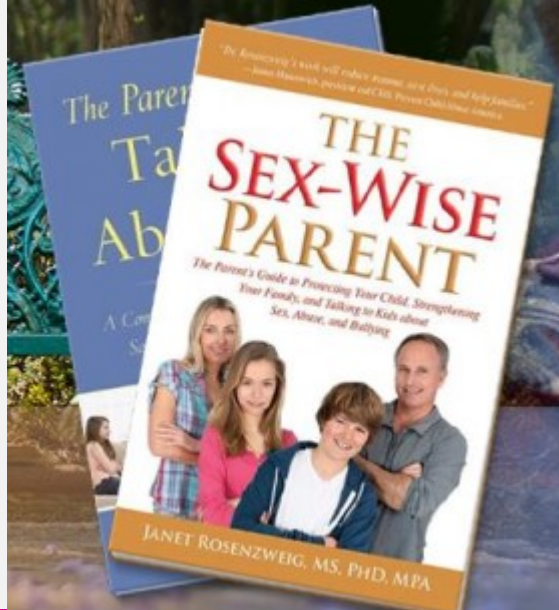


What's New in Child Sexual Abuse Prevention and How to Make it Work for You

A workshop developed for
The Hearst Lecture Series
October 25, 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 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.



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)

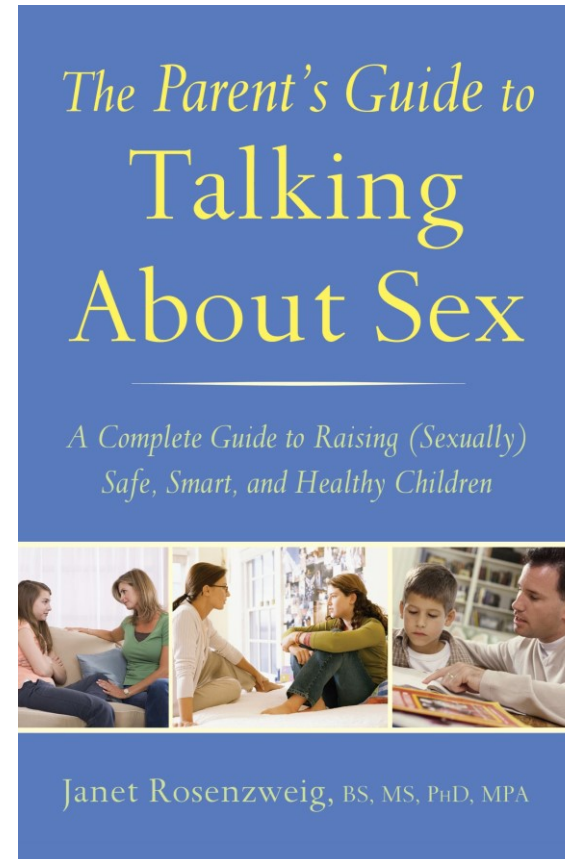
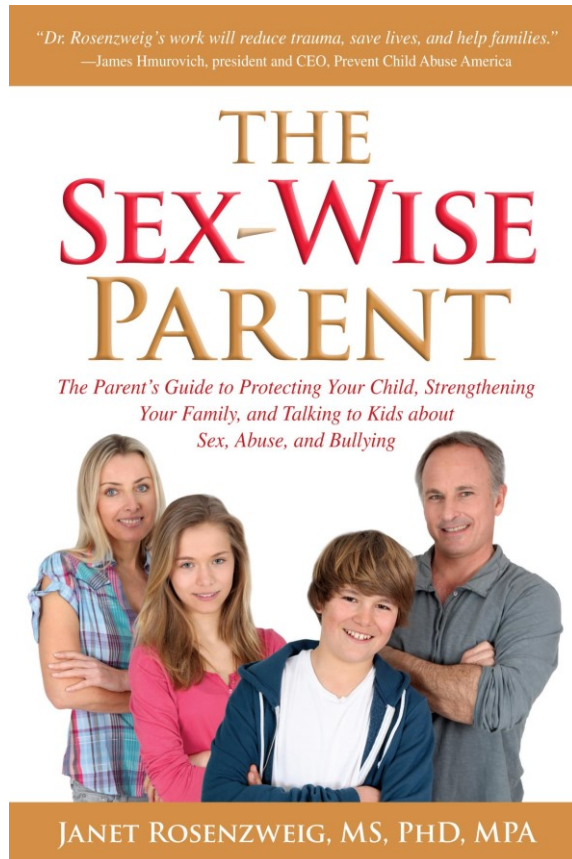
Helped develop early sex abuse intervention initiatives Tennessee, 1979, Texas, 1982

Many years as a public official

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

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

Presented by:
Janet Rosenzweig PhD, MPA



Perspective

Developmental
perspective on
individuals and
families

Health and sex
educator

Sex abuse help-line
counselor, therapist
and staff trainer

Public official
working in child
welfare

Prevention
specialist – former
VP of Prevent Child
Abuse America

Mom!



Prevent Together – The National Coalition to Prevent Child Sexual Abuse and Exploitation

Prevent Together is a unified effort to promote the healthy development of children and youth and end child sexual abuse and exploitation. The National Coalition is composed of advocates, educators, researchers, and practitioners working together with a national voice and a critical goal – to end the sexual abuse and exploitation of children.

What will we
cover?

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



Offer 'Calls for Action' to promote
prevention in your communities

Definitional Dimensions of Child Sexual Abuse

Clinical

Criminal

Civil

Clinical Definitions of Child Sexual Abuse

The American Psychological Association

child sexual abuse: any sexual behavior toward a child by an adult.

<https://dictionary.apa.org/child-molestation>

The American Academy of Pediatrics

Sexual abuse is defined as the involvement of children or adolescents in sexual activities that they do not fully understand, to which they cannot give consent

Textbook of Pediatric Care, Chapter 329 Leventhal et al., 2017

Sexual abuse occurs when a child or youth is engaged in sexual activities that are developmentally inappropriate and for which the child is [incapable of giving consent]

Chisea and Goldson. Child Sexual Abuse in Pediatrics in Review (2017) 38:3 1205-118

All definitions include some or all the following factors:

Developmental stage, ages of victims and perpetrators, ability to give consent, social acceptability



Clinical Definition

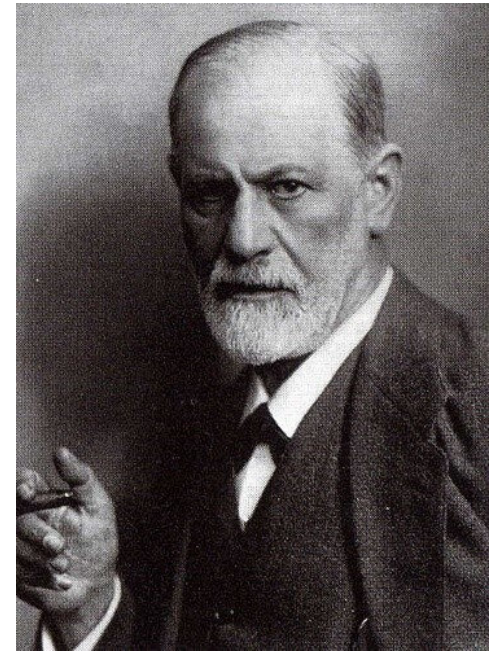
DOES A CHILD FEEL AS IF THEY
HAVE BEEN MISTREATED OR
VICTIMIZED IN SOME WAY

*Promoting Sexual
Health and Safety*
refers to
preventing sexual
abuse by any
definition

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.



Key definitions

*Pedophile

- Someone with a primary sexual attraction to pre-pubescent children

*Hebephile

- Someone with a preference for children just entering puberty

Ephebophile

- Someone with an attraction to older adolescents. (not a psychiatric DX)

* Listed in the DSM

Clinically....

