

DEVELOPMENTAL STAGES, AGES 5- 12

Ages	Emotional/Social	Thinking/Learning
5	<p>Concrete understanding of cause and effect.</p> <p>At the very early stages of critical thinking. Continue asking “why” questions frequently.</p> <p>Concepts of shame, pride, and guilt are fully formed.</p>	<p>Until this point most communication is through art, play, and body movement.</p> <p>Around this age children begin to become more verbal in expression.</p> <p>Language use is changed by outside the home influences, friends for example.</p>
6-8	<p>Shows more independence from parents and family.</p> <p>Starts to think about future.</p> <p>Understand more about their place in the world and within interpersonal relationships.</p> <p>Pays more attention to friendships and teams.</p> <p>Wants to be liked and accepted by friends.</p>	<p>Shows rapid development of mental skills.</p> <p>Learning better ways to describe experiences and talk about feelings.</p> <p>Has less focus self and more concern for others.</p>
8-11	<p>Start to form stronger, more complex friendships and peer relations. It becomes more emotionally important to have friends, especially of the same sex/gender expression.</p> <p>Experience more peer pressure.</p> <p>Become aware of their body as puberty approaches.</p> <p>Body image and eating disorders sometimes start.</p>	<p>Face more academic challenges.</p> <p>Become more independent from family.</p> <p>Begin to see other people’s point of view (empathy building).</p> <p>Increased attention span.</p>

Ages	Emotional/Social	Thinking/Learning
12	<p>Feel a lot of sadness or depression, which can lead to poor grades at school, alcohol and drug use, unsafe sex, and additional high risk behaviors.</p> <p>Show more concern about body image, look, and clothes.</p> <p>Focus on themselves: going back and forth between high expectations and lack of confidence.</p> <p>Experience moodiness.</p> <p>Express less affection toward parents sometimes might seem rude or short-tempered.</p> <p>Feel stress from more challenging school work.</p> <p>Develop eating problems.</p>	<p>Ability for complex thoughts.</p> <p>Better able to express feelings through talk.</p> <p>Develop stronger sense of right and wrong (leading to ideas of justice and injustice)</p>

This chart adapted from:

- "Child Development, Positive Parenting Tips". Centers for Disease Control
<http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/middle.html>
- "Talking with Kids". Public Broadcasting System Parents
http://www.pbs.org/parents/talkingwithkids/agebyage_5.html

40 Developmental Assets® for Children Grades K–3 (ages 5-9)

Search Institute® has identified the following building blocks of healthy development—known as **Developmental Assets**®—that help young people grow up healthy, caring, and responsible.

External Assets	Support	<ol style="list-style-type: none"> Family Support—Family continues to be a consistent provider of love and support for the child’s unique physical and emotional needs. Positive Family Communication—Parent(s) and child communicate openly, respectfully, and frequently, with child receiving praise for her or his efforts and accomplishments. Other Adult Relationships—Child receives support from adults other than her or his parent(s), with the child sometimes experiencing relationships with a nonparent adult. Caring Neighborhood—Parent(s) and child experience friendly neighbors who affirm and support the child’s growth and sense of belonging. Caring School Climate—Child experiences warm, welcoming relationships with teachers, caregivers, and peers at school. Parent Involvement in Schooling—Parent(s) talk about the importance of education and are actively involved in the child’s school success.
	Empowerment	<ol style="list-style-type: none"> Community Values Children—Children are welcomed and included throughout community life. Children as Resources—Child contributes to family decisions and has opportunities to participate in positive community events. Service to Others—Child has opportunities to serve in the community with adult support and approval. Safety—Parents and community adults ensure the child’s safety while keeping in mind her or his increasing independence.
	Boundaries & Expectations	<ol style="list-style-type: none"> Family Boundaries—The family maintains supervision of the child, has reasonable guidelines for behavior, and always knows where the child is. School Boundaries—Schools have clear, consistent rules and consequences and use a positive approach to discipline. Neighborhood Boundaries—Neighbors and friends’ parents help monitor the child’s behavior and provide feedback to the parent(s). Adult Role Models—Parent(s) and other adults model positive, responsible behavior and encourage the child to follow these examples. Positive Peer Influence—Parent(s) monitor the child’s friends and encourage spending time with those who set good examples. High Expectations—Parent(s), teachers, and other influential adults encourage the child to do her or his best in all tasks and celebrate their successes.
	Constructive Use of Time	<ol style="list-style-type: none"> Creative Activities—Child participates weekly in music, dance, or other form of artistic expression outside of school. Child Programs—Child participates weekly in at least one sport, club, or organization within the school or community. Religious Community—Child participates in age-appropriate religious activities and caring relationships that nurture her or his spiritual development. Time at Home—Child spends time at home playing and doing positive activities with the family.

