

# MASOC PRACTICE UPDATE: Prevention and Progress



## **August 2020 MASOC NEWSLETTER** By Joan Tabachnick and David Prescott

### **Comprehensive Sexuality Education as a Primary Prevention Strategy for Sexual Violence Perpetration**

#### **BOTTOM LINE**

A comprehensive sexuality education K-12 program targeting risk factors for perpetration has the potential to prevent the initial perpetration of sexual violence early on in an individual's life.

#### **RESEARCH**

The authors, Madeline Schneider and Jennifer Hirsch, suggest, as others have done, that in order to see measurable reductions in sexual violence, the focal point of prevention efforts need to be directed towards those who cause the harm. Furthermore, the premise of this analysis is that K-12 comprehensive sexuality education (CSE), guided by the National Sexuality Education Standards (NSES) can help to prevent the perpetration of sexual violence as well as the more traditional goals of preventing unplanned teen pregnancy, HIV/sexually transmitted infections, and other adverse health outcomes.

The authors use the Tharp et.al. (2012) systemic review of risk and protective factors for sexual violence perpetration as the framework for their analysis. The risk factors identified are grouped into four general categories: 1) sex, gender, and violence; 2) child abuse; 3) sexual behavior; and 4) social and emotional intelligence. Like many of the frameworks directly related to perpetration (e.g., Malamuth's Confluence Model), each approach echoes the fact that no one single factor leads to sexual violence. In using Tharp's framework, the authors carefully identify the ways that a comprehensive sexuality education approach would address all of these identified risk factors.

A K-12 approach would mean early adoption (e.g., kindergarten) of the NSES and would offer an early opportunity to address many of the risk factors for perpetration which begin to form early in the life course. Although it was not mentioned in the article, some of this approach has already been incorporated into existing child sexual abuse prevention programs (e.g., no one has the right to touch you and you don't have a right to touch someone else). However, in a comprehensive sexuality education approach this could be expanded to ensure early, age appropriate education about giving and asking for consent.

Finally, the author's primary recommendation is to fund longitudinal research to examine the impact of a comprehensive sexual education approach on preventing the perpetration of sexual violence as well as other traditional sexual and reproductive health outcomes.

## **IMPLICATIONS FOR PROFESSIONALS**

These findings point to a simple fact that has too often gone without proper discussion: Kids need adequate education around sexuality. This education is likely to be most effective when it is comprehensive in nature, including helping children and adolescents to develop social and emotional intelligence. For professionals providing treatment to youth who have abused, this paper is further evidence that a focus on healthy sexuality (including an adequate fund of knowledge regarding sexual behavior) can be critical to the success of treatment. For many years, professionals focused on what children and adolescents were expected **not** to do. Given that all people of all ages are sexual beings in one way or another, this focus on who one can be or become is welcome. Ultimately, in our field, treatment of children and adolescents can be more effective when it focuses on goals that people can embrace rather than avoid, and a comprehensive focus on sexual health is an essential component to that paradigm.

## **IMPLICATIONS FOR THE FIELD**

At a time when programs often struggle to implement the most effective assessment and treatment approaches, this paper reminds us of the importance of remaining comprehensive in our approach to children and adolescents. Ultimately, our programs should help to raise kids in such a way that they can someday raise kids of their own.

Schneider and Hirsch acknowledge the successes of programs identified by DeGue et.al. in their 2014 study. However, some of the foundational work in our field by Gail Ryan advocates for a perpetration prevention focus and the more recent research that specifically documents reductions in perpetration behaviors could be added to this growing list and focus. In fact, the National Coalition to Prevent Child Sexual Abuse and Exploitation established Perpetration Prevention as one of the [six pillars of preventing child sexual abuse](#). Our field and the research with children and adolescents with problematic sexual behaviors could also be accessed to inform the growing research for perpetration prevention. While the authors also successfully pull from other fields (e.g., ethnography) to demonstrate the importance of including a more systemic approach to prevention, professionals specializing in treating sexually abusive behaviors have a great deal to offer these discussions.

## **CITATION:**

Schneider, M. & Hirsch, J.S. (2020). Comprehensive sexuality education as a primary prevention strategy for sexual violence perpetration. *Trauma, Violence and Abuse*. Vol. 21(3) 439-455. Doi: 10.177/1524838018772855.

## **ABSTRACT:**

Sexual violence (SV) represents a serious public health problem with high rates and numerous health consequences. Current primary prevention strategies to reduce SV perpetration have been shown to be largely ineffective—not surprisingly, since as others have pointed out current prevention largely fails to draw on existing knowledge about the characteristics of effective prevention. In this article, we examine the potential of K–12 comprehensive sexuality education (CSE), guided by the National Sexuality Education Standards (NSES), to be an effective strategy. Our discussion uses socioecological and feminist

theories as a guide, examines the extent to which NSES-guided CSE could both meet the qualities of effective prevention programs and mitigate the risk factors that are most implicated in perpetration behavior, and considers the potential limitations of this approach. We suggest that sequential, K–12 program has potential to prevent the emergence of risk factors associated with SV perpetration by starting prevention early on in the life course. CSE has not yet been evaluated with SV perpetration behavior as an outcome, and this article synthesizes what is known about drivers of SV perpetration and the potential impacts of CSE to argue for the importance of future research in this area. The primary recommendation is for longitudinal research to examine the impact of CSE on SV perpetration as well as on other sexual and reproductive health outcomes.