Using Policies to Promote Child Sexual Abuse Prevention: What is Working?

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A formal policy is a course of action outlined in writing that guides institutional efforts and management of resources. Formal policies often include pieces of legislation, ordinances, and public rules and regulations. The ways in which formal policies get implemented heavily depend on individuals, communities, and systems. What individuals and organizations actually do, or fail to do, to prevent and respond to child sexual abuse constitutes informal policy. Many policy advocates understand that working to create or improve policy is a two-way street. Policy may be intended to influence the actions of individuals, but individuals also have the ability to influence, adapt, and inspire changes in policy.

Taxi drivers in some coastal African cities have been trained in child sex tourism and become part of the prevention network by not connecting tourists with children forced into sex work (cab driver, personal communication, 2008). Similarly, in many countries, large hotel chains and tourist destinations have posted notices that they do not tolerate child sexual exploitation (personal observation and T. Omwenga, personal communication, Kenya, July, 2008) or have posters greeting tourists at their airports with similar messages (personal observation, Ghana, 2012). Some of these posters explicitly state that employees will not tolerate or accommodate exploitive behavior and will contact police if they suspect it. All of these activities are examples of policy in practice.

The general public may understand policy as laws or rules made at a state or national level, instituted by legislation. In practice, policy is much broader than this and includes both formal and informal actions and processes that guide prevention and response. A formal policy is a course of action outlined in writing that guides institutional efforts and management of resources. Formal policies often include pieces of legislation, ordinances, and public rules and regulations. The ways in which formal policies get implemented heavily depend on individuals, communities, and systems. What individuals and organizations actually do, or fail to do, to prevent and respond to child sexual abuse constitutes informal policy. Many policy advocates understand that working to create or improve policy is a two-way street. Policy may be intended to influence the actions of individuals, but individuals also have the ability to influence, adapt, and inspire changes in policy.

Even policies like the ones in African business communities described above have their challenges. Innovative policies often prompt a change in tactics for people who sexually offend. In this case, people traveling to commit child sexual exploitation used large bribes to low-income taxi drivers, convincing them to provide information and transportation (C. Maternowski, personal communication, 2012). Similarly, as larger hotels participated in anti-exploitation campaigns, much illegal business has shifted to smaller hotels, necessitating new strategies in policy development. As conditions change, sometimes as a result of good policy work, re-evaluation and design of new tactics is necessary.

Every day, policy advocates are working to mandate the implementation of prevention programming as well as institutionalize the prevention of child sexual abuse. This Applied Research paper looks at policies specific to child sexual abuse prevention. A person perpetrates child sexual abuse when he or she exposes a child to sexual acts or behavior (NSVRC, 2011). Child sexual abuse may include sexual acts that involve penetration, touching the child's breasts or genitals, making a child touch the perpetrator's breasts or genitals, voyeurism, or commercial sexual exploitation (Finkelhor, Hammer, & Sedlak, 2008). These acts can be performed by adults or by other children. It is important to remember that formal policy definitions of child sexual abuse vary between states. Criminal legal definitions may also vary from those used in child protective services.

The field of public health identifies three levels of prevention: primary, secondary, and tertiary. The primary prevention of child sexual abuse addresses actions, behaviors and norms before the abuse is ever perpetrated. Secondary and tertiary prevention efforts address issues and responses after abuse has been perpetrated.

These reactive efforts promote safety and healthy outcomes for the individuals and communities affected by child sexual abuse and prevent abuse from occurring again in the future. All three types of prevention are equally important and comprehensive child sexual abuse prevention strategies work to address the issue at each level. Policies designed to prevent child sexual abuse can promote or influence all three. Many existing policy efforts address the secondary and tertiary levels of prevention. Our review will focus on available research on existing policies and evidence of effectiveness. We will briefly discuss international policy efforts to prevent child sexual abuse, but particularly focus on reviewing efforts in the United States. We also make recommendations for future policy advocacy work, including ways to expand policy to include primary prevention.

Understanding policy advocacy as prevention

A multipronged approach to prevention creates lasting social change (Cohen & Swift, 1999). Researchers (Cohen & Swift, 1999; Dahlberg & Krug, 2002) suggest that policy advocacy and legislative reform are important key approaches among a variety of prevention efforts. Policy advocacy has been a core element in anti-violence work from the beginning. Early efforts by grassroots anti-sexual violence activists commonly involved calls for legislative reform (Campbell, Baker & Mazurik, 1998). As efforts and programs grew, advocates continued to work on public policy reform on behalf of survivors and engage in systems change within communities. In addition, youth-serving organizations, churches, and schools have also initiated policies to help prevent child sexual abuse. Anti-sexual violence organizations can advocate with these groups to implement meaningful policies that move beyond encouraging potential victims to protect themselves.

In discussing their "Spectrum of Prevention," Cohen and Swift (1999) noted the importance of engaging in prevention efforts by changing organizational practices and influencing policy and legislation. This strategy fits well within the public health approach to child sexual abuse prevention, which identifies different areas for action within levels of the social ecology (Dahlberg & Krug, 2002). There are four main socio-ecological levels: Individual, Relational, Community, and Societal (Dahlberg & Krug, 2002). Formal policy approaches are most commonly used within the Community and Societal levels to address institutional norms that allow for child sexual abuse to exist. However, according to findings from a report by the Frameworks Institute, policy efforts may not be broadly understood as prevention efforts (O'Neil & Morgan, 2010). Members of the general public tend to understand prevention as something that happens only at the individual level. However, anti-sexual violence advocacy groups tend to understand prevention more broadly (O'Neil & Morgan, 2010). They may have to work to explain and promote policy-based prevention efforts within their communities (CDC, 2004).

International Policy

International bodies have identified gender inequality, harmful social norms around masculinity, and economic inequality as root causes of sexual violence (WHO & London School of Hygiene and Tropical Medicine, 2010). However, in examining policy efforts to curtail or prevent child sexual abuse, these broad influences are rarely explicitly addressed by policy or linked to child sexual abuse prevention. More frequently, nations around the world such as England, South Africa, Australia, Moldova, and the Philippines have focused their policy efforts on employment screening for past

offenses, instituting training on recognizing and responding to child sexual abuse, sex offender management, school safety, and investigative procedures (Loots, Dartnall, & Jewkes, 2011).