Internal Assets	Commitment to Learning	<ol style="list-style-type: none"> Achievement Motivation—Child is encouraged to remain curious and demonstrates an interest in doing well at school. Learning Engagement—Child is enthused about learning and enjoys going to school. Homework—With appropriate parental support, child completes assigned homework. Bonding to School—Child is encouraged to have and feels a sense of belonging at school. Reading for Pleasure—Child listens to and/or reads books outside of school daily.
	Positive Values	<ol style="list-style-type: none"> Caring—Parent(s) help child grow in empathy, understanding, and helping others. Equality and Social Justice—Parent(s) encourage child to be concerned about rules and being fair to everyone. Integrity—Parent(s) help child develop her or his own sense of right and wrong behavior. Honesty—Parent(s) encourage child’s development in recognizing and telling the truth. Responsibility—Parent(s) encourage child to accept and take responsibility for her or his actions at school and at home. Self-Regulation—Parents encourage child’s growth in regulating her or his own emotions and behaviors and in understanding the importance of healthy habits and choices.
	Social Competencies	<ol style="list-style-type: none"> Planning and Decision Making—Parent(s) help child think through and plan school and play activities. Interpersonal Competence—Child seeks to build friendships and is learning about self-control. Cultural Competence—Child continues to learn about her or his own cultural identity and is encouraged to interact positively with children of different racial, ethnic, and cultural backgrounds. Resistance Skills—Child is learning to recognize risky or dangerous situations and is able to seek help from trusted adults. Peaceful Conflict Resolution—Child continues learning to resolve conflicts without hitting, throwing a tantrum, or using hurtful language.
	Positive Identity	<ol style="list-style-type: none"> Personal Power—Child has a growing sense of having influence over some of the things that happen in her or his life. Self-Esteem—Child likes herself or himself and feels valued by others. Sense of Purpose—Child welcomes new experiences and imagines what he or she might do or be in the future. Positive View of Personal Future—Child has a growing curiosity about the world and finding her or his place in it.

Search Institute® has identified the following building blocks of healthy development—known as **Developmental Assets**®—that help young people grow up healthy, caring, and responsible.

External Assets	Support	<ol style="list-style-type: none"> 1. Family support—Family life provides high levels of love and support. 2. Positive family communication—Parent(s) and child communicate positively. Child feels comfortable seeking advice and counsel from parent(s). 3. Other adult relationships—Child receives support from adults other than her or his parent(s). 4. Caring neighborhood—Child experiences caring neighbors. 5. Caring school climate—Relationships with teachers and peers provide a caring, encouraging environment. 6. Parent involvement in schooling—Parent(s) are actively involved in helping the child succeed in school.
	Empowerment	<ol style="list-style-type: none"> 7. Community values youth—Child feels valued and appreciated by adults in the community. 8. Children as resources—Child is included in decisions at home and in the community. 9. Service to others—Child has opportunities to help others in the community. 10. Safety—Child feels safe at home, at school, and in his or her neighborhood.
	Boundaries & Expectations	<ol style="list-style-type: none"> 11. Family boundaries—Family has clear and consistent rules and consequences and monitors the child’s whereabouts. 12. School Boundaries—School provides clear rules and consequences. 13. Neighborhood boundaries—Neighbors take responsibility for monitoring the child’s behavior. 14. Adult role models—Parent(s) and other adults in the child’s family, as well as nonfamily adults, model positive, responsible behavior. 15. Positive peer influence—Child’s closest friends model positive, responsible behavior. 16. High expectations—Parent(s) and teachers expect the child to do her or his best at school and in other activities.
	Constructive Use of Time	<ol style="list-style-type: none"> 17. Creative activities—Child participates in music, art, drama, or creative writing two or more times per week. 18. Child programs—Child participates two or more times per week in cocurricular school activities or structured community programs for children.. 19. Religious community—Child attends religious programs or services one or more times per week. 20. Time at home—Child spends some time most days both in high-quality interaction with parents and doing things at home other than watching TV or playing video games.

