

Arkansas Act 1298 of 2013



**Report from the Arkansas Task Force for the Prevention
Through Education of Child Sexual Abuse**

September, 2014

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Summary of Recommendations

Recommendation 1 – The Task Force recommends all schools implement a child sexual abuse prevention program for students in Kindergarten through Grade Five (page 6).

Recommendation 2 – The Task Force recommends all schools implement programs that align with the *Critical Elements of Child Sexual Abuse Prevention Programs*, Attachment 1 (page 6).

Recommendation 3 – The Task Force recommends all schools continue to meet the minimum professional development legal requirements of the Child Maltreatment Act, Ark. Code Ann. § 12-18-101 et. seq. and provide appropriate professional development to fully implement the selected child abuse prevention program (page 8).

Recommendation 4 – The Task Force recommends all schools implement programs that encourage parental and/or caregiver involvement and provides materials to parents and/or caregivers that reinforce the concepts being taught in school (page 10).

Recommendation 5 - The Task Force recommends that mental health providers to child sexual abuse victims within schools be trained in Trauma-Focused Cognitive Behavioral Therapy (TFCBT) or Cognitive-Based Intervention for Trauma in Schools (CBITS) (page 11).

Recommendation 6 - The Task Force recommends that information about services be provided, if requested, to the caregivers of a child sexual abuse victim and/or to the school personnel that reported the abuse (page 12).

Recommendation 7 - The Task Force recommends consideration for community-based programs to educate all adults about the actions they can take to prevent, recognize and react responsibly to child sexual abuse (page 13).

Recommendation 8 – The Task Force recommends continuation of The Arkansas Task Force for the Prevention Through Education of Child Sexual Abuse beyond May 1, 2015, with semi-annual meeting requirements (page 13).

Recommendation 9 – The Task Force recommends that its role be expanded to include child sexual abuse prevention program recommendations for both younger and older children (page 13).

Recommendation 10 - The Task Force recommends that funding be made available to support the implementation of child sexual abuse prevention programs in the public schools (page 13).

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Section I: Background Information

During the 89th General Assembly Representatives Baines, C. Armstrong, Fite, Gossage, Julian, Richey, Sabin and Wardlaw and Senator J. Key supported Act 1298, an Act to create the Arkansas Task Force for the Prevention through Education of Child Sexual Abuse; to study “Erin’s Law” and for other purposes.

The Task Force was assembled to gather information concerning the prevalence of child sexual abuse throughout Arkansas; receive reports and testimony from individuals, state and local agencies, community-based organizations, and other public and private organizations; and make recommendations to the Governor, the Speaker of the House of Representatives, the President Pro Tempore of the Senate, and the State Board of Education regarding curricula directed at preventing child sexual abuse through education.

The Task Force Membership Included:

- (1) The Commissioner of Education, or his or her designee – Deborah Coffman, Chief of Staff, Arkansas Department of Education;
- (2) The Director of the Division of Children and Family Services of the Department of Human Services, or his or her designee – Cecile Blucker, Director, Division of Children and Family Services;
- (3) The Director of the Department of Arkansas State Police, or his or her designee – Captain Ron Stayton, Commander, Crimes Against Children Division;
- (4) One (1) member appointed by the Governor – Dr. Karen Hollenbeck, Principal, St. Boniface Catholic School, Fort Smith, Arkansas;
- (5) One (1) member appointed by the Speaker of the House of Representatives – Dr. Karen Farst, University of Arkansas for Medical Sciences Center for Children at Risk;
- (6) One (1) member appointed by the President Pro Tempore of the Senate – Ms. Liz Yates, Certified Spanish Interpreter;
- (7) The Executive Director of the Arkansas Association of Educational Administrators, or his or her designee – Ms. Tita DeVore, President, Arkansas Association of Special Education Administrators;
- (8) The Executive Director of the Arkansas School Boards Association, or his or her designee – Ms. Kristen Craig Garner, Staff Attorney, Arkansas School Boards Association;
- (9) The Executive Director of the Arkansas Education Association, or his or her designee – Ms. Deborah K. West, District XI Representative, Arkansas Education Association;
- (10) The Executive Director of the Arkansas Rural Education Association, or his or her designee – Mr. Darin Beckwith, Vice President, Arkansas Rural Education Association;
- (11) A representative from Arkansas Advocates for Children and Families – Ms. Jennifer Ferguson, Deputy Director, Arkansas Advocates for Children and Families;

- (12)A representative from Arkansas Children’s Hospital – Dr. Rachel Clingenpeel, Arkansas Children’s Hospital;
- (13)A representative from the Arkansas Child Abuse and Neglect Prevention Board – Ms. Sherri Jo McLemore, Director, Arkansas Children’s Trust Fund;
- (14)A representative from the Arkansas Prosecuting Attorneys Association – Mr. Blake Batson, Board Member, Arkansas Prosecuting Attorneys Association;
- (15)A representative from the Arkansas Commission on Child Abuse, Rape, and Domestic Violence – Ms. Sherry Williamson, Child Abuse Project Coordinator, Arkansas Commission on Child Abuse, Rape, and Domestic Violence;
- (16)A representative from the Arkansas State Court Appointed Special Advocates Association – Ms. Mary Beth Luibel, Director, Arkansas State Court Appointed Special Advocates Association; and
- (17)A representative of the Children's Advocacy Centers of Arkansas – Stacy Thompson, Executive Director, Children's Advocacy Centers of Arkansas.

