

CHILDHOOD

WORLD CHILDHOOD FOUNDATION
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OUT OF THE SHADOWS INDEX:

**SHINING A LIGHT ON
PREVENTION OF AND
RESPONSE TO CHILD
SEXUAL EXPLOITATION
AND ABUSE IN THE
UNITED STATES**

RESEARCHED AND
DEVELOPED BY

**ECONOMIST
IMPACT**

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Introduction

Child sexual exploitation and abuse (CSEA) is a complex, multifaceted, and constantly evolving issue, especially as the internet becomes an increasingly large part of children and adolescents' lives and relationships. States' radically different approaches to sex education, the foster care system, and provision of social services further complicate the issue. This can make it challenging to understand how the United States (US) is addressing what the American Medical Association called a "silent epidemic"¹

Although estimates of the percentage of child sexual abuse cases that go unreported vary, the Department of Justice's National Crime Victimization Survey indicates that fewer than one-in-three sexual assaults in the US against people of all ages are reported.² According to Linda Johnson, Executive Director of Prevent Child Abuse Vermont, "the average age for revealing experiences of child sexual abuse is 52.³ And the reason children do not tell during childhood is because often those who offend

them tell them they caused the abuse to happen and children are generally dependent on the individuals who sexually abuse them. It is a very large hurdle to overcome. Telling is not simple."

Over the past decade, this issue has been getting more attention. In 2015, the movie *Spotlight* won best picture at the Oscars. It tells the story of how *The Boston Globe* uncovered widespread child molestation in a Massachusetts Catholic Archdiocese. Following the 2016 Beijing Olympics, over 250 women and girls—including two US Olympic gold medalists—accused physician Larry Nassar of child sexual abuse in one of the most publicized court cases of the past five years.^{4,5} Yet the issue persists: the United States Department of Health and Human Services (HHS) released reports indicating that nearly 5,000 complaints of sexual abuse of migrant children in US custody were filed between 2015 and 2019.⁶ And the Archdiocese of Chicago paid out over \$8 million in settlements to victims⁷ of child sexual abuse from 2017 to 2020.⁸

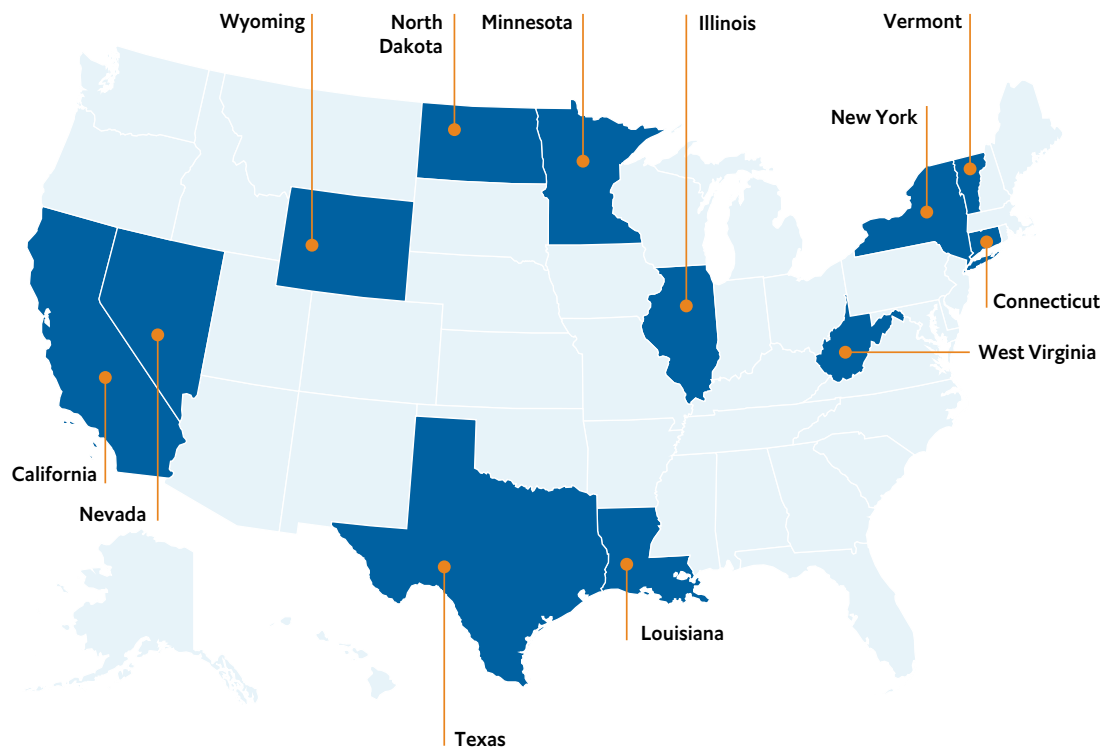


The World Childhood Foundation USA's (Childhood USA) *United States Pilot Out of the Shadows Index* (the US pilot index), developed by Economist Impact, is designed to help uncover how states are tackling CSEA both in person and online. The study builds on the Global Out of the Shadows Index that was first released in 2019 by benchmarking the prevention of and response to CSEA in 12 US states⁹. Using 182 individual

metrics aggregated into 22 indicators and four pillars, the US pilot index assesses states' legal frameworks; policies and programs to protect and educate children and key stakeholders; provision of support services for victims and offenders; and the justice process for victims.

Visit the [United States Pilot Out of the Shadows Index website](#).

Figure 1: 12 pilot states across regions, income levels and sizes to provide an overarching picture of what is happening in the US



Source: Economist Impact

Key findings

The US does not have a holistic, consistent, child-centered vision for how to prevent and respond to CSEA (see Figure 2). Every state in the pilot study has substantial gaps in its system to protect children from CSEA. These gaps differ from state to state, but there is a common thread: the prevention and response system does not consistently place the interests and needs of the child at its core.

Three-quarters of the states in the pilot study (pilot states) do not consult children when developing plans to prevent child maltreatment—Louisiana, New York, and Texas are the exceptions. Illinois, Texas, and Vermont are the only states that have consulted CSEA victims on their experiences of the response system.

In this study, the word children refers to all persons under the age of 18 (i.e., the legal definition of a minor in the US).

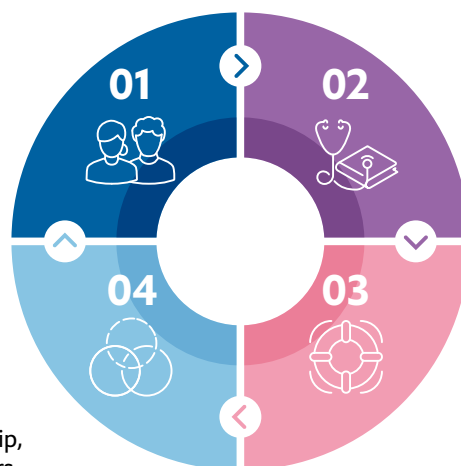
Figure 2: A holistic approach to preventing and responding to CSEA

Centered on the child

Recognizes the interests of the child and promotes the child's decision-making throughout the system

Considers the broader social environment

Sensitive to the interplay between individual, relationship, community, and societal factors in which violence is embedded



Responsive to public health needs

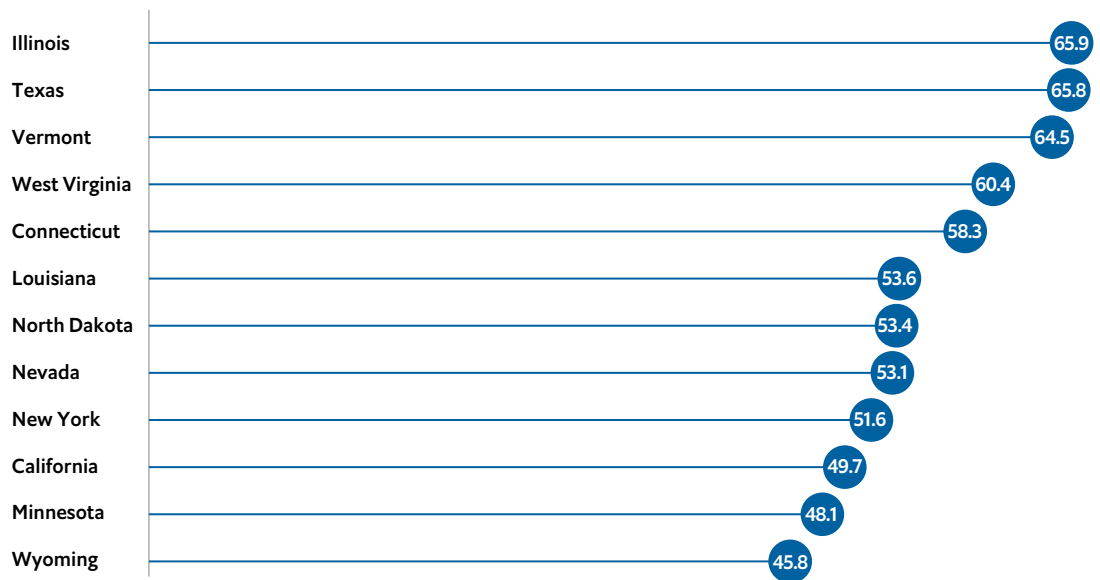
Recognizes sexual violence is preventable and that individual and community education must be promoted

Ensures response preparedness & support

Prepares and empowers frontline workers and communities to lead effective and trauma-informed response efforts

Figure 3: Overall score by state

Scored 0-100 where 100 = best



Source: Economist Impact

Note: States that have been in the firing line recently around issues related to CSEA, like Texas and West Virginia, are making changes to their prevention and response systems; however, anecdotal evidence indicates that implementation is still weak and improvements in access to and quality of provision need to be emphasized.^{10,11}

While states encourage policies and programs that are critical to preventing CSEA, many do not require that such policies and programs be implemented. Almost half of the pilot states do not mandate that students receive instruction on CSEA awareness and allow parents to opt-out of their children

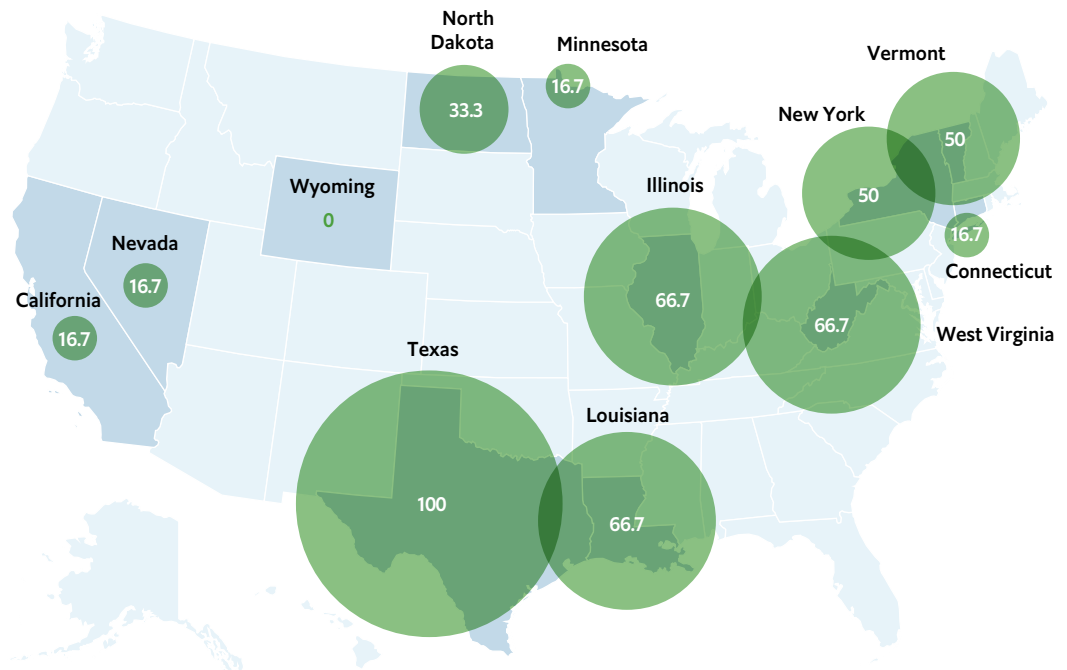
receiving CSEA awareness instruction. This lack of requirement means that counties and/or school districts decide which parts of prevention education are provided in schools, leaving children unaware of how to protect themselves both in consensual sexual encounters with other children and nonconsensual sexual encounters.

