



Child sexual abuse: research priorities

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Learning objectives

- Global overview of child sexual abuse
- Research gaps
- Examples of innovative research



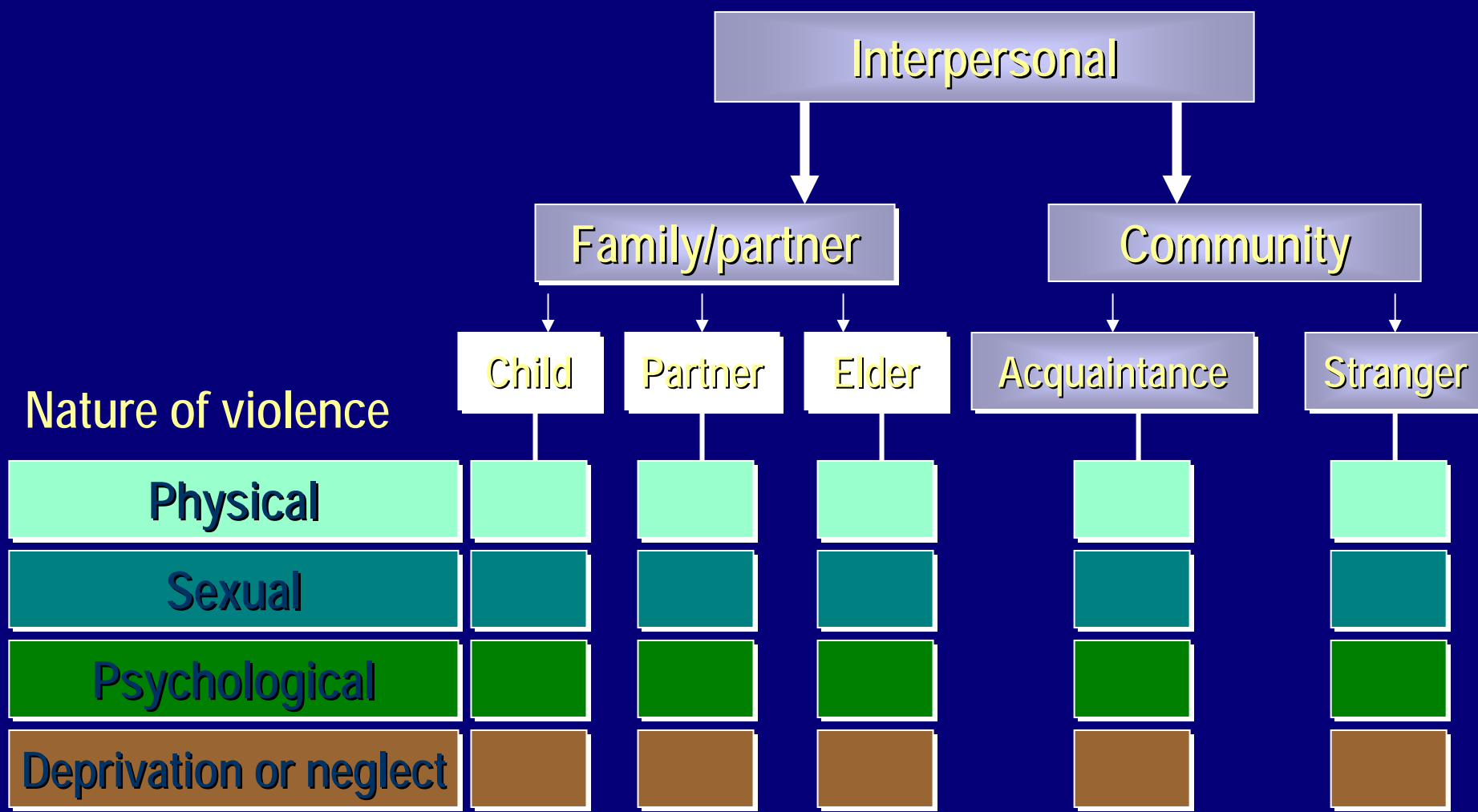


WHO Definition

"Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. "



Typology of violence





Measurement issues





Measurement issues

- Ethics
 - Disclosure
 - Who gets asked, and when?
 - Definitions used (non-contact, contact, intercourse)
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Prevalence of CSA

- World report on violence and health (2002)
 - Females .9% - 45%
 - Males 1% - 19%
 - WHO Comparative Risk Assessment 2001
 - Females 25%
 - Males 8%
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Prevalence of CSA

Prevalence estimates by region and sex

	AFR	AMR	EUR	EMR	SEAR	WPR
FEMALE	21-43%	8-26%	15-28%	28%	7-68%	28-29%
MALE	10-30%	7-20%	4-12%	12%	6-35%	6-29%

Source: Comparative Quantification of Health Risks: Child Sexual Abuse, WHO 2004



Risk factors

- Post-pubertal child, female child
 - Male perpetrator
 - **Parent characteristics:** parent maltreated as child, low self-esteem, poor impulse control, mental health problems, socially isolated, intimate partner violence occurring in home
 - **Community factors:** high levels of unemployment and concentrated poverty, low social capital
 - **Societal factors:** inequalities related to sex and income, cultural norms around gender and family, weak social protection system, weak criminal justice system, conflict and war
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Sexual and reproductive health consequences

- STIs, including HIV/AIDS
 - Sexual dysfunction
 - Unwanted pregnancy
 - Reproductive health problems
 - Increased risk of repeat victimization
 - Difficulties with intimacy
 - Early sexual initiation
 - Low rates of condom use
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Psychological and behavioural consequences

