DARKNESS TO LIGHT

CHILD SEXUAL ABUSE STATISTICS

The Issue of Child Sexual Abuse

What is child sexual abuse?

FACT: The definition of child sexual abuse is broader than most people realize.

Often a traumatic experience for children and teens, child sexual abuse is a criminal offense punishable by law in many societies.[1]

Child sexual abuse includes:

- any sexual act between an adult and a minor, or between two minors, when one exerts power over the other.[1]
- forcing, coercing or persuading a child to engage in any type of sexual act.[1]
- non-contact acts such as exhibitionism, exposure to pornography, voyeurism, and communicating in a sexual manner by phone or Internet.[1]

What is the magnitude of the problem?

FACT: Child sexual abuse is far more prevalent than most people realize.

- Child sexual abuse is likely the most prevalent health problem children face with the most serious array of consequences.[2]
- About one in 10 children will be sexually abused before their 18th birthday*.[1]
- About one in seven girls and one in 25 boys will be sexually abused before they turn 18*.[1]
- This year, there will be about 400,000* babies born in the U.S. that will become victims of child sexual abuse unless we do something to stop it.[1]

**Includes contact abuse only*

FACT: Identified incidents of child sexual abuse are declining, although there is no clear indication of a cause.

- The number of identified incidents of child sexual abuse decreased at least 47% from 1993 to 2005-2006.[3,4]

FACT: Even with declining rates of sexual abuse, the public is not fully aware of the magnitude of the problem.

- The primary reason is that only about 38% of child victims disclose the fact that they have been sexually abused.[5,6]Some never disclose.[7,8]
- There are also privacy issues surrounding cases of child sexual abuse. For instance, public police reports do not name the victim, and most media concerns have a policy that precludes naming victims.

FACT: Most people think of adult rape as a crime of great proportion and significance, and are unaware that children are victimized at a much higher rate than adults.

- Nearly 70% of all reported sexual assaults (including assaults on adults) occur to children ages 17 and under.[9,10]Youths have higher rates of sexual assault victimization than do adults. In 2000, the rate for youths aged 12 to 17 was 2.3 times higher than for adults. [53]
- 44% of rapes with penetration occur to children under age 18. Victims younger than 12 accounted for 15% of those raped, and another 29% of rape victims were between 12 and 17. [10,11]

Who are the perpetrators of child sexual abuse?

FACT: Those who molest children look and act just like everyone else. There are people who have or will sexually abuse children in churches, schools and youth sports leagues.

Abusers can be neighbors, friends and family members. People who sexually abuse children can be found in families, schools, churches, recreation centers, youth sports leagues, and any other place children gather. Significantly, abusers can be and often are other children.

- About 90% of children who are victims of sexual abuse know their abuser.[12,13] Only 10% of sexually abused children are abused by a stranger.[12]
- Approximately 30% of children who are sexually abused are abused by family members.[12,13]
- The younger the victim, the more likely it is that the abuser is a family member. Of those molesting a child under six, 50% were family members. Family members also accounted for 23% of those abusing children ages 12 to 17.[9]
- About 60% of children who are sexually abused are abused by people the family trusts.[12,13]
- Homosexual individuals are no more likely to sexually abuse children than heterosexual individuals.[15]

FACT: Not everyone who sexually abuses children is a pedophile.

Child sexual abuse is perpetrated by a wide range of individuals with diverse motivations. It is impossible to identify specific characteristics that are common to all those who molest children.

- Situational offenders tend to offend at times of stress and begin offending later than pedophilic offenders.
- They also have fewer victims (often family), and have a general preference for adult partners.[16]
- Pedophilic offenders often start offending at an early age, and often have a large number of victims (frequently not family members).[16]
- 70% of child sex offenders have between one and 9 victims, while 20% have 10 to 40 victims.[14]

FACT: As many as 40% of children who are sexually abused are abused by older, or more powerful children.[12]

- The younger the child victim, the more likely it is that the perpetrator is a juvenile. Juveniles are the offenders in 43% of assaults on children under age six. Of these offenders, 14% are under age 12.[9]
- Juveniles who commit sex offenses against other children are more likely than adult sex offenders to offend in groups, to offend at schools, and to have more male victims and younger victims.[11]
- The number of youth coming to the attention of police for sex offenses increases sharply at age 12 and plateaus after age 14. Early adolescence is the peak age for youth offenses against younger children.[14]
- A small number of juvenile offenders — one out of eight — are younger than age 12. Females constitute 7% of juveniles who commit sex offenses.[14]

FACT: Most adolescent sex offenders are not sexual predators and will not go on to become adult offenders.

- Most adolescent offenders do not meet the criteria for pedophilia and do not continue to exhibit sexually predatory behaviors.[39]
- Adolescent sex offenders are more responsive to treatment than adults. They do not appear to continue to re-offend into adulthood, especially when provided with appropriate treatment.[29]

Risk Factors and Consequences

Under what circumstances does child sexual abuse occur?

FACT: Child sexual abuse often takes place under specific, often surprising circumstances.
It is helpful to know these circumstances because it allows for the development of strategies to avoid child sexual abuse.

