

Prevention Strategies: What Do We Know from Connecticut Data Sources?
A Summary of the Findings
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Introduction

In the past twenty-five years, increased concern and attention have focused on the sexual abuse of children across the country. Current estimates are that at least 20% of adult women and up to 10% of men have experienced sexual abuse in childhood.¹ Further, in 2000, nearly 90,000 children were the victims of officially reported and substantiated sexual abuse: 1.2 children out of every 1000 in the United States, comprising approximately 10% of all substantiated cases of child abuse and neglect that year.²

Researchers are not certain whether childhood sexual abuse has been increasing or decreasing nationally, because different pictures are obtained from different data sources. Information derived from substantiated reports to state child protection agencies, for example, suggests that the numbers have declined during the 1990s.³ A review of data from random community, state, and national prevalence studies (not derived from official reports), in contrast, found that the sexual abuse of children has increased over the past 15 years.⁴

Research has also increasingly documented the long-term impact of childhood sexual abuse, and has shown that it leads to significantly increased risks for a wide array of difficulties in adulthood, including additional sexual and physical victimization, trauma-related mental disorders, adverse medical conditions, problems with substance abuse, and difficulty obtaining and sustaining employment and housing.⁵

These alarming national data on the sexual abuse of children have led Connecticut's child caring professionals to seek and expand opportunities to improve available ameliorative responses and prevention efforts. The Children's Trust Fund's Child Sexual Abuse Prevention Project has convened a multidisciplinary, interagency committee to collect available information about the sexual abuse of children in Connecticut, in order to highlight the importance of prevention, and to identify feasible opportunities for prevention programming.

This report provides a succinct summary of Connecticut-based information compiled for this project. It is divided into three sections: 1) data about recent victims of childhood sexual abuse; 2) data about people who have sexually abused children; and 3) recommendations from knowledgeable professionals about prevention programming, drawn from individual interviews conducted for this project.

¹ Gorey, K. and D. Leslie. 1997. The prevalence of child sexual abuse: Integrative review adjustment for potential response and measurement biases. *Child Abuse and Neglect*, 21, 391-398.

² U.S. Department of Health and Human Services. 2001. *Child Maltreatment, 2000*. Washington, DC: USDHHS, ACYF.

³ Jones, L. and D. Finkelhor. 2001. The decline in child sexual abuse cases. *Juvenile Justice Bulletin*, January. Washington, DC: US Dept. of Justice, OJJDP.

⁴ Bolen, R. and M. Scannapieco. 1999. Prevalence of child sexual abuse: A corrective metanalysis. *Social Service Review*, 73: 281-313.

⁵ Widom, K. S. 2000. Childhood victimization: Early adversity, later psychopathology. *National Institute of Justice Journal*, January.

Data on Connecticut's Child Victims of Sexual Abuse

There is no single repository of complete information about the children in Connecticut who have experienced sexual abuse. Each potential source has limitations: in who is included or excluded, the types of information available, and how the information is stored and can be retrieved (electronic databases, and paper files that must be reviewed individually, are the two primary formats). Information about Connecticut's child victims of sexual abuse were obtained from four sources: 1) the data provided by Connecticut's Department of Children and Families to the Children's Bureau ("NCANDS" data) for 2002; 2) results of a random sample survey commissioned by Connecticut Sexual Assault Crisis Services, Inc. (ConnSACS); 3) data on ConnSACS's service recipients; and 4) data on calls for services received by Connecticut's Infoline.

NCANDS Data

Each year, the Children's Bureau of the U.S. Department of Health and Human Services requests information from all State child welfare agencies on a number of variables related to reports of child maltreatment. Nearly all states provide some information; Connecticut's Department of Children and Families (DCF) is among the state agencies that provide more comprehensive data. DCF made its electronic submission for 2002 cases (with identifying information deleted) available to this project for analysis. It includes up to 144 different pieces of information about each case.

