A few years ago my coworker and I started having those kinds of conversations that make you excited and confused at the same time. We spun around in circles conceptualizing what would child sexual abuse primary prevention really look like? All of the tools and resources we knew of fell a little short of a truly primary prevention approach – they tended to put the burden of protection on children themselves, be aimed at early detection skills and general awareness raising, or a one-time presentation. We embarked on a process of research and gathering feedback from our members and ended up with an exciting new project to pilot and many wonderful partners. This issue of PISC highlights the lessons learned and new directions in our state.

The articles in this issue of PISC provide frameworks and examples of prevention work that supports healthy development, protective factors, and resiliency in children, families, and communities. We begin by providing a look into the complimentary field of research and ground work in childhood development and trauma. Next we delve into two nuanced topics: child sexual abuse in Latin@ communities and addressing sexual development for children. The following articles spotlight a new resource tool and the pilot project WCSAP has supported across the state. We finish this issue with our Question Oppression and Resources sections to help further the conversation about consent in your work.

We hope this issue will provide you with tools, ideas, and resources to engage in child sexual abuse prevention with caregivers and communities. We welcome feedback at prevention@wcsap.org.

Cordially,
Kat Monusky, Prevention Program Coordinator
WCSAP, Prevention Resource Center
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**Partners in Social Change**
is published by the WCSAP Prevention Resource Center from its office in Olympia, Washington. The focus of this publication is to present information and resources for the prevention of sexual violence, with a special emphasis on social change.

*For membership information, visit www.wcsap.org.*

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Strengthening Families Washington

Erinn Havig & Jenni Olmstead

Strengthening Families Washington (SFWA) is an initiative within the Washington State Department of Early Learning focused on increasing family strengths, enhancing child development and reducing the likelihood of child abuse and neglect. The foundation of this work is centered on the national Strengthening Families approach. This approach works to shift policies and systems through small but significant changes in every day practice that change the way relationships are formed with families.

SFWA advocates for this approach through a variety of family focused strategies including funded programs, public awareness campaigns, and statewide partnerships. The public awareness campaigns include Shaken Baby Syndrome, Infant Safe Sleep and Postpartum Depression. SFWA offers a funding opportunity each Spring for community-based programs to receive funding to support their work.

SFWA works to provide prevention tools, resources and trainings to recognize and support parents/primary caregivers as decision makers and leaders. We support family professionals in being the best foundation they can be to families.

Tools, resources and trainings to recognize and support parents/primary caregivers as decision makers and leaders.
SFWA is currently funding 11 programs statewide working towards building strong families and communities through reducing child abuse and neglect:

- **Brigid Collins House, Whatcom County**: Supports the Lummi community's efforts to build sustainable parenting classes.

- **Children's Home Society of Washington, Walla Walla County**: Offers parent education classes to families in the HomeTeam Parent Aide program, which includes home visits and socialization events.

- **Child Care Resources, King County**: Provides Early Learning Conversations curriculum to peer educators for families with children birth through age 5 who are experiencing barriers to early learning opportunities.

- **Children’s Museum of Tacoma, Pierce County**: Delivers Play To Learn education for parents and caregivers of children ages 1-5 who have a disability or whose families have low incomes.

- **Chinese Information and Service Center, King County**: Delivers the Immigrant Parents and Caregivers Support program to low-income, limited-English-proficiency Asian immigrant families with children age birth to 5.

- **Encompass, King County**: Expanding Parent-Child Interaction Training to help parents and children who are experiencing behavioral problems.

- **Family Education and Support Services, Thurston County**: Dynamic Dads program promotes the value of positive father interaction in communities.

- **Good Samaritan Outreach Services, Pierce County**: Parent education opportunities for economically disadvantaged families with children age birth to 3.

- **The Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse**: Primary child sexual abuse prevention education to LGBTQ parents in King County, WA.

- **Postpartum Support International of Washington**: Developing parent support for populations at highest risk of perinatal mood disorders in five areas of the state.

- **San Juan Island Family Resource Center**: Padres Todos Juntos: Parents Together promotes creating a supportive social network for Spanish-speaking parents of children ages newborn to five living on San Juan Island.
Almost every single popular hero had ACEs in their past, yet we know they can be heroic and strong.

