
Chapter 1



Recognition, Response, and Resolution: Historical Responses to Rape and Child Molestation

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Introduction

Women have discussed their lives with one another for as long as they have gathered together. At times, their personal stories have unveiled unspeakable atrocities of sexual aggression against their children and themselves. Much of this abuse has occurred in the context of financial and emotional dependence upon the abuser, making it no surprise that it has only recently become the topic of broader public discussion. Public disclosure of victimization was nearly unthinkable less than 40 years ago, hindered by both the potentially devastating effects on the survivor and the fact that men possessed the lion's share of access to the media, legislation, and other forms of open discourse.

Knowledge of the existence of sexual abuse is nothing new, although the absence of societal responses to it is striking. There is reference to sexual aggression in the Bible. Genesis 34:1-31 describes the rape of Jacob's daughter, Dinah, and subsequent revenge by her brothers, while Deuteronomy 22:28-29 outlines a punishment for rape of a virgin. Additionally, Genesis 19:31-38 refers to the "seduction" of Lot by both of his daughters. This passage is particularly interesting because it appears to provide both an early example of child sexual abuse and a common cognitive distortion employed by child molesters (i.e., seduction by a child). Elsewhere, the First Nations' folklore of Canada's Hudson Bay district includes a story of how a brother's trickery and incestuous advances toward his sister result in the origin of the sun, moon, and stars (Turner, 2001, p. 266). In an exhaustive review of what is known about sexual aggression in preliterate societies, Lalumiere, Harris, Quinsey, and Rice (2005) note that rape appears more common in some cultures than others, and "is associated with male fraternal interest groups, warfare, gender antagonism, constraints on women's sexuality, and generally low status of women" (p. 13).

The first organized public responses to sexual violence grew out of the public debate regarding abortion and the emerging pro-choice movement in the 1960s (Bevacqua, 2000). Not only was sexual assault a reason that women sought reproductive care, but many noted the common themes of women's loss of control over their own bodies, as both victims and patients (Kaplan, 1997). Further, the broader advance of feminism led to events such as the "speak outs" in New York and elsewhere in the late 1960s and early 1970s.

Prior to the widespread establishment of rape crisis centers, the first rape relief hotlines resulted from efforts such as the Chicago Women's Liberation Union Collective and similar efforts in the late 1960s. By 1972, the DC Rape Crisis program and Seattle Rape Relief were among the first programs with a physical location to which survivors of sexual assault could turn to for support. Other organizations followed, such as the Pennsylvania Coalition Against Rape (founded in 1975), the Washington Coalition of Sexual Assault Programs (founded in 1978), and the California Coalition Against Sexual Assault (founded in 1980).

Although rape crisis centers would not receive major funding until after 1995 with the Violence Against Women Act, women branched out to create non-profit organizations where abuse survivors could come for support across the country. Examples include Bay Area Women Against Rape; the Rape, Abuse, and Incest National Network (RAINN; founded in 1994 and provides referrals to local hotlines); and the Community Violence Solutions and Rape Crisis Center of Marin and Contra Costa Counties in 1974. Over time, many of these organizations worked in collaboration with others interested in reducing the harm of sexual violence.

Common assumptions regarding the sexual assault of a woman by a stranger included that women could stop any sex act if they really wanted to, and that many secretly enjoyed rape but were too embarrassed to admit it. There was no shortage of influential books (e.g., Brownmiller, 1975; Buchwald, Fletcher, & Roth, 1993; Millett, 1970) and events addressing these myths (such as Andrea Dworkin's speech at the Midwest Regional Conference of the National Organization for Changing Men in 1983 in which she called for "a 24 hour truce where there is no rape"). Beyond the work of service organizations such as rape crisis centers, there was also a robust development of rape law reform clinics (Bevacqua, 2000). Despite the advent of women speaking out against these myths, the development of support organizations such as the National Organization for Women (in 1966) and the Department of Justice's Office on Violence Against Women (in 1995), evidence of these misconceptions remains to the present.

