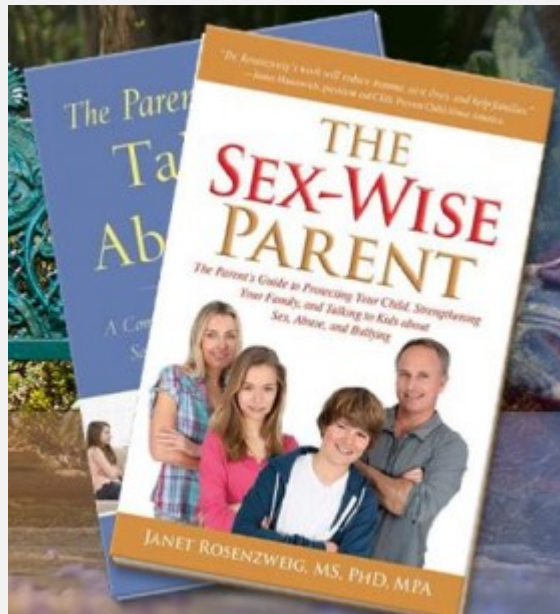


Promoting Prevention Partnerships: *What's New in Child Sexual Abuse Prevention and How to Make it Work in Your Community*

A workshop developed for the Allen Child Protection Center

April 6, 2023



Janet Rosenzweig, MS, PhD, MPA

About the Workshop

From Erin's Law to Sex-Wise Parenting, innovations in child sexual abuse prevention policy and practice are available to help keep children safer. This workshop will offer a background on understanding child sexual abuse, review current innovations in policy and practice, and end with a focus on how professionals in child welfare and protection can support parents to promote sexual health and safety in their homes and community.

Note to participants!

This slide deck has content used for longer workshops and offers additional material that time may prohibit us from covering ... but you get the slides, so no worries if I skim through certain things!

Some of the slides contain sexuality –related words or images that may not be appropriate if you're joining from home with kids around, or work with unsuspecting colleagues.

My Perspective

Health Educator, certified sex educator

Started in 1978, in East Tennessee;

- Sexuality issues were incorporated into all of our staff training, and community presentations to parents, teachers and others.
- Authored a chapter in a text book entitled: *Human sexuality issues in the treatment of child sexual abuse* (Flanzer, J *The Many Faces of Family Violence*. Charles C Thomas Pub Ltd., August 1982)

Helped develop the sex abuse intervention initiatives
Tennessee, 1979, Texas, 1982, New Jersey 1991 - 2001

Many years as a public official

2001: Prevent Child Abuse New Jersey, 2011: VP Prevent
Child Abuse America; 2015 APSAC Executive Director

Steering Committee of the *National Coalition to Prevent Child
Sex Abuse and Exploitation* www.preventtogether.com

Founding Member of the New York Initiative to Prevent Child
Sexual Abuse

How Can I Help?

1

Offer definitions, history and national perspective on current CSA prevention concepts and programming,

2

Identify programs that each state has, which may be a source of potential new partners

3

Offer frameworks for comprehensive CSA prevention

- The Social Ecological Model from the CDC&P
- Supporting parents to be the primary sexuality educators of their children

Three Dimensions of Child Sexual Abuse

Clinical

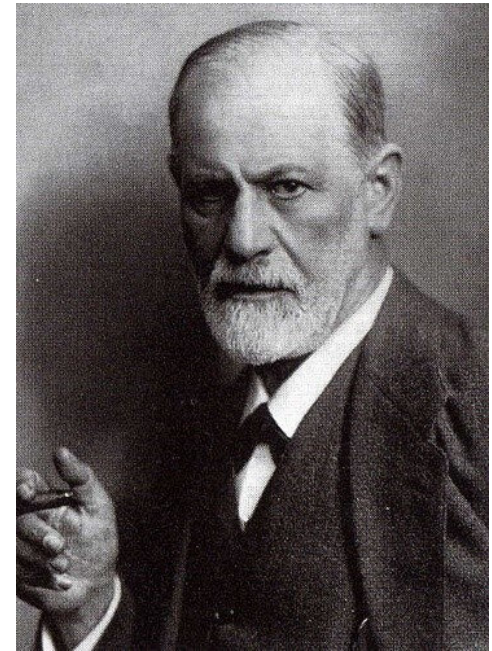
Criminal

Civil

Clinical

A century ago, Freud institutionalized denial of child sexual abuse as he popularized the Oedipal and Electra complexes!

21st Century research has shown the incidence and prevalence of actual sexual abuse of children and the damage it causes.



Civil – understanding CAPTA, the law that helped create laws in every state

Enacted in 1974

Reauthorized and modified multiple times

Currently awaiting reauthorization

Considered by public policy scholars as one of the laws to be most quickly implemented in all 50 states!*

- Federal incentives for quick compliance
- Social pressure

*reference Nelson.



About CAPTA: A Legislative History

The key Federal legislation addressing child abuse and neglect is the Child Abuse Prevention and Treatment Act (CAPTA), originally enacted on January 31, 1974 (P.L. 93-247). This Act was amended several times and was most recently amended and reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320).

CAPTA provides Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations, including Indian Tribes and Tribal organizations, for demonstration programs and projects. Additionally, CAPTA identifies the Federal

Electronic copies of this publication may be downloaded at www.childwelfare.gov/pubs/factsheets/about.cfm

Order a copy of the PDF by calling 800.394.3366 or download it at www.childwelfare.gov/pubs/factsheets/about.pdf

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



Child Welfare Information Gateway
Children's Bureau/ACYF
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
800.394.3366
Email: info@childwelfare.gov
www.childwelfare.gov

CAPTA and Child Sexual Abuse

Identified child sexual abuse as one of the major types of maltreatment to be served by the CPS system

CAPTA and the CPS system it fostered was focused on abuse of children by perpetrators with 'care and/or custody'

Remedies were generally thought a family court, or civil court which generally have a lower standard of evidence than criminal courts

States interpreted 'care and custody' differently.

- Initial focus was on family
- Expanded focus was abuse perpetrated by other adults with care and custody, such as educators

Prevention is not the priority of CPS

CAPTA IS VERY CLEAR THAT CHILD ABUSE PREVENTION WAS INTENDED AS A COMMUNITY PARTNERSHIP, AND WAS NOT THE RESPONSIBILITY OF CPS!

CAPTA always envisioned prevention as a community partnerships.

The initial legislation, and early reauthorization hearings called out national prevention NGO's including Parents Anonymous and The National Committee to Prevent Child Abuse (Now PCA A)

CPS gets pulled into prevention initiatives periodically in response to political pressure or advocacy, e.g. Baby Doe Laws, Safe Haven, but these initiatives rarely show an impact.

CPS and Prevention?

as presented in the history of the development of State Children Trust Funds:

“Dr Ray E Helfer began using his influence to create a protected source of funding for 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>.

Criminal Law

All states have criminal law around sexual assault, some specific to children

Definitions vary along key issues

- Age of consent
- Age differences between victim and perpetrator
- Sanctions and penalties
 - In Iowa, the **general age of consent to engage in sexual conduct is 16.**
 - However, **girls may consent to sex at age 14 as long as their partner is no more than 5 years older.** If their partner is more than five years older, of course, a girl cannot consent and her partner would be guilty of statutory rape.
 - Authoritarian Figures: **A stricter standard applies if a perpetrator is an authoritarian figure. In that case, the age of consent is 18 years old.** “Authoritarian figures” are adults who are in a position of authority over a young person, such as a teacher, coach, employer, or clergy member. Thus, a teacher cannot have consensual sex with a minor who is 17...”

