

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

Prepared and Submitted Pursuant to MCL 722.632b

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I. An Overview of the Problem of Child Sexual Abuse

A. The Nature, Prevalence and Economic Impact of Child Sexual Abuse

The term **child sexual abuse** has varying definitions in criminal justice, child protection and clinical settings, but generally refers to a range of sexual behaviors, including sexual touching, attempted or completed sexual penetration and sexual exploitation, committed against a child or adolescent under the age of 18. The American Professional Society on the Abuse of Children defines child sexual abuse as follows:

“Child sexual abuse involves any sexual activity with a child where consent is not or cannot be given. This includes sexual contact that is accomplished by force or threat of force, regardless of the age of the participants and all sexual contact between an adult and a child, regardless of whether there is deception or the child understands the sexual nature of the activity. Sexual contact between an older and a younger child can also be abusive if there is a significant disparity in age, development, or size, rendering the younger child incapable of giving informed consent. The sexually abusive acts may include sexual penetration, sexual touching, or non-contact sexual acts such as exposure or voyeurism.” (Myers, et al., 2002. See also Institute of Medicine, 2013; MCL 722.622, MCL 750.520a, MCL 750.145c).

Children and adolescents are at high risk for sexual assault. Approximately 42% of all women who were the victim of unconsented completed sexual penetration (rape), were first raped as minors, with 12% before the age of 10 and 30% between the ages of 11 and 17. Among men, 28% were first raped prior to age 10 (Adolescent rates for men were unreliable due to small sample size and so were not reported; Black et al., 2011). Contrary to media portrayals and common stereotypes, which focus on “stranger danger,” over 80% of sexual abuse cases involve **a perpetrator who is known to the victim**, such as a family member, acquaintance, or dating partner (Finkelhor, 2009). Assessing the prevalence of child sexual abuse is very challenging, because of the range of behaviors included, the associated secrecy and stigma and the variety of ways that estimates are obtained. For example, one national survey may report *annual* rates of sexual abuse among adolescents aged 12-17, while another may estimate *lifetime* prevalence among all females under 18. Official systems counts (e.g., from Child Protective Services or law enforcement) seriously underestimate prevalence, since the vast majority of both child and adolescent sexual abuse **is not disclosed to formal systems** (Broman-Fulks et al., 2007; Douglas & Finkelhor, 2005; London, et al., 2003; Swahn et al., 2006). State-level data likewise reflect this variability, with official rates an underestimate.

Given these challenges, what do we know about **the prevalence of child sexual abuse**, based on the best available data? Annual national survey data suggest a wide range of yearly sexual abuse victimization rates, from 4.6 per 1000 to 32 per 1000. This translates into an annual national number of child and adolescent child sexual abuse victims ranging from approximately 320,000 to over 2 million (Douglas & Finkelhor, 2005). Applying these national rates to Michigan's 2,266,870 minor residents (as of 2012), we can estimate that 10,427 to 72,539 children and adolescents experience sexual abuse each year in the state (Kids Count Data Center, 2015). Assessments of lifetime rates of child sexual abuse, examined retroactively among adults via surveys, indicate that **25-40% of women and 8-13% of men** report at least one form of sexual abuse victimization by the time they turn 18 (Bolen & Scannapieco, 1999; Finkelhor, 2009). Accurate and reliable lifetime rates at the Michigan state level are more difficult to obtain: The 2013 Michigan Behavioral Risk Factor Surveillance System (MiBRFSS), which is an annual telephone survey of adults living in the state, found that 16% of women and 5% of men reported a history of child sexual abuse victimization (personal communication, Sarah Rockhill, Michigan Department of Health and Human Services). These rates are an underestimate, given the limited number of screening questions and the assessment of a restricted range of sexual abuse, focusing only on abuse by a perpetrator at least 5 years older (Bolen & Scannapieco, 1999).

What are the estimated **economic costs associated with child sexual abuse**? Researchers at the Centers for Disease Control and Prevention (CDC) have recently performed a national cost analysis for all substantiated cases of non-fatal child maltreatment (including sexual and/or physical maltreatment and/or neglect). They estimate that the US spends **just over \$210,000** (in 2010 dollars) per substantiated non-fatal victim over the course of the victim's lifetime (Fang, et al., 2012). The following table presents a breakdown of lifetime costs.

Specific Lifetime Costs per Victim, US	
Type	Amount (\$)
Child welfare system	7,728
Special education	7,999
Criminal justice system	6,747
Health care through age 17	32,648
Health care, 18-64	10,530
Reduced earnings, 18-64	144,360
Total	210,012

B. Who are Perpetrators? Risks, Perpetrator Tactics and Potential for Rehabilitation

More than 90% of **child sexual abuse perpetrators** are male, with between **30-40% of offenders under the age of 18** themselves. Most perpetrators are not pedophiles, i.e., perpetrators who are characterized as compulsively fixated on prepubescent victims (Douglas & Finkelhor, 2005; Finkelhor, 2009; Robertiello & Terry, 2007). Among adult perpetrators, most are young men under the age of 40 (Cromer & Goldsmith, 2010; Finkelhor, 2009). Michigan data from 2013 on child sexual abuse perpetrators known to law enforcement (MICR data) reflect these national statistics, with 91% male, 36% under the age of 18 and 35% between the ages of 18 and 34 (Drake & McGarrell, 2013). As previously mentioned, the majority of offenders (over 80%) are known to the victim, with family members constituting approximately 25-33% of perpetrators (Douglas & Finkelhor, 2005). In Michigan in 2013, family members (e.g., father, grandfather, brother) comprised 39% of reported perpetrators, while 4% were strangers. Other categories of reported offenders include acquaintance or otherwise known (33%), friend (9%), current or former dating partner (8%) and neighbor (2%; Drake & McGarrell, 2013).

What are the **risks for perpetrating child sexual abuse**? Although sexual offenders against children and adolescents are a very diverse group, researchers have established some key predictors of perpetration. Two caveats should be noted regarding this research. First, risks or predictors must be interpreted as probabilistic (increasing the likelihood of perpetration) rather than deterministic (automatically causing it to happen). Second, most of the research is on male perpetrators, given the small percentage of females who offend. Whitaker and colleagues (2008) analyzed 89

recent studies of predictors of child sexual abuse perpetration among both adult and juvenile male offenders. Key risk factors at the individual level include:

- Sexualized coping and sexual problems,
- Social deficits (e.g., difficulty sustaining intimate relationships, loneliness and isolation),
- Substance abuse,
- Aggression,
- Antisocial personality disorder and
- Cognitions that minimize responsibility or support sexual offending against minors.

At the family or interpersonal level, important predictors include an offender's own history of sexual abuse, the offender's childhood experiences of physical abuse and/or harsh discipline within the family and other family risk factors such as poor caregiver-child attachment, family discord and dysfunctional communication (Whitaker et al., 2008; Wurtele & Kenny, 2012).

An understanding of risk factors should directly inform sexual abuse prevention strategies. For example, if we know that 30-40% of perpetrators are minors—many of whom are themselves victims of sexual and physical abuse—then evidence-based, adequately-funded interventions aimed at these male youths would be a logical strategy to reduce child sexual abuse perpetration.

What sorts of **strategies or tactics do perpetrators use**? Knowledge about how offenders typically operate can likewise inform prevention approaches. However, just as offenders are a diverse group, their behaviors are likewise diverse. Considerable empirical attention has been devoted to understanding different types of perpetrators and associated behaviors. Adult male offenders have been categorized by researchers and the FBI as falling into two core groups: situational offenders (which are more common) and preferential offenders (Robertiello & Terry, 2007).

- ***Situational adult offenders*** include men who may be experiencing external stressors, such as unemployment, substance abuse, or relationship problems. They tend to target victims who are easily accessible, such as family members. They may or may not prefer minors over adults; thus, they may sexually assault adult women as well as children and/or adolescents and tend to use people indiscriminately to further their own interests.
- ***Preferential adult offenders*** include men who prefer sex with minors. Some (but not all) of these offenders may be pedophiles, i.e., offenders who are compulsively fixated on prepubescent children. These offenders may also “groom” children or adolescents by giving them affection, gifts, or other forms

of attention in order to gain their trust, isolating them, and/or having a “relationship” with them. Some may behave sadistically, targeting stranger victims and deriving sexual excitement via violence (Robertiello & Terry, 2007). An offender’s antisocial orientation and a high fixation on a sexual preference for children are key predictors of sexual recidivism (Hanson & Morton-Bourgon, 2005). Sexual abuse experts agree that effective prevention strategies should focus most of the available corrections resources on these perpetrators, who are most at risk of re-offending (Finkelhor, 2009).

Juvenile child sexual abuse offenders tend to fit different behavioral profiles than adult perpetrators and can be categorized as those who target prepubescent children vs. those who victimize their same-age female peers (Hunter et al., 2003; Robertiello & Terry, 2007). The former group may have deficits in social competence and self-esteem. They may target female or male child victims—frequently family members—and use bribes, threats and/or tricks to obtain access to victims. Juveniles who sexually assault other adolescents tend to demonstrate delinquency more generally. They may use weapons or violence or be under the influence of drugs or alcohol during an assault and they typically target strangers or acquaintances rather than family members (Hunter et al., 2003; Robertiello & Terry, 2007). Most adolescent sex offenders are not sexual predators and will not go on to become adult offenders. Most adolescent offenders do not meet the criteria for pedophilia and do not continue to exhibit sexually predatory behaviors.

Adolescent sex offenders are more responsive to treatment than adults. They do not appear to continue to re-offend into adulthood, especially when provided with appropriate treatment. (Association for the Treatment of Sexual Abusers (ATSA). (2000). *The Effective Legal Management of Juvenile Sex Offenders*. www.atsa.com/ppjuvenile.html (Visited 6/1/15).

Much less is known about **female child sexual abuse offenders**: Available research suggests that women who sexually abuse minors are less likely to use force than male perpetrators. They may seek a “relationship” with their victim and have significant cognitive distortions, minimizing the harm they are causing (e.g., the teacher-student scenario). Some may experience coercion by male confederate perpetrators. Others may be predisposed to sexually abuse children; these individuals may have serious psychological disorders, deviant sexual fantasies, or a history of sexual and physical abuse (Robertiello & Terry, 2007).

Finally, **cyber child sexual abuse offenders** are an emergent group of perpetrators. As with female offenders, research is limited. We do know that these offenders are typically male. They may be socially isolated, have jobs with access to minors and target either children or adolescents. These men will frequently, but not always, seek out in-person contact with their victims (Robertiello & Terry, 2007).

Is **effective rehabilitation possible**? Yes: It is a myth that child sexual abuse perpetrators as a group cannot be effectively treated. While a minority of offenders with a fixated sexual interest toward minors and an antisocial orientation may be particularly likely to sexually re-offend, most are not. The observed sexual recidivism rate for sexual offenders is 10-15% five years post-release (Hanson & Morton-Bourgon, 2005). Effective, evidence-based treatment is one way to further reduce recidivism and prevent future child sexual abuse. Several meta-analytic studies have shown that **sex offenders who receive treatment have significantly lower recidivism rates** compared to sex offenders who were not treated: 11-12% vs. 17-19% (Hanson et al., 2009; Hanson et al., 2002; Lösel & Schmucker, 2005). Treatment is most likely to be effective when it:

- Targets offenders at moderate or high risk of re-offending (low-risk offenders are not likely to re-offend, with or without treatment),
- Targets characteristics that are related to re-offending and
- Matches treatment to the offenders' abilities and learning style.

Cognitive-behavioral and behavioral approaches have been found to be most effective (Hanson et al., 2009). **Juvenile offenders** appear to be even more responsive to treatment than adults (Kim, et al., 2015). Among these young offenders, multisystemic therapy (MST), a family-focused treatment approach that intervenes at the family, peer and individual levels, has demonstrated effectiveness in both addressing factors that contribute to juvenile sex offending and reducing re-offending (Borduin & Schaeffer, 2002; Kim et al., 2015).

C. Who are Victims? Patterns of Disclosure and Effects of child sexual abuse

The majority (80-90%) of child sexual abuse victims are girls. Some studies suggest that the risk for this form of abuse is the same across childhood and adolescence, while other research indicates that adolescents are at heightened risk (Douglas & Finkelhor, 2005). Michigan data regarding child sexual abuse reported to law enforcement (2013 MICR) parallels these national data. In Michigan, **80% of victims were girls and 20% were boys**. For girls, the ages they were most at risk were 14, 15 and 16 (2743 cases, or 41% of the girl cases). Boys were at increased risk at ages 4, 5 and 6 (460 cases, or 28% of the boy cases) and also at ages 14 and 15 (262 cases, or 16% of the boy cases; Drake & McGarrell, 2013).

Since the majority of child sexual abuse is committed by male family members or acquaintances, victims may be daughters/sons, step-daughters/-sons, grandchildren,

siblings, cousins, or friends. They also might be dating partners. Findings from the 2013 Michigan Youth Risk Behavior Survey, which assesses a variety of health-related behaviors among public school students, indicate that 14% of girls and 6% of boys were forced by a partner to do something sexual within the past year (personal communication, Sarah Rockhill, Michigan Department of Health and Human Services). Although victims are typically younger than offenders, some may be the same age or older. The 2013 MICR data reveal that the most frequent age differences were between 0 and 10 years (Drake & McGarrell, 2013). It ***is a myth that child sexual abuse survivors will always or typically exhibit injuries*** or other signs of abuse. Multiple studies by pediatricians demonstrate that even when children and adolescents disclose severe sexual abuse (i.e., repeated vaginal or anal penetration) or are pregnant as a result of sexual abuse, 87-94% will have normal genital exam findings (Anderst, et al., 2009; Heger, et al., 2002; Kellogg, Menard, & Santos, 2004).

What does **child sexual abuse disclosure** look like? How **often** do victims tell, **when** do they tell, **how** do they tell and **whom** do they tell? False allegations of child sexual abuse are rare, ranging from 2-4% of investigated cases (Cromer & Goldsmith, 2010). A child or adolescent disclosing the abuse is the single most important means of uncovering it—without disclosure, most child sexual abuse remains a secret (Reitsema & Grietens, 2015). Unfortunately, two-thirds of victims do not tell anyone about the abuse prior to turning 18. The two most common reasons for lack of disclosure are the fear of being blamed or of being disbelieved (Broman-Fulks et al., 2007; London et al., 2003). In two national studies, most of the adult participants who reported child sexual abuse disclosed during adulthood, but 28-38% had never told anyone until the survey, with men more likely to have never told (London et al., 2003). There is some evidence that younger children (under age 5) and those who have experienced intra-familial abuse are less likely to disclose than older children and those whose abuse was extra-familial. Research has yielded no consistent relationship between the likelihood of disclosure and abuse severity (London et al., 2003).

Much variability has been noted in the timing of disclosures among survivors who tell someone prior to age 18. While some may disclose within 48 hours of the abuse, others may wait months or years (Broman-Fulks et al., 2007). How survivors disclose is similarly variable. A disclosure may be a one-time, very clear event, or an evolving process in which children seek out the right moment to disclose, carefully gauging the reaction of the listener(s), or exhibiting behaviors such as “acting out” as clues (Reitsema & Grietens, 2015). Younger children typically tell a parent or primary caregiver. Adolescents who disclose are more likely to tell a friend, followed by a parent (Broman-Fulks et al., 2007; Reitsema & Grietens, 2015)

What are the **most common effects of child sexual abuse**? As an initial caveat, it is critical to recognize that sexual abuse affects survivors in multiple, complex ways. Claims about harm that are overly simplistic or polarizing are unhelpful and can be damaging; as one commentator notes, “[m]essages that minimize harm may deter victims from disclosing abuse or seeking help, while messages that exaggerate harm may impede healing and recovery” (Cromer & Goldsmith, 2010, p. 625). Additionally, sexual abuse commonly occurs in conjunction with other forms of victimization and adversity (e.g., family violence and dysfunction), making effects of child sexual abuse difficult to distinguish from the effects of these other factors (Dong et al., 2004; Turner et al., 2012). For example, a nationally representative study of children’s experiences with different forms of victimization found that, among those reporting child sexual abuse within the past year, 94% had experienced other types of victimization that year (Finkelhor, Ormrod, & Turner, 2007).

Understanding the foregoing caveats, what are the best available data on **the effects of child sexual abuse**? Negative outcomes among adolescent and adult survivors include higher rates of posttraumatic stress disorder (PTSD), depression, suicidality and early-onset sexual activity, as well as poorer academic performance, in comparison to people who were not sexually abused as children or adolescents (Paolucci, et al., 2001). Findings from the Michigan school-based 2013 Youth Risk Behavior Survey point to child sexual abuse as a predictor of mental health problems, with 52% of child sexual abuse survivors reporting they felt sad or hopeless at least two weeks in a row (vs. 24% of students who were not sexually abused) and 27% attempting suicide within the past year (vs. 7%); personal communication, Sarah Rockhill, Michigan Department of Health and Human Services). Long-term physical health problems among child sexual abuse survivors include higher rates of general health complaints, gastrointestinal and gynecological problems, pain and cardiopulmonary symptoms and obesity (Irish, et al., 2009). In a nationally representative study in which other forms of childhood victimization and family adversity were taken into account (thus allowing researchers to pinpoint the role of child sexual abuse specifically), results clearly showed the negative effects of sexual abuse. Among women, child sexual abuse survivors reported significantly higher rates of mood disorders (39% with depression vs. 19% among women with no child sexual abuse history), anxiety disorders (39% with PTSD vs. 6% with no history) and drug or alcohol problems (27-34% vs. 10-18%). Among men, child sexual abuse survivors reported significantly higher rates of PTSD (29% vs. 4% with no history) and drug or alcohol dependency (27-39% vs. 2-19%; Molnar, et al., 2001).

Notably, researchers have found that some child sexual abuse victims demonstrate psychological **resilience**, such that they do not currently have a mental health disorder. Adolescent and adult child sexual abuse survivors who display such resilience—

estimated to range from 10-53% among those who have been sexually abused—have several protective factors in common. These factors include:

- Individual-level factors, such as self-esteem, hope/optimism, externalizing blame (vs. self-blame) and academic orientation and achievement;
- Family-level factors, such as caring, sense of belonging, emotional support, attachment and family stability; and
- Community-level factors, such as support from teachers, social workers and other adults and support for their caregivers (Domhardt, et al., 2014; Marriott, et al., 2014).

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II. The Responsibilities and Activities of the Task Force

A. The Legislative Mandates

The Task Force's enabling legislation, MCL 722.632b, sets forth the responsibilities of the Task Force. The Task Force has worked diligently to meet the legislative requirements within the timeline provided. Task Force members were appointed June 17, 2014. Members met for the first time on July 24, 2014 and met monthly thereafter in order to complete all Task Force duties within the one-year timeframe.

Pursuant to MCL 722.632b(3), the Task Force was required to:

1. Make recommendations for reducing child sexual abuse in the State; and
2. Make recommendations for school policies that address the sexual abuse of children.

The legislation also required that, as part of making the above recommendations, the Task Force would do all of the following:

1. Gather information concerning child sexual abuse throughout the State;
2. Receive reports and testimony from individuals, state and local agencies, community based organizations and other public and private organizations;
3. Review steps taken and programs established in other states to reduce child sexual abuse;
4. Create goals for state policy that are aimed at preventing child sexual abuse;
5. Create recommendations and guidelines for school policies addressing sexual abuse of children, consistent with the revised school code, that are flexible enough to allow accommodation for local autonomy and values;
6. Create recommendations and guidelines for age-appropriate, evidence-based child sexual abuse awareness;

7. Create recommendations and guidelines for school personnel to respond appropriately to pupils affected by sexual abuse;
8. Create recommendations and guidelines for providing educational material to parents and guardians on the warning signs of child sexual abuse and information on assistance and referrals or resources; and
9. Develop a child sexual abuse protocol to be utilized by all community partners in order to help to identify, prevent and investigate child sexual abuse.

The Task Force was required by the terms of the legislation to submit a final report with these recommendations to the governor and the legislature not later than 365 days after the members of the task force are appointed. This report and the following recommendations and protocols are being submitted in compliance with this legislative mandate.

Given the time and resource limitations on Task Force work, the Task Force notes that, despite the comprehensive scope of its efforts, it was not possible for this report to address all information, resources, experts and issues related to child sexual abuse prevention and response in Michigan. In light of this, the Task Force includes in its recommendations that another entity be identified and authorized to continue the work of this Task Force and to implement a comprehensive child sexual abuse prevention and response initiative in Michigan.

B. Task Force Activities in Compliance With the Legislative Mandates

1. Information gathering conducted by the Task Force in compliance with statutory mandates

a. “[The Task Force shall] gather information concerning child sexual abuse throughout this state.” Sec (3)(a)

The Task Force sought to gather available information about the nature, scope, consequences, costs and other matters regarding child sexual abuse in Michigan, including non-identifying information about who are the perpetrators and who are the victims; information about prevention efforts in Michigan, including what is working and what is needed; and information about systems responses to child sexual abuse, including what is working and what is needed.

To inform its recommendations, the Task Force endeavored to include academic and research expertise, as well as the lived experiences and expertise of professionals who work in the field of child sexual abuse prevention and response in Michigan, those who are survivors of child sexual abuse in Michigan and those who are otherwise affected by child sexual abuse in Michigan. To gather this information, the Task Force contacted many national, state and local public and private entities; consulted with individuals recognized for their expertise in child sexual abuse prevention and response; reviewed the academic and other literature regarding child sexual abuse prevention and

response; and conducted surveys of professionals responding to child sexual abuse in Michigan, survivors of child sexual abuse in Michigan and the general public in Michigan. A list of national, state, local public and private entities and individuals contacted by the Task Force is attached as “A”. As well , a bibliography of academic, research and other materials reviewed by Task Force members is attached as “B”.

The Task Force also reviewed and analyzed Michigan specific data on childhood sexual abuse and this data and analyses is contained within two reports: “Child Sexual Victimization: MICR (2013)” prepared by Gregory Drake, M.S. and Dr. Edmund McGarrell, Ph. D., Michigan Statistical Analysis Center, Michigan State University, Michigan State Police (attached as “C”) and “Data on Childhood Sexual Abuse” prepared by Sara Rockhill, Michigan Department of Community Health (attached as “D”).

b. “[The Task Force shall] receive reports and testimony from individuals, state and local agencies, community-based organizations and other public and private organizations.” Sec (3)(b)

The Task Force’s enabling legislation does not define “testimony.” The Task Force interpreted the word “testimony” in accordance with the commonly understood meaning of the word: a declaration or affirmation of fact or truth, but not “sworn” testimony or testimony “under oath.” The Task Force determined that a survey was the most efficient mechanism to receive testimony from the largest number of individuals, state and local agencies, community-based organizations and other public and private organizations.

A description of the Task Force survey process, including a copy of the survey questions, is attached (“E”) as is the list of organizations that disseminated the surveys to their respective service participants, constituencies, or members (“F”).

The Task Force also received testimony in the form of presentations or comments to Task Force members from individuals and representatives of state and local agencies, community-based organizations and other public and private organizations. See attachment A.

c. “[The Task Force shall] review steps taken and programs established in other states to reduce child sexual abuse.” Sec. (3)(c)

A list of child sexual abuse prevention task force reports from other states that were reviewed by Task Force members is included in the bibliography referred to earlier. The Task Force also reviewed voluminous materials related to community and school policies and protocols to prevent and respond to child sexual abuse, which were gathered from governmental and private entities nationwide.

d. “The task force shall consult with the employees of the department who work on child protection matters, the department of state police, the state board of education and any other state agency or department necessary

to accomplish the task force's responsibilities under this section.” Sec (5)

A list of members of the Michigan Department of Health and Human Services, Michigan Department of State Police, Michigan State Board of Education and other state agencies or departments consulted by Task Force members to accomplish the responsibilities of the Task Force is attached.

2. Creation of recommendations and policies or protocols in compliance with legislative mandates

The Task Force makes the following recommendations in compliance with the legislative mandates. It has also developed a Child Sexual Abuse Prevention and Response Protocol for All Community Partners and Recommendations and Guidelines for Schools and Other Youth Serving Organizations, which are attached to this Report as Attachment G.

3. Creation of goals for state policy aimed at preventing child sexual abuse

The Task Force created 7 goals in compliance with this legislative mandate. Those goals precede the recommendations in this report.

4. Definitions used by the Task Force in performing its work

Prevention: MCL 722.632b assigned to the Task Force the name “Task Force on the *Prevention* of Sexual Abuse of Children (emphasis added).” The overarching mandate in this legislation requires the Task Force to “make recommendations for *reducing* child sexual abuse in this state,” and the statute utilizes the language “prevent,” and “preventing” child sexual abuse to describe Task Force duties. “Reduce” and “prevent” are not defined in the statute, so the Task Force used the common understanding of these terms to define the scope of its work. “Reduce” means to make less, make fewer, decrease, diminish, abate. “Prevent” means to keep from happening or existing. *Merriam Webster Dictionary*.

The Task Force further understood “prevention” of child sexual abuse to encompass both preventing perpetration of child sexual abuse before a perpetrator sexually abuses a child and preventing re-perpetration of sexual abuse on any child by the same perpetrator after sexually abusing a child. This understanding of “prevention” is borne out in the mandates of the Task Force enabling legislation that direct the Task Force to make recommendations for schools to “respond” appropriately to pupils affected by child sexual abuse and to make recommendations for all community partners in order to help “*identify, prevent and investigate*” child sexual abuse. MCL 722.632b(3)(g),(i).

