

SHAPING THE FUTURE

2019 ATSA Conference | Thursday November 7 | 1:30 PM – 3:00 PM

T-24

Child Sexual Abuse: Promoting Primary Prevention

Lianne Fuino Estefan, PhD, MPH
Ruth W. Leemis, MPH
Beverly L. Fortson, PhD
Pam Brown, MEd
Kathleen C. Basile, PhD
Centers for Disease Control and Prevention

Preventing child sexual abuse (CSA) is a public health priority. Compared to attention paid to treatment for victims and criminal justice-oriented approaches for perpetrators, comparatively little attention has been given to the evidence-based prevention of CSA. Thus, currently, there are limited effective, evidence-based strategies for preventing children from experiencing CSA. This presentation will describe the burden of CSA as a public health problem, strategies used for primary prevention of CSA, gaps in the research, and ideas for addressing current research gaps. Specific information that will be included in the presentation is highlighted below.

CSA is a serious, preventable public health problem that affects millions of children each year. Broadly defined, CSA refers to all forms of inappropriate sexual conduct involving a child under the age of 18. This includes any sexual conduct by an adult, or forced or unwanted sexual conduct by another child of the same or different age. While available data likely underestimates the prevalence, available data suggests that 3.7 million children are exposed to CSA each year in the US. Approximately 1 in 4 girls and 1 in 10 boys experience CSA at some point during childhood. Victimization can lead to a myriad of physical and mental health consequences over the lifetime, and increases the likelihood of revictimization in adulthood. A number of risk and protective factors have also been identified. Importantly, most perpetrators are someone the child knows or someone known to the child's family – only 10% (or fewer) of CSA cases are perpetrated by a stranger. Thus, it is critical to clearly distinguish risk and protective factors by type of perpetration.

There is currently a limited evidence base on the prevention of CSA. While several types of strategies have been implemented, it is not clear whether they are effective in preventing CSA. These include perpetrator management programs to prevent perpetration, school-based programs to prevent victimization, and programs specific to preventing peer-perpetrated CSA. Strategies for preventing the perpetration of CSA are increasing at the individual level of the social ecology; however, increased activities are needed across all levels, including relationship, community, and societal. To be effective at preventing CSA, comprehensive strategies that incorporate multiple approaches at all levels of the social ecology are critical.

The lack of specific attention to assessment and prevention of CSA has resulted in a number of gaps across all areas of the public health model. These gaps include the

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availability and quality of data; the need for a better understanding of the factors that increase and decrease risk for CSA perpetration; the need for additional policies, programs, and strategies to prevent CSA; and the need for dissemination and implementation of existing evidence-based strategies.

Childhood sexual abuse affects millions of children annually – but it is preventable. While there is considerable attention to the criminal justice response after CSA is perpetrated, it is equally important to prevent CSA from ever happening. To ensure safe, stable, nurturing relationships and environments for all children, there must be increased coordination and collaboration among the many stakeholders focused on preventing CSA.

Learning Goals:

- Describe public health burden of child sexual abuse.
- Describe evidence-based strategies for preventing child sexual abuse.
- Discuss gaps in the research and opportunities for future public health investment in child sexual abuse prevention.

Lianne Fuino Estefan, PhD, MPH is a Behavioral Scientist in the Division of Violence Prevention at the Centers for Disease Control and Prevention. Her research and evaluation interests are in the prevention of intimate partner violence, teen dating violence, and child abuse and neglect. She has a special interest in families at risk for experiencing multiple forms of violence, and maternal and infant home visiting. She is an expert in community-based research. Prior to joining CDC, she was a Research Assistant Professor at the University of South Florida and a Senior Research Scientist at NORC at the University of Chicago, where she led projects on child health and violence prevention. She earned her MPH and PhD in public health from the University of South Florida College of Public Health.

Ruth Leemis, MPH is a behavioral scientist in the Division of Violence Prevention within the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention. Her research interests include the primary prevention of sexual violence, sex trafficking, and suicide, as well as the identification of effective cross-cutting violence prevention strategies that incorporate a shared risk and protective factor approach. She is also working to promote sex trafficking prevention efforts using the public health framework. Ruth received a BA in Environmental Studies and Political Science and an MPH in Behavioral Sciences and Health Education from Emory University, and is a part-time PhD student in the Health Promotion and Behavior program at the University of Georgia. Ruth has clinical and school-related research and evaluation experience from previous positions with the Emory University Department of Urology, Emory Prevention Research Center, DVP's Surveillance Branch School-Associated Violent Death Study, and ICF International.

Beverly L. Fortson, PhD, currently works as a research psychologist in the Sexual Assault Prevention and Response Office with the Department of Defense (DOD) and has been in this position since February 2019. Prior to joining DOD, Dr. Fortson spent 10 years as a behavioral scientist in the Division of Violence Prevention at the Centers for Disease

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Control and Prevention conducting research on child abuse and neglect and sexual violence. In her current position, she focuses on research for preventing sexual violence in the military. Dr. Fortson received her B.S. in psychology from the University of Georgia in Athens, GA, and her MA and PhD in Clinical Child Psychology from West Virginia University in Morgantown, WV. She completed a predoctoral internship at the Medical University of South Carolina in Charleston, SC, and a postdoctoral fellowship at Duke University Medical Center in Durham, NC. She has provided clinical services to children and families for over 19 years and is a licensed clinical psychologist.

Pamela B. Brown, MEd is a Public Health Analyst in the Division of Violence Prevention in CDC's National Center for Injury Prevention and Control and has worked in the area of violence prevention for more than 30 years, including policy and partnerships, and program management, development, implementation, and evaluation at the local, state and national levels. Prior to working at the CDC, Pam was the Director of Programs at Prevent Child Abuse Georgia. In this role, she oversaw PCA Georgia's statewide child abuse prevention programs, technical assistance to state and local partners, the development and delivery of child abuse and neglect prevention training for professionals from multiple disciplines, and served as PCA Georgia's representative on state and national collaborative efforts.

Kathleen C. Basile, PhD is a Senior Scientist in the Office of the Associate Director for Science in the Division of Violence Prevention at CDC. Dr. Basile has been at CDC since 2000. Her main research interests are the measurement, prevalence, risk and protective factors, and health consequences of sexual violence and intimate partner violence of adults and adolescents. Before coming to CDC, Dr. Basile was a Research Associate in the Andrew Young School of Policy Studies at Georgia State University where she led education policy related research. She received her M.A. and Ph.D. in Sociology from Georgia State University.