Sexual Consent Laws In Iowa

CONTACT LAW ENFORCEMENT IMMEDIATELY IF YOU BELIEVE SOMEONE IS IN DANGER.

Examples:

- A 13-year-old tells a 16-year-old friend that they can have sex, so they do. The 16-year-old has committed criminal sexual abuse. This is reportable to the Department of Human Services. (DHS)
- A 15-year-old and a 20-year-old friend have sexual contact that the 15-year-old requests. The 20-year-old has committed criminal sexual abuse. Again, this is reportable to the DHS.
- Two 13-year-olds have sexual contact. Neither is old enough to consent to sexual contact. Either or both have sexually abused the other and can be charged.

Points to Consider:

- 12- and 13-year-old minors are unable to legally give consent for (say yes) sexual activity.
- If a 14- or 15-year-old minor has a partner who is less than 4 years older, s/he can give legal consent for sexual activity as long as s/he is not being coerced (pressured).
- As long as a 16- or 17-year-old minor is not being coerced, (forced or made to) s/he is of legal age to consent to sexual activity according to the Iowa Criminal Code.

Questions to Consider When Deciding Whether Sexual Contact is Safe & Consensual:

- Was one of the people pressuring the other? Were both truly free to give consent? Were both sober, unaffected by alcohol and/or drugs? Were both of similar mental abilities?
- What is the age difference between them? What is the difference in maturity levels and sexual experience? Is one preying on another?
- How is one or both of them feeling about the sexual contact?
- Does one hold a position of authority over the other? Is authority used to gain sexual contact (e.g. a coach, teacher or boss)?
- What would the legal consequences be for them if a report was filed and law enforcement became involved?
- How would the families involved react? Would the parents withdraw their support?
- Is help needed, such as counseling, information on pregnancy prevention and STI testing, prevention and treatment and other life skills?

Black Hawk County, Iowa area, call:

BLACK HAWK COUNTY Dept. of Human Services (319) 291-2441
WAYPOINT Domestic Violence Victim Services (319) 365-1458
RIVERVIEW Sexual Assault Victims 1 (888) 557-0310

State-Wide, call:

DEPARTMENT OF HUMAN SERVICES: 1(800) 362-2178
IOWA SEXUAL ABUSE HOTLINE: 1(800) 284-7821

This publication was developed by a coalition of service providers who work with teens. After months of comparing notes and swapping stories, the Iowa Code was researched to better understand the laws and how they pertain to mandatory reporting. This brochure is not a substitute for legal counsel or your own agency's policies regarding mandatory reporting. Thank you!

www.togetherforyouth.NET
www.eyesopeniowa.org

<https://www.unitypoint.org/waterloo/filesimages/Services/Women%27s%20Health/Sexual%20Consent%20Laws.pdf>

Criminal Law: A policy with no effect on rates of abuse

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

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

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.

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

More research....

*“I use three separate data sets and designs to determine whether sex offender registries are effective. First, I use state-level panel data to determine whether sex offender registries and public access to them decrease the rate of rape and other sexual abuse. Second, I use a data set that contains information on the subsequent arrests of sex offenders released from prison in 1994 in 15 states to determine whether registries reduce the recidivism rate of offenders required to register compared with the recidivism of those who are not. Finally, I combine data on locations of crimes in Washington, D.C., with data on locations of registered sex offenders to determine whether knowing the locations of sex offenders in a region helps predict the locations of sexual abuse. **The results from all three data sets do not support the hypothesis that sex offender registries are effective tools for increasing public safety.**”*

Sex Offender Registries: Fear without Function? Amanda Y. Agan The Journal of Law & Economics Vol. 54, No. 1 (February 2011), pp. 207-239

Freakonomics Agrees

Listen to this podcast:

<http://freakonomics.com/podcast/making-sex-offenders-pay-and-pay-and-pay-and-pay-a-new-freakonomics-radio-podcast/>

Potential applications to your work

Sex Offender registries are NOT effective prevention tools!

Expanding them may make little sense, and in fact do more harm by casting a wide net that catches people who pose no danger.

- This is especially true for youth; note the work of Elizabeth Letourneau
 - See her lecture to APSAC here: <https://www.apsac.org/videos>

Advocacy point: The cost of \$1.5 Billion could have been used to support evidence-based interventions, which registries clearly are not.

The Strategic Environment of the 1990's

Megan's Laws NJ, 1994 (first) federal 1996

- Sex abuse prevention became *checking registries*
- Adults were concerned about being falsely accused by a child or parent
- Consequences of being labeled a sex offender now much more serious, including lifetime registration

“Abstinence only” sexual health education funding started 1992, major funding 1996

- Limited topics to be presented in classes
- Funded many youth serving agencies as well!

Jocelyn Elders 1994.....

Jocelyn Elders

1994 Dr. Joycelyn Elders, U.S. Surgeon General, was forced to resign after replying to a specific question at a World AIDS Day conference.

When asked if she “thought that masturbation could serve as a useful tool to help discourage school children from becoming sexually active too early” she stated, “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.”

Foes of Elders’ superior, President Bill Clinton, repeated this one sentence out of context, seeking to paint a dedicated public health official as a pervert who wanted curricula on how to masturbate taught in grade schools.

Science deniers!!!!

One Result of the 'neutered 90's ??

Adults, even well-intentioned ones

STOPPED TALKING TO KIDS ABOUT SEX!

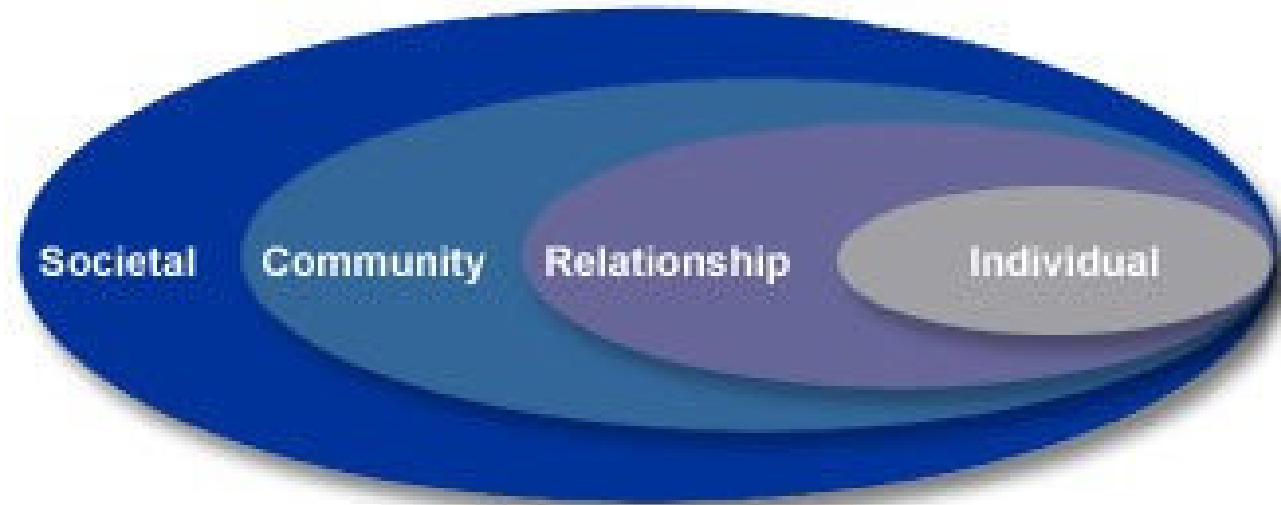


Sexual health and safety..