Adverse Childhood Experiences
The Adverse Childhood Experiences (ACEs) Study is one of the largest investigations conducted that assesses the relationship between traumatic childhood experiences like child abuse and neglect with later life health outcomes. This study demonstrated an increased likelihood of negative behavioral and health outcomes such as increased risk of suicide, expulsion from school, fractures, obesity, heart disease, and cancer when a child experienced one or more adverse experiences in the first eighteen years of life.

When first hearing about the ACEs research, it is incredibly easy to think of the many ACEs children might be dealing with on a daily basis or that you may have dealt with as a child and the potential long term outcomes that await the future. There are many potential predictions for how ACEs will impact the future of young children such as trouble in school – suspension, detention, and failing grades; not to mention drug and health problems. This is the impact of ACEs without intervention.

We know that ACEs are prevalent and the research tells us there is a direct correlation between the number of ACEs and the prevalence of wide range health issues. This is a lot to digest for all families and doesn’t initially leave room for hope.

When we look at pop culture – books, comics, television, and movies, they offer hope and different outcomes for children. Almost every single popular hero had ACEs in their past, yet we know they can be heroic and strong. For example Harry Potter experienced several ACEs as a child – losing his parents and experiencing chronic physical and emotional abuse and neglect. His perseverance in the face of adversity comes out of strong protective factors such as a strong social network including meaningful friendships and adult substitute caregivers that protected him, concrete supports like financial resources that his parents had left him, a sense of purpose and that he was special, and a whole community of people that valued him and his contributions to the world. These protective factors protected him from being vulnerable and promoted resilience.

Rather than thinking of a person as their ACE score, we can think of them as growing individuals and build on the protective factors they already have. We learn from their ACEs what happened to them, the impact that those experiences had in their lives and we also learn about their ability to survive and thrive. This gives us a unique opportunity to build upon a person’s strengths and validate their past. By using the Protective Factors Framework we can identify and utilize the power that already exists within their lives and continue to build on those as their life transforms.

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1 ACEs Study: www.cdc.gov/violenceprevention/acestudy/index.html
A key strategy to promoting resilience in all families regardless of a child’s age, sex, ethnicity or racial heritage, economic status, special needs, or whether the child is raised by a single, married, or divorced parent or by other caregivers is the Protective Factors Framework. The Protective Factors Framework is a research-based framework developed by the Center for the Study of Social Policy. The five factors are parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. These protective factors are universal and truly benefit all families. They build on family strengths, buffer risk, and promote better outcomes. The protective factors can be implemented in a variety of ways depending on your interactions with systems, communities, or families.

For example:

1. **Parental Resilience** – help parents understand how to buffer their child during stressful times through role modeling, coaching, and offering reassurance.

2. **Social Connections** – promote engagement in the community and participation in community activities through posting fliers of community events, helping with transportation, or organizing community cafés.

3. **Concrete Support in Times of Need** – respond immediately when families are in crisis through knowing what services are available and how to access them, advocating for families, and listening to their need.

4. **Knowledge of Parenting and Child Development** – encourage parents to observe, ask questions, explore parenting issues and try out new strategies through nurturing parenting behavior, helping parents understand developmentally appropriate expectations, and creating a supportive and safe environment.

5. **Social and Emotional Competence of Children** – include children’s social and emotional development activities in programming through encouraging and reinforcing social skills, clearly communicating feelings, and supporting positive interactions.

Social and emotional competence of children is strongly connected to nurturing and attachment. It is important to note this when a child experiences trauma such as child sexual abuse as this can greatly impact their attachment to caregivers. A helpful resource is the Circle of Repair\(^2\) from the Circle of Security Model (Cooper, Hoffman, Marvin, & Powell, 2000) which provides an opportunity to rebuild healthy attachment between children and their caregivers.