Of 53,414 reported cases of child abuse and neglect that had investigations completed in 2002, 15,648 (29.3%) were substantiated.⁶ Of these, 844 (5.4%) included substantiated sexual abuse. These 844 cases are the focus of the brief overview that follows.

Source of report. The most common source of a report of sexual abuse that was ultimately substantiated in 2002 was law enforcement or other criminal justice agency (25.1%). This source was followed in order by educational personnel (16.9%), medical personnel (15.9%), mental health personnel (11.6%), social services personnel (8.9%), parent (5.6%), an anonymous reporter (5.0%), relatives (2.0%), friend or neighbor (1.3%), substitute care provider (1.2%), child day care provider (0.5%), and "other" (5.5%); the source was unknown or missing for 0.6%. Clearly, the majority (80%) of substantiated reports of sexual abuse were made by professionals.

Victim gender. Nearly 81% of the substantiated cases of sexual abuse involved female victims, while 19% involved males. In contrast, female and male victims were about equally involved in the substantiated cases of all types of abuse and neglect. These patterns are consistent with data from other states and other sources.

⁶ When a report of child abuse or neglect is made to DCF, an investigation results in a "substantiated" report when the allegation of maltreatment is found to be valid and is supported by evidence under Connecticut law or policy. Some reports that are not substantiated may have involved maltreatment, but the required level of evidence was not obtained.

Type of Abuse. Data for the substantiated cases of sexual abuse included as many as three different types of abuse, as shown in Table 1. Sexual abuse combined with neglect were found

Table 1
Types of Abuse Substantiated in Sexual Abuse Cases

| Types of Abuse | Number | Percent |
|-----------------------------------|--------|---------|
| Sexual + neglect | 436 | 51.7 |
| Sexual abuse only | 245 | 29.0 |
| Sexual + psychological/emotional | 101 | 12.0 |
| Sexual + physical | 24 | 2.9 |
| Sexual + physical + psychological | 22 | 2.6 |
| Sexual + medical neglect | 12 | 1.4 |
| Sexual + medical + psychological | 2 | 0.2 |
| Sexual + medical + physical | 1 | 0.1 |
| Sexual + other | 1 | 0.1 |
| TOTAL | 844 | 100.0 |

in over half of the cases. Sexual abuse without other types of maltreatment were found in just 29% of the cases—all of the rest involved a combination.

Victim age. The age of the victims in substantiated sexual abuse cases is shown in Table 2. Sixteen percent were age 5 or younger at the time the report was filed. Half of the victims were

Table 2
Age of Victims at the Time of Report

| Age | Number | Percent |
|--------------|--------|---------|
| Up to age 3 | 52 | 6.3 |
| Age 4 to 5 | 80 | 9.7 |
| Age 6 to 8 | 119 | 14.4 |
| Age 9 to 11 | 161 | 19.5 |
| Age 12 to 15 | 328 | 39.7 |
| Over age 15 | 87 | 10.5 |
| Total | 827 | 100.0 |
| Missing | 17 | |
| | 844 | |

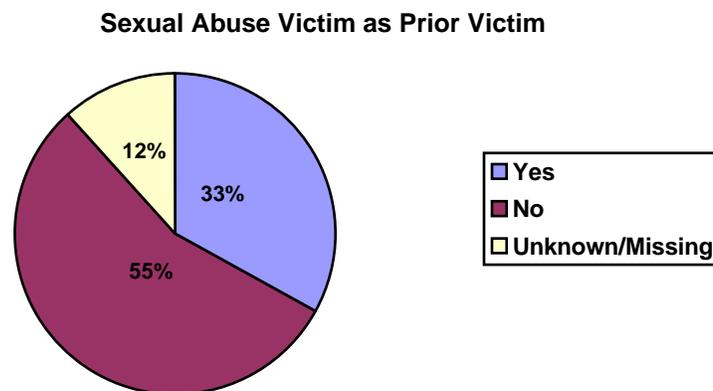
age 12 or older, and just over a third (34%) were between the ages of 6 and 11. In other terms, over 30% of the victims were children in third grade or younger. Boys were younger than the girls: 21.6% were age 5 or younger, compared to 14.7% of the girls. In contrast, over half (54.3%) of the girls were age 12 or older at the time of the report, compared to 32.5% of the boys.