The Task Force elected Stacy Thompson as Chair. John Kaminar, ADE Curriculum Specialist for Physical Education and Health, served as staff for the task force.

The Task Force was required to meet not less than four (4) times per year. The task force met on the following dates:

- September 19, 2013
- October 22, 2013
- November 14, 2014
- January 23, 2014
- April 17, 2014
- June 25, 2014
- July 17, 2014

“Erin’s Law” was studied by the Task Force. “Erin’s Law” is named after Erin Merryn, activist, author, and founder of the Illinois-based nonprofit organization, Erin’s Law. The organization’s mission is to require age-appropriate sexual abuse prevention education in all public schools, Pre-kindergarten through Grade 12 and provide training to school staff on the prevention of child sexual abuse.

Members of the Task Force collaborated to submit this report.

**Section II:
Findings of the Task Force Concerning
the Prevalence of Child Sexual Abuse in Arkansas**

Definition of Sexual Abuse:

Child sexual abuse is any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and non-touching behaviors, and may involve a clothed or unclothed victim. Touching behaviors may involve touching of the genitals (such as vagina or penis), breasts or buttocks; oral-genital contact; or sexual intercourse. Non-touching behaviors can include voyeurism (trying to look at a child’s naked body), exhibitionism, or exposing the child to pornography. Abusers often do not use physical force, but may use play, deception, threats, or other forms of coercion to engage children and maintain their silence.

Captain Ron Stayton of the Crimes Against Children Division of Arkansas State Police provided the following statistics from the Arkansas Children’s Reporting Information System covering the time period January 2013 – June 30, 2014.

SEXUAL ABUSE INCIDENTS REPORTED

	Indecent Exposure	Oral Sex	Pornography	Sexual Contact	Sexual Exploitation	Sexual Penetration	Voyeurism	Total
2013	226	463	228	3,311	230	1,471	87	6,016
JAN-JUNE 2014	103	221	127	1,444	113	565	24	2,597
TOTAL	329	684	355	4,755	343	2,036	111	8,613

These statistics represent allegations made of a sexual nature, not the number of children involved in a reported case of abuse. Each case of abuse reported may involve numerous allegations. Approximately 42% of the above allegations were substantiated.

Because it is likely that many cases of child sexual abuse are never reported, the actual number of victims is unknown. Nationally, about 1 in 4 girls and 1 in 20 boys will be sexually abused during childhood (Finkelhor, 2014).

Section III:
**Recommendations of the Task Force Toward Adopting and Implementing
Age-appropriate Curricula for Students in Kindergarten Through Grade Five
(K-5) Concerning Child Sexual Abuse Prevention**

Research and Information Regarding the Efficacy of Child Sexual Abuse Prevention Programs: While the Task Force was unable to locate studies based on strong research designs that conclusively prove educational programs for children can prevent child sexual abuse before any occurrence, the Task Force did find a variety of empirical findings to support the concept of teaching sexual abuse prevention information to children. The most positive outcomes noted were:

- Increased disclosures from youth who had previously been abused;
- Program-exposed youth were less likely to blame themselves in the wake of victimization; and
- Bystanders of abuse were more often mobilized to take action.

Critics have raised concerns that these programs place the burden of protection directly onto children. Furthermore, critics argue that it is unrealistic to expect children to protect themselves from adults who have more power and authority. The Task Force members are aware of these criticisms and believe that adults must bear the primary responsibility for protecting children from sexual abuse. Although children should not be given the sole responsibility for sexual abuse prevention, the Task Force members agree it is morally reprehensible not to equip children with the skills to protect themselves. As an example, adult drivers are responsible for protecting children on bicycles from collisions with automobiles; yet children must be provided with helmets and taught rules of road safety.

School-based programs offer some of the best solutions for preventing child sexual abuse:

- School-based education programs have been more fully evaluated than any other prevention strategies.
- School-based education programs have proven to be a successful primary prevention strategy in other domains, such as bullying, substance abuse and delinquency.
- School-based education programs appear to be an efficient and non-stigmatizing delivery system for addressing multiple forms of child sexual abuse, including adult-on-child abuse, peer-on-peer abuse, and adult-on-teen statutory sex offenses.
- School-based education programs are efficient at addressing a variety of prevention goals. In addition to providing avoidance skills to potential victims, they can provide deterrence messages for potential offenders and assistance skills for potential bystanders. They also are well suited to promote reporting by victims.
- Although it would be possible to design other delivery systems for prevention messages, such as advertising and websites, the reality is that schools are a well-established venue for

delivering such prevention messages; they have access to nearly the entire universe of children and families.

