

A “#MeToo Movement” for Children: Increasing Awareness of Sexual Violence Against Children

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Social movements, such as the “#MeToo movement,” have the potential to foster awareness and inspire policy and advocacy efforts regarding issues that impact physical, mental, and emotional health. News stories surrounding the #MeToo movement have most noticeably been focused on sexual violence against women in entertainment, media, and politics. Nonetheless, the #MeToo movement has led to an increased recognition of and empathy for victims of sexual violence across society.¹ The movement started in 2006 when Tarana Burke, a civil rights activist, coined the phrase “#MeToo” as a means of creating solidarity among victims of sexual violence.¹ As accusations accumulate throughout Hollywood; Washington, DC; and the world, Burke’s circle of solidarity has been widened substantially. The movement has gained such significance that those at *TIME* magazine chose the “Silence Breakers” as the 2017 Persons of the Year.¹ In the magazine, Burke and those (particularly celebrities) who have courageously disclosed their traumatic experiences and demonstrated support for and solidarity with other victims were highlighted.¹

The #MeToo movement has become widespread and potentially transformational; however, there is potential for further progress. As health care providers for children, we hope the movement can be expanded and used to focus attention toward the sexual violence that children, both girls and boys, experience. According to the Centers for Disease Control and Prevention, 42.2% of all women who are sexually assaulted in the United States experienced their first assault before they reached 18 years old.² Sexual violence against children encompasses a broad spectrum of exploitative as well as nonexploitative sexual acts ranging from online and off-line harassment to forced sexual intercourse³ and permeates our entire nation and global community. In the most recent United Nations International Children’s Emergency Fund report on global violence against children, it is estimated that 120 million girls (10% of girls) have been forced to conduct sexual acts at some point in their lives, with the majority of adolescents admitting to experiencing their first act between 15 and 19 years old and 20% experiencing their first act between 10 and 14 years old.³ More than 70% of children do not disclose their experiences or seek help or services to obtain treatment or prevent additional episodes.³ Furthermore, the United Nations

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Dr Agathis conceptualized, designed, and revised the manuscript; Dr Payne designed and revised the manuscript; Dr Raphael designed and critically reviewed the manuscript and supervised its creation; and all authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

DOI: <https://doi.org/10.1542/peds.2018-0634>

Accepted for publication Apr 26, 2018

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PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

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FINANCIAL DISCLOSURE: The authors have indicated they have no financial relationships relevant to this article to disclose.

FUNDING: No external funding.

POTENTIAL CONFLICT OF INTEREST: The authors have indicated they have no potential conflicts of interest to disclose.

To cite: Agathis NT, Payne C, Raphael JL. A “#MeToo Movement” for Children: Increasing Awareness of Sexual Violence Against Children. *Pediatrics*. 2018;142(2):e20180634

International Children's Emergency Fund report reveals that in the United States, ~35% of girls and 20% of boys have experienced sexual violence before their 18th birthday.³ A clear opportunity has arisen, and the pediatric community stands in position as the ideal advocate to increase awareness of sexual violence against children.

The pediatrician has many potential roles in increasing awareness of sexual violence against children. From a clinical perspective, practitioners should remain up to date on the evidence-based literature, particularly the various clinical guidelines on the evaluation of children who are exposed to sexual violence.^{4,5} Per the guidelines from the American Academy of Pediatrics, if a patient and caregiver present with a concern of sexual abuse, the clinician should interview and examine the patient alone without the caregiver present in a trustworthy, nonjudgmental, and objective manner.⁴ Child victims of sexual violence face many difficult challenges in reporting their experiences, particularly if they have caregivers who do not believe them, which can lead to self-blame.⁵ Just as the #MeToo movement has led to an emphasis on trusting women and believing their experiences, we must do the same with girls and boys who are traumatized. In most cases, the pediatrician's primary responsibility will be to determine if there is adequate concern of sexual violence to make necessary referrals to the appropriate government agencies and specialty child maltreatment clinics.⁴ Such multidisciplinary clinics provide comprehensive, trauma-informed medical and forensic evaluations.⁵ However, if neither a specialty clinic nor child abuse expert is available, the general clinician's responsibilities in evaluating and managing these patients will likely be expanded. In such cases, proficiency in the clinical guidelines on sexual

violence would be even more important.⁴

Pediatricians and their colleagues may also take on broader nonclinical roles in increasing awareness of sexual violence against children. Clinicians may educate children, parents, teachers, and other adult caregivers about the prevention, recognition, and appropriate response to sexual violence against children. Potentially relevant topics include the dangers of online sexual predators and dating violence in teenagers. Practitioners can also use medical education to teach trainees how to appropriately screen for and recognize sexual violence among patients in their practices.

Pediatricians can advocate for and impact policy at all levels of government. They can work with various local governmental agencies to help educate caregivers and children about sexual violence. At the state and federal levels, pediatricians and advocates can inform politicians about the acute and chronic health impacts of sexual violence on our children as well as its economic consequences. A 2014 study by the Centers for Disease Control and Prevention revealed significant economic costs and losses associated with child maltreatment in the hundreds of billions of dollars; factors include increased health care, child welfare, and criminal justice expenditures and productivity losses.⁶ Advocates may also engage with federal policy makers about the importance of continuing to support and fund legislation already in place that is focused on preventing and responding to sexual violence, including the Violence Against Women Reauthorization Act of 2013 and the Family Violence Prevention and Services Act.⁷

Moreover, policy makers should be encouraged to continue to create new legislation in response to newly exposed threats that make our children vulnerable. The episode

regarding Larry Nassar, a physician at Michigan State University and team doctor for United States of America Gymnastics who was accused and convicted of sexually abusing 150 young athletes, serves as an example. Less than 1 week after Nassar's sentencing, the US House of Representatives passed new legislation (US Federal Bill S.534) that was used to install additional protections and remedies for young amateur athletes who are victims of abuse.⁸ This episode also reveals the unsettling realization that perpetrators of sexual violence against children exist within our health care profession, and we have a responsibility to recognize and report concerning behaviors when they occur within our professional community.

Given the global nature of sexual violence against children, there is a need to advocate for the health of children worldwide. The US government plays a critical role in global child-health initiatives and programs. Therefore, pediatricians may advocate at the federal level for the maintenance of global-health funding even in the wake of political uncertainty. Such efforts at the federal level require collaboration with other advocates, professional societies, and nonprofit organizations. From a policy and research standpoint, specific goals that can be emphasized in combatting sexual violence against children globally include enhancing the surveillance of both online and off-line sexual violence and educating adult caregivers and communities to change specific cultural norms, which have been drivers for violence against children globally.³

It is critical that through their various clinical, research, educational, and advocacy roles, pediatricians continue to increase awareness of sexual violence against children just as the #MeToo movement has done for women. The #MeToo

movement has been particularly effective because it has led to an emphasis on women's autonomy, giving women the power to choose when and how they disclose their experiences of sexual violence and creating solidarity. Because of legal restrictions and mandated reporting laws, children don't have that same autonomy and consequential solidarity. In the absence of this autonomy and agency, pediatricians are in the ideal position to represent and protect these children.

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Pediatrics 2018;142;

DOI: 10.1542/peds.2018-0634 originally published online July 24, 2018;

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