With the advent of the modern rape crisis movement, it was not long before sexual violence perpetrated against children came to the forefront, as these women told the stories of their childhood. Prevention programs addressing rape identified younger and younger victims, resulting in speak outs that brought incest and child molestation into the public spotlight.

Defining Prevention

The National Incidence Study of 2006 indicated that approximately 79,000 children were molested that year alone (U.S. Department of Health and Human Services, 2008). Even more alarming, the latest epidemiological surveys show that one in four girls and one in six boys in the US are molested as a minor (Dube, Anda, Whitfield, Brown, et al., 2005). Because intervention with and treatment for sexual abuse is both difficult and expensive, a range of efforts to prevent abuse have been promoted by various agencies, governmental officials, religious organizations, and individual practitioners. Unfortunately, beyond a blanket endorsement of the concept of prevention, there are many different ideas about what prevention actually means or what activities it involves. Definitions for prevention may vary, yet three categories of prevention are generally recognized: primary, secondary, and tertiary. The most common definitions of the levels of prevention categorize them in the following way:

1. *Primary*: Efforts aimed at the general population for keeping abuse from happening to a target population.
2. *Secondary*: Efforts aimed at or on behalf of a particularly high risk group to keep abuse from happening to them given that the risk to this group is elevated.
3. *Tertiary*: Efforts aimed at preventing abuse from happening again. This level of prevention may include treatment for the original abuse (i.e., treatment for the survivor/victim and/or the offender).

In the United States, the Center for Disease Control and Prevention (CDC) has created definitions acknowledging that sexual abuse operates in a context and requires an entire spectrum of necessary prevention strategies applied over time (Center for Disease Control and Prevention, 2004). The CDC explicitly embraces the ecological model, which promotes intervening at the individual, relationship, community, and societal levels. Their definitions also shift away from risk reduction as the predominant prevention approach and toward promotion of positive social changes. Some may argue that older definitions can limit the understanding of prevention by focusing primarily on the potential individual targets of abuse, rather than the environmental and societal context that supports and even condones abusive acts. A full spectrum of prevention efforts is necessary because, unlike disease epidemics or smoking behaviors, child sexual abuse will require unique solutions due to its criminal, social, interpersonal, and secretive components.

The Beginnings of Prevention

Child sexual abuse prevention has come to be thought of as efforts, mostly taken in the past 25 years, that focus on helping children to avoid abuse, often referred to now as “risk reduction.” In particular, lay people often think first of programs designed to educate children about what sexual abuse is, how to avoid dangerous

situations, the need to approach adults if confused or disturbed by another's behavior, and general safety guidelines. However, this shortsighted approach to prevention neither recognizes the true roots of prevention efforts, nor adequately reflects the full intent or efforts of the child sexual abuse prevention field.

In the United States, social workers and others concerned with child welfare have responded to the sexual abuse and other vulnerabilities of children for over 100 years. However, early efforts emphasized removing children from environments perceived as unsafe. These often included children from poor and urban families, Native American communities, and immigrants (Downs, Moore, McFadden, Michaud, & Costin, 2003). While many authorities have understood the environmental context of risk, typical responses have included separating children from environments believed to breed problems rather than to honor the child's connections there and make efforts to change the communities. However, professionals in the child protection field – often overworked and underpaid – have attempted to keep children safe from abuse with very few resources and little support from lawmakers.

Decades later, after years of educational efforts and arguments between advocacy groups and legislators, federal and state monies have been dedicated to children's advocacy centers (known in some jurisdictions as Multidisciplinary Interview Centers) focusing solely on the abuse of children. The intent of these child-friendly facilities is to alleviate the often traumatic experience of negotiating the legal system. They employ trained professionals to provide services ranging from forensic medical exams and police interviews, to therapy with children who come forward about sexual abuse. This attention to such violent crimes against children has led to earlier identification of and intervention in sex crimes against children. However, like other organizations dedicated to serving victims of sexual assault, many children's advocacy centers have sparse resources dedicated to prevention efforts, or provide no programs whatsoever in this area, with all services focused on tertiary prevention (i.e., "treatment"). Sadly, while their work may be impressive, they can focus largely on those children involved in ongoing abuse investigations.

