

A LITERATURE REVIEW ON SCHOOL CHILD SEXUAL ABUSE PREVENTION
PROGRAMS

by

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ABSTRACT

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Child sexual abuse is a problem occurring at alarming rates in our society.

Although the number of substantiated cases of child sexual abuse in the United States is startling, these astronomical statistics do not represent the total number of child sexual victimizations. Most children do not disclose their abuse, with reasons varying from embarrassment, a sense of normalization surrounding the abuse, and fear of consequences if they disclose the abuse (Palmer, Brown, Rae-Grant, & Laughlin, 1999).

In the late 1970s schools started implementing child sexual abuse prevention programs to help with this problem (Kohl, 1993, cited in Roberts & Miltenberger, 1999). School child sexual abuse prevention programs help promote disclosure of past abuse and prevent future abuse of students. The purpose of this research project was to examine the literature on child sexual abuse prevention programs in schools to see what effects these programs have. Areas reviewed in this paper include facts on child sexual abuse, what

school child sexual abuse prevention programs look like, two specific curricula, and evaluations of these programs.

Research shows that most school districts offer some sort of child sexual abuse prevention program (Kohl, 1993, cited in Roberts & Miltenberger, 1999). Since school child sexual abuse prevention programs vary, evaluations of such programs differ. Overall, prevention programs appear to offer far more positive than negative affects on children. In general, students who were involved with these programs tend to have a better understanding of various aspects on child sexual abuse. Programs that involve the students in activities and occur repeatedly over time seem to offer the best results (Davis & Gidycz, 2000).

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CHAPTER I: INTRODUCTION

Recent high profile cases against the Catholic Church and Michael Jackson have brought national attention to the problem of child sexual abuse (CSA). CSA is a societal issue that is occurring at alarming rates. In 2002, 10% of the 879,000 substantiated cases of child abuse and neglect in the United States were sexual abuse (U. S. Department of Health and Human Services, 2003). Of the 40,215 reported cases of child abuse and neglect in Wisconsin in 2001, 4,606 were substantiated cases of sexual abuse (Office of Policy, Evaluation and Planning Division of Children and Family Services Department of Health and Human Services, 2001). The Children's Trust Fund took this statistic and determined that CSA occurred every 52 minutes in Wisconsin (Prevent Child Abuse Wisconsin, 2003).

In understanding the true scope of the problem, it is helpful to examine who the perpetrators and victims are in cases of CSA. According to Hagans and Case (1988), "There is no one valid profile for all sexual molesters. All ages, all economic groups, all levels of intelligence, all races, and all religions are represented in the background of people that have molested children" (p. 4). Most of the perpetrators of CSA are reported to be juveniles; also most of adult and juvenile perpetrators are reported to be males (Fieldman & Crespi, 2002) and 78% of perpetrators are reported to be someone who the victim knows (Dube & Hebet, 1998, as cited in Roberts & Miltenberger, 1999). Males are most often sexually abused by strangers, while female victims usually know their perpetrators (Finkelhor, Hotaling, Lewis, & Smith, 1990, as cited in Roberts & Miltenberger, 1999). Pendergast comments that children are taught to "obey all authority

figures, including teachers, policemen, scout masters, and Big Brothers, all groups well represented among child and adolescent molesters” (1996, as cited in McDaniel, 2001, p. 207). Given this fact, it is not surprising that most children do not disclose their abuse.

CSA can occur in virtually any family. Race, ethnicity, and family socioeconomic status do not play a role in CSA victimization (Putnam, 2003). Studies estimate that CSA occurs in one out of four girls and one out of ten boys (Fieldman & Crespi, 2002).

Children of all ages are the victims of CSA. In 1998 63.9% of the victims were seven years old and younger (Putnum, 2003). On average, one-third of victims of reported CSA cases are under the age of six (Mian, Wehrspann, Klajner-Diamond, LeBaron, & Winder, 1986, as cited in Roberts & Miltenberger, 1999). Research suggests that the typical age in which the first incident of sexual abuse takes place is between seven and nine (Finkelhor et. al., 1990, as cited in Roberts & Miltenberger, 1999).

Victims of CSA are likely to experience physical, emotional, and social problems. The severity of the effects of CSA varies from individual to individual. A child’s personality, social support, the severity of the abuse, and the victim’s relationship to the perpetrator play a role in the symptoms he or she experiences (Webster, 2001). “The short-term impact of sexual abuse in childhood has led to depression, anxiety, anger, and fear” (Murray, 2000, p. 220). In addition, children might display hyperactive behavior, have sleeping difficulties, complain of physical ailments, and experience problems with relationships (White & Allers, 1994, as cited in James, 1999). Some long-term effects include post-traumatic stress disorder (PTSD), anxiety, depression, poor self-esteem, suicidal thoughts, alcohol or drug abuse, sexuality issues, and eating disorders (Whealin, 2003). Around 50% of victims fully or partially meet the standards for PTSD (Yet,

McLeer, Deblinger, Henry, & Orvaschel, 1992, as cited in Webster, 2001). Bromberg and Johnson (2001) noted that there seems to be a correlation between CSA victims and academic problems.

