Submitted by:

The Military REACH Team
The Research and Outreach (REACH) Laboratory
The University of Minnesota

The University of Minnesota

Lynne M. Borden, PhD (PI)
Kyle R. Hawkey, MEd
Stacey Hawkins, PhD
Ashley C. Jordan, PhD
Jonathan Kearney
Michelle Wittcoff Kuhl, PhD
Keri L. M. Pinna, PhD
Cassandra Tessier
Lindsey J. Zemanek, MS

The University of Arizona

Deborah M. Casper, PhD
Bryna Koch, MPH
Leslie Langbert, MSW, LCSW

For additional information, please contact:
Lynne M. Borden, PhD
Department of Family Social Science
The University of Minnesota
imborden@umn.edu
(612) 625-4227
## Table of Contents

**Introduction** ........................................................................................................................................... 1

**Defining Child Sexual Abuse** .................................................................................................................. 2

**An Ecological Framework** ....................................................................................................................... 3

**Children and Youth** .................................................................................................................................... 3

- Risk Factors .................................................................................................................................................. 3
- Protective Factors ........................................................................................................................................... 5
- Prevention Goals ........................................................................................................................................... 5
- Program Implementation .............................................................................................................................. 6
  - Who/where delivered ................................................................................................................................. 6
  - Delivery techniques ................................................................................................................................. 6
  - Frequency of program delivery .............................................................................................................. 6
  - Duration .................................................................................................................................................... 6
- Program Examples ........................................................................................................................................ 7
- Current Research ......................................................................................................................................... 8
- Program Strengths ....................................................................................................................................... 9
- Program Limitations ................................................................................................................................... 9
- Role of Organizations ............................................................................................................................... 9

**Parents and Guardians** ............................................................................................................................. 10

- Risk Factors ................................................................................................................................................ 10
- Protective Factors ...................................................................................................................................... 10
- Prevention Goals ...................................................................................................................................... 11
- Program Implementation ........................................................................................................................... 11
- Current Research ..................................................................................................................................... 12
- Program Strengths ................................................................................................................................... 12
- Program Limitations ................................................................................................................................ 12
- Role of Organizations ............................................................................................................................. 13

**Organizations Serving Children and Youth** ............................................................................................. 13

- Risk Factors .............................................................................................................................................. 13
- Protective Factors ...................................................................................................................................... 13
- Prevention Goals ...................................................................................................................................... 14
- Program Implementation ........................................................................................................................... 16
Introduction

Primary school generally marks a transition in young people’s lives in which adults outside of the home (e.g. teachers, coaches, etc.) begin to take on greater responsibility for their development and safety. Through their academic and extracurricular activities, young people begin to develop trusting relationships with adults other than their primary caregivers. These relationships serve as part of young people’s foundation from which they continue to develop interpersonal skills, seek support in times of stress, and learn the skills necessary to become healthy and well-adjusted members of society. Although the vast majority of young people’s relationships with adults are healthy, a minority of such relationships are unhealthy in a variety of ways.

Programs that work with young people are challenged to ensure both their physical and psychological safety. Environments that are unstructured and have greater flexibility for their participants (e.g., sports programs, after-school programs, youth programs, and faith-based programs) face greater challenges in maintaining the safety and well-being of the young people they serve (Wurtele, 2012). Although often not acknowledged due to a culture of silence, young people who participate in these activities are at risk for sexual exploitation. Organizations have begun to recognize the need to address the issue of child and youth sexual exploitation in at least some peripheral sense. For example, most organizations require their employees to have background checks. However, conducting criminal background checks is limited to identifying sexual offenders who are recorded in the legal system. Background checks are of little use in identifying potential abusers given that few sexual offenders have criminal histories. Clearly, organizations are faced with great challenges and have much to do in order to ensure the safety of the young people they serve, including the prevention of sexual abuse.

Childhood sexual abuse (CSA; also referred to throughout as abuse, sexual exploitation, molestation, and boundary misconduct) is among the most deleterious forms of maltreatment than can occur in a young person’s life. The close trusting relationship that often develops between young people and staff/volunteers in organizations is the same closeness that can provide opportunities for abuse to occur (Wurtele, 2012). Due to the trusting nature of young people’s relationships with adults, sexual exploitation places children and youth at particularly high risk of changing developmental trajectories.

Fortunately, research and clinical practice have come far in identifying risk factors that inform best practices in the primary prevention of sexual abuse and its negative outcomes. Organizations can reduce risks of sexual abuse through strengthening of appropriate formal structures (e.g., comprehensive policies and procedures) and informal structures (e.g. a culture that values, respects, and protects young people). In particular, organizations that work with young people can, and should, provide sexual boundary training in addition to the supervision of staff. These structures must be firmly embedded within a culture of prevention and protection; where all adults place the needs of minors above their own needs or the need to protect the reputation of the organization. Organizations that serve young people and their families must strive to ensure safe environments in developing a collective attitude in which all adults share in the responsibility for the safety and well-being of young people (Wurtele, 2012).

This review focuses on the prevention of sexual abuse in young people (also referred to interchangeably throughout as children and youth) ages 6 to 17 due to the increased interaction of this age group with adults and others in relative positions of power. The brief begins with definitions of sexual abuse before discussing risk and protective factors, common targets for its primary prevention, implementation of prevention programs, and existing research that tests the success of existing programs. This review
focuses exclusively on primary prevention (i.e. preventing the act of sexual abuse, rather than preventing the development of problems after victimization has occurred). Primary prevention is vital because it requires shifting societal norms, beliefs, and structures to stop allowing such abuse to occur (WCSAP, 2013).

The strengths and weaknesses of existing programs and literature will also be reviewed. Recommendations are made for the development of effective primary prevention policy and programs within organizations that work with children and youth. In order to present the most up-to-date state of the prevention field, the literature used to inform this brief is limited to that which was published between 2008 and 2013. This review serves as a preliminary brief to a more extensive future report on safeguarding young people from sexual abuse.

Defining Child Sexual Abuse

The acts that constitute sexual abuse are not always clear. Definitions vary across states, and within research literature. A lack of clarity regarding what constitutes sexual abuse is one barrier to preventing its occurrence.

Key Finding:
A lack of clarity regarding what constitutes sexual abuse is one barrier to preventing its occurrence.

For the purposes of this report, the sexual abuse of children and youth will refer to sexual acts perpetrated by an individual in relative power (i.e. age differential, adult status, or physical and cognitive development), compared to the young victim, whether or not the act in question involves physical contact, and whether or not the act involved alleged consent or initiation by the victim. Additional relevant definitions follow which place the above stated working definition in context and provides specific examples of the range of acts that constitute sexual abuse.