Having one, three, or all of these protective factors present promotes resilience within individuals and families. We can help build on these protective factors through The 7 C’s known as the Essential Building Blocks for Resilience:

- Competence
- Confidence
- Connection
- Character
- Contribution
- Coping
- Control

It is important to recognize that “resilience isn’t a simple, one-part entity." Resilience looks different to each person and it is possible to be very resilient in one situation and not as resilient in others based on coping mechanisms that each person develops. Parents and programs can use these to help children recognize their abilities and inner resources. Families gain what they need to be successful when key protective factors are robust in their lives and communities. Building protective factors is beneficial to all families and this focus can be used universally; however, it is extremely vital for families that are experiencing crisis or trauma.

Working in a field that deals with crisis situations and childhood traumas may make it hard to see families’ strengths, especially if their circumstances or culture are very different from our own. When we encounter parents who are struggling to get by, looking for their strengths can be challenging. However, a conversation that starts from strengths is more respectful and much more likely to result in a productive relationship. The Protective Factors Framework gives us a solid place to start the conversation. By providing parents, family professionals, and communities the resources to identify protective factors that are working well, we can continue to build on them to promote resiliency. Families are the experts of their lives and when we are able to understand their survival skills we can draw on these strengths.

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Prevention Partnerships
It is important that we take a multi-layered approach to prevention. The main focus of primary prevention work is to prevent any abuse or violence before it happens and to also have secondary services available immediately following any abuse or violence. All families are different and deserve services that support their unique needs. Therefore, a broad array of services needs to be available for families. One example of this is building relationships between family support programs and sexual assault providers. In family support work, professionals are trained to address child development and promote positive parenting behaviors. It is not unusual to answer many questions about spanking, sibling rivalry, and family resources. By having a partner in the sexual assault field, family support professionals have access to a well-trained professional to better understand prevention of childhood sexual abuse, how to respond if a child discloses abuse, and the excellent resources our state has for supporting families after abuse or violence happens. Partnership is key to understanding situations impacting families and also in offering well-informed support to families.

We promote this approach through our statewide prevention partnerships. Our partnerships are vital to our prevention work and help us reach families at different points in their lives with unique messaging that may resonate in a way that hasn’t before. It is essential for us to continue to promote that there is not one service that supports all families.

Erinn Havig, MSW, is the Strengthening Families Washington Program Manager at the Department of Early Learning. Erinn has spent 14 years working in the non-profit sector on family support and community efforts in Washington State and has a Masters in Social Work. Erinn has worked for the State of Washington for the last 2 years and works with Community-Based Child Abuse Prevention funded programs to improve their capacity and performance in providing family strengthening programs.

Jenni Olmstead, MSW, is the Strengthening Families Community Outreach & Engagement Manager at the Department of Early Learning. Her background is in family support and early childhood programs and policy. Jenni works with the Washington state community-based child abuse prevention funded awareness campaigns and community engagement efforts. She is thankful to be in a career that helps her grow and feeds her passion for children and families.
Child sexual abuse (CSA) is a difficult topic for any community to address. Latin@s can have individual and collective experiences of oppression and trauma that often create unique challenges and strengths when working to address CSA. Factors affecting the prevention of CSA look different in every community and the following may or may not be relevant to all Latin@ communities. They may also be relevant to other cultures and communities.

Several of the barriers to CSA prevention can be seen across communities, such as norms and beliefs that girls and women are submissive, men unable to control sexual urges, and that sexual abuse does not happen among family members. However it’s important to examine how some common cultural beliefs whether taboo or myth, can make CSA and healthy sexual development difficult to address in the Latin@ community. For example, there may be a belief that if parents talk with their children about sex, reproduction, and healthy development, then they agree with, and even invite, their children to have sex or masturbate.

While there are many challenges to addressing CSA in the Latin@ community, there are also many strengths within the Latin@ culture. Latin@s are historically resilient people, focus on family and children, and value close relationships among extended families. To understand what CSA and prevention work look like in local communities, I recently interviewed several bilingual, Latin@ sexual assault advocates from across Washington State. The interview focused on trauma and oppression, advocacy, community engagement, and capacity building in the Latin@ community.

Junt@s: Talking About Child Sexual Abuse in Latin@ Communities

Amy McIntyre (AM): How do you think collective experiences of trauma and oppression may affect your community’s response to CSA?

