A Literature Review of Prevention and Treatments on Child Sexual Abuse

Jiani Cheng[*]

Pennsylvania State University, University Park, Pennsylvania 16802, USA
[*]Corresponding author. Email: jxc6135@psu.edu

ABSTRACT

Child Sexual Abuse (CSA) as a complex and cross-cultural danger to young kids has existed for long. CSA can result in long-term mental health issues, such as eating disorders and depression, lasted until victims' adolescence and adulthood. Inappropriate sexual behaviors and CSA-involved post-traumatic stress disorder (PTSD) can also be caused with a high possibility. To help potential victims to prevent CSA efficiently and offer resultful interventions to CSA victims, relevant therapies, prevention guidelines and polices have been developed. The main aim of this literature review is to reorganize these useful prevention methods into a comprehensive guideline for directing non-offending caregivers and potential and existed CSA victims. A total of 26 empirical studies were included into this literature. Three levels of group-based prevention caution for different care-giving populations are studied and detailed intervening steps and focused issued for each prevalent therapy are summarized in this review.

Keywords: child sexual abuse, group-based prevention, psychological treatment

1. INTRODUCTION

Child sexual abuse (CSA) as a great threat to children has long been there, while there were few cultural and political responses towards child sexual abuse until the late 1970s [1]. Child sexual abuse was prevailingly denied to be existed before early 1970s and most of undeniable cases were imputed to the consequences of controlling mothers and disharmonious family or to behaviors made by particular ethnic or racial groups. The arduous difficulties for conviction in that century in a lack of policy and psychological knowledge went without saying and survivors of CSA no doubt suffered from great distress even throughout their whole lives.

Well-documented negative effects of CSA have been studied. Both short-term and long-term negative effects can be result to children by CSA which include but not limits to depression (i.e., a mood disorder that involves a persistent feeling of sadness and upset) [2], anxiety (i.e., a feeling of worry and nervousness)

2. METHODS

An extensive literature search was conducted using the academic database PSU e-library as well as Google Scholar. The following search terms as well as their derivatives were entered: child sexual abuse, prevention, treatments, policy, family-based, school-based, CBT and internet offending. Studies were included in accordance with the following inclusion criteria: (i) included empirical data, (ii) made reference to other scientific journals, (iii), (iv), (v) have been published after 2000, (vi) CSA, (vii) and/or comorbidity and specificity. A total of 26 empirical studies were identified from the literature, 23 of which specifically assessed CSA and its involved knowledge.

3. THE PREVENTION OF CHILD SEXUAL ABUSE

CSA prevention can be designated as primary, secondary, and tertiary prevention these three types based on different target population [3]. Primary prevention as the most general and superior CSA prevention targets on all general populations with at all levels of risks of suffering from CSA and offers universal intervention techniques; parenting education classes and "Talking to Touching" child-focused classes [4] are two commonly viewed CSA primary preventions in daily. Policies involved in reducing the demand for children as sexual commodities and funds offered on supporting mental and physical health development of children are both generalized as vital components of preventing from CSA. Secondary prevention targets at-risk populations, such as

families facing great challenges (for example, economic stress and violent household) and childhood history (like caregivers suffered from CSA before) and offers targeted intervention techniques to reduce risks. Tertiary prevention as the final prevention works on treating populations which have been affected or have experienced CSA by supportive interventions.

Among all three levels of prevention, primary and secondary prevention are emphasized more than tertiary prevention. Primary prevention, such as child-focused education and adult-focused trainings, are widely prompted to empower children and their unoffending caregivers to protect themselves. Educating programs and criterion towards preventing CSA are also categorized and refined by different under-risk locations.

3.1. Parents-based prevention

Family-based prevention is treated to be the most efficient and frequently used CSA primary prevention as well as school-based prevention and is categorized into parent-focused training and children-focused education two items. Based one special and complex features of home place, it's regarded as the most safe and dangerous place of CSA. Among the global prevalence of child sexual abuse, 30% sexual offenders in these cases are victims' relatives, such as brothers and fathers, and 60% are other acquaintances out of the family, such as

neighbors and online "friends". Therefore, home is a place which has high possibly to happen sexual abuse but most likely to be ignored when offenders are known people [5]. While for non-offending parents and caregivers, family-based prevention can be the most handle tool protecting their kids from CSA.

