ECONOMIST IMPACT

THE UNITED STATES OUT OF THE SHADOWS INDEX

A SAFER FUTURE: ADVANCING STATE ACTION TO END CHILD SEXUAL ABUSE AND EXPLOITATION IN THE U.S.

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Contents

Foreword

“ There can be no keener revelation of a society’s soul than the way in which it treats its children.”

Nelson Mandela

Child sexual abuse and exploitation (CSAE) remains one of the gravest and most under-addressed threats to children’s safety and well-being in the United States. While awareness of the issue has grown in recent years, meaningful progress to prevent abuse, support survivors, and hold perpetrators accountable continues to lag. It is within this context that we present these findings—a sobering but necessary snapshot of how each U.S. state responds to CSAE.

The United States Out of the Shadows Index provides a groundbreaking, state-by-state assessment of CSAE prevention and response efforts, offering critical insights into policies, practices, and gaps across four key domains. The average score across all states and the District of Columbia is just 49.9 out of 100—a failing grade that reflects widespread fragmentation, inconsistent standards, and insufficient political will. These numbers represent missed opportunities to protect children and support survivors.

This report is a critical call to action. It identifies what works, where momentum is building, and where urgent reforms are needed. From prevention capacity and professional training to survivor-centered investigations and online safety, the findings reveal both promising practices and alarming gaps.

Notably, most states still treat prevention as optional rather than essential, and many survivors continue to face outdated laws and systemic barriers when seeking justice and healing.

We must do better. We must move beyond reactive, piecemeal approaches and commit to a coordinated, well-resourced, child-centered, and trauma-informed national response. Our children’s safety and well-being depend on it!

It is our hope that the U.S. Out of the Shadows Index will serve as a roadmap for change—informing policy reform, galvanizing action, and driving accountability at every level. Protecting children from sexual abuse and exploitation is not only a legal and moral imperative—it is a societal responsibility.

Our most heartfelt thanks to Economist Impact, who conducted the research with funding from World Childhood Foundation USA; the Carlson Company and Carlson Family Foundation for their generous support and belief in strengthening safeguards for children nationwide; and the Board and Team at Childhood USA. Their unwavering dedication to ending child sexual abuse and exploitation drives meaningful change and empowers a safer future for every child.

With commitment to protecting children,

Mary L. Pulido, PhD
Executive Director
World Childhood Foundation USA

Janet O’Connell, MSW, LSW
Director of Programs
World Childhood Foundation USA

About the report

This report is based on the findings of the United States Out of the Shadows Index, developed by Economist Impact and supported by World Childhood Foundation USA. This research and analysis stem from the principle that all children should have the fundamental right to live a life free of violence.[i] Yet, violence against children, including sexual abuse and exploitation, remains a reality for far too many children across the United States.[1]

The United States Out of the Shadows Index was developed to evaluate state-level efforts to prevent, respond to and ultimately eradicate sexual violence against children. This report is structured in two parts: first, the executive summary, which highlights the key findings from the index and trends across all 50 states and the District of Columbia; and secondly, a series of thematic issue briefs that explore key areas identified as requiring urgent attention.

The index was constructed by an Economist Impact project team including Katherine Stewart, project director; Laura Avery, project manager; Miranda Baxa, lead analyst and consultant; and Alexandra Smith, analyst.

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[i] In this study, "child" refers to an individual under the age of 18 years.

Executive summary

Introduction

Child sexual abuse and exploitation (CSAE) is a devastating issue affecting millions of children across the United States (U.S.). Although estimates vary, according to the Centers for Disease Control and Prevention (CDC), at least one-in-four girls and one-in-20 boys in the U.S. will experience sexual abuse during childhood.[2] In 2024 alone, the National Center for Missing & Exploited Children (NCMEC) CyberTipline received over one million reports of suspected child sexual exploitation linked to locations in the U.S.[3]

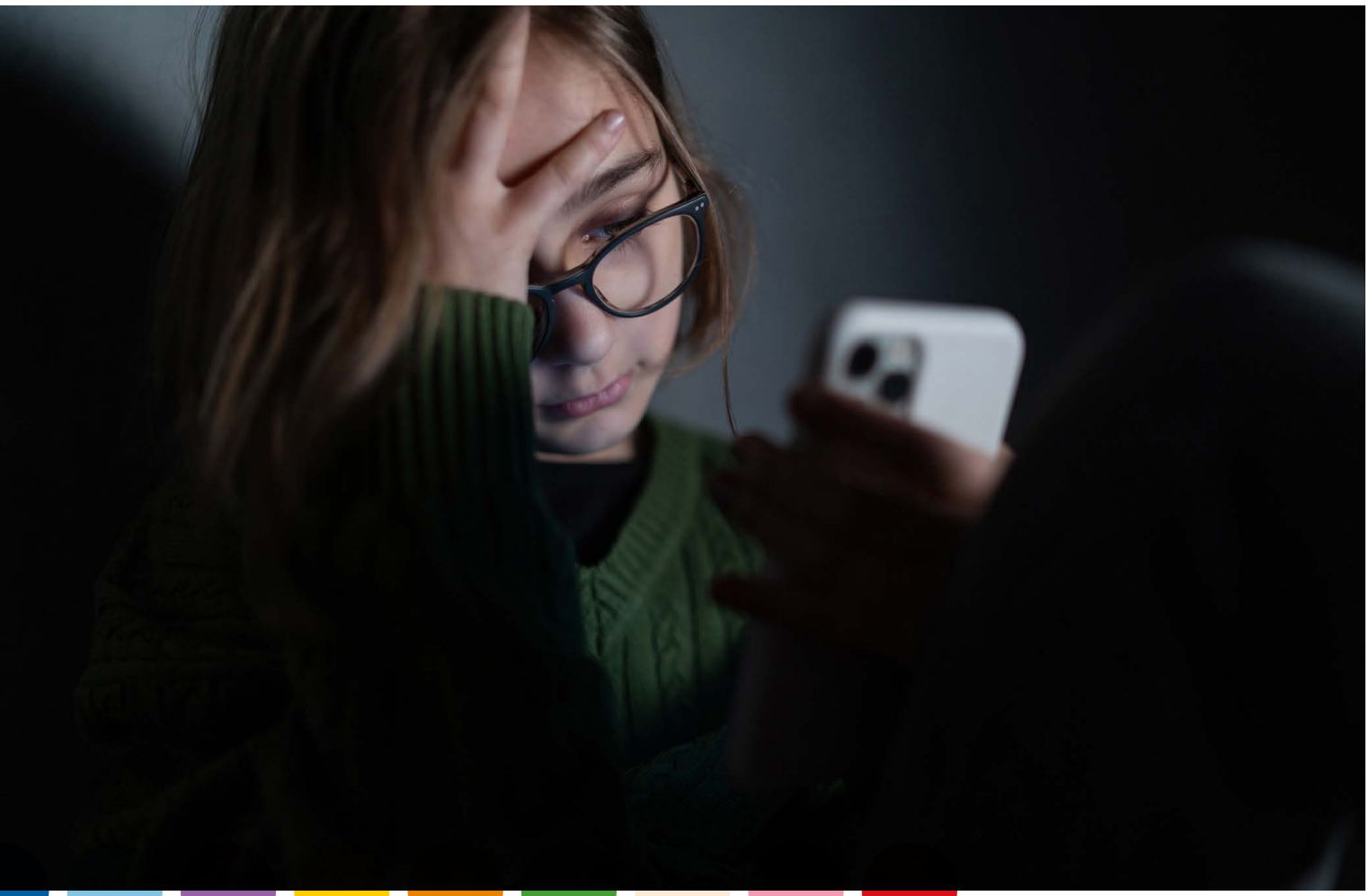
The rise of digital tools and online platforms—used daily by young people for learning, socializing and entertainment—has created even more ways for offenders to reach and exploit children. Recent estimates suggest around one-in-six young Americans experience technology-facilitated CSAE before reaching 18 years of age, such as having sexual images shared without their consent or receiving unwanted requests for sexual acts via the internet or a cell phone.[4]

Whether occurring at home, in schools or online, CSAE can have deep and lasting consequences for survivors. This harm can profoundly impact the course of a child's life, affecting their health, sense of safety and future relationships and opportunities.[5,6] And the wider impacts of sexual violence against children often extend far beyond the individual, straining families, burdening health and social welfare systems and eroding trust in public institutions.

Yet, CSAE prevention and response efforts remain inconsistent across states. Many of the systems responsible for keeping children safe—including education systems, child protection, criminal justice and healthcare services—are primarily the responsibility of individual states. As a result, policy and practice often vary widely, while also making it complex to identify gaps and track progress.

This challenge is further compounded by the hidden nature of CSAE crimes. These incidents can go unreported for years, as survivors—especially children—often face a range of social, psychological and systemic barriers to disclosure and may need years before they feel ready or safe to come forward. Many CSAE survivors do not tell anyone about their abuse until adulthood, while about one-in-five never disclose it.[7]

As Holly Fleming, Program Director at the Children's Advocacy Centers of California, remarks, "Child abuse thrives in shadow and in secret. Yet if we don't talk about it, we can't figure out how to fix it." To help shine a light on this critical issue, the U.S. Out of the Shadows Index (the index) explores the steps individual states are taking to tackle CSAE. The index provides a roadmap for action, helping policymakers, advocates and communities identify what is working, where progress is stalled and what must be done to bring CSAE out of the shadows.



The U.S. Out of the Shadows Index

Economist Impact's U.S. Out of the Shadows Index, supported by World Childhood Foundation USA, assesses state-level action to prevent and respond to CSAE. At the heart of the index is a core question: are states taking a holistic approach to protecting children from CSAE? To answer this, the index framework comprises over 170 indicators grouped into four overarching domains (Figure 1). These indicators examine state-level policies, systems and programs—spanning education, social services, justice and beyond—to assess their alignment with a holistic and comprehensive strategy to address CSAE.

Figure 1: The U.S. Out of the Shadows Index Domains

Pillar	Domain	Summary
Prevention	Legal protections & safeguards	The availability of key legal protections to protect children and ensure accountability for offenders
Prevention	Prevention capacity building	The investment in policies and programs critical to preventing CSEA and addressing its risk factors
Response	Provision of support services	The availability of, and access to, coordinated, survivor-centered services
Response	Justice system capacity & response	The capacity of the state's justice system to provide a trauma-informed and child-centered response

Source: Economist Impact

All 50 states and the District of Columbia (D.C.) have been assessed against the index framework. This assessment is based on data collected by Economist Impact through desk-based research, as well as data compiled by other reputable sources, such as the CDC, The Guttmacher Institute and the Annie E. Casey Foundation. Consultations were also completed with more than 70 individuals (see appendix II)—including academics, advocates, frontline responders, policymakers and survivors—who offered valuable context to the research findings, insight into the factors driving or hindering progress and examples of promising practices that others can learn from.

Figure 2: Defining child sexual exploitation and abuse

	Contact	Contact and/or non-contact
Child sexual abuse (under the age of sexual consent; the child is forced or coerced)	• Rape of a child • Child sexual assault • Incest • Sexual touching of a child • Harmful practices (eg, female genital mutilation)	• Corruption of children for sexual purposes (eg, causing a child to witness sexual activities) • Sexual harassment of a child (eg, physical or verbal) • Solicitation of children for sexual purposes (eg, grooming) • Online-facilitated sexual abuse (eg, online grooming or harassment) • Child, early and forced marriage
Child sexual exploitation (child sexual abuse + element of exchange, or benefit to the child or others)	• Exploitation of children in or for prostitution	• Child sexual abuse/exploitation materials (eg, images or videos depicting child sexual abuse) • Use of children for sexual performances • Online child sexual exploitation (eg, live online child sexual abuse) • Trafficking of children for sexual purposes • Sexual extortion or 'sextortion' of children (ie, threatening to share sexual images of a child to extort favors or money)

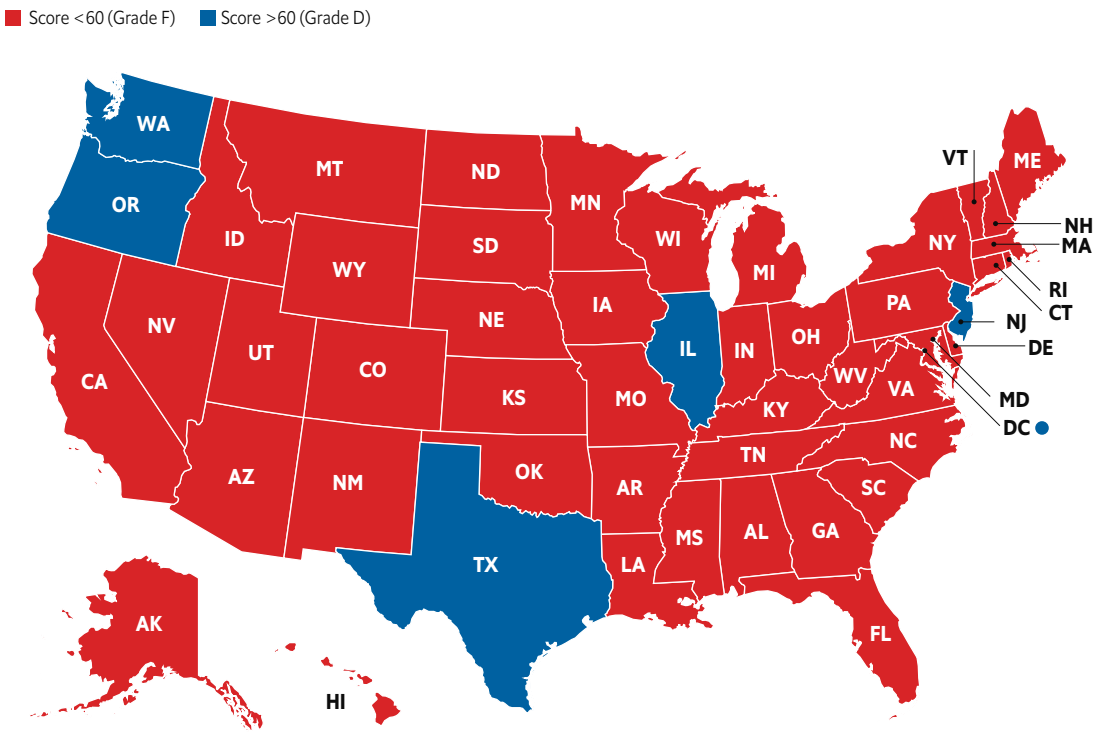
Source: Economist Impact, ECPAT International & ECPAT Luxembourg

For additional findings and state-specific insights, visit childhood-usa.org. For more information on the research process, see the U.S. Out of the Shadows Index Methodology Paper.

Key Findings

Despite growing awareness of CSAE, state-level prevention and response remains insufficient and fragmented. Across the 50 states and D.C. the average score in the index is just 49.9 out of 100.[ii] If these scores were equated to academic grades, just five states—Washington, Illinois, Texas, New Jersey, Oregon—and D.C. would achieve above an F grade (Figure 3). The overarching conclusion is stark: the U.S. needs to do more to protect its children from CSAE. There is a critical need for political commitment and leadership, increased coordination and accountability and sustained investment to address this pressing crisis.

Figure 3: Grading the prevention of and response to CSAE



Source: Economist Impact

[ii] It should be noted that the research for the index was conducted on a rolling basis between 2022 and 2025. As such, some data collected during earlier phases of the project may not fully reflect current state performance if relevant legislative changes occurred after the completion of the research.

