Report from the Task Force on the Prevention of Sexual Abuse of Children

2012

A Message to the Governor, General Assembly and State Board of Education—

IN THE LAST FEW MONTHS AND YEARS, Missourians have been confronted by the reality that child sexual abuse has occurred in homes, schools, places of worship and institutions throughout the state and nation. From Penn State to the Boy Scouts, child molesters have been allowed access to children and with alarming frequency, institutions chose to cover up the abuse rather than stop the abuse from occurring.

The Task Force on the Prevention of Sexual Abuse of Children was created in statute during the 2011 Missouri legislative session and was charged with studying and identifying strategies for preventing child sexual abuse. The Task Force met throughout 2012 and conducted four public hearings, receiving testimony from 35 experts in the field of child sexual abuse.

The Task Force was directed to provide recommendations to the Governor, General Assembly and the State Board of Education and as such, the Task Force asks these entities to carefully consider the report and begin to craft solutions to address child sexual abuse. The Task Force maintains that all individuals and organizations have a responsibility to protect children—and the state's elected officials and General Assembly have a responsibility to create laws and allocate funding to the systems that protect children. Leadership by the State of Missouri also has the power to fundamentally change the culture in Missouri so that all adults, youth-serving organizations, schools and communities begin to form protective barriers around children.

The wake up call has sounded—there is no Missourian who can claim that they are unaware of the epidemic of child sexual abuse. Missouri must have the courage to openly discuss and address child sexual abuse or we will be as guilty as the adults who chose to protect their institutions at the expense of children.

Within our reach is the opportunity to become a state that is nationally known for protecting and prioritizing children. Children who grow up with bodily and psychological integrity become productive adults with the full capacity to serve their families, communities and state. A report is only a report—the real work of protecting children is just beginning. The Task Force asks the Governor, General Assembly, State Board of Education and all Missourians to help unlock the unrealized potential that comes from protecting children from sexual abuse.

Task Force Members

JIM ANDERST, MD
Division Chief, Division on Child Abuse and Neglect
Children's Mercy Hospital

BILL CARSON
Deputy Chief of Police,
Maryland Heights Police Department

TEC CHAPMAN
Chief Program Officer,
Missouri School Boards' Association

Senator KIKI CURLS
9th Senatorial District

Senator BOB DIXON
30th Senatorial District

Representative MARSHA HAEFNER
100th House District

Representative STACEY NEWMAN
73rd House District

JILL MUETH, EdD
Counseling/School Climate Facilitator,
Rockwood School District

JOY OESTERLY
Executive Director,
Missouri KidsFirst

CHERYL ROBB-WELCH
Chief Operating Officer,
Missouri Coalition Against Domestic & Sexual Violence

STEVE CRAMER
Section Administrator,
Department of Health and Senior Services

CANDACE SHIVELY
Children's Division Director,
Department of Social Services

CHRISTOPHER SMITH, EdD
Media Specialist,
Springfield R-12 School District

ELLEN TELLER, MEd, LCSW
Executive Director,
The Child Center, Inc.

CATHERINE VANNIER
Family Violence Resource Prosecutor,
Missouri Office of Prosecution Services

EMILY VAN SCHENKHOF, MPH and
MARISSA GUNTHER, MSW, LMSW
of Missouri KidsFirst staffed the Task Force.

Acknowledgements

The Task Force gratefully acknowledges the following organizations for their contribution to the Task Force on the Prevention of Sexual Abuse of Children:

- Missouri KidsFirst for leading and staffing the Task Force
- The Children's Trust Fund for financially supporting the Task Force efforts
- Great Circle for designing the Task Force Report
- Missouri State University, Kirksville El Kadir Shrine Club, the Missouri Legislative Black Caucus Foundation Conference and St. Louis Children's Hospital for each hosting a public hearing of the Task Force on the Prevention of Sexual Abuse of Children

The Task Force would also like to acknowledge the following individuals for their contribution to the Task Force Report:

NANCY DUNCAN, RN, CPNP
Child Protection Program, St. Louis Children's Hospital

JOE LARAMIE, LT. [Retired]
Internet Crimes Consultant

December 2012

Individuals Who Provided Public Testimony to the Task Force on the Prevention of Sexual Abuse of Children

ADRIENNE ATZEMIS, MD, FAAP
Assistant Professor of Pediatrics, Washington University School of Medicine, St. Louis Children's Hospital

JANIE BAKUTES
Child Advocacy Center Director, Rainbow House

BARB BROWN-JOHNSON
Executive Director, The Child Advocacy Center, Inc.

PATSY CARTER, PhD
Director of Children's Clinical Services, Department of Mental Health

NANCY CORLEY
Alliance for Southwest Missouri

JULIE DONELON
President and CEO, Metropolitan Organization to Counter Sexual Assault

JERRY DUNN, PhD
Executive Director, Children's Advocacy Services of Greater St. Louis, Associate Clinical Professor, University of Missouri-St. Louis

TERRA FRAZIER, DO
Child Abuse Pediatrician, Children's Mercy Hospital
Assistant Professor of Pediatrics, University of Missouri-Kansas City School of Medicine

KIMBERLY GREBNER
Sergeant, Hamilton Police Department

KATHLEEN HANRAHAN
Director, YWCA St. Louis Regional Sexual Assault Center

ELKE HANSEN
St. Louis Director of Residential Treatment, Great Circle

MATTHEW HUFFMAN
Program Development Specialist, Missouri Coalition of Domestic and Sexual Violence

DEBORAH HUME, PhD
Associate Teaching Professor, University of Missouri-Columbia Master of Public Health Program

JEANETTE IGHEDOSA, MSW, LCSW, ACSW
Clinical Director, Niles Home for Children

JEANETTA ISSA
President and CEO, Child Abuse Prevention Association

RHONDA KANE, MA, LPC
Education Support Counselor, Francis Howell School District

JASON LAMB
Executive Director, Missouri Office of Prosecution Services

GEORGE LOMBARDI
Director, Missouri Department of Corrections

GREG MARKWAY, PhD
Chief of Mental Health Services, Missouri Department of Corrections

BOB MCCULLOCH
Prosecuting Attorney, St. Louis County

DENNIS MEIER, PhD
Associate Executive Director, Synergy Services, Inc.

DAN PATTERSON
Prosecuting Attorney, Greene County

DAN WILLIAM PEEK
Executive Director, Grandparents and Others on Watch, Inc. (GrOW)

JEAN PETERS-BAKER
Prosecuting Attorney, Jackson County

EMILY POGUE
Dating/Sexual Violence Primary Prevention Educator, Whole Health Outreach/Reynolds County Health Center

LISA ROBINSON, RN
Sexual Assault Nurse Examiner, Children's Mercy Hospital

KELLY SCHULTZ
Director, Office of Child Advocate

CARMEN SCHULZE
Chief Public Affairs Officer, Great Circle

LISA SPECTOR, MD
Assistant Professor, Child Abuse Pediatrics, Fellow, Developmental and Behavioral Pediatrics, Children's Mercy Hospital

DAVID STOEFFLER
Executive Editor, Springfield News-Leader

TIFFANI STONE
Survivor

MARK WEBB
Chief of Police, Marionville Police Department

PATRICIA WEBB, DNP, APRN, CPNP-PC
Pediatric Nurse Practitioner, The Child Advocacy Center, Inc.

BILL WHITE, MA, LPC
Children's Program Coordinator, Phelps County Crisis Services

MELODY YANCEY
Designated Principal Assistant, Children's Division, Department of Social Services

Nature and Dynamics of Child Sexual Abuse

Child sexual abuse is a silent epidemic in Missouri and throughout the nation. Studies suggest that twenty-five percent of girls and sixteen percent of boys experience sexual abuse during their childhood years.[1]

Child sexual abuse is any interaction between a child and an adult (or an older juvenile) in which the child is used for the sexual gratification of the adult. It can include contact (touching of the vagina, penis, breast or buttocks, oral-genital contact or sexual intercourse) and non-contact behaviors (voyeurism, exhibitionism, or exposing the child to pornography). Force, as it is typically undersood, is often not involved, but perpetrators use deception, threats and other forms of coercion.[2]

Children are most often molested by someone they know. A third or more of victims are abused by a family member, and only seven percent are molested by a stranger. Seventy-five percent of abuse occurs inside of homes, behind closed doors.[3]

Child sexual abuse can be particularly damaging because it tends to be chronic in nature. It is not typically a one-time event; a child experiences the abuse over and over again and lives in a state of fear and terror. Children who are being abused often face significant barriers to disclosing the abuse, including shame and guilt, fear of not being believed, fear of bodily harm or being removed from the home as a result of threats from and manipulation by perpetrators.[4]

The consequences of being sexually abused are significant. Some of the psychological impacts include low self-esteem, anxiety and depression.[5] Other long-term effects include increased risk for experiencing teen pregnancy,[6] drug and alcohol abuse and adoption of other health risk behaviors.[7] Additionally, children who are sexually abused are at increased risk of perpetrating sexual abuse as they age, resulting in cycles of perpetration in families and communities.[8]

Only a fraction of those who commit sex offenses are held accountable for their crimes. The Center for Sex Offender Management estimates that only a third of sexual abuse crimes are reported to law enforcement.[9] Additionally, many child victims of sexual abuse do not receive appropriate medical evaluations or the necessary mental health therapy.

