



April 10, 2025

## INVOLVING THE MEDICAL CARE TEAM IN CHILD SEXUAL ABUSE PREVENTION

1

ANET ROSENZWEIG M.S, PH.D, MPA

### Committed to bringing a sex educators perspective to promoting sexual health and safety

- Original credentials as a sex educator, followed by years in public human services and leading national child welfare NGOs
- Staffed the first NCCAN funded child sexual abuse helpline in the country, 1979
- Served as the VP for Research and Programs, Prevent Child Abuse America
- Served as the Executive Director of APSAC
- Served as county, cabinet level Human Services Director/Commissioner
- Board of Directors, The National Coalition to Prevent Child Sexual Abuse and Exploitation  
[www.PreventTogether.org](http://www.PreventTogether.org)
- Author, The Sex-Wise Parent – [www.sexwiseparent.com](http://www.sexwiseparent.com)
- Currently: Senior Policy Analyst for the Institute for Human Services and Faculty at the Fels Institute of Government at University of PA

2

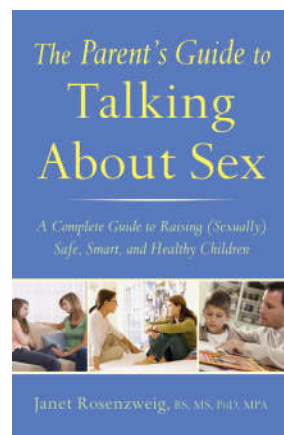
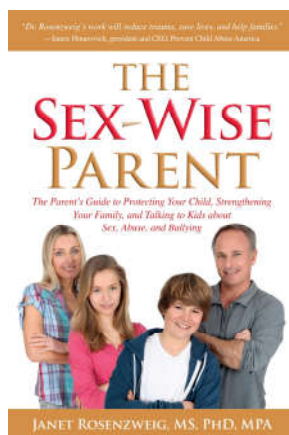
## ABOUT THE WORKSHOP

- 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 medical professionals can support parents to promote sexual health and safety in their homes and community.

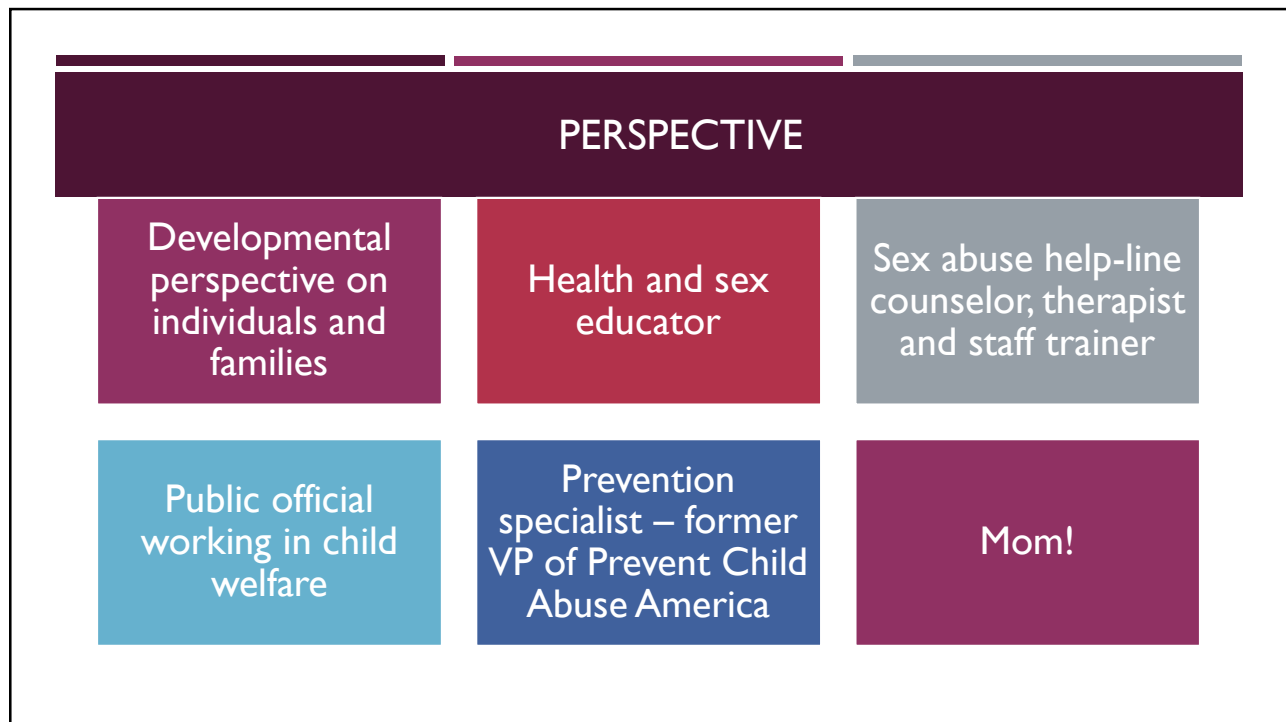
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3


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4



5



## 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.

6

## WHAT WILL WE COVER:

Offer	Offer definitions, history and national perspective on current CSA prevention concepts and programming
Define	Define Prevention Through the Social Ecology <ul style="list-style-type: none"><li>• Offer 'Calls for Action' for medical personnel to promote prevention at each level of the social ecology</li></ul>
Direct	Direct you to Parent Oriented Resources

7

## FOUNDATIONS

8



9

PLISSIT  
MODEL

- Permission
- Limited Information
- Specific Suggestions
- Intensive Therapy

◦ Developed by therapist Jack Annon in 1974, and adopted by AASECT

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10

## “PLISSIT”

- A tool we can offer parents!
- Medical Professionals can role model the “permission” and “limited information” aspects with parents/caregivers

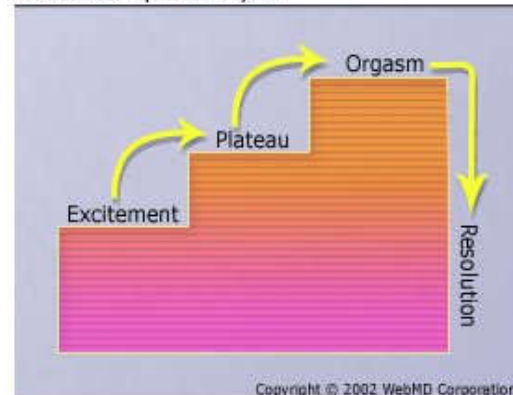
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11

