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Thirty years of the convention on the rights of the child: Developments in child sexual abuse and exploitation



June Simon*, Ann Luetzow, Jon R. Conte

Joshua Center on Child Sexual Abuse at the University of Washington, United States

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ABSTRACT

Since its adoption by the United Nations in November 1989, the Convention on the Rights of the Child (CRC) has become the most universally ratified human rights treaty in history; presently only the United States has not ratified it. The CRC articulates children's human rights and notably includes freedom from sexual abuse and exploitation. Yet thirty years after the Convention was adopted, child sexual abuse and exploitation (CSA/E) remain serious, persistent, and evolving global issues. This overview both describes the current state of research on child sexual abuse and exploitation and evaluates the CRC's legacy in terms of State-level responses to CSA/E. Points of agreement and disagreement over what constitutes CSA/E and how widespread it is are explored. Also presented are the contexts in which CSA/E takes place, and factors associated with children's risk of being sexually abused or exploited. Emerging issues in these areas are the internet and children's use of it, as children may now become subject to abuse or exploitation even when physically alone. The second part of the paper addresses the CRC's influence on States' domestic legislation and States' responses to CSA/E more broadly. Gaps in efforts to monitor and report on the CRC's implementation with respect to its impact on CSA/E are described. The discussion offers guidance for future efforts to research and respond to child sexual abuse and exploitation, and in particular the ongoing need for support to survivors beyond the legal response paradigm.

1. Introduction

Since its adoption by the United Nations General Assembly in 1989, the Convention on the Rights of the Child (CRC) has become the first binding instrument in international law concerning the rights of children, and the most universally ratified human rights treaty in history. At present, only the United States has not ratified it. The Convention is an aspirational document that defines the human rights of children and encourages international accountability by mandating State signatories report on progress every five years. Among its many goals, the CRC calls for children to be protected from sexual abuse and exploitation (CSA/E) and for the appropriate measures to realize these protections. Building upon historical efforts of the international community to articulate the human rights of children, beginning with the 1924 Geneva Declaration on the Rights of the Child ([League of Nations, 1924](#)), the CRC and political developments since reflect a growing international commitment to the realization of these rights. Yet three decades after the adoption of the Convention, child sexual abuse and exploitation remain serious, persistent, and evolving global issues. In recognition of the 30th anniversary of the CRC's adoption, this paper seeks to describe the current state of research on child sexual abuse and exploitation, highlight the CRC's policy impacts and its implementation at State and global levels, and guide future action.

* Corresponding author at: 4101 15th Avenue NE, Seattle, WA 98105, United States.

E-mail address: junebs@uw.edu (J. Simon).

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2. Definitions of child sexual abuse and exploitation

The difference between child sexual abuse (CSA) and child sexual exploitation (CSE) is that CSE contains an underlying element of economic exchange whereas CSA can occur purely for the sexual gratification of the perpetrator (Greijer & Doek, 2016, p. 18). This paper uses CSA/E as a general term encompassing both. Direct references are also made to each individual term (CSA and CSE) where appropriate, and to be consistent with the literature cited.

In the Convention on the Rights of the Child (CRC), and in international declarations made since, the terms *sexual exploitation* and *sexual abuse* of children are often referred to in the broadest ways possible (UN General Assembly, 1989; World Congress, 1996, 2001; World Congress, 2008). For example, the CRC states:

“States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse...” (Art. 19)

“State Parties undertake to protect the child from all forms of sexual exploitation and abuse...” (Art. 34)

The CRC similarly defines *child* in expansive terms – as persons under 18 years of age or unless majority is attained earlier in their State – potentially complicating understandings of who qualifies for the protections accorded by the Convention (UN General Assembly, 1989). State parties have subsequently elaborated on these broad categories by identifying additional crimes involving CSA/E in the Optional Protocol on the Sale of Children, Child Prostitution, and Child Pornography (OPSC) (for which implementation guidelines were recently adopted on May, 28, 2019 [not yet published]) (UN General Assembly, 2000; World Congress, 1996, 2001; World Congress, 2008). The OPSC also defines its eponymous terms expansively:

