



# D. Getting Started

## TABLE OF CONTENTS

Introduction.....	2
D1. Explanation of Terms .....	3
D2. Data on Sexual Violence Against Children and Youth .....	8
Sexual Violence as Part of Spectrum of Youth Violence .....	8
Prevalence of Sexual Violence Against Children and Youth .....	9
Nature of Victimization.....	10
Impact of Sexual Violence on Children and Youth .....	12
D3. Risk and Protective Factors for Sexual Violence.....	13
Risk Factors .....	13
Protective Factors .....	14
D4. Bullying and Electronic Aggression .....	15
Bullying and Electronic Aggression.....	15
How Common Are These Problems? .....	15
Health Effects.....	17
Warning Signs of Bullying.....	19
Bullying Prevention Ideas .....	20
D5. Teen Dating Abuse .....	23
What is Teen Dating Abuse?.....	23
Who Can Be a Victim? .....	23
Effects of Dating Abuse.....	23
Safety Planning in Teen Dating Violence Situations .....	24
D6. Features of Successful Sexual Violence Training and Prevention Programs .....	26
Essential Program Elements .....	26
A Comprehensive Prevention Strategy.....	28
Tailored Content .....	30
Programming Specific to School Level .....	31
Instructional Approaches .....	33
Teaching Methods Connected to Goals.....	34
D7. Talking about Tough Topics .....	37
Talking about Violence .....	37
Talking about Sex and Relationships.....	38
D8. Barriers to Success for School Sexual Violence Training and Prevention Programs .....	40
Sensitivity of Subject.....	40
Lack of Understanding of Schools' Responsibilities .....	40
Accessibility to Students.....	41
Training for Faculty and Staff .....	42
Parent/Guardian Involvement.....	42
Sustaining Programs .....	43
D9. Promoting Students' Connectedness to School.....	45
D10. Dealing with Disclosures of Sexual Victimization of Children and Youth.....	47
Nature of Disclosures of Child Sexual Abuse.....	47
Disclosures of Other Sex Offenses Against Minors .....	48
D11. Victim Resources .....	51
State and Local Resources .....	51
National Resources .....	56
References .....	58

## INTRODUCTION

To help prepare sexual violence trainers and prevention educators to implement programs for school aged-children and youth, this section explores related issues specific to this population. It provides the following:

- An explanation of terms (*D1*);
- Data on sexual violence against children and youth (*D2*);
- Risk and protective factors for sexual violence (*D3*);
- Information on bullying and electronic aggression (*D4*);
- Information on teen dating abuse (*D5*);
- Features of successful sexual violence training and prevention programs (*D6*);
- Tips on talking about tough topics (*D7*);
- A discussion on barriers to sexual violence training and prevention programs for K-12 schools (*D8*);
- Information on promoting students' connectedness to school as a tool for sexual violence intervention and prevention (*D9*);
- Information on dealing with disclosures of sexual victimization (*D10*); and
- Victim resources (*D11*).

There is a range of sexual violence that children and youth can experience. Examples include, but are not limited to, sexual touching and fondling; forcing a child to touch another person's sexual body parts; exposing a child to adult sexual activity or pornography; having a child undress, pose or perform in a sexual manner; taking pornographic pictures of a child; voyeurism; exposing oneself to a child; attempted or actual oral, anal or vaginal penetration; sexualized talk; masturbating in front of a child; forcing overly rigid rules on dress or forcing a child to wear revealing clothes; or getting sexual excitement from hitting a child.

In West Virginia, child sexual abuse refers to a sex crime perpetrated against a person who is less than 18 years of age (and not otherwise emancipated by law) by a parent, other family member, guardian, custodian or other individual in a position of authority over the child (*WVC §61-8D-1*). It may violate any number of state statutes:

- *§61-8B: Sexual Offenses*;
- *§61-8C: Filming of Sexually Explicit Conduct of Minors*;
- *§61-8D: Child Abuse*; or
- *§61-8-12: Incest*.

These laws consider factors such as the victim's age, the relationship of the offender to the victim, and the degree of force and violence involved. Just like adults, young people can also experience sexual violence perpetrated by peers, dating partners, acquaintances and strangers (see *D10* and *WVSC §61-8B*).

Sexual violence can also be incorporated into school education on related types of violence—such as sexual harassment, bullying, electronic aggression and dating abuse—as they can include or lead to sexual violence (see *D2*, *D3* and *B1. Sexual Violence and Related Crimes*).



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Remember that acquiring new knowledge and putting it into practice is a process. *You are not expected to “know” the information in the toolkit all at once.* Instead, you can work through toolkit sections at your own pace, building your knowledge base as you go and considering how new information fits into your programming efforts.

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## D1. EXPLANATION OF TERMS

As you do sexual violence training and prevention programming, it is helpful to be familiar with the terms below.

**Accommodation:** A change or modification to a student's school enrollment, participation or environment which increases access to meaningful education or safety for a student who is experiencing dating or sexual violence. (Break the Cycle: Empowering Youth to End Domestic Violence, n.d.)

**Accommodation for a Disability:** Providing or modifying devices, services or facilities, or making changes to policies, practices and procedures to enable an individual with a disability to perform the job or activity. Examples of reasonable accommodations in the form of aids and services include: qualified language interpreters, TTY/TTD machines, assistive listening devices, materials in alternate formats and adaptive computer software. (West Virginia Sexual Assault Free Environment, 2010.)

**Acquaintance Rape/Sexual Assault:** This type of sexual violence involves coercive sexual activities that occur against a person's will by means of force, violence, duress or fear of bodily injury. These sexual activities are imposed upon individuals by someone they know, including a friend, date or acquaintance (Rape, Abuse & Incest National Network—RAINN, 2009). In the vast majority of sexual assaults, victims know their offender.

**Bullying:** Typically includes the following elements (Farrington & Ttofi, 2010; Centers for Disease Control and Prevention (CDC), 2011b): Attacks or intimidation with the intention to cause fear, distress or harm that are physical, verbal, and/or psychological or relational; a real or perceived imbalance of

power between the bully and the victim; and repeated attacks or intimidation between the same children over time. Bullying can occur both in person and through technology (CDC, 2011b). The term bullying is used almost exclusively to describe behaviors of and toward children and teens. (See *D4* and *B1. Sexual Violence and Related Crimes.*)

**Bystander:** One strategy used by the sexual violence prevention field is mobilizing bystanders to intervene when they see acts of violence or situations that are likely to escalate to violence. By intervening, bystanders can help redirect the peer pressure toward healthy and respectful social norms (Tabachnick, 2009). (See *D5* and *B4. Preparing to Present Sexual Violence Prevention Programs.*)

**Consent:** The voluntary agreement, by words or conduct, to engage in sexual activity. Lack of consent is critical in determining whether a sexual assault has occurred. People have the right to change their minds at any point in a sexual encounter and to withdraw consent by words or conduct. Consent cannot be provided under the following conditions: when the victim was incapable of consenting due to age, mental or physical incapacity; when the victim used words or conduct to indicate "no;" when the victim changed his/her mind; or when there was an abuse of trust or authority (e.g., when a parent, a teacher or a youth leader sexually abused a child in their care). In West Virginia, a person cannot legally consent to sexual activity if she/he is under the age of 16. (See *WVC §61-8B-2.*)

**Coercion:** The use of manipulation, threat or force to have sexual contact with someone without her/his proper consent. Many behaviors that are deemed socially acceptable actually promote and lead to sexual coercion (e.g., initiating any sexual contact without explicit permission and/or without explicit awareness of what the other

person wants, acting despite mixed signals from the other person, sexual contact with someone who is drunk or on drugs or otherwise unable to give consent, and impulsive sexual action or acting on a dare) (University of Chicago, n.d.).

**Cultural Competence:** The attitudes, knowledge and skills that enable a school district or school employees to educate and respond effectively to students and parents from diverse cultures, groups and communities (Break the Cycle: Empowering Youth to End Domestic Violence, n.d.).

**Cyberbullying:** Involves a bully's use of information and communications technologies to support "willful and repeated harm" (Hinduja & Patchin, 2010) of others. Cyberbullying may be used interchangeably with the term **electronic aggression**. (See *D4* and *B1. Sexual Violence and Related Crimes*.)

**Dating Abuse/Violence:** A pattern of controlling behaviors that one dating partner uses to get power over the other. It can occur in relationships regardless of the sexual orientation of partners. It can include: any kind of physical violence or threat of physical violence to obtain control; any emotional/mental abuse, such as playing mind games, yelling and constant put-downs or criticism; and any sexual abuse, including a person making his/her dating partner do something she/he doesn't want to do, refusing to have safe sex, or making his/her dating partner feel badly about her/himself sexually. Note the terms dating abuse and **relationship abuse** are often used interchangeably. (See *B1. Sexual Violence and Related Crimes*.)

**Dating Partner:** Any person, regardless of sex or gender identity, involved in a relationship with another person, where the relationship is primarily characterized by

social contact of a sexual or romantic nature, whether casual, serious, short-term or long-term (Break the Cycle: Empowering Youth to End Domestic Violence, n.d.).

**Electronic Aggression:** A term used to describe any kind of aggression perpetrated through technology or the Internet and cell phone harassment or bullying (Hertz and David-Ferdon, 2008). Electronic aggression may be used interchangeably with the term **cyberbullying**. (See *D4* and *B1. Sexual Violence and Related Crimes*.)

**Empathy:** Identification with, understanding of, and vicarious experience of another person's situation, feelings and motives (<http://www.dictionary.reference.com>).

**First or Immediate Responder:** A professional who initially responds to a disclosure of sexual assault. These professionals typically must follow agency-specific policies for responding to victims. Those who traditionally have been responsible for immediate response to sexual assault include victim advocates, 911 dispatchers, law enforcement officers and health care providers. A wide range of other professionals also may be involved, such as emergency medical technicians, public safety officials, protective service workers, mental health providers, social service workers, school personnel, employers, corrections staff, religious/spiritual counselors, etc. (Office on Violence Against Women, 2004).

**Gender Stereotypes:** False assumptions commonly held about the true nature of men and women. These kinds of mistaken beliefs often come from the media and popular culture and send out messages of how men and women are expected to act in relationships. (See *B2. Background*.)

**Healthy Relationships:** A connection between people that increases well-being, is

mutually enjoyable, and enhances or maintains each individual's positive self-concept (Virginia Sexual and Domestic Violence Action Alliance, n.d.). (See *D5, D6* and *B4. Preparing to Present Sexual Violence Prevention Programs.*)

**Healthy Sexuality:** The capacity to understand, enjoy and control one's own sexual and reproductive behavior in a voluntary and responsible manner that enriches individuals and their social lives. Sexuality is an integral part of the human experience with physical, emotional, intellectual, social and spiritual dimensions. (See *D5, D6* and *B4. Preparing to Present Sexual Violence Prevention Programs.*) (Virginia Sexual and Domestic Violence Action Alliance, n.d.)

**Intimate Partner Violence:** Occurs between two people in a close relationship. Intimate partners include current and former spouses and dating partners. Intimate partner violence exists along a continuum from a single episode of violence to ongoing battering. (CDC, 2012).

**LBGTQ:** Acronym used in this section to refer to persons who are lesbian, gay, bi-sexual, transgendered or questioning. The term often refers broadly to the community of persons who are LBGTQ. LGBT is also a commonly used acronym. In addition, you also might encounter LGBTQQ (where the second Q stands for questioning), LGBTQQI (where the I stands for intersexed), LGBTQQI2-S (where the 2-S stands for two spirited) and/or LGBTTSQI (where the TS stands for two spirited).

For more related terminology, see [www.cwla.org/programs/culture/glbqtterminology.htm](http://www.cwla.org/programs/culture/glbqtterminology.htm), <http://newscenter.sdsu.edu/lgbtq/terminology.aspx>, and/or <http://projectqueer.tumblr.com/lgbtqterminology>.

**Mandatory Reporting:** In West Virginia, state law has identified (1) individuals who must report suspected abuse or neglect of *adults* who are incapacitated or of emergency situations where adults who are incapacitated are at imminent risk of serious harm; and (2) individuals who must report suspected or observed mistreatment of *minors*. Reporting requirements vary slightly in cases of suspected abuse and neglect of children and incapacitated adults, but both can initially be verbally reported to the local Department of Health and Human Resources (DHHR) or the 24-hour hotline (800-352-6513) provided for this purpose followed by a written report within 48 hours to CPS if requested. Reports to APS require a follow-up written report. If a crime is suspected, a report should always be made to law enforcement. (See *D9* and *B3. Responding to Disclosures of Sexual Victimization.*)

**Outcome Evaluation:** An attempt to document whether or not a program achieved the change described in its goals or objectives, and if so, how much and what kind. If a process evaluation addresses if we did what we said we were going to do, then an outcome evaluation speaks to what happened as a result of the program or whether we achieved the change we wished to achieve. Outcome evaluation is important because it provides evidence that a program accomplished its intended goals. It can answer questions such as: Did the program work? Should we continue the program? What can be modified that might make the program more effective? What evidence shows funding sources the program's effect? (See *B5. Program Evaluation.*)

**Prevention:** In the public health field, prevention is a strategy or approach that reduces the likelihood of risk, delays the onset of adverse health problems or reduces the harm resulting from conditions or

behaviors. (See *C. Primary Prevention of Sexual Violence*.)

**Primary Prevention of Sexual Violence:**

Preventing sexual violence before it occurs. Primary prevention efforts exist on a continuum—primary, secondary and tertiary prevention. These efforts seek to bring about change in individuals, relationships, communities and society through strategies that promote factors associated with healthy relationships and healthy sexuality and counteract factors associated with the initial perpetration of sexual violence. Primary prevention work values and builds on the strengths of diverse cultures to eliminate the root causes of sexual violence and create healthier social environments. (See *C. Primary Prevention of Sexual Violence*.) (Virginia Sexual and Domestic Violence Action Alliance, n.d.)

**Process Evaluation:** Assesses what activities were implemented; the quality of implementation (how well the program was received by participants and trainers); its appropriateness for the community or audience; and the strengths and weaknesses of the implementation. A well-planned process evaluation is developed prior to beginning a program and continues throughout the duration of the program. It can help strengthen and improve the program by indicating when and where to make mid-course changes to keep the program on track. If the process evaluation indicates high-quality implementation and an outcome evaluation shows positive outcomes, it is likely the program was effective. If the program does not show positive outcomes, but a process evaluation showed high-quality implementation, then there are likely to be problems with the program’s theory or logic. (See *B5. Program Evaluation*.)

**Protective Factors:** Those factors that decrease the likelihood of a person becoming

a victim or perpetrator of violence, as they provide a buffer against risk. (See *D5* and *C. Primary Prevention of Sexual Violence*.)

**Protective Order:** A civil or criminal court order issued in any jurisdiction for the protection of a victim of dating violence or sexual violence that restricts the conduct of an individual toward the victim.

**Public Health:** Activities that society undertakes to assure the conditions in which people can be healthy, including organized efforts to “prevent, identify and counter threats to the health and safety of the public” (Turnock, 1997). (See *C. Primary Prevention of Sexual Violence*.)

**Researched-Based:** Sexual violence prevention education activities that are research-based are those in which data (e.g., from program evaluation) exists that shows positive change in attitudes and behaviors for those who participated in the activity compared to those who did not participate (adapted from The Access Center, n.d.).

**Risk Factors:** Those characteristics that increase the likelihood of a person becoming a victim or perpetrator of violence. (See *D5* and *C. Primary Prevention of Sexual Violence*.)

**Safety Plan:** An individualized set of actions, strategies and resources that addresses a student’s safety with regard to dating violence or sexual violence (Break the Cycle: Empowering Youth to End Domestic Violence, n.d.).

**Secondary Prevention:** Approaches to identify those who are already affected by violence and to reduce the severity of the impact (CDC, 2004). (See *C. Primary Prevention of Sexual Violence*.)

