

# Prevention of Sexual Assault in Children



April 28, 2016  
1:00 – 2:30 p.m. (ET)

**Presenter:**

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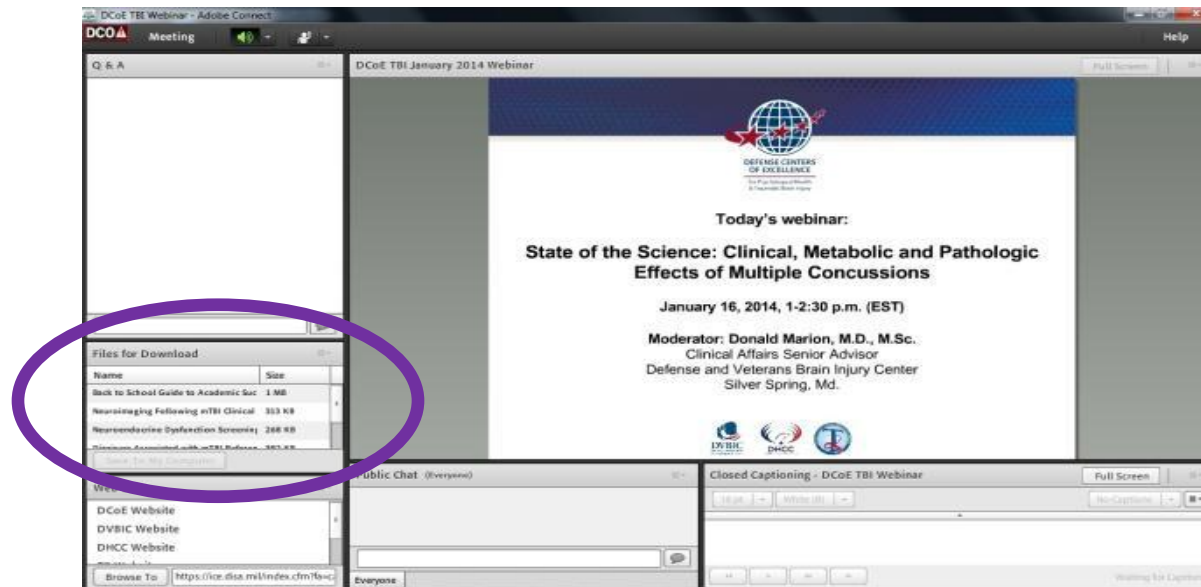


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- Live closed captioning is available through Federal Relay Conference Captioning (see the “Closed Captioning” box)
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  - Dial: CONUS **888-455-0936**
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  - Use participant pass code: **1825070**
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- All who wish to obtain continuing education (CE) credit or certificate of attendance, and who meet eligibility requirements, **must register by 3 p.m. (ET) April 28, 2016** to qualify for the receipt of credit.
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- The authority for training of contractors is at the discretion of the chief contracting official.
  - Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training.

# Continuing Education Accreditation



- This continuing education activity is provided through collaboration between DCoE and Professional Education Services Group (PESG).
- Credit Designations include:
  - 1.5 AMA PRA Category 1 credits
  - 1.5 ACCME Non Physician CME credits
  - 1.5 ANCC Nursing contact hours
  - 1.5 CRCC
  - 1.5 APA Division 22 contact hours
  - 0.15 ASHA Intermediate level, Professional area
  - 1.5 CCM hours
  - 1.5 AANP contact hours
  - 1.5 AAPA Category 1 CME credit
  - 1.5 NASW contact hours

# Continuing Education Accreditation

## continued 1



### **Physicians**

This activity has been planned and implemented in accordance with the essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). Professional Education Services Group is accredited by the ACCME as a provider of continuing medical education for physicians. This activity has been approved for a maximum of 1.5 hours of *AMA PRA Category 1 Credits*™. Physicians should only claim credit to the extent of their participation.

### **Nurses**

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### **Physical Therapists**

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# Continuing Education Accreditation

## continued 2



### **Psychologists**

This Conference is approved for up to 1.5 hours of continuing education. APA Division 22 (Rehabilitation Psychology) is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 22 maintains responsibility for this program and its content.

