

PRIMARY PREVENTION OF SEXUAL VIOLENCE AMONG CHILDREN

Children (those under the age of 18) are an especially vulnerable population when it comes to sexual violence. In a nationally representative sample, the prevalence of child sexual abuse was 10.1%; approximately three-quarters of the abused children were girls and one-quarter were boys (Pérez-Fuentes et al., 2013). Among female rape survivors, an estimated 40.4% were first raped before they were 18 and 12.1% before they were 11 (Breiding et al., 2014). Children are especially likely to be victimized by a family member or non-stranger, which increases the likelihood of another assault. About 35% of women who were raped as minors were also raped as adults compared with 14% of women without an early rape history (Black et al., 2011). In addition, adverse childhood experiences, including child sexual abuse and sexual violence, have been associated with a variety of health risk behaviors and outcomes in adulthood, including alcoholism, depression, smoking, suicide attempts, and heart disease (Basile & Smith, 2011; Felitti et al., 1998).

- Up to 48% of adolescent girls and up to 32% of adolescent boys have reported that their first sexual intercourse experience was forced (Harvey et al., 2007).
- It is extremely difficult for children to enforce boundaries when the person violating them is someone they likely know, love and trust, or is a respected person of authority (Caponera, 2014).
- Nearly one-third of sexual assault victims assisted by service providers in 2013 were under the age of 13 (Caponera, 2014).
- Researchers estimate that between 60% and 80% of victims of child sexual abuse do not disclose their abuse until adulthood, indicating that many may experience prolonged victimization or never receive treatment or services (Alaggia, 2010; Hébert, et al., 2009; Paine & Hansen, 2002).

Social Determinants: Social determinants of health include societal factors that contribute to health. For example, poverty may make it more difficult to avoid unsafe environments; social norms around gender roles, inequality, and expression are directly related to sexual violence (Bott, 2010); and norms of secrecy and privacy contribute to spousal sexual assault and child abuse (Davis et al., 2006). Community responses of disbelief and victim-blaming not only cause harm to survivors, but also perpetuate a permissive environment that allows for future perpetration. Programs that focus on victims protecting themselves, especially child victims, do not reduce victimization (Finkelhor, 2009). Only by changing the societal factors that permit sexual violence will we be able to substantially reduce sexual violence.

More than half (**53%**) of sexual assault survivors seeking services in New Mexico were under 18 years of age at the time of the assault.

(Caponera, 2014)

Based on data collected by service providers in 2013, **94%** of the time, the perpetrator in victimizations of children (< 18 years) was known to the child.

(Caponera, personal communication, 2015)

Among perpetrators known to child survivors, **54%** of the time the known perpetrator was a family member.

(Caponera, personal communication, 2015)

Evidence-Based and Promising Practices:

Research on prevention of sexual violence affecting children has provided some recommendations. We know that programs that focus on victims protecting themselves don't work (Finkelhor, 2009) and that the best way to stop sexual violence is through primary prevention strategies – preventing sexual violence before it occurs. Successful prevention efforts combine multiple strategies aimed at reducing risk factors for sexual violence perpetration and victimization related to cultural norms, beliefs and behaviors at the individual, relationship, community and society levels (Davis et al., 2006). Strategies may include programs, policies and environmental changes. Effective prevention programs are comprehensive; employ a variety of teaching methods; provide multiple sessions; are based in behavior-change theory; foster the development of positive relationships; are appropriately timed; and are developed in conjunction with the targeted community so practices are culturally and socially relevant (Nation et al., 2003).

- **Coaching Boys Into Men:** provides high school athletic coaches with training and resources to promote respectful behavior among their players and help prevent relationship abuse, harassment, and sexual assault.
<http://www.futureswithoutviolence.org/engaging-men/coaching-boys-into-men/>
- **Essentials for Childhood Framework:** evidence-based strategies to promote relationships and environments that help children grow up to be healthy and productive citizens.
<http://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html>
- **Safe Church:** gives churches the tools to equip and inspire individuals within the congregational culture to be proactive in preventing child sexual abuse in the church and community.
<https://www.safechurch.com/ChildrenYouth/Pages/default.aspx?cat=Children+%26amp%3b+Youth+Safety>

- **Safe Dates:** prevents dating abuse by educating teens about the difference between caring, supportive relationships and controlling, manipulative, or abusive dating relationships.
<http://www.hazelden.org/web/public/safedates.page>
- **Shifting Boundaries:** addresses sexual harassment and dating violence in middle schools through environmental strategies.
<http://www.nij.gov/topics/crime/intimate-partner-violence/teen-dating-violence/documents/shifting-boundaries-all-schools.pdf>
- **Start Strong:** promotes healthy relationships among 11- to 14-year-olds and identifies promising ways to prevent teen dating violence.
<http://startstrong.futureswithoutviolence.org/about/>

Research continues on effective sexual violence prevention programming and policies. Go to <http://www.cdc.gov/violenceprevention/sexualviolence/index.html> for the most up-to-date information.

Gaps:

- More rigorous studies on long-term outcomes associated with prevention programs
- More studies on effects of prevention programs on perpetration rates
- More studies on child sexual violence prevention in under-resourced communities (e.g. poor, rural, Native American, immigrants and refugees, LGBTQ people)
- More research on intergenerational child sexual violence prevention
- More data collection on child sexual abuse in foster and other out-of-home placements and research on effective prevention strategies within these settings

Community Resources:

New Mexico Rape Crisis Centers and Mental Health Center Sexual Abuse Program Coordinators: Contact for individual centers and for prevention efforts around the state can be found at the New Mexico Coalition of Sexual Assault Programs website:
<http://nmcsap.org/>

“You can't make children responsible for preventing sexual violence, you can't make victims responsible for their assault.”

- Focus Group Participant