- 81% of child sexual abuse incidents for all ages occur in one-perpetrator/one-child circumstances. Six to 11-year-old children are most likely (23%) to be abused in multiple-victim circumstances.[9]
- Most sexual abuse of children occurs in a residence, typically that of the victim or perpetrator – 84% for children under age 12, and 71% for children aged 12 to 17. [9]
- Sexual assaults on children are most likely to occur at 8 a.m., 12 p.m. and between 3 and 4 p.m. For older children, aged 12 to 17, there is also a peak in assaults in the late evening hours.[9]
- One in seven incidents of sexual assault perpetrated by juveniles occurs on school days in the after-school hours between 3 and 7 p.m., with a peak from 3 to 4 pm.[9]

FACT: Commercial sexual exploitation and internet sex crimes against children are a small and yet significant part of the overall problem.

- In 2006, arrests for online youth victim cases constituted only 1.2% of arrests for all sex crimes against children. There were 615 arrests for online cases vs. 49,345 arrests for all sex crimes against children.[18]
- 9% of all 10 to 17 year olds receive unwanted sexual requests while on the Internet.[19]
- Over a period of one year, one in 25 youth received an online sexual solicitation where the solicitor tried to make offline contact.[20]
- 23% of all 10 to 17 year olds experience unwanted exposure to pornography.[19]
- Child sexual abuse makes children more vulnerable to sexual exploitation. More than 90% of children who are commercially sexually exploited have been sexually abused in the past.[21]
- About 75% of child pornography victims are living at home when they are photographed. Parents are often responsible.[21]

FACT: Abusers often form relationships with potential victims and their families prior to the abuse. This is called "grooming."

Grooming is a process by which an offender gradually draws a victim into a sexual relationship and maintains that relationship in secrecy. At the same time, the offender may also fill roles within the victim's family that make the offender trusted and valued.

Grooming behaviors can include:

Special attention, outings, and gifts
Isolating the child from others
Filling the child's unmet needs
Filling needs and roles within the family
Treating the child as if he or she is older
Gradually crossing physical boundaries, and becoming increasingly intimate/sexual
Use of secrecy, blame, and threats to maintain control

What factors increase a child's risk for sexual abuse?

FACT: While no child is immune, there are child and family characteristics that significantly heighten or lower risk of sexual abuse.
The following risk factors are based on reported and identified cases of abuse:

- Family structure is the most important risk factor in child sexual abuse. Children who live with two married

biological parents are at low risk for abuse. The risk increases when children live with step-parents or a single parent.[3]

- Children living without either parent (foster children) are 10 times more likely to be sexually abused than children that live with both biological parents. Children who live with a single parent that has a live-in partner are at the highest risk: they are 20 times more likely to be victims of child sexual abuse than children living with both biological parents.[3]
- Gender is also a major factor in sexual abuse. Females are five times more likely to be abused than males.[30] The age of the male being abused also plays a part. 8% of victims aged 12 to 17 are male. 26% of victims under the age of 12 are male.[9]
- Age is a significant factor in sexual abuse. While there is risk for children of all ages, children are most vulnerable to abuse between the ages of seven and 13.[30]The median age for reported abuse is nine years old.[31] However, more than 20% of children are sexually abused before the age of eight.[9]
- Race and ethnicity are an important factor in identified sexual abuse. African American children have almost twice the risk of sexual abuse than white children. Children of Hispanic ethnicity have a slightly greater risk than non-Hispanic white children.[3]
- The risk for sexual abuse is tripled for children whose parent(s) are not in the labor force.[3]
- Children in low socioeconomic status households are three times as likely to be identified as a victim of child abuse.[3]
- Children who live in rural areas are almost two times more likely to be identified as victims of child sexual abuse.[3]
- Children who witness or are the victim of other crimes are significantly more likely to be sexually abused.[32]

FACT: Family and acquaintance child sexual abuse perpetrators have reported that they look for specific characteristics in the children they choose to abuse.

- Perpetrators report that they look for passive, quiet, troubled, lonely children from single parent or broken homes.[17]
- Perpetrators frequently seek out children who are particularly trusting Find new and work proactively to establish a trusting relationship before abusing them.[51] Not infrequently, this extends to establishing a trusting relationship with the victim's family as well.[17]

What are the immediate consequences of child sexual abuse?

FACT: Emotional and mental health problems are often the first consequence and sign of child sexual abuse.

- Children who are sexually abused are at significantly greater risk for later posttraumatic stress and other anxiety symptoms depression and suicide attempts.[7,23,24,35,36,37,38,39,40,41,42,49,50,51,52,53]
- These psychological problems can lead to significant disruptions in normal development and often have a lasting impact, leading to dysfunction and distress well into adulthood.[35, 42,43,44,45]
- Behavioral problems, including physical aggression, non-compliance, and oppositionality occur frequently among sexually abused children and adolescents.[7,54,111,112]
- Child sexual abuse has been linked to higher levels of risk behaviors.[22,47,48]

FACT: Sexual behavior problems and over-sexualized behavior are a very common consequence of child sexual abuse.

Age-inappropriate behavior can be a very important and telling sign that abuse is occurring.

- Children who have been sexually abused have over three times as many sexual behavior problems as children who have not been sexually abused.[46]

- Victims of child sexual abuse are more likely to be sexually promiscuous.[54,55,56]

FACT: Academic problems in childhood are a common symptom of sexual abuse.