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[1]Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V. J., Dong, M., & Giles, W. H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28(5), 430–438.

[2]The National Child Traumatic Stress Network. (2009). *Child Sexual Abuse Fact Sheet*.

[3]Snyder, H. (2000) Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics. National Center for Juvenile Justice.

[4]The National Child Traumatic Stress Network. (2009). *Child Sexual Abuse Fact Sheet*.

[5]Lalor, K. & McElvaney, R. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior and prevention/treatment programs. *Trauma, Violence & Abuse*, 11 (4), 169-177.

[6]Anda, F.R. et al. (2001). Abused boys, battered mothers, and male involvement in teen pregnancy. *Pediatrics*, 107 (2), E19.

[7]Anda, F.R. et al. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28 (5), 430-438.

[8]Whitaker, D.J. et al. (2008). Risk factors for perpetration of child sexual abuse: A review and meta-analysis. *Child Abuse and Neglect*, 32, 529-548.

[9]Freeman-Long, R. (2000). Myths and Facts About Sex Offenders. Silver Spring, MD. Center for Sex Offender Management.

Community-Based Child Sexual Abuse Prevention

RECOMMENDATION #1
Community-based child abuse prevention education needs to be expanded and be comprehensive in nature.

RECOMMENDATION #2
All schools and youth-serving organizations should have specific child sexual abuse prevention policies.

RECOMMENDATION #3
Existing state child abuse prevention programs should include programing targeted at preventing child sexual abuse.

RECOMMENDATION #4
Expand home-visiting programs and specifically include child sexual abuse prevention in these programs.

Professional Training and Technical Assistance

RECOMMENDATION #5
Create and implement standardized training for all mandated reporters.

RECOMMENDATION #6
Fund the creation and implementation of standardized, discipline-specific training for members of the multi-disciplinary team (MDT) and judges.

RECOMMENDATION #7
Identify and fund discipline-specific expert technical assistance for MDT members.

Multi-Disciplinary Team Excellence

RECOMMENDATION #8
Establish discipline-specific best practices or standards for multi-disciplinary teams, law enforcement, prosecutors and medical providers.

RECOMMENDATION #9
Establish mechanisms for addressing the secondary trauma experienced by individuals who work to address and prevent child sexual abuse.

RECOMMENDATION #10
Assess for and address domestic violence when investigating child sexual abuse and providing services to victims and caregivers.

Mental Health Services and Treatment

RECOMMENDATION #11
Identify and fund evidence-based early intervention and treatment for youth with illegal/inappropriate sexual behaviors.

RECOMMENDATION #12
Identify and fund the expansion of mental health services to children who have been sexually abused.

Awareness

RECOMMENDATION #13
Create and fund a child sexual abuse public awareness campaign.

Funding

RECOMMENDATION #14
The General Assembly should consider increased investment in preventing child sexual abuse in order to reduce the substantial financial, health and social costs associated with childhood trauma.

RECOMMENDATION #15
Private foundations in Missouri should increase funding to prevent and address childhood trauma.

Statutory Changes

RECOMMENDATION #16
Submit to Missouri voters a proposed constitutional amendment allowing evidence of signature crimes, commonly referred to as propensity evidence, to be used in child sexual abuse cases.

RECOMMENDATION #17
Modify 210.115 RSMo. to require mandatory reporters to directly report suspected child abuse and neglect to Children's Division.

RECOMMENDATION #18
Clarify the term "immediately" in the mandatory reporting statute, 210.115 RSMo., and school reporting statute, 167.117 RSMo.

RECOMMENDATION #19
Clarify 544.250 RSMo. and 544.280 RSMo. to allow for hearsay evidence at preliminary hearings.

RECOMMENDATION #20
Amend 491.075.1 RSMo. to clarify that the statute allows for the use of child witness statements relative to prosecutions under Section 575.270.

RECOMMENDATION #21
Modify the definition of deviate sexual intercourse in 566.010 RSMo. to include genital to genital contact.

RECOMMENDATION #22
Modify 556.037 RSMo. to eliminate the statute of limitations for the prosecutions of first-degree statutory rape and first-degree statutory sodomy.

Issues for further study

Evidentiary standard used by Children's Division.

Suspended Imposition of Sentence (SIS) and Suspended Execution of Sentences (SES) in child sexual abuse cases.

Clarification of the optimal process for co-investigation by law enforcement and Children's Division.

Community-Based Child Sexual Abuse Prevention

RECOMMENDATION #1

Community-based child sexual abuse prevention education needs to be expanded and be comprehensive in nature.

Child sexual abuse prevention is the responsibility of every adult. However, child sexual abuse education is currently offered in isolated locations throughout Missouri. In order for community-based education to be successful, efforts must be comprehensive in nature and target children, parents, staff in youth-serving organizations and schools and the community at large.

“We need to teach our children to raise their voices and keep them raised until somebody listens.”

— KATHLEEN HANRAHAN
Director,
YWCA St. Louis Regional Sexual Assault Center

CHILDREN

Children need to be taught basic and age-appropriate information on boundaries, inappropriate touches and their right to determine who touches them and how. Even a simple strategy such as teaching a child the anatomically correct terms for their body parts decreases the chances that someone will molest them because that child now has the language to describe what is happening to them.

PARENTS

For some adults, being a protective parent comes naturally because it was modeled by caregivers in their formative years. Other parents need more assistance in learning how to become protective parents. One of the most important strategies for parents is to observe and monitor the relationships their children have with adolescents and adults.

STAFF AND VOLUNTEERS IN YOUTH-SERVING ORGANIZATIONS AND SCHOOLS

All organizations that serve children and families must operate under the assumption that some people who sexually abuse children may want to work for them. These organizations have an obligation to create an environment that is inhospitable to people who want to sexually violate children. These environments must be nurtured from the top, with leaders who understand the risk and actively work to train staff and volunteers and institute child protection policies. Staff and volunteers should be taught about organizational expectations for appropriate adult and child interactions and how to identify and respond to potentially problematic behaviors.

COMMUNITY

Our communities must reinforce the behaviors that we want to see in Missouri homes and youth-serving organizations and schools. Community leaders and elected officials can play a vital role in beginning to discuss the importance of ending the silence that allows sexual abuse of children. Leaders can advocate for youth-protection policies and training in organizations funded by local, state and federal tax dollars, and boards of directors can ask their organizations to implement child sexual abuse prevention strategies. All Missourians can listen and act on gut feelings that an adult may be crossing boundaries with a child. Ultimately, all these actions together create cultural norms where individuals, families, organizations and communities are forming protective barriers around children and identifying and responding to problematic behaviors.

“While I lived with my biological mother, I was sexually abused by three different men. When I was approximately 8 years-old, I was sexually abused by my babysitter. He first drew descriptive pictures of sex acts, then had me strip in front of him, and he also touched me inappropriately and made me touch him. He would tell me if I told I would get in trouble, and he rewarded me when I performed sexual acts. I did not tell for what seems like a long time. When I finally told my biological mother, she told me it was my fault I was being abused because I was ‘enticing’ him to abuse me. She then continued to use the same babysitter and the abuse continued.”

— TIFFANI STONE
Survivor

Please see APPENDIX A *for more information on community-based child sexual abuse prevention strategies.*

SPECIAL POPULATIONS

Because child sexual abuse happens to children from all socio-economic and ethnic groups, it is important that we target our efforts at **all children and adults in Missouri.** Attitudes that child sexual abuse does not occur in specific communities are ill-informed and harmful to children.

