



WISCONSIN COALITION AGAINST SEXUAL ASSAULT

10 CORE CONCEPTS FOR CHILD SEXUAL ABUSE PREVENTION

Sexual Health & Development

- Teaches anatomically correct terms for body parts
- Teaches age & developmentally appropriate sexual development
- Teaches evidence-based sexual health
- Supports access to comprehensive reproductive health services & information

Research / Rationale

Healthy sexuality is viewed as an important protective factor against sexual violence in youth and adults (National Sexual Violence Resource Center, 2012). In one study, higher rates of child sexual abuse were found among women who received inadequate sex education as girls compared to women who received adequate sex education (Finkelhor, 1990). This author speculates that sex education may protect children because it gives them specific sexual abuse prevention information, and/or that inadequately educated children have unfulfilled curiosity about sex, which is a vulnerability potential perpetrators can more easily manipulate. In another study with adolescents, researchers found that there was a statistically significant relationship between increased specific knowledge about sexuality and decreased rape-supportive beliefs (Mallet, 2011). Although rape-supportive beliefs provide only one indicator of proclivity to engage in sexual aggression, this research provides additional evidence of sexual knowledge as a protective factor. An added benefit to healthy sexuality may come from parental involvement: children whose parents talk to them about sexuality are more likely to delay intercourse and more likely to practice safer sex when they do become sexually active (Martinez, 2010).

Gender Socialization

- Challenges gender-based stereotypes
- Supports skills & interests outside traditional gender expectations
- Discusses concepts of masculinity and entitlement
- Supports non-binary gender exploration

Research / Rationale

Gender-based expectations about gender, sex, and sexuality, particularly hostile masculinity, may put someone at higher risk of perpetrating sexual assault (Malamuth, 1991; Nguyen, 2014). Strict gender norms contribute to sexual violence due to expectations and beliefs associated with femininity and masculinity (Gallagher, 2011). Looking at the gender-based components to hostile masculinity is particularly important, as some research indicates that broadly, general hostility itself is not associated with sexual assault perpetration (Voller, 2010). This implies that it is the gender-socialization components leading to hostile masculinity that may be especially important to address. In terms of working with children, WCASA sees indications of gender socialization that could be addressed. Even as young as preschool age, there is research suggesting that boys know which toys are "boy" toys, and they can predict

parental disapproval based on playing with “girl” toys (Freeman, 2007). WCASA believes that giving kids the skills to question and combat gender stereotypes at a young age will help them question and combat harmful sexual-based gender stereotypes as they age.

Intersections of Oppression

- Promote respect & understanding for all cultures & identities
- Explores concepts of self-identity & privilege
- Provides instruction on cultural competency & inclusivity
- Explores intersections of race, ethnicity, class, orientation, gender, ability, etc.

Research / Rationale

Research shows that communities that experience more systemic oppression are at higher risk for sexual violence, for example people of color, LGBTQ individuals, and people with disabilities (Black, 2011; Walters, 2013; McEachern, 2012). Additionally, rape myth acceptance is a risk factor for perpetrating sexual violence, and research has shown that in one sample male and female college students who endorsed rape myths were more likely to also endorse racism, sexism, homophobia, ageism, classism, and religious intolerance (Aosved, 2006). Promoting respect for all cultures at a young age has potential to decrease homophobia, racism, ableism, and other “isms” which may contribute to violence.

Boundaries

- Teaches about touching on a continuum (not good/bad)
- Instructs how to say no or reject unwanted advances
- Teaches about setting & respecting boundaries
- Discusses concepts of consent – including affirmative consent

Research / Rationale

Boundaries can be taught from the lens of setting one’s own boundaries as well as respecting others. At a young age, consent can be introduced related to non-sexual behavior. In adolescence, consent can be introduced related to sexual behavior. A national survey was conducted via phone to assess the percentage of children in the U.S. who had been exposed to violence prevention programs and assess outcomes across the fields of bullying, sexual assault, gang avoidance, dating violence, and general violence avoidance (Finkelhor, 2014). The study found that 88% of programs included content to tell an adult if the child had a problem and 57% discussed the continuum of touch. From these programs, over a third (37%) of program-exposed children said that they could think of a time they decided to tell an adult something “because of what they learned in the program.” Additionally, almost half (45%) could think of a time they used program information to help themselves or a friend. This research provides preliminary findings that prevention programs provide useful skills for secondary prevention outcomes.