## PHYSICAL FACTS WITH EMOTIONAL IMPACT FACT I:

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

Sexual Response Cycle

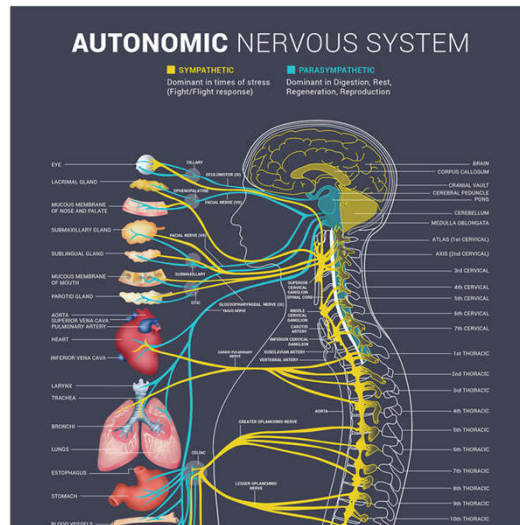


12

## 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.*



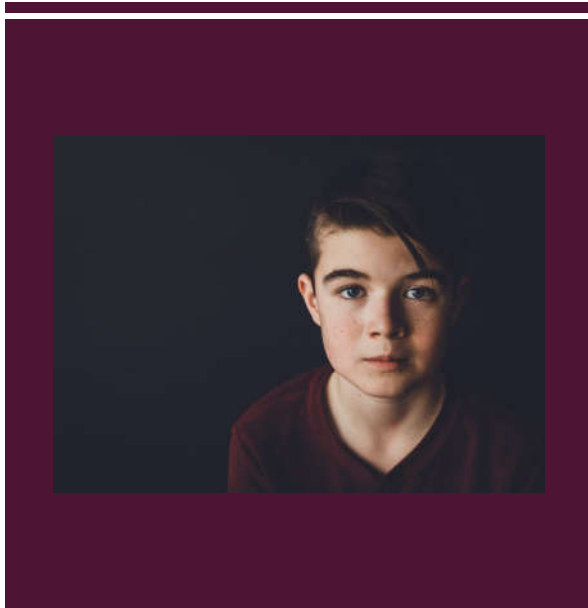
13

## KEY WORDS!

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

Physical sexual arousal is an autonomic response

14



## 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.

15



## 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**'
- Alternative: age appropriate version of

**Touch you asked for VS touch you didn't ask for**

**Touch that was your idea VS touch that was someone else's idea**

**Touch that confused you -- That that felt funny -- Touch that felt weird**

16

# DEFINITIONS

17

## DEFINITIONAL DIMENSIONS OF CHILD SEXUAL ABUSE

Clinical

Criminal

Civil

18

## 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>

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### ■ *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**

19



## CLINICAL DEFINITION

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

20

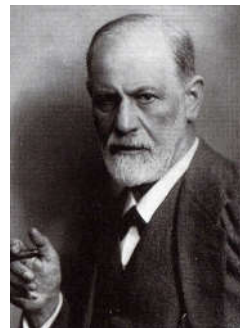
# PROMOTING SEXUAL HEALTH AND SAFETY REFERS TO PREVENTING SEXUAL ABUSE BY ANY DEFINITION

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21

## CLINICAL

- A century ago, Freud institutionalized denial of child sexual abuse as he popularized the Oedipal and Electra complexes!
- 21<sup>st</sup> Century research has shown the incidence and prevalence of actual sexual abuse of children and the damage it causes.



22

## 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

23

## 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

24



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.

25

## 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 nongovernmental 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/about/factsheet/about.asp](http://www.childwelfare.gov/about/factsheet/about.asp).  
Order a copy of the PDF by calling 800.394.3266 or download it as [www.childwelfare.gov/about/factsheet/about.pdf](http://www.childwelfare.gov/about/factsheet/about.pdf).

July 2011

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

Child Welfare Information Gateway  
Children's Bureau, Inc.  
Fifth Floor  
Washington, DC 20024  
Email: [info@childwelfare.gov](mailto:info@childwelfare.gov)  
Web: [www.childwelfare.gov](http://www.childwelfare.gov)

26

## 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!**

27

## 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.

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28

## 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>.

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29

## CIVIL LAW ALSO REFERS TO LIABILITY FOR DAMAGES



30

## STATUTE OF LIMITATION REFORMS

In Arizona, the statute of limitations for child sexual abuse lawsuits has undergone significant changes in recent years:

1. Civil Lawsuits: Under Arizona Revised Statute § 12-514, **victims of childhood sexual abuse now have until their 30th birthday to file a civil lawsuit against the perpetrator or any entity that enabled the abuse.** This law, enacted in May 2019, extended the previous limit, which was only two years after a victim turned 18<sup>146</sup>.
2. Retroactive Window: For victims who were previously time-barred under the old law, Arizona provided a temporary "look-back window" allowing them to file lawsuits regardless of their age. However, this window closed on December 31, 2020<sup>16</sup>.
3. Criminal Prosecution: **Arizona has no statute of limitations for criminal charges involving sex crimes against children under the age of 15.** These cases can be prosecuted at any time, regardless of how many years have passed since the alleged offense<sup>48</sup>

31

## THESE LAWS ARE CRITICAL FOR ENSURING JUSTICE, BUT THEY ARE NOT PREVENTION!

- Some argue that they serve as prevention because 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

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32

## PREVENTION INITIATIVES ARE IMPORTANT!

Original Manuscript

### Child Sexual Abuse and Boundary Violating Behaviors in Youth Serving Organizations: National Prevalence and Distribution by Organizational Type

Child Maltreatment  
2024, Vol. 0(0) 1–13  
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DOI: 10.1177/10775595241290765  
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Luciana C. Assini-Meytin<sup>1</sup>, Ian McPhail<sup>1</sup>, Yi Sun<sup>1</sup>, Ben Mathews<sup>2</sup>, Keith L. Kaufman<sup>3</sup>, and Elizabeth J. Letourneau<sup>1</sup>

#### Abstract

Many youth serving organizations (YSOs) implement child sexual abuse (CSA) prevention strategies. We examined the potential impact of those strategies by retrospectively estimating the prevalence of CSA and boundary violating behaviors experienced in five broad organizational settings: organized sports, religious organizations, music or arts programs, K-12 schools, and the "Big 6 settings" (i.e., 4-H, Big Brothers Big Sisters of America, Boys and Girls Clubs of America, Boy Scouts of America, Girl Scouts of the USA, and the YMCA of the USA). We compared victimization rates between nationally representative cohorts of younger adults (age 18–22;  $N = 3174$ ) and slightly older adults (age 32–36;  $N = 3237$ ). Across all participants and settings, 3.75% ( $n = 363$ ) experienced CSA in YSOs. Among survivors, younger adults reported experiencing a lower proportion of CSA within Big 6 settings than older adults (29.1% vs. 44.5%;  $p < .05$ ), suggesting that prevention efforts may be having the desired effects in Big 6 settings.

