Scope

This bibliography lists publications related to the causes and explanations of the declining rates of child sexual abuse of children. This bibliography is not comprehensive.

Organization

This bibliography is organized in date descending order from the most recent to the oldest publication date, 2013-2001.

Disclaimer

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Declining Rates of Child Sexual Abuse

A Bibliography


Child sexual abuse prevention organizations and practitioners that interact with the public desire a current child sexual abuse prevalence statistic. In 2013, there is not one single definitive study or meta-analysis U.S. practitioners can point to as the basis for a current child sexual abuse prevalence statistic. This white paper is intended to provide a basis for a range of credible child sexual abuse prevalence rates. U.S. studies that collected child sexual abuse prevalence rate data since 1992 were identified and reviewed. Criteria were established for the age of data, methodology and definition of child sexual abuse. Of the 16 identified studies, six met the criteria established for relevance to practitioners. A range of child sexual abuse prevalence rates has been derived from these studies. These six studies suggest an overall full-childhood sexual abuse prevalence rate of 7.5% – 11.7%*. These studies suggest the child sexual abuse prevalence rate for girls is 10.7% to 17.4%* and the rate for boys is 3.8% to 4.6%*.


This bulletin summarizes statistics on trends for sexual and physical abuse. A decline in sexual abuse since the early 1990s is a conclusion supported by 3 independent sources of agency data and 4 separate large victim surveys. The trend for physical abuse is less clear, since several of the data sources show conflicting patterns.

Two cross-sectional national telephone surveys using identical questions (Juvenile Victimization Questionnaire) were conducted in 2003 and 2008 to assess trends in children’s exposure to abuse, violence, and crime victimizations. Participants were ages 2 to 17 years and interviews were conducted with their caretakers and the children themselves. Several types of child victimization were reported significantly less often in 2008 than 2003: physical and sexual assaults, as well as peer and sibling victimizations, including physical bullying. There were also significant declines in psychological and emotional abuse by caregivers, exposure to community violence, and the crime of theft. Physical abuse and neglect by caregivers did not decline, and witnessing the abuse of a sibling increased. The authors concluded that declines apparent in this analysis parallel evidence from other sources, including police data, child welfare data, and the National Crime Victimization Survey, suggesting reductions in various types of childhood victimization in recent years.


Child sexual abuse myths comprise incorrect beliefs regarding sexual abuse, victims, and perpetrators. Relations among myth acceptance, responses to disclosure, legal decisions, and victims’ subsequent psychological and health outcomes underscore the importance of understanding child sexual abuse myths. Despite accurate knowledge regarding child sexual abuse among many professional and other individuals, these myths persist. The authors conducted a Google search which produced 119 child sexual abuse myths, some with overlapping themes. The myths were grouped into four categories: (1) minimizations or exaggerations of the extent of harm child sexual abuse poses, (2) denials of the extent of child sexual abuse, (3) diffusions of perpetrator blame, and (4) perpetrator stereotypes. This review article provides available data regarding the prevalence for these myths, empirical research that refutes or confirms myth categories, and considerations of cultural contexts and implications. Also discussed are the decline
in rates of CSA and the authors point out that large scale phone studies may underestimate actual prevalence rates as there was no way to control whether an abuser was present during the telephone interview or whether the parent failed to disclose abuse on behalf of a young child. Furthermore, these national studies do not include youth in detention or in inpatient treatment, child prostitutes, runaways, and homeless children. Data suggest that these displaced children are sexually abused at far higher rates than other children.


Authors’ introduction

Recently released national child maltreatment data for 2008 show a generally encouraging situation during the first year of the serious recession that began in late 2007. Overall substantiated child maltreatment declined 3% from the previous year, including a 6% decline in sexual abuse. Child maltreatment fatalities stayed stable. The data in the tables and graphs were derived from the National Child Abuse and Neglect Data System (NCANDS), which aggregates and publishes statistics from state child protection agencies. The most recent data from NCANDS were released in April, 2010, and concern cases of child maltreatment investigated in 2008 (USDHHS, 2010).


New data released by the federal government about reported child maltreatment for 2007 show a mixed and ambiguous picture about recent trends, with overall substantiated cases flat or declining, but child maltreatment fatalities increasing. The data for the tables and graphs included in this report are derived from the National Child Abuse and Neglect Data System (NCANDS), which aggregates and publishes statistics from state child protection agencies. The most recent data from NCANDS were released in April, 2009 and concern cases of child maltreatment investigated in 2007.