Given that parents and guardians are considered the first line of defense against child sexual abuse (Martin & Luke, 2010), understanding how they define sexual abuse is particularly relevant. Reports on parents’ definitions of such abuse indicate that parents and guardians realize that sexual abuse can take many forms, including someone trying to touch the young person’s genitals, taking sexualized pictures of the young person, being shown someone’s genitals, or asking the young person to touch the perpetrator in sexualized fashions (Deblinger, Thakkar-Kolar, Berru, & Schroeder, 2010).

Academic definitions of sexual abuse help to clarify that sexual abuse can take the form of both noncontact offenses (e.g., peeping at a young person’s naked body, intentionally exposing genitalia, or showing a young person pornography) to acts of varying physical intrusiveness (e.g., from fondling of the vagina, penis, breasts, or buttocks; to oral–genital contact; or vaginal or anal penetration; Topping & Barron, 2009; Walsh, Brandon, & Chiro, 2012; Wurtele, 2009). The sexual abuse of children and youth is a secretive offense, typically occurring in private and leaving no physical signs, which makes detection very difficult. Victims are children and youth at varying stages of cognitive development, which affects whether, and how well, they are able to disclose the sexual victimization. Recent developments in the field have led to specification of additional forms of abuse, such as peer-perpetrated sexual abuse and internet-based offenses (Topping & Barron, 2009). Further definitions specify that sexual abuse includes any activity that was directly or indirectly intended to lead to the sexual arousal of another individual (Topping & Barron, 2009; Walsh, Brandon, & Chiro, 2012).
Child sexual abuse has historically been defined by the Department of Defense (DoD) as “a category of abusive behavior within the definition of child abuse that includes the rape, molestation, prostitution, or other such form of sexual exploitation of a child; or incest with a child; or the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or assist in, any sexually explicit conduct (or any simulation of such conduct)” (DoD, 1989). More recently, the DoD has clarified that child maltreatment, including sexual abuse, may be committed by any individual responsible for the young person’s welfare in any act that leads to harm or threat (DoD Directive 6400.2, 2004). Although neither definition clarifies what acts constitute molestation, other forms of sexual exploitation, or sexually explicit conduct, the 2004 definition alludes to the particularly high risk of abuse in those who are developmentally or otherwise disabled (Skarbek, Hahn, & Parrish, 2009).

Although definitions of abuse vary considerably, multiple common themes are noted. Most definitions imply that sexual abuse is only perpetrated by adults (Ayers & Girtler, 2008). However, the power differential afforded by a significant age difference between victim and offender is the more accurate factor of focus (i.e. young people can also perpetrate abuse when significant age or other power-differential exists, such as in the case of developmentally delayed victims).

**An Ecological Framework**

The following review is set within an ecological framework (Skarbek et al., 2009), acknowledging that young people exist within a layered system of care that begins in the home (e.g. with family, and guardians in particular), extends to organizations employing non-parental caregivers (e.g. teachers, coaches, and clergy), and the larger community as a whole (Bronfenbrenner, 1994). The young person who is at the center of the system is considered first, followed by remaining levels the system of care.

**Children and Youth**

At the center of abuse prevention are the young people in need of protection. The following is a review of factors that place individual young people at greater risk for sexual abuse. Common targets of child/youth-focused preventions are identified, followed by the types of programs that integrate these targets, and a brief description of specific examples of child/youth-focused programs. Current research describing the efficacy of these programs is found, including strengths and limitations of evidence, followed by specific implications for prevention policy and programs within organizations that work with young people.

**Risk Factors**

1. **Gender:** Both boys and girls across the age span are victimized by sexual abuse. Although girls are generally understood to be more frequently victimized than boys (Gallagher, Bradford, & Pease, 2008), gender of victims tend to vary as a function of offender, offense type, and offense location.

2. **Age:** Victimization peaks during mid-adolescence to late-adolescence (ages 12 to 17), particularly in organizations that serve young people, suggesting that early adolescence is a key time for prevention, and organizations may be an appropriate location (Vivolo, Holland,
Teten & Holt, 2010; Wurtele, 2012). Other evidence further clarifies that certain acts of abuse (e.g. indecent exposure) are more common in this age range than in younger children (Gallagher et al., 2008).

3. **Disability:** Young people with disabilities (e.g. behavioral disorders, language/speech impairment, and intellectual disability) are disproportionately targeted for sexual victimization. Estimates suggest that approximately one in four cases of sexual abuse involve a young person with a disability (McEachern, 2012). These estimates of abuse may underrepresent the true nature of risk in children and youth with disabilities for a variety of reasons.

4. **Self-esteem:** Although low self-esteem is commonly believed to be a risk factor for abuse, a review of the literature revealed no evidence support the legitimacy of this risk factor. For this reason, caution is warranted when seeking to target this risk factor in prevention programs.

5. **Misinformation:** Misinformation places young people at an increased risk for victimization. For example, one common myth is that only adult males offend. Although the vast majority of perpetrators have been shown to be male (greater than 80 percent for all types) and adult (greater than 66 percent for all acts except touching), up to one-third of touching offenses have been shown to be perpetrated women (either alone or with a male accomplice), and one-half of such offenses have been shown to be committed by children and adolescents (Gallagher et al., 2008). Another myth is reflected in the fact that historical prevention efforts taught young people to be wary of strangers. However, more recent evidence suggests that at least half of perpetrators were known to the victim (Gallagher et al., 2008).

6. **Internet users:** Would-be sexual predators are increasingly moving to an online format. Young people may be victimized through being encouraged to send nude images, or stripping and masturbating on webcam. This can be in addition to physical forms of sexual abuse that may occur when an offender convinces a young person to meet with him/her in person. One study of convicted sex offenders identified three factors that contributed to the perpetrator’s decision to target a particular child: (1) the young person mentioned sex in some manner; (2) the young person appeared vulnerable, needy, or submissive; and (3) the young person’s screen name sounded young (e.g. Carrie14; Whittle, Hamilton-Giachritsis, Beech & Collings, 2013).

Findings suggest that an “online disinhibition effect” may contribute to risk for online-initiated sexual abuse (Whittle et al., 2013). This effect is characterized by young people often feeling anonymous in an online format, thus behaving in disinhibited manners that are not characteristic of their in-person encounters with older individuals. This could contribute to young people being bolder in talking about sex and sexuality, which may catch the attention of potential predators. It is also believed to lead to over-sharing of personal information and trusting of individuals who have never been met offline.
Protective Factors

Unfortunately, little research has sought to characterize child/youth-specific factors that may protect against victimization. Research that has been conducted often identifies belief systems about protective factors, rather than factors that actually protect against abuse (Plummer & Njuguna, 2009). Carefully designed research that seeks to identify protective factors has been shown to debunk erroneous beliefs about what factors are protective. For example, one meta-analysis debunked the belief that religiosity may prevent the perpetration of sexual abuse (Tharp et al., 2013).

