Prevention of Child Sexual Abuse: Policy and Practice with a North Carolina Lens

PREVENT CHILD ABUSE NORTH CAROLINA

2023 LEARNING AND LEADERSHIP SUMMIT



Dr. Janet Rosenzweig: Perspective

- Developmental perspective on individuals and families (BS in Human Development, PhD, Social Work)
- Health and sex educator (MS in Health Education)
- Sex abuse help-line counselor, therapist and staff trainer
- Public official working in child welfare (PhD minor in public administration Plus mid-career MPA)
- Prevention specialist former VP of Prevent Child Abuse America
- Follow the evidence: Former Executive Director of APSAC
 - Member of several research teams
 - Instructor at The Fels Institute of Government, University of PA
 - Senior Policy Analyst, The Institute for Human Services

My Public Policy perspective: From hyper local to national; from 1978 to 2023

- Have been working on this field since 1978, starting on one of the first CAPTA funded projects in the country
- ▶ Practiced in the public sector for 15 years
- Ran a statewide NGO for 8 years
- ► Earned an MPA from Harvard, then worked as VP of PCA America, then Executive Director of APSAC
- ► Have provided training or consultation in 25 US states and Canada

















Today, we'll get an update on sexual abuse prevention, and mix it up with some public policy science. And maybe inspire some actions plans; members of this audience have different audiences, all of which are important.

What's in it for the you, the audience?

Some of you (all of us!) have seen initiatives make it to the starting line then fizzle; today you'll hear specific information on improving the odds of a program being implemented as designed.

You're here because you care about preventing sexual abuse; today you'll hear specific information about tools for prevention.

www.SexWisePare nt.com/resources

These slides and several of the handouts I will refer to can be found at my website – download them now while you're thinking about it!

Dr. Linkenback Link

Spirit

Feel encouraged that this work can be done -- by you!

Science

Of Policy Implementation and Sex Abuse Prevention

Action

- What you can do in your individual communities
 - Both in your professional role, and personally, particularly when it come to changing social norms!
- What is being planned at the State Level
 - From yesterdays opening remarks, it sound like plans are in motion!

Return

 Look for changes across the social ecology; in yourself, your family, community, organizations and the state!

NC Public Policy Environment

- 100 Counties
- 100 county child welfare agencies, county operated; state supervised
- Over 400 LE agencies: 326 local PD's 100 Sheriff offices, state police
- 49 Child advocacy centers
- RPPE / Rape Prevention and Education
- ICAC (Internet Crimes Against Children unit) within State Police
- MIECHV (Maternal, Infant, and Early Childhood Home Visiting)
- Education/ Early Care and Education
- Public Health
- Youth Serving Agencies, Boys and Girls Clubs, Big Brothers/Sisters
- NC OJJDP (Office of Juvenile Justice and Delinquency Prevention)
- Others?????

All have preventing abuse/violence and/or strengthening families somewhere is their mission.

Part 1: Policy Implementation

KEY TERMS

- Policy what is 'supposed' to be done
- Practice what actually happens
- Discretion where the implementor has 'wiggle room'
- Street Level Bureaucrats the people who actually implement the program/policy

From the CDC website on Policy Implementation

"Enactment alone doesn't ensure that a policy will be successful. Additional steps may be needed to implement the policy in a way that can increase the likelihood the policy will achieve its intended outcomes."

We need
Implementation
Theory Long
Before
Enactment

What are the factors to be considered when writing laws, designing programs etc., which increase the odds of being implemented as designed?

We need to consider implementation in the program/policy design phase

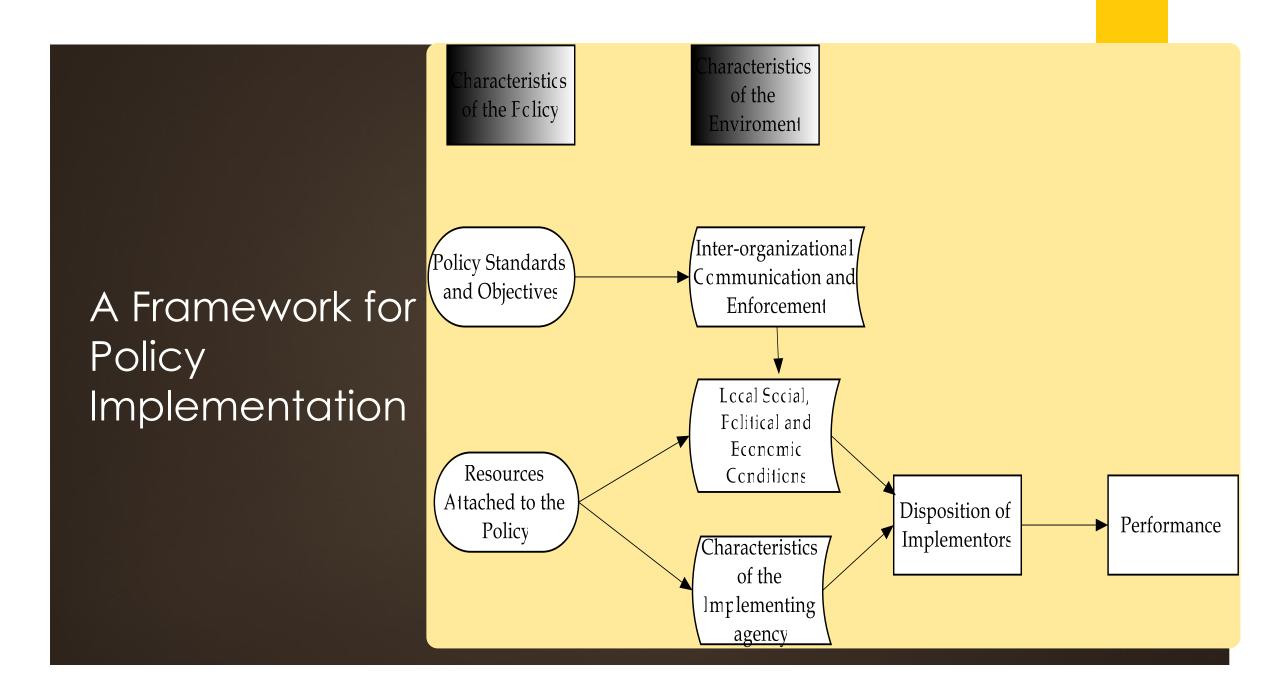
Implementation Science..