More recently, professionals have addressed, researched, and acknowledged sexual abuse against juvenile and adult males, mostly since the late 1980s (Lew, 1988). This is another area of sexual crime that the public has had difficulty acknowledging. Support services directed to male abuse survivors have been growing steadily across this country in the past ten years, with the advent of such organizations as MaleSurvivor and 1 in 6. Although the service needs of male survivors are not always different from those of women, many have found traditional rape crisis programs inaccessible because of their focus on women.

Emerging empirical evidence of the effects and extent of sexual assault has been particularly helpful in changing long held notions about the rarity of sexual assault against women and children. Sociologist David Finkelhor describes prevention efforts as an "extraordinarily successful social movement" that produced changes in

the way institutions, professionals, and laypersons view aggressive and negligent behavior against children (Finkelhor, 2007), and believes it shares some credit for reductions in child maltreatment (Finkelhor & Jones, 2006). The success of this ongoing movement originally hinged largely on the success of the women's movement (e.g., Brownmiller, 1975), and came to prominence in the 1980s (e.g., Groth, 1980). Also at this time, sexual offender treatment organizations first began to coalesce as more professionals became involved in the assessment and treatment of this population (Prescott, 2003). Over time, professionals in focused areas, such as rape crisis and child protection, increasingly came to regard these issues as part of the larger problem of sexual exploitation (Russell, 1986). A milestone in the field of sexual offender treatment was the development of a public health perspective towards sexual abuse (Association for the Treatment of Sexual Abusers, 2000; Freeman-Longo & Blanchard, 1997). For the first time, the treatment of sexual abusers was explicitly cast as existing within broader prevention efforts.

Although new rape crisis and police prevention programs sought to reduce sexual abuse through child education programs, they had obvious shortcomings. Police programs focused mostly on "stranger danger," including child abduction and abuse by the raincoat-clad flasher. Rape crisis programs soon realized that using adult education techniques and trying to adapt them to child audiences was also inadequate. Clearly, the idea that children themselves should receive education was well established; however, no federal funding had yet promoted sexual abuse prevention programming. Several pioneer programs began to address this gap, including the Illusion Theater in Minneapolis and the Child Assault Prevention Program (CAPP) in Columbus, Ohio (Plummer, 1999).

In 1980, federal authorities mandated a child-education component in child sexual abuse prevention programs at the National Center on Child Abuse and Neglect (NCCAN). The theory was that sexual abuse, much more than neglect or physical abuse, thrives on secrecy and silence and that generally only the perpetrator and the child are aware of it. Because many perpetrators have limited motivation to stop or report themselves, and because many children did not even know what abusive behavior was, or that they could seek help, educating children was a necessary next step. These programs developed quickly over the next decade, resulting in millions of children receiving a wide variety of training. The programs ranged from weak to strong, from brief to comprehensive, from an orientation of risk reduction to a hunt for victims, from assertiveness training to avoidance-oriented, and from an anti-sex perspective to discussion of a continuum of touching experiences. Fortunately, these early efforts showed promise and the ability to reach children with broad adult approval. Unfortunately, the quality of programs ranged from very useful to potentially harmful or confusing (Plummer, 2004; Reppucci, Haugaard, & Antonishak, 2004).