Empowerment & Body Ownership

- Provides explicit instruction about body ownership
- Distinguishes between public & private parts of the body
- Allows autonomy over decision making related to body
- Encourages empowerment & practices assertiveness skills

Research / Rationale

According to one researcher, empowerment may serve as a protective factor against victimization in two ways: (1) Empowerment may allow for the ability to maintain boundaries, since just knowledge of boundaries is not necessarily sufficient for youth to take action against violations; (2) Perpetrators have shared that they are able to identify vulnerable children and use that vulnerability to sexually abuse a child (Conte, 1989). Building empowerment and body ownership can be a strengths-based approach to decreasing vulnerability. It is also important to build these skills from an adult perspective. When adults tell children that they have the right to say “no” in cases of child sexual abuse, it is important to model this behavior and promote skills for youth to make their own decisions about their bodies at a young age.

Pro-Social Behavior & Skills

- Teaches communication, empathy & problem solving
- Encourages non-violent conflict resolution
- Promotes impulse control strategies
- Provides skills & tools for self-regulation

Research / Rationale

Impulsive behavior is a documented risk factor for sexual violence perpetration (Voller, 2010; Mouilso, 2013; Centers for Disease Control, 2014). Promoting self-regulation and constructive problem solving has the potential to regulate impulse control and target this risk factor before children become adolescents, as demonstrated through programs such as *I Can Problem Solve* (Rooney, 1993).

Understanding, Identifying & Responding to Trauma

- Teaches disclosure skills & encourages disclosure
- Teaches about ACEs & understanding trauma
- Promotes a trauma-informed environment & responses
- Identifies resources & strategies in response to trauma

Research / Rationale

Survey research has shown that a large percentage of children are likely to experience adverse childhood experiences (ACEs), including, including samples specific to Wisconsin (Felitti, 1998; Children’s Trust Fund, 2010). Although most victims of child abuse do not grow up to be perpetrators of child sexual abuse as adults, perpetrators of sexual assault report an increased exposure to witnessing family violence and experienced childhood sexual and emotional abuse than non-perpetrators (Salter,

2003.; Malamuth, 1991; DeGue, 2010; Vivolo-Kantor, 2013; Centers for Disease Control, 2014). Since these are documented risk factors, WCASA theorizes that screening and intervention for abuse at younger ages will allow children access to services needed to interrupt the cycle of violence. This would have implications for the prevention of sexual abuse as children reach adolescence and adulthood.

Bystander Intervention	<p>Teaches how to help someone in distress</p> <p>Builds skills on how to safely intervene</p> <p>Encourages creating a safe environment for everyone</p> <p>Promotes individual & community responsibility</p>
Research / Rationale	<p>Risk factors for sexual violence include weak sanctions against violence and social norms supporting violence at the community and societal level (Center for Disease Control, 2014). Bystander intervention with regard to social norms change and accountability may have the ability to impact these factors. Research and evaluation shows that bystander interventions have the ability to sustain long-term change in knowledge, attitudes, and behaviors for both men and women who participate in bystander programs in college settings (Banyard, 2007). In regard to sexual violence, many bystander programs are implemented in late adolescence or college. By integrating bystander intervention throughout the lifespan, WCASA believes children and youth can be well equipped to be leaders in social change.</p>

Information About Sexual Abuse	<p>Provides facts & clear explanations about sexual abuse</p> <p>Provides information about perpetration – including grooming</p> <p>Promotes a victim-centered response</p> <p>Dispels common misperceptions about sexual abuse</p>
Research / Rationale	<p>In a country where nearly 1 in 5 women is raped, and over 40% of women experience their first rape before the age of 18, the likelihood of encountering rape survivors in any prevention programming is high (Black, 2011). This becomes much more likely when taking into account all other forms of sexual violence, where these experiences are shared by almost half of all women and over one-fifth of men (Black, 2011). When violence has become so normalized, it is common for victims to not identify their experiences as abuse. Additionally, some perpetrators do not identify their behaviors as sexual assault. The lack of identification of both victimization and perpetration is supported by research. When individuals are asked a series of questions that define sexual violence they are much more likely to disclose than when they are asked fewer questions that directly ask about being raped or raping others (Koss, 1987). The lack of identification puts victims at higher risk of not seeking services and subsequent higher risk of further victimization (Siegel, 2003). In cases of child sexual abuse, if adults lack accurate knowledge about perpetrators’ tactics, they may fail to keep</p>