Reports indicating the nature and scope of the problem worldwide have prompted efforts for change (MacMillan, Wathen, Barlow, Fergussin, Leventhal, & Taussig, 2009). Much of the research on policy focuses on child protection after abuse has been discovered (Child Protection Systems, 2011). Internationally, as well as in the U.S., primary prevention strategies receive relatively little attention in programs and policies (Finkelhor, 2009). Programs that target change at a primary level are seen as a "long haul," (Brown, Horvath, Kelly & Westmarland, 2010), and for some countries, implementing such programs may involve overcoming many obstacles, including a lack of financial support (WHO & LSHTM, 2010). Internationally, U.S. policy has provided a template for replication or adaptation elsewhere—making our examination of policy directions and effectiveness in the U.S. very important. For example, U.S. domestic policy work on sex trafficking, sex tourism by U.S. citizens, and efforts to improve children's rights can have an international impact.

U.S. National Policy

National policy can help to shift prevention efforts to eliminate events, conditions, situations and risk factors that result in sexual violence being perpetrated in the first place (CDC, 2004). To be effective, policy efforts should address a variety of factors. Finkelhor (2009) suggests that current national policy efforts have been limited, focusing on only two main avenues for prevention policy: school-based efforts and policies aimed at people who are convicted of child sexual abuse. The majority of these efforts rely on secondary and tertiary prevention.

Policies on "offender management," have shown limited evidence of effectiveness and may have undesirable outcomes (Finkelhor, 2009). Interestingly, nearly all U.S. national policy efforts to prevent child sexual abuse have been aimed at monitoring, regulating, and punishing convicted sex offenders. This approach is limiting in that it fails to get to the source of the problem. Waiting until after someone commits and is convicted for child sexual abuse to impose preventative strategies fails to address the needs of victims. It also limits opportunity for primary prevention. In "A Reasoned Approach," Tabachnick and Klein (2011) suggest that many of the common policy approaches to offender management—such as buffer zones and mandatory minimum sentences—may actually increase the likelihood of recidivism. For a more detailed discussion on offender management policies and policy alternatives, refer to their document. In the sections that follow, we present information on other existing policies that promote child sexual abuse prevention.

Policy that Finances Prevention Efforts

The Violence Against Women Act (VAWA) has been one federal funding stream that passes through states and U.S. Territories to specific communities. Examination of the uses and outcomes of VAWA monies suggests that financing promising programs has had great influence (Burt, Zweig, Andrews, Van Ness, Parikh, Uekert, & Harrell, 2001; Chaiken, Boland, Maltz, Martin, & Targonski, 2001; Roe, 2004). Small amounts of money given to organizations working on shoestring budgets have had large positive impacts (Burt,et al., 2001; Chaiken et. al., 2001; Roe, 2004).

A critical element of the VAWA legislation is the authorization of funds for the Rape Prevention and Education (RPE) Program. This program, administered by CDC, provides population-based funding to the U.S. states and territories for use in creating and implementing state-wide and territory-wide sexual violence prevention plans, as well as funding both state- and territory-wide and local-level primary prevention campaigns and programming (Degue, Simon, Basile, Yee, Lang, & Spivak, 2012). RPE grantees and sub-grantees are using these funds to implement strategies and conduct education around changing social norms to prevent sexual violence, to collaborate and build coalitions with other state or community organizations, and for capacity building, both at the state and local levels, for planning, implementing, and evaluating prevention programming (Degue et al., 2012). Many of these efforts are directed toward school-based programming and other opportunities for prevention work with youth. This funding is critical in supporting effective sexual violence primary prevention work at both the state/territory and local levels.

In some cases, monies received through VAWA have been directed to services and advocacy for adults, rather than focusing on or extending services to child victims. Based on findings from the Adverse Childhood Experiences Study (ACES), providing services and expanding secondary and tertiary prevention programs to include children will have a lasting impact (Felitti et al., 1998). This study found that the long-term social and health consequences associated with adverse childhood experiences, including sexual abuse, emphasize the need and value of providing preventive care during childhood (Felitti et al., 1998). Programs receiving VAWA monies that are not currently providing services for children have established an informal policy about not engaging in child sexual abuse prevention efforts. These programs can change this by redirecting some of the VAWA funding and incorporating formal policies that are inclusive of people of all ages impacted by sexual violence.

In some cases, states have established policies that fund prevention, but then rescind that funding later. During the 1990's, for example, California supported prevention of sexual abuse through statewide education of children. After findings from a controversial study reported negative outcomes for preschoolers, all state funding was eliminated (Finkelhor, 1994). Examples like this one demonstrate the importance of quality evaluation for policies funding prevention.

Mandated reporting policies

Laws in every state in the U.S. provide specific mandates for certain professional groups to report any suspected child abuse and neglect to child protection, police, or other authorities (Crosson-Tower, 2003). Mandated reporting policies address child sexual abuse at the secondary level of prevention because it addresses the abuse after it is perpetrated. Efforts to increase reporting by these groups of professionals are common, although many professionals are unclear about what counts as a disclosure, and when and how to make a report about suspected abuse. Webster, O'Toole, O'Toole, and Lucal (2005) found that teachers were more likely to underreport than to over-report. Additionally, they found that discrepancies between recognition of abuse and actual reporting were related to individual and school characteristics, such as administrator attitude and teacher personality traits. Despite decades of messages to encourage reporting child sexual abuse, mandatory reporting is still somewhat controversial, particularly when the systems' interventions that follow do not provide good outcomes or when they re-victimize children and families (Finkelhor, 2009; "Putting Children at the Centre: A Child-focused Response to the Sexual Abuse and Exploitation of Children," 2008; Tabachnick & Klein, 2011). A common explanation for this

continued, systems-based revictimization is that child protection systems tend to be under-resourced and overburdened. Policies requiring mandatory reporting will further benefit from financial support and training for the systems and agencies that handle these reports.

Even this commonly implemented policy has critics and may have unanticipated negative consequences. Prior to the implementation of mandatory reporting laws, the Johns Hopkins Sexual Disorders Clinic tracked the number of abusers who voluntarily came forward for treatment. When professional reporting of suspected abuse became mandatory, the rate of self-referrals dropped from approximately seven per year (73 over a 10-year period) to 0. The rate of voluntary disclosures during treatment also dropped to 0. According to Berlin and colleagues (1991), the change in laws may have prevented the clinic from constructively interceding in the lives of children who may still be at risk. Another limitation to this policy is that it does not apply to all adults. Non-mandated reporters, including many members of the general public, are not required to make a report of suspected child sexual abuse, and very few people know how.