Internal Assets	Commitment to Learning	<ol style="list-style-type: none"> 21. Achievement Motivation—Child is motivated and strives to do well in school. 22. Learning Engagement—Child is responsive, attentive, and actively engaged in learning at school and enjoys participating in learning activities outside of school. 23. Homework—Child usually hands in homework on time. 24. Bonding to school—Child cares about teachers and other adults at school. 25. Reading for Pleasure—Child enjoys and engages in reading for fun most days of the week.
	Positive Values	<ol style="list-style-type: none"> 26. Caring—Parent(s) tell the child it is important to help other people. 27. Equality and social justice—Parent(s) tell the child it is important to speak up for equal rights for all people. 28. Integrity—Parent(s) tell the child it is important to stand up for one’s beliefs. 29. Honesty—Parent(s) tell the child it is important to tell the truth. 30. Responsibility—Parent(s) tell the child it is important to accept personal responsibility for behavior. 31. Healthy Lifestyle—Parent(s) tell the child it is important to have good health habits and an understanding of healthy sexuality.
	Social Competencies	<ol style="list-style-type: none"> 32. Planning and decision making—Child thinks about decisions and is usually happy with results of her or his decisions. 33. Interpersonal Competence—Child cares about and is affected by other people’s feelings, enjoys making friends, and, when frustrated or angry, tries to calm her- or himself. 34. Cultural Competence—Child knows and is comfortable with people of different racial, ethnic, and cultural backgrounds and with her or his own cultural identity. 35. Resistance skills—Child can stay away from people who are likely to get her or him in trouble and is able to say no to doing wrong or dangerous things. 36. Peaceful conflict resolution—Child seeks to resolve conflict nonviolently.
	Positive Identity	<ol style="list-style-type: none"> 37. Personal power—Child feels he or she has some influence over things that happen in her or his life. 38. Self-esteem—Child likes and is proud to be the person that he or she is. 39. Sense of purpose—Child sometimes thinks about what life means and whether there is a purpose for her or his life. 40. Positive view of personal future—Child is optimistic about her or his personal future.



WISCONSIN COALITION AGAINST SEXUAL ASSAULT

10 CORE CONCEPTS FOR CHILD SEXUAL ABUSE PREVENTION

Sexual Health & Development

- Teaches anatomically correct terms for body parts
- Teaches age & developmentally appropriate sexual development
- Teaches evidence-based sexual health
- Supports access to comprehensive reproductive health services & information

Research / Rationale

Healthy sexuality is viewed as an important protective factor against sexual violence in youth and adults (National Sexual Violence Resource Center, 2012). In one study, higher rates of child sexual abuse were found among women who received inadequate sex education as girls compared to women who received adequate sex education (Finkelhor, 1990). This author speculates that sex education may protect children because it gives them specific sexual abuse prevention information, and/or that inadequately educated children have unfulfilled curiosity about sex, which is a vulnerability potential perpetrators can more easily manipulate. In another study with adolescents, researchers found that there was a statistically significant relationship between increased specific knowledge about sexuality and decreased rape-supportive beliefs (Mallet, 2011). Although rape-supportive beliefs provide only one indicator of proclivity to engage in sexual aggression, this research provides additional evidence of sexual knowledge as a protective factor. An added benefit to healthy sexuality may come from parental involvement: children whose parents talk to them about sexuality are more likely to delay intercourse and more likely to practice safer sex when they do become sexually active (Martinez, 2010).