Parents as caregivers takes a significant role in CSA prevention in their family unit. Externally, they can raise families' economic status, living in safe blocks and sending kids to better schools to create a safe, stable, and nurturing environments for children [6]. These protective strategies can passively lower possibility of external CSA threats but do no help in proactively protecting kids from existing CSA threats. As The Center for Disease Control and Prevention (CDC) recommended raising caregivers' consciousness and knowledge about CSA and educating children's self-protection skills are both involved in strengthening the awareness of underlying CSA dangers and in recovering better after suffering from CSA.

For parent-focused education, it's aimed at shifting focus of CSA education from children to adults. Many conditions are far beyond children's control even in the situation kids having enough CSA knowledge while adults can hold these conditions more easily. To make it clear on what and how should be done by parents, Martyniuk and Dworkin's 'five-goal plan for training parent' [7] can be used here in Table 1 below:

Table 1. Five-goal plan for training parent [7]

Goal	Description
Teach parents how to educate their children about sexual abuse prevention	·Discuss topics without scaring child.
	·Teach child how to protect him/herself.
	·Teach child how to tell what is and isn't abuse.
	·Tailor concepts to child's skills and developmental levels.
Teach parents how to protect their children from sexual abuse	·Understanding that most people who sexually abuse children are known to the victim and the victim's family.
	·Know the characteristics of people who sexually abuse children and the ways they manipulate parents and children.
Teach parents to recognize signs that abuse is occurring and take steps to stop it	·Identify signs of abuse.
	·Respond appropriately to disclosures.
	·Monitor sexual development.
	·Learn about local child abuse reporting systems and services for victims and families.
Teach parents how to strengthen healthy family dynamics	·Strengthen parent-child relationships.
	·Encourage supportive and open communication.
	·Discourage secrecy.
Support prevention efforts directed at children and other adults	·Reinforce prevention messages in multiple contexts.
	·Discuss prevention concepts in natural settings.

3.2. Child-focused education

Child education is another main parental protective strategy which aims on teaching children to recognize, resist and disclosure CSA. The education is usually recommended to be started at young age taught by close caregivers. Based on Martyniuk and Dworkin's mention in their meta-analysis [7] and Dr. Sanderson's paper [8] about current child-focus prevention programs about, a number of benefits of children-focus CSA prevention are summarized:

Helped define CSA Children are taught definitions of CSA and characteristics about CSA which can be helpful for distinguish. Higher awareness of CSA is also fostered to help children detecting underlying CSA dangers earlier.

Increased knowledge about CSA Children are taught possible traits about offenders and CSA behaviors. Offenders can be someone children know, such as their stepfathers and cousins. Strangers, like neighbors, have high possibility to be sexual offenders as well. Ways to define CSA are usually taught to note people's excessive expression of like and "bad" touches [8].

Taught on how to resist CSA Children are encouraged to say "No" in any situations they feel uncomfortable and unsafe to escape CSA situations. Self-protective knowledge and skills are taught to help children resisting CSA. Screaming to get other people's attention and physical skills to escape can be taught.

Encouraged children to tell what happened If sexual abuse hasn't happened but potential victims can tell what's going wrong to trustworthy people, it can prevent abuse from occurring and protect the child to be treated for the abuse. If damaged has already been made; the earlier victims can tell what happened and disclose who did it, the quicker it helps on ending the duration of abuse and help victims getting psychological support earlier.

Increased positive feelings and decreased shame about self Children should also be told that they are not blamed for sexual abuse, perpetrator is always responsible. Not being guilty helps children telling what happened more easily and walking out of the plight.

3.3. School-based prevention

As the most achievable group-based prevention, school-based CSA prevention works similar effects as family-based prevention does but adds up with education to bystanders.

School-based CSA prevention is the most the most evaluated prevention strategies [9] and has been proved efficient by much research. The aim of it is to educate children involved knowledges about CSA and to identify their private parts and the situations when children feel uncomfortable for touching. Content in school-based prevention is quite like that of family-based one but in forms of group-learning. Even with similar effects, school-based CSA education is important especially for families which find the topic of CSA hard to talk with kids and families in a lack of child-focused education [10].