There are many details around 'differential diagnosis' and defining preference by the victims age VS. puberty status, but that is not our focus.

Our focus is on the behavior, particularly the types of behavior that 'hide in plain sight'

History has left us with a problem...

Arch Sex Behav (2009) 38:335–350

DOI 10.1007/s10508-008-9399-9

ORIGINAL PAPER

Pedophilia, Hebephilia, and the *DSM-V*

**Ray Blanchard · Amy D. Lykins · Diane Wherrett · Michael E. Kuban ·
James M. Cantor · Thomas Blak · Robert Dickey · Philip E. Klassen**

The existence of men whose erotic interest centers on pubescents has not, of course, been totally ignored. Glueck (1955) coined the term *hebephiles* to refer to them. This term has not come into widespread use, even among professionals who work with sex offenders. One can only speculate why not. It may have been confused with the term *ephebophiles*, which denotes men who prefer adolescents around 15–19 years of age (Krafft-Ebing & Moll, 1924). Few would want to label erotic interest in late- or even mid-adolescents as a psychopathology, so the term hebephilia may have been ignored along with ephebophilia.

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 on 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: jcfp@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

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

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
- **Example – New York:**

“In New York, the age of consent is 17 years, regardless of gender.”

“A person is deemed incapable of consent when he or she is less than 17 years old”

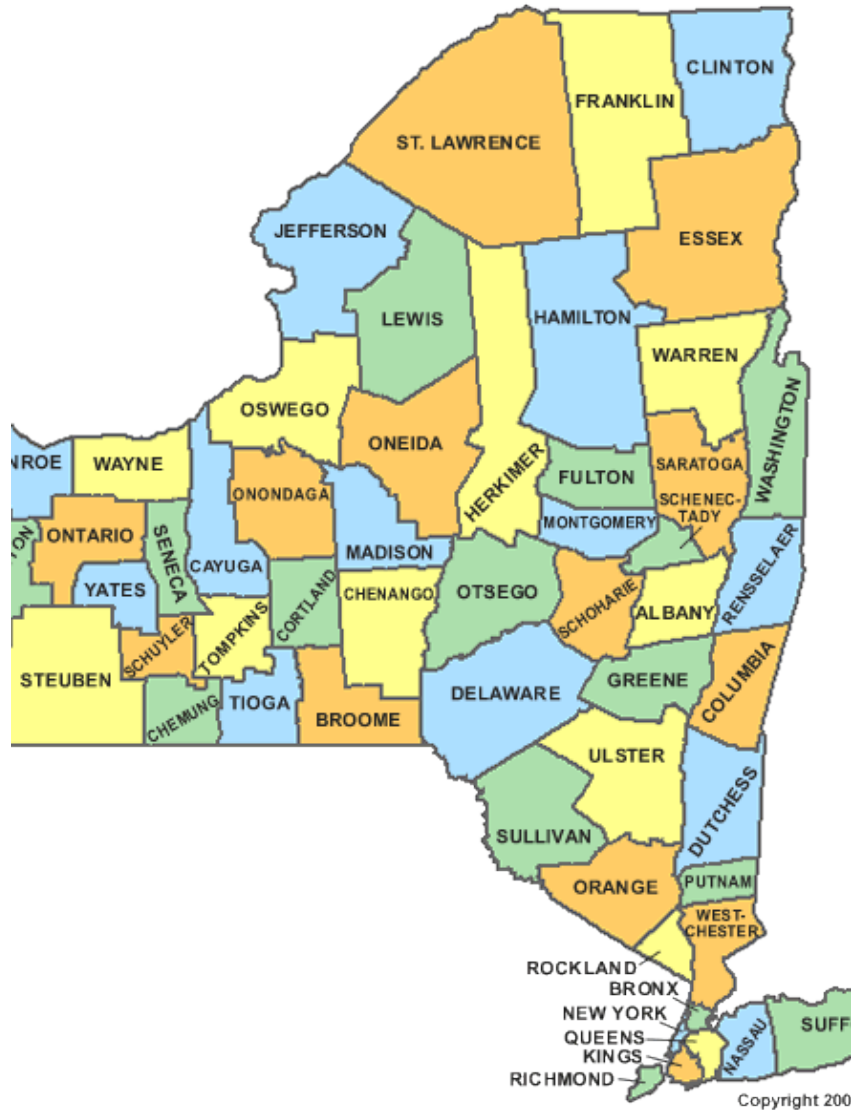
“the defendant was less than four years older than the victim at the time of the act,

First Degree Rape (NY Penal Law § 130.35) – First degree rape is the most serious rape charge, and is charged only when either (1) the defendant uses force, (2) the victim cannot consent because he or she is “physically helpless,” (3) **the victim is under age 11, or (4) the victim is under age 13 (if the defendant is at least 18).**

Civil Law: Filing for damages

Many states have expanded their statute of limitations, which now allow people to bring civil charges

- **New York State's Adult Survivors Act (ASA)**, which enacted on Nov. 24, 2022, amends the state's statute of limitations for civil claims alleging certain sexual offenses committed against individuals age 18 or older for damages experienced by events that happened decades ago.
- **New York Child Victims Act** - NY Bill S2440 Provides that the statute of limitations for criminal prosecution of a sexual offense committed against a child shall not begin to run until the child turns 23 years of age; provides that a civil action for conduct constituting a sexual offense against a child, shall be brought before the child turns 55 years of age; revives previously barred actions related to sexual abuse of children; grants civil trial preference to such actions; eliminates the notice of claim requirements for such actions when the action is brought against a municipality, the state or a school district; requires judicial training relating to child abuse and the establishment of rules relating to civil actions brought for sexual offenses committed against children.
- introduced as both S 2440 and A 2683, so most likely passed



The background of the slide is a dense, overlapping pattern of US dollar bills, primarily \$100 bills, in a light blue/gray color scheme. The bills are oriented in various directions, creating a textured, financial backdrop.

These laws are critical for ensuring justice, but they are not prevention!

Some argue that they serve as prevention abase the financial implications incentivize youth serving organizations, faith based organizations and schools to improve their actual primary and secondary prevention efforts

Certain settlements have earmarked some funds for prevention , most notably the Sandusky tragedy in Pennsylvania

Sex offender registries: 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/>



Prosecution and Registration of Youth with Problematic or Illegal Sexual Behaviors

Janet F. Rosenzweig, PhD, MS, MPA
Judith S. Rycus, PhD, MSW
Mike A. Nowlin, MSSA, LISW-S
Deborah Papworth, LL.M.

Introduction

There are currently more than 200,000 people who are listed for life on sex-offender registries for acts they committed when they were children (Juvenile Law Center, 2023). Their offenses often include acts such as simulating intercourse with similar-age siblings or peers, sexual exploration with younger children, or consensual sexual contact with another youth.

There are many widely-documented negative and life-long consequences for youth placed on sex-offender registries that can seriously affect their social, physical, and cognitive development and their mental health. These youth are trapped in a broad net that was cast thirty years ago, when less was known about the extremely low recidivism rate of youth who act out sexually, and during a period when the United States was politically tough on crime.

Annual costs to governments for managing youthful offenders are estimated to "range from \$30 million to \$100 million per year" (Belzer, 2015, p.6). This is a

relatively small portion of the total costs – social costs increase this number by at least ten-fold. (Belzer, 2015, p. 6) Further, direct costs passed on to youth and their families range from hundreds to thousands of dollars per year and may lead to incarceration of the youth when impoverished families cannot meet these obligations (Human Rights Watch, 2023). The international advocacy organization Human Rights Watch claims that under human rights law, youth should be treated in ways that are appropriate for their age and capacity for rehabilitation, and that respect their rights to family unity, to education, and to be protected from violence (Human Rights Watch, 2023). Registration and notification do just the opposite.