33

## 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

34

## AGE OF CONSENT IN ARIZONA



- The age of consent in Arizona is 18 years old. This means individuals under the age of 18 are legally incapable of consenting to sexual activity
- Arizona also has a "Romeo and Juliet" law, which provides a limited exception for consensual sexual activity between individuals close in age. This exemption applies if:
  - The minor is 15, 16, or 17 years old.
  - The other person is under 19 years old or still attending high school.
  - The age difference between the two parties is no more than two years.
  - The sexual conduct was consensual

35

## SEX OFFENDER REGISTRIES: A POLICY WITH NO EFFECT ON RATES OF ABUSE

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

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

Copyright 2008 by the American Psychological Association  
1076-8971/08/\$12.00 DOI: 10.1037/a0013681

### 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.

36

## 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

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37

## 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*

38

**Child Maltreatment  
Policy Resource Center**

**Issues in Brief**  
June 2024



**Sex Offender Registration for Youth  
With Problematic Sexual Behaviors:  
What Happened When One State  
Discontinued This Practice?**

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 based on sex offender registries—some for life—for acts they committed when they were children (Juvenile Law Center, 2023). These offenders often include acts such as simulating intercourse with similar age siblings or peers, sexual exploitation 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 as well as their mental health. These youth are trapped in a broad net that was cast 30 years ago, when laws were 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 \$10 million to \$100 million per year" (Belen, 2015, p. 6). This is a relatively small portion of the total costs—social costs




increase this number by at least tenfold (Belen, 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, 2010). The international advocacy organization Human Rights Watch (2012) 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. 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 1980s, 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/ojdp/227763.pdf)  
<https://www.ojp.gov/pdffiles1/ojdp/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

39

## THE STRATEGIC ENVIRONMENT OF THE 1990'S

- Megan's Laws NJ, 1994 (first) federal 1996
  - Sex abuse prevention became **checking registries, which we know do not work as prevention**
  - 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.....

40

# JOCELYN ELDERS

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- 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!!!!

41

## ONE RESULT OF THE 'NEUTERED 90'S ??

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



42

## 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](http://www.ncsby.org)

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43

## ■ Unintended Consequences

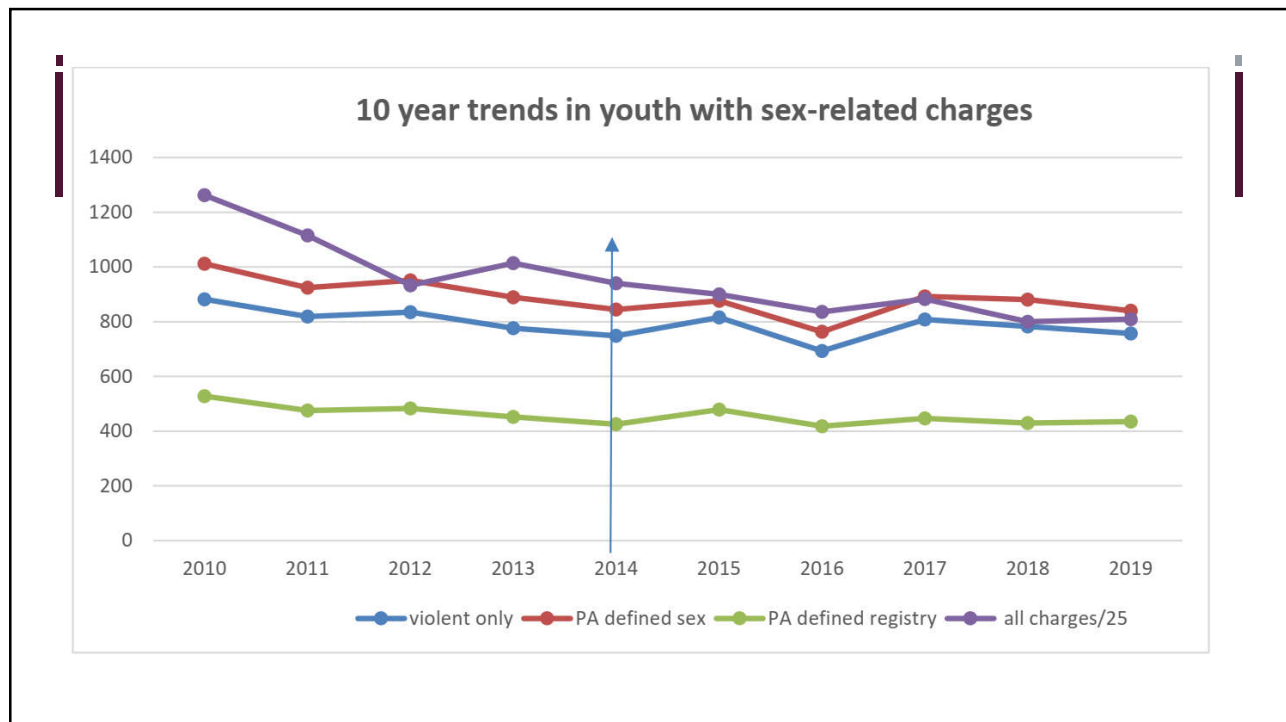
- Increased risk of suicide
- Forced segregation from family
- Vulnerability to sexual assault
- Disruptions in education
- Harassment
- Certain provisions of registration and notification laws make it impractical, if not impossible, for youth to access community-based treatment,

## ■ 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

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44



45

- **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*

Real prevention: Offer evidence-based treatment services with youth showing problematic sexual behaviors.

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46

## 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.

47

## 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.

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48

# 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

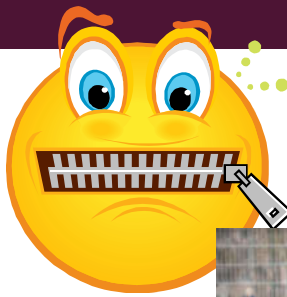
2022 - majority of on-line abuse of adolescents perpetrated by peers

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

49

- 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

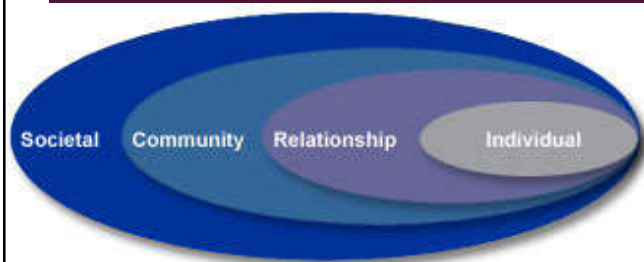


50

## DISCUSSION TIME!

PART I ENDS

51



## THE SOCIAL ECOLOGY OF PREVENTION

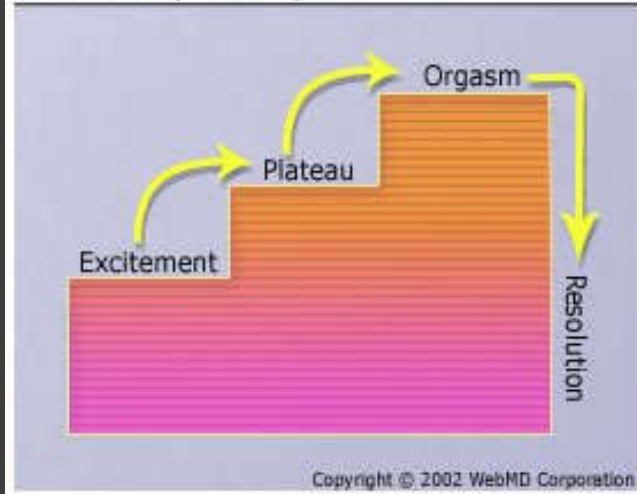
COMPREHENSIVE PREVENTION ADDRESSES ALL FOUR LEVELS OF THE SOCIAL ECOLOGY

52

## 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



53

## KEY WORDS!

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

Physical sexual arousal is an autonomic response

54

## 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.



55

## 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"

56

## LEVEL I: INDIVIDUALS :ADULT ORIENTED PREVENTION EFFORTS

### Widely used programs:

Darkness to Light

Enough Abuse.org

57

## LEVEL I 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>

58

## 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](http://WWW.Stopitnow.org)

59

## 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

60

# PARENTS AS A SOURCE OF SEXUALITY INFORMATION

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- 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.

