



# FACING THE FACTS:

AN IN-DEPTH LOOK AT ONE OF FACT'S *VIOLENCE AT HOME* INDICATORS

## CHILD SEXUAL ABUSE IN VIRGINIA: FACTS TO HELP PROTECT CHILDREN



*This brief was commissioned by the Family and Children's Trust Fund of Virginia (FACT) and authored by Casey Cox, Saphira Baker, and Barbara Oudekerk, Ph. D., of Communitas Consulting. www.comunitasconsulting.com*



## Introduction

Millions of children in the United States—1 in 3 girls and 1 in 7 boys—are victims of some form of sexual abuse or assault before they reach the age of 18.<sup>1</sup> Decades of research demonstrate that abuse experienced in childhood is associated with many problems later in life,<sup>2</sup> including a likelihood of reliving violence as either a victim or perpetrator.<sup>3</sup> With so many children at risk, it is critical that adults and communities—in addition to parents and caregivers—understand how they can help protect children from sexual abuse. This research brief, issued by The Family and Children's Trust Fund of Virginia and the Virginia Department of Health, takes an in-depth look at child sexual abuse in the Commonwealth of Virginia. As part of the *Facing the FACTS* series, this brief brings together national research and effective practices to answer five questions:

- (1) What is child sexual abuse?
- (2) What is known about child sexual abuse that might bolster prevention efforts?
- (3) What are characteristics of child sexual abuse cases in Virginia?
- (4) How can adults and communities prevent child sexual abuse?
- (5) How can adults recognize and respond to child sexual abuse?

## What Is Child Sexual Abuse?

Child sexual abuse occurs when a person exposes a child to sexual acts or behavior. Child sexual abuse may include touching—such as sexual penetration, touching the child's breasts or genitals, or making the child touch the perpetrator's breasts or genitals—or non-touching behaviors—such as exhibitionism, voyeurism, pressuring children for sex, exposing children to pornography, having sex in front of children, and sexual phone or Internet contact.<sup>4</sup>

## What Is Known about Child Sexual Abuse that Might Bolster Prevention Efforts?

Understanding the extent of child sexual abuse, as well as the situations under which abuse can occur, is essential to effectively preventing abuse. Awareness of child sexual abuse and how to prevent it is important for all adults in a community—not only parents and caregivers directly responsible for children. When adults assume responsibility for preventing child sexual abuse, communities are safer. When parents and adults who interact with children are knowledgeable about how

to effectively prevent child sexual abuse and recognize its signs and organizations implement policies to protect children from sexual violence, children are more likely to be protected from abuse.

There are many misconceptions and incorrect stereotypes surrounding child sexual abuse. Knowing the correct information better prepares adults within the community to address the problem.

**FACT: Child sexual abuse is more common than we realize.**

In a given year, about one in twelve children experiences sexual abuse in the United States<sup>5</sup>—resulting in as many as 60 million survivors of childhood sexual abuse nationwide.<sup>6</sup> Nearly half of female victims of rape in the United States experienced their first rape before they turned 18, and more than one-quarter of male victims of rape experienced their first rape at or before the age of 10.<sup>7</sup> Overall, 1 in 3 girls and 1 in 7 boys are victims of some form of sexual abuse or assault before they reach the age of 18.<sup>8</sup> These high rates of child sexual abuse demonstrate what a serious public health and safety problem this poses for families and communities.

**FACT: The vast majority of sexual abusers are known to the child or the child's family.**

Although media stories of child sexual abuse frighten parents with warnings about suspicious strangers, the truth hits closer to home. Children know and trust their abuser in up to 90 percent of sexual abuse cases.<sup>9</sup> Up to 60 percent of

child sexual abuse occurs at the hands of the child's parent or the parent's partner.<sup>10</sup> Other common perpetrators are individuals who have trusting relationships with the child and/or the child's family, such as a close friend or family member, a babysitter, a neighbor, or a coach. Child sexual abusers report targeting children in their family or neighborhood most frequently. A child of a friend or neighbor (40%) and stepchild, adopted child, or foster child (30%) are the most commonly reported targets. Only ten percent of child sexual abusers report targeting child strangers.<sup>11</sup>

**FACT: There is no single "type" of victim or perpetrator of child sexual abuse.**

Children of every age, race, gender, socioeconomic status, and family arrangement have experienced sexual abuse. While certain home characteristics contribute to a child's risk of sexual abuse,<sup>12</sup> no single type of family or living arrangement is immune to abuse. Perpetrators of child sexual abuse can also be from any background. One study found that male



offenders reflected the composition of the U.S. male population with regard to marriage rates, educational attainment, employment, ethnicity, and religiosity.<sup>13</sup>

**FACT: Deception and enticement are more common tactics than physical force.**

Child abusers may use play or coercion to engage children. They may buy gifts, roughhouse, or arrange special outings as a way to confuse the child about the abuser's motives and maintain the child's silence.<sup>14</sup> Threats and physical force are not generally needed to ensure a victim's silence. Children often do not tell anyone about the abuse they have experienced due to feelings of shame, guilt, or loyalty to their abuser; fears that no one will believe them; or fears that their family will be broken up. Very young children often do not have the language to describe what happened to them, or even understand that they were abused. In fact, adolescents are more likely to disclose abuse if they fear for their life during the assault than adolescents who are silenced by other means.<sup>15</sup>

