

# Preventing the Onset of Child Sexual Abuse: Responsible Behavior with Younger Children

**Elizabeth J. Letourneau**

Director

Moore Center for the Prevention of Child Sexual Abuse

Associate Professor

Department of Mental Health

415 N. Washington St. 5<sup>th</sup> floor

[www.jhsph.edu/moorecenter](http://www.jhsph.edu/moorecenter)



**JOHNS HOPKINS**

BLOOMBERG SCHOOL  
*of* PUBLIC HEALTH

# Presentation Outline

1. CSA as a preventable public health problem
2. Traditional approaches to CSA
3. Preventing peer-on-peer sexual violence
4. Preventing the onset of CSA in children
5. Risk and protective factors
6. RBYC intervention development & feasibility study



# A Note on Language

“The juvenile sex offender label is demonstrated to produce particularly robust effects, enhancing support for policies that subject youth to public Internet notification and affecting beliefs about youths’ propensity to re-offend as adults.” (Harris & Socia, 2016, p. 660).

## Alternatives:

- Child with sexual behavior problems
- Child who has engaged in harmful or illegal sexual behavior
- Minor youth who has committed crimes of a sexual nature



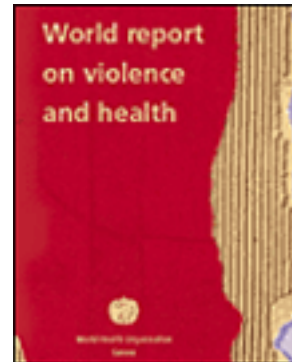
# Is CSA Preventable?

CSA is 1 of 24 risk factors identified by the WHO as substantively contributing to the global burden of disease through its direct effects on diseases and disorders and indirect effects on the other risk factors

Of course there are more than 24 risk factors. These 24 were viewed as especially common, serious, and preventable



# CSA is Preventable, not Inevitable



International Centre  
FOR MISSING & EXPLOITED CHILDREN



INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

Advising the nation • Improving health



# CSA Historically Viewed as a Social Problem with a Criminal Justice Solution



Image used with permission from *Lighting Their Way Home*

©2015, Johns Hopkins University. All rights reserved.