Prevention capacity building is dragging down states' index scores. Notable gaps include the absence of statewide action plans, limited professional training requirements and a lack of institutional policies that set clear standards for preventing sexual misconduct. Just one-in-five states have a related action plan or strategy with specific goals or strategies dedicated to the prevention of child sexual abuse.[8] Fewer than two-in-five have passed laws to prevent the practice of "passing the trash" by instituting standardized requirements for screening, hiring and dismissing school personnel involved in sexual misconduct.[9] States must move beyond reactive approaches and crisis-response to make prevention a central pillar of their efforts to tackle sexual violence against children.

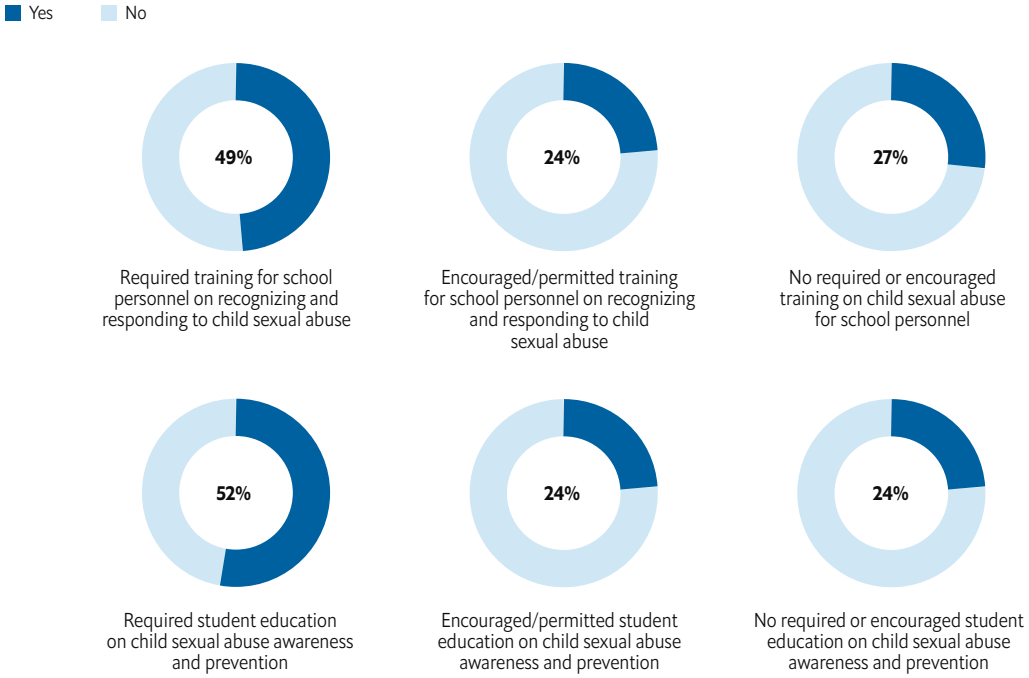
" The reality is, until we can find a way to prevent child abuse, and specifically child sexual abuse, this is going to continue to be an epidemic in our country. "

Jan Lutz, Executive Director, Indiana Chapter of National Children's Alliance

While many states have policies and programs that are critical to preventing CSAE, a lack of requirements that such measures be implemented leave critical gaps. While 36 states and D.C. have laws on child sexual abuse awareness and prevention training for school personnel, just 24 states and D.C. explicitly mandate that this training be provided. The rest only encourage or permit this training, without explicitly requiring it. And, despite a majority of states (38) and D.C. having laws addressing school-based child sexual abuse prevention education for young people, just over half require this instruction (Figure 4).[iii] Changing laws to require this education for students in states where it is currently only permitted or encouraged would ensure 15.2 million more students have access to this type of instruction.[iv] In all cases, it is critical that education and training initiatives be accompanied by adequate funding, implementation guidance and oversight, without which even the strongest policies will remain only a "piece of paper."

Figure 4: Training and education requirements

U.S. states with laws requiring or encouraging training and education on child sexual abuse prevention (%)



Source: Economist Impact

[iii] These laws may only apply to public schools and may exclude other educational settings, such as charter or private schools. Additionally, they may only apply to specific age ranges or grade levels (eg, K-6).

[iv] This figure represents the number of school-age children (aged 5–17) living in states where child sexual abuse prevention education is currently permitted or encouraged, based on population estimates from the 2023 American Community Survey.

Systems often fail to account for the impacts of trauma and the barriers survivors face in seeking justice and other support. For example, despite progress, statutes of limitations (SOLs)—the legally defined timeframes within which criminal charges or civil claims must be filed—continue to pose barriers for survivors seeking justice through the legal system in many states.[10] Other obstacles may be encountered when survivors and their families apply for state financial assistance for crime victims, such as short deadlines to apply or requirements that a formal police report be filed. Such barriers often run counter to the experience of survivors who may need decades to come forward or be hesitant to involve law enforcement, making short SOLs and time-barred support unfair.[11] Reforms are needed to reflect a deeper understanding of how trauma and abuse is experienced and when it is disclosed.

"The biggest barrier isn't just the size or complexity of the problem—it's the fundamental misalignment between how our systems are built and what these cases actually require."

Jim Cole, Chief of Law Enforcement Enterprise and Technology, Operation Light Shine

Child-centered investigations necessitate multidisciplinary coordination. Lack of coordination between key agencies can add confusion, trauma and stress to an already overwhelming experience. Children might be asked to retell their stories multiple times, while families are left to navigate complex and fragmented systems without support.

Recognizing the need for inter-agency alignment, all states have established children's advocacy centers (CACs). These centers bring together a multidisciplinary team of professionals—including police, child protection services, prosecutors, specialized child interviewers, medical professionals and advocates—to work collaboratively under one roof and ensure the child's well-being remains a central priority. Yet many CACs across the U.S. report persistent funding challenges, exacerbated by federal cuts, limiting their capacity to meet service standards and growing demand.[12] Given the clear benefits of a multidisciplinary response to CSAE, policymakers have a strong incentive to work with CAC leaders to assess and meet critical needs.

Many states are taking action to address children's safety online, including protection from online sexual harm. Yet, the impact and effectiveness of these efforts remain uncertain. Already in 2025, more than 45 state legislatures have introduced a range of measures related to children's online safety and social media use—such as new age verification and parental consent requirements or restrictions on access to harmful content.[13] Many of these bills have drawn both support and criticism, with concerns voiced over enforceability and restrictions of free speech and other rights.[14,15] What is clear, however, is that child online safety must be part of a broader, evidence-informed strategy—one that includes digital literacy education in schools, advanced training and tools for investigators, robust data collection and reporting and stronger accountability mechanisms, including for the platforms where abuse often occurs.

Figure 5: Index rankings

Prevention Response

Overall		
Rank	State	Score
1	Washington	64
2	Illinois	63.7
3	Texas	63
4	New Jersey	62.1
5	District of Columbia	60.6
6	Oregon	60.3
7	Connecticut	59.1
8	Maryland	57.6
9	Pennsylvania	57.4
9	Vermont	57.4
11	Delaware	56.3
12	New York	56
12	Rhode Island	56
14	Tennessee	55.1
15	Colorado	54.7
16	Utah	54.3
17	Iowa	53.7
18	Massachusetts	53.6
19	Virginia	52.9
20	Nevada	51.9
21	Florida	50
21	Ohio	50
-	AVERAGE	49.9
23	Nebraska	49.4
24	New Hampshire	49.1
24	Wisconsin	49.1
26	California	48.9
27	New Mexico	48.7
28	Oklahoma	48.6
29	Kentucky	48.2
30	Minnesota	47.8
31	West Virginia	47.5
32	Michigan	47.1
33	Louisiana	46.8
33	Missouri	46.8
35	Indiana	46.5
35	Maine	46.5
37	Georgia	46.1
38	Hawaii	45.6
39	Arkansas	44.5
40	Montana	43.4
41	Alaska	42.4
42	Arizona	41.9
43	Alabama	41.7
43	South Carolina	41.7
45	Idaho	41.5
46	North Carolina	41.2
47	North Dakota	41.1
48	Mississippi	40.5
49	Kansas	40.3
50	South Dakota	37.9
51	Wyoming	35.2

Legal protections & safeguards		
Rank	State	Score
1	New Jersey	83.7
2	Colorado	80.6
2	Washington	80.6
4	Vermont	79.6
5	Illinois	77.9
6	Pennsylvania	76.8
7	New Hampshire	76.5
8	Minnesota	75.5
9	Louisiana	74.8
10	Florida	74.3
11	Maryland	73.5
12	New York	73.2
13	District of Columbia	72.9
14	Nevada	71
15	South Dakota	70.4
15	Texas	70.4
17	Wisconsin	69.8
18	Rhode Island	68.8
19	Ohio	68.4
20	Oregon	68.1
21	West Virginia	67.9
22	Utah	67.7
23	Michigan	67.3
24	Maine	66.7
25	Oklahoma	66.6
26	Delaware	66.1
27	Connecticut	65.7
-	AVERAGE	65.5
28	Tennessee	64.1
29	Kentucky	63.9
30	Iowa	62.8
31	Montana	62
32	Georgia	61.6
33	Arkansas	61.4
34	Missouri	60.4
35	Virginia	59.6
36	South Carolina	59.5
36	Wyoming	59.5
38	Mississippi	59.4
39	Indiana	59.3
40	Massachusetts	58.6
41	Alaska	57.8
42	Arizona	56
42	Idaho	56
44	Nebraska	55.4
45	North Dakota	55.1
46	Kansas	54.7
47	Alabama	54.1
48	New Mexico	53.6
49	California	51.6
50	North Carolina	50.8
51	Hawaii	50.7

Prevention capacity building		
Rank	State	Score
1	Oregon	51
2	District of Columbia	48.5
3	Illinois	48.2
4	Texas	47.2
5	New Jersey	45.6
6	Pennsylvania	45
7	Connecticut	44.4
8	Maryland	43.9
9	Rhode Island	43
10	North Carolina	41.5
11	Delaware	41.1
11	Tennessee	41.1
13	Missouri	40.9
14	Massachusetts	40.7
15	Georgia	40.2
15	Washington	40.2
17	Virginia	38.9
18	Vermont	38.5
19	Alabama	37.1
20	West Virginia	37
21	Iowa	36.8
22	Utah	36.7
23	Nevada	36.1
23	New York	36.1
25	Ohio	35.7
26	Colorado	34.8
-	AVERAGE	34.4
27	Wisconsin	34
28	Florida	33.8
29	California	32.7
29	Indiana	32.7
31	New Hampshire	31.8
32	Oklahoma	31.5
33	Alaska	31.1
33	Nebraska	31.1
35	Michigan	30.1
36	Arizona	28.9
37	North Dakota	28.2
38	Kentucky	27.9
38	Minnesota	27.9
40	Arkansas	27.6
40	Hawaii	27.6
42	New Mexico	26.9
43	Mississippi	26.1
44	Maine	25.7
45	Montana	25.5
46	Wyoming	25.2
47	South Carolina	24.7
48	South Dakota	21.7
49	Kansas	21.5
50	Idaho	20.4
51	Louisiana	10

Provision of support services		
Rank	State	Score
1	Illinois	82.8
2	Washington	82.3
3	Oregon	81.7
4	Connecticut	78.9
5	Rhode Island	75.2
6	New Mexico	74.4
7	District of Columbia	74.3
7	New York	74.3
9	Tennessee	71.7
10	Utah	70.7
11	Maryland	70.6
12	Nebraska	69.8
13	Iowa	69.4
14	New Jersey	69.2
15	Louisiana	68.5
16	Texas	68.3
17	Hawaii	66.5
18	Oklahoma	66.3
19	Pennsylvania	66
20	California	65
21	Virginia	62.6
22	Maine	62.3
23	Massachusetts	62.2
24	Vermont	61.7
25	Ohio	61.4
26	Delaware	60.3
27	Colorado	60.2
28	Michigan	60.1
-	AVERAGE	59.4
29	New Hampshire	58.2
30	Nevada	57.5
31	Florida	56
32	South Carolina	55.3
33	West Virginia	54.1
34	Kentucky	53.9
35	Arkansas	52.1
36	North Dakota	51.6
37	Idaho	50.8
38	Missouri	49.8
39	Kansas	48.9
40	Wisconsin	48.3
41	Arizona	47.5
42	Mississippi	47
43	Indiana	45.9
44	Alaska	44.8
45	Georgia	44.7
46	Alabama	42.6
47	Minnesota	42
48	North Carolina	41.2
49	Montana	40.8
50	Wyoming	35.6
51	South Dakota	23.2

Justice system capacity & response		
Rank	State	Score
1	Texas	66
2	Delaware	57.5
3	Washington	52.9
4	Massachusetts	52.8
5	Virginia	50.5
6	New Jersey	49.9
6	Vermont	49.9
8	Indiana	48.1
9	Connecticut	47.4
10	Kentucky	47.1
11	District of Columbia	46.9
12	California	46.2
13	Illinois	45.9
13	Minnesota	45.9
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32	Arkansas	36.9
33	South Dakota	36.4
34	Kansas	36.2
35	Florida	36.1
36	Alaska	36
36	Missouri	36
38	Arizona	35.2
39	Ohio	34.5
40	Louisiana	34
41	Alabama	33.1
42	North Carolina	31.4
43	Maine	31.1
43	Michigan	31.1
45	West Virginia	30.9
46	New Hampshire	30.1
47	Oklahoma	29.9
48	Mississippi	29.5
49	North Dakota	29.4
50	South Carolina	27.4
51	Wyoming	20.5

Understanding the issues

The remainder of this report includes a collection of issue briefs, each addressing a key area of opportunity identified in the index. The report offers a modular structure that allows readers to explore individual topics in depth—from prevention and legal frameworks to education, online safety and survivor support.

Together, the briefs provide a comprehensive look at the laws, systems, and programs states currently have in place to prevent and respond to CSAE, as well as where additional progress is needed. Each brief explains why the issue matters, highlights actionable policy recommendations and presents examples of how some states have successfully addressed key issues.

This structure is designed to inform and empower a wide range of stakeholders—policymakers, advocates, educators and community leaders—by equipping them with a roadmap for building safer environments for children.

1. Strengthening the legal framework protecting children from CSAE

Establishing a strong and comprehensive legal framework is a cornerstone in the effort to prevent and combat CSAE. A robust legal framework is not merely a set of laws on the books, but a living and evolving system that requires regular review to remain effective and keep pace with emerging forms of abuse and exploitation, including those enabled by new technologies. Criminal laws should extend beyond the explicit criminalization of contact sexual acts with a child (eg, penetration, sexual touching) to encompass grooming and other forms of abuse facilitated by unequal power dynamics—whether or not physical contact occurs, and whether the abuse takes place online or in-person. States should also take proactive steps to ensure that statutory definitions are precise and accurate, and that related legal provisions—such as the age of consent and the minimum age of marriage—are harmonized to avoid inconsistencies.

"It makes sense to have clear, concise language that we all understand."