Start at home!

The earliest and most primal lessons learned about human touch, self worth, empathy, pleasure and pain set the foundation for sexuality.

Vintage Wisdom



The Social Ecology of Prevention

COMPREHENSIVE PREVENTION ADDRESSES ALL FOUR LEVELS OF THE
SOCIAL ECOLOGY

Level 1: Individuals

Most Common: School based sex abuse prevention programs directed at children

Strengths:

- Have been shown in some cases to promote disclosure

Challenges:

- Young children are generally developmentally incapable of resisting predatory grooming tactics of a skilled, long-term predator
- ‘Good-touch/bad touch’ programs often leave unhealthy messages about sexuality
- Single session programs are not sufficient: “dosage matters”

Level 1: Child Directed Prevention: Sample Programs

Younger Kids

➤ CAP – Child Assault Protection

Many different programs use this name!

➤ Monique Burr Foundation

➤ <https://www.mbfpreventioneducation.org/>

➤ Committee for Children

➤ <https://www.cfchildren.org/> (focus on social emotional learning)

➤ Red Cross (Canada) Be Safe

➤ <https://www.redcross.ca/how-we-help/violence-bullying-and-abuse-prevention/educators/child-abuse-and-neglect-prevention/program-for-young-children-be-safe-can-help-prevent-sexual-abuse-of-children>

Teens

Green Dot Focuses on by-stander intervention

<https://alteristic.org/services/green-dot/>

Level 1: Individuals : Adult Oriented Prevention Efforts

Widely used programs:

Darkness to Light

Enough Abuse.org

Level 1 Innovation: The Dunkelfeld Project

METHODS: Between 2005 and 2011, 319 undetected help-seeking pedophiles and hebephiles expressed interest in taking part in an anonymous and confidential 1-year-treatment program using broad cognitive behavioral methodology in the Prevention Project Dunkelfeld. Therapy was assessed using nonrandomized waiting list control design (n=53 treated group [TG]; n=22 untreated control group [CG]).

RESULTS: No pre-/post assessment changes occurred in the control group. Emotional deficits and offense-supportive cognitions decreased in the TG [treatment group]; posttherapy sexual self-regulation increased. Treatment-related changes were distributed unequally across offender groups. None of the offending behavior reported for the TG was identified as such by the legal authorities. However, five of 25 CSA offenders and 29 of 32 CPO offenders reported ongoing behaviors under therapy.

<https://www.ncbi.nlm.nih.gov/pubmed/25471337>

Stop It Now!



Initiated the perpetrator self-reporting movement in the US in the 1980's

Social unacceptability moved them away from this model in the US, but they are back with strong current programming

WWW.Stopitnow.org

Listen! This American Life: Help Wanted

A young man recognizing his attraction to children, wants help

<https://www.thisamericanlife.org/radio-archives/episode/522/tarred-and-feathered?act=2>



Level 2: Relationships/Families



Focus on Parents: Parents consistently underestimate the impact of their opinions about sexuality on their kids

Most parents feel totally unprepared to address this issue

Level 2: Resources and Programs for Parents

Savvy Parents Safe Kids

<https://theheartfulparent.com/savvy-parents-safe-kids/about-savvy-parents-safe-kids/>

The Mama Bear Effect

<https://themamabeareffect.org/>

Sex Wise Parenting

www.SexWiseParent.com

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](#)

Findings

Although most parents agreed that the teaching of CSAPE (child sex abuse prevention education) was necessary and that children would not learn CSA prevention concepts independently ***very few parents had experienced CSAPE themselves***

In the absence of formal education for parents, sources of information about CSA and its prevention were nominated as the ***media, pamphlets obtained in doctors' offices, friends and spouses***

Findings -

Overall, between 25-79% of parents had, at some time, discussed CSA and/or CSAPE with their young children. In the countries that have been studied longitudinally, there was a trend towards ***greater prevalence of discussions and greater detail in the contents of parent-child discussions over time.***

Stranger danger messages prevailed.

Healthy Sexuality...

.....is a key component to a healthy family life

The Fragile Families Studies

“At the time of the birth, most parents [in fragile families] are romantically involved and **have high hopes that they will get married**; most, however, are not able to establish stable unions or long-term co-parenting relationships. **Five years after birth, a third of fathers have virtually disappeared from their children’s lives**. New partnerships bringing new children are common, leading to high levels of instability and complexity in these families. “

http://www.futureofchildren.org/futureofchildren/publications/docs/20_02_01.pdf

Sara McLanahan, Irwin Garfinkel, Ronald B. Mincy, and Elisabeth Donahue Page 6

PLISSIT model

Permission

- Limited Information
- Specific Suggestions
- Intensive Therapy

- *Developed by therapist Jack Annon in 1974, and adopted by AASECT*

“PLISSIT”

A tool we can offer parents!

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

“Permission”

Articulating Family Norms

Assessing family values about

What do we mean by NORMS?

“Adults come to relationships with **expectations** or norms about every aspect of sexuality and sexual behavior and it would be very rare for two people to have exactly the same norms when entering a relationship. Part of building a strong foundation for a relationship includes working to clarify and articulate these expectations, then agreeing on a compromise when differences are discovered.”

Norms about Language

What words will we use for all body parts?

What words will be used for urination and defecation?

Caution not to refer to the genitals as the 'dirty parts'!

If families choose to go with 'private parts', teach kids the name for each of the parts.

Norms about Language

What words will be use for all body parts

What words we will use for urination and defecation

Caution not to refer to the genitals as the 'dirty parts'

If you choose to go with 'private parts', teach your kids the name for each of the parts

Language

Sexual safety and health is enhanced when we raise kids with an appropriate level of language about each of their body parts, having integrated the values of their family which can transform as the child develops and the family dynamics change.

Norms about dress

Be very clear about who sees whom in underwear (or less); this becomes a particularly important question in two circumstances—

- when a child approaches puberty and
- when new members are entering the household, such as the blending of families.

It's not uncommon for both of these things to happen around the same time.

Norms about privacy

Bathroom and bedroom doors opened or closed?

How will we handle visitors used to different rules? How will we handle visiting homes with different rules?

- *Friends and family willing to host kids for an overnight visit are a GIFT, but parents need to know the norms and discuss them with their kids*

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, autonomy, arousal

Before we leave families --

A word about siblings

Older siblings are an important source of information about the ‘facts’ of sex and the family values.

- Some parents engage an older child as a partner in sharing information with the younger ones

Older siblings can also be terrifying bullies

- **When kids fight (which is normal) determine if the younger/smaller one is mad or terrified.**
- One widely cited study found 13% of a college population reported sibling incest. (1)
- Adolescents between the ages of @ 12 and 15 appear to be the highest risk for impulse-driven sexual acts with younger kids (2)

(1) Finkelhor. “Sex Among Siblings: A survey on prevalence, variety and effects.” *Archives of Sexual Behavior* (9), 1980: 171–194.

(2) Maia Christopher, Association for the Treatment or Sexual Abusers (ATSA) <http://www.safetocompete.org/Watch> NCMEC conference

Recent Coverage about Sibling Sex Abuse in People Magazine!