Image credit: Murdo Macleod for the Guardian

# Achievements Under this Perspective

## Social Problem

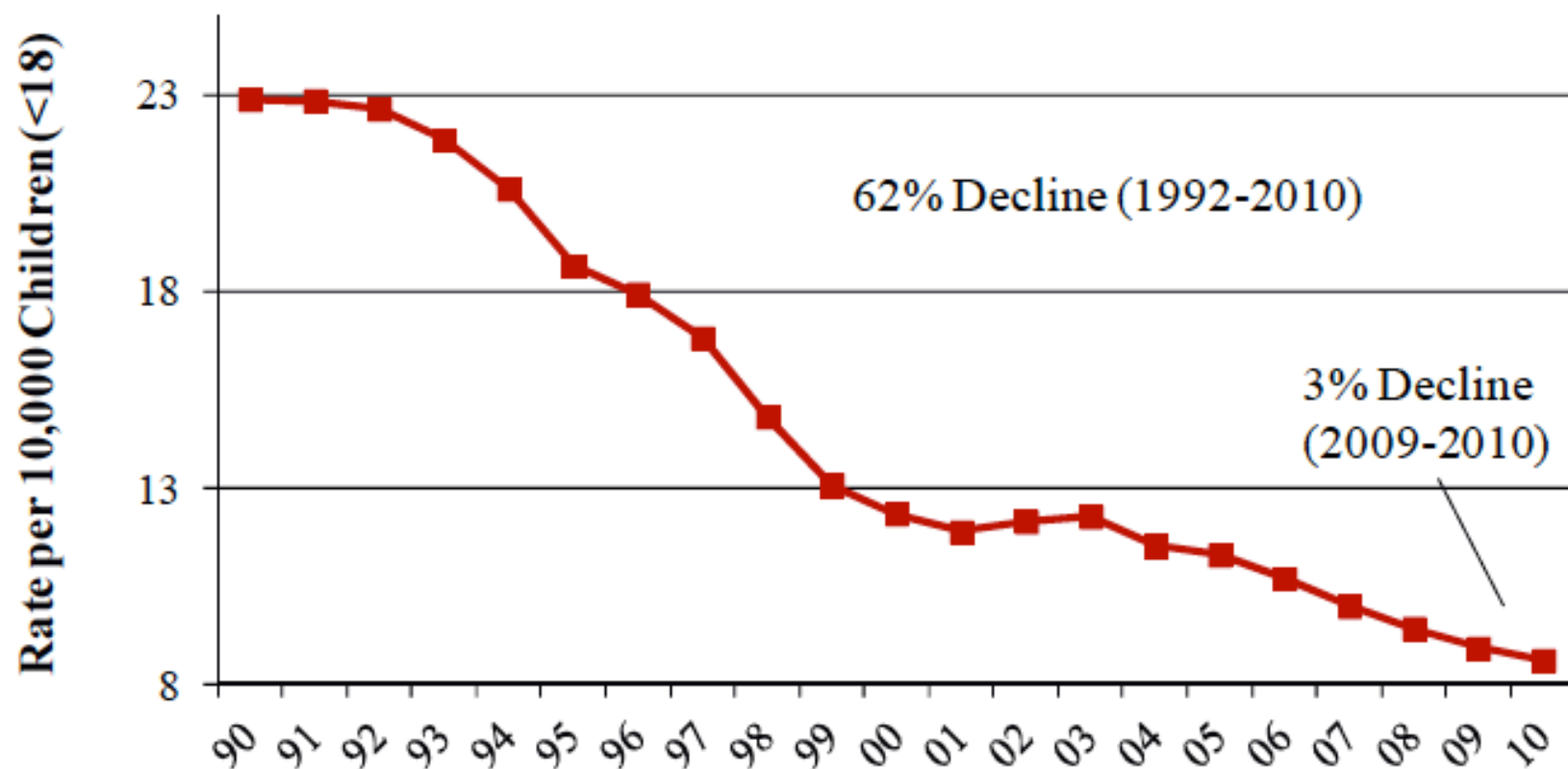
- A new safety net of shelters for women and children
- Increased awareness among public, policy makers
- Evidence-based therapy for CSA victims

## Criminal Justice Solution

- Clear demarcation: adult sex with children is illegal
- Increased consequences
- Advances in risk assessment
- Advances in offender treatment and reintegration efforts



Figure 1. NCANDS National Estimate Substantiated Sexual Abuse (1990-2010)



Source: National Child Abuse and Neglect Data System

Finklehor, D., & Jones, L. (2012). Have sexual abuse and physical abuse declined since the 1990s?  
[http://cola.unh.edu/sites/cola.unh.edu/files/research\\_publications/CV267.pdf](http://cola.unh.edu/sites/cola.unh.edu/files/research_publications/CV267.pdf)



# Limits of Historical Perspective

- Directs resources toward after-the-fact responses
- Lowers the value placed on prevention efforts
  - For example:
    - 71% of U.S. states fund violence prevention
    - 20% specifically fund CSA prevention programs
- Restricts the scope of (limited) prevention efforts to individual-level vulnerabilities



# Victimization Focused CSA Prevention

- Programs focus on 3 Rs:
  - Recognize potentially abusive situations
  - Resist abusive overtures
  - Report previous/ongoing abuse
- Research indicates that high quality programs:
  - Increase knowledge about CSA prevention concepts
  - Encourage disclosure of on-going abuse
  - Reduce self-blame following victimization
- Programs have not been found to reduce victimization



# Evidence Supporting Perpetration Prevention

1. Primary prevention as an outcome of universal prevention programs
  - a. Shifting Boundaries
  - b. Safe Dates
2. Secondary & tertiary prevention as an outcome of treatment:
  - a. Oklahoma model for treating child sexual behavior problems
  - b. Multisystemic therapy for problem sexual behavior