“(a) Sale of children means any act or transaction whereby a child is transferred by any person or group of persons to another for remuneration or any other consideration;

(b) Child prostitution means the use of a child in sexual activities for remuneration or any other form of consideration;

(c) Child pornography means any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes.” (Art. 2)

Although the length of this article limits further discussion of the OPSC here, it is noteworthy that the Optional Protocol highlights acts that are specifically (or could be, in the case of child pornography) sexually exploitative, rather than abusive alone. While consensus on broad areas of CSA/E is certainly important in understanding general forms of sexual abuse that impact children globally, these definitions lack specificity in identifying the range of behaviors that constitute CSA/E.

According to a report from a survey of key informants in child protection in 73 countries, there exists a general global agreement on what behaviors are viewed as CSA/E, including incest, sexual touching, and exposing a child to pornography (Dubowitz, 2017). However, consensus across States varies with regard to social conditions and behaviors that impact child safety, health, and development. While prostituting a child has the highest rate of international consensus (92 %) as a form of CSA/E, internet solicitation for sex (86 %), child marriage (80 %), and female circumcision/female genital mutilation (80 %) have lower rates of agreement (Dubowitz, 2017). Even still, more global conceptions of CSA/E such as incest, sexual touching, and sexual exploitation, while at one point necessary to catalyze global action, are so broad as to not fully describe the range of specific behaviors or actions that constitute CSA/E. A comprehensive definition of CSA/E that enumerates these multiple behaviors is now needed to achieve a more precise understanding of CSA/E's different forms, with implications for estimating its scope, identifying the contexts in which it occurs, and recognizing factors that contribute to its risk.

3. Prevalence and incidence

Prevalence and incidence are both epidemiological concepts that describe rates of CSA in a population. *Prevalence* refers to the number of people who have experienced sexual abuse during a period of time, e.g., childhood, and are generally a product of retrospective self-report studies, in which participants report on their abuse experiences across the span of their childhood and adolescence (Fallon et al., 2010; Runyan, 1998). Conversely, *incidence* refers to the number of new sexual abuse cases reported or detected in a specified time period, typically one year (Fallon et al., 2010; Runyan, 1998). Due to the limited time frame, and the fact that many abuse cases are never reported to authorities, it is generally understood that incidence studies reflect fewer instances of CSA than prevalence studies. In fact, the findings of Stoltenborgh, Ijzendoorn, Euser, and Bakermans-Kranenburg (2011) suggest that the true prevalence of child sexual abuse is 30 times higher than officially registered by government agencies in annual incidence reports.

Global studies on CSA have focused on prevalence estimates and consistently conclude that CSA is a widespread, worldwide issue of concerning magnitude. Through a comparison of a series of meta-analyses, Stoltenborgh, Bakermans-Kranenburg, Alink, & Ijzendoorn (2015) found the overall estimated prevalence rate for CSA to be 12.7 %: 7.6 % among boys and 18 % among girls. In a meta-analysis of 65 studies from 22 countries, Pereda, Guilera, Forns, and Gomez-Benito (2009) found the highest prevalence rates in Africa (34.4 %) and the lowest in Europe (9.2 %). Another meta-analysis of 217 publications found the highest combined prevalence in Australia for girls (21.5 %) and in Africa for boys (19.3 %), and the lowest combined prevalence in Asia for both genders (11.3 % and 4.1 % for girls and boys, respectively) (Stoltenborgh et al., 2011). The same meta-analysis found significant differences by level of economic development for boys but not for girls, with the combined prevalence being higher in lower-resource compared to high-resource countries for boys (Stoltenborgh et al., 2011). It is generally believed that the variance in definitions of CSA/E, and the ways

in which they are operationalized in studies, contribute to different prevalence and incidence estimates and limit international comparisons of data.