Sex education is not responsive to public health needs. Although sex education and HIV/sexually-transmitted infection (STI) instruction is mandated in most states, there are few requirements that such instruction be evidence based or medically accurate. Only Illinois requires sex education to be evidence based and just three pilot states require sex education to be medically accurate. This gap is exacerbated by a lack of access to holistic sex education, which encompasses both healthy sexuality and relationships and social-emotional learning.

The training and education gap is not only impacting children. Texas is the only pilot state that provides comprehensive education to key staff in schools and youth-serving organizations on preventing and responding to sexual abuse (see Figure 4). Three-quarters of the pilot states do not provide funding to youth-serving organizations for training on preventing child sexual abuse or peer-facilitated sexual abuse.

Figure 4: States' performance on indicator 2.2. Educating providers

Scored 0-100 where 100 = best



Source: Economist Impact

Note: Composite score of 2.2.1 Child sexual abuse prevention training (school personnel); 2.2.2 Child sexual abuse prevention training (youth-serving organizations); and 2.2.3 School staff training on trauma and mental health

Across states, facilities and personnel involved in the response to CSEA are often undertrained and unsupported... Only two pilot states require that child welfare agencies be trained on child sexual abuse at specific intervals and just three require personnel trained in the examination of sexual abuse victims to be employed or on call at hospitals/emergency rooms. The average mean wage for child, family, and school social workers is lower than the overall state mean wage in every state except North Dakota. Just two pilot states—Connecticut and Texas—have assessed the workload of child welfare workers in the past two years and developed caseload standards.

...and Children’s Advocacy Centers (CACs)¹² bear the brunt of the response without being guaranteed financial support. Although there is widespread access to CAC services across states, just under half of the pilot states do not have a line item for CAC funding in their state budget. Many CACs rely on fundraising, which can put pressure on critical response providers and coordinators in the CSEA response system. According to Holly Fleming, Program Director at the Children’s Advocacy Centers of California, “We are not written into the state budget... many CACs have to do their own fundraising, which is a reason a lot of counties decided to place the centers in child protective services, law enforcement or hospital because it’s a larger entity that already has pretty stable funding.”



The remainder of this report explores the US pilot index findings, shining a light on how effective states’ prevention and response systems are. It pinpoints areas that states should be prioritizing to tackle the problem and highlights good practices and innovative solutions that states and stakeholders across education, civil society, and others are taking to address the challenge. It aims to help stakeholders across the US end this “silent epidemic”.

An effective system for prevention and response

The US does not have a holistic, child-centered system in place to prevent and respond to CSEA. During the US pilot index development process, Economist Impact conducted interviews with government, academic, and civil society stakeholders to understand how the US is approaching CSEA prevention and response. Stakeholders across the board had one very clear message: the current prevention and response system is blind to the needs of the child and the child's broader environment. It requires a coordinated approach or roadmap to both address and, ultimately, end this issue.

The US pilot index is a first attempt to develop this holistic, coordinated approach. Our framework is designed to answer the questions “*what does a holistic approach to protect children from CSEA and empower children to protect themselves look like?*” and “*are states developing systems, policies and programs that are aligned with this holistic approach?*” Through our framework, we have defined what a holistic approach looks like. It is a prevention and response system sensitive to the broader socio-ecological environment that gives priority to the interests and needs of the child.

This report goes through each pillar of a child-centered holistic approach to combating CSEA, highlighting how existing prevention and response systems are falling behind.

A **holistic approach** is a prevention and response system sensitive to the broader socio-ecological environment that gives priority to the interests and needs of the child.



(See Figure 1 for detail)

Pillar 1: The child comes first



There is an international recognition that children have the fundamental right to be protected from sexual exploitation and abuse. The 1990 Convention on the Rights of the Child sets out that states will “protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”.¹³ The benefits of ensuring that children are protected against CSEA are clear: adverse experiences during childhood can “affect how a person thinks, acts, and feels over a lifetime, resulting in short- and long-term physical and mental/emotional health consequences.”¹⁴ Consequences of CSEA also include increased risk of sexual victimization in adulthood and a potential risk of future perpetration of child maltreatment.¹⁵ A 2018 study estimates that the total economic burden of child sexual abuse in the US was approximately \$9.3 billion in 2015.¹⁶

Ensuring children are protected from sexual exploitation and abuse necessitates building prevention and response systems that focus on children first. This involves asking questions

including “is this policy or program in the best interests of the child?”, “is this policy or program accessible to, and responsive to, the needs of children?” and “have children had the opportunity to participate in the development of this policy or program?” The US pilot index shows that across the country, states have a long way to go.



Prevention

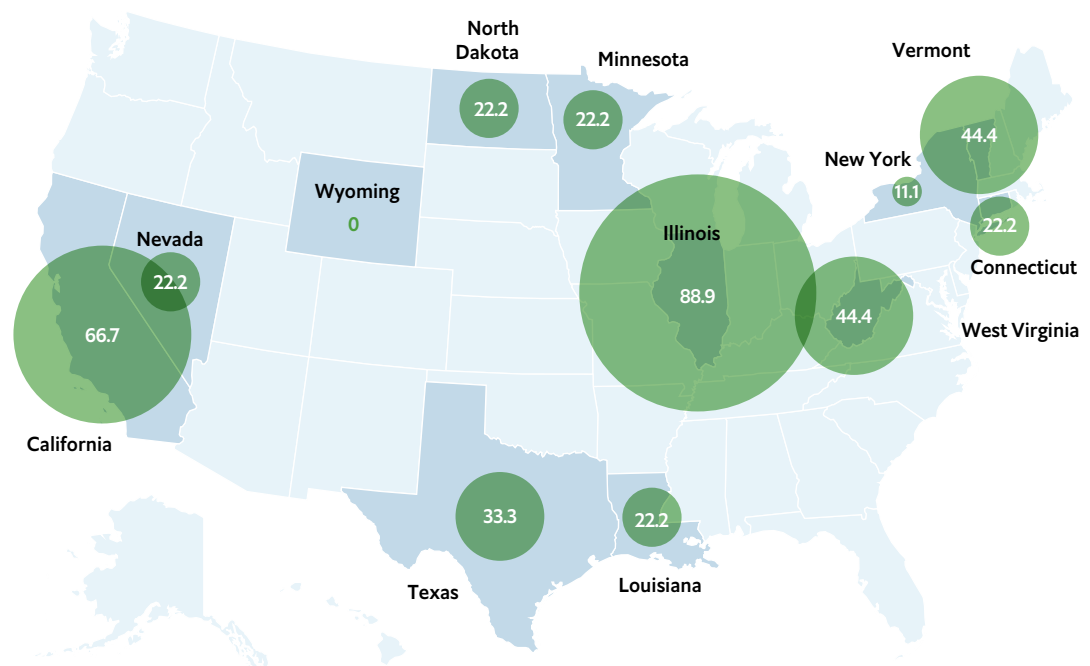
Sex education and education on child sexual abuse awareness and online safety across the US are often insensitive to the needs of the child, failing to give them the tools they need to make informed decisions and protect themselves. Although most pilot states require sex education and education on STIs, fewer than half require that such education cover contraception and just three—California, Illinois, and Louisiana—require this education to be medically accurate. Illinois is the only pilot state that requires sex education to be evidence based. Further, only Vermont and West Virginia have fully excluded parental “opt-out” and “opt-in” provisions for sex education (see Figure 5).

Children in the US are not given the tools needed to ensure their own safety and autonomy.

According to Dr. Nina Agrawal, a pediatrician with a specialization in child abuse pediatrics and trauma-informed medical care for child maltreatment victims, “What is needed is a holistic approach to sexual health and sex education. And that doesn’t just mean preventing pregnancy and STIs. We’ve made progress there. It’s body safety—talking about private parts, beginning at age four or five. We need to start giving children names for their body parts so they have control over their bodies. Not discussing these body parts and not giving a child this information makes them more vulnerable to getting abused.”

Figure 5: Indicator 2.1 Mandatory sex education

Scored 0-100 where 100 = best



Source: Economist Impact

Note: This is a composite score of 2.1.1a) State mandated sex education; 2.1.1b) State mandated HIV/STI education; 2.1.1c) Sex education: contraception; 2.1.1d) Sex education: medically accurate; 2.1.1e) Sex education: evidence based; 2.1.1f) Sex education: culturally responsive; and 2.1.1g) Sex education: exclusion of parental “opt-in” and “opt-out.”

This gap in comprehensive education extends to risks of sexual exploitation and abuse online. Despite the fact that 95% of 3 to 18 year olds in the US had home internet access in 2019¹⁷ and that, in a survey of 18 to 20 year olds,¹⁸ almost 45% of respondents said that they had been asked to do something sexually explicit online that made them uncomfortable by a peer, an adult they knew or someone they did not know, just three states—Connecticut, Louisiana, and West Virginia—mandate that children receive online safety education that covers the risks of sexual exploitation and abuse.

