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SEXUAL ABUSE IN PRESCHOOL AGED CHILDREN:
TEACHING CHILDCARE PROFESSIONALS TO IDENTIFY SIGNS AND SYMPTOMS

A project based upon an independent investigation, submitted
in partial fulfillment of the requirements for the degree
of Bachelor of Arts in Social Work.

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2009

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Sexual Abuse in Preschool-
Aged
Children: Teaching Childcare
Professionals to Identify Signs
of Abuse

ABSTRACT

Identifying sexual abuse in young children is difficult, but crucial to a child's immediate well-being and long-term well-being. Because many children spend a large percentage of their day in childcare settings, the aim of this study was to help teach early childhood educators to identify and report sexual abuse. To accomplish this, the researcher designed a training program about sexual abuse and how to report it. The training program was then forwarded via e-mail to ten experts in the childcare field who had previously expressed interest in the study. These experts responded to a survey and provided many other suggestions. After receiving the feedback, the original program was edited and prepared for a pilot group.

Outline

Introduction

I. Problem Formulation

II. Problem Justification

Main Points

I. Childhood sexual abuse

- a. Definition
- b. Prevalence and general statistics
- c. Childhood sexual abuse in Rhode Island
- d. Perpetrators

II. Sexualized behaviors

- a. Definition of sexualized behaviors and examples
 - i. Excessive masturbation
 - ii. Aggression towards other children or animals
 - iii. Persistent sexual play with peers
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 - i. Physical
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III. Mandated reporting

- a. Mandated reporting laws
 - i. Statute of limitations
- b. Mandated reporters in Rhode Island
- c. Responsibilities of mandated reporters

IV. Sexualized behaviors in preschools and childcare centers

- a. Awareness of childcare professionals
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- c. Staff training requirements in Rhode Island
 - i. Compare to other states

V. Long-term impact

- a. Emotional and psychological problems
- b. Substance abuse
- c. Criminal behavior

Opposing Points

- I. Definitions of sexual abuse differ from state to state.
- II. Victims of sexual abuse often do not recall the abuse.
 - a. False memories
- III. Childhood sexual abuse is a result of other societal issues that must be addressed.
 - a. Perpetrators are often victims of abuse themselves.
- IV. Sexualized behaviors are not necessarily a sign of sexual abuse.
 - a. Can be signs of other issues
 - i. physical abuse
 - ii. emotional/psychological problems
 - b. Can be typical sexual play for a child
- V. Mandated reporters are only required to report abuse when there is reasonable cause.
 - a. Sexualized behaviors are too vague and too widespread to mandate a report.
 - b. False reporting can be very damaging
 - i. to child
 - a. trauma of physical examination

b. psychological trauma

ii. to family

iii. to alleged perpetrator

c. Social services are already incredibly strapped for time and resources. It would be a great strain on social services if they had to investigate countless false reports of abuse.

Hypothesis

Specialized training may enable childcare professionals and preschool teachers to identify potential signs of sexual abuse in children. There is currently a lack of awareness in this group of professionals.

Methodology

- Sample
 - Type: Convenience sample
 - Potential participants were asked to participate via email, and recommendations from these social workers directed the researcher towards other potential participants. Participation depended on willingness.
 - 10 people were identified and agreed to participate; only three people from that group followed up and gave feedback.
- Data Gathering:
 - Method: survey given to participants who reviewed the designed training program. These participants also gave written feedback. The researcher conducted this investigative study to gain help in designing a program that would go over well with early childhood professionals.
 - Tools: Likert-like scaled survey.
- Data Analysis: Originally, this researcher intended to use the Statistical Package for the Social Sciences. Because the sample was so small, however, the use of

SPSS was deemed unnecessary. Thus, the researcher read participants' feedback and used it to produce a new model for training early childcare professionals about sexual abuse.

- Findings:
 - This researcher found that there is, indeed, a need for education around this sensitive subject. The findings also indicated that there was room to improve the proposed training model, specifically with media and activities to engage people in communicating about a difficult subject.
- Conclusion
 - Problem: sexual abuse of children under age 5 is underreported and often difficult to identify.
 - Hypothesis: training of preschool teachers and early childcare professionals can help to improve the ability of these workers to identify sexually abused children.
 - Findings
 - Concluding statement
 - Implications for social work practice, policy, and research

Introduction

Sexual abuse is one of the most degrading offenses against children and to the innocence of childhood (Darkness to Light, 2005). Sexual abuse includes the dominant position of an adult that allows that adult to force or coerce a child into sexual activity. Such sexual abuse occurs even when there is no direct contact, such as exposing a child to sexual acts or pornography (American Psychological Association, 2001). Children who have been sexually abused often exhibit problem behaviors; they may act and play in a much more sexualized way than their peers (Dominguez, Nelke, & Perry, 2001). They may masturbate excessively, display aggression towards other children or animals, persist in sexual play with peers, or regress to earlier stages of childhood (Protect Kids, 2001).

Children who disclose sexual abuse to a teacher will, by law, receive help. Teachers in 48 states are mandated reporters of sexual abuse (Child Welfare Information Gateway, 2008). In Rhode Island, any person who has reason to suspect that a child may have been abused or neglected must report (Child Welfare Information Gateway, 2008). Because of the personal and degrading nature of sexual abuse, the victim often does not disclose the abuse. Over 88% of cases of sexual abuse are never reported (Hanson, R.F., Resnick, H.S., Saunders, B.E., Kilpatrick, D.G., & Best, C., 1999). Because children who have been sexually abused do display behavioral and emotional signs of abuse, adults working with children could benefit from informational trainings about the symptoms of sexual abuse.

Childhood Sexual Abuse

Child sexual abuse does not have a universal definition. Definitions may include the following components: fondling, masturbation, penetration, oral or anal sex, intercourse, or exposure to pornography (Bogorad, 1998; Rape, Abuse, and Incest National Network, 2008; Stop it Now, 2007). It is essential that the reader understand that child sexual abuse does not necessarily include physical contact; it is sexual abuse to expose a child to intercourse, deviant sexual activity, or pornography (Incest Survivors Resource Network, 1990, as cited by Bogorad, 1998). By these standards, sexual abuse is more difficult to identify, since there may be no outward physical symptoms. Furthermore, definitions vary by state. Each state is required to provide its own definition of child abuse, sexual abuse, and neglect, and for what is punishable by law (Child Welfare Information Gateway, 2008). Differences in states' definitions makes it difficult to compare statistics and gather nationwide data.

The prevalence of childhood sexual abuse is difficult to estimate because it often goes unreported (Stop it Now, 2008). It is estimated that over 30% of victims never disclose sexual abuse to anyone (Darkness to Light, 2008). According to the American Academy of Child and Adolescent Psychiatry, sexual abuse against children is reported 80,000 times per year (2008). This number does not include the estimated cases that go unreported. In 2003, it is estimated that 906,000 children were victims of abuse or neglect; of this number, 9.9% were sexually abused (U.S. Department of Health and

Human Services, Administration on Children, Youth and Families, 2005). In addition, one in four girls and one in six boys is sexually assaulted before the age of 18 (Darkness to Light, 2008). It is important to identify these children and the perpetrators of their abuse, not only to discontinue the abuse of one child, but of other children who may be victimized. A study of offenders imprisoned for violent crimes against children found that 30% of offenders reported victimizing more than one child (U.S. Department of Justice, 1991). In addition, 20% of child sex offenders have 10 to 40 victims (Darkness to Light, 2008). Hence, those who are in contact with children must be aware of potential signs of sexual abuse, and how to make a report if suspicion arises.

In Rhode Island in 2007, there were 302 cases of indicated child sexual abuse; of these, 57 cases were against children aged five or younger (Rhode Island Kids Count, 2008). As stated previously, it is important to note that this statistic includes only the number of cases that are confirmed; this does not measure the number of cases that go undetected.