[When a Sibling Sexually Abuses a Sibling: What to Know \(people.com\)](https://people.com/health/when-a-sibling-sexually-abuses-a-sibling-what-to-know/)

<https://people.com/health/when-a-sibling-sexually-abuses-a-sibling-what-to-know/>

[Sibling Sexual Abuse Survivor Jane Epstein Advocates for Victims \(people.com\)](https://people.com/health/jane-epstein-sexually-abused-by-brother-as-child-survivors-sibling-sexual-abuse/)

<https://people.com/health/jane-epstein-sexually-abused-by-brother-as-child-survivors-sibling-sexual-abuse/>

Jane Epstein, Sexually Abused by Her Brother as a Child, Is Voice for Other Survivors of Sibling Sexual Abuse

"I thought I was the only one. We have to talk about it and educate our kids," Epstein tells PEOPLE of the "silent epidemic"

By **Abby Roedel** and **Eileen Finan** | Published on October 19, 2022 03:13 PM



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 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

Quotes to borrow and share:

From a Dad on Glee, whose son was balking at having a sex conversation

“I’m uncomfortable too, but we’ll both be better men for having this conversation.”

From a minister and his wife to their 7 year old son after a discussion about sex and reproduction:

“We hope you realize how special this information is.” It’s about love and families and that makes it a parents special privilege to tell their kids in their own way. So keep this in our family; you need to let your friends’ parents explain things to them in their family’s way.”

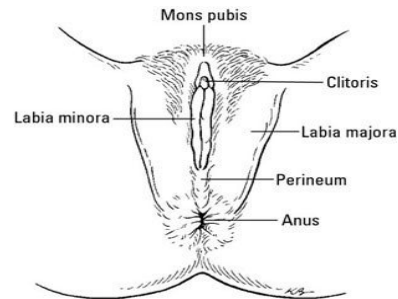
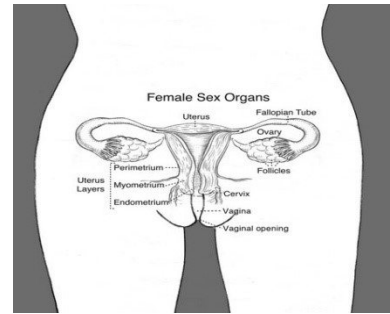
‘Limited Information’

Everything parents should have learned in high school but probably didn't:

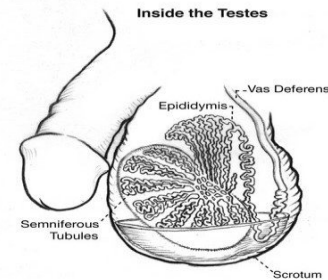
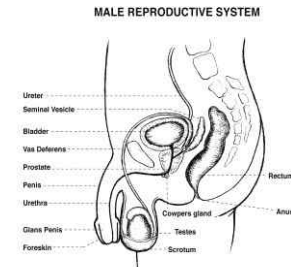
**Basic sexual and reproductive anatomy
and physiology**

Anatomy: What parts are where inside and outside

FEMALE



MALE



Physiology: How things work

Key to this discussion is a clear understanding the sexual response is an autonomic response

People experience arousal at least from birth

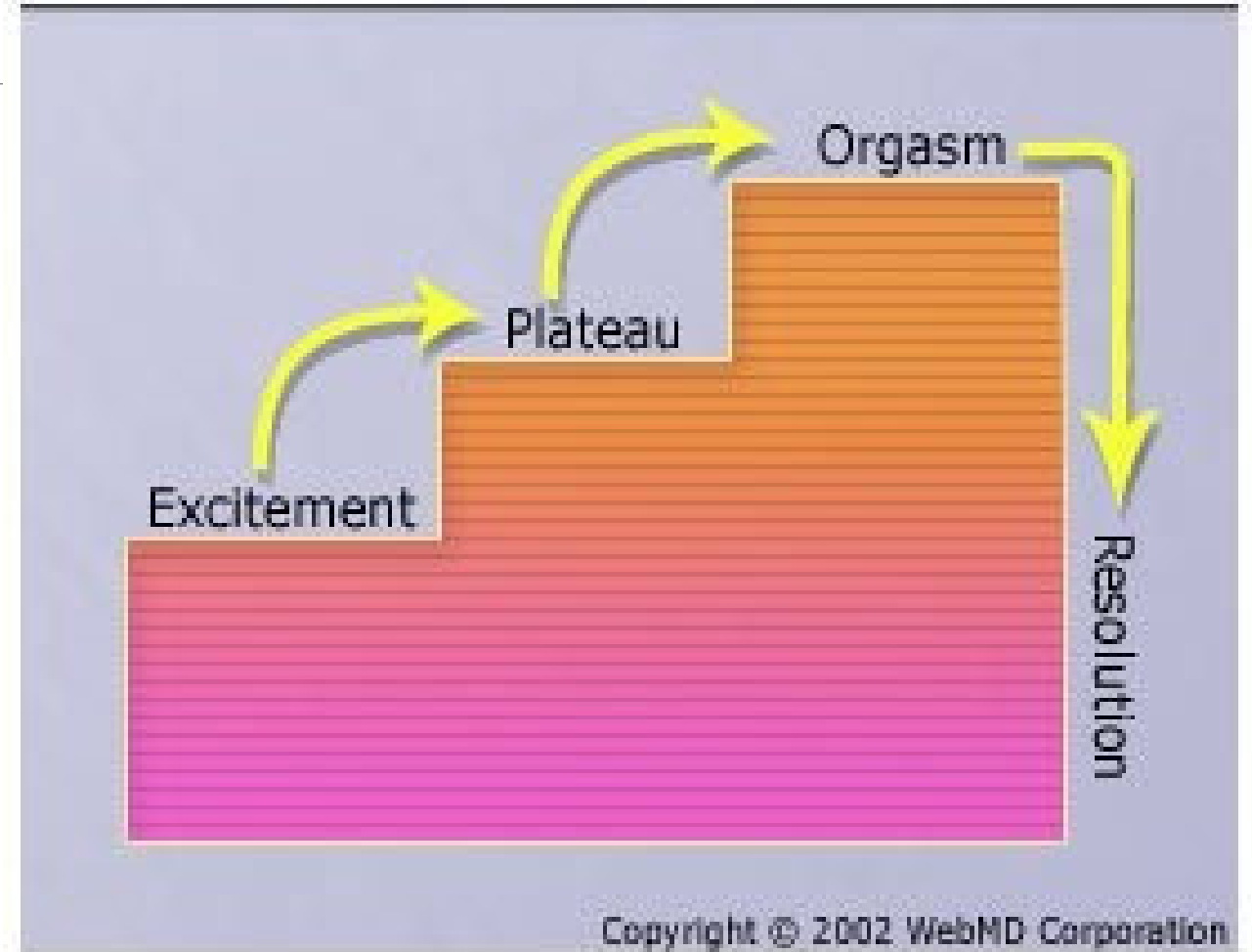
Pedophiles prey on the fact that they can induce a physically pleasurable sensation in a child to convince them that they were a willing participant in a sexualized act.

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

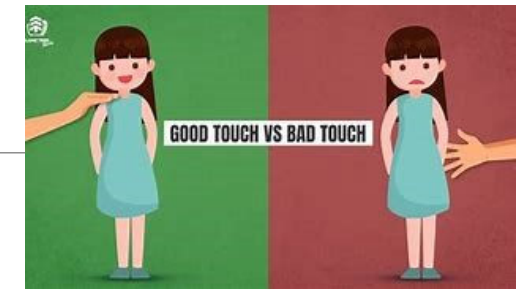


Key words!