Victim race & ethnicity. The majority of child victims were Caucasian (62.1%), followed by African American/Black children (20.0%), and Asian, American Indian and Native Hawaiian

children (1.2%); the information was not determined or missing for 16.7% of the cases. A separate analysis showed that 30.1% of the children were identified as Hispanic/Latino(a).

Victim's living arrangement. Over three-quarters of the children in these reports (79.9%) were living with their family at the time the report was made. In contrast, 16.4% were living in group or institutional care under DCF supervision, and 3.8% were in foster care.

Prior victimization. As shown in the chart below, about a third of the children had been reported



to DCF in the past related to other victimization. Boys and girls were about equally likely to be identified as prior victims. Children age 3 or younger at the time of the report, and those age 15 or older were less likely than the others to have been involved in prior reports.

Perpetrator information. The files also include information about the perpetrator involved in substantiated sexual abuse cases. According to these data, 53.6% of the perpetrators were male, while 46.4% were female. Over half (52.1%) were the child's biological parent, while 3.6% were a step-parent, 1.3% were an adoptive parent, and 7.7% were another parental figure; 35.3% of the perpetrators did not have a parental relationship with the abused child. Finally, the records indicate that 33.1% of the perpetrators were over age 40, 41.4% were age 31 to 40, 20.8% were 21 to 30, and 4.7% were age 20 or younger.

ConnSACS Survey Data⁷

This population-based telephone survey asked Connecticut respondents a variety of questions about their sexual assault-related experiences and attitudes. The focus primarily on lifetime experiences: 26% of the women and 10% of the men reported that they had experienced at least one sexual assault (defined as including "fondling" and oral, vaginal or anal penetration or attempted penetration), and only 16% of them had reported their experience to the police. Notably, 18% of the women and 7% of the men reported that they had experienced one or more sexually assaults before the age of 18, the majority of which involved fondling. In addition, 70% reported that their parents had not discussed sexual assault with them while they were growing up.

⁷ Connecticut Sexual Assault Crisis Services, Inc. *Sexual Assault Experiences and Attitudes Survey*. 2000. The random-digit-dialed telephone survey was conducted by Macro International, Inc. with adults age 18 and older between September, 1999 and February, 2000, with 1,652 respondents; African American/Black and Hispanic/Latino(a) respondents were over-sampled.

ConnSACS Services Data⁸

In FY 2002, services for sexual assault victims and survivors were provided by telephone and in-person crisis counseling, support, and information and referral at 11 agency locations across the state. Over all, 1,095 people under the age of 18 received these services. The types of offenses included, in descending order:

- Child sexual abuse (52.2%)
- Rape (20.1%)
- Incest (13.5%)
- Sexual Contact (10.4%)
- Sexual Harassment (1.6%)
- Attempted Rape (1.6%)
- Gang Rape (0.6%)

Children age 12 and younger were most likely to seek services for child sexual abuse (68% of this age group), while those age 13 to 17 most commonly sought help for child sexual abuse (41%), rape (31%), or sexual contact (15%). Three of the centers—Danbury, New Britain and Willimantic—provided services to more children in the younger age group than in the older age group.

Data from Connecticut Infoline⁹

Infoline's MCH Specialist reviewed caller statistics for services that might be requested by either child sexual abuse victims or offenders. The task was challenging as child sexual abuse falls into several broader categories of service terms used by Infoline. A report was generated for 2002, covering people between the ages of 0 and 18 who sought resources on the following service terms: abused persons, self-help/support, adult incest survivor counseling, advocacy, bail commission, child abuse counseling, child abuse hotlines and child abuse medical. The calls represented in this report generated 1,501 referrals.

