry (1997); Holmes and Slap (1998); Kinard (2004); Kouyoumdjian, Perry, and Hansen (2005); Mennen and Meadow (1995); Noll et al. (2003); Ruggiero et al. (2000); Tremblay, Hebert, and Piche (1999); and Tyler (2002).
(e.g., sexual abuse, physical abuse, or neglect), they exhibit increased symptoms (e.g., Barker-Collo & Read, 2003; Dong et al., 2004; Kinard, 2004; Ruggiero et al., 2000).

Research has also found that specific postabuse events (e.g., the ways in which family members and institutions respond to disclosure) are related to the effects of CSA. It is well established that responses toward the victim by parents, other relatives, teachers, and other adults have significant effects on the trauma associated with CSA as well as victims’ recovery. Studies have consistently found that negative responses tend to aggravate victims’ experience of trauma (e.g., Bernard-Bonnin et al., 2008; Gomes-Schwartz et al., 1990; Runyan, Hunter, & Everson, 1992). In contrast, the availability of social supports following the disclosure of abuse, such as maternal support or a supportive relationship with another adult, appears to mitigate negative effects and play a protective role (Elliott & Carnes, 2001; Kouyoumdjian et al., 2005). Increased levels of perceived social support have also been associated with lowered levels of PTSD symptoms in adults who experienced sexual abuse as children (Hyman, Gold, & Cott, 2003).

Additional mediators of the effects of CSA that have received considerable attention in recent years are victims’ cognitive appraisals and attributional styles (e.g., Daigneault et al., 2006; Feiring et al., 2007; Miller-Perrin, 1998). Williams (1993), for example, found in her sample of 531 adult victims that the victim’s perception of the severity of the abuse was the major determinant of subsequent adjustment or maladjustment. Spaccarelli and Fuchs (1997) also found that victims’ negative appraisals of the abuse experience were related to poorer outcomes. Greater distress has also been found in those who blamed themselves for their abuse, experienced high levels of shame, perceived themselves to be different from their peers and less believed, and viewed their abusive experiences as threatening (e.g., Barker-Collo & Read, 2003; Feiring, Taska, & Lewis, 1996; Mannarino & Cohen, 1996a, 1996b; Morrow, 1991). Other researchers have examined potential mediators that might decrease the negative effects of CSA. Hyman and colleagues (2003) examined perceptions of social support and found that lowered PTSD symptom levels were associated with perceptions of high self-esteem (e.g., that others valued the abused individual) as well as perceptions of high appraisal support (e.g., perceptions that the abused individual had the ability to obtain advice when coping with problems).

Section Summary

Numerous empirical studies have shown that a myriad of psychological consequences are associated with childhood sexual victimization. These include both short- and long-term difficulties of an emotional, physical, cognitive, and behavioral nature.

Victims exhibit a wide range of effects, with some having few problems and others experiencing significant psychopathology. This heterogeneity in the effects of CSA plus methodological weaknesses in many of the studies conducted have led researchers to equivocal findings. Nevertheless, it appears that the factors most likely to increase the trauma experienced by CSA victims include a long duration of abuse, exposure to multiple forms of abuse, the presence of force and/or violence during the abuse, abuse by someone who is a father figure or otherwise emotionally close to the victim, abuse that involves invasive forms of sexual activity, and negative reactions by significant others once the abuse has been revealed. Recent research has also examined potential mediators (such as the victim’s subjective perceptions of the events and the availability of social support following disclosure) and their relationship to CSA effects.
Explaining Child Sexual Abuse

The victims and perpetrators of CSA are characterized by a great deal of diversity, and the dynamics and consequences of abuse show similar variability. Such heterogeneity contributes to the difficulty in answering one of the central questions about CSA: Why do some individuals sexually abuse children? One factor that makes it hard to answer this question is the paucity of high-quality research on the topic. Despite these limitations, scholars have developed theoretical formulations that focus on different individuals or systems involved in CSA, including the victim, the perpetrator, the abusive family, and society. Table 4.4 displays the risk factors associated with each of these systems. The focus in this chapter will be on theoretical formulations that are unique to CSA and were not addressed in previous chapters (see Chapter 2 for a general discussion of theoretical models of child maltreatment).

### Table 4.4 Risk Factors Associated With Child Sexual Abuse

<table>
<thead>
<tr>
<th>System Level</th>
<th>Risk Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>Female sex</td>
</tr>
<tr>
<td></td>
<td>Prepubescent age</td>
</tr>
<tr>
<td></td>
<td>Few close friends</td>
</tr>
<tr>
<td></td>
<td>Passivity</td>
</tr>
<tr>
<td></td>
<td>Quietness</td>
</tr>
<tr>
<td></td>
<td>Trustingness</td>
</tr>
<tr>
<td></td>
<td>Unhappy appearance</td>
</tr>
<tr>
<td></td>
<td>Depressed affect</td>
</tr>
<tr>
<td></td>
<td>Neediness</td>
</tr>
<tr>
<td>Perpetrator</td>
<td>Male sex</td>
</tr>
<tr>
<td></td>
<td>Childhood history of sexual and physical victimization</td>
</tr>
<tr>
<td></td>
<td>Antisocial disregard for concerns of others</td>
</tr>
<tr>
<td></td>
<td>Poor impulse control</td>
</tr>
<tr>
<td></td>
<td>Passivity</td>
</tr>
<tr>
<td></td>
<td>Sensitivity about performance with women</td>
</tr>
<tr>
<td></td>
<td>Deficient heterosocial skills</td>
</tr>
<tr>
<td></td>
<td>Feelings of dependency, inadequacy, vulnerability, loneliness</td>
</tr>
<tr>
<td></td>
<td>Sexual attraction to children</td>
</tr>
<tr>
<td></td>
<td>Use of alcohol/drugs</td>
</tr>
<tr>
<td>System Level</td>
<td>Risk Factor</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>Use of cognitive distortions to justify behavior</td>
</tr>
<tr>
<td></td>
<td>Fantasies about sexual activity with children</td>
</tr>
<tr>
<td>Family</td>
<td>Divorced home</td>
</tr>
<tr>
<td></td>
<td>Unhappy family life</td>
</tr>
<tr>
<td></td>
<td>Poor parent-child relationships</td>
</tr>
<tr>
<td></td>
<td>Parents in conflict</td>
</tr>
<tr>
<td></td>
<td>Home with a stepfather or without natural father</td>
</tr>
<tr>
<td></td>
<td>Mother employed outside of home</td>
</tr>
<tr>
<td></td>
<td>Mother not a high school graduate</td>
</tr>
<tr>
<td></td>
<td>Mother disabled or ill</td>
</tr>
<tr>
<td></td>
<td>History of sexual abuse in mother</td>
</tr>
<tr>
<td>Sociocultural</td>
<td>Sanctioning of sexual relations between adults and children</td>
</tr>
<tr>
<td></td>
<td>Neglect of children’s sexual development</td>
</tr>
<tr>
<td></td>
<td>Male-dominated household</td>
</tr>
<tr>
<td></td>
<td>Oversexualization of normal emotional needs</td>
</tr>
<tr>
<td></td>
<td>Socialization of men to be attracted to those who are younger, smaller, or more vulnerable</td>
</tr>
<tr>
<td></td>
<td>Blocking of the development of empathy in males</td>
</tr>
<tr>
<td></td>
<td>Socialization of stoicism in males</td>
</tr>
<tr>
<td></td>
<td>Objectification of sexual partners</td>
</tr>
<tr>
<td></td>
<td>Child pornography</td>
</tr>
</tbody>
</table>