Prevention Goals

Child/youth-focused prevention goals have historically been aimed at increasing the knowledge and skills of children to help them protect themselves against victimization (Collin-Vezina & Daigneault, 2013). Unfortunately, this places the responsibility for preventing abuse on young people, rather than the adults who care for them or the offenders who perpetrate the abuse (Collin-Vezina & Daigneault, 2013; Wurtele, 2009). Given this problem, this review should be considered primarily in terms of how the literature might inform organizational policy and programming that extends beyond child and youth focused intervention.

1. Teach Young People Recognize and Communicate Abuse
   - Vocabulary for anatomy - Young people are often taught the proper names for their body parts. This enables them accurately describe situations in which abuse occurs.
   - Good touch/bad touch - Young people are typically taught to distinguish appropriate from inappropriate touch and other interactions (e.g. sexualized jokes).
   - Good secrets vs. bad secrets - Perpetrators of sexual abuse often directly encourage young people to keep abuse a secret and use effective techniques to gain children’s compliance. These secrets are often the target of intervention, such that children are taught the difference between “good” secrets and “bad” secrets.
   - The Myth of "Stranger Danger" - The historical approach to teaching "Stranger Danger" has been debunked through evidence that most perpetrators of sexual abuse are known to the victim. Thus, children are taught that abuse may occur at the hand of someone known to them.

2. Help Young People Develop the Skills to Avoid Abuse
   - Self-assertion/self-protection - Young people are often taught specific skills for getting out of a situation that they have identified as potentially abusive (e.g. show discomfort). Mixed evidence suggests that self-assertion may place young people at risk of greater harm (Wurtele & Kenny, 2010). Thus, caution is warranted when integrating these skills into prevention programs.

3. Help Young People Disclose Abuse
   - In order to prevent the recurrence of abuse, stop ongoing abuse, or prevent abuse from happening in the first place, children are taught to tell a safe adult about any sexually-oriented behaviors with which they are uncomfortable.

As described in the graphic above, child/youth-focused goals for prevention have generally had three main goals (Kenny, Capri, Thakkar-Kolar, Ryan, & Runyon, 2008; Repucci & Herman, 1991; Topping & Barron, 2009; Wurtele, 2009), within which specific common targets for prevention may be categorized
Program Implementation

Who/where delivered. Sexual abuse prevention programs that focus on young people are typically delivered in the school setting, many being taught in the elementary grades, but varying significantly from one program to the next. For example, school-based prevention programs vary with regard to the topics covered, delivery methods, formats, target age, and outcomes measured. Most programs are delivered by teachers (Topping & Barron, 2009), though police officers and other informed stakeholders also serve as the individuals delivering the target interventions to children and youth (Davidson & Martellozzo, 2008; Topping & Barron, 2009).

Delivery techniques. Three primary active teaching techniques, shown below, have been identified in the delivery of prevention program content (Topping & Barron, 2009; Daigneault et al., 2012).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Showing young people how to respond during abusive situations</td>
<td>• Young people are given the chance to practice what they would do in a risky situation by acting out the responses that have been taught to them</td>
<td>• Young people are typically encouraged to engage in active discussion about the various concepts and skill be taught</td>
</tr>
</tbody>
</table>

In addition to these three primary active teaching techniques, some of the programs reviewed by Topping and Barron (2009) also used multi-media approaches such as video vignettes. One specific program, The Tweenees, reviewed by Barron and Topping (2013) used a form of active teaching such that movement about the room was integrated as a form of responding to target questions (e.g. “Do you believe that it’s okay to... Move to this side of the room if you believe that it’s okay and to that side of the room if you believe it’s not okay”).

Frequency of program delivery. Most programs are delivered in a single session. However, it is recommended that material be introduced several times and at multiple ages in order to encourage retention of the knowledge and skills believed to help prevent victimization (Daigneault et al., 2012; Wurtele, 2009).

Duration. Topping and Barron (2009) reviewed 22 school-based programs. Of these, most programs were brief – one or two sessions lasting 45 minutes to an hour, though some were five or more sessions.

Key Finding:
Most programs are delivered in a single session. However, it is recommended that material be introduced several times and at multiple ages in order to encourage retention of the knowledge and skills believed to help prevent victimization.
Program Examples

Below are descriptions of several specific child/youth-focused programs.

The Tweenees. Barron & Topping (2013) review a program called *The Tweenees* (Mathew & Laurie, 2002), which is a program aiming to increase young people’s awareness of risky people and situations, and to facilitate disclosure of abuse. This particular program consists of four lessons; each 50 minutes in duration. Content includes discussions on sensitive topics such as gender issues, types of abuse, who holds power in society, and bullying. Barron and Topping (2013) have applied this program to work with previously victimized children in an attempt to prevent future victimization.

Safer Surfing. This interactive program is a school-based program targeting increased safety in internet use to prevent abuse through internet solicitation (Davidson & Martellozzo, 2008). Internet chat rooms, interactive games, and virtual friends are targets of discussion. Children and youth are educated about strategies for safer internet use via the “SAFER” mnemonic: S – secrets, don’t keep them; A – attachments, don’t open them; F – false, don’t believe them; E – exit, don’t stay there; R – remember public chat rooms, no personal details. Although this is a school-based program, parents are also educated about safety issues and strategies. The courses are interactive and involve active discussion and online exercises with simulated chat rooms.

ESPACE. This program is an adaptation of the Child Assault Prevention (CAP) Project (Daigneault, Hebert, McDuff, & Frappier, 2012). Sexual abuse prevention is included in this program, along with prevention of bullying, psychological, and physical abuse in 3 to 12 year old children. The 90-minute workshop is led by three trained community workers who use role-playing, guided discussions, modeling, and rehearsals to enhance, promote, and teach young people awareness of personal rights to be safe, strong, and secure; self-assertion skills, and appropriate responses to any instances of abuse. Children and youth are actively engaged in skill development via role play. This course stands out in its provision of three types of booster sessions following completion of the initial program. Young people who were in the 1st and 2nd grades upon completion of the program receive either a complete booster consisting of the same workshop or a brief booster consisting of a revision of concepts and abilities where children were asked to recall what they had learned two years earlier. Young people who are in the 3rd and 4th grade during the initial program receive a booster called Confidence, Solidarity, Respect (CSR) which was developed in continuity with the ESPACE workshop as schools asked for a more comprehensive booster session for older children. In this manner, ESPACE is a good example of a program that recognizes the potential that program effects may fade over time, and is responsive to school feedback and developmental needs of the child. The boosters support self-confidence and confidence in others so as to enable and encourage disclosure of abuse. It also sensitized children with respect to the impact of their own behavior on others and the use of power while respecting the rights of others.

Key Finding:
*Promising prevention programs are sensitive to the developmental needs of children.*
**Chen Pilot.** This school-based prevention program stands out as particularly thorough in terms of sexual education components and coverage of the secrecy that is often involved in such abuse. In addition to teaching anatomical vocabulary, the program introduces information about sexual behavior (e.g. masturbation, ejaculation) and the mental and physical changes that take place during puberty. These additional components are seen as essential to the prevention of sexual abuse (Chen, Fortson, & Tseng 2012).