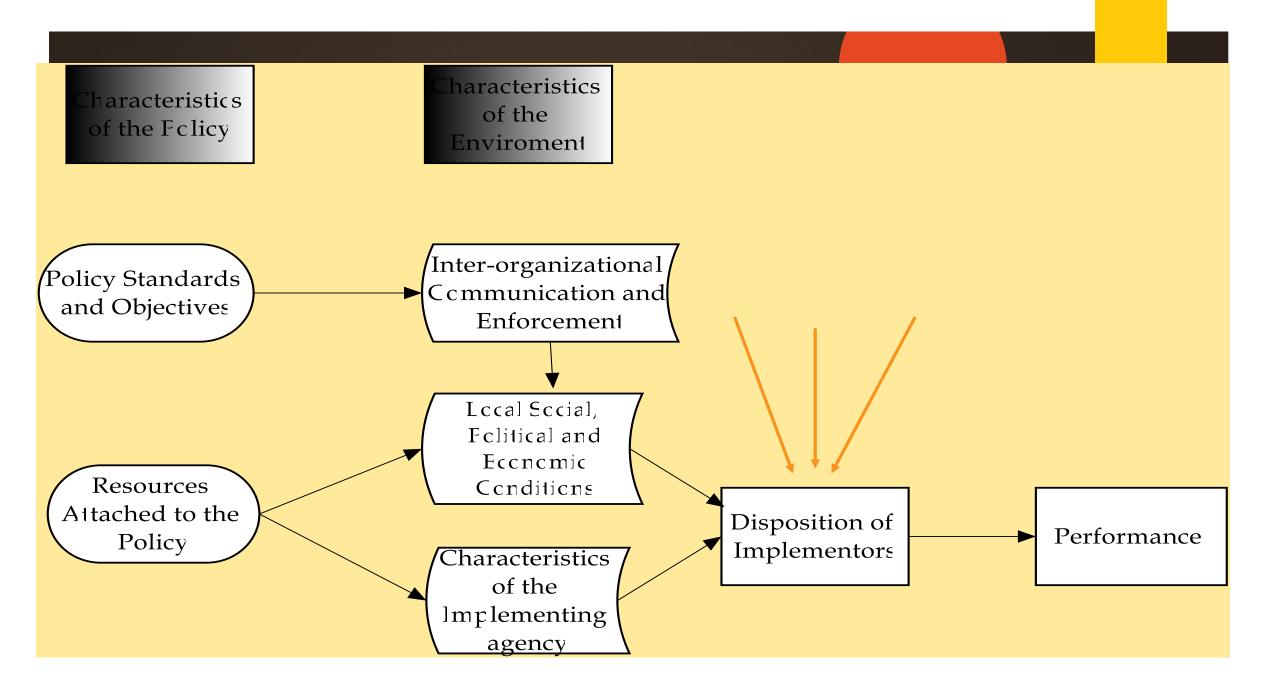
....Can provide a lens to help us see what was missing from past initiatives that might have helped move the issue forward.

..... Can help us see what we need to include in new child sexual abuse initiatives to increase the odds of successful implementation

.....Reminds us that we need advocates and champions in the policy-making world;

but any of us working in government, or serving on commissions can be a strong voice





Characteristics of the Policy: Standards and Objectives

- Are there very clear expected outcomes?
- Are there very clear, accepted methodologies to achieve the outcomes?

Reminder: Every intervention taken by a professional is a hypotheses that a proposed action will have the intended effect.

Hypotheses are based on theories

Theories are based on paradigms

WE DON'T MAKE UP INTERVENTIONS AND EXPECT AN OUTCOME!

Characteristics of the Policy

Policy Standards and Objectives

Characteristics of the Policy: Standards and Objectives

- Are there incentives to encourage/support implementation?
- Are there sanctions for failure to comply?

Characteristics of the Policy

Policy Standards and Objectives

Characteristics of the Policy: Resources

- Staff/Time
- Technical Assistance!
- Money
- Social Capitol
- Political Support
- Sustainability Planning

Characteristics of the Policy

Resources
Attached to the
Policy

 "After implementation, resources and other supports from stakeholders may decrease. Policy sustainability benefits from planning for these changes from the start of the policy process. Planning for sustainability can involve programmatic, administrative, fiscal, and other key elements of the policy." (CDC)



Planners must consider the variability in the environments where they expect the program/policy to be implemented

Is the environment structured to enable the communication of expectations?

- Does the entity who will be communicating the expectations have the respect of the people expected to implement them?
- Does the entity who will be communicating the expectations have the authority to enforce the expectations?

Characteristics of the Environment

Inter-organizational Communication and Enforcement



- Rural/Urban (service delivery, internet access)
- SES
- Is there a local champion?
- Has there been a high-profile case?
- Potential Local Partner!

From the list of state initiatives – find the local designee Is there an NGO?

Characteristics of the Environment

Local Social,
Political and
Economic
Conditions



Characteristics of the Environment: Local Conditions

- Social Norms!!
- What happens when people speak publicly around any sexuality issues?
- The norms gap Dr. Linkenback mentioned: "I think it's OK if I talk to kid(s) about sex, but I don't think other people would agree.
- "I think it's important to explain to both my son and daughter about human sexual response, but I think my parents would frown on this."

Characteristics of the Environment

Local Social,
Political and
Economic
Conditions

Find the positive social norms in the community!!!

- There are building blocks to child sex abuse prevention
 - Caring individuals
 - Local affiliates of the organizations and agencies we mentioned
 - Where else might you look to find like-minded advocates?

One of my goals for today is to enlist you, as a preventionist, to help change a few social norms:

- It is not only OK, but important to talk to kids about sexual health and safety
- It is never OK to shame the victims of sexploitation
 - Exploiters/blackmailers count on the deep shame and humiliation to keep victims on the hook.
 - Sidebar: NCMEC reports that the most common victims of sexploitation are teen aged boys!

Characteristics of the Environment: Implementing Agency

- Resources
 - Time
 - Money
 - Information
 - Accessible programs
- Leadership
- Internal communications
- Priorities

Characteristics of the Enviroment

Characteristics of the Implementing agency

Agency Characteristics: Staff and Leadership

What is the professional training of the staff and leadership?

How experienced is the staff and leadership?

What is the ideology of the staff and leadership?

If grants are to be made to communities for programs, all of these questions should be in the grant application!

Characteristics of the Environment

Which agencies in North Carolina might have the characteristics to be a prevention partner?

Possibly not CPS, and with good reason

Characteristics of the Enviroment

Characteristics of the Implementing agency

The Foundations of CAPTA and Prevention

- ► CAPTA 1974
- ▶ 1974 included provisions to make grants "...for demonstration programs and projects designed to prevent, identify and treat child abuse and neglect"
- By specifically differentiating prevention from identification and treatment, the intention to do more than tertiary prevention seems clear.
- However, CAPTA earmarked little money for primary and secondary prevention, and prevention funding was generally disbursed by grants or contracts with the non-profit and voluntary sector
- A text search of the transcripts of the 1983 CAPTA reauthorization hearings shows the word 'prevention' primarily when repeating the name of the Act
- Certain CAPTA funds were allocated to states as discretionary funds, which some states used for prevention, but primary prevention never enjoyed the general support or uncapped entitlement to funds earmarked in other CAPTA titles for investigation and intervention.

Historical perspective of CAPTA and prevention

- The Child Abuse Prevention and Treatment Act (CAPTA) of 1974, the federal legislation that created the modern child protective services system, was designed to offer a public response serving maltreated children with secondary prevention and intervention. From its inception, CAPTA anticipated that community partnerships with the private and non-profit sectors would be key to primary prevention, and that is still the case in the United States. Over the decades, Child Protective Services (CPS) agencies initiated secondary prevention services in response to external pressure from legislatures responding to 'moral outrage' at crimes against children, and powerful advocates promoting promising service models with varying degrees of success.
- The most critical role for CPS professionals in prevention is strong community involvement, both to ensure that the needs of CPS clients are well-known and understood, and that CPS staff are aware of all resources in the community to serve their clients.