Some state laws require teachers and staff at schools and day care facilities to receive yearly instruction in child abuse, prevention strategies and rules, as well as reporting guidelines (Vermont Act 001, 2009; Child Welfare Information Gateway, 2012). Several studies have reported that knowledge gains and awareness in adults, including professionals, increases their willingness to report child sexual abuse and that the trainings do in fact enhance their knowledge (Finkelhor, 2009). One study (McGrath, Cappelli, Wiseman, Khalil, & Allan, 1987) used a randomized control trial to see how effective a school

board policy on educating teachers about child sexual abuse would be compared to no education. Their policy was effective at increasing and maintaining knowledge about the issue (McGrath et. al., 1987). Whether these trainings increase reporting, improve responses to children, or actually reduce incidences of abuse in the school has not been thoroughly evaluated. Many policies are so new that data is not yet available. Child sexual abuse prevention programs that are not currently collecting data can expand their efforts to include an evaluation component. However, quality evaluations would require additional funding, support, and skill development for program evaluation, which generally serves as a barrier keeping programs from instituting measures for effectiveness.

Human trafficking and sexual exploitation
State legislation and citizen action is often aimed at human trafficking for sexual purposes. In California, trafficking is said to be one of the fastest growing criminal enterprises. Proposition 35, developed through a partnership of California Against Slavery and the Safer California Foundation, aims to "protect children in California" by increasing prison terms for human traffickers, requiring convicted sex traffickers to register as sex offenders, requiring all registered sex offenders to disclose their internet accounts, and requiring criminal fines from convicted human traffickers to pay for services to help victims. This act was passed by over 80% of the voters in 2012 (Proposition 35, 2012). This policy, like mandated reporting policies, seeks to prevent further abuse after a person is first convicted. Once again, effectiveness is uncertain in preventing abuse, although gaining financial support for victim services from those who harm children is a policy that helps with treatment, addressing secondary and tertiary prevention though not necessarily primary prevention.

Community Level Policy

Communities can be understood as groups of people who interact on a regular basis because of where they live, common interests in things like sports or hobbies, or mutual belief systems like those in religious organizations or political groups. These are the spaces where individuals and families have somewhat regular and ongoing contact, build a larger network of relationships, and have some shared experiences. Many community spaces operate using policies, both formal and informal, to guide them. These policies can be large scale, like a church doctrine or national organizational guidelines that apply to all local chapters, or small scale, such as the policies developed by a local summer camp for children.

Child education
One very common formal policy approach is mandating school-based child sexual abuse prevention education for children (Finkelhor, 2009), which does provide some evidence of effectiveness in terms of students' knowledge gain, attitude change, and skills development (Finkelhor & Dziuba-Leatherman, 1995; Hazzard, Webb, Kleemeier, Angert, & Pohl, 1991; Wurtele, 1990, 1993a, 1993b, 2009; Zwi et al., 2007). A meta-analysis of 16 evaluated child-focused programs (Rispens, Aleman, & Goudena, 1997) showed significant learning gains in children, emphasizing the importance of skill training and adequate time to produce good results. However, few studies have shown children who receive such prevention education are less likely to be sexually abused, although at least one study was conducted that found less long-term abuse of those who had received such training (Gibson & Leitenberg, 2000). Topping and Barron (2009) conducted a review of the effectiveness of 22 programs in which they found consistent knowledge gain, but reported little follow-up on gains over time,

no cost-effectiveness reported by the studies, and little effect on new disclosures of abuse. It is unknown if educational programs actually reduce occurrence of child sexual abuse; evidence suggests that they improve children's knowledge and protective behaviors but critics argue the programs could have some adverse effects (MacMillan et al., 2009).

The topics covered in sexual abuse prevention education programs for children may include general information on sexual abuse and awareness raising as well as personal risk reduction strategies and how to report abuse (Brown, Low, Smith, & Haggerty, 2011). Many of these programs focus on increasing disclosures of abuse, which is a secondary prevention strategy. Risk reduction education provides information on ways that a person, in this case a child, can change their own behaviors to help decrease the likelihood that someone will decide to abuse them. This approach is sometimes seen as placing responsibility for avoiding abuse on the child, which as a stand-alone strategy can never guarantee that abuse will not occur. Some programs, particularly those from international settings, include information on child rights (Child Aid Kenya, 2008). Most child-focused programs also incorporate resources for help-seeking, and standing up for or helping others/bystander responses. Healthy sexuality and relationship education and general anti-bullying or anti-harassment education have also increasingly been incorporated into child education. In some cases, anti-bullying programming includes sexual abuse prevention messages. At times, these programs can compete with sexual abuse prevention education for time in schools or for funding, making collaboration all the more critical.

Child education on related issues, including

mental health awareness and the prevention of drug use, suicides, school violence, and gang involvement, may also address the prevention of sexual abuse. Increasingly, an educational focus on promoting positive interactions based on civility and respect have replaced a list of "don'ts" and "bewares" that children must be mindful of. These efforts are more solidly grounded in the goals of primary prevention as they seek to change the norms and behaviors that allow future abuse to occur. Often times, these programs are never supported or mandated by formal policy. Instead, they are implemented informally and may be piecemeal and dependent on unstable funding sources. Some informal programs that included stronger evaluation components later become endorsed at the formal policy level. It is important to note that, while some prevention efforts for children have recently shifted their focus to healthy relationships, bystander engagement, and other primary prevention approaches, many programs still tend to focus on risk reduction. Thus, the need for child sexual abuse prevention programs aimed at adults.

Adult education
One consistent critique of child-focused sexual abuse prevention programs is that they must also contain adult education components and involvement to avoid overly burdening children with protecting themselves. Many child-focused programs have incorporated education for the adults that are in children's lives as a corollary to educating the children. Others have stressed parent oversight, messaging, and attentiveness to the child's needs for fostering healthy sexuality and resiliency even where child-focused education is not present. Adult education generally addresses how to keep children in their care protected and safe, and reduce the likelihood of someone sexually victimizing them. Most strong child-focused programs have

recognized parent involvement as a critical component to the education of children (Wurtele & Kenny, 2010).

Adult education on preventing child sexual abuse has been part of community prevention efforts since the late 1970s, yet focus on their involvement and role has been emphasized more over the past decade. Programs aim to educate adults on child sexual abuse and how to prevent it through recognizing problematic behaviors, holding other adults accountable for behaviors, and intervening when they notice signs of child sexual abuse (NSVRC, 2011). They also teach adults how to talk with children about sex and sexuality and to support children's healthy sexual and emotional development (NSVRC, 2011). Additionally, caregivers are given resources for where to go to gain assistance if they are concerned about child sexual abuse. Expanding adult programs to include information on promoting healthy behaviors in children and disrupting problematic behaviors in other adults signals a shift toward primary prevention strategies.