**Sexual Assault:** Sexual assault involves sexual intercourse or sexual intrusion without consent. Some types of sexual acts which fall under the category of sexual assault include forced sexual intercourse (rape), sodomy (oral or anal sexual acts), incest and attempted rape. Sexual assault is among the most underreported crimes in the United States. (See *B1. Sexual Violence and Related Crimes* for definitions specific to West Virginia.)

**Sexual Harassment:** Unwanted and unwelcome sexual behavior that makes the person being harassed feel uncomfortable and interferes with her/his ability to get an education and participate in school activities. In addition to sexual harassment occurring in schools, students who have jobs may also experience sexual harassment in work settings. (See *D2 and B1. Sexual Violence and Related Crimes*.)

**Sexual Violence:** Conduct of a sexual nature which is non-consensual, and is accomplished through threat, coercion, exploitation, deceit, force, physical or mental incapacitation, and/or power of authority (Virginia Sexual and Domestic Violence Action Alliance, n.d.).

**Socio-Ecological Model:** Commonly applied to sexual violence prevention by those in the public health field. It explains the occurrence of sexual violence and helps identify potential prevention strategies on four levels (Heise, 1998): individual, relationship, community and societal.

- **Individual level factors** relate to a person's knowledge, attitudes, behavior, history or demographics. Risk factors, such as adherence to beliefs condoning use of violence, exist on this level and would be addressed by prevention strategies from this level (Carr &

VanDeusen, 2004; Jewkes, Sen & Garcia-Moreno, 2002).

- **Relationship level strategies** address the influence of parents, siblings, peers and intimate partners. For example, boys who experience caring and connection from adults are less likely to perpetrate violence (Resnick, Ireland & Borowsky, 2004).
- **Community level strategies** address norms, customs or people's experiences with schools, workplaces, faith-based organizations or criminal justice agencies.
- **Societal level strategies** address broad social forces, such as inequalities, oppressions, organized belief systems and public policies.

Factors at one level of this model are often influenced by factors at other levels. Thus, primary prevention strategies should seek to simultaneously operate on multiple levels of the social ecological system. (See *D5 and C. Primary Prevention of Sexual Violence*.)

**Tertiary prevention:** Approaches that take place after a violent event that aim to lessen its long-term effects and reduce the chances of reoccurrence (CDC, 2004). (See *C. Primary Prevention of Sexual Violence*.)

## D2. DATA ON SEXUAL VIOLENCE AGAINST CHILDREN AND YOUTH

This section provides an overview of data on sexual violence against children and youth to help give you a better sense of the problem you are seeking to respond to and prevent.

Note that data on sexual violence against children and youth can be conflicting due to variations in how it is defined and how data is sought (e.g., victimization in a given year versus across one's lifetime), dependency on the willingness of victims and parents and guardians of young children to disclose information, and the fact that many cases are not reported (Douglas & Finkelhor, n.d.).

### Sexual Violence as Part of Spectrum of Youth Violence

Children and youth are exposed to a range of violence in their lives, both as direct victims and as witnesses (see the Finkelhor et al. 2009 study below). Many have been victims

of more than one type of violence and/or have experienced violence over a period of time rather than as a one-time incident. Experiencing violence in early childhood and adolescent years is linked to many problems, including post-traumatic stress disorder (PTSD), substance abuse and dependence, and delinquency (Kilpatrick, Saunders & Smith, 2003).

Be very clear that sexual violence does not occur in a vacuum, but is one component of a broad spectrum of violence and aggression. A person's experience of sexual violence and subsequent reactions to it can be influenced by his/her exposure to other forms of violence, as well as other factors (e.g., individual influences, family dynamics, community influences and societal attitudes). For example, a teenager who grew up witnessing domestic and sexual violence in her family may find herself involved in abusive intimate relationships. Her history of witnessing violence in her family may lead her to view the abuse as acceptable or "just the way it is."

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The *National Survey of Children's Exposure to Violence* (Finkelhor et al., 2009) obtained prevalence estimates of childhood victimizations from a sample of children aged 0 to 17 years. In the study year:

- Almost **47 percent of children experienced a physical assault**, almost **25 percent experienced a property offense** (robbery, vandalism or theft), about **10 percent experienced a form of child abuse or neglect**, and about **6 percent experienced sexual victimization**.
  - **More than 25 percent witnessed violence**. About 10 percent experienced indirect exposure to violence (i.e., heard about or saw the evidence of violence without actually witnessing it).
  - **One in 10 children had experienced a victimization-related injury**.
  - Almost 39 percent of children had been exposed to two or more direct victimizations, almost 11 percent exposed to five or more, and more than 2 percent exposed to 10 or more.
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## Prevalence of Sexual Violence Against Children and Youth

**Sexual violence against children and youth is all too prevalent in the United States.** Several recent national surveys substantiate the problem.

- Almost **10 percent of children age 0 to 17 had experienced sexual victimization at some point in their childhood** (Finkelhor et al., 2009).
- 8.1 percent of youth age 12 to 17 had been sexually victimized (Kilpatrick, Saunders & Smith (2003).
- **Risk of sexual victimization exists across childhood, with teen girls most likely at highest risk** (Douglas & Finkelhor, n.d.).
- Sexual victimization rates for children began rising at age 9 and peaked at age 15. **Rates were highest among teen girls age 14 to 17; 28 percent had experienced sexual victimization** (Bullet from Finkelhor et al., 2009).
- The single age with the greatest proportion of sexual violence reported to law enforcement was 14. For victims under age 12, 4-year-olds were at greatest risk of being victimized (Bullet from Snyder, 2000).
- 11 percent of high school girls and 4 percent of high school boys reported being forced to have sexual intercourse sometime in their lives (Bullet from CDC, 2006).



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There is some indication that pregnant teenagers experience a higher than average incidence of sexual assault (see Connecticut Sexual Assault Crisis Services, Inc., n.d., *Teen Pregnancy and Sexual Assault* at [www.crisiscenter.org/images/SAINDoc10.pdf](http://www.crisiscenter.org/images/SAINDoc10.pdf)).

Also, there appears to be a link between child sexual abuse and later obesity (see the introduction of Coker et al., 2006, *Intimate or Childhood Sexual Abuse and Obesity in Kentucky* at [http://endabuse.org/health/ejournal/archive/1-7/abuse\\_and\\_obesity.php](http://endabuse.org/health/ejournal/archive/1-7/abuse_and_obesity.php)).

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**Sexual violence often begins early in life** (National Institute of Justice, 2010). In a national study (Basile et al., 2007), **the majority of adults who reported they had been raped indicated that their first victimization occurred before age 18**. Of those who reported, 26 percent of female victims were first raped before age 12 and 35 percent between the ages of 12 and 17. Among male victims, 41 percent were first raped before age 12 and 28 percent between the ages of 12 and 17.

**Victimization rates vary for specific types of sexual violence.** Also consider:

- **Sex trafficking:** According to UNICEF (n.d.), an **estimated 1.2 million children are trafficked each year around the world, with most of them being sexually exploited**. Sex traffickers prey on children because of their vulnerability and gullibility, as well as the market demand for young victims. Pimps target victims as young as 12. Traffickers often lure minor victims through telephone chat-lines, friends, clubs, on the street, at malls and by using girls to recruit other girls. (Bullet drawn from Office of Safe and Drug-Free Schools, 2007.)

- **Pornography involving children:** Approximately 2,900 criminal incidents of pornography with juvenile involvement were known to state and local police in 2000 (Finkelhor & Ormrod, 2004). Of the juvenile victims, **62 percent were female, 59 percent were age 12 to 17**, 28 percent were age six to 11, and 13 percent were younger than age 6 (Finkelhor & Ormrod, 2004).
- **Online sexual victimization: *About one in 7 youth annually receive unwanted online sexual solicitations*** (Wolak, Mitchel & Finkelhor, 2006). Four percent received aggressive online solicitations where the solicitor asked to meet the youth in person, called the youth or sent mail, money or gifts. (Also see *B. Sexual Violence and Related Crimes* as well as *D4.*)
- **Dating violence: *Nearly one in 3 sexually active girls in grades nine through 12 report ever experiencing physical or sexual violence from dating partners*** (Decker, Silverman & Raj, 2005). (Also see *B1. Sexual Violence and Related Crimes* and *D4.*)
- **Sexual harassment: *48 percent of students in grades seven through 12 during the 2010-2011 school year experienced some form of sexual harassment*** (Hill & Kearn, 2011). Additional data from that survey: While verbal harassment made up the bulk of the incidents, physical harassment was also common. Sexual harassment by electronic means affected nearly one-third of students, usually in conjunction with in-person harassment. Girls were more likely than boys to be sexually harassed (56 percent versus 40 percent). Many of the students who were sexually harassing others didn't think of it as a big deal (44 percent) or were trying to be funny (39 percent). (Also see *B1. Sexual Violence and Related Crimes.*)
- **Harassment of lesbian, gay, bisexual and transgendered youth:** In a 2009 national survey, 85 percent of lesbian, gay, bisexual and transgendered youth reported being verbally harassed at school due to their sexual orientation, 40 percent had been physically harassed, and 19 percent had been physically assaulted (Kosciw et al, 2010). Of the students harassed or assaulted at school, 62 percent did not report the incident to school officials, most commonly because they doubted anything would be done (Kosciw et al., 2010).

**The majority of child and youth victims of sexual violence do not report to authorities.**

Kilpatrick (2003) found that 86 percent of cases were not reported:

- 13 percent were reported to police;
  - 6 percent to child protective services;
  - 5 percent to school authorities; and
  - 1 percent to other authorities
- (Note that percentages total more than 100 percent—some cases were reported to more than one type of authority).

## Nature of Victimization

**Regarding the relationship of offenders to victims:**

- ***Three out of four cases of adolescent sexual assault involved a perpetrator well known to the victim*** (Kilpatrick, 2003). Almost one-third of perpetrators were identified as friends, one fifth as family members and one-fifth as strangers.

- **The relationship between victims and offenders appears to differ by gender.** Basile et al. (2007) found that for females who were raped before age 18, 30 percent of their perpetrators were intimate partners, 23 percent were family members and 20 percent were acquaintances. For male victims, 32 percent of their perpetrators were acquaintances, 18 percent were family members, 18 percent were friends and 16 percent were intimate partners.
- **The relationship between victims and offenders also appears to differ by the victim's age.** Snyder (2000) found that of sexual assaults of children reported to law enforcement, perpetrators of young victims (as opposed to older victims) were more likely to be family members. The older the victim, the greater the likelihood of being sexually assaulted by an acquaintance (as opposed to family member). Victimization by strangers, while infrequent, was more likely to occur with older child victims.

**A residence is the primary location for sexual assault of children and youth.** More than half of adolescent sexual assaults occurred within the victims' homes or neighborhoods and about 15 percent occurred at victims' schools (Kilpatrick, 2003). Snyder (2000) found that of sexual assaults reported to law enforcement, children were generally more likely to be victimized in a residence than were adult victims. Older children were more likely than younger juveniles to be victimized in a location other than a residence (e.g., roadways, fields/woods, schools and hotels/motels).

#### **Some generalities about sex offenders:**

- **More than 90 percent of the perpetrators of sexual offenses against minors were male** (Douglas & Finkelhor, n.d.; Snyder, 2000; Jones, David & Kathy, 2001).
- Finkelhor, Ormrod and Chaffin (2009) found that **juveniles accounted for more than one-third of those known to law enforcement to have committed sex offenses against minors.** Males constituted 93 percent of juveniles who commit sex offenses, females constituted 7 percent.
- Juveniles who commit sex offenses against other children were more likely than adult sex offenders to offend in groups and at schools and have more male and younger victims (Finkelhor, Ormrod & Chaffin, 2009).
- **Among adult perpetrators, those under age 30 were overrepresented** (Douglas & Finkelhor, n.d.).

**Statistics for West Virginia related to sexual victimization of children and youth generally mirror national statistics.** It is estimated that 1 in 6 adult women and 1 in 21 adult men in West Virginia will be a victim of an attempted or completed sexual assault in her/his lifetime (WV Health Statistics Center, BRFSS, 2008). The 2009 West Virginia Incident-Based Reporting System (WVIBRS)—which provides state-specific data for sexual assaults reported to law enforcement—indicated:

- Approximately **60 percent of all sexual assault victimizations occurred before the age of 20 and about 85 percent of victims were females.**
- The four most reported types of sexual assault across all age groups were: forcible fondling (about 38 percent), forcible rape (about 28 percent), sexual assault with an object (about 13 percent), and statutory rape (about 9 percent).
- **Females aged 12 to 22 were most at risk for forcible rape.**

- 70 percent of all reported sex offenses occurred at a residence or in a home.
- Approximately 50 percent of offenders were between the ages of 15 and 30 and nearly one third of sexual assaults were committed by offenders aged 18 to 25.
- About 95 percent of sexual assault offender arrestees were male.
- Nearly 50 percent of all sexual assault offenders were known but not related to their victims.

## Impact of Sexual Violence on Children and Youth

**Experiencing sexual violence can profoundly damage children and youth and have lifelong impact** (CDC, 2009c):

- Victims of sexual violence may have ***strained relationships*** with family, friends and partners, less emotional support from friends and family, less frequent contact with friends and relatives, and lower likelihood of marriage (Clements et al., 2004; Golding, Wilsnack & Cooper, 2002).
- Victims of sexual violence are more likely to engage in ***high-risk sexual behaviors and use drugs or alcohol***, behaviors that increase vulnerability to future victimization (Basile et al., 2006; Champion et al., 2004; Jewkes, Sen & Garcia-Moreno, 2002; Raj, Silverman & Amaro, 2000).
- ***Chronic psychological consequences*** include depression, alienation from others, post-traumatic stress disorder (PTSD), eating disorders and suicide (Felitti et al., 1998; Yuan, Koss & Stone 2006).

**Early abuse may lead to later victimization** (National Institute of Justice, 2010). ***Girls who were sexually victimized before turning 12 and then again as adolescents were at much greater risk of victimization as adults than other women*** (Siegel & Williams, 2001). Also, children who experienced other forms of victimization were more likely to be the target of sexual victimization (Douglas & Finkelhor, n.d.; Finkelhor, Hammer & Sedlak, 2004; Kilpatrick et al., 2000).

## D3. RISK AND PROTECTIVE FACTORS FOR SEXUAL VIOLENCE

When talking about sexual violence, **risk factors** contribute to the *likelihood that sexual violence will occur*, while **protective factors** are associated with a *decreased likelihood of violence* (Valle et al., 2007). Understanding the risk and protective factors for sexual violence is important in promoting prevention strategies.

### Risk Factors

**Key risk factors for perpetrating sexual violence** include being male, having sexually aggressive friends, witnessing or experiencing violence as a child, drug or alcohol use and exposure to social norms or beliefs that support sexual violence (CDC, 2009d). A 2011 WHO report identified a number of similar and additional risk factors associated with perpetrators of interpersonal and sexual violence:

- Lower levels of education;
- Exposure to child maltreatment;
- Witnessing parental violence;
- Harmful use of alcohol;
- Attitudes accepting of violence, especially against females;;
- Antisocial personality disorder;
- Males with multiple partners or who are suspected of infidelity;
- Beliefs in family honor and sexual purity; and
- Ideologies of male sexual entitlement.



See *C. Primary Prevention of Sexual Violence* for a “nested” model of interrelated risk factors—individual, relationship, community and societal— associated with the perpetration of sexual violence.

Krug et al. (2002) identified global **factors influencing the risk of sexual victimization**, including being female, being young, consuming alcohol or drugs, having previously been raped or sexually abused, having many sexual partners, involvement in sex work, and poverty. The 2011 WHO report referred to the above identified risk factors associated with victims of interpersonal and sexual victimization, including lower levels of education, exposure to child maltreatment, witnessing parental violence, harmful use of alcohol and attitudes accepting of violence, especially against females. Those with disabilities are also at an elevated risk of sexual violence, particularly if due to their disability (e.g., being blind or deaf or having an intellectual disability), they are viewed as easy targets for perpetrators and likely to lack credibility if the violence is ever reported to the criminal justice system (American Psychological Association—APA, 2011). There may also be a range of characteristics that may influence the risk of sexual victimization, such as living with only one biological parent, living with no biological parents, the presence of a stepfather/non-biological father figure, and social isolation/lack of friends (APA, 2011).