Gender Socialization

- Challenges gender-based stereotypes
- Supports skills & interests outside traditional gender expectations
- Discusses concepts of masculinity and entitlement
- Supports non-binary gender exploration

Research / Rationale

Gender-based expectations about gender, sex, and sexuality, particularly hostile masculinity, may put someone at higher risk of perpetrating sexual assault (Malamuth, 1991; Nguyen, 2014). Strict gender norms contribute to sexual violence due to expectations and beliefs associated with femininity and masculinity (Gallagher, 2011). Looking at the gender-based components to hostile masculinity is particularly important, as some research indicates that broadly, general hostility itself is not associated with sexual assault perpetration (Voller, 2010). This implies that it is the gender-socialization components leading to hostile masculinity that may be especially important to address. In terms of working with children, WCASA sees indications of gender socialization that could be addressed. Even as young as preschool age, there is research suggesting that boys know which toys are "boy" toys, and they can predict

parental disapproval based on playing with “girl” toys (Freeman, 2007). WCASA believes that giving kids the skills to question and combat gender stereotypes at a young age will help them question and combat harmful sexual-based gender stereotypes as they age.

Intersections of Oppression

- Promote respect & understanding for all cultures & identities
- Explores concepts of self-identity & privilege
- Provides instruction on cultural competency & inclusivity
- Explores intersections of race, ethnicity, class, orientation, gender, ability, etc.

Research / Rationale

Research shows that communities that experience more systemic oppression are at higher risk for sexual violence, for example people of color, LGBTQ individuals, and people with disabilities (Black, 2011; Walters, 2013; McEachern, 2012). Additionally, rape myth acceptance is a risk factor for perpetrating sexual violence, and research has shown that in one sample male and female college students who endorsed rape myths were more likely to also endorse racism, sexism, homophobia, ageism, classism, and religious intolerance (Aosved, 2006). Promoting respect for all cultures at a young age has potential to decrease homophobia, racism, ableism, and other “isms” which may contribute to violence.

Boundaries

- Teaches about touching on a continuum (not good/bad)
- Instructs how to say no or reject unwanted advances
- Teaches about setting & respecting boundaries
- Discusses concepts of consent – including affirmative consent

Research / Rationale

Boundaries can be taught from the lens of setting one’s own boundaries as well as respecting others. At a young age, consent can be introduced related to non-sexual behavior. In adolescence, consent can be introduced related to sexual behavior. A national survey was conducted via phone to assess the percentage of children in the U.S. who had been exposed to violence prevention programs and assess outcomes across the fields of bullying, sexual assault, gang avoidance, dating violence, and general violence avoidance (Finkelhor, 2014). The study found that 88% of programs included content to tell an adult if the child had a problem and 57% discussed the continuum of touch. From these programs, over a third (37%) of program-exposed children said that they could think of a time they decided to tell an adult something “because of what they learned in the program.” Additionally, almost half (45%) could think of a time they used program information to help themselves or a friend. This research provides preliminary findings that prevention programs provide useful skills for secondary prevention outcomes.

Empowerment & Body Ownership

- Provides explicit instruction about body ownership
- Distinguishes between public & private parts of the body
- Allows autonomy over decision making related to body
- Encourages empowerment & practices assertiveness skills

Research / Rationale

According to one researcher, empowerment may serve as a protective factor against victimization in two ways: (1) Empowerment may allow for the ability to maintain boundaries, since just knowledge of boundaries is not necessarily sufficient for youth to take action against violations; (2) Perpetrators have shared that they are able to identify vulnerable children and use that vulnerability to sexually abuse a child (Conte, 1989). Building empowerment and body ownership can be a strengths-based approach to decreasing vulnerability. It is also important to build these skills from an adult perspective. When adults tell children that they have the right to say “no” in cases of child sexual abuse, it is important to model this behavior and promote skills for youth to make their own decisions about their bodies at a young age.