Sexual abuse is most frequently committed by a person that a child knows. Only 10% of cases of child sexual abuse involve a stranger (Darkness to Light, 2008). In addition, about 60% of sexual assaults of children took place in the victim's home, or in the home of a neighbor, relative, or friend (U.S. Department of Justice, 1997). Adults are not the only victimizers of children; as many as 40% of cases of sexual abuse involve a child who is older or bigger than the victim (Darkness to Light, 2008). Adult victimizers are more likely to be white than black. They are also likely to be older; they are typically in their 30s. It is estimated that 25% of adult sex offenders are over the age of 40 (U.S. Department of Justice, 1997). Another study found that perpetrators of sexual abuse

were more likely to be young adults under the age of 30 (National Crime Victimization Survey, 2002; Kilpatrick, D.G., 2000; Finkelhor, D., et. al., 2005; as cited by Douglas, E.M. & Finkelhor, D., 2005). The discrepancy in the results of studies about perpetrators of childhood sexual abuse suggests that there is a wide range of offenders, and that they may be difficult to identify; it also suggests that there must be greater awareness and research on the part of social workers and other adults who work with or for children.

Sexualized Behaviors and Warning Signs

Some children may not show any outward signs of being sexually abused. It is estimated that between 21% and 36% of sexually abused children will display few or no symptoms (Oates, K., O'Toole, B., Lynch, D., Stern, A., & Cooney, G., 1994). However, many children will display behaviors that an aware adult will be able to recognize. Children who have been sexually abused are likely to show an increased interest in anything sexual; or, they may totally avoid of anything with a sexual nature (American Academy of Child and Adolescent Psychiatry, 2008). They may also regress to previous developmental stages; for example, they may revert to sucking their thumbs (Rape, Abuse, and Incest National Network, 2008). They may also display knowledge of sexuality that is not age appropriate, which may be demonstrated through inappropriate interactions with other children, through excessive masturbating, or through drawings (Bogorad, B., 1998; American Academy of Child and Adolescent Psychiatry, 2008; Rape, Abuse, and Incest National Network, 2008). Adults who work with children must have the ability to recognize these behaviors as unusual and

troublesome in order to get help for children who have been sexually abused, or who are continuously being abused.

Children who have been sexually abused in the past, or who are undergoing frequent and ongoing sexual abuse will often exhibit symptoms other than sexualized behaviors. These behaviors run a wide spectrum. Children may have frequent nightmares or unusual phobias; they may frequently make somatic complaints, or display anxiety (American Academy of Child and Adolescent Psychiatry, 2008). This trauma may also lead to confusion about sexual identity. Boys who are abused by males may wonder if they are homosexual, while girls who are abused may feel tainted and as if future partners will be able to tell they have been abused (Finklehor, D. & Browne, A., 1985; Bogorad, B., 1998). Children may refuse to go to school, act depressed, or even become suicidal (American Academy of Child and Adolescent Psychiatry, 2008).

It is essential that childcare professionals be able to identify physical signs of sexual abuse as well as behavioral signs. Physical symptoms may be distinct and more obvious, and can provide concrete evidence if a report is made. These symptoms include: bloody, torn, or stained underwear; bleeding, bruising, swelling, itching, burning, or pain in the genital area; sexually transmitted diseases; repeated urinary tract or yeast infections; or pregnancy (Rape, Abuse, and Incest National Network, 2008; Bogorad, B., 1998). They may also be more likely to self-mutilate (Bogorad, B., 1998). Physical manifestations of sexual abuse are thus easier to identify, because they are tangible and often visible.

Reporting Laws

Mandated reporting is the term used to describe the requirement by law to report suspicion of child abuse or neglect (Child Welfare Information Gateway, 2008). These laws were enacted in 1974 under the Federal Child Abuse Prevention and Treatment Act, and provide a minimum set of acts and behaviors that characterize sexual abuse, physical abuse, and neglect. It is important to note that each state provides a definition of child abuse and neglect (Child Abuse Prevention Council of Sacramento, 2008). In Rhode Island, any person who has reasonable cause to suspect that a child is being abused or neglected is a mandated reporter (Child Welfare Information Gateway, 2008). Some states have narrower definitions of a mandated reporter, and designate only certain professionals who have interactions with children with a duty to report (Child Welfare Information Gateway, 2008). Because Rhode Island designates all citizens as mandated reporters, any person who believes that a child is being abused or neglected is obligated to make a report to the Department of Children, Youth, and Families. If a person is aware of obvious abuse and does not make a report, they may be held legally accountable. Thus, all adults must be aware of the signs of abuse and neglect so that they may make a report when it is necessary.

The statute of limitations on a particular crime indicates the length of time after a crime is committed that a person may be prosecuted (Darkness to Light, 2008). In the state of Rhode Island, sexual abuse or exploitation of a child must be reported within seven years of the act in question; child refers to a person under the age of 18 (Child Welfare Information Gateway, 2008). This can be problematic for children who do not remember abuse until later in life. In a study, 59% of 450 adult men and women

reported forgetting the sexual abuse they had suffered in childhood at some point before they turned 18 (Brier and Conte, 1993, as cited by Williams, L.M., 1994). As previously stated, child molesters frequently abuse multiple children, so it is essential to identify these individuals before the statute of limitations runs out (U.S. Department of Justice, 1997). Thus, childcare providers can play a crucial role in identifying young children who have been abused; making a report may identify a perpetrator and prevent that perpetrator from harming other children as well.

Sexual Abuse and Childcare Settings

There is a widespread lack of awareness regarding symptoms of sexual abuse. Children with employed mothers spend an average of 34 hours in a daycare center per week (U.S. Census Bureau, 2005). However, preschool teachers are often unaware of warning signs of abuse. According to McIntyre's study, only four percent of polled teachers were "very aware" of the signs of sexual abuse; 75% of the teachers responded that they would not be aware of any signs of sexual abuse (1987). In addition, in 2003 only 0.6% of reports of sexual abuse were made by a childcare provider (U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2005). A lack of awareness is also present within the general population. A study done in neighboring Massachusetts found that only 27% of participants were "very confident" in their ability to identify possible sexual abuse of a child, and 46% were "somewhat confident" (2003). The discrepancy in the numbers is most likely a reflection of progress and greater awareness, as McIntyre's study is more outdated than the Massachusetts poll. Awareness may be higher than it was in 1987; however, there is still a large number of people who are unaware of the signs of child

abuse and neglect and thus unable to establish whether a complaint should be made to the appropriate authorities.

In Rhode Island, childcare providers are required to complete 20 hours of training each year. The Department of Children, Youth, and Families does not specify what these trainings must consist of. Childcare staff, including head teachers and directors of daycares, may attend conferences, take courses at accredited institutions, attend seminars by recognized professionals of childcare, or participate in classroom observation or read relevant books (Department of Children, Youth, and Families, 2006). This lack of specification about training prevents the state of Rhode Island from having structure and a true standard of practice-based knowledge for childcare providers. In contrast, the state of Florida requires that all childcare personnel complete 30 hours of training, which must be started within 90 days of employment. The 30 hours of required training are divided into five sections, one of which is about identifying and reporting child abuse and neglect (Florida Department of Children and Families, 2006). This requirement ensures that employees receive a well-rounded education, which enables them to better serve the children that they work with.

Long Term Impact of Sexual Abuse

Children who have been sexually abused may have trouble relating to others as adults. They may not know how to relate to others on non-sexual terms; as a result, victims may be inclined to be involved in prostitution or the sexual abuse of children (American Academy of Psychiatry, 2008). Victims may feel an intense sense of shame because of feelings of betrayal or guilt, which can lead to increased depression

(Finkelhor, D. & Browne, A., 1985). In adulthood, these individuals are more likely to have eating disorders, major depressive disorder, suicidal thoughts, and to become pregnant as teenagers (Darkness to Light, 2008). They may also be more anxious, have Post Traumatic Stress Disorder, have difficulty trusting, and have difficulty saying no (Bogorad, B., 1998). Their coping skills are often severely impaired, which may be demonstrated through learning problems, running away, or difficulties with employment (Finkelhor, D., and Browne, A., 1985). This wide range of emotional and psychological effects of childhood sexual abuse significantly impairs victims' ability to be productive members of society.