**FACT: Sexual abusers can be juveniles themselves.**

Approximately one-third of individuals known to have committed sex offenses against minors are themselves juveniles.<sup>16</sup> Many juvenile offenders target someone younger than themselves, meaning the younger the offender, the younger the victim. For example, one study found that 57 percent of juvenile sex offenders younger than 12 years targeted a child age 6 or younger.<sup>17</sup> One positive development is that specialized treatment for juvenile offenders has been demonstrated to be

effective at reducing the risk of future offense.<sup>18</sup>

**FACT: Preventing child sexual abuse requires more than educating children what other people should not do to their body and who to tell if something inappropriate occurs.**

While it is important that adults teach children safety rules and provide protective resources, leaving children responsible to prevent abuse is inadequate and reactive. Preventive actions require not only educating children, but also taking steps to avoid placing them in risky situations and creating safe, child-friendly situations at home and in the organizations and neighborhoods where they spend time.

## What Are Characteristics of Child Sexual Abuse Cases in Virginia?

Every year hundreds of children living in Virginia experience child sexual abuse. In 2010, Virginia Child Protective Services (CPS) of the Virginia Department of Social Services identified nearly 1,000 children who were sexually abused in some manner, representing 15 percent of all CPS founded investigations of child maltreatment.<sup>19</sup> Those abuse cases are only the ones reported and substantiated by CPS workers. Such cases represent only a small portion of abuse victims. It is estimated that 80 to 90 percent of child sexual abuse cases are never reported to the authorities,<sup>20</sup> so all estimates of the

prevalence of child sexual abuse inherently underestimate actual incidence.

A comprehensive survey of sexual assault completed by the Virginia Department of Health in 2002 found that, based on men's and women's reports of victimization, the incidence of child sexual abuse in Virginia is roughly as high as the national rate.<sup>21</sup> The resulting report, *Childhood Sexual Assault in Virginia*, found that:

- ➔ 1 in 4 women and 1 in 5 men in Virginia reported being the victim of some form of sexual abuse or assault before the age of 18.<sup>22</sup>
- ➔ 78 percent of females and 94 percent of males in Virginia who have ever experienced sexual assault were first victimized as children; many victims—especially females—were first assaulted before the age of 13.<sup>23</sup>
- ➔ 71 percent of assaults were perpetrated by adults; conversely, 29 percent of assaults were perpetrated by minors under age 18.
- ➔ Only 1 in 10 perpetrators was a stranger to the child.

In regard to response and treatment, there is significant room for improvement in Virginia. As described in *Childhood Sexual Assault in Virginia*, few victims of either gender received any medical, mental health, legal advocacy, or law enforcement assistance subsequent to their victimization, and two thirds of victims have never spoken with a counselor about their experience.

## How Can Adults and Communities Prevent Child Sexual Abuse?

The best possible outcome is to stop sexual abuse before it begins. Knowledge is the foundation of any effort to prevent abuse.<sup>24</sup> Although education alone does not prevent victimization, it is a strong starting point for effective protective action.<sup>25</sup> Understanding what behavior is normal and what behavior is potentially problematic empowers adults to determine the appropriate response.

Teaching children about healthy development, having open communication, and recognizing when something might be amiss are clear strategies for protecting children. Knowing what signs a child who has been sexually abused might exhibit—and being alert to them—hastens response to and treatment of the problem. Building upon accurate information, adults can take steps to protect children from sexual abuse. As adults assume the responsibility to prevent abuse, child and community safety improves.



## Seven Steps to Protecting Children\*

- 1** Learn the facts and understand the risks: realities—not trust—should influence your decisions regarding children.
- 2** Minimize opportunity: reducing or eliminating one-adult/one-child situations dramatically lowers the risk of sexual abuse for children.
- 3** Talk about it: children often keep abuse a secret, but barriers can be addressed by talking openly.
- 4** Stay alert: do not expect obvious signs when a child is being sexually abused. Signs are often there, but you have to spot them.
- 5** Make a plan: learn where to go, whom to call, and how to react.
- 6** Act on educated suspicions: the future well-being of a child is at stake.
- 7** Get involved: share your knowledge about the issue with friends and family. Volunteer with organizations that prevent and address child sexual abuse.

\*from *Darkness to Light*,  
(<http://tinyurl.com/7-steps-protect>)



## What Individuals Can Do: Be Informed and Encourage Healthy Development

Just as adults would not leave children to cross the street without guidance or supervision, they should not leave children responsible for preventing their own sexual abuse. Talking about physical development, healthy behaviors, and sexuality with children gives parents the opportunity to share their family's values and to ensure that children know they can always turn to their parents as a trusted source for answers. Parents and caregivers can protect children from sexual abuse by keeping communication open and ongoing and being mindful of changes in behavior. Parents can implement home rules to minimize the risk of abuse such as supervising online activities and remaining alert when a child spends one-on-one time with another adult—even a trusted one.

