

Silence and secrecy in children sexual abuse: a public health approach

Carlos Alberto Rosas Jiménez

Faculty of Bioethics, Universidad Anáhuac Mexico

<https://orcid.org/0000-0003-1529-3785>

At its Annual Meeting in 1986, the American Public Health Association adopted a policy statement that identified child abuse as a significant public health problem (Barber-Maden et al. 1998). One decade later, the World Health Organization recognized child abuse as a major health problem (WHO, 1999). Since then, the scientific community have claimed that child abuse should be considered as a public health problem as stated by Djeddad et al. (2000), Shaw & De Jong (2012), Gilbert et al. (2012) and Loc (2014) among others. For child maltreatment, a public health approach means focusing on reducing the risk factors that give rise to maltreatment, rather than on maltreatment once it has occurred. (Gilbert, et al., 2012). According to Gilbert et al. (2012) the commonly used distinction in public health between primary prevention, preventing occurrence of the condition in the first place, and secondary prevention, preventing recurrence once the condition has occurred, is less useful in the field of child maltreatment because maltreatment is often hidden. Silence and secrecy are popular contexts that surround child abuse. Therefore, in this essay we shed some

light on how silence and secrecy around children sexual abuse from our culture is hindering prevention of this type of abuse and we give two possible solutions to this problem.

Child maltreatment can be classified in four main types: physical abuse, sexual abuse, emotional abuse, and neglect (Robinson, 2019; Honnavalli, et al., 2019). Among these, children sexual abuse has rather complicated consequences to the victims. We are not going to detail all the consequences in this work, but it is enough to say that sexual abuse can cause suicide and post-traumatic stress disorder among many other complications. Moreover, according to Mathews and Collin-Vezina (2016) the socio-economic costs are considerable, with the average cost for each victim conservatively estimated at \$US210 000. Thus, children sexual abuse has been considered a major public health issue by several authors (Blanchard, G & Tabachnick, J., 2002; Kenny, M. and Wurtele, S., 2012; Mathews & Collin-Vezina, 2016; Broadley, 2018).

Soltenborough et al. (cited in Mathews & Collin-Vezina, 2016) affirm that prevalence studies have shown that the true incidence is 30 times that identified in cases officially confirmed by government agencies. This discrepancy is mainly due to the silence and secrecy that is around children sexual abuse. Most victims do not disclose the abuse to health, welfare or legal agencies because they are often inhibited by feelings of shame and fear, and the lack of a trusted person. However, in this essay we would like to put emphasis on the silence done when abuses are committed. In any abuse not only there is the victim and the perpetrator, but also there is always a third person, or a third party that is present at the moment of the abuse, or without being present knows that the abuse is in progress, or even helped in any way the perpetrator to commit the abuse and many other actions and attitudes that this third person can do or have.

This silence from the third party in any abuse could also be called complicity, but we are accustomed to that. Therefore, in children sexual abuse, the culture of secrecy is contributing to elevated numbers of abused children around the world. In this case, culture can be considered as one of the leading social determinants of health. Mathews & Collin-Vezina (2016) says that “despite the Convention on the Rights of the Child, Article 19 that requires nations to take all appropriate legislative, administrative, social, and educational measures to protect

children from sexual abuse, problems of perpetration and concealment persist because institutional and societal protection of children remains weak” (p. 306), we would like to say that these problems persist because prevention plans are not addressing the culture of secrecy.

Secrecy has two main elements that has to be examined: the first one is the silence toward sexual issues in many institutional contexts, where sex and sexuality have been considered shameful, dirty or sinful; thereby, offenders took advantage of adult’s reluctance to talk about it freely and openly. The second element to be reviewed, is that we tend to make silence towards sexual issues. Therefore, one person could have information about a possible sexual abuse and prefer to remain silent and not saying anything to anybody.

We propose that in order to change that culture of secrecy we should first, promote serious, clear and complete programs of sexual education as is stated vigorously by Hirsh and Khan (2020) through their whole book. They affirm that “the patchy, imperfect, and worsening landscape of sex education produces vulnerability to sexual assault and represents an important missed opportunity to prevent it” (Hirsh and Khan, 2020, p. 267).

Our second proposal is to create programs of education that clarify that we need to talk about sexual issues more freely in our society and be more

transparent when talking about sexual human behavior. As a consequence, we need to understand how important is disclosing when we have noticed or have clues that an abuse is on the way or is going to be perpetrated.

In conclusion, when talking about sexual abuse of children we can understand culture as one of the leading determinants of child health. As a public health problem, sexual abuse has different causes, from which we can distinguish the silence and secrecy that is kept by third parties. In every single abuse there is a person or people that are present at the moment of the abuse, or without being present know that the abuse is in progress, or even help in any way the perpetrator to commit the abuse. In order to work consistently in this type of abuse of children, we need to work in adding values to culture that contribute to freely and openly talk about sexuality and to teach how to gain transparency in communities that could help disclose sexual abuses.

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