3.1. Definitional and other methodological variations

The lack of consensus on a definition of CSA/E hinders global attempts to identify children who have been abused or exploited, as well as efforts to measure the scope, impact, and risk factors associated with CSA/E (Mathews & Collin-Vézina, 2019, p. 131). Recently, Mathews and Collin-Vézina (2019) identified three dimensions of conceptual variance among CSA definitions: the construct of CSA (e.g., age of the child, relationship and potential age difference between the child and abuser), acts that constitute CSA (e.g., inclusion or exclusion of non-contact acts such as voyeurism, or questions of which non-contact acts qualify as CSA), as well as the presence and nature of the concept of consent (Mathews & Collin-Vézina, 2019). Moreover, the ability of a child or adolescent to recognize an experience as abusive is often impacted by the power dynamic with the perpetrator, especially in cases where grooming or an emotional attachment are present (Radford, 2018). Young children may not understand that certain behaviors are in fact sexual abuse (e.g., during an adult washing of a child).

Varying definitions of what constitutes CSA/E make comparisons across studies impossible and contribute to a high range of estimates in global prevalence studies. A meta-analysis of 55 studies from 24 countries found global prevalence estimates for forced intercourse specifically to be 9 % for girls and 3 % for boys (Barth, Bermetz, Heim, Trelle, & Tonia, 2013). The same meta-analysis estimated overall global CSA prevalence to range from 8 to 31% for girls and 3–17 % for boys (Barth et al., 2013). Another review found prevalence estimates to range from 0 to 53% for girls and 0–60 % for boys (Pereda, Guilera, Forns, & Gomez-Benito, 2009). The 0 % findings reported in this study reflect a narrow definition of CSA (e.g., performing oral sex on a female, anal intercourse with a male) and a small sample size ($n = 15$ for female respondents; $n = 6$ for male respondents) (Ross et al., 2005, p. 121). In their meta-analysis, Pereda et al. found the highest rates in South Africa for boys (60.9 %) and girls (43.7 %), and the lowest rates in France for boys (0.6 %) and girls (0.9 %) (Pereda et al., 2009b). The South African study attributes its high prevalence estimates to the region of the country in which the study took place, where many parents work as migrant laborers and are often away from their homes (Madu & Peltzer, 2001). This may reflect a differential risk found in migrant families. Additionally, the South African study employs a broad definition of CSA as well as behaviorally specific questions (including sexual touches and kisses in addition to intercourse), while the French study (Choquet, Darves-Bornoz, Ledoux, Manfredi, & Hassler, 1997) exclusively asked questions about attempted and completed “rape.”

Variations in estimates of the occurrence of CSA are attributed not only to differing definitions of CSA but also a host of other methodological factors. These include sampling techniques, differences in data collection (e.g., self-administered questionnaire, face-to-face interview, telephone interview), as well as the type and number of questions asked (Goldman & Padayachi, 2000). However, while these variables may render comparison of prevalence rates questionable, there is no agreement in the literature as to the size of these effects or the direction of the impact (Prevoo, Stoltenborgh, Alink, Bakermans-Kranenburg, & Ijzendoorn, 2017).

4. Risk factors

The identification of specific factors that place children at risk for sexual abuse and exploitation has numerous implications for the protection of children’s rights, and has been a continuous focus of research over the past 30 years (Assink, van der Put, Meeuwssen, de Jon & Hoeve, 2019; Black, Heyman, & Slep, 2001; Finkelhor & Baron, 1986; Fleming, Mullen, & Bammer, 1997). Existing literature has identified a multitude of variables as *risk factors* for, or correlates of, CSA/E. The most common and consistently cited among these is being a girl (Assink et al., 2019; Finkelhor & Baron, 1986; Meinck, Cluver, Boyes, & Mhlongo, 2015). Much of the research to date has sought to identify risk factors for abuse at the individual (child) and relationship (family and intimate partner) levels, though there is movement toward recognizing factors at the community and societal levels (e.g., in humanitarian crisis or armed conflict) (Radford, Allnock, & Hynes, 2015).

