

EPICRIM AND CHILD SEXUAL ABUSE:
A PUBLIC HEALTH THEORY FOR
A CRIMINAL JUSTICE EPIDEMIC

by

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ABSTRACT

Child sexual abuse (CSA) is increasingly described by government agencies and academic commentators as a public health problem. A range of theories has been put forward to explain different aspects, or perspectives, of child sexual abuse. These include free-standing theories such as implicit theories, rational choice, routine activities and social learning theories. Integrated theories have also been developed in an attempt to explain the individual actions of those engaging in CSA and the social ecology within which it takes place. Epicrim is an emerging criminological theory that seeks to re-conceptualize crime as a public health issue and adopts a cross-disciplinary approach that is rooted in public health strategies. Here, epicrim was applied to the issue of CSA to see whether the theory is effective at explaining its commission and consequences across both individual and societal levels. Existing theories were integrated into the resulting epicriminological model, where appropriate. A number of existing and proposed policies aimed at preventing or addressing CSA were evaluated against the resulting epicriminological model of CSA. Policy reform suggestions were made where deficits were identified.

Keywords: integrated theory, epidemiological criminology, epicrim, child sexual abuse, public health, primary prevention, secondary prevention, tertiary prevention.

DEDICATION

To S.E: “This is our first task—caring for our children. It's our first job. If we don't get that right, we don't get anything right. That's how, as a society, we will be judged.” (President B. Obama).

LIST OF ABBREVIATIONS AND SYMBOLS

AIDS	Acquired Immune Deficiency Syndrome
CSA	Child sexual abuse
CDC	United States Centers for Disease Control and Prevention
<i>D</i>	Particular health outcome
<i>E</i>	Key factors/determinants that affect a particular health outcome
HIV	Human Immunodeficiency Virus Infection
NGO	Non-Governmental Organization
STD	Sexually transmitted disease

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Roll Tide.

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CHAPTER 1

INTRODUCTION

Sexual abuse of children is a prolific social problem. It is a problem that straddles the divisions of race, gender, socio-economic status and nation borders. The most recent studies have generated estimates of approximately 8% of boys and 20% of girls as having been sexually victimized before their 18th birthday (Pereda, Guilera, Forns, & Gómez-Benito, 2009). Other studies have derived estimates as high as 15% and 38% respectively (Dubowitz, Black, Harrington, & Verschoore, 1993). Even at its highest estimate, these figures are unlikely to capture the true magnitude of sexual offending that takes place worldwide. Sexual abuse of children is significantly underreported due to lack of insight, self-blame, secrecy and fear commonly experienced by the victims. These are the factors that also obstruct reporting of the abuse by the child victims. Even when suspected, it is often not referred to appropriate agencies, and thus “falls through the cracks” when official figures are calculated. Sexual abuse of children is damaging not only to the individual victims, but also to societies as a whole. Outcomes associated with childhood sexual victimization are long-lasting and far-reaching (Smallbone, Marshall, & Wortley, 2008). Attempts have been made to quantify the implications of child sexual abuse to society. In the United States alone, child maltreatment—a category that encompasses child sexual abuse—costs society approximately USD\$124,000,000,000 in total (Fang, Brown, Florence and Mercy, 2012). In fact, the problem is so prolific and so damaging that it has prompted key agencies and academic commentators to describe it as a public health crisis (Smallbone et al., 2008).

A range of theories has been put forward to explain different aspects, or perspectives, of child sexual abuse. These span various disciplines and attempt to explain childhood sexual victimization on different levels. Implicit theories have emerged from the field of psychology as an explanation for the mal-adaptive cognitive distortions that are conducive to sexual offending. Rational choice and routine activities theories look at the situational factors that affect the likelihood of victimization taking place. Social learning theory looks to identify the type of behavior that CSA victims model when they go on to victimize others. A number of integrated theories of sexual offending have also been put forward. The individual theories explain discrete aspects of the sexual victimization. Existing integrated theories seek to incorporate more levels into their explanation, looking not only at individual characteristics of the offender but also the social ecology within which the offender and the victim operate. Yet, even such integrated theories look to explain the onset of childhood sexual victimization on a case-by-case basis. Notably scarce in the literature are theoretical frameworks that model child sexual abuse, and its cyclical nature (termed the “victim-to-victimizer phenomenon”), across both the individual and societal levels. A trend away from linear and static integrative theories has emerged in contemporary criminological literature (Lanier & Henry, 2010). For Barak, the most promising integrative models are those that are reciprocal, holistic and dynamic (cited in Lanier & Henry, 2010). The integrative model proffered by epidemiological criminology fits that bill.

Epidemiological criminology (epicrim) is a relatively recent criminological approach which calls for a shift in paradigm in the way society addresses crime. In essence, epicrim asks criminal justice practitioners to re-conceptualize crime as a public health problem and address it accordingly. Therefore, at the heart of epicrim is a multi-disciplinary approach, which borrows heavily from the public health sphere's strategies in dealing with disease in the population.

The theory has been applied as a potentially useful paradigm in addressing various criminal justice problems such as human trafficking, the spread of sexually transmitted diseases and drug use. On its face, epicrim presents a good theoretical match for the social issue of child sexual abuse, offering a public health model for a public health epidemic. Yet, epicrim has not been applied to model this realm of criminal behavior.

The purpose of this thesis is to apply this emerging criminological theory to the issue of child sexual abuse. Despite CSA being described as a public health problem, the full range of preventative opportunities offered by the public health domain remains an untapped resource when it comes to formulating public policy on the issue (Smallbone et al., 2008). This paper looks to the public health sphere, and in particular the “chain of infection” model, as a starting point for the theoretical framework for CSA. Therefore, the first research question is whether epicrim provides a useful theoretical model for child sexual abuse. Where appropriate, existing theories are integrated into this framework.

The public health-based approach is also used to inform effective CSA interventions. The resulting epicriminological model is then used to assess existing policies that purport to prevent or address childhood sexual victimization. More specifically, the following policy recommendations are analyzed against the epicriminological framework: the Center for Disease Control and Prevention’s (CDC) upstream strategies for preventing sexual victimization (CDC, 2004), CDC’s practical strategies for preventing CSA within youth-serving organizations (CDC, 2007), proposed therapeutic interventions targeted at adolescent male victims of CSA (Ogloff, Cutajar, Mann, & Mullen, 2012) and existing youth suicide prevention strategies (Gould, Greenberg, Velting and Shaffer, 2003). Accordingly, the second research question is whether

these policy proposals and practices comply with the epicriminological approach. Finally, policy reform suggestions are made where deficits are identified.

CHAPTER 2

LITERATURE REVIEW

2.1 The Epidemiology of Child Sexual Abuse

2.1.1 Definition of Child Sexual Abuse

The definitional boundaries of child sexual abuse vary across disciplines and again from one state's laws to another. Generally, it encompasses any sexual activity with a person under the age of 18 years in the absence of consent (i.e., by way of force or coercion) or where consent could not be given (i.e., due to the victim's age or impairment; Berliner & Elliott, 1996). Sexual activity captures sexual penetration, sexual touching, or non-contact acts such as exposure or voyeurism (Berliner & Elliott, 1996; Hornor, 2010). Sexual contact between an older and a younger child can, in certain circumstances, also be construed as abusive (Berliner & Elliott, 1996; Hornor, 2010).

Child sexual abuse is a category of child maltreatment recognized by the World Health Organization (Smallbone et al., 2008). The former is accepted as a distinct form of mistreatment, which has unique characteristics such as boundary violations, powerlessness, guilt, self-blame, stigma and secrecy (Noll, 2008). These unique features of childhood sexual victimization are largely held responsible for subsequent developmental implications for the victim (Noll, 2008).

2.1.2 Prevalence of Child Sexual Abuse

Sexual abuse of children is a prolific social problem, the effects of which span across various social domains. The most recent meta-analysis of the international prevalence of child sexual abuse derived a mean figures of 7.9% of men and 19.7% of women in 22 countries

analyzed had been sexually victimized prior to the age of 18 (Pereda et al., 2009). Previous retrospective studies of childhood experiences have revealed victimization prevalence rates of 19 to 38% for girls and 3–15% for boys (Dubowitz et al., 1993).

A myriad of risk factors for childhood sexual victimization have been identified in the literature. The key one is the sex of the child, with girls being at 2.5 to 3 times higher risk of victimization than boys (Putnam, 2003). The sex of the victim also has key implications for the likelihood of their reporting the offending during their lifetime (Putnam, 2003). Age is another key variable, with risk of victimization increasing as the child gets older (Finkelhor, 1993), although there the age/victimization relationship is different for girls than it is for boys (Putnam, 2003).

Similarly, somewhat of a typical profile of a CSA offender has emerged from empirical literature on the subject. An offender is overwhelmingly more likely to be male (Smallbone et al., 2008). In a review of research done on the dimension of CSA, Smallbone et al. (2008) remark that “no other identifying characteristic of CSA offenders has been as consistently observed as the male gender” (p. 5). CSA offending peaks in adolescence and early adulthood and again in mid- to late-thirties (Smallbone et al., 2008). It is usually preceded by an already established non-sexual relationship between the offender and the victim (Smallbone et al., 2008).

Reported rates of CSA are considered to be an under-estimate of the prevalence of such offending (Pereda et al., 2009; Smallbone et al., 2008). The most recent National Incidence Study of Child Abuse and Neglect estimated that, during 2005–2006, 135,300 children had been sexually abused in the U.S. (Sedlak, Mettenburg, Basena, Petta, McPherson, Greene, & Li, 2010). Sedlak et al. considered this figure to “represent only the tip of the iceberg” (2010, p. 2-2).

2.1.3 Conceptualization of the Problem

Child sexual abuse has been conceptualized by key stakeholders as not only a criminal justice issue but one of the most serious public health problems facing society (Association for the Treatment of Sexual Abusers, 2011; Center for Disease Control and Prevention, 1997; Dube, Felitti, Dong, Chapman, Giles, & Anda, 2003; Hornor, 2010; MacMillan, 1998; Sapp & Vandeven, 2005). These agencies have called on researchers and practitioners across a range of disciplines to approach this offending accordingly.

2.2 Outcomes Associated with Childhood Sexual Victimization

The implications of childhood sexual victimization can be broadly divided into five categories: Behavioral problems, psychiatric disorders, substance abuse and other implications. There is undoubtedly overlap amongst these classifications.

2.2.1 Behavioral Problems

Sexual victimization has been linked to a number of childhood-onset behavioral problems such as highly sexualized behavior (Hornor, 2010; Kendall-Tackett, Williams, & Finkelhor, 1993; Mullers & Dowling, 2008; Putnam, 2003) as well as violence and aggression (Briscoe-Smith & Hinshaw, 2006; Dubowitz et al., 1993; Mullers & Dowling, 2008). A correlation between attention deficit hyperactivity disorder (ADHD) and childhood sexual victimization has been reported in numerous studies (Briscoe-Smith & Hinshaw, 2006; Mullers & Dowling, 2008).