**Focus on the Abused Individual**

Early explanations for the occurrence of CSA focused on the victim’s culpability for “encouraging” or allowing the sexual abuse to occur. Researchers asserted that victims seductively encouraged perpetrators or that they enjoyed the abuse (for a discussion of these viewpoints, see Faller, 1988a). Little evidence, however, exists to support these positions. Admittedly, many CSA victims exhibit sexualized behavior, but most experts believe that such behavior is the result, rather than the cause, of the abuse. In addition, the idea that children encourage or want the abuse experience is contradicted by research evidence: Only a minority of victims report that their abuse had pleasurable or positive characteristics (e.g., that they felt loved during the abuse; Faller, 1988a). Whether a CSA victim can be viewed as culpable also depends on the definition of sexual abuse that is applied. As previously discussed, current perspectives on CSA preclude victim
culpability because, by definition, children are viewed as developmentally incapable of consenting to take part in sexual activities with adults.

Culpability is distinct from vulnerability, however. It is possible to argue that certain attributes of children might make them special targets for molesters. Young, female children who have few close friends or who have many unmet needs appear to be particularly susceptible to the attentions of potential molesters. At particular risk are children described as passive, quiet, trusting, young, unhappy or depressed, and needy. CSA victims also often appear to have strong needs for attention, affection, and approval (Berliner & Conte, 1990; Erickson et al., 1989; Finkelhor et al., 1990). There is also some evidence that children with cognitive vulnerabilities are at increased risk for CSA. The incidence of CSA among children with cognitive disabilities, for example, is 1.7 times the rate for children with no such disabilities (National Clearinghouse on Child Abuse and Neglect Information, 2001).

Focus on the Offender

Some theorists implicate perpetrators in their efforts to determine the roots of CSA. The majority of research that has attempted to discern why particular individuals sexually abuse children has included only male subjects, and as a result, the findings cannot be generalized to female perpetrators. Although the earliest researchers who investigated the traits of CSA perpetrators relied on the psychiatric model, later attempts have focused on deviant patterns of sexual arousal and childhood history. Contemporary theories have also been developed and attempt to integrate several factors that might contribute to sexual offending against children.

Deviant Sexual Arousal

Some theorists propose that CSA perpetrators seek out sexual encounters with children primarily because they are sexually attracted to children (Ward & Beech, 2006). The origins of such deviant sexual arousal, however, are undetermined. Some researchers have suggested that biological factors may be a cause, such as abnormal levels of male hormones or neurotransmitters (Bradford, 1990; Ward & Beech, 2006). Learning theorists, on the other hand, have proposed that deviant sexual arousal develops when it is reinforced through fantasies of sexual activity with children and masturbating to those fantasies (Cortoni & Marshall, 2001; Laws & Marshall, 1990; Marshall & Eccles, 1993). Although some support exists for each of these theories, the research has yielded inconsistent results (e.g., Bradford, 1990; Hunter, Goodwin, & Becker, 1994; Langevin, Lang, & Curnoe, 1998; Salter, 1988).

Regardless of the cause of deviant sexual arousal, the procedure most often used to determine whether a CSA perpetrator has an unusual sexual arousal to children is called penile plethysmography. In this procedure, a circular gauge is placed around the base of the perpetrator’s penis in the privacy of a lab or clinic. The subject then views slides or videotapes of different types of people who might be potential sexual partners (e.g., individuals of the same age as the subject, people of the same sex and the opposite sex, young male children, adolescent females) or listens to audiotaped descriptions of different types of sexual encounters (e.g., consenting nonviolent sex with a same-age opposite-sex partner, nonconsenting violent sex with a male child). The gauge registers even small increases in the circumference of the penis, and the percentage of arousal is recorded by the plethysmograph.
Investigators have compared the sexual responses of child molesters, incest offenders, and nonoffending men with mixed results. Freund and his colleagues, who conducted some of the first studies, found that molesters were significantly more aroused by slides of both female and male children interacting with adults than were nonoffending males (e.g., Freund & Langevin, 1976). Subsequent studies examining sexual arousal in specific categories of perpetrators have yielded conflicting results. Quinsey, Chaplin, and Carrigan (1979) found that incestuous fathers exhibited more appropriate adult sexual arousal than did nonincestuous child molesters. In contrast, Marshall, Barbaree, and Christophe (1986) found that although incest offenders paralleled comparisons by showing low arousal to children, they showed no dramatic arousal increase to adult females. Indeed, the incest offenders in their sample exhibited less arousal to adult females than did members of the control group. The nonincestuous offenders, on the other hand, showed considerable arousal to children up to age 9, minimal arousal for 11- to 13-year-olds, and increased arousal again to adult females. Taken together, these findings suggest that some subgroups of CSA perpetrators (primarily extrafamilial child molesters) exhibit deviant sexual arousal toward children. The pattern of sexual arousal exhibited by incestuous offenders is less clear.

Because not all individuals who are sexually aroused by children act on their feelings, researchers have hypothesized that other factors, usually referred to as disinhibitors, must be operating. One possible disinhibitor is alcohol, which may affect perpetrators’ ability to maintain self-control of their sexual impulses toward children (Finkelhor, 1984; Peugh & Belenko, 2001). Cognitive distortions may also be disinhibitors. That is, perpetrators may rationalize and defend their behavior through distorted ideas or thoughts, such as “Having sex with children is a good way to teach them about sex” or “Children need to be liberated from the sexually repressive bonds of society” (Kubik & Hecker, 2005; Segal & Stermac, 1990). Research evidence indicates the presence of cognitive distortions in CSA perpetrators (Hayashino, Wurtele, & Klebe, 1995; Segal & Stermac, 1990).

In evaluating research on deviant sexual arousal, it is important to view such studies within the confines of their conceptual and methodological limitations. Many studies, for example, have mixed the types of perpetrators within groups (e.g., natural fathers, stepfathers, and adoptive fathers in a single incest sample). Other limitations include the use of small and unrepresentative samples. The penile plethysmography procedure itself has also been questioned because of findings of false positives and false negatives and the ability of some molesters to inhibit sexual arousal in the lab (Conte, 1993). In examining the relationships of deviant sexual arousal, alcohol and drug use, and cognitive distortions to CSA, it is important to note that these factors may not play roles in all cases of CSA. It is also unclear to what degree such variables cause, rather than result from, the abuse.

**Childhood History of Sexual Abuse**

Many researchers have suggested that childhood sexual victimization contributes to adult perpetration. Perpetrators may have experienced abuse directly in the past themselves or they may have observed or been aware of the abuse of other family members.

Why would a history of victimization lead an individual to become a perpetrator of CSA? One possible explanation is that such a person abuses children in an effort to resolve, assimilate, or master the anxiety resulting from his or her own abuse (Hartman & Burgess, 1988). As we have noted above, victims of CSA often engage in inappropriate sexual behaviors with others (see
Another explanation is that the adult perpetrator who was abused as a child lacked a nurturing parental relationship, experienced betrayal as a child, and suffered the subordination of his or her own needs to those of an abuser, all factors that preclude the development of empathy or sensitivity toward others (Ginsburg, Wright, Harrell, & Hill, 1989). Still others have suggested that repeatedly having one’s needs subordinated and having one’s body invaded or manipulated may result in feelings of powerlessness that later lead to a need to exploit others to regain personal power and control (Wurtele & Miller-Perrin, 1992). A final possibility is that, having experienced victimization, the offender has learned through modeling that children can be used for sexual gratification (Laws & Marshall, 1990; Veneziano, Veneziano, & LeGrand, 2000).