61

## 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**

62

## 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.***

63

## HEALTHY SEXUALITY...

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

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64

## FASTING GROWING CONCERN: 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>

### Peer to Peer

- What works to prevent online violence against children? executive summary (who.int)
- <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!!

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65

## PLISSIT MODEL

- Permission
- Limited Information
- Specific Suggestions
- Intensive Therapy

• Developed by therapist Jack Annon in 1974, and adopted by AASECT

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66

## “PLISSIT”

- A tool we can offer parents!
- Medical Professionals can role model the “permission” and “limited information” aspects with parents/caregivers

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67

## “PERMISSION”

Articulating  
Family  
Norms

68

## 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.”

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69

## 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.

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70

## 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.

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71

## 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.

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72

## 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*

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73

## BEFORE WE LEAVE FAMILIES --

### A word about siblings

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74

- 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/VWatch> NCMEC conference

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75

## 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>

76

## New York State Initiative to Prevent Child Sexual Abuse

# Healthy Child Sexual Development

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

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

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

	HEALTHY DEVELOPMENT	PROMOTE HEALTHY DEVELOPMENT
<b>BIRTH TO 3 YEARS</b>	<ul style="list-style-type: none"> <li>• Asking questions about bodies, and bodily functions</li> <li>• Using "anatomical" language</li> <li>• Look at and touch their private parts*** in public and private</li> <li>• Showing private parts to others</li> <li>• Trying to touch others' private parts</li> <li>• Wanting to be naked</li> <li>• Attempting to see other people naked</li> </ul>	<ul style="list-style-type: none"> <li>• Use accurate names for body parts</li> <li>• Explain the basic anatomical differences between birth genders</li> <li>• Use simple language</li> <li>• Explain that bodies change as children grow up</li> <li>• Teach children about respectful personal boundaries without shaming the child (keeping private parts covered, not touching others' private parts)</li> <li>• Teach children that touching their private parts is done in private</li> </ul>
	<p>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.</p>	
<b>3 TO 6 YEARS</b>	<ul style="list-style-type: none"> <li>• Talk about private parts and use "naughty" words</li> <li>• Look at and touch private parts with children their own age</li> <li>• Develop a deeper understanding of gender roles</li> <li>• May display same-gender and cross-gender interest in how they play and what clothing they wear</li> </ul>	<ul style="list-style-type: none"> <li>• Use accurate names for body parts</li> <li>• Explain basic anatomical differences between birth genders and how bodies change as children grow using simple language</li> <li>• Teach children about respectful personal boundaries (keeping private parts covered, not touching others' private parts)</li> <li>• Respect child's modesty and desire for modesty and privacy*** (but explain that secrecy is never okay between adults and children)</li> </ul>
	<p>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.</p>	

77

	HEALTHY DEVELOPMENT	PROMOTE HEALTHY DEVELOPMENT
<b>10 TO 13 YEARS</b>	<ul style="list-style-type: none"> <li>• First sexual attraction (infatuation) in peers</li> <li>• Masturbate occasionally, privately reaching climax</li> <li>• Possibly reach climax while asleep</li> <li>• May grieve with children their own age that involve sexual behavior (such as "spin the bottle")</li> <li>• Look at pictures of naked or partially naked people</li> <li>• Be interested in sexual content in media</li> <li>• Experience genital arousal from touch or images, including touch and images that may be inappropriate or harmful</li> <li>• Begin to act as if they value the opinions of their peers over that of their family</li> <li>• Begin to discuss sexual orientation and gender identity</li> <li>• May begin to experience the body changes of puberty (girls tend to develop earlier than boys)</li> <li>• Engage in sexual behavior (kissing, hugging, contact)</li> <li>• Spend more time with peers and consider different values</li> </ul>	<ul style="list-style-type: none"> <li>• Support age-appropriate relationships (for example, don't call boys with a friend a "sister" or encourage make-up and dress that is too grown-up)</li> <li>• Explain the basics of human reproduction</li> <li>• Discuss the physical changes that occur during puberty, breasts and menstruation for girls, facial and body hair for boys, sexual arousal for both</li> <li>• Explain risks of sexual activity (pregnancy, sexually transmitted diseases, and discomforts in engaging in sexual intercourse, activities before ready)</li> <li>• Explain risks of on-line sexual behavior, for example sharing unsolicited photos may lead to legal issues &amp; embarrassment if shared further, and understand that images are permanent</li> <li>• Encourage safety plans with your child that evaluate what to do if there is unwanted touch of any type from peers or adults</li> <li>• Discuss how to give and ask for consent</li> <li>• Discuss contraception and preventing sexually transmitted infections</li> <li>• Discuss that your child knows that genital arousal is an automatic reflex is a message that comes from the forest like getting goosebumps when cold, neither their control, nor anyone else's means that the child has to take any action at all</li> <li>• Discuss that children do not spend time on one thing with an adult (tutor, coach, monitor) without careful screening beforehand and departing afterwards</li> </ul>
	<p>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.</p>	
<b>13+ YEARS</b>	<ul style="list-style-type: none"> <li>• Begin or continue to experience puberty</li> <li>• Want more privacy</li> <li>• Look at pictures and videos of naked people</li> <li>• Be interested in sexual content in media</li> <li>• Experiment with romantic relationships</li> <li>• Engage in sexual behavior (kissing, hugging, contact)</li> <li>• Sometimes lie and keep information from parents</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss how to give and ask for consent</li> <li>• Develop a safety plan with your child that includes what to do if there is unwanted touch or sexual advances from peers or adults</li> <li>• Discuss contraception and preventing sexually transmitted infections</li> <li>• Discuss online safety (unwanted sexual contact)</li> <li>• Discuss that children do not spend time on one thing with an adult (tutor, coach, monitor) without careful screening beforehand and departing afterwards</li> <li>• Teach your children how to keep an eye out for each other and step in if needed. Be an upstander not a bystander</li> </ul>
	<p>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.</p>	


\*\*\* 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 so.