Carolina Gutierrez (CG): The impact is huge. It is a community that has come to this new place/country [the U.S.] for hopes and dreams, yet there are a lot of traumas along the way – from crossing the borders, to risking your life, to getting raped, and possibly having experienced sexual abuse, physical violence or rape while young and growing up. Having all of those traumas as a child and then as an adult facing a journey and never knowing what you might experience.

Lorena Ault (LA): If we are talking about sexual abuse, they’re [the Latin@ community] still not responding to the same extent… The topic of sexual abuse continues to be an uncomfortable topic and people don’t talk in the same way and don’t rise up in the same way.

Latin@s are historically resilient people, focus on family and children, and value close relationships among extended families.
"... the changes have to come from within the community."
AM: What are you doing to prepare your community to take action against CSA?

CG: Community prevention groups and also education and awareness workshops. Prevention work is a must!

LA: We have been bringing up the subject every time that we can. We talk about myths, do outreach, and give information about men and sexual assault. The act of taking away the proper name for each body part is a way to perpetuate violence and shame and we can change that part of the culture of sexual abuse and talk more correctly, being that the community lets us enter their lives, their minds and their culture. We are building capacity in the community – the comments and the changes have to come from within the community.

Karlah Tanori (KT): Currently what Centro Latino is focusing on is developing women empowerment and women leadership groups. We are partnering with another agency out of Seattle to come and help women to feel ready and empowered and to awaken their spirits. What we are doing is creating those circles so they can have the thoughts and ideas, and let them tell us how to approach this topic.

AM: What information are people in the Latin@ community most responsive to in relation to CSA?

CG: Everything – all CSA info is new information to my community. Legal information is one thing they are interested in. Also, they are interested in information on warning signs and red flags on who is a perpetrator, information on boundaries and the right to say “no” to someone, as well as, the right for a child to have control or decisions over their body and the right to say “no” to an adult.

LA: Normally the Latin@ community responds more when you talk to them about their children... They almost always pay attention – it’s like a way that makes their heads turn your way.

KT: The statistics locally are what they tend to engage with more. Like when we say “In Pierce County 1 in 5...”, or whatever the numbers are, it tends to engage them more, and they are more willing to have a conversation with that information.

AM: What would it take to get the Latin@ community to take action and to be more involved in CSA Prevention?

CG: As advocates we need more allies in our own community. So, being able to work with our leaders within our own community – safe leaders and providers – we would have more results and involvement.

LA: I’m back to the same thing: education and awareness. Education and more education. And persistence. And when you talk about their children they listen. It’s slow and it’s getting better but it requires persistence.

KT: What it would take is for us to really give them the tools to advocate for themselves.

AM: In your community, what are the most important factors in stopping CSA before it happens?

CG: Education – a lot of education. Education to the parents from the time the child is a baby – maybe even during pregnancy. For the youth, [education] in the schools before they get into relationships. For the elementary children, a lot of education for the parents.

KT: I think here, from my experience, it has been social connections and parenting skills. They’re unmatched. Once you put them together it is a force that is unmatched.

“…social connections and parenting skills. They’re unmatched. Once you put them together it is a force that is unmatched.”
AM: What are your community’s strengths that support CSA Prevention work?

CG: The community shows interest or support around the issues that mostly impact the Latin@ community – which are immigration and also, in the last few years I’ve seen a growth in the desire to better themselves – like attending schools and trainings (ESL, GED classes). When actions that are related to bettering themselves are also related to services and actions that stop CSA and support Prevention work, the Latin@ community gets really involved.

LA: My community is united. There are many groups and lots of meetings where many people sit at the table as representatives of many different organizations.

KT: I would say the social connections. There is power in numbers. I want to add also the resiliency and the openness to talk about those issues.

AM: How do you start the conversation about CSA in the Latin@ community?

CG: I usually say it as “Sexual abuse is something that affects everyone – the whole community. Not only the family involved in the situation at hand, but everyone. We can all be part of that change and taking action by starting the conversation.” Then I talk about our culture. I talk about how in our community it’s not even ok to talk about sex or consent or your body or your rights or your right to say “no”.