2.2.2 Psychiatric Disorders

Child sexual abuse has also been associated with an elevated risk of incidence of psychiatric diagnoses over a victim's lifetime (Mullers & Dowling, 2008; Noll, Trickett, Harris, & Putnam, 2009; Putnam, 2003). Associated disorders include depression (Dubowitz et al. 1993; Hornor, 2010; Mullers & Dowling, 2008; Noll, et al., 2009; Putnam, 2003), anxiety disorders

Dubowitz et al.1993), suicidal ideation and self-injury (Hornor, 2010; Martin, Bergen, Richardson, Roeger, & Allison, 2004; Mullers & Dowling, 2008; O’Leary & Gould, 2009), post-traumatic stress disorder (PTSD; Dubner & Motta, 1999; Hornor, 2010; Kendall-Tackett et al.,1993; Mullers & Dowling, 2008; Putnam, 2003), borderline personality disorder (Putnam, 2003), dissociative identity disorder (Putnam, 2003) and bulimia nervosa (Putnam, 2003). Suicidal ideation has been found to correlate strongly with making a suicide attempt (O’Leary & Gould, 2009).

2.2.3 Substance Abuse

A relationship between childhood sexual victimization and subsequent substance use has been reported in a range of studies (Mullers & Dowling, 2008; Putnam, 2003). Lifetime alcohol consequences have been found to be significantly associated with such victimization (Bensley, Van Eenwyk, & Simmons, 2000; Dube et al., 2003; Lown, Nayak, Korcha, & Greenfield, 2011; Noll et al., 2009). An increase in the risk of smoking onset by victims of child sexual abuse has been found (Nichols & Harlow, 2004). A number of studies have also linked childhood sexual victimization with subsequent illicit drug use (Dube et al., 2003; Noll et al., 2009; Rodgers, Lang, Laffaye, Satz, Dresselhaus, & Stein, 2004). Notably, Lo and Cheng found no evidence of a significant relationship between child sexual abuse and the development of substance abuse, although the authors posited that this finding may be related to the inadequacy of the measurement of sexual victimization amongst their sample (2007).

2.2.4 Other Implications

Other health implications not captured by the categories above include the onset of pain disorders (Sapp & Vandeven, 2005), development of obesity (Noll et al., 2009) and partaking in Human Immunodeficiency Virus Infection (HIV)-risk behaviors (Bensley et al., 2000).

Importantly, childhood sexual victimization is associated with an increased risk of re-victimization in adulthood (Dubowitz, Black, Kerr, Hussey, Morrel, Everson, & Starr, 2001; Mullers & Dowling, 2008; Noll et al., 2009; Ogloff et al., 2012). This extends to both sexual and non-sexual re-victimization (Ogloff et al., 2012). The highest associations between childhood sexual abuse and adulthood re-victimization was found for sexual offenses (5-fold increase in likelihood), receipt of threats of violence (4-fold increase in likelihood) and violent offenses (3-fold increase in likelihood; Ogloff et al., 2012). Additionally, childhood victimization also had negative effects on victim's ability to parent, affecting their propensity to place their own children in situations that increase these children's respective vulnerability to sexual victimization (Dubowitz et al., 2001; Hornor, 2010). Accordingly, childhood sexual victimization, feeds the offending cycle in what is described as the "intergenerational transmission of abuse" (Hornor, 2010; Noll et al., 2009).

Finally, child sexual abuse has been associated with delinquency and criminality both in adolescence and adulthood. Sexual abuse has generally been found to be a significant predictor of juvenile criminal activity (Burton, Miller, & Shill, 2002; Swanston, Parkinson, O'Toole, Plunkett, Shrimpton, & Oates, 2003). Moreover, child sexual abuse victims were found to be more likely to be arrested as adults than non-abused children (Felson & Lane, 2009; McGrath, Ashlyn, Nilsen, & Kerley, 2011; Ogloff et al., 2012). A recent Australian study sought to overcome limitation in prior empirical research in examining the relationship between childhood sexual victimization and subsequent criminal offending and victimization by using 2,759 victims who were sexually abused between 1964 and 1995 (Ogloff et al., 2012). The findings showed that victims of child sexual abuse were almost 5 times more likely than the general population to be charged with any offense (Ogloff et al., 2012).

Importantly, victims of childhood sexual abuse were also more likely to sexually victimize others, both in adolescence and adulthood (Burton et al., 2002; Felson & Lane, 2009; Ogloff et al., 2012; Widom & Ames, 1994). It is however important to note that, the results of Widom and Ames' study did not distinguish between different types of childhood victimization. That is, victims of all types of abuse (physical, sexual and neglect) were found to be significantly more likely to sexually victimize others (Widom & Ames, 1994). Sexually abused juveniles have been found to be at a higher risk of committing sexual offences during adolescence, and more likely to target younger children (Smith, 1988). Childhood sexual victimization has been attributed to a 4.7–8 fold increase in the likelihood of adult sexual offending (Felson & Lane, 2009; Widom, 1995). Ogloff et al. found the strongest links between childhood sexual victimization and being charged with a sexual offenses, violent offenses and breach of court orders in adulthood (2012). This victim-to-victimizer transition is at the heart of the intergenerational transmission of abuse (Felson & Lane, 2009; Hornor, 2010; Noll et al., 2009; Widom, 1995).

2.3 Quantifying Implications of Child Sexual Abuse to Society

Whilst it is difficult to quantify and measure the cost of these outcomes to society, a number of studies have attempted this ambitious task. Most recently, Fang, et al. used the cases of child maltreatment reported in 2008 alone to measure the average lifetime cost of non-fatal child maltreatment (2012). Fang et al. undertook a complex estimate that took into account both short- and long-term medical costs, productivity losses, child welfare costs, criminal justice costs and special education costs to arrive at an estimate of USD\$210,012 (discounted at rate of 3%) per victim, or approximately USD\$124,000,000,000 in total (2012). Whilst this estimate was not

broken down into further classifications of child maltreatment, it does encompass child sexual abuse.

CHAPTER 3

EXISTING THEORETICAL FRAMEWORK

3.1 Public Health and Epidemiology

Epidemiology is the study of the health and illness within populations and has often been described as the basic science of public health (CDC, 2006; Kleinbaum, Sullivan, & Barker, 2003). More specifically, epidemiology seeks to analyze the patterns of health outcomes (e.g., disease) in a given population and, subsequently, apply this study to control health problems within that population (CDC, 2006; Kleinbaum et al., 2003).

In undertaking the former analysis, epidemiology looks to identify the key factors (determinants, *E*) that affect a particular health outcome (*D*), as well as the way in these factors do so (Kleinbaum et al., 2003). One common health outcome is disease, or infection, within a population. The spread of disease is described using an epidemiological triad model, which is termed as the “chain of infection” and is presented in Figure 2 (CDC, 2006).

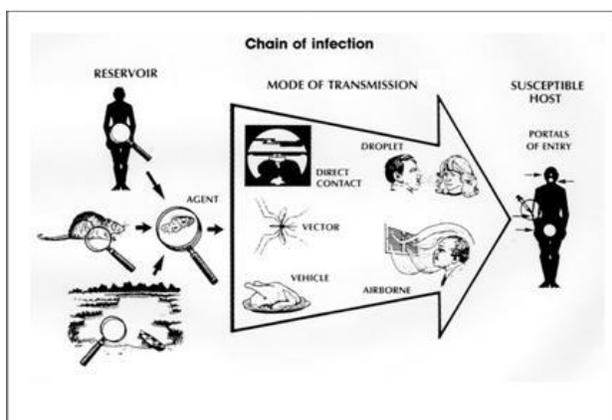


Figure 1. Chain of infection, by the Centers for Disease Control and Prevention, 2006, *Principles of Epidemiology*, p. 1.

The basics of this chain of infection include the following three elements: a source of an infectious agent, a mode of transmission and a susceptible host (Australian National Health and Medical Research Council, 2010). A person's response to an exposure to an infectious agent varies from one individual to the next, and is affected by a range of factors, which can be classified into *risk* and *protective* (ANHMRC, 2010). An understanding of the way in which an infection is transmitted provides a basis for determining the measures most appropriate for the control of its spread (CDC, 2006). Preventative intervention strategies—which can be categorized as primary, secondary and tertiary—are typically at the cornerstone of public health (Turnock, 2004).

3.2 Epidemiological Criminology (Epicrim)

3.2.1 Development of Epidemiological Criminology

There is a relatively contemporary but growing body of literature on the topic of epidemiological criminology (epicrim). The term and call for action was first penned by Akers and Lanier in 2009, when they called for a paradigm that links epidemiological analogies, theories and models across the fields of criminal justice and public health (Akers & Lanier, 2009). Akers and Lanier canvassed the overlap in the origins of the two scientific disciplines and noted their subsequent divergence, until contemporary interdisciplinary approaches towards issues such as injection drug users and HIV/AIDS. Akers and Lanier made the case for criminology, “having reached maturity as an academic discipline,” to “come full circle back to the academic public health roots” (Akers & Lanier, 2009, p. 400) when public health and the study of crime were one and the same. They identified epidemiological criminology as providing a framework for the integration of the two disciplines. They stopped short of giving a detailed definition of the concept, “in order to encourage scientific dialogue” (Potter & Akers, 2010, p. 598).

In 2010, Lanier, Pack and Akers embarked on a study that looked at the differential drug use among African American gang members (Lanier, Pack, & Akers, 2010). Lanier et al. highlighted the lack of direct integration between the criminological and public health theories on this issue and suggested that their findings illustrated the need and desirability for linkages between these fields in providing a basis for policy and program development. They sought to use epicrim as a conceptual and theoretical basis for the development of policy and theoretical modeling to address social ills such as gang membership and substance abuse.

The concept of epidemiological criminology was not explicitly defined until 2010, when Lanier undertook to operationally define it and illustrate its utility for practitioners and scholarly theoreticians across both disciplines. This was done for the explicit purpose of avoiding the pitfalls of new theories, which often overlook the input of the very people who will rely on these theories on a practical level (Lanier, 2010). Lanier defined epidemiological criminology as the “explicit merging of epidemiological and criminal justice theory, methods and practice ... epicrim [is] the study of anything that affects the health of a society”, irrespective of whether that constitutes crime, health epidemics, terrorism or global warming (Lanier, 2010, p. 72). In essence, Lanier called for crime to be conceptualized in terms of its harm to society (as opposed to government-prescribed behavior). Crime should then be addressed by a multidisciplinary approach, drawing on the strengths of the public health method of dealing with disease. Consequently, epicrim draws from both criminology and public health for its epistemological foundation (Lanier, 2010).