78




**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 MD, PhD, MPH  
[www.SexWiseParent.com](http://www.SexWiseParent.com)

## THE MEDICAL COMMUNITY CAN ENCOURAGE SUPPORT FOR PARENTS AS THEIR CHILDREN PRIMARY SEX EDUCATORS!

**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!



79

**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

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80

## 'LIMITED INFORMATION'

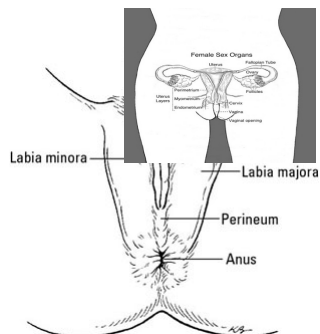
- Everything parents should have learned in high school but probably didn't:  
Basic sexual and reproductive anatomy and physiology

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81

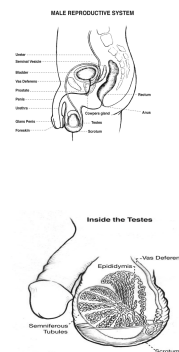
## ANATOMY: WHAT PARTS ARE WHERE INSIDE AND OUTSIDE

### Female

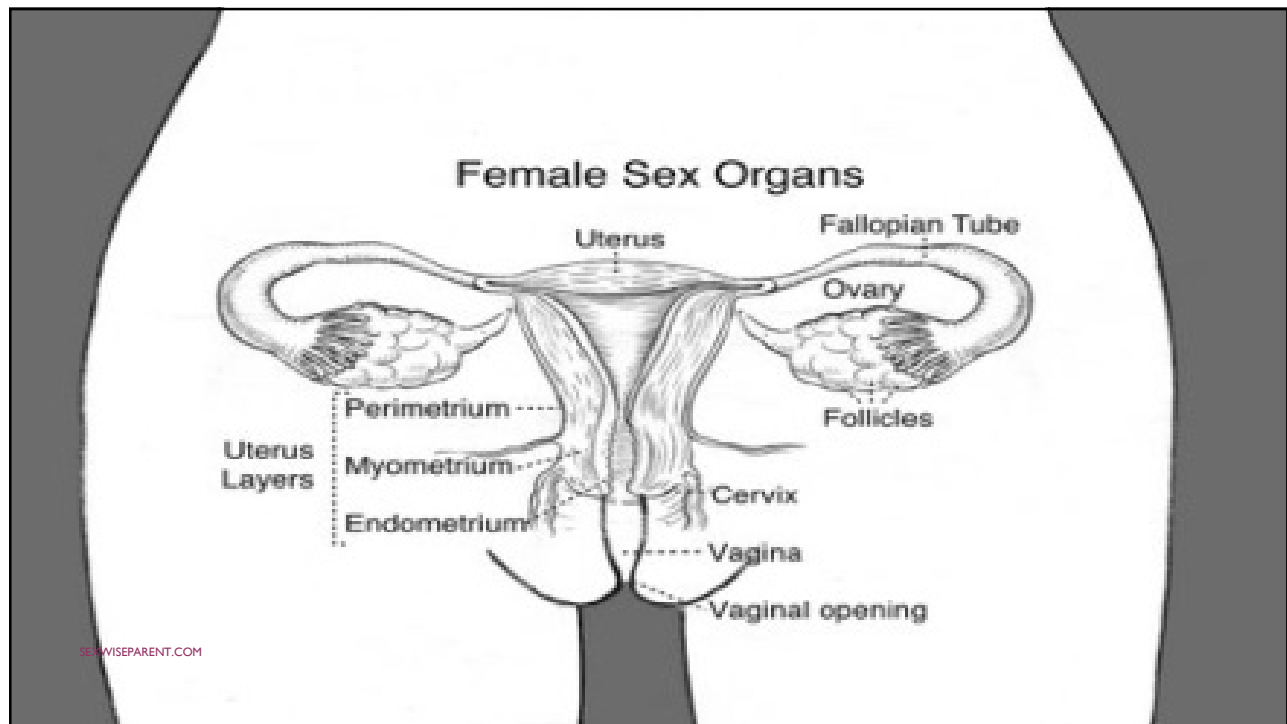


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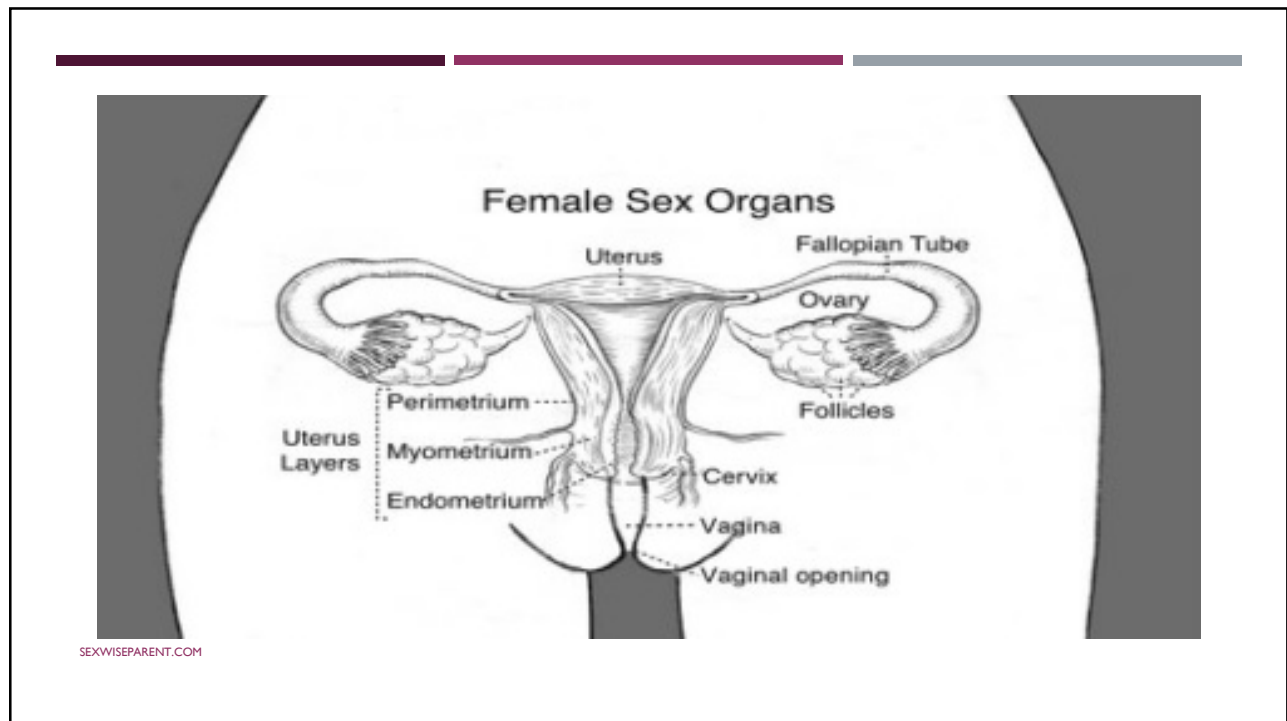
### male