The following table demonstrates actions adults can take with children to instill healthy attitudes toward their bodies and teach them what is safe and acceptable behavior. Together, information on physical development, interpersonal relationships, boundaries, and sexual safety helps protect children.



## Tips to Reduce the Risk of Child Sexual Abuse

- Communicate openly and frequently with children about their emotional and physical development
- Help children identify adults they trust and can confide in
- Create a safe environment where children and teenagers can talk with adults about any topic on their minds
- Use correct terminology for all children’s body parts (including “private” areas) without attaching shame, making it easier for children to feel control over their bodies and come forward about abuse if it does occur
- Teach children that their body belongs to them and no one else
- Help children learn how to say “no” to uncomfortable behavior (e.g., unwanted kisses or too much tickling)
- Model and teach children to respect other people’s boundaries and privacy
- Monitor children’s internet usage and talk to them about internet predators
- Use media images as an opportunity to have a conversation about appropriate and inappropriate behavior
- Research and examine any facility or program where children will be left in the care of others (e.g., daycare, youth serving organizations, etc.). Look for:
  - An open atmosphere with policies in place to protect children
  - Policies that welcome unannounced parental drop-ins
  - Avoidance of one-adult/one-child, “behind closed doors” situations
  - Open and visible meeting spaces
  - Up-to-date, comprehensive training of all childcare and youth-serving employees

LEARN  
MORE

Want to learn more about facilitating healthy development? Check out:

- ☑ *Healthy Sexual Development: <http://www.d2l.org>*
- ☑ *Sexual Development and Behavior in Children: <http://www.nctsn.org/trauma-types/sexual-abuse>*
- ☑ *Everyday Actions to Keep Kids Safe: <http://www.stopitnow.org>*

Parents and caregivers can also pay close attention to where they leave their children. For example, when leaving a child in the care of another adult, it is wise to choose someone the family knows well and/or ensure that there will be more than one adult present. Parents and caregivers should also make efforts to learn about policies, facilities, and staff training at daycare or youth serving organizations. Sample questions parents might ask when selecting a school or program for their child are available at [http://www.stopitnow.org/parent\\_questions\\_school\\_policy](http://www.stopitnow.org/parent_questions_school_policy).

## What Organizations Can Do: Implement Protective Policies

While parents and caregivers may be the closest defenders of children's safety, protecting children from abuse is a complex task in which the community also plays a vital role.<sup>26</sup> A child's environment outside of the home can either bolster or undermine prevention efforts. Community culture shapes attitudes of children and parents alike as children spend time in schools, libraries, parks, and other places beyond the home. Children and adolescents may develop trusting relationships with adults in medical, educational, extracurricular, and faith-based organizations.

### How can agencies that serve young people make children in their community safer?

**Implement policies that reduce the risk of abuse.** Good policies include mandatory background screening of child-serving staff, welcoming of

unannounced parental drop-ins, open and visible meeting spaces, avoidance of one-adult/one-child "behind closed doors" situations, and high quality training sessions for staff and volunteers on child sexual abuse.<sup>27</sup>

**Know mandatory reporting laws.** Many staff in youth-serving or other professions that have frequent contact with children are required by law to report any signs of abuse to child protective services. In Virginia, social workers, teachers and school personnel, physicians and other health-care workers, mental health professionals, child care providers, medical examiners, law enforcement officers, film processors, sports coaches or volunteers, day camp or youth center employees, and court-appointed special advocates are all mandated reporters.<sup>28</sup> The toll-free hotline (1-800-552-7096) the Virginia Department of Social Services operates is staffed 24 hours a day.

**Learn how to recognize signs of child sexual abuse.** Individuals who are well-trained and able to recognize and respond to signs of child abuse or neglect will have a better chance of intervening when violence occurs and protecting children from future harm.

**Encourage parental and caregiver involvement in prevention efforts.** Schools, faith-based programs, and other youth-serving organizations can bolster parental efforts to teach children the skills they need to be safe, as well as help to reduce children's self-blame and encourage disclosure of abuse.<sup>29</sup> Effective, protective educational curricula present children with a message of interpersonal boundaries

and respect rather than fear and shame about their bodies. Programs can provide sessions for caregivers to learn signs of abuse and how to talk to children in a comfortable way.

**Build collaborative partnerships to strengthen prevention efforts.** Most current child maltreatment resources and prevention strategies are focused on victims and their families—on individual rather than societal change.<sup>30</sup> While it is indisputable that victim-focused resources are a critical component of an effective response, there is much to be said for a community’s collective ability to reinforce prevention efforts and strengthen community values. Community members and organizations that partner and align efforts can achieve larger-scale impact together. For example, a youth-serving agency might partner with the local sexual assault center to provide cross-referrals, or a childcare provider can perform training in conjunction with a social services office or child advocacy organization. Such partnerships both strengthen community efforts to combat abuse and create resource and training efficiencies. For detailed information on how to initiate collaborative strategies, see the spring 2012 edition of the Virginia Child Protection Newsletter, “Partnering for Prevention.”<sup>31</sup>

“

Community members and organizations that partner and align efforts can achieve larger-scale impact together.

