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# OUT OF THE SHADOWS: INTO THE **SPOTLIGHT**

FINDINGS FROM THE SECOND  
ITERATION OF THE **UNITED STATES**  
OUT OF THE SHADOWS INDEX

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# About the report

This report is based on the findings of the second iteration of the United States Out of the Shadows Index, developed by Economist Impact and supported by World Childhood Foundation USA.

This research and analysis stem from the principle that all children<sup>1</sup> should have the fundamental right to live a life free of violence. Yet, the abuse of children, including sexual exploitation and abuse, persists on a daily basis across the United States (US). In 2021 alone, child protective services agencies reported an alarming 59,000 cases—or a new case every nine minutes—of child sexual abuse.<sup>2</sup>

The United States Out of the Shadows Index was developed to evaluate state-level efforts to prevent, respond to, and ultimately eradicate sexual violence against children. The pilot index was published in 2022 and examined 12 states. The second iteration of the index incorporates an additional 16 states into this assessment.

This report highlights findings from the 28-state edition of the index. It considers both state-level action and national trends, highlighting where progress has been achieved and where reforms are needed to safeguard our most vulnerable members of society.

The index was constructed by an Economist Impact project team including: Katherine Stewart, project director; Laura Avery, project manager; Roshni Saleem Chagan, analyst; and Eve Labalme, consultant.

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While the Out of the Shadows Index was developed and produced by Economist Impact, we would like to extend our thanks to the experts, advocates and practitioners consulted for their insights and advice throughout the project.

Special thanks to **Janet O’Connell**, **Mary Pulido**, and **Carla Davis** (World Childhood Foundation USA) for their support throughout the project.

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- **Elizabeth Letourneau**, Director, Moore Center for the Prevention of Child Sexual Abuse
- **Melissa Stroebel**, Vice President of Research & Insights, THORN
- **Nina Agrawal**, Child Abuse Pediatrician
- **Teresa Huizar**, Chief Executive Officer, National Children's Alliance
- **Victor Vieth**, Chief Program Officer, Education and Research, Zero Abuse Project
- **Zach Hiner**, Executive Director, Survivors Network of those Abused by Priests (SNAP)
- **Winn Stephens**, Executive Director, Children's Advocacy Center of the Bluegrass (Kentucky)
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- **Jess Clark**, Director of Sexual Violence Prevention, New Mexico Coalition of Sexual Assault Programs
- **Deana Joy**, Executive Director, Children's Advocacy Centers of North Carolina
- **Greg Kasowski**, Executive Director, Children's Advocacy Centers of North Dakota
- **Danielle Vandergriff**, Chief Executive Officer & Executive Director, Ohio Network of Children's Advocacy Centers
- **Celeste Prince**, Director of Statewide Programming, Ohio Network of Children's Advocacy Centers
- **Carrie Little**, Executive Director, Children's Advocacy Centers of Oklahoma
- **Abbie Newman**, RN, JD, Chief Executive Officer, External and Global Affairs, Mission Kids Child Advocacy Center (Pennsylvania)
- **Chris Kirchner**, MSW, Executive Director, Children's Advocacy Centers of Pennsylvania
- **Kimberly Marcantonio**, Manager of Commercial Sexual Exploitation of Children Programming, Children's Advocacy Centers of Pennsylvania
- **Tracey L. Tabet**, Director, Utah Children's Justice Center Program
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**Children's Advocacy Center interviews (in alphabetical order by state):**

- **Mari Mukai**, Chapter Director, Alaska Children's Alliance
- **Holly Fleming**, Program Director, Children's Advocacy Centers of California
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Economist Impact bears sole responsibility for the content of this report. The findings and views expressed do not necessarily reflect those of the sponsors, the experts, or others who kindly gave their time to advise us.

## Executive summary

Over the past decade, a series of high-profile cases have increasingly brought child sexual exploitation and abuse (CSEA) out of the shadows. These include the arrest of Jeffrey Epstein, and the subsequent conviction of Ghislaine Maxwell for sex trafficking of minors in 2021,<sup>3</sup> as well as a 2023 report from the Illinois attorney general revealing that almost 2,000 children were subjected to sexual abuse by over 400 members of the Catholic clergy over seven decades.<sup>4</sup>

Despite the public outcry from such cases, this insidious form of violence persists in great numbers. The Centers for Disease Control and Prevention (CDC) reports that approximately one in four girls and one in 20 boys in the US will experience sexual abuse during childhood,<sup>5</sup> while the National Association of Adult Survivors of Child abuse estimates that there are over 42 million survivors<sup>6</sup> of child sexual abuse across the country.<sup>7</sup>

**“ Child abuse thrives in shadow and in secret. And if we don’t talk about it, we can’t figure out how to fix it.”**

Holly Fleming, Program Director, Children’s Advocacy Centers of California

John F. Kennedy, the 35th president of the US, remarked, “Children are the world’s most valuable resource and its best hope for the future.”<sup>8</sup> Yet, these figures indicate that the route to adulthood is marked by violence for far too many children—the impacts and trauma of which can extend long into mid- or later-life.<sup>9,10</sup> The advent of new technologies and heightened connectivity also pose novel threats for young people engaging with online spaces and digital tools.

The individual consequences of CSEA are not the only cause for alarm: the average lifetime cost per victim of nonfatal child sexual abuse was estimated to be \$282,734 million in 2015. In short, child sexual abuse may be costing the US upward of \$9.3 billion dollars a year.<sup>11</sup>

Such numbers present both a social *and* economic imperative for swift action from governments. The good news is that CSEA is preventable: a range of interventions can help prevent such violence from occurring in the first place, and minimize its impacts on survivors and their families when it does unfold.<sup>12</sup> The hour has come for collective action to bolster protection for children and increase accountability for perpetrators.

**What is the United States Out of the Shadows Index?**

Economist Impact’s United States Out of the Shadows Index (the index), supported by World Childhood Foundation USA, was designed to shine a spotlight on state action—and inaction—to address CSEA. Using over 170 individual metrics aggregated into 21 indicators and four domains, the index assesses: state legal protections and criminal provisions; investments in prevention capacity building; the adequacy of support services; and the delivery of survivor-centered justice processes.

The second iteration of the index builds on the findings of the United States Pilot Out of the Shadows Index, published in 2022, which assessed 12 states against these metrics. The second index encompasses an additional 16 states, offering a more comprehensive picture of the trends across 28 states.



**The key findings of the index and analysis include:<sup>13</sup>**

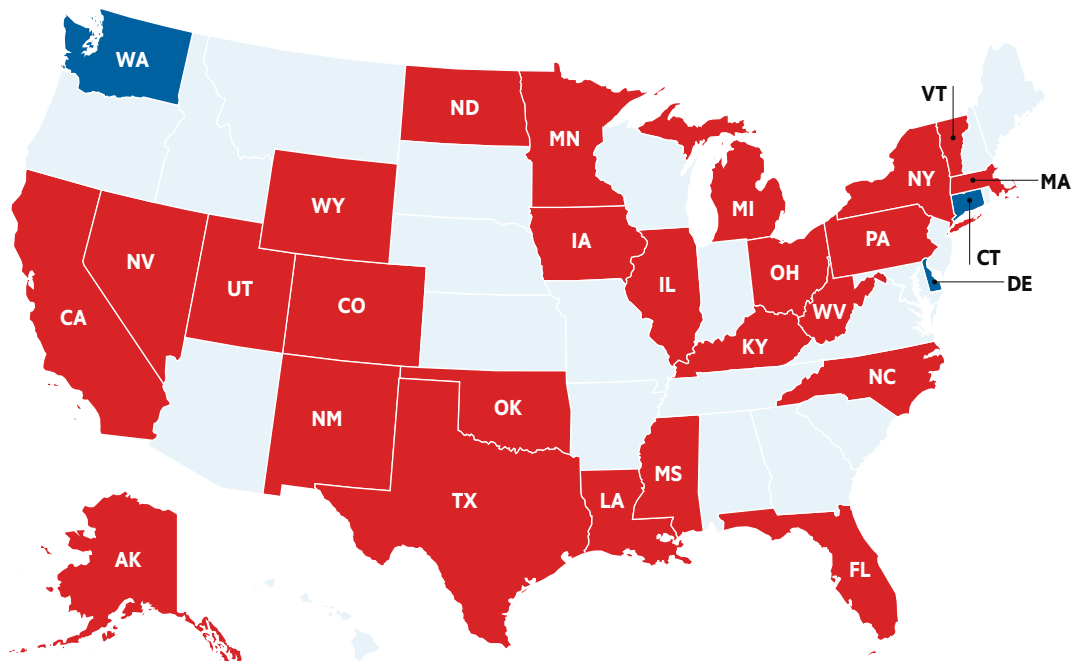
**Holistic action to address CSEA is lacking across the US.** On average, the 28 states in the index score just 49 out of 100. If these scores were equated to academic grades, just three states—Connecticut, Delaware and Washington—would achieve above an F grade.

The 28 states in the second iteration of the index are: Alaska, California, Colorado, Connecticut, Delaware, Florida, Illinois, Iowa, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Washington, West Virginia and Wyoming.

**The absence of comprehensive prevention strategies remains a significant challenge for almost all states in the index.** All 28 states have gaps in several key areas: no state has a statewide plan or strategy to prevent online child sexual abuse and none have statewide programs to stop individuals who are having sexual thoughts about children from acting on them.<sup>14</sup> Overall, states score an average of ten points lower on the Prevention Capacity Building domain than on the next-lowest scoring domain (Justice Process).

**Figure 1: Grading the response to CSEA**

■ Score <60 (Grade F) ■ Score >60 (Grade D)



Source: Economist Impact



**Wealth is not the primary factor driving state action to address CSEA.** Massachusetts and New York, the states in the index with the highest GDP per capita, rank 21st and 17th, respectively. Meanwhile, four of the states with the lowest GDP per capita (below \$50,000 per annum based on 2021 data) come in above the national average, while two of these states—Vermont and Florida—are ranked in the top ten.<sup>15</sup>

**States with more female lawmakers tend to have stronger CSEA prevention and response systems.** States with a higher percentage of female lawmakers tend to score better on the index overall: six of the top ten states are among those with the highest percentages of women in their state legislatures. Colorado, Vermont and Washington—where women comprise at least 45% of the state legislature—rank eighth, seventh and first, respectively.

**This 28-state edition of the United States Out of the Shadows Index reiterates some of the core findings of the pilot index:**

**Young people are not being provided with the necessary information to make informed decisions about their sexuality and reproductive health.** Eleven of the 28 states do not require sex education in all public schools, while just six require that information on consent be included in relevant courses.<sup>16</sup> Only one state—Washington—requires that all students in public schools be provided with sex education that is medically accurate, evidence-based and culturally responsive, while six states—Florida, Louisiana, Mississippi, North Carolina, Oklahoma and Texas—have sex education requirements that *explicitly discriminate* against lesbian, gay, bisexual, transgender and queer (LGBTQ+) individuals.



**Key stakeholders lack training in identifying and preventing child sexual abuse and responding in a trauma-informed way.**

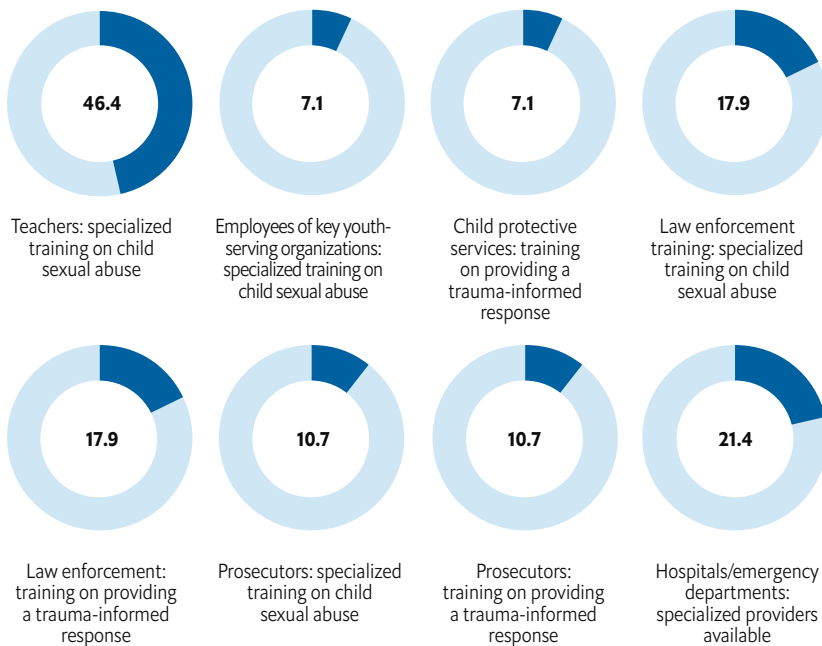
While 13 states mandate<sup>17</sup> training for teachers and other school employees on the identification and prevention of child sexual abuse, just two—Texas and Vermont—have a similar mandate for daycare employees.<sup>18</sup> Meanwhile, Washington is the only state that requires all three of the key response actors—child protective services investigators, law enforcement officers and prosecutors—to receive regular training on providing a trauma-informed response to child sexual abuse.

**Children’s Advocacy Centers (CACs) play a vital role in the response to CSEA; however, funding challenges continue to impede their operations.**

CACs are critical in providing a multidisciplinary and child-centered response during the treatment, investigation and prosecution of CSEA. Currently, 24 of the 28 states provide CACs with state funding support in the form of General Revenue or Special Revenue. Despite this funding, directors of CAC member organizations continue to cite resource constraints as one of the primary challenges to the provision of vital services to children and families.

**Figure 2: How prepared are core stakeholders?**

Percentage of states with training requirements (%)




The remainder of this report explores the findings of the second iteration of the United States Out of the Shadows Index. It highlights core areas for prioritization—within and across states—to help governments, advocates and practitioners more effectively identify gaps, develop solutions and benchmark progress. Ultimately, this research aims to raise awareness and catalyze collective action, with the goal of protecting the rights of children and ending CSEA.