### **Physical Therapists**

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### **Psychologists**

This Conference is approved for up to 1.5 hours of continuing education. APA Division 22 (Rehabilitation Psychology) is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 22 maintains responsibility for this program and its content.

### **Rehabilitation Counselors**

The Commission on Rehabilitation Counselor Certification (CRCC) has pre-approved this activity for 1.5 clock hours of continuing education credit.

### **Speech-Language Professionals**

This activity is approved for up to 0.15 ASHA CEUs (Intermediate level, Professional area)

# Continuing Education Accreditation

## continued 3



### **Case Managers**

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for up to 1.5 clock hours. PESG will also make available a General Participation Certificate to all other attendees completing the program evaluation.

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- Participants may chat with one another during the webinar using the chat pod.
- The chat function will remain open 10 minutes after the conclusion of the webinar.

# Webinar Overview



Child sexual abuse refers to the entire spectrum of sexual crimes and offenses in which children up to age 17 are victims. The U.S. Department of Health and Human Services' Children's Bureau report *Child Maltreatment 2010* found that 9.2 percent of victimized children were sexually assaulted with children being the most vulnerable to sexual abuse between the ages of 7 and 13. Child sexual abuse victims often feel significant distress and display a myriad of short- and long-term psychological symptoms and developmental delays, and they are at increased risk for experiencing future sexual assaults. The webinar will discuss promising strategies for prevention of child sexual abuse including school-based education, parent education, treatment for victims, treatment for juvenile and adult offenders, law enforcement training, and interviewer training.

At the conclusion of this webinar, participants will be able to:

- Recognize the diverse dynamics involved in sexual abuse of children
- Demonstrate knowledge about the prevention of child sexual abuse
- Illustrate comprehension of the role of the internet in child sexual abuse

# David Finkelhor, Ph.D.



David Finkelhor, Ph.D.

- David Finkelhor is the Director of the Crimes against Children Research Center, Co-Director of the Family Research Laboratory and Professor of Sociology at the University of New Hampshire. He has been studying the problems of child victimization, child maltreatment and family violence since 1977.
- He is well known for his conceptual and empirical work on the problem of child sexual abuse, reflected in publications such as *Sourcebook on Child Sexual Abuse* (Sage, 1986) and *Nursery Crimes* (Sage, 1988). He has also written about child homicide, missing and abducted children, children exposed to domestic and peer violence and other forms of family violence.
- In his recent work, he has tried to unify and integrate knowledge about all the diverse forms of child victimization in a field he has termed Developmental Victimology.
- He is editor and author of 11 books and over 150 journal articles and book chapters. He has received grants from the National Institute of Mental Health, the National Center on Child Abuse and Neglect, and the U.S. Department of Justice, and a variety of other sources.
- In 1994, he was given the Distinguished Child Abuse Professional Award by the American Professional Society on the Abuse of Children and in 2004, he was given the Significant Achievement Award from the Association for the Treatment of Sexual Abusers.
- **Education**
  - ❑ Ph.D. from University of New Hampshire, Sociology
  - ❑ Ed. M. from Harvard Graduate School of Education, Sociology
  - ❑ B.A. from Harvard College

# Prevention of Sexual Abuse

David Finkelhor

*Crimes against Children Research Center*

*University of New Hampshire*

# Disclosure

- Dr. Finkelhor has no relevant financial relationships to disclose.
- The views expressed in this presentation are those of the authors and do not necessarily reflect the official policy or position of the Department of Defense, Department of the Veterans Affairs nor the U.S. Government.
- The description of programs in this presentation is for descriptive purposes only and not intended to promote any individual program

# Overview

- ✓ Reminders
  - ✓ Diversity and Complexity
- ✓ Priority Prevention Approaches

# Recognize Diversity of Dynamics

- ✓ Intra-family sexual abuse
- ✓ Neighborhood, social network
- ✓ Adult leader/teacher/mentor/authority
- ✓ Older youth victimizing younger child
- ✓ Peers
- ✓ Commercial sexual exploitation
- ✓ Statutory victim/compliant victim
- ✓ ??? Internet perpetrator ???