”



## How Can Adults Recognize and Respond to Child Sexual Abuse?

When child sexual abuse occurs in spite of all efforts to prevent it, rapid recognition and response on the part of parents, caregivers, or other adults close to the child can help stop the abuse before it occurs and help the child begin to heal. Sexual abuse can be difficult to recognize. Adults are more likely to recognize and respond to abuse if they remain observant of the behaviors of children around them. Recognizing abuse often requires adults to be familiar with normal and problematic sexual behaviors and aware of the most common signs of sexual abuse.

### Discerning between Normal Development and Problematic Sexual Behavior

Just as children learn about their fingers and toes, learning about the private parts of their bodies and curiosity about others’ bodies is a normal and healthy part of child development. There are, however, key differences between healthy, normal learning and unhealthy sexual conduct.



## Typical childhood sexual play and exploration...<sup>32</sup>

- ➔ occurs between children who play together regularly and know each other well
- ➔ occurs between children of the same general age and physical size
- ➔ is spontaneous and unplanned
- ➔ is infrequent
- ➔ is voluntary (the children agreed to the behavior; none of the involved children seem uncomfortable or upset)
- ➔ is easily diverted when parents tell children to stop and explain privacy rules

## Problematic sexual behavior...<sup>33</sup>

- ➔ occurs between children who do not know each other well
- ➔ occurs with high frequency and interferes with normal childhood activities
- ➔ is between children of different ages, sizes, and development levels
- ➔ is aggressive, forced, or coerced
- ➔ does not decrease after the child is told to stop the behavior
- ➔ causes harm to the child or others

LEARN  
MORE

Want to learn more about age-specific normative sexual behaviors? Check out:

☑ *Healthy Sexual Development: <http://www.d2l.org>*

☑ *Age-appropriate Sexual Behavior: <http://www.stopitnow.org>*

## Signs of Sexual Abuse

**It is not at all uncommon if a child shows no sign of abuse at all.**<sup>34</sup> When children do show signs of abuse, behavioral signs are more common than physical signs. Because behavioral

signs may result from stressful situations that do not involve abuse, it is important that caution be used when assessing the situation. However, if the child exhibits several of the following signs, it may merit examining the situation closer.

### Physical signs of abuse in children:<sup>35</sup>

- Difficulty walking or sitting
- Torn, stained, or bloody underclothing
- Pain or itching in the genital area
- Bruises or bleeding in the genital, vaginal, or anal area
- Venereal disease or pregnancy, particularly if under age 14

### Behavioral signs of abuse in children:<sup>36</sup>

- Bizarre, sophisticated, or unusual sexual behavior or knowledge, such as engaging in adult-like sexual activities with toys, objects, or other children; including aspects of sexual abuse in drawings, games, or fantasies; seductiveness; or using new or adult words for body parts
- Delinquency or conduct problems
- Depression, anxiety, or withdrawal from friends or family
- Increasingly secretive behavior concerning use of the internet or cell phone
- Intentional self-harm that may include drug/alcohol use, cutting, burning, running away, attempting suicide, and/or sexual promiscuity
- Newly-developed fear of certain places or resistance of being alone with an adult or young person for unknown reasons
- Nightmares, sleep problems, or extreme fears without an obvious explanation
- Propensity to run away
- Refusal to change for gym or to participate in physical activities
- Refusal to talk about a secret he or she has with an adult or older child
- Regressive behaviors depending on child's age (e.g., return to thumb-sucking or bed-wetting)
- Reports of sexual abuse
- Resistance to routine bathing, toileting, or removing clothes even in appropriate situations
- Sexual knowledge, language, and/or behaviors that are unusual and inappropriate for their age
- Special relationship with older friends that may include unexplained money, gifts, or privileges
- Sexual or frightening images incorporated into play, writing, drawings, or dreams
- Statements that their bodies are dirty or damaged, or fear that there is something wrong with them in the genital area
- Stomach aches or illness, often with no identifiable reason
- Sudden or unexplained personality changes: seems withdrawn, angry, aggressive, moody, clingy, or "checked-out," or shows "too perfect" behavior or significant changes in eating habits

## Problem behavior in adults:<sup>37</sup>

*When considering these signs, it is important to remember that child abusers are often individuals a child's family knows and trusts.*

*Following are some warning behaviors parents or caregivers involved in a child's sexual abuse may exhibit:*

- Be unduly protective of the child or severely limit the child's contact with other children, especially those of the opposite sex
- Be secretive and isolated
- Describe marital difficulties involving sexual relations or family power struggles

*Oftentimes, adults or older children who sexually abuse or may sexually abuse children might:*

- Refuse to let a child set his or her own limits
- Insist on physical contact (hugging, kissing, tickling, etc.), even when the child does not want the attention
- Be overly interested in the sexuality of a particular child or teen
- Seek to get time alone, or insist on time alone, with a child
- Spend all or most of their spare time with children and have little interest in spending time with adults
- Regularly offer to baby-sit or take children overnight
- Buy children expensive gifts or give them money for no apparent reason
- Frequently walk in on children or teens in the bathroom

“

The best possible outcome is to stop sexual abuse before it begins. Knowledge is the foundation of any effort to prevent abuse. Although education alone does not prevent victimization, it is a strong starting point for effective protective action. ”



# SPOTLIGHT

## The Collins Center

Harrisonburg, VA



The Collins Center provides prevention education and sexual assault treatment to children and teens in Harrisonburg and Rockingham County. The Center stands out for its incorporation of top national prevention programs, strong partnerships with other organizations to combat child sexual abuse, and effective reporting and treatment initiatives.