LA: In our sexual assault support groups we get formal and informal Promotoras that come out. That’s often where we start. I also bring a pre-made Q & A – questions and answers already made into a presentation. SAAM allows for an opportunity to talk about the topic more. In the Latin@ community you generally can’t show up talking directly, but rather through the topic of family. The topic continues to need to be masked. And it is often masked under the topic of families.

KT: I let it happen organically in the group I am in. You start with safe topics and you let them lead and let the topic go in that direction. Inevitably that topic will come up. Everyone knows it happens and we just facilitate a safe environment and trusted connections and let it happen.

AM: Is there anything else you’d like to share?

CG: I think that community organizing and education is a MUST with the Latin@ community. But, it is important for us to be creative and thoughtful when planning anything because you could waste a lot of time and energy without any results. It is about relationships and building relationships. It is about trust in order to get to the community. Once you have established trust with those receiving services, they will bring others and the word will spread.

LA: I think that, one, we have to be persistent and face the resistance. I’m a believer that prevention starts at home but also at schools and that we need to work hard to get into the schools. Also, the creativity in how to attract and get in with the teens and families is important. Creativity is key. Conversations have to continue.

KT: I would just say that in order to start the work in your community you have to know your community. You have to do the leg work. You have to make the connections and not talk directly about the issue. It is about the trust and connections. Not just taking a curriculum that’s proven to work in the Latin@ community, but really knowing what your Latin@ community is.

WCSAP is grateful for the thoughtful contributions from the interviewees:

Lorena Ault is the Bilingual Bicultural Advocate at the YWCA of Walla Walla in Walla Walla, WA.

Carolina Gutierrez is the Sexual Assault Program Manager at CIELO in Olympia, WA.

Karlah Tanori is the Family Advocate/Positive Parenting Practitioner at Centro Latino in Tacoma, WA.
An overview of Healthy Childhood Sexual Development

Understanding healthy childhood sexual development plays a key role in child sexual abuse prevention. Many adults are never taught what to expect as children develop sexually, which can make it hard to tell the difference between healthy and unhealthy behaviors.

When adults understand the difference between healthy and unhealthy behaviors, they are better able to support healthy attitudes and behaviors and react to teachable moments. Rather than interpret a child’s actions with an adult perspective of sex and sexuality, adults can promote healthy development when they understand what behaviors are developmentally expected at different stages of childhood. They are also better equipped to intervene when there are concerns related to behavior or abuse.

Understanding Childhood Sexual Development

Sexuality is much more than sex – it’s our values, attitudes, feelings, interactions and behaviors. Sexuality is emotional, social, cultural, and physical. Sexual development is one part of sexuality, and it begins much earlier in life than puberty. Infants and children may not think about sexuality in the same way as adults, but they learn and interpret messages related to sexuality that will shape their future actions and attitudes. For example, when a three year old removes their clothes in front of others, a parent may tell him or her that “being naked is okay at bath time, or in your room, but not while your cousins are here.” The child is learning that there are times when it is OK to be naked and times when it is not.

Children are constantly learning social norms and what is expected or appropriate in interactions and relationships. There are healthy and common expressions of sexuality that children are likely to show at different developmental stages. Often adults want to know which behaviors are appropriate and indicate healthy childhood sexual development. The information below addresses common behaviors that represent healthy childhood sexual development as well as what knowledge and skills are appropriate for children at each stage (National Child Traumatic Stress Network, 2009; The Society of Obstetricians and Gynecologists of Canada, 2012).
## Healthy Childhood Sexual Development