Dr Elizabeth Jeglic, Professor of Psychology, John Jay College of Criminal Justice, City University of New York

Why this matters

Laws that effectively criminalize CSAE act as both a deterrent to potential perpetrators and a mechanism for ensuring accountability and justice. Precise language and coherent legal standards promote consistent understanding and enforcement. Conversely, inconsistent or ambiguous legal provisions can hinder enforcement or create loopholes that offenders may exploit, while outdated and inaccurate terminology—such as "child prostitute" and "child pornography"—can perpetuate harmful stereotypes and victim-blaming.[16]

Strengthen the legal framework against CSAE by:

- Ensuring that anti-grooming legislation explicitly criminalizes patterns of behavior intended to facilitate or lead to the sexual abuse of a child, including in-person and online activities
- Ensuring that key terminology—such as *penetration*, *sexual contact*, *consent* and *grooming*—are explicitly and clearly defined in law, while avoiding potentially stigmatizing terminology
- Raising the minimum legal age of marriage to 18 without exceptions, and eliminating marital exemptions from child sexual abuse statutes

Mapping the policy landscape

Stopping harmful patterns

Passing strong anti-grooming legislation is critical to preventing in-person and online CSAE before it occurs. Child sexual grooming—or manipulative behavior by offenders to build the trust of children and normalize inappropriate behavior—is often a precursor to CSAE. Encouragingly, all 50 states and D.C. have enacted legislation specific to child sexual grooming or covering at least one recognized grooming behavior (eg, showing pornography to a child).[17] The widespread adoption of such laws signals a recognition of the significant risks grooming poses to children's safety.

Language matters

Some states refer to sexual grooming as "luring," "enticement" or "child solicitation" in their statutes. "From a legal perspective, 'enticement' and 'luring' can mean something very different than 'grooming'," says Dr Jeglic. Other terms do not fully capture the process of building trust with a child to facilitate physical sexual abuse, she explains. "'Grooming' is the term we're using to educate people and the one that the public was most familiar with."

Still, notable inconsistencies remain in the specificity, intent and definitions of anti-grooming laws that, in some cases, may create gaps that leave children unprotected. For example, laws in a few states require that contact child sexual abuse actually occurs for perpetrators to be held accountable for grooming behaviors leading up to the abuse. In other words, pre-offense behaviors are not explicitly criminalized. In contrast, the remaining states include language around "attempted" actions, allowing charges to be brought even when contact abuse did not take place.

Vague definitions and descriptions also pose a challenge. In 45 states and D.C., anti-grooming statutes define "grooming" primarily as acts such as "inviting" or "luring" a minor to engage in sexual activity, without addressing the broader trust-building behaviors that characterize sexual grooming. Whereas just five states refer to a "pattern of conduct or communication" intended to build trust with a child to facilitate sexual abuse, and in some cases provide a list of inappropriate acts—such as undressing in front of a child, unnecessary touching, or isolating a child from family or peers—that, taken together, may constitute grooming.

Figure 6: Child sexual grooming legislation

Online and in-person grooming legislation by state

● Yes ○ No

	Legislation specific to child sexual grooming, or covering at least one recognized grooming behavior (eg, showing pornography to a child)	Anti-grooming legislation describes a pattern of behavior or conduct intended to build trust with a child for the purpose of facilitating sexual abuse	Anti-grooming legislation covers in-person grooming	Anti-grooming legislation covers online grooming (eg, using a computer or telephone to lure or entice a child to engage in a sexual act)
Alabama	●	○	●	●
Alaska	●	○	○	○
Arizona	●	○	○	●
Arkansas	●	○	○	●
California	●	○	○	○
Colorado	●	○	●	●
Connecticut	●	○	○	●
Delaware	●	●	●	●
District of Columbia	●	○	●	○
Florida	●	○	○	●
Georgia	●	●	●	●
Hawaii	●	○	○	●
Idaho	●	○	○	●
Illinois	●	○	●	●
Indiana	●	○	●	●
Iowa	●	○	●	○
Kansas	●	○	●	●
Kentucky	●	○	○	●
Louisiana	●	○	●	●
Maine	●	○	●	○
Maryland	●	○	●	○
Massachusetts	●	○	●	●
Michigan	●	○	●	●
Minnesota	●	○	●	●
Mississippi	●	○	●	●
Missouri	●	○	●	●
Montana	●	○	●	●
Nebraska	●	●	●	●
Nevada	●	○	●	●
New Hampshire	●	○	○	●
New Jersey	●	○	●	●
New Mexico	●	○	○	●
New York	●	○	●	○
North Carolina	●	○	○	●
North Dakota	●	○	●	●
Ohio	●	○	●	●
Oklahoma	●	○	●	●
Oregon	●	○	●	●
Pennsylvania	●	○	●	○
Rhode Island	●	○	●	●
South Carolina	●	○	●	○
South Dakota	●	○	●	●
Tennessee	●	○	●	●
Texas	●	○	●	●
Utah	●	●	●	●
Vermont	●	●	●	●
Virginia	●	○	●	●
Washington	●	○	●	●
West Virginia	●	○	●	●
Wisconsin	●	○	●	●
Wyoming	●	○	●	○

Source: Economist Impact

The setting in which the grooming behavior takes place can also matter. Anti-grooming laws in three-in-four states (38 states) and D.C. explicitly prohibit in-person grooming behaviors.[v] Yet even more states (41) criminalize online grooming, either exclusively or in addition to in-person grooming (Figure 6).[vi] These laws usually cover activities such as using a phone, social media or gaming platform to describe explicit sexual conduct to a minor or to persuade them to meet in-person for the purpose of engaging in sexual activity. The heightened focus on online grooming is perhaps unsurprising, given the growing public and policy focus on stopping online crimes against children in recent years.[18] However, as about 90% of in-person child sexual abuse is committed by someone the child knows and trusts,[19] strengthening laws on in-person grooming remains an urgent legislative priority.

How states did it: good practice in anti-grooming legislation

Georgia's anti-grooming legislation states "...(b) A person over the age of 18 and no less than 48 months older than the alleged victim commits the offense of grooming of a minor when such person knowingly and intentionally engages in a pattern of conduct or communication in person; through a third party; through the use of an electronic device, a computer, social media, or text messages; or by any other means to gain access to, to gain the compliance of, to prepare, to persuade, to induce or to coerce a minor to engage in a sexual offense or trafficking of persons for sexual servitude....(d) It shall not be a defense to prosecution under this Code section that no sexual offense or trafficking of persons for sexual servitude was accomplished or attempted."[20]

[v] This reflects the number of states with legislation applicable to in-person or offline grooming. It excludes laws specific to trafficking (eg, soliciting a minor for third-party sexual activity, in-state transport), commercial sexual exploitation and child sexual abuse material production. It also excludes statutes targeting isolated acts (eg, showing pornography to a minor or exposing oneself to a minor).

[vi] This reflects the number of states that have enacted legislation prohibiting the online grooming of minors through computers, the internet or other electronic devices. Legislation limited to the online exposure of pornography to minors is not included.

Definitional clarity

Providing statutory definitions of key terms concerning sexual offenses, particularly those involving minors, promotes public awareness and accountability. However, definitions or descriptions of terms like "grooming," " sexual touching," "penetration" and "positions of authority or trust" may be absent or not well explained. States may assume that the 'usual meaning' of these terms is sufficient, but vague language may leave critical elements open to debate or lead to inconsistent application or interpretation by law enforcement, prosecutors and courts. As Dr Jeglic explains, "Having a clear definition provides the framework to effectively investigate and prosecute sexual crimes."

States should also do more to ensure that laws avoid using harmful, stigmatizing or victim-blaming terminology. For example, advocates have highlighted that the term "pornography" generally refers to materials depicting consensual sex acts between adults intended for public consumption.[21] Therefore, referring to sexually explicit content involving children as "child pornography" risks legitimizing or normalizing the sexual abuse and exploitation of minors. Currently, the laws in 14 states use the term "child pornography," despite broad advocacy for replacing it with the more accurate and survivor-centered term "child sexual abuse material" (CSAM).[22]

How states can do it: models to follow

The U.S. Model Penal Code, developed by The American Law Institute, provides a framework for states to modernize and standardize their criminal laws. Revisions to The Model Penal Code section on Sexual Assault and Related Offenses were approved in 2021.

The Second Edition of the Terminology Guidelines for the Protection of Children from Sexual Exploitation and Abuse, developed by ECPAT International and an Interagency Working Group of over 40 organizations worldwide, offers guidance on avoiding harmful terminology and promotes the use of inclusive and survivor-centered language.

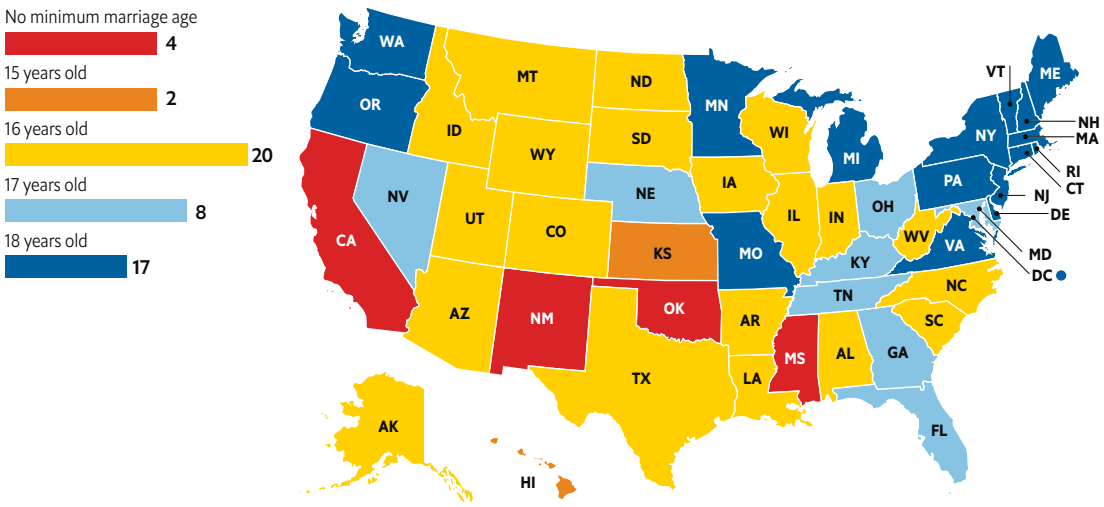
Too young to marry

Child marriage is more common than one might think: estimates suggest that nearly 300,000 children were married in the U.S. between 2000 and 2018.[23] While all states have established a general minimum marriage age of at least 18, exceptions to these laws—such as parental consent or judicial approval—mean that children in many states can be legally married below this age, potentially exposing them to sexual violence, coercion and lifelong harm.[24]

Just 16 states and D.C. have set the minimum marriage age at 18 with *no* exceptions—with Maine, Missouri, Oregon and D.C. among this group after passing legislation in 2025. The majority of other states allow minors aged 15–17 to marry if they meet certain conditions. Meanwhile, the law in four states (California, Mississippi, New Mexico and Oklahoma) permits minors of *any* age to marry when exceptions such as parental consent are taken into account (Figure 7).

In many cases, inconsistencies exist between states' minimum marriage age laws and age-based sex offense statutes. For example, in California, it is illegal for someone 18 or older to engage in sexual intercourse with a person under 18—unless the two are married.[25] Currently, 33 states and D.C. provide a marital defense or exception to their statutory rape laws—shielding perpetrators from accountability in cases that would otherwise be considered statutory rape.[vii]

Figure 7: Minimum age for marriage in the U.S.[viii]
Youngest marriage age allowed without exception



Source: Economist Impact

[vii] The index focuses specifically on inconsistencies between states' statutory rape laws and the minimum age of marriage. However, other discrepancies may exist—such as between minimum marriage age and other age-based sex offenses, such as age of consent tied to special relationships or positions of authority.
[viii] This reflects whether a state has established a statutory minimum legal age for marriage of 18, without exceptions such as parental consent, judicial approval, or pregnancy-related allowances.

2. Online sexual harms: a growing policy challenge

The digital landscape has become an undeniable part of modern childhood, with young people spending substantial amounts of their time engaging on various social media platforms and other online spaces.[26] While these digital environments offer numerous opportunities for learning, socialization and entertainment, there is also potential for children's exposure to a range of online sexual harms—including inappropriate content, harassment, sexual extortion and grooming.

As states confront these challenges, there is a need for swift legislative action to address emerging forms of online abuse—such as CSAM generated using artificial intelligence (AI)—to prevent technology from becoming a tool for harm. In parallel, preventive measures, like integrating online safety education into school curricula should be considered to help equip young people with the knowledge and skills to engage in the online environment safely and responsibly.

Why this matters

Online threats to children are becoming increasingly widespread and complex. According to research from the University of New Hampshire's Crimes Against Children Research Center, about one-in-six young people in the U.S. report experiences of online sexual abuse before reaching 18, with 23% of girls and 8% of boys impacted.[27] Emerging technologies, such as generative AI, are further compounding the challenge. In 2024 alone, the National Center for Missing & Exploited Children (NCMEC) reported a staggering 1,325% increase in CyberTipline reports involving generative AI technology.[28]

Protect children from online abuse by:

- Ensuring that legislation promoting online child safety (eg, setting age restrictions for access to social media platforms) is evidence-based and avoids unintended harm
- Expanding data collection to better understand when, where and how CSAE occurs online
- Criminalizing AI-generated child sexual abuse material
- Requiring school-based online safety education that includes instruction on being aware of and reporting online sexual harms

Mapping the policy landscape

An evolving digital landscape

State legislatures across the country are taking action to address the safety of children interacting in today's digital world—including reducing their exposure to online sexual harms. So far in 2025, there are more than 300 bills pending across more than 45 states that address children's online safety and social media use.[29]

These measures span a variety of concerns, goals and approaches—including age restrictions, parental consent and controls, harmful content restriction, data privacy, digital literacy and the creation of task forces or study commissions (Figure 8). For example, Florida passed legislation in 2024 that bans social media platforms from allowing children under the age of 14 to create accounts and requiring parental consent for users that are 14 and 15 years old.[30] In 2023, Texas passed a bill requiring certain commercial websites to verify that visitors are 18 or older if they publish sexually explicit content that is obscene to minors.[31]

Figure 8: Growing up online: state laws on child online safety[ix]

Legislation addressing minors' online safety and social media use by state

● Yes ● No ● Current or pending injunction

	Social media use			Child-appropriate design			Data privacy			Access to explicit content	
	Restrictions on minors' use of social media	Age verification requirements for social media use	Parental consent for social media use	Child-appropriate site settings, design or code	Privacy-protective settings for minors	Restrictions on site addictive features	Protections on privacy of minors' data online	Limits on the collection of minors' personal information	Limits on the sale of personal information collected from minors	Restrictions on minors' access to explicit content	Age verification requirements to access explicit content
Alabama	○	○	○	○	○	○	○	○	○	○	○
Alaska	○	○	○	○	○	○	○	○	○	○	○
Arizona	○	○	○	○	○	○	○	○	○	○	○
Arkansas	●	●	○	○	○	○	●	●	●	●	●
California	○	○	○	●	●	●	●	●	●	○	○
Colorado	○	○	○	●	●	●	●	●	●	○	○
Connecticut	○	○	○	●	●	○	●	●	●	○	○
Delaware	○	○	○	○	○	○	●	●	●	○	○
District of Columbia	○	○	○	○	○	○	○	○	○	○	○
Florida	●	●	●	○	○	○	●	●	●	●	●
Georgia	●	●	●	○	○	○	●	○	○	●	●
Hawaii	○	○	○	○	○	○	○	○	○	○	○
Idaho	○	○	○	○	○	○	○	○	○	●	●
Illinois	○	○	○	○	○	○	○	○	○	○	○
Indiana	○	○	○	○	○	○	●	●	●	●	●
Iowa	○	○	○	○	○	○	●	●	●	○	○
Kansas	○	○	○	○	○	○	○	○	○	●	●
Kentucky	○	○	○	○	○	○	●	●	●	●	●
Louisiana	●	●	●	○	○	○	●	○	●	●	●
Maine	○	○	○	○	○	○	○	○	○	○	○
Maryland	○	○	○	●	●	○	●	●	●	○	○
Massachusetts	○	○	○	○	○	○	○	○	○	○	○
Michigan	○	○	○	○	○	○	○	○	○	○	○
Minnesota	○	○	○	○	○	○	●	●	○	○	○
Mississippi	●	●	○	○	○	○	●	●	○	●	●
Missouri	○	○	○	○	○	○	○	○	○	○	○
Montana	○	○	○	●	●	○	●	●	●	●	●
Nebraska	●	●	●	●	●	○	●	●	●	●	●
Nevada	○	○	○	○	○	○	○	○	○	○	○
New Hampshire	○	○	○	○	○	○	●	●	●	○	○
New Jersey	○	○	○	○	○	○	●	●	●	○	○
New Mexico	○	○	○	○	○	○	○	○	○	○	○
New York	○	○	○	●	●	●	●	●	●	○	○
North Carolina	○	○	○	○	○	○	○	○	○	●	●
North Dakota	○	○	○	○	○	○	○	○	○	○	○
Ohio	●	●	●	○	○	○	○	○	○	○	○
Oklahoma	○	○	○	○	○	○	○	○	○	○	○
Oregon	○	○	○	○	○	○	●	●	●	○	○
Pennsylvania	○	○	○	○	○	○	○	○	○	○	○
Rhode Island	○	○	○	○	○	○	●	●	●	○	○
South Carolina	○	○	○	○	○	○	○	○	○	○	○
South Dakota	○	○	○	○	○	○	○	○	○	●	●
Tennessee	●	●	●	●	●	○	●	●	●	●	●
Texas	●	●	●	●	●	○	●	●	●	●	●
Utah	●	●	●	●	●	●	○	○	○	●	●
Vermont	○	○	○	●	●	●	●	●	○	○	○
Virginia	●	●	○	○	○	○	●	●	●	●	●
Washington	○	○	○	○	○	○	○	○	○	○	○
West Virginia	○	○	○	○	○	○	○	○	○	○	○
Wisconsin	○	○	○	○	○	○	○	○	○	○	○
Wyoming	○	○	○	○	○	○	○	○	○	●	●

Source: Orrick Online Safety Law Center

[ix] Given the variation in approaches and the evolving nature of these laws, the adoption of online child safety legislation was not used as a scoring indicator in the index. The data was collected and analyzed for contextual purposes only.