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



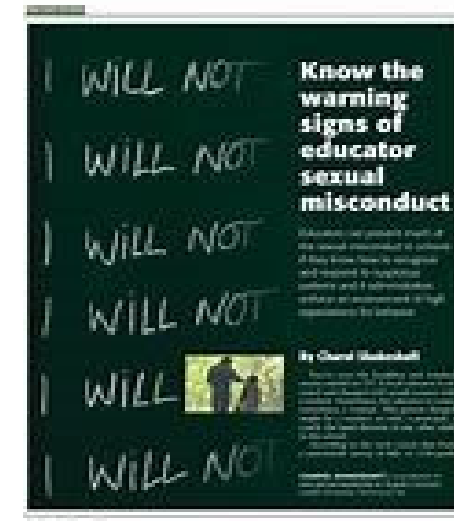
- Victims may experience a physical, sexual/genital response while being victimized
 - This is wildly confusing for children who have experienced sexual abuse prevention education as only 'good touch/bad touch'

TOTS AND MOMS .COM



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.



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.

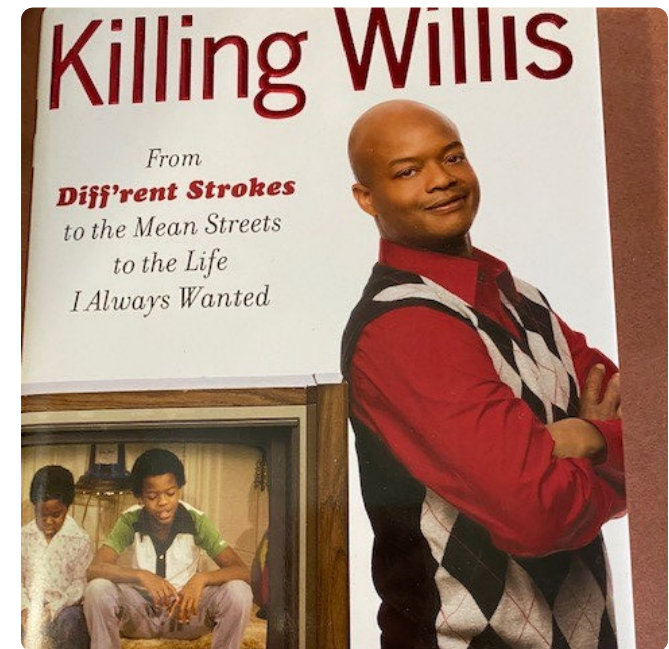
I hoped it would be over fast.

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.”

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 have an inappropriate 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.

Thank you.

Knowledge is Power!

Side Note: Paraphrasing advice to investigators from Kevin Mulcahy Prosecutor; CAC Symposium, 2018

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)

Psychological Fact with Emotional Impact

Fact 1:

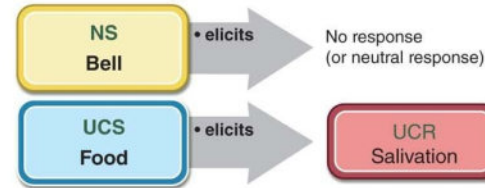
Concept: Contiguity of Stimuli

Neurons that fire together wire together

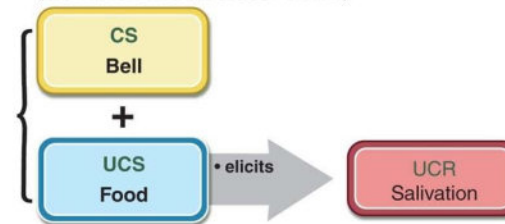
Classic Example: Pavlov's dogs who began to salivate at the sound of a bell because they usually got food when a bell rang!



BEFORE CONDITIONING



CONDITIONING PROCESS (REPEATED SIMULTANEOUS PAIRING)



AFTER CONDITIONING



What kinds of feelings will become associated with arousal?

Love-Warmth-
Acceptance
GOOD!!!

Fear-Guilt-
Shame
BAD!

AROUSAL ≠ LOVE

When talking about sex, parents usually focus on the reproductive process and

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. 

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

Great
summary.....

What adolescents must know:

Puberty will bring physical, emotional and social changes.
Don't be afraid.

Sexual arousal is normal (*and frequent!*)

Sometimes people lie to get sex.

Many STD's/STI's are for life.

Everybody is NOT 'doing it' (*and so what if they are*)

Good websites for accurate information. e.g. SIECUS.org,
sexetc.org

What parents must know:

Names for all body parts

The difference between privacy and secrecy

It's always O.K. to **answer** questions.. *Even if the answer is "I don't know!"*

Sexual arousal is normal

What young kids need to know

Names for all body parts

The difference between privacy and secrecy

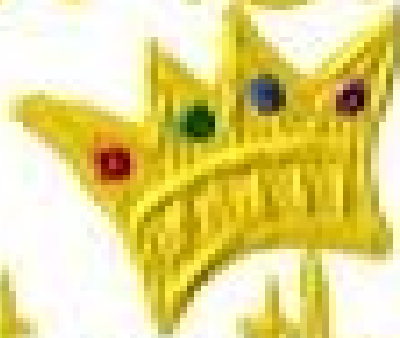
It's always O.K. to ask questions

Sexual arousal is **NORMAL**

What families can do to promote sexual health and safety

- Recognize developmental capabilities of children
- Teach children about boundaries and limitations
- Give children language about ALL body parts, including genitals!
- Normalize talking about sexuality (Permission and Limited Information)
- Collaborate and articulate family norms

Golden Rule



do unto others as you
would have them do unto you.

How can we help parents do better?

Include a focus on parents' involvement with your school-based, or YSO approaches

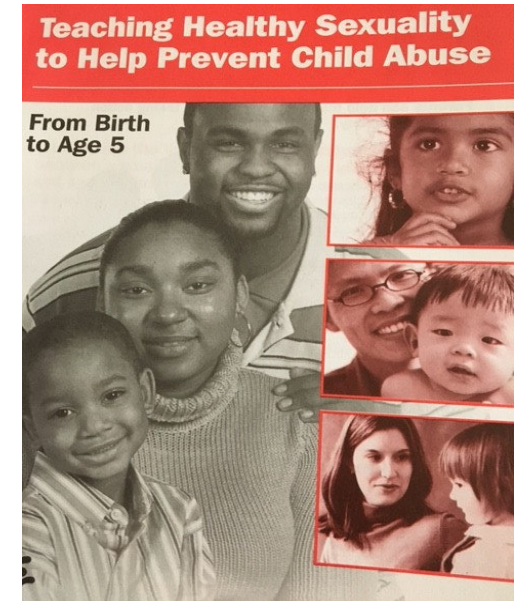
Put information where parents will find it

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/at-home/Pages/Sexual-Abuse.aspx>

<https://www.healthychildren.org/English/ages-stages/gradeschool/puberty/Pages/Talking-to-Your-Child-About-Sex.aspx>



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/>*

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
<p>10 to 13 YEARS</p> <ul style="list-style-type: none"> • 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 <p><i>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.</i></p>	<ul style="list-style-type: none"> • 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 puberty- breasts 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

<p>13+ YEARS</p> <ul style="list-style-type: none"> • 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 <p><i>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.</i></p>	<ul style="list-style-type: none"> • 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
--	--

** 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.



Level 3: The Community

Current focus on youth safety in schools and organizations

Social Norms!

