

Catholic Medical Association. . .

Repudiates “Child Safety” Programs

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The Wanderer

November 9, 2006

A task force of distinguished pediatricians and psychiatrists commissioned by the Catholic Medical Association has called upon the U.S. bishops to abandon the “child safety” or “safe environment” programs implemented across the country in the wake of the clerical sex abuse scandal that erupted in 2002 — programs that were already judged by experts to be either ineffectual or harmful to children more than a decade ago.

The statement, titled “To Prevent and To Protect,” was released during the annual gathering of the Catholic Medical Association (CMA), held in Boston, October 26-28. Each U.S. bishop will receive a copy of the 55-page document at the plenary meeting in Baltimore in mid-November.

The document will be submitted to the Pontifical Council for the Family, the Congregation for the Doctrine of the Faith, and the Congregations for Clergy and Bishops as well, all of which were consulted by the physicians on the task force during its preparation.

Major points expressed in the document are these:

- “We therefore recommend that U.S. bishops rescind the safe-environment mandate as it applies to children and adolescents and discontinue all child-empowerment programs for preventing child sexual abuse.”

- “We recommend that the Church explore, as a primary intervention to diminish the number of victims and offenders and as part of a strategy for the improved socialization of children and adolescents, the value of single-sex classrooms with authoritative, gender-specific pedagogy.”

- “We recommend that the energy and resources now directed to child and adolescent empowerment programs be refocused on the development of programs to assist parents in being the primary educators and protectors of their children.”

- “We commend those who continue to develop more effective strategies to evaluate prospective seminarians and work to improve seminary programs in affectivity maturity formation.”

- “We believe that, in light of available studies, a serious review and revision of Article 12 [of the Charter for the Protection of Children and Young People, ie., ‘The Dallas Charter,’ approved by the U.S. bishops at their 2002 meeting in Dallas] should be undertaken.”

“This revelation,” said Sheila Parkhill, a longtime opponent of so-called Catholic sex education and child-safety programs, “coming from the true experts, is earth-shattering to the tightly knit group in chanceries pushing for what

certainly results in the violation of the souls and innocence of our children, abusing our children under the guise of child sexual abuse prevention. And its conclusions and recommendations deserve huge headlines in all the major newspapers, Catholic and secular.”

The origins of the document are explained: “In January 2006, officers of the Catholic Medical Association visited several congregations in Rome. They learned that the Pontifical Council for the Family had received from the United States and elsewhere, petitions requesting the council to speak on the issue of safe-child programs for the prevention of sexual abuse. The Congregations for Bishops, Clergy, and the Doctrine of the Faith were also very much aware of the tension surrounding the mandated training of children in sexual abuse prevention. The congregations and councils all expressed support and appreciation when informed of the intention of the Catholic Medical Association to form a task force to study more thoroughly the issue.”

“To Prevent and To Protect” offers a brief overview of social awareness, causes, and consequences of child sex abuse going back to the 19th century, and also the issue of sex abuse of minors in the Church, as well as the way the issue was handled in families, in the Church, and by law enforcement.

This document also details the history of the “safe environment” and “child safety” programs, which are traced back to the early 1970s and the rise of the feminist movement:

“The inspiration for the earliest child-empowerment program came from the New York Women’s Movement’s 1971 campaign to prevent sexual abuse. Women Against Rape (WAR) formed to develop programs to teach young children self-defense strategies. In response to the rape of a child at a Catholic elementary school in Ohio, the school administrators requested a prevention program from WAR and the first Child Assault Prevention (CAP) program was instituted.

“In subsequent years, other communities responded to the high rate of sexual crimes against children by implementing programs in schools to teach children to prevent and to report sexual abuse. The methodology of the empowerment of children was the basis of hundreds of prevention curricula used throughout the country’s educational system for sexual abuse prevention. There were variations on the theme but all programs were based on teaching assertiveness skills and

body ownership which are basic elements of the empowerment model.”

For Catholics who have opposed such mandated programs as *Talking About Touching*, *Good Touch/Bad Touch* and their identical cousins in the burgeoning “child safety” industry, the key passage in the statement by the Catholic physicians is found on pages 10-12:

“Ten years into the widespread use of the child-empowerment prevention programs, questions increasingly have been asked by parents, teachers, child development specialists, policymakers, and legislators: At what age is a child able to comprehend the concepts taught in the prevention programs? Do the programs frighten children? Do they hinder normal familial expressions of love? Do they interfere with the development of the child’s morality? Do they cause children to misinterpret healthy expressions of affection by parents, teachers, and caring adults? Do they interfere with the child’s development of appropriate concepts of love and sexuality? Research was undertaken to look at child-empowerment prevention programs for pre-school, elementary school, pre-adolescent, and adolescent children.