- Alcohol and drug abuse
 - Developmental delays
 - Eating and sleep disorders
 - Feelings of shame and guilt
 - Poor school performance
 - Poor relationships
 - Poor self-esteem
 - Suicidal behaviour and self-harm
 - Post-traumatic stress disorder
 - Delinquent, violent and other risk-taking behaviours
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Long-term health consequences

- Cancer
 - Chronic lung disease
 - Fibromyalgia
 - Irritable bowel syndrome
 - Ischaemic heart disease
 - Mental health problems
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Mental health consequences

Mental health problem	Percentage of disease burden attributed to CSA	
	Females	Males
Depression, Alcohol abuse, Drug abuse	7 to 8%	4 to 5%
PTSD	33%	21%
Suicide attempts	11%	6%
Panic disorders	13%	7%

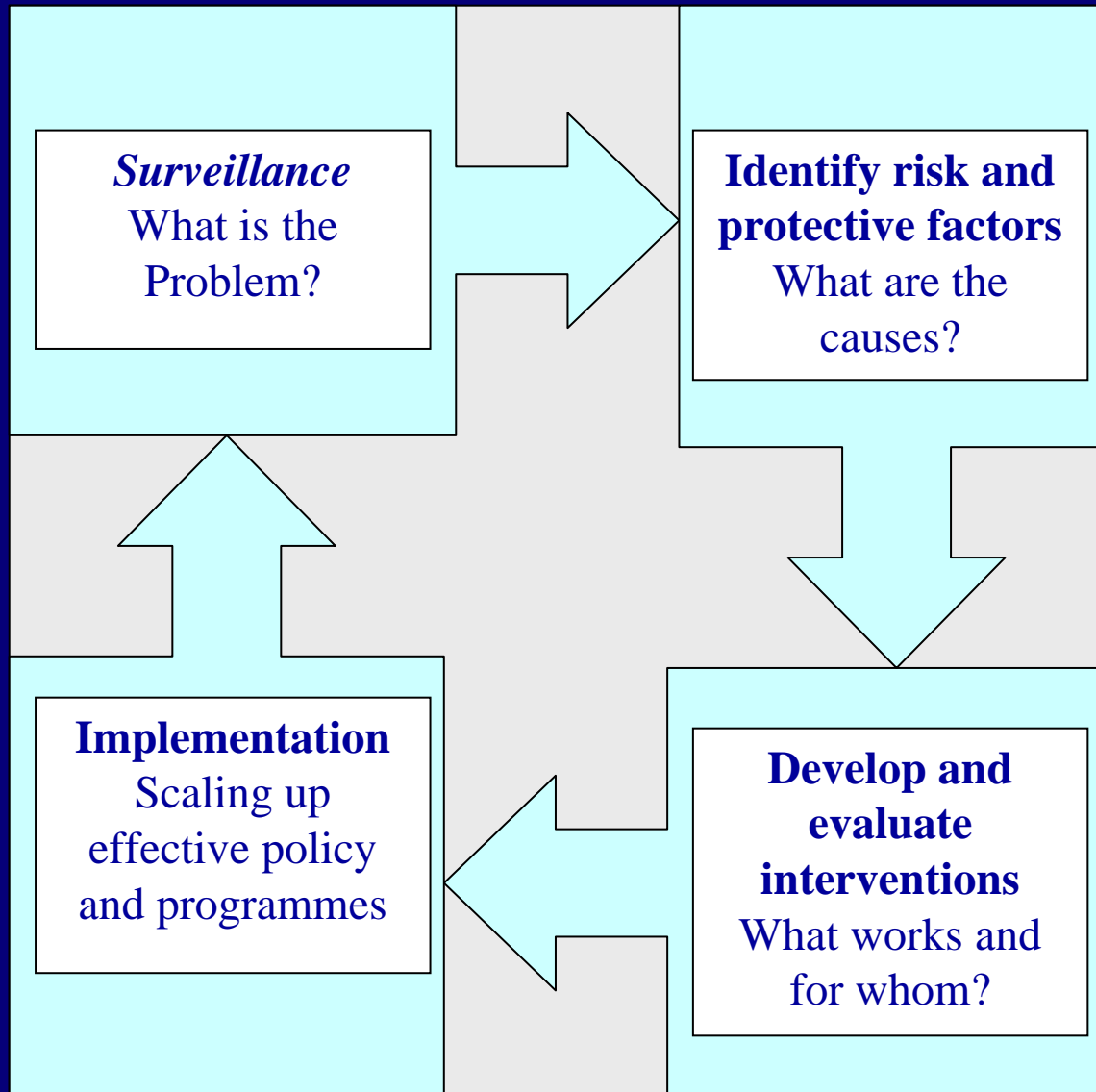


Primary prevention

- School-based programmes
 - Early childhood home visitation
 - Training in parenting
 - Social, cultural, and gender norms
 - Legislation and policy
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CSA: research needs





CSA: research needs

Understanding of problem + Knowledge of what works to prevent it → Implementation



Catalyzing research

Understanding of problem + Knowledge of what works to prevent it \longrightarrow Implementation

1. Awareness
2. Convincing arguments

CATALYST

What is needed to improve this reaction?



Arguments for action

- Human rights
 - Cycle of violence
 - Costs
 - Long-term consequences and impact on burden of disease
 - Effective and cost-effective prevention
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