# Diversity of Dynamics

- ✓ Other youth (37% of cases)
- ✓ Older youth victimizing younger child
  - ✓ Baby sitter, older sibling/cousin, neighbor
  - ✓ Spike at puberty
  - ✓ Female abusers
  - ✓ Media influence?



# Diversity of Dynamics

- ✓ Peers
  - ✓ Dating partners
  - ✓ Bullying
  - ✓ Group assaults
  - ✓ Harassment
  - ✓ Humiliation motive
  - ✓ Peer pressure

# Diversity of Dynamics

- ✓ Statutory victim/compliant victim
  - ✓ Teens
  - ✓ Female offenders
  - ✓ LGBT vulnerable
  - ✓ Allure of older partners
  - ✓ Offenders 18 – 25 vs 25+
  - ✓ Conventional prevention doesn't work for this part of the problem

# Diversity of Dynamics

- ✓ Commercial sexual exploitation
  - ✓ Pimp facilitated prostitution
  - ✓ Self-prostitution
  - ✓ Males and females
  - ✓ Some involvement of young victims, family facilitated
  - ✓ “trafficked”
  - ✓ image production, including internet solicitation

# Diversity of Offenders

- ✓ Most offenders are NOT pedophiles
  - ✓ half victims are post-pubescent
  - ✓ one-third of adult offenders who abuse children < 13 are not pedophiles
  - ✓ one-third of offenders are other youth ≠ pedophile
- ✓ Not all offenders are predatory
- ✓ Implication: cannot easily identify on basis of interests, sexual orientation, polygraphy, motives, or screening

# Limitations of Offender Control

- ✓ Most new offenders do NOT have offense history
  - ✓ Only 10% of newly identified offenders have prior record of abuse

Implication: Even perfect background screening and total offender management success will prevent a small quantity of abuse

# Over-emphasis on Offender Control

- ✓ Most offenders do NOT reoffend
  - ✓ 14% adults reoffend within 5 years
  - ✓ 24% after 15 years
  - ✓ Juvenile re-offense rates are <5%
- ✓ Implications: Draconian punishment and expensive management are not needed for all offenders. Relatively good risk assessment tools are available.

# Important Misconceptions

- ✓ Youth offenders generally more benign than adult offenders
  - ✓ Generally not a sign of incipient pedophilia
  - ✓ Recidivism rates are considerably lower
  - ✓ Some youth appear to offend due to peer pressure or transient impulses or influences
  - ✓ General delinquency more a problem than sexual deviation

Implication: Youth offending may be easier to prevent and treat. Long-term sanctions and supervision often not necessary.

# Important Misconceptions

- ✓ Cannot profile offenders
- ✓ Higher educated and better social skills than typical criminal population
- ✓ Enormous diversity of sexual behaviors
- ✓ Implication: common sense instincts about who is “risky”, and what is “benign” are often misleading. Better to train about behaviors than personal characteristics



# Important Misconceptions

- ✓ Most CSA is not violent
  - ✓ In a relationship of trust
  - ✓ Grooming, manipulation
  - ✓ Attention , affection, incentives, normalization

Implication: to extent that victims, parents and investigators think “real” CSA is violent and coercive, victims will be blamed and feel guilty

