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### Child Sexual Abuse Myths: Attitudes, Beliefs, and Individual Differences

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## SOCIO-CULTURAL ISSUES AND CHILD SEXUAL ABUSE

### Child Sexual Abuse Myths: Attitudes, Beliefs, and Individual Differences

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*Child sexual abuse myths comprise incorrect beliefs regarding sexual abuse, victims, and perpetrators. Relations among myth acceptance, responses to disclosure, legal decisions, and victims' subsequent psychological and health outcomes underscore the importance of understanding child sexual abuse myths. Despite accurate knowledge regarding child sexual abuse among many professional and other individuals, child sexual abuse myths persist. A Google search produced 119 child sexual abuse myths, some with overlapping themes. Coders grouped myths into four categories: (a) minimizations or exaggerations of the extent of harm child sexual abuse poses, (b) denials of the extent of child sexual abuse, (c) diffusions of perpetrator blame, and (d) perpetrator stereotypes. This review provides available data regarding the prevalence for these myths, empirical research that refutes or confirms myth categories, and considerations of cultural contexts and implications.*

**KEYWORDS** *child sexual abuse, myths, child abuse myths, disclosure, beliefs, attitudes*

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## INTRODUCTION

Child sexual abuse (CSA) myths are incorrect beliefs and stereotyped assumptions about CSA, victims, and perpetrators. Although many health professionals (e.g., Bolen & Scannapieco, 1999; Paolucci, Genuis, & Violato, 2001) and research participants (Cromer & Freyd, 2007; Fontes, Cruz, & Tabachnick, 2001; Pullins & Jones, 2006) possess accurate knowledge about CSA, data from psychological, media, and forensic sources indicate that many people do not (e.g., Cameron & Cameron, 1998; Chen, Dunne, & Han, 2007; Shackel, 2008). Similar to rape myths (Burt, 1980; Chapleau, Oswald, & Russell, 2008), CSA myths may deny the prevalence of CSA or reflect circumscribed features of perpetrators and victims, cause harm through diminishing awareness for CSA and the allocation of resources to prevent CSA and help victims, and/or dissuade victims from disclosing abuse (Somers & Szwarcberg, 2001). Given that believing CSA myths is negatively correlated to believing victims (Cromer & Freyd, 2007, 2009), such myths may contribute to the negative outcomes that occur when abuse is disclosed but not believed (Paine & Hansen, 2002; Ullman & Filipas, 2005). They may also affect legal processes and decisions, as juror attitudes and beliefs influence trial outcomes (Taylor, 2007). CSA myths may both reflect and promote dynamics of denial, backlash, and cyclical attention to CSA and other forms of interpersonal trauma (Conte, 2002; Fontes, 1995; Jewkes, Penn-Kekana, & Rose-Junius, 2005; Olafson, Corwin, & Summit, 1993; Self-Brown, Rheingold, Campbell, & de Arellano, 2008). For these reasons, identifying CSA myths comprises an important step in disseminating accurate information, providing appropriate support to victims following disclosure, and informing prevention and intervention efforts.

The presence and impact of CSA myths are evidenced in psychological studies (e.g., Chen Dunne, & Han, 2007; Cromer & Freyd, 2007), the media (Cheit, 2003; Collings, 2002), and legal settings (Hamilton, 2008). Nonetheless, empirical and scholarly study of CSA myths is limited. A PsycINFO search of the phrase "child sexual abuse myth" produced only six items; in contrast, a comparable PsycINFO search of "rape myth" yielded 247 citations. In the mainstream media, discussion of CSA myths abounds. A Google search of the phrase "child sexual abuse myths and facts" yielded 236 results and "rape myths and facts" produced 448 results. These results suggest a greater relative proportion of CSA myths to rape myths in public media as compared to psychological literature.

There are several reasons why individuals may demonstrate incorrect beliefs or a lack of awareness for CSA and its effects (Goldsmith, Tang, & Freyd, 2008). Victims of CSA may experience avoidance, dissociation, or denial, which could have initially developed as adaptations to the abuse. These adaptations may emerge in response to the threat that CSA poses to beliefs in a just world, the status quo, or other worldviews. Professional

approaches to CSA have progressed in a nonlinear fashion (Conte, 2002; Olafson et al., 1993) and have contained substantial debates (e.g., McFarlane & van der Kolk, 1996; McNally, 2003). These dynamics typify the cycles of acknowledgement and denial observed within the larger history of trauma studies (van der Kolk, Weisaeth, & van der Hart, 1996). Such features may influence assumptions and beliefs about CSA in the general population (Campbell, 2003). Individuals are likely to have different levels of knowledge regarding abuse and other traumas (Goldsmith, Barlow, & Freyd, 2004) and may demonstrate a range of implicit and explicit beliefs about CSA. Research suggests that individuals exhibit different facets of implicit prejudice, including levels of activation and application (Brauer, Wasel, & Niedenthal, 2000). People often fail to recognize that they have racist or sexist belief structures but demonstrate racism or sexism on implicit tasks (e.g., Ottaway, Hayden, & Oakes, 2001). Similarly, both implicit stereotypes about CSA and conscious yet incorrect assumptions may influence perceptions of victims, responses to disclosure, and public policy.

### Myths in the Scholarly Literature

The emerging psychological literature on CSA myths draws on the Child Sexual Abuse Myth Scale (CSAM; Collings, 1997) as a measure of attitudes about CSA. The scale was developed in order to “assess the full range of CSA myths and stereotypes” (p. 666). Collings reportedly constructed the scale after a comprehensive review of the popular and professional literature and consulted CSA experts, victims, victims’ family members, and offenders. The resulting 15-item instrument had good convergent validity with the Rape Myth Acceptance Scale (Burt, 1980) and the Jackson Incest Blame Scale (Jackson & Ferguson, 1983). Exploratory factor analysis of the CSAM yielded three factors: blame diffusion, denial of abusiveness, and restrictive stereotypes (Collings, 1997). The items that loaded on the *blame diffusion* factor included items that shift blame from the perpetrator onto the child, homosexuals, and nonoffending parents. For example, the factor includes the item, “Adolescent girls who wear revealing clothing are asking to be sexually abused.” The *denial of abusiveness* factor includes items that minimized the harm of CSA and portray the child as consenting (e.g., “Sexual contact with an adult can contribute favorably to a child’s subsequent psychosexual development”). Both the *blame diffusion* and *denial* subscales of the CSAM positively correlated to victim blame and negatively correlated to offender blame on Jackson’s Incest Blame scale. The *restrictive stereotypes* factor of the CSAM includes inaccurate beliefs about victim-perpetrator relationships as well as perceptions regarding demographic and social contexts for abuse (e.g., “Most children are sexually abused by strangers or by men who are not well known to the child” and “Child sexual abuse takes place mainly in poor, disorganized, unstable families”). When compared to

the Jackson Incest Blame Scale, the *restrictive stereotypes* factor positively correlated to the situational blame subscale and negatively correlated to the offender blame subscale (Collings, 1997).