At the same time, certain groups can be at greater risk for abuse and deserve special consideration when designing and implementing interventions. **Children with disabilities** are at a particularly high risk for being sexually abused because of the vulnerabilities created by their disability.[11] Children with disabilities also have additional barriers in disclosing abuse. Individuals and agencies that work with this population have a particular obligation to actively address child sexual abuse in ways that are developmentally appropriate.

Children living in **poverty** are often at increased risk for child sexual abuse.[12] This does not mean that poor people are more likely to abuse their children than families with resources. Families living in poverty often have to rely on sub-standard childcare which can increase a child's risk for being sexually abused. When individuals can't afford childcare and don't have a strong family or support network, they are more inclined to leave their child with a "helpful" neighbor, boyfriend or partner. Sexual predators often seek out families in crisis because they know these families are more likely to have a decreased capacity to protect their children. Finally, the isolation and lack of resources that result from poverty can make it more difficult for help to reach children being harmed.

RECOMMENDATION #2

All schools and youth-serving organizations should have specific child sexual abuse prevention policies.

Schools and youth-serving organizations should have child protection policies that focus on appropriate adult and child boundaries and adult and child situations. Policies, if enforced, can help set organizational norms that minimize opportunities for children to be harmed by caretakers, teachers or volunteers. These policies, coupled with staff education, also equip adults to identify and respond appropriately to children who are being abused outside of the school or organizational environment.

Please see the CDC's *Preventing Child Sexual Abuse Within Youth-Serving Organizations: Getting Started on Policies and Procedures*[10] for examples of youth protection policies.

RECOMMENDATION #3

Existing child abuse prevention programs should include programming targeted at preventing child sexual abuse.

There are currently many child abuse prevention activities occurring throughout the state. Unfortunately, few programs directly address child sexual abuse. Professionals who may be skilled in discussing strategies for coping with a colicky infant are not as comfortable coaching parents on how to protect their child from sexual abuse.

State agencies also could play an instrumental role in encouraging or requiring state and federally funded maternal and child health programs to include specific components designed to address child sexual abuse.

RECOMMENDATION #4

Expand home-visiting programs and specifically include child sexual abuse prevention in these programs.

Home-visiting programs are interventions where trained professionals come into the homes of families and provide social support, case management and education about child development and parenting over an extended period of time. Although many evidence-based home-visiting models are used in Missouri, the Task Force specifically heard considerable testimony on the Nurse Family Partnership as a strategy that has potential for preventing child abuse.

However, the home-visiting models being used in Missouri do not actively include curriculum or specific components on child sexual abuse. There are also few programs nationally that specifically address child sexual abuse. The strength of Missouri's home-visiting programs provides an excellent opportunity to adapt an existing successful program to make it more responsive to the needs of Missouri's children and families.

[10]Centers for Disease Control and Prevention (CDC). (2007). *Preventing Child Sexual Abuse Within Youth-serving Organizations: Getting Started on Policies and Procedures.* US Dept of Health and Human Services: Atlanta, GA.

[11]Jones L., Bellis, M.A., Wood S., Hughes K., Eckley L., Bates G., Mikton C., Shakespeare T., Officer A. (2012)Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *Lancet*, 380, 899-907.

[12]Hussey J.M., Chang J.J., Kotch J.B. (2006) Child maltreatment in the United States: prevalence, risk factors, and adolescent health consequences. *Pediatrics*, 118, 933-942.

RECOMMENDATION #5

Create and implement standardized training for all mandated reporters.

PROFESSIONALS

Individuals who are mandated to report child abuse and neglect to the Children's Division of the Department of Social Services under 210.115 RSMo. often receive little to no training on child abuse and neglect. Professionals identified in 210.115 RSMo. should receive regular training on the signs and symptoms of child abuse, the roles and responsibilities of a mandated reporter, how to report and how to respond to a child victim.

The Task Force does not recommend that training be mandated through statute, but instead recommends that licensing and credentialing organizations require a specified minimum amount of continuing education credits on a bi-annual basis about child abuse and neglect and professional obligations under 210.115 RSMo.

PRESERVICE TRAINING

Young professionals in college or training programs in child serving sectors or law enforcement training academies (e.g. future child care workers, counselors, teachers, social workers, physicians, nurses, criminal justice professionals, clergy) should receive training on child abuse and neglect and the obligations of mandated reporters. This could be accomplished through expanding Child Advocacy STudies (CAST) programs in colleges and universities in Missouri. CAST programs, ranging from undergraduate certificates and minors to majors and Masters programs, are established or are being established in 23 states, including Missouri.

Please see APPENDIX B *for recommended guidelines for mandated reporter training.*

THE FOLLOWING PROFESSIONALS ARE IDENTIFIED IN 210.115 RSMO. AS MANDATED REPORTERS:

Physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel, health care practitioner, psychologist, mental health professional, social worker, day care center worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister, law enforcement officer, or other person with the responsibility for the care of children.

RECOMMENDATION #6

Fund the creation and implementation of standardized, discipline-specific training for members of the multi-disciplinary team (MDT) and judges.

There is considerable variation in the effectiveness of our responses to child sexual abuse throughout the state. Some communities aggressively investigate and prosecute child sexual abuse cases while some have a very limited response. Child Advocacy Centers—places where children go to talk to a trained professional about abuse and that assist in coordinating the co-occurring Children's Division and law enforcement investigation—are not utilized in all jurisdictions. Members of the MDT in all counties in Missouri need to receive training on how to investigate and prosecute cases of child sex abuse. Additionally, members of the MDT should receive training on vicarious or secondary trauma and medical forensics.

The Task Force recommends that organizations that oversee training and continuing education for members of the MDT require practitioners to receive regular training on child sexual abuse and how to effectively respond to, investigate and prosecute child sexual abuse.

Please see APPENDIX C *for recommended guidelines for multi-disciplinary team training.*

"Who makes the police be the police?"

— MARK WEBB
Chief of Police,
Marionville Police Department

MEMBERS OF THE MULTI-DISCIPLINARY TEAM TYPICALLY INCLUDE:

Law Enforcement, Children's Division, Juvenile Officers, Prosecution, Medical, Mental Health, Victim Advocacy and Child Advocacy Center.

An MDT is a group of professionals who represent various disciplines and work collaboratively to assure the most effective coordinated response possible for every child suspected of being abused. The purpose of interagency collaboration is to coordinate interventions in order to reduce trauma to children and families and improve services, while preserving and respecting the rights and obligations of each agency to pursue their respective mandates. Collaborative response begins with case initiation and is promoted through understanding and exploring case issues. Insight from each MDT representative provides the environment for a coordinated, comprehensive, compassionate professional response.[13]

"The highest quality medical expertise should be available to every child, every family, every investigator and every prosecutor. Availability should not depend on the good will volunteerism of the provider, the willingness of the individual investigators to use that expertise, and although this expertise should be convenient to the family, the willingness to utilize that expertise should not be based on the investigator's convenience. Should this be the time to re-evaluate Missouri's need for a more robust medical response system to all forms of child abuse? I believe yes."

— ADRIENNE ATZEMIS, MD
Child Abuse Pediatrician,
Washington University School of Medicine and St. Louis Children's Hospital Child Protection Program

RECOMMENDATION #7
Identify and fund discipline-specific expert technical assistance for MDT members.

Each member of the MDT needs access to professionals, with discipline-specific credentials, who have the time and expertise to provide expert consultation. For instance, a prosecutor who has never tried a child sexual abuse case should be able to reach out to a resource prosecutor who can provide them with technical assistance on how to try the case. This resource is currently available but could be expanded. For some professions, expert consultants are not available or known to practitioners in the field.

Multi-Disciplinary Team Excellence

RECOMMENDATION #8
Establish discipline-specific best practices or standards for multi-disciplinary teams, law enforcement, prosecutors and medical providers.

Uniform standards for how to investigate, prosecute and forensically evaluate child sexual abuse cases would provide needed clarity to practices that differ considerably from county to county.

Please see APPENDICES D & E *for recommended guidelines for law enforcement and prosecutorial practice.*

RECOMMENDATION #9
Establish mechanisms for addressing the secondary trauma experienced by individuals who work to address and prevent child sexual abuse.

Practitioners who work directly with children who have been sexually abused often experience compassion fatigue or secondary trauma.[14] Committed and skilled professionals often make the difficult choice to leave the field because the personal toll is too high, resulting in a critical loss of expertise. The Task Force was particularly concerned by the 37 percent turnover rate for front-line Children's Division investigators. Some options for addressing secondary trauma include actively incorporating training on dealing with trauma exposure in all child welfare service systems and rewarding professionals who stay in the field with financial incentives and professional recognition.