Studies often define risk factors for abuse nationally or regionally (Assink et al., 2019; Madu & Peltzer, 2001; Meinck et al., 2015), or among specific populations (e.g., persons with disabilities) (Jones et al., 2012). Overall, existing data on risk factors for CSA/E remains disproportionately derived from Western and high-income countries. While there has been an emergence of research within African countries, there continues to be a lack of data on risk factors in Asia and South America. One meta-analysis focusing on Western countries identified 23 significant risk factors for CSA across seven “risk themes” (Assink et al., 2019). These included (1) *prior victimization of the child and/or their family members*, for which the strongest effects were found (i.e., prior CSA victimization of the child and/or siblings, prior victimization of the child other than child abuse, prior or concurrent forms of child abuse in the child’s home environment, a parental history of child abuse victimization); (2) *parental problems and difficulties* (i.e., intimate partner violence between the child’s parents, other parental relationship problems, parental substance abuse, psychiatric/mental/or physical problems of parents, a low level of parental education); (3) *parenting problems and difficulties* (i.e., low quality of parent-child relation including low parental attachment, parental overprotection, low levels of parental care/affection, a low parenting competence); (4) *a non-nuclear family structure* (i.e., growing up in a non-nuclear family, a child having a step-father); (5) *family (system) problems* (i.e., problems in functioning of the family system, social isolation of the family or the child, a low family SES, six or more moves/resettlements of the child and its family); (6) *child problems* (i.e., physical and/or mental chronic condition, using drugs or engaging in delinquent behavior); and (7) *child characteristics* (i.e., a low level of social skills, frequent use of the internet) (Assink et al., 2019). In another systematic review investigating risk factors for abuse in children and adolescents in African countries, Meinck et al. (2015) identified nine significant risk factors for CSA at the child level (i.e., being female) and family level (i.e., parent who is single or

divorced, living with step-parent, domestic violence, poor parent-child relationship, parental drug and alcohol use, poor parental mental health, emotional abuse, physical abuse, large family units). Other studies have additionally found child social isolation (Finkelhor & Baron, 1986; Fleming et al., 1997) and child mental or intellectual disability (Jones et al., 2012) to be associated with CSA.

A number of the factors currently believed to increase risk for sexual abuse are conditions in families, communities, and States addressed by the CRC. For example, the CRC enshrines that children have the right to be protected from victimization, particularly physical, mental, and sexual violence (see Art. 19 and 34). Children have the right to an adequate standard of living (see Art. 27), to be protected from illicit drug use (see Art. 33), and to experience physical and psychological recovery and social reintegration following any abuse or exploitation (see Art. 39). Crucially, the CRC accords rights to *all* children irrespective of sex or disability, among other characteristics, and these should be realized as such (see Art. 1 and 2). Addressing the breadth of factors that may place children at risk for sexual abuse and exploitation is essential to the CRC's implementation and should link intervention and policy efforts.

5. Contexts

Wherever children are present, vulnerability to abuse exists. The United Nations Study on Violence against Children (Pinheiro, 2006) identified violence as occurring in five major settings, across which prevention and policy implications may vary: (1) home and family, (2) schools and educational settings, (3) community, (4) workplace, and (5) care and justice institutions. Changing political and environmental conditions such as armed conflicts, natural disasters, and migration may additionally increase children's vulnerability to abuse (e.g., the detention of immigrants, including children separated from their families at the U.S.-Mexico border) (Radford et al., 2015; Seddighi, Salmani, Javadi, & Seddighi, 2019).