# Important Misconceptions

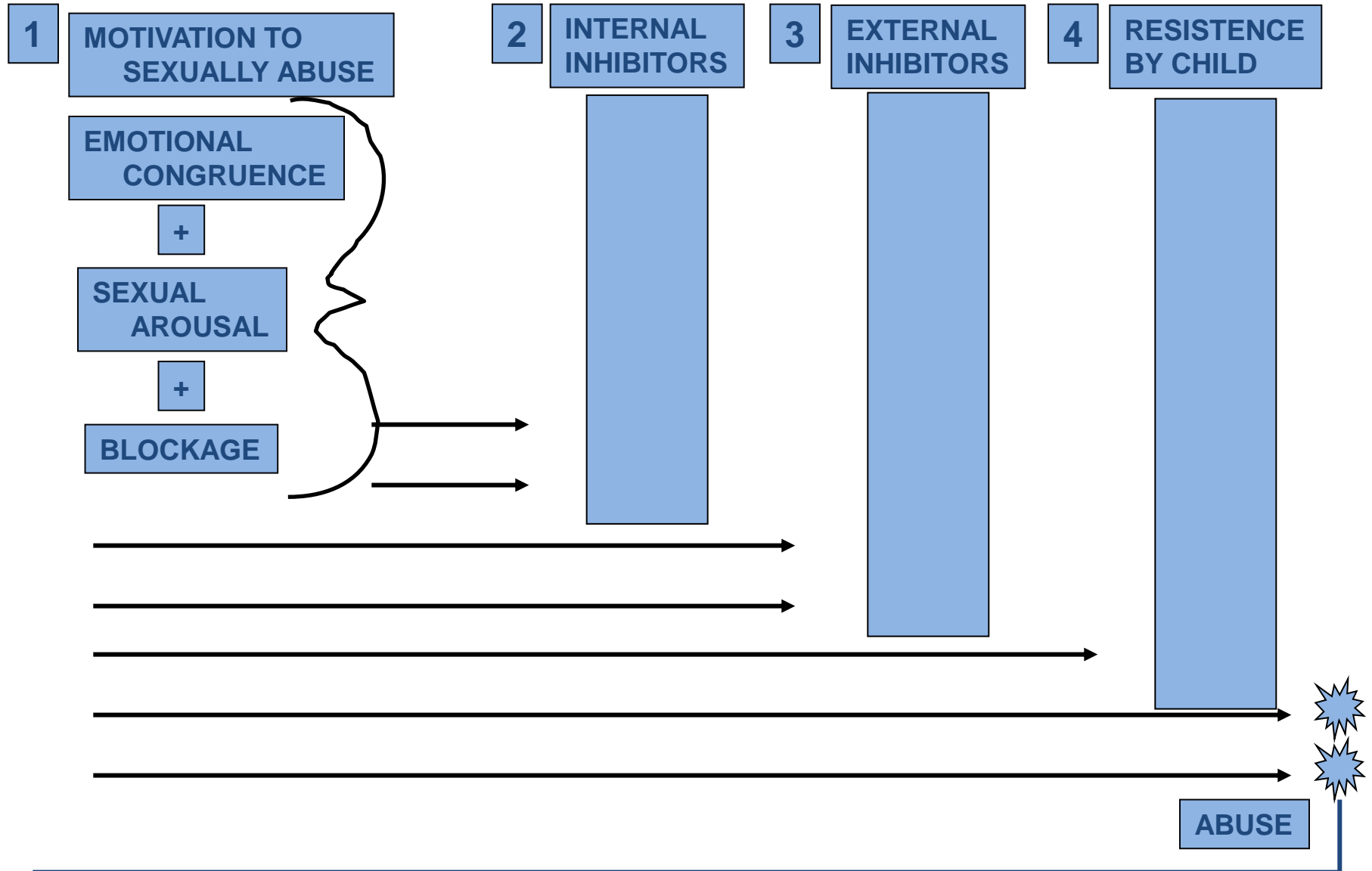
- ✓ Children and youth do not always find the contact unpleasant and sometimes participate voluntarily
- ✓ Victims sometimes protect offenders
- ✓ Implications: “feel yucky” instruction incomplete. Youth feel guilty and blame themselves. Youth lie about what happened. Youth sometimes devastated by revelation

# Important Misconceptions

- ✓ Disclosure does not always bring benefits for victims
  - ✓ Negative response from family and friends
  - ✓ Exposure
  - ✓ Secondary harm from investigation
  - ✓ Studies show: no difference in impact between those that disclosed and those that did not
- ✓ Implications: need to improve response. Respect child and family ambivalence about disclosure.