RECOMMENDATION #10
Assess for and address domestic violence when investigating child sexual abuse and providing services to victims and caregivers.

There is a high co-occurrence of child abuse and domestic violence.[15] Systems cannot effectively serve children if the needs of their primary caregivers are not simultaneously addressed. Multi-disciplinary teams must assess for domestic violence and should build collaborative relationships with domestic violence service providers in their area.

[13]National Children's Alliance. (2011) *Standards for Accredited Members*.

[14]Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, 52, 63 –70.

[15]Edleson, J. (1999) The Overlap Between Child Maltreatment and Woman Battering. *Violence Against Women*, 134-154.

Mental Health Services and Treatment

RECOMMENDATION #11

Identify and fund evidence-based early intervention and treatment for youth with illegal/inappropriate sexual behaviors.

Youth who commit sexually inappropriate or illegal offenses are fundamentally different from adult offenders in that they have tremendous rehabilitative potential. Often children or adolescents who harm younger children were victimized themselves and never received appropriate therapeutic treatment. Studies have shown that juveniles who receive treatment demonstrate very low recidivism rates for sexual crimes.[16] Effective treatment protocols for youth have been developed in Missouri and across the nation; however, very few youth currently access these services.

Missouri's juvenile justice and social service systems need to re-examine how juveniles who commit sexually inappropriate or illegal behaviors are investigated, evaluated and treated. Juveniles can sometimes fall through the cracks as Children's Division is not charged with investigating cases where the person committing the offense does not have care, custody and control of the child; law enforcement investigation may be limited depending on the relative youth of the perpetrator and the Juvenile Office typically does not investigate unless they are considering pursuing a status offense. It is imperative that one of the three agencies interview an alleged perpetrator under the age of 14 or the victim, so an opportunity for treatment, protection and prevention is not missed.

RECOMMENDATION #12

Identify and fund the expansion of mental health services to children who have been sexually abused.

All children who have been sexually abused deserve to be provided with an appropriate therapeutic intervention. Children who have been sexually abused face an increased risk for future victimization[17] and for perpetrating abuse against other children as they age.[18] Mental health treatment for sexually abused children should be evidence-based and trauma-focused, including skill-building to manage emotions and cope with stress, parental or caregiver involvement and direct discussion of the abuse history.[19]

Currently, there is little state investment in mental health services for these children and no system set up to ensure that, once identified, children are able to receive care. A coordinated network of mental health providers—ensuring appropriate referral, standards of practice and training and technical assistance for providers—would greatly enhance service provision and care to children in Missouri.

Please see APPENDIX F *for recommended guidelines for mental health practice.*

"Youth who commit sexually inappropriate or illegal offenses are fundamentally different from adult offenders in that they have tremendous rehabilitative potential."

— JERRY DUNN, PhD
Executive Director,
Children's Advocacy Services
of Greater St. Louis

"I studied 74 child molesters over a three-year period, from 2003 to 2005. They were incarcerated at eight different prisons in the state of Missouri. There was a mixture of both pedophile offenders and situational offenders. I found that with the pedophile offenders, most of them became aware of a sexual attraction toward children during their teenage years. The majority of these offenders began acting out sexually with younger children while they were still teenagers. Some of them got caught. For those that did get caught, some of those cases were not handled appropriately and their sexual offending continued well into adulthood. When I say that they were not handled appropriately—parents became aware but did not take it seriously, parents did not seek counseling after promising to do so, law enforcement agencies and/or courts did not recognize or appreciate the seriousness of these crimes, there was no court ordered treatment or counseling, etc."

— BILL CARSON
Deputy Police Chief,
Maryland Heights Police Department

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[16] Werling, J.R. and Langstrom, N. (2002) Assessment of criminal recidivism risk with adolescents who have offended sexually. *Trauma, Violence and Abuse*, 4, 341-362.

[17] Boney-McCoy S. and Finkelhor D. (1995). Prior victimization: A risk factor for child sexual abuse and for PTSD-related symptomatology among sexually abused youth. *Child Abuse and Neglect*, Volume 19, Issue 12, 1401-1421.

[18] Whitaker, D.J. et al. (2008). Risk factors for perpetration of child sexual abuse: A review and meta-analysis. *Child Abuse and Neglect*, 32, 529-548.

[19] Hetzel-Riggin M., Brausch A., Montgomery B. (2007) A meta-analytic investigation of therapy modality outcomes for sexually abused children and adolescents: an exploratory study. *Child Abuse and Neglect*, 31, 125-141.

Awareness

RECOMMENDATION #13

Create and fund a child sexual abuse public awareness campaign.

The Springfield News-Leader has launched a public-service journalism project, Every Child, to focus public attention on critical challenges facing children, foster discussion and build on existing initiatives.

An Every Child community advisory committee, which includes representatives from the business, government, education, nonprofit, law enforcement, health and faith sectors, serves to educate and advise journalists and help engage other stakeholders and the general public in a discussion and, ultimately, action.

Although awareness does not prevent violence, it is a necessary foundation for prevention efforts. The silence and discomfort surrounding child sexual abuse prohibits adults and organizations from proactively adopting protective practices. Additionally, many adults have no knowledge about what to do when they suspect a child is being harmed. Increased public awareness about the need to confront the silence and stigma of sexual abuse of children and what to do when confronted with abusive behavior could lay the foundation for a climate where sexual abuse of children is less likely to occur.

Funding

RECOMMENDATION #14

The General Assembly should consider increased investment in preventing child sexual abuse in order to reduce the substantial financial, health and social costs associated with childhood trauma.

The Task Force on the Prevention of Sexual Abuse of Children maintains that protecting children from sexual abuse is worthy of a meaningful investment from the state of Missouri. Almost all of the recommendations in this report will require funding in order to be implemented. Child sex crimes and their prevention are fundamental concerns for state government because child sexual abuse is a crime and public safety threat. Sexual abuse of children also drives spending in the state budget with unresolved sexual trauma resulting in significant costs to the Department of Social Services, Department of Mental Health and the Department of Corrections. Rather than investing large amounts of money in treating dysfunction the state could spend smaller amounts addressing and preventing childhood trauma.

"Many studies show links between victimization from child sexual abuse and a wide-array of long- and short-term physical and mental health problems. A reduction in child sexual abuse and exploitation will lead to a reduction in those health care costs."[20]

— National Plan to Prevent the Sexual Abuse and Exploitation of Children

Currently, there is a small amount of federal and non-general revenue state funding in the Missouri budget dedicated to supporting community-based child abuse prevention initiatives, education and awareness. There is also a more sizable amount of federal and state funding directed at home-visiting programs, which have the potential to prevent child sexual abuse if modifications are made to the programming and curriculum used by home-visiting models. The Task Force recommends that the state consider investing funding in amounts commenserate to the importance of this issue. Additionally, the Task Force suggests that the percentage of existing funding specifically dedicated to child sexual abuse increase.

Another opportunity for expanding funding for child sexual abuse prevention exists in expanding the use of local sales taxes to fund services for children, as authorized in 67.1775 RSMo. Six counties in Missouri, most recently Boone County in the 2012 November election, have passed voter-approved one-quarter of a cent city or county sales taxes that can be used to support services to children, including counseling, family support and temporary residential services to juveniles. The Task Force encourages communities to enact funding mechanisms to serve children and fund child sexual abuse prevention with these funding streams.

[20]National Coalition to Prevent Child Sexual Abuse and Exploitation. (March 2012). *National Plan to Prevent the Sexual Abuse and Exploitation of Children* (Rev. ed.). Retrieved from www.preventtogether.org

RECOMMENDATION #15

Private foundations in Missouri should increase funding to prevent and address childhood trauma.

Childhood trauma has a substantial impact on the health and wellness of society. Many foundations contribute significant funds to improving the health of Missourians, but currently there is limited foundation support for addressing child sexual abuse. In addition, child sexual abuse is not a subject with which many corporate foundations are eager to be associated. The Task Force encourages private donors and foundations in Missouri to recognize child sexual abuse as a significant public health issue and a key driver of disease and dysfunction in our state and to explore creating funding streams that address the factors that cause this violence.

The Task Force encourages private donors and foundations in Missouri to recognize child sexual abuse as a significant public health issue and a key driver of disease and dysfunction in our state and to explore creating funding streams that address the factors that cause this violence.

It is the responsibility of all individuals and organizations in Missouri to respond to the crisis of child sexual abuse confronting our state. Both the public and private sectors have a role to play in funding programs and initiatives that prevent sexual abuse and protect children.