- Sexually abused children tended to perform lower on psychometric tests measuring cognitive ability, academic achievement, and memory assessments when compared to same-age non-sexually abused cohorts.[60]
- Studies indicate that sexual abuse exposure among children and adolescents is associated with high school absentee rates, more grade retention1, increased need for special education services and difficulty with school adaptation.[61]
- 39% of 7to 12-year-old girls with a history of child sexual abuse had academic difficulties.[62]
- 7 to 12 year-old girls with a history of child sexual abuse were 50% more likely to display cognitive ability below the 25th percentile.[62]
- 26% of 7 to 12 year-old girls with a history of child sexual abuse reported that their grades dropped after they were abused and 48% had below-average grades.[62]
- A history of child sexual abuse significantly increases the chance of dropping out of school.[35,61,62,63]

FACT: Substance abuse problems beginning in childhood or adolescence are some of the most common consequences of child sexual abuse.

- A number of studies have found that adolescents with a history of child sexual abuse demonstrate a three to fourfold increase in rates of substance abuse/dependence.[22,23,47,48,64]
- Drug abuse is more common than alcohol abuse for adolescent child sexual abuse victims. Age of onset for non-experimental drug use was 14.4 years old for victims, compared to 15.1 years old for non-victimized youth.[65]
- Adolescents were 2 to 3 times more likely to have an alcohol use/dependence problem than nonvictims.[65]

FACT: Delinquency and crime, often stemming from substance abuse, are more prevalent in adolescents with a history of child sexual abuse.

- Adolescents who were sexually abused have a 3 to 5-fold risk of delinquency.[23,37,66,67,68,69]
- Behavioral problems, including physical aggression, non-compliance, and oppositionality occur frequently among sexually abused children and adolescents.[70]
- These emotional and behavioral difficulties can lead to delinquency, poor school performance and dropping out of school.[35,61,62,63]
- Adolescents that reported victimization (i.e., sexual abuse or physical abuse) were more likely to be arrested than their non-abused peers.[66,67]
- Sexually abused children were nearly twice as likely to run away from home.[66]

FACT: The risk of teen pregnancy is much higher for girls with a history of child sexual abuse.

The increased risk for pregnancy at a young age is likely due to over-sexualized behavior, another common consequence of child sexual abuse.

- Girls who are sexually abused are 2.2 times as likely as non-abused peers to become teen mothers.[40,54]
- 45% of pregnant teens report a history of child sexual abuse.[40]
- Males who are sexually abused are more likely than their non-abused peers to impregnate a teen. In fact, several studies indicate that the sexual abuse of boys is a stronger risk factor for teen pregnancy than the sexual abuse of girls.[59,72,83]
- Most sexual abuse incidents reported by pregnant teens occurred well before the incident that resulted in pregnancy. Only 11 to 13% of pregnant girls with a history of child sexual abuse reported that they had

become pregnant as a direct result of this abuse.[72]

What are the long-term consequences of child sexual abuse?

Child sexual abuse has lasting consequences for victims. The real tragedy is that it robs children of their potential, setting into motion a chain of events and decisions that affect them throughout their lives.

FACT: Substance abuse problems are a common consequence for adult survivors of child sexual abuse.

- Female adult survivors of child sexual abuse are nearly three times more likely to report substance use problems (40.5% versus 14% in general population).[74]
- Male adult CSA victims are 2.6 times more likely to report substance use problems (65% versus 25% in general population).[74]

FACT: Mental health problems are a common long-term consequence of child sexual abuse.

- Adult women who were sexually abused as a child are more than twice as likely to suffer from depression as women who were not sexually abused.[75]
- Adults with a history of child sexual abuse are more than twice as likely to report a suicide attempt.[76,77]
- Females who are sexually abused are three times more likely to develop psychiatric disorders than females who are not sexually abused.[78,79,80]
- Among male survivors, more than 70% seek psychological treatment for issues such as substance abuse, suicidal thoughts and attempted suicide.[81]

FACT: Obesity and eating disorders are more common in women who have a history of child sexual abuse.

- – 24 year-old women who were sexually abused as children were four times more likely than their non-abused peers to be diagnosed with an eating disorder.[82]
- Middle-aged women who were sexually abused as children were twice as likely to be obese when compared with their non-abused peers.[75]

FACT: Child sexual abuse is also associated with physical health problems in adulthood. It is theorized that this is a consequence of the substance abuse, mental health issues and other consequences that survivors of child sexual abuse face.

- Generally, adult victims of child sexual abuse have higher rates of health care utilization and report significantly more health complaints compared to adults without a child sexual abuse history.[83,84,85] This is true for both self-reported doctor's visits and objective examination of medical records.[86] These health problems represent a burden both to the survivor and the healthcare system.
- Adult survivors of child sexual abuse are at greater risk of a wide range of conditions that are non-life threatening and are potentially psychosomatic in nature. These include fibromyalgia, severe premenstrual syndrome, chronic headaches, irritable bowel syndrome and a wide range of reproductive and sexual health complaints, including excessive bleeding, amenorrhea, pain during intercourse and menstrual irregularity.[49,87,88,89]
- Not only do survivors of child sexual abuse have more minor health conditions, they are at greater risk for more serious conditions as well. Adults with a history of child sexual abuse are 30% more likely than their non-abused peers to have a serious medical condition such as diabetes, cancer, heart problems, stroke or hypertension.[84]
- Male sexual abuse survivors have twice the HIV-infection rate of non-abused males. In a study of HIV-infected 12 to 20 year olds, 41% reported a sexual abuse history.[90,91]

FACT: Adult survivors of child sexual abuse are more likely to become involved in crime, both as a perpetrator and as a victim. This is likely a product of a higher risk for substance abuse problems and associated lifestyle factors.