At around the same time, Potter and Akers called for the introduction of the epidemiological criminology framework to address the potential spread of sexually- and blood-transmitted diseases from those under correctional supervision in the community (i.e., on

probation and parole), whose activities are less constrained than those of their counterparts in prison or jail (2010). They identified this demographic as a high-risk population for acquiring and transmitting infectious diseases or developing chronic diseases, and lamented the untapped opportunity that this population presented as one which would benefit from the interdisciplinary approach of epidemiological criminology. Potter and Akers called for the development of what they called “upstream interventions” to address health and criminal risks such as these (2010, p. 606).

More recently, Lanier and Farrell conducted a mixed-methods analysis of the extent of the human trafficking problem in Florida (in press). They found that it was encountered less frequently by law enforcement agencies than other sources would suggest. Lanier and Farrell nevertheless called for a re-focus of the law enforcement response to this criminal justice issue by utilizing epidemiological criminology as a conceptual model through which to address problems endemic with human trafficking, which they conceptualized as a social illness. They identified deficiencies in the current approach and called for a development of primary, secondary and tertiary intervention theories for human trafficking (analogous to those found in public health) in which law enforcement, Non-Governmental Organizations (NGOs) and attorneys could play a vital role in slowing the spread of human trafficking.

3.2.2 Definitional Issues

A divergence in the conceptualization of epidemiological criminology emerged in 2010. Although the early work of Akers and Lanier (2009) identified the framework but did not provide a detailed definition of the concept, Lanier went on to provide an operational definition of epidemiological criminology in 2010. His definition of epidemiological criminology was the “explicit merging of epidemiological and criminal justice theory, methods and practice” (Lanier,

2010, p. 72). Lanier viewed it as “a study of anything that affects the health of a society” (2010, p. 72).

Potter and Akers, on the other hand, conceptualized epidemiological criminology as a framework which focuses on factors that contribute to both criminological and health risks. Accordingly, they defined it as “an epistemological and etiological integration of theories, methods, practices and technologies used in public health and criminal justice that incorporates the broader interdisciplinary framework of epidemiology and criminology” (Potter & Akers, 2010, p. 598). Essentially, this approach called for specific identification and targeting of behavior which posed both criminogenic and health risks to a population.

Essentially, the divergence is not about the meaning of the term *epidemiological criminology*, but rather what it represents. According to Lanier, it is a broad framework for the conceptualization of, and subsequent approach towards, crime. Potter and Akers, on the other hand, seemingly use the term to stipulate a specific tactic of “zeroing in” on the kind of behavior that poses a dual risk (i.e., a health and a criminogenic threat).

3.2.3 Empirical Support

In his 2010 article outlining the various potential benefits of epicrim to numerous constituents of the criminological study and practice, Lanier called for empirical testing of the theory (Lanier, 2010). It has received support from students, researchers and policymakers (Lanier & Henry, 2010). While the theory has been applied as a potentially useful paradigm in addressing various criminal justice problems such as human trafficking, spread of sexually transmitted diseases (STDs) and drug use, it has not been applied to the issue of childhood sexual victimization to date.

3.3 Existing Theories of Child Sexual Abuse

3.3.1 Sexual Offenders' Implicit Theories in Psychology

Much of the literature on child sexual abuse discusses implicit psychological theories, which are conducive to the victimization of children. Implicit theories are also referred to as cognitive distortions, and are essentially a person's attitudes and beliefs that support their sexual offending (Pemberton & Wakeling, 2009; Polaschek & Gannon, 2004; Ward & Keenan, 1999).

Generally, implicit theories of sexual offenders can be catalogued into five categories (Hanson, Gizzarelli, & Scott, 1994; Navathe, Ward, & Gannon, 2008; Pemberton & Wakeling, 2009; Polaschek & Gannon, 2004; Ward & Keenan, 1999). The first is that children are inherently sexual beings who are capable of desiring and enjoying sexual contact. The second is a belief in one's own superiority to others, and the subsequent view that they are entitled to have their sexual desires met in a manner of their choice (Pemberton & Wakeling, 2009). This superiority may be rooted in their gender, class or some other factor (Ward & Keenan, 1999). This second "entitlement" theory has been broken down into a further six sub-categories (Pemberton & Wakeling, 2009). Those seen commonly in child sex offenders can be described as follows. For extra-familial child offenders, they are: "I can offend because it's my right as a father/step-father/grand-father/etc." and "I can offend because the victim owes me (in return for a monetary/material investment made)" (Pemberton & Wakeling, 2009). For intra-familial child offenders, they are: "I can offend because only my feelings/desires matter" and "I can offend because the victim owes me (in return for years of parenting and/or care)" (Pemberton & Wakeling, 2009). The third category of implicit theories is somewhat difficult, conceptually. It is rooted in the idea that the world is a dangerous place, in which the goal of others is to dominate, manipulate or take advantage of the offender. The fourth is a belief in the uncontrollability of the offender's sexual drive. Finally, the fifth theory is a belief that sexual contact with children does

not entail harm to the victim. An offender can hold more than one implicit theory and there is undoubtedly some conceptual overlap between the various categories described above (Ward & Keenan, 1999).

Implicit theories affect a person's understanding and interpretation of the events that they encounter, including the behavior of others (Ward & Keenan, 1999). Essentially, individuals construct theories about the world around them in order to understand, explain and control outside stimuli (Ward & Keenan, 1999). An offender relies on their implicit theories in inferring the mental states of their victims and interpreting their behavior (Ward & Keenan, 1999). For instance, if a person believes that children are sexual beings (implicit theory), they are likely to interpret a child requesting to sit on their lap (external stimuli) in a sexual context, instead of an indication of the child's friendliness (Ward & Keenan, 1999). Implicit theories, therefore, guide a person's plans pertaining to contemplated offending (Ward & Keenan, 1999). In other words, mal-adaptive implicit theories cause a person to see the world around them—and interpret the behavior of potential victims—in a way that is conducive to child sexual abuse (Ward & Keenan, 1999).

It is worth noting that, in a critical evaluation of the current understanding of cognitive distortions (another term for implicit theories) in the literature, Navathe et al. point out that the definition of cognitive distortions has not been standardized across the work of various theorists (2008). However, they posited that this ambiguity in the conceptualization of this term is problematic at a clinical level, and not necessarily a theoretical one (Navathe et al., 2008).

3.3.2 Rational Choice and Routine Activities Theories

Rational choice theory posits that the decision-making made by a potential offender in a given situation is a rational process (Cornish & Clarke, 1986). More specifically, a potential

offender rationally weighs up the perceived benefits of the contemplated offending with the perceived risks by way of a rational calculus (Cornish & Clarke, 1986). The concept of *benefits* is wide in scope and includes, in the context of sexual offenders, sexual gratification and/or the domination of the victim (Beauregard, Leclerc, & Lussier, 2012). An individual will engage in the contemplated offending behavior when they perceive the risks to be outweighed by the rewards (Cornish & Clarke, 1986). This perspective emerged in criminology in order to provide a theoretical framework for crime prevention in day-to-day life (Leclerc, Wortley, & Smallbone, 2011). The aim of this approach is to examine the decision-making process of the offender and identify the measures that would tip the costs-benefit analysis in favor of abstaining from the contemplated offence (Leclerc et al., 2011). Tedeschi and Felson took this perspective further in applying it outside of the realm of property offences and to instances of coercive encounters between an offender and a victim (as cited in Leclerc, et al., 2011). At the heart of the rational choice perspective is the concept of crime-commission scripts, which are essentially step-by-step descriptions of the way in which an offender commits a crime (Leclerc, et al., 2011). These are useful in the rational choice perspective because they provide a basis for situational crime-prevention strategies (Leclerc, et al., 2011).

Up until recently, these crime-commission scripts have not been applied outside the realm of property offences (Leclerc, et al., 2011). In 2011, Leclerc et al. applied the concept of crime scripts to child sexual abuse, using Cornish's original script model as a template. They were able to come up with the following protoscript of child sexual abuse. Eight key stages in the child sexual abuse process were identified: (1) entry to the setting where the victim is encountered, (2) gaining trust, (3) proceeding to strategies of crime commission, (4) selecting a location for sexual contact, (5) isolation of the victim (these five stages make up the crime setup

phase), (6) gaining the victim's co-operation, (7) achieving outcome of sexual activity with the victim, and (8) avoiding detection post-offending (these three strategies make up the crime achievement phase; Leclerc et al., 2011). More specifically, Leclerc et al. found that offenders will first meet their potential victim (unless they are offending against their own children, whom they do not need to *meet* in institutional, domestic etc. contexts) and gain their victim's trust through the giving of attention and what may be perceived as "love" (2011). Gaining trust of the victim will facilitate the offender's subsequent actions (Leclerc et al., 2011). The crime location is often a domestic setting (either the offender's or the victim's home), but can also take place in other places (Leclerc et al., 2011). Leclerc et al. note that selecting their own home as the location of abuse enables the offender to have a greater degree of situational control and, hence, an ability to manage the risks associated with the contemplated offending (Leclerc et al., 2011). Having selected the location for a crime, an offender will "create or exploit a set of circumstances in which they can be alone with the victim" without being hindered by a guardian (Leclerc et al., 2011, p. 221). The offender will then try to gain the co-operation of the victim in sexual activity through desensitization, bribes and, occasionally, force (Leclerc et al., 2011). Strategies used to gain the cooperation of the victim in sexual activity are highly related to the actual outcome (i.e., type of conduct that takes place and its duration; Leclerc et al., 2011). The victim-offender interaction during the crime (i.e., whether victim understands the sexual nature of the act, etc) influences the strategies that the offender must resort to in order to avoid detection (Leclerc et al., 2011). Leclerc et al. also point to the importance of "feedback loops" at each stage of the crime-commission process and how these impact on the decision-making of the offender on the same occasion and in subsequent instances (Leclerc et al., 2011).

Routine activities theory also looks to explain a person's criminal behavior on a specific occasion, rather than their propensity towards crime more generally (Cohen & Felson, 1979). The theory posits that three elements are required in order for the commission of crime to take place: (a) a motivated offender, (b) a suitable target, and (c) an absence of a capable guardian. Criminal offending is, therefore, driven by the presentation of a potential offender with a suitable opportunity (Beauregard et al., 2012).