Findings from studies using the CSAM Scale are consistent across community (Rheingold, Campbell, Self-Brown, de Arellano, Resnick, & Kilpatrick, 2007) and college student samples (Cromer & Freyd, 2007; Machia & Lamb, 2009). In general, individuals disagree with CSA myths, but there is considerable variability among respondents. Total summed scores on the CSAM range from 0 (*complete strong agreement with myths*) to 70 (*complete strong disagreement with myths*). In a community sample, Rheingold et al. (2007) reported scores for different groups with  $M = 58.5$  ( $SD = 12.1$ ) and  $M = 60.3$  ( $SD = 11.6$ ). In other words, the average response was disagreement with myths but not strong disagreement with myths. Cromer and Freyd found that female college students disagreed more with myths ( $M = 66.75$ ,  $SD = 7.2$ ) than did male college students ( $M = 63.45$ ,  $SD = 8.25$ ). Machia and Lamb reported that college student participants who first watched a neutral (nature scene) advertisement disagreed more with CSA myths ( $M = 66$ ,  $SD = 6.49$ ) than did participants who watched sexualized ads of adult women ( $M = 61.05$ ,  $SD = 8.34$ ) or sexualized ads of children ( $M = 60.81$ ,  $SD = 7.94$ ). This result suggests that attitudes toward CSA myths, as reported on the CSAM, are sensitive to immediate environmental influences.

### Myths in the Popular Literature

Like rape myths, CSA myths may be subtly reinforced in the news media's lexical choices. Words like "affair" or "fondling" may convey that children are willing participants (Collings & Bodill, 2003). In a review of media descriptions of CSA, Cheit (2003) found that newspapers emphasized "stranger danger" and underreported intrafamilial abuse. Up to 50 CSA myths have been suggested as extant (Tamarack, 1986). However, prior psychological research has not produced systematic searches for CSA myths. The present study utilizes an Internet search engine in order to identify myths in the public media. Although an Internet search is not without its limitations, this review will provide the foundation for an important first step at providing a systematic review of what is presented as a myth or a fact to Internet users. We use the themes from the survey of Google to guide an investigation of the available data regarding each myth theme's prevalence, evaluate the veracity of the myths as compared with current empirical evidence, and consider potential implications. Finally, we consider the ways that CSA myths may prevent appropriate reactions to disclosure and address broader cultural frameworks that may produce or maintain CSA myths.

## METHODS

### Procedure for Identifying Myths in the Public Media

We conducted a Google search to identify purported CSA myths. We selected Google as a search engine because at the time, it held 60% of the market share in Internet based search engines (deGeyter, 2009). We sought to examine the most frequently searched CSA myths available to the public as a way of representing salient beliefs about CSA. Google algorithms select the most frequently examined Web sites when yielding search results and therefore provide a qualitative overview of the dominant messages being read and communicated by way of the Internet for our particular search criteria.

The Google search for the phrase “child sexual abuse myth” limited to the English language, yielded 8,280 initial results. A Google search initially returns an estimate of the total number of Web pages containing the search parameters based on previous page indices and approximation algorithms. As a user pages through the results, the total set is fine-tuned and recalculated, generally resulting in a smaller final set. The net search results for our study yielded 342 active links. Of these, only 24 presented a list of CSA myths. Links that did not yield a list or information about CSA myths either linked to other sites that listed myths (which were already accounted for in our search) or referred to CSA myths (e.g., citing the Collings, 1997, article) without actually presenting any myths. The 24 links that presented a list of what were posited to be CSA myths yielded 119 “myth” statements, many of which were duplicated across sites. In the next step of the study, we included all purported myths that we encountered in the search. We recruited four research assistants from an advanced undergraduate statistics class (two male, two female) who were naive to the CSA and CSA myth literature and assigned them each (independently) the task of grouping the 119 statements into as many categories as they needed in order to provide logically themed groupings. They received the instruction that these were “statements about CSA.” All four coders independently identified four common categories: (a) myths related to the extent of harm CSA poses (one coder called this “future implications”), (b) myths that deny the existence of CSA or assert that it is extremely rare, (c) myths that diffuse blame away from the perpetrator (one coder recorded “blame child” and “blame other people” as two separate categories), and (d) myths that reflect perpetrator stereotypes (one coder had several categories of different stereotypes, which had items consistent with the larger “perpetrator stereotype” category). The coders also had categories such as “circumstances when children tell,” “signs of abuse,” “random event,” and “prevention,” which we combined into a fifth category titled “stereotypes about abuse.” Coder accuracy was above 80% for all categories.

## Analysis of CSA Myths

In the following sections we review the CSA myths identified in this search. First, we present examples of myths using the categories described previously. The myths identified in the Google search included more types of items (e.g., exaggerated harm of abuse) than are covered in the CSAM. For myths that are consistent with those measured by the CSAM, we present frequency data from Cromer's (2006) sample of 259 participants in order to provide information about the prevalence of these beliefs among college students. We also include reports from other available research that has addressed the prevalence of CSA myths, attitudes, and beliefs. We then examine the available scientific evidence for each myth truly being a "myth" (inconsistent with data) and consider how such myths may influence responses to victims and perpetrators.

## FINDINGS

### Myth Category 1: Myths about the Extent of Harm CSA Poses

All coders combined two types of "harm" statements into one category: myths that minimized harm and myths that exaggerated harm. Their rationale was that these statements represented opposite ends on a continuum of victim harm. Myths minimizing harm included statements such as "Sexual abuse is nonviolent and therefore nondamaging" and "Children naturally outgrow the effects of sexual abuse or neglect." Myths that exaggerated harm included assertions such as "Children who are sexually abused will never recover" and "Sexually abused children are scarred or damaged forever." This category also included myths specific to gender, such as "Boys are less traumatized as victims of sexual abuse than girls" and "Males who were sexually abused as boys all grow up to sexually abuse children." This Google search is in part consistent with Collings' (1997) earlier research that many CSA myths deny that CSA is actually abuse or that minimize its adverse consequences.