Concerningly, the settings or social conditions in which abuse occurs have been found to impact whether the behavior is perceived as CSA/E. For example, Dubowitz' (2017) international survey of professionals found that abuse occurring in schools and training centers is more often considered as CSA/E (93 %) than in refugee camps (75 %). Perceptions of CSA/E further vary regionally, with just 38 % of respondents in the Americas viewing abuse in refugee camps as CSA/E (Dubowitz, 2017). The author posits that regional variance in opinion may be attributable either to the problem of abuse in a particular setting not being prevalent and so also not of concern in a given region, or to the impact of a country's laws (e.g., the legality of child marriage decreasing consideration of it as CSA/E) (Dubowitz, 2017). Different opinions on whether a behavior, in a particular context, is abusive or exploitative demonstrate regional inconsistencies in social norms pertaining to CSA/E, which may have implications for the social, legal, and clinical treatment of survivors and offenders across States.

5.1. Developments in recognized contexts

Since the adoption of the CRC, the recognized contexts in which children are sexually abused and exploited have regrettably expanded, leading to new challenges in identifying, responding to, and preventing abuse. These include institutional settings that were previously seen as safe spaces for children but which now are known to place them at risk, as well as wholly new contexts for abuse that are arising from technological developments.

Institutional child sexual abuse is now recognized as both a historical and ongoing phenomenon across multiple settings that are ostensibly designed to provide children with care, nurturance, or protection. These include religious organizations (Hurcombe et al., 2019; Terry, 2015), foster care (Euser, Alink, Tharner, van IJzendoorn, & Bakermans-Kranenburg, 2013), residential facilities (Smith, 2004; Timmerman & Schreuder, 2014), schools, sports organizations, and other youth-serving organizations (Blakemore, Herbert, Arney, & Parkinson, 2017). A variety of organizational factors have been suggested to increase children's vulnerability to abuse in institutions, such as formal and informal power differentials (Palmer, Feldman, & McKibbin, 2016), ineffective methods for screening organizational members, a lack of clearly defined child-safe policies or variability therein, and the institutional culture or environment (Kaufman et al., 2016). Numerous specific aspects of an organization's culture may additionally contribute to a child's risk of abuse or inhibit the identification of or responses to abuse (Palmer et al., 2016). For example, an organization's culture may facilitate child sexual abuse or behaviors associated with grooming (e.g., enabling an adult in the organization to gain and leverage a child's trust into abuse), suppress discussions of topics related to sex and contribute to a culture of silence (e.g., in the Catholic Church), or influence attitudes toward children (e.g., not trusting children's reports of their experiences) (Palmer et al., 2016).

The major responses of States and institutions to historical institutional child sexual abuse allegations have included apologies, financial redress, and public inquiries (Sköld, 2013). As a key response of States to allegations of systemic abuse, public inquiries have played a pivotal role in raising awareness of CSA in institutional settings and reflect the institutionalization of children's rights frameworks within national political systems (Wright, 2017; Wright, Swain, & McPhillips, 2017). Since the 1990s, the testimonies of victims and survivors have been a major defining feature of institutional abuse inquiries, serving to publicly acknowledge the experiences of survivors and inform policy and practice to prevent future abuse (Sköld, 2013; Wright, 2017).

The digital world, ushered in by the proliferation of the internet, computers, and mobile devices, has introduced numerous pathways for the production, dissemination, and consumption of child pornography, as well as new sites for children to be contacted, coerced, or extorted for abuse, even when physically alone (UNODC, 2015). These are well illustrated through emerging issues in online CSA/E: (1) the greater circulation of child sexual abuse material (CSAM), i.e., pornography, increasingly through peer-to-peer file-sharing platforms and the Darknet (i.e., private, encrypted websites that are not indexed in traditional search engines and can provide users anonymity), (2) the use of cloud-based services and internet-enabled mobile devices, (3) increased live streaming of

CSA, (4) growth in the sexual extortion and coercion online and in the production of self-generated (“sexting”) child sexual abuse material, (5) the exploitation of young children, and (6) the use of the virtual currency Bitcoins to purchase CSAM (ECPAT International, 2017). As online child sexual offenses are the only type of sex crime to be increasing in frequency (Ly, Murphy, & Fedoroff, 2016), increased coordination within and among States and stakeholders (e.g., internet search providers) is urgently needed to address the growing, evolving online iterations of CSA/E.