The 1980s produced heightened activity around awareness and response to child sexual abuse. Publicity about high profile daycare center cases, such as one in Jordan, Minnesota, and another at the McMartin Day Care Center in California brought increased awareness for many. In 1984, *Something About Amelia* was the

first major TV movie to deal with incest, resulting in thousands of calls to clinics and crisis centers asking for help or referrals for professional services (Daro & Gelles, 1992). The academic world produced a number of major studies on both male (Finkelhor, 1979) and female (Russell, 1984) victims of incest and sexual abuse (Butler, 1978).

One common misconception is that early prevention programs focused solely on child education, and unfairly placed the burden for prevention on the shoulders of children. This was not the case in the first generation programs, all of which had comprehensive strategies (Plummer, 1986a, 1986b). In order to work, extensive public awareness, parent involvement and training, interagency task forces, as well as training and feedback of school administrators, teachers, and treatment professionals were all essential. These comprehensive strategies were not aimed at “getting access to children” but at involving community members as partners in prevention.

Because prior child abuse prevention was aimed at parents or the public, the media began to focus on newer, less conventional child-education components of child sexual abuse prevention. About this time, both serious prevention practitioners and marketers were working to expand and improve programs and products to use for child education. The variability in prevention programming aimed toward children quickly became problematic, as marketing materials (more than empirically-based knowledge) played a greater role in determining which programs received implementation. The 1980s saw a glut of coloring books, videos, plays, props, curricula, and children’s books addressing this topic. Many were developed with child development and quality in mind, but others contained primarily slick presentations and marketing to parents or schools.

Early programs also included strong education components for parents, professionals, and the general public. Only in subsequent years, when parents dwindled in attendance at educational meetings or when professionals and the public were better informed, did the focus shift more to children (Berrick, 1988; Cooper, 1991). Some of these adult-oriented educational program components disappeared from use due to perceived lack of interest. Recently, there have been additional calls for, and new ideas about, parent education and adult responsibility for keeping children safe (Wurtele, 2008).

It is clear that some sexual abuse prevention programs aimed at children have merit, particularly school-based educational programs that teach children what abuse is and how to avoid and report it. A meta-analysis of 27 quality studies showed an average effect size of 1.07 for those children who participated in prevention programs over those who did not (Davis & Gidycz, 2000). Studies with highest effect sizes revealed age, number of sessions, participant involvement, and use of behavioral skills training to be significant moderator variables. Dozens of studies show that children learn information, change attitudes, and can even gain skills from quality child-focused prevention education (Finkelhor, 2007; MacMillan, MacMillan, Offord, Griffith, & MacMillan, 1994; Rispens, Aleman, & Goudena, 1997).

However, prevention programs geared toward children are not without critics. Although some say sexual abuse has not decreased during the history of sexual abuse prevention efforts (Bolen, 2003), actual rates of sexual abuse do seem to be decreasing (Finkelhor & Jones, 2006). Most critics do not advocate completely dismantling child education, but encourage expanding the emphasis to decrease placing the “sole responsibility on the shoulders of children” for their own protection. Although there is no empirical evidence that any program actually promotes this, or in fact does expect children alone to prevent sexual abuse, there is no doubt that some programs have underemphasized their parent education or public awareness to focus on victimization prevention by going primarily to the children. For example, Bolen (2003) suggests that potential offenders should be targeted by providing school-based programs that promote healthy relationship patterns, rather than a “victim-based paradigm,” since there is such a wide diversity of approaches taken by offenders. While outreach to offenders is gaining popularity and has promise, no solid empirical evidence exists yet to show whether this will produce change in rates of sexual abuse or whether they make new or potential offenders more amenable to change. Nonetheless, expanding the targets of sexual abuse prevention messages, creating more specific messages for unique populations, engaging more people to take responsibility for preventing child sexual abuse, and making quality a priority are all part of the future of prevention work.