The idea that CSA may not be harmful is represented in the psychological literature (e.g., Nelson, 1989; Rind, Tromovitch & Bauserman, 1998) and in media descriptions that convey consensual overtones such as "sexual intercourse" or "fondling" (Collings & Bodill, 2003, p. 170) when referring to adult-child sex. This theme is reflected in attitudes that children are seductive and invite sexual abuse as well as in suggestions that if children were really being harmed, they would have spoken up (Olafson et al., 1993). In the media, girls are frequently portrayed as seductive (Machia & Lamb, 2009), a depiction that may inculcate attitudes regarding their suitability for adult sexual advances. Some news media portrayals depict boys as fortunate when an adult female has sex with them (Alaggia & Millington, 2008; Chapleau

et al., 2008). Olafson et al. (1993) described some individuals' attitudes that children can willingly enter into sexual relationships with adults and that they can give consent. When children are frozen in fear or do not fight back, this behavior may be mistaken for "consent" (Freyd, 2008).

Media representations may affect contemporary views of CSA (Goddard & Saunders, 2000). News reports may convey victim blame and perpetrator sympathy or depict the perpetrator as the victim (Franklin & Horwath, 1996). For instance, one headline stated, "Jailed teacher afraid lover boy will dump her" (O'Mahony, as cited in Goddard & Saunders, 2000), illustrating implied consent in a statutory rape case. Data demonstrate that language influences readers' attitudes regarding CSA (Cromer & Freyd, 2009). When study participants were prompted by language in media reports, Collings (2002) observed a relationship between rape myth and CSA myth stereotype maintenance.

The belief that CSA is not harmful emerges in the courtroom when judges are misinformed about the legitimacy of delayed disclosures and about the signs of abuse (Hamilton, 2008; Shakel, 2008). This stereotype may diminish the likelihood that perpetrators will be convicted or serve sentences due to judicial doubt that any harm occurred. For example, in the May 22, 2002, proceedings of *State v. Pamela Diehl-Moore*, New Jersey Supreme Court Judge Bruce Gaeta stated to the court in the case against a 43-year-old female teacher charged with statutory rape of a 13-year-old boy the following:

It's just something between these two people that clicked beyond the teacher/student relationship. . . . Maybe it was a way of him to, once this did happen, to satisfy his sexual needs. At 13, if you think back, people mature at different ages. We hear of newspapers and TV reports over the last several months of nine-year-olds admitting having sex. . . . So I really don't see the harm that was done here. . . . I don't see anything here that shows that this young man has been psychologically damaged by her actions. . . . And don't forget, this was mutual consent. (Supreme Court New Jersey Advisory Committee on Judicial Conduct, 2002, pp. 5–6)

Gaeta's statement demonstrates that he did not believe harm was done, that he believed the boy may have experienced pleasure during the abuse by way of "satisfy[ing] his sexual needs," that this was a "relationship" rather than an abuse of power, that media reports of children having sex have relevance for sexual situations that occur between an adult and a 13-year-old, and that there was "mutual consent."

There is substantial evidence that CSA is harmful (Dube et al., 2005; Freyd et al., 2005). CSA is related to many mental health diagnoses in adults (e.g., Putnam, 2003) as well as to physical health problems such as HIV,

pain syndromes, gynecologic conditions, neurobiological disorders, and gastrointestinal problems (Berkowitz, 1998; Johnson, 2004; Putnam; Ullman & Brecklin, 2003). In a review of nine studies that controlled for family dysfunction, Dallam et al. (2001) demonstrated that CSA was not only associated with posttraumatic stress but also with delinquency, academic difficulties, conduct disorders, substance abuse, depression, anxiety, suicidal ideation, and personality disorders. In a large meta-analysis ( $N > 25,000$ ), Paolucci et al. (2001) controlled for victim socioeconomic status, gender, and age and reported similar negative outcomes of CSA. Several researchers have identified a dose–response relationship between sexual assault and aversive outcomes, where both a high number and high severity of assaults result in more harmful effects (see Ullman & Brecklin, 2003).

There are also many studies that contradict myths about exaggerated harm of CSA. Although the research summarized previously indicates that CSA is strongly related to subsequent negative mental and physical health outcomes, some survivors (20–44%; Dufour, Nadeau, & Bertrand, 2000) do not exhibit negative consequences related to the abuse. Resilience among survivors of CSA appears positively related to satisfaction in current social roles and one's community and is negatively related to additional trauma exposure (Banyard & Williams, 2007). In addition, empirical investigations of treatments for CSA demonstrate significant levels of symptom improvement (e.g., Lau & Kristensen, 2007; Talbot et al., 1999; Tourigny, Hébert, Daigneault, & Simoneau, 2005). In short, the outcomes of CSA are complex. Myths about the extent of harm due to CSA, whether they minimize or catastrophize harm or oversimplify outcomes, address only limited aspects of abuse trajectories and may send discouraging messages to victims. Messages that minimize harm may deter victims from disclosing abuse or seeking help, while messages that exaggerate harm may impede healing and recovery.

This category of myths contained perceptions regarding the relationship of gender to harm (e.g., “Boys are less traumatized as victims of sexual abuse than girls”) and proposed a connection between victimization and perpetration (e.g., “Males who were sexually abused as boys all grow up to sexually abuse children”). The myth that boys are less traumatized by CSA than girls is contradicted by the available data, which demonstrate that the negative health, social, and psychological effects of CSA are similar for males and females (Dube et al., 2005; Kendall-Tackett, 2000; Putnam, 2003). The myth that all victims of CSA become perpetrators is false, as most victims do not become perpetrators (e.g., Glasser et al., 2001); however, CSA victimization does appear to be a risk factor for future perpetration. In a sample of 224 male victims of CSA, Salter et al. (2003) reported that 12% had official records of perpetrating a sexual offense, and most of those were against child victims. Evidence supports a model of a victim–perpetrator cycle for males, but not for females (Glasser et al., 2001).