The findings of a study conducted by Darves-Boroz, Choquet, and Ledoux found that boys who are sexually abused tended to have more suicide attempts, violent acts, alcohol and other drug abuse, and run away from home more often than sexually abused girls (1998, as cited in Heru, 2001). In general, younger children experiencing CSA tend to be at greater risk for long-term emotional and social problems (Tremblay, Herbert, & Picke, 1999, cited in Webster, 2001).

The laws regarding child abuse and neglect have evolved over time (Giardino & Giardino, 2002). Initially, the United States followed English common law and children were viewed as property of their parents. Thus, there were few parents prosecuted for child abuse and neglect. In 1874 New York did not have any state laws that protected children from abuse (Berkan & Kadushin, 1993). An adopted girl, Mary Ellen, from New York was being abused by her adoptive parents. The Society for the Prevention of Cruelty to Animals attempted to help Mary Ellen by taking the case to court claiming since Mary Ellen was a member of the animal kingdom she had the same legal protection as animals. The use of this argument was a success. With the findings of this case child protection services began in the United States.

At this point, from 1874 until 1962, society still had a hard time believing parents could abuse their own children (Berkan & Kadushin, 1993). In 1962 Doctor Henry Kempe testified in court regarding the issue of parent inflicted child abuse. Doctor Kempe originated the term “abused child syndrome,” which allowed abuse to be

substantiated by a medical diagnosis (Giardino & Giardino, 2002). An increased number of child abuse and neglect cases were involved in prosecution because of this medical support of diagnosing abuse. By 1967 every state adopted a law requiring physicians to identify suspected cases of child abuse and neglect. As time passed, states expanded their list of mandated reporters and added the steps of “identification to investigation and intervention” in child abuse cases (Giardino & Giardino, 2002, p. 311).

The passing of several federal legislations has affected the prevention of child abuse and neglect in United States (Giardino & Giardino, 2002). The 1974 Child Abuse Prevention and Treatment Act specifies how much federal funding states can receive based on the child abuse and neglect prevention and treatment programs they have. The 1977 Federal Protection of Children Against Sexual Exploitation Act helps prosecute individuals who publish and distribute materials that expose children in a sexual manner. In 1980 the Adoption Assistance and Child Welfare Act was passed. This act requires states to attempt to keep abused children with their parents. When children are placed in alternative placements, the state has the responsibility of reviewing the need of the out of home placements every six months. The Adoption and Safe Families Act, 1997, requires states to find permanent placements for children who are placed in alternative placement for longer than 15 months. Although laws have evolved to protect children from abuse and neglect, in today’s society children are not being adequately protected from sexual abuse. For example, few cases of CSA are prosecuted with the likelihood of prosecution greater when perpetrators are strangers to the family (McDaniel, 2001).

Child sexual abuse prevention programs started near the end of the 1970s, when public awareness on CSA heightened (Roberts & Miltenberger, 1999). In 1983, Russell

conducted the first study on child sexual abuse (Bolen, 2003). Thirty-eight percent of the respondents in this study had been a victim of CSA. Public awareness motivated schools to implement prevention programs. Initially, adult strangers were considered the perpetrators; hence, the “stranger danger” programs began at the elementary schools. Eventually programs expanded to discuss the possibility of the perpetrators being someone known to the children. Today CSA school prevention programs vary in how they are run, who runs them, and what age level they target (Davis & Gidycz, 2000). “A survey of 400 school districts in the United States found that over 85% had offered a prevention program in the past year, and 64% of these districts mandated programs” (Daro, 1994, cited in Davis & Gidycz, 2000, p. 257).

Goldman, Salus, Wolcott, and Kennedy (2003) defined three levels of prevention efforts for child abuse and neglect by determining where child abuse and neglect activities take place: the primary, secondary, and tertiary levels. Primary prevention is directed towards community members to prevent abuse and neglect before it starts. Secondary prevention is geared towards at-risk families to help reduce stressors that might cause abuse and neglect. Tertiary prevention focuses on helping families where abuse has occurred by reducing stressors and helping prevent further abuse from happening.

There are four main prevention program models (Goldman et al., 2003). The four models include: public awareness activities, parent education programs, skills-based curricula for children, and home visitation programs. Schools usually use primary prevention activities by combining the use of skills-based curricula for students and parent education programs. Some examples of skills-based curricula for prevention of

CSA “include programs such as *Talk about Touching, Safe Child, Reach, Recovery, Challenge, Good Touch/Bad Touch, Kids on the Block, and Illusion Theater*” (p. 45).

Students gain knowledge through lessons, activities, videos, and assignments.

In spite of the seemingly high number of CSA victims cited earlier, the statistics, in all likelihood, do not adequately represent the total number of victims. Every potential reporter’s interpretation of the definition of CSA varies; this lack of consistency on definitions possibly leads to a lower number of reported CSA cases. In addition, just because a case of CSA is reported to local human services does not mean it will be substantiated. There are cases of CSA that get determined unsubstantiated because of lack of evidence.

Another reason for the lack of accuracy of CSA statistics is that many CSA victims do not disclose their abuse. Research suggests that the major reasons for lack of disclosure are “fear of consequences, self-blame, lack of awareness, and difficulty in talking about the abuse” (Palmer et al., 1999, p. 260). Yet another reason for victims not disclosing is because of a lack of, or a perceived lack of, social support. Children might also have repressed memory of the abuse (Fieldman & Crespi, 2002). In cases of repressed memory, the abuse might never be recalled or the memory might resurface sometime in the future.

