



SIMON FRASER  
UNIVERSITY  
Faculty of Health Sciences  
Children's Health Policy Centre

# Preventing and Treating Childhood Sexual Abuse

## A RESEARCH SUMMARY FROM THE Children's Health Policy Centre

FACULTY OF HEALTH SCIENCES, SIMON FRASER UNIVERSITY

### Our Research Reviews

In 2003, the BC Ministry of Children and Family Development (MCFD) made a long-term commitment to improving the mental health of children and youth in the province. The resulting five-year *Child and Youth Mental Health Plan* for BC takes a coordinated approach to strengthening prevention and treatment services, monitoring outcomes for children's mental health and enhancing public accountability for programs and services.

Our program supports the MCFD *Plan* by reviewing the best available research evidence on effective strategies for preventing and treating a variety of children's mental health problems, and by making recommendations to inform the development of related policies and services. Our full report on Preventing and Treating Childhood Sexual Abuse is available on our website at: [www.childhealthpolicy.sfu.ca](http://www.childhealthpolicy.sfu.ca)

### Understanding Childhood Sexual Abuse

Childhood sexual abuse includes an array of sexual activities perpetrated against children. It is not a diagnosis or a disorder. Reported rates of childhood sexual abuse vary widely with estimates ranging from 5–25%. However, sexual abuse may be underreported because it is often associated with secrecy.

Childhood sexual abuse occurs across all socioeconomic, educational, racial and ethnic groups. Known risk factors for childhood sexual abuse include: being female; being 12 years or older; or having a physical disability. Parental absence or impairment are also risk factors. In more than one-third of cases, the perpetrator of the abuse is a relative. Abuse by strangers is less frequent and accounts for approximately 5–15% of abuse cases.

December 2006

### If You Have Concerns About Your Child or Youth

The BC Ministry of Children and Family Development (MCFD) provides a wide range of direct clinical services and targeted community supports for children and youth at-risk or dealing with mental health problems, and for their families.

For more information, please contact your local MCFD office (listed in the Blue or Government Pages of the phone book) or visit: [www.mcf.gov.bc.ca/mental\\_health/help.htm](http://www.mcf.gov.bc.ca/mental_health/help.htm)

To learn more about *BC's Child & Youth Mental Health Plan*, please visit: [www.mcf.gov.bc.ca/mental\\_health](http://www.mcf.gov.bc.ca/mental_health)

*Preventing and Treating  
Childhood Sexual Abuse*

There is no distinct collection of symptoms exclusively associated with sexual abuse and the outcomes for children who have been sexually abused are diverse. Most sexually abused children display moderate to serious symptoms at some point after the abuse experience. Symptoms of posttraumatic stress and sexual behaviour problems are common, although up to 40% of sexually abused children display few or no symptoms. For such children, the possibility of delayed symptoms needs to be recognized.

Childhood sexual abuse is a serious violation of children's rights. Accordingly, all adults share a collective ethical responsibility to prevent sexual abuse. For those children whom we fail to protect from such experiences, there are effective strategies for treating the symptoms associated with sexual abuse experiences.

## Preventing and Treating Childhood Sexual Abuse

### Review Results

It is crucial that children and youth with established mental health symptoms get the care they need. But research shows that this is not always the case. Large studies in Canada and elsewhere have demonstrated that only about one in four young people with mental health problems (or 25%) currently receive specialized treatment services.

To reduce the overall number of children and youth who suffer from mental health problems, we must both treat children with existing problems and implement effective programs to prevent problems from occurring.

Our research summarized findings from relevant systematic reviews published between 1994 and 2005 on preventing and treating sexual abuse in young people (ages 0-18). In total, 40 reviews were retrieved. Of these, three prevention reviews and four treatment reviews met our inclusion criteria; the original studies included in each review ranged from 7 to 34.

### Effective Prevention

A diverse range of programs was found to increase children's knowledge and self-protection skills. Most programs focused on sexual abuse concepts and self-protection skills training. Programs using active participation and behavioural skills training produced the best outcomes. Additionally, longer programs, in duration and in number of sessions, were associated with better outcomes. None of the reviews were able to assess whether program participation actually reduced rates of sexual abuse.



### December 2006

- Preventing childhood sexual abuse is a priority. New research is needed on strategies for preventing adults and older children from becoming perpetrators.
- Research evidence indicates prevention programs are effective in increasing children's knowledge and self-protection skills.
- For children who have been sexually abused, it is critical to resolve child protection issues and to prevent re-abuse.
- In most cases, CBT interventions, especially those including a supportive non-offending parent, are the most effective approach for treating emotional and behavioural problems in children following an abuse experience.

*Preventing and Treating  
Childhood Sexual Abuse*



December 2006

### About Us

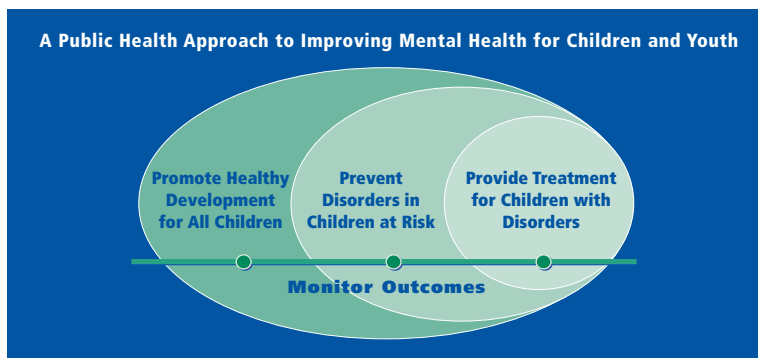
The Children's Health Policy Centre is part of the Faculty of Health Sciences at Simon Fraser University. We provide research, education and policy consultation services to build a broad public health strategy to improve the mental health and well-being of children and youth in British Columbia and Canada.

## Effective Treatment

Both individual and group cognitive behavioural therapy (CBT) improved emotional and behavioural symptoms. These gains were seen immediately after treatment and at one-year following treatment. Abuse-focused CBT, coupled with similar treatment for the non-offending parent, was assessed as being the most effective treatment for symptoms associated with childhood sexual abuse documented to date. There was less compelling research evidence regarding the management of the mental health needs of children who display few or no symptoms following experiences of sexual abuse.

## Recommendations from the Research

- Continued investments in prevention programs are warranted. Prevention programs should be of sufficient duration and include high levels of child participation. Repeating programs at regular intervals can help to ensure that positive effects do not diminish over time.
- For the up to 40% of sexually abused children displaying few or no symptoms, it is important to monitor their mental health needs. Educational interventions to prevent further victimization, to clarify and normalize feelings and to educate parents may be helpful.
- For sexually abused children who are experiencing emotional and behavioural problems, treatment should be modeled after the CBT interventions described in the full report.
- Ensure all new prevention and treatment programs are consistent with the research evidence or are evaluated to ensure they improve outcomes for children and youth.



*Preventing and Treating  
Childhood Sexual Abuse*