CAPTA Reauthorization, 1984

- Testimony regarding prevention indicated that that NCCAN was supporting an "array of ongoing projects, several which are actively working to improve hospital practices and community education to support young parents facing particular difficulties with their parental responsibilities".
- (Secretary) Hodges discussed community-based prevention projects including "[sex abuse prevention] materials (curricula and a film) to be used with school students from preschool through high school, to make children aware of sexual abuse, to provide them with help in preventing the problem and to let them know how to go about seeking assistance if abuse is happening to them, a sibling, or a friend".
- "The programs where we use discretionary funds include a number of volunteer agencies and non-profit agencies. They work with those persons who might very well be suspected of child abuse" (7). The prevention projects highlighted by NCCAN in these hearings did not involve CPS at all. National non-profit organizations that were mentioned included The National Committee to Prevent Child Abuse and Neglect (now known as Prevent Child Abuse America), Covenant House, Parents Anonymous, Parents United and The American Humane Association.

No earmarks for prevention!

In the House hearing HEW Secretary Dorcas Hardy actually objected to funding earmarked for prevention. He said, "We are spending a great deal already on prevention activities". "The state grant proportion of the Act provides eligible states... funds to develop, strengthen and carry out prevention and treatment programs...". He went on to express concerns "about your proposals to add a requirement in Section 4 of the act that the Secretary shall establish percentages of funding to be earmarked for prevention. We believe this could create an unnecessarily rigid requirement...".

1996 CBCAP

- Grants to states were established under Title II of CAPTA to provide grants to states for prevention (8). In order for a state to receive these funds, a governor must designate a lead agency to receive them; in most states, the lead agency is in the same cabinet-level department as CPS, but is not the CPS operating entity. There is a continuing emphasis on partnering with the non-profit sector. The CBCAP Program Instruction (PI) (9) states, "Given the limited funding available for prevention services, lead agencies are strongly encouraged to find ways to partner with other public and private organizations serving the same populations and sharing the same goals and objectives."
- National non-profit organizations like Parents Anonymous and The National Committee to Prevent Child Abuse and Neglect were founded in 1969 and 1972, respectively. The early initiatives of The National Committee focused on public information and education, including collaborating with the Ad Council to develop a campaign based on the slogan, "It shouldn't hurt to be a child," and a campaign to prevent psychological abuse featuring the slogan, "Words can hit as hard as a fist. Listen to what you are saying; you might not believe your ears" (10). Early initiatives of Parents Anonymous focused on strengthening and empowering parents. Both organizations continue to operate and maintain a focus in these areas.

CPS Prevention Initiatives

From a theoretical framework

- Family Preservation
- Differential Response
- Families First

Developed as a reactionary response to a high profile case

- Baby Doe Rules
- Safe Haven Laws
- Central Registries

Reactionary initiatives

Baby Doe Laws:
requires CPS to
be notified when
an infant is going
to be denied
medical care

Safe Haven
Laws:
Designated
place for parents
to 'abandon' an
infant without
consequences

Central
Registries: Lists of
all families
reported to CPS

Theoretical initiatives

Weakness: These initiatives often have a specific client profile where they've shown to be most effective, but CPS is a public service and often can't triage appropriately

Advocates have high hopes that Families First may be different. We'll see.



Incompatible intervention models – multiple staff from investigation to outcome does not support relationship development, known to be a factor in successful parent engagement and outcomes

Client perception of CPS as a sanction, rather than a service

CPS and Prevention?

- as presented in the history of the development of State Children Trust Funds:
- The prevention by persuading the state legislature in Michigan to increase funding to add 50 full-time "prevention workers" to the protective services budget. After the "prevention worker" positions had been created and filled, all 50 had full-time protective service caseloads and none of them was doing any prevention work. The needs and demands of children in crisis had compelled the decision makers to divert the money to treatment. This event helped shape the law that created Michigan's Children's Trust Fund and served as a model for all states"
- Abdullah CS. Honoring our past, building our future. Alliance Child Trust Prevention Funds 2009. URL: https://ctfalliance.sharefile.com/share/view/sb1a56758cb74807b.

Community
Collaboration is
Key: CPS as
convener and
possibly funder,
in partnership
with.....

- There is a clear and important relationship between CPS and community-based prevention programs. The early framers of CAPTA sought to develop community partnerships for prevention and separate it from investigation and intervention. It is not surprising then that Maguire-Jack and Byers (*) found that the availability of prevention "programs had a direct impact on screening and case opening/closing decisions but not substantiation decisions. Substantiation decisions, rather, were impacted indirectly, as CPS staff members were able to justify a substantiation or court referral decision if families did not comply with the prevention program" Public System partners: Maternal and Child Health, RPE (State Health Departments) Early Care and Education, mental health, public education, juvenile justice, family courts and other public systems,
- NGO's: (Sex Abuse Prevention) CAC's. PCA America State Chapters, CTF grantees, D2L/Enough Abuse program operators; Youth Serving Agencies

Maguire-Jack K, Byers K. The impact of prevention programs on decisions in child protective services. Child Welfare 2014;92:59-86.