Victims of sexual abuse are much more likely to abuse drugs and alcohol as adults. This may be related to their impaired coping skills and need to their pain (Finkelhor, D., and Browne, A., 1985). Young girls who have been sexually abused are three times more likely to develop alcohol or drug abuse as adults than girls who were not sexually abused. 70% of male survivors are treated for substance abuse or suicidal thoughts (Darkness to Light, 2008). Other studies suggest that 70 to 80% of sexual abuse survivors report excessive drug and alcohol abuse (Darkness to Light, 2008). Other studies have been impeded by the substance abuse of participants. Researchers studying memory of women who were sexually abused as children had trouble with credibility of participants, as many of them were abusing drugs or alcohol (Meyers, L.M., 1994). A disproportionate abuse of substances in the population of adults who were sexually abused as children suggests that sexual abuse is a real precursor for a lifetime of struggle if no intervention occurs.

Substance abuse is directly related to criminal behavior. Women who were sexually abused as children are much more likely to become involved in prostitution, which is highly linked to drug use (Finkelhor, D., and Browne, A., 1985). It is also important to note that 50% of women who are incarcerated have claimed to be victims of abuse as children (Darkness to Light, 2008). Another study found that 80% of female inmates had been sexually abused as children (Conference on Child Victimization & Child Offending, 2000). Studies have found that there is a correlation between sexual abuse and later acts of victimization towards others. For example, one study found that 22% of sexual offenders had been sexually abused as children (United States Department of Justice, 1996). Another statistic suggested that 75% of serial rapists report being sexually abused in childhood (Darkness to Light, 2008). Furthermore, a child who has been sexually abused is at an increased risk of inappropriately touching or engaging another child in sexual acts (Stop it Now, 2008). This can begin a chain reaction of sexual acting out and psychological damage for a great number of children. Thus, child sexual abuse is linked not only to psychological trauma but to a potential trend of substance abuse, mental health issues, and crime.

Childhood sexual abuse is defined on a state by state basis (American Psychological Association, 2001). Thus, data regarding sexual abuse may be difficult to attain, and may be skewed. For example, some definitions include exposure to sexual material (Incest Survivors Resource Network, 1990, as cited by Bogorad, 1998). With discrepancies amongst states' definitions, it is hard to measure the scope of the problem, or outcomes of interventions. Before one can make an assessment of the reporting of child sexual abuse, the states must have a nationwide model for defining sexual abuse and addressing it.

Memories of Sexual Abuse

Studies have shown that adults may be susceptible to acquiring memories of childhood sexual abuse that never actually occurred (Lindsay & Read, 1994; Loftus, 1993, as cited by Williams, L., 1994). This indicates that sexual abuse evaluations and the legal system may not be equipped to properly deal with sexual abuse, since it is the investigative procedure that places false memories into the minds of "victims." Before sending more children to be interrogated, more research must be completed in regards to false memories and how to prevent this phenomenon from interfering with legal proceedings.

It is important to note that many victims of sexual abuse forget the abuse. One study reported that 38% of women did not recall abuse that had occurred 17 years prior to the study (Meyers, L.M., 1994). It has been suggested that young victims who forget abuse are actually using repression as a defense; victims may also be dissociating from sexual abuse because of feelings of guilt, shame, or enjoyment (Briere

& Conte, 1993, as cited by Meyers, L.M., 1994). It is possible that reporting and investigating abuse may cause more harm than good for the victim, since investigation and sexual abuse evaluations remind victims of painful memories that their minds have defended them against. The process of investigation may be more traumatic than the event itself, as it undoes the body's natural defense.

Sexual Abuse: The Bigger Picture

Perpetrators of sexual abuse are often victims themselves. In a study of male subjects, the risk of having been a victim of child sexual abuse was 35% for perpetrators and only 11% for non-perpetrators (Glasser, M., Kolvin, I., Campbell, D., Glasser, A., Leitch, I., & Farrelly, S., 2001). This suggests that being a victim triples the risk of a male victimizing others. Thus, by tracking down perpetrators, the core problem is ignored. It is necessary to identify the factors that cause a person to harm another person; previous abuse, substance abuse history, mental health problems, and poverty are all correlated with sexual abuse (U.S. Department of Justice, 1997). Social workers should advocate for services for sex offenders in order to stop the cycle of abuse.

Childhood sexual abuse is a result of other larger scale issues. Research has shown that childhood sexual abuse is often associated with factors such as social disadvantage, family instability, impaired parent-child relationship, and parental adjustment difficulties (Fergusson, D.M., Horwood, L.J., & Lynskey, M.T., 1997). Thus, addressing sexual abuse after it occurs ignores the real source of the problem. Perhaps,

by identifying the factors that make a child or a family vulnerable, it will be easier to prevent abuse from occurring in the first place. It is very important to put supports in place for at-risk families; in this way, the trauma of sexual abuse can be avoided altogether, which may help to stop the cycle of victimization and revictimization.

False Reporting

The behaviors that are typical of children who have been sexually abused are not solely symptoms of sexual abuse. Symptoms such as nightmares, refusing to go to school, or irrational fear may fall under signs of sexual abuse. However, they are also signs of separation anxiety (American Academy of Child & Adolescent Psychiatry, 2008). Other symptoms, such as sexualized behaviors, can be totally normal and age-appropriate, especially in pre-school aged children. For example, three to four year old children may engage in sexual play with other children; activities such as thigh rubbing in females, erections for males, sexual exploration games, exhibitionism or voyeurism, dirty language, flirtation, and touching of genitals are activities that have been seen in typically developing children (Friedrich et. al., 1991; Araji, 1997, as cited by the American Academy of Child & Adolescent Psychiatry, 1999). Thus, it may be extremely difficult to discern between typical, age-appropriate behaviors and sexual behavior that indicates victimization. Furthermore, because it is so difficult to separate warning behaviors from normal behaviors, it may be difficult for an adult to feel a strong enough suspicion of abuse to feel mandated to make a report.

Due to the fact that signs of sexual abuse are often signs of other things, it is dangerous to encourage more reporting. Since men are more likely to be perpetrators, they make up the population who bears the brunt of the impact of false reporting (U.S. Department of Justice, 1996). False accusations can be extremely harmful; during child custody battles, between 60% and 80% of allegations of childhood sexual abuse are false (Guyer, M., as cited by Men's Rights Online, 2007). There have been a growing number of men who have been wrongly accused, and their reputations have been damaged irreparably (Sillars, L., 1997). In addition, the increase in false reports contributes to an increase in the profiling of men. A campaign for Stop it Now presents a man and child holding hands along with the line "It doesn't feel right when I see them together" (Stop it Now, 2007). Men perceive such ads as a threat; they feel that they cannot hold the hands of their own children in public without being judged or accused (Menstuff, 2007). It is also to bear in mind the consequences of false reporting for children; it may severely damage the bonds of a family (Menstuff, 2007). Furthermore, in extreme cases, children may be subjected to physical examinations

If childcare professionals were encouraged to identify symptoms of sexual abuse, it is likely that there would be an increase in the number of reports made to the Department of Children, Youth, and Families. In today's economy, it is not feasible to put even more pressure on a system that is already strapped for time, money, and staff. In 2007, the Department's budget was cut by \$24 million, and employees are regularly forced into retirement (Providence Journal, 2007). It is not reasonable to push more children into a system that is already unable to sustain itself; the limited resources must be reserved for children who actually need help.

Methodology

Sample

This research utilizes a convenience sample of early childhood professionals from organizations specializing in early childhood. Subjects were contacted via email, with some forwarding emails to the subjects' interested colleagues. These professionals include daycare owners, MSW social workers, BSW social workers, and other social workers who reported that they had years of experience in working with sexually abused children. Initially, ten professionals expressed interest in the training program. After the materials were sent out, the researcher received only 3 back.

Data Gathering

A survey was forwarded via email to all the subjects, along with the program materials. Subjects evaluated, using a Likert-like scale, the potential of the designed training program to increase the ability of early childhood professionals to identify signs of sexual abuse in preschool-aged children. The survey also requested written feedback; participants were encouraged to be frank in relaying their opinions.