Despite an intention to protect children online, many of these measures have drawn criticism. Some cite concerns for the potential suppression of minors' rights, such as freedom of expression and access to information, or caution that such policies may disproportionately affect vulnerable or marginalized youth.[32] Sameer Hinduja, Co-Director of the Cyberbullying Research Center, explains, "I strongly believe that children have the right to access information, express themselves online and maintain their privacy. Imposing bans or curfews is not going to be effective, as young people will inevitably find ways to circumvent such restrictions."

"Organizations that are doing victim surveys need to be adding questions that incorporate online victimization."

David Finkelhor, Director, Crimes Against Children Research Center, University of New Hampshire

Others warn that a patchwork of state laws could complicate enforcement and create legal inconsistencies.[33] Some highlight the necessity for a more unified national strategy and framework for aligning federal, state and local efforts, as well as greater accountability for technology platforms where the abuse is carried out.[34]

Whether at the state or federal level, as child online safety legislation continues to develop, policymakers should take steps to carefully assess whether proposed measures have the potential to cause unintended harm, including to the rights and interests of children they are intended to protect.

Equally important is the need for greater investment in understanding the scale and nature of CSAE online. Policymakers need better data on how often, in what contexts, on which platforms and by what means children are experiencing and being targeted for CSAE. Yet currently, few states systematically collect this kind of information. For instance, just six states participating in the 2023 Youth Risk Behavior Surveillance System (YRBSS) opted to include questions in their survey of high-school students related to technology-facilitated abuse.[x,35] Without stronger and more regular state-level data collection efforts, policies risk being disconnected from the realities children face online, especially given the speed at which the digital landscape is evolving.

[x] This reflects the number of states that opted to include questions on online abuse in their 2023 YRBSS survey. These questions asked about sending or receiving revealing or sexual photos of themselves or someone else.

Artificial images, real harm

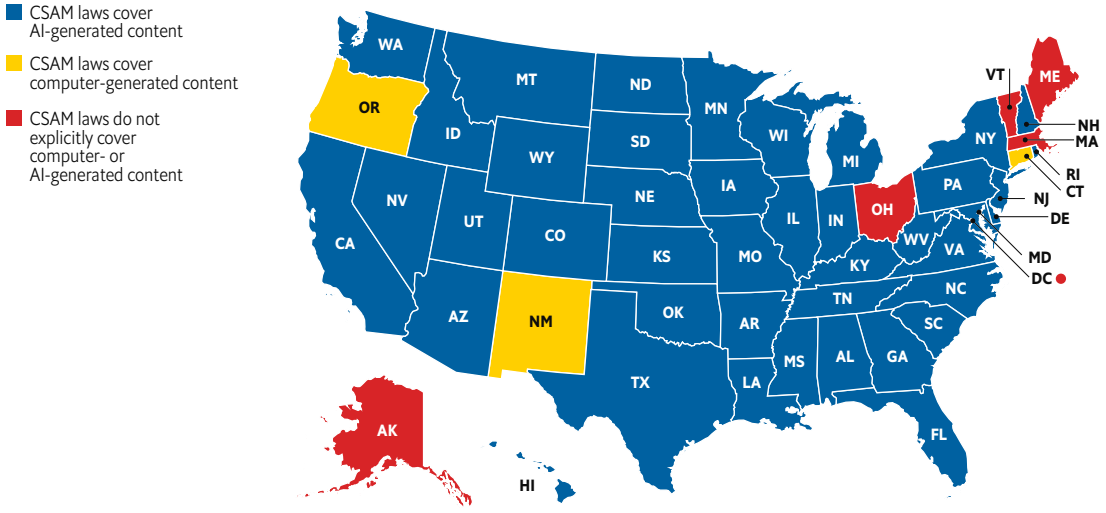
The significant and increasing misuse of generative AI to produce CSAM is deeply troubling. Not only has the volume of reported AI-generated CSAM increased dramatically, but the realism and extremity of this content has also intensified. The Internet Watch Foundation recently warned that the visual quality of AI-generated child sexual abuse videos has advanced so rapidly that many are now "indistinguishable" from real footage.[36] When depictions of real children are involved—even if the final content has been altered or is partially synthetic—it is clear how these materials can cause direct harm to the children involved. Yet even when material involves fully synthetic images, it can still perpetuate harmful narratives, normalize abuse and retraumatize victims.[37]

All states and the District of Columbia criminalize traditional CSAM, meaning unaltered sexually explicit images or videos of children.

Furthermore, while statutes in most states also prohibit "computer-generated" CSAM, many states have recently taken action to amend their CSAM laws to specifically address AI-generated content (see Figure 9). These amendments often reference "morphed images" or content that has been "created, adapted, or modified to depict an identifiable minor."

In some states, statutes define AI-generated CSAM as content depicting a "real" or "actual" child. Other states have extend their scope to material that is "indistinguishable from a child," or specify that the depicted child does "not actually have to exist," thereby encompassing fully synthetic content. The importance and legality of this distinction remains an ongoing debate.[38] Yet, given the evolving sophistication of AI, the ability to discern between content involving real children and fully AI-generated content may soon force policymakers and courts to act.

Figure 9: Facing the future: state action on AI-generated child sexual abuse material
States with laws addressing computer-generated or AI-generated CSAM



Source: Economist Impact

How states did it: good practices in prohibiting AI-generated CSAM

In Idaho, it is a felony to knowingly produce, distribute, receive, possess or access sexually explicit images or videos that depict a child, including content generated using generative AI or machine learning. The law applies even if the depicted child does not actually exist, as long as the material appears to show a minor engaged in explicit sexual conduct and is legally considered obscene. Offenders may face up to five years in prison, a fine of up to $5,000, or both.[39]

Staying safe online

Age-appropriate online safety education can help arm young people with the knowledge and confidence to navigate the digital world safely and avoid online sexual harms. This kind of instruction can help students recognize, respond to and report potentially harmful or inappropriate interactions or solicitations that they may experience or witness online. Currently, just five states have laws requiring students to receive such education, while laws in a further five states recommend or permit, but do not require, schools to provide this instruction.

Online safety education for students may also cover the risks associated with creating or sharing sexually suggestive or explicit content of themselves or others. In these courses, students often learn about potential legal and non-legal consequences of such actions, including on their relationships, mental health and future opportunities. Yet only four states require this instruction to be provided by law. This is a critical area of concern, as young people may underestimate the lasting impact that sharing this type of content can have on their personal safety, reputation and friendships.

How states did it: good practices in educating young people about online risks

West Virginia mandates that county school boards adopt policies that require all elementary and secondary schools to provide annual Safety While Accessing Technology (SWAT) education to students in grades three through 12. This must include instruction on how to recognize, avoid and report suspicious or potentially dangerous online communications, including potential solicitation by sexual predators. It must additionally cover the risks and consequences associated with sharing sexually suggestive or sexually explicit materials.[40]

Tennessee requires each local education authority to devise, adopt and implement a program of family life education. This must include age-appropriate instruction on the detection, intervention, prevention and treatment of internet crimes against children involving sexting, sextortion and the exploitation of a minor.[41]

3. Breaking the cycle: building prevention capacity

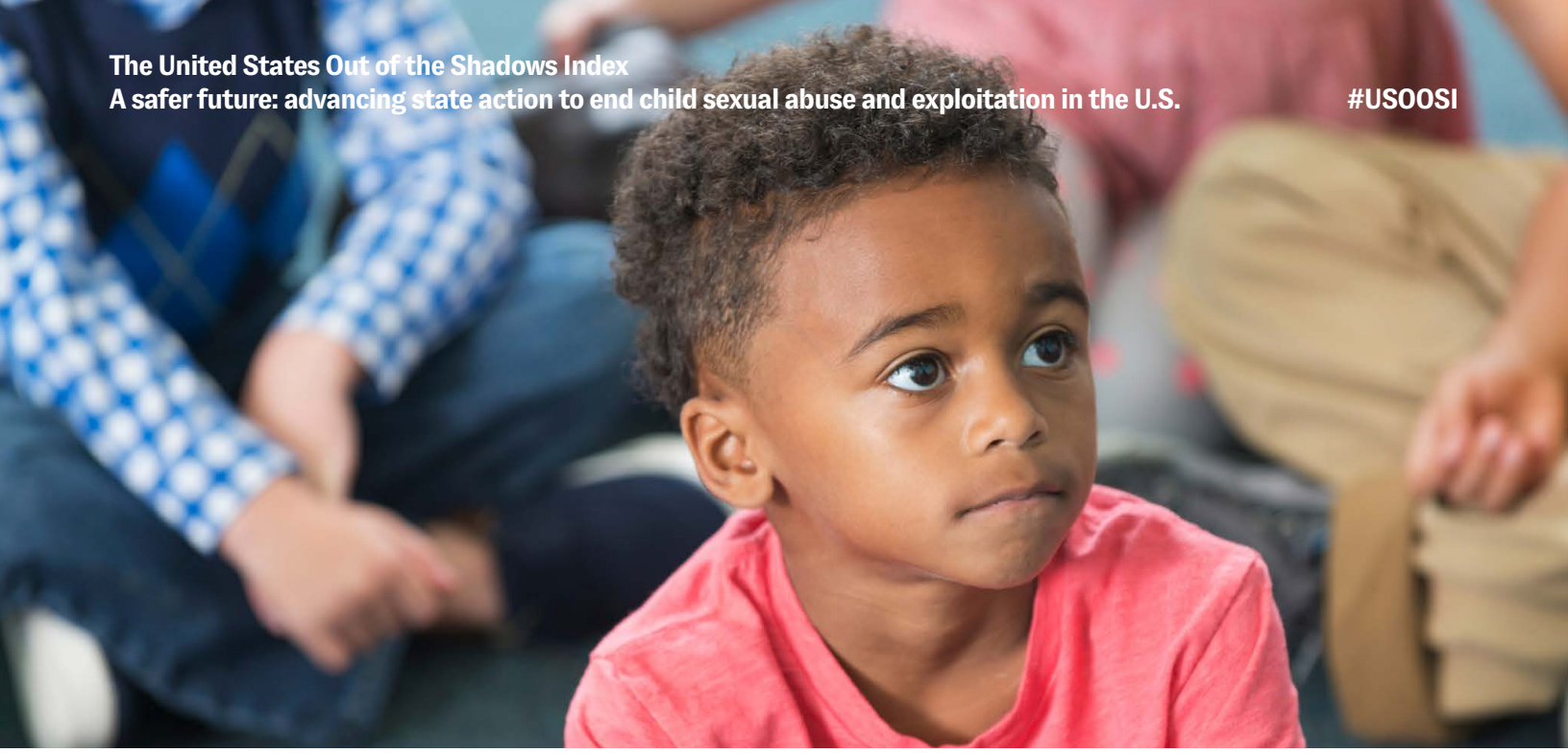
Preventing CSAE requires proactive measures to stop harm before it occurs and promote a culture of transparency and responsibility. It is about setting clear standards for those working with children, equipping adults with training to recognize the warning signs and intervene and giving young people the tools to speak up if something feels wrong. Youth organizations should adopt robust policies for reporting, investigating and disciplining misconduct to ensure reports are taken seriously and offenders are prevented from committing future harm in the same or a different setting.

Why this matters

Prioritizing prevention not only has the potential to ensure more children grow up free from sexual violence, but also to shape smarter strategies. Research shows that people convicted of sex offenses are less likely to be rearrested or go back to prison compared with those convicted of other crimes,[42] with some estimates suggesting only about 5% of sex crimes are committed by those with prior sex convictions.[43] Therefore, while robust responses to abuse that has already occurred are essential, preventing first-time offenses must be elevated to a critical priority. Prevention is also a cost-effective approach to reducing the substantial economic burden linked to CSAE, including costs related to health care, child welfare services, lost productivity and suicide—estimated at billions of dollars each year.[44]

Boost prevention capacity by:

- Requiring schools and other youth-serving organizations to adopt clear policies outlining standards and expectations for pre-service screening, interactions with youth and responses to misconduct
- Mandating training on child sexual abuse and teen dating violence for educators and other key adults to help them recognize and respond to abuse
- Requiring age-appropriate and evidence-based child sexual abuse prevention education for students in grades K–12
- Engaging parents and caregivers on child sexual abuse prevention through school-led initiatives



Mapping the policy landscape

Promoting a culture of accountability

Institutionalized policies can play a critical role in preventing misconduct in youth-serving organizations. Rigorous screening standards can help ensure that individuals with histories of misconduct do not move unnoticed between institutions, while codes of conduct clarify acceptable boundaries and behaviors when interacting with children and teens. Detailed reporting and investigation policies help further clarify the channels for reporting abuse, outline responsibilities and specify the actions that must be taken in response to a report of sexual misconduct.

Yet only a third of states (17) have developed or adopted educator codes of conduct or ethics that set clear standards, guidance and examples for maintaining appropriate boundaries with students.[xi] Meanwhile, just 18 states and D.C. have enacted laws to tackle educator sexual misconduct by setting standardized screening measures for new hires and stopping practices that can conceal abuse—such as allowing resignations or retirement in lieu of formal investigations or legal action.[45]

How states can do it: models to follow

Enough Abuse® has developed a range of resources to help schools and organizations strengthen safety and reduce organizational liabilities, including:

- Model legislation to help schools adopt stronger, more standardized screening practices for prospective employees and prohibit the use of confidentiality agreements to conceal sexual misconduct or enable offending employees to obtain new positions.
- Code of Conduct Policy Guide for schools and for youth-serving organizations that detail over 30 specific adult boundary-violating behaviors that should be prohibited to prevent employee-perpetrated child sexual abuse and sexual misconduct. Appropriate behaviors that should be encouraged and reinforced are also included.