Some scholars have questioned the research on intergenerational transmission of sexual abuse on methodological grounds, pointing to overreliance on retrospective designs, self-report data, and correlational studies. The research findings to date are also difficult to interpret because of the lack of appropriate comparison groups and the possibility that perpetrators report histories of abuse to rationalize their own behaviors. It is likely that although some association exists between having been abused and becoming an abuser, most children who are sexually abused do not grow up to abuse other children, and some individuals without histories of abuse become CSA perpetrators. In their review of adults, adolescents, and children who sexually abuse children, Chaffin, Letourneau, and Silovsky (2002) concluded that although there is evidence of intergenerational transmission, it is much less prevalent for CSA than for child physical abuse.

**Contemporary Integrative Theories**

Until relatively recently, most models and theories attempting to explain the behavior of CSA perpetrators focused on only one possible perpetrator characteristic (e.g., deviant sexual arousal or a childhood history of abuse). Contemporary theories, however, attempt to explain sexually abusive behavior by focusing on the integration of multiple contributing factors. Covell and Scalora (2002), for example, have developed a model of sociocognitive deficiencies in sexual offenders that contribute to sexually assaultive behavior. According to this model, deficits in a variety of abilities—including social skills, interpersonal intimacy, and cognitive processes—may have an impact on the development and expression of appropriate empathy and may lead to sexually assaultive behavior. Marshall and Marshall (2000) have proposed a comprehensive etiological model of sexual offending that incorporates multiple components including biological, social, and attachment processes. According to their theory, the early developmental environment of a sexual offender includes several stressful events such as poor attachment between parent and child, low self-esteem, limited coping abilities, low-quality relationships with others, and a history of sexual abuse. The presence of such stressors leads the child to rely on sexualized coping methods, including masturbation and sexual acts with others, as a way to avoid current stressors. Eventually, the individual is conditioned to rely on sexualized coping mechanisms and, when other factors are present (e.g., access to a victim, disinhibition owing to alcohol use), is predisposed to engage in sexually abusive behavior.

Perhaps, the most comprehensive integrative theory to date is the integrated theory of sexual offending (ITSO) proposed by Ward and Beech (2006). ITSO incorporates several single-factor theories including biological factors (e.g., brain development, genetics), neuropsychological factors (e.g., motivations, perceptions, and memory), and ecological factors (e.g., social, cultural, and personal circumstances) that continuously interact in a dynamic way. These multiple factors
interact to both produce sexual offending behavior as well as the clinical problems observed in offenders (e.g., deviant sexual arousal, distorted cognitions, and social difficulties). According to ITSO, an individual's level of psychological functioning is determined by the confluence of biological and neuropsychological factors as well as ecological experiences. When early brain development and/or social, cultural, and personal circumstances are compromised in some way (such as through poor genetic inheritance or developmental adversity), psychological dysfunction results and leads to both clinical problems and sexually abusive behavior. The sexual offending behavior results in consequences that then affect the offender’s ecological system as well as psychological functioning, which leads to maintaining and/or escalating further abusive behavior.

Focus on the Family

From the perspective of family dysfunction models, CSA is a symptom of a dysfunctional family system. These theories hold that the family in general or one of its members (e.g., typically the perpetrator or a nonoffending adult) contributes to an environment that permits and possibly encourages the sexual victimization of children.

A number of family system theories focus on how a mother’s behavior may contribute in some way to her child’s victimization. Early theories held mothers responsible for sexual abuse of their children, blaming them for having poor marital relationships—in particular, infrequent marital sex. According to this view, infrequent marital sex increased a husband’s sexual frustration and drove him to seek satisfaction elsewhere in the family (e.g., Justice & Justice, 1979). Other early theories viewed mothers as culpable for their child’s abuse because of the mother’s failure to protect the victims from the offenders. As noted previously, maternal employment outside the home and maternal disability or illness are known risk factors for CSA. Such theories, however, have often relied on clinical impressions or retrospective data and have not been supported by research. In addition, many of the so-called contributing characteristics ascribed to mothers in these theories could be the results of living with CSA perpetrators.

Contemporary family system explanations for CSA view the mother’s role in the context of contributing to a child’s vulnerability rather than of being responsible for the abuse. Research suggests that mothers of sexually abused children may actually be covictims rather than coconspirators. Mothers in incestuous families are often physically and emotionally abused by the perpetrators themselves and also frequently have childhood histories of CSA (e.g., Faller, 1989; Gomes-Schwartz et al., 1990; Strand, 2000). According to this view, mothers may contribute to their children’s vulnerability by withdrawing from their children or being unavailable to them (either emotionally or physically), because the mothers lack an adequate representation of a secure mother-child relationship themselves (Friedrich, 1990). Faller (1988a, 1989) has also suggested that these women may gravitate toward men who are similar to their own abusers or who will not make sexual demands on them, because the men are sexually attracted to children.

Other family systems theorists have focused on general characteristics of the family as a unit rather than on individual members. Some who take this perspective have identified significant levels of dysfunction in families of CSA victims, although the nature of the dysfunction is unclear because of conflicting research findings (Crittenden, 1996). Many researchers have found that abusive families exhibit conflicted relationships including marital conflict in the home, poor relationships between children and parents, divorce, and spouse abuse (e.g., Boney-McCoy & Finkelhor, 1995;
Lang, Flor-Henry, & Frenzel, 1990; Paveza, 1988). Others have confirmed that CSA families are frequently disorganized, lacking cohesion and involvement between members; they are also deficient in community involvement and generally more dysfunctional than non-CSA families (e.g., Elliott, 1994; Madonna, Van Scoyk, & Jones, 1991; Ray, Jackson, & Townsley, 1991). The most common difficulties in CSA families appear to be problems with communication, lack of emotional closeness, and inflexibility (Dadds, Smith, Weber, & Robinson, 1991).

Theorists have proposed several explanations for how poor family relations might be related to CSA. To reduce the tension that exists within the marital relationship, for example, a father might distance himself from his wife by turning his sexual and emotional attention toward his daughter. This distancing stabilizes the marital conflict and reduces the likelihood of a breakup. Gruber and Jones (1983) have suggested that marital conflict may play a role in extrafamilial CSA as well, in that a child living in an unstable home may seek some sense of emotional stability through relationships outside the home, such as with a potential offender. Others have theorized that families lacking in cohesion, concern between members, and organization may fail to supervise children adequately, thus exposing them to opportunities for sexual abuse. In their study of a nationally representative sample, Finkelhor et al. (1997) found that parent reports of leaving a child without adequate supervision were associated with CSA.

**Focus on Society and Culture**

Some researchers have examined the broad context of societal and community forces that may play roles in the etiology of CSA. Current theories target social attitudes and media depictions of children. Sociocultural theories remain largely speculative, awaiting confirmation through empirical investigation.