Policy History

Nearly a century ago, sex offender registries were created as a tool to help law enforcement identify potential suspects when a sex crime occurred. After the tragic and highly publicized murders of two children, Adam Walsh, and Megan Kanka, by sex offenders in the 1990s, many

This issue is even more egregious for youth

2009 SOMAPI report

- Youth account for 35.6% of reported offenses against youth
- [Juveniles Who Commit Sex Offenses Against Minors \(ojp.gov\)](https://www.ojp.gov/pdffiles1/ojjdp/227763.pdf)
<https://www.ojp.gov/pdffiles1/ojjdp/227763.pdf>
- More current reports show that number increasing, particularly technology facilitated offenses
- Consider this in the context of adolescent brain development, and other factors in the latest Issues Brief from The Institute for Human Services, Center for Child Policy

Unintended Consequences

Increased risk of suicide

Forced segregation from family

Vulnerability to sexual assault

Disruptions in education

Harassment

Certain provisions of registration and notification laws make it impractical, if not impossible, for youth to access community-based treatment,

Efficacy of Treatment

Multiple studies confirm the treatability of youth

The most effective treatment models are community based programs which include parents and family members

Intersection with Prevention:

Offer evidence based treatment services with youth showing problematic sexual behaviors.

Confounding Policy Issues

Wide Variations Among States

Sex Offender Registries as 'Crime Control Theater'

Challenges in Promoting Legal Changes

Current Issues for Study and Advocacy

Realistic Reframing of Sexual Abuse Prevention as a Public Health Issue

Safe, Effective Early Intervention

Trying Youth with Problematic Sexual Behaviors as Adults



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>

Take Aways:

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.

Supporting Juveniles with PSB's

- Replace the term 'juvenile sex offender' with 'youth with problematic sexual behaviors' and advocate for peers and colleagues to do likewise
- Learn about policies in your own state affecting youth with problematic sexual behaviors
- Access the research findings on youth with problematic sexual behaviors and use it to educate others about the lack of effectiveness of registration and notification, and the ensuing serious harms for youth.
- Use and share the resources offered by The National Center on the Sexual Behavior of Youth (NCSBY)
- Work within your communities to move the investment of public funds from registries and enforcement to supporting professionals to deliver evidence-based interventions. Implementing the Adam Walsh Act of 2006 was conservatively estimated to cost \$300,000,000 per year in direct costs (Sandler et al. 2008), and social costs can increase that by 10-fold with little social benefit (Belzer 2015). Evidence-based community treatment is estimated to cost less than \$5,000 per child (Dopp, et al., 2020), and primary prevention even less.



www.ncsby.org

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.



Participants/ endorsers included:

Professor of Child Psychiatry

Chair of the Department of Ob-Gyn

Religious leaders of multiple faiths

Professor of Education

Public School Administrator

Director, Department of Preventative Medicine

Access to accurate information all aspects of sexual health including child sexual abuse strongly curtailed starting in the 1990s

Comprehensive sex abuse prevention was replaced with Megan's Laws starting in the mid 1990s

- Sex abuse prevention became about checking registries
- Adults were concerned about being falsely accused by a child or parent if they spoke to a child abuse sex

Abstinence-only education funding in 1996

- Limited topics to be presented in classes

Jocelyn Elders, 1994

Dr. Jocelyn Elders, the highly qualified US Surgeon General was forced to resign after replying to a specific question at a World Aids Day conference asking if she "thought that masturbation could serve as a useful tool to help discourage school children from becoming sexually active too early" by saying: "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".

The Result??

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

Decades later, with the explosion of on-line content, kids seeking information can be left vulnerable to getting inaccurate information and 'values' about sexuality from peers, predators, or pornography



Our definition of child sexual abuse has morphed over time

Pre-CAPTA - 'stranger-danger' only

- (Freud believed reports of incested women were Electra complexes)

CAPTA (1974) Intrafamilial abuse

Church Scandals (1990's) Faith leaders 'passing the trash'

Sandusky (2016) Sports and Recreation

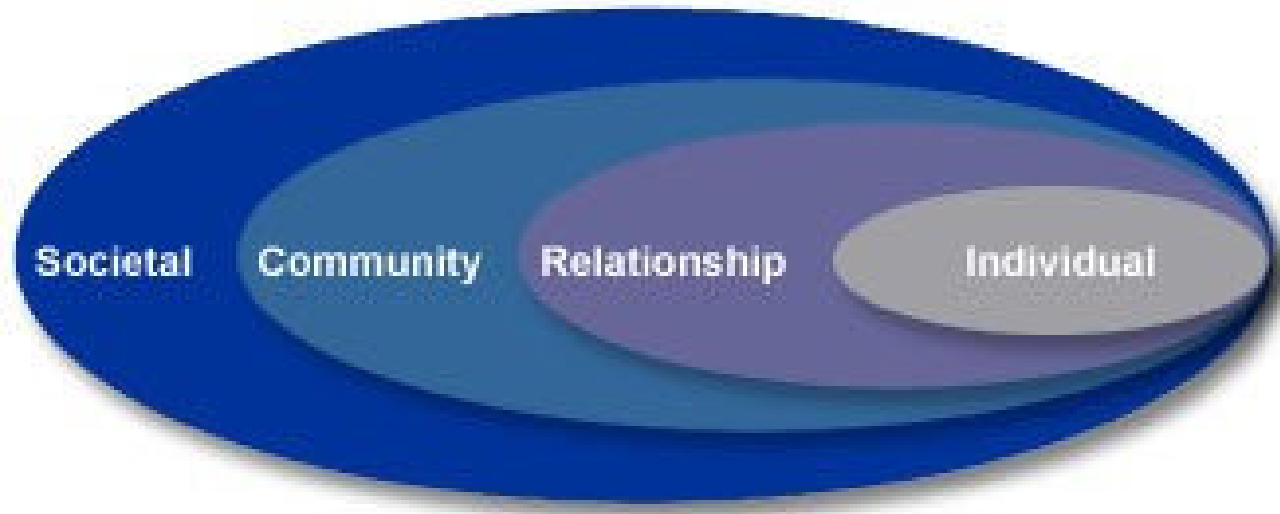
- Larry Nassar, 2016, Olympics gymnastics

Current focus – On-line vulnerability

2015 – Stranger danger

2022 - majority of on-line abuse of adolescents perpetrated by peers

None of these went away because new forms emerged! Now, our prevention efforts must impact basic issues and be comprehensive in their focus



The Social Ecology of Prevention

COMPREHENSIVE PREVENTION ADDRESSES ALL FOUR LEVELS OF THE
SOCIAL ECOLOGY

Level 1: Individuals

Most Common: Child Directed Prevention Programs

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

Strengths:

- Have been shown in some cases to promote disclosure tertiary prevention

Challenges:

- Young children are generally developmentally incapable of resisting predatory grooming tactics of a skilled, long-term predator