**Ogunfowokan Pilot.** This program delivered by a nurse with a sample of High School girls integrates stories of real sexual abuse cases (Ogunfowokan & Faje milehin, 2012). The program is delivered in 30-minute increments over 10 sessions and includes lecture, guided discussion, and written handouts.

**Current Research**

The quality of sexual abuse prevention research varies significantly. For example, much of what has been published is based on pilot programs with small sample sizes that do not use standardized measures to evaluate program effectiveness, and often do not employ comparison groups or random assignment. For this reason, the following review should be interpreted with caution.

Although most research seeking to determine the effectiveness of prevention programs is of poor quality, many school-based programs do have at least minimal data supporting their effectiveness. One review of 22 school-based program studies conducted by Topping and Barron (2009) identified possible features of effective programs. Conclusions regarding what constituted an essential feature of prevention programs were based on evidence of four or more outcome gains (e.g. abuse-related knowledge, skills to protect against/prevent abuse, and maintenance of gains).

Additional research suggests that programs can be effectively delivered by a range of personnel, given that those programs that had evidence of effectiveness were variously delivered by teachers, trained volunteers, mental health professionals, a theater group, high school student facilitators, social services staff members, and community workers (Topping & Barron, 2009). Topping and Barron’s (2009) review did not require high quality assessment, comparison/control conditions, or randomization. Thus, conclusions regarding essential components of effective prevention programs must be considered with great caution.

**Possible Components of Effective Prevention**

- Use of at least two different active teaching techniques (e.g. modeling, group discussion, role-play)
- A duration of at least four to five sessions
- Parental involvement (limited evidence)

**Key Finding:**

While many studies find at least some evidence of support for the effectiveness of child focused prevention programs, randomized control trials reveal mixed results. Some studies find improvements in knowledge of sexual abuse and skills to protect oneself, while others find no effect of prevention programming on these outcomes.
the past five years, only one found significantly greater increases in knowledge gained following the prevention programming, compared to the no-prevention condition (Ogunfowokan & Fajemilehin, 2012). Similarly, only one high quality study found increases in self-protection skills (Chen et al., 2012).

In summary, some evidence suggests that prevention programs that employ multiple active approaches to teaching program content, are at least four to five sessions in duration, and involve parents may be effective in improving abuse-related knowledge and skills, and that such knowledge and skills tend to maintain over time (Chen et al., 2012; Ogunfowokan & Fajemilehin, 2012; Topping & Barron, 2009). However, most studies use poor methodology and studies are rarely replicated. Therefore, results must be interpreted with caution and more rigorous studies are required.

**Program Strengths**

School-based programs are able to reach large quantities of young people that would otherwise be difficult to reach. School-based programs also present the opportunity to raise awareness in salient peer and adult groups; and to follow-up with children to determine program effectiveness (Topping & Barron, 2009). In addition, schools are identified as a setting of potential risk for abuse, making the implementation of prevention programming in this setting particularly critical.

**Program Limitations**

Significant concern has been raised about the implications of targeting would-be child and youth victims, rather than the adults responsible for young people’s care or the would-be perpetrators of sexual abuse (Collin-Vezina, 2013; Daigneault, & Hebert, 2013; Wurtele, 2009). Specifically, targeting young people in prevention efforts places the responsibility for preventing abuse on the young person, rather than the adults who care for them or the offenders who perpetrate the abuse. For this reason, prevention that targets responsible adults is recommended as an extension of, if not an alternative to, child/youth-focused prevention.

In addition to concern about targeting young people instead of adults, concern exists that school-based programs may be delivered by individuals who are likely to have little specialist content knowledge about sexual abuse, and possibly personal sensitivities and limited confidence (Topping & Barron, 2009). This expressed concern implies that such program delivery factors may limit the effectiveness of school-based programs.

**Role of Organizations**

Experts in the field caution against placing 100 percent of the responsibility for prevention on the shoulders of young people. However, to the extent that child/youth-focused programming continues to be the best developed approach to prevention, evidence suggests that personnel in organizations that serve young people will likely be successful at implementing child/youth-focused prevention programming (Topping & Barron, 2009). Delivery of such programming by organization staff could help to offset the strain of adding such programming to already strained school systems. To the extent that such programming is adopted within organizations other than schools, care should be taken to appropriately measure changes from pre- to post-programming. Such measures often take the form of assessing abuse-related knowledge and skills prior to and following prevention programming. To the extent deemed ethical, random assignment to control conditions should be employed in order to most effectively assess the extent to which programs are achieving intended goals.
Parents and Guardians

Parents and guardians (referred to throughout as parents, guardians, or parents and guardians) represent the system that is closest to the child, thus providing a potential source of protection or risk for abuse. More specifically, parents and guardians are key figures in the sexual socialization of young people (Martin & Luke, 2010). They are the most readily available sources of information and support about sex and sexuality in general (Dilorio, Pluhar, & Belcher, 2003; Goldman & Goldman, 1982) and about sexual abuse prevention in particular (Hazzard, Webb, Kleemeier, Angert, & Pohl, 1991; Wurtele, 2009). Following is a review of parent/guardian-level factors associated with (increased or decreased) risk for sexual abuse. Common targets of parent/guardian-focused prevention are identified, followed by the types programs that integrate these targets and a brief description of specific examples of child focused programs. Research describing the efficacy of these programs is described, including strengths and limitations of this empirical evidence, followed by specific implications for prevention policy and programs within organizations that serve children and youth.

Risk Factors

Little research surrounds parent/guardian-focused risk or protective factors. Among the few studies identified, one suggests that parents who neglect or otherwise abuse their children are more likely to have children who have also been sexually abused (Whitaker, Le, Hanson, Baker, McMahon, Ryan, Klein & Rice, 2008). Other research suggests that living in the home with an unrelated adult male is one of the largest risk-factors for child sexual abuse (Putnam, 2003). As described in the child/youth-focused section above, misinformation that mischaracterizes those who would commit sexual abuse is a risk factor common to all levels of young people’s ecology.

Protective Factors

1. **Supervision**: Supervision may seem like an obvious way to prevent sexual abuse. However, supervision transcends beyond maintaining an awareness of young people’s activities by being physically present. Supervision includes monitoring of online and other activities in which parents and guardians are not physically present. The supervision of young people’s online activities may serve to greatly reduce the propensity for children and youth to have contact with potential predators (Whittle et al., 2013).