This understanding of “prevention” is further supported by the three-tiered public health model of prevention that describes primary prevention as preventing a problem or harm before the problem or harm has occurred; secondary prevention as the immediate

response to the problem or harm after it has occurred; and tertiary prevention as the long term response to the problem or harm after it has occurred. (Dworkin, E., with Martyniuk, H. (2011). *Child Sexual Abuse Prevention Bulletin*. National Sexual Violence Resource Center. Available online at: http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Bulletin-Child-sexual-abuse-prevention.pdf (Visited 6/1/15).

Finally, this understanding of “prevention” makes sense. Child sexual abuse cannot be reduced or eliminated if attention is not given both to stopping sexual abuse before it is perpetrated and stopping a perpetrator from continuing to sexually abuse children. Therefore, the recommendations of the Task Force encompass both of these concerns.

Child Sexual Abuse: The Task Force’s enabling legislation, MCL 722.632b, does not define child sexual abuse. For guidance, the task force reviewed the definitions in the Child Protection Law (CPL), MCL 722.621 et seq. and the elements of the different criminal laws that deal with sexually abusive behavior, including criminal sexual conduct, child sexually abusive activity, disseminating sexually explicit materials to minors, use of the internet, human trafficking and others. For purposes of Task Force work, the Task Force considered child sexual abuse to encompass sexual penetration and sexual contact crimes against children under age 18 and non-contact sexual crimes against children under age 18, as provided in Michigan criminal law. The Task Force also included as child sexual abuse the “grooming” behaviors engaged in by perpetrators to prepare a child for sexual penetration and sexual contact offenses, as well as for the non-contact sexual crimes. Using these definitions and understandings of child sexual abuse, perpetrators of child sexual abuse could be adults or other children or youth.

III. Task Force Goals for State Policy to Prevent Child Sexual Abuse

Goal 1: Adopt a comprehensive approach to the prevention effort, using evidence-based public health and other prevention models, which includes identifying a state-level entity charged with the responsibility to continue the work of the Task Force and implementing a comprehensive child sexual abuse prevention initiative in Michigan.

Goal 2: Stop “growing perpetrators” by shifting the focus of prevention efforts to perpetrators and by addressing the norms, behaviors and practices that lead to perpetration of child sexual abuse.

Goal 3: Place responsibility for preventing child sexual abuse on all adults, not children.

Goal 4: Provide child sexual abuse and awareness education to all community members, families, parents and system responders.

Goal 5: Provide effective risk reduction education to children in schools and youth serving agencies, recognizing that risk reduction programs can aid in protecting children from sexual abuse but are not primarily preventative in nature.

Goal 6: Develop protocols and implement training that generate systems responses that are victim-centered and reflect evidence based and/or best practices.

Goal 7: Ensure that high quality mental health treatment and supportive or intervention services, based on best and promising practices, are available to survivors of child sexual abuse and their families, to perpetrators and their families and to systems responders who may be experiencing secondary trauma.

IV. Task Force Recommendations

A. General Recommendations

1. Statewide and local efforts to prevent child sexual abuse must be comprehensive and evidence-based, emphasizing outcomes and accountability for collaborating partners. The focus of the efforts must be shifted from potential victims to potential perpetrators.
2. A state-level entity should be identified, authorized and funded to continue the work of the Task Force. This entity should be charged to:
 - Further develop and implement a comprehensive child sexual abuse prevention plan for Michigan.
 - Stay up-to-date with the growing and evolving information about child sexual abuse, and best and promising practices for child sexual abuse prevention and response;
 - Develop and provide a repository for resources and expertise addressing this complex issue.¹
 - Coordinate with and support efforts by state level discipline-specific technical assistance providers to provide support and technical assistance for prevention work at the state and local level.
 - Coordinate the identification, collection, sharing and analysis of information and data about child sexual abuse in Michigan and various systems prevention and response efforts.
 - Conduct, fund, or otherwise support research regarding the outcomes of child sexual abuse prevention and response efforts.
3. Increase the state's financial investment in child sexual abuse prevention and response to reduce the financial, health and social costs of child sexual abuse. Surveys of stakeholders indicate that priority should be given to:
 - a. Developing awareness and providing education about child sexual assault for all community partners.
 - b. Increasing the availability and improving the quality of direct services for victims/survivors and their families, perpetrators and their families and systems responders experiencing secondary trauma resulting from work in the field of child sexual abuse response.

¹ An example of such a repository is the California Evidence-Based Clearinghouse on Child Welfare, online at <http://www.cebc4cw.org/> (Visited 5/29/15).

- c. Improving and coordinating the responses to child sexual abuse by all responding professionals and systems.
4. Adults, all adults and not children, must bear primary and ultimate responsibility for protecting children from perpetrators of child sexual abuse. Prevention and response efforts should adhere to this basic principle.
5. Don't grow perpetrators: Individuals and communities must prevent children from becoming perpetrators of child sexual abuse by confronting the norms, behaviors, attitudes and practices that support and lead to perpetration of child sexual abuse.
6. Child sexual abuse prevention and response efforts must include the voices, experiences and perspectives of the populations residing in the community.
7. Child sexual abuse prevention and response efforts must recognize that perpetrators exploit children's vulnerabilities, and therefore prevention and response efforts must identify populations of children with heightened vulnerabilities for perpetrators to exploit and prevention efforts for these populations should be designed and implemented to address these heightened vulnerabilities.
8. Child sexual abuse prevention and response efforts should include education and awareness about the strong correlation between perpetration of domestic violence and perpetration of child sexual abuse; and systems responders should assess for this co-occurrence when investigating domestic violence or child sexual abuse matters and provide interventions that:
 - a. Keep the child safely with the protective non-offending parent;
 - b. Support the safety and healing of the child and protective non-offending parent;
 - c. Hold the perpetrator accountable for the child sexual abuse and the domestic violence; and
 - d. Identify and confront the attitudes and beliefs of the perpetrator that support the perpetrator's sexual abuse of the child and the abuse of the child's non-offending parent.

B. Community Based Child Sexual Abuse Prevention Education

1. Fund community-based child sexual abuse prevention education that is modeled on best or promising practices, information and materials for parents, children, staff and volunteers of youth serving-organizations - including schools and the general public. Expand and enhance identified effective home visiting programs for parents of young children to include sexual abuse awareness and prevention.
2. Establish a mechanism for disbursement of funds for community-based child sexual abuse awareness and education that:
 - a. Allows for flexibility at the local level in determining the strengths and needs of the community and identifying appropriate providers of the awareness and education in that community;
 - b. Ties disbursement of funds to utilization of best and promising practices, information and materials, adapted for the local community;

- c. Ties disbursement of funds to collaboration at the community level among community partners engaged in child sexual abuse prevention and response; and
- d. Provides support and technical assistance for the local community from the entity authorized to continue the work of the Task Force, or some other entity.

C. Protocols for All Youth-Serving Organizations

1. Youth-serving organizations, including schools, should develop and implement child sexual abuse prevention protocols that are based upon the guidelines developed by this Task Force and the state agency to be authorized to continue the work of the Task Force.
2. The standing body created and authorized to continue the work of this Task Force should be specifically charged to collaborate with the Michigan Department of Education and Michigan State Board of Education to develop a model school policy consistent with the recommendations and guidelines for schools and other youth serving organizations provided with this report to promote:
 - a. A safe, appropriate environment for children;
 - b. Safe and appropriate interactions between children and between school staff or volunteers; and
 - c. A victim-centered, trauma-informed response to all incidents and suspected incidents of child sexual abuse, in compliance with applicable law and regardless of the identity of the perpetrator.
3. Educational materials for parents provided with the Michigan Model units on child sexual abuse prevention should be reviewed and revised in accordance with the recommendations and guidelines for schools and other youth serving organizations provided with this report.
4. The Department of Education or a standing body created and/or supported to provide technical assistance to schools and other Michigan organizations should be charged with:
 - a. Assessing the Michigan Model and its use in Michigan schools for consistency with the recommendations and guidelines for schools and other youth serving organizations provided with this Report;
 - b. Reporting to the legislature, the governor and/or the State Board of Education on the results of this assessment; and
 - c. Providing recommendations for improving the education of children in the area of sexual abuse prevention.
5. The Department of Education or a standing created and/or supported to provide technical assistance to schools and other Michigan organizations should be charged with assessing the Michigan Model curriculum for consistency with the recommendations and guidelines for schools and other youth serving organizations provided with this report, focusing on the adult responsibility for preventing child sexual abuse.
6. Michigan schools should provide parents with their policies regarding child sexual abuse.
7. Explore ways to create incentives for all youth-serving organizations, including schools, to develop and implement sexual abuse prevention protocols that are

consistent with the recommendations and guidelines for schools and other youth serving organizations provided with this report. Incentives may include licensing, accreditation, or certification requirements, liability insurance requirements, eligibility for state funding or eligibility for funding provided by non-profit agencies.

D. Interventions and Services, Including Mental Health Services

1. Provide funding to increase availability of accessible, no-cost or low-cost, high quality, trauma-informed, evidence-based and other promising mental health services and other interventions and services for:
 - Child survivors of child sexual abuse and their families,
 - Adult survivors of child sexual abuse and their families,
 - Juvenile perpetrators of child sexual abuse and their families,
 - Adult perpetrators and their families,
 - Children at risk for becoming perpetrators and their families,
 - School personnel and students affected by child sexual abuse,
 - Staff of youth serving organizations and youth served by the youth serving organizations affected by child sexual abuse: and
 - Justice systems professionals (child welfare, juvenile justice, criminal justice, child custody) responding to child sexual abuse.

Given the strong correlation between perpetration of domestic violence and perpetration of child sexual abuse, these mental health and other providers of services to this population also should have expertise in domestic violence.

2. Decrease barriers to accessing the services, including providing transportation, providing services in school and in-home settings and providing services during after-school and after-work hours.
3. In undergraduate and graduate degree programs for all mental health professionals, require training in trauma and victimization, including child sexual abuse, mandated reporting requirements and confidentiality laws.
4. Link licensure for all mental health professionals to education about basic dynamics and identification of child sexual abuse and understanding mandatory reporting and confidentiality laws as they apply to the mental health practitioner.
5. Require compliance with identified and enhanced qualifications and standards, including specified continuing education requirements, regarding child sexual abuse and trauma-informed evaluation, treatment or services for all mental health professionals who receive contracts from Department of Health and Human Services to work with children and families in the child welfare system or juvenile justice system or otherwise receive state funding for provision of mental health evaluation, treatment or services for child sexual abuse.
6. Increase payment to providers of mental health services who receive contracts from Department of Health and Human Services or are otherwise paid by the state to provide mental health evaluation, treatment or services for child sexual abuse.

7. Develop and institute a child sexual abuse treatment certification process for mental health professionals to demonstrate compliance with standards and qualifications, including specified continuing education requirements, regarding child sexual abuse and trauma-informed treatment for individuals victimized or otherwise affected by child sexual abuse.
8. Develop and institute a state certification for mental health professionals who work with *adult perpetrators* of child sexual abuse that would encompass skill sets needed to work with the adult criminal population.
9. Develop and institute a state certification for mental health professionals who work with *juvenile perpetrators* of child sexual abuse that would encompass skill sets needed to work with this juvenile population.

E. Justice Systems and Related Systems Responses and Responders – General Recommendations

1. Child sexual abuse prevention and response education should be mandated for all professions that are involved in prevention of or response to child sexual abuse. The education should begin in the institutions providing education for professionals who serve children and families, and should continue throughout the time the individuals are working in the profession.
2. Explore ways to provide incentives for compliance with training requirements for each of these professions, e.g. licensing, certification, liability insurance, eligibility for funding from identified sources.
3. Identify, expand and fund discipline-specific expert technical assistance for professions involved in response to, and prevention of child, sexual abuse. The state level entity identified to continue the work of the Task Force should coordinate with and support these discipline-specific expert technical assistance providers to identify access and share the most up to date information and evidence-based, best and promising practices regarding child sexual abuse prevention and response.
4. Support, fund and provide technical assistance for development and expansion of an expert, local, coordinated, collaborative, trauma-informed, multi-disciplinary team approach for child welfare system, including child advocacy centers, criminal justice system and juvenile justice system investigations of child sexual abuse, including provision of support, advocacy and services for victims and families. Child Advocacy Centers (CACs) currently provide the best model for facilitating, and housing in one physical structure and environment, all of the functions of the multi-disciplinary team, and other functions such as child sexual abuse prevention programming.
5. An accountability mechanism should be identified, authorized and implemented to ensure that prosecutors, law enforcement and Department of Health and Human Services in each county are in compliance with the Child Protection Law's requirement to adopt and use local protocols based on the Model Child Abuse and Neglect Investigation Protocol With an Approach Using a Coordinated Investigative Team (DHS-PUB-794, Rev.10-13) and the Forensic Interviewing Protocol (DHS-PUB-779, Rev. 4-11). MCL 722.628(6).

6. Amend the Code of Criminal Procedure to require law enforcement to use the *Forensic Interviewing Protocol DHS-PUB-779 (Rev. 4-11)*, or an updated version of that protocol, for all child sexual abuse investigations, even in cases where the alleged perpetrator does not have a relationship with the child specified in the Child Protection Law, MCL 722.622.
7. Amend the Child Protection Law, MCL 722.628(6), to include a requirement that the prosecutor, law enforcement officials and Department of Health and Human Services in each county shall participate in training on the model investigation and interview protocols, and the protocols adopted and implemented in the county that are based on the model protocols. Include compliance with this training requirement in the accountability mechanism to be identified, authorized and implemented to ensure compliance with the existing mandates of MCL 722.628(6) and (4).
8. The Task Force respectfully recommends that the Human Trafficking Advisory Board and the Human Trafficking Commission consider making the recommendation that legislature should consider enacting a law similar to MCL 722.628(6), (4) that would require local communities to adopt and implement a local protocol, based on the model *Human Trafficking of Children Protocol DHS - PUB 215 (9-13)*, for investigating sex trafficking of children, and coordinating the investigation of these cases among responsible agencies, and including in the legislative mandate a training requirement for responsible agencies, and a mechanism for ensuring compliance with the mandates.
9. Local protocols for all community partners should be developed and implemented in order to help identify, prevent and investigate child sexual abuse. Local protocols should be based upon the model protocols developed by this Task Force and the successor organization identified and authorized to continue the work of the Task Force, in partnership with the national and state discipline-specific training and technical assistance providers for these community partners. Model protocols should be flexible enough to provide for local autonomy.
10. Develop and mandate training, both pre-professional and in-service, for mandated reporters to promote compliance with Michigan's mandated reporter law for suspected child sexual abuse, MCL 722.623. Explore and institute accountability mechanisms for compliance with these training requirements. The entity identified to continue the work of the Task Force should consider the complex issue of expanding categories of mandated reporters.
11. Pre-professional and in-service education for all professions and disciplines involved in child sexual abuse prevention or response should include information about the existence, purpose and contents of the *Forensic Interviewing Protocol, DHS-PUB 779 (Rev. 4-11)* and that forensic interviews should be conducted only by those who have received comprehensive and frequent skills-based training in conducting forensic interviews of children.

F. Discipline- and System-specific Recommendations for All Community Partners, Justice Systems and Related Systems Responses

1. Law Enforcement: criminal justice system, juvenile justice system, child welfare system

- a. MCOLES, in partnership with the entity identified to continue the work of the Task Force and with state and national technical assistance providers on the issue of child sexual abuse, and law enforcement response to child sexual abuse, should develop, institute and mandate comprehensive child sexual abuse-specific standardized training for all law enforcement officers in police academies and frequent in-service training for those officers involved in child sexual abuse investigations, including supervisors, managers and administration.
 - b. MCOLES and local law enforcement agencies should mandate skills-based training on the *Forensic Interviewing Protocol*, DHS-PUB 779 (Rev. 4-11), for all law enforcement officers during initial training and refresher in-service training on a frequent basis for all officers who conduct forensic interviews of children in child sexual abuse investigations. Only those officers with skills-based training on the *Forensic Interviewing Protocol* should be permitted to conduct forensic interviews. Officers who have not conducted a forensic interview within eleven months should not be permitted to conduct a forensic interview without receiving refresher skills-based training on the *Forensic Interviewing Protocol*.
 - c. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol For All Community Partners provided with this Report, law enforcement should comply with *A Model Child Abuse and Neglect Protocol With An Approach Using a Coordinated Investigative Team*, DHS-PUB-794 (Rev. 10-13), with particular attention to pages 18-20 regarding "Law Enforcement Officers," and the local protocol adopted in the county, based on the *Model Protocol*, pursuant to MCL 722.628(6); the *Forensic Interviewing Protocol*, DHS-PUB 779 (Rev. 4-11) and the *Human Trafficking of Children Protocol* DHS-PUB-215 (9-13). Law enforcement officers also should conduct all investigations in cases involving child sexual abuse in accordance the best practices, training, policies, standards and procedures available for law enforcement officers and may be developed by MCOLES, regarding response to child sexual abuse.
2. Child Welfare Worker: child welfare system; coordination with criminal justice system, juvenile justice system and child custody system
- a. The Department of Health and Human Services should be provided with funding to enable it to hire additional workers to conduct the training and accomplish the tasks identified and recommended by the Task Force in this report.
 - b. The Department of Health and Human Services, in partnership with the entity identified to continue the work of the Task Force and with state and national technical assistance providers on the issue of child sexual abuse, should develop, institute and mandate comprehensive child sexual abuse-specific standardized training for all child welfare workers and their supervisors in Department of Health and Human Services and/or in private agencies who contract with Department of Health and Human Services, including but not limited to workers involved in prevention, intake, Child

Protective Services, foster care, or adoption services. The training should include initial training and frequent in-service training.

- c. The Department of Health and Human Services should mandate skills-based training on the *Forensic Interviewing Protocol*, DHS-PUB 779 (Rev. 4-11), for all Child Protective Services and foster care workers during initial training and refresher in-service training on a frequent basis for all workers who conduct forensic interviews. Only those workers with skills-based training on the *Forensic Interviewing Protocol* should be permitted to conduct forensic interviews. Workers who have not conducted a forensic interview within eleven months should not be permitted to conduct a forensic interview without receiving refresher skills-based training on the *Forensic Interviewing Protocol*.
- d. The Department of Health and Human Services should review its policies and practices at Child Protective Services Central Intake to ensure compliance with MCL 722.623(6) and sending to the appropriate law enforcement agency any reports of child sexual abuse indicating a violation of criminal laws regarding criminal sexual conduct, child sexually abusive activities or materials and sex trafficking of children, regardless of Child Protective Services action regarding the reports. Department of Health and Human Services should further review its policies and practices at Central Intake regarding reports of child sexual abuse that are rejected without investigation and without transfer to another agency to ensure that appropriate attention is given to these reports in light of the complexity of the issue of child sexual abuse and the absence of comprehensive training on the issue of child sexual abuse by Intake workers.
- e. The Department of Health and Human Services, in partnership with the entity identified to continue the work of the Task Force, and with state and national technical assistance providers on the issue of child sexual abuse, should review all existing Department of Health and Human Services policies regarding investigation of and response to child sexual abuse; and develop, institute and mandate compliance with standards, policies and procedures that are based upon the best available information about: child sexual abuse; evidence-based and best and promising practices for child welfare workers responding to child sexual abuse; and about services and interventions for child victims of sexual abuse and their families, foster families of children who have been sexually abused, adoptive families of children who have been sexually abused, juvenile perpetrators and their families, adult perpetrators and their families, children at risk for perpetrating child sexual abuse and their families and workers experiencing secondary trauma as the result of their work in the field of response to child sexual abuse.
- f. The Department of Health and Human Services should infuse child sexual abuse prevention programming into existing *child abuse prevention* services and explore opportunities for infusing child sexual abuse

- prevention programming into additional *public health* programming opportunities that may exist given the recent merger of DHS with DCH.
- g. The Department of Health and Human Services should institute quality control measures regarding mental health professionals who receive contracts from Department of Health and Human Services to provide services to child victims of child sexual abuse and their families, foster care families for children who have been sexually abused, adoptive families of children who have been sexually abused, juvenile perpetrators of child sexual abuse and their families, adult perpetrators of child sexual abuse and their families, children at risk for becoming perpetrators and their families and child welfare workers experiencing secondary trauma due to their work in the field of child sexual abuse response.
 - h. The Department of Health and Human Services should be provided with additional funding for these mental health services to better enable it to fulfill its purpose of enhancing safety, well-being and permanency for children and families. Department of Health and Human Services also should be supported in investigating and reducing barriers to accessing services, including administrative complications involved in keeping services in place for a child when the child is moved from county to county; and investigating and removing barriers to providing adequate, quality, long term supportive services for children who have been sexually abused and then adopted from the child welfare system, including services for their adoptive families.
 - i. The Department of Health and Human Services should institute support and services for workers to prevent and address secondary trauma resulting from their work in the field of response to child sexual abuse.
 - j. The Department of Health and Human Services should develop and institute training for foster families about child sexual abuse prevention and how to respond to and meet the needs of a child placed in their care who has been sexually abused. The training should be accompanied by provision of supportive services to the foster family to assist them to understand and meet the needs of the child placed in their care who has been sexually abused.
 - k. Funding should be provided to Department of Health and Human Services for quality, consistent legal representation in child protective proceedings. Training and practice standards for attorneys hired by Department of Health and Human Services should be established by Department of Health and Human Services in consultation with the entity identified to continue the work of the Task Force and with expert legal technical assistance providers in the field of child welfare.
 - l. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol For All Community Partners provided with this Report, child welfare workers should comply with *A Model Child Abuse and Neglect Protocol With An Approach Using a Coordinated Investigative Team*, DHS-PUB-794 (Rev. 10-13), with particular attention to pages 15-17 regarding “Children’s Protective Services,” and the local protocol

adopted in the county, based on the *Model Protocol*, pursuant to MCL 722.628(6); the *Forensic Interviewing Protocol*, DHS-PUB 779 (Rev. 4-11); and the *Human Trafficking of Children Protocol* DHS-PUB-215 (9-13). In addition, child welfare workers should conduct all activities in cases involving child sexual abuse in accordance the best practices, training, policies, standards and procedures available and to be developed by Department of Health and Human Services regarding child welfare workers' response to child sexual abuse.

3. Friend of the Court personnel in child custody proceedings – coordination with criminal proceedings, juvenile justice proceedings, child welfare proceedings
 - a. The Michigan Supreme Court, through the State Court Administrative Office, should consider drawing upon the best available information and technical assistance regarding the response of courts to child sexual abuse and a should consider developing, instituting and mandating comprehensive child sexual abuse-specific standardized training for all Friend of the Court personnel involved in child custody or parenting time proceedings in which an allegation of child sexual abuse is raised, with particular attention to the mandated reporter law requirements for Friend of Court personnel.
 - b. The Michigan Supreme Court, through the State Court Administrative Office, should consider convening a working group of identified stakeholders to consider the issues involved in handling child custody/parenting time proceedings when there are allegations of child sexual abuse and how best to coordinate Friend of Court investigations, child custody/parenting time proceedings and court orders with investigations, proceedings and orders from these other systems and courts, consistent with applicable law and without compromising the integrity and independence of the functions of each of these systems and courts. This consideration should include the appropriateness and purpose of Friend of Court personnel receiving skills-based training in the *Forensic Interviewing Protocol*, DHS-PUB 779 (Rev. 4-11), as distinguished from training about the existence of *Forensic Interviewing Protocol* and its contents and purposes.
 - c. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol For All Community Partners provided with this Report, Friend of Court personnel should consider compliance with *A Model Child Abuse and Neglect Protocol With An Approach Using a Coordinated Investigative Team*, DHS-PUB-794 (Rev. 10-13), with particular attention to pages 33-35 regarding “Friend of the Court personnel,” and the local protocol adopted in the county, based on the *Model Protocol*, pursuant to MCL 722.628(6); and the *Human Trafficking of Children Protocol* DHS-PUB-215 (9-13); as well as coordination of interviews of children conducted pursuant to the *Forensic Interviewing Protocol*, DHS-PUB 779 (Rev. 4-11). In addition, Friend of Court personnel should conduct all investigations in cases involving child sexual abuse in accordance the best practices, training, policies, standards and procedures available for Friend of Court personnel and may be developed by the Michigan Supreme Court, through the State Court Administrator’s Office, regarding Friend of Court response to child sexual abuse.