### Prevention Curriculum

*Darkness to Light* and *Stop It Now!* are leading national programs on child sexual abuse prevention and treatment. Each focuses on shifting primary responsibility for abuse prevention to adults and mobilizing individuals and communities to protect children through knowledge, conscious action, and improving communities. In collaboration with *Stop It Now!*, the Collins Center has held *Stop It Now!* dialogues on child sexual abuse annually since 2007.

In addition to these efforts, the Center sponsors an annual prevention training program for parents and early childhood professionals using the widely recognized *Care for Kids* and offshoot *Nurturing Healthy Sexual Development*<sup>38</sup> curricula. The ultimate goal of *Care for Kids* is to first develop healthy, supportive communities and to then prepare communities to recognize and respond to warning signs of child sexual abuse. Rather than relying on fear and focusing solely on sexual victimization the way many prior efforts did, these approaches emphasize positive messages relating to development, safety, and primary prevention. Their curricula:

“go beyond teaching adults and children about touching and telling. Lessons [teach] boys and girls to identify and empathize with the feelings of others...[and introduce consent] in age-appropriate ways. Adults are encouraged to openly communicate about [normal development] with children in order to reduce the silence, secrecy, and shame...”

“*Care For Kids* teaches parents and early childhood professionals to differentiate between healthy and harmful childhood behaviors related

to sex or sexuality... When any behavior becomes concerning or indicative of possible sexual abuse, [Care for Kids] teaches adults how to respond appropriately.”<sup>39</sup>

The intent of the program is to support healthy development in children and to teach parents how to respond appropriately without overreacting.

The trainings are offered at no cost to early childhood education professionals in Harrisonburg and Rockingham, Virginia.

The Collins Center has found success in its efforts to train community members through these programs by building on connections to the community of early childhood professionals. Partners include local hospitals, colleges, community non-profit organizations, and other child-serving agencies. To broaden the impact of these programs, the Center performs outreach at various summits and fairs, participates in collaborative community projects, and maintains an active social media presence.

## Response to Child Sexual Abuse

The Center operates a 24-hour sexual assault crisis hotline for Harrisonburg and Rockingham as well as a Child Advocacy Center. The Center offers therapy and counseling services to children, adolescents, families, and couples in English and Spanish for needs relating not only to child sexual abuse, but also other concerns, such as depression, anxiety, mental health, substance abuse, and parent-child relations.

## The Way Forward

Virginia has many excellent initiatives and resources relating to child abuse prevention and response. Efforts to make Virginia communities safer for children are well under way. Yet a striking number of children continue to experience child sexual abuse, and the cost to those children is immense. The damage to the well-being of the community and associated financial and human costs are too great to be ignored. Raising awareness among adults and children—not only of the true risks and prevalence of abuse, but also of ways to keep safe and prevent abuse—is imperative for Virginians. With more adults aware and active in protecting children, Virginians can lead the way in preventing abuse and help make Virginia a safer place for children.

[www.vakidsfirst.org](http://www.vakidsfirst.org)







# RESOURCES

## Toll-Free Hotlines

- ☑ **Prevent Child Abuse Virginia Parent Helpline** – 1-800-CHILDREN (1-800-244-5373) Open six days a week from 8 a.m. to 9 p.m. Alternatively, email trained specialists at [800Children@pcav.org](mailto:800Children@pcav.org) for a response within 48 hours.
- ☑ **Childhelp National Child Abuse Hotline** – 1-800-4-A-CHILD (1-800-422-4453) 24-hour hotline providing crisis assistance and local referrals
- ☑ **Virginia Child Abuse Hotline** – 1-800-552-7096  
Make a report of child abuse; language line available

## Virginia efforts to deal with child sexual abuse:

- ☑ **Virginia Department of Social Services** – [http://www.dss.virginia.gov/family/cps/mandated\\_reporters/cws5692/CWS5692%206.21.12.htm](http://www.dss.virginia.gov/family/cps/mandated_reporters/cws5692/CWS5692%206.21.12.htm) – online prevention, response, and reporting training module
- ☑ **Prevent Child Abuse Virginia** – <http://pcav.org/> – extensive resource library and helpline
- ☑ **Virginia Sex Offender Treatment Association** – <http://www.vsota.com/> – annual conference on sex offender treatment and victimization reduction
- ☑ **Virginia Child Protection Newsletter** – <http://psychweb.cisat.jmu.edu/graysojh/> – research and current practices in child welfare
- ☑ **Collins Center's Abuse Prevention Portal** – <http://www.thecollinscenter.org/resources/child-abuse-prevention/> – informational materials on abuse prevention and child development

