

Sexual Abuse in African American Children:
Underreporting and Long-term Effects

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Abstract

Child sexual abuse (CSA) is a major concern and identified as a persistent problem worldwide. Child sexual abuse may be experienced by those of all economic backgrounds, genders, ages, races, and ethnicities. The American Psychiatry Association (2014) defines child sexual abuse (CSA) as any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Abusive sexual behaviors committed against children can include acts of touching and non-touching, such as child pornography. Depending on the population studied and the definition used, it affects 2-62% of women and 3-16% of men as victims of CSA. A literature review was conducted to assess underreporting of CSA in the African American community and the effects it has on those who experience sexual abuse.

Introduction

Child sexual abuse (CSA) is an ongoing occurrence within the United States and throughout other regions of the world. Child sexual abuse may carry many definitions based on the person and the offensive act that occurred. The Centers for Disease Control and Prevention (CDC) refers to child sexual abuse as the involvement of a child (person less than 18 years old) in sexual activity that violates the laws or social taboos of society and that he/she does not fully comprehend, does not consent to or is unable to give informed consent to, or is not developmentally prepared for and cannot give consent to (CDC, 2021). The CDC (2021) notes CSA is a significant but preventable adverse childhood experience (ACE) and a public health problem. The CDC estimates that approximately one in thirteen boys and one in four girls experience sexual abuse at some point in their childhood years. Additionally, it is noted that accurate data on the prevalence of CSA is underestimated and the lifetime economic burden of CSA in the United States in 2015 was at least \$9.3 billion. Although, this value is likely an underestimate of the true impact of the problem since CSA is underreported. Researchers concluded in 91% of cases, the perpetrator is someone the child or the child's family knows or is familiar with (CDC, 2021).

Reporting and Occurrence of Sexual Abuse in the African American Community

Fontes and Plummer (2010) discussed cultural issues when disclosing CSA in specific communities and cultures. Religious norms and cultural practices affect how children disclose CSA and how it is discovered by their parents, in the United States and internationally. The individuals or families may or may not know the offender, which can present issues in reporting the abuse to the proper authorities. Some African American family members may want to avoid bringing shame to their family if it is a close member of their family, feel they can handle the

situation themselves, or be fearful of reporting the perpetrator. Allowing their religious leaders to pray for them and trusting their Higher Power that the problem will be resolved is another alternative that no further abuse will occur. Specific guidelines are introduced to assist in being culturally appropriate and sensitive to the needs of the client (2010). Exhibiting cultural sensitivity by withholding judgement and being aware of the cultural differences, may elicit more information from the child being abused, who may be from a different culture. The more understanding you are of the abused individual's needs, the likelihood of establishing a rapport is possible. Thereby getting them to discuss the abuse and identify the abuser is a crucial piece of the disclosure.

Murray et. Al. (2014) examined sexual abuse directed at children and adolescents occurring all over the world in many different cultures. It is at times perceived as an act that is committed towards females from only strangers in non-rural areas. Child sexual abuse is committed all over the world, by men and women alike. The perpetrators may be family members, friends, strangers, or acquaintances. Child sexual abuse is common in all cultures, communities, and environments. There are many challenges that remain with CSA, cultural considerations, and family dynamics.

Effects of Child Sexual Abuse

According to the CDC (2021), experiencing CSA is an adverse childhood experience that can affect how a person thinks, acts, and feels over a lifetime, resulting in short- and long-term physical, mental, and emotional health consequences. Examples of mental health problems include depression, anxiety, and post-traumatic stress disorder (PTSD). Behavioral problems from CSA include alcohol and substance abuse, risky sexual behaviors such as promiscuity and unprotected sex, and suicide attempts or at an increased risk for suicide. Re-victimization is a

common effect associated with CSA (2021). Recent studies have found, females exposed to CSA are at a 2-13 times increased risk of sexual victimization in adulthood and individuals who experienced child sexual abuse are at twice the risk for non-sexual intimate partner violence. Additionally, the odds of attempting suicide are six times higher for men and nine times higher for women with a history of CSA than those without (CDC, 2021).

The original CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection and investigates childhood abuse and neglect and household challenges and later-life health and well-being (CDC, 2021). Demographic information is from the entire ACE Study sample (n = 17,337). The questions of the study refer to the individuals first 18 years of life and were divided in male and female. Sexual abuse was defined as an adult, relative, family friend, or stranger who was at least five years older than you ever touched or fondled your body in a sexual way, made you touch his or her body in a sexual way, attempted to have any type of sexual intercourse with you. Major findings of the study where ACEs were common across all populations, but some are more vulnerable due to their socio-economic conditions in which they live, learn, work and play. At least two-thirds of study participants reported at least one ACE, and more than one in five reported three or more (CDC, 2021). Early adversity is proven to have lasting effects on the individual experiencing CSA. The effects can be presented as injury, disease, unwanted pregnancy, alcohol and substance abuse, lack of education, low-income status, and impaired life opportunities.

Prevention of Child Sexual Abuse

Preventive measures to reduce ACEs and stop CSA are promoting social norms, strengthening economic support to families, teaching skills and ensuring strong foundation for children, mentoring programs, and enhanced primary care to help detect problems (CDC, 2019).

According to Collins et. Al. (2013), there are two major areas to examine in the prevention of CSA, offender “management” and educational programs delivered primarily in school settings. The first area is offender “management” where approach that aims to control known offenders, for example, registries, background employment checks, longer prison sentences and various intervention programs. The second most frequent approach, primary prevention, involves universal educational programs generally delivered in schools and aimed at potential victims (2013). While there are advantages to these methods, they are not all inclusive and a multi-faceted approach should be implemented to curb CSA.

Conclusion

Child sexual abuse is a form of maltreatment and is seen as a worldwide problem that can have lasting effects on a person's overall health. CSA affects all people; no matter their culture, religious affiliation, socioeconomic status, gender, or race. The trauma of CSA can carry long-term effects and threats to the individual's mental health and overall well-being. Although, with the appropriate education and intervention CSA can be prevented, but many victims may not report or the abuse goes undetected. Providing effective services to all victims of CSA should help to alleviate barriers to disclosure and reporting of the abuse. Developing safe, stable, culturally appropriate sensitive relationships and environments for children and their families will help alleviate ACEs that lead to CSA.

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