Efforts to prevent CSA/E online include decreasing the availability online of child sexual exploitation materials (CSEM), i.e., pornography, increasing perpetrators’ perceptions of risk, increasing youths’ online safety practices, and gaining intelligence on new technological developments (Smallbone & Wortley, 2017). Some such efforts have shown promise. For example, the removal of online CSEM by Google and Microsoft, in combination with new warning messages to potential offenders denoting the criminality of CSA/E, was found to reduce searches for CSEM made through these providers by 67 % in a single year (Steel, 2015). Complementarily, monitoring efforts by INTERPOL’s International Child Sexual Exploitation database, a collaboration that stores and analyzes online CSEM submitted by 60 States and EUROPOL, have led to the identification of 19,400 victims and nearly 8,900 offenders worldwide, while also decreasing States’ duplication of efforts and resources (INTERPOL, n.d.).

While consequential, the efforts of State- and corporate-level actors to prevent CSA/E online are nevertheless challenged by the inherently global nature of the digital world they seek to regulate. Moreover, the fact that States regulate and deter CSA/E to varying degrees (e.g., criminalizing the production and dissemination, but not the possession of, child pornography) creates gaps in regulatory efforts online that perpetrators can then exploit to enact abuse (e.g., the ability to access CSEM through one search provider even if it is removed from another) (Steel, 2015). True prevention thus remains elusive as the current, patchwork international response preserves gaps that perpetrators may exploit.

Because it is hard to predict what other contexts of abuse might emerge, a sustained focus on the rights of children necessitates ongoing vigilance toward identifying and responding to settings not previously considered but that may nonetheless increase a child’s vulnerability to abuse. Responding to the risks in these contexts through targeted and coordinated efforts in intervention, prevention, and service provision is critical to the CRC’s implementation.

6. Domestic policy impacts of the convention

As the most widely adopted human rights treaty, the CRC “has had significant impact on domestic legal systems throughout the world and on domestic legislation in particular” (Liefwaard & Doek, 2015, p.1). A 2007 UNICEF study of child rights legislation in 52 State parties showed a trend since the CRC was adopted toward establishing additional legislation on child sexual exploitation in Asia, Latin America, Central and Eastern Europe, and Western Europe, as well as in some Middle Eastern and African States. Such legislation includes the introduction of a legal age for children, the criminalization of child prostitution and the use of child pornography, the recognition of child trafficking, and the introduction of protection measures for child witnesses (UNICEF. Innocenti Research Centre, 2007, p.72-73). Some States, such as Japan, also recognized the jurisdiction of their domestic courts over sexual offenses committed against children outside the State (UNICEF. Innocenti Research Centre, 2007, p.72). By 2011, a UN survey of 100 States’ progress on preventing and responding to CSA/E found that 90 % had specific legislation prohibiting child sexual exploitation, including in prostitution and child sexual abuse materials (pornography) (Radford et al., 2015).