2. **Communication**: Parent-child communication about sexual abuse and its prevention is a powerful protective factor against abuse (Walsh, Brandon, & Chirio, 2012). Evidence suggests that mothers may be more willing to participate in sexual abuse prevention programs to gain increased skills for protecting their children against abuse. Research has also found that parents’ involvement in a prevention program may increase the likelihood that

---

### Options in Parent and Guardian Focused Preventions

- Become more knowledgeable about CSA by attending prevention programs
- Talk with children about body part names, sexuality, and personal boundaries
- Limit the access of potential perpetrators to their children
- Teach and reinforce personal safety rules at home
parents would discuss abuse-related topics with their children. Regardless of prevention program participation, evidence suggests that mothers are more likely than fathers to discuss sexual abuse prevention with their children, and mothers appear to discuss a broader range of topics than fathers. Both mothers and fathers are more likely to provide prevention messages to their daughters than their sons, and parents whose own parents had discussed prevention with them were more likely to have discussed it with their own children.

Prevention Goals

Parents and guardians remain an untapped resource with regard to their role in preventing child sexual abuse. As outlined in this brief, partnering with parents to prevent such abuse has many advantages (Wurtele & Kenny, 2010). Such partnership efforts may indirectly affect the success of child/youth-focused programs provided in schools. The impact of prevention lessons at school appears to depend on the support of guardians at home, both to clarify concepts and to help young people apply their new knowledge in daily life (Wurtele & Kenny, 2010).

Program Implementation

Although most parents and guardians are in support of school-based prevention programs, a review by Wurtele and Kenny (2010) suggests that very few guardians take advantage of presentations held in conjunction with these programs. Most guardians allow their children to participate, but few attend or access available information themselves. Although the need for parent/guardian-focused prevention programs is clear, barriers limit parental participation. Such barriers include denial or lack of awareness that sexual abuse is a problem worthy of response, beliefs that young people are not vulnerable to sexual exploitation, and concerns about negative side-effects of prevention programming. For example, some parents have expressed concern that prevention programs will result in their children learning too much about sex, although this concern has not been substantiated in the literature. Basic issues such as lack of time or scheduling conflicts may also preclude parental participation in prevention programming. Perhaps the least considered barrier to participation in parent/guardian-focused prevention is the

Themes Emerged from Parent/Guardian Focus Groups

- **Inadequate Knowledge**: Guardians felt that they did not know enough about sexual abuse prevention to adequately teach their children
- **“Stranger Danger”**: Guardians expressed concern that they were still focusing on teaching their children to avoid strangers
- **Bodies, Touching, & Relationships**: A minority of parents expanded upon teaching these topics to children, while remaining parents listened for details
- **Protective Adults**: Parents were sensitive to both the developmental nuances involved in providing adequate supervision to their children and the importance of involving other adults in the community in the supervision of their children
- **Parent-Child Communication**: Parents emphasized the importance of having an open, trusting, respectful relationship with their children so that their children would be more receptive to relevant conversations about preventing sexual abuse
- **Voice & Choice**: Parents expressed a strong desire to have a voice in what their children learn, and to retain the role of primary provider of such information
- **Just the Basics**: Parents expressed a preference that prevention programs not teach children the details of sexual acts, failing to recognize that prevention programs generally do not teach such specific details of sexual acts.
lack of parent-specific programs that have been developed as stand-alone programs. At best, parent-involvement in supplemental workshops is encouraged as part of child/youth-focused programming (Wurtele & Kenny, 2010).

Although specific parent/guardian-focused programs are not represented in recent literature, Deblinger et al. (2010) describe parental communications with their children about abuse as a naturally occurring form of prevention that may benefit from greater formalization. Parents and guardians are clearly dedicated to ensuring the safety of their children, but they are often ill-equipped to communicate accurate information as a result of limitations in their own histories of being educated about child sexual abuse.

**Current Research**

Two studies were identified that targeted parents in sexual abuse prevention programs. In one study, focus groups were conducted that sought to characterize parents’ knowledge base regarding abuse and its prevention (Walsh et al., 2012). The focus groups revealed that there is a significant gap in what parents know about school-based programs and about topics that parents discuss with their children. Several themes emerged, including those on the previous page.

The second parent/guardian-focused study also sought to determine the extent to which parents and guardians educate their children about sexual abuse (Deblinger et al., 2010). Of the parents who participated, 79 percent reported efforts to education their children. Results revealed, however, that parents and guardians neglect to share critical information, disproportionately focusing on strangers as perpetrators and avoiding discussions around the secrecy surrounding abuse by known perpetrators. Parents were more likely to discuss the possibility that someone might try to touch the child’s genitals but they failed to discuss the likelihood that the perpetrator would then ask them to keep it secret. Those guardians who had no direct or indirect personal history of abuse were least likely to talk to their children about it. In summary, although parents and guardians continue to be committed to educating their children on abuse, the education they provide is often inaccurate or lacking in detail.

**Program Strengths**

As the closest adult system to young people who would be victims of sexual abuse, parents and guardians are a highly promising and yet untapped resource for prevention. Parent/guardian-focused prevention occurs naturally in the family system as parents and guardians tend to see themselves as the first line of defense against abuse. Evidence also suggests that parents may serve as critical supports to maximizing the effectiveness of child/youth-focused prevention (Babatsikos, 2010; Wurtele & Kenny, 2010).

**Program Limitations**

In spite of the many advantages of parent involvement in sexual abuse prevention programs, the actual participation of parents in one-time educational workshops has been low (Wurtele & Kenny, 2010). Further, such one-time educational workshops are among the only parent focused programs that have been developed to date.
Role of Organizations

As previously noted, parents and guardians are the most important system of care for the young person at risk for abuse. Parents and guardians are responsible for selecting organizations with whom to entrust their children’s wellbeing. They have historically not participated at optimal rates in school-based prevention programming (Babatsikos, 2010). Thus, organizations should seek to learn from prior experience and consider alternative approaches to involving parents in programming. For example, focus group data (Babatsikos, 2010) suggests that parents prefer to have a voice in the prevention programming that is delivered to their children, while at the same time they express concern that they are not educated enough on the topic, themselves. Thus, disseminating educational materials in newsletters and soliciting feedback about parental preferences for prevention programming are two potentially effective approaches to involving parents at greater rates than has been previously reported.

Organizations Serving Children and Youth

Non-parental caregivers might be considered the second most important system of care for young people. Most non-parental caregivers with which young people interact are employed by, or volunteer for organizations such as schools, youth groups, faith centers, recreational clubs, or sporting activities. Many of these organizations foster close and caring relationships between young people and staff or volunteers, but this same closeness can provide opportunities for abuse to occur (Wurtele, 2012). Following is a review of organization-related factors associated with (increased or decreased) risk for sexual abuse. Common targets of organization-focused prevention are identified, followed by the types programs that integrate these targets and a brief description of specific examples of organization-focused prevention programs. Research describing the efficacy of these programs is described, including strengths and limitations of this evidence.