children safe. Due to misperceptions, providing clear explanations about sexual abuse and perpetrator tactics is incredibly important. Dispelling common misperceptions about sexual abuse has the added benefit of working to modify rape myth acceptance. This is particularly useful for prevention because beliefs in rape myths are significantly associated with engaging in sexual coercion or aggression (DeGue, 2010). Lastly, sharing that abuse is never the fault of a victim and normalizing other victim reactions provides support for victims. This is necessary, especially because many victims experience considerable guilt and shame (Finkelhor, 1985). While providing information is not a primary prevention tactic against sexual violence by itself, on a macro-level scale, dispelling myths to place blame off victims and onto perpetrators does have the potential to impact community and societal levels risk factors that contribute to sexual violence. Such risk factors include general tolerance of sexual violence within the community, weak community sanctions against sexual violence perpetrators, societal norms that support violence, and weak laws and policies related to sexual violence and gender equity (CDC, 2014).

Safety & Risk Reduction

- Provides general safety recommendations
- Teaches how to recognize safe & unsafe situations
- Teaches how to identify trusted adults & develop support networks
- Teaches self-protective strategies & skills

Research / Rationale

A national survey was conducted via phone to assess the percentage of children in the U.S. who had been exposed to violence prevention programs and assess outcomes across the fields of bullying, sexual assault, gang avoidance, dating violence, and general violence avoidance (Finkelhor, 2014). The study found that 78% of programs taught warning signs of dangerous situations and outcomes indicate some positive findings regarding help-seeking behavior and helping a friend. This research provides preliminary findings that these programs teach useful skills for secondary prevention outcomes.

References

- Aosved, A.C., & Long, P.L. (2006). Co-occurrence of Rape Myth Acceptance, Sexism, Racism, Homophobia, Ageism, Classism, and Religious Intolerance. *Sex Roles, 55*(7-8), 481-492. doi: 10.1007/s/11199-006-9101-4
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf
- Banyard, V.L., Moynihan, M.M., & Plante, E.G. (2007). Sexual violence prevention through bystander education: An experimental evaluation. *Journal of Community Psychology, 35*(4), 463-481.
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2014). *Sexual Violence Risk and Protective Factors*. Retrieved from: <http://www.cdc.gov/violenceprevention/sexualviolence/>
- Children's Trust Fund. (2010). Adverse childhood experiences in Wisconsin: Findings from the 2010 Behavioral Risk Factor Survey. Retrieved from: <http://wchildrenstrustfund.org/files/WisconsinACEs.pdf>
- Conte, J.R., Wolf, S., & Smith, T. (1989). What sexual offenders tell us about prevention strategies. *Child Abuse & Neglect, 13*(2), 293-301. doi: 10.1016/0145-2134(89)90016-1
- DeGue, S., DiLillo, D., & Scalora, M. (2010). Are all perpetrators alike? Comparing risk factors for sexual coercion and aggression. *Sexual Abuse: A Journal of Research and Treatment, 22*(4), 402-426. doi: 10.1177/1079063210372140
- Finkelhor, D. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect, 14*(1), 19-28. doi: 10.1016/0145-2134(90)90077-7
- Finkelhor, D. & Browne, A. (1985) The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry, 55*(4).
- Finkelhor, D., Vanderminden, J., Turner, H., Shattuck, A., & Hamby, S. (2014). Youth exposure to violence prevention programs in a national sample. *Child Abuse & Neglect*. doi: <http://dx.doi.org/10.1016/j.chiabu.2014.01.010>
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine* 1998; 14:245–258.