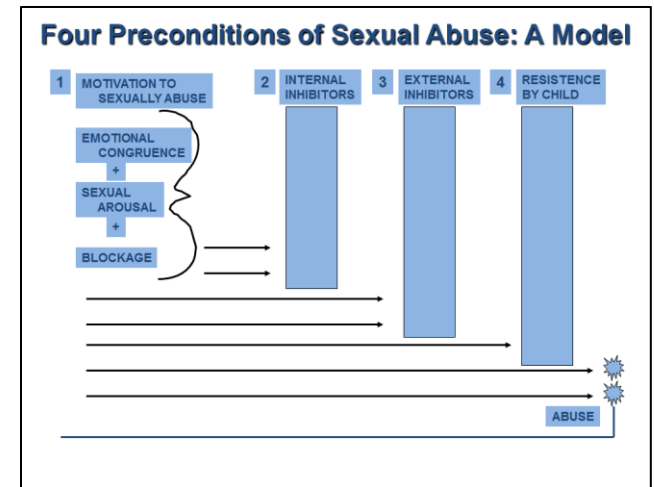
# Prevention Strategies

# Four Preconditions of Sexual Abuse: A Model



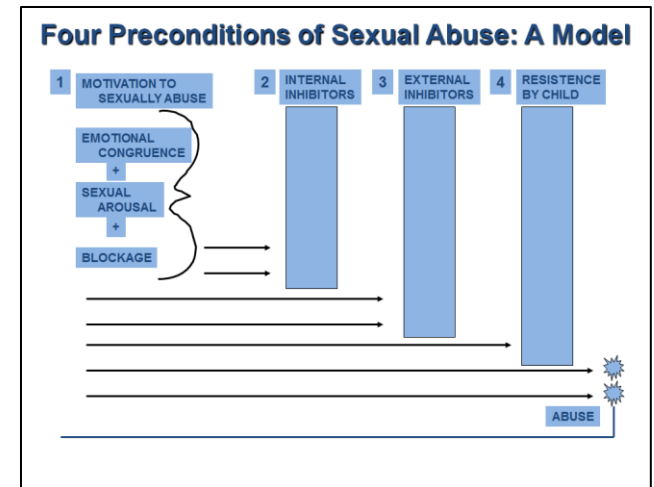
# Internal Inhibitors

- ✓ Fear of detection
- ✓ Bright lined perimeters
- ✓ Debunking abuse rationales
- ✓ Self-management skills
- ✓ Alcohol substance treatment
- ✓ Mental health treatment



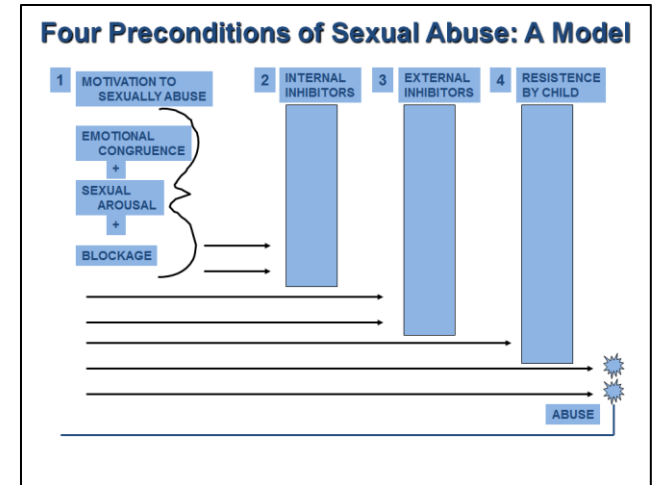
# External Inhibitors

- ✓ Parental awareness
- ✓ Youth worker vigilance
- ✓ Environmental structuring
- ✓ Organizational protocols and guidelines about behaviors
- ✓ Incarceration and sex offender management



# Child Resistance

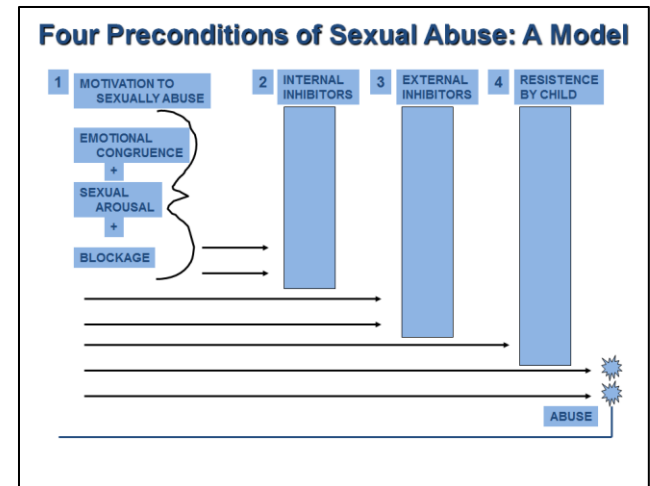
- ✓ Child and youth awareness of norms
- ✓ Refusal skills
- ✓ Emotional security
- ✓ Positive knowledge about sex
- ✓ Adult support