After reviewing the available research and literature on the subject, the Task Force believes that prevention programs designed for children are an important part of a multifaceted approach to preventing child sexual abuse and should be implemented widely in our state.

Current Requirements of Arkansas School Districts: Arkansas School Districts are required to implement the Physical Education and Health Grades K-8 Curriculum Frameworks, Revised 2011.

[http://www.arkansased.org/public/userfiles/Learning_Services/Curriculum%20and%20Instruction/Frameworks/PE%20Health/Physical Education and Health K 8.pdf](http://www.arkansased.org/public/userfiles/Learning_Services/Curriculum%20and%20Instruction/Frameworks/PE%20Health/Physical_Education_and_Health_K_8.pdf).

Recommendation 1 - The Task Force recommends all schools implement a child sexual abuse prevention program for students in Kindergarten through Grade Five.

The Task Force recognizes that there is great diversity in the available resources, personnel, schedules, student populations and policies at school districts across the state. Therefore, decisions on how to implement a child sexual abuse prevention program should remain in the local control of each district. However, the matter of child sexual abuse is a complex and sensitive subject. Factors to consider when implementing a prevention program are:

- Sexual abuse programs tend to promote disclosure rather than prevention.
- Children should never be made to feel as if abuse was their fault in any way. Children often feel guilty about both the abuse and reporting it.

The Task Force reviewed the known research and best practices recommended by experts in the field of child sexual abuse prevention. Based on the research, the Task Force developed a set of critical elements to help educators design a sexual abuse prevention program that is effective and based on known evidence. The Task Force further recommends the guide be shared with all Arkansas school districts.

Recommendation 2 – The Task Force recommends all schools implement programs that align with the *Critical Elements of Child Sexual Abuse Prevention Programs, Attachment 1.*

In addition to the critical elements included in the guide, the task force has included a list of child sexual abuse prevention programs for consideration (Attachment 2). Each program has been reviewed and aligns with the majority of the critical elements. The list is not meant to be exhaustive and does not include all possible programs. Educators should evaluate all potential programs of instruction as to how closely programs align with the critical elements before the potential programs are used in the classroom.

The following critical elements for child sexual abuse prevention programs should be considered:

1. The program is research-based, evidence-informed and has a level of demonstrated effectiveness, and is aligned to the appropriate strands in the Arkansas Curriculum Frameworks for Physical Education and Health in Grades K-8.
2. The program is culturally sensitive and adaptable for use within varying school contexts (age, race, gender, special needs, etc.).
3. The program is developmentally appropriate for each grade level, K-5, and uses developmentally appropriate language and developmentally appropriate definitions of private body parts.
4. The program teaches children to recognize child sexual abuse (safe touches, unsafe touches, and unwanted touches).
5. The program teaches personal body rights and boundaries.
6. The program uses a rules-based approach to personal safety, rather than a feelings-based approach.
7. The program teaches the concept that inappropriate touch can occur with someone the child knows well or with someone the child has never met.
8. The program equips children with specific skills to reduce their vulnerability to sexual abuse.
9. The program encourages children to report sexual abuse and to keep reporting until someone takes action to help them. It teaches children how to identify trusted adults to tell.
10. The program involves children as active learning participants using stimulating and varied presentation materials that address different learning styles. Most importantly, the program provides opportunities for role playing and allows children to rehearse the prevention strategies they are taught. The program includes visual aids that can be used to reinforce the concepts learned within the prevention program.
11. The program includes more than one session, ideally, at least four sessions, and should be conducted annually, building on skills learned the previous year.
12. A child sexual abuse prevention program may be part of an overall health and safety program. The educational content may extend beyond a discussion of safe or unsafe touches and include topics such as assertiveness, decision making and problem solving skills.

**Section IV:
Recommendations of the Task Force Concerning the Trainings of Licensed and
Classified School Personnel on the Prevention and Detection of
Child Sexual Abuse**

Existing Professional Development Requirements: Pursuant to the Arkansas Department of Education Emergency Rules Governing Professional Development, effective until October 30, 2014, all licensed Arkansas educators are required to obtain two (2) hours of professional development in recognizing the signs and symptoms of child maltreatment; the legal requirements of the Child Maltreatment Act, Ark. Code Ann. § 12-18-101 et. seq., and the duties of mandated reporters under the Act; methods for managing disclosures regarding child victims; and methods for connecting a victim of child maltreatment to appropriate in-school services and other agencies, programs, and series needed to provide the child with the emotional and educational support the child needs to continue to be successful in school. The child maltreatment professional development required under this section shall be based on curriculum approved by the Arkansas Child Abuse/Rape/Domestic Violence Commissioner and may be obtained in-person or online. http://www.arkansased.org/public/userfiles/rules/Current/ADE_207_PD_Rules_EMERGENCY_RULE_041014.pdf

Currently, Arkansas IDEAS <http://ideas.aetn.org> offers the following online course to licensed Arkansas educators: **IDEAS: Act 1236 of 2011: Child Maltreatment**

This course meets the requirements of Act 1236 of 2011. This course features Sherry Williamson from the Arkansas Commission on Child Abuse, Rape and Domestic Violence. Ms. Williamson explains the requirements of the Child Maltreatment Act. She discusses the physical and behavioral indicators of physical abuse, neglect, and sexual abuse. Ms. Williamson also provides tips for legally mandated reporting and suggestions for managing disclosures from children. This course meets Domain 4: Professional Responsibilities, 4f Showing Professionalism, of the Teacher Excellence and Support System.