*Societal Attitudes*

One theory views CSA as a problem stemming from the inequality between men and women that has been perpetuated throughout history by patriarchal social systems (e.g., Birns & Meyer, 1993). Rush (1980) extends the boundaries of this inequality to include children, pointing out that traditionally women and children have shared the same minority status and have been subject to sexual abuse by men. Some limited support for the feminist theory of CSA comes from a study conducted by Alexander and Lupfer (1987), who found that female university students with histories of incest rated their family structures as having greater power differences in male-female relationships than did female university students with histories of extrafamilial sexual abuse or no histories of abuse.

Swenson and Chaffin (2006) identified several other community and cultural factors that might be associated with CSA. Broad cultural factors, for example, such as attitudes toward sexuality and the appropriateness of sexual behaviors between adults and children might be implicated in CSA. Legal and social policy initiatives such as sanctions and supervision of perpetrators by authorities might also affect CSA.

*Media Depictions*

Other sociocultural theories implicate mass-media portrayals of sexuality and children as factors in the etiology of CSA (e.g., Wurtele & Miller-Perrin, 1992). Many depictions of sexuality
in the popular media contribute to misperceptions that women and girls deserve or desire violent sexual contact (e.g., Millburn, Mathes, & Conrad, 2000). Child pornography is another type of media that may stimulate sexual interest in children. The findings of research examining the relationship between child pornography and CSA have been mixed, with some studies failing to support the hypothesized relationship and others indicating that child molesters do use pornography (see Chapter 7 for a discussion of child pornography).

Section Summary

Despite the work of numerous researchers, it is still unclear what causes individuals to abuse children sexually. Some theories focus on the child, in particular on characteristics that may make a child vulnerable to CSA (e.g., being passive, quiet, trusting, young, unhappy, and needy). Other theories focus on perpetrator characteristics such as deviant sexual arousal and childhood history of victimization. Several integrated theories of sexual offending are also appearing that attempt to integrate single factor theories. Numerous family characteristics are also associated with CSA, including family conflict and dysfunction. Mothers in CSA families are also more likely than those in other families to have histories of CSA. Other theories propose that sociocultural forces such as social attitudes (e.g., inequality between men and women) and child pornography may contribute to CSA. Currently, no existing theory or combination of theories effectively explains CSA.

Practice, Policy, and Prevention Issues

Throughout this chapter, we have described what is known about CSA in an attempt to explore the relevant issues thoroughly. A comprehensive understanding of any problem is a necessary first step in attempting to prevent or intervene in that problem. One of the earliest responses to the CSA problem was the establishment of programs to provide therapeutic services to victims and offenders as well as to victims’ families. Several of these programs originated in the early 1970s, although they were restricted in number and focus. More recently, renewed interest in the treatment of sexual abuse victims as well as perpetrators has led to the development of treatment programs that better reflect an understanding of the complexity of the CSA problem. In addition, CSA experts have established a number of programs aimed at preventing the sexual abuse of children.

Basic Issues in Treatment Intervention

Whether treatment centers on the child victim, the adult survivor, or the perpetrator of CSA, treatment programs must take several basic issues into account. First, victims and perpetrators of CSA are diverse in their preabuse histories, the nature of their abuse experiences, and the social supports and coping resources available to them. As a result, treatment programs need to be able to tailor the services they offer to meet the particular needs of each individual client. No single treatment plan will be effective for all victims, all perpetrators, or all families.

Second, therapists and others working in the field of CSA need to be aware of the issues associated with countertransference—their own personal reactions toward victims, perpetrators, and victims’ families—and implement appropriate precautions. Individuals who work with a CSA perpetrator, for example, may have feelings of anger or hatred toward that individual that make it
difficult for them to respond in a therapeutic manner. As Haugaard and Reppucci (1988) put it, “The image of a 5-year-old girl performing fellatio on her father in submission to his parental authority does not engender compassion” for the father (p. 191). Clinicians may also feel uncomfortable working with child victims, who sometimes behave sexually toward their therapists. In addition, studies have revealed that a significant number of professionals who work with CSA victims have histories of CSA themselves (Feldman-Summers & Pope, 1994; Nuttall & Jackson, 1994). These experiences might affect practitioners’ views of CSA and its victims, contributing to distorted perceptions of patients. Therapists working with CSA families should also be aware of their own susceptibility to secondary trauma as a result of being exposed to victims and their traumatic histories (for a comprehensive discussion of secondary traumatic stress, see Chapter 8).

**Therapy for Child and Adult Survivors**

Many different kinds of mental health professionals conduct therapy with child victims and adult survivors of CSA, including master’s degree-level therapists, clinical social workers, psychologists, and psychiatrists. Treatment can take a variety of forms, such as individual counseling, family treatment, group therapy, and marital counseling, and often includes various combinations of these (e.g., individual counseling and group therapy).

**Interventions for Children**

The most common treatments for children who have experienced sexual abuse are individual and group therapy (Swenson & Chaffin, 2006). One treatment approach that is receiving increasing attention is abuse-specific or trauma-focused cognitive behavioral therapy. Recent reviews of treatment outcome studies suggest that this form of treatment is the treatment of choice for sexually abused children, particularly those suffering from PTSD or related symptoms (MacMillan et al., 2009; Pollio, Deblinger, & Runyon, 2011). This form of individual therapy targets a variety of the symptoms associated with sexual abuse victimization including negative attributions, cognitive distortions, fear, anxiety, and other post-traumatic stress reactions. The treatment includes a number of components (Cohen, Berliner, & Mannarino, 2000; Cohen, Mannarino, & Murray, 2011; Pollio et al., 2011):

- Psychoeducation: Providing accurate information about the problem of sexual abuse and common reactions to this abuse. This component also includes teaching safety skills to help children feel empowered and to help them protect themselves from future victimization.
- Anxiety Reduction Techniques: Training and practice in various relaxation skills to reduce fear and anxiety.
- Affective Expression: Building various skills to help children express and manage their feelings effectively.
- Exposure Therapy: Gradual exposure to elements of the abuse experience in order to decondition negative emotional responses to memories of the abuse. This component involves verbal, written, and play activities to encourage children to share and process abuse-related experiences.
- Cognitive Therapy Techniques: Identifying negative attributions and distorted cognitions associated with the abuse and replacing them with more accurate thoughts and beliefs.
- Parenting Skills: Training parents in various management techniques to help them become more effective parents.
Researchers who have evaluated the effectiveness of abuse-specific cognitive behavioral therapy have found that this form of treatment is effective, particularly for reducing post-traumatic stress symptoms in children (American Academy of Child and Adolescent Psychiatry, 1998; Cohen et al., 2000; Saywitz, Mannarino, Berliner, & Cohen, 2000). In addition, this form of treatment has consistently been found to be superior to other approaches and has been identified as one of the best available approaches for treating sexually abused children (Chaffin & Friedrich, 2004; Ramchandani & Jones, 2003).

Although a growing body of research suggests that treatment for sexual abuse victims can be helpful in reducing abuse-related symptoms, several questions remain unanswered. Some research indicates, for example, that not all abuse survivors benefit from or need treatment. In a longitudinal study, Tebbutt, Swanston, Oates, and O'Toole (1997) found that although most of the CSA-victimized children in their sample received treatment, few showed reductions in symptoms. Others have questioned whether every CSA survivor needs a full course of treatment (Saywitz et al., 2000).