[xi] This reflects the number of states that have established a statewide Educator Code of Conduct or Ethics, or require all schools to maintain a policy on appropriate educator–student interactions, that includes specific guidance and examples of boundary violating behaviors. It does not include states with a Code of Conduct or Ethics if it only specifies that teachers should not engage in sexual conduct with students, but does not provide further information or examples of prohibited boundary violating behaviors.

Training professionals to spot the warning signs

Those working in schools and youth organizations are often well-positioned to spot signs that a child may be vulnerable to or experiencing grooming or abuse at school or at home.[46] However, myths and misconceptions about sexual violence may obscure adults from recognizing signs of abuse, while others may delay acting on initial warning signs and only report abuse once the harm has occurred.[47]

Notably, recent research found that "grooming behaviors"—such as seemingly innocent touch or engaging in discretion while touching—were present in 100% of educator sexual abuse cases.[48] This underscores the importance of training for adults who work with children that not only equips them to respond appropriately to disclosures of harm, but also to recognize red flags and question inappropriate conduct or behavior they may observe.

Despite the importance of such training, notable gaps remain. Less than half of states (24) and D.C. have laws requiring schools to provide specific training for school employees on child sexual abuse awareness and prevention, 18 of which mandate this instruction before they can start work or on an ongoing basis. A further 12 states encourage schools to provide this training, but do not require it. Training requirements for employees of other organizations providing educational or recreational services or activities to youth are less common. Vermont and Texas are the only states that mandate such training by law for employees of daycare centers, while another three states have laws encouraging this training in daycare settings. Texas is the only state that mandates training on child sexual abuse for all youth camp employees having direct contact with campers.

"If we wait until [child sexual abuse] cases are reported in schools or in youth organizations, we have already failed. There are so many red flags, so many grooming and boundary violating behaviors that we know about. If we educate professionals and parents about the signs to look for, it's so much easier to prevent child sexual abuse before it ever occurs."

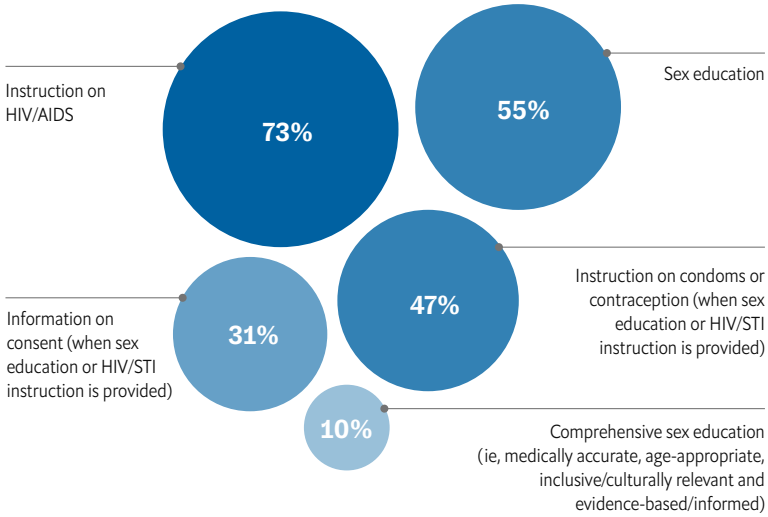
Jetta Bernier, Executive Director, Enough Abuse

"Sex education is foundational to helping individuals learn how to navigate relationships with respect and integrity. This needs to happen from a young age to help kids understand that they have the right to give consent to somebody else touching their body, but also to withhold consent to somebody else touching their body. This is foundational to… the way they manage and navigate consent in friendships as kids and, later in life, in sexual and romantic relationships."

Christine Soyong Harley, President & CEO, SIECUS

Figure 10: The state of sex education

U.S. states with laws requiring specific content and standards in sex education and HIV/STI instruction (%)



Source: SIECUS

Mind the sex education gap

The case for sex education is a strong one. Sex education is critical to giving children and adolescents the information they need to understand their bodies, sexual development and to make safer and healthier decisions.[49] It also helps reduce the likelihood of sexual risk behaviors, sexually transmitted infections (STIs) and teen pregnancy.[50] Despite these benefits, 23 states do not require sex education.[xii] In these states, decisions on sex education and its content may be left to local school boards, advisory committees or even individual teachers.

Sex education: what is missing?

A 2024 survey by SIECUS revealed that 17% of Americans never had any kind of sex education in school, while 20% believe "their education (or lack thereof) led to dangerous sexual practices or health issues later in life." The top four topics Americans felt were missing from sex education courses include information on body image and sexual self-esteem, healthy relationships and recognizing abuse, sexual consent and communication, and LGBTQ+ relationships and sexual health.[51]

Yet mandating sex education alone is not sufficient—its quality and relevance are also critical. Just five states require comprehensive sex education by law,[xiii] while 16 do not require instruction on sex education or HIV/STI to meet a range of core quality standards—such as being medically accurate. Required instruction on key topics is also lacking in many cases. For example, just 15 states and D.C. require sex education or HIV/STI instruction to include information on consent (Figure 10).[52]

[xii] This reflects the number of states without laws mandating sex education, either explicitly in statute or by proxy via enforced state standards.
[xiii] California, Oregon and Washington require comprehensive sex education to be taught in all schools, while Colorado and Illinois require sex education curriculum to be comprehensive, if it is taught in school.

Knowledge is protection

Child sexual abuse prevention and awareness education is another approach that gained traction across the U.S. This instruction is provided in schools and teaches children about safe and unsafe touch, healthy boundaries and where to report inappropriate behavior or abuse. And this approach can be effective: for example, an evaluation of the *Safe Touches* program found it could significantly increase children's short-term knowledge about sexual abuse.[53]

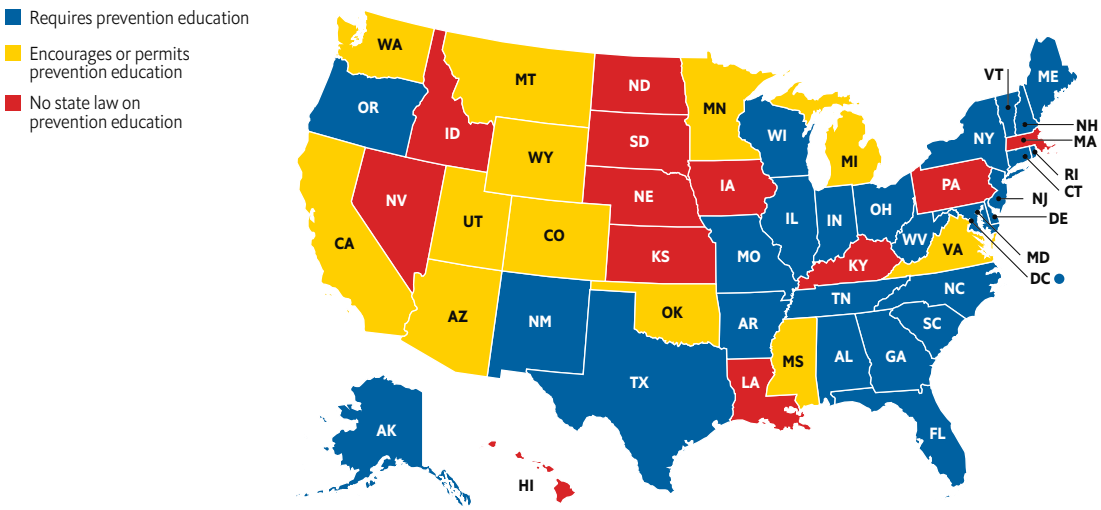
To date, 38 states and D.C. have enacted related legislation—often named in recognition of survivors, such as Jenna's law (Texas), Bree's law (Alaska) or Erin's Law (Illinois and others). Of these, just over half (26 states and D.C.) explicitly mandate that schools provide related instruction or information to students, with 15 requiring curricula for these courses to be evidence-based or evidence-informed. The remaining 12 states merely encourage or permit such instruction without making it compulsory (Figure 11).

Amending laws to require this education—where it is currently encouraged or permitted—is one way states can help ensure children gain access to essential information about staying safe. However, mandates alone are not enough. Adequate funding, implementation guidance and oversight are also essential to ensure that education and training efforts are effective. Without these supports, these policies risk becoming little more than "a piece of paper."

"The thing that we have the best evidence for is educational programs for young people, about safety, about interpersonal relationships, about help seeking and about how to avoid harming other kids. States should not only require that, but also help provide the kinds of programs that are effective. That would be my top priority for any state."

David Finkelhor, Director, Crimes Against Children Research Center, University of New Hampshire

Figure 11: Mapping state action on child sexual abuse prevention education for students
States with laws requiring or encouraging/permitting child sexual abuse awareness and prevention education in schools



Source: Economist Impact

Education starts at home

It is often said that parents are their children's first teachers. This is also true when it comes to sexual health, safety and violence prevention: parents and caregivers who understand these issues may be more equipped to talk with their children about staying safe and reinforce what children learn in school.[54,55] However, many families are not having these conversations. One survey found more than half (55%) of Americans never had "the talk" with their parents.[56]

Parents and caregivers may not engage their children in discussions about sex, relationships and abuse for many reasons. Some may find these topics embarrassing, feel that they do not know enough or think this information will be provided by schools.[57] Others may think that related content taught in schools is inappropriate or conflicts with their values. But these differing views highlight the importance of involving parents in abuse prevention efforts: doing so can help fill caregivers' own knowledge or confidence gaps, improve communication about safety topics at home and reinforce what children learn at school.[58,59]

There are many ways schools can engage parents on child sexual abuse topics. These include inviting parents to attend workshops, sharing handouts or take-home activities or giving parents the chance to observe classes to see how sensitive content is taught to their children. Currently, just eight states and D.C. have laws that require schools to engage parents on child sexual abuse topics, while 14 more encourage this engagement.[xiv]

How states did it: good practices in parent engagement

Delaware requires each school's child sexual abuse program to engage parents of students enrolled in pre-Kindergarten through grade six via written materials, available online through the school district's or charter school's website or in hard copy upon a request by parents on an annual basis. Information may also be provided through live presentations.[60]

Oregon mandates school district boards adopt a child sexual abuse prevention instructional program. This program must include a parental involvement component to inform parents about child sexual abuse topics, including characteristics of offenders, "grooming" behaviors and how to discuss child sexual abuse prevention with children.[61]

[xiv] This does not include states where the only requirement is to allow parents to review the curricula. They must be engaged in other ways to promote their own education, such as workshops or being provided with handouts.

4. Children's advocacy centers: putting children first

Children's advocacy centers (CACs) provide child-friendly spaces where investigations of child abuse, including CSAE, are coordinated. Without a CAC, children might have to repeat traumatic experiences many times to actors from different agencies. At a CAC, specialized interviewers help ensure the child only has to tell this story one time, while a multidisciplinary team (MDT)—including law enforcement, child protective services, medical and mental health professionals, victim advocates and prosecutors—reviews the case together and determines next steps. CACs also offer other vital services such as medical exams, counseling and legal support, helping streamline investigations while prioritizing the child's well-being and recovery.

Why this matters

The use of CACs to coordinate investigations can not only contribute to improved outcomes for children and families, but also result in more efficient criminal justice processes and significant cost savings.[62] One study conducted by the University of Maryland School of Business found that for every dollar spent on providing support and guidance to a child victim and family through the multidisciplinary team model used by CACs, the State of Maryland saw a return of $663.[63]

Ensure children have access to services of the highest standards by:

- Ensuring that CACs are widely available across states to improve access and reduce travel times and costs
- Establishing a statutory definition of CACs that is in line with nationally recognized standards and that designates CACs and the MDT model as the preferred response to CSAE allegations
- Establishing a dedicated state funding stream to ensure CACs are consistently and adequately resourced to meet service standards and demand

Mapping the policy landscape

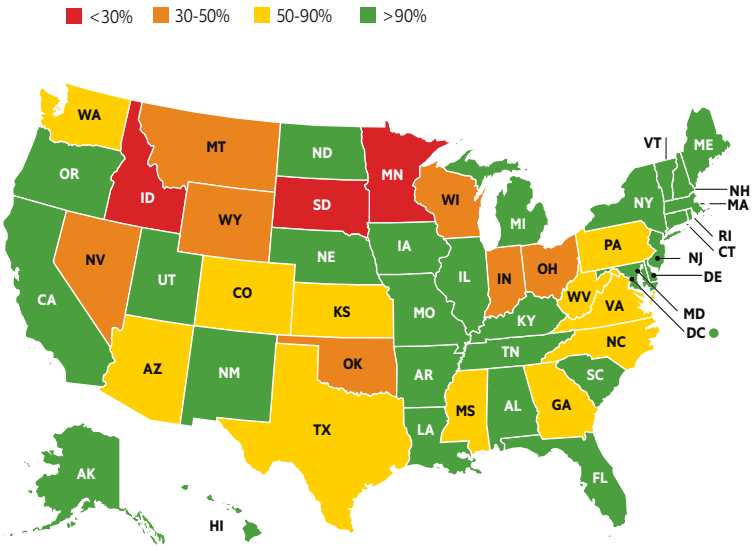
The access equation

From the establishment of the first CAC in Huntsville, Alabama in 1985, access to these centers has expanded exponentially. As of June 2024, CACs served 2,498 counties—or 79% of the counties across all states.[xv] 20 states plus D.C. have achieved full coverage, with every county in the state served by at least one center. Meanwhile, the most significant coverage gaps remain in Idaho, Minnesota and South Dakota, where 18%, 17% and 14% of counties, respectively, are served by a CAC (Figure 12).

Solving the access equation not only means considering the need for a new center in a currently unserved area, but also doing more to overcome other barriers children and their families might face in accessing CAC services. This is particularly relevant in smaller and more rural communities. Maribeth Bowman, director of program services for the Alabama Network of Children's Advocacy Centers, explains, "Transportation is a big issue in getting some kids to CACs in our rural areas because there's no public transportation or even Ubers. Some kids have to drive three hours just to get a medical exam." To address such gaps, centers in some states have set up satellite locations to ensure that for most services and forensic interviews, families have the best possible access closer to where they live.

Figure 12: Accessing a children's advocacy center
Counties served by children's advocacy center (%)

100	Arkansas	**93**	California
100	Connecticut	**93**	Michigan
100	Delaware	**91**	Florida
100	District of Columbia	**91**	New Mexico
100	Hawaii	**87**	Arizona
100	Illinois	**86**	Colorado
100	Iowa	**86**	Georgia
100	Kentucky	**86**	Virginia
100	Louisiana	**85**	Washington
100	Maine	**84**	West Virginia
100	Maryland	**84**	Pennsylvania
100	Massachusetts	**82**	Texas
100	Missouri	**80**	North Carolina
100	Nebraska	**59**	Mississippi
100	New Hampshire	**57**	Kansas
100	New Jersey	**49**	Oklahoma
100	North Dakota	**44**	Montana
100	Oregon	**44**	Indiana
100	Rhode Island	**42**	Ohio
100	Utah	**36**	Wisconsin
100	Vermont	**35**	Nevada
99	Alabama	**35**	Wyoming
96	South Carolina	**18**	Idaho
95	New York	**17**	Minnesota
94	Tennessee	**14**	South Dakota
93	Alaska		



Source: National Children's Alliance

[xv] Data on CAC coverage, which is integrated into the index, was sourced from the National Children's Alliance (NCA). The NCA is the national professional membership organization and accrediting body for CACs in the U.S. CAC coverage areas are based on signed interagency agreements/memorandums of understanding. Out of the 2,498 counties served by a CAC, 2,269 are served by centers that are members of the NCA, while 229 are solely served by centers that are not yet members of NCA.