Statement of the Problem

Prevention efforts in schools as well as in the community and society might well prevent the negative consequences of CSA. Prevention efforts can be implemented within schools to prevent CSA and stop its occurrence by helping students disclose abuse they.

This will hopefully reduce the harmful short-term and long-term symptoms that victims suffer.

The purpose of this paper is to review the literature on child sexual abuse prevention programs in schools and examine the effects of these measures.

Research Questions

The following research questions guided this review:

1. What are the facts on CSA of which teachers and parents should be aware?
2. What are the symptoms of CSA?
3. What is an educator's role in handling suspected cases of CSA?
4. What does CSA prevention look like in schools?
5. What are the effects of CSA prevention in schools?

Definition of Terms

Listed below are the definitions of some important terms used in this paper.

Child sexual abuse: physical and non-physical sexual contact with a person under the age of 17, including attempted or completed oral, vaginal, or anal intercourse, contact with vagina, penis, or breasts, inappropriate kissing, hugging or excessive groping, viewing or taking pictures of the child nude, or exposing the child to pornographic material (Goldman et al., 2003).

Disclosure: act of telling someone about the abuse.

Perpetrator: person who commits sexual assault of the child.

Prevention: measures taken to prevent or stop sexual abuse from taken place.

Substantiated abuse: abuse confirmed by authorities to have occurred.

Victim: child who has encountered the sexual abuse.

Assumptions and Limitations

There are several assumptions and limitations to this literature review. One assumption made by the researcher before starting this project was that CSA prevention programs in schools would offer some benefits to students. One limitation is that although an attempt was made by the researcher to review all relevant research on CSA prevention measures in schools, some research might have been overlooked. In addition, other CSA prevention measures, such as prevention efforts outside of the schools, were outside the scope of this review and therefore were not explored.

CHAPTER II: LITERATURE REVIEW

Chapter two will be a review of CSA prevention programs in schools. First the education of school personnel and parents will be addressed, as it is an important step in prevention programs. Secondly, educators' role in handling suspected cases of CSA will be discussed. The next part of this chapter will focus on the education of students to prevent CSA by outlining key objectives of school prevention programs. After examining the main goals of school prevention programs, two specific skills-based curricula for school prevention programs will be reviewed: the *Reducing Vulnerability* program and the *Keeping Kids Safe* program (Fink, 1998; Tobin & Kessner, 2002). The final section of this chapter will be a review of current literature on CSA preventive programs in schools and the effect of these efforts.

Facts on CSA

It is important for educators and parents to be knowledgeable about the topic of CSA in order for them to be successful in their prevention efforts. Knowing who the typical victims and perpetrators are in CSA cases is vital. One study conducted by researchers at the University of Pennsylvania found around 4% of the perpetrators of CSA were strangers and the remaining cases were committed by friends and family (New numbers define children's sexual exploitation, 2001). Groth described two types of child molesters: the regressed and fixed (n.d., as cited in Hagens & Case, 1988). Regressed molesters are characterized as being sexually attracted to adults, however sexually abuse children because of various stressors in their lives. This type of molester usually benefits from community-based treatment. In contrast, fixed molesters usually require treatment

in a restricted setting. Fixed molesters are sexually attracted to young children instead of adults.

Statistics show that most perpetrators are juveniles (Fieldman & Crespi, 2002). This statistic is particularly important for educators to keep in mind as it indicates that educators will most likely work with both victims and perpetrators of CSA. In one study, 48% of juvenile perpetrators had been physically abused and 95% were sexually abused (Pithers, Gray, Busconi, & Huchens, 1998, as cited in Fieldman & Crespi, 2002). In addition, most perpetrators tended to have other family members who had been abused. Offenders who were abused before the age of five were twice as likely to abuse children under the age of five (Veneziano, 2000, as cited in Fieldman & Crespi, 2002). Perpetrators victimized by males are twice as likely to choose male victims and those abused by fondling were seven times more likely to abuse others in this way.

Perpetrators use a variety of tactics to prevent their victims from disclosing. One tactic used by perpetrators of all ages is known as desensitization (Berliner & Conte, 1990, as cited in Fieldman & Crespi, 2002). Desensitization is where the perpetrator displays caring and compassion towards the child to get closer and obtain access to the potential victim. A second tactic is the use of threats. Juveniles tend to use more threats than adults. Perpetrators who victimize family members generally use their relationship with the victim to prevent disclosure. Also, perpetrators of CSA say they search for children who they think will keep the abuse to themselves (Ko & Cosden, 2001).

CSA affects children of all gender, ages, cultures, and from all socioeconomic backgrounds (Putnam, 2003). The estimated occurrence of CSA is high. Research suggests one in four girls and one in ten boys is a victim of CSA (Fieldman & Crespi,

2002). According to the U. S. Department of Health and Human Service in 1998, 10% of CSA victims were three years old and younger, 28.4% were four to seven years old, 25.5% were eight to 11, and 35.9% were 12 years and older (as cited in Putnam, 2003). “Child sexual abuse occurs 2-5 times more often among females than among males. Yet such abuse of girls is far more often perpetrated by males, with estimated rates as high as 86-94%” (Green & Kaplan, 1994, as cited in Schechter, Brunelli, Cunningham, Brown, & Baca, 2002, p. 40).