It is suggested by the Task Force that additional online courses related to the various aspects of child maltreatment and reporting be created to provide further learning opportunities to licensed Arkansas educators. The Task Force further suggests that all professional development should be made available to all licensed and non-licensed school personnel regarding the warning signs of child sexual abuse and mandated reporter requirements.

Recommendation 3 - The Task Force recommends all schools continue to meet the minimum professional development legal requirements of the Child Maltreatment Act, Ark. Code Ann. § 12-18-101 et. seq. and provide appropriate professional development to fully implement the selected child abuse prevention program.

The following critical elements as related to professional development should be considered:

1. Professionals delivering the prevention program have been trained to implement the selected program.
2. Instructors of the program understand the importance of confidentiality and mandated reporting issues. Instructors also inform children about mandated reporting issues.
3. Instructors delivering the prevention program have thorough knowledge of child sexual abuse and have received training on the topic and curricular program being used.
4. Instructors delivering the prevention program have been trained on how to respond appropriately to disclosures from children.
5. All personnel at the school should receive training on talking to students about child sexual abuse prevention, effects of child sexual abuse on children, handling disclosures, and mandated reporting.

**Section V:
Recommendations of the Task Force Concerning the Training of Parents and
Caregivers on the Warning Signs of Child Sexual Abuse**

Educating parents about child sexual abuse is a sensitive issue. While it is possible to make materials and programs available to parents, it is possible only under very limited circumstances to require that parents be educated about issues of child sexual abuse. The following points represent particular challenges:

- Parental discomfort with the prospect of their children receiving education on sexual abuse by school faculty or staff;
- Parental objections to the particular instructional materials chosen by a district;
- The possibility that a child has been victimized by members of his/her own family;
- Providing education to parents who are non-native speakers of English; and
- A cycle of abuse may exist in which the parent(s) of alleged abuse victims have been victimized themselves thereby complicating intervention.

Recommendation 4 – The Task Force recommends all schools implement programs that encourage parental and/or caregiver involvement and provides materials to parents and/or caregivers that reinforce the concepts being taught in the school.

Schools have many media at their disposal to reach out to parents. Besides conventional methods such as handouts, newsletters, and parent-teacher conferences to educate and inform parents; schools may use economical devices such as web pages, e-newsletters, listservs, and social media such as Facebook and Twitter. Schools may also choose to include this information in their parent center and in their annual parental involvement plan. Key to parental acceptance of any program to educate children about sexual abuse will be for schools to ensure that parents have free access to all materials and information that will be used and provided to the students.

The following critical elements concerning the training of parents and caregivers should be considered:

1. The program includes a component that encourages parental and/or caregiver involvement within the child sexual abuse prevention program.
2. Take home materials on the subject are available for parents and/or caregivers and reinforce the concepts being taught to the children in school.

**Section VI:
Recommendations of the Task Force for the Emotional and Educational Support
for Victims and Reporters of Child Sexual Abuse**

The issue of providing educational and emotional support in a school setting to victims of abuse is complex. While there is no systematic way or statutory system to identify or get help for a victim of sexual abuse, much can still be done. This is especially true at the elementary school level, where the curriculum is more child-centered and a single teacher typically works with the same group of students in a self-contained class.

As many as one in four adolescents may have been subjected to some form of trauma during their lifetime, including sexual abuse. Due to this potentially high number of trauma victims, it was suggested to the Task Force that every child referred to a mental health provider for mental health or behavioral problems should be screened for past trauma. If the trauma causes a condition considered to be a handicap, the student may qualify for a special education (504) plan, which entitles the student to receive additional services through the school.

Recommendation 5: The Task Force recommends that mental health providers to child sexual abuse victims within schools be trained in Trauma-Focused Cognitive Behavioral Therapy (TFCBT) or Cognitive-Based Intervention for Trauma in Schools (CBITS).

It is strongly encouraged by the Task Force that providers of mental health services to victims of sexual abuse be trained in Trauma-Focused Cognitive Behavioral Therapy (TFCBT) or Cognitive-Based Intervention for Trauma in Schools (CBITS). Within the State of Arkansas, trauma-focused training is offered by the ARBEST (Arkansas Building Effective Strategies for Trauma) program through the University of Arkansas for Medical Sciences. <http://www.uams.edu/arbest/arbest.pdf>

It is vital to provide students the appropriate therapy to help prevent the child from being re-victimized or from possibly becoming a perpetrator herself/himself. Student perpetrators of sexual abuse may have been victims themselves.

These services cannot necessarily be provided by school personnel. While the school's counseling staff often serves as the first line of support a student will receive, school counselors are primarily educators, not mental healthcare providers.