There are several other interventions that have been developed to address the treatment needs of children who have been sexually abused (e.g., Friedrich, 2002), although such approaches still await empirical validation. The variability of responses that children have to CSA dictates the need to develop a specialized treatment strategy that might include supplemental approaches in addition to abuse-specific cognitive behavioral therapy in order to meet each child’s needs. A child victim who presents self-injurious behaviors, for example, might benefit from a behavior modification program designed specifically to alleviate such behaviors. In addition, children and their families might present other problems (e.g., learning problems, marital discord, or attention-deficit/hyperactivity disorder) in addition to a history of CSA, which will need to be addressed as part of the treatment strategy. A recent meta-analysis conducted by Taylor & Harvey (2010) examined 39 therapy outcome studies for sexually abused children. Although the researchers concluded that overall a variety of psychotherapeutic approaches for the treatment of CSA are beneficial, different approaches were associated with varying effects depending on the child’s symptoms, developmental level, and background. They suggested that therapy approaches might be more effective when tailored to the individual needs of each child.

Several clinicians and researchers also believe in the importance of including nonoffending parents in the treatment of children who have experienced sexual abuse. Including parents in the treatment process is important because, as we noted previously, parents’ reactions can affect the trauma associated with CSA as well as victims’ recovery (Kouyoumdjian et al., 2005). Treatment for parents typically includes the same components associated with child interventions in addition to behavior management training and methods to address parental distress. Several studies demonstrate the effectiveness of providing treatment for nonoffending parents and indicate improved parenting and child adjustment (Deblinger, Lippmann, & Steer, 1996; Deblinger, Stauffer, & Steer, 2001).

**Interventions for Adults**

As noted previously, the experiences of adults who were sexually abused as children and the resulting outcomes are quite varied. Treatment of adult survivors, therefore, requires a variety of interventions and approaches to address the heterogeneity characteristic of this group. Several treatment approaches have been developed and implemented (e.g., Briere, 2002; Chard, Weaver, & Resick, 1997; Courtois, 2002; Taylor & Harvey, 2010).
Most treatment approaches emphasize several common goals of therapy. One goal of therapy is to teach the client effective ways to modulate emotion (Briere, 2002). For example, anger, anxiety, and fear are common symptoms among CSA survivors, and one task of therapy is to give victims the opportunity to defuse these feelings by talking about their abuse experiences in the safety of a supportive therapeutic relationship (Briere, 2002; Courtois, 2002). Adults are often able to process their abusive experiences simply by discussing them with their therapists. Therapists also need to teach adult survivors specific strategies they will need for managing the emotions that may accompany the processing of the abuse, such as relaxation techniques, problem-solving skills, and how to use positive coping statements and positive imagery.

Therapists will likely need to help victims overcome negative attributions and cognitive distortions such as guilt, shame, and stigmatization. Here, therapists often undertake some form of cognitive restructuring to help victims change their perceptions that they are different or somehow to blame for the abuse and appropriately relocate the responsibility for the abuse to the offender (Cahill, Llewelyn, & Pearson, 1991; Jehu, Klassen, & Gazan, 1986). Many experts believe that group therapy is a particularly effective modality for countering victims’ self-denigrating beliefs and for confronting issues of secrecy and stigmatization, because participants are able to discuss their experiences with peers who have also been abused (Cahill et al., 1991).

Until recently, relatively little was known about the effectiveness of victim-oriented interventions for adult survivors of CSA (for reviews, see Becker et al., 1995; Price, Hilsenroth, Petretic-Jackson, & Bonge, 2001; Taylor & Harvey, 2010). Most reports of therapy outcomes consisted of descriptive data and nonstandardized approaches that showed only modestly positive or insignificant results (Beutler, Williams, & Zetzer, 1994). Although few studies have examined treatment efficacy using methodologically rigorous approaches, the available research suggests that both individual and group treatments for adult victims of CSA show promise (Price et al., 2001). In a recent meta-analysis of the effects of psychotherapy with adult survivors of CSA, Taylor and Harvey (2010) concluded that psychotherapeutic approaches for the treatment of CSA effects were beneficial and that the benefits were maintained for at least six months following treatment. In addition, researchers have begun to evaluate variables that enhance or inhibit treatment efficacy and have found that the following factors affect treatment outcome: therapist and victim sex, victim’s current social supports, victim’s educational level, and victim’s relationship to the perpetrator (e.g., Alexander, Neimeyer, & Follette, 1991). Additional research is needed to determine the specific conditions under which CSA survivors are likely to benefit from therapy.

**Treatment Interventions for Offenders**

The effectiveness of treatment interventions for sexual abuse perpetrators is a topic that has been a matter of debate for some time. The primary treatment goal in working with CSA offenders and in determining treatment effectiveness has been the evaluation of recidivism rates (the likelihood that offenders will commit repeat offenses). The measurement of recidivism, however, is complex. In the absence of an arrest, it is difficult (if not impossible), to determine when a convicted offender has reoffended. Complicating the treatment outcome literature further are numerous methodological problems that characterize the research on treatment outcomes with CSA offenders. Limitations of the research include nonrandom assignment to treatment conditions, biased samples, and attrition among treatment participants (see Becker, 1994; Marshall & Pithers, 1994).
Despite these difficulties, Becker (1994) asserts that advances in treatment approaches “provide definite grounds for optimism about the responsiveness of some segments of the offender population to existing treatment modalities” (p. 188). A variety of treatment approaches exist for CSA offenders and are discussed below, including medical approaches, traditional and family systems therapies, and cognitive-behavioral techniques (e.g., Becker, 1994; Marshall, Jones, Ward, Johnston, & Barbaree, 1991; Winton, 2005).

Medical Approaches

Medical approaches for treating sexual offenders include castration (surgical removal of the testicles), brain surgery, and pharmacological interventions (e.g., Bradford, 1990; Maletzky & Field, 2003; Marshall et al., 1991). Most medical treatments are based on the notion that some sort of biological mechanism affects the offender’s sex drive and causes the abusive behavior. Early approaches focused on castration and removal of certain brain areas (e.g., hypothalamus) in attempts to control sexual behavior. Although some outcome studies show that these techniques resulted in a reduction in sex offenses, the presence of methodological problems in the evaluations, ethical concerns, and negative side effects cast doubt on the usefulness of these techniques (Maletzky & Field, 2003; Marshall et al., 1991; Rosler & Witzum, 2000).

Newer medical approaches to treating CSA perpetrators focus on the use of medications to reduce sexual drive. This type of treatment, sometimes referred to as chemical castration, usually involves the administration of hormonal agents that reduce sexual drive. One particular drug that has received considerable attention in Canada and Europe is cyproterone acetate, a synthetic steroid that reduces testosterone levels. Unfortunately, no well-controlled research has yet been carried out to determine the efficacy of this treatment. Because there is no clear evidence of the drug’s efficacy and because it may have long-term negative effects on liver functioning, cyproterone acetate cannot be prescribed in the United States (Maletzky & Field, 2003). Another hormonal agent employed to reduce testosterone levels is medroxyprogesterone acetate, which is generally known by its brand name, Depo-Provera. This drug is available in injectable form in a long-acting formula (i.e., the substance is slowly released into the bloodstream). Several outcome studies have evaluated the efficacy of Depo-Provera treatment for sexual offenders, and although clinical evidence suggests that it is somewhat effective in reducing sexual crimes, controlled and methodologically rigorous studies are lacking (Maletzky & Field, 2003). The authors of two reviews of the literature on treatment of sexual offenders have concluded that drug therapy with agents such as Depo-Provera may be beneficial for some offenders but should be used conservatively in conjunction with other treatments or as a temporary method until psychological treatments can begin (Maletzky & Field, 2003; Marshall et al., 1991).