## Myth Category 2: Myths That Deny the Existence of CSA or Assert That It Is Extremely Rare

Examples of statements that coders incorporated in this category include “Incest tends to occur only once per victim”; “Child sexual abuse is a rare occurrence”; “I’ve never heard about an abuse case in our sport, so it doesn’t happen here”; and “There is a universal, cross-cultural taboo against incest/sexual abuse that prevents its occurrence.” We added restricted definitions of abuse in this category, such as “If the perpetrator is female, then it cannot be sexual abuse” and “Boys can’t be sexually abused.”

Although the Google search revealed many sources positing that these types of myths exist, there were no comparable statements in the CSAM scale. Nonetheless, there is evidence that while many individuals view CSA as relatively common, others do not. Fontes et al.’s (2001) focus group members acknowledged CSA as a concern in their communities. In a study of 1,001 randomly selected participants, 24% viewed CSA as common (Lau, Liu, Yu, & Wong, 1999), indicating that the majority of participants did not perceive CSA as common. Introductory psychology textbooks also may convey the message that CSA is uncommon. Letourneau and Lewis (2002) reviewed the most popular introductory psychology textbooks (as determined by publisher-reported sales) and found that textbooks overfocused on false accusations and false memory of CSA rather than on CSA itself. Most texts failed to discuss CSA prevalence data at all (Letourneau & Lewis, 2002). Religious institutions may also have advanced the myth that CSA is rare by hiding clergy abuse and protecting perpetrators (Fogler, Shipherd, Rowe, Jensen, & Clarke, 2008; Hamilton, 2008; Wind, Sullivan, & Levins, 2008). Additionally, school districts historically have concealed CSA by teachers (Graves, 2009). As few as 10% of teachers who had lost teaching licenses for sexual abuse are on their state police’s sex offenders’ list (Hamilton, 2008). Although it has been common practice for teachers to be given confidentiality agreements regarding abuse offenses in exchange for their resignation, this trend appears to be changing: some states recently passed legislation to bar such agreements (Graves, 2009).

Data indicate that CSA is not rare. According to the World Health Organization’s (WHO; 2002) expansive review, the international prevalence rate of CSA is 20% for females and 5–10% for males. Large scale studies in the United States have consistently revealed comparable prevalence rates. For example, in a mail survey ( $N = 9,508$ ) Felitti et al. (1998) found that 24% of adults reported having experienced CSA. In a meta-analysis, Bolen and Scannapieco (1999) reported CSA rates of 30–40% for females and 13% for males. In a nationally representative sample telephone survey ( $N = 2,020$ ), Finkelhor, Ormrod, Turner, and Hamby (2005) observed that for children living at home, reported rates of sexual abuse in the previous year were 8%. These findings may underestimate actual prevalence rates as there was

no way to control whether an abuser was present during the telephone interview or whether the parent failed to disclose abuse on behalf of a young child (WHO). These national studies do not include youth in detention, inpatient treatment, child prostitutes, runaways, and homeless children. Data suggest that these displaced children are sexually abused at far higher rates than other children. For example, up to 50% of incarcerated girls have been sexually abused (Fletcher, 2005), and 60% report being raped or being in danger of being raped (Cauffman, Feldman, Waterman, & Steiner, 1998). There is also evidence that most prostitutes are victims of CSA (Widom & Kuhns, 1996). The U.S. Congress reported that trafficking of women and children constituted the third largest source of revenue worldwide for organized crime (Schauer & Wheaton, 2006). Sex trafficking of children in the United States affects tens of thousands of children each year (Schauer & Wheaton, 2006), and these victims are unlikely to be counted in epidemiological surveys. Thus, these surveys present conservative estimates of the lifetime prevalence rate of CSA in the United States.

Despite high lifetime prevalence rates of CSA, national data in the United States indicate a decreasing trend in the number of substantiated cases of CSA over the past two decades (Finkelhor & Jones, 2004). Since the 1990s, substantiated CSA cases have decreased an estimated 47% (Finkelhor & Jones, 2004). Reasons for this decline are unknown, and hypothesized explanations vary from intervention and prevention programs being effective to CSA being underreported (cf. Finkelhor & Jones, 2004).

Myths that fall under the subcategory of restricted definitions of CSA are represented in the academic literature (Rind et al., 1998). Rind et al. suggested that CSA prevalence is overestimated due to broad definitions of CSA. However, longitudinal data on health outcomes indicate that a broad definition of CSA is justified. Research points to all forms of CSA being harmful. In a meta-analysis of CSA studies ( $N = 25,367$ ), Paolucci et al. (2001) found that the definition of CSA (e.g., touching versus penetration) did not mediate the relationship between CSA and negative health and psychological outcomes.

An important facet of the myth that CSA is uncommon relates to the idea that victims confabulate abuse. One of the most strongly held rape myths is that women lie about rape for revenge or attention (Benedict, 1992; Lonsway & Fitzgerald, 1994). A corollary of this myth is the idea that women and children fabricate or embellish CSA reports, particularly in cases of partnership or marital breakups (Brown, Frederico, Hewitt, & Sheehan, 2001; Collings, 1997). Some CSA reports may be questioned in response to highly publicized unfounded claims of CSA in divorce cases. Some media sources and activist groups have claimed that up to 70% of CSA reports are manufactured in divorce cases (Brown et al., 2001). Media analysts have criticized CSA reporting as inculcating fear of false reports (Goddard & Saunders, 2000) by overfocusing on the falsely accused (Goddard, 1996; Kitzinger, 1996).

In reality, false allegations of CSA are not typical. For example, Schudson (1992) found that 2% of child custody cases before courts involved CSA allegations, and most of these were substantiated. In a review of 551 cases processed at social services in Denver, Colorado, Oates et al. (2000) found that only 2% were false. The category “false” was used to describe an unsubstantiated case in which investigators may suspect that an intentional false report was filed. In a review of 135,573 cases that were investigated by Child Protective Services in Canada, 4% of reports were found to be false (Trocmé, Tourigny, MacLaurin, & Fallin, 2003). Retrospective data are likely to underestimate the prevalence of CSA because of false negative reports (e.g., Fergusson, Horwood, & Woodward, 2000); however, false positive reports are considered rare (e.g., Hardt & Rutter, 2004). Nonetheless, actual rates of false positive and false negative reports are difficult to establish because of the difficulty of obtaining corroborating evidence to establish the veracity of a claim.