## National resources on child sexual abuse (research, training materials, etc.):

- ☑ **Darkness to Light** – <http://www.d2l.org>
- ☑ **Stop It Now!** – <http://www.stopitnow.org>
- ☑ **National Sexual Violence Resource Center** – <http://www.nsvrc.org/>
- ☑ **Child Welfare Information Gateway** – <http://www.childwelfare.gov>
- ☑ **Enough Abuse Campaign** – <http://www.enoughabuse.org>
- ☑ **Association for the Treatment of Sexual Abusers** – <http://www.atsa.com/research>
- ☑ **National Children's Advocacy Center, Prevention Best Practices** – <http://www.nationalcac.org/calio-library/best-practices-prevention.html>
- ☑ **JustTell** – <http://www.justtell.org/>
- ☑ **Children's Safety Network** – <http://www.childrensafetynetwork.org/>
- ☑ **Pennsylvania Coalition Against Rape** – <http://www.pcar.org/>

<sup>1</sup> David Finkelhor, Heather Hammer, and Andrea J. Sedlak, "Sexually Assaulted Children: National Estimates and Characteristics," National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children, 7 (2008), accessed October 29, 2012, <http://www.ncjrs.gov/pdffiles1/ojjdp/214383.pdf>. As cited in NSVRC Child Sexual Abuse Prevention Programs for Children, [http://www.nsvrc.org/sites/default/files/Publications\\_NSVRC\\_Guide\\_Child-Sexual-Abuse-Prevention-programs-for-children.pdf](http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guide_Child-Sexual-Abuse-Prevention-programs-for-children.pdf).

<sup>2</sup> Centers for Disease Control and Prevention, "Adverse Childhood Experiences (ACE) Study Major Findings," <http://www.cdc.gov/ace/findings.htm>.

<sup>3</sup> Melissa J. Doak, *Child Abuse and Domestic Violence* (New York: Gale Cengage Learning, 2011) reports that 70 to 73 percent of child sexual abusers reported experiencing childhood sexual abuse themselves. M. Glasser, D. Campbell, A. Glasser, I. Leitch, S. Farrelly, "Cycle of Child Sexual Abuse: Links between Being a Victim and Becoming a Perpetrator," *The British Journal of Psychiatry* 179 (2001): 482–94 finds that sexual abuse victim experiences were positively correlated with being a perpetrator for males, but not for females.

<sup>4</sup> David Finkelhor, Heather Hammer, and Andrea J. Sedlak, "Sexually Assaulted Children: National Estimates and Characteristics," National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children, 7 (2008), accessed October 29, 2012, <http://www.ncjrs.gov/pdffiles1/ojjdp/214383.pdf>. Victor I. Vieth, Bette L. Bottoms, and Alison Perona, *Ending Child Abuse: New Efforts in Prevention, Investigation, and Training* (New York: The Haworth Maltreatment & Trauma Press, 2006).

<sup>5</sup> David Finkelhor, Sherry L. Hamby, Richard Ormrod, and Heather Turner, "The JVQ: Reliability, Validity, and National Norms," *Child Abuse and Neglect* 29 (2005): 383–412.

<sup>6</sup> MaryLee Floric and Matthew Broyles, *Sexual Abuse* (New York: The Rosen Publishing Group, Inc., 2012), 8.

<sup>7</sup> Centers for Disease Control and Prevention, "National Intimate Partner and Sexual Violence Survey 2010 Summary Report," (2011) 25, [http://www.cdc.gov/ViolencePrevention/pdf/NISVS\\_Report2010-a.pdf](http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf).

<sup>8</sup> David Finkelhor, Heather Hammer, and Andrea J. Sedlak, "Sexually Assaulted Children: National Estimates and Characteristics," National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children, 7 (2008), accessed October 29, 2012, <http://www.ncjrs.gov/pdffiles1/ojjdp/214383.pdf>. As cited in NSVRC Child Sexual Abuse Prevention Programs for Children, [http://www.nsvrc.org/sites/default/files/Publications\\_NSVRC\\_Guide\\_Child-Sexual-Abuse-Prevention-programs-for-children.pdf](http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guide_Child-Sexual-Abuse-Prevention-programs-for-children.pdf).

<sup>9</sup> Emily Douglas and David Finkelhor, "Childhood Sexual Abuse Fact Sheet," Crimes Against Children Research Center (2005), accessed September 29, 2012, <http://www.unh.edu/ccrc/factsheets/pdf/childhoodSexualAbuseFactSheet.pdf>.

<sup>10</sup> Parent may be biological or non-biological. From Andrea J. Sedlak, Jane Mettenburg, Monica Basena, Ian Petta, Karla McPherson, Angela Greene, and Spencer Li, *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*, table 6-2, page 6-5, accessed September 29, 2012, [http://www.acf.hhs.gov/sites/default/files/opre/nis4\\_report\\_congress\\_full\\_pdf\\_jan2010.pdf](http://www.acf.hhs.gov/sites/default/files/opre/nis4_report_congress_full_pdf_jan2010.pdf).

<sup>11</sup> Gene Abel and Nora Harlow, *The Stop Child Molestation Book* (Xlibris, 2001), as cited by the Child Molestation Research and Prevention Institute, [http://www.childmolestationprevention.org/pages/tell\\_others\\_the\\_facts.html](http://www.childmolestationprevention.org/pages/tell_others_the_facts.html).