Educator’s Role

Educators play an important role in child protection services (Goldman et al., 2003). They serve as a source of knowledge to parents and students on preventative abuse measures. In doing this, they have to be knowledgeable and aware of variables that put families at an increased risk of experiencing abuse, know how to recognize symptoms of abuse, and know how to respond to suspected cases of abuse.

Although CSA does not affect particular set groups of families, there are variables that put families at risk for child abuse and/or neglect (Goldman et al., 2003). The variables can be grouped into four categories: parent, family, child, and environment. Parent variables include age, knowledge, substance abuse issues, history of abuse, mental health, and personality make-up. Family factors are situational, such as marital or financial problems that the family is dealing with. Age, disabilities, and personality make-up are some examples of child variables. Environmental variables are usually a combination of the parent, family, and child variables.

Kaufman and Zigler stated that “One review of the relevant research suggested that about one-third of all individuals who were maltreated will subject their children to

maltreatment” (1993, as cited in Goldman et al., 2003, p. 28). A review of the figures on child abuse cases from 42 counties determined that children who live with only one parent are more likely to experience sexual abuse than those living in two parent homes. A study by the National Research Council found that of 156 victims of CSA, only 31% lived with both biological parents (2001, as cited in Goldman et al., 2003). A total of 27% of the victims in this study lived with their mother and her significant other. The chances of a child experiencing sexual and physical abuse along with neglect increases when he or she lives in a violent neighborhood (Cicchetti & Manly, 1997, as cited in Goldman et al., 2003).

In addition to providing intervention services for at risk populations, educators also play an important role in identifying suspected cases of abuse (Woody, 2002). Educators need to recognize signs and symptoms of abuse and be able to properly handle situations involving suspected abuse. It is difficult to determine if a child has been sexually abused. As Nurcombe, Wooding, Marrington, Bickman, and Roberts (2000) state, “sexual abuse is an experience, not a disorder. Its manifestations and contexts are quite diverse” (p. 97).

One way to be prepared is to be knowledgeable about general signs and symptoms that a victim might display. Some physical signs that a child might be sexually abused include difficulty walking, sitting, or going to the bathroom (Nurcombe et al., 2000). There are many behaviors that have been associated with CSA. Some of the many possible behavioral symptoms might include truancy, difficulties sleeping or eating, consistent complaints of physical problems, difficulty trusting others, withdrawn behavior, inappropriate sexual behavior, aggressiveness, substance abuse, low self-

esteem, intense fears and anxieties, any sudden changes in behavior (for example, drop in grades), becoming depressed, and a regression in overall behavior. Regression in behavior refers to reverting back to previous childlike behavior: crying, having accidents in one's pants (after being potty trained for a period of time), and thumb sucking.

According to Wisconsin statutes (48.981), the "child abuse law," identifies educators as mandated reporters (Goldman et al., 2003). Educators are legally required to report any suspected abuse of students to human services. In 2000 educators made the most referrals of child abuse and neglect out of all possible referral sources. Since research shows that most sexual abuse is not disclosed by children, educators need to remember they can not rely solely on disclosure when reporting sexual abuse (Murray, 2000). Reports should be filed when children are displaying concerning physical, social, or behavioral symptoms.

In one study of 116 substantiated cases of CSA, 72% of the children initially denied the abuse (Sorensen & Snow, 1991, as cited in Palmer, 1999). In addition, only 26% of the children in this study intentionally disclosed their abuse. "The conditions/motivations that contributed to disclosure by the children were educational awareness through school programs (24%); anger (24%); timeliness (everything fell into place) (22%); proximity to perpetrator (departure or arrival) (10%); peer influence (teens) (10%); and other (10%)" (p. 26). Summit developed a theory, which is supported by research, called the Child Sexual Abuse Accommodation Syndrome (Faller, 2000). According to this theory, "children's responses to child sexual abuse compromise five stages: 1) secrecy, 2) helplessness, 3) entrapment and accommodation, 4) delayed, unconvincing disclosure, and 5) recantation" (p. 315).

Despite the fact that educators are legally required to report suspected cases of child abuse and neglect, there are many educators, and other mandated reporters, who have failed to report suspected cases of abuse for a variety of reasons. One reason for lack of reporting by some professionals is they are not knowledgeable about their responsibility to report (Goldman et al., 2003). It is also common for professionals to have feelings of not wanting to cause problems for families. Some professionals also rely on their personal judgment to determine whether or not the abuse is occurring. Again, the lack of consistency among people on what is considered CSA comes into play here.

Finally, most professionals feel a sense of frustration with human services because of the lack of action pertaining to previous reports that were made (Goldman et al., 2003). Unfortunately, even though the law requires mandated reporters to report suspected cases of abuse, there is no guarantee that something will be done to prevent the child from further harm. Professionals need to be aware that reporting suspected cases of abuse is their responsibility and that each report of suspected abuse to human services increases the chances of the child receiving help.