It is important to make mental health services available to students. Schools may opt to support a school-based mental health clinic which may include a mental health care provider offering services to students on campus, referring students to an off-campus facility for services, or some combination of the two.

Schools will confront several challenges as they provide educational and emotional support to victims. These include but are not limited to the following:

- Working with families that are not receptive to a referral, forcing the school to file a petition to have the court order the treatment;
- Addressing situations in which the victim and the perpetrator may be in the same class. This may be especially challenging in smaller districts where there are fewer opportunities to separate students into different classes;
- Preventing contact between victims and perpetrators outside of regular class hours; and
- Managing situations in which the victim and perpetrator are students from different districts or counties can be very complicated, in part because districts may not handle situations by the same protocol.

Recommendation 6 - The Task Force recommends that information about services be provided, if requested, to the caregivers of a child sexual abuse victim and/or to the school personnel that reported the abuse.

The following critical elements concerning the provision of support should be considered:

1. Schools should be able to provide information regarding available family-assistance resources within and near their communities to parents and/or caregivers of sexual abuse victims upon request. Possible sources of assistance to families are offered in Attachment 3 to this report.
2. Support should be provided to district or school personnel upon request after making a report of sexual abuse of a child. Personnel should be encouraged to contact their own insurance provider regarding counseling or mental health services, which may be offered at no cost or minimal cost as part of their health insurance coverage.

Section VII: Additional Recommendations of the Task Force

Additional Recommendations of the Task Force:

Recommendation 7 – The Task Force recommends consideration for community-based programs to educate all adults about the actions they can take to prevent, recognize and react responsibly to child sexual abuse.

Prevention programs designed for children are only one component of a successful community effort to prevent child sexual abuse. The Task Force recommends consideration of programs to educate adults about the actions they can take to prevent, recognize and react responsibly to child sexual abuse. All Arkansans should be encouraged to speak out about child sexual abuse warning signs and report suspected abuse as soon as possible to appropriate authorities. It is imperative that child sexual abuse be stopped immediately.

Recommendation 8 – The Task Force recommends continuation of The Arkansas Task Force for the Prevention Through Education of Child Sexual Abuse beyond May 1, 2015, with semi-annual meeting requirements.

The Task Force believes the Department of Education and school districts across the state will need continued support and expertise from professionals in the field of child welfare in order to successfully implement programs in the schools.

Recommendation 9 – The Task Force recommends that its role be expanded to include child sexual abuse prevention program recommendations for both younger and older children.

The Task Force recommends implementation of a prevention program in licensed Arkansas childcare centers. In addition, the Task Force recommends the development of guidelines for sexual abuse prevention programs for Grades 6-12.

Recommendation 10 – The Task Force recommends that funding be made available to support the implementation of child sexual abuse prevention programs in the public schools.

The Task Force anticipates schools will need funds to purchase program and curricular materials as well as funds to support professional development activities.

Report submitted by:

Stacy O. Thompson, Chair

Arkansas Legislative Task Force for the Prevention through Education of Child Sexual Abuse

Date: September 18, 2014

Attachment 1

Critical Elements of Child Sexual Abuse Prevention Programs Arkansas Task Force for the Prevention Through Education of Child Sexual Abuse

Introduction

In its September 2014 report, The Arkansas Task Force for the Prevention Through Education of Child Sexual Abuse recommended that all public schools implement a child sexual abuse prevention program for students in Kindergarten through Grade Five (K-5) in order to effectively address the issue of child sexual abuse that exists within Arkansas. The Task Force reviewed the known research and best practices recommended by experts in the field of child sexual abuse prevention. Based on that research, the Task Force developed a set of critical elements to help educators design or select a sexual abuse prevention program that is effective and based on known evidence.

The Task Force recognizes that there is great diversity in the available resources, personnel, schedules, student populations, and policies at school districts across the state. Therefore, decisions on how to implement a child sexual abuse prevention program should remain in the local control of each district. The matter of child sexual abuse is a complex and sensitive subject. Educators are strongly encouraged to familiarize themselves with all of the recommendations included in this guide and to implement their program in alignment with all the critical elements when possible.

In addition to the critical elements included in the guide, the Task Force has included a list of programs for consideration (Attachment 2). Each program has been reviewed and aligns with the majority of the critical elements. Educators should evaluate all potential programs of instruction as to how closely programs align with the critical elements before the potential programs are used in the classroom. Attachment 3 is a listing of statewide program vendors and assistance agencies recommended by the Task Force.

The Critical Elements of Educational Programs:

- 1. The program is research-based, evidence-informed, has a level of demonstrated effectiveness, and is aligned to the appropriate strands in the Arkansas Curriculum Frameworks for Physical Education and Health in Grades K-8.**

The Task Force recognizes that research is limited on the efficacy of child sexual abuse prevention programs. However, it is important for schools to implement programs that include an evidence-based curriculum representative of current best practices in the field of child sexual abuse prevention. A list of recommended programs is included in this guide.