Routine activities theory, which focuses on the crime commission process from the offender's perspective, has been used mainly to explain the commission of property crimes (Beauregard et al., 2012). However, a 2012 study conducted by Beauregard et al. examined the decision making involved in the crime commission process by a range of sex offenders, including child molesters. Essentially, they applied routine activities theory to the commission of sexual abuse by conceptualizing sex offenders as rational thinkers taking advantage of a criminal opportunity (Beauregard et al., 2012). Beauregard et al. found that "sex offenders are rational decision makers who plan their crime on varying levels" (Beauregard et al., 2012, p. 1289). Their decision making takes place on a continuum, with a number of stages at which decisions by a potential offender are made about his or her subsequent actions on the path to sexual victimization of a child (Beauregard et al., 2012). Generally, the decision-making process of child sex offenders can be distinguished by the selection of a victim who, due to age or other impairment, either cannot resist or can be easily manipulated ("groomed"; Beauregard et al., 2012). Consequently, the majority of the child molesters reported an absence of the need for a weapon, restraints or over force (Beauregard et al., 2012). Approximately two thirds of the sampled child offenders reported no use for a vehicle in their crime commission, as their offending took place within a home (Beauregard et al., 2012). Beauregard et al. concluded that

their results highlighted the important role of situational factors on the decision making process by potential child molesters.

3.3.3 Social Learning Theory

The “intergenerational transmission of abuse” is another term for the “victim-to-victimizer phenomenon”—an observation that the sexual victimization of children is passed down from one generation to the next (Felson & Lane, 2009; Horner, 2010; Noll et al., 2009; Widom, 1995). That is, child abusive behavior occurs across generations at higher rates than could be attributed simply to chance (Putnam, 2003). In a review of relevant studies, Putnam reported that approximately one third of abused children go on to become abusive parents (2003). He did, however, highlight the limitations of many studies of intergenerational transmission of abuse, which “lump together all forms of child maltreatment” (Putnam, 2003, p. 271). Nevertheless, studies have revealed that children who are victims of sexual abuse have been found to be more likely to sexually victimize others, both in adolescence and adulthood (Burton et al., 2002; Felson & Lane, 2009; Smith, 1988; Widom & Ames, 1994). Sexually abused juveniles have been found to be at a higher risk of committing sexual offences during adolescence, and more likely to target younger children (Smith, 1988). Childhood sexual victimization has been attributed to a 4.7–8 fold increase in the likelihood of adult sexual offending (Felson & Lane, 2009; Widom, 1995). Accordingly, this increased likelihood of sexual offending by the victim is being *transmitted* from the offender.

Felson and Lane’s work on the victim-to-victimizer phenomenon examined the strength of the relationship between sexual victimization and subsequent sexual offending in order to test whether this relationship is consistent with social learning theory (2009). Felson and Lane posited that, in victimizing others, sexually abused children are modeling the specific type of

abusive behavior to which they themselves were subjected in childhood (2009). This was supported by their findings, which revealed a higher degree of specialization by sexual offenders (i.e., those who have sexually offended in the past are more likely to commit sexual offences in the future than other offences; Felson & Lane 2009). As such, social learning theory has been put forward as a theoretical explanation for the victim-to-victimizer phenomenon observed in the context of child sexual abuse.

3.3.4 Integrated Theories of Child Sexual Abuse

3.3.4.1 Ward and Beech's integrated theory of sexual offending (ITSO). *Overview.*

The Integrated Theory of Sexual Offending is Ward and Beech's attempt at putting together a theoretical framework to account for the onset, development and maintenance of sexual offending (2006). Ward and Beach use the knit-together method to integrate the pertinent factors identified in four existing theories of sexual offending – Finkelhor's pre-condition theory (1984), Hall and Hirshman's quadripartite theory of child molestation (1992), Marshall and Barbaree's integrated theory (1990) and Ward and Siegert's pathways model of CSA (2002). According to Ward and Beech, what all of these theories have in common is they identify the seminal causes of sexual abuse; These can be classified into neuropsychological, ecological, psychopathological and clinical. Essentially, although these may be competing theories, Ward and Beech aim to provide a framework which gets to their core and re-classifies their elements in a way that is absorbed by their own overarching theoretical framework—the integrated theory of sexual offending (ITSO). The following is a brief outline of the four theories which make up the components of ITSO.

Theories integrated into ITSO. Finkelhor's pre-condition theory (1984). According to Finkelhor, one of the following four factors is responsible for a person engaging in child sexual

abuse. Either they find sex with children emotionally satisfying, or they are sexually aroused by children, or their sexual needs are otherwise unmet, or they become disinhibited and act in a way that is untypical (as cited in Ward & Beech, 2006). In order for child sexual abuse to take place, the following four conditions must be satisfied. First, there must be a motivated offender (motivation is underpinned by one of the preceding factors). Second, the motivated offender must overcome any internal inhibitions. Third, the offender must overcome any external inhibitions, such as a victim's guardian. Finally, the offender needs to overcome any resistance on the part of a child (as cited in Ward & Beech, 2006).

Hall and Hirshman's quadripartite theory of child molestation (1992). Hall and Hirshman posit that personality deficits are the root cause of sexual abuse of children (as cited in Ward & Beech, 2006). Relevant personality deficits become activated in particular situations and "propels an individual above the critical threshold for performing a sexually deviant act" (Ward & Beech, 2006, p. 58).

Marshall and Barbaree's integrated theory (1990). Marshall and Barbaree's theory has a sequential structure which places at the source of all child sexual abuse the offender's own experience with developmentally adverse events, such as poor parenting, physical or sexual abuse (as cited in Ward & Beech, 2006). Such adverse experiences lead to distorted interpersonal relationships and, consequently, poor social and self-regulation skills in childhood (as cited in Ward & Beech, 2006). Deficiency in these skills leading into adolescence makes rejection by the opposite sex more likely, leading the offender to reciprocate negative attitudes towards females (as cited in Ward & Beech, 2006). Such negative emotions assist in the development of deviant sexual fantasies. In contrast, children are viewed as more trustworthy or reciprocating in this respect (as cited in Ward & Beech, 2006). Deviant sex, including sex with children, is thereby

conceptualized by the offender as meeting emotional and sexual needs, which cannot otherwise be fulfilled (as cited in Ward & Beech, 2006). When such sentiments interact with the right situational mix, the individual engages in child sexual abuse (as cited in Ward & Beech, 2006).

Ward and Siegert's pathways model of child sexual abuse (2002). This theory is concerned with explaining the onset, rather than the continuation, of child sexual abuse (Ward & Beech, 2006). This theory posits that there are four pathways, or mechanisms, by which the onset of child sexual abuse takes place. These are intimacy and social skill deficits, distorted sexual scripts, emotional dysregulation and cognitive distortions (as cited in Ward & Beech, 2006). Every sexual offense involves each of these four components. Different types of offending will, however, trigger a particular one of these four elements, which will in turn stimulate the other three in its specific way (as cited in Ward & Beech, 2006).

Elements of ITSO. Ward and Beech posit that three sets of factors, and their interaction, is responsible for the onset of child sexual victimization (2006). The first category is biological, which encompasses an individual's genetic inheritance and brain development. Ecological factors—the second category—includes social, cultural and personal circumstances. The third category captures neuropsychological factors. These three types of factors interact to cause clinical problems, such as deviant arousal or social difficulties which in turn lead to sexually abusive behavior (Ward & Beech, 2006). The theory explains the continuation of abusive behavior by the fact that engaging in such abusive behaviors “establishes a positive feedback loop that entrenches the offender's vulnerabilities” resulting in the maintenance and/or escalation of the sexually abusive behavior (Ward and Beech, 2006, p. 50). A model of their unified theory can be found in Figure 1.

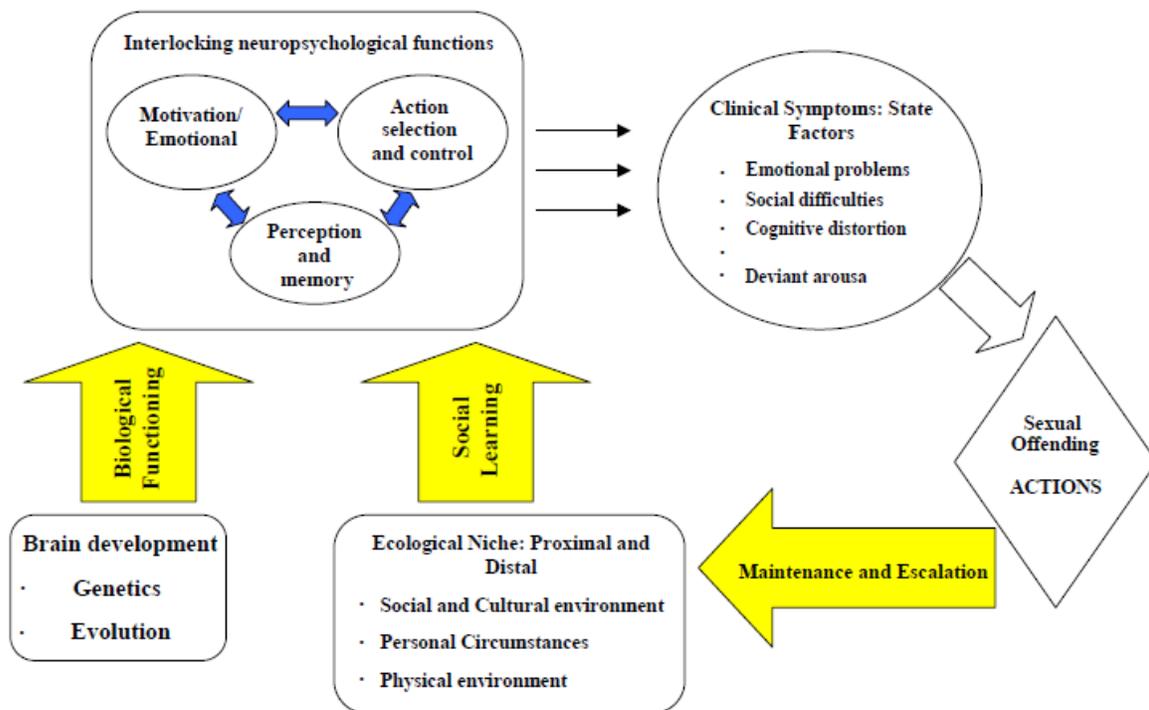


Figure 1. Schematic representation of the integrated theory of sexual offending, by T. Ward and A. Beech, 2006, *Aggression and Violent Behavior*, 11, p. 51.

Utility of ITSO. Ward and Beech’s integrated theoretical model is comprehensive and effectively incorporates the key elements of otherwise competing theories into an overarching framework. Nevertheless, ITSO goes only so far as to explain the onset and maintenance of the victimization of children by the offender. In fact, when considered closely, it does not extend to capture factors beyond those influencing the offender (e.g., characteristics specific to the victim or environment/situations conducive to the offending) in explaining the cause of sexual victimization of children. As such, it would not compete with the proposed epicriminological model, which seeks to assimilate the victim-specific and situational factors missing from the ITSO and explain the cycle of childhood sexual victimization on a societal level through theoretical hyperintegration (Barak, cited in Lanier & Henry, 2010). Moreover, the ITSO can be successfully integrated within the proposed epicriminological model, in that it can act as an

alternative explanation of the source of the infectious agent (i.e., a motivation to sexually victimize a child) in the chain on infection. Accordingly, the need for a broader-scope theoretical explanation of child sexual abuse still remains.