*The presence of a risk factor associated with sexual violence does not mean that a person will always experience violence or always become a perpetrator.*

## Protective Factors

Protective factors can buffer against the risk of sexual violence victimization or perpetration (CDC, 2009). For example, protective factors that guard against youth violence and substance abuse include (Hawkins, Catalano & Miller, 1992; Lang, Rosati, Jones & Garcia, 1996; National Center for Mental Health Promotion and Youth Violence Prevention, 2004):

### Individual Protective Factors

- Resilient temperament;
- Positive social orientation;
- Positive relationships that promote close bonds and encourage a young person's competence; and
- Healthy beliefs and clear standards.

### Family Protective Factors

- Positive bonding among family members;
- Parenting that includes high levels of warmth, avoids severe criticism and provides a sense of basic trust and clear and consistent expectations, including children's participation in family decisions and responsibilities; and
- Emotionally supportive parents/family.

### School Protective Factors

- High expectations for youth;
- Clear standards and rules for appropriate behavior; and
- Opportunities for youth participation in after-school activities.

### Community Protective Factors

- High expectations for youth;
- Opportunities for youth participation in community activities; and
- Community norms and laws unfavorable to violence or substance abuse.

A single protective factor does not necessarily prevent sexual violence; however, **the presence of multiple protective factors can decrease the chance of victimization and/or perpetration** (Perry, n.d.).

## D4. BULLYING AND ELECTRONIC AGGRESSION

(This section includes and builds upon information in *B1. Sexual Violence and Related Crimes.*)

You will likely discuss other forms of youth violence beyond sexual violence in your programming with children and youth. This section offers basic information on the related issues of bullying and electronic aggression; *D5* addresses dating abuse (*D5*).

### Bullying and Electronic Aggression

**Bullying typically includes these elements** (Farrington & Ttofi, 2010; CDC, 2011b):

- **Attacks or intimidation** with the intention to cause fear, distress or harm that is physical (e.g., hitting, kicking, pushing, choking or punching), verbal (e.g., name calling or teasing), and/or psychological or relational (e.g., social exclusion, obscene gestures and manipulation of friendships and relationships);
- A real or perceived **imbalance of power between the bully and the victim**; and
- **Repeated attacks or intimidation** between the same children over time.

Similarly, the Center for the Study and Prevention of Violence describes bullying as consisting of three components: (1) aggressive behavior involving unwanted and negative actions, (2) a pattern of behavior which is repeated over time, and (3) an imbalance of power or strength.

Bullying can occur both in person and through technology (CDC, 2011b). **Bullying using technology is commonly referred to as electronic aggression**, also known as cyberbullying, Internet bullying or Internet harassment. Hertz and David-Ferdon (2008) define *electronic aggression* as any kind of aggression perpetuated through technology or any type of harassment or bullying that occurs through e-mail, a chat room, instant messaging, a website or text messaging. Bullying online is different from face-to-face bullying because messages and images can be relayed 24/7, shared with a wide audience, and sent anonymously (StopBullying.gov, n.d.).

### HOW COMMON ARE THESE PROBLEMS?

As discussed in *B1*, bullying is a pervasive problem for school-aged children and youth:

- During the 2007-2008 school year, **25 percent of public schools reported that bullying among students occurred on a daily or weekly basis**. More middle schools reported daily or weekly occurrences of bullying than primary and high schools (Robers, Zhang & Truman, 2010; CDC, 2011b).
- In a national survey of students ages 12 through 18 (DeVoe & Murphy, 2011), about **28 percent of students reported being bullied at school** during the school year studied.
- About **20 percent of high school students** completing a 2009 nationwide survey **reported being bullied on school property** in the year preceding the survey (Eaton, 2010; CDC, 2011b).

Hertz and David-Ferdon (2008) highlighted the following data on electronic aggression:

- Approximately **9 percent to 35 percent of young people say that they have been the victim of electronic aggression** (Ybarra, Diener-West & Leaf, 2007; Kowalski & Limber, 2007).
- There seems to be no evidence that the rates of perpetuation and victimization differ for boys or girls. Some evidence suggests that electronic aggression peaks somewhere around the end of middle school and beginning of high school (Kowalski & Limber, 2007; Williams & Guerra, 2007).
- Between **7 percent and 14 percent of surveyed youth reported being both a victim and a perpetrator of electronic aggression** (Kowalski & Limber, 2007; Ybarra, Espelage & Mitchell, 2007).
- **Instant messaging appears to be the most common method** to perpetrate electronic aggression; use of e-mail and text message is also fairly common (Kowalski & Limber, 2007).
- Victims and perpetrators of electronic aggression don't always know the person with whom they are interacting—between **13 percent and 46 percent of young people who are victims of electronic aggression report not knowing their harasser's identity** (Kowalski & Limber, 2007; Wolak, Mitchell & Finkelhor, 2007).

Students ages 12 through 18 surveyed as part of the *2009 School Crime Supplement to the National Crime Victimization Survey* reported the following (DeVoe & Murphy, 2011):

- About 6 percent said they were cyberbullied during the 2008-09 school year (as mentioned earlier).
- *As to the mode of cyberbullying experienced:* 3 percent reported they were threatened or insulted via text messaging; 2 percent had hurtful information about them posted on the Internet; 1.8 percent were threatened or insulted via instant messaging; 1.3 percent were threatened or insulted via email; 0.8 percent had unwanted contact via online gaming; and 0.9 percent were excluded from an online community.
- *Compared to students who were not cyberbullied, a higher percentage of students who reported being cyberbullied also indicated:* Being a crime victim (12.8 percent); having been in a physical fight at school (15.6 percent); having brought a gun, knife or other object that could be used as a weapon to school (7.4 percent); feared that someone would harm them at school or on the way to/from school (12.8 percent); avoided a specific place at school (17.0 percent); and skipped school during that school year.



In *Electronic Bullying Among Middle School Students*, which surveyed middle students regarding their experiences in the couple of months prior to the survey, Kowalski and Limber (2007) noted:

“On the one hand, the magnitude of the numbers is somewhat staggering. Collapsing across victims and bully/victims, a quarter of the female respondents had been electronically bullied within the last 2 months. On the other hand, the sheer frequency of use of electronic technologies by adolescents provides a context within which the statistics are, sadly, not all that surprising.”



## HEALTH EFFECTS

As the CDC (2011b) states: “**Bullying can result in physical injury, social and emotional distress, and even death.** Victimized youth are at increased risk for mental health problems such as depression and anxiety, psychosomatic complaints such as headaches, and poor school adjustment. Youth who bully others are at increased risk for substance use, academic problems, and violence later in adolescence and adulthood. Compared to youth who only bully, or who are only victims, bully-victims suffer the most serious consequences and are at greater risk for both mental health and behavior problems.” For students who witness bullying, bullying creates a climate of fear and disrespect in schools and negatively impacts student learning (National Education Association, 2003).



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### Bullying and Suicide

There appears to be a connection between bullying and suicide for both bullying victims and for those who bully. Some risk factors for suicide for those involved in bullying include (Suicide Prevention Resource Center, 2011):

- Victims and perpetrators of bullying are at a higher risk for suicide than their peers.
- Those who are both victims and perpetrators of bullying are at the highest risk (Kim & Leventhal, 2008; Hay & Meldrum, 2010; Kaminiski & Fang, 2009).
- All three groups (victims, perpetrators and perpetrator/victims) are more likely to experience depression (a major risk factor for suicide) than youth who are not involved in bullying (Wang, Nansel & Iannotti, 2010).
- Bullying has long-term effects on suicide risk and mental health that can persist into adulthood (Arseneault, Bowes & Shakoor, 2010).

Taking the following actions may help prevent both suicide and bullying (Suicide Prevention Resource Center, 2011):

- **Start prevention efforts early.** Intervening in bullying among younger children, and assessing bullies and victims of bullying for risk factors associated with suicide, may have benefits as children enter the developmental stage when suicide risk begins to rise.
- **Strive to keep up with the latest technology.** Bullying prevention programs and suicide prevention programs need to learn how to navigate cyberspace/social media and monitor their children’s use of these tools, as bullying may occur through such forums and children may use the same forums to express suicidal thoughts.
- **Pay attention to the needs of LGBTQ youth as well as other young people who do not conform to gender expectations.** They are at increased risk for bullying victimization and suicidal behavior. An essential need of these groups is for an environment free not just from physical harm, but also from intolerance and assaults upon their emotional well-being.
- **Be comprehensive in your prevention approach.** Reducing the risk of bullying and suicide requires strategies that focus on youth (e.g., mental health services for youth with depression) as well as their environment (e.g., the school and family environments).

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The article, *Link between Suicide and Bullying* (March 2012 Hazelden newsletter) which highlights the *Lifelines Intervention: Helping Students at Risk* program, offers a few tips for parents on communicating with children and youth about suicide concerns:

- Ask your child when you are concerned, and listen to the answers;
- Paraphrase what you hear them say;
- Be specific about reasons for your concerns, especially if the answer you get seems evasive;
- To clarify your concerns, ask the child's teachers and friends about the child's behavior/what the child is saying to them;
- Ask your child about suicide directly if you get an answer that suggests suicide is on your child's mind;
- Don't minimize the child's answers or try to talk the child out of the feelings;
- Offer to help and then follow through;
- Act immediately if you have concerns about suicide or your child talks about suicide (call 911 if they are in danger of imminent harm);
- Follow-up should include involvement with a mental health professional who has experience working with suicidal youth;
- Help your child plan for safety, both during crises and after the suicide crisis has passed—involve members of the child's support system in strengthening the safety plan.

See *E. Resources* for more information on the *Lifelines* program.

The Society for the Prevention of Teen Suicide is a resource—see [www.sptsusa.org/](http://www.sptsusa.org/). Also see *B3. Responding to Disclosure of Sexual Violence* (there are sections on crisis intervention and safety planning).

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The CDC (2011c) noted that, as with other forms of youth violence, **electronic aggression is associated with emotional distress and conduct problems at school.**

- Research by Mitchell, Finkelhor and Wolak (2011) suggested that youth who are victimized electronically are also **likely to also be victimized offline** (CDC, 2011c).
- Ybarra, Diener-West and Leaf (2007) found that young people who are victims of Internet harassment were **more likely than those who had not been victimized to use alcohol and other drugs, receive school detention or suspension, skip school or experience in-person harassment.** In addition, those who received rude or nasty comments via text messaging were **more likely to report feeling unsafe at school** (Hertz & David-Ferdon, 2008; David-Ferdon & Hertz, 2009).
- Young people were **more likely to report being distressed by an incident of electronic aggression when they were bullied by the same people online and offline,** compared to young people who were bullied by different people online and in-person, and young people who were only harassed online but did not know their harassers (Ybarra, Diener-West & Leaf, 2007; David-Ferdon & Hertz, 2009).

## WARNING SIGNS OF BULLYING

StopBullying.gov (n.d.) offers the following **warning signs for children and youth who are being bullied and for children and youth who bully others** (Note: These signs may also indicate other issues and problems):

Signs of a child/youth being bullied	Signs of a child/youth bullying others
<ul style="list-style-type: none"> <li>■ Comes home with damaged or missing clothing or other belongings;</li> <li>■ Reports losing items (e.g., books or electronics);</li> <li>■ Has unexplained injuries;</li> <li>■ Complains frequently of feeling sick;</li> <li>■ Has trouble sleeping/bad dreams;</li> <li>■ Has changes in eating habits;</li> <li>■ Hurts him/herself;</li> <li>■ Is hungry after school from not eating lunch;</li> <li>■ Runs away from home;</li> <li>■ Loses interest in being with friends;</li> <li>■ Is afraid of going to school/activities with peers;</li> <li>■ Loses interest in school work or begins to do poorly in school;</li> <li>■ Appears sad, moody, angry, anxious or depressed upon coming home;</li> <li>■ Talks about suicide;</li> <li>■ Feels helpless;</li> <li>■ Often feels not good enough;</li> <li>■ Blames self for problems</li> <li>■ Suddenly has fewer friends;</li> <li>■ Avoids certain places; and</li> <li>■ Acts differently than usual.</li> </ul>	<ul style="list-style-type: none"> <li>■ Becomes violent with others;</li> <li>■ Gets into fights with others;</li> <li>■ Frequently is sent to the principal's office or detention;</li> <li>■ Has extra money or new belongings that cannot be explained;</li> <li>■ Is quick to blame others;</li> <li>■ Won't accept responsibility for actions;</li> <li>■ Has friends who bully others; and</li> <li>■ Needs to win or be best at everything.</li> </ul>

Examples of factors associated with a higher likelihood of engaging in bullying behavior include impulsivity (poor self-control), harsh parenting by caregivers and attitudes accepting of violence (Smokowski & Kopasz 2005; CDC, 2011b). Examples of factors associated with a higher likelihood of victimization include friendship difficulties, poor self-esteem and a quiet, passive manner with lack of assertiveness (CDC, 2011b). Note that the presence of these factors does not always indicate a person will become a bully or a victim (CDC, 2011b).



See *Bullying Among Middle School and High School Students—Massachusetts, 2009* (CDC, 2011d), available through [www.cdc.gov/mmwr/](http://www.cdc.gov/mmwr/), for state-specific data on risk factors suspected to be associated with bullying among middle school and high school students. The findings underscored an association between bullying and events outside of school. Specifically, it indicated an increased risk for bullies, victims and bully-victims of being physically hurt by a family member or witnessing family violence. One implication is that a comprehensive approach to prevention is needed that encompasses school officials, students and their families (note the similar recommendation above to prevent bullying and suicide).

## When Bullying May be a Civil Rights Violation

(Drawn from STOPBullying.gov, n.d.)

Schools receiving federal funding are required to address discrimination related to several characteristics. The U.S. Department of Education's Office for Civil Rights enforces:

- Title VI of the Civil Rights Act of 1964, which prohibits discrimination based on **race, color or national origin**;
- Title IX of the Education Amendments of 1972, which prohibits discrimination based on **sex**; and
- Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990, which prohibits discrimination based on **disability**.

School districts may violate any one of these statutes and/or the Department of Education's implementing regulations if peer harassment based on race, color, national origin, sex or disability creates a hostile environment and is encouraged, tolerated, insufficiently addressed or ignored by school staff. A school is responsible for addressing incidents of harassment about which it knows or reasonably should have known.

## Bullying Prevention Ideas

There are a number of promising elements of school-based programs in preventing bullying (Farrington & Ttofi, 2010; CDC, 2011b):

- Improving student supervision;
- Using school rules and behavior management techniques to detect and address bullying;
- Providing consequences for bullying;
- Having and consistently enforcing a whole school anti-bullying policy; and
- Promoting cooperation among professionals and between school staff and parents.

These elements can act as protective factors to help reduce or prevent unwanted behavior.



In state legislation related to bullying in schools, *WVC§18-2C* requires:

- County school boards to develop and adopt a policy prohibiting harassment, intimidation or bullying on school property or at school-sponsored events;
- The state board of education to develop a model policy to assist county boards; and
- The policy to include a definition, a statement prohibiting harassment, intimidation or bullying, reporting procedures, parental notification, response and investigation procedures, a process for documenting incidents, a strategy for protecting victims from further harassment or bullying after a report is made, and a disciplinary procedure for students found guilty.

This law defines harassment, intimidation or bullying as *any intentional gesture or intentional electronic, written, verbal or physical act, communication, transmission or threat* that:

- A reasonable person under the circumstances should know will have the effect of any one or more of the following: physically harming a student; damaging a student's property; placing a student in reasonable fear of harm to his or her person; or placing a student in reasonable fear of damage to his or her property;
- Is sufficiently severe, persistent or pervasive that it creates an intimidating, threatening or emotionally abusive educational environment for a student; or

- Disrupts or interferes with the orderly operation of the school.