It is possible that children’s exclusion from agenda setting and policy development have contributed to gaps in states’ education systems. Only three pilot states include the voices and/or experiences of youth in the drafting of state plans to prevent child maltreatment, including Texas, whose Department of Family and Protective Services published its “Prevention and Intervention, Five-year Strategic Plan on child sexual abuse and exploitation prevention” in September 2021. This plan includes insights from focus groups with both parents and youth to determine if the plan is addressing their needs.¹⁹

How states did it: good practice for online safety education

- LA RS § 17:280 establishes that Louisiana requires public schools to provide in-classroom instruction regarding internet and cell phone safety and the potential risks of online CSEA.
- West Virginia’s House Bill 4402 mandates that students K-12 receive instruction on child sexual abuse awareness and prevention including social media usage and content.

“The law is currently set up to prevent children from marrying before their parents want, but does not offer protection for children whose parents are making them marry. But we also cannot just ban the issue and call it done. More often than not child marriage is happening outside of ‘the system’. What we need are better tools for helping folks more effectively identify this harmful practice while acknowledging the pressures that these young people are facing.”

Ramatu Bangura, lead of the Children’s Rights Innovation Fund

Although states’ legislation criminalizing specific acts of CSEA are generally strong, a holistic legal approach to preventing the issue that targets a wide range of evidenced risk factors while remaining responsive to children’s needs is still missing. New York and Minnesota are the only states that have eliminated all exceptions to child marriage for those under the age of 18.



Response

While the voices of children and victims are seldom included in agenda setting, they are also excluded from reviews and assessments of the response system.

Nearly half of the pilot states have undertaken reviews of the response system that include the voices of service providers, community-based stakeholders, and law enforcement, but just one-quarter include victims.

How states did it: victim-informed assessments of the response system

- The Illinois Criminal Justice Information Authority's 2016 Victim Needs Assessment included in-depth interviews with 60 victims of violent crimes and their family members (including child sexual abuse victims) around their experiences with the justice system and other support services.

This lack of feedback is particularly concerning because, in many cases, law enforcement and judicial processes lack child-friendly and trauma-responsive tools.

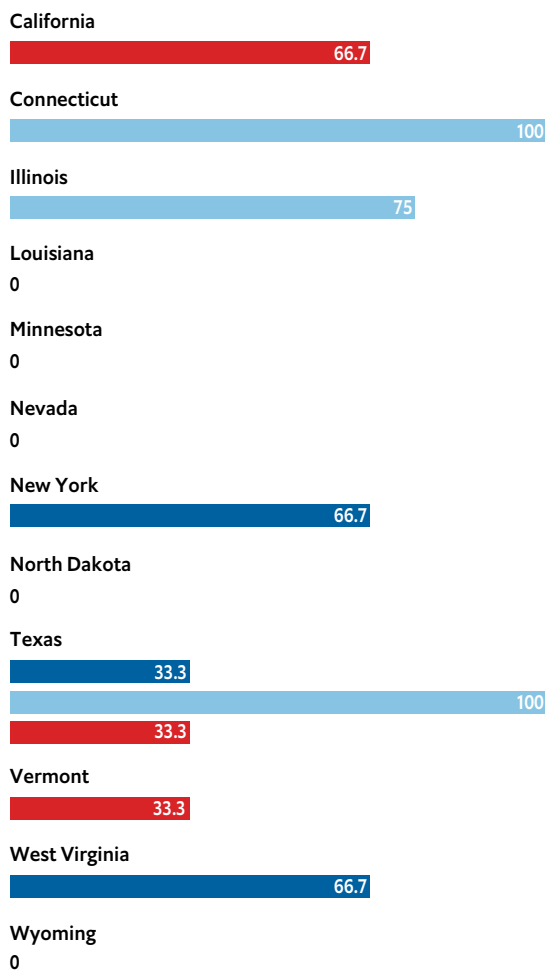
Just three pilot states—Connecticut, Illinois, and Texas—require that law enforcement personnel receive child-friendly, trauma-informed, and child sexual abuse-specific training at defined intervals. Texas is the only pilot state that requires prosecutors, judges, and other judicial officials to receive trauma-informed training at specific intervals, while California is the only pilot state that requires such officials receive training on cases of child sexual abuse at specific intervals (see Figure 6). And while all pilot states have enacted some legislation to ensure that a child does not have to testify in front of a defendant in cases of child sexual abuse, fewer than half have legislation that restricts the number of times a child can testify in a child sexual abuse case.



Figure 6: Training for relevant authorities

Scored 0-100 where 100 = best

- Child welfare workers
- Law enforcement officials
- Justice officials



Source: Economist Impact

Note: Child welfare workers were assessed on mandatory child sexual abuse training, mandatory training on culturally sensitive practices, and mandatory training on the impacts of trauma. Law enforcement officials were assessed on mandatory child-friendly training, mandatory child sexual abuse training, mandatory training on the impacts of trauma, and mandatory training on working with those with mental and/or developmental disabilities. Justice officials were assessed on mandatory child sexual abuse training, mandatory training on the impacts of trauma, and mandatory training on working with those with mental and/or developmental disabilities.

Child-centered judicial processes go beyond ensuring officials in the justice system are trained to be responsive to children and that court processes are child-friendly. When possible and appropriate, **judicial processes should take into consideration the child's wishes** in making a decision that will affect the child, which is a practice that almost every pilot state mandates. Moving beyond the traditional justice process, states are using restorative justice to bring the victim and offender together in a process that focuses on the victim's need to move toward recovery and the offender's responsibility for repairing the harm.²⁰ **Despite the comparative nascence of restorative justice, three-quarters of the pilot states facilitated victim-offender dialogues through either programs or statutes.**

“In its current form, the criminal justice system is not positioned to promote justice, healing, or accountability; its central aim is to punish, engaging those who experienced harm only as a means to ensure a conviction. Putting someone in prison may stop the abuse of the child but it does not inherently support the healing of the child. On the other hand, restorative justice starts with the needs and desires of the people who have been harmed, including the family of those who've been abused.”

Julian Ward, Facilitator, The Ahimsa Collective

Pillar 2: Child sexual exploitation and abuse is a public health problem



In 2019, the Centers for Disease Control and Prevention (CDC) wrote, “CSA [child sexual abuse] is a serious public health problem”.²¹ Public health problems are medical issues with high prevalence that have large-scale impacts on individuals that trickle down into society, but are largely preventable. The CDC notes that self-reported data from 2013-14 suggests that 3.7 million children in the US are exposed to child sexual abuse each year.²²

It is crucial to provide comprehensive support and response systems for those who experience CSEA, but focusing on preventing CSEA from ever occurring is key to ending the epidemic. A recent study estimates that up to three-quarters of sexual offenses against children under 18 are by other children. Sexual offenses where children are the perpetrators are seldom the result of deviant sexual arousal and often have unrelated root causes.²³ This is particularly true for children under 12 who experience “problematic sexual behaviors”. In most cases, problematic sexual behaviors are manageable: according to the Moore Center for the Prevention of Child



Sexual Abuse, “problematic sexual behaviors can be controlled and managed, and therefore... initial first-time sex crimes might be avoided.”²⁴ Even among adults convicted of sex crimes, recidivism rates tend to be low: 80% of convicted adults never commit another sex crime.²⁵



Interrupting cycles of harm

Violence does not often occur in isolation: those who experience maltreatment in childhood are often exposed to multiple forms of abuse, such as sexual abuse, emotional abuse, and exposure to family abuse.^{1,2} Other forms of victimization, such as bullying or exposure to community violence, have also been highlighted as commonly occurring in tandem with child maltreatment.³

Experiencing or witnessing violence as a child can also contribute to intergenerational cycles of abuse, as children may learn that interpersonal conflict can be resolved through violence.^{4,5} Evidence suggests that adults who were abused or neglected as children are at increased risk of engaging in abusive or neglectful parenting themselves,⁶ although most survivors of child maltreatment do not go on to perpetuate abuse against their own children.⁷ In some cases, children may also attempt to re-enact or emulate the actions of their abusers. Children who have been sexually abused are more likely to exhibit highly sexual behavior and/or engage in problematic sexual behavior (PSB).^{8,9,10} Prior victimization, however, is not an explanatory factor for all cases of PSB; a range or combination of other factors, including familial, social, developmental, economic, and exposure to sexually explicit media, have also been spotlighted.¹¹

Such evidence underscores the need for prevention and response systems built to simultaneously address a range of risk factors, maltreatment types, and historical experiences of violence for both the victim and the perpetrator. As Julian Ward from the Ahimsa Collective highlighted, “those who cause harm have often been harmed. You have to engage with them to understand what led them to commit a violent act in the first place. We have a responsibility to break the cycle of harm.”

1 <https://aifs.gov.au/cfca/publications/rarely-isolated-incident-acknowledging-interrelatedness-child-maltrea>

2 <http://theannainstitute.org/ACE%20folder%20for%20website/30TIND.pdf>

3 <https://pubmed.ncbi.nlm.nih.gov/20171535/>

4 <https://pubmed.ncbi.nlm.nih.gov/14562454/>

5 https://www.euro.who.int/__data/assets/pdf_file/0008/98783/E90619.pdf

6 <https://www.sciencedirect.com/science/article/pii/S0145213499000277>

7 <https://pubmed.ncbi.nlm.nih.gov/8352342/>

8 <https://www.sciencedirect.com/science/article/abs/pii/S0145213488900300?via%3Dihub>

9 <https://pubmed.ncbi.nlm.nih.gov/19550260/>

10 <https://www.semanticscholar.org/paper/Sexually-Abused-Children-Who-Exhibit-Sexual-Chromy/76e0d4df3a4f3140f84fbcf44db222890b77f2c1>

11 https://tce.researchinpractice.org.uk/wp-content/uploads/2020/05/children_and_young_people_with_harmful_sexual_behaviours_research_review_2014.pdf

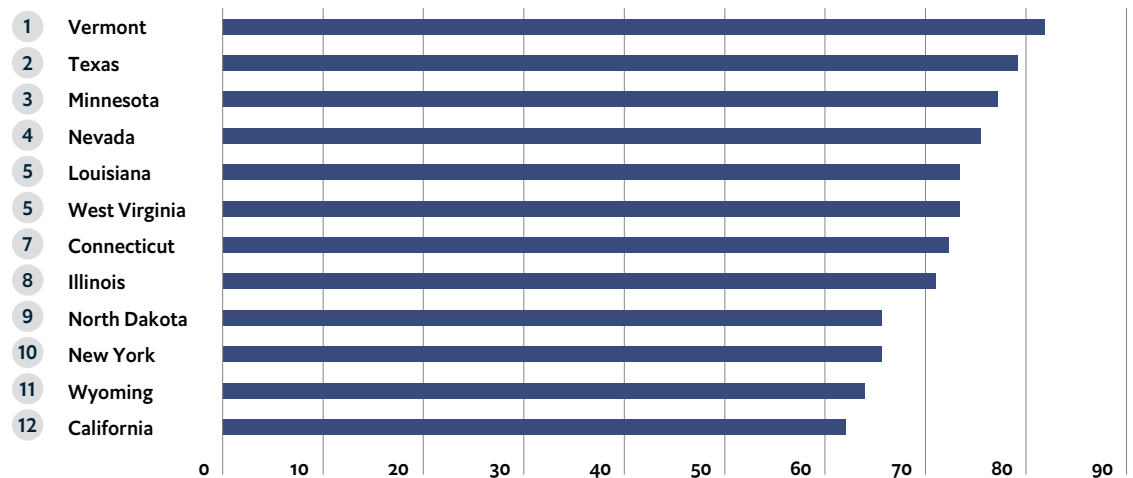
Traditionally, stakeholders have placed much more emphasis on responding to CSEA than on preventing it. Where prevention has been emphasized, the focus has primarily been on passing legislation that criminalizes acts of CSEA rather than developing comprehensive services to support potential child and adult offenders (see Figure 7).