A breakdown of the top five referrals are: the Child Abuse Hotline (41%) followed by law enforcement agencies (14%); sexual assault counseling and sexual addiction counseling (both at 7%) and legal representation at 3%. This report was supplemented with feedback from Infoline caseworkers, who shared the following comments:

⁸ As with other information drawn from people seeking services in this report and elsewhere, these data include only a small proportion of the people who have experienced sexual assault. However, the young people reflected in these figures may not have reported their experience to police, and may not have been the subject of a report for abuse or neglect filed with DCF.

⁹ Infoline was created in 1976 as a public/private partnership of United Way and the State of Connecticut. It is an integrated system of help via the telephone - a single source for information about community services, referrals to human services and crisis intervention counseling. By dialing 2-1-1, a caller is connected with an Infoline caseworker who helps the caller assess their situation and find the community services that can assist them. Infoline operates 24 hours a day, 365 days a year. Multilingual caseworkers and TDD access is available. Last year, over 300,000 people in Connecticut called Infoline for many different types of help.

- Referrals to the DCF child abuse hotline is one of the highest service requests (which is consistent with the report results cited above);
- Infoline receives more calls from victims than offenders;
- There are not many specialized resources for children; for example, there are only 9 youth support group resources in the Infoline database;
- There are 51 sexual assault counseling sites throughout the state and 17 sexual assault prevention sites.

Data on People Who Have Sexually Abused Children

Information about people who have sexually abused children is very challenging to obtain. As already noted, most victims of sexual abuse in childhood do not report their experience to official agencies, especially the police. They are least likely to report sexual abuse when the abusive person is a family member, most particularly a parent. Yet abuse by a family member often recurs over a longer period of time than abuse by others, and it may have more harmful effects when the child's trust is profoundly violated. Several population-based studies of sexual assault and abuse have shown that most offenses are committed by people known to the victim, and victims under the age of 18, in particular, are likely to know the person who abuses them (90% or more).¹⁰

It is critical to keep this context in mind for the Connecticut information on offenders provided in the section that follows. All three sources derive directly from people who have been involved with the law enforcement or judicial system because of sexual offenses directed at children. This means that the data are highly unlikely to be representative of all sex offenders who have victimized children. Nevertheless, the information provided here is a useful starting point for understanding a portion of Connecticut's sex offending population. The most comprehensive information, drawn from treatment records maintained by the Center for the Treatment of Problem Sexual Behavior (CTPSB), is provided first. It is followed by brief data based on reports investigated by Connecticut State Police who work out of local barracks.

CTPSB Data

The Sample. CTPSB provides treatment to sex offenders across the state who have been court-ordered to attend their program. They have all been found guilty of at least one sex offense against adults and/or children. They enter treatment as a condition of probation or parole after they have served a period of incarceration or immediately after sentencing (without incarceration). In response to a request on behalf of the Children's Trust Fund's project, CTPSB staff generated a list of offenders who had entered treatment between 2000 and 2002, and had been convicted of at least one sex offense against a minor. Researchers sampled half of the offenders on the list, and collected information manually from paper file records. As such,

¹⁰ See Kilpatrick, D. 1992. *Rape in America: A report to the nation*. National Victim Center. Abuse by parent figures ranges from 16% in non-clinical samples to 62% in clinical samples. Berliner, L. and D. Elliott. 1996. Sexual abuse of children. Pp 51 – 71 in J. Briere et al., Eds., *The APSAC handbook on child maltreatment*. Thousand Oaks, CA: Sage. Kendall-Tackett, K., and A. Simon. 1987. Perpetrators and their acts: Data from 365 adults molested as children. *Child Abuse & Neglect*, 11: 237-245.

again, this sample is representative only of convicted sex offenders against children who are in treatment that has been ordered by a Connecticut court.