Source: Economist Impact

**Index rankings**


- Prevention
- Response

Overall		
Rank	State	Score
1	Washington	61.5
2	Delaware	59.6
3	Connecticut	59.5
4	Pennsylvania	57.6
5	Illinois	57.0
6	Texas	56.3
7	Vermont	55.4
8	Colorado	54.7
9	Florida	54.5
10	Utah	52.8
11	Nevada	50.6
12	Iowa	49.9
13	Louisiana	49.4
-	AVERAGE	48.8
14	Kentucky	48.5
15	Oklahoma	48.2
16	Ohio	45.9
17	New Mexico	45.6
18	New York	45.6
19	West Virginia	45.0
20	California	44.9
21	Massachusetts	44.5
22	Alaska	44.0
23	North Dakota	43.8
24	Minnesota	43.7
25	Michigan	42.7
26	North Carolina	37.5
27	Wyoming	35.1
28	Mississippi	33.8

 Legal Protections and Criminal Provisions		
Rank	State	Score
1	Colorado	75.5
2	Minnesota	73.1
3	Vermont	73.1
4	Florida	71.6
5	Illinois	67.3
6	Texas	65.2
7	Pennsylvania	64.9
8	Connecticut	64.5
9	Nevada	63.4
10	Washington	63.4
11	New York	62.4
12	Louisiana	62.2
13	Ohio	60.9
13	Oklahoma	60.9
-	AVERAGE	60.2
15	Delaware	60.0
16	Utah	59.6
17	Alaska	56.9
18	North Dakota	55.3
19	Iowa	55.2
20	West Virginia	54.0
21	Massachusetts	53.3
22	New Mexico	53.0
23	California	52.7
24	Michigan	52.5
25	Kentucky	51.8
26	Mississippi	51.3
27	North Carolina	50.9
28	Wyoming	49.8

 Prevention Capacity Building		
Rank	State	Score
1	Illinois	60.4
2	Connecticut	56.2
3	Pennsylvania	47.9
4	Texas	47.0
5	Delaware	44.5
6	Washington	44.5
7	Vermont	44.1
8	Utah	41.2
9	Massachusetts	40.8
10	Florida	40.4
11	Colorado	40.0
12	West Virginia	39.9
13	North Carolina	37.5
-	AVERAGE	37.2
14	Oklahoma	34.7
15	Iowa	34.4
16	Ohio	34.1
17	Kentucky	34.0
18	North Dakota	33.7
19	Nevada	32.1
20	New Mexico	32.0
21	Louisiana	31.3
22	Minnesota	31.2
23	New York	30.2
24	Alaska	29.3
25	Wyoming	28.6
26	Michigan	26.9
27	California	26.4
28	Mississippi	17.7

 Provision of Support Services		
Rank	State	Score
1	Washington	70.5
2	Louisiana	64.7
3	Delaware	63.9
4	Florida	61.8
5	New York	60.5
6	Texas	60.4
7	Colorado	60.2
8	Oklahoma	58.9
9	Illinois	58.4
10	Iowa	58.3
11	Connecticut	57.4
12	Pennsylvania	56.9
13	Utah	56.2
14	New Mexico	53.6
15	California	53.3
-	AVERAGE	50.9
16	Massachusetts	49.4
17	North Dakota	49.3
18	Michigan	47.2
19	Vermont	47.1
20	West Virginia	45.8
21	Nevada	45.5
22	Kentucky	43.8
23	Ohio	41.4
24	Mississippi	40.5
25	Alaska	38.0
26	North Carolina	36.0
27	Wyoming	25.3
28	Minnesota	21.3





 Justice Process		
Rank	State	Score
1	Delaware	77.3
2	Washington	75.3
3	Kentucky	70.3
4	Nevada	64.3
5	Pennsylvania	61.9
6	Connecticut	59.3
7	Iowa	57.0
8	Utah	56.8
9	Vermont	53.9
10	Alaska	52.8
11	Texas	52.6
12	California	52.3
-	AVERAGE	47.3
13	Michigan	47.1
14	New Mexico	46.8
15	Ohio	45.8
16	Florida	42.4
17	Louisiana	42.1
18	Minnesota	40.6
19	Colorado	40.0
20	Oklahoma	38.8
21	West Virginia	38.4
22	North Dakota	36.1
23	Illinois	35.2
24	Wyoming	32.7
25	Massachusetts	31.9
26	New York	28.4
27	Mississippi	24.8
28	North Carolina	18.8

# Enhancing the Out of the Shadows Index

The United States Pilot Out of the Shadows Index provided an important opportunity to test the framework and refine our approach. Following the launch of the pilot, and in consultation with a number of experts, several adjustments were made to the index framework (see Figure 3). These changes aimed to create a more nuanced

assessment of several key issues and to hold state governments to a higher standard (see Figure 4). Several new measures were also added to capture state action around online CSEA, in recognition of the need to address this evolving threat and provide safe online spaces for children.

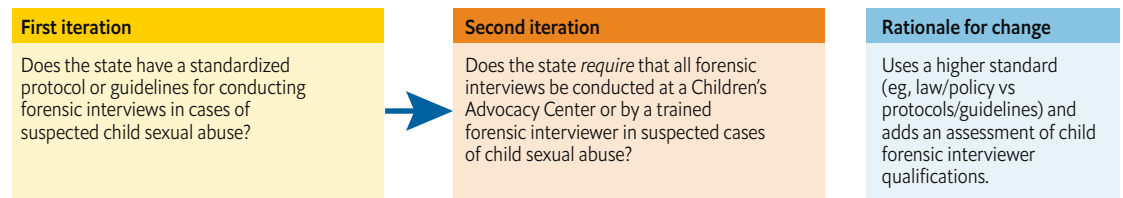
**Figure 3: The United States Out of the Shadows Index framework**

Pillar	Domain	Summary
Prevention	 Legal Protections and Criminal Provisions	The availability of key measures to protect children and to hold offenders accountable
Prevention	 Prevention Capacity Building	State investment in policies & programs critical to preventing CSEA and for addressing its risk factors
Response	 Provision of Support Services	The availability of trauma-informed and survivor-centered services for survivors
Response	 Justice Process	The capacity of the state's justice system to provide a child-centered response

Source: Economist Impact

**Figure 4: Adjusting the framework**

Example change made to the 2024 index framework: indicator 3.2.3 (Child forensic interviews)



Source: Economist Impact

This report and findings are based on the revised framework, against which all 28 states have been evaluated. These revisions mean that some of the data gathered and analysis undertaken during the pilot are no longer reflective of state performance, although many of the findings and calls to action remain relevant.

When developing the index, we began by consulting the broader landscape of policy research completed on CSEA in the US. This search revealed several evaluations that focused on specific issues or forms of violence against children, such as CHILD USA's statute of limitations tracker and Shared Hope International's Report Cards on Child & Youth Sex Trafficking. The index, which seeks to provide a comprehensive picture of state-level action to address multiple types of sexual violence perpetuated against children, seeks to build on these efforts. Therefore, in addition to completing our own policy research and analysis, we also integrated the findings from several other relevant assessments into our evaluation. As such, the report and index refer to specific forms of violence (eg, child sexual abuse, child sexual exploitation) to distinguish between findings and areas of focus, as appropriate (see Figure 5).



**Figure 5: Defining child sexual exploitation and abuse**

	Contact	Contact and/or non-contact
<b>Child sexual abuse</b> (under age of sexual consent; or the child is forced or coerced)	<ul style="list-style-type: none"> <li>• Rape of a child</li> <li>• Child sexual assault</li> <li>• Incest</li> <li>• Sexual touching of a child</li> <li>• Harmful practices (eg, female genital mutilation)</li> </ul>	<ul style="list-style-type: none"> <li>• Corruption of children for sexual purposes (eg, causing a child to witness sexual activities)</li> <li>• Sexual harassment of a child (eg, physical or verbal)</li> <li>• Solicitation of children for sexual purposes (eg, grooming)</li> <li>• Online-facilitated sexual abuse (eg, online grooming or harassment)</li> <li>• Child, early and forced marriage</li> </ul>
<b>Child sexual exploitation</b> (child sexual abuse + element of exchange, or benefit to the child or others)	<ul style="list-style-type: none"> <li>• Exploitation of children in or for prostitution</li> </ul>	<ul style="list-style-type: none"> <li>• Child sexual abuse/exploitation materials (eg, images or videos depicting child sexual abuse)</li> <li>• Use of children for sexual performances</li> <li>• Online child sexual exploitation (eg, live online child sexual abuse)</li> <li>• Trafficking of children for sexual purposes</li> <li>• Sexual extortion or ‘sextortion’ of children (ie, threatening to share sexual images of a child to extort favors or money)</li> </ul>

Source: Economist Impact, ECPAT International & ECPAT Luxembourg

Another critical component of our research included engaging with the directors of CACs and National Children’s Alliance (NCA) State Chapters—state-level membership organizations supporting the work of CACs and multidisciplinary teams within its state borders.<sup>19</sup> CACs play a pivotal role in coordinating the response to CSEA across the country (see section 6). As such, interviews with NCA Chapter Directors and other CAC leaders were integral to gaining an on-the-ground perspective and validating our research findings. Additional interviews were completed with other key experts and advocates working across the prevention and response spectrum.

For more information about the research methodology and adjustments to the index framework, please refer to the [United States Out of the Shadows Index Methodology Paper](#). More details about the pilot index results and the frontline response to CSEA are discussed in the [Out of the Shadows Index film](#).

# A nation without a holistic approach

Understanding how the US is combating CSEA can be complicated: from public education to child welfare to criminal justice, state governments take different approaches to administering the systems key to addressing this issue. With the addition of 16 states to the second iteration of the index, however, we are able to gain more understanding of the trends—in terms of both strengths and weaknesses—across the country.

**A holistic approach to addressing CSEA applies a public health lens, recognizing the broader social-ecological environment in which violence occurs, and ensures that systems and interventions prioritize the needs and interests of the child to promote healing and justice.**

At the heart of understanding these trends is an assessment of the extent to which states are embracing a holistic approach to ending CSEA. The index is built around a core question: what does a holistic approach to protecting children

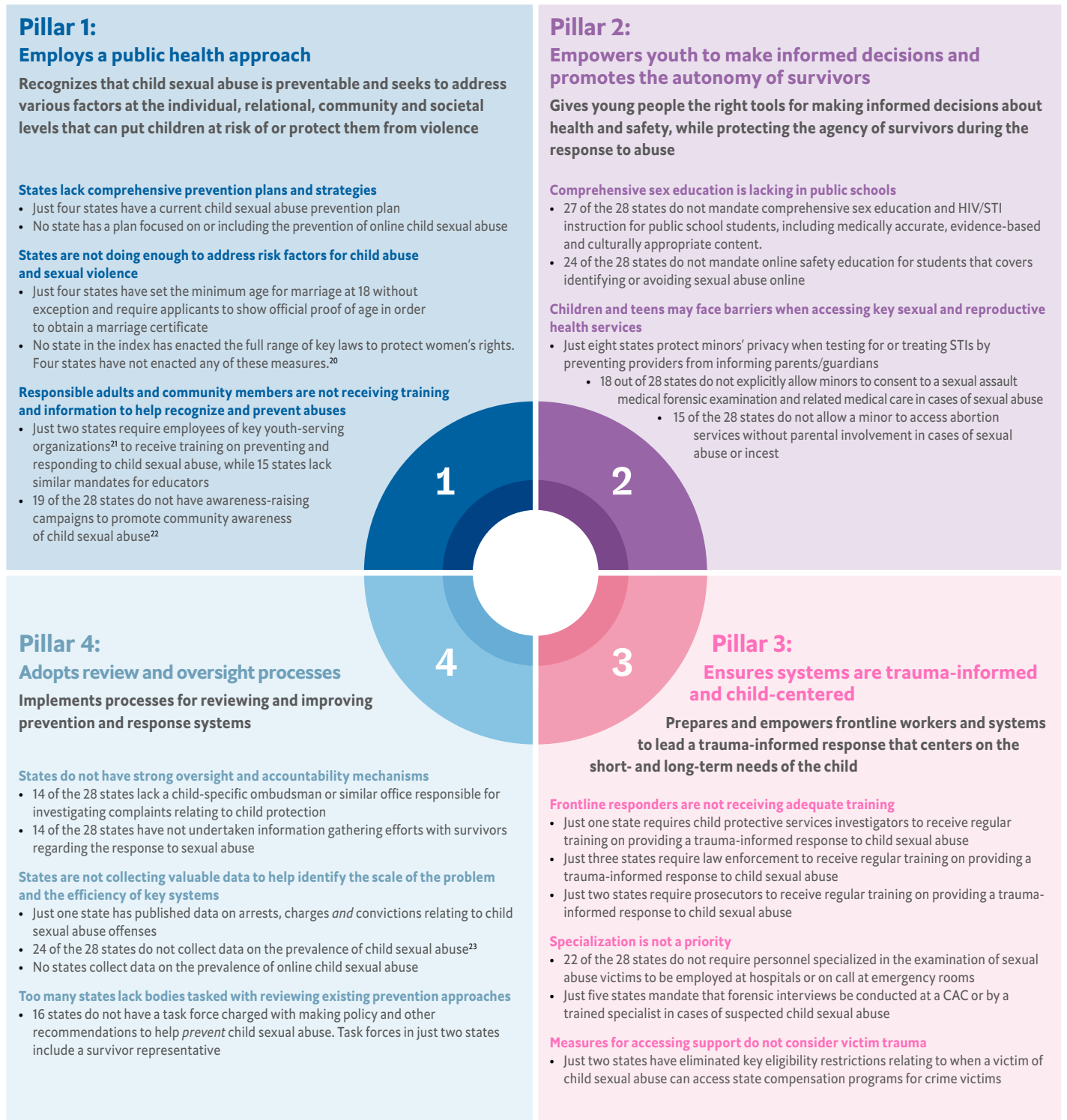
from CSEA look like? The index framework includes a series of indicators and metrics designed to comprehensively assess the extent to which states have developed systems, policies and programs in line with this approach.

The index clearly shows that the US nationally is not taking holistic action to address CSEA. Stated simply, 25 of the 28 states receive an F grade, while Washington, Connecticut and Delaware—the top performers—achieve a D. Several areas of strength are notable, but overall, the gaps overwhelm the strengths. And until we close these gaps, children will continue to be at risk of sexual violence.

It is critical to emphasize that poor state performance does not reflect the quality of work that frontline workers and other stakeholders involved in addressing this issue (eg, CAC employees, law enforcement, advocates) are undertaking. The assessment considers a wide array of policy, structural and environmental factors and should not be interpreted as a measurement of any particular actor or group's commitment to or success in combating CSEA.



**Figure 6: Closing the gap—where the US should be focusing to build a holistic approach**



## National-level trends

### The relative wealth of states is not a primary factor driving performance on the index.

While Washington, a high-income state, tops the ranking, other high-income states<sup>24</sup> in the index—including Massachusetts, New York and California—come in below the national average of 49. Conversely, some of the states with the lowest GDP per capita—Florida, Vermont, Nevada and Louisiana—have climbed ahead of this average.

Therefore, while the economic climate of a state can be significant in determining its ability to invest in key systems like education, healthcare and social services, along with more targeted initiatives to tackle CSEA, it is by no means the exclusive factor driving progress on this issue. Indeed, interviews with experts and advocates underscored the significance of additional considerations—such as the level of awareness, political will and relationship building—that can have a profound impact on the attention, action and resources devoted to this issue by decision-makers.

Danielle Vandergriff, CEO and Executive Director of Ohio Network of Children's Advocacy Centers, says of the awareness-raising work undertaken by their Network: "No one wants to talk about child sexual abuse, but it's there

and that's a fact...so we have had CACs contact their local representatives and say, 'here is who we are, here is what we do,' and bring them in for site visits. They explained how kids come in and how we start the healing process. It can be hard, a lot of visits, a lot of education and a lot of explaining, because it's a complicated issue." These efforts have paid off: Ohio recently became the latest state to allocate state funds to CACs, with \$3 million a year earmarked for these centers under the new state budget signed by Ohio's governor in summer 2023.<sup>25</sup>

### Box 1: Getting to the root of it

Some advocates explain that certain issues, including human trafficking, are more likely to garner attention, while enthusiasm and resources to address underlying risk factors and related forms of violence can be harder to come by. According to Victor Vieth, Chief Program Officer of Education and Research at the Zero Abuse Project, "We currently address child sexual abuse on the back end. In the US, it's easier to get federal or state funding for trafficking or to get youth-serving organizations and others engaged in trafficking issues. And I think that's great, we should be investing as much as we can in this issue. But, if we really want to stop trafficking in the US, we need to address abuse in the home. We know that kids that have been abused in the home, especially if they're abused in multiple ways, are the ones most likely to run away, going online asking for help, and the most likely to have a hole in their heart. And that hole is filled by those who exploit them all over again. So if we could also invest more in the front, we could have huge dividends on the back."