Megan's Laws and SORNA changed social norms the social norms making it difficult for adults to talk to kids about sex.

People working in child abuse prevention and medical professionals seems to still have 'social permission' to advocate to bring sexual health information to kid's and families

How can we continue to impact social norms in ways that make it easier for parents and children to obtain accurate information??



YOU are the KEY

As a person working in child maltreatment, you are in a great position to offer the 'P' and "LI" of the PLISSIT model in your community!!!

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


Madeline Schneider¹ and Jennifer S. Hirsch¹

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

TRAUMA, VIOLENCE, & ABUSE
2020, Vol. 21(3) 439–455
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sagepub.com/journals-permissions
DOI: 10.1177/1524838018772855
journals.sagepub.com/home/tva


Research!!
Sexual Health
Education in
schools can help!
Promote schools
Implementing
the National
Sexuality
Education
Standards

[NSES-2020-2.pdf \(siecus.org\)](#)

Main points:

Promising approach to prevent initial perpetration

Can help change the social environment, values and norms around sexual violence

The (widely accepted!) National Sexuality Education Standards have components that address key factors in promoting sexual health and safety

Many schools separate sexual health education from sexual violence prevention

Prevent sexual violence as a public health problem (the CDC and P is doing this!)

Most current efforts are directed at college students, and must begin earlier – K-12

Table 3. Sexual Violence Perpetration Risk Factors Found to be Significant (Adapted from Tharp et al. [2012]) and Potential for CSE to Mitigate Those Risk Factors.

Category	Level of the Ecological Model	Risk Factor	Number of Studies Finding Significance	Component of NSES-CSE Likely to Mitigate Risk Factor
Sex, gender, and violence-based risk factors	Individual	Having sexual fantasies supportive of SV	4/7 studies	Gender-transformative programming
		Willingness to commit SV	7/11 studies	
		Victim blame	4/4 studies	
		Rape myth acceptance	31/36 studies	
		Hostility toward women/adversarial sexual beliefs	32/42 studies	
		Traditional gender role adherence	19/21 studies	
		Hypermasculinity	12/18 studies	
		Acceptance of violence ^c	9/13 studies	
		Dominance	4/6 studies	
	Competitiveness	1/1 study		
	Relationship—romantic	Casual relationship status	2/2 studies	
		Interrelationship conflict	7/8 studies	
	Relationship—peers	Peer approval of forced sex	4/4 studies	
Peer pressure for sexual activity		6/7 studies		
Peer sexual aggression		3/3 studies		
Membership in fraternity ^a		8/11 studies		
Sports participation ^a		8/12 studies		
Child abuse-based risk factors	Relationship—family	Previous childhood sexual abuse	20/34 studies	Childhood sexual abuse prevention programming
		Previous childhood physical abuse ^a	15/21 studies	
		Previous childhood emotional abuse ^a	4/5 studies	
		Exposure to parental violence/family conflict ^a	18/22 studies	
Sexual behavior-based risk factors	Individual	Multiple sexual partners	21/25 studies	Traditional aim of sex education is to reduce these factors, so they are likely to be reduced by NSES-CSE. Gender transformative programming and CSA prevention programming also likely to affect these factors.
		Impersonal sex	12/13 studies	
		Early initiation of sex	7/7 studies	
		Sexual risk taking	4/5 studies	
		Positive for STI	3/3 studies	
		Exposure to sexually explicit media ^a	6/9 studies	
		Motivation for sex/sex drive ^b	4/5 studies	
		SV victimization during adolescence or adulthood ^c	2/3 studies	
Social and emotional learning based-risk factors	Individual- psychosocial	Delinquency	16/24 studies	Social-emotional learning programming
		Previous suicide attempt ^a	3/4 studies	
	Interpersonal	Empathetic deficits	13/20 studies	Social-emotional learning programming
		Cue misinterpretation	6/7 studies	
	Relationship—peers	Gang membership ^a	2/2 studies	

Note. SV = sexual violence; CSE = comprehensive sexuality education.

^aThese risk factors are not likely to be successfully addressed in comprehensive sex education programs, either because they fall out of the purview of a CSE curriculum or because they occur primarily inside the home and out of the reach of CSE. This underlines the need for a multifaceted strategy to address perpetration.

^bInterest in and desire for sex is a normal part of adolescent development. Therefore, not relevant to SV perpetration prevention. ^cThis article focuses on CSE as a primary prevention strategy for SV perpetration. Therefore, discussion of previous victimization and perpetration recidivism are not discussed.

Schools

At least 5% of kids report sexual contact with a school employee sometime during their school years

With young kids, we're concerned with pedophiles.

By middle and high school we're concerned with adults who exploit their power and status to seduce kids. (ephebophiles and hebephiles)

Shakeshaft, Charol. *Educator Sexual Misconduct: A Synthesis of Existing Literature*. Washington, D.C.: U.S. Department of Education, Office of the Undersecretary, 2004.

Access the report, [Educator Sexual Misconduct](#) here.

Examples of issues in sexual climate

An organization/school where children are punished for 'hands in the pants' at nap time.

A summer camp responding to a parents charge that an adolescent lifeguard fondled her son in a locker room by suggesting that the parent find another camp for her son.

A organization/school where staff develop romantic/sexual relationships with adults in client families.

A organization/school where staff dress in sexualized ways.

Prevention initiatives

Are best delivered in a healthy sexual climate

Are best delivered as part of an on-going process

“dosage matters --- one shot assemblies have little or no long-term effect”

quote from Evaluator, CDC&P, EMPOWER Rape Prevention Education Project “Dosage matters”

Important Issues in Prevention

Do prevention programs move beyond targeting children to involve the entire community?

Do your educational, faith-based or other community institutions offer support for parents to become both skilled and comfortable speaking with their children about sexuality?

The screenshot shows the homepage of the S.E.S.A.M.E. website. At the top left is the logo for S.E.S.A.M.E. (Stop Educator Sexual Abuse Misconduct & Exploitation). To the right is a 'GET INVOLVED!' banner with a mailing list sign-up button and social media icons for email, Pinterest, LinkedIn, Twitter, YouTube, a plus sign, Facebook, and Digg. Below this is a navigation bar with four colored tabs: Survivors (red), Friends & Family (blue), Educators (orange), and Supporters (green). The main content area features a video player with a thumbnail showing two women. A text overlay on the video reads: 'Friends & Family. If a friend or someone in your family has been the victim of sexual abuse or misconduct, you may be wondering what you should do (or if there's anything you CAN do)... More...'. To the right of the video is a vertical list of numbers 01 through 05, with 04 highlighted in blue. At the bottom, there are two boxes: one with the word 'Welcome!' and another with the text 'TAKE ACTION!'.

National Initiative

Innovations for Schools

Monique Burr Foundation - <https://mbfchildsafetymatters.org/>

- Child Safety Matters

Prevent Child Abuse Vermont www.pcavt.org

- Safe-T and Care for Kids

Committee for Children www.CFChildren.org

- Very strong curricula on Social Emotional Learning (SEL)

Sexual Climate Assessment and Training

Sex Wise Parenting Education Resources www.SexWiseParent.com

Innovations for Youth Serving Agencies

Safe to Compete – Protecting Child Athletes

www.safetocompete.org/

CDC has reconvened the group of experts and are updating this 2007 report!