Defining the gold standard

Recognizing the valuable role CACs play in the response to severe child abuse, a large majority of states (44) and D.C. have adopted legislation that defines CACs. Yet these laws vary significantly, ranging from brief references to a dedicated chapter of code that sets service standards or requiring their use in response to certain cases. Currently, 33 states and D.C. have statutes that explicitly require centers to meet nationally recognized standards for operation or, in some cases, to be eligible to receive state or federal funds. Meanwhile, about half of states (28) and D.C. clearly designate CACs by law as the preferred response to allegations of child abuse and child sexual abuse.[xvi]

In the remaining 22 states, laws either permit the use of CACs in such cases without clearly requiring or encouraging it, or do not address the role of CACs in the response to child abuse at all.

The benefits of defining legislation are manifold. Teresa Huizar, chief executive officer of the National Children's Alliance, explains, "comprehensive defining legislation is a cornerstone in states' efforts to protect children from sexual abuse and exploitation. And it's the only guarantee abused children have that the gold-standard care of a CAC is coming to their aid."

How states did it: enabling access to CACs

Nebraska requires each county or group of contiguous counties to have a child abuse and neglect investigation team, convened by the county attorney, to ensure a coordinated, multidisciplinary response to alleged child abuse. The Department of Health and Human Services must further assign each county to a CAC. Video-recorded forensic interviews must be conducted at a CAC for children who are 3-18 years of age and are alleged to be victims of sexual abuse or serious physical abuse or neglect, have witnessed a violent crime, are found in a drug-endangered environment or have been recovered from a kidnapping.[64]

[xvi] This reflects the states with statutes that either designate CACs as the preferred response to allegations of child sexual abuse/a criminal offense against a child or require each county to establish a multidisciplinary team to investigate CSAE—provided a CAC representative is included on the team if available.

Funding the frontlines

Consistent and sustainable funding is essential to ensuring CACs are adequately resourced to meet service standards and demand. It means attracting and keeping skilled staff, delivering a range of high-quality services and the ability to respond to changes in demand. Access to reliable funding also means staff in many centers can divert their attention away from fundraising back to the children and families they serve. Yet "money problems" are the number one challenge cited by CAC leaders across states.

"We're not just asking for money—we're asking to be seen as a necessity, not a luxury."

Jan Lutz, Executive Director, Indiana Chapter of National Children's Alliance

Many governments support CACs with state dollars—which currently makes up around one third of the funding flowing to centers across the U.S.[65] A large majority of states (42) and D.C. currently provide at least some state funding support to CACs, leaving centers in eight states without such support.[xvii] Yet even among states that do get state funds, substantial gaps often remain: CACs in seven states received less than $240,000 a year in 2022, with centers in one state receiving just $27,189.[66]

These challenges have been further compounded by cuts to federal funding, notably Victims of Crime Act (VOCA) funds. While policymakers in some states have stepped in to address shortfalls created by federal cuts, the responses have often focused on addressing the immediate losses and have raised questions over the sustainability of funding and the ability to meet growing needs.[67] Jessica Gorton, Communications Coordinator, Maine Coalition Against Sexual Assault, says, "While the Legislature took important steps last year to patch the VOCA funding gap, much of that fix was only one-time funding. Without sustained state investment, Maine's Children's Advocacy Centers will continue to face devastating service cuts, staff layoffs and possible closures—leaving a critical gap in the state's response to youth who have experienced sexual harm."

How states did it: creative approaches to funding CACs

In Pennsylvania, the cost of obtaining a duplicate birth certificate was raised from $10 to $20, a portion of which is dedicated to supporting the operation of CACs and the training of mandated reporters.[68]

Kansas imposes a $400 fee on defendants convicted of certain crimes in which a minor is the victim. This is directed into the state's CAC fund, which was established to support the operating expenditures of eligible CACs in the state.[69]

[xvii] Alaska, California, Georgia, Indiana, Maine, Minnesota, Montana, Nevada, Rhode Island and South Dakota.

5. Building trauma-informed and survivor-centered systems

Without the right safeguards, the systems meant to protect survivors of CSAE—including healthcare, law enforcement and court systems—can end up adding to their trauma. Children may be met with judgment, disbelief or asked to recount sensitive and triggering details of their abuse repeatedly. Other times, their voices or needs can get overshadowed during investigations. Building systems that are trauma-informed and survivor-centered not only means taking action to minimize harm, but also to ensure the rights and agency of survivors are protected and empowered.

Why this matters

Creating trauma-informed and survivor-centered response systems is essential to both preventing further harm and improving investigations. Operation Light Shine's Jim Cole explains: "The truth is, if you lose the survivor's trust, you often lose the case. A trauma-informed approach helps survivors stay engaged, supports more accurate disclosures and avoids retraumatization that can lead to withdrawal or non-cooperation. It's both the ethical thing to do and the most effective path to justice."

Ensure response systems are survivor-centered by:

- Enacting a Survivor's Bill of Rights that defines the legal rights of survivors—and taking steps to ensure survivors and their families are aware of these rights
- Mandating recurring training on sexual violence and trauma-informed practice for key responders, including law enforcement and prosecutors
- Adopting measures to prevent the retraumatization of survivors during legal proceedings, applicable to all children up to the age of 18

Mapping the policy landscape

Know your rights

A positive trend in recent years has been the adoption of state-level Sexual Assault Survivors' Bill of Rights in many states.[70] These laws typically guarantee rights such as access to certain medical care without charge, advocacy services during medical or court proceedings and receiving certain updates on the status of their sexual assault evidence collection kit (commonly called a rape kit).

While the codification and standardization of survivors' rights is a critical step forward, it is equally important to ensure these bills are formulated in a way that does not place an undue burden on survivors to navigate and assert their rights during what can be a very confusing and traumatic period. Special attention should also be given to child or adolescent survivors, and their families, who have distinct needs and require tailored support. States should engage experts, advocates and survivors to co-create this legislation to ensure survivors are protected, their rights upheld and they have meaningful participation and choice when engaging with various systems.[xviii]

Additional steps should be taken to increase public and survivor awareness of these legal rights. Some states are already doing this. For example, several require a designated agency—often the state Attorney General's Office—to publish a pamphlet outlining survivors' rights and distribute these materials to hospitals and law enforcement agencies or make them available online. Others have gone further, mandating that frontline responders—typically medical providers or police officers—provide survivors with a written card or notice of their rights at their initial point of contact.

How states did it: good practices in promoting survivors' rights

The District of Columbia requires the Metropolitan Police Department to provide all individuals aged 13 or older who are known or reasonably suspected to be victims of sexual assault with a *Sexual Assault Victims' Rights Card*. For victims between the ages of 13 and 17, this includes the right to have a youth sexual assault victim advocate present during any forensic medical examination, evidentiary or physical examination, hospital visit or interview.[71]

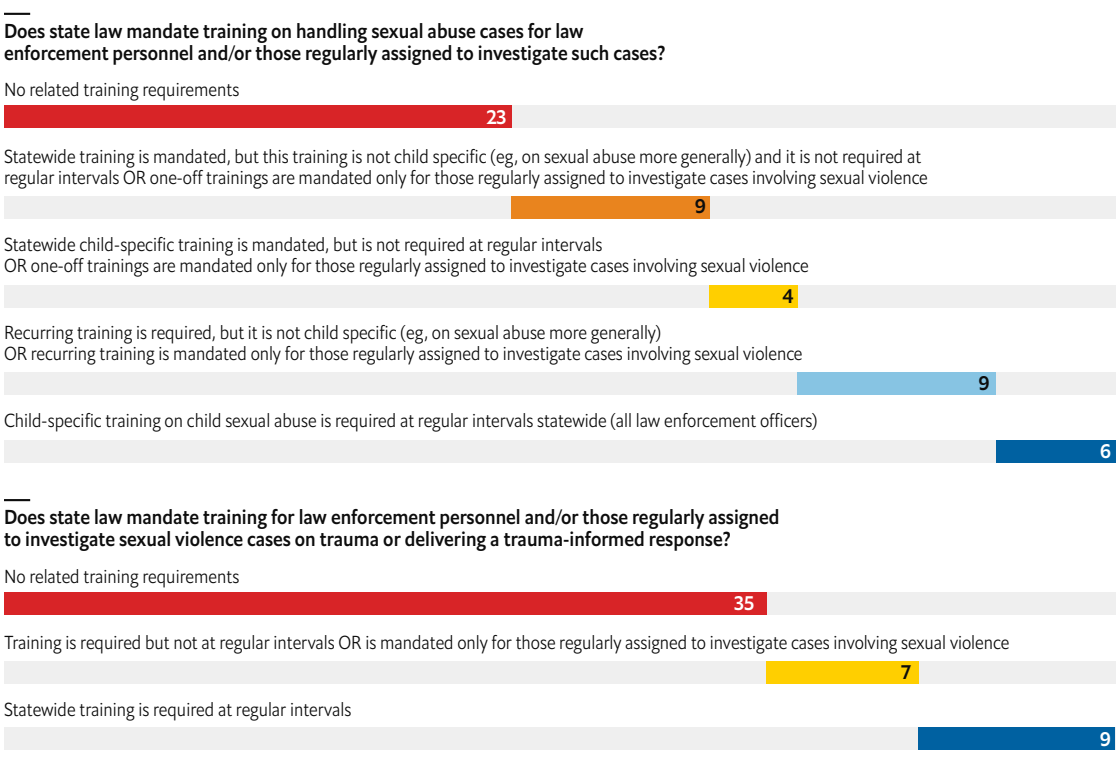
[xviii] Systems should acknowledge that children and young people, depending on their age and developmental stage, will require different responses, language and opportunities—and will have varying desires and capacities to participate actively and meaningfully.

The need for specialized training

Frontline responders—including police, child protective services investigators, medical professionals and prosecutors—are often among the first to interact with survivors. Therefore, their expertise is critical for gathering evidence, conducting effective investigations and connecting survivors with support services.[72] Their actions and conduct send important signals to survivors about whether their experience is believed or taken seriously.[73]

Without appropriate training and protocols, these interactions can exacerbate existing trauma, reduce survivors' willingness to participate in investigations and lengthen healing and recovery. "Even well-meaning professionals can unintentionally cause harm if they aren't trained to recognize how trauma affects memory, disclosure or behavior," says Mr. Cole. "Survivors are sometimes treated with skepticism or judgment for not disclosing 'properly' or 'quickly enough,' when in fact those reactions are often textbook trauma responses. If we want survivors to find justice and healing, we need systems that put their needs at the center—not as a secondary concern, but as a foundational design principle."

Figure 13: Protect and empower: specialized training for law enforcement
Number of states in which training is statutorily mandated



State approaches to training frontline responders are far from standardized. Just over half of states (28 of 50) have a law mandating at least some law enforcement officers receive training on handling sexual abuse cases. Among these, requirements vary in terms of training frequency, the categories of officers covered (eg, special teams only), and the topics that must be addressed—such as helping officers to understand the potential impacts of trauma on victims. Only four states—Florida, Illinois, Texas and Washington—mandate statewide training for law enforcement on handling sexual abuse cases that is trauma-informed and child-specific. Training for prosecutors is even more scarce: six states mandate training on sexual abuse for prosecutors, with just three requiring child-specific components (Figure 13).

How states did it: good practices in training

Illinois law mandates law enforcement officers be trained in trauma-informed approaches to responding to and investigating sexual assault and abuse. This includes recognizing signs of trauma, understanding how trauma affects victims and being sensitive to factors like age (especially for children under 13), gender and other characteristics. Agencies must also provide ongoing in-service training on this topic at least once every three years.[74]

Delaware law requires deputy attorney generals receive training on child sexual abuse every three years. Additionally, any assistant or special assistant to the Attorney General regularly assigned to the prosecution of criminal or delinquency cases alleging a sexual offense is mandated to receive at least four hours of specialized and trauma-informed training in sexual assault every three years.[75]

Protections for children facing the courtroom

CSAE cases are recognized as being especially difficult to prosecute. This is in part because limited physical or forensic evidence exists in such cases, with prosecutors often relying on children's testimonial statements. Yet investigations and trials can also be traumatic for survivors, especially children. Survivors may be asked to speak in the same room as their abuser, recount traumatic experiences in court and face questions that may seek to undermine their account of what happened.[76] Recognizing these challenges, many states have introduced special measures or testimonial aids to help protect children who have experience sexual violence from incurring further trauma when engaging in court proceedings.

Every state in the index has laws or rules that allow child victims of sexual abuse to testify via alternative means, such as closed-circuit television, in criminal trials. Yet many states restrict the availability of this option to younger children only (eg, in Kentucky, this exception is available to children aged 11 or younger). Just 12 states extend this protection to children up to age 18. Many states also permit certain out-of-court statements by child victims—such as those made to police or forensic interviewers—to be admitted under hearsay exceptions. Yet these provisions also only apply to younger children.[xix]

How states did it: good practices in preventing retraumatization

Under Maine law, recordings of forensic interviews—conducted by qualified forensic interviewers affiliated with CACs—are admissible in court as exceptions to the hearsay rule (provided certain criteria are met).[77]

[xix] It should be noted that in many cases these protections are only available on a discretionary basis. For example, if a judge or qualified expert determines that testifying in open court would likely cause the child significant harm or trauma. Furthermore, separate legal standards may apply regarding whether and how the child must be made available for cross-examination

6. Expanding access to justice, compensation and healing

Access to justice, healthcare and compensation are fundamental rights of survivors of sexual violence.[xx] Yet those who navigate these systems—either as children or adult survivors of CSAE—may face complex and drawn-out legal processes, administrative barriers and substantial health-related costs. Such challenges can leave survivors waiting long periods for a resolution or may even deter them from engaging with key systems altogether. Breaking down these barriers is essential not only to hold perpetrators accountable, but also to ensure survivors' access to justice and support their recovery and healing.

Why this matters

Avenues for accessible care and redress play a critical role in supporting survivors and helping them rebuild their lives after experiencing trauma. Research shows that systems that help promote survivor agency, empowerment and participation can support the healing process—whereas processes that restrict control or limit decision-making can reinforce feelings of helplessness and delay healing.[78,79,80]

Support survivors' access to justice and compensation by:

- Eliminating the criminal and civil statute of limitations for all CSAE crimes
- Ensuring survivors do not face costs for immediate and long-term health needs
- Reforming the state's eligibility requirements for crime victim compensation to ensure children and survivors of sexual crimes are not excluded or penalized due to age, reporting delays or other barriers

[xx] Compensation refers to a monetary reward intended to redress the harm caused by a crime, typically provided by a state-managed fund for victims of crime or ordered from the perpetrator or negligent institution through a court of law.

Mapping the policy landscape

Justice on a deadline

Survivors of CSAE may need years—or even decades—before they are ready to disclose what happened to them. As children, they may lack the words or understanding to describe the abuse, feel conflicted due to a close relationship with the perpetrator or be afraid of what could happen if they tell.[81] Yet these delays can be at odds with a legal system that imposes strict deadlines—called statutes of limitations (SOLs)—for filing criminal charges or civil lawsuits. This means that after a certain period of time passes, survivors' opportunity to seek justice essentially "expires."