**“We [the US] don’t fund [programs] that prevent sexual abuse for children and we especially don’t fund programs that provide support for those who were sexually abused as children. This is a hidden topic that we don’t talk about right now.”**

Zach Hiner, Executive Director, Survivors Network of those Abused by Priests (SNAP)

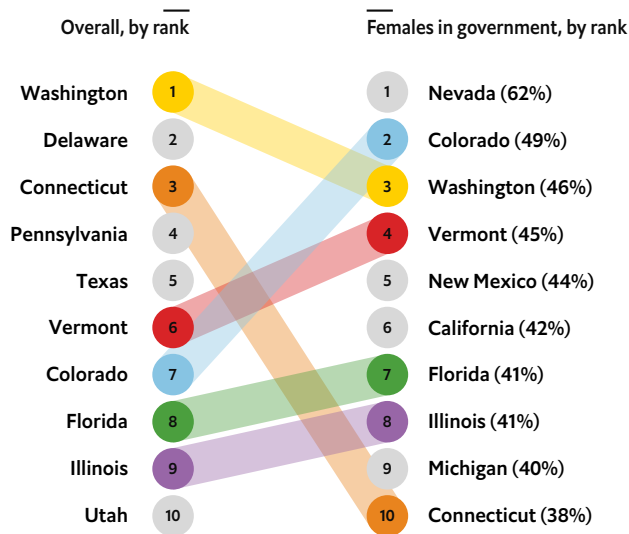


**Women’s political representation may be another variable helping to elevate attention and investment to combat CSEA.** We found that the proportion of women in the state legislature is positively correlated with states’ overall scores. Six of the ten highest ranking states—Washington, Connecticut, Illinois, Colorado, Vermont and Florida—are also among the ten states with the highest ratio of female to male lawmakers (see Figure 7). And this relationship is even more robust when looking at the states with strong legal protections for women’s and LGBTQ+ rights. Notably, this finding aligns with other research indicating that female legislators are more likely than their male counterparts to sponsor bills related to children and gender equality,<sup>26,27</sup> and that countries with more women in parliament tend to be more likely to pass comprehensive laws addressing sexual harassment and rape.<sup>28</sup>



**Figure 7: Women in high places**

Top ten performers overall and in female presence in state legislatures



Source: Economist Impact & Center for American Women and Politics



## Areas of strengths and weakness

### Domain 1: Legal Protections and Criminal Provisions



#### **The greatest strides have been made on the index domain evaluating states' legal frameworks for deterrence and protection.**

The Legal Protections and Criminal Provision domain had the highest overall state average score, and one of the highest individual state scores across the four domains was also in this domain (Colorado, with a score of 76).

Underlying states' strong performance in this area is the widespread enactment of criminal laws to deter potential offenders and ensure that those committing sexual harm against children can be held accountable. For example, the criminal code in all of the states the index assesses makes it an offense for an adult to engage in sexual penetration with a child under the state's legal age of consent,<sup>29</sup> often with more severe penalties when victims are younger. Criminal laws targeting those producing or selling material representing children involved in sexual activities have also been universally adopted.

A significant number of states (25 of the 28) have also passed legislation specifically prohibiting those in a position of authority or trust—such as educators, coaches, priests and social workers—from engaging in sexual activity with children and adolescents in their care or under their influence.<sup>30</sup> In most states (22 of the 28) it is illegal for an adult in a position of authority or trust to engage in sexual activity with a minor in their care (ie, with someone under the age of 18), thereby closing loopholes that might allow such activity if the minor is above the state's age of consent (eg, 16 in some states). This recognizes the inherent power differential between authority figures and young people in many settings, which can create opportunities for perpetrators to groom or coerce children, including older teenagers.

Progress has also been made on background check requirements. Just one state, North Carolina, does not require background checks for teachers, while most (24 of 28) also require screening for a range of other employees working in the school environment.

**Box 2: Ending child marriage**

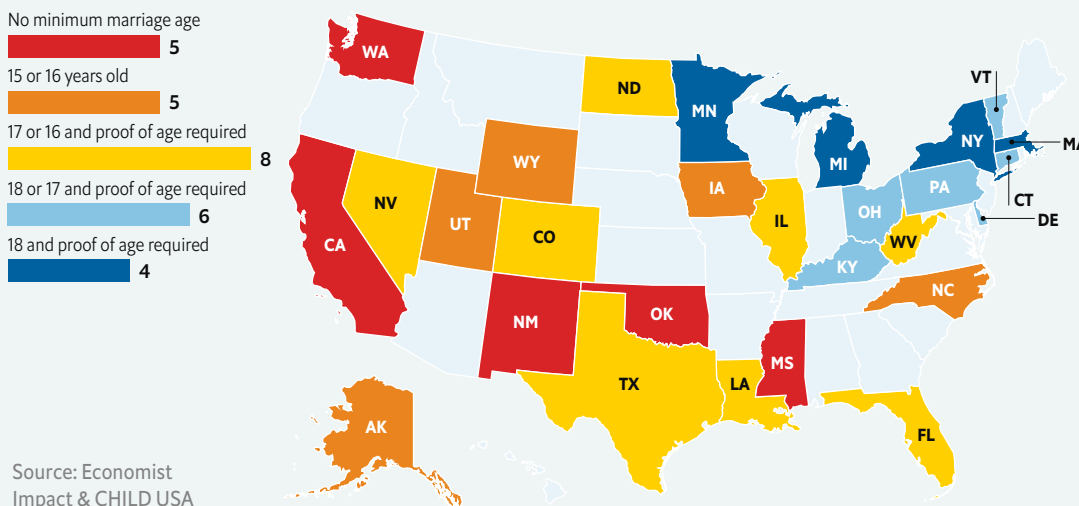
Child marriage—a marriage in which one or both of the parties are under the age of 18—poses serious risks to children across the US.<sup>31</sup> Although the actual number of child marriages in the US is unknown, Unchained at Last, an organization dedicated to ending forced and child marriage in the US, estimates that nearly 300,000 individuals under the age of 18 were legally married in the US between 2000 and 2018. While this includes some children as young as 10, the majority of these minors were older teens—primarily 16- and 17-year-olds, with most occurring between girls and adult men who were on average four years older.<sup>32</sup>

The US does not have a federal law banning child marriage, with individual states being responsible for determining their own requirements. While all states have set a general age—of at least 18—at which individuals can get married, exceptions to these laws mean that some children can be legally married under this age. Exceptions vary between states, but are often based on parental and/or judicial approval or pregnancy.

While the majority of states have set a minimum age under which exceptions cannot be applied, five states have *no* minimum age for marriage. This means that a child of any age could be married with the required parental or judicial waiver. Meanwhile, seven states—most recently Connecticut and Michigan in 2023—have passed legislation banning marriage below 18 without exception. Four of these states—Massachusetts, Michigan, Minnesota and New York—have further strengthened protections for children by requiring both parties to provide official proof of age before they are able to obtain a marriage license.

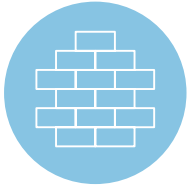
**Figure 8: Minimum age for marriage in the US**

Minimum age for marriage without exception and proof of age requirements when obtaining a marriage certificate



Even among older and more mature minors, getting married early can have deleterious impacts on health, educational attainment and life-long economic prospects.<sup>33</sup> In addition, minors often have limited legal rights that can impede their ability to leave a marriage or seek protection in situations of abuse: minors are unable to file for divorce or obtain a protective order in many states. Marriage can also legitimize sex between adults and minors that would otherwise be illegal, as statutory rape laws do not apply in certain states if a couple is married. Unchained at Last reports that approximately 60,000 of the child marriages that have occurred since 2000 happened at “an age or spousal age difference that should have been considered a sex crime”.<sup>34</sup>

Domain 2:  
Prevention Capacity  
Building



**Most states lack a comprehensive approach to prevention capacity building.** The average state score on the Prevention Capacity Building domain is just 37—ten points lower than the next-lowest scoring domain, which assesses the Justice Process (47). The Prevention Capacity Building domain looks at statewide prevention plans and strategies, organizational policy and practice, community education and awareness building and training for adults well-placed to identify and prevent abuse.

Several nationwide policy gaps—with one or no states implementing these measures to date—were identified:

- Comprehensive training on child sexual abuse for employees of youth-serving organizations beyond schools, including daycare centers and youth camps, that is required at regular intervals or shortly after starting a new role (see Box 3);
- State plans or strategies on the prevention of online child sexual abuse;
- Required instruction for public school students on the safe use of the internet and technology, including the risks of creating and sharing self-generated sexual content; and
- The availability of prevention services to stop individuals who are having sexual thoughts about children from acting on them.<sup>35</sup>

**Box 3: Beyond the basics**

A “mandated reporter” is a person required by law to report any reasonable suspicions of child abuse, including sexual abuse, to the relevant authorities. Most states designate mandated reporters by the professions likely to be in contact with children, such as teachers or medical professionals. At least some mandated reporters are required to undergo training in just under half (12 of 28) of the states in the index. Training often covers the signs and symptoms of various forms of child maltreatment and the process of filing a report.

Some states have introduced additional measures requiring professionals working in some youth-serving organizations (eg, schools, daycare centers), as well as key response actors (eg, law enforcement, prosecutors), to undergo more specialized training on child sexual abuse. The standards for such training go beyond the legal obligations of reporting, aiming to equip these individuals with more comprehensive knowledge and skill to effectively recognize child sexual abuse, take preventative action, and react responsibly (see Box 5). Texas, for example, requires all employees and volunteers at youth camps to complete a training and examination program on sexual abuse and child molestation that includes child molesters’ and sex offenders’ typical patterns of behavior and the warning signs and symptoms associated with sexual abuse or child molestation.<sup>36</sup>

## A spotlight on prevention

Efforts to address child sexual abuse have historically emphasized a criminal justice approach, alongside the delivery of services to survivors.<sup>37</sup> More recently, however, questions about the efficacy of this strategy have been raised. Elizabeth Letourneau, Director of the Moore Center for the Prevention of Child Sexual Abuse, explains that “about 95% of sex crimes are committed by someone *without* a prior sex crime conviction.” As such, the impact of criminal justice policies—which aim to punish offenders and prevent re-offending among convicted sex offenders—fails to address a significant proportion of the issue. “We have got to take a prevention focus if we’re going to address the great majority of the problem,” emphasizes Ms. Letourneau.

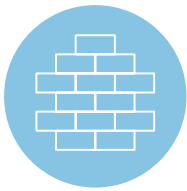
**“The United States spends about \$5.4 billion each year to incarcerate people for sex crimes against children. We spend about \$2 million to support research on the prevention of child sexual abuse.”**

Elizabeth Letourneau, Director of the Moore Center for the Prevention of Child Sexual Abuse

More conventional strategies—which focus on responding to violence *after* it takes place—retain their importance. However, a more comprehensive approach also seeks to identify and address the root causes of violence *to prevent abuse from occurring in the first place*. Moving toward “a prevention focus” has the potential not only to ensure that more children are able to enjoy a childhood free of violence, but also to reduce the enormous costs associated with child sexual abuse—such as the incarceration of offenders, the resulting healthcare burden and lost productivity.<sup>38</sup>

**Overall, the second iteration of the index illustrates that states are falling short when it comes to investing in comprehensive prevention strategies and capacity building.** This section explores some of the key facets of this finding, underscoring areas for future development as well as potential solutions and examples of best practice.

Domain 2:  
Prevention Capacity  
Building



## Planning to succeed

**Prevention planning must be a priority for states.** State-level plans and strategies targeting child sexual abuse can help clarify the goals, action steps and evaluative metrics for prevention efforts across a state.<sup>39,40</sup> At present, however, just four states in the index currently have a plan that includes clear objectives around child sexual abuse prevention. It should be noted that a number of states' plans have recently expired; it is unclear if the covid-19 pandemic impacted efforts to revise or update these plans. That said, states should take steps to refocus their efforts on charting a path forward to prevent sexual violence in all forms.

The development of prevention plans and strategies can also provide new and important opportunities for building or strengthening relationships among key stakeholders, with potential for helping overcome more siloed approaches to prevention. The involvement of various stakeholders in the planning process—such as government actors, organizations serving or representing youth and survivors of sexual abuse themselves—can help enable buy-in from the relevant parties during the plan's implementation and that strategies are better informed by individuals with lived experience (see Box 13). In particular, public health agencies have been noted as powerful “conveners,” bringing coordination, leadership and resources to sexual violence prevention planning efforts.<sup>41</sup>

### Box 4: A public health approach to preventing child sexual abuse

Adopting a public health approach to preventing child sexual abuse necessitates greater action to identify the broad set of factors that can impact the likelihood of experiencing or perpetrating sexual violence and to develop and implement evidence-based prevention strategies and solutions (see Figure 9).

**“We talk about diabetes, we talk about obesity, we talk about so many health problems, we don't talk about child abuse. [Child sexual abuse] is a public health issue, just like anything else, and deserves a public health response.”**

Dr. Nina Agrawal, Child abuse pediatrician

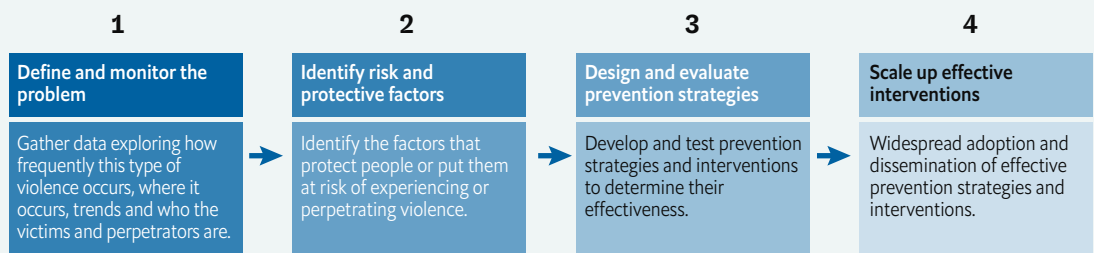
Child sexual abuse is not an isolated issue. Rather, various individual, relational, community and societal factors contribute to the complex dynamics surrounding these distressing occurrences.<sup>42,43</sup> It is common, for example, for victims of child sexual abuse to experience multiple forms of abuse in childhood, such as physical or emotional abuse and neglect.<sup>44,45</sup> Certain groups of children are also known to be more vulnerable: those with a disability are about three times more likely than their non-disabled peers to experience sexual abuse,<sup>46</sup> while sexual minority youth are almost four times more likely to report such experiences.<sup>47</sup> Other risk factors include victimization of siblings, social isolation and parental problems (eg, intimate partner violence).<sup>48</sup> And experiences of sexual abuse in childhood can also increase one's risk of experiencing other forms of sexual violence, such as child sex trafficking.<sup>49</sup>

Box 4 continued...

On the other hand, access to present and supportive caregivers, a strong social network and quality healthcare are some of the factors that may help protect against or buffer children from experiencing child abuse.<sup>50</sup> The risk and protective factors for child abuse and sexual violence perpetration have been increasingly explored over the last decade.<sup>51,52</sup>

**Figure 9: A public health approach to violence prevention**

The four steps to a public health approach



Source: Centers for Disease Control and Prevention & Economist Impact

An effective approach to prevention must extend beyond the individual and encompass families, institutions, communities and broader social and political structures, using evidence-based strategies and interventions to address a spectrum of risks, protective factors and maltreatment types.<sup>53,54</sup> Some of these approaches include: teaching skills to prevent sexual violence; strengthening family financial security; supporting caregivers and positive parenting; creating protective education and extracurricular environments; fostering strong coalitions and networks; intervening to mitigate harm and reduce future risk; and adopting regulations and shaping norms that promote respect and equality.<sup>55,56,57,58</sup>

Prevention planning should not only include specific initiatives to address CSEA, but also encompass a wider set of practical solutions that can help foster the conditions for safe, secure and supportive environments and relationships for children and their families and communities (see Box 4). Jess Clark, Director of Sexual Violence Prevention at the New Mexico Coalition of Sexual Assault Programs, explains, “Child sexual abuse prevention must start by centering the experiences of those at the margins and building protective communities that allow young people to exist as their fullest selves. We can do this by organizing to reduce economic insecurity for all children and families through policies like

paid family leave, expanding the child tax credit, further investing in early childhood education, and addressing the growing housing crisis. By shifting towards focusing on social determinants of health, we can prevent child sexual abuse” (see Figure 10).