- Adult survivors are more than twice as likely to be arrested for a property offense than their non-abused peers (9.3% versus 4.4%).[66]
- As adults, child sexual abuse victims were almost twice as likely to be arrested for a violent offense as the general population (20.4% versus 10.7%).[66]
- Males who have been sexually abused are more likely to violently victimize others.[81]

Note: Although survivors of child sexual abuse are negatively impacted as a whole, it is important to realize that many individual survivors do not suffer these consequences. Child sexual abuse does not necessarily sentence a victim to an impaired life.

Child sexual abuse has lasting consequences for societies. When the prevalence of child sexual abuse is combined with its economic burden, the results are staggering.

FACT: Child sexual abuse is a public health problem of enormous consequence.

- The CDC recently estimated the lifetime burden of a new substantiated of nonfatal child maltreatment to be $210,012 per victim. This includes immediate costs, as well as loss of productivity and increased healthcare costs in adulthood.[92]
- While this estimate is for all forms of child maltreatment, there is evidence that the consequences of child sexual abuse are equivalent or greater than the consequences of other forms of child maltreatment.[4]
- This estimate is comparable to that of many other high profile public health problems, indicating the impact and seriousness of the issue of child maltreatment. For example, the lifetime costs of stroke per person were estimated at $159,846 (2010 dollars).The total lifetime costs associated with type 2 diabetes were estimated between $181,000 and $253,000 (2010 dollars) per case.[92]

Reporting Child Sexual Abuse

What are the reporting rates for child sexual abuse?

FACT: Only about a third of child sexual abuse incidents/cases are identified, and even fewer are reported.

Researchers estimate that 38% of child victims disclose the fact that they have been sexually abused.[5,6] Of these, 40% tell a close friend, rather than an adult or authority.[7] These "friend-to-friend" disclosures do not always result in reports. This means that the vast majority of child sexual abuse incidents are never reported to authorities, though research suggests that disclosure rates to authorities may be increasing.[24]

- Child protective services agencies investigate about 55% of the child sexual abuse incidents reported to them. The rest are "screened out" for lack of adequate information or for other reasons. Of those reports investigated, only a portion meets the criteria for "substantiated."[3]
- Child protective service agencies investigate only 20% of the incidents/children identified and reported by school personnel.[3]
- School personnel identify 52% of all identified child abuse cases classified as causing harm to the child, more than any other profession or organizational type, including child protective services agencies and the police.[3]

- Two-thirds of teachers do not receive specific training in preventing, recognizing or responding to child sexual abuse in either their college coursework or as part of their professional development.[25]
- 24% of school personnel have never received any oral or written guidelines on the mandated reporting requirements of their state.[3]
- As many as 25% of child sexual abuse incidents identified by professionals not working specifically in child protection services are not reported, despite a mandated reporting law that requires it.[3]

FACT: False reports of child sexual abuse made by children are rare.
It is estimated that only 4 to 8% of child sexual abuse reports are fabricated. Most of the fabricated reports are made by adults involved in custody disputes or by adolescents.[26]

How many child sexual abuse reports result in arrests?

FACT: A large number of those arrested for child sexual assault are convicted and serve time in prison or jail.
While the rate of conviction is high, arrests are made in only 29% of child sexual abuse cases and are 32% more likely to be made in incidents involving older children. For children under six, only 19% of sexual abuse incidents result in arrest.[9]

- Of those charged, about 80% of rape offenders (including rapists of adults) are convicted.[27]
- An estimated 48% of rape defendants (including rapes of adults) were released from detention prior to the disposition of their case. Only defendants charged with murder had a lower rate of release (24%) than those for whom rape charges were ending.[11]
- About 14% of those convicted of rape were convicted in a jury trial, but for most defendants (82%), conviction followed a guilty plea. The remaining 4% were convicted following a bench trial.[11]
- Overall, 87% of convicted rapists (including rapists of adults) were incarcerated, and about 13% received a sentence to probation supervision in the community.[11]
- For convicted rapists sentenced to prison (not local jails), the average term imposed was just under 14 years. An estimated 2% of convicted rapists received a term of life imprisonment.[11]
- For each convicted rape offender in a prison or jail, there are nearly 3 rape offenders under probation or parole supervision in the community.[11]

Fact: Research shows that child sexual abuse perpetrators re-offend at a lower rate than other types of offenders, including those convicted of rape.

- Rapists had a lower rate of re-arrest for a new felony and a lower rate of re-arrest for a violent felony than most categories of probationers with convictions for violence.[11,28]
- Released rapists were found to be 10.5 times as likely as non-rapists to be re-arrested for rape.[11]
- Research suggests that incest offenders re-offend at approximately half the rate of “acquaintance” child molesters.[28]

What do I do if I suspect or discover child sexual abuse?