Since the early 2000s, many U.S. states have enacted reforms to extend or eliminate SOLs for child sexual abuse, though gaps remain. For instance, 23 states have eliminated the criminal SOL for at least the most serious child sexual abuse felonies; however, only seven of these states have eliminated it for *all* felony and misdemeanor child sexual abuse offenses. On the civil side, 19 states currently allow survivors of any age to file lawsuits for at least some claims. In contrast, 31 states and D.C. still impose age-based limitations, with 17 states requiring survivors to bring a claim by age 34 or younger. While these timeframes might seem generous, they fall substantially short given some estimates that the average age at which survivors of child sexual abuse first tell anyone about their abuse is 52.[82]

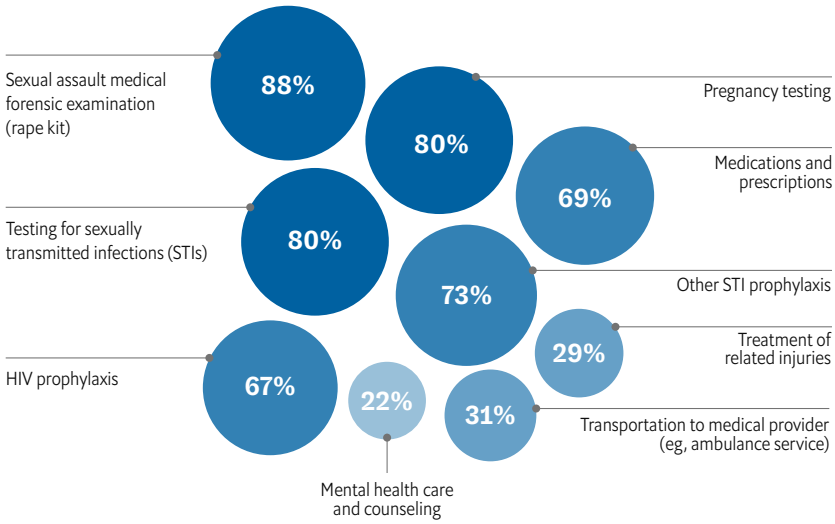
Professor Marci A. Hamilton, Founder and Chief Visionary Officer at CHILD USA, explains that statute of limitation reform serves three major societal purposes:

1. **It identifies unknown child predators.** Legal action—criminal or civil—helps reveal patterns of abuse and expose previously unknown abusers.
2. **It passes the burden of the abuse.** Responsibility and costs move from survivors and their families to the perpetrators or institutions, helping relieve guilt and ensure accountability.
3. **It educates the public.** Greater awareness of the dynamics of abuse and the reasons survivors delay disclosures leads to better prevention, improved legal outcomes and stronger support systems.

The price of healing

Survivors of CSAE often have a wide range of short- and long-term health needs, which could place a financial burden on survivors and their families if not adequately covered by public programs or insurance. Yet, the extent to which these costs are covered by states varies considerably. While a large majority of states (44) and D.C. prohibit hospitals and medical providers from billing sexual assault survivors for a rape kit, the coverage of other related medical treatments—either provided as part of this examination or separately—is much less consistent.[xxi] Each state has its own laws and policies outlining the specific services that survivors must not be billed for (Figure 14).

Figure 14: Uneven coverage: which survivor medical costs are covered? [xxii]
States with laws or policies explicitly stating that survivors must not be billed for medical service (%)



Source: United States Government Accountability Office

Commonly covered services include testing for STIs and pregnancy, while costs less frequently covered include transportation to an exam provider, treatment of related injures and mental health care.[83]

This piecemeal system can create confusion among facilities, providers, insurers and survivors about who is responsible for covering costs, both across states and even within the same state.[84] As a result, survivors may be charged for expenses stemming from their abuse. One study reviewed data from over 112,000 emergency visits in 2019—more than a third of which involved children—and found that about one-in-six survivors were stuck with some out-of-pocket costs.[85] *Where* survivors go or are referred for help can also make a difference: those seen at a CAC might have access to a range of free services, while those seen at a hospital in the same state may incur charges.

How states did it: good practices in ensuring survivors never get a bill

The Illinois Sexual Assault Survivors Emergency Treatment Act (410 ILCS 70/1) prohibits hospitals, pediatric healthcare facilities, healthcare providers and related services from billing sexual assault survivors for emergency room medical treatment and some follow-up care related to a sexual assault. This includes exams, evidence collection and treatment for STIs, HIV or pregnancy risk. Follow-up care includes related services provided within 180 days of the initial visit.[86]

[xxi] States are required to cover the cost of rape kits to qualify for federal grants under the Violence Against Women Act (VAWA), which fund efforts to address violence against women and support victim services. Beyond the forensic exam, the Department of Justice specifies that "the inclusion of additional procedures (eg, testing for sexually transmitted diseases) may be determined by the state in accordance with its current laws, policies and practices."

[xxii] The numbers reflect requirements via state law or policy and include related medical treatments and services considered to be part of a sexual assault forensic exams or outside the scope of the exam.

No justice without redress

Every state and D.C. has a compensation program that can help victims of crime and their families pay for related expenses. The rules to qualify for these programs, however, often fail to account for the experiences or concerns of CSAE survivors. Applicants for compensation often have short deadlines to apply—sometimes within a year or two of the crime—and are usually required to report the crime to police to be eligible. And, unfortunately, even when an application for compensation is successful, survivors may face long delays between applying and receiving compensation (Figure 15).

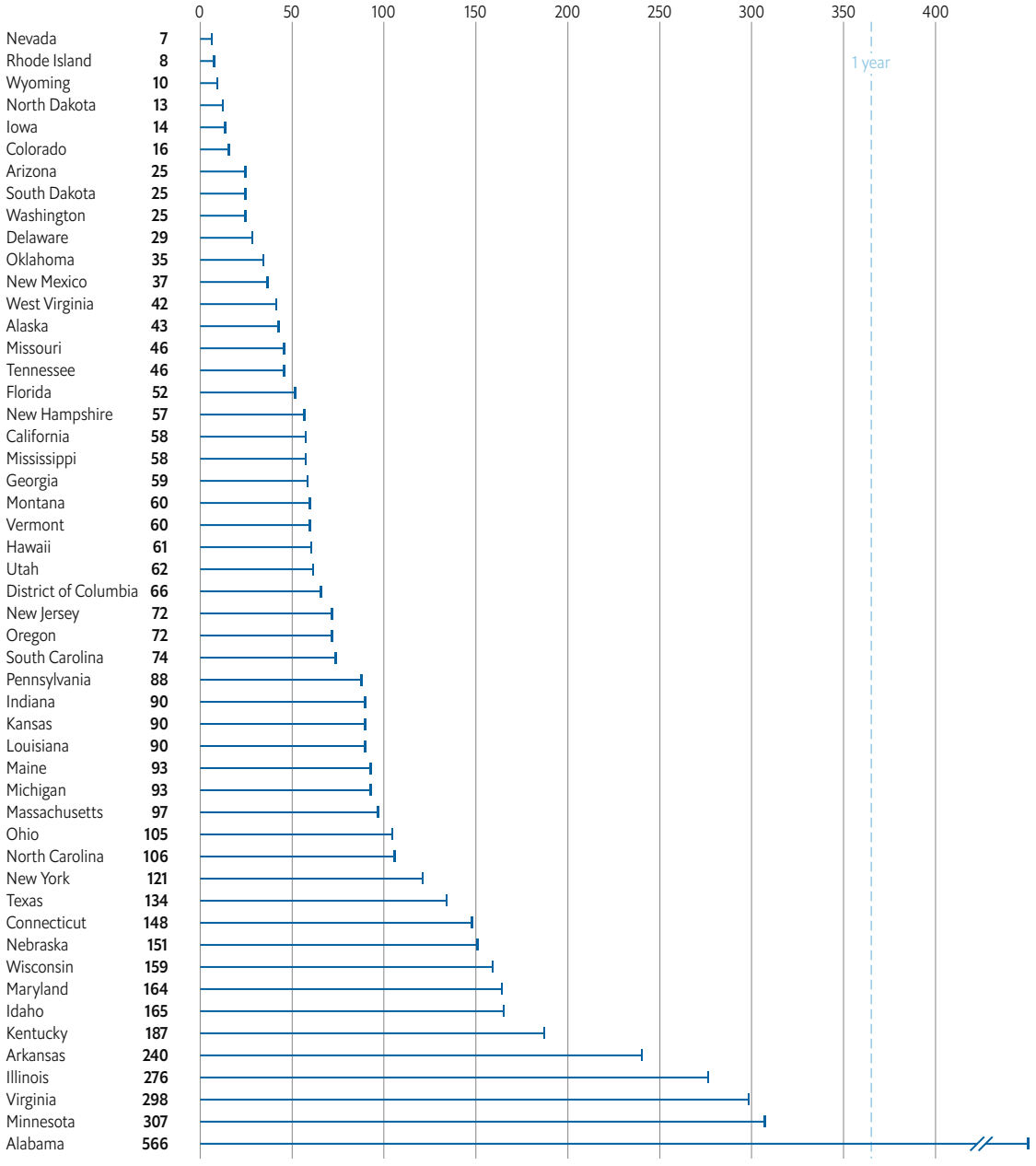
Recognizing the need for reforms, some states have introduced exceptions to their compensation program's eligibility criteria for victims of sexual violence or child victims. The laws in a majority of states (35) and D.C. provide an extended timeframe by law for minors or sexual assault victims to file a compensation application. Yet, in 12 of these states, this exception hinges on vague criteria or showing "good cause" to the board reviewing the applications, a term which is often left undefined. Meanwhile, just over half of states (27) and D.C. have laws establishing one or more ways for survivors to overcome the requirement to report the crime to law enforcement. These alternatives may include, for example, evidence that the abuse was reported to child protective services, a counselor or sexual assault advocate. Still, nearly half of states (23) have yet to establish an alternative to making a police report.

How states did it: good practices in expanding access to compensation

In cases involving sexual assault, domestic violence and human trafficking, Connecticut allows victim compensation to be granted without evidence of a formal police report—so long as the incident has been disclosed to a recognized professional including healthcare providers, mental health professionals, law enforcement, school personnel, child welfare staff or certified victim advocates.[87]

Figure 15: The clock on compensation

The average length of time to process an application for claim eligibility for compensation (days)



Data: Office for Victims of Crime (2023)

7. Responding to youth engaged in problematic sexual behavior

When a child or teen has engaged in problematic sexual behavior (PSB) the first instinct might be to reach for the harshest tools—such as invasive assessments, criminal charges and sex offender registration. However, research shows that children and teens are still developing and treating them like criminals does far more harm than good. Instead, responses should be grounded in developmentally appropriate and evidence-based interventions—not solely adaptations of systems designed for adult offenders—that emphasize accountability and the opportunity for rehabilitation.

Problematic sexual behavior is often defined as: "a behavior displayed by children or youth that involves sexual body parts or acts, is outside their expected developmental stage and causes harm to self or others." [88]

Why this matters

While PSB in minors is serious and must be addressed, research demonstrates that early-age interventions can stop these problematic behaviors, while helping youth to develop healthy relationships and live safely within their communities.[89,90] Children and teens who have engaged in PSB may themselves also have been exposed to violence within their homes or communities.[91,92] The use of invasive and harsh assessment, treatment and management tools designed for adult sex offenders risks compounding trauma and can even increase vulnerability to future harm.[93] Systems must be better equipped to respond with a more balanced approach to ensure accountability, address the often complex experiences and needs of the young people involved and provide opportunities for positive growth and development.

Improve the response to youth who have engaged in PSB by:

- Prohibiting the use of harmful assessment and management approaches—including the use of polygraph tests
- Promoting evidence-based, trauma-informed treatment programs designed for youth who have engaged in PSB
- Eliminating sex offender registration in all cases of children adjudicated delinquent, without exception

Mapping the policy landscape

Build developmentally-appropriate systems

Systems responding to youth who have engaged in PSB should be guided by an understanding of their age, developmental stage and capacity for change. Yet many states continue to extend the use of assessment, treatment and management approaches designed for adult offenders to teens and even younger children. Even within the youth population itself, experts emphasize the need to move beyond a standardized response. Jenny Coleman, Director of Stop It Now!, explains, "We can no longer treat all kids with a one size fits all approach. We know that the understanding of a five-year-old is very different from that of a 12-year-old or 15-year-old. Our policies need to reflect this developmental approach to all of our children and youth. They deserve this."

Some states have already begun moving in this direction. For example, a number have adopted protocols establishing that children below a certain age (eg, 14) who are alleged to have engaged in PSB should receive an assessment and be connected to services—such as those provided at CACs—rather than pushing every child through the juvenile court system. Others have adopted specific policies and standards for assessment, treatment and interventions with adolescents who have engaged in sexually abusive behavior and maintain lists of qualified treatment providers for juvenile populations. Diversion programs can also be an important pathway to promote accountability while also prioritizing supportive interventions and rehabilitation over punishment.

Avoid invasive tools and assessments

All approaches used with children and adolescents should be grounded in the best available evidence of what is effective and appropriate. In this regard, some states have relied on the recommendations developed by The Association for Treatment of Sexual Abusers (ATSA), an organization that produced evidence-based guidelines for responding to individuals who have sexually abused.

ATSA clearly recommends against the use of invasive methods—including polygraph and penile plethysmography[xxiii]—with youth under age 18.[94] Despite these recommendations, many states have not prohibited the use of such practices with youth who have engaged in PSB. In particular, the use of polygraphs, commonly known as lie detectors, continue to be used widely: some estimates suggest they are used by half of juvenile sex offender treatment programs across the US.[95]

The use of polygraphs remains highly controversial, with serious questions raised about their reliability and ethical implications when used with minors. Critically, there is a lack of evidence supporting their effectiveness in reducing recidivism or improving treatment outcomes among adolescents.[96] Other significant concerns have been raised about their potential to coerce false confessions or cause harmful reactions, such as feelings of shame or fear.[97] Only six states have standards or guidelines that limit or recommend against the use of polygraphs with at least some youth who have engaged in PSB (eg, those below age 12). No state has standards or guidelines that explicitly prohibit the use of polygraphs with all minors below the age of 18.

[xxiii] Penile plethysmography is an invasive method used to assess sexual interest. In addition to the limited empirical evidence supporting its effectiveness, ATSA raises ethical concerns about exposing adolescents to sexual material that is not developmentally appropriate.