Traditional and Family Systems Approaches

Insight-oriented approaches to therapy for CSA offenders primarily involve individual counseling for offenders. The general purpose of such therapy is to help the perpetrator understand the role sexual abuse plays in his or her life. Studies that have evaluated the outcomes of various insight-oriented approaches to CSA offender treatment have been mixed (Prendergast, 1979; Sturgeon & Taylor, 1980), probably because of methodological differences across studies. According to one survey of sex offender treatment programs, individual counseling techniques are used in only approximately 2% of such programs (Knopp, Freeman-Longo, & Stevenson, 1992).
Other treatment programs for offenders emphasize family systems approaches. Giarretto (1982) pioneered the comprehensive Child Sexual Abuse Treatment Program, which uses a sequence of therapies for incest families, including individual counseling for the child victim, mother, and perpetrator; mother-daughter counseling; marital counseling; perpetrator-victim counseling; group counseling; and family counseling. Hewitt (1998) describes a family approach that includes a series of meetings with individual family members (e.g., nonoffending parent, the child victim, and the alleged abuser) and between family members (e.g., nonoffending parent and child victim; alleged abuser and child victim) in an effort to reunify families in which sexual abuse has occurred. Typical themes addressed in family-oriented therapies include the parents’ failure to protect the victim from abuse, feelings of guilt and depression resulting from the abuse, the inappropriateness of secrecy, the victim’s anger toward the parents, the perpetrator’s responsibility for the abuse, appropriate forms of touch, confusion about blurred role boundaries, poor communication patterns, and the effect the abuse has had on the child (Giarretto, 1982; Hewitt, 1998; Osmond, Durham, Leggett, & Keating, 1998; Sgroi, 1982; Wolfe, Wolfe, & Best, 1988). Family therapy may also address the needs of family members indirectly affected by the abuse (such as the nonoffending parent and siblings) as well as disruptions caused by the disclosure of abuse (such as incarceration, financial hardship, and parental separation) (Wolfe et al., 1988). It should be noted that whenever therapists see victims and abusers together in therapy, they must pay special attention to protecting the victims from intimidation. Although few studies to date have evaluated the outcomes of the family therapy approach to treating CSA perpetrators and none have included long-term follow-up, the research that is available appears to demonstrate the effectiveness of the approach (Giarretto, 1982).

Cognitive-Behavioral Techniques

Behavioral and cognitive approaches (or some combination of the two) are the most widely available and actively researched forms of therapy for CSA offenders (for reviews, see Hanson et al., 2002; Laws & Marshall, 2003; Marshall, 1999; Marshall & Laws, 2003). Behavioral interventions are primarily concerned with altering the deviant sexual arousal patterns of CSA perpetrators. Most behavioral approaches use some form of aversive therapy. For example, Abel, Becker, and Skinner (1986) report on a process called masturbatory satiation. In this technique, the perpetrator is instructed to reach orgasm through masturbation as quickly as possible using appropriate sexual fantasies (e.g., sexual encounters between two mutually consenting adults). Once he has ejaculated, he is told to switch his fantasies to images involving children and continue to masturbate until the total masturbation time is one hour. The reasoning behind this technique is that it reinforces the appropriate fantasies through the pleasurable feelings of orgasm and diminishes the offender’s inappropriate fantasies by associating them with nonpleasurable masturbation that occurs after ejaculation. In their recent review of the literature on behavioral and cognitive approaches to sex offender treatment, Laws and Marshall (2003) conclude that “aversion therapy in any form has never been convincingly demonstrated to produce permanent changes in sexual behavior” (p. 83).

In the 1970s, behavioral approaches within sexual offender treatment programs were broadened to include cognitive processes such as perceptions, thoughts, memories, and beliefs. The focus of treatment interventions shifted to include the perceptions, levels of empathy, and low self-esteem of offenders (Marshall & Laws, 2003). Programs began to teach offenders, for example,
how to recognize and change their inaccurate beliefs (e.g., that the perpetrator is simply teaching the victim about sex; Abel et al., 1986).

The most current cognitive-behavioral treatment approaches have broadened even further and typically combine both cognitive and behavioral techniques with other components (e.g., Marshall & Laws, 2003; Winton, 2005). Most cognitive-behavioral programs target empathy, cognitive distortions, and deviant sexual preferences (Marshall, 1999). Consistent with this broader treatment approach, some experts have recommended that treatment of CSA offenders should focus on their nonsexual difficulties (such as antisocial behavior and general social and life skills) in addition to their offending behavior (e.g., Chaffin, 1994; Marshall & Laws, 2003). An additional component of current cognitive-behavioral treatment programs that is gaining increasing support is relapse prevention. Programs that include a relapse prevention component attempt to assist perpetrators in maintaining the gains they achieved in therapy. Marshall outlined the essential features of relapse prevention, including (a) identification of one’s typical offense pattern, (b) specification of factors (e.g., intoxication) and situations (e.g., being alone with a child) associated with risk, (c) identifying coping skills that reduce risk, and (d) creating plans to avoid risk (Marshall, 1999). Many of these programs also provide long-term, community-based supervision (Miner, Marques, Day, & Nelson, 1990; Pithers & Kafka, 1990).

Most experts agree that the therapeutic value of cognitive-behavioral approaches has been demonstrated (Hanson et al., 2002; Marshall et al., 1991; Marshall & Pithers, 1994). Others have argued that such a conclusion is premature, given the methodological limitations of most studies (Chaffin & Friedrich, 2004; Quinsey, Harris, Rice, & Lalumiere, 1993). One criticism of outcome studies is that although some treatment approaches have been shown to alter CSA perpetrators’ arousal patterns to pictures and/or stories of children, such changes do not necessarily apply to actual children. There have also been few experimental studies that have randomly assigned individuals to treatment and control groups. Other methodological limitations include limited follow-up information and overreliance on self-report data.

California’s Sex Offender Treatment and Evaluation Project (SOTEP) is the largest-scale contemporary study on recidivism in sexual offenders who receive cognitive-behavioral treatment. The project represents a longitudinal study that employs random assignment of sexual offenders to treatment and control conditions. The final analysis of the study compared the reoffense rates of offenders treated in an inpatient relapse prevention program with reoffense rates of offenders in two untreated prison control groups (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005). Results indicated that there was no significant difference between groups on rates of reoffending for an 8-year follow-up period. Although such findings fail to support the efficacy of the cognitive-behavioral treatment approach, results from the SOTEP have been complex and variable across studies (Marques, 1999; Marques et al., 2005). Closer examination of the final results of the SOTEP, for example, suggest significant differences in reoffense rates between offenders who meet program goals compared with those who do not (Marques et al., 2005). In their review of the cognitive-behavioral treatment outcome literature, Marshall and Laws (2003) conclude,

The future looks bright as we now have evidence that treatment can work, but we must not rest, as there remains considerable room for improvement in our efforts to reduce reoffending and thereby protect innocent citizens from suffering at the hands of sexual offenders. (p. 111)
Prevention of Child Sexual Abuse

Efforts aimed at eliminating CSA through prevention have focused primarily on equipping children with the skills they need to respond to or protect themselves from sexual abuse. Such approaches include programs that educate children about the problem of CSA as well as teach them specific methods for coping with potentially abusive situations. Some CSA prevention programs are geared toward parents, who are often in a position to empower children to protect themselves. Other programs focus on preventing the perpetration of sexual abuse by focusing on actual or potential sexual abusers.