**Figure 10: Addressing the social determinants of health**

Performance on indicators related to the social determinants of health by state

● Yes ● No

	Alaska	California	Colorado	Connecticut	Delaware	Florida	Illinois	Iowa	Kentucky	Louisiana	Massachusetts	Michigan	Minnesota	Mississippi	Nevada	New Mexico	New York	North Carolina	North Dakota	Ohio	Oklahoma	Pennsylvania	Texas	Utah	Vermont	Washington	West Virginia	Wyoming
Non-discrimination statutory protections*	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Mandated parental leave†	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
States with a legislated minimum wage above the low-income threshold‡	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
% of children in poverty‡	12.4	15.8	11.8	12.7	16.8	17.8	16.0	12.5	22.1	26.9	12.6	17.8	10.8	27.7	18.8	23.9	18.5	18.1	10.5	18.6	21.2	16.9	19.6	8.1	10.4	12.0	20.7	13.4
% children without health insurance†	7.9	3.5	4.6	2.4	3.7	7.3	3.2	3.4	4.0	4.0	1.3	3	3.2	6.2	8.6	6.4	2.6	5.5	7.3	5.1	7.4	4.4	11.8	7.9	1.9	3.1	3.3	11.4
% of income-eligible children with access to early head start	26.0	10.4	8.1	8.6	8.8	6.2	11.6	9.9	5.9	6.5	7.9	10.8	11.2	9.6	4.8	9.0	7.9	6.5	16.8	6.3	10.9	9.5	4.5	8.2	24.6	10.9	8.6	18.2
% of eligible children under age 3 served in evidence-based home-visiting programs	8.1	2.9	12.8	10.7	9.5	7.9	10.1	35.1	11.2	3.9	6.7	21.4	11.6	1.2	0.8	5.7	6.6	6.1	8.9	8.6	8.2	10.1	2.2	4.1	11.7	7.2	7.9	13.2

Source: Economist Impact; Georgetown Institute for Women, Peace and Security; Human Rights Campaign & The Prenatal-to-3 Policy Impact Center

\*States with policies of non-discrimination for both sexual orientation and gender, covering education, unemployment and housing; individual measures taken from the Human Rights Campaign’s State Equality Index and included in the index as composite indicator 1.1.4

†Individual measures taken from Georgetown University’s Women’s Peace and Security Index and included in the index as composite indicator 1.1.1

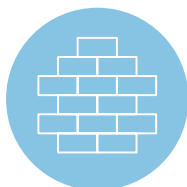
‡ Individual measures taken from The Annie E. Casey Foundation’s KIDS COUNT Data Book and included in the index as composite indicators 2.1.4, 2.6.6, 2.6.7, and 2.6.8

**Some states have established a task force on child sexual abuse prevention.** The remit of these task forces can differ significantly: the Illinois Make Sexual and Severe Physical Abuse Fully Extinct (Make S.A.F.E.) Task Force was established primarily to developed recommendations applicable to K–12 schools,<sup>59</sup> while the North Dakota Child Sexual Abuse Prevention Task Force is responsible for implementing a comprehensive statewide approach to the prevention of child sexual abuse more broadly.<sup>60</sup>

Many of these task forces have produced related reports, recommendations, tools or guidance. For example, the Massachusetts Legislative Task Force on the Prevention of Child Sexual Abuse released a report in 2017 outlining clear steps for youth-serving organizations “to build environments for children and youth that will help keep them safe from abuse—with a focus on preventing the sexual abuse and exploitation of minors.”<sup>61</sup> Overall, however, the index highlights that fewer than half of states (12 out of the 28) have, or have had, a task force devoted to the prevention of child sexual abuse that has developed such materials in the last ten years.



**Domain 2:**  
**Prevention Capacity**  
**Building**

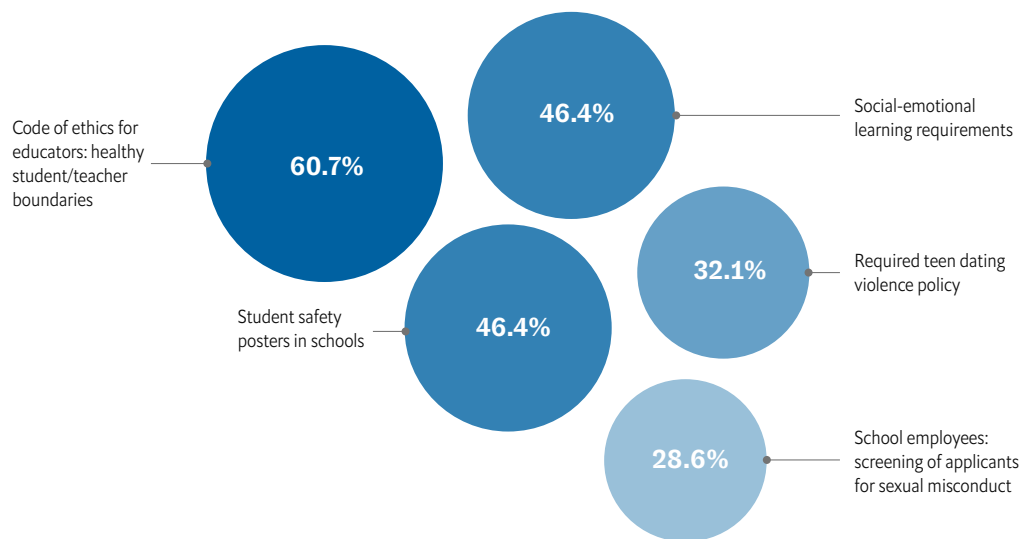


**Changing organizational culture and practice**

**Educational settings should adopt stronger measures to promote a culture that is intolerant of sexual and dating violence** (see Figure 11). Professional standards or codes of conduct/ethics for educators, for example, can help establish a set of principles for “ethical best practice, mindfulness, self-reflection, and decision-making” to promote accountability and guide healthy interactions between educators and students.<sup>62</sup> Three in five (17 of 28) states have developed such standards or codes, which

specifically include information on appropriate boundaries between teachers and students. Utah has taken this policy a step further, requiring each local educational agency to provide regular training to staff on the code of conduct/appropriate behavior policy.<sup>63</sup> The adoption of teen dating violence policies is another action that can help safeguard children in their place of learning: nine states in the index currently require districts to adopt such policies.

**Figure 11: Creating safe school environments**  
 Percentage of states with key measures promoting safe school environments (%)



Source: Economist Impact & The National Association of State Boards of Education

**Teachers and youth-serving organization employees are not receiving adequate training to identify abuse.** The circumstances in which child sexual abuse occurs are often multifaceted and complex and can counter mainstream narratives. For example, despite the perception that child sexual abuse is commonly perpetrated by a stranger, estimates indicate that more than 90% of child sexual abuse victims *know and trust* their abusers.<sup>64</sup> Training educators and other adults regularly engaging with children and caregivers can give well-placed individuals the tools to better recognize, prevent and respond to abuse (see Box 5).

Yet, fewer than half the states (13 of 28) require teachers to receive comprehensive training on child sexual abuse awareness and prevention before they can work with minors or at regular intervals. Similar training is even less common for employees of organizations providing educational or recreational services or activities to youth: Vermont and Texas are the only states that mandate such training for employees of daycare centers, while Texas is the lone state that requires training on child sexual abuse for all youth camp employees having direct contact with campers.

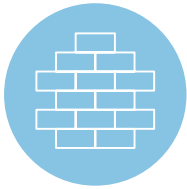
#### **Box 5: Getting book-smart**

Education and training for adults have the potential to improve individuals' knowledge about child maltreatment and drive shifts in child-protective behaviors. Promising interventions include Darkness to Light's Stewards of Children® Program, an evidence-informed training program to educate adults working with children in order to recognize, intervene and react appropriately to child sexual abuse. Several evaluations of this program have noted positive results: one study conducted with just under 80,000 Texas educators found that in the year following the training, educators increased their reports of child sexual abuse to authorities by 283%.<sup>65</sup>

Another notable initiative is Child Advocacy Studies (CAST), facilitated by the Zero Abuse Project and currently implemented at the undergraduate or graduate level in more than 90 academic institutions across 30 states.<sup>66</sup> Developed to enhance the comprehensiveness of training offered at the university level, CAST strives to improve student readiness for careers in various child-serving professions such as social services, criminal justice and healthcare. This includes building awareness of the risk and protective factors of child maltreatment, evidence-based models for responding to cases of child abuse and prevention strategies. Several studies have highlighted CAST as an effective model for improving the knowledge and skill of future professionals.<sup>67,68</sup>

**Empowering young people**

**Domain 2:**  
**Prevention Capacity**  
**Building**



**Comprehensive sex education is not consistently mandated across the US**, despite endorsements from numerous health, medical and advocacy organizations.<sup>69,70</sup> Such education is not only crucial for ensuring that young people have the information and tools to navigate their sexual development and establish safe and respectful relationships, but it is also effective at promoting healthy sexual behavior, while reducing rates of adolescent sexually transmitted infections (STIs), HIV and pregnancy.<sup>71</sup> Yet, the index highlights that sex education is currently not required in school in more than one in three (11 out of 28) states, while six states do not require instruction on HIV/STIs.<sup>72</sup>

When sex education is provided, questions about rigor often emerge. The characteristics of a “quality” sexual health education curriculum are often defined to include evidence-based, medically accurate and culturally relevant information on a range of pertinent topics.<sup>73,74</sup> Despite this, just four states—Colorado, Illinois, Iowa and Washington—require that if sex education or HIV/STI instruction is provided, it must adhere to these standards (see Figure 12).<sup>75</sup> Meanwhile, just ten states mandate that information on contraception be included in relevant courses, while just six require instruction on consent—a concept crucial to understanding healthy and safe boundaries.

**Figure 12: The state of sex education**

Performance on indicators related to sex education by state

● Yes ● No

	Alaska	California	Colorado	Connecticut	Delaware	Florida	Illinois	Iowa	Kentucky	Louisiana	Massachusetts	Michigan	Minnesota	Mississippi	Nevada	New Mexico	New York	North Carolina	North Dakota	Ohio	Oklahoma	Pennsylvania	Texas	Utah	Vermont	Washington	West Virginia	Wyoming	
State mandated sex education	● No	● Yes	● No	● No	● Yes	● Yes	● No	● Yes	● Yes	● No	● No	● No	● Yes	● Yes	● Yes	● Yes	● No	● Yes	● Yes	● Yes	● No	● No	● Yes	● Yes	● Yes	● Yes	● Yes	● Yes	● No
State mandated HIV/STI instruction	● No	● Yes	● No	● Yes	● Yes	● Yes	● Yes	● Yes	● Yes	● No	● No	● Yes	● Yes	● No	● Yes	● Yes	● Yes	● Yes	● Yes	● Yes	● Yes	● Yes	● Yes	● Yes	● Yes	● Yes	● Yes	● Yes	● No
<b>Standards for sex education and HIV/STI instruction (if/when provided)</b>																													
Instruction on contraception	● No	● Yes	● Yes	● Yes	● No	● No	● Yes	● No	● No	● No	● No	● No	● No	● No	● No	● Yes	● No	● Yes	● No	● No	● No	● No	● No	● Yes	● No	● Yes	● Yes	● Yes	● No
Instruction on consent	● No	● Yes	● Yes	● No	● Yes	● No	● Yes	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● Yes	● No	● No
Medically accurate	● No	● Yes	● Yes	● No	● No	● No	● Yes	● Yes	● No	● No	● No	● Yes	● No	● No	● No	● No	● No	● Yes	● No	● No	● No	● No	● No	● No	● Yes	● No	● Yes	● No	● No
Evidence-based	● No	● No	● Yes	● No	● No	● No	● Yes	● Yes	● No	● No	● No	● No	● No	● No	● No	● No	● No	● Yes	● No	● No	● No	● No	● No	● No	● No	● No	● Yes	● No	● No
Culturally appropriate	● No	● Yes	● Yes	● No	● No	● No	● Yes	● Yes	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● Yes	● No	● No
LGBTQ+ inclusive	● No	● Yes	● Yes	● Yes	● No	● No	● Yes	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● No	● Yes	● No	● No

Source: SIECUS & Economist Impact

**“Sex education is foundational to helping individuals learn how to navigate relationships with respect and integrity.**

**This needs to happen from a young age to help kids understand that they have the right to give consent to somebody else touching their body, but also to withhold consent to somebody else touching their body. This is foundational to... the way they manage and navigate consent in friendships as kids and, later in life, in sexual and romantic relationships.”**

Christine Soyong Harley, President & CEO,  
SIECUS: Sex Ed for Social Change



**Equally concerning is the lack of sex education inclusiveness.** Only five states have laws or regulatory guidance that specifically require instruction to be inclusive of LGBTQ+ youth.<sup>76</sup> Meanwhile, six states—Florida, Louisiana, Mississippi, North Carolina, Oklahoma and Texas—explicitly prohibit or restrict the provision of LGBTQ+ sexual health content. The majority of states (17 of 28) have no clear guidance either way, leaving decisions on sex education content up to local school boards, advisory committees or instructors.<sup>77</sup>

These policy gaps raise questions over the relevance of information on sexuality and sexual health that may leave some students without critical knowledge to stay safe and healthy. Indeed, research from the GLSEN Research Institute found that LGBTQ students were more likely than non-LGBTQ students to consider sex education courses at school “not useful” (47% vs. 30%),<sup>78</sup> and significantly more likely to turn to the internet for health and medical information (81% vs. 46%), including for information on STIs and HIV.<sup>79</sup>

Meanwhile, the benefits of delivering more inclusive sex education are increasingly coming to light.<sup>80,81</sup> LGBTQ+-inclusive sex education not only has the potential to reduce school bullying based on sexual orientation and gender expression,<sup>82</sup> but also to help create safer and more respectful school environments more broadly. According to Christine Soyong Harley, President & CEO of SIECUS: Sex Ed for Social Change, “When you teach young people about the diversity of human sexuality and experiences, it creates a safer and more welcoming environment for all young people to grow up in...what they’re being taught is that we don’t have to act the same, look the same or be the same for courtesy to be extended to one another.”

**Box 6: A not-so-heated debate**

Although mainstream media have portrayed sex education as a highly controversial issue across the US, multiple surveys indicate widespread support among parents for the inclusion of sex education in high school curricula.<sup>83</sup> A 2018 Planned Parenthood poll, for example, found that **98% of likely voters in the US supported the provision of sex education to high school students.**<sup>84</sup> A large majority of parents (85%) also support the inclusion of sexual orientation as part of sex education in high school.<sup>85</sup> Such approval begs the question why have lawmakers failed to institute more stringent requirements around sex education in schools?



**Schools are not giving children the knowledge and skills to identify and avoid risky situations, either in person or online.**

The number of school-based child sexual abuse prevention education programs—that aim to increase young people’s recognition of abuse and promote disclosure and help-seeking—have increased dramatically over the past ten years.<sup>86</sup> Increased awareness of these programs and advocacy for their introduction in schools have often been led by survivors of child sexual abuse, including Erin Merryn and Jenna Quinn.