A 2010 review of public health agencies in all 50 states and the District of Columbia found that over 70% of offered programs target intimate partner violence, but only one-fifth offered child sexual abuse prevention programs, highlighting the limited focus placed on prevention of child sexual abuse.²⁶

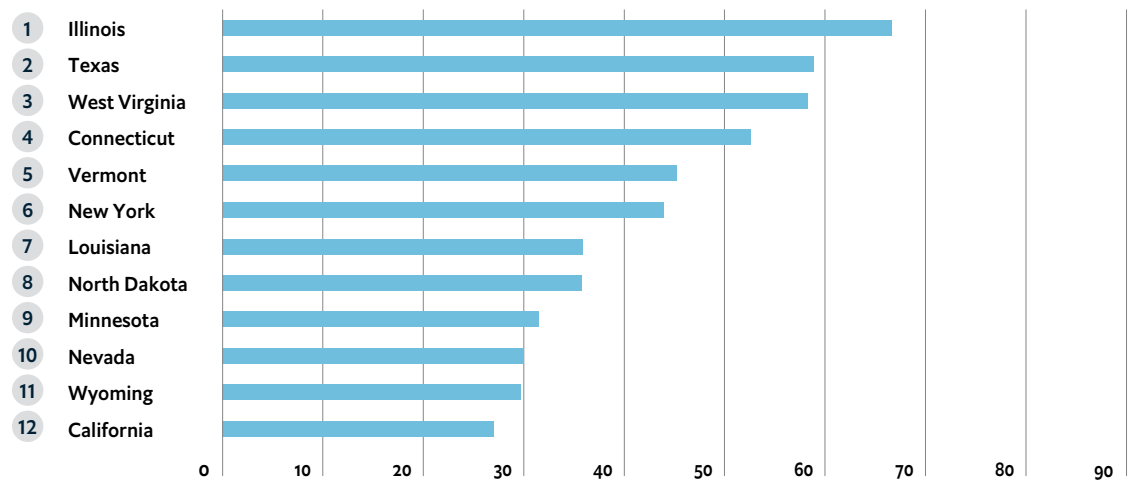
Figure 7: State performance in Legal Framework & State Capacity and Policies & Programs

Scored 0-100 where 100 = best

Legal Framework & State Capacity



Policies & Programs



Source: Economist Impact

This lack of focus on prevention has resulted in gaps around education for children.

According to Dr. Agrawal, “Child sexual exploitation and abuse is a public health issue, and sex education is not responsive to public health needs.” However, **these gaps extend to adults and professionals who work and engage regularly with children.** As such, when they encounter cases of CSEA, they often do not have the knowledge and/or tools to engage effectively.

Texas is the only pilot state that has comprehensive training and education for providers working with children (see Figure 8).

This training and education includes mandatory training on child sexual abuse and peer-facilitated sexual abuse for school personnel; training and state funding for training on peer-facilitated sexual abuse for employees of youth-serving organizations; and training on trauma and mental health for school staff. Training for employees of youth-serving organizations on peer-facilitated sexual abuse is a particular area of weakness for almost every state, which is particularly concerning given the large percentage of CSEA cases that are perpetrated by those under 18.

“Child sexual exploitation and abuse is a public health issue, and sex education is not responsive to public health needs.”

Dr. Nina Agrawal, Child Abuse Pediatrics Specialist



Figure 8: Existence of training/education for providers

● Yes ● No or information not publicly available

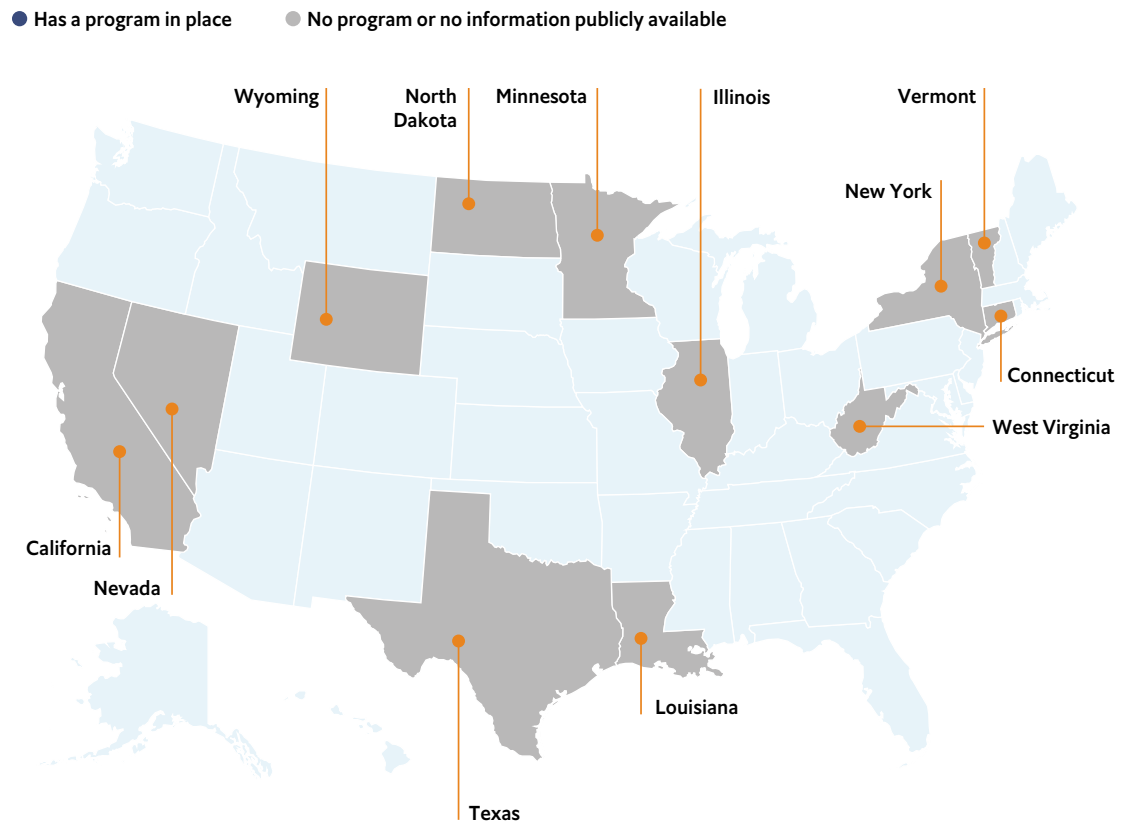
	California	Connecticut	Illinois	Louisiana	Minnesota	Nevada	New York	North Dakota	Texas	Vermont	West Virginia	Wyoming
Does the state require that teachers and other school personnel receive training on child sexual abuse before they can work with minors (e.g., on the prevention, identification, and reporting of child sexual abuse)?	●	●	●	●	●	●	●	●	●	●	●	●
Does the state require that teachers and other school personnel receive training on peer-facilitated sexual abuse?	●	●	●	●	●	●	●	●	●	●	●	●
Does the state require employees of all youth-serving organizations receiving state funding to undergo training on child sexual abuse before they can work with minors?	●	●	●	●	●	●	●	●	●	●	●	●
Does the state require that employees of all youth-serving organizations receive training on peer-facilitated sexual abuse?	●	●	●	●	●	●	●	●	●	●	●	●
Has the state passed legislation requiring school staff to have training on the impacts of trauma on students?	●	●	●	●	●	●	●	●	●	●	●	●
Has the state passed legislation requiring school staff to have training on mental health issues?	●	●	●	●	●	●	●	●	●	●	●	●

Source: National Board of Educators; Economist Impact

Perhaps **the biggest gap in states' prevention efforts is that no pilot state has government-supported services available for people who might be at risk of offending** (see Figure 9). Support systems for potential offenders are almost entirely provided through civil society and non-profit organizations, and, in almost all cases, these programs focus on

those who have been convicted of a CSEA crime rather than those who might be at risk of committing one. For example, North Dakota's "Sex Offender Treatment and Assessment" is a non-profit organization that provides evidence-based treatment and support for individuals convicted or adjudicated of sexual crimes.²⁷

Figure 9: Does the state have a government and/or government-affiliated program to provide information and help-seeking services to support people who are concerned they may be at risk of sexually abusing children?



Source: Economist Impact



Pillar 3: Ensuring response preparedness & support



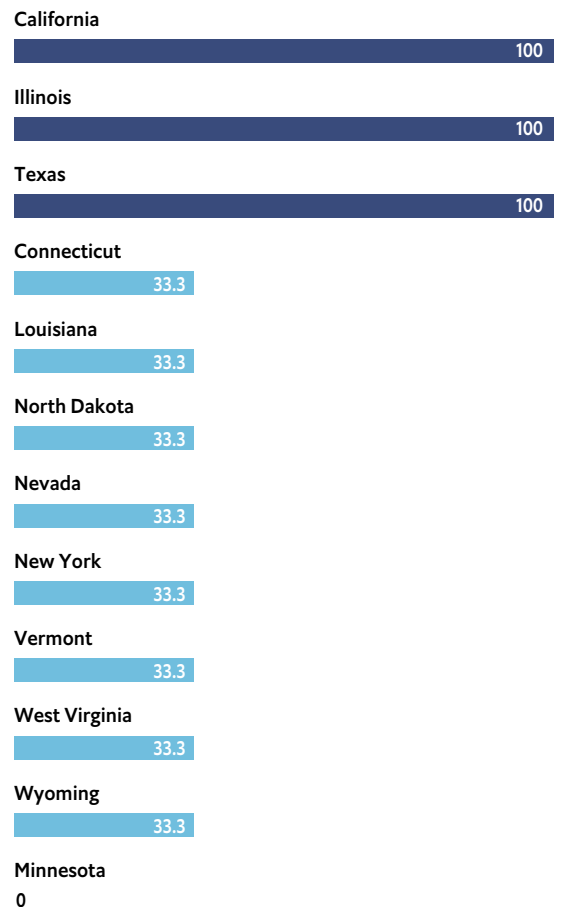
Prevention efforts must focus on providing education, training, and support services to prevent CSEA crimes from occurring, but **response services must also be adjusted to deal with the immediate and long-term consequences of exposure to CSEA in a way that is aligned with responding to a public health problem.** This shift requires adjusting medical response services and clinical evaluations to make them free of charge and trauma informed, and **ensuring that comprehensive long-term medical, emotional/psychological, and financial support is available to minimize individual and society impacts.**

Medical response

Most emergency medical-response facilities do not have staff trained in providing medical care to child and adolescent victims of sexual assault (see Figure 10). Only three pilot states require personnel trained in the examination of sexual abuse victims to be employed or on call at hospitals/emergency rooms, and just one-third have established a protocol for the examination of sexual assault victims that includes specific guidance for adolescent and child victims. In the three pilot states where key medical-response personnel are available and receive training, there are almost no requirements that such training be ongoing or provided at defined intervals.