# Reducing motivation

- ✓ Treating victims of abuse
- ✓ Reducing family violence exposure
- ✓ Affection based parenting
- ✓ Providing sexual information
- ✓ Fewer images of sexual exploitation
- ✓ Changing definition of masculinity



# Promising Strategies

- ✓ School based education

# Logic Model

## ✓ School Based Education

- Knowledge about rules and norms
- Resistance and avoidance training
- Disclosure promotion
- Bystander mobilization
- Secondary harm prevention
- Stigma reduction
- Deterrence
- Improved guardianship

# School based Education Programs

## ✓ Virtues

- Proven prevention paradigm
- Considerable research
- Relatively low cost
- Can be combined with harm reduction
- Reaches potential perpetrators

## ✓ Limitations

- No evidence as yet that it prevents sexual abuse
- Burden on schools and teachers

# Considerable Research

- ✓ Children learn concepts
  - ✓ Children acquire skills
  - ✓ Some sustained learning
- 
- ✓ Examples: Talking about Touching, Child Assault Prevention

# Needed New Directions

- ✓ Integration of sex abuse prevention education into comprehensive and developmental prevention and life skills curricula
  - ✓ Socio-emotional learning
  - ✓ Bullying prevention
  - ✓ Safety skills
  - ✓ +
  - ✓ Sexual abuse, dating violence, sexual assault

# Promising Strategies

- ✓ School based education
- ✓ Parent education

# Logic Model

- ✓ Parent education
  - ✓ How to teach prevention to young children
  - ✓ Accurate risk detection
  - ✓ Sexual vocabulary skills
  - ✓ Male involvement in child care
  - ✓ Reducing punitiveness and shaming
  - ✓ Sibling conflict management
    - ✓ Example, Darkness to Light



# *Address Statutory Rape*



# *Educate adults & youth about...*

Why sex with underage youth is wrong

Expectation for adults to observe boundary

Developmentally inappropriate

Inability to consent

Be honest about dynamics of statutory or  
compliant victim crimes

Targeting “by-standers”

# *Prevention for Particularly Vulnerable Youth*

- ✓ Troubled teens looking for sympathetic adults
- ✓ Children in disrupted family environments



# *Target Vulnerable groups*

Youth who are gay or questioning their sexual orientation



**GO GAY**  
CHAT.COM



**Preventing  
Child Sexual Abuse Within  
Youth-serving Organizations:**

*Getting Started on Policies  
and Procedures*



U.S. DEPARTMENT OF JUSTICE, OFFICE OF JUSTICE PROGRAMS  
OFFICE OF CHILD ABUSE PREVENTION



# Molester Proofing Youth Serving Organizations

1. Screening, overt and covert
2. Standards and norms
3. Training staff to detect
4. Mentoring management skills
5. Educating youth and parents
6. Promoting disclosure

# Promising Strategies

- ✓ School based education
- ✓ Public awareness raising
- ✓ Treatment for victims
- ✓ Treatment for juvenile and adult offenders