### Myth Category 3: Myths That Diffuse Perpetrator Responsibility

The myths that coders grouped together for this category include any blame of individuals other than the perpetrator. Suggested myths imply the child is responsible (e.g., “If children did not want it, they could always say ‘stop’”). Other myths in this category included “Incest is a family system problem” and “Rape/incest runs in the family—it is in the genes.” Nonoffending mothers were also blamed (“Nonoffending mothers in incestuous families know of the abuse and often cause it and/or condone it”). Such messages suggest that the abuser is not really at fault (Goddard & Saunders, 2000).

Data from Cromer (2006) provide some information regarding the prevalence of college students’ beliefs in myths that diffuse responsibility away from the perpetrator. CSAM blame diffusion subscale items 4, 6, 9, 10, 11, 14, 15 indicate that up to 44.1% of college students at least partially agreed with some of these statements (see Table 1). The statement regarding children’s being seductive and at least partly to blame was endorsed as being true by 6.2% of college students, and the statement indicating that older children have a responsibility to resist adult sexual advances was disagreed with by 55.9% of college students. In comparison, 96% of respondents disagreed with the statement “Children who do not report ongoing sexual abuse must want the sexual contact to continue.” Although endorsement of victim and nonoffending parent culpability were low on the CSAM scale when participants were asked directly about their views, laboratory experiments provided less transparent assessments of participants’ viewpoints and judgments of victim culpability. In an empirical study that varied the consensual nature of the language utilized in a news story about CSA, participants who read actual news stories that used consensual language (e.g., “affair”) rated

**TABLE 1** Percentages of Responses to Child Sexual Abuse Myth Scale Questions from the Cromer (2006) Data Set (N = 259)

	Agreed strongly	2	3	4	Disagreed strongly
	1				5
1. Sexual contact between an adult and a child that is unwanted by the child and that is physically pleasurable for the child cannot really be described as being "abusive."	1.3	4.0	7.2	15.2	72.2
2. Sexual contact with an adult can contribute favorably to a child's subsequent psychosexual development.	10.3	6.7	4.5	9.0	69.5
3. Most children are sexually abused by strangers or by men who are not well known to the child.	1.8	3.6	10.9	33.5	50.2
4. Children who act in a seductive manner must be seen as being at least partly to blame if an adult responds to them in a sexual way.	1.8	4.4	12.9	14.7	66.2
5. Sexual contact between an adult and child that does not involve force or coercion and that does not involve actual or attempted sexual intercourse is unlikely to have serious psychological consequences for the child.	1.4	3.2	9.0	19.5	67.0
6. A woman who does not satisfy her partner sexually must bear some of the responsibility if her partner feels frustrated and turns to her children for sexual satisfaction.	0.9	4.0	0.0	3.6	91.5
7. Child sexual abuse takes place mainly in poor, disorganized, unstable families.	0.4	6.3	17.9	24.7	50.7
8. It is not sexual contact with adults that is harmful for children. What is really damaging for the child is the social stigma that results once the "secret" gets out.	0.9	4.0	16.5	16.1	62.5
9. Many children have an unconscious wish to be sexually involved with an opposite sexed parent, which leads them to unconsciously behave in ways that make sexual abuse by that parent more likely.	0.0	2.3	9.5	20.3	68.0
10. Adolescent girls who wear very revealing clothing are asking to be sexually abused.	0.0	3.6	8.0	23.2	65.2

*(Continued)*

**TABLE 1** (Continued)

	Agreed strongly 1	2	3	4	Disagreed strongly 5
11. Children raised by gay or lesbian couples face a greater risk of being sexually abused than children raised by heterosexual couples.	0.9	1.3	10.3	10.3	77.1
12. Boys are more likely than girls to enjoy sexual contact with an adult and are therefore less likely to be emotionally traumatized by the experience.	0.9	3.6	11.3	14.9	69.2
13. Child sexual abuse is caused by social problems such as unemployment, poverty, and alcohol abuse.	1.4	6.8	27.1	29.0	35.7
14. Children who do not report ongoing sexual abuse must want the sexual contact to continue.	0.4	0.4	3.1	4.5	91.5
15. Older children, who have a better understanding of sexual matters, have a responsibility to actively resist sexual advances made by adults.	10.0	14.1	20.0	25.9	30.0

child victims as more blameworthy (Collings & Bodill, 2003). Participants also minimized the abusiveness under those circumstances, as compared to a condition in which words like “rape” were used (Collings & Bodill, 2003). Research on rape myth acceptance has demonstrated that stronger beliefs in rape myths are associated with victim blame across a variety of different rape situations (Frese, Moya, & Megias, 2004). Such research indicates that while some myths are not explicitly held, judgments and beliefs regarding victims can be implicitly affected by presentation cues.

Unlike most CSA myths, the question of who is to blame in cases of CSA is ultimately both an ethical and legal question rather than an empirical one. Articles 34 and 35 from the United Nations’ 1989 Convention on the Rights of the Child stipulate that governments should protect children from all forms of sexual exploitation and abuse and take all measures possible to ensure that children are not sold, abducted, or trafficked (United Nations, 2009).

#### Myth Category 4: Myths That Reflect Perpetrator Stereotypes

The Google search revealed that numerous stereotypes are about who perpetrates CSA. These include myths that perpetrators are only male, are

strangers to children (“stranger danger”), are “dirty old men,” are mentally ill, are of lower socioeconomic status (e.g., “Incestuous sexual abuse is found most frequently in low socioeconomic, uneducated, non-White populations”), and are gay (e.g., “If we keep out all homosexuals, we won’t have any problems with offenders”). These stereotypes also include beliefs such as “Normal appearing, well-educated, middle class people don’t molest children.” Other beliefs include the idea that abuse is easily known or detected, an assumption depicted in myths such as “I would know if my child were being abused” and “If an abuser lived in our community, everyone would know it.” Additional myths that coders grouped in this category were “The child will always feel negatively toward the offender” and “Child molesters molest indiscriminately.”

There are several stereotypes about perpetrators that correspond with media representations of pedophiles and CSA (Brewin, 2003; Collings, 2002; Franklin & Horwath, 1996; Kitzinger, 1996). During the 1990s, prominent media coverage of cases of CSA corresponded with the common perception that CSA perpetrators were strangers or unfamiliar to their victims (Collings, 1997). During the next decade, media depictions of CSA commonly featured novel and unusual cases rather than the more common intrafamilial forms (Cheit, 2003; Collings, 2002; Collings & Bodill, 2003; Goddard & Saunders, 2000; Kitzinger, 1996). Media portrayals of CSA often accentuated stranger-perpetrated bizarre cases (Kitzinger, 1996) that portrayed striking images focused on “dramatic abductions and activities of pedophile rings” (Goddard, 1996, p. 306). Newspapers also overreported homosexual CSA (Cameron & Cameron, 1998). These portrayals of CSA overshadowed the more typical forms of CSA such as incest (Cheit, 2003).