Education Programs for Children

During the 1980s, school-based empowerment programs to help children avoid and report victimization became popular across the United States. Such programs generally teach children knowledge and skills that experts believe will help them to protect themselves from a variety of dangers. Most focus on sexual abuse and emphasize two goals: primary prevention (keeping the abuse from occurring) by recognizing potentially abusive situations/abusers and by teaching children to resist advances and detection (encouraging children to report past and current abuse) (Reppucci, Land, & Haugaard, 1998; Wurtele, 2009). In a 2001 study, Plummer surveyed 87 CSA prevention programs and found that a wide variety of training formats are used, including special curricula, video, role play, behavioral rehearsal, peer education, and parent follow-up materials.

Empowerment programs have obvious appeal, because they are an inexpensive way to reach many school-age children, who for the most part are eager to learn (Daro & McCurdy, 1994). A 1990 survey of elementary school districts across the United States found that 85% of districts offered CSA education programs, with 65% of those programs mandated by law (Breen, Daro, & Romano as cited in Finkelhor, Asdigian, & Dziuba-Leatherman, 1995a). Most programs target preschool children or children with special needs (Plummer, 2001). In their National Youth Victimization Prevention Study, a telephone survey of 2,000 children and their caretakers, Finkelhor and colleagues (1995a) found that 67% of children reported being exposed to victimization prevention programs, with 37% reporting participation within the previous year.

Evaluations of school-based victimization prevention programs suggest that, in general, exposure to such programs increases children’s knowledge and protection skills. The National Youth Victimization Prevention Study, for example, found that children who were exposed to comprehensive school-based prevention programs were more knowledgeable about the dangers of sexual abuse and more effectively equipped with protection strategies than were children who had not been exposed or who were only minimally exposed to such programs (Finkelhor et al., 1995a). In a meta-analysis published in 2000, Davis and Gidycz reported on a study that examined 27 school-based prevention programs and found that children who participated in prevention programs scored higher on measures of prevention-related knowledge and skills than did children in comparison groups. In addition, this study’s results suggest that long-term programs (e.g., four or more sessions) and programs that involved participants physically are most effective. More recently, Zwi and colleagues (2007) conducted a systematic review and assessed data from 15 studies to examine the effectiveness of school-based education programs for children from kindergarten through high school. They concluded that most programs produced significant improvement in knowledge and self-protective behaviors but provided no direct evidence of a reduction in CSA.
The most important outcome question related to participation in prevention programming, of course, is whether such programs are effective in actually helping children to avoid abuse. Several studies have either examined children’s responses to actual or simulated threats as well as rates of victimization between children who have and have not participated in prevention education. Zwi and colleagues (2007) conducted an international meta-analysis of education programs and found that children who had participated in an education program were six to seven times more likely to demonstrate protective behavior in simulated situations than those who had not participated in such programs. Finkelhor, Asdigian, and Dziuba-Leatherman (1995b) also found that among their 2,000 survey respondents aged 10–16 years, 40% reported specific instances in which they used information or self-protection skills taught to them in an education program. These researchers, however, found no differences in actual victimization rates for those who had and had not participated in school-based prevention programs. In contrast, a survey of 825 college women found that women who had participated in “good-touch, bad-touch” prevention programs as children were significantly less likely to report, as adults, any sexual victimization experienced in childhood compared to women who reported having no personal safety training as children (Gibson & Leitenberg, 2000). Although these findings are somewhat mixed, they offer some support for the effectiveness of school-based programs’ ability to enhance protection skills and potentially prevent CSA.

School-based CSA prevention programs are not without their critics. Reppucci and colleagues (1998), among other researchers, have questioned whether the “relatively exclusive focus on children as their own protectors is appropriate” (p. 332) for a variety of reasons. Many children may not be developmentally ready to protect themselves. Critics have argued that the skills and concepts taught in child-focused education programs may be too complex for children to understand (Finkelhor, 2009; Wurtele, 2009). Duerr Berrick and Gilbert (1991) were early skeptics, citing the fact that children must be developmentally prepared to receive prevention messages. In addition, there is some danger that an overreliance on these types of programs may give parents and society a false sense of security about a child’s safety following participation in such programs. At the same time, it seems reasonable to conclude that children and adolescents have a right to be enlightened about sexuality and sexual abuse and to know about their right to live free from such abuse. Some have argued that it might be morally reprehensible to not equip children with knowledge and skills to potentially help them to prevent sexual abuse (Finkelhor, 2009). As Wurtele and Miller-Perrin (1992) assert, “The more pertinent question is not whether to educate children about sexual abuse but rather how to do so in an effective, sensitive manner” (p. 89).

Many experts have noted that for prevention efforts to be most effective, they should include both primary prevention goals (e.g., preventing abuse before it occurs) and secondary prevention goals (e.g., preventing abuse in high-risk groups, identifying abusive situations, intervening early so as to minimize harm, and increasing disclosures by victimized children) (Miller-Perrin & Wurtele, 1988; Wurtele, 2009; Wurtele & Miller-Perrin, 1992). Several studies suggest that school-based prevention education, in addition to promoting primary prevention of CSA, is also effective in encouraging children to disclose past or ongoing abuse (Wurtele, 2009). In one study, school counselors from five of six schools received 20 confirmed reports of inappropriate touching during the six months following the implementation of prevention programs, compared with no reports from one control school (Kolko, Moser, & Hughes, 1989). Currier and Wurtele (1996) conducted a pilot study of 26 children (half of whom were known to have been sexually abused)
who participated in a personal safety program. Of the sexually abused children, 54% disclosed information about their abuse following the program. Gibson and Leitenberg (2000) also found that respondents who received sexual abuse prevention training but were also subsequently abused disclosed their experience sooner than respondents who were sexually abused but received no prevention training. Although these findings are promising, additional research is needed.

The Parental Role in Child Empowerment

Some have argued that secondary prevention efforts should also include programs that attempt to target adults who can help children avoid sexually abusive experiences (Miller-Perrin & Wurtele, 1988; Wurtele & Miller-Perrin, 1992). Parents, of course, play an important role in empowering their own children to protect themselves. Because parents are the most likely offenders for most forms of child maltreatment, efforts that include parents focus primarily on sexual abuse, the form of child maltreatment most often perpetrated by individuals outside the child victims’ own families. Unfortunately, very few prevention efforts have attempted to include parents (Wurtele, 2009).

The few prevention efforts that have focused on parents primarily attempt to educate them about CSA. Various prevention program formats designed for parents include audiovisual materials, books, and educational workshops (see Wurtele & Miller-Perrin, 1992). One such program, the Child Assault Prevention Project, helps parents empower their children through an educational workshop that focuses on sexual abuse in general (Porch & Petretic-Jackson, 1986). It also informs parents about specific responses their children can make to prevent abuse (e.g., saying no or screaming when confronted by a potentially abusive situation). Studies indicate that parents not only want to be involved in preventing CSA but also are effective in teaching their children about sexual abuse and appropriate protective skills (Wurtele, 1993; Wurtele, Kast, & Melzer, 1994; Wurtele, Kvaternick, & Franklin, 1992). Parents are particularly effective if they are given specific instruction in how to talk to their children about sexual abuse (Burgess & Wurtele, 1998).