Yet, fewer than half of the states (12 of the 28) provide an explicit mandate—known as Erin’s Law or Jenna’s Law in many states—for such instruction in the classroom (see Box 7). While it is positive that a majority (11) of the remaining states have laws *permitting* or

*encouraging* schools to provide such education to students, children’s access to such instruction is not guaranteed under these policies.<sup>87</sup>

**Amending existing laws to establish a mandate for child sexual abuse prevention education in states where it is currently permitted or encouraged would ensure that over 20 million more school-age children would receive critical information on how to stay safe.<sup>90</sup>**

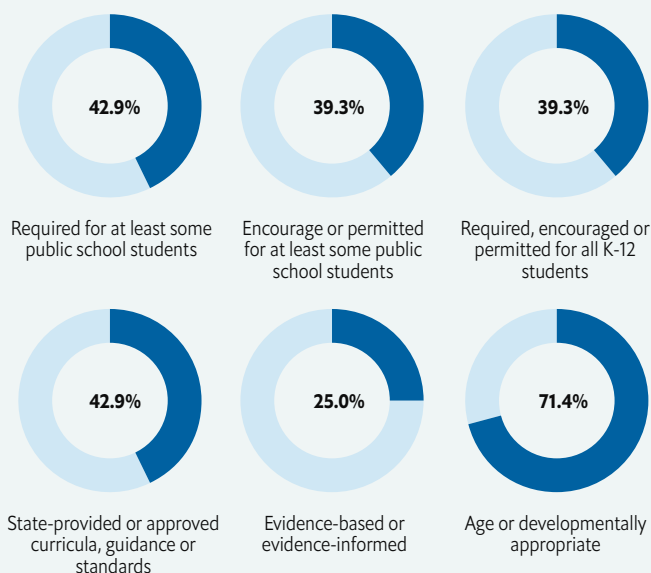
**Box 7: All prevention education was *not* created equal**

Requirements and specifications of school-based child sexual abuse prevention education differ drastically among the states that mandate, encourage or permit such instruction. These differences include the rules regarding the scientific backing of the curricula, the age groups targeted and the qualifications of the instructors (see Figure 13). Some states, such as Alaska, have established task forces or commissions charged with developing a standard or model curriculum that schools are required or encouraged to use, while other states grant districts broad discretion in implementing mandates. To ensure the effectiveness and consistency of such education for students, states should standardize content and require it to be rooted in the best available evidence.

Connecticut is a good example of a state that has developed comprehensive guidelines to help local education agencies meet its requirements to provide age-appropriate education on child sexual abuse and assault awareness and prevention to students in kindergarten through to 12th grade.<sup>88</sup> [The Program Guidelines](#) set out key standards and performance indicators for the different grade levels and cognitive development stages.<sup>89</sup>

**Figure 13: Child sexual abuse prevention education standards**

Percentage of states with child sexual abuse prevention education requirements (%)



Source: Economist Impact

The gap is even wider when considering state mandates for education on online CSEA. Just four states—Illinois, Louisiana, Nevada and West Virginia—have a law mandating that children receive instruction on online safety that includes information on identifying and avoiding sexual exploitation or abuse online. Meanwhile, West Virginia is the *only* state that requires education on the risks of creating and sharing self-generated sexual content. In a world increasingly dependent on the internet and digital tools for school, socializing and dating, it is essential that young people know how to engage with online spaces in a safe and respectful way. The risks of failing to address this gap are further magnified according to recent research indicating a high level of exposure to sexual harms online among young people (see Box 8).



**Box 8: How common is online child sexual abuse?**

National-level surveys expose concerning trends when it comes to experiences of online child sexual abuse. A recent study from the American Psychological Association found that one in 12 Americans has been a victim of unwanted, non-consensual sharing of intimate images, with teens and young women among the most common victims.<sup>91</sup> The University of New Hampshire’s Crimes against Children Research Center recently reported that 16% of young adults experienced online child sexual abuse before the age of 18. Dating partners, friends and acquaintances were the primary perpetrators of this abuse, almost a third of whom were also under the age of 18.<sup>92</sup>

Currently, state-level data on the prevalence of online child sexual abuse is scarce. Several states have added relevant questions to surveys administered in public schools, such as the Healthy Kids Colorado Survey, which asks whether students have had a sexual image or video of themselves shared without their permission. While such efforts are a good first step, additional action is required to reach young people in other settings, such as private, charter and tribal schools, alternative learning systems and juvenile correction facilities. Developing a more comprehensive picture of how diverse populations are exposed to and affected by online sexual violence is crucial to ensuring that planning efforts are well-informed and resources appropriately allocated.

### **Why it matters**

Child sexual abuse prevention is a comparatively new item on the agenda for most states and many stakeholders within states. While some states, like Illinois, have forged ahead on building prevention capacity, many have not. Substantial prevention gaps exist across the country; yet, without prevention, we will never be able to ensure that no child has to suffer sexual abuse.





# Building stronger response systems

Child sexual abuse is a highly underreported crime. Survivors often wait long into adulthood to report their abuse,<sup>93</sup> while around 30% never disclose at all.<sup>94,95</sup> Victims may hesitate to report for various reasons, such as the potential repercussions, fear of not being believed or conflicting feelings toward their abuser.<sup>96,97</sup> And the short- and long-term impacts of child sexual abuse can include a range of adverse outcomes throughout an individual's lifetime, including a heightened risk of depression, substance abuse, eating disorders and revictimization.<sup>98,99</sup> Some estimates, for example, have found that female survivors of child sexual abuse are almost twice as likely to experience subsequent sexual victimization.<sup>100</sup>

Such research illuminates the various objectives of response systems, including the accurate and early identification of abuse, the prompt removal of children from harmful situations and the prosecution of offenders. Furthermore, it

underscores the interdependence of prevention and response efforts. Although “response” mechanisms are positioned to react to ongoing or historical cases of abuse, other aims include the *prevention* of further or future victimization and protection against other harmful outcomes for survivors. As response mechanisms and actors are often the gateway to other critical services—such as medical care, counseling and advocacy—an effective response is not only key to the delivery of justice, but also to facilitating a survivor's healing and recovery.

**While states in the second iteration of the index generally have higher scores when it comes to response compared with prevention, significant work remains to be done.** This section covers some of the key areas where states can improve their response efforts, as well as some of the progress that has already been achieved.

Domain 3:  
Provision of  
Support Services



## Forging a multidisciplinary response

**States across the US are adopting a multidisciplinary approach to responding to CSEA.** Coordination and collaboration between relevant response actors from various agencies and disciplines can help minimize the number of times a victim has to relive their abuse and provide a more streamlined path toward justice and recovery. In many states, Children’s Advocacy Centers (CACs) are at the heart of this engagement.

The CAC model promotes the use of neutral, child-focused spaces where key responders—including law enforcement, child protective services investigators, medical and mental health professionals, forensic interviewers and victim advocates—come together under one roof as a multidisciplinary team (see Box 9). Currently, nearly 1,200 CACs are operating in the US and nearly two-thirds of all cases handled by these centers involve child sexual abuse, including 247,543 investigations of alleged sexual abuse in 2022 alone.<sup>101,102</sup>

**“Before there were CACs, when a child made an allegation of abuse that child would have to tell the story of what might be the worst thing that ever happened to them over and over: the police officers, the lawyers, judge, a doctor, maybe a therapist. Sometimes they’d have to tell up to 21 people. With a CAC, the child only tells one time.”**

Holly Fleming, Program Director, Children’s Advocacy Centers of California

We found that more than four in five states (25 of 28) in the index have enacted legislation providing a clear definition of CACs, which can help CAC leaders obtain state funding and expand service coverage.<sup>103</sup> In 17 of these states, this definition is based on or tied to nationally recognized standards for conducting investigations with children. In eight states the use of CACs is required, where available, in response to suspected cases of child sexual abuse, while another 15 encourage their use in such cases.

Several states use a related approach, which requires the formation of county-level multidisciplinary investigative teams (MDTs). Kentucky, for example, requires investigations involving suspected sexual abuse of a child to be conducted by specialized, county-based MDTs following local protocols that a special commission has approved.<sup>104</sup> These teams may operate out of an existing CAC, but can also function as a freestanding MDT. This approach can help ensure that more children have access to a multidisciplinary model of care, even in counties where no CACs currently exist. Drawbacks include limited access to the more comprehensive set of services offered by CACs where a MDT is freestanding. Overall, 11 states require the use of a multidisciplinary response in cases of child sexual abuse—either through a CAC or the use of freestanding MDTs—while 86% of states (24 of the 28) encourage such an approach.



**Box 9: In the best interests of the child**

CACs were developed to address several systemic challenges in the response to severe cases of child abuse.<sup>105</sup> Inadequate coordination between response systems and actors can result in lost information or evidence; inconsistent information being given to families; confusion over responsibilities; and reduced accountability. A more siloed approach can also involve repeated interviews and inconsistent standards for conducting investigations with children, which can be retraumatizing for victims.<sup>106</sup>

The CAC model seeks to increase inter-agency coordination and information sharing to minimize the duplication of efforts and improve outcomes for children. Moreover, responders are supported with tools to conduct more trauma-informed and culturally relevant investigations. The provision of other critical services—such as psychological care and advocacy services—to support long-term healing for children and their families is also central to the CAC model.<sup>107</sup>

**“Having a multidisciplinary team allows for greater focus on processes outside of the criminal legal response to child sexual abuse, such as intervention and healing.”**

Alexandria Taylor, Executive Director, New Mexico Coalition of Sexual Assault Programs

The broader CAC movement works to improve the quality and standardization of service delivery. The National Children’s Alliance (NCA) is a professional membership organization that provides accreditation and site evaluations to CACs across the US. To become accredited, CACs must meet ten core benchmarks—such as the forensic interview standard, mental health standard and case-tracking standard—to help ensure that all children “receive consistent, evidence-based services that help them heal from abuse.”<sup>108</sup>

Evidence suggests that CACs can improve agency collaboration in practice and ensure more access to support services for victims.<sup>109</sup> Other studies have indicated that the use of CACs may also result in some improved criminal justice outcomes,<sup>110</sup> with one study finding that cases referred to a CAC were significantly more likely to have charges filed (76% vs. 39%) and more counts charged (2.78 vs. 1.62) compared with cases referred via a more conventional service pathway.<sup>111</sup>



**Funding obstacles can result in difficult decisions for CACs.** While the majority of states (24 of the 28) provide some state funding support to CACs in the form of General Revenue or Special Revenue (see Box 10 and Figure 15), CACs in four states—Alaska, California, Minnesota and Nevada—do not receive *any* support from the state. Yet, even in the states where CACs are receiving governmental funds, NCA Chapter Directors consistently cite a lack of resources as one of the core challenges to the provision of vital services, particularly in more remote areas.

**“Funding is a critical issue for all CACs in Colorado. Every year, the programs have grown to provide more services to their communities, and we have seen a steady increase in the number of kids seen at the centers. Since the pandemic, the cases coming to our centers are often more intense and time-consuming, and our centers must expend more resources than before on each child.”**

Ashley Jellison, Executive Director, Colorado Children’s Alliance

Funding shortages can put pressure on CACs, forcing difficult decisions regarding staff or services and contributing to higher levels of burnout and turnover. In many cases, resource constraints also necessitate a greater amount of time devoted to fundraising: car washes, bingo nights and silent auctions were among the activities CAC staff have employed to generate funds.

**Box 10: Overcoming funding roadblocks**

While CACs often receive funding from a variety of sources such as donations and grants, as well as state and federal support, some streams are more sustainable than others. The NCA has identified governmental funds dedicated to CACs—which currently comprise about one-third of the money flowing to CACs nationally—as “one of the most stable sources.”<sup>114</sup>

General Revenue funds are subject to appropriation by the state legislature and can appear as a specific line item in a state budget or beneath a larger appropriation for a department or division. While General Revenue funds are a valuable source of funding for CACs in many states, these are discretionary and can fluctuate from year to year in response to changing political and market dynamics.

In contrast, Special Revenue funds are generally viewed as more stable as their distribution is typically dedicated in law.<sup>115</sup> Such laws permit the collection of fines or fees for specific activities, which are then distributed to CACs. Washington, for example, imposes a fee upon conviction for possession of depictions of a minor engaged in sexually explicit conduct, a percentage of which must be used for grants to CACs.<sup>116</sup> Meanwhile, Mississippi introduced the “Children’s Advocacy Centers of Mississippi supporter” license plate, with a portion of the related fees being distributed to CACs in the state.<sup>117</sup>



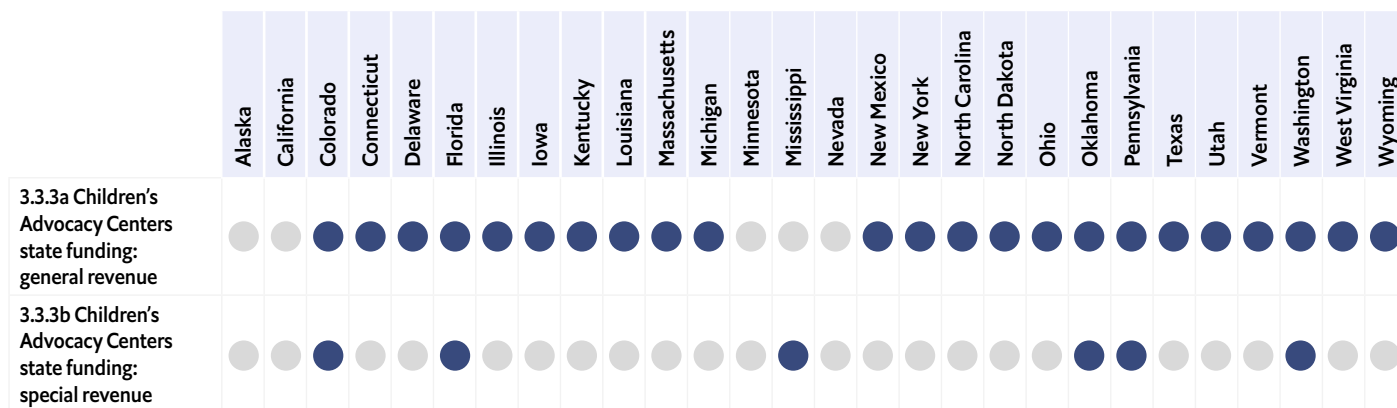
Questions around the continued access to Victims of Crime Act (VOCA) funds, a crucial source of funding for many CACs across the US, were also raised during the course of this study. Ashley Jellison, Executive Director of the Colorado Children’s Alliance, asserts that, “Our main funding source will be cut by roughly 50% in the coming years, and our centers are already asking how they will be able to keep

their doors open. We have worked very hard to bolster our response to child abuse in Colorado; our centers are very worried that that progress will be lost if we do not find additional funds.” Thus, the responsibility to fund CACs rests not only with state lawmakers: federal action is required to ensure that critical services are available for the thousands of vulnerable children seen at CACs across the US on a daily basis.

**Figure 15: Funding Children’s Advocacy Centers**

Performance on indicators related to state funding for CACs by state

● Yes ● No



Source: Economist Impact & National Children’s Alliance

Domain 4:  
Justice Process



### The need for greater specialization

**Key response actors lack essential training across most states.** Response actors—such as police, child protective services investigators and medical professionals—are often the frontline defense in cases of child sexual abuse. The expertise and proficiency of these actors is, therefore, critical for the timely identification of abuse, the effective investigation and prosecution of potential crimes and the referral to support services. Yet, the demeanor of and actions taken by these actors during the initial response, investigation and resulting proceedings can also be highly triggering for survivors without the right precautions.