The National Plan

www.preventtogether.com



PREVENT TOGETHER

The National Plan to Prevent Child Sexual Abuse and Exploitation





Prevention

PILLAR 1: ADVOCACY & POLICY



FUNDING & CAPACITY PILLAR 2: AWARENESS & EDUCATION



PILLAR 5: ORGANIZATIONAL POLICIES & PRACTICES

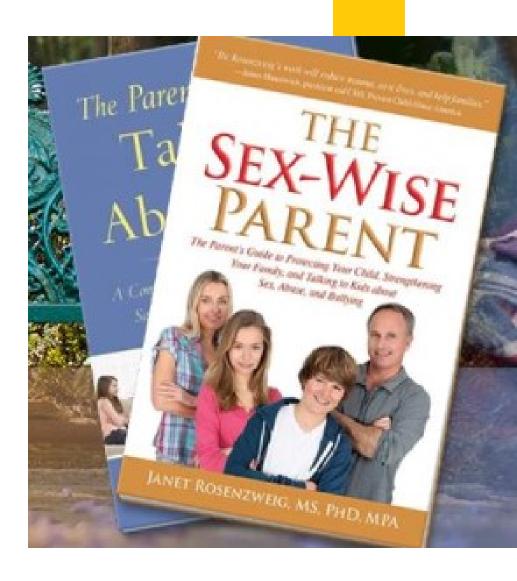


PILLAR 3: COLLABORATIVE PRACTICES



PILLAR 6: RESEARCH

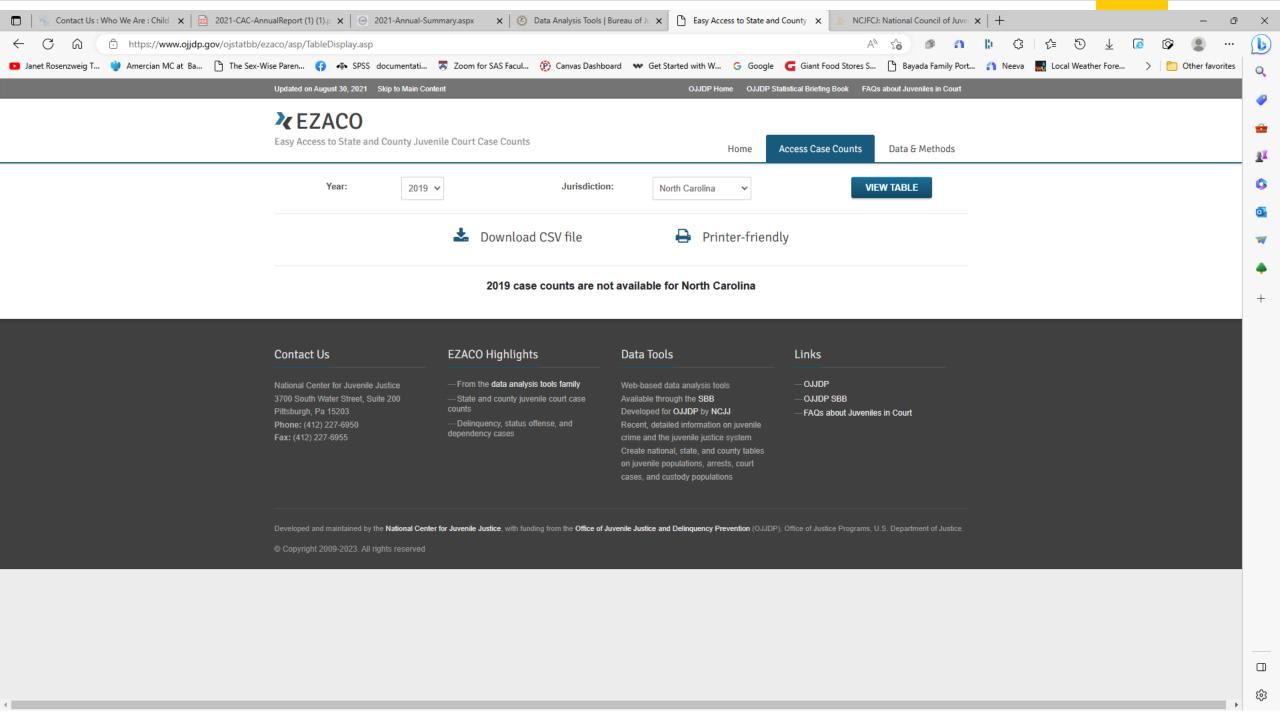
Part 2: Child Sexual Abuse Prevention



North Carolina CPS Data from CM 2021

	Victims	Medical Neglect	Neglect	Other				Sex Trafficking	Unknown	Total Maltreatment Types
North Carolina	21,242	817	18,427	95	1,040	735	1,084	1	211	22,410
National	588,229	11,303	446,838	21,092	93,907	37,361	59,328	1,086	244	671,159

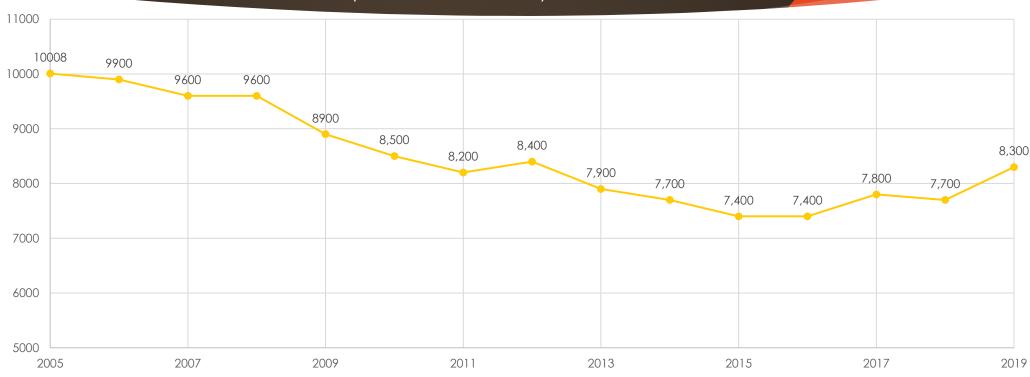
		Neglect Percent		Percent	Psychological Maltreatment		Sex Trafficking Percent	Unknown	Total Maltreatment Types Percent	
North Carolina	3.8	86.7	0.4	4.9	3.5	5.1	0	1		105.5
National	1.9	76	3.6	16	6.4	10.1	0.2	0		114.1



Expensive
Program that is
not
Prevention...

Sex Offender Registries!!

National Data: Rape Cases Handled by Juvenile Court, 2005-2019



Data Source: EZAJCS: Detailed Offenses (ojjdp.gov) accessed at https://www.ojjdp.gov/ojstatbb/ezajcs/asp/detail.asp

SORNA –Sex Offender Registration and Notification Act

- After the highly publicized, tragic murders of children Adam Walsh and Megan Kanka by sex offenders in the 1990s, The Adam Walsh Act and Megan's Law made community notification and publication of registry content the norm; these requirements were codified into federal law. States that failed to include youth who sexually offended on the registries by 2011 were subject to financial penalties. At the same time, the United States was reeling from an increase in youth crime and rescinding some of the key provisions of the juvenile justice system developed in the 1950's and 1960's. Together, this set the stage for youth with problematic sexual behavior to be swept up in the same net as violent sex offenders.
- States moved quickly to implement federal sex offender legislation, with a majority passing notification and registration statutes for adult sex offenders between 1994 and 1996." During this period, states were required to provide public notification of the identities and addresses of sex offenders, including youth listed on the registries, to local residents or other at-risk groups.

SORNA History

Protection and Safety Act into law. The Adam Walsh Act has seven major components or Titles. Title I of the Adam Walsh Act, entitled the Sex Offender Registration and Notification Act (*SORNA*), provided a comprehensive set of minimum standards addressing sex offender registration and notification which were to be implemented in each jurisdiction by July 27, 2009. Failure [by states] to substantially comply with the law would result in a 10% reduction in funding under the Byrne Justice Assistance Grant. A key provision of the Adam Walsh Act is found in Title I, Section III – 7, which sets a federal minimum standard requiring the inclusion of juveniles in registration and community notification by 2011. Juvenile offenders who offend after their 14th birthday and who were adjudicated delinquent for a crime comparable to or more severe than aggravated sexual abuse as defined in federal law (Sexual Abuse Act of 1986) [are] included in the registry.

Caldwell, M, Ziemke, M. and Vitacco M. *An Examination of the Sex Offender Registration and Notification Act as Applied to Juveniles: Evaluating the Ability to Predict Sexual Recidivism*. <u>Psychology, Public Policy, and Law</u> 2008, Vol. 14, No. 2, 89–114

Sex offender registries: A policy with no effect on rates of abuse

"Results provide no support for the effectiveness of registration and community notification laws..."

Psychology, Public Policy, and Law 2008, Vol. 14, No. 4, 284–302

Copyright 2008 by the American Psychological Association 1076-8971/08/\$12.00 DOI: 10.1037/a0013881

DOES A WATCHED POT BOIL? A Time-Series Analysis of New York State's Sex Offender Registration and Notification Law

Jeffrey C. Sandler, Naomi J. Freeman, and Kelly M. Socia University at Albany

Despite the fact that the federal and many state governments have enacted registration and community notification laws as a means to better protect communities from sexual offending, limited empirical research has been conducted to examine the impact of such legislation on public safety. Therefore, utilizing time-series analyses, this study examined differences in sexual offense arrest rates before and after the enactment of New York State's Sex Offender Registration Act. Results provide no support for the effectiveness of registration and community notification laws in reducing sexual offending by: (a) rapists, (b) child molesters, (c) sexual recidivists, or (d) first-time sex offenders. Analyses also showed that over 95% of all sexual offense arrests were committed by first-time sex offenders, casting doubt on the ability of laws that target repeat offenders to meaningfully reduce sexual offending.