FACT: Signs that a child is being sexually abused are often present, but they are often indistinguishable from other signs of childhood stress, distress or trauma.

- Direct physical signs of child sexual abuse are not common. However, when physical signs are present, they may include bruising, bleeding, redness and bumps, or scabs around the mouth, genitals, or anus. Urinary tract infections, sexually transmitted diseases, and abnormal vaginal or penile discharge are also warning signs.[33,34]
- Child sexual abuse victims often exhibit indirect physical signs, such as anxiety,[33,34] chronic stomach pain and

headaches.[35,36,37,38,39,40,41]

- Emotional and behavioral signals are common among sexually abused children. Some of these are "too perfect" behavior, withdrawal, fear, depression, unexplained anger and rebellion.[33,34,35, 42,43,44,45]
- Some common consequences of trauma include nightmares, bedwetting, falling grades, cruelty to animals, bullying, being bullied, fire setting, runaway, and self-harm of any kind.[33,34]
- One of the most telling signs that sexual abuse is occurring is sexual behavior and language that is not age-appropriate.[33,34,46]
- Use of alcohol or drugs at an early age can be a sign of trauma such as child sexual abuse.[22,23,33,34,47,48]

Note: Child sexual abuse victims may exhibit a wide range of immediate reactions, both in magnitude and form. Resilient children may not suffer serious consequences, whereas other children with the same experience may be highly traumatized. Some victims do not display emotional problems or any other immediate symptom in response to the abuse.

FACT: Child sexual abuse reports should be made to the state's child protective services agency, the police or both. Visit www.D2L.org/gethelp for more information.

REFERENCES

1 Townsend, C., & Rheingold, A.A., (2013). Estimating a child sexual abuse prevalence rate for practitioners: studies. Charlesto Darkness to Light. Retrieved from www.D2L.org.

2 Townsend, C. (2013). Prevalence and consequences of child sexual abuse compared with other childhood experiences. Charleston, S.C., Darkness to Light. Retrieved from www.D2L.org.

3 Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS–4): Report to Congress, Executive Summary. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

4 Finkelhor, D., & Jones, L. (2012). Have sexual abuse and physical abuse declined since the 1990s? Durham, NH: Crimes against Children Research Center. http://www.unh.edu/ccrc/pdf/CV267_Have%20SA%20%20PA%20Decline_FACT%20SHEET_11-7-12.pdf

5 London, K., Bruck, M., Ceci, S., & Shuman, D. (2003) Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law, 11*(1), 194-226.

6 Ullman, S. E. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse, 16*(1), 19-36.

7 Broman-Fulks, J. J., Ruggiero, K. J., Hanson, R. F., Smith, D. W., Resnick, H. S., Kilpatrick, D. G., & Saunders, B. E. (2007). Sexual assault disclosure in relation to adolescent mental health: Results from the National Survey of Adolescents. *Journal of Clinical Child and Adolescent Psychology*, 36, 260 – 266.

8 Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*, 24, 273 – 287.

9 Snyder, H. N. (2000). Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved January 12, 2009 from*http://www.ojp.usdoj.gov/bjs/pub/pdf/saycrle.pdf*

10 National Crime Victimization Survey, Statistic calculated by staff at Crimes against Children Research Center. 2002.

11 Greenfeld, L.A. (1997). Sex Offenses and Offenders An Analysis of Data on Rape and Sexual Assault. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ-163392

12 Finkelhor, D. (2012). Characteristics of crimes against juveniles. Durham, NH: Crimes against Children Research Center.

13 Whealin, J. (2007-05-22). “Child Sexual Abuse”. National Center for Post Traumatic Stress Disorder, US Department of Veterans Affairs.

14 Finkelhor, D., Ormrod,R., Chaffin, M. (2009) Juveniles who commit sex offenses against minors. Juvenile Justice Bulletin, OJJDP, Office of Justice Programs

15 Jenny, Carole, Roesler, Thomas A. , Poyer, Kimberly L. (1994) Are children at risk for sexual abuse by homosexuals? Pediatrics, Vol. 94 No. 1, pp. 41-44.

16 Abel, G. G., Mittleman, M. S., & Becker, J. V. (1985). "Sex offenders: Results of assessment and recommendations for treatment." In M. H. Ben-Aron, S. J. Hucker, & C. D. Webster (Eds.),Clinical Criminology: The assessment and treatment of criminal behavior (pp. 207–220).

17 Elliott, M., Browne, K., & Kilcoyne, J. (1995). Child sexual abuse prevention: What offenders tell us. Child Abuse & Neglect, 5, 579-594.

18 Wolak, J., Finkelhor, D., Mitchell, K. (2006). Trends in arrests of online predators. Department of Justice, Office of Juvenile Justice and Delinquency Prevention Report. Crimes Against Children Research Center, University of New Hampshire.

19 Jones, L,. Mitchell, K., Finkelhor, D. (2012). Trends in youth internet victimization: Findings from three youth internet safety surveys 2000–2010, Journal of Adolescent Health 50: 179–186.