Across key response groups, little progress has been made on the introduction of statewide mandates for specialized training (see Box 1). Law enforcement officers are the most likely to receive regular training on responding to sexual abuse: nine states require officers to receive such training at defined intervals, of which five require training specific to child victims. Among child protective services investigators and prosecutors, just one and four states, respectively, mandate similar training.<sup>118</sup>

Even fewer requirements exist for training on providing a trauma-informed response to sexual abuse. Washington is the only state that requires ongoing, statewide training on child sexual abuse for all three response actors considered in the index, including techniques for recognizing the nature and consequences of victimization and minimizing trauma during investigations.<sup>119</sup>

**“Specialization is so important in child abuse [investigations because] children who have been abused, or children who haven’t been abused and come in for suspected abuse, have already been traumatized by the investigation process... it’s about working with agencies and educating them that just because there are no medical findings doesn’t mean that the abuse didn’t happen. And doubting that, disbelieving that child, can re-traumatize that child. We want to minimize the trauma of the investigation processes [itself]. ”**

Dr. Nina Agrawal, Child abuse pediatrician

Domain 3:  
Provision of  
Support Services



**Medical personnel with specialized training and expertise are in short supply.** Medical providers play an important role in the collection of forensic evidence essential for building a criminal case. Moreover, their assessments help ensure accurate diagnoses and appropriate treatments, even in cases where no forensically significant findings are expected.<sup>120</sup> And yet, we found that just six of the 28 states (21%) require personnel trained in the examination of sexual abuse victims to be on call or employed at hospitals and emergency rooms or to have a transfer agreement in place with a nearby institution in order to provide these services.

**There are fewer than 400 board-certified child abuse pediatricians—the pediatric subspecialty responsible for diagnosis and treatment in cases of suspected abuse of infants, children and adolescents—across the entire US.**

**Box 11: Did you know?**

Pediatric subspecialists require ten years of training post-university, including three extra years of subspecialty training.<sup>125</sup> Despite this enormous investment, pediatricians are known to be among the lowest-paid physicians. Moreover, the career-long earning potential for pediatric subspecialties is even lower than that of general pediatricians, a gap which continues to grow.<sup>126</sup> Recognizing how earning potential can shape decisions to specialize among medical students, especially in light of rising education costs,<sup>127</sup> should be high on the list of priorities for universities and policymakers seeking to nurture a balanced and specialized pediatric workforce.

It should be noted that CACs, which offer specialized medical evaluation and treatment services as part of the multidisciplinary team response, are available in many communities and, in some cases, even within hospitals. However, even when referral pathways to these centers are in place, NCA Chapter Directors report challenges

in recruiting and maintaining sufficient qualified providers. In fact, there are fewer than 400 board-certified child abuse pediatricians—the pediatric subspecialty responsible for diagnosis and treatment in cases of suspected abuse of infants, children and adolescents—across the entire US (see Box 11).<sup>121</sup> Other key providers, such as sexual assault nurse examiners and other physicians with specific training in the evaluation of child victims, are also reported to be in short supply.

The lack of specialized providers can result in long driving distances and wait times. For example, the American Board of Pediatrics estimates the average driving distance to a child abuse pediatrician in New Mexico to be 50 miles,<sup>122</sup> and 195 miles in Wyoming.<sup>123</sup> In recognition of these barriers, some states have taken steps to increase or upskill this workforce. One example is Colorado’s child abuse response and evaluation network (CARE Network), established to enhance the standardization of service delivery in response to suspected child maltreatment. Supported by the Colorado Department of Public Health & Environment, the CARE Network helps train and support a web of designated providers in completing medical and behavioral health assessments for children under 13 years of age in potential cases of sexual abuse.<sup>124</sup>

The availability of qualified mental health providers is a further challenge, and one that has been exacerbated by the impacts of covid-19. As Tamra Jurgemeyer, Executive Director of Iowa Chapter of Children’s Advocacy Centers, explains, “There are many shortages and gaps in mental health providers trained in evidence-based practices...across the state. Those that practice often have full caseloads and don’t necessarily want to receive the extra required training, on-going assessment requirements, or work with children and families that have experienced complex trauma and abuse.”



**Domain 3:**  
**Provision of**  
**Support Services**



**Protecting the rights of the child**

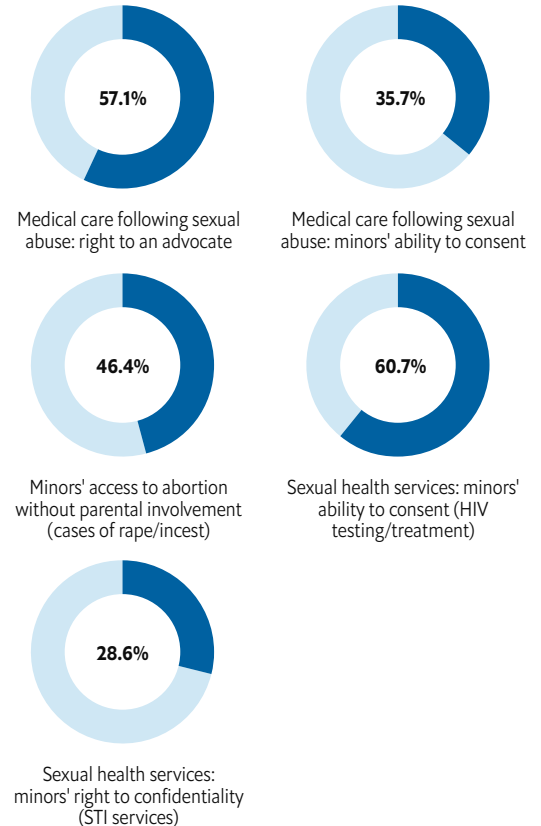
**The autonomy of survivors should be respected and supported throughout response processes.** Some survivors of sexual violence report a lost sense of control or feelings of powerlessness as a result of the abuse; yet, research shows these feelings can be somewhat mitigated if survivors maintain control over their recovery process.<sup>128,129</sup> As such, frontline responders who take steps to preserve the autonomy of victims—such as by discussing medical treatment options or whether and how survivors can assist with a criminal prosecution—can help support the recovery process.

When a victim is a child or adolescent, however, additional complexities arise due to their capacity to make informed decisions, as well as their dependency on caregivers. For example, all states generally require medical providers to obtain consent from a parent or guardian before providing care to a minor. Yet, in cases of sexual abuse, these requirements could be a potential deterrent to help seeking, especially if the perpetrator is a parent or relative. Without guarantees of privacy and confidentiality, survivors' access to and choice of which medical services to receive after experiencing sexual abuse may be impacted.

Some states have introduced measures to ensure that minors who have been sexually abused can access care and make more informed decisions about their treatment following abuse (see Figure 16). Ten states explicitly allow minors to consent to a sexual assault medical forensic examination without the prior consent or knowledge of their parents or guardians.<sup>130,131</sup> Other states have

introduced exceptions for minors with regard to specific services, such as confidential access to testing and treatment for STIs. Meanwhile, the 2022 overturning of *Roe v. Wade* saw a tightening of abortion access in some states, even for child sexual abuse victims, the impacts of which can be particularly devastating for young people and their families.<sup>132</sup> Just under half of states (13 of the 28) allow minors' access to abortion services without parental involvement in cases of suspected abuse, assault or incest.

**Figure 16: Minors' access to key services**  
 Percentage of states guaranteeing minors' access to key services (%)



Source: Economist Impact & Guttmacher Institute

More than half of states (16 of the 28) have established the right of survivors to have a victim advocate present during a sexual assault medical forensic examination. Although many children can access specialized medical care and advocacy through CACs, for young people receiving treatment at hospitals or emergency centers, victim advocates can play an important role in promoting awareness of and access to relevant services. One study found that survivors that worked with an advocate in emergency departments following sexual assault were almost twice as likely to receive information on STIs and the risk of HIV, and experienced “less distress” from their medical contact experiences.<sup>133</sup>

**Box 12: Moving toward a Sexual Assault Survivors’ Bill of Rights**

The right to an advocate is guaranteed in certain states by the state’s Sexual Assault Survivors’ Bill of Rights—legislation adopted by an increasing number of states to establish a more comprehensive set of rights for survivors. Several pieces of legislation passed at the federal level have encouraged this trend, including the Survivors’ Bill of Rights in the States Act (2023), which makes additional federal funding available to states that have, at minimum, “the rights guaranteed to survivors under federal law”.<sup>134</sup>



**Domain 4:**  
**Justice Process**



**Preventing the retraumatization of children, irrespective of age, should be prioritized.**

Prosecuting child sexual abuse cases presents a number of core challenges, including the limited availability of physical or forensic evidence in many cases. As such, children’s testimonial statements are often central to the prosecution of such cases.<sup>135</sup> Investigations and prosecutions, however, can also be retraumatizing for sexual abuse victims, and particularly children. Trials may not only bring victims into close contact with their abuser, but direct questions might be posed about deeply painful experiences, and cross-examinations may seek to confuse or discredit them.<sup>136,137</sup> Recognizing such challenges, many states have introduced special measures or testimonial aids to help prevent children who have been subjected to sexual abuse from incurring further trauma.

Every state in the index permits child victims of sexual abuse to testify by an alternative method outside of the courtroom, such as via closed-circuit television, so they are not forced to speak in the presence of the defendant.<sup>138</sup> Most states, however, limit this option to children of a certain age; this protective measure applies to children up to the age of 18 in just seven states. A hearsay rule exception—or the admissibility of certain out-of-court statements made by a child victim, such as those made to police or forensic interviewers—have also been widely established for use in cases involving child sexual abuse. Just five of the 28 states lack such an exception, although Texas is the only state where the exception applies to all children under the age of 18.



## Supporting justice and healing

Domain 4:  
Justice Process



**Systems do not always account for the time period between when child sexual abuse occurs and when it is disclosed.** Zach Hiner, Executive Director of the Survivors Network of those Abused by Priests (SNAP), explains, “It takes survivors a very long time to come forward, decades of living in silence, in shame and fear...And when we’re talking about religious institutions, a priest or a pastor or a bishop is already placed so high in the community, to think that one individual person might accuse someone so powerful and well respected and be believed, that’s often beyond most children. So instead they stay silent. They bury the memories and go on about their lives until eventually the memories and the trauma and the repercussions of it become too much to handle. And that’s when they come forward and start seeing and start seeking support and justice.”

**Just two states, Delaware and Illinois, have demonstrated their strong support for survivors by eliminating both the criminal and civil statute of limitations for all child sexual abuse crimes and claims.**

The statute of limitations (SOL) is the time frame during which criminal charges or a civil lawsuit can be initiated for a specific offense. Given that the average age at which survivors of child sexual abuse disclose their abuse for the first time is 52,<sup>139</sup> it is clear that a short SOL could act as a barrier to offenders being held accountable and for those seeking civil redress. Encouragingly, state action to extend or eliminate SOLs for those who have been sexually abused as minors has been on the rise in recent years.

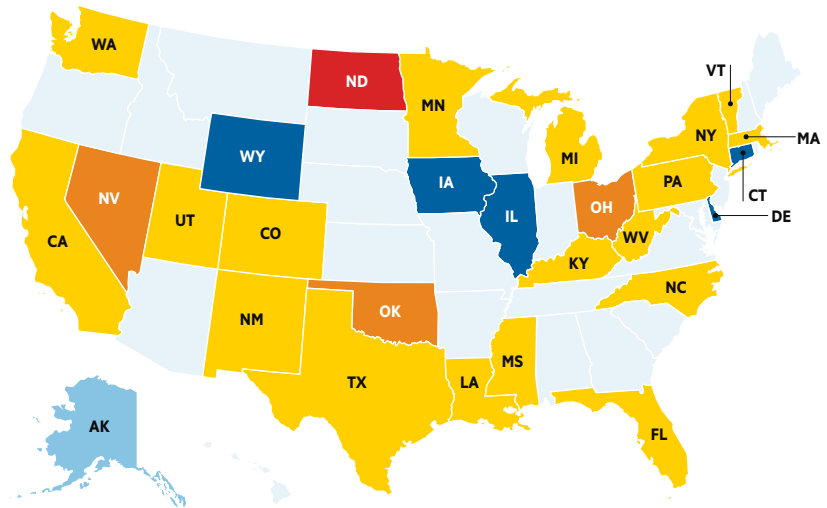
Almost all states in the index (24 of the 28) have passed legislation eliminating the criminal SOL for at least some felony child abuse and sexual assault crimes, while five have done so for *all* felonies and misdemeanors (see Figure 17). Meanwhile, just six states have no age cap for when a survivor of child sexual abuse can bring a civil action against their abuser, while half (14 of 28) require survivors to file a claim before the age of 49. Delaware and Illinois are the only states that have eliminated both the criminal and civil SOLs for all child sexual abuse offenses and claims. One in two states (14 of 28) has also introduced a revival or window law that provides survivors of historical child sexual abuse with a permanent or temporary/time-bound period (eg, up to the age of 50) to bring suits for previously expired claims.

**Figure 17: Statute of limitations reform**

Performance on indicators related to statute of limitations by state

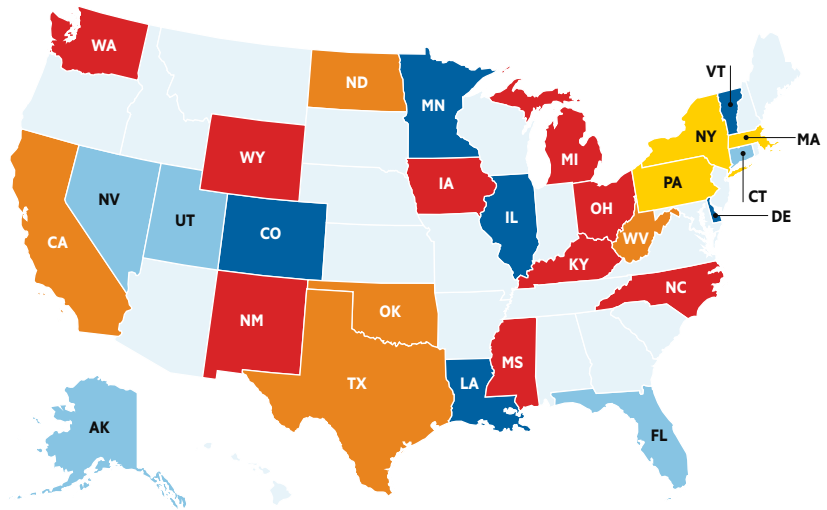
**Criminal SOL for child sexual abuse crimes**

- Expires before the age of 40
- Expires age 40 to 50
- Elimination for some/all felonies only
- Elimination for some felonies and misdemeanors
- Full elimination for all felonies and misdemeanors



**Civil SOL for child sexual abuse claims**

- Age 34 and younger
- Age 35-49
- Age 50 and older
- No age cap for some claims
- No age cap - eliminated SOL



Source: CHILD USA



**Domain 3:**  
**Provision of**  
**Support Services**



**Access to state Crime Victim Compensation (CVC) programs can help survivors cover the costs supporting healing and recovery.** CVC programs, which operate in every state in the US, provide financial assistance for certain crime-related expenses, such as the treatment of related injuries or mental health counseling. Each state has established its own set of criteria determining eligibility for its CVC program; typically, this includes requiring victims to file an application for compensation within a certain period and to report the crime to law enforcement. Yet, given reporting delays and the hesitancy victims can feel over engaging the police,<sup>140</sup> restrictive criteria can limit access to critical financial assistance.