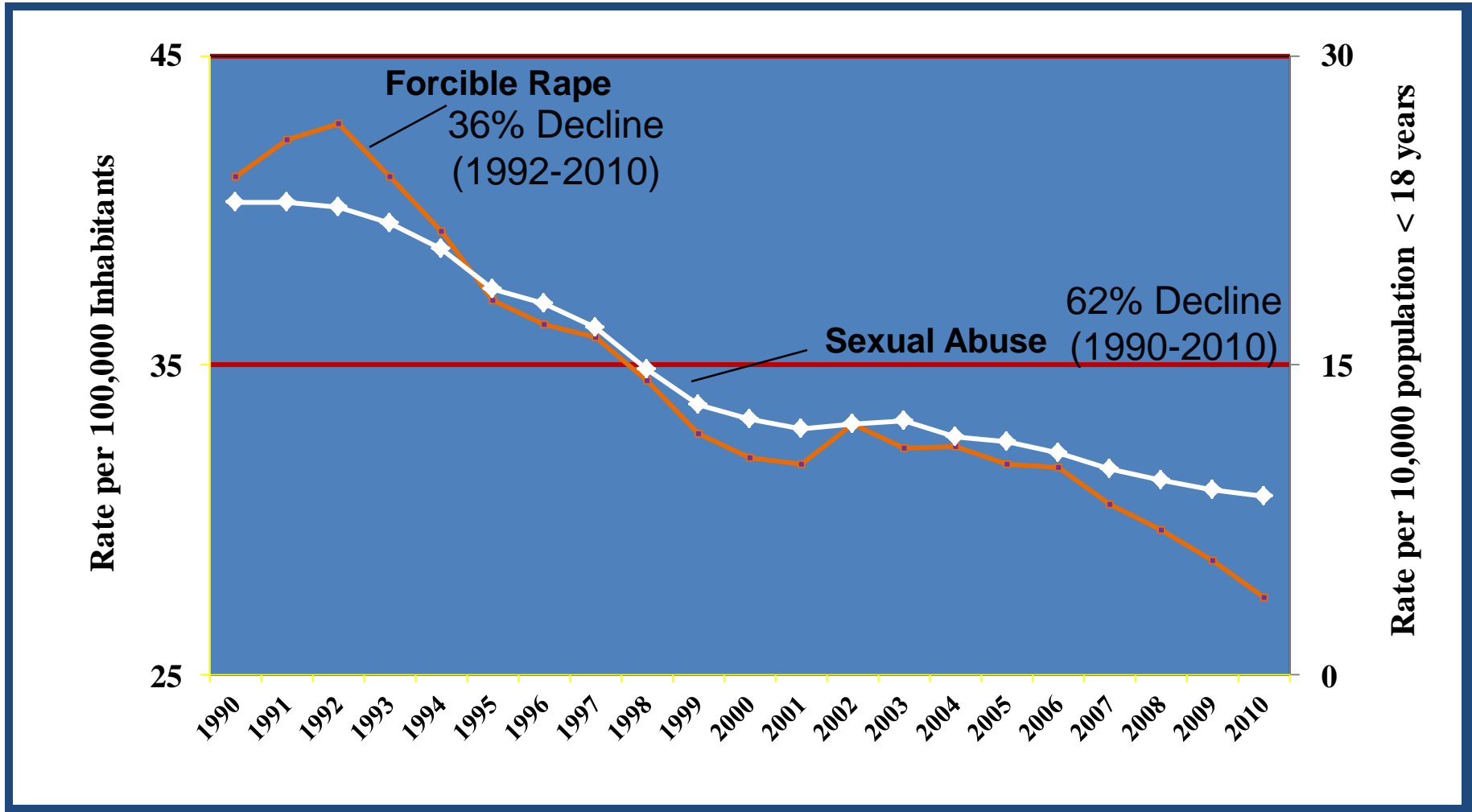


# Promising Strategies

- ✓ School based education
- ✓ Public awareness raising
- ✓ Treatment for victims
- ✓ Treatment for juvenile and adult offenders
- ✓ Aggressive case finding and disclosure promotion
- ✓ Law enforcement training
- ✓ Multi-disciplinary investigation/Children's Advocacy Centers
- ✓ Interviewer training

# FBI Forcible Rape Rate & NCANDS Sexual Abuse Rate

## 1990-2010



\*Source: FBI, Crime in the United States Reports and NCANDS

# Explanations in need of study

- ✓ More effective programs
- ✓ Troop surge
- ✓ Aggressive policing
- ✓ Technology and surveillance
- ✓ Changing norms and awareness
- ✓ Psychopharmacology

