Prevalence

A recent national study estimates that 42.2% of female rape victims were raped before the age of 18 and 27.8% of male victims were first raped when they were ten years old or younger.  

It is often difficult for victims of child sexual abuse to disclose the abuse they suffer. Many child sexual abuse survivors wait until adulthood to tell someone and process the abuse they endured. A majority of minors who are sexually abused never tell, or delay telling, about the abuse.

Why Children Do Not Report

There are many reasons why victims choose not to tell anyone about the abuse or report it to law enforcement. In most child sexual abuse cases, the perpetrator is known to the minor and is often a trusted adult or family member. Research indicates that the closer the victim is to the abuser, the less likely they will disclose the abuse. In instances where the perpetrator is a close family member, such as a parent or a grandparent, the victim may not say anything for fear of what will happen to his or her family if they do so. Along with the confusion they may experience as a result of being victimized, they may also be fearful of what will happen to them if they disclose the abuse. Additionally, many perpetrators use threats and intimidation to silence young victims. For some victims, sexual abuse may happen so often it becomes normalized.

Impacts

Because it is so underreported, we cannot determine the full extent of the impact of child sexual abuse. However, we know that child sexual abuse has lasting impacts on survivors, their families, and significantly impacts our communities. The impacts on victims and survivors vary and most often include long-lasting physical, mental, and emotional issues.

Child sexual abuse also creates substantial financial impacts. Costs include crisis services; medical treatment for victims/survivors (both short- and long-term, mental and physical); lifetime loss of income; expenses to the state and individuals as a result of the criminal justice process; and incarceration for perpetrators, including treatment and management. According to a recent report released by the Centers for Disease Control and Prevention, the total lifetime estimated financial costs associated with just one year of confirmed cases of child maltreatment (physical abuse, sexual abuse, psychological abuse, and neglect) is approximately $124 billion.

Investing in Prevention

Investing in child sexual abuse prevention — indeed, the prevention of all types of sexual violence — is paramount to ending child sexual abuse. Child sexual abuse prevention includes a willingness to model and have honest discussions with children about healthy relationships. The prevention of further sexual abuse of children is also important. This includes reporting suspected sexual abuse (this does not mean you need to investigate the abuse; it just must be a good faith report that sexual abuse is suspected) to your local law enforcement or child protective services.
Maine Network of Children’s Advocacy Centers
The Maine Network of Children’s Advocacy Centers is a membership organization committed to promoting Children’s Advocacy Centers (CACs) and supporting existing and emerging centers. The Network promotes the development, growth, and utilization of CACs and multi-disciplinary teams to more effectively respond to Maine’s sexually abused children and their families.

National Children’s Alliance
The National Children’s Alliance is a professional membership organization dedicated to helping local communities respond to allegations of child abuse in ways that are effective and efficient - and put the needs of child victims first.

Understanding Child Sexual Abuse Definitions and Rates
This factsheet helps to break down definitions and rates of child sexual abuse, and discusses the importance of prevention.

Adverse Childhood Experiences (ACE) Study
The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being.

Sources
5. Ibid.