Figure 10: Medical response for child sexual abuse victims

Scored 0-100 where 100 = best



Source: Economist Impact

No pilot state provides comprehensive medical support free of charge to CSEA victims outside of reimbursement through victim compensation programs (see Figure 11). This includes provision of pregnancy testing, emergency contraception, STI testing,

medications, treatment for injuries sustained during the assault, and counseling. Just three pilot states prohibit hospitals and medical professionals from billing CSEA victims for emergency contraception and two for treatment of injuries sustained during the assault.

Figure 11: Medical support provided free of charge by state

● Yes ● No or information not publicly available

	California	Connecticut	Illinois	Louisiana	Minnesota	Nevada	New York	North Dakota	Texas	Vermont	West Virginia	Wyoming
Pregnancy test	●	●	●	●	●	●	●	●	●	●	●	●
Emergency contraception	●	●	●	●	●	●	●	●	●	●	●	●
STI testing	●	●	●	●	●	●	●	●	●	●	●	●
Medications	●	●	●	●	●	●	●	●	●	●	●	●
Treatment for injuries sustained during the assault	●	●	●	●	●	●	●	●	●	●	●	●
Counseling	●	●	●	●	●	●	●	●	●	●	●	●

Source: Economist Impact

How states did it: providing free-of-charge medical support

- The Illinois Sexual Assault Survivors Emergency Treatment Act establishes that hospitals and other healthcare providers shall not bill a sexual assault survivor directly for “medical forensic services”, including evaluation for STIs, medication, pregnancy risk evaluation, and emergency contraception.
- Connecticut’s Office of Victim Services (OVS) contracts with non-profit and public agencies to provide free therapy services to crime victims, including sexual assault victims.

Financial compensation

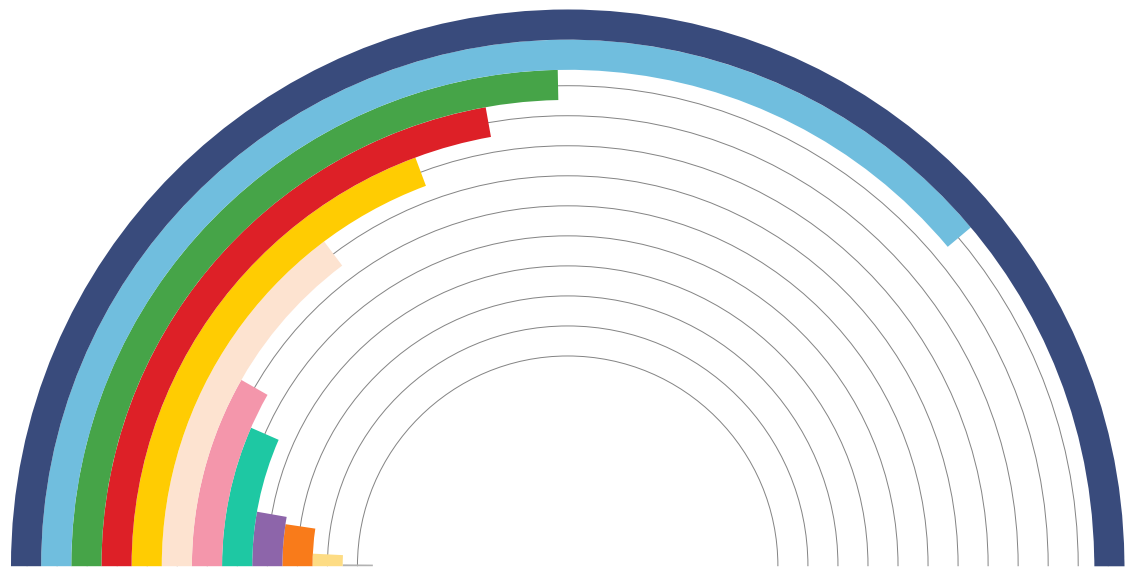
Financial support and reimbursement for medical and legal costs is mainly provided to CSEA victims through victim compensation programs. However, **many states have age and time restrictions or requirements to report CSEA crimes to law enforcement that limit access to compensation.** Fewer than half the pilot states have either eliminated all reporting requirements for CSEA victims to be able to apply for compensation or have established more flexible reporting standards that allow victims to report a CSEA crime to sexual assault advocates or child protective services. Average wait times for compensation are over three months in half the pilot states (see Figure 12).



Figure 12: Average wait time/backlog for victim compensation

Number of days

- Louisiana 205
- West Virginia 180
- Connecticut 135
- Illinois 132
- Minnesota 131
- New York 103
- Vermont 61
- California 49
- Texas 21
- North Dakota 18
- Wyoming 6
- Nevada 1



Source: Everytown Research & Policy

Child welfare

At the core of the emergency and long-term response are CACs, Child Protective Services, and child welfare workers. Across states, child welfare workers and agencies are often undertrained, underpaid, and underfunded. In every pilot state except North Dakota, the average mean wage for child, family, and school social workers is lower than the overall state mean wage. In addition, just two states—Connecticut and Texas—have assessed the workload of child welfare workers in the past two years and developed caseload standards.

“Those responsible for children with the greatest needs are paid minimum wage, receive minimal or no training and have access to the fewest resources. The system is broken and too many kids are falling through the cracks.”

Ramatu Bangura, lead of the Children’s Rights Innovation Fund

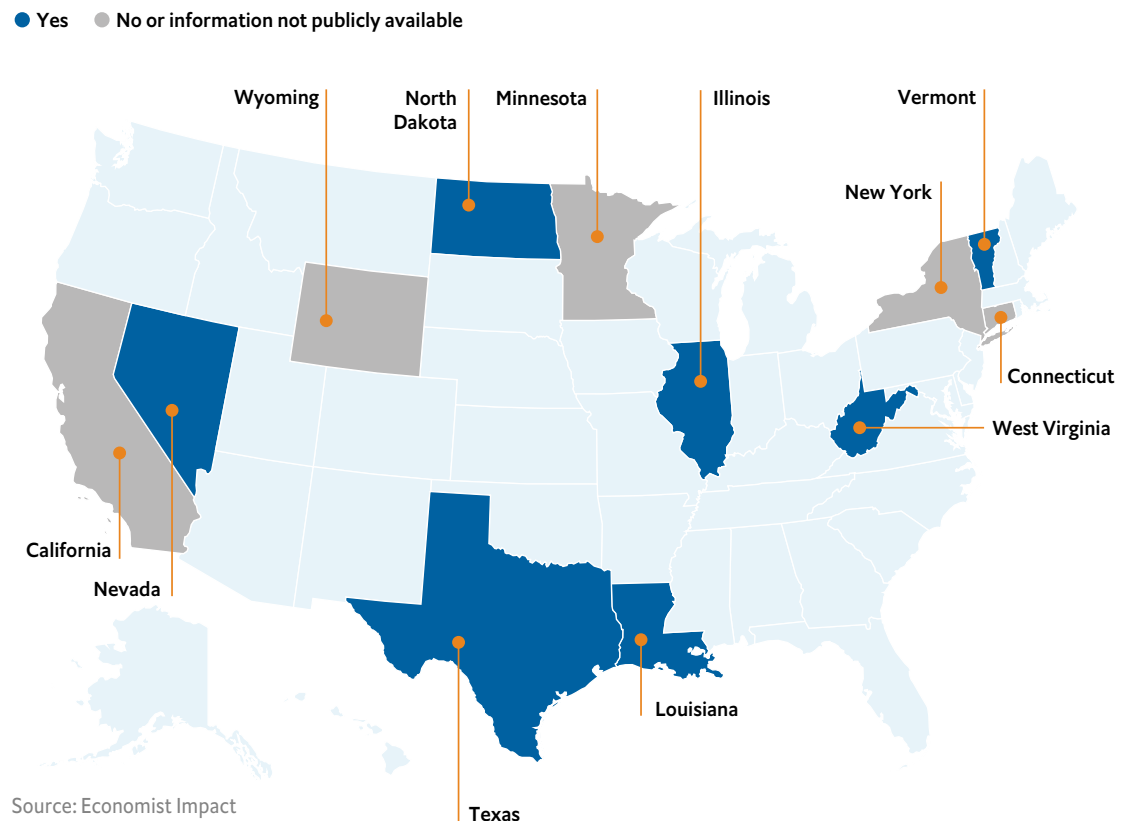
In many cases, **child welfare workers lack ongoing training on cases of child sexual abuse, culturally sensitive practices, and the impacts of trauma.** Just three pilot states provide at least one of these types of training to child welfare workers at defined intervals (see Figure 8), and just half the pilot states' governments have produced guidelines to provide child welfare agency staff with best practice standards for assessment, intervention, and planning throughout child sexual abuse cases.

Children's Advocacy Centers

These gaps have placed much of the burden on CACs to provide holistic, trauma-informed support to victims throughout the investigation, recovery, and compensation process. There is widespread access to CAC services across states: nearly 75% of counties across the pilot

states are served by National Children's Alliance (NCA) member CACs. That figure rises to nearly 85% when CACs that are not NCA members are included. However, rural areas often lack support services. Krystal Rich, Director of the Connecticut Children's Alliance, says, **"There are clear gaps in critical services for our children and families including trauma-informed mental health care, specialized services for children with disabilities, and a need for more of an intentional focus on ensuring all a family's basic needs are met when trying to identify trauma services.** We also need to look at the fact that just because a resource is available does not always mean it is accessible. While we have these barriers, we are lucky in that the Children's Advocacy Center network has the ability to share resources and collaborate to fill in gaps whenever possible." However, in many cases, CACs rely on fundraising to ensure continued service provision (see Figure 13).

Figure 13: State budgeting for Children's Advocacy Centers



Pillar 4: Child sexual exploitation and abuse does not exist in a vacuum



Ending the silent epidemic necessitates stopping child sexual exploitation and abuse either before it begins or in its tracks. To do this, prevention and response systems need to be sensitive to the range of factors that put children at risk of experiencing or perpetrating CSEA and the broader cycles of violence in which CSEA is embedded.²⁸ A socio-ecological model looks at how individual, relationship, community, and societal factors interact to affect violence prevention.²⁹

Economist Impact has integrated this model into our framework's assessment of states' policies and programs to prevent CSEA. We have considered a range of effective prevention activities targeting various risk factors and levels of intervention.³⁰

Minnesota is the only state that has made substantial progress toward implementing Early Head Start programs, and nine states have made little to no progress.