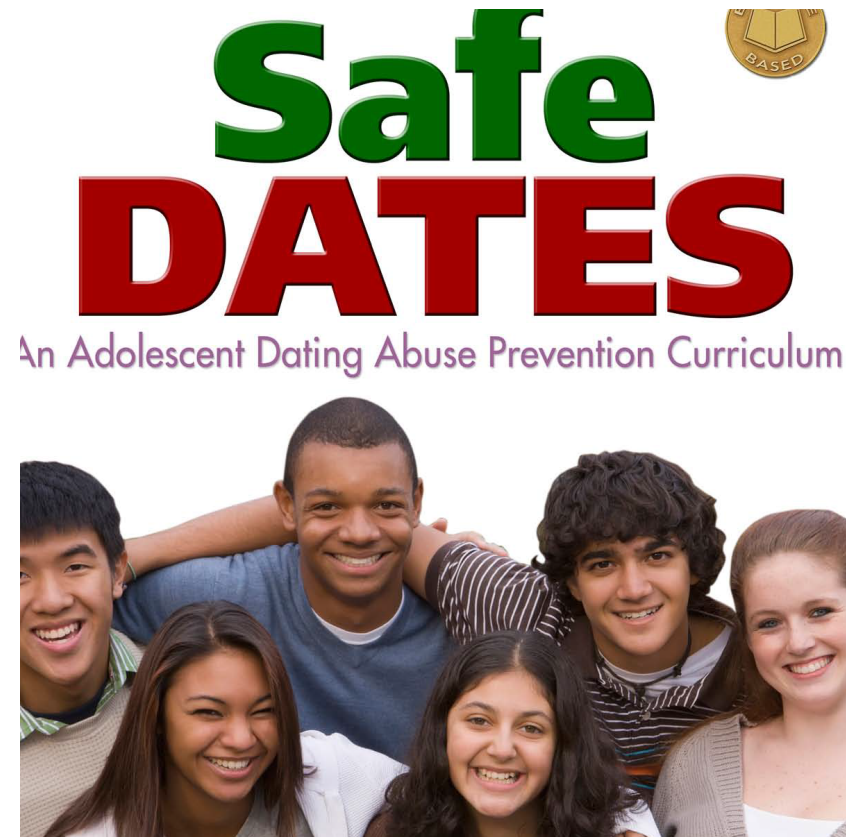


# Universal Prevention Targeting Young Teens

## *Shifting Boundaries*

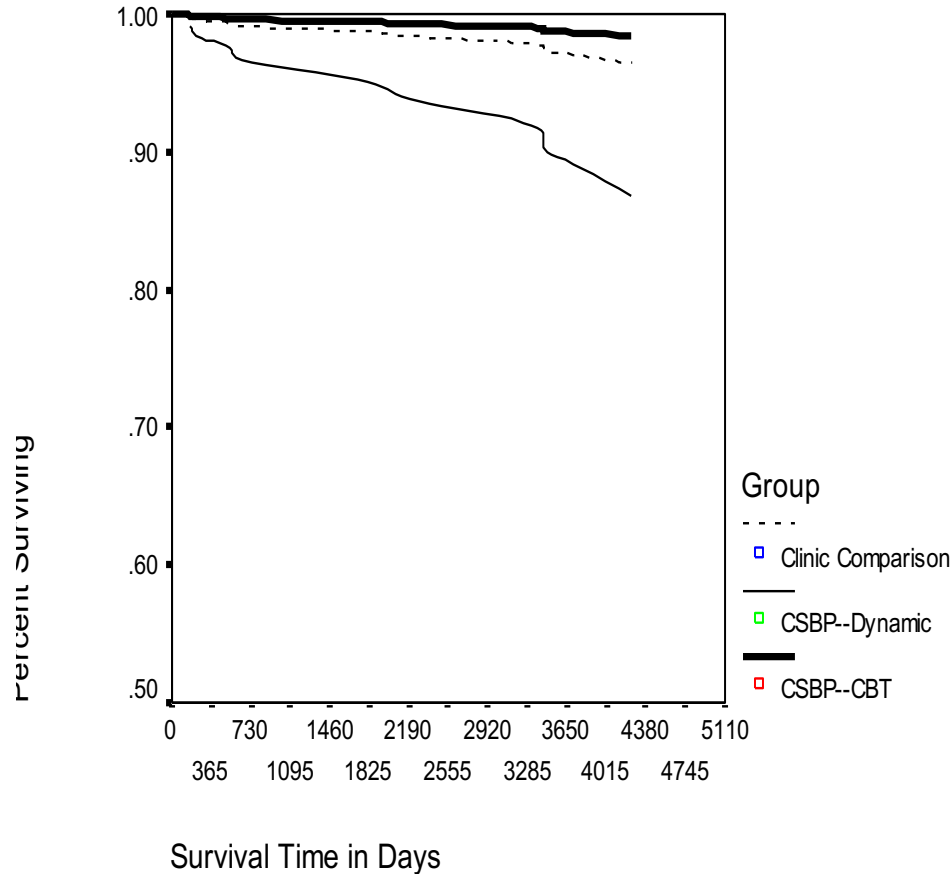


Taylor et al., 2013



Foshee et al., 2004

# Oklahoma Intervention for Child Sexual Behavior Problems Reduces Risk of Future Sexual Harm



Children treated with family-focused CSBP-CBT were *no more likely to commit a future sexual offense* than children treated for anxiety disorders