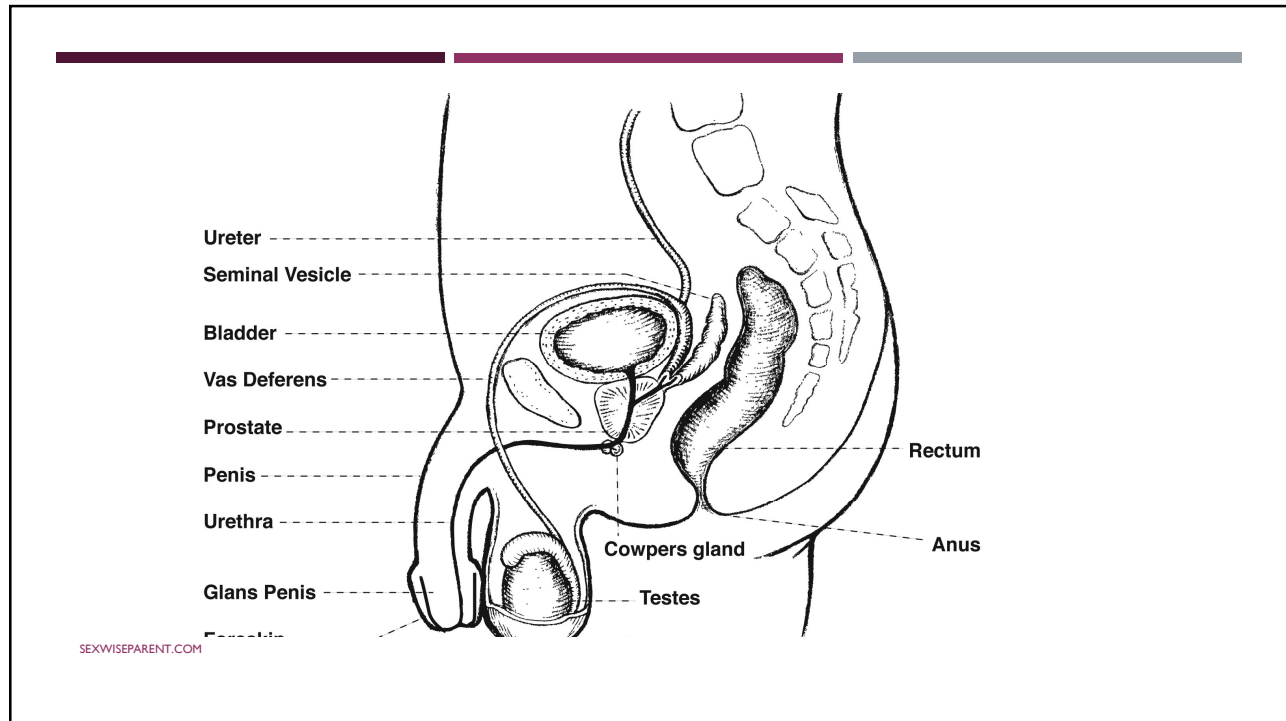
82



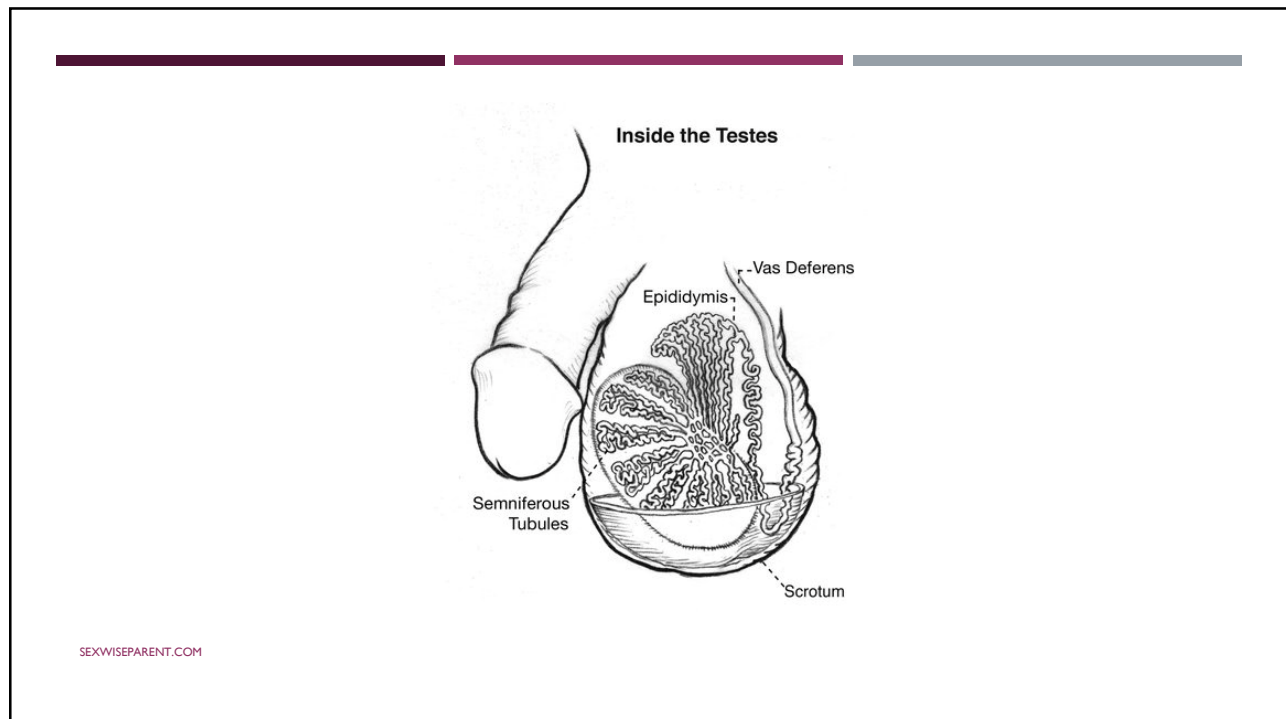
83



84



85



86

## 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.

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87

## OTHER IMPORTANT TOPICS

- Stages of psychosexual development
- How children acquire language
- Sexual archetypes -- associations and arousal

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88

## 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

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89

## 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

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90

## 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**

91

## LEVEL 3: THE COMMUNITY

Current focus on youth safety in schools and organizations

SafeSport

Situational Awareness

Schools

92

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

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93

## INNOVATIONS FOR YOUTH SERVING AGENCIES

- Safe to Compete – Protecting Child Athletes
- [www.safetocompete.org/](http://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>

94

## 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??

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95

## 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!!!

96

Review Manuscript

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

Madeline Schneider<sup>1</sup> and Jennifer S. Hirsch<sup>1</sup>

### 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 sociocological 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  
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# PROMOTE SCHOOLS IMPLEMENTIN G THE NATIONAL SEXUALITY EDUCATION STANDARDS

NSES-2020-2.PDF (SIECUS.ORG)