<sup>12</sup> "[R]isk markers for child victimization include not living with both parents and residing in families characterized by parental discord, divorce, violence, and impaired supervisory capacities." David Finkelhor, "The Prevention of Child Sexual Abuse," *Preventing Child Maltreatment* 19 (2009), 171. *The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4)* found that sexual abuse rates were higher for children with no parent in the labor force (page 5-8, statistically marginal

difference) and children in rural counties (page 5-53, statistically significant difference).

<sup>13</sup> Gene Abel and Nora Harlow, *The Stop Child Molestation Book* (Xlibris, 2001), as cited by the Child Molestation Research and Prevention Institute, [http://www.childmolestationprevention.org/pages/tell\\_others\\_the\\_facts.html](http://www.childmolestationprevention.org/pages/tell_others_the_facts.html).

<sup>14</sup> MaryLee Floric and Matthew Broyles, *Sexual Abuse* (New York: The Rosen Publishing Group, Inc., 2012).

<sup>15</sup> Rochelle Hanson, Lisha Kievit, Benjamin Saunders, Daniel Smith, Dean Kilpatrick, Heidi Resnick, Kenneth Ruggiero, "Correlates of Adolescent Reports of Sexual Assault: Findings from the National Survey of Adolescents," *Child Maltreatment*, 8(4).

<sup>16</sup> David Finkelhor, Richard Ormrod, and Mark Chaffin, "Juveniles Who Commit Sex Offenses Against Minors," *Juvenile Justice Bulletin* (2009), accessed September 29, 2012, <https://www.ncjrs.gov/pdffiles1/ojdp/227763.pdf>.

<sup>17</sup> Ibid, table 2.

<sup>18</sup> Melissa Carpentier, Jane Silovsky, and Mark Chaffin. "Randomized Trial of Treatment for Children with Sexual Behavior Problems: Ten-year Follow-up" *Journal of Consulting and Clinical Psychology* 74 (2006): 482-8, as cited in David Finkelhor, Richard Ormrod, and Mark Chaffin, "Juveniles Who Commit Sex Offenses Against Minors," *Juvenile Justice Bulletin* (2009), accessed September 29, 2012, <https://www.ncjrs.gov/pdffiles1/ojdp/227763.pdf>. While Finkelhor et al. find that 36% of known offenders are juveniles, other estimates vary around the one-third mark.

<sup>19</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *Child Maltreatment 2010* (2011), <http://www.acf.hhs.gov/programs/cb/pubs/cm10/cm10.pdf>, accessed October 1, 2012.

<sup>20</sup> Violence Against Children: United Nations Secretary-General's Study, 2006; Save the Children, 10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys - Global Submission by the International Save the Children Alliance to the

UN Study on Violence Against Children. Oslo, 2005.

<sup>21</sup> Cynthia Simpson, Rebecca Odor, and Saba Masho, *Childhood Sexual Assault Victimization in Virginia*, Virginia Department of Health Center for Injury and Violence Prevention (2004), accessed October 3, 2012, [http://www.vahealth.org/Injury/sexualviolence/documents/older/Childhood\\_Sexual\\_Assault\\_Victimization\\_in\\_Virginia\\_2004.pdf](http://www.vahealth.org/Injury/sexualviolence/documents/older/Childhood_Sexual_Assault_Victimization_in_Virginia_2004.pdf), 9-10.

<sup>22</sup> Ibid. Nationally, the figures are closer to 1 in 3 women and 1 in 7 men. David Finkelhor, Heather Hammer, and Andrea J. Sedlak, "Sexually Assaulted Children: National Estimates and Characteristics," National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children, 7 (2008), accessed October 29, 2012, <http://www.ncjrs.gov/pdffiles1/ojdp/214383.pdf>.

<sup>23</sup> Saba Masho and Rebecca Odor, *Prevalence of Sexual Assault in Virginia*, Virginia Department of Health Center for Injury and Violence Prevention (2003), accessed October 3, 2012, <http://www.vahealth.org/injury/sexualviolence/varapelaws/documents/2009/pdfs/surveillancereport.pdf>.

<sup>24</sup> Unfortunately, evidence-based or best practices in child sexual abuse prevention (as separate from child maltreatment, generally, or sexual assault of adults and adolescents, but not children) have not been firmly established. Additional research is required to identify which programs and strategies are most effective at preventing sexual abuse. Therefore, the strategies outlined in this section are those that have some research backing and are widely accepted by professional trade groups and child sexual abuse advocacy groups.

<sup>25</sup> Observational studies on whether educational programs prevent child sexual abuse have mixed findings, but taken as a whole they point to the efficacy of youth education. See David Finkelhor, "The Prevention of Child Sexual Abuse," *Preventing Child Maltreatment* 19 (2009), 181.

<sup>26</sup> Deborah Daro and Kenneth A. Dodge, "Creating Community Responsibility for Child Protection: Possibilities and Challenges," *Future of Children* 19 (2009): 67-93, [http://futureofchildren.org/futureofchildren/publications/docs/19\\_02-04.pdf](http://futureofchildren.org/futureofchildren/publications/docs/19_02-04.pdf).