In addition, parents can play other roles in child maltreatment prevention. As Wurtele and Miller-Perrin (1992) note, parents might interrupt abuse by learning to identify behaviors in children that are associated with CSA. Parents also play an important role when a child victim discloses abuse, because by responding appropriately, they can reduce the child’s feelings of self-blame, isolation, and anger. These prevention roles can also be effectively extended to other adults in a child’s environment, such as teachers. Teachers can provide children with information about sexual abuse and self-protection skills, but in addition, they are in a unique position (given their daily contact with children) to detect possible abuse by learning to identify behaviors indicative of abuse (Renk, Liljequist, Steinberg, Bosco, & Phares, 2002). To date, only a few research studies have examined the effectiveness of CSA prevention programs specifically targeting teachers. These initial studies suggest that such programs are effective in increasing teachers’ knowledge about child protection issues and procedures (MacIntyre & Carr, 2000). Additional research should assess the effectiveness of these programs as well as programs that attempt to help other adults identify CSA and respond appropriately.

Perpetration Prevention

An alternative to prevention programs targeted at children are programs targeted at actual or potential offenders. The Stop It Now program was developed by a national nonprofit organization
in Vermont and is one of the best-known examples of this type of program (Stop It Now, 2005; Tabachnick, 2003). The program encourages offenders and those at risk for offending to self-identify, report themselves to authorities, and enter treatment. The program operates through public education and media campaigns targeting adult offenders, those at risk to offend, parents of youth with sexual behavior problems, and families and close friends of these individuals. Prevention messages are delivered through newspaper advertisements, television and radio ads, talk shows, articles, billboards, posters, and news features (Stop It Now, 2005). Through these mediums, individuals are encouraged to call a toll-free helpline for information and referrals. Unfortunately, program evaluation studies documenting the effectiveness of the program in preventing future CSA are not yet available, although some evaluative information suggests that the program has increased public understanding of the problem of sexual abuse (Stop It Now, 2005). As experts have noted, there are several challenges in developing effective voluntary prevention and intervention programs, because it is very difficult to predict incidents of sexual abuse and therefore to identify potential and undetected offenders (Daro, 1994).

**Chapter Summary**

No one knows exactly how many children experience sexual abuse each year. The difficulty in determining accurate rates of CSA stems from the problems inherent in defining and studying any complex social problem. Although no precise figures are available, it is clear that adults sexually exploit large numbers of children. Conservative estimates derived from the most methodologically sound studies suggest that in the United States, 20% of women and between 5% and 10% of men have experienced some form of CSA.

Research has demonstrated the heterogeneity of CSA victim and offender populations. Victims are both male and female, range in age from infancy to 18 years, and come from a variety of racial and socioeconomic backgrounds. Perpetrators represent all possible demographic and psychological profiles. A number of risk factors, however, have been consistently associated with CSA. Victims often are female, have few close friends, and live in families characterized by poor family relations and the absence or unavailability of natural parents. Perpetrators of CSA are most often male, and they are often relatives or acquaintances of their victims.

Perpetrators and victims provide consistent descriptions of the dynamics that characterize CSA situations. Perpetrators usually target children who are vulnerable or needy in some way and involve the children in a grooming process that involves a gradual progression from nonsexual to sexual touch. Perpetrators also use a variety of coercive tactics to initiate and maintain the abuse, such as threats, bribes, and physical force. New research is examining the sexual exploitation of children via the Internet, although initial findings suggest that this form of exploitation constitutes a small proportion of CSA victimization.

The psychological sequelae associated with CSA are variable and consist of short-term as well as long-term effects. Difficulties associated with CSA include a variety of symptoms that affect emotional well-being, interpersonal functioning, behavior, sexual functioning, physical health, and cognitive functioning. The variability of outcomes for victims is associated with a number of factors including the severity of the sexual behavior, the degree of physical force used by the perpetrator, the response the victim received following disclosure, and the relationship of the perpetrator to the victim.
The heterogeneity of victim and perpetrator populations has contributed to scholars’ difficulty in establishing a single explanation for the occurrence of CSA. One perpetrator may abuse a certain type of child for one reason, and another may abuse a different type of child for a different reason. Etiological theories have focused on different individuals and systems involved in CSA. Some center on the role of the victim or the victim’s mother, whereas the majority emphasize some form of offender dysfunction associated with deviant sexual arousal or childhood history. Some theories have also proposed that specific characteristics of the family system (e.g., parental conflict or family disorganization) might contribute to CSA. Finally, several theories have implicated sociocultural factors that might play contributory roles.

In recognition of the significance of the CSA problem, many professionals are involved in responding to the needs of victims and the treatment of perpetrators. Researchers and mental health practitioners have developed an array of treatment interventions in an effort to address the multiple causes and far-reaching consequences of CSA. Regardless of the type of approach, the therapeutic goals for child victims and adult survivors of CSA generally include addressing significant symptoms as well as common emotions associated with abuse, such as guilt, shame, anger, depression, and anxiety. Group therapy has been recommended as a beneficial intervention for victims to reduce self-denigrating beliefs, secrecy, and stigmatization. Treatment programs for offenders include a variety of approaches, but most typically incorporate cognitive and behavioral components to reduce deviant sexual arousal and cognitive distortions associated with abuse. These approaches demonstrate some promise, but further studies are needed to address the limitations of extant research methodologies and to examine potential alternative treatments (e.g., improving social and life skills) to accompany therapeutic interventions.

The prevention of CSA begins with social awareness and the recognition that expertise, energy, and money are needed to alleviate the conditions that produce CSA. Many experts maintain, however, that society has not yet sufficiently demonstrated a commitment to prevention. In most communities, monetary resources are tied up in responding to, rather than preventing, CSA. Increasing commitment to the prevention of CSA, however, is evidenced in the many prevention programs appearing across the United States. Several of the strategies employed in these programs seem especially promising. School-based CSA education for children is appealing, because it has the potential to reach large numbers of young people. Parental competency programs target at-risk parents (poor, young, single) and at-risk children with the goal of providing training and social support before any abuse can occur. Prevention efforts are also being developed that operate through public education and media campaigns to target actual or potential adult offenders. Although additional evaluations are needed, available research indicates that these programs have tremendous positive potential.

**Discussion Questions**

1. What are the four key conceptual components of most current definitions of child sexual abuse?

2. How common is child sexual abuse? Are rates of child sexual abuse currently increasing or decreasing?

3. What is generally known about the characteristics of sexually abused children (e.g., age, sex, additional risk factors)? Using these characteristics, describe a prototypical child who has been sexually abused.
4. What is generally known about the characteristics of adults who sexually abuse children (e.g., age, sex, relationship to the victim)? Describe a prototypical perpetrator of child sexual abuse.

5. What are the dynamics of child sexual abuse? Describe the types of sexual activity that may be involved, factors associated with the initiation of abuse, and factors associated with the maintenance of abuse.

6. What are the potential short-term and long-term effects associated with child sexual abuse?

7. What are the various etiological models that attempt to explain why children are sexually abused? Which model or models best explain why child sexual abuse occurs?

8. What are the common goals of therapy for child and adult survivors of child sexual abuse?

9. Which treatment interventions appear to be most promising for child sexual abuse offenders?

10. What kinds of approaches have been implemented in efforts to prevent child sexual abuse? How effective are these approaches?

Recommended Resources