Carpentier, Silovsky & Chaffin (2006). Randomized trial of treatment for children with sexual behavior problems: Ten-year follow-up. *Journal of Consulting and Clinical Psychology*, 74, 482-488.



# Multisystemic Therapy for Problem Sexual Behaviors Prevents Sexual Recidivism

Three RCTs support MST-PSB for youth adjudicated of crimes of a sexual nature

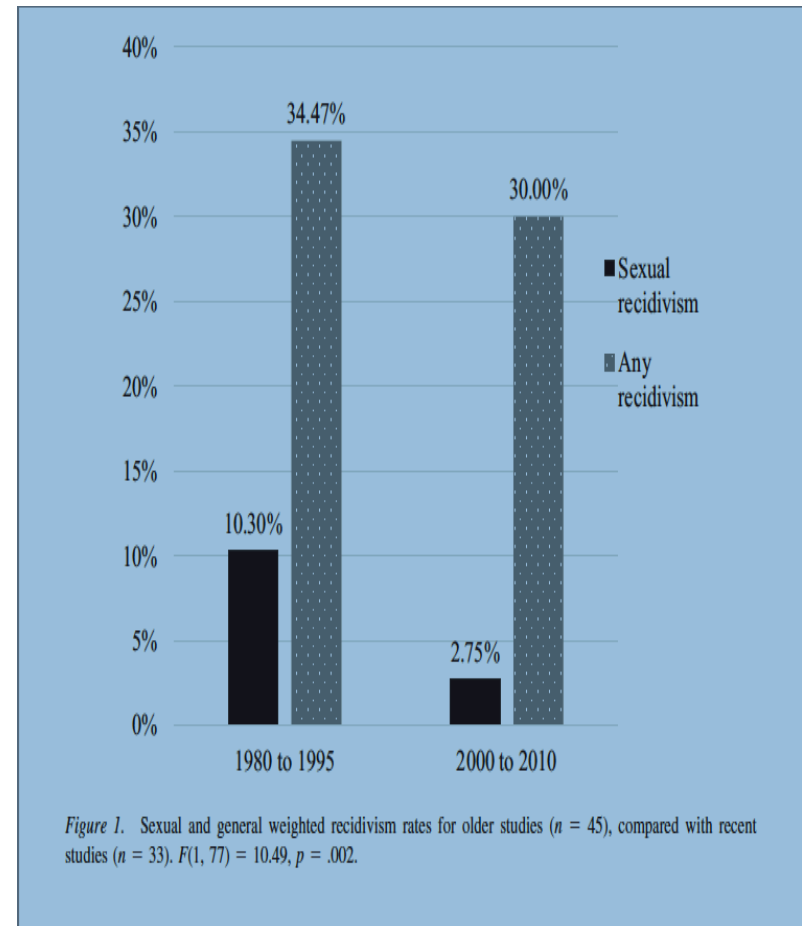
First RCT  
Lower sex & nonsex  
recidivism  
N = 16