Risk Factors

As described in the child/youth-focused section above, information that wrongly characterizes those who would perpetrate sexual abuse is a risk factor common to all levels of children’s ecology. In addition, evidence suggests that 20 percent of non-related offenders reported having accessed children and youth via an organized activity, with some 8 percent having joined a child or youth organization for the primary purpose of committing a sexual offense (Wortley & Smallbone, 2006 as cited in Terry & Freilich, 2012). This highlights the primary known risk factor associated with organizations - working in or volunteering for such an organization puts potential sexual offenders in close proximity with a large number of young people, thus providing them with opportunity to sexually victimize one or more young people (Wurtele, 2012). Although a single risk factor such as this does little to inform prevention, the protective factors described below provide a context for a shift in prevention from focusing almost exclusively on risk, to enhancing protection.

Protective Factors

1. **Participation in extracurricular activities:** Participation in extracurricular activities provide young people with important protective factors against sexual abuse, including increased self-esteem and skills development, and relationships with adults outside the home who may act as role models and confidants, and relationships with peers (Trocmé & Schumaker, 1999 as cited by Wurtele, 2012). Although the above noted risk factor (proximity of potential offenders to a large group of young people) can be present at any organization,
the benefits of participating in extracurricular activities provide important layers of protection against sexual abuse.

2. **Adult-child interactions**: Adults who are vigilant about supervising children may be protecting children in more ways than one. Although supervision can reduce physical problems (including abuse or accidents), it has also been thought to reduce the likelihood of sexual abuse (Plummer & Njuguna, 2009).

3. **Organizational Culture**: Each individual organization is characterized by its own culture. This culture is typically reflected in the organization’s mission statement, policies, and procedures, along with the character of the staff that make up the organization. Perhaps more importantly, an organization’s culture can be seen in staff-to-staff and staff-to-youth interactions. Organizational culture is considered one of the most important factors in ensuring children's sexual safety within organizations (Wurtele, 2012).

**Prevention Goals**

It is important for training and prevention programs to be established in all programs that work with children and youth in order to more fully protect young people (Wurtele, 2012). For example, any program where adults regularly interact with young people (e.g., school teachers, religious group leaders, camp counselors, coaches, etc.) should have ongoing training and professional development related to the prevention of sexual misconduct. The Centers for Disease Control (CDC) and Prevention, in conjunction with experts from the field, identified six key components of child sexual abuse prevention for organizations (Saul & Audage, 2007).

<table>
<thead>
<tr>
<th>1. Screening and Selecting Employees and Volunteers</th>
<th>2. Guidelines on Interactions</th>
<th>3. Respond to</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Both adults and adolescents</td>
<td>• Both staff-staff and staff-young people interactions</td>
<td>• Inappropriate behavior</td>
</tr>
<tr>
<td>• Check references</td>
<td>• Manage staff/youth ratios</td>
<td>• Breaches in policy</td>
</tr>
<tr>
<td>• Require written application</td>
<td>• Consider limitations to one-on-one staff-youth interactions</td>
<td>• Allegations and suspicions of child sexual abuse</td>
</tr>
<tr>
<td>• Require interviews</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Ongoing Monitoring</th>
<th>5. Train Staff</th>
<th>6. Ensuring Safe Environments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Target risk situations</td>
<td>• Use active teaching</td>
<td>• Visibility</td>
</tr>
<tr>
<td>• Recognize appropriate behavior with praise</td>
<td>Repeat training on an ongoing basis</td>
<td>• Privacy (e.g. providing changing rooms)</td>
</tr>
<tr>
<td>Establish/maintain clear reporting protocols</td>
<td>• Both formal and informal</td>
<td>• Access Control</td>
</tr>
<tr>
<td>• Use multiple monitoring methods</td>
<td>• Create a safe space for trainees to learn</td>
<td>• Off-site activities</td>
</tr>
<tr>
<td>• Record monitoring observations</td>
<td>• Have a point of contact</td>
<td>• Transportation</td>
</tr>
<tr>
<td></td>
<td>• Handling abuse disclosures</td>
<td></td>
</tr>
</tbody>
</table>
Moreover, Kaufman, Hayes, and Knox (2010) described prevention targets identified by the Situational Prevention Model (SPM). The SPM targets the environments that children interact with when they are away from home with adults they trust. The model is based on the crime opportunity structure which includes: (1) routine activities; (2) physical environment; (3) cultural influences; (4) offender-specific factors; and (5) socio-economic structures. The SPM is an extension of work that has been conducted to successfully reduce other types of crime. The principle-based approach to prevention enables the model to theoretically be flexibly applied to any organization that works with young people in a personalized fashion. It is recommended that such a model be applied strategically in order to ensure that measurement and monitoring of programmatic outcomes meet prevention goals over the course of time (i.e. a single measurement time point would be insufficient; the program should be monitored on an ongoing basis; Kaufman et al., 2010). As demonstrated below, the model addresses these five factors in two phases, characterized by a six-step process.

<table>
<thead>
<tr>
<th>Situational Prevention Model Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase One</strong></td>
</tr>
<tr>
<td>• Conduct risk assessment</td>
</tr>
<tr>
<td>• Confirm risks with organizational staff</td>
</tr>
<tr>
<td><strong>Phase Two</strong></td>
</tr>
<tr>
<td>• Link risks to effective risk reduction &amp; prevention strategies</td>
</tr>
<tr>
<td>• Prioritize risks</td>
</tr>
<tr>
<td>• Implement proposed interventions</td>
</tr>
<tr>
<td>• Develop &amp; follow through with monitoring plan</td>
</tr>
</tbody>
</table>

Clearly, both the CDC-identified components and the SPM have a number of factors in common. Perhaps most notably, both sets of recommendations share the common belief that monitoring is a critical component to organization focused prevention (e.g. monitoring staff-youth interactions).

In addition to the principles identified by the CDC and the SPM, much can be learned from the literature dealing with recommendations for coaches. The following suggested practices can be applied to all organizations that work with young people (Saaed & Little, 2013):

- Conduct programs that are open
- Always have another supervising adult at all practices and meetings.
- Never transport young people to or from activities (e.g., games or practices)
- Avoid personal communications with young people
- Be on the alert if a child or youth shows particular fondness for you

- Avoid excessive praise and physical contact with young people that could be misconstrued, such as a hug, pat on the back, or a massage
- Don’t buy gifts for young people
- Any special therapy, training, or individual practice should be done only with another adult present
Program Implementation

Prevention programs that are implemented in organizations serving young people are generally aimed at the adult staff working with young people, and not the young people themselves. Thus, such programs begin to respond to the criticisms inherent in child/youth-focused programs. Several different training programs have been developed and are highlighted in this section. All of these programs emphasize the need for screening, training, and clear protocols consistent with both CDC and SPM recommendations (Saul & Audage, 2007; Kaufman et al., 2010).