The educational program should be aligned to the appropriate standards within the Health and Wellness strand of the Arkansas Curriculum Frameworks for Physical Education and Health in Grades K-8. The standards are available on the Arkansas Department of Education website: http://www.arkansased.org/divisions/learning-services/curriculum-and-instruction/frameworks/curriculum_categories/physical-education-and-health.

2. The program is culturally sensitive and adaptable for use within varying school contexts (age, race, gender, special needs, etc.).

The program should reflect the population being served. An individual's willingness to learn is inherently tied to the congruence of the educational materials being presented and the cultural values, beliefs, preferences and experiences of the individual. Educators should also be aware that some cultural beliefs might conflict with a sexual abuse curriculum. For example, some cultures hold a stringent belief that children should not question adults, and most sexual abuse prevention curricula teach children the right to say "no" to an adult's unwanted touch. Educators should be prepared to discuss these types of differences.

3. The program is developmentally appropriate for each grade level, K-5, and uses developmentally appropriate language and developmentally appropriate definitions of private body parts.

When teaching touching safety rules, educators will have to decide what terminology to use for private body parts. It is recommended that educators use anatomically correct names. For boys, the private body parts are the penis in the front and the buttocks, or bottom, in the back. For girls, the private body parts are the vulva, vagina, and breasts in the front and the buttocks, or bottom, in the back. Educators are discouraged to use euphemisms or other "nick names" for private body parts. By using the anatomically correct terms in a natural, matter-of-fact way, educators will help children learn to communicate accurately and unambiguously about their bodies and any touching problems they may have.

Some communities and schools will find these terms uncomfortable or difficult – especially with younger children. In those instances, it is recommended that educators refer to private body parts as "those parts of the body covered by a bathing suit." Educators will need to decide which approach is most appropriate for their classroom and community.

4. The program teaches children to recognize child sexual abuse (safe touches, unsafe touches, and unwanted touches).

Children must be taught the difference between safe touches (like hugs), unwanted touches (like tickling), and unsafe touches (fondling of their private parts). Evidence shows that children are able to clearly grasp these complex concepts (Finkelhor, 2009). Furthermore, researchers have shown that exposure to this type of information does not make children more likely to misinterpret appropriate physical contact or make false allegations.

5. The program teaches personal body rights and boundaries.

A major component of most sexual abuse prevention program is that children own and can control access to their bodies. Children are taught that there are appropriate times for an adult to

touch their bodies (like during a medical exam) but that the remainder of the time they have a right to say “no” to unsafe or unwanted touches.

6. The program uses a rules-based approach to personal safety, rather than a feelings-based approach.

Research indicates that young children are more successful in applying a rules-based, rather than a feelings-based, approach to safety. A child’s feelings about inappropriate touch can be confusing - especially if someone they like or love did the touching. The inappropriate touch may even feel pleasant to the child or they may enjoy the increased attention from an adult. The approach that teaches young children to use their feelings as a guide to determine whether a situation is unsafe has been proven ineffective. When children are taught to use a safety rule as the primary decision-making tool, they demonstrate a greater ability to recognize unsafe situations (Wurtele, Kast, Miller-Perrin, and Kondrick, 1989).

7. The program teaches the concept that inappropriate touch can occur with someone the child knows well or with someone the child has never met.

It is essential for educators to understand that approximately 90% of children who are victims of sexual abuse know their abuser and approximately 30% of children who are sexually abused are abused by family members. Only 10% of sexually abused children are abused by a stranger (Finkelhor, 2012). Since the majority of child molesters are people known to the child, the focus should not be overly centered on “stranger danger.”

Additional facts about sexual abuse: The younger the victim, the more likely it is that the abuser is a family member. Of those molesting a child under six, 50% were family members. Family members also accounted for 23% of those abusing children ages 12 to 17. Approximately 60% of children who are sexually abused are abused by people the family trusts (D2L.org, 2000).

8. The program equips children with specific skills to reduce their vulnerability to sexual abuse.

The program must teach children specific skills to avoid unsafe situations. It should teach them how to refuse approaches and invitations, how to break off interactions, and how to summon help. (Say “no,” get away and tell someone.)

9. The program encourages children to report sexual abuse and to keep reporting until someone takes action to help them. It should teach children how to identify trusted adults to tell.

The goal of sexual abuse prevention education is not only to teach resistance behavior, but also to promote disclosure of past abuse. The educational program may reach some children after abuse has already occurred so the program should encourage them to report any past abuse. Children may be afraid that disclosure will hurt others they love (not just the abuser). Often times, untrained adults will not believe a child’s disclosure or will not know how to handle the situation. Children should be taught to continue telling their story until someone takes action to help them stop the abuse. Additionally, children should be taught how to identify trusted adults who can help them in case they need to disclose abuse in the future.

- 10. The program involves children as active learning participants using stimulating and varied presentation materials that address different learning styles. Most importantly, the program provides opportunities for role-playing and allows children to rehearse the prevention strategies they are taught. The program includes visual aids that can be used to reinforce the concepts learned within the prevention program.**

Programs incorporating more active modes of teaching (modeling, rehearsal, and reinforcement) have resulted in greater gains in knowledge and skills than those employing a didactic approach. Resistance skill scores are higher when children participate in active-learning programs that provide multiple opportunities for children to practice the skills during the program (Davis & Gidycz, 2000).