Statutory Changes

RECOMMENDATION #16

Submit to Missouri voters a proposed constitutional amendment allowing evidence of signature crimes, commonly referred to as propensity evidence, to be used in child sexual abuse cases.

Missouri's Supreme Court has ruled that it is unconstitutional to introduce evidence of similar crimes against other victims in child abuse cases. Prosecutors should be allowed to introduce evidence of past sex crimes against other children in pending cases in order to show that the defendant has an established pattern of behavior. For example, perpetrators will sometimes claim they were drunk or have no memory of anything sexual happening with a child; because there is often no physical evidence, it becomes a child's word against an adult's and as a result, prosecutors are unable to get to the evidentiary standard of beyond a reasonable doubt. However, if prosecutors were able to introduce evidence that the perpetrator had committed similar crimes against other victims, they might be able to proceed with prosecution. The Federal Rules of Evidence, along with several other states, allow this type of evidence. The Task Force believes Missouri voters should have the opportunity to decide whether or not evidence of similar crimes against other victims should be allowed in child sexual abuse cases.

RECOMMENDATION #17

Modify 210.115 RSMo. to require mandatory reporters to directly report suspected child abuse and neglect to Children's Division.

Current Missouri law allows mandatory reporters to report suspected child abuse and neglect to a "designated agent" in their organization. Unfortunately, the Task Force has found that sometimes this results in reports not being made as individuals in an institution's chain of command can disagree with the need to make a report. Additionally, prosecutors are often hesitant to prosecute failure to report because the precise failure in the chain of command is hard to identify. The Task Force recommends that the mandatory reporting statute, 210.115 RSMo., be modified to require direct reporting and/or clarification of the person or persons responsible for mandatory reporting in an organizational setting.

"It should be made clear that there is both a legal and moral duty to report child abuse and not just to an up-the-line supervisor. There is simply too much at stake to pass the buck."

— DAN PATTERSON
Greene County Prosecuting Attorney

RECOMMENDATION #18

Clarify the term "immediately" in the mandatory reporting statute, 210.115 RSMo., and the school reporting statute, 167.117 RSMo.

210.115 RSMo. and 167.117 RSMo. require that individuals report suspected abuse "immediately" to Children's Division. Immediately should mean as soon as reasonably possible after learning of the possible crime, and in the cases of schools, should be defined as prior to the school conducting its own investigation.

RECOMMENDATION #19

Clarify 544.250 RSMo. and 544.280 RSMo. to allow for hearsay evidence at preliminary hearings.

544.250 RSMo. and 544.280 RSMo. currently are being interpreted inconsistently around the state. In some circuits, courts are not allowing prosecutors to use hearsay evidence, or forensic interviews, in preliminary hearings. In some of these circuits, no grand jury is available to the prosecutor, thus the perceived rule against hearsay evidence at preliminary hearing effectively requires the victim to confront the abuser in open court, exposing the victim to additional public scrutiny, trauma, embarrassment and fear, long before trial. This limitation on evidence at preliminary hearing is not interpreted as necessary for due process, nor is it constitutionally required.

RECOMMENDATION #20

Amend 491.075.1 RSMo. to clarify that the statute allows for the use of child witness statements relative to prosecutions under Section 575.270.

491.075.1 RSMo. currently has been interpreted inconsistently around the state. Manipulation and intimidation of children are typical dynamics of child sexual abuse. Many abusers use coercion to keep a child silent about the abuse. In some circuits, courts have not allowed prosecutors to use child witness statements about the abuser's intimidation and manipulation to try to dissuade the child witness from testifying. A statutory amendment to include 575.270 RSMo. in the types of prosecutions listed in 491.075.1 RSMo. should alleviate this problem.

RECOMMENDATION #21

Modify the definition of deviate sexual intercourse in 566.010 RSMo. to include genital to genital contact.

The current definition of deviate sexual intercourse, the behavior that constitutes statutory sodomy, does not include genital to genital contact. This contact is prohibited under the current definition of child molestation, but it is a lesser charge than statutory sodomy.

RECOMMENDATION #22

Modify 556.037 RSMo. to eliminate the statute of limitations for the prosecutions of first-degree statutory rape and first-degree statutory sodomy.

Currently the statute of limitations for sexual offenses involving a person under eighteen is 30 years (556.037 RSMo.) There is no statute of limitations for forcible rape, attempted forcible rape, forcible sodomy, attempted forcible sodomy and kidnapping. The first-degree statutory sex crimes are just as serious as these crimes and should not have a statute of limitations.

Issues for further study

The Task Force recommends that the following issues, discussed in public hearings and at Task Force meetings, receive additional attention and study. The Task Force urges the recently created Joint Committee on Child Abuse and Neglect to consider the following issues.

EVIDENTIARY STANDARD USED BY CHILDREN'S DIVISION

Children's Division currently uses preponderance of the evidence, defined in 210.110 RSMo. and further described in 210.145 RSMo., as the standard that must be reached in order to determine, or substantiate, that child abuse has occurred. This standard can be difficult to reach in cases of child sexual abuse where often the only evidence available is a child's disclosure. Because of the incredible importance of balancing child protection with due process, the Task Force recommends additional study and inquiry as to whether or not preponderance of the evidence is the best standard to be used by Children's Division.

SUSPENDED IMPOSITION OF SENTENCE (SIS) AND SUSPENDED EXECUTION OF SENTENCES (SES) IN CHILD SEXUAL ABUSE CASES

Currently Missouri courts may grant Suspended Impositions of Sentence and Suspended Execution of Sentences to individuals convicted of child sex crimes. Because of the serious nature of these crimes, SISs and SESs do not seem to be appropriate criminal justice outcomes. However, the Task Force recognizes that reducing prosecutorial discretion could result in the unintended consequence of more child sex abuse charges being dropped. Instead, the Task Force recommends that appropriateness of SIS and SES in child sexual abuse cases be considered further by lawmakers in Missouri.

CLARIFICATION OF OPTIMAL PROCESS OF LAW ENFORCEMENT AND CHILDREN'S DIVISION CO-INVESTIGATION

Missouri law requires that child sexual abuse cases be co-investigated by law enforcement agencies and Children's Division. Additionally, these cases also should be referred to a Child Advocacy Center for a forensic interview and other services the child may need. However, the reality of co-investigation varies considerably from county to county and these cases often do not receive the follow through and specialized investigation required. Co-investigation processes should be clarified, with established guidelines and utilization of Child Advocacy Centers.

— APPENDICES —

Recommended Guidelines for Child Sexual Abuse Prevention

The purpose of the appendices is to provide parents, youth-serving organizations, schools, multi-disciplinary team members, law enforcement, prosecuting attorneys, mental health professionals and community leaders with implementation standards for the Report's recommendations.

Task Force members and stakeholders developed the appendixes using evidence-based research, expertise of Task Force members and stakeholders, verbal and written testimony provided at four public hearings and written testimony from stakeholders who did not appear in-person at the public hearings.

APPENDIX A
CHILD SEXUAL ABUSE PREVENTION EDUCATION .... PGS 18-19

APPENDIX B
MANDATED REPORTER TRAINING .... PG 20

APPENDIX C
MULTI-DISCIPLINARY TEAM TRAINING...................... PGS 21-22

APPENDIX D
LAW ENFORCEMENT .... PG 23

APPENDIX E
PROSECUTING ATTORNEYS.. PG 24

APPENDIX F
MENTAL HEALTH PRACTICE .... PG 25-26

APPENDIX A

Recommended Guidelines for Child Sexual Abuse Prevention Education

It is the responsibility of all adults to protect children from being sexually abused. We must teach our children that the abuse is not their fault, no matter what they've been taught or told in the past.

Child sexual abuse prevention education programs need to be comprehensive—targeting anyone who has the potential to be abused or the potential to protect a child or report abuse. To be truly comprehensive, training must be provided for:

- CHILDREN: starting at age 3 and continuing at least through elementary school.
- PARENTS: of all children, beginning prenatally.
- YOUTH-SERVING ORGANIZATIONS AND SCHOOLS: educate new and ongoing staff and volunteers to prevent, recognize and respond to child sexual abuse within their organization.
- COMMUNITY: educate community leaders and public officials to model and reinforce behaviors we want to see in individuals, families, youth-serving organizations, schools and communities.