20 Wolak, J., Finkelhor, D., Mitchell, K., Ybarra, M. (2008) " Online "Predators" and their Victims: Myths, Realities and Implications for Prevention and Treatment" published by American Psychologist, 63(2), 111-128

21 National Institute of Justice. (2007). Commercial sexual exploitation of children: What do we know and what do we do about it? (Publication NCJ 215733). US Department of Justice. Office of Justice Programs.

22 Walker, E.A. Gelfand, A., Katon, W.J., Koss, M.P, Con Korff, M., Bernstien, D., et al. (1999). Medical and psychiatric symptoms in women with children and sexual abuse. Psychosomatic Medicine, 54, 658-664.

23 Kilpatrick, D. G., Ruggiero, K. J., Acierno, R., Saunders, B. E., Resnick, H. S., & Best, C. L. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. Journal of Consulting and Clinical Psychology, 71, 692-700.

24 Finkelhor, D., Ormrod, R., Turner, H. A., & Hamby, S. L. (2012). Child and youth victimization known to school, police, and medical officials in a national sample of children and youth. Juvenile Justice Bulletin, (No. NCJ 235394). Washington, DC: United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

25 Kenny, M.C. (2004). Teachers' attitudes toward and knowledge of child maltreatment. Child Abuse and Neglect, 28, 1311-1319.

26 Everson, M., and Boat, B. (1989). False allegations of sexual abuse by children and adolescents.Journal of the American Academy of Child and Adolescent Psychiatry. 28, 2:230-35.

27 Walsh, W.A., Jones, L., Cross, T.P., Lippert,T. (2008). Prosecuting child sexual abuse: The importance of evidence type. Crime Delinquency OnlineFirst, doi:10.1177/0011128708320484

28 Grossman, L. , Martis, B., Fichtner, C. (1999). Are sex offenders treatable? A research overview.Psychiatric Services 50 (3): 349–361

29 Association for the Treatment of Sexual Abusers (ATSA). (2000). The effective legal management of juvenile sex offender. Retrieved from www.atsa.com/ppjuvenile.html

30 Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. The Future of Children, Vol. 4, No. 2, Sexual Abuse of Children, pp. 31-53

31 Putnam, F. (2003). Ten-year research update review: Child sexual abuse. Journal of the American Academy of Child and Adolescent Psychiatry, 42 , 269-278.

32 Finkelhor, D., Ormrod, R.K. & Turner, H.A. (2010). Poly-victimization in a national sample of children & youth. American Journal of Preventive Medicine.

33 Prevent Child Abuse America (2003). Recognizing child abuse: What parents should know. Chicago, IL. Retrieved 5-31-2013 from www.preventchildabuse.org.

34 Stop It Now! (2013) Warning signs in children and adolescents of possible child sexual abuse.Northampton, MA. Retrieved 5-31-2013 from www.stopitnow.org

35 Saunders, B.E., Kilpatrick, D.G., Hanson, R.F., Resnick, H.S., & Walker, M. E. (1999). Prevalence, case characteristics, and long-term psychological correlates of child rape among women: A national survey. Child Maltreatment, 4, 187-200.

36 Grayson, J. (2006). Maltreatment and its effects on early brain development. Virginia Child Protection Newsletter, 77, 1-16.

37 Leeb, R., Lewis, T., & Zolotor, A. J. (2011). A review of physical and mental health consequences of child abuse and neglect and implications for practice. American Journal of Lifestyle Medicine, 5(5), 454-468.

38 Friedrich, W.N., Fisher, J. L., Dittner, C.A., Acton, R, Berliner, L, Butler, J., Damon, L., Davies, W.H., Gray, A. & Wright, J. (2001). Child Sexual Behavior Inventory: Normative, psychiatric, and sexual abuse comparisons. Child Maltreatment, 6, 37-49.

39 McLeer, S. V., Dixon, J. F., Henry, D., Ruggiero, K., Escovitz, K., Niedda, T., & Scholle, R. (1998). Psychopathology in non-clinically referred sexually abused children. Journal of the American Academy of Child and Adolescent Psychiatry, 37, 1326 – 1333.

40 Noll, J. G., Shenk, C. E., & Putnam, K. T. (2009). Childhood sexual abuse and adolescent pregnancy: A meta-analytic update. Journal of Pediatric Psychology, 34, 366-378.

41 Olafson, E. (2011). Child sexual abuse: Demography, impact, and interventions. Journal of Child & Adolescent Trauma, 4(1), 8-21.

42 Banyard, V. L., Williams, L. M., & Siegel, J. A. (2001). The long-term mental health consequences of child sexual abuse: An exploratory study of the impact of multiple traumas in a sample of women. Journal of Traumatic Stress, 14, 697 – 715.

43 Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001). Child sexual abuse and subsequent psychopathology: Results from the National Comorbidity Survey. American Journal of Public Health, 91, 753 – 760.

44 Polusny, M. A., & Follette, V. M. (1995). Long-term correlates of child sexual abuse: theory and review of the empirical literature. Applied and Preventive Psychology, 4, 143 – 166.

45 Young, M. S., Harford, K., Kinder, B., & Savell, J. K. (2007). The relationship between childhood sexual abuse and adult mental health among undergraduates: Victim gender doesn't matter.Journal of Interpersonal Violence, 22, 1315 – 1331.