4. Prosecutors: criminal justice proceedings and coordination with child protective proceedings, juvenile justice proceedings, child custody proceedings
- a. The Prosecuting Attorneys Association of Michigan, in partnership with the entity identified to continue the work of the Task Force, and with state and national technical assistance providers on the issue of child sexual abuse, and best and promising practices for prosecutors handling criminal prosecutions of child sexual abuse, should continue current development and refinement of comprehensive child sexual abuse-specific standardized training for prosecutors, and make those trainings available on a frequent and regular basis.
 - b. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol For All Community Partners provided with this Report, prosecutors handling criminal prosecutions of child sexual abuse should comply with *A Model Child Abuse and Neglect Protocol With An Approach Using a Coordinated Investigative Team*, DHS-PUB-794 (Rev. 10-13), with particular attention to pages 15-17 regarding “Prosecutors,” pages 12-14 and the local protocol adopted in the county, based on the *Model Protocol*, pursuant to MCL 722.628(6); the *Forensic Interviewing Protocol*, DHS-PUB 779 (Rev. 4-11); and the *Human Trafficking of Children Protocol* DHS-PUB-215 (9-13). Prosecutors also should conduct all activities in cases involving criminal prosecutions of child sexual abuse in accordance the best practices, training, policies, standards and procedures available, and may be developed by the Prosecuting Attorneys Association of Michigan, regarding prosecutor response to child sexual abuse. The Task Force further recommends the following guidelines for prosecutors handling criminal prosecutions of child sexual abuse.
 - i. Prosecutors should attend a minimum of 24 hours of child sexual abuse training prior to their first child sexual abuse trial. Training should include forensic interviewing techniques and procedures;
 - ii. Prosecutors should attend a minimum of 8 hours of continued training on child sexual abuse each year;
 - iii. Victims and non-offending caregivers should be notified of the decision regarding the warrant request within 72 hours of the decision by the prosecuting attorney;
 - iv. Prosecutors should meet in person with the victim prior to preliminary hearings and trials. It is the prosecutor’s responsibility to inform victims about the criminal justice process and the nature of the questions and the settings of the preliminary hearing and trials;
 - v. Prosecutors should request courts to use close circuit television when appropriate and allowable;
 - vi. A support person should be used and the court notified of the use when appropriate. The support person should be in proximity and sight of the victim. Defendants should be situated with minimal visibility to the victim;
 - vii. Prosecutors should attend forensic interviews;

- viii. Prosecutors should also attend case reviews;
- ix. Corroborating statements and collateral witnesses should be utilized whenever possible;
- x. Victims should visit the courtroom prior to hearings and trials;
- xi. Prosecutors should work with courts to provide victims, non-offending caregivers and witnesses with a comfortable and safe place to wait during court proceedings and trials. Victims should not wait in general waiting rooms;
- xii. Coordination with the child protection proceedings should always occur. Prosecutors should coordinate with attorneys representing Department of Health and Human Services to ensure all the requirements for a criminal prosecution and child protection proceeding are met. Prosecutors should encourage and assist with the coordination between the Department of Health and Human Services investigators and law enforcement;
- xiii. Safety of the child and reduction of trauma to the child always are paramount.

5. Attorneys Representing Department of Health and Human Services: child protective proceedings and coordination with criminal justice proceedings, juvenile justice proceedings, child custody proceedings

- a. State Court Administrative Office Child Welfare Services, in partnership with the Department of Health and Human Services and with the entity identified to continue the work of the Task Force and with the Prosecuting Attorneys Association of Michigan and other state and national technical assistance providers on the issue of child sexual abuse and best and promising practices for attorneys representing child protection agencies involved in child protective proceedings, should develop, or continue current development and refinement of comprehensive child sexual abuse-specific standardized training for attorneys representing Department of Health and Human Services in child protective proceedings and make those trainings available on a frequent and regular basis.
- b. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol For All Community Partners provided with this Report, attorneys representing Department of Health and Human Services in child protective proceedings should comply with *A Model Child Abuse and Neglect Protocol With An Approach Using a Coordinated Investigative Team*, DHS-PUB-794 (Rev. 10-13), and the local protocol adopted in the county, based on the *Model Protocol*, pursuant to MCL 722.628(6); the *Forensic Interviewing Protocol*, DHS-PUB 779 (Rev. 4-11); and the *Human Trafficking of Children Protocol* DHS-PUB-215 (9-13). Attorneys representing Department of Health and Human Services also should conduct all activities in child protective proceedings involving child sexual abuse in accordance the best practices, training, policies, standards and procedures available and may be developed by Department of Health and Human Services, State Court Administrative Office Child Welfare Services or others, regarding these attorneys' response to child sexual abuse. The Task Force further recommends the following guidelines for attorneys representing

Department of Health and Human Services in child protective proceedings involving child sexual abuse:

- i. Agency attorneys should attend a minimum of 24 hours of child sexual abuse training prior to their first child protection proceeding involving child sexual abuse. Training should include forensic interviewing techniques and procedures;
- ii. Attorneys should attend a minimum of 8 hours of continued training on child sexual abuse each year;
- iii. Cases should be adjudicated pursuant to applicable time frames. If the child is in placement, the trial must commence as soon as possible, but not later than 63 days after the child is removed from the home. If the child is not in placement, the trial must be held within 6 months after the filing of the petition. See MCR 3.972
- iv. Agency attorneys should meet in person with the child victim prior to hearings and trials where the child's testimony may be needed. It is the attorney's responsibility to inform child victims about the child protection process and the nature of the questions and the settings of the hearings and trials;
- v. Agency attorneys should request courts to use close circuit television when appropriate and allowable;
- vi. Agency attorneys should file Tender Years Motions pursuant to MCR 3.972(C)(2) to prevent the child from testifying when the circumstances merit the use of the rule;
- vii. A support person should be used and the court notified of the use when appropriate. The support person should be in proximity and sight of the child. Offending parents should be situated with minimal visibility to the child;
- viii. Agency attorneys should attend forensic interviews;
- ix. Agency attorneys should also attend case reviews;
 - x. Corroborating statements and collateral witnesses should be utilized whenever possible;
 - xi. Victims should visit the courtroom prior to hearings and trials;
- xii. Department of Health and Human Services attorneys should work with courts to provide victims, non-offending caregivers and witnesses with a comfortable and safe place to wait during court proceedings and trials. Victims should not wait in general waiting rooms.
- xiii. Coordination with the criminal prosecution should always occur. Agency attorneys should coordinate with prosecuting attorneys to ensure all the requirements for the criminal prosecution and the child protective proceeding are met. Agency attorneys should encourage and assist with the coordination between the Department of Health and Human Services investigators and law enforcement;
- xiv. Safety of the child and reduction of trauma to the child always are paramount.

6. Multi-disciplinary teams

- a. Members of the Multi-Disciplinary Team should include law enforcement, Department of Health and Human Services staff, medical, mental health, victim advocacy, child advocacy center staff, prosecutors and attorneys general or private attorneys representing Department of Health and Human Services;
- b. The Task Force recommends that Multi-Disciplinary Teams include schools in Multi-Disciplinary Team policy and protocol development to facilitate school understanding of its role and responsibilities related to Multi-Disciplinary Team investigations of child sexual abuse.
- c. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol for All Community Partners provided with this report, Multi-Disciplinary Team members should comply with *A Model Child Abuse and Neglect Protocol With An Approach Using a Coordinated Investigative Team*, DHS-PUB-794 (Rev. 10-13), and the local protocol adopted in the county, based on the *Model Protocol*, pursuant to MCL 722.628(6); the *Forensic Interviewing Protocol*, DHS-PUB 779 (Rev. 4-11); and the *Human Trafficking of Children Protocol* DHS-PUB-215 (9-13). Multi-Disciplinary Team members also should conduct all activities in child protective proceedings and criminal justice proceedings involving child sexual abuse in accordance the best practices, training, policies, standards and procedures available and may be developed by Governor's Task Force on Child Abuse and Neglect, Department of Health and Human Services, Prosecuting Attorneys Association of Michigan, Michigan Commission on Law Enforcement Standards, Michigan Chapter of National Children's Alliance, or others, regarding Multi-Disciplinary Team members' responses to child sexual abuse.
- d. The Task Force further recommends the following guidelines for Multi-Disciplinary Team members involved in investigations of child sexual abuse:
 - i. All professionals who work in the field of responding to sexual abuse of children should have a base of at least 40 hours of training regarding the subject and 10 hours of ongoing training every year the professional works in the field;
 - ii. An emphasis should be placed on experiential learning for law enforcement, child advocacy center staff, Department of Health and Human Services employees and attorneys representing Department of Health and Human Services. This training is best conducted through the use of mock courtrooms, mock crime scene investigations and mock forensic interviews. A minimum of two days of training should be conducted initially for members of the Multi-Disciplinary Team. Additional advanced training should be provided annually for those professionals who continue to work in this field;
 - iii. Access to professionals with discipline-specific credentials should be provided to Multi-Disciplinary Team members. Prosecutors and attorneys representing Department of Health and Human Services should be provided with a resource attorney who can provide technical assistance in trying a criminal or child protection matter involving a child who is the victim of child sexual abuse. The state

- of Michigan has a wide range of resources available in each county and access should be provided to Multi-Disciplinary Team members in all areas of the state to criminally prosecute perpetrators of child sexual abuse and protect children through child protection proceedings;
- iv. A training portal should be established to offer 24/7 access to trainings for child protection professionals, attorneys and law enforcement. The portal can provide sub-portals available for each discipline represented in the Multi-Disciplinary Team and it would provide a free and efficient means of ensuring that all child protection and law enforcement professionals have immediate and permanent access to basic training on the subject of child sexual abuse;
 - v. Multi-Disciplinary Team members should have a base of at least 40 hours of training on the subject of child sexual abuse before beginning work in this field. In addition, each professional should complete at least 10 hours of training for each year in the profession. Employees of Department of Health and Human Services should comply with the training mandates of their agency.
 - vi. All members of the Multi-Disciplinary Team should receive mandated reporter training prior to beginning work in the profession;
 - vii. Each Multi-Disciplinary Team member should receive initial orientation training within 3 months of working in the profession. The training should include:
 - A. Information regarding Multi-Disciplinary Team agencies in each county;
 - B. Child Advocacy Center if available in the county;
 - C. Review of the state and county Forensic Interviewing Protocol;
 - D. Existing practices, protocols and agreements of the Multi-Disciplinary Team;
 - E. Specialized training for each professional's role and cross training of professional roles to understand each person's responsibility for investigating, prosecuting, protecting and providing treatment for the victim and non-offending caregiver;
 - F. The need for appropriate medical examinations and where to find specialized medical providers in each region of the state;
 - G. Why victims recant and how to handle this problem in a child protection investigation and criminal investigation and subsequent court proceedings;
 - H. Delay of reporting by victims and how to handle the topic in investigations and court proceedings;

- I. Explanation about a lack of medical evidence and what this means to the investigation and the court proceeding;
- J. Relevant child sexual assault criminal statutes and Child Protection Law;
- K. Safety planning for victims and non-offending caregivers;
- L. The dynamics of domestic violence;
- M. The dynamics regarding child sexual abuse and power issues. This should include the tactics used by an offender to control the child, to ensure secrecy and continuation of the abuse;
- N. Collaboration for effective investigations, prosecutions and child protection proceeding;
- O. Trauma reduction for the child victim;
- P. Information about juvenile offenders and referrals for treatment;
- Q. Differences between a criminal prosecution and a child protective proceeding;
- R. Timelines and requirements for investigations, prosecutions and child protection proceedings;
- S. Evidence collection, witnesses and other corroboration;
- T. Witness intimidation and how to prevent it;
- U. Importance and implementation of early intervention to prevent child sexual abuse;
- V. Understanding different cultural needs, norms and the relevance of cultural competency.

7. Attorneys representing the child in child protective proceedings, in coordination with criminal justice proceedings, in juvenile justice proceedings and in child custody proceedings

- a. These attorneys should have specialized and comprehensive training, including:
 - i. all of the issues identified in the Child Sexual Abuse Prevention and Response Protocol For All Community Partners provided with this report, including neurobiology of trauma, how children recall and disclose and understanding of how the responses of individuals and systems, including the lawyer guardian ad litem, impact the healing process for child victims and their families;
 - ii. *A Model Child Abuse and Neglect Investigation Protocol With an Approach Using a Coordinated Investigative Team* DHS-PUB-794 (Rev.10-13), *Human Trafficking of Children Protocol* DHS-PUB-215 (9-13), existence and content of *Forensic Interviewing Protocol*, DHS-PUB 779 (Rev. 4-11), mandated reporter laws and confidentiality laws;
 - iii. Information about best and promising interventions for children and their families, understanding and supporting non-offending parents to protect their children and assist their children to heal, best and promising interventions for adult perpetrators, best and promising interventions for juvenile perpetrators as well as the substantive procedural and evidentiary

- laws and rules applicable to child protective proceedings, particularly those that specifically address child sexual abuse;
 - iv. Consideration of coordination of proceedings and orders involving the same child, parents and/or perpetrator in concurrent criminal proceedings, child protective proceedings, juvenile justice proceedings or child custody proceedings;
 - v. Skills-based training in preparing and presenting these cases in court.
- b. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol For All Community Partners provided with this report, attorneys representing children in child protective proceedings should comply with *The Lawyer Guardian ad Litem Protocol - Revised Edition* (Michigan Judicial Institute, 2006), or its most recent version, and should conduct activities with awareness of and in coordination with *A Model Child Abuse and Neglect Protocol With An Approach Using a Coordinated Investigative Team*, DHS-PUB-794 (Rev. 10-13), and the local protocol adopted in the county, based on the *Model Protocol*, pursuant to MCL 722.628(6); the *Forensic Interviewing Protocol*, DHS-PUB 779 (Rev. 4-11); and the *Human Trafficking of Children Protocol* DHS-PUB-215 (9-13). Attorneys representing children in child protective proceedings involving child sexual abuse also should conduct all activities related to the proceedings in accordance with the best practices, training, policies, standards and procedures available and may be developed by State Court Administrative Office, Child Welfare Services or others, regarding these attorneys' response to child sexual abuse.

8. Attorneys representing parents: child protective proceedings, in coordination with criminal justice proceedings juvenile justice proceedings and child custody proceedings
- a. Parent attorneys require all the same specialized and comprehensive training as lawyers guardian ad litem and additional training on the *Parents' Attorney Protocol*. Vandervort, F., Sankaran, V. co-authors, *Parents' Attorney Protocol*, Michigan State Court Administrative Office, Child Welfare Services Division, (2008).
<http://courts.mi.gov/Administration/SCAO/Resources/Documents/standards/PAP.pdf>;
 - b. Parent attorneys representing children in child protective proceedings also should be trained in the *American Bar Association's Standards of Practice for Attorneys Representing Parents in Abuse and Neglect Cases*
http://www.americanbar.org/content/dam/aba/administrative/child_law/ParentStandards.authcheckdam.pdf.
 - c. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol for All Community Partners provided with this report, attorneys representing parents in child protective proceedings should comply with *Parents' Attorney Protocol* and the *American Bar Association's Standards of Practice for Attorneys Representing Parents in Abuse and Neglect Cases* and should conduct activities with awareness of and in coordination with *A Model Child Abuse and Neglect Protocol With An Approach Using a Coordinated Investigative Team*, DHS-PUB-794 (Rev. 10-13), and the local protocol adopted

in the county, based on the *Model Protocol*, pursuant to MCL 722.628(6); the *Forensic Interviewing Protocol*, DHS-PUB 779 (Rev. 4-11); and the *Human Trafficking of Children Protocol* DHS-PUB-215 (9-13).

9. Judges and referees: Criminal justice proceedings, child welfare proceedings, juvenile justice proceedings, child custody proceedings
 - a. The Michigan Supreme Court, through the State Court Administrative Office (SCAO), should consider drawing upon the best available information and technical assistance regarding the response of courts to child sexual abuse and should consider developing, instituting and mandating comprehensive child sexual abuse-specific training for all judges and referees who preside over criminal proceedings, child protective proceedings, juvenile justice proceedings or child custody proceedings involving allegations of child sexual abuse;
 - b. To avoid further trauma to child victims of sexual abuse and their families, SCAO and local courts should work to end the practice of closing child protection, child custody and criminal cases solely to meet SCAO timelines for case clearance;
 - c. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol for All Community Partners provided with this report, courts should conduct all activities related to court proceedings involving allegations of child sexual abuse in accordance the best practices, training, policies, standards and procedures available regarding courts' response to child sexual abuse.

10. Corrections: criminal justice system corrections personnel (probation officers, parole officers, services providers in-prison and community-based) for adult perpetrators of child sexual abuse
 - a. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol for All Community Partners provided with this report, corrections personnel and sex offender treatment providers should engage in on-going training regarding best and promising practices for these professionals as identified by the Association for Treatment of Sex Offenders, Michigan Association for Treatment of Sex Offenders, and Center for Sex Offender Management and other national and state level training and technical assistance providers for these professionals; and engage in practice that is consistent with the following guidelines.

11. Juvenile Justice System
 - a. State Court Administrator's Office, Child Welfare Services, Juvenile Justice Vision 20/20 and other state level training and technical assistance providers for juvenile justice systems professionals should continue to develop and provide training for these professionals based on evidence-based, best and promising practices for interventions with juveniles with illegal sexual behavior.
 - b. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol for All Community Partners provided with this report, these professionals should engage in on-going training regarding best and promising practices for these professionals as identified by national and state level training

and technical assistance providers for these professionals and provide interventions that are consistent with those practices.

12. Services providers, including mental health services, for children, families and others affected by child sexual abuse

- a. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol for All Community Partners provided with this report, these professionals should engage in on-going training regarding best and promising practices for these professionals as identified by national and state level training and technical assistance providers for these professionals and provide interventions that are consistent with those practices. These professionals also should work with the local domestic and sexual violence advocacy program to inform and coordinate services for non-offending parents who also are victims of domestic violence.

13. Domestic and Sexual Violence Victims Services Providers

- a. Sexual Assault/Domestic Violence Agencies are uniquely suited to contribute to the development of prevention educational curricula and should be an integral partner in curriculum development, implementation and review.
- b. Sexual Assault/Domestic Violence agencies should occupy a leadership role in any coordinated community response efforts to assist communities in understanding the co-occurrence of child sexual abuse and domestic violence/sexual assault in families. This includes active participation in the development and implementation of programs, protocols and training regarding systemic responses to child sexual abuse.
- c. In child sexual abuse cases, the non-offending parent should be given information about and referral to Sexual Assault/Domestic Violence Agencies to explore options for support and assistance with any co-occurring domestic or sexual violence the non-offending parent may be experiencing or may have experienced in the past.

14. Medical

- a. Medical professionals conducting examinations or providing treatment for child victims of sexual abuse should be Board Certified Child Abuse Specialists, or Certified Pediatric Sexual Assault Nurse Examiners (SANE - PED).
- b. In undergraduate and graduate degree programs for all medical and health care professionals, and in on-going professional education, require training in trauma and victimization, including child sexual abuse, mandated reporting requirements and confidentiality laws. Link licensure for medical and health care professionals to education about basic dynamics and identification of child sexual abuse and understanding mandatory reporting and confidentiality laws as they apply to the medical/health care professionals.
- c. Increase funding for training of Certified Pediatric Sexual Assault Nurse Examiners (SANE-PED), to provide access to these professionals by all child victims of sexual abuse.

15. Federally recognized Native American Indian Tribes residing within Michigan
 - a. It is recommended that the entity identified to continue the work of the Task Force work collaboratively with Tribes, through the appropriate channels of communication and outreach, to include the concerns, perspectives and voices of Tribes in the comprehensive effort to prevent child sexual abuse in Michigan and to provide support and assistance as desired by Tribes in identifying and developing resources to address the issues identified by Tribes as barriers to stopping and preventing child sexual abuse.
 - b. Protocol for Tribes and members of Tribes who choose to participate in the state and local coordinated community response to child sexual abuse should be developed in collaboration with Tribes.
 - c. If any of the Tribes wish to develop their own coordinated community response to child sexual abuse, or a model protocol for the coordinated community response, the entity identified to continue the work of the Task force should provide support and assistance as requested by Tribes.

16. Federal Government

- a. To the extent that federal criminal justice system stakeholders choose to participate in state and local efforts to prevent and respond to child sexual abuse, in addition to adhering to Part I of the Protocol For All Community Partners, these professionals should engage in on-going training regarding best and promising practices for these professionals as identified by federal and national training and technical assistance providers for these professionals and conduct their activities in accordance with those practices. These professionals also should work with state, local and Tribal justice systems stakeholders to understand each other's' jurisdictional authority and limitations, available resources and coordinate efforts to identify, investigate and stop and prevent child sexual abuse in Michigan and on Tribal land located within Michigan.

17. Local government funding units: boards of commissioners; MI Association of County Commissioners

- a. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol for All Community Partners provided with this report, local government funding units can make informed decisions about providing funding for needed child sexual abuse prevention and response services and programs and make decisions to provide funding to youth-serving organizations based upon the youth-serving organizations' implementation of a child sexual abuse prevention protocol.

18. Business Community

- a. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol For All Community Partners provided with this Report, these organizations and their leaders should understand and assume responsibility for their role in establishing and promoting community norms that increase risk of perpetration of child sexual abuse, or reduce risk of perpetration of

child sexual abuse and make choices in accordance with that understanding and responsibility. Businesses should support community awareness about child sexual abuse and how to prevent it and make decisions to support youth-serving organizations based upon the youth-serving organizations' implementation of a child sexual abuse prevention protocol.

19. Faith-Based Organizations

- a. In addition to adhering to the Child Sexual Abuse Prevention and Response Protocol for All Community Partners provided with this report, these organizations and their leaders should understand and assume responsibility for their role in establishing and promoting community norms that increase risk of perpetration of child sexual abuse, or reduce risk of perpetration of child sexual abuse and make choices in accordance with that understanding and responsibility. Faith-based organizations should use and make opportunities to promote sexual responsibility and contribute to community awareness about child sexual abuse and how to prevent it.

20. Media

- a. In addition to adhering to Part I of the Protocol for All Community Partners, these professionals should understand and assume responsibility for their role in establishing and promoting community norms that increase risk of perpetration of child sexual abuse, or reduce risk of perpetration of child sexual abuse and make choices in accordance with that understanding and responsibility. Media should use and make opportunities to promote sexual responsibility and contribute to community awareness about child sexual abuse and how to prevent it.

G. Data Collection, Analysis and Research

1. The Task Force recommends that the State Court Administrator's Office, the Department of Health and Human Services, the Prosecuting Attorneys Association of Michigan, the Office of the Child Ombudsman, the Michigan Department of Corrections and other agencies be encouraged to collect child sexual abuse specific data and information.
2. The Department of Health and Human Services and Michigan State Police should publish an annual report regarding child sexual abuse.
3. Through the entity authorized to continue the work of the Task Force, or another entity, conduct research regarding outcomes of prevention efforts.

Attachment A

The Task Force thanks the following individuals and organizations who provided consultation, referrals for resources and information, or other assistance to the Task Force.

Kris Amundson, Executive Director
National Association of State Boards of Education

Cordelia Anderson, Sensibilities Prevention Services
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<http://www.cordeliaanderson.com/>

David Berghuis, M.A.
Michigan Chapter of the Association for the Treatment of Sexual Abusers (MIATSA)

Jetta Bernier, Executive Director, Enough Abuse Campaign/Masskids

Diane Cranley: Founder, TAALK (Talking About Abuse Liberates Kids)
<https://www.taalk.org/>

Angelique Day, Ph.D., MSW, Assistant Professor
School of Social Work
Wayne State University

Deborah Donovan-Rice, Child Sexual Abuse Prevention Consultant
and past Executive Director
Stop it Now

Sally Ellis, Safe Environment Coordinator
Catholic Diocese of Lansing

Alison Feigh, Program Manager
Gundersen National Child Protection Training Center:
<http://www.gundersenhealth.org/ncptc/trainings> and
<http://www.gundersenhealth.org/ncptc/trainings/webinars>

Erima Fobbs, MPH, CPH
Consultant, Health & Nutrition
National Association of State Boards of Education

Rebecca Gordon, consultant, National Criminal Justice Training Center,
National Children's Alliance, Midwest Region Child Advocacy Center
<http://rebeccagordongroup.org/site/projects/>

Teresa Huizar, Executive Director
National Children's Alliance

Linda Johnson, Executive Director
Prevent Child Abuse Vermont

Joshua Kay, J.D., Ph.D., MA.
Clinical Assistant Professor of Law
Child Advocacy Law Clinic
Juvenile Justice Law Clinic
Child Welfare Appellate Clinic
University of Michigan School of Law

Bart Klika, Ph.D., MSW, Assistant Professor
School of Social Work
Program Manager, Institute for Educational Research & Services
University of Montana

Sheryl Kubiak, Ph.D., Professor
School of Social Work
and Consortium on Gender-based Violence
Michigan State University

Elizabeth Letourneau, Ph.D., Associate Professor
Director, Moore Center for the Prevention of Sexual Abuse of Children
Johns Hopkins, Bloomberg School of Public Health

Jeffrey W. Linkenbach, Ed.D., MA, Director
The Montana Institute

Annie Lyles, Program Manager
Prevention Institute
<http://www.preventioninstitute.org/about-us/our-approach.html>

Cindy McElhinney, Director of Programs
Darkness to Light

Adrienne Simone, Founder
The Mamma Bear Effect
<http://www.themamabeareffect.org/index.html>

Leona Smith Di Faustino, Training and Technical Assistance Coordinator
California Coalition Against Sexual Assault
<http://www.calcasa.org/what-we-do/prevention/prevention-connection/>

Nona Spackman, Chair
Abuse Prevention Team
West Michigan Conference of the United Methodist Church

Jane Stevens, Founder
ACES Too High: <http://acestoohigh.com/>

Frank Vandervort, J.D., Clinical Professor of Law
Child Advocacy Law Clinic
Juvenile Justice Law Clinic
University of Michigan School of Law

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RachelFit.com

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Michigan Children's Trust Fund
Michael Foley, Executive Director

Michigan Coalition to End Domestic & Sexual Violence
Mary Keefe
Executive Director

Angelita Velasco Gunn
Associate Director

Paula Callen
Director, Building the Safety Net Project

Lisa Winchell-Caldwell
Senior Program Manager

Sarah Prout Rennie
Policy Attorney

Angela Autera
Project Assistant

Michigan Department of Corrections

Virginia Bergamo, Sex Offender Specialist/Contract Manager for Substance Abuse Services for the Bureau of Health Care, MDOC

David Dawdy, Director of Mental Health Services, MDOC

James Kissinger MA, Limited Licensed Psychologist
MDOC

Michigan Department of Education (MDE)

Kyle Guerrant, LMSW, Deputy Superintendent,
Administration & School Support Services

Kim Kovalchick, LMSW, MPH, CHES, Supervisor,
Coordinated School Health and Safety Programs Unit

Michigan Department of Health and Human Services

Stacie Bladen, Deputy Director
Children's Services Agency

Ginger Czubak, Executive Secretary
Division of Continuous Quality Improvement
Coordinator for Task Force