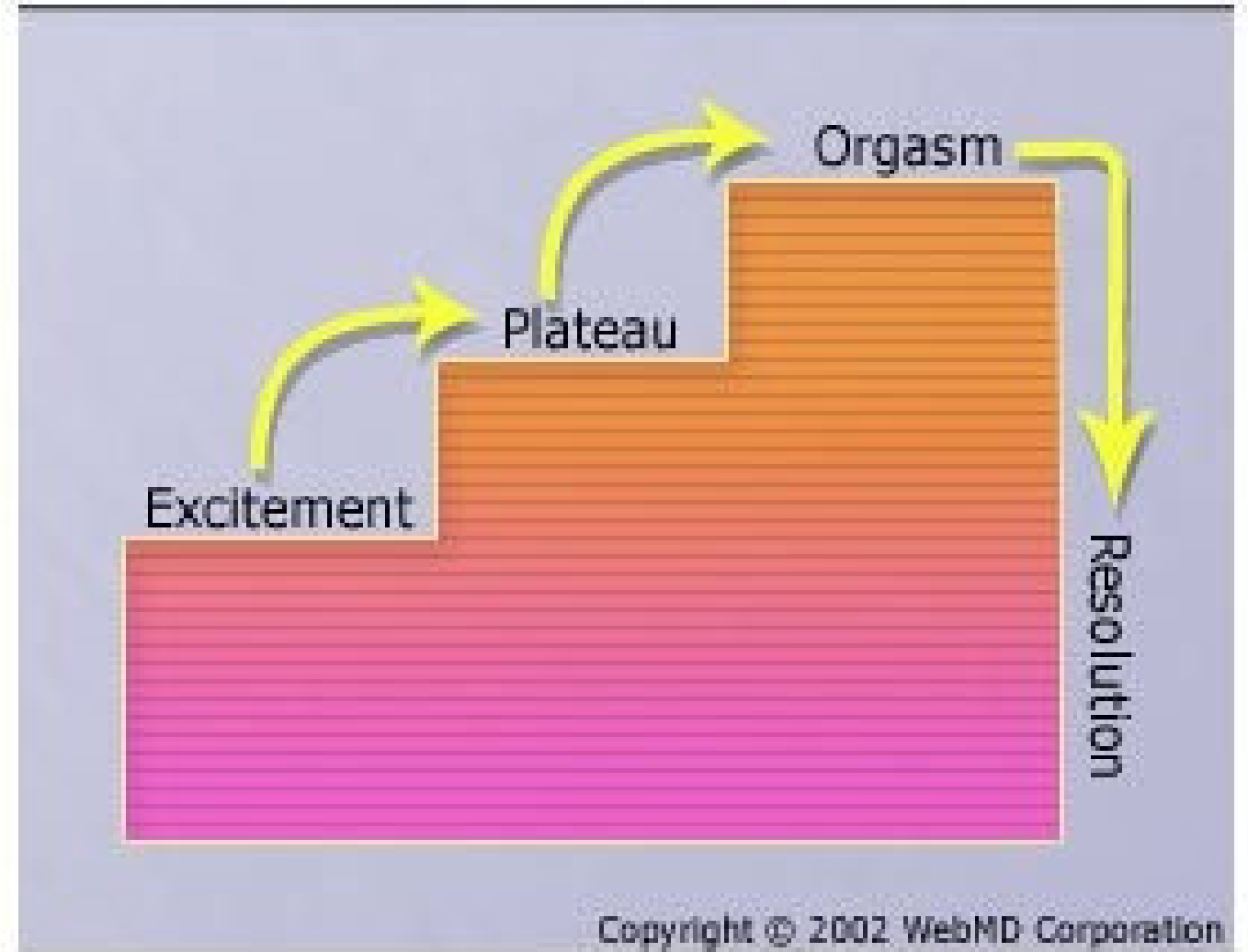
- ‘Good-touch/bad touch’ programs often leave unhealthy messages about sexuality

- Single session programs are not sufficient “dosage matters”

Physical Facts with Emotional Impact Fact 1:

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

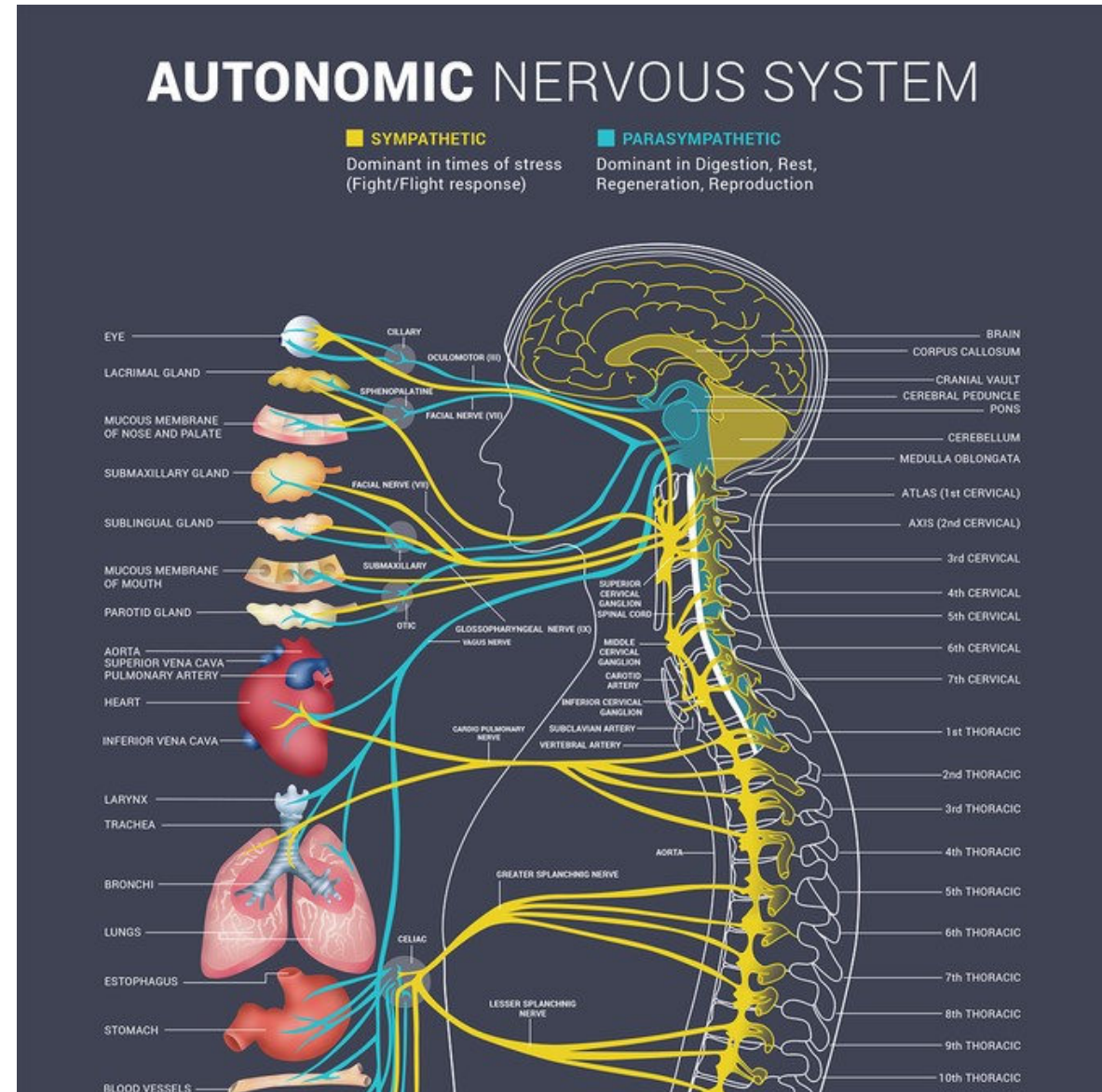
Sexual Response Cycle



Physical Sexual Arousal

The Autonomic Nervous System:

The part of the nervous system responsible for control of the bodily functions not consciously directed, such as breathing, the heartbeat, and digestive processes.



Key words!

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

Physical sexual arousal is an autonomic response

Key reasons why kids need to know this

- Victims may experience a physical, sexual/genital response while being victimized
 - Predators may use the response against them, convincing the child they are a willing participant because they 'enjoyed' the act.