One such program was developed to train staff who work with developmentally disabled people and included both sexual abuse prevention and response strategies (Bowman, Scotti, & Morris, 2010). The program was delivered in the form of a four-hour workshop. Topics included: (1) defining sexual abuse; (2) risk factors and patterns specific to individuals with disabilities; (3) organizational setting factors that contribute to sexual abuse; (4) changing attitudes that contribute to abuse; and (5) strategies for building safer environments. The workshop was delivered via a combination of didactic instruction and small breakout group activities to facilitate awareness, positive attitudes about individuals with developmental disabilities, and problem-solving skills to apply if abusive situations arise.

Key Finding:
Staff working with young people have been identified as critical to the prevention of sexual abuse.

A similar staff focused program for the prevention of sexual abuse in non-disabled young people was delivered by Rheingold, Zajac, and Patton (2012). The program was delivered in groups of 5-20 people during a 2.5 hour training. Topics included: (1) prevalence rates, risks, and outcomes of CSA; (2) ways to minimize opportunities for abuse to occur (e.g. through limitations on and monitoring of alone time between adults and children); (3) talking about abuse with both adults and children; (4) problem-solving barriers to preventative actions both on an individual and organizational level; and (5) ways of getting the community involved in the reduction of abuse.

Key Finding:
Online mechanisms provide an opportunity to reach a larger and more diverse audience because of its low-cost nature.

As the importance of organization level interventions begins to gain recognition, the benefits of implementing prevention programming in online formats is being explored. In addition to the in-person training studied by Rheingold, Zajac, and Patton (2012), an online version of their prevention program was also developed. It covered the same topics as the in-person program, but was completed over the course of two weeks in the online format.

Similar online trainings at the organizational level were incorporated by Paranal, Washington, Thomas, and Derrick (2012). Lessons were delivered over the course of a 15 day access period. The program was designed to be completed in 2.5 to 3 hours over this access period. It was presented in a multimedia format with streaming video, short audio/visual training segments, supported by text, and reinforced by video clips of 25 actual adult survivors describing their experiences, and 26 segments of child abuse experts providing best practice recommendations. Interactive quizzes guided trainees to review sections of the training where they did not score well, and a chapter format provided “break-and-return” capabilities. Although the online nature of the training precluded the active forms of teaching common to child focused programs, the authors argued that online instruction can still be engaging and effective.
For example, participants specifically cited the video components of the online program as the key mechanism for translating statistics into more understandable terms. Further, online mechanisms provide an opportunity to reach a larger and more diverse audience because of its low-cost nature.

**Current Research**

An extensive literature review shows that very little data exists regarding prevention programs and their effectiveness in preventing abuse from occurring. This is especially true in looking at organization-focused preventions. Historically, prevention programs were aimed solely at teaching prevention methods to young people. Although programs have begun to branch out towards organization-based prevention, no known data is available at this time.

**Program Strengths**

Emerging focus on prevention within organizations is now targeting adults who are responsible for young people’s wellbeing in efforts to safeguard against sexual abuse. Promising online delivery methods are being developed that are low-cost and that can be easily delivered organization-wide to direct caregivers and administrative personnel alike. Prevention programs delivered within organizations may provide a unique opportunity to involve guardians in new and more effective ways. Such involvement is believed to be critical to the maximization of prevention effects.

**Program Limitations**

Limited data exists that tests the effectiveness of organizational prevention. Principles of implementation that have supporting evidence may be incorporated into organizational prevention (e.g. multiple approaches to active teaching). However, caution is warranted in the level of confidence that can be had in such programs.

**Community**

A community might be conceptualized as the broadest system of care surrounding young people (e.g. neighborhood, school, city/military base). Few will deny its importance in young people’s healthy development, including their protection from sexual abuse. Following is a review of community-level risk and protective factors, prevention targets, programs, and implications organizations working with young people.

**Risk Factors**

1. **Culture of silence:** In some cultures, young people are viewed as being of the lowest status in the community. Cultural norms sometimes indicate that children and youth should not speak unless spoken to. Some cultures see young people as lacking any intrinsic value or power. As a result, a culture of silence is perpetuated in which young people are discouraged from standing up for themselves or from questioning the right of an adult to touch or abuse them in a sexual manner. Young people in many cultures are often discouraged from discussing the topic of sex or sexual abuse at all (Plummer & Njuguna, 2009).

2. **Misinformation.** Misinformation such as that which wrongly characterizes those who would commit sexual abuse is a risk factor that is common to all levels of a young person’s ecology.
3. **Traditional gender roles.** Evidence suggests that cultures that endorse traditional gender roles in which boys are encouraged to be aggressive and dominant, while girls are encouraged to be submissive and docile, are at risk for sexual abuse (Plummer & Njuguna, 2009; Tharp et al., 2013; Vivolo et al., 2010).

**Protective Factors**

Placing significant value on children and youth is the key component of community-focused protective factors. Young people who are valued and cared for by the community as a whole and are seen as future resources to be protected, are believed to be at a decreased risk for abuse (Ogunfowokan & Fajemilehin, 2012; Plummer & Njuguna, 2009).

**Prevention Goals**

As previously mentioned, community-focused best practices are starting to emerge in literature from several large scale projects. Although little information is available at this time, community-focused prevention programs evaluated to date appear to target three of the four levels of ecology described herein (i.e. the young person, parents/guardians, and community members). Methods of delivering community-level interventions include television, radio, and print media coverage of prevention messages.

**Program Implementation**

Very little exists around the suggestion that involving the larger community is a helpful prevention strategy. However, one such study describes community involvement as a key component to the reduction of child sexual abuse (Rheingold, Zajac, & Patton, 2012).

One community-focused program aimed at reducing tolerance for abuse is described by Smother and Smothers (2011). This program promotes community change through the reduction of tolerance for sexual violence and sexual harassment. The program targets 5th to 12th graders, in addition to the teachers and parents/guardians involved in youth’s lives. The program is repeated over the course of time and includes protocols for fostering relationships between school personnel and families. The curriculum combines didactic instruction/discussion, role play, and active behavioral skills training. The core concepts are divided into 3 units: (1) relationship health; (2) assertiveness training; and (3) intuition and trusting your gut feeling.

In addition, several state-level programs have been implemented. One program described by Schober et al. (2011) has the three core objectives of: (1) disseminating prevention materials and messages across communities; (2) establishing a statewide helpline to support local response to CSA warning signs; and (3) providing a statewide program to train individuals in prevention methods.

A second state-based program, the Massachusetts-based *Enough Abuse Campaign* includes training, community presentations, and media coverage via television, radio, and print formats (Schober, Fawcet, & Bernier 2012). The campaign uses the Institute of Medicine’s Framework for Collaborative Community Action on Health to provide a systematic description of the campaign’s process of implementation. This
includes developing a state-level infrastructure for child sexual abuse prevention; assessing CSA perceptions using public opinion; developing local infrastructures; facilitating changes in local communities; and inviting residents to join an advocacy-based movement to prevent CSA. Trainings are delivered to community leaders, professional and paraprofessionals in youth programs, child welfare organizations, and other key stakeholder groups.