Chris Fussman, Epidemiology Specialist
Chronic Disease and Epidemiology Unit

Jessica Grzywacz, Public Health Consultant
Physical Activity and Nutrition

Danielle Marek, MSW, Program Manager
Mecosta/Osceola County
Children's Services
MDHHS liaison to Task Force

Kelcy McArthur, LLMWS, Program Analyst
Child Protective Services Program Office
And liaison to Task Force

Mary Mueller, LMSW, Project Coordinator
Trauma Informed Systems Development for Child Health and Adolescent &
School Health Units

Colin Parks, Program Manager
Child Protective Services and Family Preservation Programs

Erica Quealy, Marketing Specialist
Office of Communications

Sarah Rockhill, Ph.D., Child, Adolescent and School Health Epidemiologist
Lifecourse Epidemiology and Genomics Division

Michael Rosenberg, Manager
Division of Continuous Quality Improvement, Data Management Unit

Linda Scarpetta, Director
Division of Chronic Disease and Injury Control

Stacey Tadgerson, Director
Children's Services Agency, Native American Affairs

Janice Tribble, Director
Child Welfare Licensing

Michelle Twitchell, Adolescent Health Consultant
Adolescent and School Health

Steve Yager, Director
Children's Services Agency

Michigan Department of State Police
Colonel Kriste Etue, Director

Wendy Easterbrook, Department Crime Specialist, N-DEx/MiDEx Coordinator,
Michigan Incident Crime Reporting

F/Lt. Michael Johnson, Operations Section Commander,
Special Operations Division

Sgt, Mark Pravato, Prevention Services Unit,
Grants and Community Services Division

Inspector Jim Shaw, Field Services Bureau

Michigan Domestic & Sexual Violence Prevention and Treatment Board staff

Michigan Governor's Task Force on Child Abuse and Neglect

Michigan Office of the Children's Ombudsman
Orlene Christie Hawks, Director

Tobin Miller, Investigator

Michigan Public Health Institute
Heidi A. Hilliard, Senior Project Coordinator, CDR/FIMR/SUID-CR,
Center for Child and Family Health

Michigan State Board of Education
John C. Austin, President
Michelle Fecteau, Secretary
Dr. Casandra E. Ulbrich, Vice President

Michigan Statistical Analysis Center, Michigan State University
Michigan State Police
Gregory Drake, M.S.
Edmund McGarrell, Ph.D, Professor, School of Criminal Justice

Prosecuting Attorneys Association of Michigan (PAAM)
Larry Burdick, Executive Director
Julie Welch, Director, Child Abuse Training Department

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Tessa K. Hessmiller, Assistant United States Attorney

Children's Concerns of St. Joseph County, Inc.
Dianne Gorsuch, President
Jill Lancaster Modert, Instructor
Judy Schumaker, Treasurer
Luann Seuryneck, Secretary

Attachment B

Bibliography

Child Sexual Abuse Prevention Task Force Reports from Other States

At least 19 states and the territory of Guam have enacted legislation similar to MCL 722.632b. The National Conference of State Legislators has compiled a listing of such legislation; this listing appears online at <http://www.ncsl.org/research/human-services/erins-law-and-child-sexual-abuse-prevention-laws.aspx> (Visited 5/22/15). The following Task Force Reports are also available at this site:

- **GUAM** - First Report of the Task Force on the Prevention of Sexual Abuse of Children within the Child Protective Act (Guam, 2012), online at <http://www.pacificnewscenter.com/images/pdf/preventsexabusetaskforce.pdf> (Visited 5/22/15).
- **ILLINOIS** - Erin's Law Task Force, Executive Summary (Illinois, 2012) online at <http://www.isbe.state.il.us/reports/erins-law-final0512.pdf> (Visited 5/22/15).
- **MISSOURI** - Final Report Task Force on the Prevention of the Sexual Abuse of Children (Missouri, 2012), online at http://www.msbanet.org/files/governmental_relations/MoKidsFirst_Report_FINAL.pdf (Visited 5/22/15).
- **NEVADA** - Report from the Task Force on the Sexual Abuse of Children, (Nevada, 2014), online at <http://dcfs.nv.gov/uploadedFiles/dcfsnv.gov/content/Tips/Reports/SB258%20Report.pdf> (Visited 5/22/15).
- **SOUTH CAROLINA** - Recommendations for Improving South Carolina's Response to Child Sexual Abuse, Executive Summary (South Carolina, n.d.), online at <http://silenttearssc.org/the-view-from-the-trenches-recommendations-for-improving-south-carolinas-response-to-child-sexual-abuse-based-on-insights-from-frontline-child-protection-professionals/> (Visited 5/22/15).

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Attachment C

**Child Sexual Victimization:
MICR (2013)**

Gregory Drake, M.S.

Dr. Edmund McGarrell, Ph. D.

Michigan Statistical Analysis Center
Michigan State University
Michigan State Police

Studying Child Sexual Victimization using Michigan Incident Crime Reporting Data

Michigan's Incident Crime Reporting system, or MICR, is part of the National Incident Based Reporting System, NIBRS. Incident based reporting has largely replaced Uniform Crime Reporting of aggregate crime statistics with detailed case reports of each crime incident, including victim and offender information.

Incident reporting data, MICR included, requires a "row" of data for each unique aspect of a crime. For example if a single victim was victimized by a single offender, but was the victim of several crimes, MICR data produces a "row" of data that includes victim and offender information for each unique charge the arresting officer applies to a crime incident.² A similar situation occurs when a single offender victimizes several individuals (i.e. data is recorded for each victim, but redundant data is produced on the single offender) or multiple offenders victimize a single individual. The issue becomes, for example when attempting to count the number of child sexual assault victims, producing data that have all the pertinent information without counting victims or offenders more than once.

In this analysis I produce five data sets, shown in Figure 1. The first file contains all cases with information regarding offenses committed by offenders, including separate "rows" of data for separate offenses committed by the same offender during the same incident. The second file eliminates duplicate cases, or "rows", of offenders that committed multiple offenses during one incident and thus has accurate demographic information regarding the 7,295 unique child sex offenders in Michigan in 2013. The third and fourth files are constructed similarly with regards to victims. The third file contains information on the 8,387 unique victim offenses and the fourth file eliminates duplicate victim data, so as to provide accurate demographic information on the 8,350 unique victims of sexual offenses. The last file contains information, including victim and offender relationships, on every unique victim/offender pairing, of which there were 9,280. This differs from victim or offender offenses as an incident with two offenders and one victim produces only one victim offense, as per NIBRS recording, but produces two unique victim offender relationships. Each of the following figures throughout this paper uses data from these five data sets and is labeled with the data set from which they derive.

² For example, a crime incident where an offender is charged with both robbery and resisting arrest produces two "rows" of data within MICR that include redundant offender information. If not treated properly this can result in duplicate counts of the same offender information during analysis, specifically demographic information.

**Figure 1
MICR Offenders, Victims and Offenses**

	Frequency
Offender Offenses	8113
Unique Offenders	7295
Victim Offenses	8387
Unique Victims	8350
Unique Victim/ Offender Pairings	9280

**Figure 2
Offender Age
(Unique Offenders)**

Age	Frequency
1	4
2	2
3	6
4	16
5	37
6	48
7	78
8	75
9	85
10	91
11	131
12	193
13	279
14	336
15	381
16	380
17	490

Age	Frequency
1-17	2632
18-24	1517
25-34	1064
35-44	868
45-54	473
55-64	235
65-74	98
75-84	21
85+	3
Unk.	384
Total	7295

Figure 2 shows the age distribution of offenders of sex offenses. Some oddities exist in the data. Twelve offenders were reported as younger than 4 years of age and 16 more were reported as 4 years of age.

The majority of offenders, just over half, were younger than 24 years of age, with the largest grouping being those younger than 17 years of age. The oldest offender was 93 years of age.

**Figure 3
Offender Age and Gender
(Unique Offenders)**

Age	Frequency	
	Female	Male
1	0	4
2	0	2
3	3	3
4	3	13
5	5	31
6	8	40
7	15	62
8	13	62
9	18	67
10	22	68
11	24	107
12	29	164
13	31	248
14	33	303
15	36	345
16	23	356
17	32	458

Age	Frequency	
	Female	Male
1-17	295	2333
18-24	96	1416
25-34	103	960
35-44	76	861
45-54	33	414
55-64	17	197
65-74	5	71
75-84	0	19
85+	0	2
Unk.	25	314
Total*	650	6587

*Offender gender was unrecorded for some offenders

Figure 3 shows the distribution of offenders by both recorded age and gender. The vast majority of offenders, more than 91% were male. Both male and female offenders showed similar age distributions and both tended to be younger than 24.

**Figure 4
Offender Offense Type
(Offender Offenses)**

Offense	Frequency
Obscenity	89
Peeping Tom	25
Sex Offense Other	764
Sex Contact Forcible CSC 2nd	1670
Sex Contact Forcible CSC 4th	1287
Sex Pen. Blood/Affinity	21
Sex Pen. Non-Forcible Other	85
Sex Pen. Object CSC 1 st	274
Sex Pen. Object CSC 3rd	107
Sex Pen. Oral/Anal CSC 1st	778
Sex Pen. Oral/Anal CSC 3rd	326
Sex Pen. Penis/Vagina CSC 1st	1999
Sex Pen. Penis/Vagina CSC 3rd	688
Total	8113

Figure 4 shows the distribution of sex offenses. The most frequent sex offense in 2013 was Sexual Penetration of the Penis/Vagina CSC 1st, followed by forcible sexual contact CSC 2nd and forcible sexual contact CSC 4th.

Figure 5
Offense Type by Offender Gender
(Offender Offenses)

Offense	Gender			Total
	Female	Male	Unk.	
Obscenity	9	65	15	89
Peeping Tom	0	11	14	25
Sex Offense Other	39	318	407	764
Sex Contact Forcible CSC 2nd	157	1390	133	1670
Sex Contact Forcible CSC 4th	143	1045	99	1287
Sex Pen. Blood/Affinity	2	16	3	21
Sex Pen. Non-Forcible Other	6	76	3	85
Sex Pen. Object CSC 1st	31	216	27	274
Sex Pen. Object CSC 3rd	15	85	7	107
Sex Pen. Oral/Anal CSC 1st	55	671	52	778
Sex Pen. Oral/Anal CSC 3rd	27	290	9	326
Sex Pen. Penis/Vagina CSC 1st	120	1870	9	1999
Sex Pen. Penis/Vagina CSC 3rd	54	628	6	688
Total	658	6681	774	8113

Figure 5 shows the distribution of sex offenses among both men and women offenders. For both men and women the most frequent offenses were the same, Sexual Penetration of the Penis/Vagina CSC 1st, followed by forcible sexual contact CSC 2nd and forcible sexual contact CSC 4th

Figure 6
Distribution of Offenses by Offender Age
(Offender Offenses)

Offense	Age																										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+		
Obscenity	0	0	0	0	0	0	0	0	1	0	0	2	2	3	9	7	10	16	6	8	6	1	1	0	0		
Peeping Tom	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	1	0	0	5	0	2	0	0	0	0		
Sex Offense Other	1	0	1	0	0	0	2	6	3	6	7	7	1	1	1	19	16	15	74	56	50	20	16	4	0	0	
Sex Contact Forcible CSC 2nd	1	0	0	6	2	1	2	6	0	2	2	4	5	8	54	37	38	181	30	25	4	160	92	43	7	2	
Sex Contact Forcible CSC 4th	0	1	2	3	2	2	2	5	1	2	3	4	7	8	72	63	70	13	14	1	117	84	41	15	7	1	
Sex Pen. Blood/Affinity	0	0	0	0	0	0	0	0	0	0	0	1	0	0	4	1	1	2	2	5	1	0	0	0	0		
Sex Pen. Non-Forcible Other	0	0	0	0	0	0	0	0	0	0	0	1	0	2	7	7	19	30	7	1	1	0	0	0	0		
Sex Pen. Object CSC 1st	0	0	2	1	2	0	2	3	4	3	2	5	8	9	10	10	7	45	42	36	25	19	4	1	0		
Sex Pen. Object CSC 3rd	0	0	0	0	1	3	3	0	0	1	0	1	3	8	7	5	16	16	16	11	4	1	1	0	0		
Sex Pen. Oral/Anal CSC 1st	0	1	1	3	5	8	2	0	0	6	1	2	2	4	3	49	30	38	13	10	7	82	47	16	8	0	0
Sex Pen. Oral/Anal CSC 3rd	0	0	0	2	2	0	3	8	6	2	0	1	1	1	1	21	32	26	84	29	15	5	4	5	1	0	
Sex Pen. Penis/ Vagina CSC 1st	2	0	0	1	3	2	8	6	0	1	1	2	3	5	6	92	99	156	54	31	4	257	109	47	18	4	0
Sex Pen. Penis/ Vagina CSC 3rd	0	0	0	0	0	1	0	2	1	4	1	4	9	8	36	77	10	26	5	59	46	20	4	2	1	0	

Figure 6 shows the distribution of offenses by offender age. The most common age for the commission of most sexual offenses was between 18 and 24 years of age, though this differs by specific crime (e.g. forcible sexual contact). The most frequent age/offense pairing was the commission of 549 Sexual Penetrations of the Penis/Vagina CSC 1st by 18-24 year olds.

Figure 7 shows this same data in graphic form, without collapsed age ranges. Viewed this way, it can be seen that many sex offenses are committed by individuals (primarily males) in their late teens and early 20s.

**Figure 7
(Offender Offenses)
Offender Age Distribution for Sex Offenses**

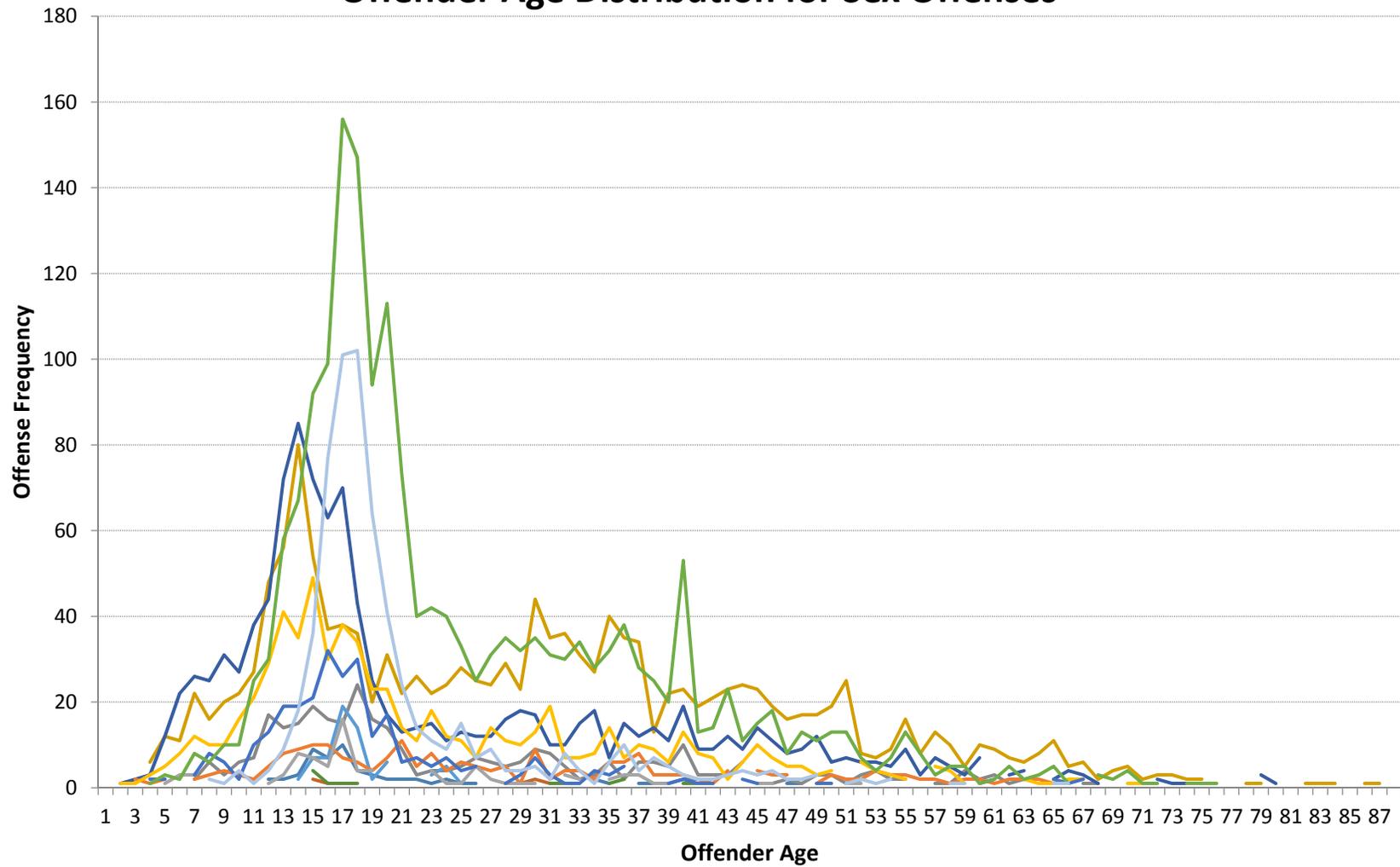


Figure 8
Victim Age and Gender
(Unique Victims)

Age	Victim Gender		Total
	Female	Male	
< 1	21	10	31
1	30	8	38
2	139	38	177
3	287	123	411
4	350	145	497
5	283	177	462
6	287	138	425
7	272	115	389
8	219	111	331
9	231	100	331
10	242	75	317
11	280	72	352
12	412	82	495
13	703	79	782
14	1007	124	1131
15	1033	138	1171
16	520	74	595
17	352	62	414
Total*	6668	1671	8350

* Gender was unreported for 11 victims

Figure 8 shows the age and gender distributions of victims of sex offenses. Unlike offenders of sex offenses, the vast majority of whom were male, victims of sex offenses were predominantly female, 80%. The nature of male and female victimization also appears to differ, where the age at which the highest rate of victimization occurs for girls is in their teens (13-16 years of age), boys were more likely to be victimized in two distinct periods, first between the ages of 3 and 9 years of age and second, similar to girls, between that ages of 14 and 15.

Figure 9
Victimization Type by Gender
(Victim Offenses)

Offense	Gender		Total
	Female	Male	
Obscenity	81	8	89
Peeping Tom	30	3	33
Sex Offense Other	649	223	875
Sex Contact Forcible CSC 2nd	1389	421	1815
Sex Contact Forcible CSC 4th	1067	280	1347
Sex Pen. Blood/Affinity	17	3	20
Sex Pen. Non-Forcible Other	77	5	82
Sex Pen. Object CSC 1st	252	31	283
Sex Pen. Object CSC 3rd	91	12	103
Sex Pen. Oral/Anal CSC 1st	386	438	827
Sex Pen. Oral/Anal CSC 3rd	203	126	329
Sex Pen. Penis/Vagina CSC 1st	1846	83	1929
Sex Pen. Penis/Vagina CSC 3rd	613	42	655
Total*	6701	1675	8387

*Gender was unavailable for 11 victims

Figure 9 shows the distribution of offenses among male and female victims. Female victims are disproportionately the victims of Sexual Penetration Penis/Vagina CSC 1st and male victims are disproportionately the victims of Sexual Penetration Oral/Anal CSC 1st.

Figure 10
Victimization Type by Victim Age
(Victim Offenses)

Offense	Victim Age																	
	< 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Obscenity		1	1			1		2	2	4	4	3	10	8	15	17	12	9
Peeping Tom				1	1			1	1	2	1	3	3	2	5	2	5	6
Sex Offense Other	7	2	10	26	40	34	33	37	25	40	42	46	79	97	12	12		
Sex Contact Forcible CSC 2nd	8	12	48	14	15	14	14	14					14	12	14	11		
Sex Contact Forcible CSC 4th	2	4	33	47	77	79	74	54	69	60	59	55	74	142	17	15	10	
Sex Pen. Blood/Affinity														9	5	6		
Sex Pen. Non-Forcible Other														10	30	42		
Sex Pen. Object CSC 1st	3	4	13	35	34	30	14	8	12	14	7	7	7	15	32	29	13	6
Sex Pen. Object CSC 3rd			1	7	4	3	7	3	2	1	1	3	3	11	12	20	12	13
Sex Pen. Oral/Anal CSC 1st	4	2	24	64	81	74	60	57	46	54	46	41	37	48	58	60	36	35
Sex Pen. Oral/Anal CSC 3rd			4	11	13	22	16	12	11	9	7	8	10	36	64	69	20	17
Sex Pen. Penis/Vagina CSC 1st	3	13	41	74	92	73	75	74	54	57	59	78	119	220	28	31	19	
Sex Pen. Penis/Vagina CSC 3rd	1		3	3	4	3	1	3	2	4	3	7	14	64	18	23	5	108
															5	1	66	61

Figure 10 shows the distribution of offenses by victim age. While the ages of the victims of most sexual offenses tend to cluster most frequently in the 12 to 15 years of age range, victims of Forcible Sexual Contact CSC 2nd show two distinct high frequency “peaks” from the ages of 3 to 7 and again at the ages of 12 to 15, before victimization declines among 16 and 17 year olds.

Figure 11 shows this same data in graphic form. The purple “dash” trend-line, has been highlighted to showcase its non-conformity to the trends of the other forms of sex offenses. In lay terms, victimization of Forcible Sexual Contact CSC 2nd may follow a different age graded trend than most other forms of sexual offenses.

Figure 11
(Victim Offenses)
Victimization Type by Victim Age

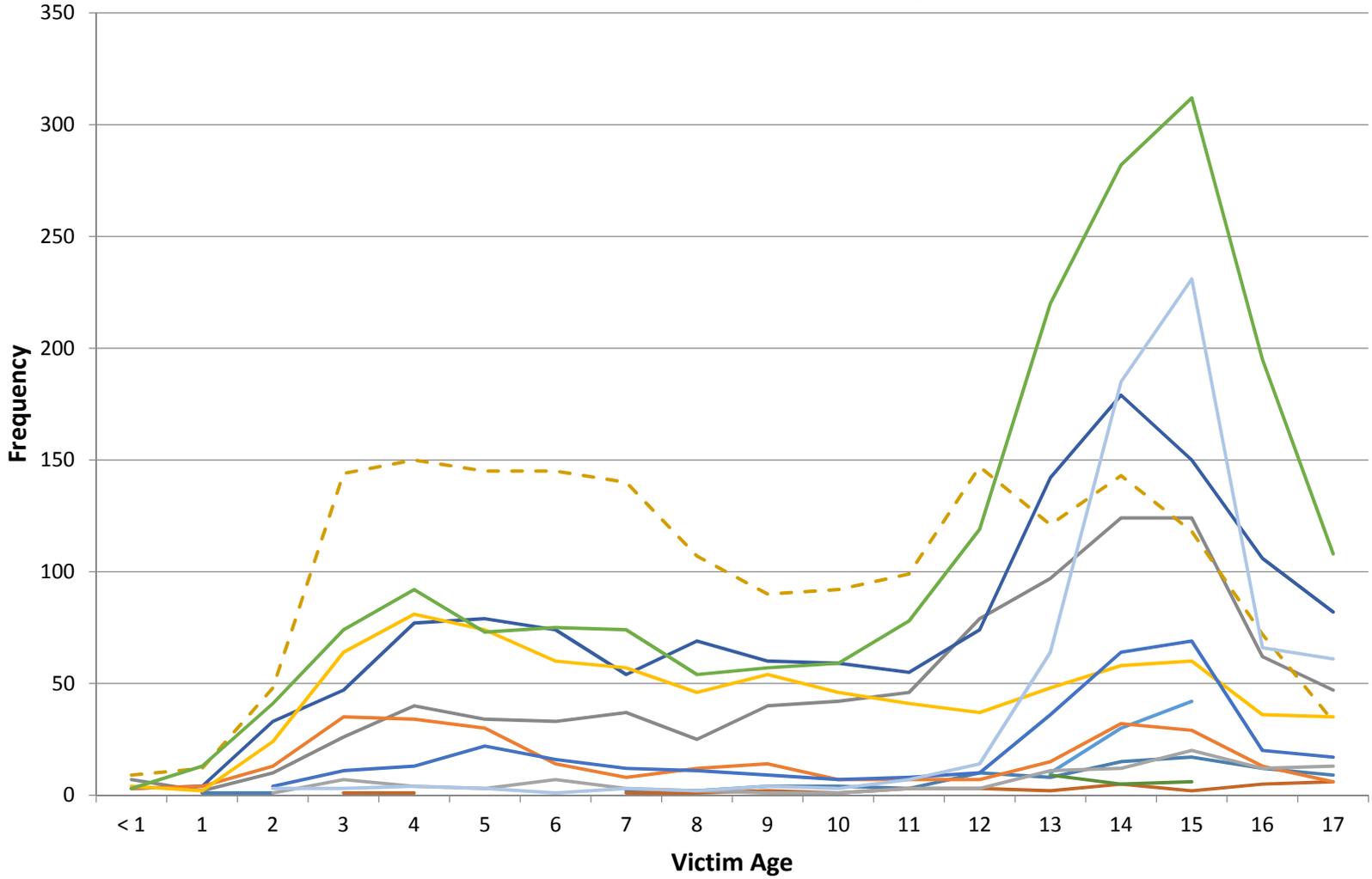


Figure 12
Offender/Victim Age Difference by Gender
(Unique Offenses)

Age Difference (Years)*	Offender Gender		Total
	Female	Male	
Offender Younger	51	217	269
0 to 2 Yrs	175	1310	1488
3 to 5 Yrs	100	1302	1407
6 to 10 Yrs	101	1122	1227
11 to 15 Yrs	38	481	521
16 to 20 Yrs	76	524	601
21 to 25 Yrs	79	648	728
26 to 30 Yrs	59	490	550
31 to 35 Yrs	30	339	369
36 to 40 Yrs	22	247	269
41 to 45 Yrs	15	198	213
46 to 50 Yrs	9	131	141
50+ Yrs	23	231	273
Total	778	7240	8018
Unknown			1193

* Formula = (Offender age) – (victim age)
 Victim was older than the offender in 269 cases
 Of the 8018 pairings where age for both victim and offender was known, counts differ as gender for 69 offenders was unknown
 Age for Victim or Offender was unknown for 1193 pairings

Figure 12 shows the age difference between offender and victim, across male and female offenders. This difference was taken by subtracting the victim's age from the offender's age (e.g. offender age – victim age = resulting differences).