<http://www.cdc.gov/violenceprevention/pdf/preventingchildsexualabuse-a.pdf>

Dr. Keith Kaufman, Situational Prevention

- <https://childaware.org.au/wp-content/uploads/sites/3/2017/07/FINAL-Kaufman-Situational-Prevention-Approach-Presentation-051117.pdf>

SafeSport

The United States Center for SafeSport is an American 501c nonprofit organization set up in 2017 under the auspices of the Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017. SafeSport seeks to address the problem of sexual abuse of minors and amateur athletes in sport.

[Home - U.S. Center for SafeSport --safesport/org](https://safesport.org)

Level 4: Policy Issues



CAPTA: The policy that helped create our profession

Enacted in 1974

Reauthorized and modified multiple times

Currently awaiting reauthorization



About CAPTA: A Legislative History

The key Federal legislation addressing child abuse and neglect is the Child Abuse Prevention and Treatment Act (CAPTA), originally enacted on January 31, 1974 (P.L. 93-247). This Act was amended several times and was most recently amended and reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320).

CAPTA provides Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations, including Indian Tribes and Tribal organizations, for demonstration programs and projects. Additionally, CAPTA identifies the Federal

Electronic copies of this publication may be downloaded at www.childwelfare.gov/pubs/factsheets/about.cfm

Order a copy of the PDF by calling 800.394.3366 or download it at www.childwelfare.gov/pubs/factsheets/about.pdf

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



Child Welfare Information Gateway
Children's Bureau/ACYF
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
800.394.3366
Email: info@childwelfare.gov
www.childwelfare.gov

Sex offender registries: A policy with no effect

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

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

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.

*What kinds of polices
could help prevent
sexual abuse and
exploitation of
children, at all levels
of government?*



Six Pillars for Prevention From *The National Coalition to Prevent Child Sexual Abuse and Exploitation*

Download the plan at www.PreventTogether.com

Sample Policies:



PILLAR 1:
ADVOCACY &
POLICY

Erin's Laws

“Erin [Merryn, survivor of child sexual abuse] is now on a mission to persuade all 50 states to pass Erin’s Law, which mandates that all public schools use age-appropriate curricula to teach students how to tell on anyone who touches or attempts to touch their private parts.”

Advocates are concerned because many states pass an “Erins law” with no minimal standards for content, and no resources to fund evidence based programming

Find the New York law and resources here:

<http://www.nysed.gov/curriculum-instruction/erins-law>

Minimal Safety Standards for funding

Starting in @ 2014, New Jersey began requiring all child care centers and other youths serving agencies to complete a training session in institutional safety and sex abuse prevention as a condition of funding

Promote Healthy Relationships & Sexuality Education for Children & Youth



**PILLAR 2:
AWARENESS &
EDUCATION**

National Sexuality Education Standards

Core Content and Skills, K–12

Endorsed by:



Access here: <http://www.futureofsexed.org/nationalstandards.html>

Topics and Key Indicators

There are seven topics chosen as the minimum, essential content and skills for K–12 sexuality education:

→ ***Anatomy and Physiology (AP)*** provides a foundation for understanding basic human functioning.

→ ***Puberty and Adolescent Development (PD)*** addresses a pivotal milestone for every person that has an impact on physical, social and emotional development.

Identity (ID) addresses several fundamental aspects of people’s understanding of who they are.

Pregnancy and Reproduction (PR) addresses information about how pregnancy happens and decision-making to avoid a pregnancy.

Sexually Transmitted Diseases and HIV (SH) provides both content and skills for understanding and avoiding STDs and HIV, including how they are transmitted, their signs and symptoms and testing and treatment.


→ ***Healthy Relationships (HR)*** offers guidance to students on how to successfully navigate changing relationships among family, peers and partners. Special emphasis is given in the *National Sexuality Education Standards* to the increasing use and impact of technology within relationships.

→ ***Personal Safety (PS)*** emphasizes the need for a growing awareness, creation and maintenance of safe school environments for all students.

These seven topics are organized following the eight *National Health Education Standards*.

Support for Sexuality Education as a Prevention Strategy--

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

TRAUMA, VIOLENCE, & ABUSE
2020, Vol. 21(3) 439-455
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journals.sagepub.com/home/tva


Madeline Schneider¹  and Jennifer S. Hirsch¹

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

Policy Issue: End the Demand for Children as Sexual Commodities



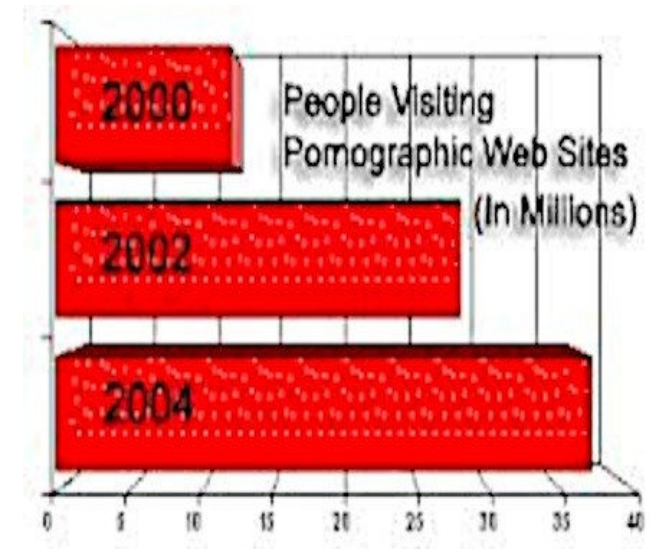
PILLAR 3:
COLLABORATIVE
PRACTICES

Collaboration is KEY to impact the extraordinarily harmful proliferation of child sex abuse images on-line

Learn more at

Example:

- 4 major ISP's voluntarily agreed with U.K. Prime Minister David Cameron to have NEW default filters. Customers can choose then to “opt in” if they want access to pornography. The major strategy is to shift the standard -- “Opt in, rather than Opt Out” for pornography use.



Policy Issue: Prevent Initial Perpetration: Sample Research and Programs

Example:

- Policy to allow parents and helping professional to seek assessment/services for youth with problematic sexual behaviors outside of reporting laws (e.g., Project Dunkelfeld).
- ATSA www.ATSA.org
- Moore Center for Sexual Abuse Prevention at Johns Hopkins
 - <https://www.jhsph.edu/research/centers-and-institutes/moore-center-for-the-prevention-of-child-sexual-abuse/>
- National Center on the Sexual Behavior of Youth
 - <https://www.ncsby.org/>



Policy Issue: Sustainability is enhanced through state level coordination

1. Agree on goals, strategies and (where possible) tactics
2. Compare requirements for various pots of federal funds
 1. **CAPTA, CJA, ECCS, RPE MIECHV NCA Title 1 education funds, OJJDP, others?*
- 3.. Compare requirements for various state mandates
 1. *Related to Title IX, bullying and harassment, Family Life Education, school safety, Others??*
4. Identify evidence based or research based strategies and tactics, and coordinate to ensure geographic equity.