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97

**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 <sup>a</sup>	9/13 studies	
		Dominance	4/6 studies	
		Competitiveness	1/1 study	
	Relationship—romantic	Casual relationship status	2/2 studies	
	Relationship—peers	Interrelationship conflict	7/8 studies	
		Peer approval of forced sex	4/4 studies	
Child abuse-based risk factors	Relationship—family	Peer pressure for sexual activity	6/7 studies	Childhood sexual abuse prevention programming
		Peer sexual aggression	3/3 studies	
		Membership in fraternity <sup>a</sup>	8/11 studies	
		Sports participation <sup>a</sup>	8/12 studies	
		Previous childhood sexual abuse	20/34 studies	
Sexual behavior-based risk factors	Individual	Previous childhood physical abuse <sup>a</sup>	15/21 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.
		Previous childhood emotional abuse <sup>a</sup>	4/5 studies	
		Exposure to parental violence/family conflict <sup>a</sup>	18/22 studies	
		Multiple sexual partners	21/25 studies	
		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 <sup>a</sup>	6/9 studies	
		Motivation for sex/sex drive <sup>a</sup>	4/5 studies	
Social and emotional learning-based risk factors	Individual—psychosocial	SV victimization during adolescence or adulthood <sup>a</sup>	2/3 studies	Social-emotional learning programming
		Past SV perpetration <sup>a</sup>	9/9 studies	
	Interpersonal	Delinquency	16/24 studies	Social-emotional learning programming
		Previous suicide attempt <sup>a</sup>	3/4 studies	
	Relationship—peers	Empathetic deficits	13/20 studies	Social-emotional learning programming
		Cue misinterpretation	6/7 studies	
		Gang membership <sup>a</sup>	2/2 studies	

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

<sup>a</sup>These 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. <sup>b</sup>Interest in and desire for sex is a normal part of adolescent development. Therefore, not relevant to SV perpetration prevention. <sup>c</sup>This article focuses on CSE as a primary prevention strategy for SV perpetration. Therefore, discussion of previous victimization and perpetration recidivism are not discussed.

98

PROMOTE HEALTHY RELATIONSHIPS & SEXUALITY EDUCATION  
FOR CHILDREN & YOUTH



PILLAR 2:  
AWARENESS &  
EDUCATION

# National Sexuality Education Standards

Core Content and Skills, K–12

99



*American  
ASHA School Health  
Association*



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

100

## 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*.

101

## 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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SAGE

Madeline Schneider<sup>1</sup> and Jennifer S. Hirsch<sup>1</sup>

#### 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

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102

## SEXUAL CLIMATE IN 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.

103

## 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”

104

# 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?

105

## INNOVATIONS FOR SCHOOLS

- Monique Burr Foundation - <https://mbfchildsafetymatters.org/>
  - Child Safety Matters
- Prevent Child Abuse Vermont [www.pcavt.org](http://www.pcavt.org)
  - Safe-T and Care for Kids
- Committee for Children [www.CFChildren.org](http://www.CFChildren.org)
  - Very strong curricula on Social Emotional Learning (SEL)
- Sexual Climate Assessment and Training
- Sex Wise Parenting Education Resources [www.SexWiseParent.com](http://www.SexWiseParent.com)


106



**AND I REPEAT: YOU ARE THE KEY**

As a medical professional you are in a great position to offer the ‘P and “LI” of the PLISSIT model in your community!!!

107



## LEVEL 3.1 THE CYBER COMMUNITY!

- On-line sexual behavior increased among children and youth, especially the cohort coming of age during COVID.
- Peers- and those pretending to be peers – are a major source on cyber abuse of children.
- Controversy on the prevention field -- are separate programs really needed to prevent on-line abuse? Aren't the concepts the same?
- Yes – the concepts are the same, but additional information is needed, specific to the on-loine world

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108

## UNDERSTANDING 'SEX-PLOITATION'

- A 'friend' a child or teen meets on line asks for sexual photos after cultivating a friendship, then blackmails the child,
- [What is Sextortion and how can you help prevent it? | Expert Opinion](#)
- <https://www.inquirer.com/health/expert-opinions/sextortion-online-predators-teens-20230523.html>

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109

**New York State Initiative to Prevent Child Sex Abuse**

### Child Sexual Exploitation Online

If your child has access to a computer or other smart device they are at risk of internet sexual exploitation, regardless of their age. You can help protect your child by reviewing the information below and by ensuring that you have open communication with your child about healthy sexuality and about their online activities. **Open communication is the best protection.**

#### Step 1: Know the Facts

Millions of child sexual abuse material files are in circulation at any given moment. Child sexual abuse material is defined as imagery or videos which show (or depict) a child engaged in explicit sexual activity. **Hundreds of thousands** of "fake" websites solicit, view, share, and store child sexual abuse materials on sites that are only accessible with special software that maintains anonymity.

- 78% of children share personal information online.
- 66% of children reported they have been asked by someone they met online to communicate privately on a different platform.
- 33% of teens are "friends" with people online they don't actually know in real life.
- 38% of 10-14 year-olds were approached sexually online when they were children.
- 28% of teens have received unwanted sexual solicitation.
- 16% of teens have sent a sexual text message (text).

#### Step 2: Understand the Problem

**Sexting:** When someone creates, sends, or shares sexual messages, images or videos online. Sometimes kids engage in sexting voluntarily, sometimes they are tricked or manipulated into doing so.

**Grooming:** When someone befriends, flirts, strings, or builds trust with a child to gain access to and control over the child. Over time the person (often sexual content) into the relationship and may threaten or pressure the child into doing what they ask, including asking to meet in person.

**Sextortion:** A type of blackmail that happens when someone befriends, flirts, strings, or builds trust with a child to gain access to and control over the child. Over time the person (often sexual content) into the relationship and may threaten or pressure the child into doing what they ask, including asking to meet in person.

**Sexual Abuse:** A type of blackmail that happens when someone befriends, flirts, strings, or builds trust with a child to gain access to and control over the child. Over time the person (often sexual content) into the relationship and may threaten or pressure the child into doing what they ask, including asking to meet in person.

**Exposure to Sexual Imagery:** When children see sexually explicit content while online (watching videos, visiting websites, conducting searches or playing games).

#### Step 3: Protect Your Children By...

**Having Open Communication:** Start having conversations about internet safety and about healthy sexual development early. Let your child know that you are available to talk any time, ask open-ended questions, show an interest in your child's online life, and avoid judgement. Discuss and practice what to do if someone approaches them online.

**Supervising Online Activities:** Know what your child's parents and user IDs, encourage use of headphones while online, know the age recommendations for movies, games, and apps, supervise younger children when they are online, and set up parental controls using filtering software. Go to this link for instructions: <https://www.ny.gov/child-safety>.

**Being Cautious:** What You Share: Parents can help their child provide pseudonyms, digital footprints, and identify friends with their most information. For example, if you post a photo of your child including the child's name and include the child's name and location, that personal information can be used to exploit your child.