<table>
<thead>
<tr>
<th>Stage of Development</th>
<th>Common Behaviors</th>
<th>Encouraging Healthy Development</th>
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| **Infancy**<br>(Ages 0–2) | • Curiosity about their body, including genitals.  
• Touching their genitals, including masturbation, in public and in private.  
• No inhibitions around nudity. | • Teach correct names of body parts, such as penis and vagina.  
• Explain basic information about the differences between male and female anatomy.  
• Help children begin to understand how to interact respectfully with peers of the same age.  
• Provide very simple answers to questions about the body and bodily functions. |
| **Early Childhood**<br>(Ages 2–5) | • Occasional masturbation. This usually occurs as a soothing behavior rather than for sexual pleasure. It may occur publicly or privately.  
• Consensual and playful exploration with children of the same age. This could include "playing house" or "playing doctor."  
• May ask questions about sexuality or reproduction, such as, "Where do babies come from?"  
• May show curiosity in regard to adult bodies (e.g., wanting to go into the bathroom with parents, touching women's breasts, etc.)  
• Continued lack of inhibition around nudity. May take off their diaper or clothes.  
• Uses slang terms for body parts and bodily functions. | • Provide basic information about reproduction (e.g., babies grow in the uterus of a woman).  
• Encourage a basic understanding of privacy and when things are appropriate and inappropriate.  
• Explain the difference between wanted and unwanted touch. For example, a hug that is welcome and positive versus one that is unwelcome and uncomfortable.  
• Teach children about boundaries. Let children know that their body belongs to them and that they can say no to unwanted touch. |
## Healthy Childhood Sexual Development

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| **Middle Childhood** (Ages 5–8) | • Continued use of slang words, "potty humor" or jokes to describe body parts and functions.  
• Deeper understanding of gender roles. May act in a more "gendered" manner as expected behaviors and norms associated with gender are learned (e.g., girls may want to wear dresses).  
• Sex play or activities that explore sexuality and bodies may occur with same and opposite-sex friends.  
• Masturbation. Some children may touch their genitals for the purpose of pleasure. This happens more often privately rather than in public. | • Promote a solid understanding of gender and how children experience their gender identity. Children who identify as transgender or gender non-conforming will experience this also, but can face confusion and may need increased support from adults.  
• Explain the basics of human reproduction, including the role of vaginal intercourse.  
• Talk about the physical changes that will occur during puberty.  
• Explain that there are different sexual orientations such as heterosexual, homosexual, and bisexual.  
• Teach that masturbation is something that occurs in private.  
• Educate on personal rights (e.g., "your body belongs to you") and responsibilities (e.g., treat boys and girls equally) related to sexuality. |
### Healthy Childhood Sexual Development

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<th>Stage of Development</th>
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<tr>
<td><strong>Late Childhood</strong></td>
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<tr>
<td>(Ages 9–12)</td>
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<td></td>
<td>• As puberty begins an increased need for privacy and independence is often expressed.</td>
<td>• Provide ongoing information about the physical aspects of puberty and changes in their body.</td>
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<td></td>
<td>• Interest in relationships. May want to have a girlfriend or boyfriend.</td>
<td>• Educate children on the social and emotional aspects of puberty. Help to normalize the new emotions and needs that they may be experiencing.</td>
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<td>• May express curiosity about adult bodies. This could involve the child trying to see people naked or undressing or involve looking for media (such as TV, movies, websites, and magazines) with sexual content.</td>
<td>• Provide age-appropriate sexuality information and basic information about sexual behaviors and sexually transmitted infections, etc.</td>
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<tr>
<td></td>
<td>• As social norms around masturbation become clearer, masturbation will likely occur in private.</td>
<td>• Encourage critical thinking and build the skills to differentiate face from fiction in media images and representation of sexuality.</td>
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<tr>
<td></td>
<td></td>
<td>• Support them in understanding they have both rights and responsibilities in their friendships and relationships. Encourage characteristics of healthy friendships and relationships.</td>
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### Adolescence and Ongoing Development

As children progress into adolescence, signs of development become more pronounced and the need for accurate information about sexuality and sex continues. In addition to more detailed questions about sexuality and sexual health, young adults are often in need of support in finding accurate sources of information and resources. Additionally, adults can support youth as they navigate cultural and social messages about sexuality and gender shared though media and often reinforced by peers.
Discussing sexual development within the context of child sexual abuse prevention can cause discomfort and raise tough questions. Conversations about children and sexuality are often seen as taboo. Thus, education, including accurate information about childhood sexual development, is rare. This leaves the media and pop culture, which often hyper-sexualize or exploit children, as the primary information source for both adults and children.