Effective 7/1/12, the West Virginia Board of Education's Policy 4373, *Expected Behavior in Safe and Supportive Schools* (available through <http://wvde.state.wv.us/policies/>) addresses safeguards against bullying as well as other forms of harassment and intimidation that can occur in schools. It identifies what is required in order to develop safe and supportive schools that provide optimum learning conditions for students and staff. It outlines how to make a complaint and possible disciplinary actions.



A useful site offering information on West Virginia's anti-bullying laws and policies can be found at <http://www.stopbullying.gov/laws/west-virginia.html>. It includes a chart that breaks down the key components of related law and state school policies.

## Four-Step Approach to Addressing Bullying

Your efforts to prevent bullying can utilize the strategies of the Centers for Disease Control and Prevention (CDC), a leader in the field of violence prevention. The CDC uses a four-step approach to address public health problems like bullying (CDC, 2011b).

**Step 1: Define and monitor the problem.** Before you develop bullying prevention programming, you need to know the extent and nature of the problem for your target audience. Take time before beginning your programming to assess your local issues and needs. This data can help decision makers provide resources and information where they are needed most.

**Step 2: Identify risk and protective factors.** It is not enough to know that bullying is affecting a certain group of people in a certain area. You also need to know why. Once you gather this information, you can then develop programs to reduce or eliminate risk factors you have identified.

**Step 3: Develop and test prevention strategies.** You can periodically evaluate your strategies and then revise them, based on what you determine are the strengths and weakness for each particular strategy (see *B5. Program Evaluation*).

**Step 4: Encourage widespread adoption.** If a strategy is working, continue to use it, enhance it and encourage its replication by other violence prevention educators working with similar populations.

The Center for the Study and Prevention of Violence (n.d.) offers **specific bullying prevention and intervention tips for students, parents and schools.**

### Students

- If you are being bullied, tell your parents. Telling is not tattling.
- Tell a trusted teacher, counselor or principal or have your parents talk to the school.
- Do not retaliate or get angry.
- Respond evenly and firmly to the bully or say nothing and walk away. If it's happening online, don't reply but print out a copy of the posting or email.

- Develop friendships and stand up for each other.
- Act confident.
- If the harassment is happening on the way to or from school, take a different route.
- Avoid unsupervised areas of school.
- Do not bring expensive items to school.

### Parents

- Encourage your child to share problems with you with the assurance that it is not tattling.
- Praise and encourage your child—a confident child is less likely to be bullied.
- Help your child develop new friendships.
- Maintain contact with your child's school. Keep a detailed record of bullying episodes and communication with the school.
- Encourage your child to participate in sports or physical activity to improve esteem.

### Schools

- Establish a bullying prevention committee.
- Create a long-term anti-bullying plan and raise school/community awareness and involvement.
- Use anonymous student surveys to assess bullying-related behaviors.
- Include parents in planning, discussions and action plans.
- Establish classroom rules against bullying.
- Create positive and negative consequences regarding bullying.
- Initiate serious talks with bullies and victims of bullying individually.



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StopBullying.gov at [www.stopbullying.gov](http://www.stopbullying.gov) provides extensive information on bullying and electronic aggression. It has material for kids, teens, young adults, parents, educators and the community. Two other useful websites are the CDC's *Safe Youth, Safe Schools* at [www.cdc.gov/Features/SafeSchools/](http://www.cdc.gov/Features/SafeSchools/) and the CDC's *Striving to Reduce Youth Violence Everywhere* at [www.safeyouth.gov](http://www.safeyouth.gov)

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## D5. TEEN DATING ABUSE

(This section is drawn in part from the National Center for Victims of Crime, *Teen Tools: Dating Violence* at [www.ncvc.org/tvp/AGP.Net/Components/DocumentViewer/Download.aspx?DocumentID=45314](http://www.ncvc.org/tvp/AGP.Net/Components/DocumentViewer/Download.aspx?DocumentID=45314).)

### What is Teen Dating Abuse?

Broadly defined, dating abuse is controlling, abusive and aggressive behavior in a romantic relationship, regardless of the sexual orientation of those involved. It can include verbal, emotional, physical or/and sexual abuse. Teen dating abuse is common. In addition to the short-term impact on teens, dating abuse also may increase the likelihood that victims may experience violence again later in their lives. For example, physically abused teens are three times more likely than their non-abused peers to experience violence during college (Smith, White & Holland, 2003).

### Who Can Be a Victim?

Anyone can be a victim of teen dating abuse. Both boys and girls are victims, but boys and girls abuse their partners in different ways. Girls are more likely to yell, threaten to hurt themselves, pinch, slap, scratch or kick. Boys injure girls with greater frequency and are more likely to punch their partners and force them to participate in unwanted sexual activity. Some teen victims experience physical violence only occasionally; others, more often. But the fear of getting seriously hurt is real. Victims may feel helpless to stop the abuse and may not feel they can talk to their family or friends about it.

### Effects of Dating Abuse

Experiencing dating abuse can have devastating effects on academic achievement, safety and positive development. It can lead to depression, poor concentration, drug and alcohol abuse, suicidal tendencies, unhealthy weight management and inappropriate sexual behavior. (Peace Over Violence Prevention Center, 2008).

Victims of dating abuse sometimes think that they caused the abuse. It is important that they understand that no one has the right to be abusive in a relationship. *Being a victim of dating violence is never the victim's fault.*

Victims in abusive relationships need to know to:

- Get help immediately.
- Share their concerns with others. Talk to someone they trust, like a parent, family member, sibling, teacher, school principal, counselor or nurse. (They should be informed that adults are mandated reporters of child sexual abuse and sexual assault. See *B3* and *D9* in this toolkit to learn about mandatory reporting requirements.)

## Safety Planning in Teen Dating Violence Situations

Victims of dating abuse need to safety plan, thinking about what to do, where to go for help, who to call and how to escape a violent situation. Other precautions that may help to enhance safety include:

- Let friends or family know when you are afraid or need help;
- Tell someone where you are going and when you'll be back;
- Call 911 or your local police department if an emergency arises;
- Memorize important phone numbers, such places to go in an emergency;
- Keep change, calling cards or a cell phone handy to be able to communicate in an emergency;
- Go out in a group or with other couples; and
- Have money available for transportation to take a taxi, bus or subway to escape.

Schools are required under federal law to protect students, provide proper supervision and respond to violence when it happens at school. Schools need to develop schoolwide policies to prevent and respond to teen dating abuse. There should be members of the school staff that are consulted if students are involved in or witness dating abuse at school. Information about which school staff students should talk with in these instances should be publicized and distributed widely among students and staff. The school's response should support victims and hold perpetrators accountable.

To help develop a safety plan in individual cases, contact the local rape crisis center. See the contact information listed in *D10* of this toolkit or call 1-800-656-HOPE. Also see *B3. Responding to Disclosures of Sexual Violence* (there is a section on safety planning).



**An important step in preventing teen dating abuse is to make teens aware of the dynamics of dating abuse in relationships** so they can recognize the signs and prevent abuse in their own lives or in the lives of their friends. In most cases, a friend will be the first to know about the abuse and is in a unique position to respond. For that reason, it is essential that schools integrate teen dating abuse prevention education into existing school curricula (Peace Over Violence Prevention Center, 2008).

Teaching youth strategies that promote healthy relationships are vital not only to the pre-teen and teen years, but also into adulthood. Prevention programs work to change the attitudes and behaviors linked with dating abuse. One example of such a school-based program is *Safe Dates*, which is designed to change social norms and improve problem solving skills. *Safe Dates* is an evidence-based curriculum that prevents dating abuse: a factor often linked to alcohol and other drug use. *Safe Dates* helps teens recognize the difference between caring, supportive relationships and controlling, manipulative or abusive dating relationships. In 2006, *Safe Dates* was selected for the National Registry of Evidence-based Programs and Practices (NREPP), and received high ratings on all criteria. (See *Section E* in this toolkit for more information on this resource.)



**West Virginia Rules of Practice and Procedure for Domestic Violence Civil Proceedings (to Petition for a Protective Order)**

*Rule 23a (b), amended by the WV Supreme Court of Appeals, effective July 15, 2011.*

“An individual under 18 years of age may file a domestic violence petition on his or her own behalf without a parent/guardian or next friend. If a child files a petition without a parent/guardian or next friend, the magistrate shall immediately appoint a guardian *ad litem* to protect the interest of the child: and this appointment shall be made even if an emergency protective order is denied since that denial may be appealed. The magistrate may also appoint a guardian *ad litem* in cases in which a child files a petition with a parent/guardian or next friend.”

See *D7* in this toolkit for more on talking with youth about sex and relationships.

## D6. FEATURES OF SUCCESSFUL SEXUAL VIOLENCE TRAINING AND PREVENTION PROGRAMS

“Schools are an ideal place in which to introduce primary prevention programs to a wide range of children. Much of children's social learning takes place in schools, and influences the development of behaviors and attitudes supportive of interpersonal violence in its many forms. Prevention programs capitalize on these factors by introducing discussion of personal safety and injury prevention in the classroom, and by integrating such discussion within the context of trusting relationships. The material is introduced at a general level of understanding for younger age groups. Sexual and physical violence, personal responsibility and alternatives to violence are more directly approached in high school and college programs.” (Jaffe & Wolfe, 2003)

“To realize a future free of sexual violence, prevention education programming needs to be ongoing from elementary to college, culturally relevant to the audience and linked to services for those who disclose victimization or perpetration before, during or after the program.” (Michigan Sexual Assault Systems Response Task Force, 2001)

Sexual violence prevention programming should ideally include (1) prevention education for students, (2) a training component for relevant school personnel and parents/caregivers on appropriate response to and prevention of sexual violence of children and youth and (3) education for students on what to do if they or their peers experience sexual violence.

### Essential Program Elements

(Note that while this section specifically addresses prevention programs, the more general elements are also applicable to sexual violence training efforts.)

In a review of the literature, Russell (2008) identified the following components of successful violence/sexual violence primary prevention programs. These programs (Davies et al., 2003; Davies et al., 2006; Lonsway et al. 2011; Urbis Key Young, 2004; Mulroney, 2003; Hassall & Hanna, 2007; Keel, 2005; Lee et al., 2007; Briggs & Hawkins, 1997; Carmody, 2006; Carmody & Carrington, 2000; Foshee et al., 2005; and Quadara, 2007):

- **Are based on an ecological model** (a common framework used in public health) that defines the problem, identifies risk and protective factors, develops and evaluates prevention strategies that are based on knowledge of those factors, and ensure widespread adoption of proven and promising strategies (see *C. Primary Prevention of Sexual Violence*);
- **Include research and evaluation** from the onset of program planning and implementation (see *B5. Program Evaluation*);
- **Foster networks and partnerships** (called coordination and collaboration in this toolkit) in order to achieve learning;
- **Have a community approach** specific to the school and local area that facilitates school and broad community involvement in program efforts;
- **Provide sufficient resources** to support quality programs over time;
- **Are tailored to their audience** (e.g., in terms of gender, age, developmental level, learning styles and any related issues);

- **Are designed to deal with disclosure** (see D10 and B3. *Responding to Disclosures of Sexual Violence*);
- **Promote healthy behaviors and relationships** (see below and B4. *Preparing to Present Sexual Violence Prevention Programs*);
- **Challenge cultural norms** (see below and B2. *Background*);
- **Are comprehensive** (see below);
- **Promote victim empathy** not victim blaming (see B2. *Background*);
- **Include males as part of the solution**; and
- **May include some single sex sessions.**

**Successful programs for children and youth incorporate** (McPhillips, 2002; Hassall & Hanna, 2007; Quadara, 2007; Urbis Key Young, 2004; Davies et al., 2003; Lee et al., 2007; and Keel, 2005 as cited in Russell, 2008):

- **Well-trained and qualified presenters** (toolkits like this one can help sexual violence trainers and prevention educators develop and implement effective programs);
- **Use of peers** (particularly at secondary level and beyond) as they have considerable influence with one another and may be able to deliver messages, such as bystander intervention, in a more appealing way (see the end of this section for more on peer education);
- **Opportunities to engage parents and caregivers** in supporting and reinforcing program messages (see below);
- **A “whole school” approach** in which prevention activities are purposefully incorporated into the school calendar and the overall health and wellness efforts of the school, teachers support and incorporate the messages into classroom learning objectives (both specific to health education and connected to related themes in art, English, history, etc.), staff models appropriate behavior, etc. (see D9 for the related topic of student connectedness to school);
- **Varied and interactive teaching methods that engage students**, using audio/visual aids, popular music, music videos and song lyrics, student involvement, peer-to-peer dialogue, role plays, etc. (see below and B4. *Preparing to Present Sexual Violence Prevention Programs*);
- **A focus on building skills** (see below);
- **Reinforcement of program content through repeated exposure** in school and outside of school (in the home, with parents, with friends, at work, community youth programs such as 4-H Clubs, Girls/Boys Clubs, youth camps, etc.); and
- **Well timed and developmentally appropriate.** When children/youth are experiencing change and are interested in learning how to navigate that change—(e.g., elementary students are not ready for programming on dating violence, but essential for middle and high schools).




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Also, make sure all education is conveyed in a way that the targeted audience can understand (e.g., appropriate to their language, and developmental and literacy levels)

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## A Comprehensive Prevention Strategy

As mentioned earlier, prevention programming can fit nicely into an ecological model (see the sample on the next page). **Another framework that can be applied to sexual violence is the spectrum of prevention model** (Cohen & Swift, 1999; Russell, 2008). The following chart, drawn from *Fact Sheet: Sexual Violence and the Spectrum of Prevention* (NSVRC, 2011), based on Cohen and Swift's model, identifies multiple levels of primary prevention interventions that include and go beyond education programs. When used together, these interventions can result in greater effectiveness than would be possible by implementing any single activity (Prevention Institute, n.d.). **At each level, activities related to prevention objectives should be identified—this process should lead to interrelated actions across the spectrum** (Prevention Institute, n.d.).

Both the ecological and the spectrum of prevention models make it clear that while educational sessions for children, youth and the adults in their lives are essential to prevent sexual violence, changing attitudes/behavior requires multiple types of activities over time that increase protective factors and address different goals.

Spectrum of Prevention Model (NSVRC, 2011; Cohen & Swift, 1999)		
Level of Spectrum	Definition of Level	Example of Prevention Activities for Level
Strengthening individual knowledge and skills	Enhancing an individual's capability to prevent violence and promote safety	Provide multiple session skill-building programs that teach healthy sexuality and healthy and equitable relationship skills to high school students.  Build the skills of bystanders to safely interrupt behavior such as sexist/homophobic harassment.
Promoting community education	Reaching target audiences with information and resources to prevent violence and promote safety	Teach parents to address attitudes/behaviors in children that support sexual violence.  Hold school leadership accountable for providing clear and consistent messages that sexual violence is not appropriate.  Develop awards programs to publicly recognize responsible school and community leadership to prevent sexual violence.
Educating providers	Informing providers who will transmit skills/knowledge to others and model positive norms	Train school staff and coaches to build skills to interrupt and address students' inappropriate comments and behaviors that promote a climate condoning sexual violence.  Train school staff on the principles of healthy relationships.
Fostering coalitions and networks	Bringing together groups and individuals for greater impact	Foster partnerships between school staff and parent/teacher associations to strengthen school-based prevention activities.
Changing organizational practices	Adopting regulations/shaping norms to prevent violence and improve safety	Promote the implementation of sexual violence prevention practices in schools.
Influencing policies and legislation	Enacting laws and policies that support healthy community norms and a violence-free society	Encourage the passage of school policies to offer comprehensive sex education programs that include sexual violence prevention and address contributing factors in the school environment.