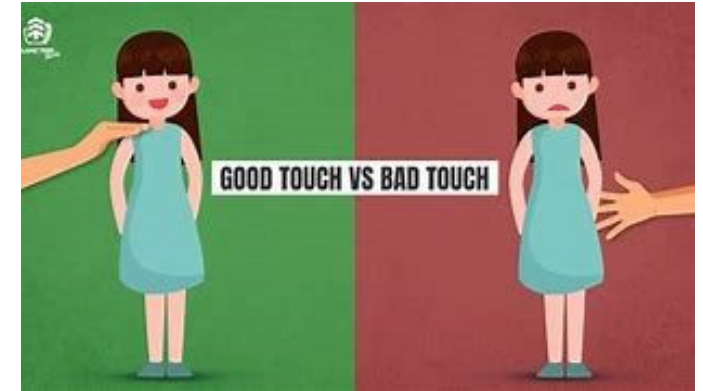




Child Abuse Prevention



GOOD TOUCH
AND
BAD TOUCH



Key reasons 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'

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

WWW.Stopitnow.org

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

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

Digression: Technology Facilitated Abuse

Sextortion

[What is Sextortion and how can you help prevent it? | Expert Opinion \(inquirer.com\)](https://www.inquirer.com/health/expert-opinions/sextortion-online-predators-teens-20230523.html) <https://www.inquirer.com/health/expert-opinions/sextortion-online-predators-teens-20230523.html>

Peer to Peer

[What works to prevent online violence against children? executive summary \(who.int\)](https://www.who.int/publications/i/item/9789240062085)

<https://www.who.int/publications/i/item/9789240062085>

Pornography

[What's the impact of porn on kids? \(inquirer.com\)](https://www.inquirer.com/philly/blogs/healthy_kids/Whats-the-impact-of-porn-on-kids.html)

https://www.inquirer.com/philly/blogs/healthy_kids/Whats-the-impact-of-porn-on-kids.html

There are resources being developed to prevent the damage caused by each of these, but an understanding of autonomic sexual arousals is crucial! And the best place to learn about all this is at home!!

P L I S S I T 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.”

Group work – family norms exercise

Please grab this handout and have on your screen:

[Family-Norms-Exercise1-1.pdf \(sexwiseparent.com\)](https://www.sexwiseparent.com/wp-content/uploads/2013/01/Family-Norms-Exercise1-1.pdf)

<https://www.sexwiseparent.com/wp-content/uploads/2013/01/Family-Norms-Exercise1-1.pdf>

Please take @ 5 – 7 minutes to go through these items

How might these answers vary in different families?

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 medical 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*

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 of Sexual Abusers (ATSA) <http://www.safetocompete.org/Watch> NCMEC conference

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



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/>

Sibling Sexual Abuse Survivor Jane Epstein Advocates for Victims (people.com)



How can we help parents do better?

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

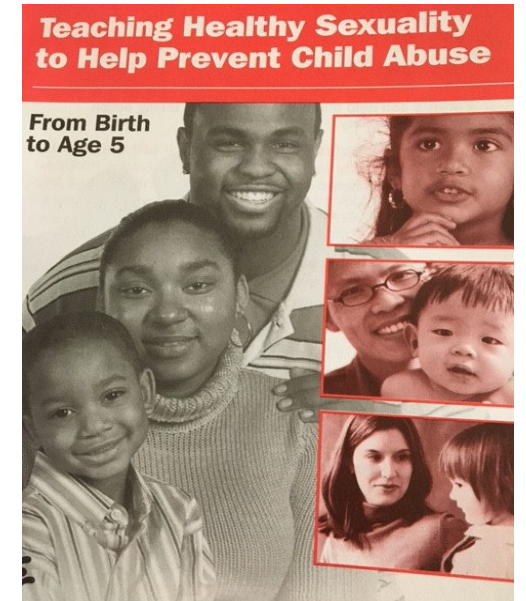
Put information where parents will find it

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.*

**10 to 13
YEARS**

HEALTHY DEVELOPMENT	PROMOTE HEALTHY DEVELOPMENT
<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 	<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

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**

<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 	<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
--	--

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.



The sex abuse prevention community can encourage support for parents as their children primary sex educators!



Lots of Ways to Help

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

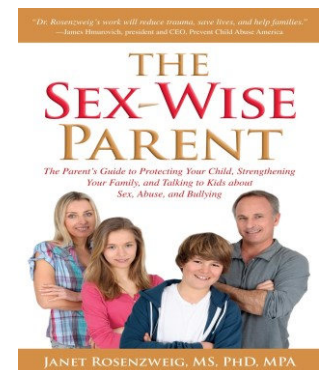
Develop a Healthy, Responsible Sexuality

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

The Final Thought

Parents consistently underestimate the influence they have on their kids' decisions about sex – always remember that they are watching and listening, even when they pretend not to be!



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 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.”

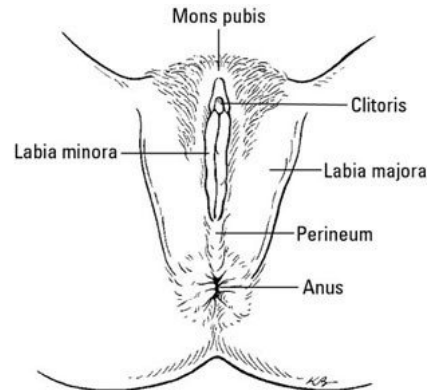
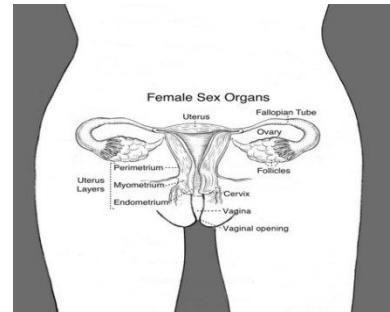
‘Limited Information’

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

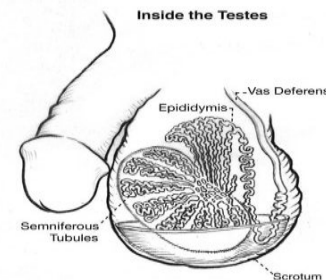
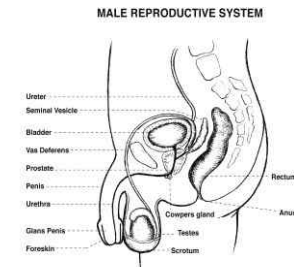
**Basic sexual and reproductive anatomy
and physiology**