Studies provide mixed findings regarding how strongly these myths are believed. In the Cromer (2006) CSAM data set, 84% of college participants disagreed with the myth of “stranger danger” (see Table 1). In contrast, in a sample of 652 parents of elementary school children, 56% of parents held views consistent with “stranger danger” (Chen et al., 2007). Related to this belief, males in a community sample (Davies & Rogers, 2009) had more positive and credible views of victims of strangers than of victims of one’s father or close family friend. Bornstein, Kaplan, and Perry (2007) found that individuals viewed CSA vignettes as more severe and traumatic if perpetrated by a parent. Other studies have examined attitudes related to homosexuality and CSA. Bornstein et al. (2007) found that participants viewed homosexual abuse as more traumatic but less common than heterosexual abuse. In research that compared college students’ and professionals’ views of CSA perpetrators, Fuselier, Durham, and Wurtele (2002) demonstrated that college students perceived CSA perpetrators as more likely to be gay than did professionals. Another study demonstrated that mock jurors made more pro-prosecution decisions when the defendant was gay (Wiley & Bottoms, 2009). Social class beliefs are less strongly held about abusers, as evidenced from responses to CSAM scale items from the Cromer (2006) data set. The

minority of participants (<10%) agreed with statements that CSA takes place in “poor, disorganized, unstable families” or that it is “caused by social problems such as unemployment, poverty, and alcohol abuse.” Taken together, these studies reveal that participants do display some stereotypes regarding CSA perpetrators.

Empirical research provides evidence that CSA perpetrators comprise a heterogeneous group (e.g., Craissati & McClurg, 1996). Compared to other prosecuted felons, prosecuted CSA perpetrators were more likely to be married, employed, of European American descent, and older than 30 years of age (Cullen, Smith, Funk, & Haaf, 2000). In contrast to the stereotype of “dirty old men,” available data indicate that many perpetrators are young adults (Cullen et al., 2000) and even include adolescents and children (Allard-Dansereau, Haley, Hamane, & Bernard-Bonnin, 1996; Romans, Martin, Anderson, O’Shea, & Mullen, 1996). Data contradict the myth that CSA perpetrators are most likely homosexual and indicate that the majority of CSA perpetration is heterosexual (Jenny, Roesler, & Poyer, 1994). Most perpetrators are male (Cullen et al., 2000), whereas most CSA victims are female (Finkelhor, 1994a; Putnam, 2003); however, abusers of both males and females include men and women (Rudin, Zalewski, & Bodmer-Turner, 1995). The idea that parents would know if their children were being abused is supported by research demonstrating parental familiarity with some CSA symptoms (Pullins & Jones, 2006) but refuted by studies that indicate that CSA often remains secret (e.g., London, Bruck, Ceci, & Shuman, 2005; Priebe & Svedin, 2008; Somer & Szwarcberg, 2001). Research by Pintello and Zuravin, (2001) indicated that mothers who were current sexual partners of CSA perpetrators were less likely to believe that their children were CSA victims. Whitaker et al. (2008) found that sex offenders against children were more likely than others to have a history of mental illness as well as social difficulties and cognitive distortions. Some data indicate higher rates of CSA reports in areas with high levels of poverty (Ménard & Ruback, 2003), whereas other studies demonstrate no associations between CSA and economic status (Boysan, Goldsmith, Çavuş, Kayri, & Keskin, 2009). Sex traffickers also seem to have diverse characteristics. While reports indicate that traffickers use common tactics for controlling victims, their most ubiquitous characteristic appears to be that they are adaptable and therefore difficult to trace (Schauer & Wheaton, 2006). Taken together, these studies indicate that perpetrators, while a diverse group, are more likely to be male and heterosexual but that they vary across a number of dimensions.

### Myth Category 5: Stereotypes about Abuse

In addition to stereotyped myths about perpetrators of CSA, myths exist about the nature of CSA itself. In our Google search, these included the statements “Children who are being abused will show physical evidence of

abuse” and “Children who are being abused would immediately tell their parents.” There were also several suggested myths that appear to provide a false sense of security by denying that abuse can happen within one’s community, such as “Child abuse takes place in big cities, not in small communities where everyone knows everyone else.” These myths are not addressed on the CSAM scale. However, a meta-analysis (Shakel, 2008) about adults’ beliefs regarding children’s behavioral responses to sexual victimization provides information regarding beliefs about CSA victimization among professionals and in the general population. The findings from this review demonstrate the existence of salient assumptions regarding characteristics of abuse and abuse victims. Such beliefs are held by judges and law enforcement and legal professionals as well as by laypersons (Shakel, 2008). They include the beliefs that delay in disclosure, retraction of reports, and inconsistency in reporting details are uncommon in true cases of CSA. Other myths are related to beliefs that CSA will usually involve intercourse, physical signs of force, and physical evidence of the abuse. Shakel concluded that “misunderstandings on this subject [the behavior of sexually abuse children] are pervasive” (p. 494).

Other stereotypes that were coded into this category included beliefs about victim characteristics. These purported myths included statements such as “Only girls are sexually abused,” “Boys cannot be sexually abused,” and “If a boy is sexually abused then he will be gay.” Although these myths are not addressed on the CSAM, there is evidence that these myths are believed by some individuals. Self-Brown et al. (2008) described a multicultural focus group evaluating a CSAM prevention program and reported that participants from several cultures agreed that there are many myths and misconceptions about CSA. Such beliefs are also reflected in male rape myths that view the rape of males as implausible (Chapleau et al., 2008). Research demonstrates that parents lack knowledge regarding the sexual abuse of boys (Chen et al., 2007).