Data Analysis

Initially, the researcher planned on analyzing the results using the Statistical Package for the Social Sciences (SPSS). Due to the small sample size, however, the use of SPSS was deemed unnecessary. Instead, the results were used by the researcher to update and edit her original training program. The second version of the training program will be available for a pilot session with one of the participants' staff.

Findings and Discussion

The responses of participants indicated that there is, indeed, a need for the training of childcare professionals about sexual abuse, how to identify it, and how to report it. The written feedback proved to be more useful than the surveys. In the future, it will be helpful to evaluate the program again and in a more uniform manner. This study turned out to be slightly less formal, and the written feedback was used to make improvements. With a very small sample size, it is impossible to say whether the feedback is reflective of the entire social work profession. Thus, readers must take the small sample size into account when reviewing this research.

Subjects indicated that they do believe that early childcare professionals should be aware of the signs of sexual abuse in children, and that they should be able to make a report. Subjects indicated that they “strongly agreed” that early childcare educators should be aware of the signs and symptoms of sexual abuse, and that they should be able to make a report.

While participants did agree that there is a need for training about sexual abuse, it was unclear whether the proposed training model would be effective. Two subjects felt “undecided” about whether the training would improve the ability of staff to confidently make a report of sexual abuse. The feedback consistently showed that the content was accurate, but that the presentation and application of the subject material needed to be worked on. Two of three subjects suggested adding some engaging activities for the training program. These two subjects also questioned the attached newspaper articles about serial child molesters.

A third participant mistook the survey at the end as part of the training model. This subject commented that it was helpful to have the survey questions at the end, so

that the program's efficacy could be evaluated after a session; this would allow for constant monitoring and ongoing improvement.

The feedback also brought up a need for a facilitator with expertise in education. The training program may need to be further adapted to tailor the needs of early childcare educators. While the program is accurate and detailed, it may not be quite specific enough for educators. Survey respondents indicated that they "disagreed" that the program would elicit a positive response. Thus, during the discussion period at the end of the training, the facilitator may need to address concerns about how an educator can support a family that is being investigated by the Department of Youth, Children, and Families (DCYF). Early childhood professionals may also wonder how making a report with DCYF will impact them, or impact their work.

Conclusion

The aim of this study was to design a training program that could educate early childcare professionals about how to identify and report signs of sexual abuse in young children. The researcher hypothesized that there was a need for more education about sexual abuse for early childhood educators. This researcher also hypothesized that a training program would be a way to empower early childhood educators and help them to feel confident in reporting childhood sexual abuse. After receiving feedback from social workers who have years of experience with young children, it was clear that there is, in fact, a need for more education about sexual abuse. The proposed training program was factually accurate, but needed more media and activities to engage people in a difficult and sensitive subject. Subjects gave voluminous feedback, and encouraged the researcher to run the training for a trial run. It is apparent that the fields

of early childhood education and social work are closely intertwined, and it appears that collaboration between these two fields holds promise for the future.

Implications for Practice, Research, and Policy

This research study has left ample room for future study. Positive feedback has suggested that a trial run may occur in the near future. The training materials will be available for service providers to employ or adapt for their own uses. In addition, if the updated version of the training is evaluated by the pilot group, it can be further modified. It is possible that in the future, this may become a part of the mandated trainings for early childhood educators. Rhode Island's trainings do not currently include a requirement for sexual abuse education. If this were mandated, more children would be identified as victims, and then receive the help they need. Children will only be identified as victims of abuse if the adults who spend time with them are educated and able to make a report to the child abuse hotline. Thus, this training is a small but crucial step for raising awareness about sexual abuse.

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Appendix I: Email sent to participants

Hi,

My name is Kristin Pleines and I am a senior social work major at Providence College. I am currently working on my senior thesis. I am studying the abilities of early childcare professionals to identify sexual abuse in young children, and I was wondering if anyone on your staff would be interested in looking over a training program I am developing in order for me to gain feedback and make improvements. Any help would be greatly appreciated.

Thank you so much!

-Kristin Pleines

Appendix II: Consent Form

Dear Participant:

My name is Kristin Pleines. I am a senior social work major at Providence College, inviting you to give feedback on a training program I have designed to educate early childhood professionals about sexual abuse. Data gathered in this study will be reported in a professional thesis paper for my SWK 489 Theory Practice/Capstone course. Your feedback will also be used when I edit the training program and ready it for a potential pilot group.

Participation involves reviewing the materials I have attached, completing the attached survey, and emailing it back to me. While this is not anonymous, all information collected will be kept completely confidential.

In order to maintain confidentiality the surveys and consent form will be stored separately. All data linked to an individual will be destroyed following this study. Participation in this study is voluntary and you may withdraw from answering any questions or participating in this study at any time.

Your participation is greatly appreciated.

YOUR ELECTRONIC SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THIS STUDY.

Thank you for your cooperation and participation in this study.

Kristin Pleines

KPleines@providence.edu

(Signature, typed)

(Date)

Appendix III: Proposed Training Model and Survey Sent to Participants

Sexual Abuse of Preschool-aged Children

Note to reader: each participant will receive a folder including this outline, some news articles (which will be used to facilitate discussion), and a list of resources.

I. Introductions (*This is meant to be presented to a small enough group to be able to go around the table and have each person identify himself or herself, and state the capacity in which he or she works with children*).

a. What is Sexual Abuse? (*The presenter asks the group this question and jots down answers on a chalkboard, dry-erase board, etc. and encourages the group to brainstorm*)

- i. Child sexual abuse does not have a universal definition. Definitions may include the following components: fondling, masturbation, penetration, oral or anal sex, intercourse, or exposure to pornography (Bogorad, 1998; Rape, Abuse, and Incest National Network, 2008; Stop it Now, 2007). It is essential that the reader understand that child sexual abuse does not necessarily include physical contact; it is sexual abuse to expose a child to intercourse, deviant sexual activity, or pornography (Incest Survivors Resource Network, 1990, as cited by Bogorad, 1998).

II. Overcoming the Taboo

a. Why is it important to learn about sexual abuse?

- i. Prevalence
 1. The prevalence of childhood sexual abuse is difficult to estimate because it often goes unreported (Stop it Now, 2008).
 2. It is estimated that over 30% of victims never disclose sexual abuse to anyone (Darkness to Light, 2008).
 3. Sexual abuse against children is reported 80,000 times per year (American Academy of Child and Adolescent Psychiatry, 2008).

4. One in four girls and one in six boys will be assaulted before the age of 18.
5. In Rhode Island in 2007, there were 302 cases of indicated sexual abuse. Of these cases, 57 were against a child aged five or younger (Rhode Island Kids Count, 2008). It is important to keep in mind that these numbers include only *confirmed cases* of sexual abuse; it is by no means a measure of undetected cases of sexual abuse.

III. Young Children and Sexual Abuse

a. Physical symptoms

- i. Physical symptoms may be distinct and more obvious, and can provide concrete evidence if a report is made. These symptoms include:
 1. Bloody, torn, or stained underwear
 2. Bleeding, bruising, swelling, itching, burning, or pain in the genital area
 3. Sexually transmitted diseases
 4. Repeated urinary tract or yeast infections (Rape, Abuse, and Incest National Network, 2008; Bogorad, B., 1998).
 5. Sexually abused children may be more likely to self-mutilate (Bogorad, B., 1998).

b. Emotional symptoms

Children may:

1. Have frequent nightmares or unusual phobias
2. Frequently make somatic complaints
3. Display anxiety (American Academy of Child and Adolescent Psychiatry, 2008).
4. Confusion about sexual identity. Boys who are abused by males may wonder if they are homosexual, while girls who are abused may feel tainted and as if future partners will be able to tell they have been abused (Finklehor, D. & Browne, A., 1985; Bogorad, B., 1998).
5. Children may refuse to go to school; act depressed, or even become suicidal (American Academy of Child and Adolescent Psychiatry, 2008).

c. Behavioral symptoms

- i. Children who have been sexually abused are likely to:

1. Show an increased interest in anything sexual; or, they may totally avoid of anything with a sexual nature (American Academy of Child and Adolescent Psychiatry, 2008).
2. Regress to previous developmental stages; for example, they may revert to sucking their thumbs (Rape, Abuse, and Incest National Network, 2008). Toilet trained children may have accidents, or smear feces outside of the toilet.
3. Display knowledge of sexuality that is not age appropriate, which may be demonstrated through inappropriate interactions with other children, through excessive masturbating, or through drawings (Bogorad, B., 1998; American Academy of Child and Adolescent Psychiatry, 2008; Rape, Abuse, and Incest National Network, 2008).