Anatomy: What parts are where inside and outside

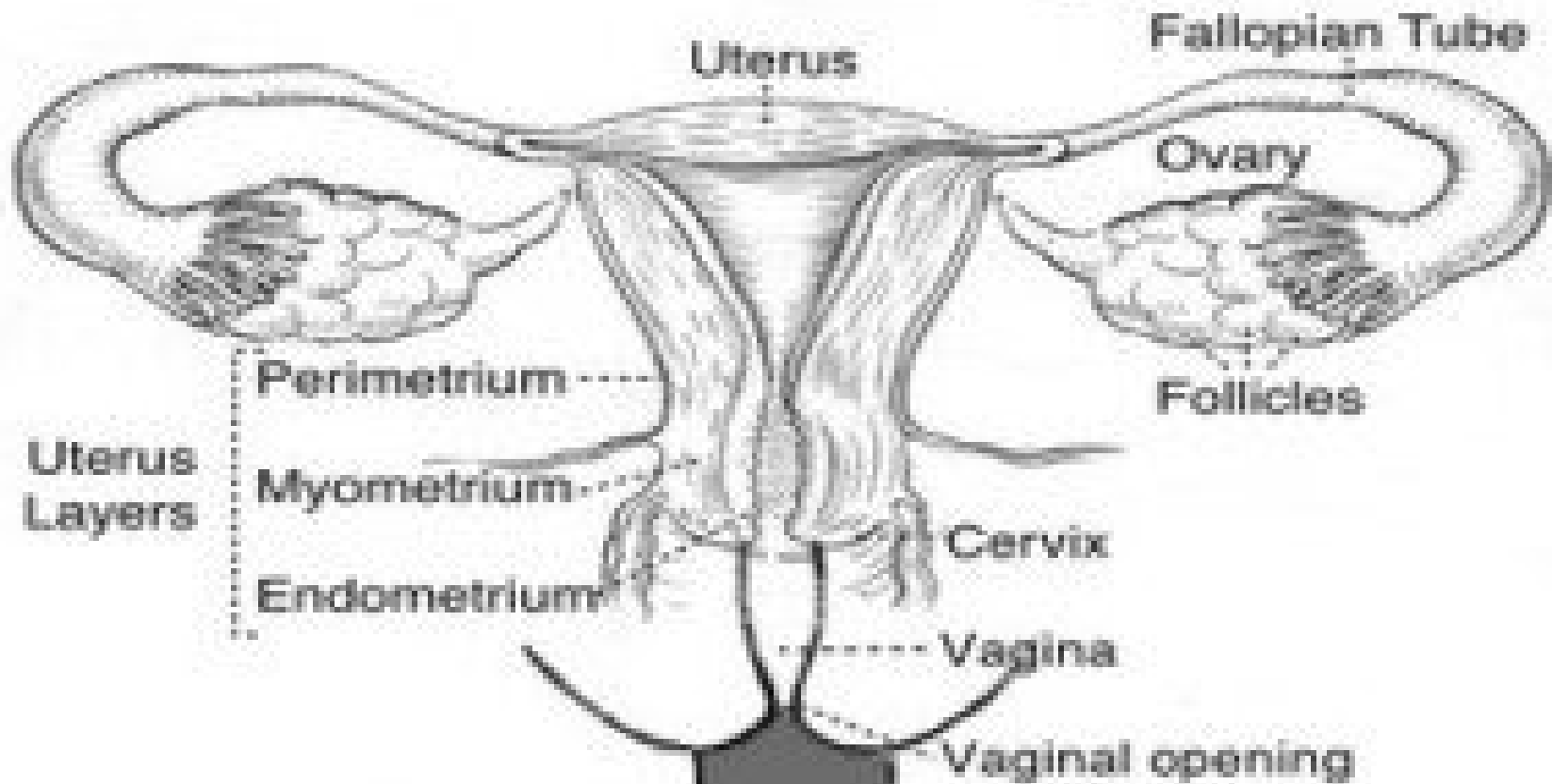
FEMALE



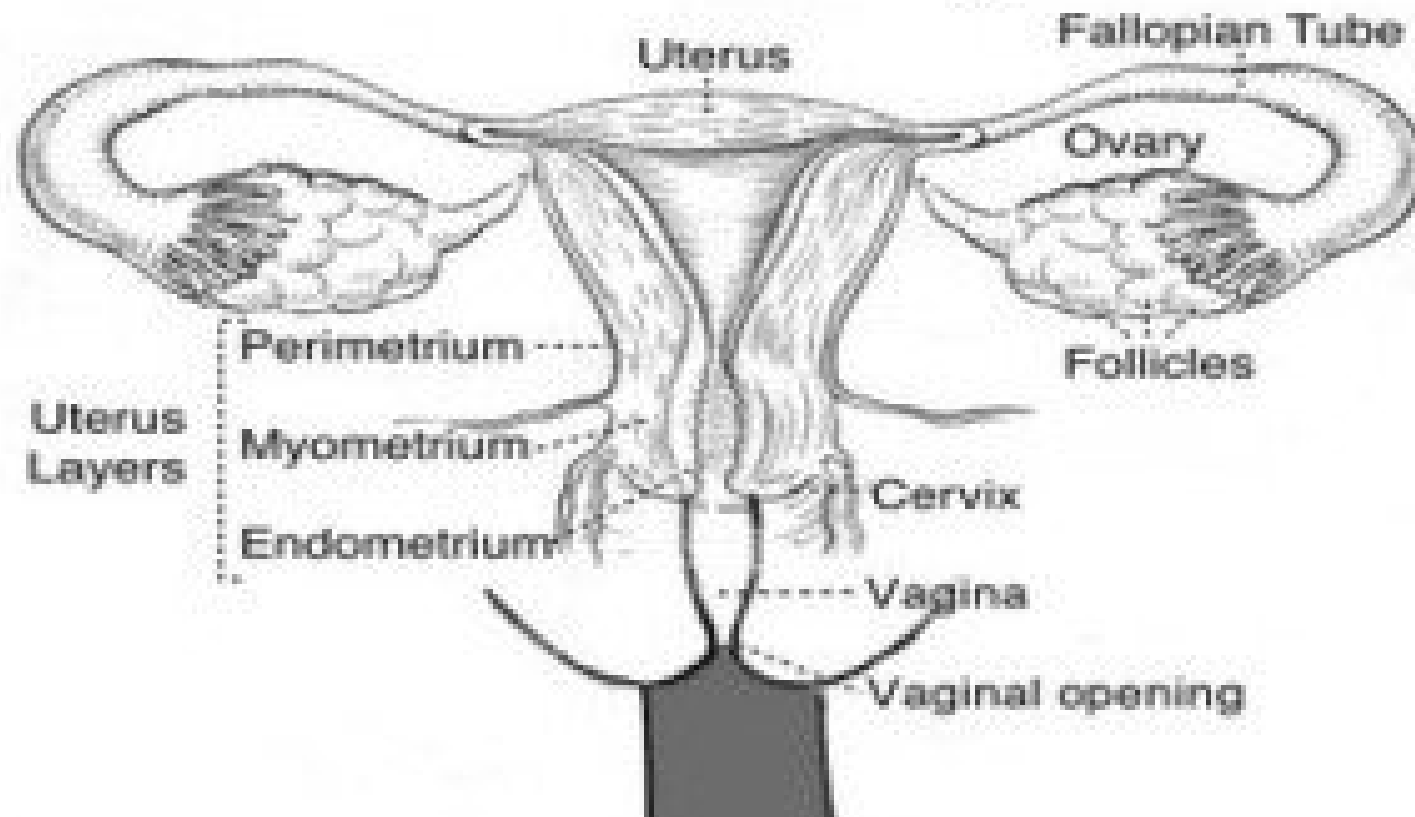
MALE

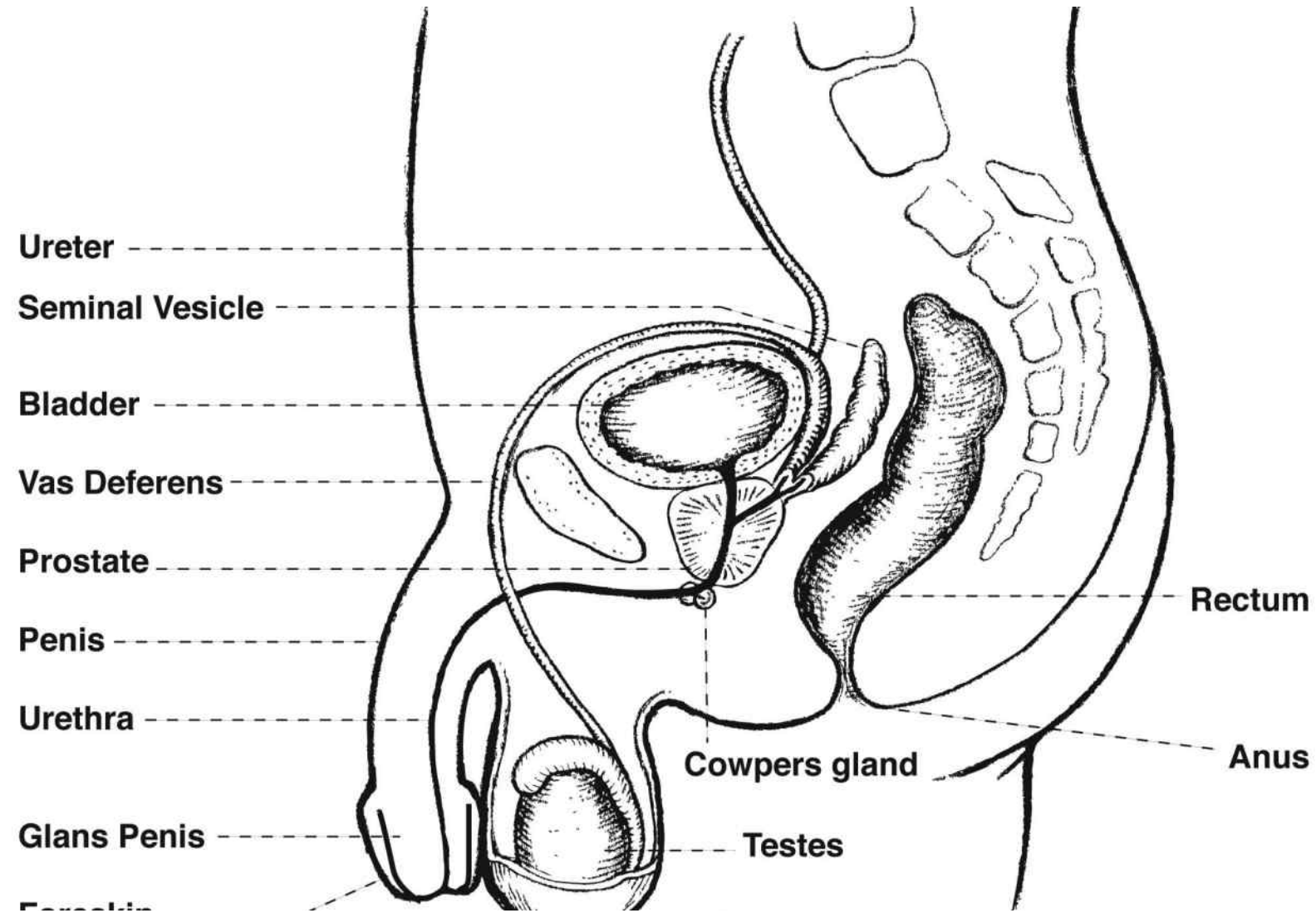


Female Sex Organs

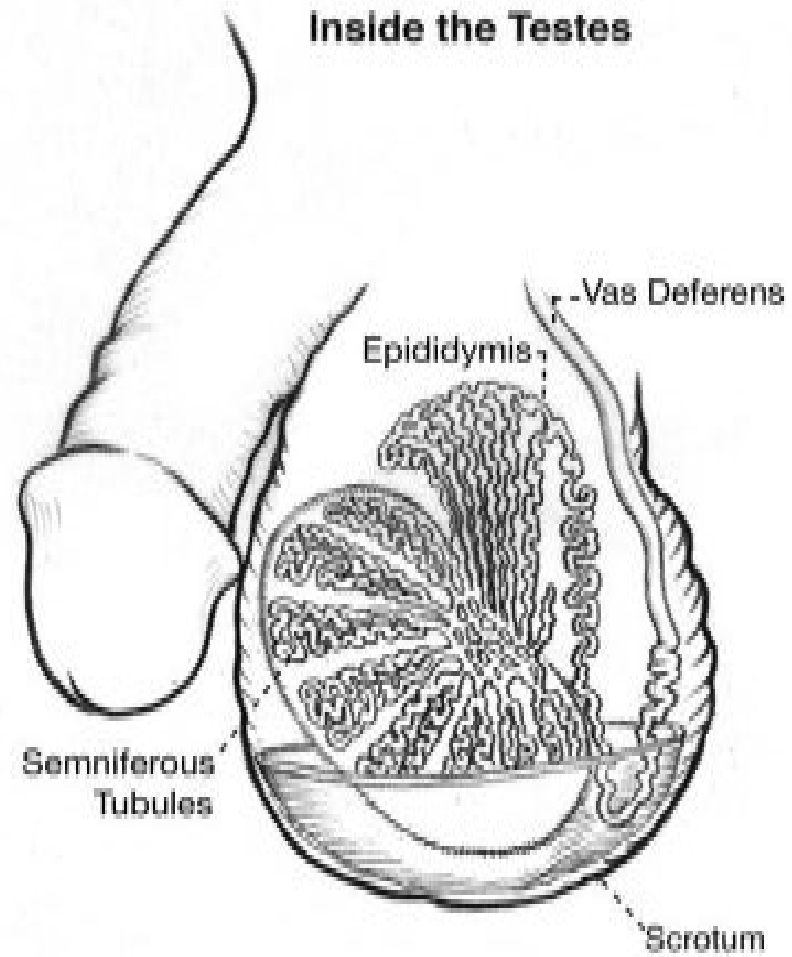


Female Sex Organs





Inside the Testes



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.

Other important topics

Stages of psychosexual development

How children acquire language

Sexual archetypes -- associations and arousal

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**

Level 3: The Community

Current focus on youth safety in schools and organizations

SafeSport

Situational Awareness

Schools

What's New US Center for Safe Sport

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.

SafeSport [Preventing and Addressing Abuse | U.S. Center for SafeSport \(uscenterforsafesport.org\)](https://www.uscenterforsafesport.org/preventing-and-addressing-abuse)

[ParentsHandbook_070523_v1.8b.pdf \(uscenterforsafesport.org\)](https://uscenterforsafesport.org/wp-content/uploads/2023/07/ParentsHandbook_070523_v1.8b.pdf)

https://uscenterforsafesport.org/wp-content/uploads/2023/07/ParentsHandbook_070523_v1.8b.pdf

This Handbook is adapted from the original 2018 version by Leslie Mitchell Bond, M. Ed. and Janet Rosenzweig, Ph.D

[Full-EP-Toolkit-V1.2.pdf \(uscenterforsafesport.org\)](https://eptoolkit.uscenterforsafesport.org/wp-content/uploads/2022/09/Full-EP-Toolkit-V1.2.pdf) (Emotional Abuse)

<https://eptoolkit.uscenterforsafesport.org/wp-content/uploads/2022/09/Full-EP-Toolkit-V1.2.pdf>

Innovations for Youth Serving Agencies

Safe to Compete – Protecting Child Athletes

www.safetocompete.org/ NCMEC

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>