Registries: Not a Protective FACTOR

REGISTRATION AND NOTIFICATION

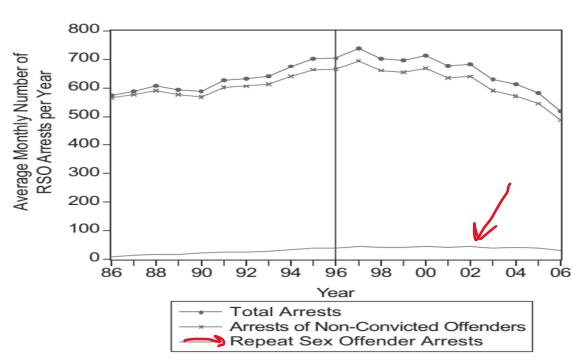


Figure 1. Average monthly registerable sex offense (RSO) arrests per year l and after the enactment of State's Sex Offender Registration Act (SORA).

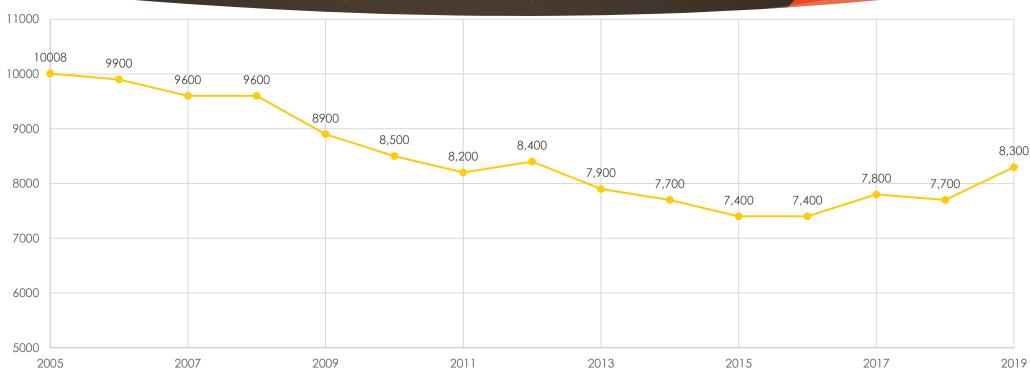
The bottom line: No impact on rates

"results of the analyses indicate that the 1996 enactment of SORA (and thus the beginning of the registry) had no significant impact on rates of total sexual offending, rape, or child molestation, whether viewed as a whole or in terms of offenses committed by first-time sex offenders or those committed by previously convicted sex offenders (i.e., repeat offenders)."

page 297

Institute for Human Services, Centre for Child Policy: Current Research

National Data Rape Cases Handled by Juvenile Court, 2005-2019



Data Source: EZAJCS: Detailed Offenses (ojjdp.gov) accessed at https://www.ojjdp.gov/ojstatbb/ezajcs/asp/detail.asp

Sidebar!!! Confounding factor in this research:

- We no longer put anyone convicted in juvenile court on a registry"
- How many youth are now tried as adults?
 - All states have provisions to try youth as adults
 - Some are automatic based on charge
 - Some allow either prosecutorial or judicial discretion
 - Call to action for advocates:

Learn how many juveniles are being tried as adults in your state?

Costs of Registries

SORNA, which is intended to force states into compliance with federal registry law, was estimated by the Justice Policy Institute to cost states \$488 million to implement in its first year."

Source:

https://www.criminallegalnews.org/news/2 018/may/15/ex-offender-registriescommon-sense-or-nonsense/

Congressional Budget Office estimates will cost \$1.5 billion over 5 years to implement The Adam Walsh Child Protection and Safety Act (2006)).

Source: Does a Watched Pot Boil: A Time Series Analysis...

Crime Control Theater and CPS



Contents lists available at ScienceDirect

Child Abuse & Neglect



Safe haven laws as crime control theater

Michelle Hammond, Monica K. Miller*, Timothy Griffin

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ARTICLE INFO

Article history: Received 2 October 2008 Received in revised form 30 October 2009 Accepted 9 November 2009

Keywords: Safe haven laws Safely surrendered Baby laws (SSB) Baby Moses laws Crime control theater Infanticide Infant abandonment Child protection laws

ABSTRACT

Objectives: This article examines safe haven laws, which allow parents to legally abandon their infants. The main objective is to determine whether safe haven laws fit the criteria of *crime control theater*, a term used to describe public policies that produce the appearance, but not the effect, of crime control, and as such are essentially socially constructed "solutions" to socially constructed crime "problems."

Methods: The analysis will apply the principles of *crime control theater* to safe haven laws. Specifically, the term *crime control theater* applies to laws that are reactionary responses to perceived criminal threats and are often widely supported as a way to address the crime in question. Such laws are attractive because they appeal to mythic narratives (i.e., saving an innocent child from a predator); however they are likely ineffective due to the complexity of the crime. These laws can have deleterious effects when policymakers make false claims of success and stunt public discourse (e.g., drawing attention away from more frequent and preventable crimes). This analysis applies these criteria to safe haven laws to determine whether such laws can be classified as *crime control theater*.

Results: Many qualities inherent to *crime control theater* are present in safe haven laws. For example, the laws are highly publicized, their intentions lack moral ambiguity, rare cases of success legitimize law enforcement and other agencies, and they appeal to the public sense of responsibility in preventing crime. Yet the goal of saving infant lives may be unattainable. These qualities make the effectiveness of the laws questionable and suggest they may be counterproductive. This analysis determined that safe haven laws are socially constructed solutions to the socially constructed problem of child abandonment.

Conclusions: Safe haven laws are appropriately classified as *crime control theater*. It is imperative that further research be conducted to examine the effectiveness and collateral effects of safe haven laws.

Crime Control Theater

- "Laws that are reactionary responses to a perceived criminal threat and are often widely supported to address the crime in question. Such laws are appealing because they appeal to mythic narratives however, they are likely ineffective due to the complexity of the crime"
- These laws can have a deleterious effect when policy makers make false claims of success and stunt public discourse
- Jocelyn Elders ouster and CA SB 384 were clearly examples of crime control theater

Protective Factors

Registries – NO (crime control theater)
Safe, Stable, Nurturing Relationships - YES
Accurate information about sexuality - YES

Sexuality is a hot button issue in Public Policyit is a magnet for crime control theater

For example....

Jocelyn Elders

California SB 384

Political Environment: Jocelyn Elders

- 1994 Dr. Joycelyn Elders, U.S. Surgeon General, was forced to resign
- "With regard to masturbation, I think that is something that is part of human sexuality and a part of something that perhaps should be taught."