Dubowitz (2017) offers the most recent global assessment of State-level legal definitions and responses to CSA/E, based on surveillance data collected on 73 countries by the International Society for the Prevention of Child Abuse and Neglect (ISPACAN). Most respondent States (86 %) were found to have a clear legal definition of child sexual abuse (CSA), with Asia being the only region to score lower than 80 % (75 %), though definitions among States differ (Dubowitz, 2017). Internationally, the most frequent legal responses to child sexual exploitation involve targeting perpetrators domestically: 79 % of respondents made an arrest of an adult in the previous year for child sexual exploitation (CSE), 72 % made an arrest in the previous year for child pornography, and 69 % reported often or sometimes prosecuting citizens who engage in CSE in the home country (Dubowitz, 2017). Less frequent legal responses were often or sometimes prosecuting foreigners who engage in CSE (63 %) or citizens who engage in CSE abroad (43 %) (Dubowitz, 2017), which points to the challenges of addressing CSE committed transnationally. In comparison, less than half of respondents (48 %) reported that victims of CSE sometimes or often receive mental health care services (Dubowitz, 2017). While the establishment of legal responses to CSA/E flows naturally from a rights-based approach rooted in international law, State-reported data demonstrates that the focus of efforts to implement the Convention have thus far been more penal in nature (e.g., targeting perpetrators) than in positive support of victims’ healing (e.g., by service provision).

7. Implementation of the convention: monitoring and reporting

Implementation of the CRC is monitored periodically at the State and global levels. The results of such monitoring are communicated in narrative reports prepared by State parties and the UN Committee on the Rights of the Child. While the Convention itself describes generally that States must report on their “progress made” in implementation, and with what frequency (within two years of the CRC entering into force and every five years thereafter), it empowers the Committee to request more detailed information related to implementation (see Art. 44). Accordingly, the Committee has required States to report both on high-level information (i.e., legal definitions and policy measures, strategies, and developments) as well as specific statistical information and data related to the implementation of the Convention and its Optional Protocols (UN CRC, 2014). With respect to CSA/E, the Committee requires States to provide data disaggregated by age, sex, and type of violation reported on (a) the number of children involved in sexual exploitation, including prostitution, pornography and trafficking, (b) the number of such children who have been provided access to

rehabilitation programs, (c) the number of reported cases of sexual exploitation, sexual abuse and sale of children, abduction of children and violence against children during the reporting period, (d) the number and percentage of such cases that have resulted in sanctions, with information on the country of origin of the perpetrator and the nature of the penalties imposed, (e) the number of children trafficked for other purposes, including labor, and (f) the number of border and law enforcement officials who have received training with a view to preventing the trafficking of children and ensuring respect for their dignity (UN CRC, 2014). In biennial reports to the UN General Assembly, the Committee itself also identifies select global trends and challenges in the CRC's implementation and accordingly recommends actions and legislation to States (UN CRC, 2016). Collectively, State and Committee reports have the potential to highlight progress made and challenges encountered in implementation in both general and specific terms.

In practice, the Committee has instructed States to divide reporting on higher-level information from more specific statistical indicators by including the former in periodic reports and the latter in statistical annexes thereto. Of issue is that while periodic reports are widely available online and aggregated in the UN Treaty Body Database (UN OHCHR n.d.), statistical annexes are not. Nor are the statistical indicators of CSA/E, such as the number of children who have been abused or received rehabilitative services, described in the Committee's own summary reports (see UN CRC, 2016). Dividing data on the CRC's implementation, and not ensuring the public availability of related statistical information, hinders efforts to describe implementation quantitatively and with specificity. These include establishing baseline incidences of and responses to CSA/E internationally, tracking progress over time through specific indicators, and making comparisons across States. Troublingly, many States also submit implementation reports with irregularity, with 70 initial reports on the Optional Protocol on the Sale of Children, Child Prostitution, and Child Pornography being noted as overdue in the last Committee report (UN CRC, 2016). Although the CRC requires State-level reporting on indicators of interest, a lack of reporting by some countries, as well as the costs of translating existing State-level annexes on legislative texts and statistical data, have thus far hindered the establishment of international baselines on these indicators and therefore limited opportunities to track progress.

Increasing the public availability and regularity of State-level reporting on specific, quantitative indicators of CSA/E – in line with the Committee's reporting requirements – would both improve the quality and detail of international monitoring efforts, and aid the research community's attempts to describe the scope of CSA/E and trends over time.