**Child Abuse Prevention and Treatment Act; Children's Justice Act; Rape Prevention and Education; Maternal, Infant, Early Childhood Home Visiting; National Children's Alliance; Office of Juvenile Justice and Delinquency Prevention.*

Internet Crimes Against Children

State Police all have a federally funded 'Internet Crimes Against Children' Task Force

[Iowa Internet Crimes Against Children Task Force \(iaicac.org\)](https://www.iaicac.org)
<https://www.iaicac.org/Pages/welcome.aspx>

The primary responsibilities of Iowa's ICAC Task Force include:

- Conducting investigations, forensic analysis and prosecuting offenders.
- Providing investigative and prosecutorial assistance to police agencies and prosecutors (e.g., forensic analysis of computers seized as evidence).
- Providing training for law enforcement officers and prosecutors.
- **Providing training for parents, teachers and other community members to ensure that children, parents, and other individuals and organizations are well-acquainted with the issues in this area.**
- Fostering continual statewide and regional coordination, collaboration, information sharing, networking and service integration.

ve X First Star Committee Structure D... X Online Return Center X Sextortion X +

https://www.missingkids.org/theissues/sextortion#bythenumbers

mercian MC at Ba... The Sex-Wise Paren... SPSS documentati... Zoom for SAS Facul... Canvas Dashboard Get Started with W... Google Giant Food Stores S... Bayada Family Port... Neeva

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NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN

GET HELP THE ISSUES OUR WORK EDUCATION SUPPORT US

Overview What to Do Red Flags By the Numbers What NCMEC is Doing About it

By the Numbers

Since 2016, the CyberTipline has received **262,573** reports of Online Enticement, the category that includes sextortion.

Between 2019 and 2021, the number of reports involving sextortion **more than doubled**.

In an earlier analysis, the dominant motive of offenders was to get more explicit images of a child, but in reports from early 2022, **79%** of the offenders were seeking money.

What NCMEC is Doing About it

Creating a Place to Report

NCMEC's CyberTipline® provides the public and electronic service providers with the ability to report multiple forms of suspected child sexual exploitation, including sextortion and online enticement. After NCMEC's review is completed, all information in a CyberTipline report is made available to the appropriate law enforcement agency. To make a CyberTipline Report, visit report.cybertip.org.

Helping Victims Take Back Control

Is a sexually explicit image of you or your child out there? Learn how to contact the internet service providers and platforms to help mitigate the spread of the image or how NCMEC can help in that process.

[Is your explicit content out there](#)

'Sextortion'

Please learn more at

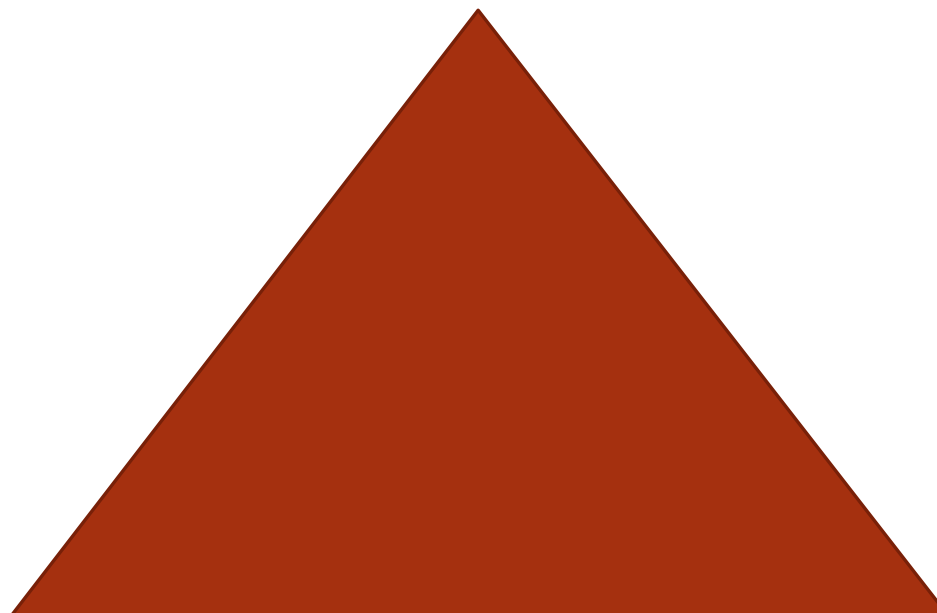
<https://www.missingkids.org/theissues/sextortion#overview>



The Research Triangle

Consume: read peer reviewed journals!

Produce: Advocate for support for researchers to produce high quality studies



Evaluate: Build the ability to evaluate outcomes into your client or program files



The Research Triangle

Consume –

Read your peer reviewed Journals!!!

- Sexual Abuse – sponsored by ATSA
- Child Abuse and Neglect - sponsored by ISPCAN
- Child Maltreatment – sponsored by APSAC
- Don't have a subscription? Many articles, if the research was funded by federal fund, can be found for free at
- <https://www.ncbi.nlm.nih.gov/pmc/about/public-access/>

Produce –

Support scholars to produce high quality research

- The CDC has started allocating some funds, but not nearly an amount in scale to the amount of damage CSA does

Evaluate

- Build evaluation into any work you do!!!
- There are very simple ways to collect and maintain client and program data that can be reliably used for evaluation and assessment

Difficult Subjects

Mandatory Reporting Laws

“Monsterizing” those who cause harm

No touch instead of how to touch

Censoring of healthy information and images, marketing of pornography

Sexting: Criminalizing Adolescent Sexual Behaviors

Other?



Additional Resources

Free HIGH QUALITY Webinars

- NEARI Press www.nearipress.org/
- Preventconnect.org

CDC Technical Packages

- Child Abuse Prevention
- Sexual Violence Prevention
- <http://www.cdc.gov/violenceprevention/pub/technical-packages.html>

National Sexual Violence Resource Center www.NSVRC.org

The National Plan to Prevent Child Sexual Abuse and Exploitation

Attainable Goal

Promote comprehensive sexual abuse prevention programming that.....

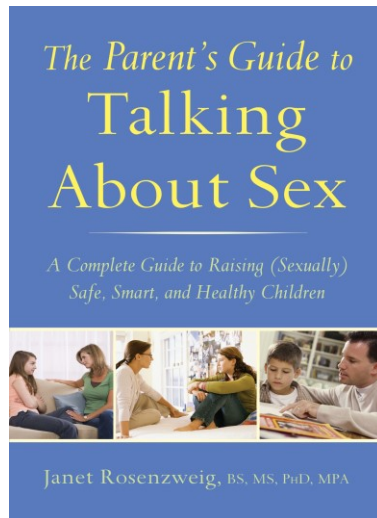
Targets all levels of the social ecology:
Individuals – Families – Community– Society (Policy)

Strongly involves parents and prepares them
to take a leadership role

Includes medically accurate, age-appropriate
information about sexuality, particularly human sexual response

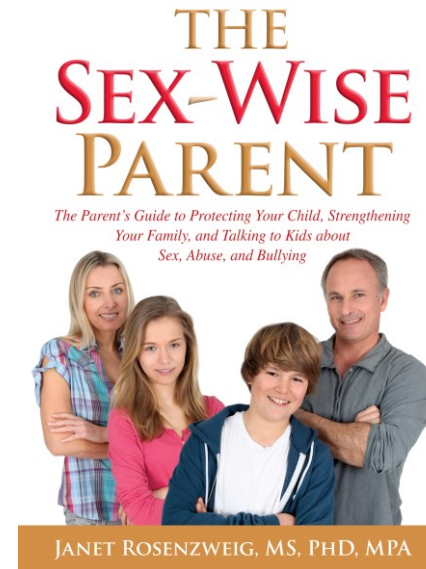
Incorporates the 6 Pillars of Prevention!

Questions??



Thank you!

Dr. Janet Rosenzweig



DrRosenzweig@SexWiseParent.com