CA SB 384

In 2018 California passed SB 384, which, effective January 1, 2021, replaced California's lifetime sex offender registration schema with a multi-tier schema. Specifically, SB 384 established three tiers of registration (10 years, 20 years, and life) for adults and two tiers of registration (5 years and 10 years) for juvenile registrants.

This sounds good, until you learn that after spending years researching the clinical data on all aspects of youth with PSB's clinical data, recidivism data, and secured backing from law enforcement, prosecutors, and even victim's advocacy groups.

The bill that he wrote was decimated when a lone legislator designator herself a 'mama bear' who had to protect children and refused to let the bill as written pass.

And yours truly...



New Jersey's GOP Governor Puts Sexxxpert in Charge of Little Boys and Girls



Gov. Chris Christie, whose red-candidate-in-a-blue-state election as governor of New Jersey was a victory for Teabagging culture warriors everywhere, named sex doctor to head the state's Department of Children and Family Services. And her sex toys are illegal in Mexico.

7.89K

Earlier this month, Christie nominated Janet Rosenzweig to head up New Jersey's DCFS. Rosenzweig has an extensive and distinguished career in human and mental health services. She's also the acting executive director of the Society for the Scientific Study of Sexuality. Oh, stop giggling! The SSSS is a legitimate scholarly organization that seeks a more deep and rigorous understanding of our sexual lives. Just because the group tried, and failed, to smuggle a dazzling array of sex toys into Mexico to hand out at its 2009 board meeting in Puerto Vallarta is no reason to snicker. This page from the group's January 2010 newsletter gets some laughs out of the fact that its party favors were "too hot for Mexico":

Social Context

Chilling effect of political and social climate of the 1990's had an unintended consequences

Context: The neutered '90's!

Abstinence only education:
 limited funding 1982; massive infusion,
 1996

Surgeon general fired for answering a question about masturbation, 1994

Megan's Laws States 1994; Federal 1996

Reliance on offenders registries

Focus on on-line safety

Upsurge in 'stranger danger' prevention strategies

Unintended Consequences

- Billions spent on registries and notification laws while there is no evidence that they have any impact on reducing either recidivism on preventing first time offenses.
- Youngsters, some as young as 10 or 12 placed
- on registries with devastating effects
- on their lives



Another Result??



Adults, even well-intentioned ones STOPPED TALKING TO KIDS ABOUT SEX!

- This left an opening for not-so-well intentioned adults
- The children raised in this time are now parents themselves, without the benefit of high quality, accurate sexuality information
- Yet another reason to target parents in campaigns

Parents as a source of sexuality information

Parents consistently underestimate the influence they have on the children's decisions about sex

"Teens continue to say that parents (46%) most influence their decisions about sex. By comparison, just 20% say friends most influence their decisions."

 Parents generally overestimate the amount of information their children get from health education classes

Fewer than half of all states require some type of sex education in school, and the content varies greatly

Source: Albert, B. (2010). With One Voice 2010: America's Adults and Teens sound Off About Teen Pregnancy. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy

Sexual health and safety...

- Start at home!
- The earliest and most primal lessons leaned about human touch, self worth, empathy, pleasure and pain set the foundation for sexuality.

Sex Information as a Protective Factor: PLISSIT

PLISSIT model: (Annon, 1976)

- * Permission
 - * Limited Information
 - * Specific Suggestions
 - * Intensive therapy



A tool we can offer parents!

Professionals can role model the "permission" and "limited information" aspects with colleagues and clients.

For people working directly with families

With the proper training and preparation, they can be on the front lines of promoting sexual health and safety by offering 'permission' to be sexual, and 'limited information' to understand human sexuality

MEICHV funded home visitors and others who have the trust and ears of parent can share information and help change norms

Family Norms Exercise

The following questions can be used to start discussions in parent education groups, or be given to couples to discuss. The goal is to encourage people to articulate the norms they wish to set for their family. Encourage families to pick a date for an annual family and sexuality values talk—maybe start a new Valentine's Day tradition! Detail on these and related topics can be found in The Sex-Wise Parent, (Skyhorse, 2012) Chapter 6.

What terms will you use to teach your kids about all of their (and your) body parts? How and when will you use them?

Discussion point: Children need words for genitalia easily understood by others.

Will you have a dress code?

Discussion point: Privacy, modesty, self-respect

When will you let your child bathe by himself?

Discussion points: Privacy, modesty, safety.

What rules do you want about having kids in your bed?

Discussion points: Privacy, autonomic arousal.

Will you give your kids a choice about hugging and kissing relatives?

Discussion points: Control over their own body, choice, respect.

What will you do when your child's curiosity leads him to touch your body?

Discussion points: Privacy, role-modeling setting boundaries gently but firmly.

Will your physical signs of affection with your children change over time? How? Why?

Discussion points: Autonomic arousal, puberty, ensuring children feel loved.

How will you react when you see our child touching his or her genitalia?

Discussion points: Autonomic arousal, avoid associating sexual pleasure with fear/guilt/shame.

How can you support your child's enjoyment of all her senses: the taste of food, the smell of a beloved person, the feel of fabric, the warmth of human touch?

Discussion points: Healthy sexuality is positive, wonderful and life affirming; too many parents only discuss the dangers and kids deserve a balanced perspective.

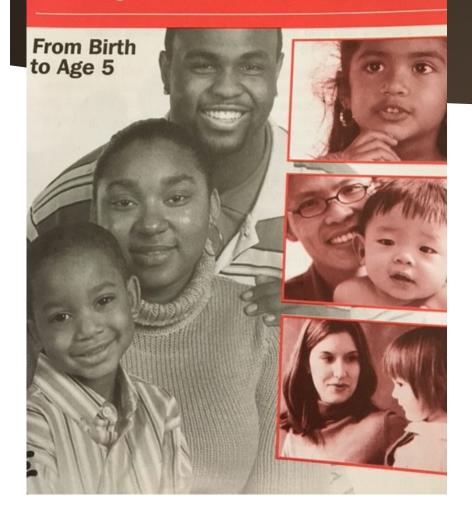
Copyright Dr. Janet Rosenzweig, author <u>The Sex-Wise Parent</u> (Skyhorse, 2012)

Additional resources can be found at www.SexWiseParent.com

"Permission"

ARTICULATING FAMILY NORMS

Teaching Healthy Sexuality to Help Prevent Child Abuse



How can we help parents do better?

- Include a focus on parents' involvement with your school-based, or YSO approaches
- Put information where parents will find it

The internet has not killed pamphlets!

Educate health care professionals who serve children and families about the resources available from the American Academy of Pediatrics

https://www.healthychildren.org/English/safety-prevention/athome/Pages/Sexual-Abuse.aspx

https://www.healthychildren.org/English/agesstages/gradeschool/puberty/Pages/Talking-to-Your-Child-About-Sex.aspx The sex abuse prevention community can help promote getting this information out in your community!

Advocate for resources in faith based, health and community organizations to support parents to become the primary sex educators of their children



Lots of Ways to Help

Infants and Toddlers - Young School-Age Children Preteens - Young Teenagers - Parents

> Develop a Healthy, Responsible Sexuality

Adapted from a brochure by the Coalition on Responsible Parenthood and Adolescent Sexuality, Dallas, Texas. By Janet F Rosenzweig MS, PhD, MPA

www.SexWiseParent.com

New!!! From the NY State Initiative to Prevent Child Sexual Abuse!