For 269 unique offenses, which may include multiple offenders, victims, or offenses types, the offender was younger than the victim. The most frequent age differences were between 0 (i.e. offender and victim the same years of age) and 10 years of age. Frequency of offenses declined as age differences increased, suggesting that offenders are most likely to target victims at or near their own age, although more than half of offenders victimized individuals that were more than 10 years younger than themselves.

Figure 13
Offender/Victim Age Differences by Offense Type
(Unique Offenses)

Offense	Age Difference (Years)*														Total
	Off. Older	0-2	3-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	50+	Unk.	
Obscenity	5	29	13	7	1	3	5	9	3	3	1		2	18	99
Peeping Tom		4			2	3	2	1	1	1	2	2		15	33
Sex Offense Other	20	54	70	70	35	35	47	31	23	12	13	14	10	496	930
Sex Contact Forcible CSC 2nd	33	187	152	248	127	165	192	183	122	89	77	56	109	207	1947
Sex Contact Forcible CSC 4th	88	356	196	136	68	75	99	72	56	45	33	14	41	161	1440
Sex Pen. Blood/Affinity	1	5	2	1		2	3	2		1				4	21
Sex Pen. Non-Forcible Other	2	28	30	13	4	5			2					10	94
Sex Pen. Object CSC 1st	8	29	23	39	15	31	36	17	25	11	11	11	14	37	307
Sex Pen. Object CSC 3rd	6	31	17	16	5	14	9	2	4	1	1	2		11	119
Sex Pen. Oral/Anal CSC 1st	32	123	148	158	57	59	80	62	34	24	27	13	16	85	918
Sex Pen. Oral/Anal CSC 3rd	16	105	97	65	23	12	11	10	5	1	3	3	7	22	380
Sex Pen. Penis/Vagina CSC 1st	41	334	405	384	151	173	217	145	84	76	39	23	53	139	2264
Sex Pen. Penis/Vagina CSC 3rd	17	203	254	90	33	24	27	16	10	5	6	3	2	38	728

* Formula = (Offender age) – (victim age)
 Victim was older than the offender in 269 cases

Figure 13 shows the distribution of offenses by offender/victim age differences. No offense type appears to differ in the trend of offenders most frequently victimizing individuals that are between 0 and 10 years younger than themselves.

Figure 14
Victim Offender Relationships
(Unique Offenses)

Relationship Type	Frequency
Acquaintance or Former Roommate	1739
Child	994
Other Family Member	881
Otherwise Known	879
Friend	740
Dating (boyfriend/girlfriend)	476
Sibling (brother/sister)	459
Stranger	334
Step-child	245
Grandchild	223
Step-sibling	192
Neighbor	175
Child of Boyfriend/Girlfriend	158
Former Dating (boyfriend/girlfriend)	97
Step-parent	63
Babysittee (the baby)	61
Offender	43
Resident (Boyfriend/Girlfriend)	18
Homosexual Relationship	15
In-law	15
Former Resident (Boyfriend/Girlfriend)	10
Child in Common	8
Employee	5
Parent	3
Grandparent	2
Employer	2
Ex-spouse	1
Unreported	1442
Total	9280

Figure 14 shows the distribution of the victim offender relationship for each unique offense. The most frequent relationship was that of an acquaintance, followed by an offender's child and an "unspecified family member". The nature of the victim/offender relationship was unreported in 1,442 offenses or 15.5% and was reported as a stranger in only 3.6%, meaning that the vast majority, between 80.9 and 96.4%, of sexual offenses in Michigan in 2013 were committed by an offender who, in some facet, was known by the victim before the incident took place.

Attachment D Data on Childhood Sexual Abuse

Source: The Michigan Behavioral Risk Factor Surveillance System (MiBRFSS)

Description: The MiBRFSS is composed of annual, state-level telephone surveys of Michigan residents, aged 18 years and older. These annual, state-level surveys are the only source of state-specific, population-based estimates of the prevalence of various behaviors, medical conditions and preventive health care practices among Michigan adults. MiBRFSS results are used by public health agencies, academic institutions, non-profit organizations and others to develop and evaluate programs that promote the health of Michigan citizens.

In 2013, the MiBRFSS included an additional question module to assess the prevalence of adverse childhood experiences, including childhood sexual abuse among Michigan adults. Respondents were considered to have experienced childhood sexual abuse if they answered “once” or “more than once” to any of the following questions regarding their experience before age 18:

- How often did anyone at least five years older than you or an adult ever touch you sexually?
- How often did anyone at least five year older than you or an adult try to make you touch them sexually?
- How often did anyone at least five years older than you or an adult force you to have sex?

History of Childhood Sexual Abuse by Demographic Characteristics among Michigan Adults, 2013

	Estimate (%)	95% Confidence
Gender		
Female	15.8	(13.8-18.1)
Male	5.2	(4.1-6.7)
Race		
White, non-Hispanic	10.1	(8.8-11.5)
Black, non-Hispanic	13.6	(9.4-19.3)
Other, non-Hispanic	15.6	(10.1-23.5)
Education		
Less than high school	11.9	(7.1-19.1)
High school graduate or equivalent	10.6	(8.6-13.1)
Some college	12.0	(9.9-14.4)
College graduate or more	8.2	(6.6-10.1)
Household Income		
<\$20,000	19.4	(15.5-24.1)
\$20,000-\$34,999	12.5	(9.5-16.2)
\$50,000-\$74,999	11.4	(8.4-15.2)
>=\$75,000	7.0	(5.2-9.3)

General Health Status by History of Childhood Sexual Abuse among Michigan Adults, 2013

	Fair or Poor Health	
	Estimate (%)	95% CI
Childhood Sexual Abuse		
No	14.4	(12.9-16.0)
Yes	29.9	(24.1-36.4)

Mental Health Status by History of Childhood Sexual Abuse among Michigan Adults, 2013

	Poor Mental Health on 14+ Days in Past Month	
	Estimate (%)	95% CI
Childhood Sexual Abuse		
No	8.9	(7.7-10.4)
Yes	25.7	(20.1-32.1)

Results: Overall, 10.7% (95% CI: 9.5% - 12.1%) of Michigan adults reported experiencing childhood sexual abuse. Females were three times more likely to report childhood sexual abuse compared to males (15.8% vs. 5.2% respectively). Increasing household income was inversely associated with the risk of sexual abuse during the respondent’s childhood; for example, individuals with annual household incomes below \$20,000 were 2.8 times more likely to report childhood sexual abuse compared to individuals with annual household incomes of \$75,000 or more. Childhood sexual abuse was associated with poor general health and poor mental health. Individuals who were sexually abused as children were twice as likely as those who did not to report that their health status was poor or fair and 2.9 times more likely to report their mental health was poor.

Citation: 2013 Michigan Behavioral Risk Factor Surveillance System. Michigan Department of Health and Human Services, Lifecourse Epidemiology and Genomics Division, Chronic Disease Epidemiology Section.

Source: Michigan Youth Risk Behavior Survey (YRBS)

Description The Michigan YRBS is a biennial school-based survey which monitors a wide range of priority health risk behaviors – unintentional injuries and violence; tobacco alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; unhealthy dietary behaviors; physical inactivity; obesity; and asthma among high school students. Youth Risk Behavior Surveys are conducted at the national, state and some local levels, allowing for comparisons across geographies.

Participants were asked the following two questions related to sexual abuse:

- Have you ever been physically forced to have sexual intercourse when you did not want to?

- During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? Count such things as kissing, touching, or being physically forced to have sexual intercourse.

Experience of Sexual Violence among Michigan High School Students, 2013

**Ever physically
forced to have
sex**

**Forced to do sexual
things by dating partner
in past 12**

Total

	months					
	Estimate (%)	95% CI	Estimate (%)	95% CI	Estimate (%)	95% CI
Gender						
Female	11.0	(9.4-12.8)	14.1	(11.3-17.5)	16.2	(14.1-18.2)
Male	6.3	(4.8-8.4)	5.5	(4.3-7.0)	8.3	(6.8-9.9)
Race*						
Asian	10.0	(5.9-16.3)	-	-	11.7	(6.1-17.4)
Black	10.9	(9.3-12.8)	7.2	(4.5-11.2)	14.3	(11.7-
Hispanic	16.7	(11.0-24.7)	17.4	(12.0-24.6)	20.2	(13.4-
White	7.1	(6.3-8.1)	9.7	(8.2-11.4)	10.8	(9.8-11.8)
Multiple race	14.6	(10.1-20.6)	12.5	(7.2-20.8)	18.7	(12.9-
Grade						
9 th	6.5	(5.4-7.8)	12.4	(9.5-15.4)	11.4	(9.7-13.2)
10 th	11.1	(8.5-14.3)	9.6	(7.3-12.4)	14.3	(11.6-16.9)
11 th	7.9	(6.1-10.1)	8.5	(6.2-11.7)	10.8	(8.5-13.2)
12 th	8.6	(7.0-10.6)	8.1	(5.5-11.9)	11.5	(9.2-13.9)

*Sample size was insufficient to calculate reliable estimates for the American Indian/Alaska Native and Native Hawaiian/Pacific Islander populations.

Persistent Feeling of Sadness or Hopelessness among Michigan High School Students, 2013

	Felt Sad or Hopeless 2 Week in a Row*	
	Estimate (%)	95% CI
Experienced Sexual Violence		
No	23.6	(21.7-25.4)
Yes	51.7	(45.7-57.7)

*Felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey

Attempted Suicide among Michigan High School Students, 2013

	Attempted Suicide in Past 12 Months	
	Estimate (%)	95% CI
Experienced Sexual Violence		
No	6.5	(5.0-7.9)
Yes	26.8	(21.0-32.6)

Results: Overall, 8.7% (95% CI: 7.7% - 9.8%) of Michigan high school students reported ever being physically forced to have sex, 9.8% (8.1%-11.9%) reported experiencing sexual dating violence and 12.2% (95% CI: 11.1% - 13.3%) reported experiencing either type of sexual violence. Females were 74% more likely than males to report ever being forced to have sex and 156% more likely to report ever being forced to do sexual things by someone they were dating. Students who reported being a victim of any type of sexual violence, including dating sexual violence, were 2.2 times more likely to report feelings of persistent sadness or hopelessness and 4.1 times more likely to report attempting suicide in the past year compared to students that did not report experiencing sexual violence.

Citation: 2013 Michigan Youth Risk Behavior Survey, Michigan Department of Education.

Source: Adoption and Foster Care Analysis and Reporting System (AFCARS)

Description: AFCARS is a federally mandated data collection system intended to provide

case specific information on all children covered by the protections of Title IV-B/E of the Social Security Act (Section 427). Under the final AFCARS rule, states are required to collect data on all children in foster care for whom the State child welfare agencies have responsibility for placement, care or supervision and on children who are adopted under the auspices of the State's public child welfare agency. AFCARS was designed to address policy development and program management issues at both the state and federal levels. Data is tied to the federal fiscal year (October 1 to September 30). The analytical file used to construct the estimates described in this report was provided by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY and have been used with permission.

The analysis presented in this report describes the frequency and characteristics of individuals who had alleged or substantiated sexual abuse or exploitation by a person responsible for their welfare listed as a condition associated with their removal from their home and/or contact with the foster care system.

Demographic Characteristics of Individuals Served by the Michigan Foster Care System, Fiscal Year 2012

	Sexual Abuse was Condition for Removal from	
	<u>N</u>	<u>% of all individuals in foster</u>
Total	1042	4.7
Entered in FY 2012	318	4.5
Gender		
Male	341	2.9
Female	701	6.7
Race		
White, non-Hispanic	607	5.8
Black, non-Hispanic	283	3.4
Multiracial, non-Hispanic	74	3.5
Hispanic	74	5.5
Other and unknown	4	1.3

Characteristics of Individuals Served by the Michigan Foster Care System by Reason for Entry into Foster Care, Fiscal Year 2012

	Sexual Abuse was Condition for Removal from	
	<u>Yes (%)</u>	<u>No (%)</u>
Current placement setting		
Pre-adoptive home	11.5	12.8
Foster family home, relative	22.1	24.2
Foster family home, non-relative	21.9	21.0
Group home	2.1	1.8
Institution	8.8	10.9
Supervised independent living	10.4	5.2
Runaway	1.8	1.2
Trial home visit	21.3	22.8
Case goal		
Reunify with parent/principle caretaker	48.9	61.1
Live with other relative(s)	2.1	1.3
Adoption	27.5	25.6
Long-term foster care	2.8	1.7
Emancipation	14.2	6.4
Guardianship	4.6	3.8
Not yet established	0.0	0.1
Termination of both parents' rights	37.1	29.2
Diagnosed disability		
Intellectual disability	5.3	2.7
Vision or hearing impairment	1.3	1.0
Physical disability	0.7	1.1
Emotional disability	13.4	8.9
Other medical condition	8.1	8.6
No disability	78.4	82.0

Results: In fiscal year 2012, there were a total of 22,388 children served by the Michigan foster care system, of which 1,042 (4.7%) had sexual abuse listed as a reason for removal from their home. The average age of entry into the foster care system for children who had been sexually abused is 10.3 years (SD: 4.6 years). Females were significantly more likely to have sexual abuse listed as a reason for removal from their homes compared to males (6.7% vs. 2.9%, respectively).

The AFCARS data was entered into statistical models in order to evaluate the effect sexual abuse has on different outcomes for children in the foster care system, controlling for other factors such as gender and age at entry.

- Having sexual abuse listed as a condition for removal from the home setting was associated with a greater number of placement settings during the current foster care episode; children who entered foster care as a result of sexual abuse had, on average, 0.23 more placement settings (95% CI: 0.17 - 0.25 placements) than children who entered foster care for other reasons.
- Having sexual abuse listed as a condition for removal from the home setting was associated with a greater number of days spent in foster care; children who entered foster care as a result of sexual abuse spent an average of 117 additional days (95% CI: 45 – 189 days) in foster care since their last removal compared to children who entered foster care for other reasons.
- The odds of having a case goal of permanency (reunification with parent/principle caretaker, living

with another relative, adoption, or guardianship) were 30% lower for children who were placed in foster care as a result of sexual abuse compared to children placed in foster care for other reasons (odds ratio: 0.7, 95% CI: 0.6 – 0.8).

- The odds of having both parents relinquish parental rights was 92% higher among children placed in foster care due to sexual abuse compared to children placed in foster care for other reasons (odds ratio, 1.9, 95% CI: 1.7-2.2).
- Having sexual abuse listed as a condition for removal from the home setting was associated with greater odds of having an clinically diagnosed emotional disorder such as adjustment disorder, attention deficit and disruptive disorders, anxiety disorders, eating disorders, impulse control disorders, mood disorders, personality disorders, reactive attachment disorder, psychotic disorders, somatoform disorder and Tourette syndrome. Children who entered the foster care system as a result of sexual abuse were 40% more likely to have an emotional disorder compared to children who entered for other reasons (odds ratio: 1.4, 1.2-1.7).

Citation: Adoption and Foster Care Analysis and Reporting System, Fiscal Year 2012. Children’s Bureau, U.S. Department of Health and Human Services.

The data utilized in this publication were made available (in part) by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca New York. Funding support for preparing the data for public distribution was provided by a contract (90-CA-1370) between the National Center on Child Abuse and Neglect and Cornell University. Neither the collector of the original data, funding agency, nor the National Data Archive on Child Abuse and Neglect bears any responsibility for the analyses or interpretations presented here.

Source: Rapid Assessment for Adolescent Preventive Services- Sexual Health Risk Assessment (RAAPS SH)

Description: The RAAPS Sexual Health Risk Assessment (RAAPS SH) is a standardized screening system developed especially for sexually active adolescents to identify the inter-related factors contributing most to morbidity and mortality. RAAPS SH can identify the sub-populations of sexually active teens who are most at risk based on other reported behaviors such as history of abuse, dating violence, depression, sexting, level of academic success and lack of supportive adult. The RAAPS is administered by a qualified health professional to adolescent patients, typically in an out-patient setting. The data presented in this analysis represent sexually-active youth accessing school-based health centers throughout Michigan which receive funding from the Michigan Child and Adolescent Health Center program.

Participants were asked the following question related to sexual abuse:

- Has anyone ever forced you to be involved in sexual activities when you didn’t want to by pressuring you with their words or actions, or by using drugs or alcohol?

Risk Behaviors of School-based Health Center Patients by History of Sexual Violence, 2014

	Ever forced to have sex	
	Yes (%) (n=53)	No (%) (n=556)
Had 4 or more sexual partners in lifetime	37.7	30.4
Used alcohol or drugs before last sexual encounter*	17.0	6.8
Used condom at last sexual encounter	54.7	63.5
Ever been pregnant or caused a pregnancy	15.1	12.1

Ever had chlamydia or gonorrhea*	37.7	16.9
Ever been physically or emotionally abused*	54.7	9.0
Emotional abuse by a dating partner in past 12 months*	32.1	12.6
Poor self-image*	50.9	18.2
At risk of depression*	54.5	13.0
Kicked out of home/didn't have a place to stay*	32.1	9.9
Ever been suspended from school	69.8	65.3
Has goals for future and believes in accomplishing them*	90.6	96.9
Had adult to talk to about sexual experiences or relationships*	62.3	81.5

*statistically significant difference

Results: There were a total of 609 patients who completed the RAAPS SH one or more times during 2014. Respondents' ages ranged from 12.1 years to 21.1 years, with an average age of 16.5 years (SD: 1.4 years). Among all respondents, 53 (8.7%) reported ever being forced to have sex. Females were more likely than males to report ever being forced to have sex (13.2% vs. 2.0%, respectively).

Respondents who reported ever being physically forced to have sex were significantly more likely to report that they used drugs or alcohol before the last time they had sex, that they had ever had chlamydia or gonorrhea, that they had ever been physically abused (hit, slapped, or kicked to the point of causing injury) or emotionally abused (put down to the point where it affected self-image). Respondents who had been physically forced to have sex were also more likely to have a poor self- image (e.g. felt bad about their self, felt like a failure, felt like they had let their self or family down) and depressive symptoms (felt sad, down, or that they had nothing to live for on most days) and less likely to have goals for the future or an adult they felt they could talk to about their sexual experiences or relationships.

Citation: Rapid Assessment for Adolescent Preventive Services- Sexual Health Risk Assessment, 2014.

Attachment E

Task Force Survey Process

As part of the Task Force charge to gather information concerning child sexual abuse and receive reports and testimony from individuals, state and local agencies, community-based organizations, and other public and private organizations, the Task Force conducted an online survey. Beginning in the fall of 2014 a working group made up of Task Force members and others convened to develop the survey questions and discuss how to distribute the survey and to whom. Questions were developed that would directly inform our Task Force recommendations, such as “What are the biggest barriers to stopping and preventing child sexual abuse?” “What changes, programs, and/or policies would you like to see that would help stop and prevent child sexual abuse” and “What do you think is working to help victims/survivors heal from child sexual abuse?”

In order to get multiple perspectives on these complex issues and encourage maximum participation, the Task Force sought to survey a diverse group of professional working in the area of child sexual abuse, as well as survivors and their families, offenders, and concerned members of the public. To reach a broad range of professionals involved in child sexual abuse prevention, the Task Force developed, based on input from the working group members as well as other Task Force participants, a list of contact people across a wide range of child sexual abuse-related professions, including but not limited to mental health practitioners, school personnel, medical professionals, law enforcement, court personnel including prosecutors, judges, referees, and attorneys, Department of Health and Human Services workers and administrators, and Children’s Advocacy Center staff. The survey was then made available to multiple listservs within these various professions, via contact people identified by Task Force members.

To reach a broader audience, particularly survivors of child sexual abuse, their families and friends, the Task Force also made the survey available to survivors and their families, offenders, and members of the public on the Task Force website. This survey was then advertised and promoted through multiple avenues including: Department of Health and Human Services email and Twitter announcements, Michigan Children’s Alliance and the Michigan Coalition to End Domestic and Sexual Violence websites and survivor listserve and online groups. The Office of Native American Affairs within the Department of Health and Human Services also distributed the survey to Native American Tribes located within the boundaries of the state of Michigan.

The online survey was conducted using Survey Monkey; each survey for each group was kept open for at least two weeks, to allow for a substantial level of participation. Survey participants were asked several close-ended questions (i.e., they could provide up to three answers of up to 25 words each per answer), as introduced above, and one open-ended question: “Is there anything else you would like the Task Force to know?” The surveys for all groups of survey responders included identical questions, except for the last question, which asked for professional and other demographics of responders. The last question of the professional survey was modified for different groups of professional survey responders to include relevant categories for the professionals to whom the surveys were distributed. The last question of the Tribal survey was modified to include appropriate categories for responders. The last question of the public/survivor survey was modified to include appropriate categories for responders. Also, at the recommendation of a survivor focus group convened by the Task Force, the public/survivor survey was modified to delete the first survey question. A copy of the “professional” survey that was sent to “court” professionals, a copy of the survey sent to Tribal groups, and a copy of the public/survivor survey appear at the end of this document.

The Task Force received wide participation across the range of groups, for a total of 1,188 survey participants, including 231 mental health practitioners, 150 court personnel, and 47 school personnel. Of the 314 people who chose to participate in the survey offered on the Task Force website, 75 identified as survivors of child sexual abuse themselves, 105 people were parents or other family members of a survivor, 149 worked with issues of CSA, 71 were just interested in the subject and one person identified as a perpetrator of CSA (categories are overlapping). The surveys represent a broad cross-section of Michigan residents and were distributed across rural, urban and suburban locations.

Once each survey closed, the participants' responses were compiled and assigned to Task Force member volunteers for review. Reviewers were instructed to read through each set of responses, extract three to four key themes from each set, and note how individual responses either supported the direction of the Task Force or raised issues that the Task Force had not yet discussed. Reviewers were also asked to provide an overall summary of the responses that would highlight the key overarching themes from that set of responses. Once these steps were taken, reviewers brought concerns or issues to be discussed to the Task Force members and submitted everything for organization and inclusion in the Task Force report.

The survey results are designed to directly inform the charge of the Task Force, by drawing on critical stakeholders such as professionals working in the area of child sexual abuse, survivors and their families, and offenders. Given time and resource constraints, the Task Force was unable to conduct a random sample of respondents, so the findings should not be understood as generalizable to all professionals, survivors, and offenders. However, taken together, the responses offer a rich opportunity to gain insight into preventing and addressing child sexual abuse and its effects, through the detailed responses of many hundreds of stakeholder participants. As such, the survey results make a significant contribution to the Task Force recommendations.

Number of responses to the TFPSAC survey on the causes, barriers to and facilitators of prevention of child sexual abuse.

Survey Profession/Group	# who opened survey	# who answered at least one question
Tribal	78	52
General Public/Survivor	514	314
Survivor	30	10
DOC/Offender Treatment	48	46
Medical	6	6
DHS	81	81
Law Enforcement	108	107
Court Personnel	156	150
CTF/CAN council	61	60
Children's Advocacy	70	61
School	49	47
Mental Health	232	231
DV/SA Agencies	23	23
Total	1456	1188

TFPSAC Professional Survey

Information

This is a short survey conducted by the Task Force on the Prevention of Sexual Abuse of Children. Governor Rick Snyder has appointed a group of multi-disciplinary professionals with experience in working to end child sexual abuse. The Task Force is charged with gathering information across the state to inform recommendations on how Michigan can improve programs and policies designed to stop and prevent child sexual abuse.

This survey seeks to gain input from a wide range of professionals who in their work may interact with issues of child sexual abuse. The information you provide on this survey will help the Task Force create recommendations for the Michigan Legislature and Governor based on the actual experiences of professionals in the field working to stop and prevent child sexual abuse.

Depending on your length of responses, it should take 5-20 minutes to complete. Your responses will not be linked to your name.

Thank you so much for being willing to participate. The Task Force is operating in a very short time frame and this survey will only be open for a few days. If you can, please take a moment to fill it out now.

If you have any question about the task force, or this survey, you can visit the website at:

http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_69651---,00.html

This is going out to multiple professionals in Michigan. If you received an additional invitation to complete the survey from another organization, there is no need to complete the survey again.

TFPSAC Professional Survey

Contributors to Child Sexual Abuse

The problem of child sexual abuse is complicated and multi-faceted. People from different professions, communities and backgrounds have unique perspectives on the factors that may contribute, perpetuate or allow child sexual abuse to occur.

1. From your perspective, what are the main reasons that child sexual abuse occurs in your community? (Please list up to 3 reasons and limit each answer to 25 words)

Reason 1

Reason 2

Reason 3

TFPSAC Professional Survey

Barriers to Effectively Addressing Child Abuse

Based on experience in your community and/or profession, please share with the task force members what you perceive as barriers to effectively addressing child abuse.