Demographic information. Basic demographic information for the 188 offenders¹¹ in the sample includes the following:

- **Age:** 6% were 20 or younger, 34% were 21 to 30, 24% were 31 to 40, 23% were 41 to 50, and 12% were over 50. Combining groups, 59% were over 30.
- **Gender:** 98% were male, 2% (3 people) were female.
- **Race/Ethnicity:** 54% were Caucasian (not Hispanic), 21% were Hispanic, 21% were Black/African American, 2% were Asian, 1% (one person) was West Indian, and 2% were “other race or ethnicity.”
- **Education:** 43% did not complete high school, 26% were high school graduates only, 7% also attended trade school, 20% attended some college, and 4% completed 4 years or more.
- **Religious Affiliation:** 39% were Catholic, 18% were Protestant, 9% were Baptist, 5% were atheist or agnostic, 3% were Jewish, 2% were Charismatic or Jehovah’s Witness, and 24% were “other.” [Data were missing for 40 people, or 21% of the sample.]
- **Marital Status:** 56% were unmarried, 20% were separated or divorced, 14% were married and living with their spouse, and one person was widowed.
- **Employment Status:** 38% were employed full-time, 20% were employed part-time, and 42% were either unemployed or retired.
- **Current Residence:** At the time of intake into treatment, 53% were living in one of the following seven cities—Hartford (14%), New Haven (11%), Bridgeport (7%), New Britain (6%), Norwich (5%), Norwalk (4%), and Waterbury (4%).¹² No more than five of the people in the sample were living in any individual city or town.

Background Information. The files contain extensive background information that is collected by therapists as part of the intake process. It is collected directly from the client, and often corroborated by information obtained by Probation Officers and included in a Pre-Sentence Investigation report. Selections from that information are summarized in the following¹³:

- **Parents:** Just 48% lived with both biological parents through age 16.
- **Parents alcoholic:** 30% indicated their parents were alcoholic.
- **Age at first alcohol:** 60% were under age 18 when they had their first drink; 15% were under age 13.
- **Alcohol problems:** 44% admit having a problem with alcohol in their teens; 41% admit such a problem as adults
- **Substance abuse:** 47% admit a history of substance abuse.

¹¹ Unfortunately, not all information was available in the records for all sex offender clients. The percentages provided are based on those for whom data were available. Data are not reported for variables on which 20% or more of the data were missing, unless otherwise noted explicitly.

¹² These percentages do not appear to add to 53% because of rounding. Some of this pattern of residence could be explained by proximity to treatment offices. CTPSB does most, but not all, of the court-ordered treatment for sex offenders on probation or parole.

¹³ Unfortunately, this type of information is not readily available to compare with the general Connecticut population.

- **Age at first sexual experience:** 68% were under age 18 when they had their first sexual experience; 14% were under age 13. However, 2 people maintained that they had not had a “sexual experience”—they were virgins.
- **Sexual victimization:** 17% reported that they had been forced to take part in sexual acts in childhood. However, therapists stated that this experience is underreported at intake, and that an estimated 30% have been victimized sexually.
- **History of medical issues:** 15% say they have such a history.
- **Domestic violence in family of origin:** 13% report there was domestic violence in their family.
- **History of victimization:** 18% report they have been victimized in the past (again, this is likely underreported).
- **History of mental health issues:** 22% report such a history.
- **History of emotional instability:** 13% have a history of “moderate” or “severe” emotional instability.
- **Past friends involved in crime?** 35% say yes.
- **Military experience:** 15% have been in the military.

Past Criminal Involvement. Information about offense patterns is also obtained during the intake process.

- **Criminal history:** 60% have a criminal history, although 27% do not have a known history that involves direct confrontations with victims.
- **Prior convictions:** 21% have at least one prior conviction for a sex-related offense.
- **Length of sex offending history:** Two-thirds maintain they have engaged in sex offending behavior for less than a year. However, 14% admit to 5 years or more, or to having started in childhood or adolescence.
- **Age of all victims:** 10% have only offended against children age 5 or younger; 39% have offended against children age 6 to 12. Just 14% claim to have victimized only their peers (they were not 5 years older than their 13 to 16 year old victim).
- **Gender of all victims:** 77% have victimized only females; 23% have victimized males, either exclusively or in addition to females.
- **Relationship to all victims:** 27% have only victimized people to whom they are related.