The Initiative is dedicated to the prevention of all forms of child sexual abuse throughout the state of New York through advancing research, policy, education and practice. We are organized as a cooperative initiative to provide state-of-the-art theory and research-based knowledge to inform, guide, and empower the public, professionals, and all those who serve children and families at all levels and sectors of society, toward the elimination of child sexual abuse. The Initiative is comprised of leaders in the field of child maltreatment, child protection, and promotion of well-being in children and families.

Learn more about us here: https://www.nypreventsexabuse.org/

New York State Initiative to Prevent Child Sexual Abuse

Healthy Child Sexual Development

Focus on building mutually respectful relationships with children.
You can talk to your children about their bodies and sexual development because...

- Children need to know what is okay and not okay
- Children need to know the terms for their private parts
- Children need to know that you are their source of information and are willing to have difficult conversations
 - Children need to know your values about sexuality and relationships

The table below presents information about what to expect at each age/stage of your child's development and ideas to promote healthy sexual development. Please keep in mind that children develop at different rates and every child may not fit neatly into these categories.

HEALTHY DEVELOPMENT

PROMOTE HEALTHY DEVELOPMENT

BIRTH TO 3 YEARS

- Asking questions about bodies, and bodily functions
- Using "bathroom" language
- Look at and touch their private parts** in public and private
- Showing private parts to others
- Trying to touch others' private parts
- Wanting to be naked
- Attempting to see other people naked

Use accurate names for body parts

- Explain the basic anatomical differences between birth genders using simple language
- Explain that bodies change as children grow up
- Teach children about respectful personal boundaries without shaming the child (keeping private parts covered, not touching others' private parts)
 - Teach children that touching their private parts is done in private

Answer questions calmly with simple language; honestly tell child if you don't know an answer and seek information from an expert like your pediatrician.

Consult your pediatrician during well-child visits for additional guidance and resources.

Control and/or monitor what children are exposed to on all media.

3 TO 6 YEARS

- Talk about private parts and use "naughty" words
- Look at and touch private parts with children their own age
- Develop a deeper understanding of gender roles
- May display same-gender and cross-gender interest in how they play and what clothing they wear
- Use accurate names for body parts
- Explain basic anatomical differences between birth genders and
- how bodies change as children grow using simple language
 Teach children about respectful personal boundaries
 - (keeping private parts covered, not touching others' private parts)
 - Respect child's modesty and desire for modesty and privacy***
 (but explain that secrecy is never okay between adults and children)

Answer questions calmly with simple language; honestly tell child if you don't know an answer and seek information from an expert like your pediatrician.

Consult your pediatrician during well-child visits for additional guidance and resources.

Control and/or monitor what children are exposed to on all media.

HEALTHY DEVELOPMENT

PROMOTE HEALTHY DEVELOPMENT

10 to 13 **YEARS**

- Feel sexual attraction to/interest in peers
- Masturbate occasionally, possibly reaching climax
- Possibly reach climax while asleep
- Play games with children their own age that involve sexual behavior (such as "spin the bottle")
- Look at pictures of naked or partially naked people
- Be interested in sexual content in media
- Experience genital arousal from touch or images, including touch and images that may be inappropriate or harmful
- Begin to act as if they value the opinions of their peers over that of their family
- Begin to discuss sexual orientation and gender identity
- May begin to experience the body changes of puberty (girls tend to develop earlier than boys)
- Engage in sexual behavior (flirting, kissing, contact)
- Spend more time with peers and consider different values

- Support age-appropriate relationships (for example, don't call time with a friend a "date" or encourage make-up and dress that is too grown-up)
- Explain the basics of human reproduction
- · Describe the physical changes that occur during pubertybreasts and menstruation for girls, facial and body hair for boys, sexual arousal for both
- Explain risks of sexual activity (pregnancy, sexually transmitted diseases, and disadvantages in engaging in sexual/romantic activities before ready)
- Explain risks of on-line sexual behavior, for example-sharing sexualized photos may lead to legal issues & embarrassment if shared further, and understand that images are permanent
- Develop a safety plan with your child that includes what to do if there is unwanted touch of any type from peers or adults
- · Discuss how to give and ask for consent
- Discuss contraception and preventing sexually transmitted infections
- Ensure that your child knows that genital arousal is an 'automatic reflex'-a message that comes from the brain like getting goosebumps when cold; neither their arousal, nor anyone else's means that the child has to take any action at all
- Ensure that children do not spend one-on-one time with an adult (tutor, coach, mentor) without careful screening beforehand and debriefing afterwards

Answer questions calmly with simple language; honestly tell child if you don't know an answer and seek information from an expert like your pediatrician. Consult your pediatrician during well-child visits for additional guidance and resources. Control and/or monitor what children are exposed to on all media.

13+ **YEARS**

- Begin or continue to experience puberty
- Want more privacy
- Look at pictures and videos of naked people
- Be interested in sexual content in media
- Experiment with romantic relationships
- Engage in sexual behavior (flirting, kissing, contact)
- Sometimes lie and keep information from parents

- · Discuss how to give and ask for consent
- Develop a safety plan with your child that includes what to do if there are unwanted touch or sexual advances from peers or adults
- · Discuss contraception and preventing sexually transmitted infections
- · Discuss options should unprotected sex occur
- Raise difficult topics with your children to keep lines of information open
- Teach your children how to keep an eye out for each other and step in if needed. Be an upstander not a bystander

Answer questions calmly with simple language; honestly tell child if you don't know an answer and seek information from an expert like your pediatrician. Consult your pediatrician during well-child visits for additional guidance and resources.

Control and/or monitor what children are exposed to on all media.

** The term private parts refers to the genitals (penis and scrotum in males, vagina and labia in females and the anus).

***How do you explain the difference between privacy and secrecy to a child?

Privacy means you get to do it by yourself, but trusted grown-ups (Mom, Dad, Grandparents) know about it. Children earn privacy. Secrecy means the trusted grown-ups don't know about it. It is not safe to keep secrets from trusted grown-ups, especially if another grown-up tells them to.









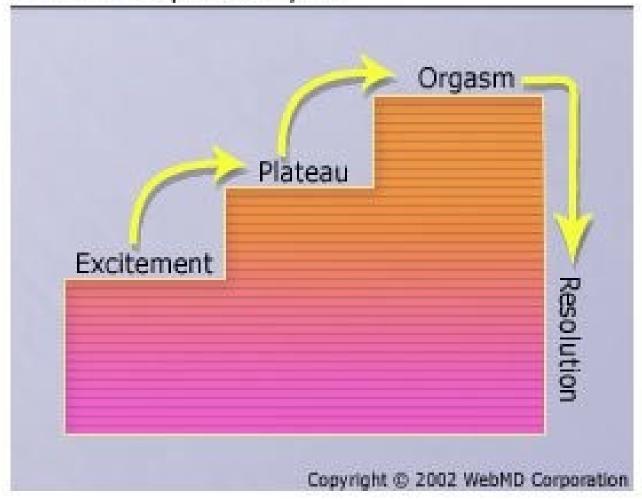


Physical Facts with Emotional Impact

Fact 1:

The human body will react to various kinds of stimulation with very specific physical manifestations

Sexual Response Cycle



Key words!

not consciously directed, such as breathing, the heartbeat, and digestive processes.