A third state-based program called “Prevent Child Abuse Georgia” trains adults to recognize the behavioral warning signs associated with abuse perpetration and take action to prevent instances of abuse before it occurs (Schober, Fawcett, Thigpen, Curtis, & Wright, 2012). The program consists of three major components: (1) dissemination of prevention messages and materials (i.e. posters, tips, public service announcements); (2) establishment of a statewide helpline; and (3) establishment of a statewide training program focusing on discerning healthy and unhealthy sexual behavior displayed by both children and adults.

One final community-focused program stands out as particularly innovative. A 20-minute CSA play titled “Family Tracks” was developed with the goal of creating a dialogue around the issue of CSA between community parents, advocates, and professionals (Davis et al., 2013). It presents the struggles of two young parents when they realize that their child was the victim of sexual abuse by a family member who was residing in their home, and who had suffered sexual abuse himself as a child. Although not explicitly a prevention program (i.e. the program depicted victimization rather than prevention), this innovative approach to increasing awareness of abuse is a promising community-focused approach to prevention.

Current Research

Most prevention studies seek to determine changes in knowledge, while the ultimate goal of all programs is to reduce the incidence of abuse itself. Outcomes assessed by Smothers and Smothers (2011) were typical of prevention program research in this manner. Knowledge of sexual assault and harassment, knowledge of school and community resources, and the ability to discriminate between healthy and unhealthy relationships increased following the community-focused intervention.

One analysis of sexual abuse incidents reported over the five year period in which the Prevent Child Abuse Georgia campaign was active stands out (Schober et al., 2011). Although little or no change in abuse incidents was seen in the first two years following the campaign, reports of sexual abuse did in fact decline by 20.7 percent, 20.7 percent, and 12.2 percent, respectively in years three through five.

A second community-focused program utilizing the Enough Abuse Campaign was implemented across the state of Massachusetts (Schober et al., 2012). The respondents in this study demonstrated an increase (from 69 percent to 93 percent) in their belief that adults should take responsibility for preventing abuse.

Although the results of community-focused prevention are promising, none of the studies included a control group. Therefore, conclusions cannot be drawn regarding the extent to which noted changes in knowledge and reported abuse incidents were the result of the prevention programs. Further research employing randomized control conditions are required for such conclusions to be made with any degree of confidence.
Role of the Organization

Child sexual abuse is a problem with multiple risk factors that cross all levels of a young person’s ecosystem. Therefore, prevention must be comprehensive and systematic. As previously stated, much of the prevention efforts have focused on the young person, placing primary responsibility for prevention on the children and youth at risk for abuse. Those who are sexually abused are more often victimized by someone that is known and trusted (e.g., family member, non-parental caregiver, religious leader, coach, etc.). This further complicates the approach of placing responsibility for prevention on the young person. Sexual abuse is an insidious problem that must be addressed at all levels, to include the larger community within which children/youth-serving organizations exist.

Preliminary Recommendations

As organizations begin to develop and implement sexual abuse prevention program at increasing rates, the following considerations are recommended:

1. **Guiding Principles**: CDC-identified components and the SPM should be considered as guiding principles to program development (Saul & Audage, 2011; Kaufman et al., 2010).

2. **Screening Staff**: Evaluation of prospective job applicants should include reference checks and in-person interviews, in addition to written application and background checks (Saul & Audage, 2007).

3. **Monitoring and Supervising of Staff**: Staff should always have another supervising adult at all meetings and practices. Individual adults should always be monitored by another adult when interacting with young people. Organization should assure that proper monitoring and supervision is in place (Saeed & Little, 2013).

4. **Parents and Guardians**: Parents and guardians should be included in program implementation in order to enhance preventative effects through collaboration with organization staff and to enhance their own prevention knowledge and skills (Collin-Vezina et al., 2013; Dworkin & Martyniuk, 2011; Kenny et al., 2008; Saeed & Little, 2013; Wurtele et al., 2008).

5. **Prevent the Development of Offenders**: An increased focus on preventing the development of sexual perpetrators should be considered (e.g. including explicit training to staff and young people alike about the difference between appropriate and inappropriate behavior; Saeed & Little, 2013; Smallbone et al., 2008; Smothers & Smothers, 2011).

6. **New Technologies**: New technologies, including social media, should be considered as potentially valid and effective approaches to disseminating prevention programming (Collin-Vezina et al., 2013; Kenny & Wurtele, 2012; Paranal et al., 2012; Rheingold et al., 2012).

7. **Boosters**: Frequent booster trainings should be provided to ensure the ongoing training of new staff and to ensure the retention of knowledge and skills in existing staff (Bowman et al., 2010; Kenny et al., 2008; Topping & Barron, 2009; WCSAP, 2013).

8. **Assessment**: Program outcomes should be assessed frequently to ensure that stated goals are being achieved (Bowman et al., 2010; Feinstein, 2008; Kaufman et al., 2010).
In addition to the above noted principles, sufficient resources (both human and financial) will be required in order to enable organizations to achieve the goal of maximum child and youth protection against sexual abuse (Feinstein, 2008). Such resources should support the dissemination of both print and broadcast media that increase the awareness of sexual abuse in addition to effective ways to prevent it (Stagner & Lansing, 2009). Further, funding and human resources should target the development, testing, and dissemination of effective prevention curricula, including the training of professionals, parents, and community members alike (WCSAP, 2013).

Summary and Conclusions

There is evidence suggesting differential patterns of abuse by gender, age, socio-emotional functioning, and cognitive/physical ability among young people. Moreover, research suggests that those most at risk are young people who are mistreated, neglected, or unsupervised by parents and guardians; and who have an adult living in the home who is not a biological parent. It is also clear that any non-parental caregiver who has access to young people on a regular basis (e.g., program staff, coaches, clergy, etc.) constitutes a potential risk.

It is impossible to predict who will sexually abuse a young person. Therefore, prevention programs must be comprehensive in nature, involving all levels of the young person’s environment. Educating the young person to differentiate healthy from unhealthy relationships and how to ask for help if necessary, and using a variety of media outlets are a few approaches that have demonstrated promise. However, limiting prevention to child/youth-focused techniques inappropriately places the responsibility for prevention on young people’s shoulders, instead of on the shoulders of adults responsible for their care. It is imperative that sexual abuse prevention focus on building the skills of those who care for young people. Involving parents and guardians in the dialogue and educational process is essential given that they are the system most proximal and consistent to the young person.

Given the increased involvement of non-parental caregivers in young people’s lives over the course of their development, organizations that care for young people must also play their part in prevention. Specifically, organizations must develop concrete and consistent policies and procedures that contribute to a safe and healthy environment that allows young people to prosper. Specifically, in-depth screening processes, rigorous and on-going training, staff monitoring and supervision, and assessment of training outcomes are all ways to increase accountability and protection when serving young people.
References