Educators need to know how to respond to suspected cases of CSA. If a child discloses sexual abuse, the reaction he or she receives has a major impact on his or her recovery (American Academy of Child & Adolescent Psychiatry, 1999). To help ensure a positive recovery, educators should handle disclosure of abuse from children by allowing them to talk openly about their abuse, listening and responding in a nonjudgmental way, communicating to them they made the right choice in disclosing, ensuring them they did not cause the abuse, and, finally, gathering the information and making a report to the authorities. In addition, it is important to remember not to say anything negative about the

perpetrator when the child is disclosing abuse (Berkan & Kadushin, 1993). Children might take any negative message and internalize it as being directed at them. When reporting a suspected case of abuse to the local human services, typically, the following information is needed: name of potential victim, date of birth, address, family information, and information regarding the abuse (Goldman et al., 2003).

School CSA Prevention Programs

School sexual abuse prevention programs started in the late 1970s (Kohl, 1993, as cited in Roberts & Miltenberger, 1999). Current sexual abuse prevention programs vary greatly in how they are implemented from school district to school district. In general, prevention programs teach children how to say no if a person touches them inappropriately, to leave the situation, and to tell an adult about what happened. The majority of programs implemented today are geared towards elementary students and most preventive education takes place during one day (Roberts & Miltenberger, 1999). One study of CSA prevention programs in 100 Texas elementary schools found less than half of the schools offered separate prevention programs; most of the surveyed schools incorporated prevention efforts into guidance and health curriculum or did it as needed (Lanning, Ballard, & Robinson, 1999). Overall, 88% of elementary schools in United States provide CSA prevention to students (Ko & Cosden, 2001).

The most common method for teaching students prevention skills is behavioral skills training (Roberts & Miltenberger, 1999). This method involves giving students information, modeling skills, rehearsing the skills, and then giving the students feedback. Group activities, puppet shows, videos, and books are some ways in which prevention information is delivered to students using behavioral skills training. Preventive efforts

using behavioral skills training usually involves the delivery of information to small groups of students over several days. Students are exposed to several different case scenarios that involve good touch and bad touch by strangers and people they know. Most of the CSA prevention programs implemented at the elementary level have some sort of evaluation (Kohl, 1993, as cited in Roberts & Miltenberger, 1999). The majority of the evaluation procedures use a pretest and a posttest to assess students' knowledge of CSA.

Preventative programs implemented at middle and high schools differ from the preventive efforts at the elementary schools (Greytak, 2003). The focus of preventive efforts geared towards teenagers is rape prevention. Education typically is delivered to students, sometimes segregated by gender and sometimes offered to a combined audience, during one hour on a particular day by an outside agency. These presentations include sexual assault victim presentations, role plays, videos, lectures, and other activities involving student participation. Goals of rape prevention programs are

to raise awareness of the prevalence of sexual assault, to encourage the use of behaviors to reduce the risk of being involved in a sexual assault either as a victim or an offender, to provide knowledge of resources for victims of sexual violence, and to equip students with victim supportive attitudes and skills (p. 3).

In educating students about sexual assault laws, the hope is that more students will come forward to disclose incidences of abuse. Contrary to programs for elementary students, programs for teenagers look at students as being potential victims, witnesses, perpetrators, and/or friends of the victims (Whatley & Trudell, 1989, as cited in Greytak,

2003). Programs at the secondary levels tend to use fewer, if any, evaluation methods than programs at elementary schools.

Dempze (2000) conducted a study on five school districts in Wisconsin to examine their CSA prevention services. The five school districts involved in this study were Green Bay, Eau Claire, Wisconsin Rapids, Merrill, and Chippewa Falls. In this study, CSA preventative education was more prevalent at the elementary levels than the secondary levels. Protective behaviors were presented to every grade level at four out of the five surveyed elementary schools. All the surveyed elementary schools used some resources from the community to deliver their prevention services. The majority of CSA education was provided by guidance counselors. On the contrary, the counselors at the secondary levels indicated CSA prevention was done by teachers in the classrooms and professionals from the community.

Curricula for School CSA Prevention Programs

Reducing Vulnerability program. Fink (1998) developed prevention curriculum and divided it into the three units of child sexual abuse prevention, teasing, bullying, sexual harassment prevention, and child abduction prevention. Each of the units is subdivided into two sections. The first section contains factual information for educators to help them get a better understanding of the problem and the second section contains curriculum materials. At the end of the information for educators, there is a list of resources such as books and videos on CSA for educators, parents, and children. Preventative information is delivered by teachers to students in grades kindergarten through sixth grade. Teachers start with activities in unit one, then proceed to unit two, and finally finish up with information from unit three. The CSA prevention concepts that

are taught in unit one are expanded on in the other units. CSA prevention concepts are taught through videos, books, games, role plays, and discussions regarding scenarios.

Fink (1998) recommends sending a letter home to parents before implementing the CSA prevention curriculum. There are several key points to CSA prevention. First of all, children need to have self-esteem building activities. These activities help increase their self-confidence, which in turn leads to an increase in their desire to take care of themselves. Secondly, students need to be taught that there are good touches, bad touches, and confusing touches. Students need to pay attention to their feelings regarding the different kinds of touches. When they have bad feelings regarding a touch, they need to understand it is okay to say no. Children need to know it is okay to say no even when it is an adult that is doing the touching. In addition, students need to be informed about good secrets and bad secrets. No one has the right to make someone keep a bad secret. Children need to practice saying no in an assertive manner and naming different trusted adults who they could tell if they have a problem.