<sup>27</sup> Further detail on strategies to minimize risk of child sexual abuse is available in Darkness to Light's booklet "7 Steps to Protecting Our Children: A Guide for Responsible Adults," or at [http://www.d2l.org/site/c.4dICIJOkGcISE/b.6241183/k.B070/Step\\_2\\_Minimize\\_Opportunity.htm](http://www.d2l.org/site/c.4dICIJOkGcISE/b.6241183/k.B070/Step_2_Minimize_Opportunity.htm).

<sup>28</sup> "Mandatory Reporters of Child Abuse and Neglect: Summary of State Laws," [http://www.childwelfare.gov/systemwide/laws\\_policies/statutes/manda.cfm](http://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm) and Virginia Code § 63.2-1509.

<sup>29</sup> Additional guidance on what preventive education efforts in schools work is available in David Finkelhor, "The Prevention of Childhood Sexual Abuse," *The Future of Children* 19 (2009): 69.

<sup>30</sup> "Partnering for Prevention," Virginia Child Protection Newsletter 94 (2012): 5, <http://psychweb.cisat.jmu.edu/graysojh/pdfs/Volume094.pdf>.

<sup>31</sup> Ibid.

<sup>32</sup> National Child Traumatic Stress Network, "Sexual Development and Behavior in Children: Information for Parents and Caregivers," 2009, accessed October 8, 2012, <http://www.hss.state.ak.us/ocs/Publications/pdf/sexualdevelop-children.pdf>.

<sup>33</sup> National Center on Sexual Behavior of Youth, "Sexual Development and Sexual Behavior Problems in Children Ages 2-12," 2004, accessed October 8, 2012, <http://www.ncsby.org/Sexual%20Development%20of%20Children.pdf>.

<sup>34</sup> Darkness to Light, "7 Steps to Protecting Our Children: A Guide for Responsible Adults," 2. Deborah Daro and Kenneth A. Dodge, "Creating Community Responsibility for Child Protection: Possibilities and Challenges," *Future of Children* 19 (2009): 67-93, <http://>

[futureofchildren.org/futureofchildren/publications/docs/19\\_02-04.pdf](http://futureofchildren.org/futureofchildren/publications/docs/19_02-04.pdf).

<sup>35</sup> Prevent Child Abuse New York, "Child Sexual Abuse," [http://www.preventchildabuseny.org/files/3713/0392/0542/sexabuse\\_factsheet.pdf](http://www.preventchildabuseny.org/files/3713/0392/0542/sexabuse_factsheet.pdf).

<sup>36</sup> Compiled from Stop It Now! *Prevent Child Sexual Abuse*, [http://www.stopitnow.org/files/Prevent\\_Child\\_Sexual\\_Abuse.pdf](http://www.stopitnow.org/files/Prevent_Child_Sexual_Abuse.pdf); American Psychological Association, *Child Sexual Abuse: What Parents Should Know*, <http://www.apa.org/pi/families/resources/child-sexual-abuse.aspx>; American Academy of Child & Adolescent Psychiatry, *Facts for Families: Child Sexual Abuse*, 9 (2011), [http://www.aacap.org/galleries/FactsForFamilies/09\\_child\\_sexual\\_abuse.pdf](http://www.aacap.org/galleries/FactsForFamilies/09_child_sexual_abuse.pdf); Darkness to Light, "7 Steps to Protecting Our Children: A Guide for Responsible Adults;" and [http://www.preventchildabuseny.org/files/3713/0392/0542/sexabuse\\_factsheet.pdf](http://www.preventchildabuseny.org/files/3713/0392/0542/sexabuse_factsheet.pdf).

<sup>37</sup> American Psychological Association, *Child Sexual Abuse: What parents should know*, at <http://www.apa.org/pi/families/resources/child-sexual-abuse.aspx>, accessed 1 October 2012, and Prevent Child Abuse New York, "Preventing Sexual Abuse: Tips for Parents," [http://www.preventchildabuseny.org/files/7913/0392/0416/prevent\\_sexabuse.pdf](http://www.preventchildabuseny.org/files/7913/0392/0416/prevent_sexabuse.pdf).

<sup>38</sup> *Nurturing Healthy Sexual Development* is a program that Prevent Child Abuse Vermont adopted based upon the principles of *Care for Kids*. This training for professionals is adapted to be more basic than *Care for Kids*, maintaining a focus on understanding healthy sexual development.

<sup>39</sup> Angie Strite, "Promising Practices: The Collins Center on Care for Kids," *Moving Upstream* 4 (2008): 2, <http://www.vsdvalliance.org/secPublications/Moving%20Upstream%204-1.pdf>.

*This publication was supported in part by Cooperative Agreement Number 5VF1CE001141-05 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.*



The Family & Children's Trust Fund of Virginia  
801 E. Main Street, 15th Floor  
Richmond, VA 23219-2901  
Phone: (804) 726-7604  
Fax: (804) 726-7088  
[www.vakidsfirst.org](http://www.vakidsfirst.org)

Communitas Consulting  
[www.communitasconsulting.com](http://www.communitasconsulting.com)  
Charlottesville, Virginia