School-based prevention usually starts at primary school and educates kids through class teaching and other acceptable ways. Schools can access large populations of children and adolescents from variable socioeconomic status families and kids who may be at particular risk together to take CSA education without stigmatization, this makes school the ideal setting for taking CSA primary and secondary prevention [11]. Furthermore, School-based CSA prevention education plays a role in educating bystanders, such as parents and teachers, and potentially encouraging CSA cases to be reported [11].

3.4. Protecting from internet sex offending

Internet sex offending as the less-prevalent way of CSA usually targets older kids as the main victims because of limits caused by technology. The young in age between 16-19 are in high risk on involving with online grooming [12], while the development of media are transferring the target population to younger age. They have high risk to be involved into many risky behaviors which may get themselves into CSA dangers. As Livingstone [13] recorded, children and teenagers have around 50% to providing personal information to strangers and the message leaking pathway can be ins, blog, chatting room and others. 40 per cent of teens will watch adult pornography online and 10% will meet an online contact [13]. All these behaviors will higher possibility of suffering from online offending.

Online offenders can be mainly divided into three types: one uses the Internet to groom children for the purpose of sexual abuse; one produce and/or download illegal indecent children's images and videos [14]; and the last one which was just identified is 'meeting a child after sexual grooming'. Internet sexual offenders gather leaked personal information and build up faked profile to make meeting opportunities. They may also show caring and encourage children to share worries with them in order to establish confident relationships [14].

To prevent online offending efficiently, public, non-offending caregivers and children themselves are all required to take actions. Public can take great effect on taking online CSA into people's notice and can increase perceived risk through ways. They can publicize arrests and criminals to make a warming effect. Setting up bogus child pornography website to target potential offenders is another way to increase perceived risk [14]. For parents and kids, enhancing awareness and concerns is the best

primary prevention. As Davidson [14] suggested in his book, the following three keys can help preventing online offending efficiently:

The use of internet filters and trackers Internet trackers help on both protecting personal information and reducing risk of reaching dangerous websites. Internet trackers can actively filter risky websites and avoid unreliable pop-ups to lower possibilities to leak personal information but also to reduce kids achieving to porn websites in early ages.

House rules concerning children's Internet use Rules about how and what can be reached on internet should be regulated by parents to create a safe net environment for kids.

Educating parents and children about online safety Except what have been talked in parents-based prevention, parents should also realize the underlying risk online and educate their kids how to avoid these dangers. Parents may teach kids how to protect their private information when surfing and lead kids to see the double-edged characteristics of network. Making children realize there are some faked and dangerous people they may touched online can help kids keeping alertness.

4. THE TREATMENTS OF CHILD SEXUAL ABUSE

Psychological treatments as the main tertiary CSA prevention are widely used on CSA victims in both of their young age and after they grow up. CSA sufferers in slight level have bigger possibilities suffering from post-traumatic stress disorder (PTSD) and have trouble to engage into normal sexual behaviors and some daily behaviors. With even worse situations, CSA victims can be the population with higher morbidity of depression, anxiety disorder and other mental health problems. Except from common interventions aimed at each mental disorders, observational study, Trauma-focused cognitive behavioral therapy (TF-CBT) and unique questioning methods and counseling ways are especially worked for CSA suffering group in young age.

4.1. The National Institute of Child Health and Human Development (NICHD) Investigative Interview Protocols for young victims

The NICHD Investigative Interview Protocols is a structured guideline for professional conducting interviews with suspected CSA victims [15]. It divides the whole interview processing into three phases: introductory phase, rapport-building phase, substantive or free-recall phase, and additional follow-up questions.

The NICHD Investigative Interview Protocols work for both talk therapy and interviews. It's mostly used in alleged sexual abuse incidents. The interview is recommended to take place in a relaxed and supportive environment to make child-witnesses feel comfortable so that more willing to communicate and to disclose more details.