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## Sample Comprehensive Program Based on Ecological Model

Sexual violence prevention topics and activities can be geared to increase protective factors by building skills of children and youth and thereby reducing their risk of experiencing or causing social, emotional and physical harm. For example, a comprehensive program based on an ecological model to prevent violence in teen dating situations might include the following topics and activities (Valle et al., 2007):

### Individual Level

- Teach healthy relationship skills, respectful communications and conflict resolution skills.
- Teach students to model healthy relationship behaviors to their peers and to intervene when other students act disrespectfully.
- Address gender roles, gender stereotyping and power differences as manifested in family relationships, the media and the broader culture.
- Use student discussions, role plays and practice to examine concepts, explore role expectations and promote skill acquisition.

### Family Level

- Engage parents and educate them about what children are learning in this program.
- Encourage parents to model healthy relationship behaviors, discuss dating behaviors with their children, and support children in demonstrating the skills learned in the classroom.
- Provide information about the importance of parental supervision and ways in which parents can monitor their children's activities.
- Provide information through brochures and informational meetings.

### School Level

- Improve the school climate by promoting healthy, nonviolent relationships and decreasing tolerance for bullying, harassment and other behaviors/attitudes conducive to violence.
- Develop and support school policies that address negative statements and behaviors, promote gender equality, and assess school events to determine whether they inadvertently contribute to negative gender stereotyping or include images that condone violence.
- Train staff to develop skills to promote respectful behaviors and address disrespectful behaviors.

### Community Level

- Promote positive messages about healthy relationships and the importance of mutual respect and nonviolence.
- Collaborate with local community groups to promote healthy relationships and support parents and youth.

*This program is based on an ecological framework but also addresses multiple levels in the spectrum of prevention model.*

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## Tailored Content

The **content for educational programs for children or youth** should be tailored to the audience and any specific related concerns to be addressed. Keep in mind (Law, n.d.):

- Due to young children's varying levels of comprehension of topics dealing with sexual aggression, ***elementary school programs often target basic interpersonal violence prevention rather than specific sexual violence prevention*** (Flannery et al., 2003; Grossman et al. 1997; Haynes, 1998). Even when the intended subject is more specifically sexual violence, the content is still fairly general.
- ***The majority of sexual aggression prevention programs targeting middle schools aim to change dating attitudes and behaviors*** (Foshee et al., 1998; Macgowan, 1997; Safer, 1994).
- ***Dating violence prevention programs in high school settings are the most common form of school-based sexual violence prevention programs.***

### West Virginia Content Standards of Learning: *Health Education Policy 2520.5*

[http://wvde.state.wv.us/policies/p2520.5\\_old.pdf](http://wvde.state.wv.us/policies/p2520.5_old.pdf)

(Policy 2520.5 defines the instructional goals and objectives for health education 5th through 12th grades in West Virginia.)

*Health literacy* for all students is the fundamental goal of a comprehensive school health education curriculum. *The health literate student is a critical thinker and problem solver, a self-directed learner, an effective communicator, and a responsible, productive citizen.* Students must have the capacity to obtain, interpret and understand basic health information and services and the competence to use such information and services in ways that enhance a healthy lifestyle. *A comprehensive school health education curriculum from grades five to twelve is essential to enable students to acquire and apply health promoting knowledge, skills and behaviors.*

*A major focus has been given to what the Centers for Disease Control recognizes as adolescent risk behaviors (tobacco use, dietary patterns contributing to disease, sedentary lifestyle, sexual behaviors that result in HIV infection/other STIs and unintended pregnancy, alcohol and other drug use and behaviors that result in intentional and unintentional injury.)*

The intent of the health standards is to provide a consistent target for both educators and students in West Virginia. It is intended to show what students should know and be able to do at certain grade levels. *Teachers and policy makers can use the health standards to design curricula, to allocate instructional resources and to provide a basis for assessing student achievement and progress.*



The 2011 *National Sexuality Education Standards: Content and Skills, K–12* offers guidance on developmentally and age-appropriate content for students in grades K–12. Standards were designed to do the following (see Advocates for Youth, n.d., [www.advocatesforyouth.org/serced/951?task=view](http://www.advocatesforyouth.org/serced/951?task=view)):

- Assist schools in designing and delivering K-12 sexuality education that is part of comprehensive school health education;
- Provide a rationale for teaching sexuality education content/skills at various grade levels;

- Support schools in improving academic performance by addressing a content area that is both relevant to students and related to high school graduation rates;
  - Present sexual development as a normal and healthy part of human development that should be a part of every health education curriculum; and
  - Translate an emerging body of research related to school sexuality education so that it can be put into practice in the classroom.
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## PROGRAMMING SPECIFIC TO SCHOOL LEVEL

**Much of the sexual violence prevention programming for elementary school children focuses on child sexual abuse issues.** Generally, these **child sexual abuse prevention programs have three main goals** (Martyniuk & Dworkin, 2011a)—

***Teaching children to reduce the risk of child sexual abuse*** may involve teaching:

- The concept of private zones and what parts of the body are private;
- The different kinds of appropriate and inappropriate touching;
- That it is possible that a person whom the child knows and likes may try to hurt them;
- To trust their intuition about people and situations; and
- Healthy sexual development.

***Giving children skills to reduce the risk of child sexual abuse*** may involve teaching:

- That children have the right to decide who can and who cannot touch their body; and
- That in a situation where someone touches them against their will or in a way that makes them uncomfortable, they can say “no” or leave/run away/tell a trusted adult.

***Encouraging children to report child sexual abuse*** may involve teaching:

- That the abuse is never their fault;
- To identify trusted adults;
- That if someone touches them in a way that makes them uncomfortable, they should always tell a trusted adult and not keep it a secret;
- That a child should keep telling an adult they trust about sexual abuse until an adult does something to protect the child;
- That they will be believed/still loved if they tell; and
- The correct names for body parts.

**Middle and high school sexual violence prevention programs commonly include components such as** (Cohall et al., 1999 as cited in Morrison, 2004):

- Identifying and challenging societal portrayals of male and female roles;
- Identifying and modulating intrapersonal/interpersonal stressors;
- Promoting coping strategies that dissuade use of alcohol and drugs;
- Challenging the use of violence as a means of conflict resolution;
- Recognizing the early warning signs of violence;
- Identifying verbal, physical and sexual aggression as such and not as love; and
- Developing safe strategies for disengagement from problematic relationships..

**Programs for middle and high school students are increasingly including a focus on bystander approaches to preventing and responding to gender violence and bullying.** A well known bystander prevention model is the Mentors in Violence Prevention (MVP) Program (see [www.jacksonkatz.com/mvp.html](http://www.jacksonkatz.com/mvp.html)). MVP is facilitated in a mixed-gender setting, with several boy-only and girl-only groups throughout the program. The female-only group focuses on women not as victims or potential targets of abuse, but as empowered bystanders and supportive friends. The male-only group focuses on men not as perpetrators or potential perpetrators, but as empowered bystanders who can confront abusive peers (Paragraph from Sexual Trauma Services of the Midlands, n.d.).

See the below example of a series of lessons (from the Youth Violence Prevention Program (YVPP) from the Sexual Trauma Services of the Midlands, a rape crisis center in South Carolina) for middle and high schoolers (Sexual Trauma Services gave WVFRIS permission to include the lesson summaries in this toolkit. Go to [www.stsm.org](http://www.stsm.org) for more information).

Lesson & Topics	Objectives
<b>Lesson 1:</b> The Effect of Gender Stereotypes & Media Influence on Violence in Relationships	<b>Expose:</b> Explore stereotypes that dictate individual behavior and may contribute to violence. <b>Learn:</b> Increase awareness of impossible standards created by media and identify other peer and societal pressures. <b>Impact:</b> Recognize/discuss the damaging effects of gender stereotypes and explore positive alternatives to overcome peer, societal and media pressures.
<b>Lesson 2:</b> Appropriate Boundary Setting & Online Victimization & Protection Strategies	<b>Expose:</b> Explore physical, personal, & emotional boundaries. <b>Learn:</b> Identify personal boundaries and discuss interpersonal aspects that help form boundaries: spiritual, relational, emotional, family and school rules. <b>Impact:</b> Introduce methods by which individuals can be aware of boundary violations and promote responsibility for personal safety on- and off-line.
<b>Lesson 3:</b> Effective Communication Strategies	<b>Expose:</b> Heighten awareness of personal communication strengths and weaknesses, introduce "I" statements and expressions of emotion and feelings. <b>Learn:</b> Review and practice effective communication skills and differentiate between assertive vs. aggressive communication. <b>Impact:</b> Increase perception that clear and effective communication is important to building healthy relationships and strong decision making skills.
<b>Lesson 4:</b> Healthy Relationships and Prevention of Teen Dating Violence	<b>Expose:</b> Discuss healthy vs. unhealthy relationships and the importance of empathy. <b>Learn:</b> Introduce early warnings of unhealthy relationships. Discuss techniques for reducing risks in relationships. Learn bystander intervention techniques. <b>Impact:</b> Increase awareness of healthy and unhealthy relationships and increase bystander intervention in the prevention of dating violence.
<b>Lesson 5:</b> Prevention of Sexual Harassment & Stalking (HS)/ Prevention of Sexual Harassment & Bullying (MS)	<b>Expose:</b> Define sexual harassment, bullying and stalking as an issue effecting many people. <b>Learn:</b> Identify the line between "harmless playing" and harassment. Share effects of crimes on victims and survivors. Increase understanding of the need for equality in relationships. <b>Impact:</b> Increase knowledge about sexual harassment and understand bystander intervention approaches toward preventing it.
<b>Lesson 6:</b> Prevention of Sexual Assault, SC Laws and Acquaintance Rape Drugs	<b>Expose:</b> Identify prevalence, statistics, victim demographics, substance-facilitated sexual assault and acquaintance rape (HS only). <b>Learn:</b> Explore state laws, penalties, the concept of consent and forms of sexual assault. <b>Impact:</b> Increase knowledge of bystander intervention strategies and state criminal laws.

**Programming targeting school-aged children and youth should also include parents and guardians, school personnel and the general public.** Education for children or potential victims alone cannot prevent the perpetration of sexual violence against them (Martyniuk & Dworkin, 2011). Generally, **goals of programs targeting adults** include (Elrod & Rubin, 1993; Kolko, 1988; Wurtele, Kast & Melzer, 1992 as cited in Martyniuk & Dworkin, 2011b):

- Educating adults about what sexual violence against children and youth entails and how it can be prevented;



- Decreasing secrecy and increasing conversation about sex and sexual violence, both from adult to adult and from adult to child;
- Teaching adults about healthy sexual and emotional development, how to have age appropriate conversations with children and youth about it, and how to support it;
- Helping adults recognize warning signs of sexual violence against children and youth and how to act appropriately on this knowledge;
- Teaching adults to recognize problematic behavior in others and hold them accountable for changing their behavior to be more appropriate;
- Improving adults' reactions to disclosures of victimization by children and youth;
- Increasing adults' sensitivity to children and youth;
- Helping adults talk to children, youth and other adults about prevention topics; and
- Helping adults identify children and youth with sexual behavior problems and seek appropriate help.



See *Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide* (Fisher, Lang & Wheaton, 2010) for guidance in developing educational sessions for school personnel and parents/guardians. Pages 66-69 offer a sample worksheet on information needed for a training plan for an alternative high school to address issues of sexualized bullying and sexual assault.

## Instructional Approaches

Instructional approaches are used to achieve the desired learning objectives. The more your programming includes strategies that reinforce the way your participants learn, retain and use information, the more effective they will be (Fisher, Lang & Wheaton, 2010). Assessing and matching learning strategies to the audience improves your chances of accomplishing your goals (Fisher, Lang & Wheaton, 2010).

Recognize that people learn in different ways and often tend to use one of their senses more than others to learn. Learning styles are typically organized into three types: visual learners learn through seeing, auditory learners learn through listening, and tactile or kinesthetic learners learn through moving, doing and touching. Because it is hard to know the individual learning styles of everyone in your presentations, **assume all learning styles are present and include a variety of teaching strategies to address all styles** (Fisher, Lang & Wheaton, 2010; National Cancer Institute, n.d.).

Instructional approaches should also recognize that some learning differences may come with age. A few generalizations are offered below (Rochester Institute of Technology, 2011):

Adult Learners	Youth Learners
Problem-centered—seek educational solutions to where they are compared to where they want to be in life.	More subject-oriented—seek to complete each course regardless of how a course relates to their own goals.
Results-oriented—have specific results for education and will drop out if education does not lead to those results. Participation is usually voluntary.	More future-oriented--education is often a mandatory or expected activity and designed for the youth's future.
Self-directed—typically not dependent on others for direction.	Often depend on adults for direction.
Often skeptical about new information and prefer to try it	More likely to accept new information without trying it out

out before accepting it.	or seriously questioning it.
Seek education that relates or applies directly to their perceived needs, that is timely and is currently appropriate to their lives.	Usually seek education to prepare for an often unclear future; accept postponed application of what is being learned.
Accept responsibility for their own learning if learning is perceived as timely and appropriate.	Depend on others to design their learning; more reluctant to accept responsibility for their learning.

### Peer Education as an Instructional Method

(Information adapted from Advocates for Youth, *Peer Education—Promoting Healthy Sexuality* at <http://advocatesforyouth.org/publications/444?task=view>, *Peer to Peer: Creating Successful Peer Education Programs* at [www.ippfwhr.org/en/node/294](http://www.ippfwhr.org/en/node/294), Youth Shakers, [www.youthshakers.org/peereducation/manual/recruitment.htm.2002](http://www.youthshakers.org/peereducation/manual/recruitment.htm.2002), and Bernard, 1991.)

Peer education is a popular strategy to teach students about a variety of health topics. It uses students to teach their peers, with the goal of influencing positive life skills and reducing health risks. Research suggests that young people are more likely to hear/personalize messages and change their attitudes/behaviors if they believe the messenger is similar to them and faces the same pressures and concerns (Sloan & Zimmer, 1993; Milburn, 1995; Advocates for Youth, n.d.). Peer education draws on the credibility that young people have with their peers, leverages the power of role modeling, and provides flexibility in meeting youths' diverse needs (Sloan & Zimmer, 1993; National Hemophilia Foundation, 1994; Advocates for Youth, n.d.).

If you are considering utilizing a peer education program, incorporate the following elements of effective peer education programs (adapted Bernard, 1991):

- Adequate ongoing supervision of peer educators from program staff;
- Positive interdependence of the peer educator group through goal setting and dividing resources and tasks among group members;
- Face-to-face interaction among peer educators in their work;
- Individual accountability for helping and supporting each other;
- Training in social skills (communication, problem-solving, decision-making, assertiveness, etc.);
- Time for group processing to reflect and assess their work;
- Heterogeneous composition of peer educator group – diverse in gender, academic ability, ethnic background and/or physical qualities and abilities;
- Peer educator input into planning, conducting and evaluating the program; and
- Evaluation whether the needs of the participants and educators are being met and adjustments made in response to the findings.

These elements should be incorporated into program planning and implementation, including recruiting youth and providing them with appropriate training and guidance. Note that peer educators should understand that their role is to provide information and referrals to students, not counseling, judging or imposing their own values on others.

### TEACHING METHODS CONNECTED TO GOALS

It is essential to connect your teaching methods to your goals. You can do this by using methods that have been shown to correspond to changes in attitudes and behaviors that you hope to accomplish (Fisher, Lang & Wheaton, 2010). Below are examples of activities that can

be used to accomplish changes in knowledge, attitudes and skills (Fisher, Lang & Wheaton, 2010; National Cancer Institute, n.d.):

- **Knowledge** (concepts and facts): computer-assisted instruction, discussion, field trips or tours, films, TV, tapes, handouts, lecture, programmed instruction and readings
- **Attitude** (feelings and opinions): brainstorming, case studies, field trips, interview situations, open-ended discussions, panel presentations and role playing
- **Skills**: field trips, action plans, demonstrations, guided practice with feedback, role playing and simulations

Clearly, while you may be able to utilize the majority of the above activities with any audience, the specifics of the activities will likely be different. For example, an action plan for younger children should be relatively simple (consider the fire prevention plan of “stop, drop and roll”), whereas an adult plan of action of what to do in the case that a child discloses sexual abuse can be more involved (although simple is good, too).