Protective plans and policies

Among the most common societal factors that put children at higher risk of maltreatment are poverty and lack of access to economic opportunities, while access to, and quality of, healthcare and education can act as protective factors (see Figure 14).³¹ In addition to considering the Annie E. Casey Foundation's KIDS COUNT Data Book's³² assessment of economic well-being and health well-being of children in each state, the US pilot index includes an assessment of each state's progress toward implementing Early Head Start programs, which provide child development and family support services to low-income pregnant women, and infants and toddlers and their families.³³

The findings are sobering: Minnesota is the only state that has made substantial progress toward implementing Early Head Start programs. Nine states (excluding Connecticut and Vermont) have made little to no progress.³⁴ Although some states have made more progress toward implementing evidence-based home visiting programs to improve the parenting skills of expectant parents,³⁵ one-third of the pilot states have still made little to no progress.

Issue spotlight: access to safe abortion

On June 24, 2022, the US Supreme Court overturned almost 50 years of judicial precedent under *Roe v Wade*, declaring that the constitutional right to abortion no longer exists and returning regulation of abortion to the states.¹ In anticipation of this decision, a number of state legislatures—including Louisiana, Texas, and Wyoming—enacted “trigger” bans, laws set to take effect automatically or by quick state action if *Roe v Wade* was overturned.² The most severe of these bans prohibits abortion in all, or most, circumstances, even in cases that involve rape, abuse or incest (although some of these bans have been blocked by court order).³

Laws and policies ensuring abortion services are safe and accessible are critical to the larger efforts to combat sexual exploitation and abuse against women and girls. Such laws and policies can determine the ability of victims to terminate pregnancies following sexual abuse or rape.⁴ More broadly, they can also help break cycles of violence, including dependence on violent partners,⁵ and ameliorate gender inequities⁶—an important societal-level risk factor for sexual violence.⁷ Greater restrictions on abortion, meanwhile, can force women and girls to travel long-distances to obtain abortion services⁸ or pursue unsafe methods.⁹

Although Economist Impact finalized the research for the US pilot index in February 2022, we made some adjustments to the framework to account for the June 24 decision. We added an indicator on state abortion policy based on the Guttmacher Institute’s assessment of state policy post *Roe v Wade*.¹⁰ We also rescored the existing indicator on parental involvement in minors’ abortions to reflect the most recent policy action on this issue.¹¹

1 https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf

2 <https://www.guttmacher.org/article/2022/06/13-states-have-abortion-trigger-bans-heres-what-happens-when-roe-overturned>

3 <https://www.guttmacher.org/article/2022/06/13-states-have-abortion-trigger-bans-heres-what-happens-when-roe-overturned>.

4 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6926844/>

5 <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-014-0144-z>

6 <https://reproductiverights.org/supreme-court-case-mississippi-abortion-ban-gender-equality/>

7 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7810166/>

8 https://www.guttmacher.org/sites/default/files/report_pdf/parentalinvolvementlaws.pdf

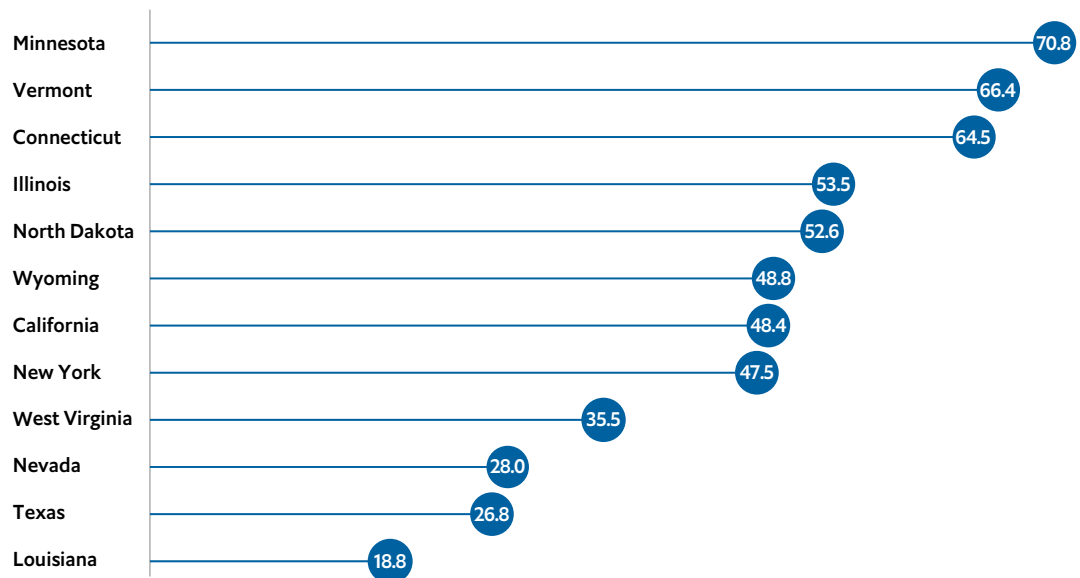
9 <https://www.who.int/news-room/fact-sheets/detail/abortion>

10 This indicator reflects state policies in effect as of July 7, 2022. For the most up-to-date information on this issue, visit Guttmacher Institute’s state legislation tracker: <https://www.guttmacher.org/state-policy>

11 While most states require parental involvement in a minors’ abortion, such as requiring the notification or consent of one or both parents, many have also set out certain exceptions or procedures for bypassing parental involvement. The Out of the Shadows Index considers whether the state has provided an exception to parental involvement requirements in cases of rape, abuse, or incest.

Figure 14: Scores for influencing policy & legislation

Scored 0-100 where 100 = best



Source: Economist Impact

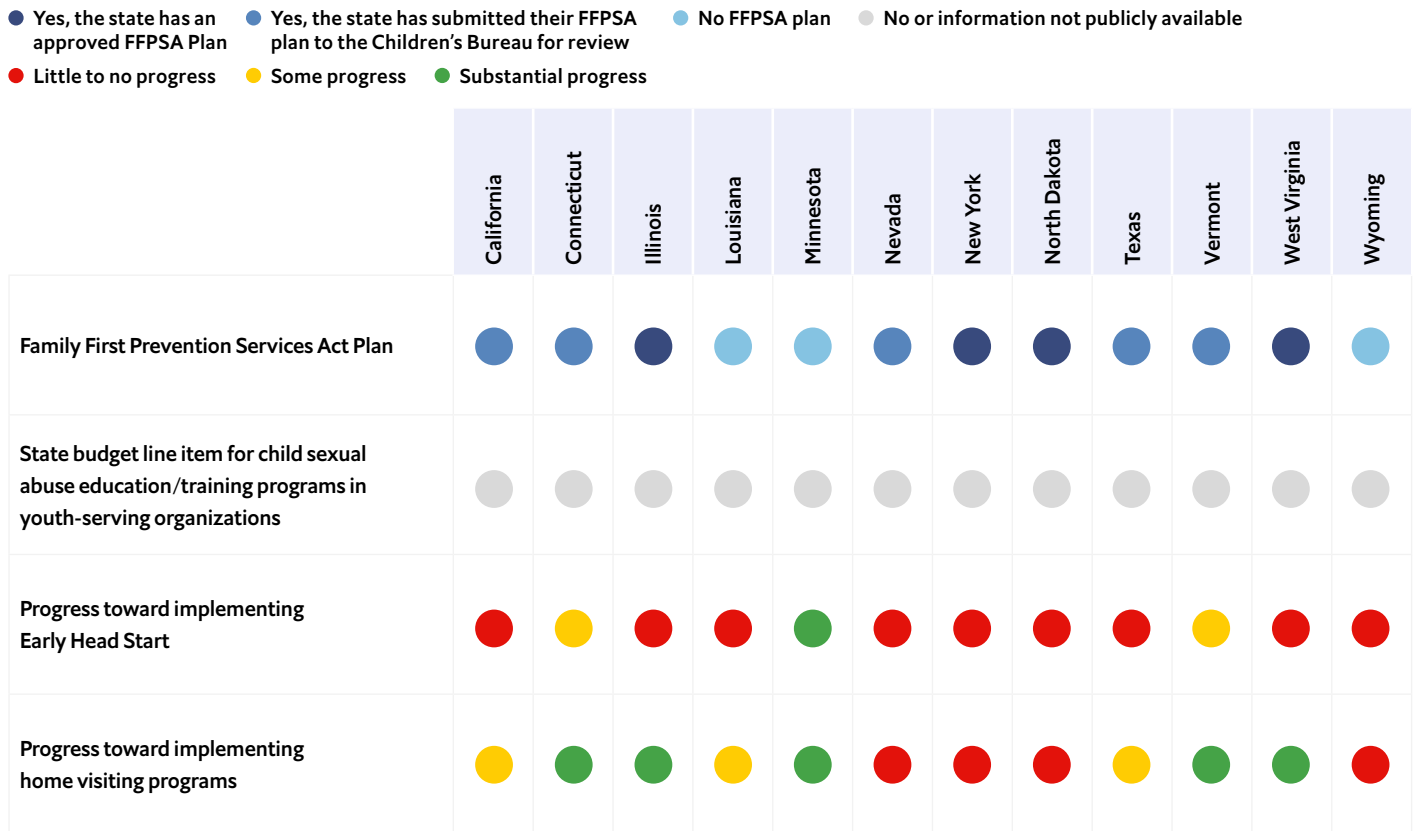
Note: Composite measure, scored as the weighted average score of the following indicator scores: 2.6.1 Family First Prevention Services Act Plan; 2.6.2 Funding of prevention efforts; 2.6.3 State investment in Early Head Start; 2.6.4 Home visiting programs; 2.6.5 Abortion access in cases of rape and sexual abuse; 2.6.6 Sexual health services for minors; 2.6.7 Contraceptive services for minors; 2.6.8 Kids Count Data Book: Economic Well-Being Domain; 2.6.9 Kids Count Data Book: Health Domain; 2.6.10 Kids Count Data Book: Family and Community Domain; 2.6.11 State Index on Youth Homelessness; 2.6.12 Adverse Childhood Experiences (ACEs); and 2.6.13 Unaccompanied homeless youth.