46 Girardet, R. G., Lahoti, S., Howard, L. A., Fajman, N. N., Sawyer, M. K., Driebe, E. M., et al. (2009). Epidemiology of sexually transmitted infections in suspected child victims of sexual assault. Pediatrics, 124, 79-84.

47 Acierno, R., Kilpatrick, D. G., Resnick, H. S., Saunders, B., de Arellano, M. & Best, C. (2000). Assault, PTSD, family substance use, and depression as risk factors for cigarette use in youth: Findings from the national survey of adolescents. Journal of Traumatic Stress, 13, 381-396.

48 Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D., Spitz, A.M., Edwards, V., Koss, M., Marks, J.S., (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. American Journal of Preventive Medicine 14(4).

49 Lanier, P., Jonson-Reid, M., Stahlschmidt, M. J., Drake, B., & Constantino, J. (2010). Child maltreatment and pediatric health outcomes: A longitudinal study of low-income children. Journal of Pediatric Psychology, 35(5), 511-522.

50 Mullers, E. S., & Dowling, M. (2008). Mental health consequences of child sexual abuse. British Journal of Nursing, 17(22), 1428-1433.

51 De Bellis, M. D., Spratt, E. G., & Hooper, S. R. (2011). Neurodevelopmental biology associated with childhood sexual abuse. Journal of Child Sexual Abuse, 20(5), 548-587.

52 Cohen, E., Groves, B., & Kracke, K. (2009). Understanding children's exposure to violence. The Safe Start Center Series on Children Exposed to Violence, 1, 1-8.

53 Tebbutt, J., Swanston, H., Oates, R. K., O'Toole, B.I. (1997). Five years after child sexual abuse: Persisting dysfunction and problems of prediction. Journal of the American Academy of Child & Adolescent Psychiatry, 36, 330-339.

54 Noll, J.G., Trickett, P.K., & Putnam, F.W. (2003). A prospective investigation of the impact of childhood sexual abuse on the development of sexuality. Journal of Consulting and Clinical Psychology, 71, 575-586.

55 Paolucci, E.O, Genuis, M.L, & Violato, C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. Journal of Psychology, 135, 17-36.

56 Kellogg, N.D., Hoffman, T.J, & Taylor, E.R. (1999). Early sexual experience among pregnant and parenting adolescents. Adolescence, 43, 293-303.

57 Moran, P. B., Vuchinich, S., & Hall, N. K. (2004). Associations between types of maltreatment and substance use during adolescence. Child Abuse and Neglect, 28(5), 565–574. doi:10.1016/j.chiabu.2003.12.002

58 Finkelhor, D., & Ormrod, R. K. (1999). Reporting crimes against juveniles. Juvenile Justice Bulletin, (No. NCJ 178887). Washington, DC: United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

59 Saewyc, E.M., Magee, L.L., & Pettingall, S.E. (2004). Teenage pregnancy and associated risk behavior among sexually abused adolescents. Perspectives on Sexual and Reproductive Health , 36(3), 98-105.

60 Wells, R., McCann, J., Adams, J., Voris, J., & Dahl, B. (1997). A validational study of the structured interview of symptoms associated with sexual abuse using three samples of sexually abused, allegedly abused, and nonabused boys. Child Abuse & Neglect, 21, 1159-1167.

61 Reyome, N.D. (1994). Teacher ratings of the academic achievement related classroom behaviors of maltreated and non-maltreated children. Psychology in the Schools, 31, 253-260

62 Daignault, I.V. & Hebert, M. (2009). Profiles of school adaptation: Social, behavioral, and academic functioning in sexually abused girls. Child Abuse & Neglect, 33, 102-115.

63 Rice, D. P., & Miller, L. S. (1996). The economic burden of schizophrenia: Conceptual and methodological issues, and cost estimates. In M. Moscarelli, A. Rupp, & N. Sartorious (Eds.),Handbook of mental health economics and health policy. Vol. 1: Schizophrenia (pp. 321–324). New York: John Wiley and Sons.

64 Briere, J., & Elliott, D.M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. Child Abuse & Neglect, 27(10), 1205-1222.

65 Harrison, P. A., & Narayan, G. (2003). Differences in behavior, psychological factors, and environmental factors associated with participation in school sports and other activities in adolescence. Journal of School Health, 73(3), 113–120. doi:10.1111/j.1946-1561.2003.tb03585

66 Siegal, J.A. & Williams, L.M. (2003). The relationship between child sexual abuse and female delinquency and crime: A prospective study. Journal of Research in Crime and Delinquency, 40, 71-94.

67 Widom, C.S. & Maxfield, M.G. (2001). An update on the "cycle of violence." Washington, DC: U.S. Department of Justice. National Institute of Justice.

68 Cyr, M., McDu_, P., & Wright, J. (2006). Prevalence and predictions of dating violence among adolescent female victims of child sexual abuse. Journal of Interpersonal Violence, 21(8), 1000-1017.

69 Yates, T. M. (2004). The developmental psychopathology of self-injurious behavior: Compensatory regulation in posttraumatic adaptation. Clinical Psychology Review, 24(1), 35-74.