Some state laws require teachers and staff at schools and day care facilities to receive yearly instruction in child abuse, prevention strategies and rules, as well as reporting guidelines (Vermont Act 001, 2009; Child Welfare Information Gateway, 2012). Vermont's law established a "comprehensive health education" approach, which includes drug awareness, nutrition information, and prevention of child sexual abuse. This act mandates the treatment of children with sexual behavior problems with a specially trained professional. In Texas, SB 471 mandates 1 hour of training per year for educators (Love & Norris, 2011). During this time, trainers are required to cover many secondary prevention topics, including mandated reporting and how to

report, signs of abuse, responses to disclosures, prevention messages and techniques, and general information on child abuse and neglect. Teachers who actually implement child-focused or parent training prevention programs would, presumably, receive more specialized training (Wurtele, Kast, & Melzer, 1992), including messages about healthy sexuality, monitoring of professional colleagues, and internal policies regarding safeguards in place and investigative procedures (Child Welfare Information Gateway, 2010).

In some cases, parents are given specific knowledge on how to deal with sexual behavior problems with their children, as well as warning signs for both perpetrator behavior and child victim reactions (Abel & Harlow, 2001; Finkelhor & Jones, 2006; NSVRC, 2005). Adult involvement in child sexual abuse prevention has multiple benefits (Finkelhor et al., 1995; NSVRC, 2005). For example, children learn risk reduction messages better when they receive them both at home and at school (Finkelhor & Dzuiba-Leatherman, 1995; NSVRC, 2005).

While policies can require schools to provide parent trainings, it is unclear what enforcement strategies exist that actually require or provide incentive for parents to attend, other than those established for parents already involved with child protection as a prerequisite for regaining child custody or if court-ordered. Attendance has been an ongoing challenge for adult education programs, particularly when caregivers feel they already have the information or that they trust the schools to do a good job in teaching their children (NSVRC, 2005). While policies are needed for training parents, as well as finding settings and incentives for their participation, we are unaware of any formal policies that require parents to be involved in educating their children on this topic.

Bystander education

Bystander education is one form of primary abuse prevention receiving increased attention and emphasis. The theory behind bystander education expands abuse prevention beyond simply individual or family level changes into community level efforts, engaging community members and systems in stopping child sexual abuse. Bystander intervention strategies also work to address the social norms that allow child sexual abuse to occur—norms surrounding privacy, power, gender roles, and others (Tabachnick, 2009)—and to empower community members in stepping up and helping to keep children safe from sexual abuse and other forms of violence. The silence of the people surrounding a child who is victimized or who notice problematic behavior is part of what allows the abuse to continue or even intensify.

Some policies have included educating children, youth, and especially adults on how to respond appropriately when they observe certain verbal or behavioral cues, "warning signs" or "red flags" in the behavior of others (particularly those who may be at risk to commit sexual crimes) that raise concerns (Stop it Now, 2012). This approach emphasizes that everyone has a role in prevention and provides guidelines for what actions can be taken. Although there are currently no formal policies that mandate this type of prevention education, future policy could be designed to require or suggest bystander involvement training as one needed component of a comprehensive sexual abuse prevention effort (Cohen, Lyles, & Brown, 2010; NSVRC, 2005).

Preliminary studies have shown that bystander education and encouragement to take action does result in positive outcomes, including more compassion, more knowledge of actions one can take as a bystander, and more willingness to act (Fischer et al., 2011). While few studies have been undertaken to show that these programs result in less sexual abuse of children, based on the ecological model that expands actions to community and societal level change, a bystander prevention approach appears to have promise as a successful child sexual abuse prevention approach (Fahlberg & Kershnar, 2003; Cohen, et al, 2010).

Youth-serving organizations

The abuses perpetrated by Jerry Sandusky at Penn State University highlighted for many the role of secrecy, cover-ups, and how people in very important and powerful positions act to protect themselves and colleagues more than to protect children. Former FBI director Louis Freeh (2013) found that administration officials actively covered up Sandusky's crimes so as not to upset donors or alumni. As revealing, he found that janitors who witnessed the abuse felt that taking on the football program with such a report "'would have been like going against the President of the United States'" (Freeh, 2013). Essentially, the informal policy at Penn State was to support the football program at all costs. To address this, his report made recommendations for major institutional restructuring from top administration to campus police. It also recommended stricter guidelines on hiring, safety, and reporting procedures for any university programs that involve children.

High profile cases, such as at Penn State and with the Boys Scouts of America, highlight the problem with non-existent or inadequate policies to protect children from sexual abuse, and these cases are driving a closer examination of what policies are needed and ways they can be enforced. All types of youth-serving agencies are now considering how to best protect children under their care. Safeguards in programs as diverse as art museums, boy and girl scouts, day care centers and sports programs are examining their procedures, screening and hiring practices,

facility design, programming, investigative processes, and education of youth in their care (Regional Policy and Procedures, 2005; Department of Education, 2010; Resource guide on preventing child sexual abuse in sport, 2009). Fortunately, an increasing number of programs are partnering with researchers to design policies based on best practice and that include an evaluative component.

An earlier study of media coverage of child sexual abuse (Fahlberg & Kershnar, 2003) concluded that we still need further research on how best to talk about child sexual abuse to the public and to specify prevention policy recommendations (Cohen et al., 2010; Fahlberg & Kershnar, 2003). The Sandusky case provided new information on how the public regards child sexual abuse, and especially its prevention. It also emphasized the importance of formal policy and training on responding to child sexual abuse at youth-serving organizations. Wurtele (2012) made specific recommendations for ways to prevent child sexual abuse at youth-serving organizations using an institutional approach. Risk management strategies, including providing sufficient training, monitoring and supervision for staff working with youth will help to reduce the risk of sexual abuse and promote appropriate professional boundaries within these organizations (Wurtele, 2012).

National professional organizations, like the National Association of Social Workers (NASW), are also taking steps to set explicit guidelines for their members regarding how to prevent child sexual abuse. These efforts include implementing prevention protocols and reporting procedures (NASW, 2013). These organizations clearly state that members who perpetrate child sexual abuse will be reported and subject to relevant criminal penalties

(United States Department of Health and Human Services Administration for Children and Families, 2003). They may develop specific sanctions for violations of their guidelines; consequences for noncompliance can be as serious as losing a job or the right to practice the profession (NASW, 2013).