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An article on lesson methodologies, available through [www.teachervision.fen.com](http://www.teachervision.fen.com), discusses a wide variety of teaching techniques that are organized into three categories: knowledge, synthesis and performance. Also go to [http://texas4-h.tamu.edu/library/files/publications\\_management\\_teaching\\_techniques.pdf](http://texas4-h.tamu.edu/library/files/publications_management_teaching_techniques.pdf) for a useful description of basic youth teaching methods available.

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## Children and Youth

**A combination of interactive and passive teaching techniques can be used in programming for children and youth** (adapted from Davis & Gidycz, 2000; Topping & Barron, 2009, as cited in Martyniuk & Dworkin, 2011a):

- Skills practice/rehearsal or role-play provides children and youth a safe, non-threatening environment in which they may practice recognizing and responding to possible danger signals of abusive situations.
- Shaping and reinforcement are behavioral learning techniques that can be used along with skills practice/rehearsal or role-play. In child sexual abuse prevention programs, shaping involves rewarding or encouraging a child’s response to a situation, with the goal of eventually getting the child to act out the desired response. In a middle or high school environment, reinforcement following a bystander intervention program might come in the form of a green dot rewarded each time a youth acts in a way that confronts abusive behaviors or supports friends. Discussion can be facilitated among presenter(s) and children/youth.
- Presenters can model by acting out a situation and demonstrating how to respond.
- Films, books and other audio/visual materials can be shown or given to participants.
- Short lectures also have their place in prevention programming.

**Programs must be developmentally appropriate for the targeted age group.** For example, *suggestions for presenting a program that is developmentally appropriate to very young children* include (Sarno & Wurtele, 1997, in Martyniuk & Dworkin, 2011a): Do not use abstract concepts,

provide opportunities to practice skills, teach key concepts multiple times, teach the program over several days, and present the program in a way that is engaging to children.

## Older Youth and Adults

For older youth and adults, it is useful to understand some of the basic principles of adult learning, as discussed earlier. Knowles (1998) indicated that adult learners retain 20 percent of what they hear, 30 percent of what they see, 50 percent of what they see and hear, 70 percent of what they see, hear and say (e.g., discuss and explain to others), and 90 percent of what they see, hear, say and do (Fisher, Lang & Wheaton, 2010; National Cancer Institute, n.d.).

You will need to discern your audience's general age, developmental level and optimal learning environment—is it a youthful group (e.g., high school freshmen) versus an older audience (e.g., high school seniors)?

Consider the following ways to facilitate learning in the case of older youth and adults (adapted from Fisher, Lang & Wheaton, 2010; National Cancer Institute, n.d.):

- Design the learning experience to be more active than passive, use a variety of teaching methods;
- Focus on building knowledge and skills and changing attitudes, use multiple teaching/training methods;
- Design the learning experience to tie program concepts to their immediate needs;
- The older the audience, the more likely they will accept responsibility for their own learning, so make sure the content and skills are relevant to their experiences;
- The older the audience, the more self-directed the learning should be so involve them to the extent possible in deciding the content;
- Make sure the learning environment is conducive to learning (e.g., safe, comfortable and enjoyable);
- Reinforce what they learn with opportunities to practice skills/apply knowledge and obtain prompt feedback;
- Provide opportunities for learning in both small and large groups; and
- Value and respect their contributions and perspectives.

## D7. TALKING ABOUT TOUGH TOPICS

Talking to school-aged children and youth about difficult topics—including violence, sex and relationships—is not easy. The following general information may be especially useful if you are not a teacher, have limited experience working with kids, or lack training in child development. While the material in this section, adapted from Child Now (2011), was originally written for parents, it offers insights and advice that may be helpful to sexual violence training and prevention education work.

General tips for talking with children/youth about difficult topics (adapted Child Now, 2011):

- Start talking with them about these topics at an early age;
- Initiate conversations with them about these topics;
- Create an open environment;
- Communicate values you want to instill;
- Listen to them;
- Be honest;
- Be patient;
- Use everyday opportunities to talk; and
- Talk about it repeatedly.



In your programming, consider use of an anonymous question and answer box/activity to give students the opportunity to write down questions that they may not feel comfortable asking face-to-face. This allows you to respond to questions during the next lesson. In addition, students could also send you questions and comments via social media.

### Talking about Violence

Suggestions for sexual violence trainers and prevention educators for talking with students about violence include (adapted Child Now, 2011):

- **Develop open communication.** Talk with students as openly and honestly as possible (note that school policies may impact what you can discuss with them and the extent of discussions). Use encouragement, support and positive reinforcement so they know they can ask questions without fear of consequence. Provide them with straightforward answers. If you don't know the answer, admit it, then find the correct information and explore it together. Use everyday interactions as opportunities for discussion. Keep in mind that it will require more than a single talk for them to grasp all they need to know on this topic.
- **Encourage them to talk.** Children and youth usually feel better when they talk about their feelings. It can help them face their fears and offer an emotional release. If they have been violent or victims of violence, it is critical to give them a safe place to express their feelings.
- **Monitor the media.** Seeing or hearing too much violence in the media can increase the chance that students will be desensitized to violence or act more aggressively themselves. Encourage parental advisories for music, movies, television, video and computer games to help them choose age-appropriate media for their children. Watch television or listen to music together and then talk about what you've seen and heard. Help them to think critically so that they don't just passively accept what they see and hear as fact or the ideal.

- **Acknowledge fears and provide reassurance.** Children and youth who experience or witness violence, as well as those who have only seen violent acts on T.V. or in the movies, may become anxious and fearful as a result. By providing support, reassuring them of the relative safety of their personal world, and talking about ways to reduce their risk and build protective factors, you can help reduce their anxieties and fears.
- **Take a stand and set limits.** Like parents, educators and schools need to be clear about the values they want to instill. School policies, student development programs and individual teachers should convey a consistent message of what behaviors are acceptable and not acceptable. Students must understand what is not allowed and what will happen in the case of unacceptable behavior.
- **Be a role model.** If you are teaching students the importance of nonviolence, it is important that you model appropriate behavior.
- **Talk about gangs and cliques.** Gangs and cliques become dangerous for kids when acceptance in them depends upon negative or antisocial behavior. If you think your students are being exposed to a gang, talk about it together and stress the importance of avoiding such groups that may promote violence.

## Talking about Sex and Relationships

Some ideas for talking with students about sex and relationships as part of sexual violence training and prevention education include (adapted Child Now, 2011):

- **Explore your attitudes and comfort level.** If you are uncomfortable with the subject, educate yourself and discuss your feelings with a trusted colleague or friend. The more you examine the subject and even practice how to talk with students about it, the more confident you'll feel discussing it.
- **Regard parents as your partners in educating their children on this subject.** Parents should be aware of what their children will be taught regarding healthy sexuality and sex education at specific points during their K through 12 education so they can reinforce the learning at home, ask questions themselves, and be prepared for questions from their children.
- **Encourage parents to start early in teaching their children about sex in age appropriate ways.** As their children grow, more materials gradually can be added until the children fully understand the subject.
- **Don't make sex all about biology.** While students need to know the biological facts about sex, it is critical they understand that healthy sexual relationships involve caring, concern and responsibility. By discussing the emotional aspects of a sexual relationship, students will be better informed to make decisions and to resist peer pressure. For pre-teens and teens, the message needs to include information about the responsibilities and consequences of sexual activity. They also need to understand that dating provides a time for dating partners to get to know each other—to hold hands, go bowling, see a movie, go out dancing or just talk—and does not require sex.
- **Give accurate, age-appropriate information.** Talk about sex in a way that fits the age and stage of students.
- **Anticipate the next stage of development.** Students can be confused by the changes their bodies go through, especially during their middle and high school years. Talk with them

not only about their current stage of development but about the next stage, too. For example, an 8-year-old girl is old enough to learn about menstruation, just as a boy that age is ready to learn how his body will change.

- **Encourage parents to communicate their values about sex with their children.**

Although students may not adopt their parents' values as they mature, at least they'll be aware of them as they work to identify how they feel and want to behave.

- **Relax.** Don't worry about knowing all the answers to questions from students; what you know is a lot less important than how you respond. If you can convey the message that no subject is taboo, including sex, you'll be doing just fine.

As discussed in *B.4 Preparing to Present Sexual Violence Training and Prevention Programs*, sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality (WHO, n.d.). It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

A sexually healthy person (McLaughlin, Topper & Lindett, 2009): Knows her/his body parts and that sexual feelings are healthy and normal; knows the choices she/he has about what to do with her/his sexual feelings; knows about sexual pleasure; knows the different sexual acts and how she/he feels about them; knows how to be sexually responsible; knows which behaviors could cause a pregnancy and sexually transmitted infection and how to reduce the risk of both; knows what consent is; knows how to make decisions about sex and sexuality; knows how to communicate about sexuality and relationships; knows that she/he is sexual and deserves information about sexuality; knows that she/he has the right to ask questions about sexuality; and knows her/his sexual rights.

**Programs designed to respond to and prevent sexual violence can stress that the positive attributes of healthy sexuality can naturally create a buffer against violence and abuse** (Perry, 2006). For example, individuals in a healthy relationship would likely view each other as deserving of respect, recognize and value each other's contributions to the relationship, respect differences of opinion, be honest about feelings and actions, and enjoy each other's company (Perry, 2006).

Perry noted that safety can be thought of as a by-product of such healthy relationship components—by promoting these components, education programs can help prevent violence and foster more satisfying relationships between people.



*Healthy Sexuality: A Guide for Advocates, Counselors and Prevention Educators* (National Sexual Violence Resource Center—NSVRC, 2012) provides guidance and practical tools around discussing healthy sexuality within the context of sexual violence for advocates, counselors, prevention educators and activists. To access this publication, see [http://www.nsvrc.org/sites/default/files/SAAM\\_2012\\_Healthy-sexuality-a-guide-for-advocates-counselors-and-prevention-educators.pdf](http://www.nsvrc.org/sites/default/files/SAAM_2012_Healthy-sexuality-a-guide-for-advocates-counselors-and-prevention-educators.pdf).

## D8. BARRIERS TO SUCCESS FOR SCHOOL SEXUAL VIOLENCE TRAINING AND PREVENTION PROGRAMS

A number of key barriers to success for K-12 school-based sexual violence training and prevention programs are listed below. Take time to assess the barriers to effective programs in the school(s) you serve and identify strategies to overcome them.

### Sensitivity of Subject

Sexual violence is a difficult subject to discuss in almost any setting. **For schools, it is challenging to ensure that sexual violence education is incorporated into the curriculum in a positive and developmentally appropriate way without losing the essential message.** Those presenting this education must be able to connect the broad topics covered (e.g., dealing with bullying and harassing behavior, communication skills, healthy ways to express emotions, good touch/bad touch, what to do if someone tries to hurt you, etc.) to sexual violence, as well as be comfortable discussing these topics in this framework. It is **also challenging for schools to determine how to incorporate this education into their curriculum in a way that will be acceptable to students, parents, school administrators, school boards and the community.**

### Lack of Understanding of Schools' Responsibilities

One indirect but positive impact of doing sexual violence training and prevention education in a school setting is that it encourages students who may be experiencing sexual violence to seek help. It

also may lead school personnel to question if individual students are experiencing violence or being violent, even if those students do not disclose victimization. However, **schools do not always have clear procedures for school personnel on what to do in the case of disclosures or suspicions.** If schools have procedures, **personnel are not necessarily provided adequate training** to understand proper responses to the range of sexual violence they may see (e.g., child sexual abuse versus sexual assault by a peer) and to implement the procedures. Lastly, **schools do not always send a clear message to students about what to do if they have experienced sexual violence.**

In addition, **school personnel may not fully understand that they are part of a larger network of community and state responders to disclosures or suspicions of sexual violence against children and youth.** To remedy this:

- School administrators need to be clear that school personnel are mandated by state law to report disclosures or suspicions of sexual abuse of a minor or an incapacitated person. Schools need to establish procedures for school personnel to follow in such instances that comply with reporting requirements of the West Virginia Department of Health and Human Resources. (See *D9* and *B3. Responding to Disclosures.*)
- School personnel should be aware of the continuum of violence that students may experience. Different types of violence may need different types of interventions.
- School personnel should be aware of local services available to students dealing with sexual violence—law enforcement, protective services, support, counseling, etc. School teachers and counselors are typically not in a position to provide victims of sexual violence with



the extensive assistance they may need to deal with this complex issue. But they can offer initial support and help them get connected with those in the community who can provide those services. For example, it is recommended that school counselors develop relationships with their local rape crisis centers and child protective services, so that they can consult with them if and when a student presents with sexual assault or abuse issues. Depending on the situation, these agencies may be able to provide direct services to students at the school.

In addition, **administrators may not be aware that implementation of sexual violence prevention education in their schools supports the West Virginia Board of Education’s stance on student wellness and its recommendation to integrate healthy lifestyle concepts across the curriculum** (West Virginia Department of Education, 2006). The state Board of Education also recommends staff training on wellness issues and utilizing local resources and partnering with state and local agencies to best serve the interest of students.



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Tie this education to the state Content Standards of Learning: Health Education Policy 2520.5. See D7.

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## Accessibility to Students

As a sexual violence trainer or prevention educator, it is important to be aware of the pressures school administrators, teachers and other school staff (e.g., guidance counselors) face in covering their demanding school curriculums during the academic year. However, you can help school personnel recognize that “the number of classroom hours spent on sexual violence prevention is low, relative to the seriousness of the problem and its impact on students’ learning

and well-being” (Vermont Approach Sexual Violence Prevention Taskforce, 2008).

**Without the time to provide adequate sexual violence prevention education, it is difficult to promote the changes in student attitudes and behaviors that are linked with sexual violence prevention** (see D3).

Seek to build partnerships with school administrators, teachers and other staff to determine how to gain sufficient time for student education on sexual violence. Offer to help them:

- Brainstorm how to incorporate sexual violence prevention education into their current curriculum;
- Assist them in providing this education (e.g., through training and consultation with teachers/staff as well as direct presentations and follow up with students); and
- Provide suggestions on how to adapt school policies to support sexual violence prevention and the goal of reduced sexual violence, as well as effective intervention when sexual violence does occur.

Become allies with individual teachers and seek their support in getting approval from administrators to bring programming on this topic to the school.



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Before suggesting programming to schools, become familiar with the school schedule and be prepared to offer multiple presentation options/examples of curricula, as well as testimonials and letters of support from teachers and administrators from other schools where these programs work well. Be flexible in working around schedules to fit in programming.

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Discourage presentations with upwards of 50, 100 or 200 kids at one time. In such a learning environment, there are not sufficient opportunities for all to be involved in activities and discussions. The content becomes diluted and provides little chance for changing attitudes and behaviors.

## Training for Faculty and Staff

To support sexual violence prevention and intervention efforts, **school administrators, teachers and other staff need training opportunities on issues of violence, how to support zero-tolerance for violence in the school environment and incorporate zero-tolerance into the curriculum, how to work collaboratively with local agencies to provide this student education, and what to do if they suspect or know that a student is or has experienced violence.**

Ideally, training for school administrators, teachers and other staff should occur *before* beginning sexual violence prevention programming for students. Periodic refresher trainings and/or informational materials are also helpful. **The challenge is gaining access to school administrators, teachers and other staff to provide them with training, as they have multiple competing priorities.**

As a sexual violence trainer or prevention educator, take the initiative to connect with school administrators and discuss the need for this training and any related concerns (e.g., there have been problems in the past in finding time in the professional development schedule). Offer assistance in planning, coordinating and/or presenting this training. Be as accommodating as possible in addressing the specific needs and interests of administrators, teachers and other staff.



Some schools may have Internet safety filters that limit staff and

student access to online educational materials. Consider ways to increase access—(e.g., providing them with select materials as hard copies or on USB flash drive or disk).