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THE NEW YORK STATE INITIATIVE TO PREVENT  
CHILD SEXUAL ABUSE

GENERAL INFORMATION | NYSIPCSA  
<https://www.ny.gov/prevent-sexual-abuse> OR COPY  
OF HEALTHY-SEXUAL-DEVELOPMENT-I

HERE YOU WILL FIND BROCHURES YOU CAN  
DOWNLOAD ON A VARIETY OF TOPICS,  
INCLUDING PROMOTING ON-LINE SAFETY!

110

## RESOURCES

- [Take It Down](https://takeitdown.ncmec.org/) <https://takeitdown.ncmec.org/>

Report nudes of a minor posted on-line and initiate the process to have them removed.

- [www.whatsok.org](http://www.whatsok.org)

- WhatsOK is a free, confidential place for you to ask questions about your sexual thoughts, feelings and behaviors. For information about porn addiction, what to do if you cross a line, or more things related to sexuality, [view our FAQs](#) or check out [our blog](#).

- [www.Netsmatrz.org](http://www.Netsmatrz.org)

- NetSmartz is NCMEC's online safety education program. It provides age-appropriate videos and activities to help teach children be safer online with the goal of helping children to become more aware of potential online risks and empowering them to help prevent victimization by making safer choices on- and offline.

■

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111

## DISCUSSION TIME

END PART 2

112

## LEVEL 4: POLICY ISSUES



113

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

114

## 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?



115

## 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:*

<https://www.nysed.gov/standards-instruction/erins-law>

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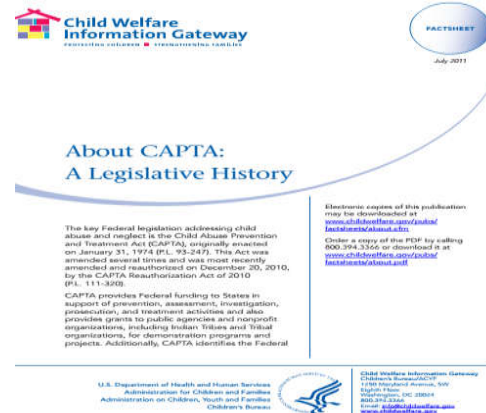
### Minimal Safety Standards for funding

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

116

## CAPTA: THE POLICY THAT HELPED CREATE OUR PROFESSION

- Enacted in 1974
- Reauthorized and modified multiple times
- Currently awaiting reauthorization



117

## SEX OFFENDER REGISTRIES: A POLICY WITH NO EFFECT ON PREVENTION

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

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

Copyright 2008 by the American Psychological Association  
1076-8971/08/\$12.00 DOI: 10.1037/a0013681

### 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.

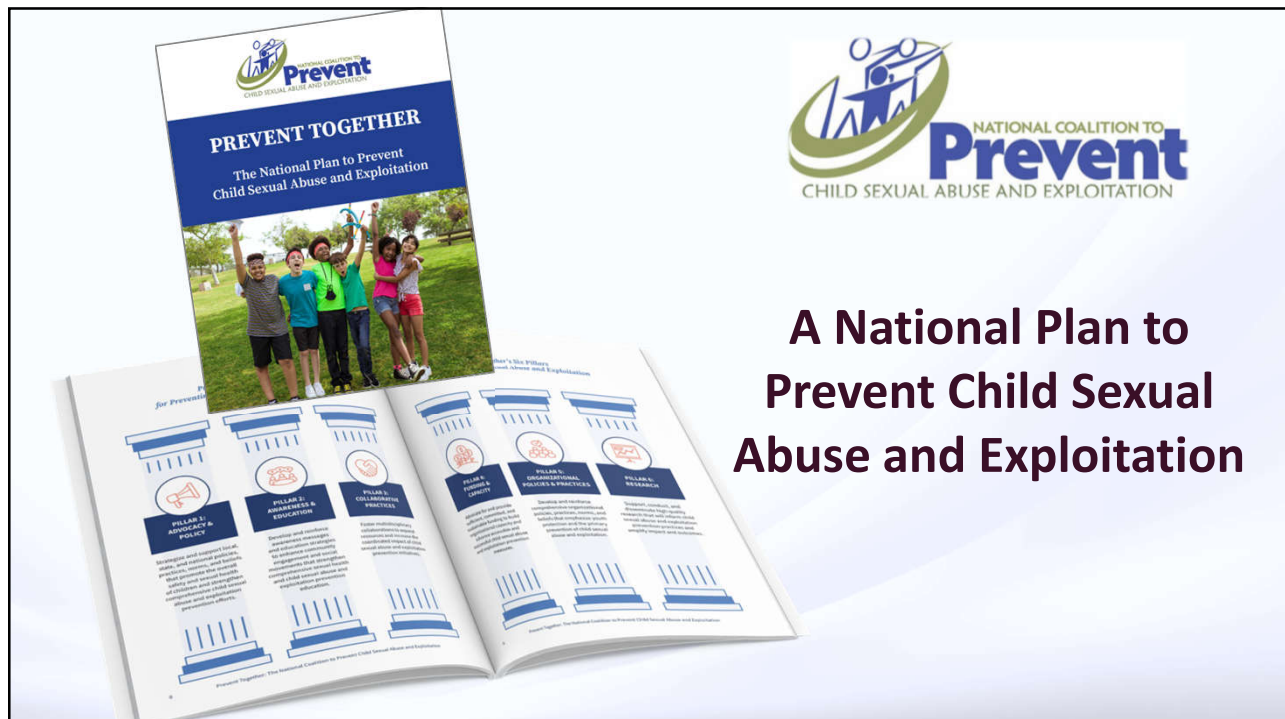
118



## 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.

119



## A National Plan to Prevent Child Sexual Abuse and Exploitation

120

## SUSTAINABILITY!



PILLAR 4:  
FUNDING &  
CAPACITY

- Ultimately, sustainability
- means public support!



121

## 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 I 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.

122

## INNOVATIONS FOR YOUTH SERVING AGENCIES



PILLAR 5:  
ORGANIZATIONAL  
POLICIES &  
PRACTICES

- Safe to Compete – Protecting Child Athletes
- [www.safetocompete.org/](http://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

123

## 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](http://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/>



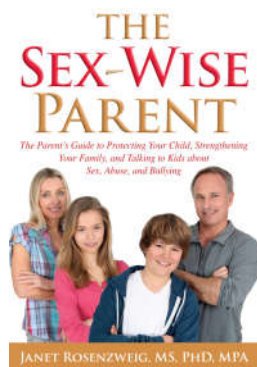
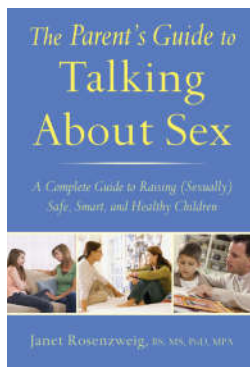
124

## ADDITIONAL RESOURCES

- Free HIGH QUALITY Webinars
  - NEARI Press [www.nearipress.org/](http://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](http://www.NSVRC.org)

125

## QUESTIONS??



Thank you!

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126