Religious and spiritual institution policies
The disclosure of widespread child sexual abuse by priests in the Catholic Church has prompted religious groups to grapple with the need to prevent abuse within their institutions (Church Pension Group, 2003). Nationally-known prosecutor and child sexual abuse prevention expert Victor Vieth (2011) suggests a number of guidelines for creating meaningful policies for religious institutions. He promotes consultation with at least one sexual abuse expert, caution in over-reliance on advice from insurance or legal representatives, the need to restrict access to children that could provide opportunities for sexual abuse, providing safety education to children, a clear commitment to report, policies around past offenders' church participation, and a number of other possible actions.

Additionally, the Pennsylvania Coalition Against Rape has provided recommendations for faith communities in developing a victim-centered response to abuse by clergy members (Rumburg & Achilles, 2005). These recommendations include standardized referrals to secular sexual assault advocacy programs, immediately reporting information to law enforcement and child protection systems, cooperating with investigations by providing all requested documentation, instituting a zero-tolerance policy that immediately removes the alleged perpetrator from contact with the victim and other potential victims, and partnering with secular advocacy groups to help promote accountability.

Recommendations

Culturally relevant policy efforts

Considerations of culture and context also matter (Fahlberg & Kershnar, 2003; Fontes & Plummer, 2012) in designing appropriate sexual abuse prevention policies. Types and places of abuse, as well as realistic responses to it, will vary in rural and urban sites, as well as in different areas of the country, and with different ethnicities. In many cases there are cultural differences related to family, children, sex, sexual violence, and ideas about what the family's and community's roles are in intervening. Due to a push from federal funding streams to select only "evidence-based" or "evidence-informed" programs, often only larger or well-funded organizations have undertaken quality research. While this evidence is helpful, it may not reflect or inform the culturally-specific strengths and needs of communities.

Mapping of child protection systems in Africa (Child Frontiers Ltd., 2011) showed European models have often been adapted in very different locales, but the development of formal systems of response based on those models were disconnected from beliefs about child protection among the local population. As a result, African citizens and professionals rarely seek help from formalized systems or providers. This may be due to past experiences of mistreatment or victimization by these systems, which reasonably contributes to a sense of distrust. Additionally, some communities, including immigrant and migrant communities, may avoid contact with formal systems out of fear of deportation.

While the need for child sexual abuse prevention programming and policy that is specific to culture and context may be obvious (Fahlberg & Kershnar, 2003), it is not always incorporated into developing systems and laws. The argument could be made that approaches to prevention and intervention should be designed, in the U.S. and internationally, with sharp attention to the cultural mores, experiences, and needs of the population it is intended to serve (Fontes & Plummer, 2010). Advocates and policy makers can incorporate an understanding of the limitations of formal systems into their efforts and approaches to reach out to traditionally marginalized groups. In some cases, this may mean developing informal response systems that can provide support without direct involvement in formal systems.

Risk of harmful or ineffective policies

In the aftermath of a series of multiple victim cases in the 1980s and 1990s, especially those in day care centers, consideration of risks to children resulted in the creation of several problematic policies. These examples show how rapid inclusion of unexamined policies, even while based in common sense as well as in limited research information, may backfire and are counterproductive. One informal policy was loosely based on research findings that men were more likely to sexually abuse children than women. The policy was to hire only women for work with young children. The problem with this action was best described by Dr. David Finkelhor who stated that banning men from early non-sexual and nurturing activity with children can actually make men more likely to abuse than those who have regular parenting tasks and participate in childcare (Williams & Finkelhor, 1995). Further, lacking male role models in teachers in early childhood can be detrimental to both male and female children. The second policy, still in existence, is a virtual no-touch rule for adults interacting with children in teaching or childcare setting (Crosson-Tower, 2003; Fahlberg & Kershnar, 2003; Finkelhor & Jones, 2006; Vieth, 2011). Clearly, if touching

is not allowed, there will be no inappropriate touching, or at least fewer opportunities for it. The problem with this is that children (and adults) need positive touch and often initiate it themselves, making a no-touch rule virtually impossible, and misguided, for people who work with young children.

Measuring the effectiveness of child sexual abuse prevention policies

Few policy efforts include evidence or evaluation. Evidence can refer to studies of any type that indicate the effects created, intentionally or unintentionally, as a result of a policy that has been implemented. Recently, the CDC has promoted a new understanding of evidence, broadening it to include contextual evidence and experiential evidence, in addition to evidence provided by formal research (Puddy & Wilkins, 2011). In some cases, policy evaluations indicate that a policy is not working, but that does not always mean that the policy is changed. Some policy is evidence-informed in that it takes available information (e.g. teachers are uninformed about reporting policy) and uses it to design a policy (teacher training). Other policies are based on "common sense" (we need to keep known sex offenders away from children) and may result in laws (like those restricting where convicted sex offenders can live) that may be politically popular, but may never be examined for actual effectiveness or unintended negative outcomes.

When using research to inform policy, definitions of "evidence" or effectiveness may vary greatly (Tseng, 2012). This is especially true between policy makers, researchers, and policy advocates. While formerly randomized control trials (RTC) were considered the gold standard in measuring effectiveness, this research method may not work in many settings nor help us judge how well our programs or policies accomplish important

goals. Furthermore, some policies have been driven by insurance companies and concerns of legal or fiscal liability. While this may promote more awareness and responsibility, it can also lead to defensiveness or responses that serve institutions' needs over those of victims (Chisholm Baptist Church, 2010; Pence & Wilson, 1994).

Many barriers also exist to doing adequate, quality evaluations. These barriers include lack of funding or expertise, additional time needed, and effort required to build community trust of research. In some cases, advocates, policy makers, and researchers may feel pressure to "prove" effectiveness, which can lead to biased data analysis and interpretation. To address this, some researchers (Schorr, 2009; Tseng, 2012) encourage a wider understanding of policy effectiveness and a more inclusive approach to understanding policy effectiveness. This will prevent the risk of disregarding promising strategies and promote new solutions to urgent social issues (Tseng, 2012). A more inclusive approach to knowledge generation will best improve the outcomes for vulnerable children and families large scale, and with use of multiple methods, our assessments can be more complete (Schorr, 2009).

Next steps for organizations and institutions

Building new partnerships between policy makers, advocates and researchers will help to inform policy changes and approaches to measure policy impact and effectiveness (Tseng, 2012). Communities, programs and organizations that have worked to implement programs or formalize their policies and responses related to child sexual abuse prevention can make a preemptive commitment to evaluating the effectiveness of their policy work. Furthermore, many institutions have formal, written policies in place but may practice very different approaches in their

informal policy practice. Providing education and training on existing policies and formal practices may help to reduce the risk of institutional failure in policy practice. Even though government agencies and private grant makers may fear moving away from narrow definitions of policy effectiveness, it is important to continue to expand research approaches to evaluation (Tseng, 2012).