IV. I understand it now...But why is it my problem?

a. Time Spent in Daycare

- i. Children with employed mothers spend an average of 34 hours in a daycare center per week (U.S. Census Bureau, 2005). Thus, as childcare providers, you may know a child better than most people in his or her life after spending a comparatively large percentage of that child's day with him or her.

b. Mandated Reporting

- i. Mandated reporting laws differ from state to state. In Rhode Island, any person who has reasonable cause to suspect that a child is being abused or neglected is a mandated reporter (Child Welfare Information Gateway, 2008). An adult who fails to make a report may be held legally accountable. While the symptoms of sexual abuse may be difficult to differentiate from normal stress reactions, this seminar will help to familiarize participants and raise their awareness.

c. Repeat Offenders

1. A study of offenders imprisoned for violent crimes against children found that 30% of offenders reported victimizing more than one child (U.S. Department of Justice, 1991).
2. 20% of child sex offenders have between 10 and 40 victims. Thus, failing to report sexual abuse can allow a perpetrator to continue abusing other children.

d. Statute of Limitations

1. This refers to the length of time after a crime is committed that a person may be prosecuted (Darkness to Light, 2008).

2. In Rhode Island, sexual abuse or exploitation of a child may be reported within seven years of the act in question (Child Welfare Information Gateway, 2008). Why is this a problem?
 - a. Children often do not remember abuse until later in life. In a study, 59% of adult men and women reported forgetting the sexual abuse they had suffered in childhood at some point before they turned 18 (Brier and Conte, 1993, as cited by Williams, L.M., 1994).
 - b. Child molesters frequently abuse multiple children, so it is necessary to identify perpetrators before the statute of limitations runs out.

e. Breaking the Silence

- i. Shame and Guilt
 1. Sexual abuse is most frequently committed by a person that a child knows. Only 10% of cases of child sexual abuse involve a stranger (Darkness to Light, 2008).
 2. About 60% of sexual assaults of children took place in the victim's home, or in the home of a neighbor, relative, or friend (U.S. Department of Justice, 1997).
 3. Thus, shame is a huge factor. It is completely normal for a child to feel attached to his or her abuser, which makes it more difficult for the child to admit to the abuse. It also makes abuse incredibly personal; it shatters a child's sense of security and trust.

V. What happens to victims? Long Term Impact

a. Emotional Instability

- i. Victims may feel an intense sense of shame because of feelings of betrayal or guilt, which can lead to increased depression (Finkelhor, D. & Browne, A., 1985).
- ii. In adulthood, victims of abuse are more likely to have eating disorders, major depressive disorder, suicidal thoughts, and to become pregnant as teenagers (Darkness to Light, 2008).
- iii. They may also be more anxious, have Post Traumatic Stress Disorder, have difficulty trusting, and have difficulty saying no (Bogorad, B., 1998).
- iv. Their coping skills are often severely impaired, which may be demonstrated through learning problems, running away, or difficulties with employment (Finkelhor, D., and Browne, A., 1985). This wide range of emotional and psychological effects of

childhood sexual abuse significantly impairs victims' ability to be productive members of society.

b. Substance Abuse

- i. Victims of sexual abuse are much more likely to abuse drugs and alcohol as adults. This may be related to their impaired coping skills and need to their pain (Finkelhor, D., and Browne, A., 1985).
- ii. Young girls who have been sexually abused are three times more likely to develop alcohol or drug abuse as adults than girls who were not sexually abused.
- iii. 70% of male survivors are treated for substance abuse or suicidal thoughts (Darkness to Light, 2008).
- iv. Other studies suggest that 70 to 80% of sexual abuse survivors report excessive drug and alcohol abuse (Darkness to Light, 2008).

c. Criminal Activity

- i. Children who have been sexually abused may have trouble relating to others as adults. They may not know how to relate to others on non-sexual terms; as a result, victims may be inclined to be involved in prostitution or the sexual abuse of children (American Academy of Psychiatry, 2008).
- ii. Substance abuse is directly related to criminal behavior. Women who were sexually abused as children are much more likely to become involved in prostitution, which is highly linked to drug use (Finkelhor, D., and Browne, A., 1985).
- iii. It is also important to note that 50% of women who are incarcerated have claimed to be victims of abuse as children (Darkness to Light, 2008).
- iv. Another study found that 80% of female inmates had been sexually abused as children (Conference on Child Victimization & Child Offending, 2000).
- v. Studies have found that there is a correlation between sexual abuse and later acts of victimization towards others. For example, one study found that 22% of sexual offenders had been sexually abused as children (United States Department of Justice, 1996).
- vi. Another statistic suggested that 75% of serial rapists report being sexually abused in childhood (Darkness to Light, 2008).
- vii. Furthermore, a child who has been sexually abused is at an increased risk of inappropriately touching or engaging another

child in sexual acts (Stop it Now, 2008). This can begin a chain reaction of sexual acting out and psychological damage for a great number of children.

To sum it up... child sexual abuse is linked not only to psychological trauma but to a potential trend of substance abuse, mental health issues, and crime. In the short-term, sexual abuse destroys the innocence of childhood; for the long-term, it wreaks havoc on a potentially productive and happy adulthood.

VI. What can I do?

- a. Write down everything you have observed. Jotting down all the facts will help when you call to make your report. If possible, have the child's indentifying information (including birthday and address) along with the possible abuser's information.
- b. Next, call 1-800-RICHILD (1-800-742-4453).
- c. Report what you observed and when.
- d. After making a report to 1-800-RICHILD, you have done your job. Now, the Department of Children, Youth, and Families has the responsibility of investigating your report.
- e. Your report is anonymous; although you will give your name number, you may still remain anonymous to the child and his or her family.
- f. *Next, the presenter will facilitate a discussion about the fears and obstacles involved in making a report (for example, vague symptoms of sexual abuse).*

VII. Time for Questions & Discussion

Other Materials



Police Arrest Suspected Serial Child Rapist

Friday, February 20, 2009 5:46 PM

Updated: Friday, February 20, 2009 6:50 PM

[VIDEO](#)

[Print Story](#)

[E-mail Story](#)

MANSFIELD, Ohio — Police said they have arrested a man who they believe has committed sex crimes against children dating back 22 years, 10TV's Glenn McEntyre reported on Friday.

Chadren Heston was arrested earlier this week and is in custody at the Richland County Jail after a judge set bond at \$500,000.

Heston, who currently faces five counts of rape involving a child under the age of 13, will likely face additional charges, police said.

"He has consistently abused children from the time he was 10 years old until Tuesday when he was arrested," said Mansfield police Det. Jeff Shook.

According to Shook, investigators have identified eight boys and girls who Heston sexually abused.

"This person preys on young children, prepubescent children," Shook said. "He's a pedophile; truly a pedophile."

Investigators believe that Heston silenced his victims by threatening to harm their mothers, McEntyre reported.

Authorities said they began investigating Heston after a woman in South Carolina came forward last October with claims that Heston had raped her 18-year-old daughter years earlier.

The woman said she questioned her three other children, and they also said they were abused by Heston, McEntyre reported.

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Jury convicts Vegas man in toddler video sex case



By KEN RITTER – Mar 3, 2009

LAS VEGAS (AP) — A man tracked down after a video of him sexually assaulting a 2-year-old girl was found in the Nevada desert was convicted Tuesday of that attack and another on a 6-year-old. Chester Arthur Stiles displayed no emotion as guilty verdicts were read against him for 22 felonies, including sexual assault. He faces multiple life prison terms at sentencing, set for May 8.

Nineteen of the charges stemmed from acts Stiles videotaped of himself with the toddler in 2003. The jury viewed the graphic video Friday.