2. What are the biggest barriers (top three) to stopping and preventing child sexual abuse? (Please limit each answer to 25 words)

Barrier 1

Barrier 2

Barrier 3

3. What are the biggest barriers (top three) to helping victims/survivors heal from child sexual abuse?

(Please limit each answer to 25 words)

Barrier 1

Barrier 2

Barrier 3

TFPSAC Professional Survey

Facilitators of Effectively Addressing Child Abuse

Based on experience in your community and/or profession, please share with the task force members what you see that is working to effectively address child abuse.

4. What do you think is working in terms of stopping and preventing child sexual abuse? (Please limit each answer to 25 words)

Facilitator 1	<input type="text"/>
Facilitator 2	<input type="text"/>
Facilitator 3	<input type="text"/>

5. What do you think is working to help victims/survivors heal from child sexual abuse? (Please limit each answer to 25 words)

Facilitator 1	<input type="text"/>
Facilitator 2	<input type="text"/>
Facilitator 3	<input type="text"/>

TFPSAC Professional Survey

Recommendations

The Task Force is charged with making recommendations to the Governor and Legislature to address child sexual abuse in the State of Michigan.

6. What changes, programs and/or policies would you like to see that would help stop and prevent child sexual abuse? (Please limit each answer to 25 words)

Recommendation 1

Recommendation 2

Recommendation 3

7. What changes, programs and/or policies would you like to see that would support victims/survivors of child sexual abuse? ((Please limit each answer to 25 words)

Recommendation 1

Recommendation 2

Recommendation 3

Comments

8. Is there anything else you would like the Task Force on the Prevention of the Sexual Abuse of Children to know? (Please limit your answer to approximately 200 words)

6

Please tell us a little about yourself.

9. Do you work in primarily in a:

- Rural area
- Suburban area
- Urban area

10. What is your professional title/role? (check all that apply)

- Judge -- Adult criminal proceeding
- Judge -- Child protective proceeding
- Judge -- Juvenile justice proceeding
- Judge -- Child custody proceeding
- Judge - Probate Court (EPIC) minor guardianship proceeding
- Judge - Probate Court adult guardianship proceeding
- Judge - Probate Court involuntary mental health treatment proceeding
- Referee -- Child protective proceeding
- Referee -- Juvenile justice proceeding
- Referee -- Child custody proceeding – Friend of the Court referee
- Court administrator – Circuit Court
- Court administrator – Juvenile Court
- Court administrator – Probate Court
- Court administrator – District Court
- Prosecutor – Adult criminal proceeding
- Prosecutor -- Child protective proceeding
- Prosecutor -- Juvenile justice proceeding
- Prosecutor - Probate Court involuntary mental health treatment proceeding
- Defense attorney - adult criminal proceeding
- Guardian ad Litem -- Child protective proceeding
- Guardian ad Litem - Probate Court (EPIC) minor guardianship proceeding
- Parent Attorney -- Child protective proceeding

TFPSAC Professional Survey

fec

Respondent's attorney - Probate Court involuntary mental health treatment proceeding

c

fec

Respondent's attorney - Probate Court adult guardianship proceeding

fec

Foster Care Review Board

Other (please specify)

TFPSAC Professional Survey

Thank You!

Thank you so much for taking the time to complete the survey.

Again if you have further questions, please check the Task Force website at:

http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_69651---,00.html

TFPSAC Survey [to Tribal organizations and individuals]

Information

This is a short survey conducted by the Task Force on the Prevention of Sexual Abuse of Children. Governor Rick Snyder has appointed a group of multi-disciplinary professionals with experience in working to end child sexual abuse. The Task Force is charged with gathering information across the state to inform recommendations on how Michigan can improve programs and policies designed to stop and prevent child sexual abuse.

This survey seeks to gain information from the the general public including people who have direct experience with issues of child sexual abuse (survivors/victims, parents, friends or family members) and from people who work in professions involved in preventing or responding to child sexual abuse.

Depending on your length of responses, it should take 5-20 minutes to complete. Your responses will not be linked to your name or computer address. You will not be identified in or by the survey unless you choose to include your name or other information that identifies you, such as a specific title by which you are known.

Thank you so much for being willing to participate. If you have any question about the task force, or this survey, you can visit the website at:

http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_69651---,00.html

* 1. Have you ever resided in the State of Michigan, or on Native American Tribal land located within the boundaries of the State of Michigan?

Yes

No

TFPSAC Survey

Thank you for your interest in the TFPSAC survey!

Unfortunately you are not eligible to fill out the remainder of this survey as it is solely for those people who currently reside or have resided in the past in the State of Michigan or on Native American Tribal land located within the boundaries of the State of Michigan.

If you are in need of any support or information please contact:

Rape, Abuse, Incest National Network (RAINN)

<https://www.rainn.org>

800-656-HOPE

Barriers to Effectively Addressing Child Abuse

From your experience, please share with the task force members what you perceive as barriers to effectively addressing child abuse.

2. What are the biggest barriers (top three) to stopping and preventing child sexual abuse? (Please limit to 25 words per line)

Barrier 1	<input type="text"/>
Barrier 2	<input type="text"/>
Barrier 3	<input type="text"/>

3. What are the biggest barriers (top three) to helping victims/survivors heal from child sexual abuse?

(Please limit to 25 words per line)

Barrier 1	<input type="text"/>
Barrier 2	<input type="text"/>
Barrier 3	<input type="text"/>

Facilitators of Effectively Addressing Child Abuse

From your experience, please share with the task force members what you see that is working to effectively address child abuse.

4. What do you think is working in terms of stopping and preventing child sexual abuse? (Please limit to 25 words per line)

Facilitator 1

Facilitator 2

Facilitator 3

5. What do you think is working to help victims/survivors heal from child sexual abuse? (Please limit to 25 words per line)

Facilitator 1

Facilitator 2

Facilitator 3

Recommendations

The Task Force is charged with making recommendations to the Governor and Legislature to address child sexual abuse in the State of Michigan.

6. What changes, programs and/or policies would you like to see that would help stop and prevent child sexual abuse? (Please limit to 25 words per line)

Recommendation 1

Recommendation 2

Recommendation 3

7. What changes, programs and/or policies would you like to see that would support victims/survivors of child sexual abuse? (Please limit to 25 words per line)

Recommendation 1

Recommendation 2

Recommendation 3

Comments

8. Is there anything else you would like the Task Force on the Prevention of the Sexual Abuse of Children to know?

Demographics

Please tell us a little about yourself. These questions are optional, however we are not tracking computer addresses and do not have any way to access your name.

9. I live primarily in a:

- Rural area
- Suburban area
- Urban area

10. I live in the:

- Upper Peninsula
- Lower Peninsula

11. What is your interest/connection to this issue? (may chose more than one)

- Victim/Survivor of child sexual abuse
- Parent/Guardian of victim/survivor of child sexual abuse
- Other family member of victim/survivors of child sexual abuse
- Work with issues of child sexual abuse
- Perpetrator of child sexual abuse
- Generally

interested Other (please

specify)

TFPSAC Survey

Professional role

12. What is your professional role/title? NOTE: If you do not wish to be identified in or by the survey, do not answer this question if it includes a title by which you believe you can be identified.

Law Enforcement Officer

Visiting Tribal Judge

Prevention or Family Preservation Staff

Peacemaker

Child Protective Services Staff

Probation Officer

Foster Care Staff

Peacekeeper

Adoption Staff

School Teacher

Foster Home Licensing Staff

School Administrator

ICWA Worker

School Nurse

ICWA Commissioner

School Social Worker

Tribal Council Member

School Aide

Tribal Chairman, Tribal President, or Ogema

Day Care/Child Care Staff

Tribal Prosecutor or Tribal Attorney

Home Visiting Outreach Staff

Parent's Attorney

Traditional Medicine/Healer

Child's Attorney

Mental Health Services Provider

Other Attorney

Medical Health Services Provider

Chief Tribal Judge

Victim Services Provider/Advocate

Associate Tribal Judge

Other (please specify)

TFPSAC Survey

Thank You!

Thank you so much for taking the time to complete this survey.

If you are in need of further information or support, the following resources are available to you:

Uniting Three Fires Against Violence: <http://unitingthreefiresagainstviolence.org/staff-biographies/> - Michigan's Native American Domestic Violence and Sexual Assault Coalition 906.253.9775

Indian Country Trauma Center: www.icctc.org

MN Women's Center - <http://www.miwrc.org/>

Indian Health Service Hotlines:

<http://www.ihs.gov/suicideprevention/>

<http://www.ihs.gov/asap/resources/>

<http://www.sprc.org/aian>

<http://aspe.hhs.gov/hsp/09/AIAN-SuicidePreventionHotline/index.shtml>

Michigan Coalition to End Domestic and Sexual Violence <http://www.mcedsv.org>
Phone: (517) 347-7000

Michigan Chapter of the National Children's Alliance
<http://www.mivoice4kids.org>
888-936-3349

Rape, Abuse, Incest National Network (RAINN)
<https://www.rainn.org>
800-656-HOPE

TFPSAC Survey [General Public]

Information

This is a short survey conducted by the Task Force on the Prevention of Sexual Abuse of Children. Governor Rick Snyder has appointed a group of multi-disciplinary professionals with experience in working to end child sexual abuse. The Task Force is charged with gathering information across the state to inform recommendations on how Michigan can improve programs and policies designed to stop and prevent child sexual abuse.

This survey seeks to gain input from the general public including people who have direct experience with issues of child sexual abuse (survivors/victims, parents, friends or family members of survivors). The information you provide on this survey will help the Task Force create recommendations for the Michigan legislature and governor based on the actual experiences of child sexual abuse victims/survivors and their family and friends.

Depending on your length of responses, it should take 5-20 minutes to complete. Your responses will not be linked to your name or computer address.

Thank you so much for being willing to participate. If you have any question about the task force, or this survey, you can visit the website at:

http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_69651---,00.html

* 1. Have you ever resided in the State of Michigan, or on Native American Tribal land located within the boundaries of the State of Michigan?

Yes

No

TFPSAC Survey

Thank you for your interest in the TFPSAC survey!

Unfortunately you are not eligible to fill out the remainder of this survey as it is solely for those people who currently reside or have resided in the past in the State of Michigan or on Native American Tribal land located within the boundaries of the State of Michigan.

If you are in need of any support or information please contact:

Rape, Abuse, Incest National Network (RAINN)

<https://www.rainn.org>

800-656-HOPE

Barriers to Effectively Addressing Child Abuse

From your experience, please share with the task force members what you perceive as barriers to effectively addressing child abuse.

2. What are the biggest barriers (top three) to stopping and preventing child sexual abuse? (Please limit to 25 words per line)

Barrier 1	<input type="text"/>
Barrier 2	<input type="text"/>
Barrier 3	<input type="text"/>

3. What are the biggest barriers (top three) to helping victims/survivors heal from child sexual abuse?

(Please limit to 25 words per line)

Barrier 1	<input type="text"/>
Barrier 2	<input type="text"/>
Barrier 3	<input type="text"/>

Facilitators of Effectively Addressing Child Abuse

From your experience, please share with the task force members what you see that is working to effectively address child abuse.

4. What do you think is working in terms of stopping and preventing child sexual abuse? (Please limit to 25 words per line)

Facilitator 1

Facilitator 2

Facilitator 3

5. What do you think is working to help victims/survivors heal from child sexual abuse? (Please limit to 25 words per line)

Facilitator 1

Facilitator 2

Facilitator 3

Recommendations

The Task Force is charged with making recommendations to the Governor and Legislature to address child sexual abuse in the State of Michigan.

6. What changes, programs and/or policies would you like to see that would help stop and prevent child sexual abuse? (Please limit to 25 words per line)

Recommendation 1

Recommendation 2

Recommendation 3

7. What changes, programs and/or policies would you like to see that would support victims/survivors of child sexual abuse? (Please limit to 25 words per line)

Recommendation 1

Recommendation 2

Recommendation 3

Comments

8. Is there anything else you would like the Task Force on the Prevention of the Sexual Abuse of Children to know?

Demographics

Please tell us a little about yourself. These questions are optional, however we are not tracking computer addresses and do not have any way to access your name.

9. Do you live in primarily in a:

- Rural area
- Suburban area
- Urban area

10. What is your interest/connection to this issue ? (may check more than one)

- Victim/Survivor of child sexual abuse
- Parent/Guardian of victim/survivor of child sexual abuse
- Other family member of victim/survivors of child sexual abuse
- Work with issues of child sexual abuse
- Perpetrator of child sexual abuse
- Generally interested

Other (please specify)

TFPSAC Survey

Thank You!

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Michigan Coalition to End Domestic and Sexual
Violence <http://www.mcedsv.org>
Phone: (517) 347-7000

Michigan Chapter of the National Children's Alliance
<http://www.mivoice4kids.org>
888-936-3349

Rape, Abuse, Incest National Network (RAINN)
<https://www.rainn.org>
800-656-HOPE

TFPSAC Survey [General Public]

Information

This is a short survey conducted by the Task Force on the Prevention of Sexual Abuse of Children. Governor Rick Snyder has appointed a group of multi-disciplinary professionals with experience in working to end child sexual abuse. The Task Force is charged with gathering information across the state to inform recommendations on how Michigan can improve programs and policies designed to stop and prevent child sexual abuse.

This survey seeks to gain input from the general public including people who have direct experience with issues of child sexual abuse (survivors/victims, parents, friends or family members of survivors). The information you provide on this survey will help the Task Force create recommendations for the Michigan legislature and governor based on the actual experiences of child sexual abuse victims/survivors and their family and friends.

Depending on your length of responses, it should take 5-20 minutes to complete. Your responses will not be linked to your name or computer address.

Thank you so much for being willing to participate. If you have any question about the task force, or this survey, you can visit the website at:

http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_69651---,00.html

* 1. Have you ever resided in the State of Michigan, or on Native American Tribal land located within the boundaries of the State of Michigan?

Yes

No

TFPSAC Survey

Thank you for your interest in the TFPSAC survey!

Unfortunately you are not eligible to fill out the remainder of this survey as it is solely for those people who currently reside or have resided in the past in the State of Michigan or on Native American Tribal land located within the boundaries of the State of Michigan.

If you are in need of any support or information please contact:

Rape, Abuse, Incest National Network (RAINN)

<https://www.rainn.org>

800-656-HOPE

Barriers to Effectively Addressing Child Abuse

From your experience, please share with the task force members what you perceive as barriers to effectively addressing child abuse.

4. What are the biggest barriers (top three) to stopping and preventing child sexual abuse? (Please limit to 25 words per line)

Barrier 1	<input type="text"/>
Barrier 2	<input type="text"/>
Barrier 3	<input type="text"/>

5. What are the biggest barriers (top three) to helping victims/survivors heal from child sexual abuse?

(Please limit to 25 words per line)

Barrier 1	<input type="text"/>
Barrier 2	<input type="text"/>
Barrier 3	<input type="text"/>

Facilitators of Effectively Addressing Child Abuse

From your experience, please share with the task force members what you see that is working to effectively address child abuse.

6. What do you think is working in terms of stopping and preventing child sexual abuse? (Please limit to 25 words per line)

Facilitator 1

Facilitator 2

Facilitator 3

7. What do you think is working to help victims/survivors heal from child sexual abuse? (Please limit to 25 words per line)

Facilitator 1

Facilitator 2

Facilitator 3

Recommendations

The Task Force is charged with making recommendations to the Governor and Legislature to address child sexual abuse in the State of Michigan.

8. What changes, programs and/or policies would you like to see that would help stop and prevent child sexual abuse? (Please limit to 25 words per line)

Recommendation 1

Recommendation 2

Recommendation 3

9. What changes, programs and/or policies would you like to see that would support victims/survivors of child sexual abuse? (Please limit to 25 words per line)

Recommendation 1

Recommendation 2

Recommendation 3

Comments

8. Is there anything else you would like the Task Force on the Prevention of the Sexual Abuse of Children to know?

Demographics

Please tell us a little about yourself. These questions are optional, however we are not tracking computer addresses and do not have any way to access your name.

11. Do you live in primarily in a:

- Rural area
- Suburban area
- Urban area

12. What is your interest/connection to this issue?(may check more than one)

- Victim/Survivor of child sexual abuse
- Parent/Guardian of victim/survivor of child sexual abuse
- Other family member of victim/survivors of child sexual abuse
- Work with issues of child sexual abuse
- Perpetrator of child sexual abuse
- Generally interested

Other (please specify)

TFPSAC Survey

Thank You!

Thank you so much for taking the time to complete this survey.

If you are in need of further information or support, the following resources are available to you:

Michigan Coalition to End Domestic and Sexual
Violence <http://www.mcedsv.org>
Phone: (517) 347-7000

Michigan Chapter of the National Children's Alliance
<http://www.mivoice4kids.org>
888-936-3349

Rape, Abuse, Incest National Network (RAINN)
<https://www.rainn.org>
800-656-HOPE

Attachment F

Groups that were invited to participate in the TFP SAC Survey

Services/Resources for Survivors

National Association of Social Workers – Michigan Chapter Michigan
Community Mental Health agencies
Michigan Coalition to End Domestic and Sexual Violence
MCEDSV Women of Color Task Force, LaVIDA, ACCESS
Michigan Chapter of the National Children’s Alliance Children
Trust Fund
Child Abuse and Neglect Councils Department
of Human Services
Michigan Chapter of the International Association of Forensic Nurses

Justice Systems

Prosecuting Attorneys Association of Michigan Michigan
Judges Association
Michigan Probate Judges Association
Michigan District Court Judges Association
Referees Association of Michigan
Friend of the Court Association Juvenile
Justice Association of Michigan Michigan
State Police
Michigan Association of Chiefs of Police
Michigan Sheriff’s Association
Children’s Law Section, State Bar of Michigan

Treatment/Resources for Offenders

Michigan Department of Corrections
Michigan Chapter of the Association for the Treatment of Sexual Abusers

School Groups

Michigan Association of School Personnel Administrators All
Livingston County Human Resource Directors
Michigan Intermediate School District Directors and staff (Counties: Ingham,
Genesee, Berrien, Monroe, Wayne, Livingston and Oakland Counties)
Michigan Education Association

Tribal Groups

Native American Affairs, Department of Health and Human Services Tribal
Social Services Directors
Tribal Chairman/President or Ogema Tribal
Courts
Tribal Health Directors

Survivor and General Public Outreach/Groups (Online)

Department of Health and Human Services, TFPSAC website

Department of Health and Human Services, Email and Twitter
announcements Michigan Children's Alliance, website

Michigan Coalition to End Domestic and Sexual Violence, website

Facebook groups identified by and for survivors of child sexual abuse

Attachment G

A Child Sexual Abuse Prevention and Response Protocol for All Community Partners

Prepared and submitted pursuant to MCL 722.632b(3)(i)

I. Introduction

The Task Force has concluded that child sexual abuse prevention is a community responsibility, because it cannot be stopped without fundamentally changing a cultural environment where children are increasingly and openly sexualized and child sexual abuse remains a taboo subject. Widespread community awareness, coupled with whole-community efforts to create safe environments for children, is foundational to efforts to address child sexual abuse made by individual community partners. Perhaps in anticipation of this conclusion, MCL 722.632b(3)(i) charges the Task Force to “develop a child sexual abuse protocol to be utilized by all community partners in order to help to identify, prevent and investigate child sexual abuse.”

A community should develop its child sexual abuse prevention and response protocol in consideration of its individual circumstances and resources. Protocol development should be a collaborative effort that includes those agencies working within a community to support families in nurturing and protecting children. The collaboration should also include entities that contribute to the community norms, attitudes and behaviors that enhance risk or protective factors associated with the perpetration of child sexual abuse, such as businesses, governmental units, charitable organizations and media. The Task Force recommends that all community partners collectively take consistent, coordinated steps toward achieving shared goals of creating safe community environments for children that are inhospitable to perpetration of child sexual abuse, consistently holding perpetrators accountable for their actions and responding to abuse survivors in ways that promote their short- and long-term health and well-being. This section of the Task Force Report sets forth critical components and recommendations for a coordinated response protocol to be utilized by all community partners. However, regardless of whether it participates in a coordinated community response to child sexual abuse, each community agency that serves children should develop its own individual protocol to guide staff and volunteers in preventing and responding to child sexual abuse. As required by MCL 722.632b(3)(e)-(h), the Task Force has developed recommendations and guidelines for policies and protocols to be used in schools and other youth-serving organizations. These follow the discussion in this section of the Report. Similar recommendations and guidelines should be developed for other community partners; a standing body created and authorized to continue the work of this Task Force should be specifically charged with this task.

II. Key Components of a Coordinated Community Response Protocol³

A. Identifying Key Partners

As a preliminary step to developing a coordinated community response protocol to prevent, identify and investigate child sexual abuse, appropriate partners must be identified. Membership in a community response effort must be tailored to fit each individual community. Appropriate partners may include, but are not limited to:

- Leadership and personnel from schools and other youth-serving organizations.
- Justice systems professionals from child welfare, criminal justice, juvenile justice and child custody contexts.
- Federal agencies addressing child sexual abuse or exploitation investigation and prosecution in the jurisdiction.
- Medical care providers in emergency and pediatric settings, including Sexual Assault Nurse Examiners who specialize in responding to children and adolescents.
- Mental health care providers and other services providers for:
 - Child and adult survivors of child sexual abuse and their families.
 - Adult and juvenile perpetrators of child sexual abuse and their families.
 - Systems responders experiencing secondary trauma resulting from work in the field of child sexual abuse response.
- Multi-Disciplinary Team members.
- Child Advocacy Center personnel.
- Child sexual abuse prevention programming providers.
- Domestic violence and sexual assault services providers and advocacy agencies.
- Business and non-profit leadership.
- Government/funding unit leadership.
- Media leadership.
- Leadership or members of Native American Indian Tribes residing near or adjacent to the local community.⁴

³ Various organizations have developed strategies for developing community-wide initiatives that can be helpful starting points for Michigan communities, including:

- Darkness to Light (http://www.d2l.org/site/c.4dICIJOkGcISE/b.6143349/k.6366/Community_Initiatives.htm)
- Enough Abuse (<http://www.enoughabuse.org>) (Both visited 5/25/15).

For a discussion of building community partnerships involving schools, see Wolpov et al., *The Heart of Learning and Teaching: Compassion, Resiliency and Academic Success*, Ch. 4, (Washington State Office of Superintendent of Public Education: 2d printing, 2011). This book is available online at:

<http://www.k12.wa.us/compassionateschools/HeartofLearning.aspx> (Visited 5/20/15).

Inclusion of the voices, perspectives and experiences of members of diverse populations is critical to the success of a coordinated community response to child sexual abuse. Thus, community response efforts should also reach out to representatives and leaders of diverse populations residing in the community. Other critical voices are those of child sexual abuse survivors and their families, whose participation may be facilitated through a local Child Advocacy Center, or domestic violence or sexual assault advocacy agency.

B. Identifying Leadership

Another key preliminary step in developing a coordinated community response to child sexual abuse is to identify leadership for the effort, assessing community needs and gathering supportive resources. Coordinated response efforts may be convened or led by agencies (e.g., victim advocacy programs, or child advocacy centers) or individuals (e.g., judges, elected officials, prosecutors), depending on individual community circumstances. Engagement of support staff with appropriate subject matter and process expertise and skills is encouraged, to assist with tasks such as facilitating respectful communication among diverse partners, identifying common goals, developing and implementing actions plans, conducting needs assessments and evaluations, ensuring that meetings are regularly scheduled and decisions properly recorded and communicated to all participants and understanding and managing various funding streams. Organizing members of a coordinated response effort must also plan for sustainability. Without advance planning, events like loss of grant funding, personnel changes at partner agencies, or retirement of persons in leadership positions can cause a community's work to falter.

C. Foundational Principles for a Coordinated Community Response to Child Sexual Abuse

1. ***Members acknowledge and accept the adult and community responsibility to protect children by preventing, identifying and investigating child sexual abuse.***

Children cannot create norms for communities and environments that promote or discourage behaviors, practices and attitudes correlated with perpetration of child sexual abuse. They cannot structure environments for themselves that limit access by individuals who would sexually abuse or exploit them, or take the steps needed to hold abuse perpetrators criminally accountable. Even with awareness and education about child sexual abuse, children are often powerless to stop the actions of more powerful abuse perpetrators. Thus, while it is

⁴ Note that a Tribe, as a sovereign nation, may choose to develop a coordinated community response to child sexual abuse for the Tribe, and may choose to include members of the non-tribal communities located near or adjacent to tribal land. Alternatively, a Tribe may choose to integrate the Tribe's coordinated community response to child sexual abuse with that of the non-tribal communities residing near or adjacent to tribal land.

important to teach children about child sexual abuse, adults bear the primary and ultimate responsibility for protecting children from abuse perpetrators.⁵

2. **Members commit to ongoing learning about child sexual abuse.**

Child sexual abuse is not well understood, making it the subject of ongoing research and learning. Thus, all community partners must commit to ongoing training to stay abreast of developments in the field. Training for coordinated response participants should address:

- A definition of child sexual abuse.
- The prevalence of child sexual abuse.
- The impact of child sexual abuse on victims and non-offending family members. Without pathologizing victims, information about victim impacts should address:
 - Indicators at various developmental stages that a child may have been sexually abused, taking into account that physical injury is not always present.
 - Manifestations of trauma resulting from sexual abuse.⁶
 - The association of victimization as a child with perpetration later in life.
 - The increased risk to victims of physical and mental health difficulties.
 - The increased risk to victims of future victimization.
- Children's disclosures of abuse, including:⁷
 - How a child's developmental stage may affect communications about abuse.
 - Obstacles to children's disclosures (e.g., perpetrator threats, fear of adult responses)
 - The incremental nature of some children's disclosures.
 - Why children may recant disclosures.
 - Appropriate adult responses to children's disclosures.