Sexual Offender Treatment as Prevention

The treatment of sexual offenders has emerged as a specialization of mental health practice in recent years (Marshall & Laws, 2003; McGrath, Cumming, & Burchard, 2003; Prescott, 2003), with many advocating that it is most effective within a collaborative framework (D’Amora & Burns-Smith, 1999; McGrath, Cumming, Livingston, & Hoke, 2003). Prevention in this context involves stopping the offender instead of placing responsibility for safety onto others. Although practitioners often consider treatment of sexual offenders to be tertiary prevention, an increasing number point out that in their interactions with others, such as outside agencies and family members, sexual offender treatment providers can engage in primary and secondary prevention education, and provide assistance to survivors of sexual abuse (Hindman, 2004; Jensen, 2000).

Like other forms of sexual abuse prevention, treatment of sexual offenders has emerged from the willingness of multi-disciplinary professionals to engage in dialogue, debate, and research. Many of the field’s beginnings can be traced to Kurt Freund’s development of the penile plethysmograph (an instrument that measures changes in blood flow through the penis in response to erotic stimuli) in the 1940s and 1950s. Although not without controversy (Marshall & Fernandez, 2003), the penile plethysmograph was the first objective measure designed to assess sexual arousal and interest. Beyond providing a common and unified area of study, its objective nature spurred new questions about its best use.

Gene Abel was one scientist-practitioner using the plethysmograph in the late 1960s. While at the University of Mississippi, he began to research sexual misconduct. There he met Judith Becker, then an intern. Abel and Becker received a grant for the continued study of sexually abusive behavior. This grant became a turning point in understanding sexual abuse. The National Organization of Women had pressed for the establishment of a rape crisis center in Memphis, Tennessee, where the grant activities first took place. Becker played a vital role in listening to rape crisis centers' concerns for the well being of their clients. Money was included in the grant to fund five national conferences that would later form the basis for annual conferences still being held by the Association for the Treatment of Sexual Abusers (ATSA). The grant also included the development of the first newsletter for the treatment of this population.

The conferences, research, and newsletter combined to promote integration of knowledge and practice as well as contact among those involved in the work. However, only a few people were active in the field at that time. Although the first conferences in the late 1970s and early 1980s had almost every US program director and researcher present, there were few enough of them to sit around a single table (Prescott, 2003).

In the early 1980s, professionals from various disciplines in Oregon had immediate and local concerns around the misuse of the plethysmograph, including its use for determining guilt or innocence, evaluators' lack of experience and training, and in one case, an individual who conducted plethysmograph evaluations of eight hours' duration. Robert Longo and others involved in treating sexual offenders invited professionals from around the Pacific Northwest to participate in monthly "brown bag" lunches that involved discussion and training. Topics ranged from the use of anti-androgen medication and various behavioral techniques to discussion of challenging cases and the use and misuse of the plethysmograph. Over the next few years, they sought the participation of more professionals from a wider area.

As these meetings continued, it became more apparent to those involved that the increased public concern around sexual abuse and subsequent increase of professionals entering the field made the development of ethical practice standards necessary. The idea of developing an organization that could unite professionals and develop standards of ethical practice received discussion, and by the end of 1984, the organization was named "The Association for the Behavioral Treatment of Sexual Aggressives." This new organization continued the tradition of annual conference organization that the Abel and Becker grant had launched. It changed its name to the Association for the Treatment of Sexual Abusers (ATSA), reflecting its broadened scope and published the first in a series of standards of practice reflecting the state of knowledge in the field and the organization's attempts to promote high standards of practice for its members. In addition to a quarterly newsletter, it publishes *Sexual Abuse: A Journal of Research and Treatment*.