It is important to recognize that many adults had little or no sexuality education growing up, and may have been given negative messages as children about their own sexual development. This can cause adults to see behaviors that are typical and developmentally expected of childhood sexual development as a problem. Discomfort can also occur for adults if they interpret a child’s behaviors through an adult perspective. For example, a four-year-old who wants to shower with a parent may simply be curious about different bodies, while a parent may interpret this curiosity as overly sexual.

Childhood sexual development is a challenging topic. With more knowledge, comfort and skills, adults can better understand and support healthy development and recognize signs of unhealthy or abusive behaviors in both youth and adults. For parents, community members and persons working in sexual violence prevention, assessing one’s comfort level is a great first step in determining what information and skill are necessary for a stronger understanding of healthy childhood sexual development. All adults in the community can be powerful allies and advocates in preventing child sexual abuse.

**When is Behavior a Concern?**
Remember that behavior falling within healthy childhood sexual development should exhibit the following characteristics (National Child Traumatic Stress Network, 2009):

- Children are being playful and/or curious, not aggressive or angry.

- Play involving sexuality (i.e. playing Doctor, “Show me yours/I’ll show you mine”) should be with a child of a similar age and developmental level, not with a much older or younger child.

- When adults ask children to stop or set limits around inappropriate behaviors they listen.

- The behavior does not cause physical or emotional harm to the child or others.
Parents and Caregivers can:
Develop positive and open communication around topics of sexuality. Create a dynamic where your children know they can come to you for accurate information and guidance that reflects your values without shaming.

Model respectful boundaries when it comes to touch and affection. Don’t coerce children to give hugs or other displays of affection when they don’t want to. Teach them that they have a right to have boundaries around their personal space and body from a young age and that they have a responsibility to respect the boundaries of others. Empower children to seek help when something feels uncomfortable to them.

All Adults and Community Members can:
Challenge unhealthy norms. When you see or hear an unhealthy norm in either children or adults, in action, say something. Explain what is concerning about the norm and share a healthy alternative. Emphasizing safety, equality and respect as the standard is key to ending oppression and violence.

Be an engaged bystander. If you perceive it to be safe and you see something that is of concern, trust your instincts, and do or say something about it. Everyone has a responsibility to protect children from sexual violence. Active bystanders make an impact, and it’s critical to speak up so institutions, policies, and laws can be changed to prevent harm.

Advocates, Educators and Professionals can:
Engage adults in addressing the issue. Help adults in the community better understand their roles in preventing child sexual abuse. Create opportunities in outreach and programming for dialogue and skill-building on this issue.

Act as resource. Parents and other community members need support and information on topics of childhood sexual development and child sexual abuse prevention. Provide connections to books, curricula and other resources that may help expand knowledge and comfort.

References


Child Sexual Abuse Prevention
Pilot Programs

In response to ongoing feedback from the field and the gap in primary prevention approaches to child sexual abuse (CSA), WCSAP has prioritized the issue of CSA prevention for the last several years. We identified Where We Live, created by the Pittsburgh Action Against Rape, as a promising curriculum and developed a pilot project to support its implementation in Washington from 2013 to 2015.

The Where We Live curriculum aligns with CSA primary prevention best practices in that it provides caregivers multiple sessions and at-home activities, and holds adults, rather than children, responsible for preventing CSA. The curriculum includes discussions and activities about establishing boundaries, identifying problematic behaviors from adults, promoting healthy relationships and sexual development for children, and becoming an active adult bystander.

This initiative is the first of its kind in our state and part of WCSAP’s continuing efforts to be a leader in the comprehensive response to CSA. The statewide response to this initiative has been overwhelmingly positive, indicating strong buy-in and significant community need. We know that many programs have utilized Where We Live over the last two years, several of whom did so independently from the pilot project.

WCSAP is excited about the work happening in communities across Washington State who are leading the way in our efforts to engage parents, caregivers, and communities in protecting children and changing social norms that contribute to CSA. These sexual assault providers have built relationships with a variety of community partners to successfully expand the reach of CSA prevention to parents and caregivers.