3.3.4.2 Smallbone, Marshall and Wortley's integrated theory of child sexual abuse.

Overview. Smallbone, Marshall and Wortley endeavored to articulate a comprehensive theory of child sexual abuse (Smallbone et al., 2008). Their integrated theory encapsulates three elements: Offender motivations, the situations elements in which offenders find themselves and the wider social ecological system (Smallbone et al., 2008). Accordingly, their integrated theory—which is an extension of Marshall and Barbaree's integrated theory—posits that child sexual abuse "occurs as a result of interactions between individual, ecosystemic and situational factors" (Smallbone et al., 2008, p. 21). Smallbone et al.'s integrated theory can be broadly summarized as follows.

Elements of the integrated theory. Biological capacity for sexual victimization of children. There are biological foundations for an individual's (in particular, a male's) potential to engage in anti-social behavior in the form of CSA (biological capacity for sexual victimization of children).

Mediating force of self-restraint. This potential is mediated by the offender's social cognitive development. In other words, potential offenders learn to refrain from engaging in child sexual abuse, while others fail to do so (mediating force of self-restraint). An individual's capacity for self-restraint is influenced by their attachment levels. Weak attachment experienced in childhood hampers the development of their self-restraint. This, in turn, affects their ability to exercise self-restraint in specific circumstances, increasing their likelihood of engaging in sexually-risky behaviors. Additionally, a person's level of attachment is closely linked to their

stake in social conformity—the very thing that is threatened by engaging in anti-social behavior such as child sexual abuse.

Role of social ecosystems. Next, the various social ecosystems within which both the offender and their potential victim are embedded influence the likelihood of child sexual abuse taking place (role of social ecosystems). This influence can be categorized into three subgroups. First, they determine the cultural norms and values that act to shape the offender's and victim's respective behavior and perception of childhood sexual victimization. Second, they shape relevant risk and protective factors—neighborhood characteristics, peer influences and family characteristics—which in turn affect the likelihood of childhood sexual victimization taking place. Finally, a person's ecosystems also create available situational opportunities for CSA to occur.

Situational factors. The last element of the integrated theory is situational factors (situational factors), which are relevant for two reasons. First, these factors create criminal opportunities for offending to, generally, take place. Second, situational permutations affect an offender's motivation to engage in CSA. Their individual motivation also stems from the type of offender they are (committed, opportunistic or situational).

Utility of the integrated theory. Smallbone et al.'s (2008) theoretical model aims to integrate the role of individual motivations, situational factors and ecological influences in child sexual abuse. Accordingly, there is some conceptual overlap with the proposed epicriminological model, which similarly incorporates individual-level cognitive distortions (implicit theories), situational circumstances (routine activities theory) and pertinent risk factors associated with an elevated chance of victimization into the overarching theoretical framework. Both theories are post-modernist, or holistic, integrative models, which attempt to capture the “whole picture” of

sexual offending against children (Barak cited in Lanier & Henry, 2010). However, there is an important distinction between what Smallbone et al.'s integrated theory and the epicriminological model seek to explain. Smallbone et al.'s theory looks to explain the onset of sexual offending against children. In doing so, Smallbone et al. allude to the role of the offender's own victimization within their theoretical model. For instance, it can be characterized as a relevant feature of the social ecosystem that either shapes a cultural norm (i.e., "sexual abuse of children is acceptable") or contribute as a risk factor that affects the likelihood of CSA taking place. However, the victim-to-victimizer phenomenon is not an integral feature of Smallbone et al.'s theory. The epicriminological model of child sexual abuse, on the other hand, looks to explain the cycle of childhood sexual victimization. In doing so, it treats the victim-to-victimizer phenomenon as a central element of the social cycle of the offending. Accordingly, it would not compete with Smallbone et al.'s integrated model which seeks to account for sexual offending against children on an individual level. The need for a theoretical explanation of child sexual abuse on a societal level still remains.

CHAPTER 4

APPLYING EPICRIM THEORY TO CHILD SEXUAL ABUSE

4.1 Drawing on Theories of Public Health

4.1.1 Using the Chain of Infection as a Model

The chain of infection, seen in Figure 2, is a traditional epidemiologic triad model that explains the process of the spread of infectious disease (CDC, 2006). It can be visually presented in a number of ways, one. For instance, Goldsteen, Goldsteen and Graham present a conceptualization in form of an epidemiological triangle, with the three apexes representing the agent, host and the environment (2010). Others conceptualize the model as a dynamic, cyclical process that is best represented by way of a circle, as depicted in Figure 3 (Australian National Health and Medical Research Council, 2010; CDC, 2006).

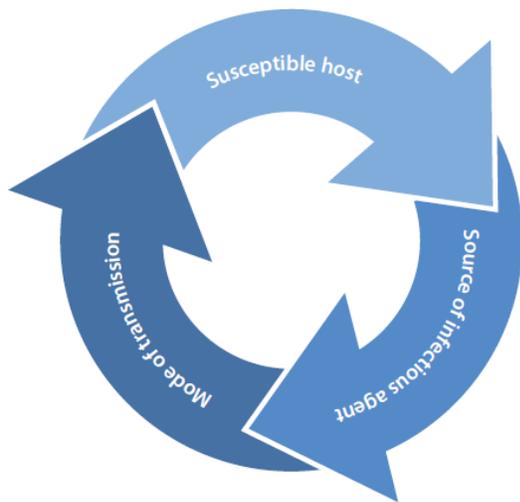


Figure 3. Chain of infection, by Australian National Health and Medical Research Council, 2010, Australian Guidelines for the Prevention and Control of Infection, p.18.

In either case, it is a visual representation of the process of infectious disease transmission (Goldtsteen et al., 2010). There are three key components to the model: The existence of a source

of reservoir of an infectious agent, a mode of transmission of that pathogen and the presence of a susceptible host (ANHMRC, 2010; Goldsteen et al., 2010). The chain of infection is, in essence, the following process: “The agent leaves its reservoir or host through a portal of exit. It is then conveyed by some mode or transmission and enters through an appropriate portal of entry to infect a susceptible host” (CDC, 2006, paragraph 1).

4.2 Conceptualization of Key Terms

4.2.1 Source of Infectious Agent

A source or reservoir of infection is an essential component of the cycle of disease spread (ANHMRC, 2010; CDC, 2006; Goldsteen et al., 2010). In epidemiology, a source of transmission includes humans, endogenous flora or environmental sources (ANHMRC, 2010; CDC, 2006). Mal-adaptive implicit theories can be conceptualized as such a source when it comes to child sexual abuse. Infection is the result of a person’s response to exposure to an infectious agent, with individual responses varying from one person to the next (ANHMRC, 2010). As such, exposure to an infectious agent is analogous to holding one of the abovementioned maladaptive implicit theories, which are conducive to the molestation of children.

Implicit theories are described as “middle level theories” by Polaschek and Gannon, in that they look to explain not only a person’s likelihood to offend in a particular situation, but also more generally (2004). Importantly, Ward and Keenan point out that it is possible for non-offenders to have the type of mal-adaptive implicit theories described above yet never act on these beliefs (1999). As such, mal-adaptive implicit theories are viewed in the literature as necessary, but not sufficient by themselves, in order for someone to engage in child sexual abuse (Ward & Keenan, 1999). Similarly, it is possible to become exposed to an infectious agent while

never developing a symptomatic disease (ANHMRC, 2010). Something more than a mal-adaptive implicit theory alone is required for an individual to engage in child sexual abuse on a given occasion. This is where Cornish and Clarke's rational choice theory (1986), and Cohen and Felson's routine activities theory, are of assistance (1979).

4.2.2 Factors That Increase the Risk of Transmission of Infection

Exposure to an infectious agent is, on its own, not always sufficient to result in infection (ANHMRC, 2010). Similarly, something more than a mal-adaptive implicit theory alone is required for an individual to engage in child sexual abuse on a given occasion. As such, the situational factors at the core of rational choice and routine activities theories provide some guidance as to what those additional factors might be. Leclerc et al. derived a crime-commission script common to child sexual abuse (2011). Beauregard et al., similarly, isolated a range of situational factors that are typical in the sexual victimization of children (2012). In essence, the presence of these factors make offending more probable in a given circumstance. As such, when presented with the right permutation of situation factors, an offender is more likely to act on their mal-adaptive implicit theory and engage in the sexual victimization of a child victim. These situational factors, therefore, are analogous to factors such as recent surgery, lengthy hospital stays and recent illness that may have compromised immunity. In other words, these are all factors that increase the risk of transmission of infection.

4.2.3 Susceptible Host

A susceptible host is another key link in the chain of infection (CDC, 2006). A host's susceptibility depends on a range of factors that affect their ability to resist infection or limit pathogenicity (CDC, 2006). These can be categorized into "risk" and "protective" factors that aid in the prediction of an individual's response to exposure to an infectious agent. In epidemiology,

these factors include genetic and constitutional makeup, immune status, age, health status, and others (ANHMRC, 2010; CDC, 2006; Goldsteen et al., 2010).

In the context of child sexual abuse, these are factors relevant to a child's likelihood of being subject to victimization. Although it is commonly accepted that child sex abuse occur across all socioeconomic and ethnic groups, literature on the topic of CSA has identified a range of factors relevant to the likelihood of a child's victimization (Finkelhor, 1993).

The key characteristics associated with greater risk of victimization are as follows. Girls are approximately 2.5—3 times more likely to be sexually abused than boys (Finkelhor, 1993; Putnam, 2003). The risk of victimization also increases with age, where pre-adolescents and adolescents are more likely to experience sexual victimization, although there the age/victimization relationship is different for girls than it is for boys (Putnam, 2003). Living in the absence of one or more natural parent and in the presence of a stepfather in the household also increases the likelihood of being subject to sexual abuse (Finkelhor, 1993; Putnam, 2003). Boys are more likely than girls to be abused in institutional settings, outside of the home (Crome, 2006 cited in Foster, 2013; Smallbone et al., 2008). Girls, on the other hand, are more likely to sexually victimized within the home (Foster, 2013; Smallbone et al., 2008).

Physical disabilities increase a child's victimization risk (Putnam, 2003). Finally, child sexual abuse is more likely to take place in the presence of poor parenting (characterized by absence, lack of supervision, overly punitive measures and conflict; Finkelhor, 1993). Collectively, these may be conceptualized as risk factors that render a child more susceptible to infection (i.e., sexual victimization).