⁵ See Darkness to Light, *5 Steps to Protecting Our Children*, p. 3, (Charleston, SC: 2013), available at: http://www.d2l.org/site/c.4d1CIJOkGclSE/b.6143703/k.2746/The_5_Steps_to_Protecting_Our_Children.htm (Visited 5/25/15).

⁶ The following resources for educators address the nature and impact of trauma:

- Wolpow et al., *supra*, n. 3., ch. 1.
- Cole, et al., *Helping Traumatized Children Learn: A Report and Policy Agenda*, Ch. 1 (Massachusetts Advocates for Children, 6th printing, 2009). This book is available online at: <http://traumasensitiveschools.org/tlpi-publications/> (Visited 5/21/15).

⁷ Helpful advice about responding to children who disclose abuse can be found at:

- *5 Steps to Protecting Our Children: A Guide for Responsible Adults* (Darkness to Light, 2013), *supra*, n. 5, p 11.
- *Bringing Hope: Responding to disclosures of child sexual abuse*, an online course offered by the National Sexual Violence Resource Center at: <http://www.nsvrc.org/elearning/21385> (Visited 5/21/15).

- Developing environments and using language for children to feel safe and be safe when disclosing sexual abuse.
- The impact of adult responses to child sexual abuse on victim resiliency and recovery.
- Dynamics of child sexual abuse perpetration, including information to dispel common myths about perpetrators.
- Appropriate interventions and resources, best and promising practices and appropriate qualifications for providers of mental health services and other interventions for child and adult survivors of child sexual abuse and their families, for adult and juvenile perpetrators and their families and for those working in the field of child sexual abuse response who are experiencing secondary trauma.
- Mandated reporter laws and procedures.
- The general process for conducting child sexual abuse investigations in accordance with the law and state and local protocols.

Individual partner agencies must also commit to providing and requiring training on the above topics for their staff and volunteer members, along with training on appropriate additional topics specific to their work.

3. ***Members agree on a common language for purposes of the group's work, including a shared definition of child sexual abuse.***

Because coordinated community response members come from various settings, each member needs to understand definitions used by the others and all members need to reach consensus on a common definition applicable to the work of the group as a whole.

4. ***Members understand and respect each other's roles in identifying, preventing and investigating child sexual abuse.***

Effective coordination of community efforts and development of workable protocols for individual partners depends on an understanding of how each partner's work complements and affects other partners. For example, teachers or clergy members have a responsibility to report their suspicions of child sexual abuse to the Department of Health and Human Services, but it is up to the Department and law enforcement to investigate. Efforts to investigate by reporting individuals may have the unintended consequence of impeding the official investigation.

5. ***Responses to child sexual abuse are victim-centered and trauma-informed with both the short-term and long-term physical and emotional safety and well-being of the child as a top priority.***

Based on a common understanding of the effects of child sexual abuse on survivors and their family members, partners can develop coordinated individual protocols that respond consistently to children's immediate and long-term needs for safety and support in the aftermath of abuse. All community agencies must prioritize child safety and well-being over agency convenience. All community partners understand that victim-centered and trauma-informed responses also promote accurate fact-finding.

6. ***Perpetrators are consistently held accountable for their actions.***

Based on a common understanding of the nature of sexual abuse perpetration, community partners collaborate to create environments that discourage or prevent child sexual abuse and develop coordinated individual protocols that hold perpetrators accountable. When abuse is detected, it must be confronted and reported and partners who receive the reports must respond appropriately within the context of their roles. Appropriate interventions based on best and promising practices for working with juvenile and adult perpetrators of child sexual abuse are utilized that prioritize victim and community safety and stopping the abusive behaviors of the perpetrator.

7. ***Communities understand that protocols for individual partners are living, flexible documents that permit strategies for identifying, preventing and investigating child sexual abuse to adapt to the context of each partner's work and future learning about child sexual abuse.***

Contextual factors to consider in developing and implementing a community protocol include:⁸

- Each partner's mission and activities.
- The community's cultural composition.
- Each partner's resources.
- The laws, regulations and standards that apply to each partner.

8. ***Communities institutionalize their coordinated efforts to respond to child sexual abuse.***

Like individual partner protocols, coordinated efforts will not be effective unless members commit to consistently work together over time and to periodically evaluate their activities. Community circumstances change, as do applicable

⁸Saul & Audage, *Preventing Child Sexual Abuse Within Youth-serving Organizations: Getting Started on Policies and Procedures*, p. 2 (Atlanta, GA, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2007), online at <http://www.cdc.gov/ViolencePrevention/pdf/PreventingChildSexualAbuse-a.pdf> (Visited 5/25/15).

laws, partner personnel and partner protocols and practices. Collaborative efforts cannot manage these changes and maintain consistency in their responses to child sexual abuse unless the partners engage in ongoing collaboration and evaluation.⁹

9. ***Communities balance the need to keep children safe with the need to nurture and care for them.***

Close, caring relationships between youth and adults in schools, religious organizations, sports clubs and other youth-serving organizations can provide youth with the nurturing and support that are essential to their healthy development. However, the same environments that promote caring relationships between adults and children can also provide opportunities for abuse perpetrators. Thus, community protocols must set boundaries on adult-child interactions that balance the need to nurture and care for children with the need to keep them safe from abuse.¹⁰

10. ***Communities identify or develop enforcement mechanisms or other incentives to ensure partners' adherence to protocol obligations.***

Some enforcement mechanisms have the force of law, such as criminal sanctions for a failure to report abuse by an individual who is legally required to do so. Other incentives could include training on child sexual abuse as a prerequisite for professional licensing or continued employment, or adoption of appropriate prevention and response protocols as a condition of eligibility for liability insurance or grant funding.

As noted in the Introduction above, each agency with a role to nurture or protect children should develop its own individual protocol to guide staff and volunteers in preventing and responding to child sexual abuse, whether or not the agency is part of coordinated community response. The foundational principles just described apply equally to protocols for individual agencies and should be integrated into these protocols consistent with the agency's role in responding to child sexual abuse.

⁹ A model for evaluating prevention activities is found in Vermont Sexual Violence Prevention Task Force, Technical Assistance Resource Guide (2010), pp. 59f, online at:

http://education.vermont.gov/documents/educ_health_ed_TARG.pdf. (Visited 5/20/15).

¹⁰ Saul & Audage, supra n. 8, p. 2, citing Finkelhor, D. Four preconditions: a model. In: Finkelhor D, editor. Child Sexual Abuse: new theory and research. New York (NY): The Free Press; 1984. P. 53-68.

***Recommendations and Guidelines for Schools and Other Youth-Serving
Organizations:
Policies Addressing Sexual Abuse of Children
Child Sexual Abuse Awareness
Responses to Children Affected by Sexual Abuse
Educational Materials for Parents and Guardians***
Prepared and submitted pursuant to MCL 722.632b(3)(e)-(h) and MCL 380.1505:

I. Introduction

This section of the Task Force Report addresses the duties set forth in MCL 722.632b(3)(e)-(h).¹¹ These provisions generally require the Task Force to create recommendations and guidelines for school policies addressing sexual abuse of children, with attention to:

- Age-appropriate, evidence-based child sexual abuse awareness.
- Educational materials for parents and guardians on the warning signs of child sexual abuse and information on assistance and referrals to resources.
- Appropriate responses by school personnel to pupils affected by sexual abuse.

The recommendations and guidelines for school policies should accommodate local autonomy and values and be in accordance with the Revised School Code, MCL 380.1505, which states that if the board of a school district or intermediate school district or board of directors of a public school academy adopts and implement a policy addressing sexual abuse of children, the policy shall be substantially consistent with the Task Force recommendations and guidelines.¹²

¹¹ MCL 722.632b(3)(e)-(h) states in full that the Task Force shall:

“(e) Create recommendations and guidelines for school policies addressing sexual abuse of children according to section 1505 of the revised school code, 1976 PA 451, MCL 380.1505. These recommendations and guidelines shall be flexible enough to allow accommodation for local autonomy and values.

“(f) Create recommendations and guidelines for age-appropriate, evidence-based child sexual abuse awareness.

“(g) Create recommendations and guidelines for school personnel to respond appropriately to pupils affected by sexual abuse.

“(h) Create recommendations and guidelines for providing educational material to parents and guardians on the warning signs of child sexual abuse and information on assistance and referrals or resources.

¹²MCL 380.1505 states in full:

“(1) The board of a school district or intermediate school district or board of directors of a public school academy may adopt and implement a policy addressing sexual abuse of children. If a board or board of directors adopts and implements a policy addressing sexual abuse of children, the policy shall be substantially consistent with the recommendations and guidelines set by the task force on the prevention of sexual abuse of children created under section 12b of the child protection law, 1975 PA 238, MCL 722.632b, and may address, but is not limited to, any of the following:

- (a) Age-appropriate, evidence-based curriculum and instruction for pupils in grades pre-K to 5 concerning child sexual abuse awareness and prevention.
- (b) Training for school personnel on child sexual abuse, including, but not limited to, training on supportive, appropriate response to disclosure of abuse.

The Revised School Code (MCL 380.1505) suggests that a school's sexual abuse policy may address the following topics, without limitation:

- Available counseling and resources for pupils affected by sexual abuse.
- Emotional and educational support for a pupil affected by sexual abuse to allow the pupil to continue to be successful in school.
- A review of the system that is in place in the school district, intermediate school district, or public school academy to educate and support school personnel who are required to report child abuse or neglect under the Child Protection Law (MCL 722.623) and the process in place for making those mandatory reports. This review should include an analysis of the level of compliance with the mandatory reporting requirements and suggestions to improve compliance.
- Age-appropriate, evidence-based curriculum and instruction for pupils in grades pre-K to 5 concerning child sexual abuse awareness and prevention. Note that pupil instruction offered under these Revised School Code provisions is subject to parent/guardian notice requirements, which are provided in MCL 380.1505a.¹³

The Revised School Code further suggests that any instruction, training, or information provided under the foregoing policy may include the following without limitation:

(c) Providing educational information to parents or guardians on the warning signs of a child being sexually abused and information on needed assistance, referral, or resources. This information may be provided in the student handbook that is distributed to pupils and parents and guardians.

(d) Available counseling and resources for pupils affected by sexual abuse.

(e) Emotional and educational support for a pupil affected by sexual abuse to allow the pupil to continue to be successful in school.

(f) A review of the system that is in place in the school district, intermediate school district, or public school academy to educate and support school personnel who are required to report child abuse or neglect under section 3 of the child protection law, 1975 PA 238, MCL 722.623, and the process in place for making those mandatory reports. This review should include an analysis of the level of compliance with the mandatory reporting requirements and suggestions to improve compliance.

“(2) Any instruction, training, or information provided pursuant to a policy adopted under subsection (1) shall be substantially consistent with the recommendations and guidelines set by the task force on the prevention of sexual abuse of children created under section 12b of the child protection law, 1975 PA 238, MCL 722.632b, and may address, but is not limited to, any of the following:

(b) Actions that a child who is a victim of sexual abuse may take to obtain assistance and intervention.

(c) Available counseling options for pupils affected by sexual abuse.”

¹³MCL 580.1505a states: “If a school district, intermediate school district, or public school academy provides instruction to pupils on child sexual abuse pursuant to the policy adopted under section 1505, both of the following apply:

(a) A pupil shall not be provided with the instruction unless the pupil's parent or guardian is notified in advance of the instruction and the content of the instruction, is given a prior opportunity to review the materials to be used in the instruction, and is notified in advance of his or her right to have the pupil excused from the instruction.

(b) Upon the written request of a pupil's parent or legal guardian, a pupil shall be excused from the instruction without penalty or loss of academic credit.”

- Methods for increasing teacher, pupil and parent awareness of issues regarding sexual abuse of children, including knowledge of likely warning signs indicating that a child may be a victim of sexual abuse.
- Actions that a child who is a victim of sexual abuse may take to obtain assistance and intervention.
- Available counseling options for pupils affected by sexual abuse.

In seeking to develop policies, recommendations and guidelines for schools in accordance with the above criteria, the Task Force found the most helpful guidance from models designed for youth-serving organizations generally. These models recognized that youth serving organizations have dual roles to prevent and respond to incidents of child sexual abuse. Thus, they focused as much on the creation and maintenance of safe environments for child participants as on the management of incidents or alleged incidents of sexual abuse. Moreover, these models were appropriate and readily adaptable for school settings, because like other youth serving organizations, a school's role in a coordinated community response is to prevent, identify and report incidents of child sexual abuse, as well as to support children who experience abuse, both immediately after it comes to light and over the long-term thereafter.

Accordingly, the recommendations and guidelines in this section of the Task Force Report are broader in scope than suggested in MCL 722.632b(3)(e)-(h), addressing all youth serving organizations, including schools. The discussion will highlight particular considerations for schools, in recognition of the intensive, daily contact that most children have with school personnel. School personnel also have legal duties to report under the Child Protection Law that may not apply to some staff and volunteers who work in other settings.

II. Critical Components of Sexual Abuse Prevention and Response Policies for Schools and other Youth Serving Organizations¹⁴

Youth serving organizations support and promote children's development and well-being in many aspects of life. In addition to schools, other examples of youth serving organizations are: Faith-based programs, e.g., religious education, social clubs:

- Sports and other recreational organizations.
- Arts, e.g., music, dance, visual arts, theater.
- Boys' and girls' clubs, e.g., scouts.

¹⁴ Many of the recommendations for youth serving organizations in this Report are drawn from Saul & Audage, supra n. 8. For a comprehensive guide to developing sexual abuse prevention protocols in youth serving organizations, see Cranley, D. 8 Ways to Create Their Fate: Protecting the Sexual Innocence of Children in Youth Serving Organizations, (Mustang, OK, Tate Publishing & Enterprises, LLC, 2015). The Task Force would also like to acknowledge the guidance of the following individuals who consulted with members in developing this discussion:

- Nona Spackman, Chair, Abuse Prevention Team of the West Michigan Conference of the United Methodist Church
- Sally Ellis, Safe Environment Coordinator, Catholic Diocese of Lansing

- Child care centers and after-school programs.
- Mentoring organizations, e.g., Big Brothers/Sisters.
- Camps, both day and overnight.

A protocol for a school or other types of youth-serving organizations must be developed in light of the organization's mission and circumstances. For example, an organization that provides youth mentoring may need to adopt prevention strategies for one-on-one activities between youth and staff/volunteers that would differ from those adopted for team sports activities in which most activities take place in a group. Organizations (like schools) that provide multiple types of activities need to adopt policies that address each one. Protocol provisions may also be dictated by an organization's insurance requirements or funding eligibility conditions. Because many organizations will be subject to requirements under state and federal laws, consultation with legal counsel to review applicable laws is advised as an organization begins the process of adopting and implementing child sexual abuse prevention strategies.¹⁵

Child sexual abuse prevention and response protocols for schools and other youth-serving organizations should focus on their critical role in *preventing* child sexual abuse and in *identifying and appropriately responding to incidents of abuse*. While these organizations are not charged with investigating incidents of abuse, their personnel play important roles in reporting abuse and in responding to a child who discloses it, both immediately after the disclosure and as the child participates in the organization's activities in the wake of a disclosure. Further, these organizations have a role in responding to alleged perpetrators who are staff members, volunteers, or youth participants in organization's activities. In some cases a youth serving organization may also be called upon to respond to a family member of the child victim, or another youth or adult who is somehow involved in an alleged incident. Consistent with these roles, a protocol for schools and other youth-serving organizations should contain these components:

1. Policies, procedures and/or guidelines for preventing and responding to incidents or alleged incidents of child sexual abuse.
2. Careful screening and selection of paid staff and volunteers.
3. Regular, frequent training for paid staff and volunteers to ensure that they understand, prevent, recognize and respond to child sexual abuse in accordance with the organization's policies, procedures and/or guidelines.
4. Monitoring of behavior of paid staff and volunteers for compliance with the organization's policy guidelines.

¹⁵ For example, school personnel must report suspected child abuse or neglect pursuant to MCL 722.623, and are subject to screening requirements set forth in MCL 380.1230 – 380.1230h. Schools and other organizations that sponsor camping activities should consult Michigan's Camp Licensing Rules and Regulations. See: http://www.michigan.gov/dhs/0,4562,7-124-5455_27716_27723-82032--,00.html. Sample policies for camps can be found at: http://www.michigan.gov/documents/dhs/Camp_Sample_of_Required_Materials_4_09_275781_7.pdf (Both visited 5/21/15).

5. Creation and maintenance of physical environments that prevent, deter and discourage child sexual abuse.
6. Engagement of parents and other child caregivers as partners in sexual abuse prevention.
7. Developmentally appropriate information for youth about healthy relationships and child sexual abuse.
8. Participation in a coordinated community response to develop and coordinate the organization's policies, procedures and/or guidelines with others in its community.

The following discussion will address each of these components in more detail.

1. Policies, procedures and/or guidelines for preventing and responding to incidents or alleged incidents of child sexual abuse.

Protocol development should start with defining the situations the protocol will address and identifying the staff and volunteer personnel it covers. At minimum, a protocol for a school or other youth serving organization should contain policies, procedures and guidelines to promote: a) a safe, appropriate physical environment for children, b) safe, appropriate interactions between participating children and between children and the organization's staff or volunteers and c) trauma-informed, victim-centered responses to all incidents and suspected incidents of child sexual abuse, regardless of the identity of the perpetrator and in compliance with applicable law.

Development of policies, procedures and guidelines to promote child safety should start with an assessment of the risks for sexual abuse within the organization's environment, aimed at minimizing risk and accentuating organizational strengths. These risks may be present in the organization's physical environment, or in its structure for interactions between child participants or children and staff / volunteers. Risks may also be rooted in organizational norms, attitudes and behaviors that contribute to an environment that invites perpetrators of child sexual abuse or permits sexual abuse to occur.

An assessment of the organization's community context is another helpful initial step. Agencies should first survey the laws and regulations that apply to their work to ensure that their policies and practices are in compliance. Organizations participating in a coordinated community response effort should further familiarize themselves with the policies and procedures in partner agencies to ensure consistency across community agencies. In communities without a coordinated response effort, an organization's efforts to learn about the policies and practices of others with whom it may interact can be a beginning toward developing relationships and discovering allies.¹⁶ Regarding policies and practices in law enforcement agencies, school personnel should review the *Model Child Abuse and Neglect Protocol With an Approach Using a Coordinated Investigative Team*, DHS-PUB 794 (Rev.10-13), pp 30-32 and the associated local protocol adopted pursuant to MCL 722.628(6).

a. Prevention

¹⁶ Vermont Sexual Violence Prevention Task Force, Technical Assistance Resource Guide, *supra*, n. 9, p. 49f.

Policies, procedures and guidelines for prevention should address at minimum:

- Screening for prospective paid staff and volunteers. Examples of issues to address include qualifications of staff/volunteers (e.g., age, pre- and post-employment training, work experience), circumstances that disqualify an applicant and the application process. (See below for more discussion of the screening and application process.)
- Guidelines for interactions between children and paid staff or volunteers working in the organization, which should be incorporated into a code of conduct for staff and volunteers.¹⁷ Examples of issues to include are: staff/volunteer-to-child ratio, interactions with children away from the organization's program site, online interactions with children and permission for activities from children's parents/guardians.¹⁸
- Guidelines for interactions between youth program participants.
- Training requirements for staff and volunteers and a training implementation plan. (See below for more discussion of training requirements.)
- Participation in the organization's activities by known sex offenders, if the organization has decided it will not exclude them (e.g., as in some faith-based organizations). Critical issues to address include: ensuring compliance with an offender's probation or parole conditions; restrictions on access to youth; monitoring during participation in the organization's functions.¹⁹

¹⁷ For sample policy, guideline, and code of conduct provisions see:

- USA Swimming at: www.usaswimming.org/protect. This organization's Code of Conduct appears in *Safe Sport Handbook*, pp. 7-11. (USA Swimming, 2010), available at the above web address. (Visited 5/21/15).
- West Michigan Conference of the United Methodist Church, *Abuse Prevention Policy: Adults with Special Needs, Children, and Youth*, online at: <http://www.westmichiganconference.org/pages/detail/1074>. (Visited 5/21/15).
- *Sexual Abuse Safe-Child Standards in Massachusetts*, Prevent Child Abuse Massachusetts (Boston, MA: 2015), pp. 10-12, which describes action steps for conducting organizational assessments and developing codes of conduct for adults and children. This booklet is available at: www.enoughabuse.org (Visited 5/20/15).

¹⁸ Critical strategies and examples of appropriate/inappropriate/harmful behavior are identified in Saul & Audage, *supra* n. 8, pp. 9-12. See also:

- USA Swimming Code of Conduct sec. 305.1, 305.2, 305.1, in *Safe Sport Handbook*, *supra* n. 17, pp. 10, 19-20.
- *Abuse Prevention Policy*, section III.B-E, and the West Michigan Conference of the United Methodist Church, *Abuse Prevention Guidelines*, online at <http://www.westmichiganconference.org/pages/detail/3659> (Visited 5/21/15).

¹⁹ Organizations should seek legal advice about participation by known offenders. For examples of policies and procedures addressing the participation of registered sex offenders in the activities of faith-based organizations, see:

- Church Mutual Insurance Company, *Responding to Sex Offenders Who Want to Join Your Congregation*, in *Risk Reporter for Religious Institutions*, Vol. 11, Issue 3 (Summer, 2012), available at: <https://www.churchmutual.com/index.cfm?pid=2253&pageTitle=Risk-Reporter&riskReporterID=61&page=feature> (Visited 5/21/15).

b. Response

An organization's policies, procedures and guidelines for responding to incidents and suspected incidents of child sexual abuse must be trauma-informed and victim centered.²⁰ Some commentators have suggested that schools can improve their responses to traumatized youth by creating opportunities for them to share their thoughts and experiences with school policymakers, administrators and teachers.²¹ Organizations must also comply with applicable law and address discovered or suspected incidents of child sexual abuse perpetrated by paid staff members, volunteers, other youth and others not directly participating in the organization's programming (e.g., parents or other persons in the child's environment). Because reporting of child sexual abuse is a key component of an organization's response to child sexual abuse, development of effective policies should begin with an assessment of barriers to reporting within the organization. Once barriers are identified, policies should contain strategies to overcome them.²² Response policies should provide guidance on:

- Situations and behaviors that must be reported to authorities in compliance with applicable law and those that require an internal response.
- Who must report and to whom, in compliance with applicable law.
- In addition to compliance with applicable mandated reporting laws, actions to take internally if a paid staff member, volunteer, or child participant has engaged in inappropriate behavior or breached the organization's policies.
- Documenting and tracking incidents, allegations and suspicions of child sexual abuse and the organization's responses to such incidents, allegations or suspicions.

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- West Michigan Conference of the United Methodist Church, *Registered Adult Sex Offenders in Congregational Life*, at <http://www.westmichiganconference.org/pages/detail/2576> (Visited 5/21/15). The materials at this site include a "Sample Covenant and Limited Access Agreement," and sample guidelines for local ministries.

²⁰ Information for educators about the nature of trauma, its impact on learning, and strategies for school responses is found in Wolpov et al., *supra*, n. 3 and Cole, et al., *supra*, n. 6. The following organizations have developed guidelines on care for children who have been abused in faith-based settings:

- United States Conference of Catholic Bishops, *Promise to Protect, Pledge to Heal: A Charter and Essential Norms for the Protection of Children and Young People*, *supra* n. 13, Art. 2, Norm #3 (stating that Catholic dioceses are to have a competent person or persons to coordinate assistance for the immediate pastoral care of persons who report have been sexually abused as minors by clergy or other church personnel.) This document can be found online at: <http://www.usccb.org/issues-and-action/child-and-youth-protection/upload/2011-Charter-booklet.pdf> (Visited 5/21/15).
- *Abuse Prevention Policy*, *supra*, n. 17, section V.D.

²¹ West, et al., Student Perspectives on how trauma experiences manifest in the classroom: Engaging court-involved youth in the development of a trauma-informed teaching curriculum, 38 Children and Youth Services Review 58, 59 (2014).

²² The Massachusetts Children's Trust Fund has developed a "How – To Manual for Massachusetts Educators" entitled "Designing and Implementing a School Reporting Protocol." This resource is available online at: http://childrenstrustma.org/uploads/audio-files/School_Reporting_Protocol.pdf (Visited 5/21/15).

- Participation in the organization by a paid staff member, volunteer, or child participant who has been accused of child sexual abuse.²³
- Assistance to children who have been sexually abused, or reportedly sexually abused.
- Providing for the confidentiality of names of victims, accused perpetrators and reporters, in compliance with applicable law.
- Goals for training regarding reporting and providing a training implementation plan. See below for more discussion of training requirements.
- Responding to the organization's youth and their parents, staff and volunteers, media and the community in the event of an allegation or incident.

2. Careful screening and selection of paid staff and volunteers.

Some youth serving organizations, such as schools, must comply with statutory or other regulatory mandates regarding employee and volunteer screening.²⁴ Apart from these mandates, the following steps are recommended for an organization's application process:²⁵

- A written application for paid staff and volunteers that includes open-ended questions about the applicant's interest in and experience with children and permission to conduct background and reference checks.
- Education for all applicants on the organization's code of conduct and other policies and guidelines regarding child sexual assault. (This may discourage some offenders from applying).
- Personal interviews.
- Reference checks.
- Background checks, including criminal history, Department of Health and Human Services Central Registry and driving record.