Extant research provides varying levels of support and contradiction for the myths in this category. Substantial data regarding the prevalence of CSA across populations demonstrate that males and females both experience CSA, although females experience it at higher rates (Finkelhor, 1994a; Putnam, 2003). The idea that CSA victims are more likely to become homosexual adults appears to be supported by some studies demonstrating higher rates of CSA among gay and lesbian people (Beitchman et al., 1992; Tomeo, Templer, Anderson, & Kotler, 2001); however, data on this topic are scant, and the reasons for such associations are unknown. The belief that children who are being abused would immediately disclose the abuse to their parents or to someone else is contradicted by evidence that victims of CSA commonly do not disclose the abuse (e.g., Paine & Hansen, 2002; Priebe & Svedin, 2008). The question of whether CSA is more likely to occur in rural versus urban environments is less clear. Some research indicates no

differences in prevalence between rural and urban settings (Boysan et al., 2009), whereas other data indicate higher rates of CSA reporting in rural areas (Ménard & Ruback, 2003). Fanslow, Robinson, Crengle, and Perese (2007) reported CSA rates of 23.5% among women in urban New Zealand and 28.2% among those in rural areas. Regarding the myth that victims will show signs of abuse, data indicate that physical evidence of CSA is the exception (see Newton & Vandeven, this issue, for a review of the role of the medical provider in the evaluation of CSA). In a sample of 2,384 children referred for suspected CSA, only 4% had abnormal medical examinations, and the rate of abnormal medical findings was only 5.5% for children with a history of severe abuse such as anal or vaginal penetration (Heger, Ticson, Velasquez, & Bernier, 2002). Overall, these findings demonstrate mixed support for stereotypes about CSA. Although more research is needed to understand the extent to which the public believes these stereotypes and whether they represent reality to some degree, several of the myths are contradicted by the current data.

## ADDITIONAL CONSIDERATIONS

### Abuse Disclosure and CSA Myths

Most abuse victims who do not disclose the experience fear rejection or disbelief (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Kellogg & Huston, 1995; Somer & Szwarcberg, 2001). In a recent review of 11 studies, the modal rate of disclosing CSA to anyone at all was only 33% (London et al., 2005). The health and psychological benefits of disclosing CSA to a supportive person are well established (Hyman, Gold, & Cott, 2003; Ullman & Filipas, 2005) and comprise an important consideration given the substantial negative health impacts of CSA (e.g., Kendall-Tackett, Williams, & Finkelhor, 1993; Kristensen & Lau, 2007; Molnar, Buka, & Kessler, 2001).

Individual differences in the likelihood of believing abuse disclosures are related to personal trauma history (Cromer & Freyd, 2007, 2009; Goodman, Batterman-Faunce, Schaaf, & Kenney, 2002; Nuttall & Jackson, 1994) and to gender (Bottoms, Davis, & Epstein, 2004; Cromer & Freyd, 2007, 2009; Davies & Rogers, 2009; Graham, Rogers, & Davies, 2007; Quas, Bottoms, Haegerich, & Nysse-Carris, 2003), with females and those who have experienced trauma more likely to believe abuse disclosures. Cultural and social factors may also influence believing victims, including cyclical patterns of CSA awareness followed by denial and social backlashes (Bacon, 2008; Conte, 2002; Fontes & Plummer, 2010; Olafson et al., 1993; van der Kolk et al., 1996). People may be uncomfortable believing that high prevalence rates of CSA exist (Lindblom & Carlsson, 2001). Victims' fears of not being believed (Goodman-Brown et al., 2003; Kellogg & Huston, 1995) and fears of social rejection (Somer & Szwarcberg, 2001) suggest that social

influences impede both victims and the broader culture from acknowledging that abuse occurs. Low disclosure rates may compound the problem of abuse by precluding interventions that stop ongoing abuse and help victims when they need it. Low disclosure rates also inhibit authorities from taking action in legal and child custody cases and constitute an obstacle in establishing public awareness for CSA and treating its harmful effects. Because disbelieving abuse disclosures is positively related to CSA myth acceptance (Cromer & Freyd, 2007, 2009), interventions that increase accurate information regarding CSA may increase the likelihood that victims who disclose abuse will benefit from supportive reactions and associated improvements in psychological and health symptoms.

### Culture and Adult Sex with Children

Some individuals and organizations propose that adult sex with children or “nonadults” is not harmful (Mirkin, 1999; Nelson, 1989). Although such voices deviate from mainstream attitudes (Mirkin, 1999), it is possible that they contribute to CSA myths among the general population. The belief that CSA is not harmful is taken to the extreme by pedophile organizations such as North American Man Boy Love Association (Mirkin, 1999). They purport that children experience love, pleasure, and affection when they are the victims of incest. This theme is expounded by some sexual modernists and pedophile activists (Olafson et al., 1993). For example, the Pedophile Education Web site (Pedophilia/Pedophile Education Web Site Mirror, n.d.) states in its “Pedo Credo” that “children are sexual and need release with me [a pedophile] via sex/contact.” Insisting that adult–child sex is not molestation, this Web site further states, “Sure, we desire sexual relief via them [children]—but that does not make us evil users! The contact is mutual in any true pedophile/child relationship.” Other voices of pedophilia are represented in volumes such as *Paedophillia: The Radical Case* (O’Carroll, as cited in Kennedy, 2003) and journals such as *Paidika: The Journal of Paedophilia*, which advocate for the legitimization of adult sex with children (e.g., Kennedy, 2003). The “politics of pedophilia” are discussed in detail by Mirkin. One position is that damage to children in adult–child sex only arises from social disapproval and the resulting guilt or shame (Nelson, 1989). Along these lines, others have suggested that feminists are on a witch hunt for pedophiles (Gaarder, 2000). Thus, CSA is considered a pejorative term by some individuals, and proponents of adult–child sex prefer neutral terminology to convey consent in adult–child sex (see Dallam et al., 2001, for review and critique).

### Cross-Cultural Considerations

CSA constitutes a serious issue throughout the world (Finkelhor, 1994b; Schauer & Wheaton, 2006; Watts & Zimmerman, 2002) and appears linked

with adverse psychological and physical health consequences across cultures (Haj-Yahi & Tamish, 2001; Luo, Parish, & Laumann, 2008). CSA perpetrators are most likely to be someone known to the victim (Saidi, Odula, & Awori, 2008) and are commonly the victim's father or another male family member (Csorba et al., 2006; Watts & Zimmerman, 2002). However, this feature of CSA may vary cross-culturally. Teachers comprise a large segment of CSA perpetrators in many African countries (e.g., Jewkes, Levin, Mbananga, & Bradshaw, 2002; Jewkes et al., 2005; Nhundu & Shumba, 2001), and a New Zealand sample (Romans et al., 1996) indicated that family friends and nonpaternal relatives were the most common perpetrators. The larger scope of CSA contains specific forms such as child sexual trafficking, slavery, and prostitution (e.g., Hodge, 2008; Huda, 2006; Lau, 2008). Children may also be forced to marry and to engage in sexual activity (Ouattara, Sen, & Thomson, 1998), a practice that is viewed differently according to social contexts (Volpp, 2000).