Youth serving organizations can also incorporate plans for ensuring physically safe environments that reduce opportunities for abusing children involved in their programs. Examples include setting up spaces for consistent monitoring of both staff and youth and establishing formal policies on how and when adults can interact with youth (Wurtele, 2012). Additionally, while most formal policy approaches to child sexual abuse prevention have addressed abuse after the fact, some promising approaches like bystander education and funding for primary prevention through the Rape Prevention Education (RPE) program may help to move policy makers to proactive forms of prevention. Efforts and advocacy are needed for all three levels of prevention if we are going to achieve the goal of ending child sexual abuse.

Conclusions

To truly discover solutions to social problems, we must ask the hard questions and incorporate many ways of knowing, many sources of knowledge, and more-inclusive methodologies to discover what works, especially in an ever-evolving world. Like the search for convincing evidence, our quest for successful policy requires openness to thinking beyond what has already been tried, ensuring that policies are informed by the communities they will impact, and constantly contextualizing our efforts within contemporary situations and changing conditions. As Schorr (2009) reminds us:

Many of our social problems require new solutions. When support goes only to what has been shown to work in the past, however, the impetus to find new responses shrivels and we remain mired in the status quo. By definition, "evidence-based" is about what worked in previous decades, not today.

Clearly, well-conceived policy initiatives need to be part of our toolbox as we work to prevent child sexual abuse. Policy advances create faster change, and more far-reaching impacts than do programs or interventions at an individual level. However, while policy action has often been informed by common sense or best hunches, it continues to lag far behind program accountability and has not been properly vetted through evaluation of its effectiveness. Without that, and adequate funding for it to be done impartially and thoroughly, it will continue to have faster, stronger, and broader effects, but those effects may not help prevent child sexual abuse and, in some cases, may only create new problems while providing the illusion that we are "doing something."

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References

Abel, G., & Harlow, N. (2001). *The stop the child molestation book. What ordinary people can do in their everyday lives to save three million children.* Bloomington, IN: Xlibris.

An act relating to improving vermont's sexual abuse response system, 2009, S. 13 (December 31, 2010). Retrieved March 5, 2013 from http://www.leg.state.vt.us/docs/2010/Acts/ACT001.pdf

Berlin, F. S., Malin, M., & Dean, S. (1991). Effects of statutes requiring psychiatrists to report suspected sexual abuse of children. *American Journal of Psychiatry, 148*(4), 449–453.

Brown, E. C., Low, S., Smith, B. H., & Haggerty, K. P. (2011). Outcomes from a school-randomized controlled trial of Steps to Respect: A Bullying Prevention Program. *School Psychology Review, 40*(3), 423–443.

Brown, J., Horvath, M., Kelly, L. and Westmarland, N., (2010). Connections and disconnections: Assessing evidence, knowledge and practice in responses to rape. London: Government Equalities Office.

Burt, M. R., Zweig, J. M., Andrews, C., Van Ness, A., Parikh, N., Uekert, B. K., & Harrell, A. V. (2001). 2001 Report: Evaluation of the STOP Formula Grants to Combat Violence Against Women, 244.

Campbell, R., Baker, C. K., & Mazurek,T. (1998). Remaining radical? Organizational predictors of rape crisis centers'social change initiatives. *American Journal of Community Psychology, 26,* 465-491.

Centers for Disease Control and Prevention (CDC). (2004). Sexual violence prevention: Beginning the dialogue. Retrieved from http://www.cdc.gov/violenceprevention/pdf/SVPrevention-a.pdf

Chaiken, M. R., Boland, B., Maltz, M. D., Martin, S., & Targonski, J. (2001). *State and Local Change and the Violence Against Women Act*, 181.

Child Aid Organization Kenya (2008). Retrieved from http://www.childaidkenya.org/

CHILD Frontiers Ltd. (2011). Mapping and assessing child protection systems in west and central Africa. Retrieved from http://www.unicef.org/wcaro/english/West_Central_Africa_CP_Systems_5_Countries_Analysis_Paper_FINAL.pdf

Child Protection Systems: Mapping and Assessing Eastern and Southern Africa (2011). Report sponsored by Maestral International.

Child Welfare Information Gateway (2010). Disclosure of confidential child abuse and neglect records : Summary of state laws. Retrieved January 8, 2013 from https://www.childwelfare.gov/systemwide/laws_policies/statutes/confide.cfm

Child Welfare Information Gateway (2012). How federal legislation impacts child welfare service delivery. Retrieved January 8, 2013 from https://www.childwelfare.gov/pubs/impacts/impacts.pdf

Chisholm Baptist Church (2010). Child Sexual Abuse Prevention Program . Retrieved January 8, 2013 from http://www.chisholmbaptistchurch.org/art/Downloads/Sexual_Abuse.pdf

Church Pension Group (2003). Model policies for the protection of children and youth from abuse. Developed with the Nathan Network for the Episcopal Church.

Cohen L., & Swift, S. (1999). The spectrum of prevention: Developing a comprehensive approach to injury prevention. *Injury Prevention, 5(*3) 203-207.

Cohen, L., Lyles, A., & Brown, M. (2010). Transforming communities to prevent child sexual abuse and exploitation: A primary prevention approach. *Injury Prevention, 16*, 189-A189.

Crosson-Tower, C. (2003). *The role of educators in the protection and treatment of child abuse and neglect*. Rockville, MD US: US Department of Health & Human Services.

Dahlberg, L. L., and E. G. Krug. (2002). "Violence: A Global Public Health Problem." *In World Report on Violence and Health*, ed. E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, and R. Lozano, 1–21. Geneva: World Health Organization.

Degue, S., Simon, T.R., Basile, K.C., Yee, S.L., Lang, K., & Spivak, H. (2012). Moving forward by looking back: Reflecting on a decade of CDC's work in sexual violence prevention, 2000-2010. *Journal of Women's Health, 21*(12). Retrieved March 5, 2013 from http://online.liebertpub.com/doi/pdfplus/10.1089/jwh.2012.3973

Department of Education (2010). Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children. Retrieved January 8, 2013 from https://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN.pdf

Fahlberg, V. & Kershnar, S. (2003). Child sexual abuse across cultures: What we know so far. UNICEF, New York, NY. Retrieved from http://www.brycs.org/documents/upload/UNICEF-CSAAC.pdf

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine 14*(4): 245-58.

Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *The Future of Children, 4*(2), 31-53.

Finkelhor, D. (2009). The prevention of childhood sexual abuse. *Future of Children, 19(*2), 169-194.