Some states have introduced exceptions to eligibility criteria that apply specifically to victims of sexual abuse or child crime victims. In most states (25 of 28), the laws establishing program eligibility provide at least some type of time frame exception that is applicable to survivors of child sexual abuse (eg, minors have up to the age of 21 to file a claim). Meanwhile, three states—Delaware, Utah and Vermont—have no restrictions on when child sexual abuse survivors can apply for compensation. And while more than half (57%) of states have established one or more ways for survivors to access compensation without making a police report—such as if the crime was reported to child protective services or a victim advocate—12 states have yet to enact any alternative for overcoming this requirement.

**Box 13: Learning from experience**

Engaging survivors of sexual abuse and incorporating lived experience into planning, review, and oversight processes can help ensure that the needs and interests of victims are prioritized. Survivors have a unique perspective on the real-world impacts of legislation, policy and service delivery that can help decision-makers identify and address shortcomings. Providing a platform for survivors can also empower them to share their stories and help validate their experiences.

**“I would like people to listen, look me in the eye, and not be afraid to hear what I have to say. It’s more comfortable for me when people can hear what I’m saying and can talk to me about it. Because I’m no longer uncomfortable talking about it. It’s not my shame. It is a silent global pandemic. It’s parents, uncles, neighbors, best friends, teachers, coaches.”**

Survivor of child sexual abuse

Currently, half of the states (14 of 28) have taken steps to engage with and gather insights from individuals impacted by sexual abuse. Various methods for this outreach include the following:

- The New York State Coalition Against Sexual Assault, with support from multiple state-level government departments, launched a Survivor Survey in 2017 to “create space for survivors...to share their perspectives and experiences with accessing and seeking services from various social and legal systems after their victimization”<sup>141</sup>
- In 2019, Minnesota created the Criminal Sexual Conduct Statutory Reform Working Group to examine the statutory framework for criminal sexual conduct crimes. Presentations to the Working Group highlighted the voices of victims and survivors to show “how sexual assault victims are treated, how their cases are handled, and the barriers and challenges victims face in seeking justice through the criminal justice system”<sup>142</sup>
- Several states have engaged survivors of sexual abuse as part of a larger effort to understand the needs of crime victims in their state more broadly. For example, the 2015 State of Iowa Victim Needs Assessment, sponsored by the Iowa Attorney General’s Office Crime Victim Assistance Division, included insights from survivors of sexual abuse collected through focus groups.<sup>143</sup>

### **Why it matters**

Traditionally, responding to child sexual abuse across the US has focused on catching and prosecuting perpetrators. There has in recent years, however, been increased attention and emphasis on the healing and recovery of survivors. This push has focused on establishing more trauma-informed and child-centered standards for investigations and trials;

ensuring meaningful access to compensation and justice mechanisms; and building more comprehensive support systems, including therapeutic and advocacy services. While there are many examples of recovery-focused responses across the country, a concerted effort is required to scale up these activities and minimize the ongoing repercussions of CSEA.





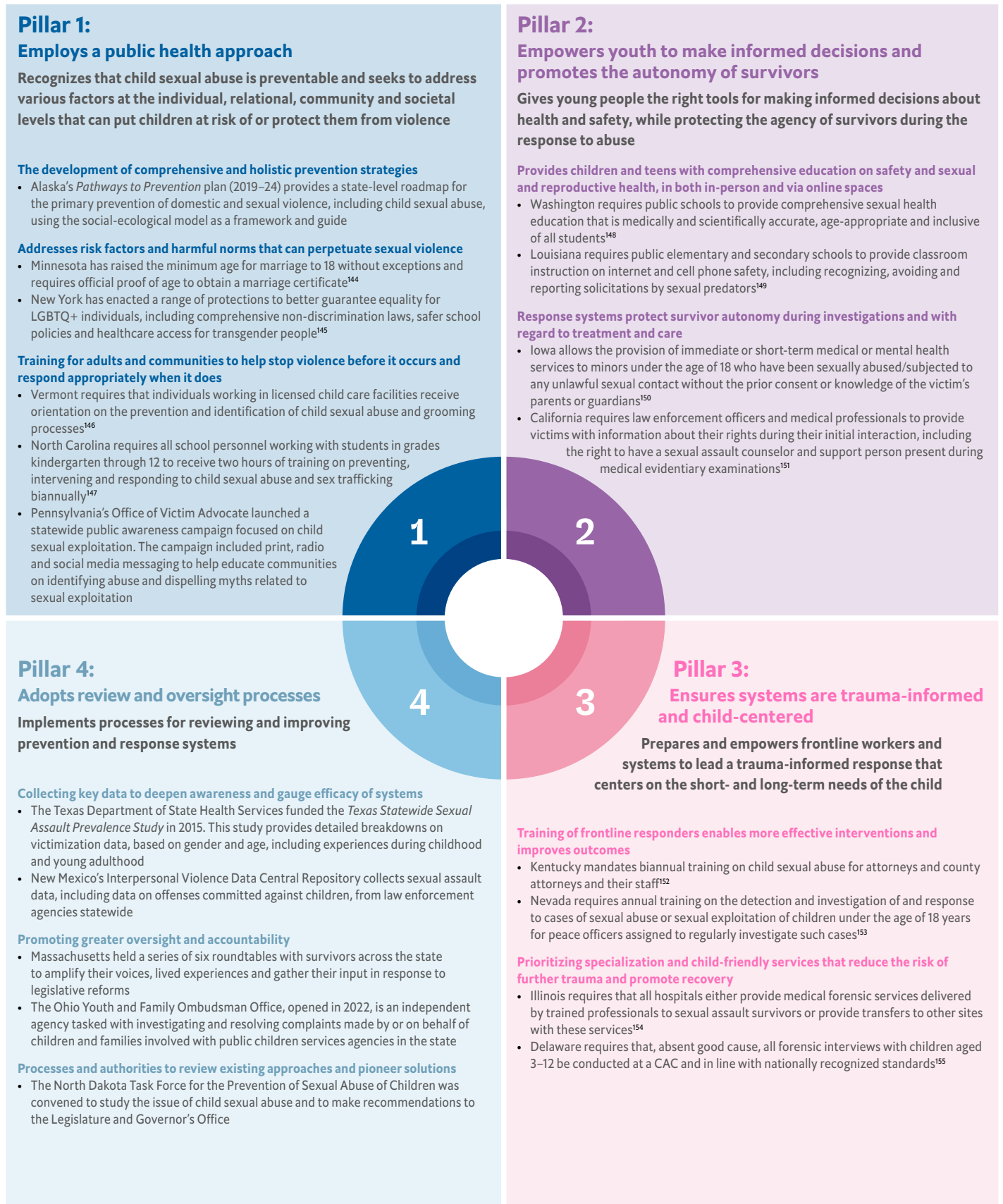
## Forming a more perfect union



The US is a long way from where it needs to be to eradicate CSEA. Most states in the index receive failing grades, and failing grades mean the US is failing its children. It does not have to be this way: CSEA is preventable.

**No child should ever experience sexual exploitation or abuse, but to ensure they do not, states need to focus on building a more holistic approach.** This approach needs to apply a public health lens, empower youth and promote survivor agency, ensure systems are child-centered and trauma-informed, and incorporate accountability. If states take these steps, the US can solve this silent epidemic.

**Figure 18: No state should be a lone star—good practices across the US**



# References

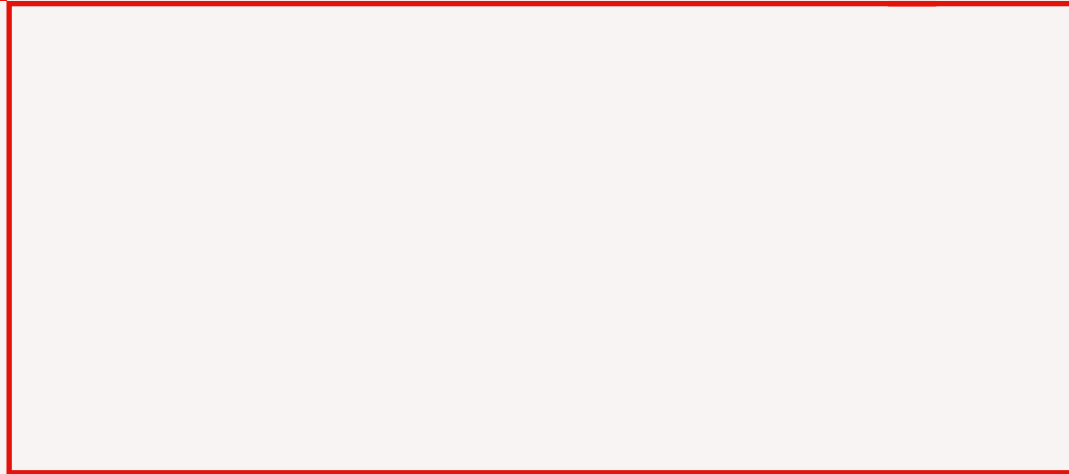
- 1 In this study and report, “child” refers to an individual under the age of 18 years.
- 2 This figure comes from *Child Maltreatment 2021*, the latest edition of the annual Child Maltreatment report series published by the Children’s Bureau of the U.S. Department of Health and Human Services. The 2021 statistics on child maltreatment are derived from data collected by child protective services agencies in 49 states and reported to National Child Abuse and Neglect Data System. See: <https://www.acf.hhs.gov/cb/report/child-maltreatment-2021>
- 3 <https://www.justice.gov/usao-sdny/pr/ghislaine-maxwell-sentenced-20-years-prison-conspiring-jeffrey-epstein-sexually-abuse>
- 4 <https://clergyreport.illinoisattorneygeneral.gov/>
- 5 <https://www.cdc.gov/violenceprevention/childsexualabuse/fastfact.html#:~:text=Many%20children%20wait%20to%20report,States%20experience%20child%20sexual%20abuse>
- 6 This report uses the terms ‘victim’ and ‘survivor’ at various points, often in a context-dependent manner (eg, legal, medical). It is important to recognize that a person or child that has been subjected to or has experienced sexual harm may prefer or better identify with one of these terms. See: <https://ecpat.org/wp-content/uploads/2021/05/Terminology-guidelines-396922-EN-1.pdf>
- 7 <https://www.nasca.org/2012-Resources/010812-StatisticsOfChildAbuse.htm>
- 8 <https://www.jfklibrary.org/learn/about-jfk/life-of-john-f-kennedy/john-f-kennedy-quotations>
- 9 <https://www.iicsa.org.uk/document/iicsa-impacts-child-sexual-abuse-rapid-evidence-assessment-full-report-english.html>
- 10 [https://aifs.gov.au/sites/default/files/cfca/pubs/papers/a143161/cfca11\\_0.pdf](https://aifs.gov.au/sites/default/files/cfca/pubs/papers/a143161/cfca11_0.pdf)
- 11 \$282,734 is the average lifetime cost for victims of non-fatal female victims of CSA. For male victims, it is approximately \$74,691 (although this lower estimate is likely influenced by the insufficient data available on productivity losses). The lifetime cost for victims of fatal CSA per female and male victim was estimated, on average, to be \$1,128,334 and \$1,482,933, respectively. All estimates, including the total annual economic burden of CSA, pertain to the year 2015. See: <https://pubmed.ncbi.nlm.nih.gov/29533869/#:~:text=Estimating%20%20new%20cases%20of,%241%2C482%2C933%2C%20respectively%2C%20and%20the%20average>
- 12 <https://www.togetherforgirls.org/en/resources/what-works-to-prevent-sexual-violence-against-children-evidence-review>
- 13 The research for the 2024 index was conducted between March and September 2023. As such, the findings reflect the most recent available data at the time the research was completed.
- 14 This indicator considered only primary prevention efforts. Programs aimed at preventing reoffending were not considered.
- 15 This finding refers to the gross domestic product (GDP) per capita—or the real GDP of a state divided by the number of people in that area. It is calculated from data provided by the US Census Bureau and the US Bureau of Economic Analysis for the year 2021. This measure was used for our analysis as it is often regarded as “a core indicator of economic performance and commonly used as a broad measure of average living standards or economic well-being” (OECD).
- 16 This figure includes states requiring that consent be included in sexual education and instruction on HIV/STIs when such education is provided.
- 17 The index primarily considers requirements or mandates established by statute. In cases where a broader set of criteria was considered in the assessment, this is indicated in a footnote.
- 18 The related indicators assess training on child sexual abuse for teachers, school employees, and employees of other youth-serving organizations that is mandated at regular intervals, before these actors are permitted to work with minors, or shortly after their employment begins. Credit is not given for one-off training.
- 19 <https://www.nationalchildrensalliance.org/wp-content/uploads/2022/02/2020-Chapter-Standards-digitalcopy-SINGLE-COLUMN.pdf>
- 20 The Georgetown Institute for Women, Peace and Security’s U.S. Women, Peace and Security Index assess states on their enactment of key laws needed to realize women’s protection from violence, economic opportunities, and reproductive healthcare access (sexual harassment in the workplace; relinquishment of firearms from abusers subject to domestic violence protective orders; unemployment benefits for domestic violence victims; mandated paid parental leave; minimum wage of at least \$12 per hour ratification of the Equal Rights Amendment; permits women to have an abortion without in-person counseling).
- 21 This indicator assesses whether comprehensive training on the identification and prevention of child sexual abuse is required for actors in these spaces; a separate indicator assesses training requirements for mandated reporters more broadly. The two key youth serving organizations considered by the index are daycare centers and youth camps.
- 22 This indicator considered awareness campaigns focused, at least in part, on the prevention of child sexual abuse. Campaigns singularly focused on increasing survivors’ access to services were not considered.
- 23 This indicator assesses whether the state’s government has conducted, sponsored, or endorsed a comprehensive victimization survey to explore the prevalence of child sexual abuse in the state. Data on sexual violence collected through the Youth Risk Behavior Survey (see indicator 1.6.1) or other national-level surveys is not considered.
- 24 In this context, high-income refers to states with a higher GDP per capita.
- 25 <https://www.legislature.ohio.gov/legislation/135/hb33>
- 26 <https://www.cambridge.org/core/journals/political-science-research-and-methods/article/womens-issues-and-their-fates-in-the-us-congress/817B6C136C6CC03F4A13514A93E4AAEA>