- 11. The program includes more than one session; ideally, at least four sessions, and should be conducted annually, building on skills learned the previous year.**

In general, one-time presentations focused on personal safety, such as single puppet shows or video presentations, have been found to be ineffective in teaching children personal safety skills (Davis and Gidycz, 2000). "Dosage matters" and repeated exposure to cognitive and affective messages increase the likelihood of effecting change. The more sessions delivered, the greater the impact on children.

- 12. A child sexual abuse prevention program may be part of an overall health and safety program. The educational content may extend beyond a discussion of safe or unsafe touches and include topics such as assertiveness, decision making and problem solving skills.**

Schools often receive appeals to add content to their already-full curriculum. Certainly there is overlap in many of the skills that these programs teach—refusal, help seeking, emotion management, and decision-making. Sexual abuse prevention may be part of an overall, comprehensive health and safety program.

The Critical Elements of Professional Development for Educators and School Personnel:

- 13. Professionals delivering the prevention program have been trained to use the selected program.**

Due to the complexity of the issue, districts are encouraged, when possible, to select professional personnel who can specialize in the area of child sexual abuse prevention (such as counselors) rather than asking classroom teachers to assume the program as part of their everyday responsibilities.

Once districts have chosen a prevention program and the personnel who will deliver the program, it is important to seek appropriate training opportunities. Schools may choose to solicit training and ongoing support from outside agencies with expertise in child sexual abuse prevention that has been approved by the Arkansas Department of Education. Suggested vendors for this training and support are included in Attachment 3.

14. Instructors of the program understand the importance of confidentiality and mandated reporting issues. Instructors also inform children about mandated reporting issues.

School faculty and staff must understand that they are mandated reporters of suspected maltreatment and are required to call the child maltreatment hotline, 1-800-482-5964. At the same time, educators must understand the need to keep the child's information confidential except as required for reporting. Mandated reporter training is available on Arkansas IDEAS <http://ideas.aetn.org>. More information about the hotline is available at: <http://humanservices.arkansas.gov/Pages/Hotlines.aspx>.

When teaching sexual abuse prevention content, there is always the potential that a child will disclose that he or she is being abused. It is important to inform children that some things they say may have to be told to others in order to keep the child safe from further abuse.

15. Instructors delivering the prevention program have thorough knowledge of child sexual abuse and have received training on the topic and curricular program being used.

Training in the following areas is recommended for those delivering the program: (a) signs and symptoms of child sexual abuse; (b) short- and long-term effects on children; (c) facts and statistics about perpetrators; and (d) legal and ethical reporting responsibilities.

16. Instructors delivering the prevention program have been trained on how to respond appropriately to disclosures from children.

Once a child makes the decision to tell someone about maltreatment, the reaction of the person they tell may impact whether the child feels comfortable continuing to tell or whether the child shuts down. This training is particularly important for the professionals who are delivering the program. They must know how to respond in a manner that invites further disclosure and lets the child know he or she did the right thing to tell. Educators are encouraged to check the Arkansas IDEAS website, <http://ideas.aetn.org>, for professional development opportunities beyond the basic mandated reporter training.

17. All personnel at the school should receive training on talking to students about child sexual abuse prevention, effects of child sexual abuse on abused children, handling disclosures, and mandated reporting.

In order to create an overall environment of safety, ALL personnel at the school should be trained about child sexual abuse. The training should not be limited to only teachers and administrators. Children may disclose abuse at any time and with any adult they trust. All adults should learn to recognize signs of abuse and be prepared to handle a disclosure of abuse.

The Critical Elements of Parental and/or Caregiver Involvement:

18. The program includes a component that encourages parental and/or caregiver involvement within the child sexual abuse prevention program.

The most effective prevention programs are those in which caregivers are actively involved (Topping & Barron, 2009). Children can be taught skills that will help protect them from

molesters, but they cannot be expected to always be able to protect themselves. Parents and caregivers need to be actively involved in creating a safe environment for their children. Some programs even encourage schools to host a parent meeting to inform them of the skills and information being taught to their children and to address any concerns the parents might have with this sensitive subject.

19. Take home materials on the subject are available for parents and/or caregivers and reinforce the concepts being taught to the children in school.

This component should inform caregivers about child sexual abuse topics including, but not limited to, characteristics of offenders, grooming behaviors, how to discuss this topic with their children, how to report child abuse, and how to support their child and other children in the family when abuse has occurred.

The Critical Elements for Supporting Victims of Sexual Abuse and Their Caregivers:

20. Information and support should be provided to parents and/or caregivers upon request if their child discloses sexual abuse.

Some parents may not know where to turn for support once their child has disclosed sexual abuse. Schools should be prepared to make referrals for support and treatment of the child. Some suggested resources are included in Attachment 3.