## Parent/Guardian Involvement

In K-12 schools, offer a parent education component that provides information for parents and guardians about school-based sexual violence prevention and intervention efforts, addresses their concerns, welcomes their input, offers suggestions on how to reinforce at home what is taught at school, and shares contact information for local resources. It can provide them the opportunity to opt their children out of the program if they wish. Written correspondence and/or informational meetings can be used to communicate with parents and guardians. The approach can be adapted for different grades. For example, different parental concerns will likely need to be addressed for those with elementary students versus high school students.

**Involving parents and guardians requires effort on the part of schools and educators. However, without such an effort, parents and guardians may lack understanding of the relevance of sexual violence education in the curriculum and oppose its inclusion.** Disgruntled parents and guardians can influence schools' approaches to addressing this topic.

## Permission to Participate

**In some cases, individual schools or school districts may require that parent/guardian permission be sought for students to participate in a sexual violence prevention education program. Getting this permission presents another hurdle for educators in implementing these programs, but it is a hurdle well worth**

jumping. As mentioned above, if parents feel as though they are included in school decisions related to teaching their children healthy lifestyle skills, they will be more apt to reinforce them at home and support the continuation of these efforts in subsequent years.

(Note: It is suggested that permission be sought to opt out of, not into, these programs.)

## Confidentiality Issues

Educators who provide sexual violence prevention programming must be able to stay focused on their educational role, while being prepared for the fact that the topic will evoke strong feelings among some students (Meyer, 2000). Among students participating in this education, it is likely there will be those who have been sexually victimized as well as those who know someone who has experienced sexual violence. There might also be students who have been perpetrators of sexual violence.

**One critical concern is that student confidentiality can be compromised in these situations, which can potentially impede a student's healing process.** To address this problem, sexual violence prevention educators can provide guidance at the start of each programming activity about what students can do and who to contact if anything related to the discussion disturbs them or motivates them to disclose an experience of victimization or perpetration. For example, you can encourage them to talk privately with you after an educational session, or with the school guidance counselor or a sexual assault victim advocate from the rape crisis center. You can provide initial support for students who are upset during an activity and make sure they know their options for further assistance in the

school and the community. (Also see *D10* and *B3. Responding to Disclosures.*)

## Sustaining Programs

**Some factors that might make it difficult to sustain sexual violence education in the school curriculum include:**

- Shifting state and local education priorities away from overall student wellness;
- Lack of a county-wide curriculum plan for developmentally appropriate education on the topic, from early education through high school;
- Lack of strong partnerships between schools and community agencies/task forces that address sexual violence prevention and intervention;
- Lack of educators' knowledge of/comfort in discussing this issue with student populations;
- Lack of funding/resources to support this education, training for school personnel and relationship-building with community resources;
- Lack of support from students, school staff, parents/guardians and the community for the effort; and
- Lack of program evaluation to demonstrate the impact of the education on student attitudes and behaviors.

Some ideas to help sustain your program:

- Encourage the county and state to support this education over multiple years (rather than one year at a time).
- Encourage schools to have a county-wide curriculum plan for incorporating violence prevention into student wellness efforts.
- Encourage schools to maintain solid working relationships with community agencies that can help them help students address sexual violence issues.

- Stay educated about the best ways to talk with students about these issues.
- Take sufficient measures to inform relevant groups (school personnel, parents, community professionals, etc.) of the importance of this education and welcome input on the curriculum.
- Build periodic evaluation into your programming plan to demonstrate the positive changes that are occurring and to continuously improve the program.

## D9. PROMOTING STUDENTS' CONNECTEDNESS TO SCHOOL

(Drawn in part from the CDC's 2009 *School Connectedness: Strategies for Increasing Protective Factors Among Youth*. See [www.cdc.gov/healthyouth/adolescenthealth/pdf/connectedness.pdf](http://www.cdc.gov/healthyouth/adolescenthealth/pdf/connectedness.pdf).)

Enhancing protective factors that facilitate children's healthy development may help students not only avoid behaviors that place them at risk for adverse health and educational outcomes, but also reduce the potentially harmful effects of negative situations and events, such as exposure to violence. School connectedness—*the belief by students that adults and peers in the school care about their learning as well as about them as individuals*—is one promising protective factor for healthy development. Simply put, students are more likely to engage in healthy behaviors and succeed academically when they feel connected to school. (Paragraph from CDC, 2009b).

While school connectedness in and of itself is not a solution to the problem of sexual violence, it may help in efforts to decrease its occurrence and the impact of victimization when it does occur.

A number of factors increase school connectedness (CDC, 2009b): (1) *Supportive school staff* who can dedicate their time, interest, attention and emotional support to students; (2) a *stable network of peers* that can improve student perceptions of school; (3) believing that school is important to their future, and perceiving that the adults in school are invested in their education, can get *students engaged in their own learning and involved in school activities*; and (4) the *physical environment and psychosocial climate* can set the stage for positive student perceptions of school.

Schools, parents and community professionals can work to increase the extent to which students feel connected to school by promoting the above factors. Actions specific to using a school connectedness approach to support sexual violence prevention might include:

- **Engage the school community in considering if changes to school policies are necessary** (e.g., to stress the school's commitment to ending sexual violence, to assert that the school has a responsibility to make safety a priority, and to recognize that violence prevention requires a comprehensive approach involving school staff, students, parents and community professionals).
- **Work with students, school staff and parents to identify possible school-based risk and protective factors** for sexual violence as well as changes that might enhance school safety.
- **Work with the school staff to integrate sexual violence prevention and intervention knowledge and skill building into school activities** as well as be clear with school staff and parents the amount of time to be allotted to teach this material over the academic year.
- **Increase school staff, student and parent awareness** of what constitutes sexual violence and primary prevention of sexual violence, state reporting requirements, what to do if sexual violence occurs, and resources in the community for sexual violence services and prevention.
- **Provide in-class and extracurricular opportunities** throughout the academic year for students to build their interpersonal skills and foster pro-social behavior (CDC, 2009).
- **Teach bystander intervention strategies** that promote students in confronting abusive behaviors and

supporting friends. Encourage school staff and parents to model these strategies.

- **Engage relevant community professionals** to work with school staff, students and parents on sexual violence prevention and response.
- **Engage school staff, parents and community professionals in helping youth use and reinforce** sexual violence

prevention and intervention knowledge and skills learned in school.

- **Explore how the school can be culturally competent** in its approach to violence prevention.
- **Monitor violence prevention and intervention education programming** to determine if changes were made in student, staff and parental attitudes and behaviors.

Northwest Regional Educational Laboratory, in conjunction with the U.S. Department of Education's Safe and Drug-Free School Program and the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention, created *Safe and Secure: Guides to Creating Safer Schools* (2002) to provide local school districts with information and resources that support comprehensive safe school planning efforts. This series of eight guides can be accessed from [www.ojjdp.gov/publications/ss\\_saferschool.html](http://www.ojjdp.gov/publications/ss_saferschool.html).

## D10. DEALING WITH DISCLOSURES OF SEXUAL VICTIMIZATION OF CHILDREN AND YOUTH

(Note that the information in this section was drawn in part from the WVFRIS' 2011 *West Virginia Protocol for Response to Victims of Sexual Assault*, available from [www.fris.org](http://www.fris.org).)



See *B1. Sexual Violence and Related Crimes* for a description and examples of child sexual abuse, symptoms, and common emotional responses. See *B3. Responding to Disclosures* for general information on this topic.

There are different reporting requirements and options for assistance for various forms of sexual violence against children and youth. Child sexual abuse is committed by someone in a position of authority over the child (a parent, caregiver, teacher, pastor, youth leader, etc.). Sexual assault and abuse can also be committed by other children or youth, as well as adults not in positions of authority over the child/youth.

### Nature of Disclosures of Child Sexual Abuse

Disclosures of abuse, for some children, may be a process that happens over a period of time. It is important that children be made to feel comfortable enough to disclose the abuse.

Many children are unable to communicate what is happening. Even when the child is verbal, the listener may dismiss the story or accuse the child of lying. If no action is taken to protect the child from further abuse, the child may not initiate the subject again. A child may be embarrassed about what is happening or simply lack the vocabulary to

express it. While some children may tell you privately and directly about the abuse, more commonly the child will disclose the abuse in indirect ways. For example:

- *Indirect hints* such as “daddy wouldn’t let me sleep last night,” “my babysitter keeps bothering me,” or “Mr. Jones wears funny underwear.” You can gently encourage the child to be more specific without suggesting more than she/he is willing to tell.
- *Disguised disclosure* such as “my friend’s daddy likes to play doctor” or “my dolly doesn’t like Uncle Jim anymore.” By removing her/himself from the act, the child can feel safer in disclosing the information. You can encourage the child to tell you more.
- *If you promise not to tell disclosures*, such as “I have a secret but if I tell you, you have to promise not to tell anyone else.” Most children are afraid to tell their parents what happened. Some children believe that something bad will happen if they break the secret of abuse. Often abusers use threats to keep children silent. Abusers may tell children that no one will believe them or may physically threaten them or their family. These children benefit from repeated assurances that they are believed and will be kept safe.

### Responding to a Disclosure

No matter how a child discloses the abuse, what is important is that the child has placed trust in you. Don't try to decide for yourself whether or not the allegations are true. Child Protective Services (CPS) and/or law enforcement are trained to investigate these cases.

## Reporting Requirements

(See *WVC §49-6A*)



See *B3. Responding to Disclosures of Victimization* to learn about who is mandated to report suspected child abuse and neglect. Note *school sexual violence prevention educators are mandated reporters*. Also note that *WVC §49-6A-1* requires all citizens over age 18 to report child sexual abuse or assault if they observe it or receive a disclosure from a credible witness. The law includes increased fines for not reporting and requires the state to provide training/education to reporters.

West Virginia law indicates that when a mandated reporter has reasonable cause to suspect that a child is neglected or abused or observes the child being subjected to conditions that are likely to result in abuse or neglect, such person shall immediately and not more than 48 hours after suspecting this abuse, report the circumstances or cause a report to be made to the West Virginia Department of Health and Human Resources (DHHR).

DHHR maintains a 24 hour, seven-day-a-week telephone number to receive such calls (1-800-352-6513). Also, an oral report shall be followed by a written report within 48 hours if so requested by DHHR.

In any case where the reporter believes that the child suffered serious physical abuse or sexual abuse or sexual assault, the reporter shall also immediately report or cause a report to be made to the State Police and any law enforcement agency having jurisdiction to investigate the complaint. A copy of reports made to DHHR of serious physical abuse, sexual abuse or assault shall be forwarded by DHHR to the appropriate law enforcement

agency, prosecuting attorney and/or coroner or medical examiner's office.

Any person required to report who is a staff member or a volunteer of a public or private institution/school/entity/facility/agency that provides organized activities for children, should immediately notify the person in charge of that institution/school/entity/facility/agency, or a designated agent thereof, who may supplement the report or cause an additional report to be made.

Note that any person, official or institution making a report of child abuse or neglect in good faith shall be immune from any related civil or criminal liability. Also, all reports of child abuse or neglect are confidential (including the identity of the reporter) with one potential exception: a family law judge can ask who the reporter was in certain circumstances (*WVC §48-9-209 (10)(e)*).

### To support a child when abuse is disclosed:

- Stay calm. Don't panic or overreact. Believe the child.
- Assure the child that she/he is not to blame for what happened.
- Do let the child know it was brave to tell you and you are glad she/he told.
- Protect the child immediately from the suspected offender.
- If you are a mandated reporter, tell the child that the law requires that you report the abuse.
- **Report the abuse at once** to the West Virginia Department of Health and Human Resources (DHHR), Child Protective Services (CPS) at 1-800-352-6513 or call your local law enforcement agency.
- Get a medical exam for the child even if the child appears to be unhurt.
- Help the child work with a counselor who can help with the case.

## Disclosures of Other Sex Offenses Against Minors



There are two major classifications of sex offenses in West Virginia (*WVC§61-8B*), both of which describe specific violations impacted by the young age of the victim and, in some cases, the age of the perpetrator. To summarize:

- **Sexual Abuse in the 1st Degree:** Sexual contact without the victim's consent due to forcible compulsion, the victim is physically helpless, or the ***victim is younger than age 12 and the perpetrator is age 14 or older*** (e.g., a high school student perpetrator and a middle school student victim).
- **Sexual Abuse in the 3rd Degree:** Sexual contact with a ***victim under age 16 without her/his consent*** (e.g., a 15-year-old victim and her adult boyfriend perpetrator).
- **Sexual Assault in the 1st Degree:** The perpetrator inflicts serious bodily injury, uses a deadly weapon, or ***the perpetrator is over age 14 and the victim is younger than 12 years old and is not married to that person*** (e.g., a fifth grade victim and a perpetrator who is a high school junior).
- **Sexual Assault in the 3rd Degree:** Sexual intercourse or intrusion with someone who is mentally defective or mentally incapacitated, or ***when someone age 16 or older assaults someone less than 16 who is at least 4 years younger than the perpetrator and not married to him/her*** (e.g., a 17-year-old perpetrator and a 15-year-old victim).

Much of what is discussed in *B3. Responding to Disclosures* applies to minor victims experiencing the above sex offenses. Some of what was discussed earlier in this section regarding the nature of disclosures of child sexual abuse would also apply with older children/youth experiencing these offenses.

Some special considerations **when working with young victims** (Kentucky Association of Sexual Assault Programs, 2007):

Children and youth who experience sexual violence have many of the same reactions as adults. However, they are more likely to express their feelings and thoughts through aggressive or destructive behavior towards themselves, their peers and other adults. This does not mean, however, that they are not also experiencing emotional reactions. Rather, they may need some prompting and encouragement to express their feelings in a safe environment. Responding to their negative behaviors with punitive punishment probably will not be productive if the behavior is related to coping with trauma. While appropriate discipline and reprimands should be given, be sure to also convey support and acceptance so that feelings of stigma, powerlessness and worthlessness do not worsen. In general, it is beneficial for children and youth survivors of sexual violence to get ongoing support (e.g., from a local rape crisis center) and participate in individual therapy with experienced mental health clinicians to help them work through their trauma.



Keep in mind that child and youth victims of sexual violence often delay or withhold disclosures. One recent study (Alaggia, 2010) documented that individual factors (e.g., age at the onset of victimization and temperament and personality) can partly account for non-disclosures, but that a host of environmental factors (e.g., family dynamics, neighborhood and community influences and societal attitudes) are likely also involved. The research indicated that children and youth may attempt to disclose about their victimization over time in different ways, with a wide range of responses following their disclosures.

Alaggia (2010) noted that the forces which influence children and youth in their disclosures are the same forces that permeate society and influence the responses of people to whom they might disclose their victimization. She suggested that:

- Primary and secondary prevention programs can have profound effects on how children and youth perceive sexual violence and anticipate responses to disclosure based on cultural messaging; and
  - The promotion of such programs also has the potential to reach parents, guardians and professionals, sensitizing them to possible disclosures and preferable responses.
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## D11. VICTIM RESOURCES

### State and Local Resources

#### SERVICES RELATED TO SEXUAL VIOLENCE

Call **911 for emergency assistance**, particularly if there are serious injuries and/or safety concerns, to report an assault and facilitate evidence collection. Calling 911 can trigger law enforcement response and/or emergency medical assistance.

**Report child sexual abuse** to the **West Virginia Department of Health and Human Resources (WVDHHR)**, Child Protective Services (CPS) at 1-800-352-6513, **or to local law enforcement**.

In West Virginia, there are nine **rape crisis centers** which can be utilized by victims of sexual violence. Rape crisis centers typically provide a range of services for victims and their families and friends. Services often include crisis intervention, emotional support, information and referral, advocacy, medical and legal accompaniment, safety planning, counseling and support groups, etc. All centers have 24-hour hotlines. Information about the specific services offered at the rape crisis centers can be found through [www.fris.org](http://www.fris.org). These regional centers provide free and confidential services. Support can be reached from any county by calling 1-800-656-HOPE.