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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DOI: 10.1177/1524838018772855
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Promote schools Implementing the National Sexuality Education Standards

[NSES-2020-2.pdf \(siecus.org\)](https://www.siecus.org/NSES-2020-2.pdf)

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		
		Past SV perpetration ^c	9/9 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.

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
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Madeline Schneider¹  **and Jennifer S. Hirsch¹**

Abstract

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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?



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



And I repeat: 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!!!

Level 4: Policy Issues



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

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?



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

CAPTA: The policy that helped create our profession

Enacted in 1974

Reauthorized and modified multiple times

Currently awaiting reauthorization



**Child Welfare
Information Gateway**
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES



July 2011

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: jcp@childwelfare.gov
www.childwelfare.gov

Sex offender registries: A policy with no effect on prevention

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

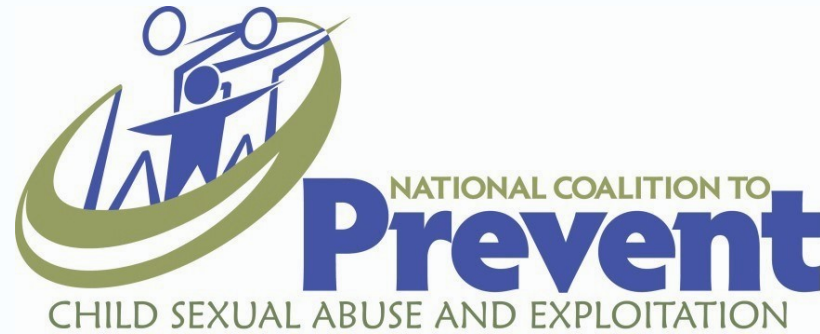
Copyright 2008 by the American Psychological Association
1076-8971/08/\$12.00 DOI: 10.1037/a0013881

“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.