Pro-Social Behavior & Skills

- Teaches communication, empathy & problem solving
- Encourages non-violent conflict resolution
- Promotes impulse control strategies
- Provides skills & tools for self-regulation

Research / Rationale

Impulsive behavior is a documented risk factor for sexual violence perpetration (Voller, 2010; Mouilso, 2013; Centers for Disease Control, 2014). Promoting self-regulation and constructive problem solving has the potential to regulate impulse control and target this risk factor before children become adolescents, as demonstrated through programs such as *I Can Problem Solve* (Rooney, 1993).

Understanding, Identifying & Responding to Trauma

- Teaches disclosure skills & encourages disclosure
- Teaches about ACEs & understanding trauma
- Promotes a trauma-informed environment & responses
- Identifies resources & strategies in response to trauma

Research / Rationale

Survey research has shown that a large percentage of children are likely to experience adverse experiences, including samples specific to Wisconsin (Felitti, 1998; Children’s Trust Fund, 2010). Although most victims of child abuse do not grow up to be perpetrators of child sexual abuse as adults, perpetrators of sexual assault report an increased exposure to witnessing family violence and experienced childhood sexual and emotional abuse than non-perpetrators (Salter, 2003.; Malamuth, 1991; DeGue,

2010; Vivolo-Kantor, 2013; Centers for Disease Control, 2014). Since these are documented risk factors, WCASA theorizes that screening and intervention for abuse at younger ages will allow children access to services needed to interrupt the cycle of violence. This would have implications for the prevention of sexual abuse as children reach adolescence and adulthood.

<p>Bystander Intervention</p>	<p>Teaches how to help someone in distress</p> <p>Builds skills on how to safely intervene</p> <p>Encourages creating a safe environment for everyone</p> <p>Promotes individual & community responsibility</p>
<p>Research / Rationale</p>	<p>Risk factors for sexual violence include weak sanctions against violence and social norms supporting violence at the community and societal level (Center for Disease Control, 2014). Bystander intervention with regard to social norms change and accountability may have the ability to impact these factors. Research and evaluation shows that bystander interventions have the ability to sustain long-term change in knowledge, attitudes, and behaviors for both men and women who participate in bystander programs in college settings (Banyard, 2007). In regard to sexual violence, many bystander programs are implemented in late adolescence or college. By integrating bystander intervention throughout the lifespan, WCASA believes children and youth can be well equipped to be leaders in social change.</p>

<p>Information About Sexual Abuse</p>	<p>Provides facts & clear explanations about sexual abuse</p> <p>Provides information about perpetration – including grooming</p> <p>Promotes a victim-centered response</p> <p>Dispels common misperceptions about sexual abuse</p>
<p>Research / Rationale</p>	<p>In a country where nearly 1 in 5 women is raped, and over 40% of women experience their first rape before the age of 18, the likelihood of encountering rape survivors in any prevention programming is high (Black, 2011). This becomes much more likely when taking into account all other forms of sexual violence, where these experiences are shared by almost half of all women and over one-fifth of men (Black, 2011). When violence has become so normalized, it is common for victims to not identify their experiences as abuse. Additionally, some perpetrators do not identify their behaviors as sexual assault. The lack of identification of both victimization and perpetration is supported by research. When individuals are asked a series of questions that define sexual violence they are much more likely to disclose than when they are asked fewer questions that directly ask about being raped or raping others (Koss, 1987). The lack of identification puts victims at higher risk of not seeking services and subsequent higher risk of further victimization (Siegel, 2003). In cases of child sexual abuse, if adults lack accurate knowledge about perpetrators’ tactics, they may fail to keep</p>

children safe. Due to misperceptions, providing clear explanations about sexual abuse and perpetrator tactics is incredibly important. Dispelling common misperceptions about sexual abuse has the added benefit of working to modify rape myth acceptance. This is particularly useful for prevention because beliefs in rape myths are significantly associated with engaging in sexual coercion or aggression (DeGue, 2010). Lastly, sharing that abuse is never the fault of a victim and normalizing other victim reactions provides support for victims. This is necessary, especially because many victims experience considerable guilt and shame (Finkelhor, 1985). While providing information is not a primary prevention tactic against sexual violence by itself, on a macro-level scale, dispelling myths to place blame off victims and onto perpetrators does have the potential to impact community and societal levels risk factors that contribute to sexual violence. Such risk factors include general tolerance of sexual violence within the community, weak community sanctions against sexual violence perpetrators, societal norms that support violence, and weak laws and policies related to sexual violence and gender equity (CDC, 2014).