Finkelhor, D., & Dziuba-Leatherman, J. (1995). Victimization prevention programs: a national survey of children's exposure and reactions. *Child Abuse & Neglect, 19*(2), 129-139.

Finkelhor, D., Hammer, H., & Sedlak, A. J. (2008). *Sexually assaulted children: national estimates and characteristics*. Washington, District of Columbia, US: US Department of Justice (DOJ), Office of Justice Programs (OJP).

Finklehor, D., & Jones, L. (2006). Why have child maltreatment and child victimization declined? *Journal of Social Issues, 62*(4), 685-716. doi:10.1111/j.1540-4560.2006.00483.x

Fischer, P., Krueger, J. I., Greitemeyer, T., Vogrincic, C., Kastenmüller, A., Frey, D., & Kainbacher, M. (2011). The bystander-effect: A meta-analytic review on bystander intervention in dangerous and non-dangerous emergencies. *Psychological Bulletin, 137*(4), 517-537. doi:10.1037/a0023304

Fontes, L., & Plummer, C. (2010). Cultural issues in disclosures of child sexual abuse. *Journal Of Child Sexual Abuse, 19*(5), 491-518. doi:10.1080/10538712.2010.512520

Gibson, L. E., & Leitenberg, H. (2000). Child sexual abuse prevention programs: Do they decrease the occurrence of child sexual abuse?. *Child Abuse & Neglect, 24*(9), 1115-1125. doi:10.1016/S0145-2134(00)00179-4

Hazzard, A., Webb, C., Kleemeier, C., Angert, L., & Pohl, J. (1991). Child sexual abuse prevention: evaluation and one-year follow-up. *Child Abuse & Neglect, 15*(1-2), 123-138.

Loots, L., Dartnall, L., & Jewkes, R. (2011). Global Review of National Prevention Policies. Report sponsored by the Oak Foundation, South African Research Council and the Sexual Violence Research Initiative.

Love, G. S., & Norris, K. D. (2011). *Texas SB 471- preventing child sexual abuse and maltreatment changes in the law of for schools, day cares and child placing agencies*. Fort Worth, Texas: Retrieved from http://abusepreventionsystems.com/resources-helpful-articles/Texas%20SB%20471%20%AD%20New%20Law%209-1-2011%20APS.pdf

MacMillan, H., Wathen, C. N., Barlow, J., Fergussin, D. M., Leventhal, J. M., & Taussig, H. N. (2009). Interventions to prevent child maltreatment and associated impairment. *Lancet, 373*, 250-266.

McGrath P; Cappelli M; Wiseman D; Khalil N; Allan, B. (1987). Teacher awareness program on child abuse: a randomized controlled trial. *Child Abuse & Neglect, 11*(1), 125-132.

Muir, D., & Hecht, M. E. (2005). Violence against children in cyberspace: A contribution to the United Nations study on violence against children. Retrieved from ECPAT International (End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes) website: http://www.ecpat.net/ei/ Publications/ICT/Cyberspace_ENG.pdf

National Sexual Violence Resource Center, United States (2005). Preventing Child Sexual Abuse: A National Resource Directory and Handbook. Retrieved January 15, 2013 from http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Directories_A-National-Resource-Directory-Handbook-Preventing-Child-Sexual-Abuse.pdf

National Sexual Violence Resource Center, United States (2011). Child Sexual Abuse Prevention Overview. Retrieved March 1, 2013 from http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Overview_Child-sexual-abuse-prevention_0.pdf

National Sexual Violence Resource Center, United States (2011). Child sexual abuse prevention programs for adults. Retrieved from http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guide_Child-Sexual-Abuse-Prevention-programs-for-adults.pdf

National Association of Social Workers (2013). *Code of Ethics*. Retrieved January 24, 2013 from http://www.socialworkers.org/pubs/code/default.asp

O'Neil, M., & Morgan, P. (2010). American perceptions of sexual violence. *FrameWorks Institute, Washington, DC*. Retrieved from http://www.ncdsv.org/images/FrameWorks_AmericanPerceptionsofSexualViolence_9-2010.pdf

Pence, D.M. & Wilson, C.A. (1994). Reporting and investigating child sexual abuse. *The Future of Children*, 4:70–83.

Perrin, P. C., Madanat, H. N., Barnes, M. D., Carolan, A., Clark, R. B., Ivins, N., Williams, P. N. (2008). Health education's role in framing pornography as a public health issue: Local and national strategies with international implications. *Promotion & Education, 15*(1), 11–18.

Proposition 35 First to Surpass 10 million Votes Cast in Support (2012, December 21). Retrieved from http://www.caseact.org/news/proposition-35-first-to-surpass-10-million-votes-cast-in-support/

Puddy, R. W. & Wilkins, N. (2011). *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness*. Atlanta, GA: Centers for Disease Control and Prevention.

Rumburg, D. & Achilles, M. (2005). *Recommendations for Communities of Faith: Providing a Victim-Centered Response to the Problems of Child Sexual Abuse by Clergy*. Pennsylvania Coalition Against Rape & Pennsylvania Office of the Victim Advocate. Enola: PA. Retrieved from http://www.pcar.org/sites/default/files/file/ClergyRecommendations.pdf

Regional Policy and Procedures (2005). *Area Child Protection Committee*. Retrieved January 8, 2013 from http://www.dhsspsni.gov.uk/acpcregionalstrategy.pdf

Resource Guide On Preventing Child Sexual Abuse in Youth Sports (2009). Retrieved January 24, 2013 from http://la84foundation.org/1gm/ResourceGuide.htm

Rispens, J., Aleman, A., & Goudena, P. P. (1997). Prevention of child sexual abuse victimization: A meta-analysis of school programs. *Child Abuse & Neglect, 21*(10), 975-987.

Roe, K. J. (2004). *The violence against women act and its impact on sexual violence public policy: Looking back and looking forward*. Harrisburg, PA.