Today, ATSA's activities include building alliances with other organizations advocating for those affected by sexual abuse. The organization is also involved in efforts to provide information to lawmakers, the media, and other stakeholders in order to promote empirically sound legislation. Professionals dedicated to providing high quality treatment to those who have caused sexual harm in various corners of the world have formed organizations, such as the National Organization for the Treatment of Abusers (NOTA) in the UK and the International Association for the Treatment of Sexual Offenders (IATSO). NOTA holds annual conferences in various locations around the United Kingdom and Ireland and publishes the scholarly *Journal of Sexual Aggression*. Based in Austria, but with members around the world, IATSO holds biannual conferences, often in locations where sexual offender treatment is either inadequate or under development (e.g., Venezuela, South Africa) and publishes an internet-based scholarly journal, *Sexual Offender Treatment*. IATSO has also published standards of care for the treatment for adult sexual offenders (Coleman, Dwyer, Abel, Berner, Breiling, Eher, Hindman, Langevin, Langfeldt, Miner, Pfafflin, & Weiss, 2000).

Just as the first attempts to bring sexual abuse to the public eye began with dialogue, defining the problem, and the creation of safety for those affected by it, professionals working with abusers have advanced their field through discussion, research, and the advocacy of safety for all. The results are promising. In one meta-analysis of sexual offender treatment, Hanson, Gordon, Harris, Marques, Murphy, Quinsey, and Seto (2002) found that newer cognitive-behavioral methods produced higher reductions in sexual recidivism (from 17.4% of their sample of sexual offenders to 9.9%) than older treatment methods. Similarly, a review of nine studies by Reitzel and Carbonell (2006) found that treated adolescents recidivated sexually at a lower rate (7.37%) than untreated adolescents (18.93%). While many professionals have raised concerns about the limitations of these studies (including the possible differences among the treated and untreated groups), the evidence suggests that professionals increasingly have the ability to assist offenders in change.

Current Trends and New Directions in Sexual Abuse Prevention

Although the majority of the chapters in this volume will address where prevention is heading, we offer the following five areas as an introduction.

Broadening Definitions of Prevention Activities

Education and involvement across society is necessary for the prevention of sexual abuse. Beyond giving potential victims risk-reduction strategies, this means changing societal norms, organizational practices, community attitudes, the design of buildings, and behaviors of potential offenders. Organizations such as ATSA and Stop It Now! continue to take the perspective that sexual abuse is a public health problem; the latter attempts to change the willingness of adults to report abuse based on public awareness efforts. Currently, Stop It Now! is exploring efforts directed at offenders and potential offenders, including billboards and telephone help

lines for those seeking information, and assistance and treatment referrals. Stop It Now! also encourages offender self-report of abuse so that abusers can stop, get help, and prevent further harm. Other organizations, such as Darkness to Light, have developed education programs for parents of children with sexual behavior or social problems that could lead to offending, and training for youth in socialization skills focused on making abusive behavior unacceptable (Rheingold et al., 2007).

Another prevention effort compels organizations to minimize risk and maximize safety for children. Cordelia Anderson (2005) highlighted the work of such diverse groups as the Boy Scouts of America, the National Alliance of Youth Sports, the Chicago Children's Museum, and the Greater Twin Cities Youth Symphonies. All have worked to prevent child sexual abuse. Their actions include development of organizational policies, security hardware, training mandates, supervision, hiring practices, public statements, and proactive risk management plans. Consideration of facility design to minimize one-on-one opportunities between potentially abusive adults and vulnerable children has resulted in half-walls in day care centers, or doors left off stalls where younger children may need assistance while toileting. While these organizations are not typical social service programs, they are clearly youth-serving organizations with an implicit responsibility to their clientele. These efforts have also compelled doctor's offices, clinics, hospitals, community mental health centers, and other medical facilities that serve children to enhance children's safety and decrease their own liability by similar actions. Similar advances have occurred in the emergence of family restrooms in airports and municipal facilities. Beyond being helpful to families, a number of states and provinces (such as Missouri and Ontario) have now mandated their construction in public buildings.

