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CHILD SEXUAL ABUSE STATISTICS Consequences

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}

Child sexual abuse has been linked to higher levels of risk behaviors.^{22,47,48}

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.⁶

FACT:

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

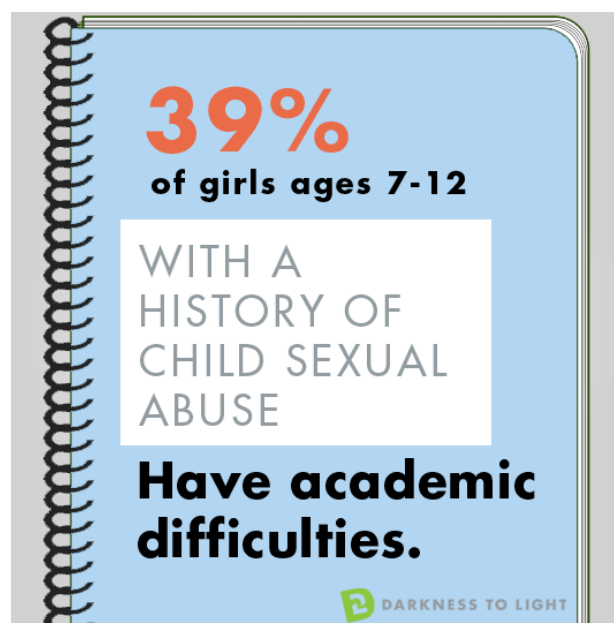
Adolescents who were sexually abused have a three to fivefold risk of delinquency.^{23,37,66,67,68,69}

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



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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 retention, increased need for special education services, and difficulty with school adaptation.⁶¹

39% of 7 to 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:

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

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 more than 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}



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CHILD SEXUAL ABUSE STATISTICS Long-Term Consequences

Child sexual abuse (CSA) 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 child sexual abuse victims are 2.6 times more likely to report substance use problems (65% versus 25% in general population.)⁷⁴

FACT:

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

The Center for Disease Control recently estimated the lifetime burden of a new substantiated case 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

FACT:

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

20 - 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:

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

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FACT:

Child sexual abuse is also associated with physical health problems in adulthood. It is theorized that this is a result 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.

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REFERENCES

- 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
- 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.
- 22 Walker, E.A. Gelfand, A., Katon, W.J., Koss, M.P, Con Korff, M., Bernstein, 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.
- 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.

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- 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.
- 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 validation 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. Sartorius (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., McDuff, 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.
- 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.
- 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.
- 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.

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- 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.