To describe trends of felony sexual abuse prosecutions between 1992 and 2002 for two districts of a large urban city that differed primarily in their use of children’s advocacy centers (CACs) for sexual abuse evaluations in children. Aggregate data for two districts of a large urban city were provided from 1992 to 2002 from the district attorney’s office, child protective services (CPS) agency, and all CACs serving both districts. Summary statistics were calculated over time and compared between both districts for ecologic trends using negative binomial regression. Over the time period of the study, substantiated reports of child sexual abuse declined: District 1 experienced a 59% decrease in the incidence of reports, while District 2 experienced a 49% decrease in the incidence of reports. Despite this decrease, felony prosecutions of child sexual abuse increased in District 1 (from 56.6 to 93.0 prosecutions/100,000 children, rate ratio 1.64, 95% CI 1.38–1.95), but did not significantly increase in District 2 (from 58.0 to 54.9 prosecutions/100,000 children, rate ratio 0.94, 95% CI 0.73–1.23); by 2002, the rate of felony prosecutions in District 1 was 69% greater (95% CI 37–109%) than the rate in District 2. In 1992, CACs in District 1 evaluated approximately 400 children, increasing to 1,187 children by 2002. The number of children evaluated by CACs in District 2 increased modestly from nearly 800 in 1992 to 1,000 in 2002. Felony prosecutions of child sexual abuse doubled in a district where the use of CACs nearly tripled, while no increase in felony prosecutions of child sexual abuse was found in a neighboring district, where the use of CACs remained fairly constant over time. Though many limitations exist when bringing together ecological data from different agencies, the strength of the association we observed between increased CAC use and increased felony prosecutions, and the stepwise fashion in which it occurred should support future research to confirm our findings and to delineate which attributes of CAC performance might impact the likelihood of prosecution of child sexual abuse. Author Abstract.

Child sexual abuse (CSA) is a common and serious public health problem. National probability samples have estimated that CSA affects between less than 1–16% of men and 3–27% of women in the United States (US) (Kendler et al., 2000; Molnar, Buka, & Kessler, 2001). However, there are many obstacles to obtaining an accurate estimate of the prevalence of CSA in this country. Cases of CSA are understood by researchers to be largely underestimated, especially in government reports. Because of the stigma, shame, and fear of legal action against perpetrators who are often family members, victims and their families are frequently reluctant to report incidents of CSA. Moreover, precise measurement of CSA can be complicated by choice of case definitions which have varied between states and over time (Molnar et al., 2001). For example, during the 1990s several states changed the way they define and categorize child maltreatment. This could have lead to disparate definitions of CSA across states creating what appeared to be a decline in the rate of CSA (Finkelhor, 2004; Jones, 2001). According to government reports, the number of CSA victims increased nationally between 1977 and 1992. Data collected by the National Child Abuse and Neglect Data System (NCANDS) indicate that cases of substantiated CSA reached a peak of approximately 150,000 in 1992, followed by a dramatic decrease of substantiated cases of CSA in the US throughout the 1990s. Specifically, from 1992 to 2000 there was an estimated 39% decline in the number of substantiated cases of CSA, with a reported stabilization of the rate from 2002 through 2004 (Finkelhor, 1998; Finkelhor & Jones, 2004; Finkelhor, Ormrod, Turner, & Hamby, 2005; Jones & Finkelhor, 2001, 2003; Jones, Finkelhor, & Kopiec, 2001; Reports from the states to the national child abuse and neglect data system, 2002–2004). In addition, overall reports of CSA have reportedly been declining at a rate equal to, if not greater than the decline of substantiated cases. The concurrent declines in reported and substantiated cases suggest that there are either fewer actual incidents of sexual abuse to be reported, or that changes in reporting methods or norms have occurred. Author Abstract.

We present the victim rates and severity of child maltreatment in US Army families by the sex of the child and parent from 1990–2004. Neglect rates decreased from a high point in 1991 to a low in 2000, but by 2004 the rates had increased to about the 1991 level. During two large-scale deployments of the US Army to the Middle East (1991 and 2002–2004), the rates of neglect increased. Neglect rates were highest for the youngest children and decreased as age increased. Physical abuse rates decreased from 1990–2004, but the decline was slowed during 2001–04. Physical abuse was more severe by male offenders. Emotional abuse showed wide fluctuations in rates. Emotional abuse rates were similar for boys and girls up to age 11, but the rates for older girls were higher. Sexual abuse had the lowest rates throughout the time of this report, decreasing from about 0.5/1000 to about 0.1/1000. The rates of physical abuse and neglect were generally higher for boys than for girls up to the teenage years when the rates reversed. Male offenders were more likely to maltreat children (even excluding sexual abuse) than were female offenders and offenders of both sexes were more likely to abuse male children. We provide suggestions for practice, prevention and research in child maltreatment. Author Abstract.