Second RCT  
Lower sex & nonsex  
recidivism  
N = 48

Third RCT  
Lower sexual risk,  
delinquency &  
substance use & fewer  
secure placements  
N = 127

# Why Focus on Preventing the onset of CSA in Children?

- $\geq 50\%$  prepub victim cases perpetrated by children
- These inappropriate behaviors are transient and modifiable
  - Peak age of offending against a prepub. child is 14 years
  - Offenses tend to be lower severity, shorter duration, closer relationships & opportunistic
- Recidivism *almost never* occurs once a child is caught



Caldwell, M. F. (2016). Quantifying the decline in juvenile sexual recidivism rates. *Psychology, Public Policy & Law*.



# What to Focus on when Preventing the Onset of CSA in Children?

## Dynamic Risk & Protective Factors

- Low “sex knowledge”
- Cognitions supportive of sex with children
- Cognitions that minimize culpability
- Inadequate supervision
- Impulsivity
- Empathy for children

## Static Risk Factors

- History of CSA victimization
- History of other ACEs
- Atypical sexual interests
- Developmentally inappropriate exposure to sex & sexual materials



# Responsible Behavior with Younger Children (RBYC)

Aim: Develop and test feasibility of a universal prevention program targeting 12-13 year old students and their parents with knowledge, skills and tools to avoid sexual behavior with younger children



# RBYC Co-Investigators & Funder



Cindy Schaeffer, Associate Professor,  
Department of Psychiatry, School of Medicine,  
University of Maryland



Catherine P. Bradshaw, Professor and Associate  
Dean for Research and Faculty Development,  
Curry School of Education, University of Virginia



*Eunice Kennedy Shriver* National Institute  
of Child Health and Human Development