Information About the Offense. This information is about the specific offense of which they were sentenced, with sex offender treatment as a condition.

- **Number of victims:** 78% had just one victim, and 15% had two; 7% had three or more.
- **Victim age:** 98% of the offenses involved victims under age 18 only; 3 people victimized both adults and children.
- **Relationship to victim:** 13% were the father or step-father of the victim, and 16% were the mother’s boyfriend (who may often serve as a father-figure). 12% were other relatives of the victim. 48% were “acquaintances,” and just 12% maintain they did not know the victim 24 hours before the offense. This is similar to rates of victims known to the offender found in prevalence and other studies.
- **Use of violence:** 42% maintain they used no physical threat, and “mild” or no psychological persuasion to obtain sexual compliance during the offense. 35% used “psychological

coercion or extreme persuasion.” 23% used physical threat, up to and (in two cases) including use of a weapon and injury to the victim. 22% used anger to gain compliance, as well.

- **Use of alcohol:** 28% consumed alcohol just before or during the offense.
- **Criminal charges:** 93% were convicted of risk of injury to a minor; 16% included Sexual Assault 1 (involves penetration and force or threat); 17% included Sexual Assault 2 (involves penetration and inability to “consent” due to age, ability, intoxication or other reasons); 6% included Sexual Assault 3 (sexual contact with force or threat); 14% included Sexual Assault 4 (sexual contact and inability to consent).
- **Denial:** 84% denied having committed the sexual offense either completely (31%) or partly (54%).
- **Sentence:** 69% were sentenced to a period of probation (52% for six years or longer), while 31% had served a period of incarceration before returning to the community and this treatment program.

Assessment Related to Treatment and Its Outcomes. Most of the sex offenders were not characterized as having a formal sexual disorder. Just 20% were diagnosed as pedophiles, for example, and just under 6% as sexual sadists. Nonetheless, 30% were assessed as posing a “severe” or “serious” risk of danger. This assessment is based on the violent details of the incident and of criminal history. While 72% were assessed as having a “moderate” risk of another sex offense, 16% were assessed with a “high” risk.

Notable Material in the Records. Researchers attempted to provide brief descriptions of notable material encountered in the records. Several different types of patterns were noted, as in the following examples from researchers’ descriptions:

- **Total denial**
 - Claims granddaughter rubbed herself with his fingers while he slept on the couch
 - Claims he fondled 6 year old while he was sleeping
- **Sexual encounters described as consensual**
 - At 19, his 15 year old girlfriend gave birth to their baby boy
 - 22 year old male had consensual sex with a 14 year old.
- **Use of violence**
 - 32 year old raped a 15 year old acquaintance at gunpoint
 - Participated in gang rape of minor female at a party
 - Raped 9 year old niece; threatened to shoot her if she told
- **Exhibitionism**
 - Masturbated in K Mart in front of 4 children
 - Exposed himself and masturbated in front of victims
- **Use of drugs or alcohol**
 - Abducted 11 year old niece, drugged and molested her
 - Gave alcohol to 13 year old female and had sex
- **Own history of abuse**
 - Intercourse with 13 year old daughter, was himself molested by 3 different adults
 - Molested girlfriend’s sister, was molested at age 5
 - Offender was raped by a 16 year old female at age 7

State Police Data

In response to a special request for this project, data were obtained about incidents to which State Troopers (not municipal police officers) were dispatched between July 1, 2001 and June 30, 2002. All offenses involved Risk of Injury to a Minor, and were combined with a clear indication that they were sex-related. 127 incidents were described in this way. Over half (54%) of the incidents occurred in towns in the eastern part of the state; about one-third (32%) took place in the northeastern part.

Ninety percent of the offenses were described as “sexual offenses,” while 10% were characterized as “forcible rape.” An arrest was made in 45% of the cases, and the case remained under active investigation in another 10%. Twenty-five percent of the cases were ultimately suspended because insufficient evidence could be obtained. The remainder had other outcomes.