Physical, genital sexual arousal is an autonomic response

Key reason why kids need to know this





- Victims may experience a physical, sexual/genital response while being victimized
 - This is wildly confusing for children who have experienced sexual abuse prevention education as only 'good touch/bad touch'



Key reasons why kids need to know this

- Kids may confuse a physical/genital sexual response for an emotional attachment, making them vulnerable to predators.
- Adolescents and teens are particularly vulnerable.
- Physical sexual arousal decreases sexual self restraint.
- Physical sexual arousal may lead a victim to believe they participated in a sinful/forbidden act, unnecessarily adding to guilt and confusion.

Female Teacher
Charged with Sexually
Assaulting 13-Year-Old
Male Student





HU Staff: Nycole Hutchens @therealnycole A former Ohio teacher has been charged with sexual assault. Brooke Rosendale, 26, sexually assaulted her 13-year-old student and has been charged.



Account from a victim

"Pull your pants down," he said.

I didn't want to lose everything he had given me. And so I did.

He put his mouth on me. I got hard. I didn't know where to look or how to feel. I squirmed against the back of the seat. He kept on going, getting into it.

I hoped it would be over fast.

Then it happened. I came.

As confused and upset as I was, I liked the feeling.

"No one had ever talked to me about sex before, but somehow I knew it was wrong for a man to do that to a boy. I was really confused because having an orgasm had felt good." From
Diff'rent Strokes
to the Mean Streets
to the Life
I Always Wanted

Bridges, Todd with Sarah Tomlinson. Killing Willis. New York: Simon and Schuster, 2010. Page 68



Thank you. This is the first time I fully realized that I was a victim. I had a 20 something highschool teacher nave all innapropriate relationship with me. I always thought I was an equal party and felt guilt about hiding it.

Nobody at all knows this ever happened and this was over 15 years ago.

Thankyou.

Knowledge is Power!

Side Note: Paraphrasing advice to investigation from Kevin Mulcahy Prosecutor; CAC Sy. 2018

Jm,

- Do not ask a male victim if they experienced arousal or climax. Odds are they did, and odds are even higher they're too ashamed to 'admit' it. They say 'no' and you've ruined the credibility of the most important witness
- (JR adds the same can be true for female victims)

Key reason why parents and caregivers need to know this

It is unhealthy to raise children who learn to associate negative emotions with their sexual/genital arousal



Fear, guilt and shame have no place in sexual health and safety

At best, these negative emotions interfere with healthy age-appropriate sexual relationships

At worst, a child can grow into someone who needs these negative emotions to experience sexual arousal

Great summary.....

hen talking about sex,
parents usually focus on the
reproductive process and
physical changes that occur during pu

AROUSAL ≠ LOVE

physical changes that occur during puberty, often skipping over the subject of autonomic sexual arousal.

"Adolescent boys aren't raised to understand that getting erections is autonomic. It is not something they can control," says Rosenzweig. "And they may end up feeling bad and guilty, ashamed and like they're malfunctioning, when their body is doing what human bodies do."

Girls may also misinterpret their body's sexual response.

"Their genitals get all warm, and no one's taught them that it doesn't mean anything more than getting goose bumps when you feel a cold breeze. And they mistake warm genitals for being madly in love with the cute 32-year-old chemistry teacher," he says.

When kids understand and anticipate their body's natural responses, they
may make more clear-headed decisions, especially as they begin to develop
romantic relationships.

"Healthy human beings cannot control their reflexive arousal in response to a sight, sound, smell, or memory," says Rosenzweig. "But one lesson kids need to learn is that they certainly can and must be responsible for what they do with it."

And that's a lesson every parent can teach. M

Interview with Dr. Janet Rosenzweig, author of the Sex-Wise Parent, MASK Magazine, Summer 2013. www.Maskmatters.org

So who has permission to talk about sexuality, even in the context of preventing sex abuse?

In the face of public policies, which can 'chill' who can speak about sexuality, I have turned my focus on

- Parents
- Faith based organizations/clergy

Yes – members of both of these groups have been singled out as abusers --- but many more have not been.

Make these folks your allies! Offer support and resources!

Goal: parents who can tell kids

- Names for all body parts
- The difference between privacy and secrecy
- ► It's always O.K. to ask questions
- Sexual/genital arousal is NORMAL
- What behavior is acceptable at home
- What behavior is acceptable outside the home
- ▶ That it's always OK to bring ANY concern to them

Comprehensive Sexuality Education as a Primary Prevention Strategy for Sexual Violence Perpetration

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\$SAGE

Madeline Schneider ® and Jennifer S. Hirsch

Abstract

Sexual violence (SV) represents a serious public health problem with high rates and numerous health consequences. Current primary prevention strategies to reduce SV perpetration have been shown to be largely ineffective—not surprisingly, since as others have pointed out current prevention largely fails to draw on existing knowledge about the characteristics of effective prevention. In this article, we examine the potential of K–12 comprehensive sexuality education (CSE), guided by the National Sexuality Education Standards (NSES), to be an effective strategy. Our discussion uses socioecological and feminist theories as a guide, examines the extent to which NSES-guided CSE could both meet the qualities of effective prevention programs and mitigate the risk factors that are most implicated in perpetration behavior, and considers the potential limitations of this approach. We suggest that sequential, K–12 program has potential to prevent the emergence of risk factors associated with SV perpetration by starting prevention early on in the life course. CSE has not yet been evaluated with SV perpetration behavior as an outcome, and this article synthesizes what is known about drivers of SV perpetration and the potential impacts of CSE to argue for the importance of future research in this area. The primary recommendation is for longitudinal research to examine the impact of CSE on SV perpetration as well as on other sexual and reproductive health outcomes.

Keywords

sexual assault, cultural contexts, prevention, sexual assault, intervention, sexual assault

Research!! Sexual
Health Education in
schools can help!
Promote schools
Implementing the
National Sexuality
Education Standards
NSES-2020-2.pdf
(siecus.org)

My call to action:

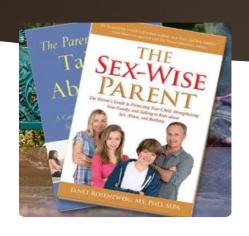
Use the skills that implementation science has to offer as you plan, monitor, modify and evaluate your prevention work

- Characteristics of the policy
- Characteristics of the environment

Keep the Sexual Health information in your sex abuse prevention work!

 No one denies parents have a right, if not a responsibility to provide accurate age-appropriate sexuality information to their kids; lets help them do that

Thank you!!



- For todays slides, handouts and copies of the chapter researching the history of CAPTA:
 - www.SexWiseParent.com/resources

For more information or local training in your community:

DrRosenzweig@SexWiseParent.com

- ►To follow our research on removing juveniles from registries
 - https://www.centerforchildpolicy.org/youthon-sex-offender-registries

Buzz Words from Day 1

- Abuse is a public health issue
- ► SSNR's\
- Partnership
- You are part of an exciting movement put a feeling in the chat box
- Transformational leaders start from the heart our passion shows through and engages others
- SPIRIT-SCIENCE-ACTION- RETURN (end on the return what was your AHA moment?)
- Is your community a friendly place? Will it stay so when you try to discuss sex