Outside the presence of the jury, Clark County District Court Judge Jennifer Togliatti called the recorded images "clearly child pornography in its most graphic form."

A man gave the videotape to authorities in September 2007, five months after he found it hidden in a desert lot about 60 miles west of Las Vegas. He later pleaded guilty to conspiracy to obstruct a public officer for the delay in turning in the video.

With clear evidence of a sex crime on a toddler but neither the victim nor the abuser identified, investigators released images from the video in a nationwide hunt for both people.

Stiles, 38, of Las Vegas, was arrested in October 2007 after he was identified as the man in the video and a fugitive in a case involving a 6-year-old girl. Prosecutors said he molested the older child in late 2003.

The toddler victim is now 8. Her mother testified she has no recollection of the encounter, which occurred when she lived with a friend's family in an apartment in Las Vegas. The friend's mother was Stiles' girlfriend.

Three charges stemmed from allegations that Stiles molested the 6-year-old while he and his girlfriend spent two nights as guests at the girl's Las Vegas home in December 2003.

That encounter was not videotaped. But the girl, now 11 and living in Washington state, testified that she awoke before dawn one morning with Stiles kneeling next to her bed and fondling her.

The names of the girls are being withheld because The Associated Press typically does not identify victims of sexual abuse.

Deputy public defenders Stacey Roundtree and Amy Coffee said after the verdict they will appeal the judge's decisions to let prosecutors show the video, air jailhouse telephone recordings and read Stiles' personal letters to the jury.

Stiles also faces federal charges of producing child pornography, which could carry a sentence of 15 to 30 years in federal prison. That trial is set for April 6 in Las Vegas.

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Related articles



After reviewing the outline of my training program, please circle or highlight the answers that most strongly represent your views.

1. Early childcare professionals should be aware of the signs of sexual abuse in children and be able to make a report.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

2. The content of this training is clear and understandable.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

3. The application of this training is plausible for early childcare staff.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

4. The news articles attached are relevant and useful.

- Strongly Agree

- Agree
- Undecided
- Disagree
- Strongly Disagree

5. I recommend implementing this training for a trial run.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

6. The content of this training covers the signs and symptoms of sexual abuse.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

7. The content of this training successfully identifies long-term problems associated with sexual abuse.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

8. This program will elicit a positive response from trainees.

- Strongly Agree

- Agree
- Undecided
- Disagree
- Strongly Disagree

9. This training will improve the ability of staff to confidently make a report of sexual abuse.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree
-

10. More media and/or a PowerPoint presentation would be helpful in the presentation of this program.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

Comments & Feedback: Don't Hold Back!

Appendix IV: Edited Version of Training Model

Facilitator's Guide

Sexual Abuse of Preschool-aged Children

VIII. Introductions

- a. *This is meant to be presented by two co-facilitators to a small enough group to be able to go around the table and have each person identify himself or herself, and state the capacity in which he or she works with children. The presenter also will ask the group if anyone has worked with a child who has been sexually abused; this discussion should flow naturally into the next topic. Each person will also have a packet of information outlining the training that is similar to this one.*
- b. **What is Sexual Abuse?** *(The presenter asks the group this question and jots down answers on a chalkboard, dry-erase board, etc. and encourages the group to brainstorm)*
 - i. Child sexual abuse does not have a universal definition. Definitions may include the following components: fondling, masturbation, penetration, oral or anal sex, intercourse, or exposure to pornography (Bogorad, 1998; Rape, Abuse, and Incest National Network, 2008; Stop it Now, 2007). It is essential that the reader understand that child sexual abuse does not necessarily include physical contact; it is sexual abuse to expose a child to intercourse, deviant sexual activity, or pornography (Incest Survivors Resource Network, 1990, as cited by Bogorad, 1998).

IX. Overcoming the Taboo

- a. **Why is it important to learn about sexual abuse?**
 - i. Prevalence
 1. The prevalence of childhood sexual abuse is difficult to estimate because it often goes unreported (Stop it Now, 2008).
 2. It is estimated that over 30% of victims never disclose sexual abuse to anyone (Darkness to Light, 2008).
 3. Sexual abuse against children is reported 80,000 times per year (American Academy of Child and Adolescent Psychiatry, 2008).

4. One in four girls and one in six boys will be assaulted before the age of 18.
5. In Rhode Island in 2007, there were 302 cases of indicated sexual abuse. Of these cases, 57 were against a child aged five or younger (Rhode Island Kids Count, 2008). It is important to keep in mind that these numbers include only *confirmed cases* of sexual abuse; it is by no means a measure of undetected cases of sexual abuse.
6. The taboo on sexual abuse prevents people from talking about it AND reporting it. It DOES happen! (*Instructor can indicate that this taboo will come up again when discussing shame and guilt*).

X. Young Children and Sexual Abuse

a. Physical symptoms

- i. Physical symptoms may be distinct and more obvious, and can provide concrete evidence if a report is made. These symptoms include:
 1. Bloody, torn, or stained underwear
 2. Bleeding, bruising, swelling, itching, burning, or pain in the genital area
 3. Sexually transmitted diseases
 4. Repeated urinary tract or yeast infections (Rape, Abuse, and Incest National Network, 2008; Bogorad, B., 1998).
 5. Sexually abused children may be more likely to self-mutilate (Bogorad, B., 1998).

b. Emotional symptoms

Children may:

1. Have frequent nightmares or unusual phobias
2. Frequently complain about physical ailments.
3. Display anxiety (American Academy of Child and Adolescent Psychiatry, 2008).
4. Confusion about sexual identity. Boys who are abused by males may wonder if they are homosexual, while girls who are abused may feel tainted and as if future partners will be able to tell they have been abused (Finklehor, D. & Browne, A., 1985; Bogorad, B., 1998). This may become more and more prominent as the child grows up, particularly if the abuse is ongoing.

5. Children may refuse to go to school; act depressed, or even become suicidal (American Academy of Child and Adolescent Psychiatry, 2008).

c. Behavioral symptoms

- i. Children who have been sexually abused may display a variety of behaviors. These behaviors can be confusing, so it may be helpful to jot things down as you observe them; if possible, you can also discuss these behaviors with a colleague if you feel confused about a child's actions.
 1. Show an increased interest in anything sexual; or, they may totally avoid of anything with a sexual nature (American Academy of Child and Adolescent Psychiatry, 2008).
 2. Regress to previous developmental stages; for example, they make revert to sucking their thumbs (Rape, Abuse, and Incest National Network, 2008). Toilet trained children may have accidents, or smear feces outside of the toilet.
 3. Display knowledge of sexuality that is not age appropriate, which may be demonstrated through inappropriate interactions with other children, through excessive masturbating, or through drawings (Bogorad, B., 1998; American Academy of Child and Adolescent Psychiatry, 2008; Rape, Abuse, and Incest National Network, 2008).

XI. I understand it now...But why is it my problem? *(This section includes many statistics; the presenter will not go over each and every bullet point, but the group members will have a copy of it).*

a. Time Spent in Early Childhood Education Program

- i. Children with employed mothers spend an average of 34 hours in a childcare center per week (U.S. Census Bureau, 2005). Thus, as early childhood professionals, you may know a child better than most people in his or her life after spending a comparatively large percentage of that child's day with him or her.

b. Mandated Reporting

- i. Mandated reporting laws differ from state to state. In Rhode Island, any person who has reasonable cause to suspect that a child is being abused or neglected is a mandated reporter (Child Welfare Information Gateway, 2008). An adult who fails to make a report may be held legally accountable. While the symptoms of sexual abuse may be difficult to differentiate from normal stress reactions, this seminar will help to familiarize participants and raise their awareness.

c. Repeat Offenders

1. A study of offenders imprisoned for violent crimes against children found that 30% of offenders reported victimizing more than one child (U.S. Department of Justice, 1991).
2. 20% of child sex offenders have between 10 and 40 victims. Thus, failing to report sexual abuse can allow a perpetrator to continue abusing other children.

d. Statute of Limitations

1. This refers to the length of time after a crime is committed that a person may be prosecuted (Darkness to Light, 2008).
2. In Rhode Island, sexual abuse or exploitation of a child must be reported within seven years of the act in question (Child Welfare Information Gateway, 2008). Why is this a problem?
 - a. Children often do not remember abuse until later in life. In a study, 59% of adult men and women reported forgetting the sexual abuse they had suffered in childhood at some point before they turned 18 (Brier and Conte, 1993, as cited by Williams, L.M., 1994).
 - b. As you already know, child molesters frequently abuse multiple children, so it is necessary to identify perpetrators before the statute of limitations runs out.

e. Breaking the Silence

i. Shame and Guilt

1. Sexual abuse is most frequently committed by a person that a child knows. Only 10% of cases of child sexual abuse involve a stranger (Darkness to Light, 2008).
2. About 60% of sexual assaults of children took place in the victim's home, or in the home of a neighbor, relative, or friend (U.S. Department of Justice, 1997).
3. Thus, shame is a huge factor. It is completely normal for a child to feel attached to his or her abuser, which makes it more difficult for the child to admit to the abuse. It also makes abuse incredibly personal; it shatters a child's sense of security and trust.