- 27 [https://schwindt.rice.edu/pdf/publications/schwindtbayer\\_2006\\_unicef.pdf](https://schwindt.rice.edu/pdf/publications/schwindtbayer_2006_unicef.pdf)
- 28 <https://www.aeaweb.org/conference/2018/preliminary/paper/an5yEb5h>
- 29 The “age of consent” is the age at which a young person can legally consent to taking part in sexual intercourse. Sexual activity between an individual and a minor under the age of consent, even if the sexual acts are consensual, is considered a criminal offence. In the US, the age of consent ranges from 16 to 18 years old, depending on the state. However, some states have established exceptions to their age-of-consent laws if one or both of the parties engaging in consensual sexual activity are under the age of consent and they are close in age (eg, less than three years apart).
- 30 The actors covered by these laws can vary between states, from actors in a single setting, such as those working in the school environment, to those more broadly responsible for the “health or welfare of minors” or “guidance, leadership, instruction, or organized recreational activities for minors”.
- 31 According to UNICEF, “Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child.”
- 32 <https://www.unchainedatlast.org/united-states-child-marriage-problem-study-findings-april-2021/>
- 33 [https://www.icrw.org/wp-content/uploads/2020/08/child-marriage-in-the-US-prevalence-impact\\_8-2020\\_ICRW.pdf](https://www.icrw.org/wp-content/uploads/2020/08/child-marriage-in-the-US-prevalence-impact_8-2020_ICRW.pdf)
- 34 <https://www.unchainedatlast.org/united-states-child-marriage-problem-study-findings-april-2021/>
- 35 This indicator assessed only the availability of programs/services to prevent initial instances of abuse from occurring. Programs aiming to prevent reoffending were not considered.
- 36 TX Health and Saf. Code § 141.0095
- 37 <https://www.cdc.gov/violenceprevention/pdf/can/factsheetCSA508.pdf>
- 38 <https://pubmed.ncbi.nlm.nih.gov/29533869/#:~:text=Estimating%20%20new%20cases%20of,%241%2C482%2C933%2C%20respectively%2C%20and%20the%20average>
- 39 <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/140-165-SexualViolencePreventionPlan.pdf>
- 40 <https://dps.alaska.gov/getmedia/1616682b-ec4e-4b8d-a784-5508ec211c53/Pathways-to-Prevention-FINAL-Nov-2020.pdf>
- 41 [https://www.cdc.gov/violenceprevention/pdf/SV-Prevention-Resource\\_508.pdf](https://www.cdc.gov/violenceprevention/pdf/SV-Prevention-Resource_508.pdf)
- 42 <https://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>
- 43 <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>
- 44 <https://theannainstitute.org/ACE%20folder%20for%20website/30TIND.pdf>
- 45 <https://aifs.gov.au/resources/policy-and-practice-papers/rarely-isolated-incident-acknowledging-interrelatedness-child>
- 46 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)61071-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61071-X/fulltext)
- 47 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134495/>
- 48 <https://psycnet.apa.org/record/2019-08488-001>
- 49 <https://journals.sagepub.com/doi/abs/10.1177/0886260516662306>
- 50 <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>
- 51 <https://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>
- 52 <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>
- 53 <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html#:~:text=This%20model%20considers%20the%20complex,from%20experiencing%20or%20perpetrating%20violence.>
- 54 <https://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>
- 55 [https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Resource\\_508.pdf](https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Resource_508.pdf)
- 56 [https://www.cdc.gov/violenceprevention/pdf/SV-Prevention-Resource\\_508.pdf](https://www.cdc.gov/violenceprevention/pdf/SV-Prevention-Resource_508.pdf)
- 57 [https://www.nsvrc.org/sites/default/files/2012-04/Publications\\_NSVRC\\_Booklets\\_Sexual-Violence-and-the-Spectrum-of-Prevention\\_Towards-a-Community-Solution\\_0.pdf](https://www.nsvrc.org/sites/default/files/2012-04/Publications_NSVRC_Booklets_Sexual-Violence-and-the-Spectrum-of-Prevention_Towards-a-Community-Solution_0.pdf)
- 58 <https://www.togetherforgirls.org/en/resources/what-works-to-prevent-sexual-violence-against-children-evidence-review>
- 59 [https://www.isbe.net/Documents\\_MSAFE/Make-SAFE-Final-Report-20200903.pdf](https://www.isbe.net/Documents_MSAFE/Make-SAFE-Final-Report-20200903.pdf)
- 60 <https://www.ndstopcsa.com/#:~:text=About%20The%20Task%20Force&text=The%20purpose%20of%20the%20North,prevention%20of%20child%20sexual%20abuse.>
- 61 <https://safekidsthive.org/wp-content/uploads/2020/08/Child-Sexual-Abuse-Task-Force-Report-Updated-Links-2020-.pdf>
- 62 <https://www.nacctep.org/model-code-ethics>
- 63 UT R277-322
- 64 <https://www.cdc.gov/violenceprevention/childsexualabuse/fastfact.html#:~:text=Although%20estimates%20vary%20across%20studies,States%20experience%20child%20sexual%20abuse>
- 65 As compared with career-averaged reports in the year prior to training.  
See: <https://www.d2l.org/wp-content/uploads/2020/01/StewardsofChildren-EvidenceInformedPreventionTraining-2020.pdf>
- 66 <https://www.zeroabuseproject.org/for-professionals/cast/>
- 67 [https://www.zeroabuseproject.org/wp-content/uploads/2021/01/Child-Advocacy-Studies-CAST\\_-A-National-Movement-to-Improve-the.pdf](https://www.zeroabuseproject.org/wp-content/uploads/2021/01/Child-Advocacy-Studies-CAST_-A-National-Movement-to-Improve-the.pdf)
- 68 It should be noted that research evaluating these types of interventions have not yet identified an impact on the actual victimization for children.

- 69 <https://www.aap.org/en/patient-care/adolescent-sexual-health/equitable-access-to-sexual-and-reproductive-health-care-for-all-youth/the-importance-of-access-to-comprehensive-sex-education/>
- 70 [https://www.sexeducouncil.org/\\_files/ugd/c1f4aa\\_8760d3723fa34024a96e613e9faf53a7.pdf](https://www.sexeducouncil.org/_files/ugd/c1f4aa_8760d3723fa34024a96e613e9faf53a7.pdf)
- 71 <https://pubmed.ncbi.nlm.nih.gov/22341164/>
- 72 The evaluation of state sex education and HIV/STI requirements considers state laws and statewide rules, regulations or standards that have the force of law. Source: [SIECUS](#).
- 73 <https://www.cdc.gov/healthyyouth/whatworks/what-works-sexual-health-education.htm>
- 74 <https://siecus.org/wp-content/uploads/2020/03/NSES-2020-web-updated-1.pdf>
- 75 Colorado, Illinois, Iowa, and Washington require that *if* sex education or HIV/STI instruction is provided in public schools, it must be evidence-based, medically accurate, and culturally appropriate; however, Washington is the only state in this group mandating that sex education *and* HIV/STI instruction be provided in all public schools.
- 76 “Inclusive programs” are defined by SIECUS as “those that help young people understand gender identity and sexual orientation with age-appropriate and medically accurate information; incorporate positive examples of LGBTQ+ individuals, relationships and families; emphasize the need for protection during sex for people of all identities; and dispel common myths and stereotypes about behavior and identity.”
- 77 <https://siecus.org/wp-content/uploads/2021/05/Call-to-Action-LGBTQ-Sex-Ed-Report.pdf?eType=EmailBlastContent&eld=c18440fc-2b21-4556-9f8d-5625a3770146>
- 78 [https://www.glsen.org/sites/default/files/2019-12/From\\_Teasing\\_to\\_Torment\\_Revised\\_2016.pdf](https://www.glsen.org/sites/default/files/2019-12/From_Teasing_to_Torment_Revised_2016.pdf)
- 79 [https://www.glsen.org/sites/default/files/2020-01/Out\\_Online\\_Full\\_Report\\_2013.pdf](https://www.glsen.org/sites/default/files/2020-01/Out_Online_Full_Report_2013.pdf)
- 80 <https://www.sciencedirect.com/science/article/abs/pii/S1054139X18307973>
- 81 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446472/>
- 82 [https://www.researchgate.net/publication/281334923\\_LGBTQ-inclusive\\_curricula\\_why\\_supportive\\_curricula\\_matter](https://www.researchgate.net/publication/281334923_LGBTQ-inclusive_curricula_why_supportive_curricula_matter)
- 83 <https://siecus.org/wp-content/uploads/2018/08/On-Our-Side-Public-Support-for-Sex-Ed-2018-Final.pdf>
- 84 <https://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-new-national-poll-shows-likely-voters-strongly-support-sex-education-and-federal-funding-for-teen-pregnancy-prevention-programs>
- 85 Cited in: <https://siecus.org/wp-content/uploads/2021/05/Call-to-Action-LGBTQ-Sex-Ed-Report.pdf?eType=EmailBlastContent&eld=c18440fc-2b21-4556-9f8d-5625a3770146>
- 86 <https://jennaquinn.net/the-jenna-quinn-law>
- 87 This figure represents the number of school-age children (5–17-year-olds) who live in states where this child sexual abuse prevention education is currently permitted or encouraged. The calculation is based on the population estimates for the year 2022 produced by the US Census Bureau.
- 88 CT Gen. Stat. § 17a-101q
- 89 <https://portal.ct.gov/SDE/Publications/Statewide-K12--Sexual-Assault-Abuse--Prevention-Awareness--Program-Guidelines/Section-3-Sexual-Assault-Abuse-Prevention-Awareness-Curriculum-Framework>
- 90 This figure represents the number of school-age children (5–17-year-olds) who live in states where this child sexual abuse prevention education is currently permitted or encouraged. The calculation is based on the population estimates for the year 2022 produced by the US Census Bureau
- 91 <https://psycnet.apa.org/doiLanding?doi=10.1037%2Fv10000233>
- 92 This study found that perpetrators of child sexual abuse were youthful offenders (ie, offenders younger than 18) 29.9% of the time, among perpetrators with known age. See: <https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2797339>
- 93 <https://pubmed.ncbi.nlm.nih.gov/24669770/>
- 94 <https://journals.sagepub.com/doi/10.1177/1077559503260309>
- 95 <https://pubmed.ncbi.nlm.nih.gov/10695522/>
- 96 <https://www.sciencedirect.com/science/article/pii/S0190740919312745#b0295>
- 97 Interview with Zach Hiner, executive director, SNAP
- 98 <https://www.iicsa.org.uk/document/iicsa-impacts-child-sexual-abuse-rapid-evidence-assessment-full-report-english.html>
- 99 [https://aifs.gov.au/sites/default/files/cfca/pubs/papers/a143161/cfca11\\_0.pdf](https://aifs.gov.au/sites/default/files/cfca/pubs/papers/a143161/cfca11_0.pdf)
- 100 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2723796/>
- 101 <https://www.nationalchildrensalliance.org/cac-coverage-maps/>
- 102 <https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse/>
- 103 <https://www.nationalchildrensalliance.org/wp-content/uploads/2019/12/Issue-Brief-State-Definitions-2019.pdf>
- 104 KY Rev. Stat. § 431.600
- 105 <https://www.nationalchildrensalliance.org/cac-model/>
- 106 <https://calio.org/wp-content/uploads/2014/05/evidence-for-efficacy-of-the-child-advocacy-center-model-systematic-review.pdf>
- 107 <https://www.nationalchildrensalliance.org/wp-content/uploads/2021/10/2023-RedBook-v5B-t-Final-Web.pdf>
- 108 <https://www.nationalchildrensalliance.org/wp-content/uploads/2021/10/2023-RedBook-v5B-t-Final-Web.pdf>

- 109 <https://www.sciencedirect.com/science/article/abs/pii/S014521342030483X>
- 110 <https://calio.org/wp-content/uploads/2014/05/evidence-for-efficacy-of-the-child-advocacy-center-model-systematic-review.pdf>
- 111 <https://journals.sagepub.com/doi/10.1177/1077559504267004>
- 112 This includes NCA-accredited CACs, as well as associate and affiliate members.
- 113 Areas are considered to be “covered” if there is a formal, signed agreement in place between the CAC and partner agencies in that area.
- 114 <https://www.nationalchildrensalliance.org/wp-content/uploads/2019/12/Issue-Brief-State-Funding-2019.pdf>
- 115 <https://www.nationalchildrensalliance.org/wp-content/uploads/2018/03/Snapshot-2017.pdf>
- 116 Rev. Code WA §§ 9.68A.200 and 9.68A.107
- 117 MS Code Ann. § 27-19-56.402
- 118 Specific to child victims.
- 119 WA Rev. Code Ann. § 43.101.224 mandates ongoing specialized training for law enforcement, prosecution, and child protective services.
- 120 <https://www.nationalchildrensalliance.org/wp-content/uploads/2021/10/2023-RedBook-v5B-t-Final-Web.pdf>
- 121 <https://www.abp.org/sites/public/files/pdf/workforcedata2020-2021.pdf>
- 122 [https://downloads.aap.org/AAP/PDF/Advocacy/NewMexico\\_SubspecialtyFactSheet.pdf](https://downloads.aap.org/AAP/PDF/Advocacy/NewMexico_SubspecialtyFactSheet.pdf)
- 123 [https://downloads.aap.org/AAP/PDF/Advocacy/Wyoming\\_SubspecialtyFactSheet.pdf](https://downloads.aap.org/AAP/PDF/Advocacy/Wyoming_SubspecialtyFactSheet.pdf)
- 124 <https://www.kempecarenetwork.org/about>
- 125 Four years of medical school, three years of residency, three years of fellowship and sub-specialty training.
- 126 <https://publications.aap.org/pediatrics/article/147/4/e2020027771/180840/Differences-in-Lifetime-Earning-Potential-for?autologincheck=redirected>
- 127 <https://educationdata.org/average-cost-of-medical-school>
- 128 <https://pubmed.ncbi.nlm.nih.gov/14756611/>
- 129 <https://psycnet.apa.org/record/2005-08078-001>
- 130 Minors’ authority consent in such cases is limited to minors of a certain age (eg, 12+) in some states.
- 131 Assessments considered laws explicitly giving minors the authority to consent to a sexual assault medical forensic examination or medical care in cases of sexual or child abuse. Credit was not given if investigative agencies are permitted to consent in the place of a parent/guardian, if providers are permitted to treat minors in emergency situations without the consent of a parent/guardian, or if minors deemed to be “sufficiently mature” are permitted to consent to medical care more broadly.
- 132 <https://time.com/6303701/a-rape-in-mississippi/>
- 133 <https://pubmed.ncbi.nlm.nih.gov/16314660/>
- 134 <https://www.grassley.senate.gov/news/news-releases/survivors-bill-of-rights-in-the-states-act-becomes-law>
- 135 <https://www.ojp.gov/pdffiles1/nij/grants/252768.pdf>
- 136 <https://www.bu.edu/bulawreview/files/2022/10/DWARAKANATH.pdf>
- 137 <https://psycnet.apa.org/record/2017-07243-004>
- 138 The necessity of an alternative method for testifying is often determined on a case-by-cases basis if, for instance, a judge or expert deems that testifying in open court is likely to cause the child further harm or trauma.
- 139 <https://pubmed.ncbi.nlm.nih.gov/24669770/>
- 140 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6994185/>
- 141 <https://www.nyscasa.org/wp-content/uploads/2022/07/2022-NYSCASA-Survivor-Survey-Report.pdf>
- 142 <https://dps.mn.gov/divisions/ojp/forms-documents/Documents/CSC%20SRWG/FINAL%20PHASE/CSC%20Working%20Group%20Report%20to%20the%20Legislature%20-%20January%202021%20Final.pdf>
- 143 [https://www.iowaattorneygeneral.gov/media/documents/2016\\_Iowa\\_Victim\\_Needs\\_Assessment\\_F\\_9427A54780762.pdf](https://www.iowaattorneygeneral.gov/media/documents/2016_Iowa_Victim_Needs_Assessment_F_9427A54780762.pdf)
- 144 Minn. Stat. Ann. §§ 517.02, 517.03, and 517.08.1d
- 145 This indicator is scored using Human Rights Campaign’s State Equality Index 2022: <https://www.hrc.org/resources/state-scorecards/new-york-4>
- 146 33 VT Stat. Ann. § 3502
- 147 NC Gen. Stat. § 115C-375.20
- 148 WA Rev. Code Ann. § 28A.300.475
- 149 LA Rev. Stat. § 17:280
- 150 IA Code § 915.35
- 151 CA Pen. Code § 680.2
- 152 KY Rev. Stat. § 15.718
- 153 NV Rev. Stat. § 432B.620
- 154 410 IL Comp. Stat. Ann. 70/2
- 155 16 DE Code Ann. § 906

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