“In 1987, the Family Welfare Research Group at the University of California at Berkeley completed a study of seven different prevention programs to answer the question: ‘What do preschool children learn from the programs?’ Children were asked to explain what they understood about the concepts of touching, of secrets, and of strangers taught in the programs. The gains in knowledge by 118 preschool children after participation in these programs were very low and there were surprisingly untoward results. The children responded more negatively to pictures of neutral physical interactions between persons. Parents noted increased anxiety, changes in sleeping patterns, and an overanxious fear of strangers. Despite these results, parents were highly satisfied with the programs.”

Not For Children

“Several other studies completed in 1988 included one by Borkin and Frank who asked preschoolers after their participation in the prevention program: ‘What should you do if someone tries to touch you in a way that doesn’t feel good?’ Most of the children didn’t know any of the safety rules taught in the program, with only 31% of the children able to answer the question appropriately. Another study tested 183 preschool children and found that, after the 20 lessons of the *Talking About Touching* program, the majority of the children were unable to answer this question.

“The results of these and other studies validated developmental research that preschool children do not have the cognitive capacities for abstract thinking and complex conceptualization that are necessary prerequisites to comprehend the program materials. *This led to the*

recommendation for the state of California to shift the focus of prevention of sexual abuse from preschool children into programs for parents, teachers, and adult caretakers [emphasis added by *The Wanderer*].

“The 1989 report of a Task Force of the California Office of Children’s Abuse Prevention (OCAP) concluded that the responsibility for protecting children belongs to adults and should not be given to the children. The central focus should be on training and educating parents, teachers, and adult caretakers. The task force made a list of concepts and lessons that were *developmentally inappropriate for preschool curricula* [emphasis added] (but which formed the ideological core of child-empowerment prevention curricula). Included in this list were:

- “ • Teaching the abstract concept of body ownership
- “ • Teaching the classification of touch as good or bad or confusing, safe or unsafe
- “ • Demonstrations or media presentation of specific acts of private parts touching
- “ • Teaching about adults or older children harming them physically or sexually
- “ • Teaching physical defense skills
- “ • Teaching to run away from an abuser
- “ • Teaching about concepts of secrets in the context of child abuse
- “ • Teaching the children to trust their feelings as a way to avoid abuse
- “ • Teaching - don’t talk to strangers
- “ • Teaching about fault and blame
- “ • Teaching assertiveness skills to ward off abuse
- “ • Teaching the concept of children’s rights.”

In other words, nearly 15 years before the U.S. bishops mandated their “child safety/safe-environment” programs, professional opinion had already come down hard against such unnecessary interventions in a child’s life.

Inadequate Programs

The CMA task force’s document continues:

“In 1991, J.D. Berrick, Ph.D., director of the Berkeley Child Welfare Research Center, and N. Gilbert, Ph.D., professor of social welfare at the University of California at Berkeley published their findings from a three-year systematic analysis of 15 curricula of sexual abuse programs for California preschoolers and grades 1 to 3. Included in the study were the following prevention programs: *Good Touch Bad Touch*, *Confusing Touch*, *Child Assault Prevention*, *CARE (Child Abuse Recognize and Eliminate)*, *Children’s Self-Help*, and the *Talking About Touching* programs.

“All the programs were found by Benick and Gilbert to be *inadequate in their consideration of normative child development* [emphasis added]. Among the developmental issues not considered properly were the reliance on the child’s comprehension of abstract concepts and their ability to

be intuitive. Intuition is a difficult concept for children, and it is unreliable in evaluating whether something is abuse or not. Yet many of the programs rely on intuition: ‘You can tell if a touch is good or bad by how you feel’. . . . [etc.];

“Abstract concepts are not part of children’s cognitive repertoire. Yet abstract concepts such as ‘safe,’ ‘free,’ ‘secrets,’ ‘bribes,’ ‘intuition,’ ‘boundaries,’ and ‘rights’ are integral to all the programs. Children are taught that they have rights and should assert their rights in order to control the boundary of their body: ‘No one is allowed to touch your private parts; they stay covered unless you take a bath, change your clothes, or go to a doctor.’ Private parts are described as ‘the area under your bathing suit’; ‘your body is yours alone’; ‘you have the right to feel safe from unwanted touch to private parts of your body and the right to say “no” to forced or tricked touch’; ‘you have the right to be free.’