Empirical research regarding the prevalence of CSA myths and beliefs across cultures is scant but contains studies that address perceptions of the frequency, seriousness, and etiology of CSA. In a study of attitudes regarding child abuse in Hong Kong, Lau et al. (1999) reported that 23.5% of 1,001 randomly selected participants viewed CSA as common. Another study used a sample of professionals in India to demonstrate that respondents viewed child prostitution as the most serious type of child abuse offense (Segal, 1992). Similarly, Collier, McClure, Collier, Otto, and Polloi (1999) reported that teachers in Palau ( $N = 141$ ) viewed CSA as the most serious form of abuse. In another study (Fontes et al., 2001), focus groups of African Americans and Latinos indicated that participants acknowledged CSA as a concern in their communities and identified institutional and family risk factors. Such research suggests that CSA is viewed as a serious problem in many cultures. Commonly held views regarding reasons for perpetration may vary across cultures. In Tanzania, university students identified poverty and superstition as explanations for CSA (McCann, Lalor, & Katararo, 2006). Among Hispanics in the United States, Fontes et al. (2001) viewed cultural transitions as a contributor to CSA. In South Africa and Namibia, Jewkes et al. (2005) noted that child rape may be used as a punishment or a method of communicating power and control.

Risk and protective factors for CSA in different cultural environments may influence its prevalence, strategies for prevention, and victims' trajectories of psychological recovery (Fontes, 1995; Goldsmith, Hall, Garcia, George, & Wheeler, 2005; Hall, Sue, Narang, & Lilly, 2000). CSA victims' cultural backgrounds appear associated with psychological symptoms (e.g., Clear, Vincent, & Harris, 2006; Moisan, Sanders-Phillips, & Moisan, 1997). Cultural contexts may relate to nonsupportive responses to CSA such as ignoring the child, blaming the child, or punishing the child (Collings, 2007; Jewkes et al., 2005). In some cultures, victims of sexual assault may be murdered if the event becomes known or even suspected ("honor killings";

Haqqi, 2008; Kulwicki, 2002; Shalhoub-Kevorkian, 1999). Such occurrences indicate that victim blame and assumptions are likely to influence beliefs and actions related to CSA (see Fontes & Plummer, 2010, for an overview of issues related to CSA and child disclosures).

## CONCLUSIONS

Cycles of awareness for CSA followed by denial and minimization of the rates of CSA and the harm it incurs have been observed as occurring over the past century (Conte, 2002; Olafson et al., 1993). The present review examined the literature on CSA myths and presented the main themes of the myths found through a Google search. Where available, we investigated data and presented the results of meta-analyses and studies that provide evidence that the myths do indeed exist. We then presented empirical data that revealed that the majority of these beliefs are in fact false and therefore myths. Some aspects of the myths, such as the idea that the majority of perpetrators are male, were supported by data and are therefore not myths but accurate beliefs. We found evidence that stereotyped beliefs persist in the discipline of psychology, in the media, and in the courts. Complicating these stereotypes are individual variables such as sexism, gender, culture, and personal trauma history, all of which impact attitudes about CSA.

The methodology for this review was limited by focusing the Internet search on statements that used the term "child sexual abuse myth." This process is unlikely to have produced all of the public's inaccurate beliefs about CSA. Further reviews should address recent education and prevention efforts that may have impacted changes in attitudes about CSA over the past two decades. Our review of the current literature provided few empirical evaluations of media presentations and content (e.g., Cheit, 2003). Additional studies of newspapers and daytime television may be helpful for illuminating the direct and indirect impact that the media wields on CSA myths and related attitudes. Gaps between knowledge and facts among parents, professionals, and laypeople need to continually be assessed to reflect current beliefs and to focus educational and prevention programs on where they are most needed.

Just as rape myths deny or justify sexual aggression against women (Lonsway & Fitzgerald, 1994), CSA myths deny or justify the sexual exploitation of children. These myths comprise an important area of further study. Unlike the rape myth literature, the CSA myth literature is limited in scope. Experimental studies using the CSA myth scale do not represent the full range of myths we evidenced through the Google search. In order to understand how strongly held and how pervasive these beliefs are, more comprehensive assessments of CSA myths and further work about individual differences related to myth acceptance are needed. Very few studies (Cromer

& Freyd, 2007) provide data on empirically supported measures that assess CSA beliefs and attitudes. More research and dissemination regarding accurate etiological aspects of CSA perpetration is also needed. These themes include cultural and social structures that facilitate CSA (Fontes, 1995; Jewkes et al., 2005; Self-Brown et al., 2008) as well as intrapersonal variables such as adult attachment styles, social perception deficits, and cognitive distortions related to sexual offending (e.g., Blake & Gannon, 2008; Wood & Riggs, 2008). Future studies will benefit from the continued development of measures that accurately reflect the zeitgeist of attitudes, beliefs, and educational awareness about CSA myths. This endeavor is particularly relevant from an educational perspective.

For CSA prevention efforts to be successful, it is essential that they target not only what scholars believe are myths but also assess gaps in knowledge that need to be addressed among professionals and laypeople. Efforts should focus on education regarding the prevalence and nature of abuse, disclosure, blame, and characteristics of perpetrators and victims. Some of these goals can only progress at the rate of the research about risk factors for abuse perpetration and victimization. Much work remains to be done in this area (Whitaker et al., 2008).

CSA myths impact professionals and care providers (Collings, 2003), who in many states are mandated reporters. They also impact judicial decisions in custody and criminal cases (Hamilton, 2008). CSA myths may also influence perpetration, psychological responses, and reactions to disclosure. Educating professionals, parents, and the general population can benefit prevention, reporting, and intervention efforts. Such efforts may also teach professionals and other individuals to respond appropriately and knowledgeably when a person discloses CSA. For these reasons, understanding these myths and promoting education regarding CSA and its effects are essential aspects in preventing future cycles of understanding and misunderstandings and in establishing appropriate strategies for prevention and support.

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