XII. What happens to victims? Long Term Impact

a. Emotional Instability

- i. Victims may feel an intense sense of shame because of feelings of betrayal or guilt, which can lead to increased depression (Finkelhor, D. & Browne, A., 1985).

- ii. In adulthood, victims of abuse are more likely to have eating disorders, major depressive disorder, suicidal thoughts, and to become pregnant as teenagers (Darkness to Light, 2008).
- iii. They may also be more anxious, have Post Traumatic Stress Disorder, have difficulty trusting, and have difficulty saying no (Bogorad, B., 1998).
- iv. Their coping skills are often severely impaired, which may be demonstrated through learning problems, running away, or difficulties with employment (Finkelhor, D., and Browne, A., 1985). This wide range of emotional and psychological effects of childhood sexual abuse significantly impairs victims' ability to be productive members of society.

b. Substance Abuse

- i. Victims of sexual abuse are much more likely to abuse drugs and alcohol as adults. This may be related to their impaired coping skills and need to numb their pain (Finkelhor, D., and Browne, A., 1985).
- ii. Young girls who have been sexually abused are three times more likely to develop alcohol or drug abuse as adults than girls who were not sexually abused.
- iii. 70% of male survivors are treated for substance abuse or suicidal thoughts (Darkness to Light, 2008).

c. Criminal Activity

- i. Children who have been sexually abused may have trouble relating to others as adults. They may not know how to relate to others on non-sexual terms; as a result, victims may be inclined to be involved in prostitution or the sexual abuse of children (American Academy of Psychiatry, 2008).
- ii. Substance abuse is directly related to criminal behavior. Women who were sexually abused as children are much more likely to become involved in prostitution, which is highly linked to drug use (Finkelhor, D., and Browne, A., 1985).
- iii. Studies have found that there is a correlation between sexual abuse and later acts of victimization towards others. For example, one study found that 22% of sexual offenders had been sexually abused as children (United States Department of Justice, 1996).
- iv. Another statistic suggested that 75% of serial rapists report being sexually abused in childhood (Darkness to Light, 2008).

- v. Furthermore, a child who has been sexually abused is at an increased risk of inappropriately touching or engaging another child in sexual acts (Stop it Now, 2008). This can begin a chain reaction of sexual acting out and psychological damage for a great number of children.

To sum it up... child sexual abuse is linked not only to psychological trauma but to a potential trend of substance abuse, mental health issues, and crime. In the short-term, sexual abuse destroys the innocence of childhood; for the long-term, it wreaks havoc on a potentially productive and happy adulthood. Reporting sexual abuse early on will give a child a better chance at healing.

XIII. What can I do?

- a. Write down everything you have observed. Jotting down all the facts will help when you call to make your report. If possible, have the child's indentifying information (including birthday and address) along with the possible abuser's information.
- b. Next, call 1-800-RICHILD (1-800-742-4453).
- c. Report what you observed and when.
- d. After making a report to 1-800-RICHILD, you have done your job. Now, the Department of Children, Youth, and Families has the responsibility of investigating your report.
- e. Your report is anonymous; although you will give your name number, you may still remain anonymous to the child and his or her family.

XIV. Activities

- a. **Role Play:** *At this point, the co-facilitators will role-play a situation in which a staff member thinks that he or she needs to call DCYF. This staff member is talking over the situation with a colleague who has also noticed the behaviors.*
- b. **Role Play Part 2: Making the Report.** *The facilitators will now change roles; one will play the part of the worker who answers the child abuse hotline, and will have a copy of what DCYF workers must ask reporters.*
- c. **Group Activity:** *The group will be broken down into partners or groups of three. Each group will have a short vignette about a child displaying symptoms of sexual abuse. Each group will talk about the story and compare perspectives. This activity will help the participants to put the*

information they have learned to use; it will also emphasize the importance of talking things over with a trusted colleague.

XV. Time for Questions & Discussion

- a. *At this point, the facilitator may find it helpful to facilitate a discussion about how to support a family that is being investigated by DCYF. The group may have concerns about how making a report will impact their relationships with a child or a family, and this will be an important issue to address.*

Appendix V: Edited Version of Training Model

Handout for Group Members

Sexual Abuse of Preschool-aged Children



a. What is Sexual Abuse?

- i. Child sexual abuse does not have a universal definition. Definitions may include the following components: fondling, masturbation, penetration, oral or anal sex, intercourse, or exposure to pornography (Bogorad, 1998; Rape, Abuse, and Incest National Network, 2008; Stop it Now, 2007). It is essential that the reader understand that child sexual abuse does not necessarily include physical contact; it is sexual abuse to expose a child to intercourse, deviant sexual activity, or pornography (Incest Survivors Resource Network, 1990, as cited by Bogorad, 1998).



II. Overcoming the Taboo

a. Why is it important to learn about sexual abuse?

- i. Prevalence

1. The prevalence of childhood sexual abuse is difficult to estimate because it often goes unreported (Stop it Now, 2008).
2. It is estimated that over 30% of victims never disclose sexual abuse to anyone (Darkness to Light, 2008).
3. Sexual abuse against children is reported 80,000 times per year (American Academy of Child and Adolescent Psychiatry, 2008).
4. One in four girls and one in six boys will be assaulted before the age of 18.
5. In Rhode Island in 2007, there were 302 cases of indicated sexual abuse. Of these cases, 57 were against a child aged five or younger (Rhode Island Kids Count, 2008). It is important to keep in mind that these numbers include only *confirmed cases* of sexual abuse; it is by no means a measure of undetected cases of sexual abuse.
6. The taboo on sexual abuse prevents people from talking about it AND reporting it. It DOES happen!

III. Young Children and Sexual Abuse

a. Physical symptoms

- i. Physical symptoms may be distinct and more obvious, and can provide concrete evidence if a report is made. These symptoms include:
 1. Bloody, torn, or stained underwear
 2. Bleeding, bruising, swelling, itching, burning, or pain in the genital area
 3. Sexually transmitted diseases
 4. Repeated urinary tract or yeast infections (Rape, Abuse, and Incest National Network, 2008; Bogorad, B., 1998).
 5. Sexually abused children may be more likely to self-mutilate (Bogorad, B., 1998).

b. Emotional symptoms

Children may:

1. Have frequent nightmares or unusual phobias
2. Frequently complain about physical ailments.
3. Display anxiety (American Academy of Child and Adolescent Psychiatry, 2008).
4. Confusion about sexual identity. Boys who are abused by males may wonder if they are homosexual, while girls who

are abused may feel tainted and as if future partners will be able to tell they have been abused (Finklehor, D. & Browne, A., 1985; Bogorad, B., 1998). This may become more and more prominent as the child grows up, particularly if the abuse is ongoing.

5. Children may refuse to go to school; act depressed, or even become suicidal (American Academy of Child and Adolescent Psychiatry, 2008).

c. Behavioral symptoms

- i. Children who have been sexually abused may display a variety of behaviors. These behaviors can be confusing, so it may be helpful to jot things down as you observe them; if possible, you can also discuss these behaviors with a colleague if you feel confused about a child's actions.