The *Reducing Vulnerability* curriculum for kindergarten through sixth grade has five goals (Fink, 1998). The five goals are:

- Students will learn that there are different kinds of touches - good, bad, confusing - and that different touches result in different feelings.
- Students will learn the importance of paying attention to their feelings and trusting them.
- Students will learn that their bodies belong to them. No one has a right to touch them in ways that make them feel uncomfortable.
- Students will learn that it's OK to say no to adults, their peers, or anyone who

who makes them feel uncomfortable in any way. They will learn the importance of saying no in different ways and in a loud, assertive voice.

-Students will learn the importance of telling a trusted adult to get help when they have been improperly touched, or hurt, or made to feel uncomfortable. They will also learn to keep telling a trusted adult until someone believes them (p. 35).

Keeping Kids Safe program. The *Keeping Kids Safe* program includes conducting an educator's in-service training, a parent workshop, and a children's workshop (Tobin & Kessner, 2002). Educators attend a training one to two weeks prior to the delivery of the prevention education to children. This training typically lasts around an hour and includes information on signs of abuse, disclosure of abuse, and how to support children after the delivery of the prevention education. The parent workshop is held for approximately one and a half hours, one week prior to the children's workshop. Parents are educated on CSA information and preventative exercises and given information on disclosure. Children are required to have their parent's permission prior to their attending the workshop. Preventative information is delivered by two or three professionals to children during two days. Information is delivered for an hour each day.

There are several goals of the staff and parent meetings (Tobin & Kessner, 2002). One is to help adults realize the best protection against CSA is to teach children how to protect themselves. Secondly, the fact that CSA can happen to any family is stressed. When CSA does happen, the child is never at fault. Thirdly, there are correct ways in which adults handle disclosure of abuse from children and there are actions that can be detrimental to the child. Parents and teachers need to be aware of these correct and incorrect ways of handling disclosure. Also, parents and teachers need to be

knowledgeable on what the signs and symptoms are for child abuse. Lastly, adults need to know how to talk to children regarding CSA.

This program has some key concepts in teaching children preventative measures (Tobin & Kessner, 2002). Personal body safety is the primary purpose of this program, not sex education. Presenters share possible uncomfortable situations with children and create possible solutions together with them. Three kinds of touches are discussed. The first one is a “heart” touch. This is a good touch. The second kind of touch is a “no” touch. This kind of touch is a bad touch that makes a person feel uncomfortable. The third type of touch is a “question mark” touch. This touch gives a person a confusing feeling. Children are encouraged that they have a right to say no to touches if they want to.

The audience at the children’s workshop is children in preschool through elementary school (Tobin & Kessner, 2002). In the first session, “three special body rights that all children have: the right to be safe, the right to say ‘no,’ and the right to ask questions about touches” is reviewed (p. 51). Activities include the use of puppets, role-plays, skits, large group discussions, and songs. Each children’s session ends with “private time.” This time is allotted for clarification on concepts, to answer children’s questions, and to spend some time with children individually. There is a posttest for children to take themselves or with a parent or teacher.

Evaluation of School CSA Prevention Programs

Just as CSA prevention programs vary greatly, so do evaluations of such programs. As mentioned earlier, most prevention programs utilize some sort of evaluation tools (Kohl, 1993, as cited in Roberts & Miltenberger, 1999). There have been

several instruments that have been developed to evaluate the effectiveness of school based prevention programs (Roberts & Miltenberger, 1999). The “What If” Situation Test, the Personal Safety Questionnaire, and the Children’s Knowledge of Abuse Questionnaire are some examples of instruments that have been developed and tested to show validity and reliability (Tutty, 1992, as cited in Roberts & Miltenberger, 1999). Another informal assessment method that is used is role plays. During role plays students get to demonstrate the skills they have learned to educators.

What do the evaluations say about school CSA prevention programs? Research indicates students both benefit and enjoy CSA prevention programs (Binder & McNiel, 1987, as cited in Davis & Gidycz, 2000). However, prevention programs do not prevent or stop all CSA against students (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995). The results of a study of 825 female college students showed that students who were exposed to school prevention programs were less likely to be sexually abused than those not exposed to such programs (Gibson & Leitenberg, 2000, as cited in Putnam, 2003). Victims reported feeling more capable in handling victimizations after they received prevention education (Finkelhor et al., 1995). In addition, students who participate in CSA prevention programs have a better understanding of various facts about CSA such as strangers are not always the perpetrators, anyone can be a victim, victims are not at fault, and telling someone about the abuse is important (Dhooper & Schneider, 1995, as cited in Ko & Cosden, 2001).

Davis and Gidycz (2000) reviewed 27 different studies on CSA prevention programs and concluded from these studies that “children who participated in prevention programs performed 1.07 SD higher than the control group children on outcome

measures used in the studies” (p. 261). This study found young children, specifically those in preschool and elementary school, gained the most from these programs.