For completeness, it is worth noting which factors have been identified as not being associated with a greater risk of childhood sexual victimization. Putnam noted that although low

socioeconomic status is a powerful factor for physical abuse and neglect, its impact on child sexual abuse is small, regardless of the disproportionate number of reported cases arising from lower socioeconomic classes (Putnam, 2003). Finkelhor explained this disparity by positing that perhaps professionals are more willing to identify and label child sexual abuse in disadvantaged families, which fall in line with prevailing stereotypes about the context of abuse (1993). Additionally, race and ethnicity have not been identified as risk factors for sexual abuse (Finkelhor, 1993; Putnam, 2003).

4.2.4 Mode of Transmission

A mode of transmission is the description of the way in which a pathogen travels from its reservoir to a susceptible host (CDC, 2006). Contact, both direct and indirect, is the most common mode of transmission of a pathogen (ANHMRC, 2010; CDC, 2006).

As discussed in chapter 2, sexual abuse of children is often passed down intergenerationally, with victims of childhood sexual abuse being at an elevated risk of sexually victimizing others in adolescence and adulthood (Burton et al., 2002; Felson & Lane, 2009; Hornor, 2010; Noll et al., 2009; Ogloff et al., 2012; Smith, 1988; Widom & Ames, 1994; Widom, 1995). Social learning theory has been put forward as a theoretical explanation for this victim-to-victimizer phenomenon observed in the context of child sexual abuse (Felson & Lane, 2009). This process is analogous to the mode of transmission within the chain of infection. Accordingly, social learning theory may be conceptually integrated into the overall epicriminological framework for child sexual abuse.

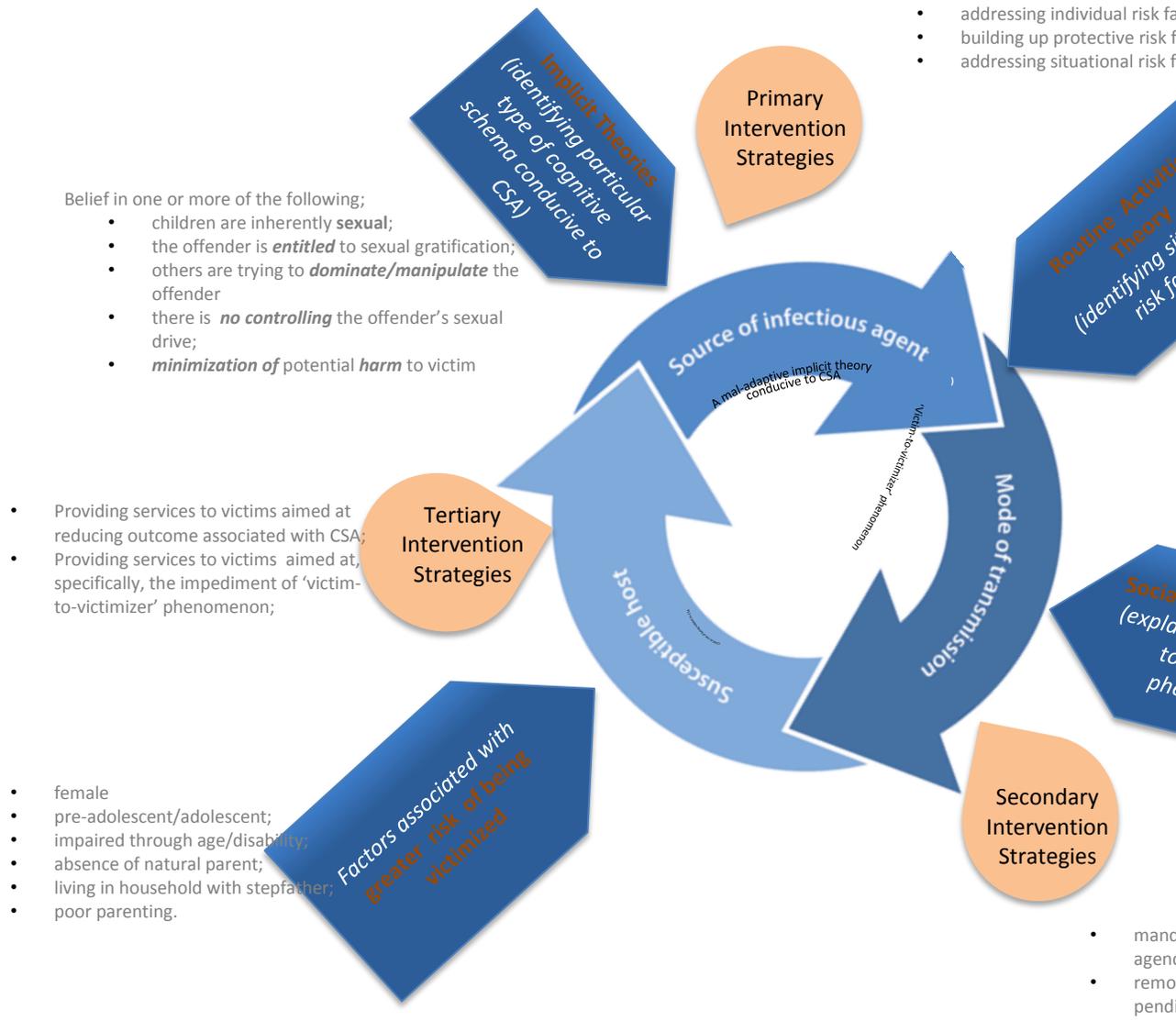


Figure 4. Epicriminological model of CSA.

CHAPTER 5

PREVENTING AND CONTAINING CHILD SEXUAL ABUSE:

POLICY ANALYSIS AND IMPLICATIONS

5.1 Role of Prevention Strategies in Public Health

Public health is essentially the collective actions of a society aimed at assuring healthy living conditions for its people (Institute of Medicine, 2003). A public health approach is, therefore, characterized by a primary concern about the health of the entire population, rather than one individual (a population-based approach; CDC, 2004). Prevention is traditionally considered to be the cornerstone of good public health (CDC, 2004; Goldsteen et al., 2010). Preventative intervention strategies are typically classified as primary, secondary and tertiary (CDC, 2004; Goldsteen et al., 2010). This classification designates the point at which intervention occurs (CDC, 2004).

Primary prevention looks at preventing the development of disease or injury before it occurs, which is often done by reducing exposure to risk factors associated with the disease or injury itself (Goldsteen et al., 2010; Turnock, 2004). The aim of primary prevention is to reduce the incidence of the disease in the general population (Brownson, Remington, & Davis, 1998; Goldsteen et al., 2010).

Secondary prevention is relevant once a person has been infected or injured, as it looks at identifying and controlling disease processes in those early stages, prior to the evidence of its signs and symptoms (Turnock, 2004). The aim of this stage of prevention is to reduce the

prevalence or consequence of the disease, with an emphasis on early detection (Brownson et al., 1998; Goldsteen et al., 2011).

Lastly, tertiary prevention focuses on optimum treatment of disease, restoring infected or injured individuals to their optimal levels of functioning and preventing disability (Goldsteen et al., 2010). The goal of tertiary prevention is to reduce complications or disability associated with the disease (Brownson et al., 1998). The emphasis of the public health discipline is on primary prevention, in contrast with the health care system (i.e., clinical professions), whose work tends to fall within the realm of secondary and tertiary prevention (Turnock, 2004; Smallbone et al., 2008). Nevertheless, this does not mean that public health has no interest in the latter stages of prevention (Turnock, 2004).

5.2 A Public Health Approach to Child Sexual Abuse

5.2.1 Approach Endorsed by Smallbone, Marshall and Wortley

A public health approach to child sexual abuse is seldom seen in literature on the topic. However, in their 2008 book, Smallbone et al. identified a range of prevention strategies from which they drew inspiration for their integrated theoretical model. These strategies were grounded in crime prevention, child-maltreatment prevention and public health (Smallbone et al., 2008). According to Smallbone et al., the public health model assists in providing a conceptual framework for distinguishing the different types of CSA interventions: Primary, secondary and tertiary. Smallbone et al. conceptualized these as follows. Primary prevention strategies are those looking to prevent child sexual abuse before its onset. Secondary prevention strategies are those aimed at reducing the risks associated with CSA in potential victims and victimizers. Tertiary prevention strategies are those seeking to prevent recidivism and re-victimization once the onset of child sexual abuse has occurred.

5.2.2 Approach Endorsed by the Centers for Disease Control and Prevention

In 2004, CDC focused its efforts on implementing an “upstream” program, focusing on the prevention and elimination of “events, conditions, situation, or exposure to ... risk factors” which result in sexual violence (CDC, 2004, p. 1). In essence, these efforts are an attempt to identify both risk and protective factors relevant to the initiation of sexual violence within the at-risk population and the wider demographics (CDC, 2004). To this end, CDC reviewed theoretical frameworks and sought to identify “prevention concepts and strategies that were compatible with the public health approach” (CDC, 2004, p. 1). CDC endorsed and adopted what the agency purported to be a public health approach towards prevention of sexual violence (CDC, 2004). In 2007, the CDC also examined practical strategies for youth-serving organization to prevent the occurrence of child sexual abuse (CDC, 2007).

5.2.3 Different Conceptualization of Primary, Secondary and Tertiary Prevention Under the Epicriminological Model

Smallbone et al. noted that, despite its conceptual utility, the public health approach poses practical problems. The main one is the lack of consensus in the literature on how primary, secondary and tertiary prevention are conceptualized (Tonry & Farrington, 1995, cited in Smallbone et al., 2008). Indeed, these three prevention strategies are conceptualized differently under the epicriminological model put forward in this thesis. The point of infection, which separates primary prevention strategies from the others, is the point of sexual victimization. Accordingly, under the epicriminological model, secondary prevention strategies include those aimed at preventing re-victimization of oneself and others. Additionally, the epicriminological model differs from Smallbone et al.’s integrated theory in that it seeks to explain not only the onset of child sexual abuse, but its cyclical effect and outcomes on a societal level. As such, it

includes long-lasting and debilitating outcomes associated with childhood sexual victimization in its conceptualization of “disease progression”. Long-term psychiatric problems and suicide are arguably analogous to the disability contemplated under the public health model. Attempts to address these debilitating outcomes are therefore conceptualized as tertiary prevention strategies under the epicriminological model of child sexual abuse.

5.3 Primary Prevention Strategies in the Context of Child Sexual Abuse

Primary prevention in the context of child sexual abuse would capture interventions that take place before victimization occurs (CDC, 2004). That is, before transmission to a susceptible host takes place. As such, these policies would include any strategies which would prevent sexual victimization from happening in the first place (CDC, 2004).