“Rights, boundaries, and the right to be free from coercion and sexual abuse are complex and confusing concepts for children. Young children may generalize their right to say ‘no’ to all realms of behavior and refuse to comply with the family rules. After participating in the prevention program, one little boy decided he was free to eat ice cream or to go to bed whenever he desired. One little girl told her brother to let her watch the TV program she wanted or she would call the police and tell the police that he had touched her private parts.”

An executive summary of the CMA’s task force statement concludes:

“In order to be effective, strategies to prevent sexual abuse must be consistent with the science of healthy child development and must address the current crisis of culture which is fostering the sexual abuse of children. Key elements of child development reviewed include: attachment relationships; emotional development; authoritative parenting; latency; cognitive and moral development; and adolescent development (with particular focus on gender differences).

“The science of child development demonstrates that the optimal health and well-being of the child depend upon secure attachment with parents, an authoritative parenting style that guides a child’s emotional development toward self-mastery and self-giving, and support for growth in morality and faith. On the other hand, insecure attachments, a deficit of loving, authoritative parenting, and lack of support for self-regulation of emotions and behaviors not only prevent optimal character development, but can constitute risk factors for children to become victims of sexual abuse or to become sexual abusers.

“According to Pope John Paul II, ‘The abuse of the young is a grave symptom of a crisis affecting not only the Church but society as a whole. It is a deep-seated crisis of sexual morality, even of human relationships, and its prime victims are the family and the young. In addressing the problem of abuse with clarity and determination, the Church will help

society to understand and deal with the crisis in its midst.’

“The relativism, individualism, and hedonism that have reached crisis proportions in Western culture contributed to the developing crisis of sexual abuse in society and the Church in the late 20th century and continue to impact efforts to halt and prevent the sexual abuse of children. The moral teaching of the Church and, in particular, the doctrine contained in the Pontifical Council for the Family’s document, *The Truth and Meaning of Human Sexuality*, is indispensable for addressing the current crisis.”

What Must Be Done

Finally, the task force proposes that the real solution to solving the epidemic of child abuse (and dysfunctional families) in society today is for the Church’s bishops and priests to take stronger initiatives to encourage parents to step up to their role and responsibilities as the primary educators and protectors of their children:

- emphasize character education and formation in the virtues;
- develop programs that address issues of “developmental deficits” and that identify children “at risk” for sex abuse “to help families and children to find therapeutic ways to overcome deficits”;
- promote healthy moral and emotional development of children by strengthening the family;
- and most important: that “the Church, in particular through the leadership of bishops and priests, take the lead in teaching the importance of a relationship with God, and the spiritual treasures of the sacraments, in the development of healthy children, parents, and families.”

The task force that prepared the document included: Lynne Bissonnette-Pitre MD, Ph.D., Lead Author, Private Practice, Psychiatry, Portland, Ore.; Christopher Bir, MD, Private Practice, Child, Adolescent, and Adult Psychiatry, McLean, Va.; John F. Brehany, Ph.D., STL, Executive Director and Ethicist, Catholic Medical Association; Eugene F. Diamond, MD, Professor of Pediatrics and past Chairman, Department of Pediatrics at Loyola University Stritch School of Medicine, Chicago; Catherine Dowling, MD, President, Christus Medicus Foundation; former Assistant Professor of Anesthesiology, University of Michigan; past Member, American Bioethics Advisory Commission; Richard P. Fitzgibbons, MD, Director of Comprehensive Counseling Services, West Conshohocken, Pa; Robert J. Saxer, MD, Pediatrician (40 years, retired); Fellow, American Academy of Pediatrics; Fellow-Emeritus, American College of Pediatricians; Executive Vice President, Catholic Medical Association; Most Rev. Robert Vasa, DD, Bishop of Baker, Ore., Episcopal Adviser; Catholic Medical Association; Joseph Zanga, MD, Professor of Pediatrics, Brody School of Medicine at Eastern Carolina University; President, American College of Pediatricians.