Along with positive results, CSA prevention programs might have some negative consequences. Programs can cause an “increased anxiety, feelings less in control for younger children, and feeling more discomfort with normal touch in older children” (Taal & Edelaar, 1997, as cited in Putnam, 2003, p. 275). The results of the National Victimization Prevention Study found that most children who were victimized did not respond to the attack in a way discussed by CSA prevention programs; most responded with physical aggression to their abusers (Finkelhor, 1995). Because of this, these victims are more likely to encounter physical injuries during victimization (Finkelhor et al., 1995). Studies estimate less than 5% of students experience negative effects such as difficulty sleeping or difficulty trusting adults following their participation in prevention programs (Hazzard, Webb, & Kleemeier, 1990, as cited in Roberts & Miltenberger, 1999).

Research shows that behavioral skills training, specifically activities that involve students’ participation, is the most effective method for delivery of prevention education (Wurtele, Marrs, & Miller-Perrin, 1989, as cited in Davis & Gidycz, 2000). Programs that offer four or more sessions have the best results (Davis & Gidycz, 2000). Who delivers the prevention education (educators or other professionals) does not change the outcomes of CSA prevention programs (Roberts & Miltenberger, 1999). However, prevention education delivered solely by parents to their children does not seem to be effective. Although most parents say they have informed their children on the topic of CSA, the information they review is not completely accurate (Wurtele, Kvaternick, & Franklin,

1992, as cited in Fieldman & Crespi, 2002). Most of the time, parents emphasize perpetrators being strangers. When parents are involved in prevention efforts along with educators children retain more information, are better equipped to handle abusive situations, and have an increased chance of disclosure (Finkelhor et al., 1995). So, when the delivery of prevention education is a team effort from parents and professionals it ensures the highest amount of learning (Wurtele, Kast, & Melzer, 1986, as cited in Roberts & Miltenberger, 1999).

There have been some recommendations made for future prevention programs on the basis of evaluations. Finkelhor and Dziuba-Leatherman (1995) had five recommendations for future school CSA prevention programs. These recommendations included involving parents in programming efforts more; stressing the possibility of children being perpetrators; including more information geared towards males, minorities, and students from low income families; and taking in consideration the negative impact students and parents have reported due to CSA prevention when planning and implementing programs. In summary, prevention programs need to be adjusted to fit the student audience (Finkelhor, 1995).

Bolen (2003) suggests the need for prevention efforts to change from targeting potential victims to the primary focus of identifying problem behaviors and promoting more positive behaviors. Since 95% of CSA perpetrators are males, prevention efforts should be geared specifically towards males. In order for this type of prevention effort to be successful, it has to be modeled consistently throughout every grade level. The early years and the middle school years are two critical times for promoting healthy behaviors.

For example, the topics of trust and respect should be reviewed with students (Wolfe & Jaffe, 2003).

Foshee, Bauman, Greene, Koch, Linder, and MacDougall conducted one of the few studies on the effects of prevention education on adolescents (2000, as cited in Wolfe & Jaffe, 2003). The participants in this study were 1500 students in eighth and ninth grades. These students were involved in 10 prevention education sessions surrounding the issue of date violence. Students exhibited a change in their dating violence beliefs. Evaluations one year later showed students retained knowledge in the critical areas of conflict management skills, availability of community resources for dating violence, and misconceptions about dating violence. However, this study did conclude that some of the positive changes in behaviors dissipated by the one year evaluation.

Prevent Child Abuse America has developed several recommendations regarding perpetrator prevention efforts (n.d., as cited in Giardino & Giardino, 2002). First of all, sex education should be delivered to all students. Education on normal and abnormal child sexual behavior should be delivered to students, parents, and educators. Secondly, adults who work with children should be knowledgeable about signs and symptoms CSA victims display. These adults should also be able to teach students how to protect themselves during abusive situations. Parent education should involve child development and facts on CSA. Programs that provide services to children should be involved in CSA prevention efforts. Any volunteers and staff who work with children should undergo adequate training on CSA along with background checks before working with children. Over half of perpetrators were abused themselves. Around 60% of male perpetrators begin to abuse others during their adolescence. Thus, treatment needs to be available for

victims and perpetrators in an attempt to break this vicious cycle. Lastly, public messages should be sent to the community. There are two messages that should be delivered.

First, for adolescents and adults, messages that say

Child sexual abuse is a crime. Help is available. Abuse is a chronic problem unless you get help. Children get hurt when you sexually abuse them. Children cannot consent to sexual activity with adults or older youth.

Second, messages to children, including

It's okay to say "no" and run away. Sexual abuse is not your fault. Reach out for help if this happens to you. Help is available for you; ask someone you trust (p. 388).

CHAPTER III: SUMMARY AND DISCUSSION

In 2002 there were 87,900 substantiated cases of child sexual abuse (U. S. Department of Health and Human Services, 2003). CSA is a serious societal problem. CSA can have negative long-term and short-term consequences on the lives of victims and their families. The negative impact of CSA expands outside of the families in which it occurs. Prevent Child Abuse America estimated the annual direct and indirect costs of abuse and neglect for United States to be \$94,076,882,529 (2001, as cited in Goldman et al., 2003). There are many types of prevention methods aimed at solving this problem.

Analysis of the Literature

Prevention programs are implemented at primary, secondary, and tertiary levels. With an increase in public attention on the problem of CSA, and child abuse in general, schools have started focusing on prevention measures that teach educators, parents, and students knowledge on the what, where, when, and how of the abuse and coping strategies (Goldman et al., 2003).