Prevention Recommendations from Knowledgeable Professionals

Interviews were conducted for this project with eleven professionals who specialize in work related to the sexual abuse of children. They work in different regions of the state, and in both urban and rural environments. Two serve as coordinators of their area’s Multidisciplinary Investigation Team (one is also a family therapist), 3 are current or former forensic interview specialists, two are municipal police detectives specializing in child sexual abuse investigations, one is an advocate, one is a prevention specialist, one is an sexual abuse educator/trainer who works with families and professionals, and one is a therapist who specializes in work with sex offenders. All are experienced specialists, and have been doing this work for a minimum of three years. The interviews covered a range of topics describing their work. Notably, the people who were interviewed were in substantial agreement on most issues. This summary focuses on the patterns and trends they described, and their recommendations for prevention programming.

Patterns and Trends

Respondents said they saw first-hand many of the patterns described in the professional literature. Children nearly always know the person who abuses them. That person is often a relative or a single mother’s boyfriend. Many said they often found “grooming” patterns in the cases they worked with. Several observed that “incest” cases were more common in rural areas than in inner cities, although they are found everywhere. In such cases the mother has often been abused in childhood as well, and has not received effective help or support. One observed that male offenders are more “opportunistic” than female offenders. When teen girls are offenders they are often working as sitters, or are otherwise responsible for child care. Several noted that coaches, teachers, friends’ parents and boarders are included among the offenders involved in the cases they see.

Respondents were also asked about recent changes they have seen in sexual abuse patterns. Most identified the following:

- There has been an increase in juvenile offenders. Many, but not all of them, are “sexually reactive.”¹⁴ One respondent related that between 150 and 200 juvenile offenders were sent to residential treatment facilities out of state in the past year. Most of them had agreed to treatment instead of facing criminal proceedings in juvenile court.
- More girls are being seen as offenders in some settings.
- Some respondents said they were seeing more forcible assaults.
- There are more computer-related cases involving pornography on the Internet, and offenders making connections with victims in chat rooms.

A few respondents also maintained they were seeing positive changes in the institutional response to cases—victims are being identified sooner and joint interviews have gained more acceptance. In addition, professionals are more often able to provide parents and family members with more complete preparation for the interventions they will experience.

However, respondents noted that significant barriers remain:

- Denial is still widespread—people still don’t want to believe that children are abused sexually, and they don’t want to talk about it.
- Many professionals on the “front lines” are still untrained.
- Although there are interdisciplinary teams in all regions of the state, they don’t really serve all the towns within the region equitably.
- There is dramatic variation in the resources available from one town to another, and in their attendant costs.

Recommendations for Prevention Programming

Respondents generally agreed that prevention efforts need to focus increasingly on adults, and not only on children.¹⁵ As one observed, “Targeting children is good for discovering and ending abuse, but it is too much responsibility for a child to prevent sexual abuse.” Another echoed, “Prevention has to be a change in adult behavior.” Nonetheless, most maintained that programs directed at children remain important components of comprehensive prevention strategies. Respondents’ recommendations are summarized in three categories: 1) those directed at children; 2) those directed at parents and family members; and 3) those focused on community professionals and policies.

Prevention programs for children. Respondents had several recommendations for types of programs for children. The primary variations in responses referred to the age at which programming should be initiated.

¹⁴ This term refers to young, nonviolent children who engage in problem sexual behavior attributable in part to their own prior victimization. Data to support this perception were provided in the “Connecticut” section of the *Hartford Courant* on March 10, 2003. The article focused on children under age 13 charged with sex crimes. The highest numbers of such cases were found in the New Haven and Hartford regions, followed by Waterbury, New Britain and Rockville.

¹⁵ Professionals in the field increasingly advocate this approach. See, for example, Bolen, R. 2003. Child sexual abuse: Prevention or promotion? *Social Work*, 48 (April): 174-184.