# Possible Lessons

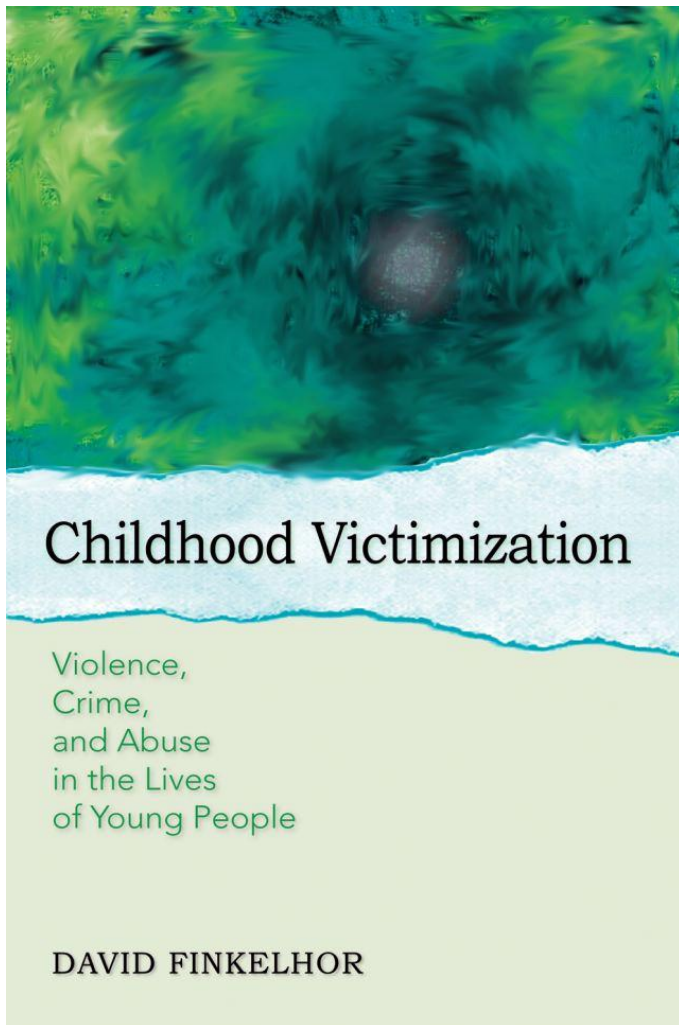
- ✓ Big improvements possible and quickly
- ✓ Be encouraged by what we have done
- ✓ Importance of epidemiology (e.g., counting)
- ✓ Be careful what we abandon

# Internet Safety Prevention

- ✓ CAUTION
- ✓ We need much more agreement about what are the evidence-based safety messages

# Possible New Directions

- ✓ Bystander mobilization
- ✓ Disclosure promotion through child friendlier law enforcement
- ✓ New offender inhibition strategies



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**Finkelhor, D. (2008). *Childhood victimization: Violence, Crime, and Abuse in the Lives of Young People*. New York: Oxford University Press.**

**Daniel Schneider Child Welfare Book of the Year Award**

# Resources

Finkelhor, D.(2009). The Prevention of Childhood Sexual Abuse. *The Future of Children, 19*(2): 169-194.

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# Questions

- Submit questions via the Q&A box located on the screen.
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- We will respond to as many questions as time permits.



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4. Verify, correct, or add your information AND Select your profession(s).
5. Proceed and complete the activity evaluation
6. Upon completing the evaluation you can print your CE Certificate. You may also e-mail your CE Certificate. Your CE record will also be stored here for later retrieval.
7. **The website is open for completing your evaluation for 14 days.**
8. After the website has closed, you can come back to the site at any time to print your certificate, but you will not be able to add any evaluations.

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# Save the Date



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**Next DCoE Traumatic Brain Injury Webinar:**

**June 9, 2016; 1-2:30 p.m. (ET)**

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**Next DCoE Psychological Health Webinar Theme:**

**Facilitating Help-seeking Behaviors for Mental Health Concerns**

**May 26, 2016; 1-2:30 p.m. (ET)**

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# Save the Date



## **2016 Summit State of the Science: Advances in Diagnostics and Treatments of Psychological Health and Traumatic Brain Injury in Military Health Care**

**September 13 – 15, 2016**

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# DCoE Contact Info



**DCoE Outreach Center**

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