4.1.1. Introductory Phase

The interview starts with the introductory phase; interviewer or psychological counselor will introduce themselves and clarifies the child's task of describing the event in detail truly. For children at an early age, they will learn how to construct the story in an expected right way. Ground rules and expectations are also taught in this phase. Additionally, children are going to be guided to recognize "I don't know" sentence as a valued and feasible answer during interview [16].

4.1.2. Rapport-Building Phase

Rapport-building phase is organized by narrative-training phase and the substantive part. The whole phase is used to establish rapport between the interviewer and the child. The phase is processed in a relaxed and supportive environment. In pre-substantive (narrative-training phase), more open-minded questions are asked, and the child is encouraged to talk about both positive and negative things in details which can be not related to the CSA issue. The goal for this phase is to comfort child, to build the rapport and to practice the narrative way taught in introductory phase. The phase shifts to the substantive phase with an oral invitation to the targeted event. Children are required to answer more direct questions about the event's details and are asked to make sure the authenticity of these details.

4.1.3. Free-Recall Phase

Free-recall phase starts with a similar invitation with that in substantive phase. Child is encouraged to freely recalling about the event by following open-minded prompts [16]. In this section, younger kids (4-6 years old) typically offer less-informed answers and require more prompts to keep working than older children [16].

Additionally, follow-up question section is selective when interviewer get little information from the previous three phases.

4.2. Trauma-focused cognitive behavioral therapy (TF-CBT)

TF-CBT which derived from cognitive behavioral model is the mainly used intervention on correcting abuse-related behaviors and backing CSA victims to normal daily lives. It works through breaking the bond between abuse-related cues and emotional response and avoiding avoidance behaviors by taking gradual exposure exercises [17].

Kids and teenagers who have experienced CSA will have great possibility on generalizing conditioned fear to daily things, such as darkness and male in blond hair, as a response to fear to CSA and conditions the CSA took. To avoid the anxiety CSA memory brought, victims will try to prevent experiencing these nonthreatening abuse-related cues and this action prevents them from enjoying positive and supportive learning experiences [17]. In this situation, TF-CBT is required to get involved to break the association between anxiety and innocent abuse-related cues and gradually guide victims adapt cues in daily. Observational learning works as another main mechanism to triggers young CSA victims into age-inappropriate sexual behaviors and other maladaptive behaviors by learning from sexual offenders. TF-CBT can also be used here to correct the wrong matching between behavior and cognition.

TF-CBT composed by separated individual sessions with both kids and parents is mainly conceptualized into three phases The initial phase aims on stabilization and communicative and narrative skills building. It's about more child-centered and parent-child conjoint sessions. The middle phase works intensive exposure-based activities that focus on children's personal sexual abuse experiences and trauma narration. And the final phase emphasizes trauma mastery and safety skills training to consolidate skills and parent-child bonding [17]. The whole processing of three phases takes 12-16 sessions and are formed by child, parents or/and conjoint sessions which can be modified based on the case need. For instance, more parent and conjoint sessions are needed when the kid exhibits significant behavior problems, and more child-centered sessions are planned when there's adolescents and kids in relative older age.

5. DISCUSSION AND FUTURE DIRECTIONS

Prevalent CSA prevention and interventions people discussed and used are mostly proven efficient on helping reducing potential victims. However, most of current existing CSA treatments and prevention have a common defect that they can't decrease potential perpetrators. The prevention of child sexual abuse targets the potential victims by altering children's behavior and self-protection awareness rather than focusing on the potential perpetrator. While there are so many conditions beyond children's control, they can't protect themselves well even with high awareness and CSA-involved education. Additionally, children's testimony needs series of verification to be proven valid and can be used during in trails [18]. All these make hard for those CSA victims striving for justice. More preventing ways and policies focus on controlling potential perpetrator are looking forward to be studied and explored in future.

6. CONCLUSION

The present studies have shown great lasting harm CSA can do on children's mental and physical health. To prevent this, society is required to contribute on policy building and education programming to protect potential victims' rights and safety and to fight CSA crimes. Teachers, parents, and other children's non-offending caregivers are all responsible for educating and protecting kids from CSA. These measures, such as family education and parent-child correlation, are the most efficient group-based primary and secondary prevention which can keep CSA away before it happens. Additionally, psychological interventions have been mature technology to treat poor kids who have suffered from CSA. Even involved policies are not totally comprehensive, it can be believed that CSA prevention will keep on developing and protecting children's safety.