The State FY 15 pilot project will conclude shortly and a report and evaluation summary will be shared with the field. For more information on this project or for support in using the curriculum in your community, please follow-up with Kat, kat@wcsap.org, and Logan, logan@wcsap.org.

A summary report of the State FY 2014 pilot project and the corresponding evaluation report are available on our website: http://www.wcsap.org/pilot-project-report.

Initial evaluation findings have indicated the workshops have been successful in achieving some of the major curriculum goals. Included in the report: an overview of the pilot project, strategies around community collaboration, participant recruitment, helpful incentives, successes and challenges with the curriculum, community adaptations, overall lessons learned, program impacts, evaluation findings, and future directions.
“Be The Solution”
Game, Kids Edition

Prevention Resource Center

The “Be the Solution” Kids Edition game and discussion guide encourages kids to discuss topics related to healthy development.

The guide was released as part of the Sexual Assault Awareness Month in 2015. WCSAP worked with experts in child advocacy and advocates who serve Latin@ communities to ensure the discussion topics are connected to the best evidence available and are culturally relevant to Latin@ communities.

The purpose of this activity is to help nurture protective factors and build resilience in children. The topics and prompts discussed in this game are used to cultivate conversations that will help kids identify, learn about, and reflect on these aspects of their lives.

The guide provides a starting point for engaging in conversations.

The guide provides a starting point for engaging in conversations. Topics include: friends, dreams, choices, support, healthy bodies, big deals, emotions/feelings, and self-image. We encourage facilitators to adapt questions as needed to be relevant to the community you are working with.

This game is intended for elementary school age children. This activity can be beneficial to kids in a variety of settings, including prevention programs as well as those who have experienced trauma.

Exploring the Connections Between Sexual Violence & Oppression

Use these questions to explore the connections between sexual violence and oppression with staff, volunteers, or board members. Try discussing one or more at a staff meeting, in-service, volunteer training, or board retreat.

- In what ways may some of the norms that support child sexual abuse, such as silence, be connected to other experiences of oppression in communities?
- How can you navigate and draw power from cultural norms about families, sexuality, and children’s autonomy? What modifications to mainstream approaches do you need to make?
- Mainstream media often portrays and/or reinforces the notion of children not having power in society; how does this impact your prevention work with children and families?

PREVENTION RESOURCES

WCSAP members have access to check out our library materials through the mail. Browse the catalog online! Questions can be directed to library@wcsap.org.

Introduction to the Primary Prevention of Child Sexual Abuse
This resource document provides an overview of the foundations of child sexual abuse prevention and includes content on CSA dynamics, primary prevention framework, national reviews of programming, and key highlights from WCSAP’s Statewide Assessment.

Understanding Children’s Sexual Behaviors: What’s Natural and Healthy?
http://www.tcavjohn.com/products.php
This 26-page booklet helps prepare parents to identify and support healthy sexual behaviors as well as equips them to be active bystanders when problematic, potential abusive behavior is displayed in their community. Available in English and Spanish.

It’s Time... To Talk To Your Children About Healthy Sexuality
http://www.wcsap.org/its-time-talk-your-kids-about-healthy-sexuality
These tri-fold brochures are a great item to give to parents! Inside parents can find out about healthy sexual development for children, why it is important to talk to children about sexuality, and tips for having these conversations. Available in multiple languages.

Start the Conversation
http://www.wcsap.org/start-the-conversation
This resource can be given to parents or other concerned community members about child sexual abuse. Available as a PDF in English and Spanish.

Fostering Resilience in Children, Teens, and Caregivers
This WCSAP advocacy resource focuses on resilience and how we can promote it in our everyday work with young people and their caregivers.

Child Sexual Abuse Prevention Information Packet
This information packet was developed by the National Sexual Violence Resource Center for sexual violence prevention educators, advocates, and their allied partners in public health and other disciplines.
PISC is your magazine. We'd love to hear from you!

We invite guest authors to submit pieces on a variety of topics, and welcome your submissions on prevention approaches, media reviews, and creative work like original art or poetry.

We would also like to feature highlights of your agency and the prevention work you are doing.

Direct submissions to prevention@wcsap.org