How states did it: good practices in eliminating the use of polygraphs with children

The California Sex Offender Management Board's *Guidelines for Treating and Supervising Youth Who Have Committed a Sexual Offense* specify that "Polygraphs should not be used with any youth under the age of 16. In rare cases, a polygraph exam may be conducted with a youth age 16 or 17, if recommended by the youth's [Case Management Team (CMT)]…The CMT should consider factors such as age, trauma background cognitive development, treatment issues (eg, denial), and potential harm to the youth prior to determining if use of polygraph would be appropriate in a particular case." [98]

Invest in treatment

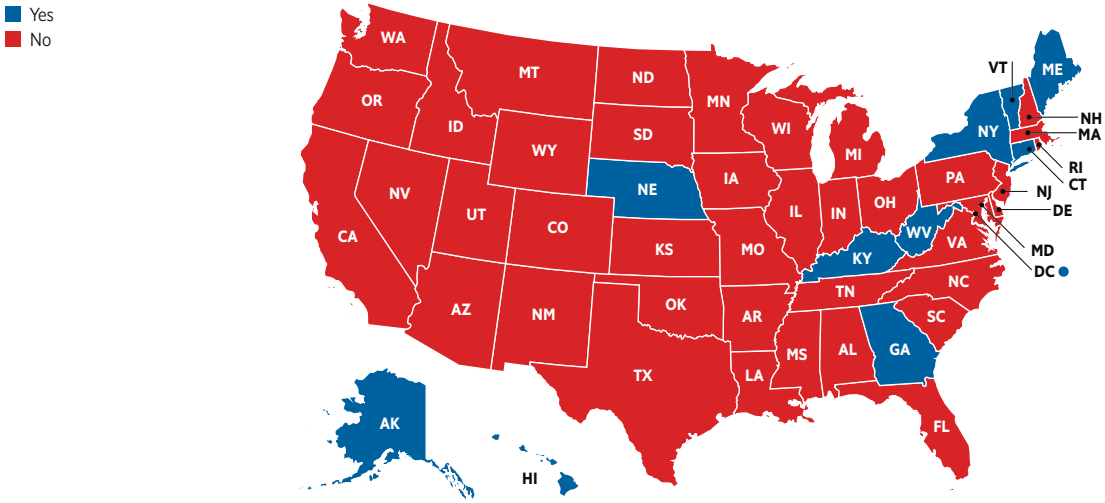
Addressing youth who have engaged in PSB through evidence-based treatment and family support can help change their life trajectory towards a healthy and safe adult life. Interventions such as trauma focused cognitive-behavioral therapies and multi-systemic approaches can help target the root causes of behavior while involving families and communities in the healing process.[99,100] Programs that teach accountability and healthy relationships have demonstrated effectiveness in reducing recidivism, while those that focus on empathy, boundaries and emotional regulation may help protect against future harm.[101]

Importantly, interventions should account for the distinct needs of diverse populations and the various reasons that children and youth may act out, including those with experiences of trauma. States should invest in trauma-focused treatment and tailored approaches to ensure youth are matched to the most appropriate services and treatments.[102]

Public registration: more harm than good

Another adult-based sexual crime policy frequently applied to young people who have engaged in PSB is sex offender registration. These policies require minors adjudicated delinquent or convicted of certain sex offenses to register with law enforcement and, in some cases, appear on public sex offender registries. Yet research shows that juvenile registration is ineffective at deterring first-time offending and fails to reduce already low sexual recidivism rates among adolescents who have engaged in PSB.[103,104] Placement on registries can also expose minors to a range of harmful consequences—including bullying, harassment and sexual victimization. Moreover, the stigma of registration can contribute to adverse mental health outcomes, like depression, anxiety and suicidal thinking or attempts.[105] Despite these risks, just 11 states have eliminated sex offender registration in all cases of children adjudicated delinquent without exception (Figure 16).

Figure 16: Elimination of juvenile registration
States that have eliminated sex offender registration in all cases of children adjudicated delinquent without exception



Source: Economist Impact

Stronger systems, safer childhoods

"The visibility of this problem—the willingness of people to consider it as a reality, the willingness of people to talk about their own experiences and the willingness of people to report—has all increased."

David Finkelhor, Director, Crimes Against Children Research Center, University of New Hampshire

Several high-profile cases involving children—such as the scandals surrounding Jeffrey Epstein and Larry Nassar—and the momentum of movements like MeToo have helped to bring the long-silenced issue of sexual violence increasingly out of the shadows. While this growing awareness is a positive development, it is insufficient on its own.

Findings from the U.S. Out of the Shadows Index reveal that in most states, prevention and response systems are falling short: all but five states and D.C. receive a failing grade. Too often, efforts to protect children are reactive rather than preventive, while systems end up sidelining the rights and needs of survivors.

Ending CSAE demands strong leadership at all levels of government to develop, coordinate and finance a holistic approach to tackling this pressing issue. States must enact stronger legal protections, build more robust prevention systems and ensure greater access to trauma-informed, child-friendly response mechanisms that address all forms of CSAE—both in person and online (Figure 17). If states focus on building systems that put these principles at the core, the U.S. can solve this crisis.

Figure 17: From gaps to gains: how states can learn from each other

Pillar	Domain	Summary
Prevention	Legal protections and safeguards	The availability of key legal protections to protect children and ensure accountability for offenders • Minnesota has raised the minimum age for marriage to 18 without exceptions and requires official proof of age to obtain a marriage certificate.[106] • Alabama passed a bill in 2024 to expand the state's ability to investigate and prosecute artificially-generated CSAM.[107]
Prevention	Prevention capacity building	The investment in policies & programs critical to preventing CSAE and addressing its risk factors • Washington requires public schools to provide comprehensive sexual health education that is medically and scientifically accurate, age-appropriate and inclusive of all students.[108] • North Carolina requires all school personnel working with students in grades kindergarten through 12 to receive two hours of training on preventing, intervening and responding to child sexual abuse and sex trafficking biannually.[109]
Response	Provision of support services	The availability of, and access to, coordinated, survivor-centered services • Delaware requires that, without good cause, all forensic interviews with children aged 3–12 be conducted at a CAC and in line with nationally recognized standards.[110] • California requires law enforcement officers and medical professionals to provide victims with information about their rights during their initial interaction, including the right to have a sexual assault counselor and support person present during medical evidentiary examinations.[111]
Response	Justice system capacity & response	The capacity of the state's justice system to provide a trauma-informed and child-centered response • In Rhode Island, the court may order the testimony of a child 17 years of age or younger to be taken in a room other than the courtroom to prevent them having to testify in open court in cases of sexual assault.[112] • Illinois mandates training for all law enforcement officers in trauma-informed responses and investigations of sexual assault and sexual abuse, including responding to the special sensitivities of victims including those under the age of 13.[113]

Source: Economist Impact

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Appendix I: The evolution of the index

The U.S. Out of the Shadows Index was originally devised in 2021. To develop the index framework, Economist Impact conducted an in-depth literature review and data audit, followed by a consultation panel (see appendix II) to solicit feedback from experts on the proposed framework and indicators. Following this process, the index was piloted across 12 states in 2022.[xxii]

The research for the remaining 48 states was completed in two stages, in accordance with resource availability. The second iteration of the index, completed in 2024, covered 28 states (the original 12 pilot states plus 16 additional ones).[xxiii] The current version (2025) includes all 50 states and the District of Columbia.

Between each iteration of the index, Economist Impact refined parts of the index framework to build an even more robust and actionable tool. These revisions were informed by our own internal review processes and expert feedback, resulting in four types of changes:

1. **Additions:** Several new metrics were incorporated to capture emerging areas of concern. Notably, this includes the addition of several indicators assessing state action around online CSAE.
2. **Adjustments:** The research question and scoring criteria were revised for a number of indicators to improve comprehensiveness and to hold states to an even higher standard.
3. **Re-organization:** Several indicators were moved within the index framework to improve thematic groupings and keep the framework balanced with the addition of new indicators.
4. **Deletions:** Several indicators were removed due to challenges regarding data availability.

[xxii] California, Connecticut, Illinois, Louisiana, Minnesota, Nevada, New York, North Dakota, Texas, Vermont, West Virginia and Wyoming.
[xxiii] Alaska, Colorado, Delaware, Florida, Iowa, Kentucky, Massachusetts, Michigan, Mississippi, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, Utah and Washington.

Figure 18: Adjusting the framework
Example changes made to the 2025 index framework

Change	Indicator question	Rationale for change or addition
New indicator (2025)	Does the state criminalize computer- and/or AI-generated child sexual abuse material (CSAM)?	This indicator was added to address emerging threats posed by AI-generated CSAM, ensuring the legal framework keeps pace with advancements in artificial content creation.
Adjusted indicator	**2024:** Does state law mandate recurring training for law enforcement personnel on handling child sexual abuse cases? **2025:** Does state law mandate training on handling sexual abuse cases for law enforcement personnel and/or those regularly assigned to investigate such cases?	This indicator was revised in the 2025 index in recognition that many states have introduced at least some training requirements for law enforcement on responding to sexual abuse cases, even if those requirements are limited in scope, timing or target audience; states now receive partial credit where training is mandated only for certain personnel, provided on a one-time basis or is not required to cover child-specific content.

Economist Impact took steps to ensure fairness and consistency in how states were assessed. This included re-evaluating the research completed for states included in the pilot and second iteration whenever adjustments or additions were made to the index framework. As a result of these changes, scores for states included in earlier iterations may differ slightly across versions of the index.

In the cases where indicators remained unchanged between iterations, new research was not completed. It is important to note that some of the data gathered during the pilot and second iteration may no longer be reflective of state performance if related legislative changes were enacted following the completion of the research for earlier iterations in 2022 and 2024, respectively.

Appendix II: Acknowledgments

Economist Impact would like to extend its thanks to the experts who provided their insights and advice throughout the project.

Special thanks to **Mary Pulido**, Executive Director, World Childhood Foundation USA, and **Janet O'Connell**, Director of Programs, World Childhood Foundation USA, for their invaluable support throughout the project.

Expert panelists (in alphabetical order by first name):

- **Eli Green**, Founder, The Transgender Training Institute
- **Ignacio G. Rivera**, Founder & Co-Executive Director, The HEAL Project
- **Joan Tabachnick**, Founder, DSM Consulting
- **Karen Angelici**, Senior Associate, The Annie E. Casey Foundation
- **Katie Albright**, fmr. President and Chief Executive Officer, Safe & Sound
- **Michelle Grier**, fmr. Chief Program Officer, Girls for Gender Equity
- **Nina Agrawal**, Child Abuse Pediatrician
- **Robert Farley**, Consultant, Farley International
- **Tonya Long**, Board Vice Chair, Minnesota Office of Ombudsperson for American Indian Families
- **Trinidad Ariztia Droguett**, fmr. Director, Gender Initiatives and Policy, Kids in Need of Defense (KIND)
- **Zach Hiner**, fmr. Executive Director, Survivors Network of those Abused by Priests (SNAP)

Additional expert interviews (in alphabetical order by first name):

- **Christine Soyong Harley**, President & Chief Executive Officer, SIECUS
- **Daniela Ligiero**, Executive Director & Chief Executive Officer, Together for Girls
- **David Finkelhor**, Director, Crimes Against Children Research Center, University of New Hampshire
- **David Thiel**, fmr. Chief Technical Officer, The Stanford Internet Observatory
- **Denise Edwards**, Senior Director of Government Affairs, National Children's Alliance
- **Elizabeth L. Jeglic**, Professor of Psychology, John Jay College of Criminal Justice, City University of New York
- **Jenny Coleman**, Director, Stop It Now!
- **Jetta Bernier**, Executive Director, Enough Abuse
- **Jim Cole**, Chief of Law Enforcement Enterprise and Technology, Operation Light Shine
- **Joanna Rubenstein**, Board Chair, Sweden for UNHCR and fmr. President & Chief Executive Officer, World Childhood Foundation USA
- **Julian Ward**, Restorative Justice in the Community Program Manager, The Ahimsa Collective
- **Marci A. Hamilton**, Founder & Chief Visionary Officer, CHILD USA
- **Marissa Edmund**, Policy Specialist, Family, Online Safety Institute
- **Melissa Stroebel**, President of Business Development & Strategic Insights, Thorn
- **Michelle Fingerman**, fmr. Vice President of Prevention Programs, Childhelp
- **Nicole G. Epps**, Chief Operating & Financial Officer, Brooklyn Org
- **Ramatu Bangura**, Executive Director, Children's Rights Innovation Fund
- **Riana Pfefferkorn**, Policy Fellow, Stanford Institute for Human-Centered Artificial Intelligence
- **Sameer Hinduja**, Co-Director, Cyberbullying Research Center
- **Teresa Huizar**, Chief Executive Officer, National Children's Alliance
- **Victor Vieth**, Chief Program Officer, Education and Research, Zero Abuse Project
- **Will Laird**, Senior State Government Affairs Officer, National Children's Alliance

Children's advocacy center interviews (in alphabetical order by state):

- **Maribeth Parker Bowman**, Director of Program Services, Alabama Network of Children's Advocacy Centers
- **Lynn Scott**, State Executive Director, Alabama Network of Children's Advocacy Centers
- **Mari Mukai**, Chapter Director, Alaska Children's Alliance
- **Holly Fleming**, Program Director, Children's Advocacy Centers of California
- **Ashley Jellison**, Executive Director, Colorado Children's Alliance
- **Krystal Rich**, Executive Director, Connecticut Children's Alliance
- **Michele Booth Cole**, Executive Director, Safe Shores – The D.C. Children's Advocacy Center
- **Luzed Cruz**, Executive Director, Florida Network of Children's Advocacy Centers
- **Jim Jolley**, Statewide Programs & Training Coordinator, Florida Network of Children's Advocacy Centers
- **Kim Mangiaracino**, Executive Director, Children's Advocacy Centers of Illinois

- **Jan Lutz**, Executive Director, Indiana Chapter of National Children's Alliance
- **Danica Haas**, Executive Director, Iowa Chapter of Children's Advocacy Centers
- **Tamra Jurgemeyer**, fmr. Executive Director, Iowa Chapter of Children's Advocacy Centers
- **Kasey L. Dalke,** Chief Executive Officer, Children's Advocacy Centers of Kansas
- **Winn Stephens**, Executive Director, Children's Advocacy Center of the Bluegrass (Kentucky)
- **Carlie Fischer**, Systems Advocacy Coordinator, Maine Coalition Against Sexual Assault
- **Melissa Martin**, Public Policy & Legal Director, Maine Coalition Against Sexual Assault
- **Jessica Gorton**, Communications Coordinator, Maine Coalition Against Sexual Assault
- **Wendy Myers**, Executive Director, Maryland Children's Alliance
- **Jessica Seitz**, Executive Director, Missouri Network Against Child Abuse
- **Brenda George**, Executive Director, Children's Alliance of Montana
- **Ivy Svoboda**, Executive Director, Nebraska Alliance of Child Advocacy Centers
- **Joy Barrett**, Chief Executive Officer, Granite State Children's Alliance (New Hampshire)
- **Nicole Ledoux**, Chief Program Officer, Granite State Children's Alliance (New Hampshire)
- **Alexandria Taylor**, Executive Director, New Mexico Coalition of Sexual Assault Programs
- **Jess Clark**, Director of Sexual Violence Prevention, New Mexico Coalition of Sexual Assault Programs
- **Deana Joy**, Executive Director, Children's Advocacy Centers of North Carolina
- **Greg Kasowski**, Executive Director, Children's Advocacy Centers of North Dakota
- **Danielle Vandergriff**, Chief Executive Officer & Executive Director, Ohio Network of Children's Advocacy Centers
- **Celeste Prince**, Director of Operations & Programming, Ohio Network of Children's Advocacy Centers
- **Carrie Little**, Executive Director, Children's Advocacy Centers of Oklahoma
- **Shelly Smith**, Executive Director, Oregon Child Abuse Solutions
- **Abbie Newman**, Chief Executive Officer, External and Global Affairs, Mission Kids Child Advocacy Center (Pennsylvania)
- **Chris Kirchner**, Executive Director, Children's Advocacy Centers of Pennsylvania
- **Kimberly Marcantonio**, Manager, Commercial Sexual Exploitation of Children and Special Projects, Children's Advocacy Centers of Pennsylvania
- **Thomas Knapp**, President and Chief Executive Officer, The South Carolina Network of Children's Advocacy Centers
- **Tracey Tabet**, Director, Utah Children's Justice Center
- **Paula Reed**, Executive Director, Children's Advocacy Centers of Washington

Economist Impact bears sole responsibility for the content of this report. The findings and views expressed do not necessarily reflect those of the sponsors, the experts or others who kindly gave their time to advise us.

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