Safety & Risk Reduction

- Provides general safety recommendations
- Teaches how to recognize safe & unsafe situations
- Teaches how to identify trusted adults & develop support networks
- Teaches self-protective strategies & skills

Research / Rationale

A national survey was conducted via phone to assess the percentage of children in the U.S. who had been exposed to violence prevention programs and assess outcomes across the fields of bullying, sexual assault, gang avoidance, dating violence, and general violence avoidance (Finkelhor, 2014). The study found that 78% of programs taught warning signs of dangerous situations and outcomes indicate some positive findings regarding help-seeking behavior and helping a friend. This research provides preliminary findings that these programs teach useful skills for secondary prevention outcomes.

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A collaboration between the Wisconsin Coalition Against Sexual Assault and state-level agencies led to the development of 10 Core Concepts to Prevent Child Sexual Abuse (CSA). These partners, brought together through the A2A Steering Committee (<http://www.a2awisconsin.org/A2AWisconsin.htm>), identified these concepts through a review of best practices for CSA prevention, as well as research on preventing victimization and perpetration across childhood and adolescence.

For more information, please contact: Kelly Moe Litke, WCASA Director of Prevention at kellyml@wcasa.org

The Wisconsin Coalition Against Sexual Assault (WCASA) is a statewide organization incorporated in 1985 to support and complement the work of Wisconsin's community-based sexual assault service provider programs and other organizations working to end sexual violence. WCASA works in collaboration with communities throughout the state to support existing services to victims/survivors of sexual violence, to plan for the development of new services, to create and support community prevention efforts, and to stimulate community ownership of the issue of sexual violence.

For more information, please see: www.wcasa.org



It's time ... to talk about it! Talk early, talk often. Prevent sexual violence.

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 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*

Sexuality is emotional, social, cultural, and physical. Sexual development is one part of sexuality, and it begins much earlier in life than puberty.

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 Gynaecologists of Canada, 2012).



It's time ... to talk about it! Talk early, talk often. Prevent sexual violence.

Healthy childhood sexual development		
Stage of development	Common behaviors	Encouraging healthy development
<p>Infancy (Ages 0-2)</p>	<ul style="list-style-type: none"> • Curiosity about their body, including genitals • Touching their genitals, including masturbation, in public and in private • No inhibitions around nudity 	<ul style="list-style-type: none"> • 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
<p>Early Childhood (Ages 2-5)</p>	<ul style="list-style-type: none"> • 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 to into the bathroom with parents, touching women's breasts, etc.) • Continued lack of inhibition around nudity. May take-off their diaper or clothes off • Uses slang terms for body parts and bodily functions 	<ul style="list-style-type: none"> • 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.



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Healthy childhood sexual development		
Stage of development	Common behaviors	Encouraging healthy development
Middle childhood (Ages 5-8)	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.





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Healthy childhood sexual development		
Stage of development	Common behaviors	Encouraging healthy development
Late childhood (Ages 9-12)	<ul style="list-style-type: none"> • As puberty begins an increased need for privacy and independence is often expressed. • Interest in relationships. May want to have a girlfriend or boyfriend. • 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. • As social norms around masturbation become clearer. Masturbation will likely occur in private. 	<ul style="list-style-type: none"> • Provide ongoing information about the physical aspects of puberty and changes in their body. • Educate children on the social and emotional aspects of puberty. Help to normalize the new emotions and needs that they may be experiencing. • Provide age-appropriate sexuality information and basic information about sexual behaviors and sexually transmitted infections, etc. • Encourage critical thinking and build the skills to differentiate fact from fiction in media images and representations of sexuality. • Support them in understanding they have both rights and responsibilities in their friendships and relationships. Encourage characteristics of healthy friendships and relationships.

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 through media and often reinforced by peers.



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Healthy childhood sexual development and child sexual abuse prevention

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.





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Parents & 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 & 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 & 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

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