REFERENCES

[1] Whittier, N. (2009). The politics of child sexual abuse: Emotions, social movements, and the state. Oxford University Press. DOI: https://doi.org/10.1093/acprof:oso/9780195325102.001.0001

[2] Widom C. S., DuMont K. & Czaja S. J. (2007). "A prospective investigation of major depressive disorder and comorbidity in abused and neglected children grown up". Archives of General Psychiatry. 64 (1): 49–56. DOI:10.1001/archpsyc.64.1.49. PMID 17199054. Lay summary – ScienceDaily.

[3] Hinds, T. S., Giardino, A. P., & SpringerLink (Online service). (2020). Child sexual abuse: Current evidence, clinical practice, and policy directions (1st 2020. ed.). Springer International Publishing.

[4] Madak, P. R. & berg, D. H. (1992). The prevention of sexual abuse: An evaluation of "talking about touching." Canadian Journal of Counseling, 26(1), 29–40.

[5] American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Arlington, VA: American Psychiatric Association. pp. 329–354. ISBN 978-0-89042-555-8.

[6] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Protection (CDC). (2019a). Essentials for childhood: Creating safe, stable, nurturing relationships and environments. Retrieved from https://www.cdc.gov/violenceprevention/childabuseandneglect/essentials.html

[7] Martyniuk, H. & Dworkin, E. (2011a). Child sexual abuse prevention: Programs for adults. National

Sexual Violence Resource Center. Retrieved from https://www.nsvrc.org/sites/default/files/2012-03/Publications_NSVRC_Guide_Child-Sexual-Abuse-Prevention-programs-for-adults.pdf

[8] Sanderson, J. (2004). Child-focused sexual abuse prevention programs: How effective are they in preventing child abuse? Crime and Misconduct Commission.

[9] Lynas, J., & Hawkins, R. (2017). Fidelity in school-based child sexual abuse prevention programs: A systematic review. Child Abuse & Neglect, 72, 10-21. DOI: https://doi.org/10.1016/j.chiabu.2017.07.003

[10] Rudolph, J., & Zimmer-Gembeck, M. J. (2018). Reviewing the focus: A summary and critique of child-focused sexual abuse prevention. Trauma, Violence & Abuse, 19(5), 543–554. DOI: https://doi.org/10.1177/1524838016675478.

[11] S.K. Wurtele, M.C. Kenny, Preventing child sexual abuse: An ecological approach, P. Goodyear-Brown (Ed.), Handbook of child sexual abuse: Identification, assessment and treatment, John Wiley & Sons, Inc., Hoboken, NJ (2012), pp. 531-565.

[12] Ofcom, (2009). Digital Lifestyles: Young adults aged 16-24, DOI: http://www.ofcom.org.uk/advice/media_literacy/medlitpub/medlitpubrss/digital_young/.

[13] Livingstone, S. (2009) Children and the Internet: Great Expectations and Challenging Realities.

[14] Davidson, J. C., & Gottschalk, P. (2011;2010;). In Davidson J., Gottschalk P. (Eds.), Internet child abuse: Current research and policy. Routledge. DOI: https://doi.org/10.4324/9780203847435

[15] "NICHD Investigative Interview Protocol | Youth.gov." YOUTH.GOV, Retrieved from https://youth.gov/content/nichd-investigative-interview-protocol (2007).

[16] Lamb, M. E., Brown, D. A., & Hershkowitz, I. (2018). Tell me what happened: Questioning children about abuse (Second ed.). Wiley.

[17] Deblinger, E., Mannarino, A. P., Cohen, J. A., Runyon, M. K., & Heflin, A. H. (2015). Child sexual abuse: A primer for treating children, adolescents, and their nonoffending parents. Oxford University Press, Incorporated.

[18] Whittier, N. (2009). The politics of child sexual abuse: Emotions, social movements, and the state. Oxford University Press. https://doi.org/10.1093/acprof:oso/9780195325102.001.0001