5.3.1 Addressing Individual Risk Factors

Risk factors are key in identifying susceptible populations and individuals. Smallbone et al. identify two main goals of primary prevention in the context of child sexual abuse: Preventing a child from being victimized and preventing a potential offender from engaging in victimizing behavior (2008). Risk factors relevant to either of those are, therefore, appropriate goals of primary prevention strategies. Essentially, primary prevention strategies look to interrupt the transition from the mere existence of risk to the manifestation of the problem (Smallbone et al., 2008).

Assessing CDC's policy suggestions. In their analysis of “upstream” prevention strategies, CDC adopted a four-level ecological model as the framework for identifying pertinent risk and protective factors which play a part in sexual victimization (CDC, 2004). This ecological model was informed by various theoretical explanations of sexual violence which spanned across a number of disciplines (CDC, 2004). The four levels of relevant factors were

individual (biological and personal history and qualities), interpersonal/relationship (those which are a result of relationships with others), community (those which are a product of community and social environment) and societal (larger, macro-level factors; CDC, 2004). The authors of the report contend that this ecological model (see Figure 5 for visual representation) supports a public health approach which addresses risk factors at a range of levels, which ultimately facilitate the occurrence of sexual violence (CDC, 2004).

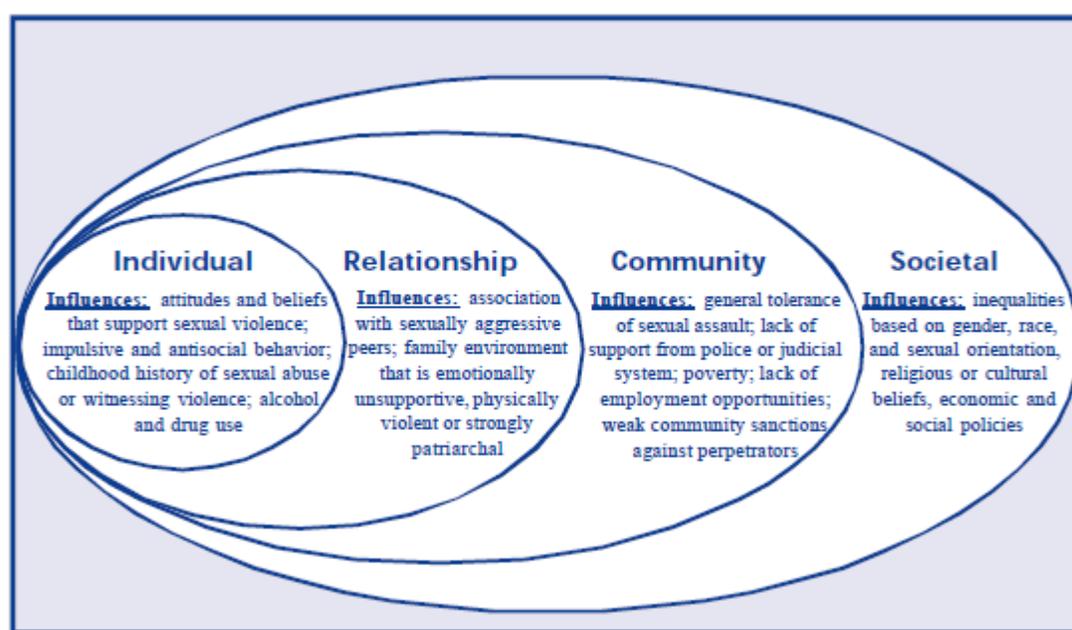


Figure 5. The ecological model of CSA, by the Centers for Disease Control and Prevention, 2004, *Sexual Violence Prevention: Beginning the Dialogue*, p.15.

Although this ecological model is not entirely fitting with the conceptualization of child sexual abuse as a disease in the population, it can still inform the epidemiologic model of childhood sexual victimization in form of a chain of infection. Essentially, CDC’s ecological model demonstrates the interaction between the various levels of risk and protective factors in the context of sexual violence (CDC, 2004). Disregarding their classifications, these can be used in the epidemiological model as factors at which to aim primary prevention strategies. For instance, individual factors such as alcohol and drug use, relationship factors such as a poor

parenting, community factors such as poverty and societal factors such as economic/social policies are all relevant to whether or not a child is ultimately subject to sexual victimization (Finkelhor, 1993; Putnam, 2003). As such, irrespective of their classification, identified risk and protective factors need to be the focus of primary prevention strategies.

The CDC also examined practical strategies for youth-serving organization to prevent the occurrence of child sexual abuse (CDC, 2007). A key primary prevention strategy identified was the provision of training about child sexual abuse prevention, both to employees/volunteers and to potential victims (CDC, 2007). Training for caregivers would include information about warning signs of sexually offending behavior or victimization (CDC, 2007). Training for youth, on the other hand, should encompass description of what is considered to be inappropriate sexual conduct, the importance of reporting such experiences and to whom that report should be made (CDC, 2007). Education recognizing inappropriate behavior towards themselves and others is key (CDC, 2007). Educational strategies such as these are another form of primary prevention under the epicriminological model. More specifically, they act to build up protective factors that decrease the risk of being subject to sexual victimization and thereby reducing the incidence of CSA in the population as a whole.

Another key CDC recommendation was the implementation of employee/volunteer screening processes which filter out those who have, or are at risk of, sexually abusing youth (2007). These include questions to be asked in both written applications and personal interviews, and adequate reference and background checks of applicants (CDC, 2007). These screening processes are, essentially, aimed at reducing the risk of contact between those individuals likely to sexually offend against children and potential victims. As such, they would be an example of primary prevention strategies under the epicriminological model, which are aimed at placing a

barrier between an infectious agent and a susceptible host (Brownson et al., 1998; Goldsteen et al., 2011).

5.3.2 Addressing Situational Risk Factors

One way of transmitting infection to a susceptible host is through direct or indirect contact (CDC, 2006). Either mode of transmission requires the right permutation of circumstances before an infectious agent is transmitted from the reservoir to a susceptible host (CDC, 2006). For instance, in order for someone to be infected with a hepatitis A, a vehicle (food or water) must carry a pathogen (hepatitis A virus) from an existing reservoir (an already infected person) to a susceptible host (someone without immunity to the virus; CDC, 2006). All of these situational factors are relevant to the likelihood of infection. Similarly, Leclerc et al. have identified situational factors relevant to the commission of child sexual abuse (2011).

Assessing CDC's policy suggestions. A key CDC recommendation to youth-serving organizations was the installation of an appropriate set of guidelines for interaction between employee/volunteer adults and youth, and amongst youth themselves (CDC, 2007). These include not only establishing the type of behavior that is appropriate, but also the ratio of employees/volunteers to youth to ensure the latter's safety (CDC, 2007). One example may be to limit one-on-one interactions between youth and adults, requiring at least two adults to be present at any given time or instituting a "buddy" system to avoid isolation of youth with employees at any point (CDC, 2007). These are left to be determined by individual organizations, in accordance with what is deemed appropriate under their mission and activities (CDC, 2007). Both would "prevent the isolation of one adult and one youth—a situation that elevates the risk for child sexual abuse" (CDC, 2007, p. 11). Responding to inappropriate behavior is the third component of the strategy recommended by CDC (2007). What is

considered as *inappropriate* is behavior that stops short of actual abuse (CDC, 2007). It is advised that employees/volunteers should be made responsible for monitoring the behavior of their colleagues, and received adequate training in this respect (CDC, 2007). Formal supervisions (evaluations) and informal supervision (observation) should be conducted and documented (CDC, 2007). The fourth component is the implementation of environmental strategies that keep youth away from situations in which they may be at increased risk of victimization (CDC, 2007). Situational factors relevant to that risk include visibility, privacy, accountability and monitoring (CDC, 2007). For instance, a “no-closed-door” policy would alleviate the situational risk associated with a potential victim and any offending behavior against that child not being made visible (CDC, 2007).

All of these measures can be conceptualized as a form of primary level prevention. That is, in the event that an infectious agent in the form of an offender with a mal-adaptive set of implicit theories does encounter a potential child victim, they do not find themselves in a set of circumstances that would facilitate sexual victimization of that child (otherwise conceptualized as *infection* in the epidemiological model).

One particular aspect of the CDC (2007) policies does not meet the mark when analyzed using this public health approach is that the realm of “appropriate behavior” should be determined by the individual youth organizations, in the context of their mission and activities (CDC, 2007). If a potential offender with a mal-adaptive set of implicit theories is conceptualized as the infectious agent, secondary prevention measures should be standardized, rather than be left for determination by the individual organizations. In the public health sphere, for instance, a standard set of infection-control precautions is promoted for all relevant organizations that may be at risk of facilitating the transmission of infection agents (ANHMRC,

2010). One such example is the national evidence-based guidelines for preventing healthcare-associated infections in hospitals (ANHMRC, 2010). Similarly, youth organizations, which are commonly acknowledged to present fertile ground for child sexual abuse, should not be left to decide on appropriate behavioral guidelines individually. Instead, a standardized set of evidence-based guidelines concerning behavior and any other relevant risk factors would be the optimal option under the epicriminological approach.

5.4 Secondary Prevention Strategies

Secondary prevention strategies encapsulate responses immediately after sexual victimization has occurred (CDC, 2004). Secondary prevention strategies may include those aimed at preventing re-victimization of oneself and others. Smallbone et al. conceptualize secondary prevention strategies as those aimed at reducing risks associated with childhood sexual victimization when known risk factors are present (Smallbone et al., 2008). However, under the epicriminological model the point of infection is sexual victimization. Accordingly, secondary prevention techniques would encompass any strategies looking to “contain” that victimization. On the other hand, strategies aimed at reducing known risks would constitute primary prevention under the proposed model.

Additionally, Smallbone et al. conceptualize tertiary prevention strategies as those looking to reduce recidivism amongst known CSA offenders and re-victimization of individuals who have already endured childhood sexual abuse (Smallbone et al., 2008). Under the epicriminological model, however, such strategies would fall under secondary prevention. These are conceptual difference between the epicriminological model of CSA and the model discussed by Smallbone et al.

5.4.1 Early Detection and Preventing the Spread of Disease

Early detection of infection is key to containing its spread. Accordingly, any strategies aimed at detecting child sexual abuse at the earliest instance would assist in preventing its spread to others.

Assessing CDC's policy suggestions. The fifth component of the strategies recommended by CDC to youth-serving organizations is a rapid and appropriate response to infractions of child sexual abuse (CDC, 2007). Again, it is up to the individual organization to determine what behaviors the organization will respond to internally, and which will require reporting to the authorities (CDC, 2007). All employees/volunteers who learn about or directly witness instances of child sexual abuse should be required to report this infraction to the authorities and a clear reporting process should be established (CDC, 2007). Importantly, any reasonable suspicion of child abuse or neglect should similarly be reported to outside authorities (CDC, 2007). Suspicions about internal sexual abuse should be recorded and all employees/volunteers should be required to report any instance of child sexual abuse to authorities (CDC, 2007). A decision about whether to suspend the alleged offender, pending investigation outcome, should be made (CDC, 2007).