#### West Virginia's Rape Crisis Centers

<b>CONTACT</b> P.O. Box 2963 Huntington, WV 25728 304-523-3447 <a href="http://www.contacthuntington.com">www.contacthuntington.com</a>	<b>REACH Family Counseling Connection</b> 1021 Quarrier St., Suite 414 Charleston, WV 25301 304-340-3676	<b>Shenandoah Women's Center</b> 236 West Martin St. Martinsburg, WV 25401 304-263-8522 <a href="http://www.swcinc.org">www.swcinc.org</a>
<b>Family Refuge Center</b> P.O. Box 249 Lewisburg, WV 24901 304-645-6334 <a href="http://www.familyrefugecenter.com">www.familyrefugecenter.com</a>	<b>Rape and Domestic Violence Information Center</b> P.O. Box 4228 Morgantown, WV 26504 304-292-5100 <a href="http://www.rdvic.org">www.rdvic.org</a>	<b>Women's Aid in Crisis</b> P.O. Box 2062 Elkins, WV 26241 304-636-8433 <a href="http://www.waicwv.com">www.waicwv.com</a>
<b>HOPE, Inc.</b> P.O. Box 626 Fairmont, WV 26555 304-367-1100	<b>Sexual Assault Help Center</b> P.O. Box 6764 Wheeling, WV 26003 304-234-8519	<b>Women's Resource Center</b> P.O. Box 1476 Beckley, WV 25802 304-255-2559 <a href="http://www.wrcwv.org">www.wrcwv.org</a>

As noted above, **local hospital emergency departments**—those with sexual assault nurse examiners (**SANEs**) trained in working with adolescents (SANE-A) and pediatrics (SANE-P)—are typically able to conduct forensic medical exams in addition to providing comprehensive care.

Victims and their families should be informed that medical bills incurred as a result of a sexual assault may be covered through covered through the **West Virginia Crime Victims Compensation Fund**. In West Virginia, the guardian of a minor who was victimized in the state is eligible to file a claim with the Crime Victims Compensation Fund (the claim must be filed within two years of the assault). The crime must be reported to law enforcement within 72 hours (with some possible exceptions). These funds can be used to cover expenses such as medical and counseling bills as a result of the assault. For further information about how to receive Crime Victim Compensation Funds, visit [www.fris.org](http://www.fris.org).

**Local child advocacy centers (CACs)** can be an invaluable asset in facilitating an immediate response to children, adolescents and their families when a sexual assault has occurred. Contact the **WV CAN network** at (304) 414-4455, by e-mail at [www.wvcn.org](http://www.wvcn.org) or the local rape crisis center for information about the CAC in your area.

The **West Virginia Foundation for Rape Information Services (FRIS)**, at [www.fris.org](http://www.fris.org), provides general and state-specific information and resources on sexual violence. In addition to serving as the coalition of the state's rape crisis centers, FRIS develops and coordinates numerous trainings and resource materials for allied professionals.

## **SERVICES FOR SCHOOL AGED CHILDREN**

### **Adolescent Suicide Prevention and Early Intervention (ASPEN) Project**

(304) 341-0511 or <http://wvaspen.com>

The ASPEN project serves youth in the secondary schools by increasing awareness and screening, ultimately facilitating a mobile, quick response team to serve at-risk students. It also strives to enhance education, communication, collaboration and connections among the entities interacting with at-risk youth, in order to rectify system gaps and facilitate a culturally competent, caring, comprehensive, sustainable suicide prevention and intervention system of care.

### **Bureau for Behavioral Health and Health Facilities**

Office of Behavioral Health Services (OBHS)

(304) 558-0627 or [www.wvdhhr.org/bhhf](http://www.wvdhhr.org/bhhf)

OBHS is responsible for programmatic oversight of state-funded community based behavioral healthcare services. There are four divisions: Adult Mental Health, Children's Services, Alcoholism and Drug Abuse, and Developmental Disabilities.

### **Early Childhood Health Project (ECHP)**

Office of Maternal, Child and Family Health

Division of Infant, Child and Adolescent Health

Bureau for Public Health, Department of Health and Human Resources

(304) 558-5388 or [www.wvdhhr.org/echp/contactus.asp](http://www.wvdhhr.org/echp/contactus.asp)

ECHP is a collaboration of individuals and agencies working together to improve the health and safety of young children while in out-of-home care in West Virginia.

### **Legal Aid of West Virginia**

(866) 255-4370 or [www.lawv.net](http://www.lawv.net)

This organization provides legal services for civil problems.

### **Prevent Child Abuse WV (PCA-WV)**

(866) 4-KIDSWV or [www.preventchildabusewv.org](http://www.preventchildabusewv.org)

PCA-WV works to give children good beginnings by strengthening families and communities. PCA-WV is a chapter of [Prevent Child Abuse America](http://www.preventchildabuse.org), which builds awareness and provides education to keep children free from abuse and neglect.

### **Prevention Resource Officer Program (PRO)**

(304) 558-8814, Extension 53314 or [www.djcs.wv.gov/pro/Pages/default.aspx](http://www.djcs.wv.gov/pro/Pages/default.aspx)

The PRO Program is a cooperative effort between schools and law enforcement to: improve students' attitudes and knowledge of criminal justice and law enforcement; to prevent juvenile delinquency; to mentor youth; to provide a safer school environment; and to combine safety and child advocacy to assure a better school experience for all West Virginia youth.

### **West Virginia Adolescent Health Initiative**

Infant, Child and Adolescent Division

Office of Maternal, Child and Family Health

Bureau for Public Health, Department of Health and Human Resources

(304) 558-4934 or [www.wvdhhr.org/ahi/](http://www.wvdhhr.org/ahi/)

West Virginia's Adolescent Health Initiative is a project that promotes optimal physical, emotional, cognitive, social and spiritual well-being of children and youth throughout West Virginia. Regional adolescent health coordinators provide information, offer asset presentations, facilitate community-building asset initiatives, and coordinate with schools to assist with search surveys.

Eight **regional education service agencies** (RESAs) provide: education needs assessment, computer basic skills support, computer information systems, cooperative purchasing, programs, professional development, equal educational opportunities, teacher recognition, feasibility studies, instructional models, legislative evaluation reports and technical assistance to low performing schools.

#### **RESA 1**

(800) 766-7372, Ext. 1121  
400 Neville Street  
Beckley, WV 25801  
<http://resa1.k12.wv.us/>

#### **RESA 2**

(304) 529-6205, Ext. 28  
2001 McCoy Road  
Huntington, WV 25701  
<http://resa2.k12.wv.us>

#### **RESA 3**

(800) 257-3723, Ext. 114  
501 22nd Street  
Dunbar, WV 25064  
<http://resa3.k12.wv.us>

#### **RESA 4**

(304) 872-6440, Ext. 19  
404 Old Main Drive  
Summersville, WV 26651  
<http://resa4.k12.wv.us>

#### **RESA 5**

(866) 232-7372, Ext. 142  
2507 Ninth Avenue  
Parkersburg, WV 26101  
<http://resa5.k12.wv.us>

#### **RESA 6**

(304) 231-3816  
30 G.C. & P. Road  
Wheeling, WV 26003  
<http://resa6.k12.wv.us/>

**RESA 7**

(800) 427-3600, Ext. 238  
1201 N. 15th Street  
Clarksburg, WV 26301  
<http://resa7.k12.wv.us/>

**RESA 8**

(304) 267-3595  
P.O. Box 213  
Petersburg, WV 26847  
<http://www.resa8.org/>

**West Virginia Advocates**

(304) 346-0847, (800) 950-5250 or [www.wvadvocates.org](http://www.wvadvocates.org)

This organization provides protection and advocacy services throughout the state to protect the human and civil rights of persons with disabilities.

**West Virginia Behavioral Health and Health Facilities (WV BHHFs)**

[www.wvbehavioralhealth.org/mental-health-services.html](http://www.wvbehavioralhealth.org/mental-health-services.html)

**WV BHHFs** provide services and programs organized to meet the needs of people with a mental illness, chemical addiction or developmental disability. There are currently 83 organizations with West Virginia behavioral healthcare provider licenses as issued by the West Virginia Department of Health and Human Resources' Office of Health Facilities Licensing and Certification. In addition, there are hospitals, distinct parts of hospitals and private practitioners devoted to treatment and serving those with behavioral healthcare needs. *Go to the website for a listing of agencies by county, with contact information and information about services offered.*

**West Virginia Coalition Against Domestic Violence (WVCADV)**

(304) 965-3552 or [www.wvcadv.org/](http://www.wvcadv.org/)

WVCADV is a statewide network of community-based domestic violence programs and statewide office working to end personal and institutional violence in the lives of women, children and men. WVCADV works to transform social, cultural, and political attitudes in ways that promote values of respect, mutuality, accountability and non-violence. For a teen dating violence resource, see the publication *Trust Betrayed* through the coalition's publication link.

**West Virginia Department of Education, Office of Special Programs (WV DOE OSP)**

(304) 558-2696 or [www.wvde.state.wv.us/osp](http://www.wvde.state.wv.us/osp)

WV DOE OSP oversees and monitors educational and related services and programs (preschool to adult students and those with disabilities). This office addresses issues related to special education and related services provided under the Individuals with Disabilities Education Act (IDEA).

**West Virginia Department of Education, Office of Healthy Schools**

(304) 558-8830 or [wvde.state.wv.us/healthyschools/](http://wvde.state.wv.us/healthyschools/)

The Office of Healthy Schools provides leadership, training and support for schools and their communities to improve collaboration and ensure the health and educational achievement of children in a safe, nurturing and disciplined environment.

**West Virginia Department of Health and Human Services (WVDHHR)**

(304) 558-0684 or [www.wvdhhr.org](http://www.wvdhhr.org)

WVDHHR provides information about children, family support services, early intervention, group homes, food stamps, community based services and supports, behavioral health services and

other state and federal programs available to support children who are victims of sexual violence. It also offers a directory of local offices.

**West Virginia Emergency Medical Services Technical Support Network (WV EMS-TSN)  
Medley-Hartley Advocacy Program**

(304) 366-3022 or [www.wvoems.org/support/wv-ems-tsn](http://www.wvoems.org/support/wv-ems-tsn)

The program provides state-wide advocacy services, monitoring the implementation of Medley and Hartley Court orders to provide services to class members (individuals with mental illness and developmental disabilities) named in court cases. Medley class members are individuals with intellectual disabilities who were institutionalized prior to the age of 23. Hartley class members include all West Virginia residents with a disability including developmental disabilities, mental illness, traumatic brain injury or substance abuse issues who are at risk for institutionalization, regardless of age.

**West Virginia Healthy Kids and Families Coalition**

(304) 344-1872 or <http://www.wvhealthykids.org/>

West Virginia Healthy Kids and Families, Inc. is a nonprofit corporation (tax-exempt status applied for; West Virginia Council of Churches, fiscal sponsor) bringing together individuals, private organizations, and state agencies to work to improve the health of children and families in West Virginia. It provides a forum for diverse organizations to discuss, coordinate and collaborate on issues that improve the health and well-being of West Virginia children.

**West Virginia Office of the Attorney General's Office, Civil Rights Division**

(800) 368-8808 or [www.wvago.gov/civilrights.cfm](http://www.wvago.gov/civilrights.cfm)

The Civil Rights Division prosecutes cases on behalf of victims of discrimination. In West Virginia, unlawful discrimination is a human rights violation. This division handles cases of public accommodation discrimination and bias motivated harassment and intimidation.

**West Virginia Prevention Resource Center (WVPRC)**

(304) 766-6301 or [www.prevnet.org/](http://www.prevnet.org/)

Through a variety of federally funded projects and initiatives, WVPRC works to build the capacity of individuals, organizations and agencies to promote the well-being of their communities.

**West Virginia School Based Health Assembly (WVSBHA)**

(304) 444-5917 or [www.wvsbha.org](http://www.wvsbha.org)

The mission of the WVSBHA is to advance comprehensive health care in school settings through responsive policies, practices and partnerships. WVSBHA serves as the lead membership organization in the state for the advancement of school-based health care.

**West Virginia State Police—Crimes Against Children Unit  
Internet Crimes Against Children Task Force Program (ICAC)**

(304) 293-6400

The ICAC program helps state and local law enforcement agencies develop an effective response to cyber enticement and child pornography cases. This help encompasses forensic

and investigative components, training and technical assistance, victim services and community education.

## **National Resources**

### **National Dating Abuse Helpline**

1-866-331-9474 or 1-866-331-8453 TTY

“loveis” to 77054 (text)

This helpline is the direct service provider behind [www.loveisrespect.org](http://www.loveisrespect.org), operating 24/7 phone, text and chat services. The helpline is specifically designed for teens and young adults.

Accessible by phone or the Internet, the helpline operates from a call center in Austin, Texas and offers real-time, one-on-one support from peer advocates.

### **National Sexual Assault Hotline**

1-800-656-HOPE

When the hotline is dialed, the caller will be connected to the nearest available rape crisis center based on the caller's area code. All of West Virginia's rape crisis centers are national hotline participants. The hotline is confidential and anonymous (no personal information, including phone number, will be recorded).

### **National Sexual Assault Online Hotline**

Access through: [www.rainn.org](http://www.rainn.org)

The online hotline is structured as a live, instant message conversation, which is confidential and secure. It can be used by victims and their family members, partners or friends to provide support, information and referrals.

Victims and their families and friends may be interested in gaining additional information about sexual assault. The **Rape, Abuse & Incest National Network (RAINN)**, at [www.rainn.org](http://www.rainn.org), offers information and resources, as does the **National Sexual Violence Resource Center** at [www.nsvrc.org](http://www.nsvrc.org).

### **National Suicide Prevention Lifeline**

1-800-273-TALK (8255) or [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

The National Suicide Prevention Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. Callers are routed to the closest possible crisis center in their area.

## **SERVICES FOR SCHOOL-AGED CHILDREN**

### **Family Education**

[www.familyeducation.com](http://www.familyeducation.com)

Launched in 1996 as the first parenting site on the Web, Family Education is for parents who are involved, committed and responsive to their families' needs. Parents find practical guidance, grade-specific information about their children's school experience, strategies to get involved with their children's learning, free e-mail newsletters and fun and entertaining family activities. Family Education brings together leading organizations from both the public and



private sectors to help parents, teachers, schools and community organizations use online tools and other media resources to positively affect children's education and overall development.

### **Jason Foundation (JFI)**

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

JFI is a nationally-recognized nonprofit provider of educational curricula and training programs for students, educators, youth workers and parents. JFI's programs build an awareness of the national health problem of youth suicide, educate participants in recognizing the warning signs or signs of concern, provide information on identifying at-risk behavior and elevated risk groups, and direct participants to local resources to deal with possible suicidal ideation. JFI's student curricula are presented in the third-person perspective – how to help a friend.

### **Jed Foundation**

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

The Jed Foundation works nationally to reduce the rate of suicide and the prevalence of emotional distress among college and university students. The organization collaborates with the public and leaders in higher education, mental health and research to produce and advance initiatives that decrease the stigma surrounding emotional disorders and increase help-seeking in the college student population, increase understanding of the warning signs of suicide and the symptoms of emotional disorders among college students, build awareness of the prevalence of suicide and emotional disorders among college students and strengthen campus mental health services, policies and programs.

### **KidsHealth**

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

As part of The Nemours Foundation's Center for Children's Health Media, KidsHealth provides families with health facts, advice and support on a wide range of physical, emotional and behavioral issues that affect children and teens.

### **Trevor Project**

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

The Trevor Project operates the nation's only 24/7 suicide & crisis prevention helpline for gay and questioning youth.

### **U.S. Department of Justice, Civil Rights Division, Disability Rights Section**

(800) 514-0301 or [www.justice.gov](http://www.justice.gov)

This office answers questions about where to go to file a complaint related to discrimination based on a disability.

### **U.S Department of Education, Office of Special Education and Rehabilitation Services**

(202) 245-7468 or [www.ed.gov](http://www.ed.gov)

This office addresses issues related to special education and related services provided under the Individuals with Disabilities Education Act (IDEA).

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