The purpose of this article was to explore advances that have been made in understanding and treating child sexual abuse, to look at the implications for further research, and to address the public health policies that exist for preventing child sexual abuse. The author notes there is a lack of consensus on a definition of sexual abuse, investigation of allegations, long-term consequences, and what constitutes appropriate psychotherapy. Also, some of the reasons for skepticism over reported “declines” in sexual abuse are addressed. According to the author “Because the sexual abuse figures are based on reported cases known to and substantiated by state child protection agencies, researchers and policy makers have concluded that the decline might not be an accurate representation and may, in fact, reflect a change in standards of investigation, a decrease in reporting by the agencies, a reduction in funding, or an artifact.”

The authors discuss a variety of possible reasons that a higher share of Latin American immigrants in the state of Texas would be removed from their homes for sexual abuse, including age, gender and the fear of the consequences of reporting abuse. They conclude that age and gender are not substantial contributing factors to the disproportionate share of immigrant children removed for sexual abuse. The more meaningful determinant seemed to be which county the child was residing in. The Houston and Austin metropolitan areas had the highest shares of children removed for sexual abuse, so this could be due to the higher number of unaccompanied alien minors, runaways, or CSE victims in these counties coming into contact with the child welfare system after first being involved with law enforcement agencies.


Although recent statistics hint that rates of reported rape and child sexual abuse began to decline in the 1990s, little is known about changes in the characteristics of victimizations over time or about the implications of these changes for policy and services. This investigation uses data from a general population survey to examine sexual assault trends in two ways: by age cohort and by historical era in which a first sexual assault experience occurred. Findings suggest that the lifetime prevalence of sexual assault has not significantly changed across cohorts of women in their 20s to 50s. Characteristics of women's experiences across cohorts may be shifting, however, with early childhood experiences of sexual victimization showing a slight decline, accompanied by increases in assault rates during adolescence. Additionally, although help-seeking among victims has increased, women's perceptions of their community's responsiveness have worsened slightly. Research and intervention implications are discussed. Author Abstract.


Various forms of child maltreatment and child victimization declined as much as 40–70% from 1993 until 2004, including sexual abuse, physical abuse, sexual assault, homicide, aggravated
assault, robbery, and larceny. Other child welfare indicators also improved during the same period, including teen pregnancy, teen suicide, and children living in poverty. This article reviews a wide variety of possible explanations for these changes: demography, fertility and abortion legalization, economic prosperity, increased incarceration of offenders, increased agents of social intervention, changing social norms and practices, the dissipation of the social changes from the 1960s, and psychiatric pharmacology. Multiple factors probably contributed. In particular, economic prosperity, increasing agents of social intervention, and psychiatric pharmacology have advantages over some of the other explanations in accounting for the breadth and timing of the improvements.

Author Abstract.


This Bulletin explores the strengths and weaknesses of six possible explanations for the decline by using data from a number of different sources: aggregate data from the National Child Abuse and Neglect Data System (NCANDS); detailed child protective service data from Illinois, Minnesota, Oregon, and Pennsylvania; and self-report data from the National Crime Victimization Survey (NCVS) and from schoolchildren in Minnesota. It provides substantially more evidence about the decline than was available in a previous Bulletin on the same topic, The Decline in Child Sexual Abuse Cases (Jones and Finkelhor, 2001).


The author conducted a PubMed search of the relevant child maltreatment literature and wrote this article primarily for physicians, however it provides a good review of definitions, incidence, prevalence, emotional and physical consequences, reporting, and prevention of child sexual abuse. Issues of disagreement are presented. He also addresses and emphasizes the need for forensic interviews by trained professionals to document suspicion of abuse.

The objective of the author was to provide clinicians with current information on prevalence, risk factors, outcomes, treatment, and prevention of child sexual abuse (CSA) and to examine the best-documented examples of psychopathology attributable to CSA. Literature searches were conducted of Medline and PSYCInfo databases for English-language articles published after 1989 containing empirical data pertaining to CSA. These searches found that CSA constitutes approximately 10% of officially substantiated child maltreatment cases, numbering approximately 88,000 in 2000. Adjusted prevalence rates are 16.8% and 7.9% for adult women and men, respectively. Risk factors include gender, age, disabilities, and parental dysfunction. A range of symptoms and disorders has been associated with CSA, but depression in adults and sexualized behaviors in children are the best-documented outcomes. Prevention efforts have focused on child education to increase awareness and home visitation to decrease risk factors. The author concluded that CSA is a significant risk factor for psychopathology, especially depression and substance abuse. He states that preliminary research indicates that CBT is effective for some symptoms, but calls for longitudinal follow-up and large-scale “effectiveness” studies.