An awareness of who the victims and perpetrators are serves as a preventive measure because it puts forth a perspective that CSA can happen to anyone by anyone. CSA affects families from all cultures, socioeconomic statuses, and religions (Putnam, 2003). Contrary to popular belief, perpetrators are often someone known by the family (Tobin & Kessner, 2002). In approximately 85% of CSA cases the perpetrator is someone the child knows. In addition, most perpetrators are juveniles (Fieldman & Crespi, 2000). One out of four girls and one out of ten boys are estimated to be victims.

Since CSA is a problem that is beyond a child's control, it is important to teach students skills for dealing with potential abusive situations. It is also important for

educators to provide a supportive environment for children. Providing a supportive environment will increase the chances children will self-disclose incidents of abuse. In addition, educators have to play a child protector role in schools. They have to be aware of variables that put families at risk of abuse, know the signs and symptoms of abuse, and be able to handle suspected cases of abuse appropriately and effectively (Goldman et al., 2003).

The four types of variables that might put a child at risk are parent factors, family factors, and child and environmental factors (Goldman et al., 2003). The symptoms of child sexual abuse can vary greatly. A number of variables, such as a child's personality, amount of support, abusive experience(s), and relationship to the perpetrator play into the symptoms victims experience (Webster, 2001). Also, the combination of variables affects whether the symptoms, which can be physical or behavioral, are short or long term.

Ideally, educators maintain a good relationship with their students. In doing this they should be aware of symptoms that a child who has potentially been sexually abused displays and notice any unusual change in behavior. Behavioral indicators of CSA include somatic complaints, difficulties sleeping, eating disorders, withdrawn behavior, abnormal sexual behavior, regression in behavior, anxieties, physical aggression, depression, suicidal idealization, low self-esteem, and academic problems (Nelson & Clark, 1986). Physical indicators of CSA include bruising, difficulties walking and sleeping and problems going to the bathroom. The problems victims experience can be short or long term depending on a variety of factors.

In this paper two specific skills-based curricula, *Reducing Vulnerability* (Fink, 1998) and *Keeping Kids Safe* (Tobin & Kessner, 2002) were reviewed. These programs, as most do, varied in how, when, and who implemented them. Most school prevention programs have the goals of teaching students how to say no to a person who inappropriately touches them, to leave the situation, and the importance of telling a trusted adult (Roberts & Miltenberger, 1999). Elementary schools tend to be the place where most prevention is delivered. Programs offered at middle and high schools vary from the programs offered at the elementary schools (Greytak, 2003). Students at the secondary level are viewed as potential victims, witnesses to victimizations, perpetrators, and support systems to victims (Whatley & Trudell, 1987, as cited in Greytak, 2003). Students at the elementary school are viewed simply as potential victims. Behavioral skills training is the most common and seemingly the most effective method of delivery for prevention education at both levels (Wurtele, Marrs, & Miller-Derren, 1987, as cited in Davis & Gidycz, 2000).

There are various evaluations used to determine the effectiveness of CSA prevention programs. These evaluations can range from formal, using standardized instruments, to more informal methods, like using role plays or pretests and posttests created by presenters. The positive effects of school CSA prevention programs far outweigh the negative impacts.

Because so many children fail to disclose their abuse, prevention efforts need to be focused more on teaching children to tell people when they have encountered abuse. Finkelhor estimates that only 42% of girls and 33% of boys disclose the fact that they were sexually abused (1990, as cited in Roberts & Miltenberger, 1999). Negative

symptoms stemming from sexual abuse tend to decrease after disclosure (Murray, 2000). Prevent Child Abuse America developed the “Five R’s” in remembering how to keep children safe: raise the issue, reach out to the kids and parents in the community, remember the risk factors, and recognize the risk factors (U. S. Department of Health and Human Services, 2003). When it comes to CSA, “we need to confront the issue directly, discovering and implementing effective modes of prevention, in order to guarantee our children’s safety” (McDaniel, 2001, p. 208).

Implications for Future Research

CSA prevention programs offer a wide variety of future research possibilities. Since the incidence of CSA is not going down dramatically, it would be interesting to complete a research project investigating whether the number of reports of CSA is due to an increase in public awareness on CSA or because of an increase in CSA in general. A research project on the true occurrences or prosecution of CSA is something that would be helpful in helping the public understand the true scope of the problem. It would also be helpful to investigate what parents think that they and their children need in CSA prevention measures. Children’s feedback on issues in which they are interested in hearing more about and what the best CSA prevention methods are would be beneficial to the area of CSA prevention. Surveying children’s feelings before, during, and after prevention measures would also be useful. In addition, efforts and research on the development of better CSA assessment methods would be an idea for further exploration.

Conclusions

Child sexual abuse is a complex, serious issue. Child sexual abuse is a negative experience that no child should have to encounter. However, the reality is that child

sexual abuse happens more than people want to imagine. Educators, especially school counselors, should be knowledgeable about child sexual abuse victims, perpetrators, and school programming that deals with sexual abuse. Educators should strive to prevent abuse and help those who have been abused to disclose their abuse. The goal is for the abused child to get the help he or she needs. Parents should be involved as much as they can in the educational process. They should receive adequate education themselves so they can use their knowledge to effectively teach their children prevention measures.

Educators cannot make the world perfect for students. However, they can do everything in their power to help students through difficult times and strive to prevent negative experiences through education and support.

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