Broadening Responsibility for Prevention

Prevention is no longer the exclusive domain of specialists, and it requires investment from diverse communities, including policy makers, social marketers, the medical community, the corporate world and – in essence – everyone. Because sexual abuse can no longer be characterized as primarily stranger danger or incest, different forms of abuse or exploitation may require unique prevention strategies. This means more people in more places have to get involved. For example, as abuse of children in schools gains recognition, administrators will need to establish stronger policies on student-to-student sexual harassment, and work to redefine acceptable on-campus behavior. Teachers may need to address attitudes of sexual entitlement, provide sex education, and demand training on how to respond when sexual abuse is suspected, disclosed, witnessed, or experienced. Recent high profile cases where teachers, male and female, have sexually exploited young students have also expanded our awareness that schools need to do more to screen teachers, set appropriate student/teacher relationship standards, and train bystanders to take action when it appears that a colleague is acting inappropriately. Similarly, many (e.g., Katz, 2006; Kivel, 1992/1998; Tabachnick, 2006; Tabachnick, 2007) are challenging bystanders (anyone not directly involved as a victim or offender, but observing disturbing behavior or suspecting child abuse) to take action. Youth-on-youth sexual violence and preteen “offenders” further challenge our responses, as well as our

responsibilities for solving this problem, particularly in an age of increasingly restrictive and lifelong punishments for those labeled as offenders. Further, examples of how to intervene effectively and respectfully are continually emerging.

Keeping Current in a Changing World

Keeping abreast of new research findings on sexual abuse, children's health, and prevention effectiveness is necessary for treatment professionals and others concerned with prevention to make optimal use of limited prevention resources. Clearly, no professional should be doing exactly what they were five years ago because of the field's ever expanding knowledge about what works and how offenders operate. Although many parents use such modern tools as cell phones and instant messaging to keep track of their adolescents, the expanded use of the internet, particularly by young people and by sexual offenders, has placed children at further risk of being lured or tricked into sexual contact (Borzekowski & Rickert, 2001). While the public generally knows now about this form of abuse, few school-based child education programs have incorporated strong internet safety programs into their sexual abuse curricula. Still fewer parents actually monitor their children's use (or know how), despite the availability of software for this purpose or occasional high profile cases in the media. Many parents do not believe that their own child is actually at risk of such exploitation, even though the US government created the Children's Internet Protection Act (a federal law passed in December 2000) to put restrictions on school and library computers. Fortunately, the internet has also resulted in unprecedented access to resources for those attempting to prevent sexual assault (Pacifici, Delaney, White, Nelson, & Cummings, 2006).

Increasing Meaningful Parental Involvement

Encouraging parents to communicate with their children about safety, sexuality, and abuse remains critical. There is no shortage of resources on this subject available on the internet via any search engine. Parents can be in the best position to prevent abuse because it often begins at a very young age and because effective parents know how to talk to their own children. Children are also typically more likely to believe their parents. Further, effective parents know what their children know and need to know, and children can understand from the conversation that parents are on their side (Elrod & Rubin, 1993; Finkelhor, 1984). Encouraging outcomes from studies of parent education include overwhelming parental support for in-school sexual abuse prevention programs, and that programs may increase the confidence of parents to talk with their children about sexual abuse (Christian, Dwyer, Schumm, & Coulson, 1988).

Denial of risk for abuse remains strong among parents, and survey results indicate they may mistakenly believe their own children are well supervised and able to avoid danger, and they do not want to frighten them unnecessarily (Finkelhor, Moore, Hamby, & Straus, 1997; Menahem & Halasz, 2000). Many parents still perceive sexual abuse as something that happens to other people's children and actually believe they know more than they actually do about abuse (Chen, Dunne, &

Han, 2007; Deblinger, Thakkar-Kolar, Berry, & Schroeder, 2008). Some results of parent education have been encouraging, yet new methods of engaging parents meaningfully with information they truly need are vital. Reppucci, Jones, & Cook (1994) found that parents are enthusiastic about parent programs, but “in different formats, at different times and in different environments than the current typical PTO one evening one-time meeting” (pg. 141). Some prevention advocates are currently creating programs to meet parents’ needs more effectively. These include a topical focus on internet safety or common lures for teens at malls. They can also include reaching out to parents in new formats such as take-home videos, videos played in waiting rooms of hospitals or doctor’s offices, meetings held over lunch at employment settings, incorporation of sexual abuse prevention messages into general pamphlets about care for new infants, or during medical visit discussions.