21. Support should be provided to district or school personnel upon request after making a report of sexual abuse of a child.

Having to report the sexual abuse of a child can be very stressful for the educator as well. Districts should provide supportive services to educators to help them deal with their own emotions regarding the situation. It is suggested that school personnel contact their own insurance provider regarding counseling or mental health services, which may be offered at no cost or minimal cost as part of their health insurance coverage.

References – Attachment 1

Critical Elements of Child Sexual Abuse Prevention Programs

Davis, M. K., & Gidycz, C. A. (2000). Child sexual abuse prevention programs: A meta-analysis. *Journal of Clinical Child Psychology*, 29(2), 257–265.

Finkelhor, David. "The Prevention of Childhood Sexual Abuse." *The Future of Children* Fall 19.2 (2009): 17-182. Print.

Finkelhor, D. (2012). *Characteristics of crimes against juveniles*. Durham, NH: Crimes against Children Research Center.

Finkelhor, D., Shattuck A., Turner H. et al. The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault Assessed in Late Adolescence. *Journal of Adolescent Health* 2014; 55(3):329-333.

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

Whealin, J. (2007-05-22). "Child Sexual Abuse". National Center for Post Traumatic Stress Disorder, US Department of Veterans Affairs.

Wurtele, S. K., Kast, L., Miller-Perrin, C. L., & Kondrick, P. (1989). A comparison of programs for teaching personal safety skills to preschoolers. *Journal of Consulting and Clinical Psychology*, 57, 505–511.

Attachment 2

Recommended Child Sexual Abuse Prevention Programs Arkansas Task Force for the Prevention Through Education of Child Sexual Abuse

Introduction

As stated in the September 2014 report from the Arkansas Task Force for the Prevention Through Education of Child Sexual Abuse, a listing of recommended programs for consideration by Arkansas school districts is provided. This listing should be considered an accompaniment to the guide, *Critical Elements of Child Sexual Abuse Prevention Programs*, written by the Task Force (Attachment 1). Each program has been reviewed and aligns with the majority of the critical elements. The list is not meant to be exhaustive and does not include all possible programs, but is a helpful starting place. Educators should evaluate all potential programs of instruction as to how closely programs align with the critical elements before the potential programs are used in the classroom.

Recommended Programs for Consideration

Childhelp Speak Up, Be Safe

www.childhelp.org/SpeakUpBeSafe

Phone: 480.922.8212

Designed for presentation to Grades 1-6

A possible resource for assistance with this program in Arkansas is the Children's Advocacy Centers of Arkansas at www.CACArkansas.org.

Committee for Children, Talking About Touching: Personal Safety for Pre/K-Grade 3

<http://www.cfchildren.org/child-protection/talking-about-touching.aspx>

Phone: 800.634.4449

Designed for presentation to Grades Pre/K-Grade 3

A possible resource for assistance with this program in Arkansas is the Centers for Youth and Families at www.centersforyouthandfamilies.org.

KidSafe

www.KidSafeFoundation.org

Phone: 855.844.SAFE (7233)

Designed for presentation to Grades Pre/K-5

Safe at Last

www.besafeatlast.com

Phone: 615.259.9055

Designed for presentation to Grades K-6

Note

Another resource for economical programs, which incorporate many of the critical elements as determined by the Task Force, is the publication sponsored by the National Sexual Violence Resource Center entitled *Child Sexual Abuse Prevention: Programs for Children* found at www.nsvrc.org.

Attachment 3

Recommended Prevention Program Vendors and Statewide Assistance Agencies Arkansas Task Force for the Prevention Through Education of Child Sexual Abuse

Introduction

As stated in the September 2014 report from the Arkansas Task Force for the Prevention Through Education of Child Sexual Abuse, a listing of recommended prevention program vendors and statewide assistance agencies for optional contact by Arkansas school districts when implementing a child sexual abuse prevention program is provided. This listing should be considered an accompaniment to the guide, *Critical Elements of Child Sexual Abuse Prevention Programs*, written by the Task Force (Attachment 1). The list is a helpful starting place for resources. It is not meant to be exhaustive and does not include all possible sources of assistance. The following sources provide services free of charge or at minimal cost to school districts.

Recommended Sources

Arkansas Commission on Child Abuse, Rape, and Domestic Violence

www.accardv.uams.edu

Phone: 501-661-7975

Centers for Youth and Families

www.centersforyouthandfamilies.org

Phone: toll free 1.888.868.0023

Children's Advocacy Centers of Arkansas

www.CACArkansas.org

Phone: 501.286.1362

Community Mental Health Centers

<http://humanservices.arkansas.gov/Pages/servicesHome.aspx>

Crime Victims Reparations Board

<http://arkansasag.gov/programs/criminal-justice/crime-victim-reparations/>

Phone: 501.682.1020

University of Arkansas at Little Rock School of Social Work – MidSOUTH Training Academy

www.midsouth.ualr.edu

Phone: 501.569.3067

Arkansas Education Service Cooperatives

<http://www.arkansased.org/contact-us/education-service-cooperatives>