The abovementioned policies represent secondary prevention strategies in that they become relevant once sexual victimization (i.e., infection) has taken place and seek to control disease processes in its early stages. The aim of mandatory reporting or suspension policies is to reduce the prevalence of the disease, or further sexual victimization. However, adopting a policy whereby agencies are left to determine reporting requirements and procedures does not fit with the epicriminological approach to child sexual abuse. Response to a disease outbreak should be standardized across all relevant agencies, similarly to the approach adopted in the public health sphere. Accordingly, it should not be left to individual agencies to decide on the type of behavior

that warrants reporting to external agencies and that which will be investigated only internally. Similarly, training as to what constitutes a “reasonable suspicion” of victimization (which warrants mandatory reporting) will also be essential, as this is a highly subjective notion that would benefit from a standardized approach.

Assessing Ogloff et al.'s policy suggestions. Ogloff et al. advocate for therapeutic interventions targeted at adolescent male victims of child sexual abuse and their heightened risk of sexual offending in adulthood (Ogloff et al., 2012). More specifically, they call for programs grounded in psychological treatment aimed at addressing the type of mental health outcomes identified in the literature (Ogloff et al. 2012). Ogloff et al. suggest providing psychological treatment for trauma, addressing victims’ mental health problems and identifying criminogenic risk factors (e.g., low education, lack of employment, substance abuse, lack of support) to victims of child sexual abuse (2012).

Such policies represent effective secondary prevention strategies in the context of the epicriminological approach in that they aim to address the increased risk of the offender’s own re-victimization as well as their victimization of others. Notably, Ogloff et al. say that, above all, those who assess, prosecute, defend and sentence offenders should be cognizant of the complex relationship between childhood sexual victimization, mental illness and offending. In doing so, they appear to advocate that these policies be aimed at offenders, who would have presumably been identified through their involvement with the criminal justice system. However, in using the epicriminological model to analyze the policies proposed by Ogloff et al., it is arguable that they may be better directed at victims of child sexual abuse who have not yet engaged in re-victimization. Accordingly, policies aimed at addressing outcomes associated with a greater risk of criminality in adulthood and a victim’s own re-victimization may, in fact, prevent the

occurrence of these altogether. More specifically, providing mandatory follow-up mental health treatment for child victims and services aimed to preventing/addressing criminogenic risks for adolescents (e.g., low education, lack of employment, substance abuse, lack of support) would fall in line with the types of secondary interventions that fit into the epicriminological model.

5.5 Tertiary Prevention Strategies

This category of prevention would cover long-term responses to childhood victimization (CDC, 2004). They would typically be aimed at dealing with the lasting consequences of being subject to child sexual abuse (CDC, 2004). Accordingly, tertiary prevention strategies would look to prevent permanent disability to the victim in the form of chronic mental health conditions and suicide.

The criminal justice system's current approach to addressing child sexual abuse does not extend to these outcomes (Smallbone et al, 2012). Accordingly, counseling of and psychological follow-up with the victim fall outside of its reach. However, under the epicriminological approach, this is a key element of the CSA cycle. The effect of child sexual abuse does not stop at individual victimization. Instead, it is associated with debilitating outcomes for its victims, the effects of which are felt on a societal level (Fang et al., 2012).

5.5.1 Preventing Permanent Incapacitation Through Suicide

Gould, Greenberg, Velting and Shaffer conducted a comprehensive literature review on research in youth suicide prevention (2003). Gould et al. considered studies on risk factors for youth suicide. These risk factors include being a victim of child sexual abuse. Research has revealed that an independent association between childhood sexual victimization and youth suicide exists, even when controlling for confounding factors such as parental substance abuse (Ferguson, Horwood & Lynskey, 1996, cited in Gould et al. 2003 and Silverman, Reinherz &

Giaconia, 1996, cited in Gould et al. 2003). Moreover, personal characteristics which increased the risk of youth suicide included suffering from at least one major psychiatric disorder (depressive disorders being the most prevalent amongst suicide victims) and substance abuse (Beautrais, 2001; Brent et a., 1993; Brent et al., 1999; Grohold et al., 1998; Marttunen et al., 1991; 1998; Shaffer et al., 1996, all cited in Gould et al., 2003). Importantly, these suicidal risk factors are also outcomes associated with child sexual abuse. Childhood sexual victimization and outcomes associated with such abuse place the victim at a higher risk of suicide.

Assessing contemporary strategies for preventing youth suicide. Gould et al. reviewed evaluations of various youth suicide prevention strategies. One such strategy, termed *skills training*, focused on the development of key coping skills as a way of immunizing youth against suicidal feelings and behaviors. Such programs form part of the suicide awareness curriculum in schools and focus on the development of problem solving, coping and cognitive skills, all of which are ordinarily deficient in suicidal youths (Asarnow et al., 1987; Cole, 1989; Rotheram-Borus et al., 1990, all cited in Gould et al., 2003). Additionally, these programs aim to address relevant risk and protective factors associated with youth suicide. There is some evidence of a reduction in the rates of attempted suicide, although Gould et al. thought that additional evaluation data was needed for a more accurate process and outcome assessment to be undertaken (2003).

Nevertheless, such programs could embody tertiary prevention strategies within the epicriminological model. More specifically, they aim to preclude individuals at risk of suicide from engaging in suicidal feelings and behaviors. Such strategies could therefore be applied specifically to victims of child of sexual abuse, whose victimization increases their suicidal risk. For instance, mandatory skills training counseling for all victims of child sexual abuse,

irrespective of whether they are symptomatic, may be an effective way of preventing permanent disability to victims of CSA in the form of suicide. They would, therefore, be considered effective policy under the epicriminological approach.

Screening was another youth suicide prevention strategy identified and reviewed by Gould et al. (2003). Screening programs aim to accurately identify and target those youth at risk of suicide. Gould et al. reviewed studies evaluating the efficacy of school-based screening programs and concluded that they resulted in more false-positives (falsely identifying youth as at-risk) than false negatives (failing to identify a youth who was at-risk) and captured at-risk youth 83–100 percent of the time (Reynolds, 1991; Shaffer & Craft, 1999; Thompson & Eggert, 1999, all cited in Gould et al. 2003). Gould et al. concluded that, although the screening strategy appeared to be promising, a number of limitations pertaining to assessment were evident. Current school-based screening programs focus on depression, substance abuse problems, recent and frequent suicide ideation and past suicide attempt as relevant criteria in screening for suicide risk. In light of the reported association between CSA and suicide, any evidence of childhood sexual victimization could also be used as a relevant criterion for at-risk status. Accordingly, school-based screening programs may increase their efficacy (i.e., accurately identifying you at-risk of suicide) by incorporating this key indicator into their current criteria. This would also enable such programs to come under the umbrella of tertiary prevention within the epicriminological model. Although the aim of these screening programs is to accurately identify (rather than treat) at-risk youth, they can nevertheless be conceptualized as part of suicide prevention. The screening programs look to identify at risk-youth for the purpose of targeting the vulnerable demographic in subsequent suicide prevention programs. Therefore, if childhood sexual victimization is incorporated into these screening programs as a relevant criterion for

identifying at-risk youth, they would embody effective tertiary prevention under the epicriminological model.

Finally, Gould et al. review studies looking at the “contagious” nature of suicide through imitation. In their review, they focus on worldwide studies looking at the effect of the media on suicide rates and conclude that research indicates that, overall, “the magnitude of suicide increase is proportional to the amount, duration, and prominence of media coverage” (Gould, 2001; Schmidtke & Schaller, 2000; Stack, 2000, all cited in Gould et al. 2003). The effect of this relationship is strongest amongst the teenage demographic (Gould, 2001; Schmidtke & Schaller, 2000; Stack, 2000, all cited in Gould et al. 2003). Media reporting guidelines have been developed and implemented in several counties worldwide (Gould et al. 2003). One of the jurisdictions saw a subsequent decline in suicide rates (Etzersdorfer et al, 1992; Etzersdorfer & Sonneck, 1998; Sonneck et al., 1994, all cited in Gould et al., 2001). Overall, Gould et al. considered media education on suicide reporting to be an empirically promising prevention strategy.

The implementation of media guidelines for the reporting of suicide by child sexual abuse victims could be conceptualized as tertiary prevention. The guidelines would aim to prevent the imitation of suicide by other CSA victims. Accordingly, they may be conceptualized as prevention strategies looking to limit permanent disability to those who have already been victimized.

CHAPTER 6

SUMMARY AND RECOMMENDATIONS

The problem of child sexual abuse has been aptly characterized as a public health epidemic by government agencies and academic commentators alike (Smallbone et al., 2008). Whilst a range of both free-standing and integrated theories exists on the matter, none of these aptly capture the “whole picture of the social reality of [this] crime” (Lanier & Henry, 2010). Here, epicrim fits that theoretical gap. The analysis in this thesis has revealed epicrim to be a suitable theoretical framework in explaining the behavioral elements of CSA as well as the broader social impacts of this offending, capturing its long-term consequences as well as the widely accepted victim-to-victimizer phenomenon. In short, epicrim is effective in explaining child sexual abuse across both individual and societal levels. Accordingly, the epicriminological framework can also be used to inform policy and practice that looks to prevent or address this offending behavior and its consequences. To this end, the chain of infection model proves to be a useful conceptualization of CSA.

Policies analogous to primary, secondary and tertiary prevention strategies can then be identified as those best-placed (under the epicriminological model) to be effective against CSA. A number of contemporary policies and recommendations were tested against this framework. CDC’s upstream strategies for prevention sexual victimization (CDC, 2004) presented effective primary prevention strategies under the epicrim model. CDC’s practical strategies for preventing CSA within youth-serving organizations (CDC, 2007) also engendered primary level prevention. However, the recommendation that individual youth organizations be responsible for defining

the realm of appropriate behavior did not fall in line with the epicriminological approach. A standardized set of evidence-based guidelines concerning behavior and any other relevant risk factors would be the optimal option under the epicriminological model.

Ogloff et al.'s proposed therapeutic interventions targeted at adolescent male victims of CSA (Ogloff et al., 2012) constituted secondary prevention strategies in the context of the epicriminological approach. However, these strategies appear to be aimed at offenders and not victims, as would be advisable under the epicriminological model. Accordingly, it is recommended that, for optimal effect, these strategies instead be directed at victims of child sexual abuse who have not yet engaged in re-victimization.

Finally, the existing youth suicide prevention strategies reviewed by Gould et al. engender tertiary-level prevention (Gould et al., 2003). It is recommended that contemporary school-based screening programs incorporate evidence of childhood sexual victimization into existing criteria for assessing relevant at-risk status. This would allow these programs to be more effective in capturing CSA victims and preventing their permanent incapacitation through suicide.

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