A Deeper Commitment to Community-Based Programs

Most programs working to prevent child sexual abuse have made some effort to build community support and demonstrate cultural sensitivity. However, the reality is that many programs have built on material from other places with different needs, populations, and concerns (Plummer, 2001). Having a minority staff member or a “rubber-stamp” board of community leaders is no longer sufficient. The latest research shows that different approaches, content, and processes work best when designed specifically for the target group (Finkelhor, Mitchell, & Wolak, 2005). Further, organizations like Generation Five (which seeks to end child sexual abuse in five generations) not only promote a long-term perspective, but also recognize that true community engagement and leadership are essential to success. In addition to being contextually appropriate, programs need to be culturally competent and match the needs of their community, with the recognition that new and different strategies will be constantly emerging out of identified needs (Fontes, 2005; Plummer & Njunguna, 2009).

An Emphasis on “Best Practices” and Evidence-Based Practice

Efforts have grown from merely providing programs to ensuring quality of programs. Concern with quality has resulted in efforts to find the most effective prevention programs or guidelines. One current trend in child-focused sexual abuse education programs is toward “best practices” or standards for ensuring quality. For example, for the programs they fund, Prevent Child Abuse Iowa provides a list of expected practices, which specifies topics to address, skills to develop, structure of sessions, school and family involvement expectations, how to handle disclosures, and evaluation guidelines. These are available at their web site (www.pcaiowa.org). Similarly, the New Jersey Task Force on Child Abuse and Neglect has created a booklet, entitled *Standards for Prevention Programs: Building Success through Family Support*, built on research findings about effective programs (available at www.preventchildabuse.nj.org). Nationally, the National Center for Missing and Exploited Children has released a set of recommended guidelines for sexual abuse interventions (www.missingkids.com). These efforts are promising and may help to build the highest quality into programs, which currently vary greatly in their level of comprehensiveness.

Recognition of Global Interconnectedness of the Problem and its Solutions

Children are trafficked for sex from one part of the globe to another, especially during major international sports or cultural events. Additionally, teen prostitution is prevalent in Atlanta and many other US cities. Men from Western nations travel to southern countries for “sex tourism”. Teachers, in the US or in Kenya, misuse their power to exploit children sexually. Parents from Ohio to India are arrested for selling their own children, some due to economic need, others to support drug habits. Young girls are forced into marriage before age 13, and thousands experience female genital mutilation. Desperate for solutions, programs abroad often seek guidance from those who have operated programs for decades—yet cultural and environmental context makes translation challenging, and implementation often insufficient for the local situation (Plummer & Njunguna, 2009). Nonetheless, in the past decade there is increasing awareness that sexual assault and child sexual abuse are problems not contained by national boundaries. Joint programs are beginning to recognize that sexual assault anywhere is intolerable and requires cross-national collaboration. Cooperative efforts, with international bodies, nonprofits, faith-based groups, and business will all need to put forth sustained efforts that create real change (Mildred & Plummer, 2009).

Conclusion

The first rape crisis centers in America opened almost four decades ago. Since that time, advances in media, culture, psychology, and criminology have provided the first developments of what works to reduce and prevent the harm of sexual abuse against women, men, girls, and boys. The future hinges on dialogue, collaboration, research, media, and the willingness of society to keep sexual abuse at the forefront of public awareness. In the short term, our efforts include challenging popularly held myths about the nature and prevalence of sexual abusers and understanding how treating abusers can help make amends to those affected by sexual abuse. The work ahead includes basing policy on science rather than sound bites and understanding that sexual abuse is about our families, communities, and society. Prevention needs to be the priority if we are going to make our communities safer.

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