Ropelato, J. (2007). Top Ten REVIEWS Internet pornography statistics. Retrieved from http://internet-filter- review.toptenreviews.com/internet-pornography-statistics.html

Schorr, L. B. (2009). To judge what will best help society's neediest, let's use a broad array of evaluation techniques. *Chronicle of Philanthropy*. Available at: http://philanthropy.com/free/articles/v21/i20/20003301.htm

Spain, M. (2012). Age Verification For 'Sex-Ads' Now The Law in Washington; First in Nation. Retrieved from http://courageworldwide.org/blog/2012/04/02/age-verification-for-sex-ads-now-the-law-in-washington-first-in-nation/

Stop It Now (2012). Signs That an Adult May Be At-Risk to Harm a Child. Retrieved January 24, 2013 from http://www.stopitnow.org/signs_adult_risk_harm_child

Tabachnick, J. (2009). *Engaging bystanders in sexual violence prevention*. Enola, PA: National Sexual Violence Resource Center. Retrieved from http://nsvrc.org/sites/default/files/Publications_NSVRC_Booklets_Engaging-Bystanders-in-Sexual-Violence-Prevention.pdf

Tabachnick, J., & Klein, A. (2011). *A reasoned approach: Reshaping sex offender policy to prevent child sexual abuse*. Beaverton, OR: Association for the Treatment of Sexual Abusers. Retrieved from http://www.atsa.com/pdfs/ppReasonedApproach.pdf

The Freeh Report on Pennsylvania State University, (2013). Retrieved January 24, 2013 from www.thefreehreportonpsu.com/REPORT_FINAL_071212.pdf

Topping, K. J., & Barron, I. G. (2009). School-based child sexual abuse prevention programs: A review of effectiveness. *Review of Educational Research, 79*(1), 431-463.

Tseng, V. (2012). The uses of research in policy and practice. *Social Policy Report, 26*(2), 3–16.

United States Department of Health and Human Services Administration for Children and Families (2003). Child Abuse Prevention and Treatment Act (CAPTA). Retrieved January 8, 2013 from http://www.acf.hhs.gov/sites/default/files/cb/capta2003.pdf

Vieth, V. (2011). Developing effective church policies on child maltreatment. Jacob's Hope: A newsletter of the *Jacob Wetterling Resource Center, 2*(1), 1-8.

Webster, S. W., O'Toole, R., O'Toole, A. W., & Lucal, B. (2005). Overreporting and underreporting of child abuse: Teacher's use of professional discretion. *Child Abuse & Neglect, 29*, 1281-1296. Doi:10.1016/j.chiabu.2004.02.007

Williams, L. M., & Finkelhor, D. (1995). Paternal caregiving and incest: Test of a biosocial model. *American Journal Of Orthopsychiatry, 65*(1), 101-103.

World Health Organization & London School of Hygiene and Tropical Medicine (2010). Preventing intimate partner and sexual violence against women: Taking action and generating evidence. Geneva, World Health Organization.

Word Vision International Resources on Child Rights (2008). Putting children at the centre: A child-focused response to the sexual abuse and exploitation of children. Retrieved January 8, 2013, from http://www.justice-and peace.org/PolicyAdvocacy/pahome2.5.nsf/allreports/6591D36FA8788EFE882574FE004084E6/$file/PutChildrenCentre_WEB.pdf

Wurtele, S. K. (1990). Teaching Personal Safety Skills to Four-Year-Old Children: A Behavioral Approach. *Behavior Therapy 21*, 25–32.

Wurtele, S. K. (1993a). The role of maintaining telephone contact with parents during the teaching of a personal safety program. *Journal Of Child Sexual Abuse, 2*(1), 65-82.

Wurtele, S. K. (1993b). Enhancing children's sexual development through child sexual abuse prevention programs. *Journal Of Sex Education & Therapy, 19*(1), 37-46.

Wurtele, S. K. (2009). Preventing Sexual Abuse of Children in the Twenty-First Century: Preparing for Challenges and Opportunities. *Journal Of Child Sexual Abuse, 18*(1), 1-18.

Wurtele, S.K. (2012). Preventing the sexual exploitation of minors in youth-serving organizations. *Children and Youth Services Review, 34*, 2442-2453.

Wurtele, S., Kast, L. C., & Melzer, A. M. (1992). Sexual abuse prevention education for young children: a comparison of teachers and parents as instructors. *Child Abuse & Neglect, 16*, 865-876.

Wurtele, S. K., & Kenny, M. C. (2010). Partnering with parents to prevent childhood sexual abuse. *Child Abuse Review, 19,* 130-152

Zwi, K., Woolfenden, S., Wheeler, D., O'brien, T., Tait, P., & Williams, K. (2007). School-based education programmes for the prevention of child sexual abuse. *Cochrane Database Of Systematic Reviews*, (3), CD004380.

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In Brief: Using Policies to Promote Child Sexual Abuse Prevention

Carol Plummer in consultation with Alisa Klein

Policies can be either formal or informal. A formal policy is a course of action outlined in writing that guides institutional efforts and management of resources. Formal policies often include pieces of legislation, ordinances, and public rules and regulations. What individuals and organizations actually do, or fail to do, to prevent and respond to child sexual abuse constitutes informal policy. Use of policy has become a primary tool in sexual violence prevention. Policy advocacy and legislative reform provide one important approach to creating lasting social change (Cohen & Swift, 1999; Dahlberg & Krug, 2002).

Review of Policy Efforts

There are policies in place at many different social levels. International social policies suggest that gender inequality, social norms, and economic inequality as root causes of sexual violence (WHO & LSHTM, 2010); this includes child sexual abuse. Primary prevention strategies tend to receive less attention in programs and policies (Finkelhor, 2009) while secondary prevention is the principle level of prevention addressed by most formal policies (NCPCSE, 2008). Some examples of legislative policies include mandated reporting policies and policies addressing child sexual exploitation and trafficking. Some policies provide government funding for prevention programs. Using this funding to support child sexual abuse prevention and services will have long-term benefits for sexual assault programs.

On a more local level, organizations and communities may establish policies that address child sexual abuse. Some common approaches include education for children, education for parents, and education on bystander prevention. Education-based policies require additional evaluation to measure ongoing effectiveness. Youth serving organizations may put policies in place to try and safeguard against abuse. These policies include mandated background checks for employees, paying attention to facility design, and establishing formal processes for investigating allegations of abuse.

Considerations for Policy Development

When developing policies to help promote child sexual abuse prevention, it is important to keep several points in mind. First, developing policies that are culturally relevant and meaningful for the communities affected will help to promote community understanding and buy-in. Second, it is important to include methods for evaluating your policies to avoid continuing a policy that is harmful or ineffective.

While traditionally, randomized clinical trials have been the gold standard for evaluation, researchers (Schorr, 2009; Tseng, 2012) have suggested that it is time to expand the ways we evaluate

effectiveness. Measuring policy effectiveness should include a variety of approaches to gathering knowledge and understanding outcomes. Incorporating policies that are shown to work will help to promote faster social change and an end to child sexual abuse.

Organizations can think about ways to adapt their policies to promote prevention. They can also take assessment of any informal policies that detract from the goal of preventing abuse and use education and training to help increase organizational capacity and readiness to prevent and respond to child sexual abuse.