- Children should be taught about the parts of their bodies. Many thought this programming should begin in pre-school. Programs should include the words for different body parts. As one respondent argued: “I think the most good can be done pre-school because of the close relationship between teachers and other care providers and the children (and their parents).”
- Children should be provided with developmentally-appropriate sex education, beginning at an early age. As one observed, “Sex offenders prey on children’s curiosity and naiveté about sex.”¹⁶
- Children should also be taught to respect and protect their bodies, and to expect others to respect them, as well. They should be able to control access to their bodies, including hugging and kissing. As one maintained, “A child with good body esteem is a safer child.”
- Some urged a primary focus on pre-school children, while others advocated a focus on children ages 5 to 10.
- Most would include information on “Good Touch, Bad Touch,” and identifying people to tell if a child felt uncomfortable, but noted that this is not sufficient.
- Some thought that children should be alerted to “grooming” strategies used by some adults.
- Most agreed that expanded resources for treatment were a vital part of comprehensive prevention strategies. “Sex abuse treatment has to be a high priority for prevention.”

Prevention programming for parents and family members. Most respondents urged educational programming for parents and family members. Some noted that “education” groups work better as an approach to many families than “therapy” or “support” or even “prevention” groups.

- Parents should be informed about patterns found among sex offenders who target children, so they don’t focus only on “stranger danger.” They need to learn about the grooming process, and signs of suspicious behavior they might encounter among people in contact with their children. This extends to child care providers, sitters, and family of their children’s play mates.
- One respondent suggested that former offenders be recruited to teach parents (and professionals, as well) about the grooming strategies they had used.
- Parents should be taught to be careful about where their children spend time when they are not in school, and what they should look for.
- Parents should be taught how to talk with their children about body parts, safety, and sex, including the use of clear and explicit (but age-appropriate) language.
- Programs to improve communication and trusting relationships between parents and children are sorely needed. Such programs should encourage families’ capacity for empathy. As one commented: “Parents must ask questions of their children. Encourage them to speak to them about their day, what is bothering them, who they’ve come in contact with throughout their day, etc.”
- Parents need to be taught about strategies they can use to restrict access to pornography on the Internet.
- Programs for parents also need to be culturally appropriate. One respondent with experience working with families noted that Hispanic/Latino families may prefer to talk in a semi-

¹⁶ Sex education is the first primary prevention strategy advocated by some national experts, as well. See Longo, R. and G. Blanchard. 2002. Prevention of sexual offending among adolescents. *The Prevention Researcher*, 9: 5 – 8.

structured way, with a family and community focus, rather than following a more pre-planned curriculum.

- Programming for parents is also a vital part of the healing process for children who have already experienced abuse. “If you want to help a child, you can’t forget: the parents are critical to healing; the parent-child bond is critical,” said one. Another noted, “How much parents can do depends partly on their own recovery and where they are.” Several mentioned that it is important for both parents and children to be taught that “compliance does not mean consent.”
- Some respondents maintained that parents’ programs should be initiated in schools, but not there along. Programs should also be offered in community centers, therapeutic sites, places of worship, and domestic violence (because children in homes where domestic violence occurs may be at heightened risk) and other intervention programs. Some urged DCF to mandate more education programs for parents of children at risk.

Prevention programming for professionals and communities. Several respondents urged comprehensive community approaches.

- All professionals who work with families should be educated, including teachers, judges, protection workers, police, therapists, parent aides, and others.
- In particular, personnel who come into contact with children regularly in any capacity should be taught signs of suspicious behavior, such as people who spend lots of time around children’s recreation areas without a reason, watching and trying to talk with children. Such training might focus on parks and recreation personnel, life guards, children’s play group leaders, scout leaders, and others.
- More safe, supervised, structured activities should be made available for children after school. As some noted, juvenile offenders often commit their offenses in the after-school hours, when busy parents are still at work.
- Policies to provide more security for pornography on the Internet need to be considered, and families need to be educated about steps they can take.
- Finally, more public discussion, such as this Forum, needs to occur. The sexual abuse of children remains such a “taboo” topic, and it needs to be brought back into public consciousness.