1. Show an increased interest in anything sexual; or, they may totally avoid of anything with a sexual nature (American Academy of Child and Adolescent Psychiatry, 2008).
2. Regress to previous developmental stages; for example, they may revert to sucking their thumbs (Rape, Abuse, and Incest National Network, 2008). Toilet trained children may have accidents, or smear feces outside of the toilet. They may also be excessively clingy or seem particularly fearful of a certain family member. They may become extremely agitated (in the case of toddlers) when it is time for a diaper change.
3. Display knowledge of sexuality that is not age appropriate, which may be demonstrated through inappropriate interactions with other children, through excessive masturbating, or through drawings (Bogorad, B., 1998; American Academy of Child and Adolescent Psychiatry, 2008; Rape, Abuse, and Incest National Network, 2008).

IV. I understand it now...But why is it my problem? *(This section includes many statistics; the presenter will not go over each and every bullet point, but the group members will have a copy of it).*

a. Time Spent in Early Childhood Education Program

- i. Children with employed mothers spend an average of 34 hours in a childcare center per week (U.S. Census Bureau, 2005). Thus, as early childhood professionals, you may know a child better than most people in his or her life after spending a comparatively large percentage of that child's day with him or her.

b. Mandated Reporting

- i. Mandated reporting laws differ from state to state. In Rhode Island, any person who has reasonable cause to suspect that a child is being abused or neglected is a mandated reporter (Child Welfare Information Gateway, 2008). An adult who fails to make a report may be held legally accountable. While the symptoms of sexual abuse may be difficult to differentiate from normal stress reactions, this seminar will help to familiarize participants and raise their awareness.

c. Repeat Offenders

1. A study of offenders imprisoned for violent crimes against children found that 30% of offenders reported victimizing more than one child (U.S. Department of Justice, 1991).
2. 20% of child sex offenders have between 10 and 40 victims. Thus, failing to report sexual abuse can allow a perpetrator to continue abusing other children.

d. Statute of Limitations

1. This refers to the length of time after a crime is committed that a person may be prosecuted (Darkness to Light, 2008).
2. In Rhode Island, sexual abuse or exploitation of a child must be reported within seven years of the act in question (Child Welfare Information Gateway, 2008). Why is this a problem?
 - a. Children often do not remember abuse until later in life. In a study, 59% of adult men and women reported forgetting the sexual abuse they had suffered in childhood at some point before they turned 18 (Brier and Conte, 1993, as cited by Williams, L.M., 1994).
 - b. As you already know, child molesters frequently abuse multiple children, so it is necessary to identify perpetrators before the statute of limitations runs out.



e. Breaking the Silence

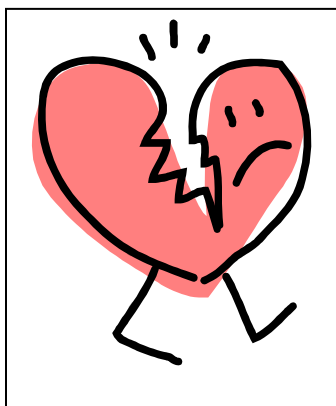
- i. Shame and Guilt
 1. Sexual abuse is most frequently committed by a person that a child knows. Only 10% of cases of child sexual abuse involve a stranger (Darkness to Light, 2008).

2. About 60% of sexual assaults of children took place in the victim's home, or in the home of a neighbor, relative, or friend (U.S. Department of Justice, 1997).
3. Thus, shame is a huge factor. It is completely normal for a child to feel attached to his or her abuser, which makes it more difficult for the child to admit to the abuse. It also makes abuse incredibly personal; it shatters a child's sense of security and trust.

V. What happens to victims? Long Term Impact

a. Emotional Instability

- i. Victims may feel an intense sense of shame because of feelings of betrayal or guilt, which can lead to increased depression (Finkelhor, D. & Browne, A., 1985).
- ii. In adulthood, victims of abuse are more likely to have eating disorders, major depressive disorder, suicidal thoughts, and to become pregnant as teenagers (Darkness to Light, 2008).
- iii. They may also be more anxious, have Post Traumatic Stress Disorder, have difficulty trusting, and have difficulty saying no (Bogorad, B., 1998).
- iv. Their coping skills are often severely impaired, which may be demonstrated through learning problems, running away, or difficulties with employment (Finkelhor, D., and Browne, A., 1985). This wide range of emotional and psychological effects of childhood sexual abuse significantly impairs victims' ability to be productive members of society.



b. Substance Abuse

- i. Victims of sexual abuse are much more likely to abuse drugs and alcohol as adults. This may be related to their impaired coping skills and need to numb their pain (Finkelhor, D., and Browne, A., 1985).
- ii. Young girls who have been sexually abused are three times more likely to develop alcohol or drug abuse as adults than girls who were not sexually abused.
- iii. 70% of male survivors are treated for substance abuse or suicidal thoughts (Darkness to Light, 2008).

c. Criminal Activity

- i. Children who have been sexually abused may have trouble relating to others as adults. They may not know how to relate to others on

non-sexual terms; as a result, victims may be inclined to be involved in prostitution or the sexual abuse of children (American Academy of Psychiatry, 2008).

- ii. Substance abuse is directly related to criminal behavior. Women who were sexually abused as children are much more likely to become involved in prostitution, which is highly linked to drug use (Finkelhor, D., and Browne, A., 1985).
- iii. Studies have found that there is a correlation between sexual abuse and later acts of victimization towards others. For example, one study found that 22% of sexual offenders had been sexually abused as children (United States Department of Justice, 1996).
- iv. Another statistic suggested that 75% of serial rapists report being sexually abused in childhood (Darkness to Light, 2008).
- v. Furthermore, a child who has been sexually abused is at an increased risk of inappropriately touching or engaging another child in sexual acts (Stop it Now, 2008). This can begin a chain reaction of sexual acting out and psychological damage for a great number of children.

To sum it up... child sexual abuse is linked not only to psychological trauma but to a potential trend of substance abuse, mental health issues, and crime. In the short-term, sexual abuse destroys the innocence of childhood; for the long-term, it wreaks havoc on a potentially productive and happy adulthood. Reporting sexual abuse early on will give a child a better chance at healing.

VI. What can I do?

- a. Write down everything you have observed. Jotting down all the facts will help when you call to make your report. If possible, have the child's indentifying information (including birthday and address) along with the possible abuser's information.
- b. Next, call 1-800-RICHILD (1-800-742-4453).
- c. Report what you observed and when.
- d. After making a report to 1-800-RICHILD, you have done your job. Now, the Department of Children, Youth, and Families has the responsibility of investigating your report.
- e. Your report is anonymous; although you will give your name number, you may still remain anonymous to the child and his or her family.

VII. Activities!

- a. Role Play**
- b. Role Play Part 2: Making the Report.**
- c. Group Activity:** In a small group, read the following vignette. After reading this story, please review it with your group. Talk about the warning behaviors you see, and things that might concern you. If a behavior seems to be suspicious, but you are not sure, talk about why it is confusing. Weigh the pros and cons of making a report.

Vignette

Bobby is a four-year-old boy in your preschool classroom. He can be unruly and loud, and has a diagnosis of ADHD. You have had him in your classroom for over a year, and he has always been disruptive in your classroom. You once observed him purposely grope the chest of another staff member, although it was not documented. At naptime, he sometimes has temper tantrums and avoids his cot at all costs. He has older brothers and sisters, so you have imagined that he picked up a lot of his bad behaviors from watching them. Your daughter has a class with his older sister, and you know that she is a discipline problem too; thus, you chalk up his behaviors as something that just runs in the family or is a product of poor parenting. You don't know for sure, but you heard from another staff member that he smeared feces on the walls of the bathroom shortly before you became employed with the center. You have become particularly worried about him, because yesterday during an art project he drew a graphic picture. When you inquired about his drawing, he informed you that the figure in the picture was "kissing a pee-pee."

VIII. Time for Questions & Discussion



Resource List: Where You Can Learn More

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