R21HD083704

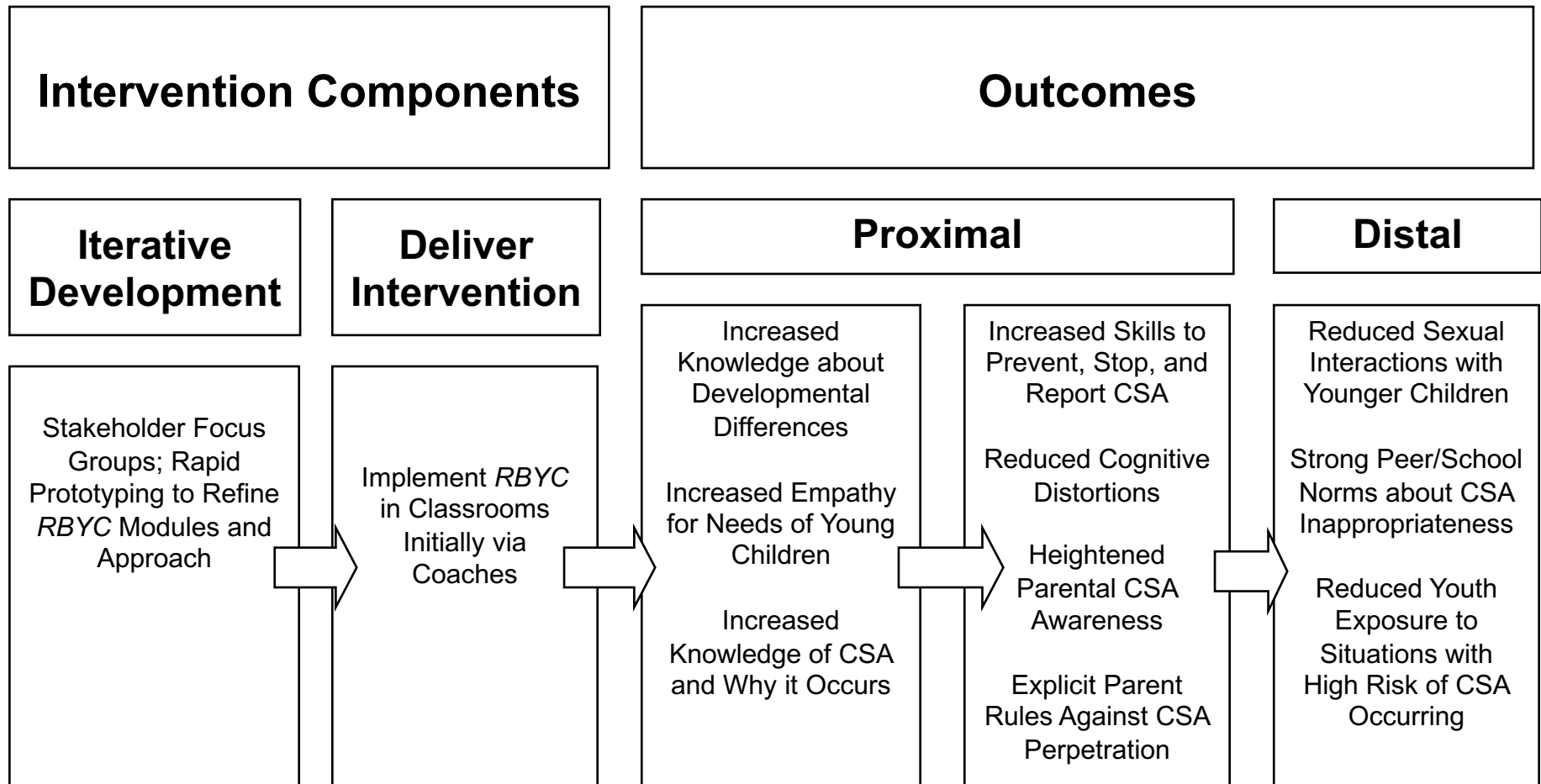


# RBYC Project Phases

1. Focus groups with educators, parents, students
2. Rapid prototyping to revise RBYC components
3. Pilot RBYC in 6<sup>th</sup> & 7<sup>th</sup> grade health classes at 2 intervention schools; compare with 2 waitlist schools



# RBYC Conceptual Logic Model



# Proposed RBYC Intervention Content

Module	Learning Objective
Introduction (P)	Students will integrate intervention coach into classroom; contribute to a positive classroom dynamic around the course topic; and learn rationale for course and course goals.
Developmental Differences (P)	Students will understand the many ways young children differ from pre-teens and teens.
Perspective-taking and empathic responding	Students will learn how to take the perspective of a younger child in common daily situations, understand younger child's feelings in these situations, and develop empathy for these feelings.
Healthy vs. unhealthy teen-young child relationships	Students will come to view themselves as protectors of younger children, learn what behaviors constitute CSA, understand the negative impact of CSA, and overcome misperceptions about CSA perpetration.

(P) Refers to parent-lead homework assignment for that module

# Proposed RBYC Intervention Content

Module	Learning Objective
Why CSA occurs: Focus on teenage perpetrators (P)	Students will learn why CSA occurs and the situational factors that contribute to CSA.
Responsible behavior for teens and bystanders regarding CSA (P)	Students will learn specific ways to keep themselves/younger children safe with regards to CSA and will understand bystander effects.
Responsible behavior with peers	Students will develop an increased awareness of sexually abusive behaviors that occur among peers and learn basic skills for preventing such behaviors and intervening responsibly when they occur.
Wrap up	Students will embrace a group norm around no sexual contact with younger children and around non-harassing peer-to-peer interactions.

(P) Refers to parent-lead homework assignment for that module

# Moving Forward

RBYC is just one example of what CSA prevention might look like.

Ultimately, we want to convince the public that CSA is preventable and to convince policymakers to support the development, evaluation and dissemination of a wide variety of effective CSA prevention programs and policies



The background is a solid dark purple. On the left side, there is a faint, light purple graphic. It consists of a shield-like shape with a rounded top. Inside the shield, there is a stylized flame or torch at the top and a globe with latitude and longitude lines at the bottom. A horizontal band of a lighter shade of purple runs across the middle of the image.

Questions?