Prevent Together – The National Coalition to Prevent Child Sexual Abuse and Exploitation

Prevent Together is a unified effort to promote the healthy development of children and youth and end child sexual abuse and exploitation. The National Coalition is composed of advocates, educators, researchers, and practitioners working together with a national voice and a critical goal – to end the sexual abuse and exploitation of children.

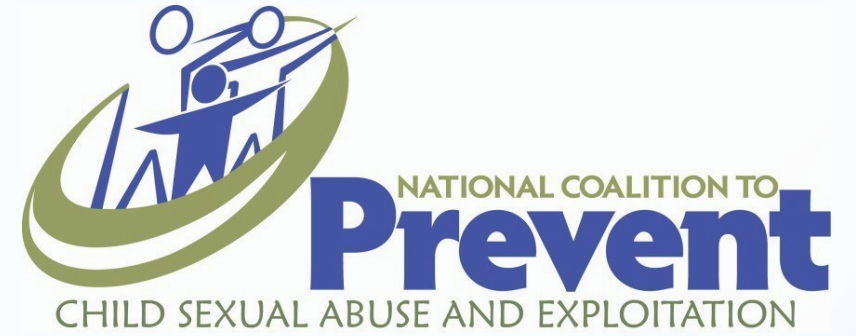


PREVENT TOGETHER

The National Plan to Prevent
Child Sexual Abuse and Exploitation



Other's Six Pillars
Child Sexual Abuse and Exploitation



A National Plan to Prevent Child Sexual Abuse and Exploitation

Coalition Members





Collectively, with individuals, organizations, and coalitions focusing on the Six Pillars, we will stand the greatest chance of reaching the overall goal together.

PreventTogether@gmail.com

www.PreventTogether.org



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

Download the plan at
www.PreventTogether.com



**PILLAR 1:
ADVOCACY &
POLICY**



**PILLAR 2:
AWARENESS &
EDUCATION**



**PILLAR 3:
COLLABORATIVE
PRACTICES**



**PILLAR 4:
FUNDING &
CAPACITY**



**PILLAR 5:
ORGANIZATIONAL
POLICIES &
PRACTICES**



**PILLAR 6:
RESEARCH**

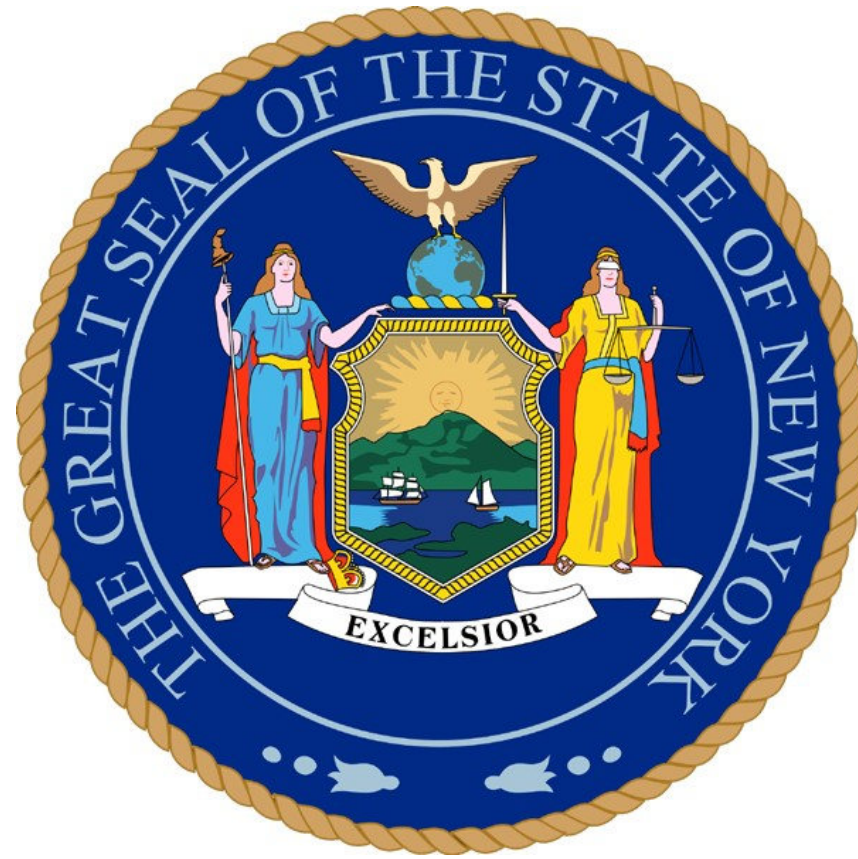


Sustainability!

Ultimately, sustainability
means public support!



PILLAR 4:
FUNDING &
CAPACITY



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?*
- 3.3. 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.*



PILLAR 5:
ORGANIZATIONAL
POLICIES &
PRACTICES

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>
- Also see school policies named in earlier slides

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/>



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

Attainable Goal

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

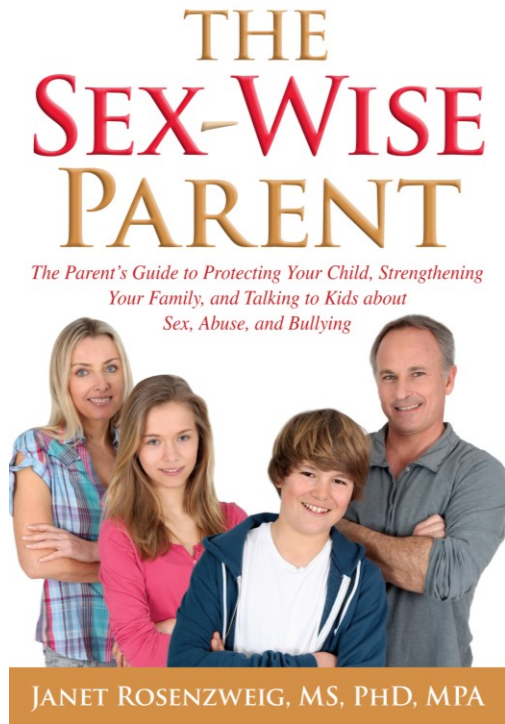
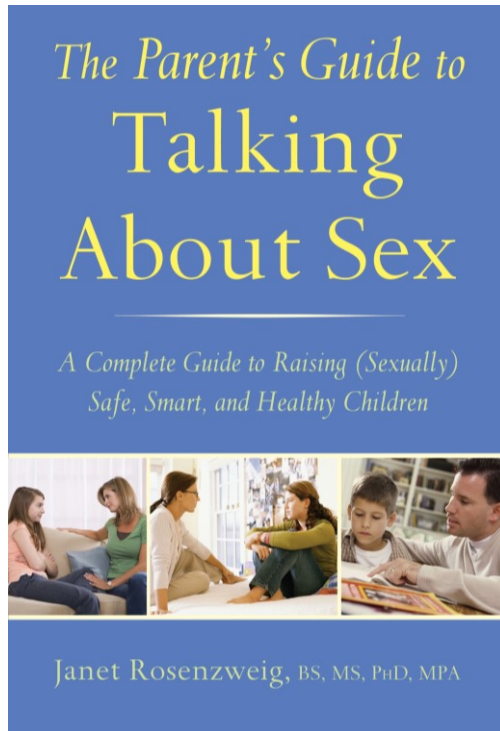
Targets all levels of the social ecology

Strongly involves parents and prepares them to take a strong 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

JFRosenzweig@gmail.com

DrRosenzweig@SexWiseParent.com