Sexual abuse prevention education with children should:

- Begin at an early age—3 years-old has been shown to be an effective age to begin child sexual abuse prevention education.
- Teach the difference between appropriate and inappropriate touches and boundaries in a developmentally appropriate manner.
- Teach response skills that are empowering.
- Instruct children about how to, why it is necessary, where and to whom they can report.
- Be ongoing in multiple sessions during preschool and elementary years.
- Comprise various methods, approaches and techniques of teaching for all types of learners.
- Include interactional activities giving children the opportunity to work through and demonstrate mastery of the concepts being taught.

Parent education for protecting children should include information about:

- The adult responsibility to protect children from sexual abuse.
- The importance of being careful about which adults have access to your children and how care and safety should be monitored.
- The dynamics of child sexual abuse, including:
  - Definitions of abuse
  - Signs and symptoms
  - Normal sexual behaviors and inappropriate sexual behaviors
  - Child sexual development
  - Anatomical language
  - Red flags of people who sexually abuse
  - Red flags in a child's behavior
- The "grooming" process and signs.
- How to talk to children about sexual abuse.
- How to handle and be sensitive to disclosures, including believing and empowering children.
- The importance of children having choice and autonomy over their bodies.
- How to teach children the intrinsic value of their bodies.
- How to act on suspicious behavior.
- How to address social norms that perpetuate child sexual abuse, including secrecy and denial.
- Community resources and social networks available to parents.

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APPENDIX A

Recommended Guidelines for Child Sexual Abuse Prevention Education

Education with staff in youth-serving organizations and schools should include:

- Training of all staff and volunteers, including those who work directly with children, staff who are responsible for enforcing child sexual abuse policies and procedures, and organizational management.
- Training should occur during orientation and be reinforced every 3 years.
- Training and education should include these components:
  - Adult responsibility to prevent child sexual abuse.
  - The dynamics of child sexual abuse, including:
    - Definitions of abuse
    - Signs and symptoms
    - Normal sexual behaviors and inappropriate sexual behaviors
    - Child sexual development
    - Anatomical language
    - Red flags of people who sexually abuse
    - Red flags in a child's behavior
  - The dynamics of coercive control:
    - Child sexual abuse is a violation of power; the abuser holds the power and the abused child is disempowered.
    - The abuser will use manipulative and threatening tactics to control the child and to ensure secrecy and continuation of the abuse.
  - The dynamics of victimization.
  - Discussion and recognition of a perpetrator's desire to work for youth-serving organizations and schools in order to attain access to children.
  - Appropriate adult and child interactions with children and youth.
  - How to identify and respond to risky situations, such as unsupervised one adult/one child interactions.
  - How staff and volunteers can responsibly respond to harmful behavior.
  - Importance of open communication and transparency within organizations, specifically addressing secrecy and denial.

Training and education components continued…

  - How to speak to children in an age appropriate way about child sexual abuse.
  - How to respond appropriately to disclosures of child sexual abuse.
  - Training and materials that outline the organization's policies and procedures that prevent and respond to child sexual abuse.
  - The recognition that youth-serving organizations and schools acting as positive, caring and nurturing environments for children are a protective factor against child sexual abuse.
  - The mandated reporting process (see APPENDIX B).
  - Staff and volunteer discomfort with discussion about child sexual abuse.

Community education for protecting children should address:

- Educating community leaders and public officials to recognize child sexual abuse as a public health issue and its effect on entire communities.
- Supporting organizational and legislative policies that address the norms, behaviors and practices that lead to child sexual abuse.
- Educating on the economic impact of child sexual abuse.
- Educating and dialogue that addresses silence and denial.
- Engaging parents and communities to gather and share educational information, and support prevention efforts.
- Encouraging leaders and public officials to advocate for policies that protect youth in organizations that receive local, state and federal tax dollars.
- Encouraging government agencies to support and disseminate child sexual abuse information on websites and by other media.
  - Disseminate well-developed and tested educational messages through public service announcements using mass media, social media and personal networks that lead to social change.

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APPENDIX B

Recommended Guidelines for Mandated Reporter Training

Training should be required for all pre-service professionals who could potentially be hired in a position where they will be a mandated reporter. This should apply to all students who are being educated in any and all higher education programs or courses of study. The training should comprise all topics noted below. Additionally, the passing of a competency test requirement is strongly recommended.

All mandated reporters should be trained prior to licensure or certification. If not licensed or certified, training should be within 6 months of employment and/or engagement in youth-serving activities.

Professionals who are mandated reporters should receive training about child sexual abuse and reporting responsibilities on a regular basis. Training should address a demonstrated understanding about professional responsibility and the response systems in place in Missouri.

- All mandated reporters should be required to receive a minimum of 3 hours every other year of continuing education about child sexual abuse.
- Professional licensure requirements that sanction mandated reporting training should be taken every other year with proof of attendance and possibly include a competency test with passing score.

All youth-serving organizations and schools should work with members of their community multi-disciplinary teams or other national, state or local resources to ensure that appropriate training is provided (see section on State and National Resources).

Mandated reporter orientation, continuing education curriculum and materials should include:

- Adult responsibility to prevent child sexual abuse.
- The dynamics of child sexual abuse, including:
  - Definitions of abuse
  - Signs and symptoms
  - Normal sexual behaviors and inappropriate sexual behaviors
  - Child sexual development
  - Anatomical language
  - Red flags of people who sexually abuse
  - Red flags in children's behavior
- The dynamics of coercive control, including:
  - Child sexual abuse is a violation of power; the abuser holds the power and the abused child is disempowered.
  - The abuser will use manipulative and threatening tactics to control the child, to ensure secrecy and continuation of the abuse.
- How to respond to and skills for handling child sexual abuse disclosures.
- List of professionals who are mandated reporters as defined by Missouri statute.
- Procedures for reporting child abuse.
- How to follow up with members of the appropriate multi-disciplinary team.
- Criminal penalties for non-reporting and immunity.
- Safety planning for victims and non-offending caregivers.
- The training might include information on the following, with specific designations per profession:
  - Legal definitions and statutes pertaining to child sexual abuse.
  - The hotline and child abuse investigation process.
  - Child Advocacy Center model of responding to child sexual abuse.
  - Multi-disciplinary team approach and identifying the role of Child Advocacy Centers, Children's Division, prosecution and law enforcement in child sexual abuse cases.
  - The dynamics of victimization.
  - Negative organizational policies and procedures that result in victim tampering, a delay in reporting or failure to report.
  - Need for appropriate medical examination and where to find medical providers.
  - Address any discomfort with discussion about child sexual abuse.

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APPENDIX C

Recommended Guidelines for Multi-Disciplinary Team Training

Multi-disciplinary team members and frontline investigation staff should receive a minimum of 8 hours of ongoing continuing child abuse education, including at least 4 hours of cross discipline training, each year. Team members' training should include a nationally recognized, evidence-based forensic interview technique, such as ChildFirst/Finding Words.

Multi-disciplinary team members and frontline employees should participate in orientation and training within 1 month of working directly with children. To address the high turnover rate of front line team members, orientation should include attendance at a case review meeting.

All members of the multi-disciplinary team should receive mandated reporter training (*see* APPENDIX B).

Multi-disciplinary team orientation, training, curriculum and materials should include:

- Child Advocacy Center model, including the history and purpose.
- Information on multi-disciplinary team agencies and contact persons, including but not limited to:
  - Children's Advocacy Center
  - The Prosecuting Attorneys' Offices
  - Law Enforcement Agencies
  - Children's Division
  - SAFE-CARE Providers
  - Victim Services
  - Juvenile Office/Family Court
  - Domestic Violence/Sexual Assault Services
  - Mental Health Professionals
  - Other Support Services
- Existing practices, protocols and agreements of the multi-disciplinary team, including information in accordance with the National Children's Alliance certification requirements.
- Specialized training for each professional role, and cross training of professional roles, to ensure understanding of each discipline and the team's responsibility for investigating, prosecuting and providing treatment for the victim and non-offending caregiver.
- Importance and implementation of early intervention of child sexual abuse.
- The dynamics of coercive control, including:
  - Child sexual abuse is a violation of power; the abuser holds the power and the abused child is disempowered.
  - The abuser will use manipulative and threatening tactics to control the child, to ensure secrecy and continuation of the abuse.
- The dynamics of domestic violence.
- Understanding different cultural needs of communities and the relevance of cultural competency.
- The need for appropriate medical examination and where to find medical providers.
- Safety planning for victims and non-offending caregivers.
- Common goals of child and non-offending caregiver safety and well-being, trauma reduction, and importance of collaboration for effective investigation and prosecution.
- Information about youth offenders and where to make referrals for treatment.
- Relevant child abuse statutes and regulations.
- The differences between a Children's Division investigation and law enforcement investigation.
- Estimated timelines for investigation and prosecution.
- Evidence collection, collateral witnesses and other possible sources of corroboration.
- Protocols on how to handle cross-jurisdictional cases.
- The crime of witness intimidation and how to prevent it.
- Vicarious trauma and compassion fatigue of multi-disciplinary team members.