This is a commentary by the authors on the 39% decline in US cases of sexual abuse substantiated by child protective agencies in the 1990’s. It also compares this rate to rates in other countries and provides possible explanations for this trend. The authors point out the limitations of administrative data. While they are collected routinely and are therefore valuable for identifying trends, because these data tabulate only officially recognized cases, they provide limited information for understanding the source of such trends. Administrative statistics can be affected by changes in the identification of cases, reporting behavior, and agency procedures. Self-report data, on the other hand, permit a more accurate assessment of the degree to which trends in official cases of sexual abuse reflect trends in incidence.
The consistency of childhood sexual abuse (CSA) reporting was explored in this study. Two-hundred seventeen adolescents and young adults (ages 14-24) enrolled in urban health care clinics completed self-report questionnaires assessing CSA and other problem behaviors at enrollment and at 7 months. Results indicated that the stability of CSA self-report at two time points was poor (58% consistent nonreporters of CSA, 20% consistent reporters, 22% inconsistent reporters). Consistent and inconsistent reporters were differentiated on risk measures. Adolescents who endorsed more items from the CSA scale were five times more likely to be consistent reporters. In sum, adolescent CSA reporting was quite inconsistent over time. Using multi-item scales and assessing CSA at two time points enhances accuracy of reporting. Author Abstract.


Cases of substantiated sexual abuse have declined approximately 39% nationwide from 1992 to 1999, according to estimates from the National Child Abuse and Neglect Data System (NCANDS). Despite the dramatic nature of the decline, little discussion of the trend has occurred at either the national or the state level. Aims of the research were to: (1) gather state-level information about possible sources of the sexual abuse decline, (2) identify child protection trends that might be contributing to the decline, and (3) assess the level of awareness of the decline in state child protection offices. Telephone interviews were conducted with child protection administrators in 43 states. More than half of the officials in states with large declines were unaware of any discussion of the declines within their agency or in the public at large within their state. State officials cited a diverse array of possible causes for the decline, including: (1) increased evidentiary requirements to substantiate cases, (2) increased caseworker caution due to new legal rights for caregivers, and (3) increasing limitations on the types of cases that agencies accept for investigation. More than half also mentioned the effectiveness of prevention programs, increased prosecution, and public awareness campaigns, implying that a portion of the decline may result from a real decline in occurrence. Responses from child protection officials have inherent biases,
but they are useful in generating hypotheses for further study in trying to account for the decline. The results suggest that further discussion and increased analysis of child maltreatment system data are important next steps. Author Abstract.


This is a commentary by Dr. Leventhal on the work of Jones, Finkelhor and Kopiec that is reported in the article in this issue (1139-1158), listed above.

The authors of this study should be commended for their attempt to understand a complex social phenomenon and for drawing the field’s attention to a substantial decline in the numbers, whether or not this decline is real. Because numbers do matter to researchers, clinicians, policy makers, and the public, it is imperative that adequate data systems are in place in the United States and in other countries to track changes over time in the reporting and substantiating of child maltreatment. The limitations of such data systems need to be clearly delineated, as well. Without adequate data systems, the understanding of changes (either increases or decreases) in numbers over time will continue to be problematic for the field. Five years from now, it will be a continued disservice to all involved (including children and families) if administrators of child protection agencies are not aware of similar declines in reports of child maltreatment and if they are not clear about whether the decline represents good news or false hope.


The analysis of child sexual abuse cases presented in this Bulletin revealed that substantiated cases of child sexual abuse decreased from a national estimated peak of 149,800 cases in 1992 to 103,600 cases in 1998, a decline of 31 percent. This decrease occurred in the majority of States, with no clear regional pattern. The average decline for all States was 37 percent and for most the decline was gradual, rather than abrupt, and occurred over several years. Although cases of other types of child maltreatment have also declined in recent years, the decrease in child sexual abuse cases has
been more marked. Substantiated cases of physical abuse declined 16 percent from a 1995 peak, compared with a 31-percent decline in child sexual abuse cases. In addition to the decline in the number of substantiated cases, child sexual abuse reports also decreased from an estimated 429,000 in 1991 to 315,400 in 1998, a 26-percent decline. Possible explanations for the decline include a real underlying decline in the incidence of child sexual abuse or changes in attitudes, policies, and standards that have reduced the amount of child sexual abuse being reported and substantiated. It is possible that both of these processes are affecting trends in child sexual abuse.