- Freeman, N.K. (2007). Preschoolers' Perceptions of Gender Appropriate Toys and their Parents' Beliefs About Genderized Behaviors: Miscommunication, Mixed Messages, or Hidden Truths? *Early Childhood Education Journal*, *34*, 357-366. doi: 10.1007/s10643-006-0123-x
- Gallagher, K.E. & Parrott, D.J. (2011). What accounts for men's hostile attitudes toward women? The influence of hegemonic male role norms and masculine gender role stress. *Violence Against Women*, *17*, 268-583. doi: 10.1177/1077801211407296
- Koss, M.P., Gidycz, C.A., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology*, *55*(2), 162-170.
- Malamuth, N. M., Sockloskie, R. J., Koss, M. P., & Tanaka, J. S. (1991). Characteristics of aggressors against women: Testing a model using a national sample of college students. *Journal of Consulting and Clinical Psychology*, *59*(5), 670-681. doi: 10.1037/0022-006X.59.5.670
- Mallet, P., & Herbé, D. (2011). Does knowledge about sexuality prevent adolescents from developing rape supportive beliefs? *Journal of Sex Research*, *48*(4), 372-380. doi: 10.1080/00224491003794048
- Martinez, G., Abma, J., & Copen, C. (2010). Educating teenagers about sex in the United States. *NCHC Data Brief (44)*. Retrieved from U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics:
<http://www.cdc.gov/nchs/data/databriefs/db44.pdf>
- McEachern, A.G. (2012). Sexual Abuse of Individuals with Disabilities: Prevention Strategies for Clinical Practice. *Journal of Child Sexual Abuse*, *21*, 386-398. doi: 10.1080/10538712.2012.675425
- Mouilso, E. R., & Calhoun, K. S. (2013). The role of rape myth acceptance and psychopathy in sexual assault perpetration. *Journal of Aggression, Maltreatment & Trauma*, *22*(2), 159-174.
- National Sexual Violence Resource Center (2012) *An overview on healthy sexuality and sexual violence prevention*. Retrieved from: http://www.nsvrc.org/sites/default/files/SAAM_2012_An-overview-on-healthy-sexuality-and-sexual-violence.pdf
- Nguyen, D., & Parkhill, M. R. (2014). *Integrating attachment and depression in the confluence model of sexual assault perpetration*. US: Sage Publications.
- Rooney, E.F., Poe, E., Drescher, D., & Frantz, S.C. (1993). I can problem solve: An interpersonal cognitive problem-solving program. *Journal of School Psychology*, *31*(2), 335-339.
- Salter, D., McMillan, D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., Hastings, R., Stevenson, J., & Skuse,

- D. (2003). Development of sexually abusive behavior in sexually victimised males: a longitudinal study. *The Lancet*, 361(9356), 471-476. doi: [http://dx.doi.org/10.1016/S0140-6736\(03\)12466-X](http://dx.doi.org/10.1016/S0140-6736(03)12466-X)
- Siegel, J.A., & Williams, L.M. (2003) Risk factors for sexual victimization of women: Results from a prospective study. *Violence Against Women*, 9(8), 902-930. doi: 10.1177/1077801203255130
- Vivolo-Kantor, A. M., DeGue, S., DiLillo, D., & Cuadra, L. E. (2013). The mediating effect of hostility toward women on the relationship between childhood emotional abuse and sexual violence perpetration. *Violence and Victims*, 28(1), 178-191.
- Voller, E. K., & Long, P. J. (2010). Sexual assault and rape perpetration by college men: The role of the big five personality traits. *Journal of Interpersonal Violence*, 25(3), 457-480. doi: 10.1177/0886260509334390
- Walters, M.L., Chen, J., and Breiding, M.J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf

A collaboration between the Wisconsin Coalition Against Sexual Assault and state-level agencies led to the development of 10 Core Concepts to Prevent Child Sexual Abuse (CSA). These partners, brought together through the A2A Steering Committee (<http://www.a2awisconsin.org/A2AWisconsin.htm>), identified these concepts through a review of best practices for CSA prevention, as well as research on preventing victimization and perpetration across childhood and adolescence.

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The Wisconsin Coalition Against Sexual Assault (WCASA) is a statewide organization incorporated in 1985 to support and complement the work of Wisconsin's community-based sexual assault service provider programs and other organizations working to end sexual violence. WCASA works in collaboration with communities throughout the state to support existing services to victims/survivors of sexual violence, to plan for the development of new services, to create and support community prevention efforts, and to stimulate community ownership of the issue of sexual violence.

For more information, please see: www.wcasa.org