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Recommended Guidelines for Multi-Disciplinary Team Training

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APPENDIX D

Recommended Guidelines for Law Enforcement

Each department should assign personnel to follow up and investigate all reports of child sexual abuse.

All designated personnel should become familiar with Juvenile Court procedures, Children's Division procedures, Child Advocacy Center procedures, and meet with local child abuse multi-disciplinary team members as part of the orientation process.

All law enforcement personnel designated as child abuse investigators should be required to attend a minimum of 16 hours of child sexual abuse training. Training should include a nationally recognized, evidence-based forensic interview technique, such as ChildFirst/Finding Words

Law enforcement personnel assigned to investigate child abuse should receive training on the following topics:

- Child Advocacy Center model history and purpose and the multi-disciplinary team approach.
- How to speak with children who are witnesses to crime, as well as their non-offending parents/caregivers.
- How to investigate child sexual abuse:
  - The multi-disciplinary team methodology should be used in every case, absent unusual or extenuating circumstances.
  - Crime scene pictures should be taken in every case, absent extenuating or unusual circumstances.
  - Security of child pornography (RSMo. 573.038) and other evidence.
  - Obtain medical releases from non-offending custodian for victim and siblings at the time of first contact.
  - Obtain an appropriate medical examination for the child victim from a trained medical provider.
  - Obtain Children's Division information relative to all children and caregivers in the home, past or present.

How to investigate Child Sexual Abuse continued…

  - Understand digital forensic capabilities and know proper digital evidence procedures.
  - Understand offender characteristics and use appropriate interview techniques.
  - Separate incident report filed for each investigation initiated, independent of action taken or report written by Children's Division.
  - Forensic interviews should be conducted at an accredited Child Advocacy Center within 72 hours of initial report to law enforcement agency, absent extenuating and unusual circumstances.
  - Warrant application made to prosecutor, within a reasonable time frame, not later than 45-60 days after the investigation is initiated, absent extenuating and unusual circumstances, recognizing the continued trauma of an ongoing criminal case and reducing trauma to the child.
  - Evidence of witness intimidation fully documented.
  - Corroborating statements, collateral witnesses and other possible sources of corroboration obtained to the fullest extent possible to achieve maximum potential for effective prosecution.
- All sworn law enforcement personnel, including commanders and front line supervisors should receive a minimum of 4 hours of training during each Police Officers Standards in Training (POST) reporting period on the following topics:
  - Child sexual abuse investigation principles:
    - The multi-disciplinary team approach
    - Child abuse victim interview procedures
    - Child abuse victim and offender characteristics
    - Forensic interview procedures
    - Crime scene procedures
    - Digital evidence capabilities and procedures
    - Incident report procedures

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APPENDIX E

Recommended Guidelines for Prosecuting Attorneys

- Prosecutors should be required to attend a minimum of 20 hours of child sexual abuse training prior to their first child sexual abuse trial. Training should include a nationally recognized, evidence-based forensic interview technique, such as ChildFirst/Finding Words.
- Prosecutors should attend a minimum of 3 hours continuing education on child sexual abuse each year.
- New prosecutors should sit as second chair during a child sexual abuse case prior to sitting as first chair.
- Victims and non-offending caregivers should be notified of the status of the filing decision within a reasonable time frame; but not later than 72 hours absent extenuating and unusual circumstances after the warrant application is presented to the prosecutor's office by law enforcement.
- Victims and non-offending caregivers should be notified within a reasonable time frame of warrants filed, or "Not Filed" and decisions made; but not later than 45-60 days after the investigation is initiated, absent extenuating and unusual circumstances, so as to recognize the continued trauma of an ongoing criminal case and to reduce the trauma to the child and non-offending caregivers.
- Cases should be finally disposed within 1 year after the investigation is initiated, absent extenuating and unusual circumstances, so as to recognize the continued trauma of an ongoing criminal case and to reduce the trauma to the child and non-offending caregivers.
- Prosecutor should meet in person with victims, non-offending caregivers and witnesses prior to depositions, hearings and trials. It is the prosecutor's role to inform victims, non-offending caregivers and witnesses of the nature of the questions and setting of depositions, hearings and trial.
- Prosecutor should personally establish rapport with victims and non-offending caregivers prior to trial.
- A support person is allowed in depositions, hearings and trials during victim's testimony.
- The defendant is excluded from deposition.
- Prosecutor takes an active role ensuring that multi-disciplinary team members are in compliance with National Children's Alliance standards, which include:
  - Having multi-disciplinary team agreement in place.
  - Compliance with victim rights statutes.
  - Attend forensic interviews when possible.
  - Attend case reviews when possible.
- Evidence of witness intimidation should be aggressively pursued.
- Corroborating statements, collateral witnesses and other possible sources of corroboration utilized to the fullest extent possible to achieve maximum potential for effective prosecution.
- Victims and non-offending caregivers' long term well being and safety should be considered during the prosecution approach and decisions.
- Pretrial motions, including applicable protective orders for victim confidentiality and comfort, be filed whenever possible.
- Victims should visit the courtroom prior to hearings and trials.
- Victims be allowed to sit with a support person in direct line of sight. The defendant should be situated to be with minimal visibility to the victim. The victim can be instructed on what to do during breaks and side bar conferences.
- Victims, non-offending caregivers and witnesses should be provided with a comfortable and safe place in the courthouse during court proceedings and trials.

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APPENDIX F

Recommended Guidelines for Mental Health Practice

Just as child sexual abuse is a complex and sensitive issue, so is the response and treatment of children who have been sexually abused. There is hope for children who have experienced sexual abuse. With the right kind of help, children can recover and live normal and happy lives. Evidence exists for the effectiveness of trauma-specific treatment for children who have experienced sexual abuse.

Programs informed by an understanding of trauma respond best to children's needs and avoid engaging in re-traumatizing practices. As a result, policy makers and providers should promote training on trauma-informed care.

Practices considered evidenced-based and trauma-specific include these components:

- Build skills at the start of treatment, which will help a child deal with difficult feelings and cope with stress. The child can then use these skills for the rest of his or her life to manage stressful experiences and situations.
- Involve the parent or caregiver in the treatment process.
- Documented evidence that the interventions used are effective for treating the targeted symptoms and have been effective with the specific population.

Critical practice to assure children have the best mental health outcomes include:

- Critical practice for the youth-serving organizations and schools:
  - Foster a system of care or network of multi-discipline providers across the state that support, develop, and implement a trauma-informed approach. These providers could work to:
    - Enhance case management and referral protocol to ensure children receive treatment from mental health professionals qualified to provide a trauma-specific intervention.
    - Establish a requirement for providers to be licensed clinical professionals and maintain documentation verifying they have completed required training in an evidence-based, trauma-specific model of therapy.
    - Identify and make available trauma specific services or interventions for non-offending family and caregivers.
    - Develop and support the mental health workforce to provide specialized, evidence-based, trauma-specific therapies for children who have been sexually abused.
- Critical practice for youth-serving organizations and schools:
  - Promote child serving agencies (for example, law enforcement, child protective services, schools, childcare centers, and early learning programs, as well as shelters) across the continuum to become trauma informed systems and organizations. This means the entire culture has shifted to reflect a trauma approach; looking at all aspects of programming through a trauma lens, constantly keeping in mind how traumatic experiences impact consumers.
  - Increase access to evidence-based trauma-specific services and interventions.
  - Promote trauma-responsive training opportunities for all individuals and organizations involved in the child sexual abuse investigation process.
  - Develop and support the child-serving workforce (to include: teachers, school staff, judges, attorneys, law enforcement, social workers, physicians, nurses, dentist, clergy and others) to have the training, skills and capacity to respond to children and families in a trauma-responsive manner.
- Critical practice for mental health providers:
  - Involve non-offending caregivers and family members in the planning and provision of services as appropriate.
  - Demonstrate evidence of a specialized knowledge base and maintain documentation of ongoing education regarding the state of science in the treatment of child abuse.
  - Provide trauma-specific services and interventions to children who have been sexually abused. Examples of trauma-specific services and interventions are identified below:
    - Alternatives for Families – A Cognitive Behavioral Therapy (AF-CBT)
    - Parent-Child Interaction Therapy (PCIT)
    - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
    - Other trauma-specific services and interventions can be found on Substance Abuse and Mental Health Service Administration (SAMSHA) National Registry of Evidence-Based Programs and Practices at http://www.nrepp.samhsa.gov/Index.aspx or http://www. nctsn.org.