²³ For sample policies, see:

- *Abuse Prevention Policy*, supra, n. 17, section V.C.
- *Promise to Protect, Pledge to Heal: A Charter and Essential Norms for the Protection of Children and Young People*, supra, n. 20, Art. 2, Norms #6-12.

²⁴ Screening requirements for school employees are found at MCL 380.1230 – 380.1230h.

²⁵ Critical strategies and sample interview questions for screening and selecting staff and volunteers are identified in Saul & Audage, supra n 8, pp 4-8. For sample screening policies and further screening guidance, see:

- *Safe Sport Handbook*, supra n. 17, pp. 14-16.
- *Sexual Abuse Safe-Child Standards in Massachusetts*, supra n. 17, pp. 13-16.
- *Abuse Prevention Policy*, supra, n. 17, section 1.
- National Catholic Services, *Model Policies and Procedures for Response to Allegations of Sexual Abuse*, section 9, online at http://www.virtus.org/virtus/AllegationResponse_071502.pdf (Visited 5/21/15).

3. Regular and frequent ongoing training for paid staff and volunteers to ensure that they prevent, recognize and respond to child sexual abuse in accordance with the organization's policies, procedures and/or guidelines.²⁶

Training programs should set measurable goals and undergo periodic updating and evaluation. Programs should be conducted on an ongoing, regular basis, in a comfortable environment where trainees can raise questions and concerns. Trainers must be skilled, properly motivated and comfortable with the material. Many organizations designate a point person or organizational unit to respond to questions and concerns about child sexual assault and to ensure consistent responses. The training content must be integrated into operations for the entire organization, e.g., into the behavior of all staff and volunteers, into performance measures and evaluations and into the organization's mission or philosophy. Training for the following individuals should be enforced on an ongoing basis by offering a regular training schedule and/or requiring periodic certification as a condition of continued employment or volunteer participation:

- Management and leadership in the organization.
- Paid staff and volunteers responsible for enforcing child sexual abuse policies or overseeing others in the chain of command, e.g., supervisors of people with access to or supervision over youth.
- Paid staff and volunteers with access to or supervision over youth, including adults and youth in leadership positions.
- New and current staff and volunteers

Critical components of training programs include those listed for all community partners in the previous section of this Report. Additional essential training components for staff and volunteers in schools and other youth serving organizations are:

- The organization's code of conduct for staff and volunteers.
- The organization's policies and procedures for reporting discovered or suspected child sexual abuse, along with any legal mandates to report.
- Information about the responses that Children's Protective Services or law enforcement agencies will make to reports of suspected child sexual abuse.
- Information about providing emotional and other support for children affected by sexual abuse, including available counseling and resources. In school settings, such information should include ways to address difficult behaviors that pupils affected by sexual abuse may exhibit in the classroom and strategies for supporting children's success in school.²⁷

²⁶ Saul & Audage, supra n. 8, pp 26.

²⁷ For discussion of behaviors that teachers have identified as difficult to manage, see Crosby et al., School Staff Perspectives on the Challenges and Solutions to Working with Court-Involved Students, 85 Journal of School Health

Training should also address any norms, behaviors and attitudes of staff, volunteers and youth participants in the organization that are barriers to creating safe environments for children and appropriate responses to incidents or suspected incidents of sexual abuse.

4. Monitoring the behavior of paid staff and volunteers for compliance with the organization’s policy guidelines.

Monitoring involves observing interactions with children and reacting appropriately to inappropriate behavior. Both staff/volunteer-youth and youth-youth interactions should be monitored. Suggested strategies include the following:²⁸

- i. Educate all staff and volunteers about how and what to monitor.
- ii. Let staff and volunteers know whom to contact if they observe violations of the organization’s code of conduct.
- iii. Create back-up reporting systems to be used if an incident involved direct-line reporting.
- iv. Use multiple monitoring methods, e.g., formal supervision, random observation, frequent contact with staff/volunteers and youth who interact off-site.
- v. Document monitoring efforts and compliance with reporting requirements.
- vi. Conduct regular reviews and evaluations of the system in place to educate and support staff who are mandated reporters, as well as the process for making those reports. The review should include an analysis of the level of compliance with mandated reporting requirements and suggestions to improve compliance.²⁹

347 (2015). Difficult behaviors and triggers identified by female, court-involved high school students are discussed in West, et al., Student perspectives on how trauma experiences manifest in the classroom: Engaging court-involved youth in the development of a trauma-informed teaching curriculum, 38 Children and Youth Services Review 58 (2014). See also Wolpov, et al., *supra*, n. 3, and Cole, et al., *supra*, n. 6. Additionally, to help address and improve educational outcomes for youth in foster care, Casey Family Programs has developed an “Endless Dreams” video and training curriculum (2013). These practice-oriented tools were designed to support educational advocates, education specialists, education liaisons, CASA volunteers, child welfare professionals, and others that assist youth in care with their educational needs. For more information, contact Casey Family Programs:

<http://www.casey.org/endless-dreams/> (Visited 5/30/15).

²⁸Saul & Audage, *supra*, n. 8, p. 13-14

²⁹Regarding schools, MCL 380.1505 provides that the board of a school district or intermediate school district or board of directors of a public school academy may adopt and implement a policy addressing sexual abuse of children. If a board or board of directors adopts and implements a policy addressing sexual abuse of children, the policy shall be substantially consistent with the recommendations and guidelines set by this Task Force, and may address the system that is in place to educate and support school personnel who are required to report child abuse or neglect under MCL 722.623, and the process in place for making those mandatory reports. This review should include an analysis of the level of compliance with the mandatory reporting requirements and suggestions to improve compliance.

5. Creation and maintenance of physical environments that prevent, deter and discourage child sexual abuse.

Suggested strategies include:³⁰

- Monitor access points to the premises and know who is on the premises at all times.
- Limit access to the premises by individuals who are not involved in the organization's activities.
- Know who is responsible to pick children up from the organization's activities.
- Minimize opportunities for children and adults to have isolated, one-on-one interactions.
- Choose activity spaces that are open and visible to multiple people. Limit access to isolated spaces (e.g., lock rooms that are not in use for program purposes, institute a "no closed door" policy, arrange landscape to eliminate concealed outdoor areas)
- Develop policies and procedures for reducing risk during activities such as toileting, showering, changing clothes and overnight stays.
- Define who is responsible for transporting youth to and from activities. Limit circumstances where youth are alone in a vehicle with a staff member or volunteer.
- Establish clear guidelines regarding off-site activities, e.g., off-site bathroom breaks, use of public transportation, off-site supervision of youth.

6. Engagement of parents and other child caregivers as partners in sexual abuse prevention.³¹

Research on school-based child abuse prevention programs has reported that parent involvement components of such programs are related to increased success, in part because of increased communication about abuse and repetition of concepts. Parents' involvement also improves their knowledge about abuse, which helps them to keep their children safer.³² Engagement efforts with parents and other caregivers can start with

³⁰ Saul & Audage, supra n. 8, p. 15-16.

³¹ Id., p. 27.

³² Brassard, M.R. and Fiorvanti, C.M., *School-based Child Abuse Prevention Programs*, p. 3, Psychology in the Schools, Vol. 00(00), 2014 (Wiley Periodicals, Inc., 2014). Discussion of barriers to parent involvement and suggesting for achieving family participation can be found in Wurtele, S.K. and Kenny, M.C., Partnering with parents to prevent childhood sexual abuse, 19 Child Abuse Review p. 130-152 (2010). In April, 2015, the California Evidence-Based Clearinghouse for Child Welfare (CEBC) released a guide designed for child welfare administrators and social services providers to provide information that child welfare systems can use to evaluate what their system needs, examine what programs are currently being used in their system, make decisions about which new programs to add, and plan for implementation activities. The mission of the CEBC is "To advance the effective implementation of

start with a description of the organization's mission and role, including its policies regarding child sexual abuse. Parents and guardians should be informed in advance about any sexual abuse education that children will receive and provided with supplemental materials for their own information.³³ Critical components for caregiver education include those listed for all community partners in the previous section of this Report. Additional content for parents and other child caregivers should include:

- i. The organization's policies, guidelines and/or code of conduct regarding child sexual abuse.
 - ii. Clarification about which responsibilities for activities (e.g., transportation) are the parent's/caregiver's and which are the organization's.
 - iii. How to talk with children about sexuality and child sexual abuse. Children need appropriate language to talk about these matters, as well as permission and a safe environment in which they may voice their questions and concerns.
 - iv. How to talk with children about media and marketing messages about sexuality, sexualization of children and sexual exploitation of children.
 - v. How to talk with children about Internet-based sexual abuse and sexual exploitation of children, including child pornography and solicitation of children for sexual purposes through social media, cell phones, etc.
 - vi. How to talk with other adults about child sexual abuse.
 - vii. Steps to take if child sexual abuse is discovered or suspected.
 - viii. Information about available counseling and other resources for a child who has been sexually abused or accused of perpetrating sexual abuse, as well as for the child's family members.
- Abuse prevention resources for those seeking information or assistance outside the organization.

evidence-based practices for children and families involved with the child welfare system." The current CEBC website (www.cebc4cw.org) provides a searchable database of programs that can be utilized by professionals that serve children and families involved with the child welfare system. See Walsh, et al., *Selecting and implementing evidence-based practices: A guide for child and family serving systems* (San Diego, CA: California Evidence-Based Clearinghouse for Child Welfare, 2015), online at <http://www.cebc4cw.org/files/ImplementationGuide-Apr2015-onlineprint.pdf> (Visited 5/25/15).

³³ Schools must comply with MCL 380.1505a, which provides:

"If a school district, intermediate school district, or public school academy provides instruction to pupils on child sexual abuse pursuant to the policy adopted under section 1505, both of the following apply:

- (a) A pupil shall not be provided with the instruction unless the pupil's parent or guardian is notified in advance of the instruction and the content of the instruction, is given a prior opportunity to review the materials to be used in the instruction, and is notified in advance of his or her right to have the pupil excused from the instruction.
- (b) Upon the written request of a pupil's parent or legal guardian, a pupil shall be excused from the instruction without penalty or loss of academic credit."

7. Developmentally appropriate information for youth about healthy relationships and child sexual abuse.

a. Curriculum Practices for Schools and other Youth Serving Organizations

The benefits and efficacy of sexual abuse education for children are still under study.³⁴ Until more is known about what works to prevent sexual violence perpetration, the Centers for Disease Control and Prevention suggests that program planners use existing prevention principles to strengthen their approaches and evaluate the effectiveness of new or existing programs. The CDC cites nine recommended principles identified by Nation et al., in a review of prevention programs addressing substance

³⁴ A recent systematic review examined 140 outcome evaluations of primary prevention strategies for sexual violence perpetration, with two goals: 1) to describe and assess the breadth, quality, and evolution of evaluation research in this area; and 2) to summarize the best available research evidence for sexual violence prevention practitioners by categorizing programs with regard to their evidence of effectiveness on sexual violence behavioral outcomes in a rigorous evaluation. See DeGue, S., Valle, L.A. et al., *A systematic review of primary prevention strategies for sexual violence perpetration*, 19 *Aggression & Violent Behavior* 346 (2014). Based on this review, only two primary prevention programs were found to have demonstrated significant effects on sexually violent behavior in a rigorous outcome evaluation. These are:

- [Safe Dates](http://www.cdc.gov/Other/disclaimer.html)<http://www.cdc.gov/Other/disclaimer.html>

Safe Dates is designed to prevent the initiation of emotional, physical, and sexual abuse in adolescent dating relationships. Intended for male and female 8th- and 9th-grade students, the goals of the program include the following:

- Changing adolescent dating violence and gender-role norms
- Improving peer helping and dating conflict-resolution skills
- Promoting victim and perpetrator beliefs in needing help and seeking help through community resources

Safe Dates has five components: a ten-session course, a play script, a poster contest, parent materials, and a teacher training outline. Research found reductions in sexual dating violence perpetration and victimization that continued through a four-year follow-up period.

- [Shifting Boundaries](http://www.cdc.gov/Other/disclaimer.html)<http://www.cdc.gov/Other/disclaimer.html>

Shifting Boundaries is designed to reduce the incidence and prevalence of dating violence and sexual harassment among adolescents. Intended for male and female middle school students, the program has two parts: a classroom-based approach and a school-wide component. The goals of this program include the following:

- Increasing knowledge and awareness of sexual abuse and harassment
- Promoting positive social attitudes and a negative view of dating violence and sexual harassment
- Promoting nonviolent behaviors and intentions in bystanders

Shifting Boundaries is a six-session classroom course with a school-wide program that involves revising school rules regarding dating violence, and sexual harassment, temporary school-based restraining orders, posters to increase awareness and reporting, and student 'hot spot' maps of unsafe school areas to determine the placement of faculty or school security for greater surveillance. A study found that the classroom curriculum alone was not effective for reducing rates of sexual violence. The school-wide intervention, however, was effective when implemented alone or in combination with the classroom instruction, with results showing reductions in sexual harassment, peer sexual violence perpetration and victimization, and dating sexual violence victimization after six months.

abuse, risky sexual behavior, school failure and juvenile delinquency and violence.³⁵
These are as follows:

- Effective programs are comprehensive, providing multi-component interventions addressing critical domains (e.g., family, peers and community) that influence the development and perpetuation of the behaviors to be prevented.³⁶ In a school setting, the Vermont Sexual Violence Prevention Task Force noted that activities should address a wide range of protective and risk factors. Based on its study of Vermont schools, the Task Force noted a need for more prevention activities focused on peer-to-peer perpetration, bystander engagement and health promotion activities that address healthy relationships and healthy sexuality.
- Effective programs use varied teaching methods focusing on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills. Studies of school-based child sexual abuse prevention and general abuse prevention programs have identified active participation, role-playing, video modeling, discussion, behavioral skills training and active rehearsal as effective teaching methods.³⁷
- Effective programs provided sufficient dosage, i.e., enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects. Aspects of dosage include session length, number of sessions, spacing of sessions and total program duration.³⁸ While some studies report inconclusive results in terms of program duration, others have found that programs presented over four or more sessions yielded the highest effects. The number of sessions was more important than the amount of intervention overall, with many brief sessions producing better results than fewer long sessions. Additionally, effective

³⁵ The CDC recommendations appear at: <http://www.cdc.gov/ViolencePrevention/sexualviolence/prevention.html>, citing Nation et al., *What Works in Prevention: Principles of Effective Prevention Programs* 58 *American Psychologist* 449 (2003). This study is available online at: http://209.198.129.131/images/AmPsy_WhatWorksInPrevention_6-7-2003.pdf (Both Visited 5/21/15). These nine principles are the basis for recommendations in a 2012 survey and assessment of sexual violence prevention education in Vermont schools by that state's Sexual Violence Prevention Task Force. See Vermont Sexual Violence Prevention Task Force, 2012 School Assessment Survey: Summary of Findings & Recommendations (2012), pp. 16-18, online at: http://education.vermont.gov/documents/EDU-Health_Ed_VTSVPTF_2012_School_Assessment_Summary.pdf. (Visited 5/20/15). This document reports on an assessment of Vermont schools' current sexual violence prevention practices, offering recommendations for school-based curricula.

³⁶ See also Wurtele & Kenny, *Preventing Childhood Sexual Abuse: An Ecological Approach*, in *Handbook of Child Sexual Abuse: Identification, Assessment and Treatment*, pp. 538-543 (Goodyear-Brown, Ed.) (John Wiley & Sons, Inc. 2012), for a table of risk factors and protective factors associated with child sexual abuse for the perpetrator, the child, the child's home, other child-serving micro-systems and macro-systems.

³⁷ Topping, & Barron, *School-Based Child Sexual Abuse Prevention Programs: A Review of Effectiveness*, 79 *Review of Educational Research* 431, 455 (2009); Brassard & Fiorvanti, *supra*, n. 32, p. 2.

³⁸ Nation et al, *supra* n. 35, p. 452.

programs generally provide a follow-up or “booster” sessions to support durability of learning.³⁹

- Effective programs have a theoretical justification, based on accurate information and supported by empirical research. The Vermont Sexual Violence Prevention Task Force recommended that the state’s Department of Education Provide more technical assistance around evidence-based curriculum adaptations and fidelity.⁴⁰
- Effective programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes. The Vermont Sexual Violence Prevention Task Force recommended that prevention educators and technical assistance providers need to provide information about resources that are readily available to disseminate to parents and other adult stakeholders; e.g. monthly paragraphs to include in their newsletter or on their website; handouts for adults in the school; letters home that include tips for how to do engage your child sexual violence prevention conversations.⁴¹
- Effective programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants. A majority of reviews have found that children at all ages acquire the key concepts presented in sexual abuse education programs and that younger children show more learning than older children. However, this finding does not establish that children can necessarily implement this learning,⁴² suggesting that children should receive repeated exposure to the content from year to year.
- Effective programs are socio-culturally relevant, i.e., tailored to the community and cultural norms of the participants, with inclusion of the target group in program planning and implementation. Culturally tailoring a program involves going beyond superficial structural features such as language of instruction, to develop programs that are sensitive to cultural factors that influence development and relevance. Additionally, programs must address participants’ individual needs, suggesting that parents and youth participants be included in planning and implementation.⁴³
- Effective programs have clear goals and objectives and make an effort to systematically document their results relative to the goals.

³⁹ Id., see also Brassard and Fiorvanti, *supra* n. 32, pp. 2, 4, recommending sessions from year-to-year in schools.

⁴⁰ Vermont Sexual Violence Prevention Task Force, 2012 School Assessment Survey Summary of Findings & Recommendations, *supra* n. 35, p.18.

⁴¹ Id.

⁴² Finkelhor, D., *Prevention of Sexual Abuse Through Educational Programs Directed Toward Children*, 120 *Pediatrics*, 640, 641 (2007).

⁴³ Nation, et al., *supra* n. 35, pp. 453-454.

- Effective programs have well-trained staff who support the program and are themselves trained regarding its implementation. Studies have shown that while facilitator qualifications and occupations had no significant impact on program efficacy, facilitator training was essential.⁴⁴

b. Content of Information

Some commentators have noted the following potential benefits of sexual abuse education programs for children:

- They may promote children’s reporting of victimization.⁴⁵
- They may reduce the stigma and self-blame that victimized children feel.
- In some cases, they may help children avoid victimization.
- They support adult efforts to promote child safety by educating parents, teachers and other community members about the problem.⁴⁶

Education programs with a primary objective to teach children risk reduction or self-protective strategies have been criticized for creating unrealistic expectations that children can prevent or resist abuse by perpetrators who are more powerful than they are, or who have “groomed” children to accept abusive behavior.⁴⁷ While acknowledging that these “empowerment” programs may enable children to resist some abuse perpetrators (e.g., peers, or adults who are fearful of being caught), one commentator has pointed out that children who cannot resist may experience feelings of guilt, shame, or self-blame, leading to continued secrecy and/or increased emotional distress.⁴⁸

In Vermont, a 2012 survey to assess schools’ sexual violence prevention practices reported that few respondents used victim risk reduction techniques, which were characterized as “no longer...best practice when used on their own.” Instead, school programs focused on topics such as communication skills and practice, identifying and communicating feelings, identifying safe adults to speak with, identifying and respecting boundaries, correct names for body parts, asking for help and Internet safety.⁴⁹

⁴⁴ Brassard and Fiorvanti, supra n. 32, p. 4.

⁴⁵ Studies have *not* found that children are more likely to make false allegations based on misinterpretations of appropriate physical contact in the wake of child sexual abuse prevention education exposures. Finkelhor, supra, n. 42, p. 643 (2007).

⁴⁶ Id.

⁴⁷ For a review of this criticism, see id.

⁴⁸ Id.

⁴⁹ Vermont Sexual Violence Prevention Task Force, 2012 School Assessment Survey Summary of Findings & Recommendations, supra, n. 35, pp. 6-7. In 2009, the Vermont Legislature enacted a directive to strengthen sexual violence prevention by including this topic in the definition of “health education” to be provided by the Vermont schools. In response, the Vermont Sexual Violence Prevention Task Force developed a Technical Assistance Resource Guide for K-12 schools, focused on incorporating sexual violence prevention into the health education curriculum. This Task Force developed a Technical Assistance Resource Guide for K-12 schools, which includes a summary of skills, knowledge and concepts aligned with health grade expectations from pre-K through grade 12. This Guide is available online at: http://education.vermont.gov/documents/educ_health_ed_TARG.pdf (Visited 5/20/15).

These topics recognize that children need appropriate language to express their needs, questions and concerns about sexuality and inappropriate behavior, as well as a safe environment and permission to communicate with protective adults.

To maintain a focus on the adult responsibility to protect children from sexual abuse, child abuse prevention programs for youth be undertaken in combination with prevention strategies aimed at parents and other protective adults, such as campaigns to deter and control offending behavior. Although child sexual abuse education programs should incorporate self-protective or risk reduction strategies, a greater focus should be placed on teaching children coping and communication skills to enable them to report or seek help regarding sexual abuse. Children should also learn that offenders, not victims are responsible for abusive behavior and that no one has the right to force, trick or coerce another person into sexual situations.

8. Participation in a coordinated community response to develop and coordinate the organization's policies, procedures and/or guidelines with others in its community.

Communities will be safer for children if all partners participate in consistent, coordinated efforts to identify, prevent and respond to child sexual assault.⁵⁰ The following are some of the ways in which cross-system collaboration can help schools and other youth serving organizations better prevent and respond to incidents of child sexual abuse:

- Communication and collaboration with other youth serving professionals (e.g., child welfare workers, juvenile justice professionals, mental health therapists) can assist schools and other youth serving organizations to develop responses to the trauma of child sexual abuse that will promote victims' healing and success in school.⁵¹
- Schools and other youth serving organizations can play an important role in linking traumatized youth to helpful resources.⁵² Some schools and youth serving organizations designate a particular staff member to connect students and their families with community resources, which helps other staff to better focus their energies on the roles for which they were hired.⁵³

⁵⁰ For a discussion of building community partnerships involving schools, see Wolpow et al., supra, n. 3, ch. 4.

⁵¹ Crosby, et al, *School Staff Perspectives on the Challenges and Solutions to Working with Court-Involved Students*, 85 *Journal of School Health* 347, 353 (2015).

⁵² West, et al, *Student Perspectives on how trauma experiences manifest in the classroom: Engaging court-involved youth in the development of a trauma-informed teaching curriculum*, 38 *Children and Youth Services Review* 58, 59 (2014).

⁵³ Wolpow, et al, supra, n. 3, p. 145; *Promise to Protect, Pledge to Heal: A Charter and Essential Norms for the Protection of Children and Young People*, supra n. 20, Art. 2, Norm #3 (stating that Catholic dioceses are to have a competent person or persons to coordinate assistance for the immediate pastoral care of persons who report have been sexually abused as minors by clergy or other church personnel.)

- Communication and collaboration with participating youth, parents and other youth serving organizations are essential to developing strategies and programs for sexual abuse education that are sensitive to cultural factors that influence development and receptiveness to a strategy or program.
- Partnerships with legal counsel, law enforcement agencies, children's protective services and other community youth-serving organizations can inform the development of policies, procedures and/or guidelines aimed at preventing and responding to incidents or alleged incidents of child sexual abuse.
- Partnerships with law enforcement and children's protective services can assist youth-serving organizations in screening and selecting staff and volunteers.
- Children's advocacy centers and specialized non-profit agencies devoted to child abuse prevention can help schools and other youth serving organizations to identify or develop training curricula for staff and volunteers, as well as information for parents/caregivers and youth. These partners can also help youth-serving organizations train or identify skilled, well-informed trainers for staff and volunteers.

Attachment H

MEMBERS OF THE TASK FORCE ON THE PREVENTION OF SEXUAL ABUSE OF CHILDREN

Sgt. Mark G. Boody
City of Novi Police
Novi

Denise Busley
Grand Traverse Pie Co.
Traverse City

Johanna Soet-Buzolits, Ph.D.
Michigan Domestic and Sexual Violence Prevention and Treatment Board
Lansing

Deborah L. Carley, J.D.
Children and Youth Services Division
Michigan Department of Attorney General
Detroit

Kristin Clark, J.D.*
Washtenaw Intermediate School District
HR/Legal Services
Ann Arbor

Thomas W. Cottrell, LMSW
VP Counseling Services
YWCA-Western Central Michigan
Grand Rapids

Jerry Dorsey IV, J.D.
Chief of Trials and Litigation
Wayne County Prosecuting Attorney's Office
Detroit

Pamela Fitzgerald, M. A.*
Jackson Community College
Jackson

Carol Hackett Garagiola, J.D., Chair
Michigan Domestic and Sexual Violence Prevention and Treatment Board
Lansing

Kathy Hagenian
Michigan Coalition to End Domestic and Sexual Violence
Okemos

Cassandra Harmon-Higgins, J.D.
HR/Legal Services
Washtenaw Intermediate School District
Ann Arbor

Angela C. Kennedy, Ph.D.
Michigan State University, School of Social Work
East Lansing

Thomas E. Knapp
Michigan Chapter of the National Children's Alliance
Hudsonville

Mary Lovik, J.D.
Michigan Domestic and Sexual Violence Prevention and Treatment Board
Lansing

Honorable Cheryl A. Matthews, J.D.
Circuit Court Judge, 6th Circuit Court
Pontiac

Mary Jane Tramontin, M.A.
Saline Area Schools
Ann Arbor

Phyllis Van Order, R.N.
Sexual Assault Services of Calhoun County/Bronson Battle Creek
Battle Creek

Dorie Vazquez-Nolan
Macomb County Child Advocacy Center, Inc. – Care House
Mt. Clemens

Christopher Wigent
Michigan Association of School Administrators
Lansing

*left the Task Force due to relocation out of state