70 Douglas, E., & Finkelhor, D. (2005). Childhood Sexual Abuse Fact Sheet. Crimes Against Children Center, University of New Hampshire. http://www.unh.edu/ccrc/factsheet/pdf/CSA-FS20.pdf

71 Carter, C. A., Bottoms, B. L., & Levine, M. (1996). Linguistic and socioemotional influences on the accuracy of children's reports. Law and Human Behavior, 20(3), 335-358.

72 Herrenkohl, E. C., Herrenkohl, R. C., Egolf, B. P., & Russo, M. J. (1998). The relationship between early maltreatment and teenage parenthood. Journal of Adolescence, 21, 291-303.

73 Raj, A., Silverman, J. G., & Amaro, H. (2000). The relationship between sexual abuse and sexual risk among high school students: Findings from the 1997 Massachusetts Youth Risk Behavior Survey. Maternal & Child Health Journal, 4(2), 125-134.

74 Simpson, T.L. & Miller, W.R. (2002). Concomitance between childhood sexual and physical abuse and substance use problems: A review. Clinical Psychology Review, 22, 27-77.

75 Rohde, P., Ichikawa, L., Simon, G. E., Ludman, E. J., Linde, J. A. Jeffery, R. W., & Operskalski, B. H. (2008). Associations of child sexual and physical abuse with obesity and depression in middle-aged women. Child Abuse & Neglect, 32, 878–887.

76 Dube, S. A., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, D. J., Dong, M., & Giles, W. (2005). Long-term consequences of childhood sexual abuse by gender of the victim. American Journal of Preventive Medicine, 28, 430 – 437.

77 Waldrop, A. E. Hanson, R. F., Resnick, H. S., Kilpatrick, D. G., Naugle, A. E., & Saunders, B. E. (2007). Risk factors for suicidal behavior among a national sample of adolescents: Implications for prevention. Journal of Traumatic Stress, 20, 869 – 879.

78 Day, A., Thurlow, K., & Woolliscroft, J. (2003). Working with childhood sexual abuse: A survey of mental health professionals.Child Abuse & Neglect, 27 , 191-198.

79 Kendler, K., Bulik, C., Silberg, J., Hettema, J., Myers, J., & Prescott, C. (2000). Childhood sexual abuse and adult psychiatric and substance use disorders in women: An epidemiological and Cotwin Control Analysis. Archives of General Psychiatry, 57, 953-959.

80 Voeltanz, N., Wilsnack, S., Harris, R., Wilsnack, R., Wonderlich, S., Kristjanson, A. (1999). Prevalence and risk for childhood sexual abuse in women : National survey findings. Child Abuse and Neglect, 23, 579-592.

81 Walrath, C., Ybarra, M., Holden, W., Liao, Q., Santiago, R., & Leaf, R. (2003). Children with reported histories of sexual abuse: Utilizing multiple perspectives to understand clinical and psychological profiles. Child Abuse & Neglect, 27, 509-524.

82 Fuemmeler, B. F., Dedert, E., McClernon, F. J., & Beckham, J. C. (2009). Adverse childhood events are associated with obesity and disordered eating: Results from a U.S. population-based survey of young adults. Journal of Traumatic Stress, 22, 329 – 333.

83 Arnow, B. A. (2004). Relationships between childhood maltreatment, adult health and psychiatric outcomes, and medical utilization. Journal of Clinical Psychiatry, 65 [suppl 12], 10 – 15.

84 Sachs-Ericsson, N., Blazer, D., Plant, E. A., & Arnow, B. (2005). Childhood sexual and physical abuse and 1-year prevalence of medical problems in the National Comorbidity Survey. Health Psychology, 24, 32 – 40.

85 Golding, J. M., Cooper, M. L., & George, L. K. (1997). Sexual assault history and health perceptions: Seven general population studies. Health Psychology, 16, 417 – 425.

86 Newman, M. G., Clayton, L., Zuellig, A., Cashman, L., Arnow, B., Dea, R., & Taylor, C. B. (2000). The relationship of childhood sexual abuse and depression with somatic symptoms and medical utilization. Psychological Medicine, 30, 1063 – 1077.

87 Walker, E. A., Keegan, D., Gardner, G., Sullivan, M., Bernstein, D. & Katon, W. J. (1997). Psychosocial factors in fibromyalgia compared with rheumatoid arthritis: II. Sexual, physical, and emotional abuse and neglect. Psychosomatic Medicine, 59, 572 – 577.

88 Finkelhor, D., & Ormrod, R. (2001). Child Abuse Reported to the Police. Juvenile Justice Bulletin, (No. NCJ 187238). Washington, DC: United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

89 Golding, J. M. (1996). Sexual assault history and women's reproductive and sexual health.Psychology of Women Quarterly, 20, 101 – 121.

90 Wilson, H. & Widom, C.S. (2009). An examination of risky sexual behavior and HIV among victims of child abuse and neglect: A thirty-year follow-up. Health Psychology, 27, 149-158

91 Dekker, A. et. al. (1990). The incidence of sexual abuse in HIV infected adolescents and young adults. Journal of Adolescent Health Care. vol. 11, no. 3.

92 Fang, X., Brown, D., Florence, C., Mercy, J. (2012) The economic burden of child maltreatment in the United States and implications for prevention. Child Abuse & Neglect, 36:2,156–165