Beyond policies and programs targeting poverty and lack of access to healthcare and education, broader government support for prevention efforts is also key. The US has implemented some innovative child- and family-focused prevention policies: in 2018, it enacted the Family First Prevention Services Act (FFPSA). The FFPSA aims to shift the child welfare system toward keeping children at home with their families by providing increased access to mental health services, substance use treatment, and improving parenting skills.³⁶ States are required

to submit their FFPSA plan to the Department of Health and Human Services Children’s Bureau for review.³⁷ Three-quarters of the pilot states have submitted their FFPSA plans, but only four of those plans have been approved. Louisiana, Minnesota, and Wyoming have not yet submitted their plans (see Figure 15). **While many states have taken action on the FFPSA, fewer than half of the pilot states have a current child abuse or child maltreatment prevention plan that includes preventing CSEA.**



Figure 15: Existence of child- and family-focused prevention policies



Source: Economist Impact; The Prenatal-to-3 Policy Impact Center

Changing organizational practice

At the core of community-level prevention are schools and youth-serving organizations where children’s social relationships are built. In Pillar 2, we focused on substantial gaps across states in training and awareness-building for teachers and other school personnel and those working in youth-serving organizations. These gaps in capacity-building to prevent CSEA in schools and youth-serving organizations are highlighted by the lack of state-level funding available for such programs: **none of the pilot states have a line item in their state budget for child sexual abuse education/training programs and other prevention programs in youth-serving organizations.**

Accountability of school personnel and school boards around issues related to child safety, maltreatment and sexual abuse is one way to drive prevention efforts. **Just three states require schools to contact former employers as part of their process to screen out individuals who might be sexual safety risks for children.** States have made more progress on developing professional standards or codes of conduct for school personnel that include information on appropriate boundaries and sharing information on educator sexual misconduct with relevant authorities, including the NASDTEC Clearinghouse.

It is possible that some of these gaps stem from **the exclusion of civil society and non-profit organizations from much of the agenda setting**. Fewer than half of the pilot states engage civil society organizations and other non-governmental stakeholders in the drafting and development of state plans to prevent child maltreatment.

Building individual knowledge and skills

Much of the prevention education that exists across states is targeted at teaching children to identify, avoid, and disclose CSEA.³⁸ However, there is evidence that **targeting awareness-building and prevention education efforts at parents and caregivers is critical**.³⁹ In the first part of this section, we highlighted some of the gaps in broader parenting support programs offered across the pilot states and in Pillar 2 we showcased the number of states that provide parents with “opt-out” provisions for their children in sex education and HIV/STI prevention education. The US pilot index also assesses the extent to which parents and other trusted adults were available to children who might have felt at risk of experiencing CSEA.

For example, our survey of 1,200 18 to 20 years olds in the US’s experiences of online sexual harms during childhood found that **fewer than three-in-five respondents agreed or strongly agreed that a responsible adult had an awareness of what they were doing online when they were under 18**, although 70% of respondents agreed or strongly agreed that they had a trusted adult they could go to if they received a message or saw content that was potentially linked to a dangerous source.



This data means that over 40% and 30% of respondents, respectively, did not have adult support systems to turn to when they faced potential online sexual harm.

Anecdotal evidence suggests that the gap in trusted adult support systems for in-person CSEA is much higher. The CDC estimates that over 90% of child sexual abuse is perpetrated by someone known and trusted by the child or the child’s family members.⁴⁰

Targeting prevention programs at parents, guardians, other family members, and peers is a core component in ending CSEA, but **stronger policies and processes to screen potential foster parents, adoptive parents and kinship caregivers are also needed.** Every pilot state has a statute, regulation or policy in place for guardianship with kin as a permanency option for children in out-of-home care and 11 of the pilot states—Connecticut is the exception—require background checks for prospective kinship caregivers. However, background checks for prospective foster and adoptive caregivers have room for improvement in a number of states (see Figure 15).



Figure 16: Background checks for prospective foster and adoptive caregivers

● Yes ● No

	California	Connecticut	Illinois	Louisiana	Minnesota	Nevada	New York	North Dakota	Texas	Vermont	West Virginia	Wyoming
State sex offender registry	●	●	●	●	●	●	●	●	●	●	●	●
National sex offender registry	●	●	●	●	●	●	●	●	●	●	●	●
State central registry for child abuse and/or neglect	●	●	●	●	●	●	●	●	●	●	●	●
Other states' central registries for child abuse and/or neglect	●	●	●	●	●	●	●	●	●	●	●	●

Source: Economist Impact



Protecting vulnerable populations

The US pilot index considers states' efforts to prevent and respond to CSEA against all children. Pillar 1 focuses on how to build a system that puts the needs of the child at the center. But, in many cases, children who are marginalized and vulnerable are

more at risk, including those in the foster care system (see Figure 17), who are homeless, who have a disability or who identify as LGBTQ+. **A child-centered, holistic system needs to be sensitive to, and aware of, the needs of these more at-risk groups.**

Figure 17: Standards for foster home and maltreatment in foster care

● Yes ● No ● Worse than the national performance ● Same as the national performance ● Better than the national performance

	California	Connecticut	Illinois	Louisiana	Minnesota	Nevada	New York	North Dakota	Texas	Vermont	West Virginia	Wyoming
Limits on number of children per bedroom in a foster home	●	●	●	●	●	●	●	●	●	●	●	●
Rules that children older than 5 do not share a room with the opposite sex in a foster home	●	●	●	●	●	●	●	●	●	●	●	●
Rules that children older than infants do not sleep in a room with an adult in a foster home	●	●	●	●	●	●	●	●	●	●	●	●
Maltreatment in foster care: performance relative to national average	●	●	●	●	●	●	●	●	●	●	●	●
Recurrence of maltreatment in foster care: performance relative to the national average	●	●	●	●	●	●	●	●	●	●	●	●
Permanency in 12 months for children entering foster care: performance relative to the national average	●	●	●	●	●	●	●	●	●	●	●	●

Source: Economist Impact; Children's Bureau

Homeless children

Over 270,000 public school students in California alone experienced homelessness at some point during the 2018-19 school year.⁴¹ Over 11,000 of them were unaccompanied, according to the 2019 Annual Homeless Assessment Report (AHAR) to Congress.⁴² Among the pilot states, California and Nevada have the highest numbers of unaccompanied homeless youth per 10,000 homeless youth and also the highest rates of unsheltered youth, those living on the streets,⁴³ which is particularly concerning in a state like Nevada, which is among the lowest scoring pilot states on the State Index on Youth Homelessness.^{44,45}

Homeless youth and those who have been in the foster care system are particularly vulnerable to CSEA, especially to child sexual exploitation through sex trafficking.⁴⁶ In a study of 17 to 25 year olds in 10 youth homeless shelters across the US, almost one-in-five respondents reported experiencing human trafficking. Of those who had experienced trafficking, over three-quarters had experienced sex trafficking.⁴⁷

“When we talk about sexuality education, we’re not just talking about the act of sex, we also need to talk about gender, gender identity, and gender expression. And that creates a safer environment for young people, if they’re learning this, because I think we have a huge population of gender non-conforming, gender-fluid folks who experienced these things and really don’t have anywhere to talk about it or to get any kind of resources or help.”

Ignacio Rivera, Founder & Director, The HEAL Project

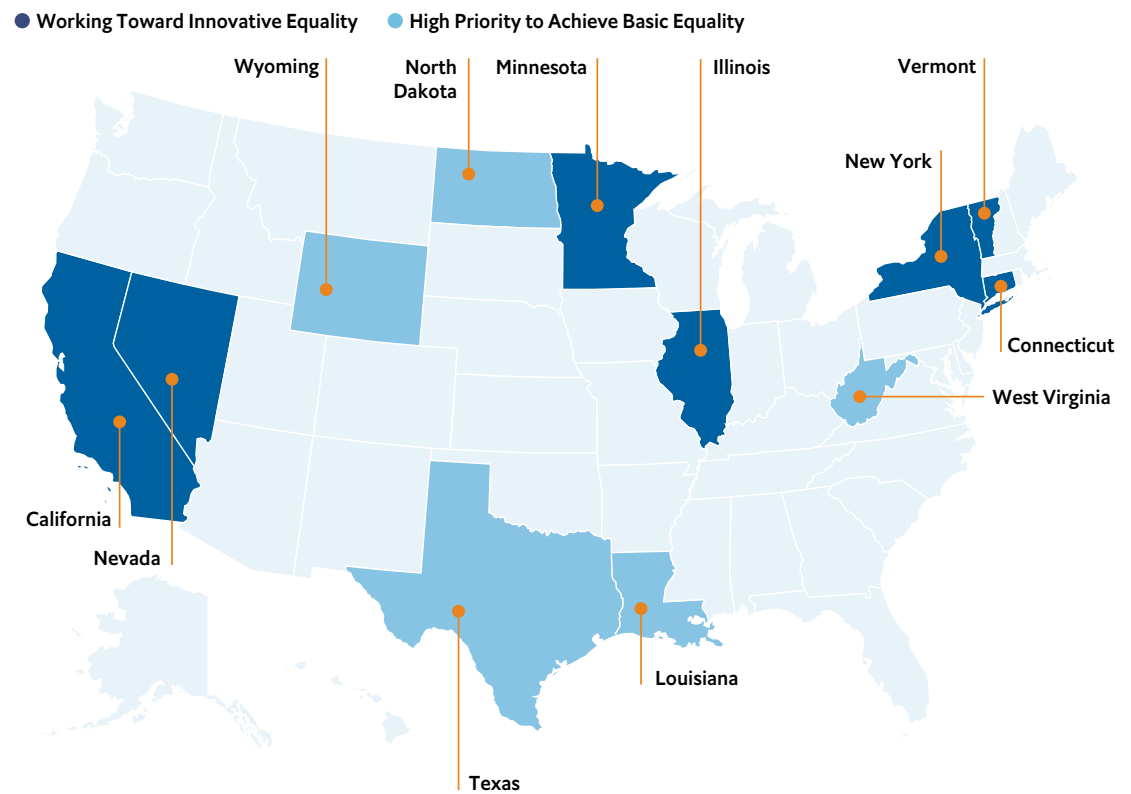


LGBTQ+ children

Among the children most vulnerable to both sexual exploitation and abuse are LGBTQ+ youth. The same study of 17 to 25 year olds in youth homeless shelters found that LGBTQ+ youth were two times more likely to have experienced sex trafficking.⁴⁸ And our survey on 18 to 20 year olds’ experiences of sexual harms online during childhood found that **72% of respondents who self-identified as LGBQ had experienced at least one type of online sexual harm**⁴⁹ when they were under 18 compared with **52% of respondents who did not** self-identify as LGBQ. Just under two-thirds (66%) of respondents who self-identified as transgender had experienced at least one type of online sexual harm during childhood compared with 57% of those who self-identified as cisgender.

Risks for LGBTQ+ children are further compounded by weak laws, policies, and programs to support LGBTQ+ rights across many of the pilot states especially, those in the South (see Figure 18).

