Imagine a childhood disease that strikes [one in four girls and one in six boys]* before they reach 18 (Finkelhor & Dziuba-Leatherman, 1994): a disease that can cause dramatic mood swings, erratic behavior, and even severe conduct disorders among those exposed; a disease that breeds distrust of adults and undermines the possibility of experiencing normal sexual relationships; a disease that can have profound implications for an individual’s future health by increasing the risk of problems such as substance abuse, sexually transmitted diseases, and suicidal behavior (Crowell & Burgess, 1996); a disease that replicates itself by causing some of its victims to expose future generations to its debilitating effects.

Imagine what we, as a society, would do if such a disease existed. We would spare no expense. We would invest heavily in basic and applied research. We would devise systems to identify those affected and provide services to treat them. We would develop and broadly implement prevention campaigns to protect our children. Wouldn’t we?

Such a disease does exist—it’s called child sexual abuse. Our response, however, has been far from the full-court press reserved for traditional diseases or health concerns of equal or even lesser magnitude. Perhaps the perception of sexual abuse as a law enforcement problem or our discomfort in confronting sexual issues contributes to our complacency. Whatever the reason, we have severely underestimated the effects of this problem on our children’s health and quality of life.


* Updated from Dr. Mercy’s original speech in 1999. Some studies estimate sexual abuse is as high as 1-3 girls and 1-5 boys.