

Meta-Analysis and Crossnational Comparisons of Sexual Violence Against Children

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It has been nearly 50 years since the start of the revolution in our understanding of sexual violence. In 1974, a professor of nursing, Anne Burgess, and sociologist, Lynda Holmstrom, published a scientific study, *Rape: Victims of Crisis*.¹

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It detailed the experience of sexual violence survivors and their encounters with the medical and justice system. In 1975, the journalist Susan Brownmiller published her trade book *Against Our Will—Men, Women and Rape*,² which inspired thousands of women to come forward with their own stories of sexual violence. These 2 books, and others that followed, catalyzed an expanding awareness of how widespread sexual violence was, how badly it was misunderstood, how many different forms it took, and how much trauma it caused.

Today, awareness has greatly advanced. “Global Prevalence of Sexual Violence Against Children: A Systematic Review and Meta-Analysis,”³ published in this issue of *JAMA Pediatrics*, highlights several signs of this. The childhood exposure to sexual violence, which it addresses, has become one of the primary topics of emphasis in the sexual violence field because of its high rates and persisting effects. Epidemiological studies have now been carried out all over the world. The problem is clearly not just a US problem or a high-income country problem, but manifests in most of the populations studied. It affects men as well as women, although, at generally lower rates. The dynamics take a variety of forms, not just violent sexual penetration or rape, but include unwanted sexual touching, sexual harassment, image abuse, and commercial sexual exploitation.

But this issue’s article³ and the literature it summarizes point to questions that still have not been well addressed and that pose challenges to the development of effective prevention and treatment.

For example, perpetrators implied in these statistics are much too often typified as primarily adult predators harming children. But when epidemiologists break down the context, the majority (60%) of perpetrators against children are other youth, not adults.⁴ The reality that so much sexual violence against children is at the hands of their peers, romantic partners, older siblings, and schoolmate bullies has not really been cemented into public awareness, especially for those who are being introduced to prevalence rates for the first time. But the implications for policy are immense, pointing to the importance of sex education and school-based prevention programs over revised criminal statutes and increased penal sanctions. Unfortunately, there may be a tendency to underplay the youth perpetration out of concern that this could affect judgments about the severity of the problem.

For another example, the dynamics of sexual violence targeted against boys is not yet well addressed. In some countries, studies have found that the rates of abuse for boys were nearly as high or higher than girls, defying many people’s intuitions. For example, the rate in Taiwan of forced attempted or completed intercourse is 1.6% for boys but 0.7% for girls.⁵ Other countries with higher rates for boys than girls in national studies include Lao PDR, Albania, Greece, and Serbia.⁵ Are these findings trustworthy? What forms does forced attempted intercourse against boys take? Where is the literature delving into this? The problem is complicated by the fact that, in many international locations, this discussion risks exacerbating dangerous prejudices about homosexuality. Or it may be seen as a diversion from efforts to protect vulnerable girls and women. So we are not discussing the male rates because we both do not understand them and are concerned about where the discussion will lead. Nonetheless, we need to understand sexual violence targeted against boys and its implications for measurement and policy.

In addition, the patterns of prevalence in international comparisons are also often surprising in other ways. It does not appear that there is a simple association between country rates and their levels of education or affluence. In the current study,³ levels were higher in both low- and high-income countries. Nor do rates track with the emancipation of women. Armenia and the Kyrgyz Republic have rates of completed or attempted forced rape of girls at 0.1% while Sweden is 9.9%.

Adjacent and similar countries in some regions can have very different epidemiologic profiles, even using the same questionnaire and survey design. In the Violence Against Children international series,⁴ for Zambia, lifetime rates were 20.1% for girls and 9.7% for boys, but next door in Zimbabwe, the rates were 9.8% for girls and 1.1% for boys, not just lower but with a much larger gender contrast. These oddities may have ready explanations relating to methodology or inhibited disclosure. But exploration of these issues is not taking place yet. In the meanwhile, we are building large and complicated analytic edifices on possibly flawed foundations.

Another problem looms. Sexual violence against children is moving into the digital world and we have not solved the problem of how to incorporate those episodes into our epidemiology. Many of the questionnaires do not yet ask about online sexual abuse. Its inclusion can increase rates of sexual violence by one-half.^{6,7} Here too, the large role that peer perpetrators play is not appreciated and adequately disaggregated. Without online abuse included, global estimates may appear obsolete very quickly and be mistrusted as indicators of trends in risk.

Recommendations

There seems to be a rush at the moment to develop global and regional rates with meta-analyses. Several other similar projects like this one are in progress. But we should be cautious. We need to engage in additional studies to better inform these efforts.

We need more studies that focus on the effects of questionnaire design. How do question wording, terminology, and questionnaire context affect rates? Particular interest should be paid to how this may vary in different languages and cultural contexts.

We need more studies of the problem of inhibited disclosure. This concern is widely invoked to explain oddities, but evidence is sparse. Prevalence studies need to regularly include questions that assess or ask explicitly if there were experiences that respondents opted not to disclose.

We need more studies about the experiences being reported by males in different cultural contexts. This should entail more cognitive interviewing and focus groups with men. It should also entail more narrative accounts from respondents in survey questionnaires.

We need meta-analyses to aggregate and report the findings on rates of youth perpetrators compared with adult perpetrators, as well as disaggregation of other perpetrator categories, like dating partners or family members. The policy implications for this are likely as important as the distinction between rape and other forms of sexual abuse, which is widely included in meta-analyses.

We need more granular studies comparing different countries or jurisdictions where rates are contrasting to help generate hypotheses. Specifically, we need more hypotheses and more focus on variables that may explain some of these between-country differences. This involves delving into matters that are not well researched and understood. For example, are there cultural contrasts in the pressure that men and boys face on acquiring sexual experience to confirm their masculinity? Could differences relate to the

way that children are supervised or how well they are educated about sexual norms and respect for others? Are there differences in the availability of pornography, room sharing, cosleeping, the sexualized culture of bullying, and peer aggression? We need to include measurement of these in surveys and other variables that cast light on what sociological features might be connected to differences in rates.

We need to be judicious about the custom of calculating regional rates. The heterogeneity is very large for most of the regions, reminding us that the rates vary considerably from one country to another. It may be misleading to present regional rates that then imply that other countries in that region can be characterized by the overall regional rate. One suggestion is to not report regional rates when the heterogeneity is high, just the individual country rates. Another option is to urge readers, advocates, and communications departments to use the prediction interval (a range) rather than the point estimate as the key summary statistic.

Some advocates seem to believe that having global and regional estimates will galvanize policymakers to take sexual violence against children more seriously. It does seem to be true that epidemiological studies of sexual abuse played an important role in the policy mobilization in countries like the US. Expansion of surveys to countries without previous epidemiology may be influential. However, not all the surveys produced compelling rates that would impress skeptics and some countries feel unfairly stigmatized when put in a prevalence hierarchy. But many of the benefits of cross-country comparison go beyond the generation of an international big number or the shaming of policymakers into action. Some key benefits should be, first, finding out how to do better epidemiology, and second, seeing whether differences between countries point us to social structures and practices whose presence or absence may endanger or protect children. These could have powerful implications to advance the prevention of a challenging public health problem.

ARTICLE INFORMATION

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