8. Discussion

8.1. Consensus on definitions

A clearly defined and operationalized definition of CSA/E is critical to effectively shape research and knowledge formation, prevention efforts, policy responses, legal frameworks and principles, and establish social norms in the interest of children globally (Mathews & Collin-Vézina, 2019). As the variability in global prevalence estimates illustrates the myriad interpretive complexities in categorizing CSA/E, there remains a need for international consensus on what constitutes CSA/E as well as a universally applicable, validated instrument for CSA/E measurement across cultures (Stoltenborgh et al., 2011). Further description of behavioral acts that constitute CSA/E is critical for legal systems and for international and national policy to identify and respond to CSA/E in all its forms (Mathews & Collin-Vézina, 2019). While a focus on broad categories of CSA/E, such as those set forth by the Convention, have thus far guided efforts to protect children, an emphasis on such expansive classifications may risk drawing attention away from common and insidious forms of sexual abuse in domestic and community settings, such as intimate partner violence (Leen et al., 2013) or institutional abuse.

8.2. Data collection, monitoring, and reporting

There is a need for States and researchers to expand efforts to collect, monitor, and publicly report data on CSA/E internationally, particularly across specific quantitative indicators. Such efforts are essential to establish a baseline for professionals and policy-makers, as well as the public, to track trends and evaluate the efficacy of the CRC's implementation (Radford, 2018). Collection, monitoring, and reporting efforts must necessarily be regular and ongoing, redress existing geographic and economic imbalances in data (i.e., increase research in non-Western and low- and middle-income States), and bring State-level knowledge in line with the Committee's reporting requirements (UN CRC, 2014). Appropriate support should be provided to States to ensure they can implement these efforts accordingly. Moreover, movement is needed to synthesize State-level quantitative indicators of CSA/E in periodic reports to describe in greater detail the status of and trends in the Convention's implementation globally with respect to CSA/E.

8.3. Support to victims

The global rise in legislation related to CSA/E in the past 30 years, a clear and momentous legacy of the CRC, has not necessarily led to increases in the safety of children or wellbeing of victims. First, the adoption of policies does not itself reveal the quality of their implementation nor the resources allocated to their enforcement. Indeed, the Committee recently indicated that States have not yet ensured "sufficient financial resources mobilized and spent in an effective, efficient, equitable, transparent and sustainable way" to realize legislation, policies, and programs in line with the Convention, and that larger public budgets are still needed for this purpose (UN CRC, 2016). Second, the widespread prioritization of legal responses to CSA/E (i.e., a focus on targeting perpetrators) arising from increased legal protections internationally has arguably diverted attention and resources away from persons who have survived

abuse as children. This may be especially true in low- and middle-income States (see Dubowitz' [2017] finding that 66 % of respondents in high-income countries reported that victims of CSE "sometimes or often receive mental health care services" compared to only 29 % and 32 % in low-income and middle-income countries). Until CSA/E is eradicated, there will remain a need for States to promote the rehabilitation and healing of survivors through providing, funding, and ensuring access to culturally-appropriate support services (e.g., mental health care).

9. Conclusion

The 30th anniversary of the Convention's adoption presents an opportunity to reflect on international actions and developments in knowledge made during its first three decades of implementation. As the most universally adopted human rights treaty, the CRC demonstrates an unprecedented global commitment to achieving the human rights and protection of children. Indeed, it has been followed by a tremendous proliferation of research and political action on CSA/E internationally. However, given the persistence of CSA/E globally (see the most recent meta-analytic figure that 12.7 % of children experience CSA worldwide [Stoltenborgh, Bakermans-Kranenburg, Alink, & Ijzendoorn, 2015]), the gaps in knowledge related to CSA/E in low- and middle-income countries, and the lack of support services accessed by survivors, among other issues, future efforts must represent the needs of all populations of children and support survivors of abuse and exploitation when prevention has failed. Thirty years after the CRC, the need for coordinated international action to prevent and respond to child sexual abuse and exploitation is as urgent as ever.

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