APPENDIX F

Recommended Guidelines for Mental Health Practice

Glossary of terms proposed by the Substance Abuse and Mental Health Service Administration (SAMSHA) workgroup provided below:

- TRAUMA-INFORMED APPROACH: realizes the prevalence and impact of trauma; recognizes the signs of trauma in staff, clients and others; and responds by integrating knowledge about trauma into policies, procedures, practices and settings.
- TRAUMA-SPECIFIC SERVICES or INTERVENTIONS: are designed to directly address the impact of trauma and facilitate trauma recovery.
- TRAUMA AWARE: aware of trauma and seeks out information.
- TRAUMA-SENSITIVE: start applying the concepts of trauma to their setting.
- TRAUMA RESPONSIVE: begin to respond differently, making changes in behavior.
- TRAUMA-INFORMED CARE: the entire culture has shifted to reflect a trauma approach.

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American Academy of Pediatrics (AAP)
141 Northwest Point Boulevard
PO Box 927
Elk Grove Village, IL 60007
Phone: 847-434-4000
www.aap.org

American Professional Society on the Abuse of Children (APSAC)
350 Poplar Avenue
Elmhurst, IN 60126
Phone: 630-941-1235
Fax: 630-359.4274
apsac@apsac.org
www.apsac.org

Childhelp
15757 North 78th Street
Scottsdale , AZ 85260
Phone: 480-922-8212
Fax: 480-922-7061
TDD: 800-2AC-HILD
www.childhelp.org

California Evidence-Based Clearinghouse for Child Welfare
Chadwick Center for Children and Families
Rady Children's Hospital - San Diego
3020 Children's Way, MC 5131
San Diego, CA 92123
www.cebc4cw.org

Centers for Disease Control and Prevention (CDC)
Rape Prevention and Education (RPE) Program
1600 Clifton Rd.
Atlanta, GA 30333
Phone: 800-232-4636
www.cdc.gov

Child Welfare Information Gateway
Children's Bureau/ACYF
1250 Maryland Avenue, SW Eighth Floor
Washington, DC 20024
Toll-Free: 800-394-3366
www.childwelfare.gov

CornerHouse
2502 10th Avenue
Minneapolis, MN 55404
Phone: 612-813-8300
Fax: 612-813-8330
info@cornerhousemn.org
www.cornerhousemn.org

Darkness to Light
7 Radcliffe Street, Suite 200
Charleston , SC 29403
Phone: 843-965-5444
Fax: 843-965-5449
Toll Free: 866-367-5444
stewards@d2l.org
www.darkness2light.org

Generation Five
2 Massasoit Street
San Francisco , CA 94110
Phone: 415-285-6658
Fax: 415-861-6659
info@generationFIVE.org
www.generationfive.org

Great Circle
330 N. Gore Ave
St. Louis, MO 63119
Phone: 314-968-2060
www.great-circle.org

Midwest Regional Child Advocacy Center
347 North Smith Avenue
Gardenview Medical Building, Suite 401
St. Paul, MN 55102
Phone: 1-888-422-2955
Fax: 651-220-7637
www.mrcac.org

Missouri Coalition Against Domestic and Sexual Violence
217 Oscar Drive, Suite A
Jefferson City, MO 65101
Phone: 573-634-4161
www.mocadsv.org

Missouri Department of Health and Senior Services
920 Wildwood Drive
Jefferson City, MO 65109
Phone: 573-751-6400
www.health.mo.gov

Missouri Department of Social Services
Children's Division
205 Jefferson Street, 10th Floor
PO Box 88
Jefferson City, MO 65103
Phone: 573-522-8024
www.dss.mo.gov/cd

Missouri Department of Social Services
Children's Division
Child Abuse and Neglect Hotline
24 Hour Hotline: 1-800-392-3738
www.dss.mo.gov/cd/can.htm

Missouri Children's Trust Fund
Harry S Truman Office Building, Room 860 301
West High Street; P.O. Box 1641
Jefferson City, MO 65102
Phone: 573-751-5147
Fax: 573-751-0254
www.ctf4kids.org

Missouri Department of Mental Health
Phone: 1-800-364-9687
Fax: 573-751-8224
www.dmh.mo.gov

Missouri KidsFirst
(Prevent Child Abuse Missouri)
520 Dix Road, Suite C
Jefferson City, MO 65109
Phone: 573-632-4600
Fax: 573-632-4601
www.missourikidsfirst.org

Missouri Internet Crimes Against Children
(MOICAC) Task Force
St. Charles County Sheriff's Department
101 Sheriff Dierker Court
O'Fallon, MO 63366
Phone: 636-949-3020 Ext 4447
www.moicac.org

Missouri Office of Prosecution Services (MOPS)
P.O. Box 899
Jefferson City, MO 65102
Phone: 573-751-0619
www.mops.mo.gov

Missouri School Boards Association (MSBA)
2100 I-70 Drive Southwest
Columbia, MO 65203
Phone: 800-211-6722
Fax: 573-445-9981
info@msbanet.org
www.msbanet.org

National Center for Child Traumatic Stress (NCCTS)
NCCTS – University of California, Los Angeles
11150 W. Olympic Blvd, Suite 650
Los Angeles, CA 90064
Phone: 310-235-2633
Fax: 310-235-2612
NCCTS – Duke University
411 West Chapel Hill Street, Suite 200
Durham, NC 27701
Phone: 919-682-1552
Fax: 919-613-9898
www.nctsn.org

National Center for Missing and Exploited Children
Charles B. Wang International Children's Building
699 Prince Street
Alexandria, VA 22314
Phone: 703-224-2150
Fax: 703-224-2122
www.missingkids.com

National Child Protection Training Center (NCPTC)
2324 University Avenue, West, Suite 105
St. Paul, MN 55114
Phone: 651-714-4673
Fax: 651-714-9098
admin@ncptc-jwrc.org
www.ncptc.org

National Children's Advocacy Center (NCAC)
Administrative Offices
210 Pratt Avenue
Huntsville , AL 35801
Phone: 256-533-KIDS (5437)
Fax: 256-534-6883
webmaster@nationalcac.org
www.nationalcac.org

National Children's Alliance
516 C Street, NE
Washington DC, 20002
Phone: 800-239-9950
Fax: 202-548-0099
www.nationalchildrensalliance.org

National Coalition to Prevent Child Sexual
Abuse and Exploitation
Preventtogether@gmail.com
www.preventtogether.org

National District Attorneys Association (NDAA)
99 Canal Center Plaza, Suite 330
Alexandria, VA 22314
Phone: 703-549-9222
Fax: 703-836-3195
www.ndaa.org

National Domestic Violence Hotline
PO Box 161810
Austin, TX 78716
Hotline: 800-799-SAFE
Phone: 512-794-1133
www.thehotline.org

National Resource Center for Child Protective Services (NRCCPS)
925 #4 Sixth Street NW
Albuquerque, NM 87102
Phone: 505-345-2444
Fax: 505-345-2626
www.nrccps.org

National Sexual Violence Resource Center (NSVRC)
123 North Enola Drive
Enola, PA 17035
Phone: 717-909-0710
Fax: 717-909-0714
www.nsvrc.org

Prevent Child Abuse America (PCAA)
500 North Michigan Ave, Suite 200
Chicago , IL 60611
Phone: 312-663-3520
Fax: 312-939-8962
mailbox@preventchildabuse.org
www.preventchildabuse.org

Prevention Institute
221 Oak Street
Oakland, CA 94607
Phone: 510-444-7738
Fax: 510-663-1280
prevent@preventioninstitute.org
www.preventioninstitute.org

Rape, Abuse and Incest National Network (RAINN)
(National Sexual Assault Hotline)
2000 L Street, NW Suite 406
Washington, DC 20036
Hotline: 1-800-656-HOPE
phone: 202-544-3064
fax: 202-544-3556
info@rainn.org
www.rainn.org

Safe Start Center
Phone: 1-800-865-0965
info@safestartcenter.org
www.safestartcenter.org

Stop It Now!
351 Pleasant Street, Suite B319
Northampton , MA 0106
Phone: 413-587 3500
Toll-Free: 888-773-8368
info@stopitnow.org
www.StopItNow.org