Figure 18: State Equality Index



Source: Human Rights Campaign

Children with disabilities

It is estimated that children with disabilities are at least three times more likely than other children to be abused or neglected.⁵⁰

The abuse or neglect of children with disabilities is often more severe, happens more frequently, and continues longer.⁵¹ Our survey of 18 to 20 year olds' experiences of sexual harms online during childhood found that 68% of respondents who self-identified as having a mental and/or physical disability had experienced at least one type of online sexual harm when they were under 18 compared with 56% of those who did not self-identify as such.

Children with disabilities are also vulnerable during sexual interactions with peers and in situations where they have reached the legal age of consent in their state. While all pilot states have laws stating that a developmental and/or mental disability impacts an individual's ability to consent, the nuances around this issue and some children with developmental and/or mental disabilities' ability to recognize potentially abusive situations make this population particularly at risk.



One study, published through the American Bar Association, explores how to prosecute cases where the plaintiff has a developmental and/or mental disability. It states, “With older children with intellectual impairments, their disabilities often make their cases harder to prosecute because their tendency to comply and acquiesce in social situations can be viewed as consent.”⁵² **Children with disabilities need prevention and response programs designed to fit their unique needs.**



The New Frontier: Child sexual exploitation and abuse online

The internet and social media are integral parts of daily life as a child and adolescent—including for natural exploration of identity, sexuality, and relationships. Yet, online sexual harms against children are occurring everywhere, and both girls and boys are impacted. In a recent Economist Impact-led survey, more than half (54%) of respondents in 54 countries around the world had experienced sexual harms online.¹ New devices, platforms, and applications leave frontline workers, who are aiming to prevent and respond to CSEA, on the back foot.

States lack evidence-based education around online CSEA, enhancing children’s vulnerability and limiting their preparedness to handle such risks. Connecticut, Louisiana, and West Virginia are the only pilot states that mandate that students receive instruction on online safety in schools, including education on the risks of CSEA online. This gap in education is impacting children across the country.

Although children feel confident in their abilities to stay safe online—in an Economist Impact survey of 1,200 18 to 20 years olds across the pilot states, 76% agreed or strongly agreed that they could identify harmful online content—over one-third of respondents had an adult they knew or someone they did not know send them sexually-explicit content when they were under 18 and, of those who did receive such content, over 20% took no action (e.g., telling a trusted adult or peer, reporting such activity to the platform or blocking the sender).

This online facet has fundamentally altered how CSEA is experienced and perpetrated. Traditionally, sexual exploitation was much more prevalent among vulnerable populations (e.g., children living in poverty or homelessness), but CSEA online has put the majority of children and adolescents at risk through the mainstreaming of technology to engage in and share sexually explicit, and sometimes “self-generated” content with partners, peers, and even strangers. Even if a child or adolescent does not intend for their sexually-explicit content to be shared outside of its intended recipient or, if a child has unwillingly been a victim of CSEA and that child has been identified and removed from harm, the documentation of their abuse can spread through images, videos, and other types of child sexual abuse material, which can trigger further re-traumatization.

Response and prevention efforts will, therefore, need to be attuned to this new reality. It is critical to note that many of the same interventions that form the base of a holistic, child-centered approach to ending CSEA in person are also at the core of addressing CSEA online.

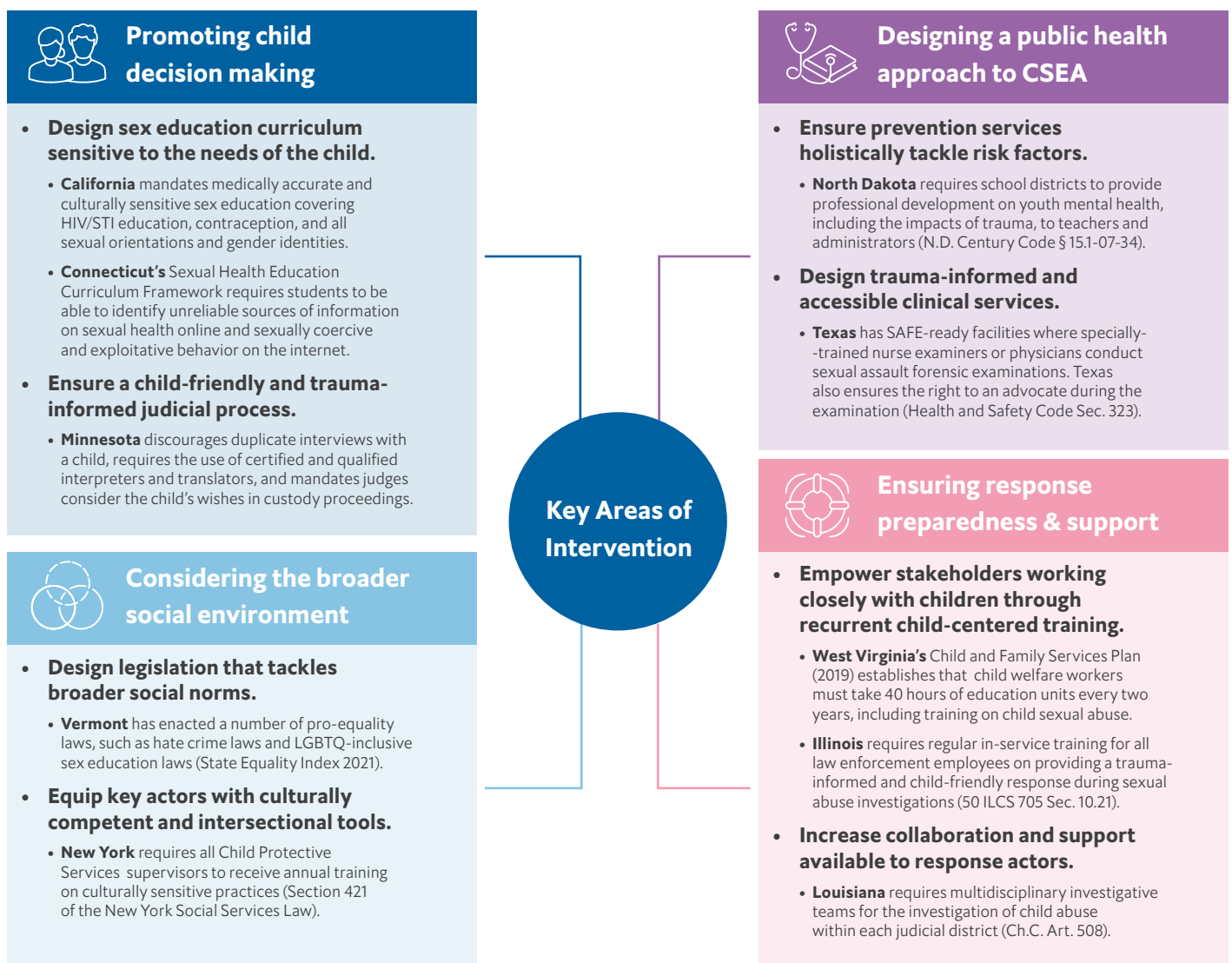
¹ Four harms were considered: (1) being sent sexually explicit content from an adult they knew or someone they did not know before they were 18; (2) having sexually explicit images of themselves shared without consent (by a peer, an adult they knew, or someone they did not know before); (3) being asked to keep part of their sexually explicit online relationship with an adult they knew or someone they did not know before a secret; (4) being asked to do something sexually explicit online they were uncomfortable with (by a peer, an adult they knew, or someone they did not know before). Available at: <https://www.weprotect.org/economist-impact-global-survey/#report>

Conclusion

Child sexual exploitation and abuse can be solved; but it will require a holistic approach that puts the needs of children at the center. This approach must consider CSEA as a public health problem, both in terms of prevention and response efforts and the broader socio-ecological environment in which such exploitation and abuse is occurring.

The pilot index shows **the US has a long way to go to build the system needed to eradicate the silent epidemic.** However, stakeholders have taken the first steps and developed innovative policies, programs, and interventions that could be the start of a conscious effort to prioritize a holistic, effective, and long-term solution.

Figure 19: States' first steps toward a holistic approach



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9. To select these 12 states, Economist Impact used the Bureau of Economic Analysis's Gross domestic product (GDP) by state: All industry total (Millions of current dollars) data to identify the state with the highest and lowest GDP in each of the four census regions. Economist Impact also selected a state in each region whose GDP was in line with the region's median GDP.
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11. <https://losangeles.legalexaminer.com/legal/west-virginia-enacts-modest-child-sex-abuse-reform/>
12. States that have been in the firing line recently around issues related to CSEA, like Texas and West Virginia, are making changes to their prevention and response systems (see Figure 3); however, anecdotal evidence indicates that implementation is still weak and improvements in access to and quality of provision need to be emphasized. <https://www.texastribune.org/2019/05/13/Texas-considers-bill-to-allow-sexual-abuse-survivors-to-sue-entities/>
<https://losangeles.legalexaminer.com/legal/west-virginia-enacts-modest-child-sex-abuse-reform/>
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40. https://www.researchgate.net/publication/319893760_Child_Sexual_Abuse_Prevention_Opportunities_Parenting_Programs_and_the_Reduction_of_Risk
41. <https://www.cdc.gov/violenceprevention/childsexualabuse/fastfact.html>
42. <https://www.usich.gov/homelessness-statistics/ca/>
43. <https://www.huduser.gov/portal/sites/default/files/pdf/2019-AHAR-Part-1.pdf>
44. <https://homelesslaw.org/wp-content/uploads/2020/02/2019-State-Index.pdf>
45. The State Index on Youth Homelessness assesses states across 13 issue areas, including laws and policies, systems, and environment.
46. Shared Hope International's Report Cards on Child & Youth Sex Trafficking provide in-depth analysis of criminal provisions, identification of and response to victims, continuum of care, access to justice for trafficking survivors, tools for a victim-centered criminal justice response, and prevention and training. Economist Impact focused its assessment on child sexual abuse and forms of child sexual exploitation outside of trafficking, but has integrated Shared Hope International's assessment into our index framework.
47. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6388175/#B4-ijerph-16-00363>
48. <https://www.covenanthouse.org/sites/default/files/inline-files/Loyola%20Multi-City%20Executive%20Summary%20FINAL.pdf>
49. Being sent sexually-explicit content from an adult or someone they did not know before they were 18; being asked to keep part of their sexually-explicit online relationship with an adult/or someone they did not know before a secret; having sexually-explicit images of them shared without consent (by a peer, adult, or someone they did not know before); being asked to do something sexually explicit online they were uncomfortable with (by a peer, adult, or someone they did not know before).
50. <https://www.childwelfare.gov/pubpdfs/focus.pdf>
51. <https://disabilityjustice.org/justice-denied/abuse-and-exploitation/#cite-note-3>
52. https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol_32/july-2013/legal-consent-in-sexual-assault-cases-involving-teens-with-intel/

While every effort has been taken to verify the accuracy of this information, Economist Impact cannot accept any responsibility or liability for reliance by any person on this report or any of the information, opinions or conclusions set out in this report. The findings and views expressed in the report do not necessarily reflect the views of the sponsor.

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