Recommendations for the Prevention of Child Sexual Abuse in North Carolina

North Carolina Coalition for the Prevention of Child Sexual Abuse
February 2015

Executive Summary

Child sexual abuse is a significant public health problem, one that causes toxic stress and results in multiple long-term health consequences, astronomical costs (both human and financial), and a host of systemic social problems. However, it is a problem that is preventable. One key to effective prevention is a comprehensive approach that targets the systems and policies that influence the health and well-being of our families and communities.

While research estimates a 12-20% prevalence rate (Dube, et al., 2005; Finkelhor, 1997), child sexual abuse is a hidden problem: the secrecy, stigma, and shame associated with it make the collection of true incidence data impossible. Many victims never report their abuse.

In North Carolina, data is collected through multiple sources, including the child welfare system, child advocacy centers, the courts, and the sex offender registry. While these data are critical sources of information about the problem, they do not illustrate how many incidents of child sexual abuse occur in North Carolina. In addition to the difficulty in assessing incidence due to low report rates, each source gathers and reports data differently. National studies provide some additional information, including data indicating that child sexual abuse rates have declined over the past two decades.

The problem remains immense, however, as well as preventable. While there is no single "silver bullet" strategy that will eliminate child sexual abuse, a comprehensive approach focused on risk and protective factors for both victimization and perpetration can begin to reduce the likelihood of abuse happening in the first place.

Recognizing the significance and preventability of the problem, the 2014 General Assembly charged the Human Trafficking Commission with making recommendations for the prevention of child sexual abuse (S.L. 2014-199, Section 4). The Commission partnered with a study committee of the NC Coalition for the Prevention of Child Sexual Abuse, consisting of representatives from the following agencies, to draft this report.

Children's Advocacy Centers of North Carolina
Crossroads Child Advocacy Center
National Association of Social Workers – North Carolina Chapter
Pat's Place Child Advocacy Center
North Carolina Child Treatment Program
North Carolina Coalition Against Sexual Assault
North Carolina Department of Public Instruction
North Carolina Pediatric Society, Committee on Child Abuse and Neglect
North Carolina School Boards Association
Prevent Child Abuse North Carolina

The committee utilized data from the NC Coalition for the Prevention of Child Sexual Abuse, conducted additional study of the issue, and widely disseminated a survey to ensure a broad representative voice of professionals, parents, survivors, and community members in the process.

In order to prevent child sexual abuse in North Carolina, the Committee recommends:

1. **The North Carolina General Assembly should allocate $50,000 to staff the North Carolina Coalition for the Prevention of Child Sexual Abuse (NCCPCSA) for further study of the prevention of child sexual abuse. NCCPCSA should partner with the North Carolina Coalition Against Sexual Assault, Prevent Child Abuse North Carolina, Children's Advocacy Centers of North Carolina, and representatives from all NC Department of Health and Human Services divisions, the NC Department of Public Instruction, and the NC Department of Public Safety, to make recommendations to the 2017 General Assembly that will address:**
    a. **The prevention of first time perpetration of child sexual abuse through the reduction of adverse childhood experiences linked to future victimization and perpetration and through the early**

identification and treatment of children and youth with sexually reactive behaviors and problem sexual behaviors.

   b. **The increased awareness of child sexual abuse prevention among K-6 students through a thorough review of the research on school-based interventions, the identification of best practice standards for school-based curricula, and an assessment of existing curricula to determine whether they meet these standards.**
   c. **The prevention of recidivist sex offenses through comprehensive assessment, evidence-based or evidence-informed treatment, and ongoing monitoring of known sex offenders.**

2. **In order to better understand the scope of the problem:**
   a. **The Wake County Child Maltreatment Surveillance project should report on the progress of the system and make available a guidebook so other counties can replicate the system.**
   b. **The NC Coalition for the Prevention of Child Sexual Abuse should partner with the Wake County Child Maltreatment Surveillance project to assess the feasibility and cost of statewide replication.**
3. **In order to increase awareness and improve adult responses to child sexual abuse:**
   a. **The North Carolina Department of Public Instruction should partner with Darkness to Light to make Stewards of Children online training in child sexual abuse available at no cost to all public school personnel and parents. Certificates of completion indicating contact hours are available to public school professionals.**
   b. **The North Carolina Department of Public Instruction should partner with Darkness to Light to disseminate information about access to live Stewards of Children training to all local education agencies.**
   c. **The North Carolina Coalition for the Prevention of Child Sexual Abuse should partner with Darkness to Light to explore funding for evaluation of the online Stewards of Children training to identify increases in reporting rates following training.**
   d. **The North Carolina Coalition for the Prevention of Child Sexual Abuse should partner with Darkness to Light and The Redwoods Group Foundation to explore the possibility of wider dissemination of online child sexual abuse awareness training through additional community and child serving institutions.**
4. **In order to reduce the likelihood of first time perpetration and increase protection against victimization:**
   a. **The North Carolina Department of Public Instruction should promote children's understanding of healthy growth and development, including appropriate boundaries and healthy relationships, by supporting the implementation of the Kindergarten – Grade 6 Healthful Living Essential Standards.**
   b. **The Department of Public Safety should ensure that North Carolina is compliant with the Prison Rape Elimination Act.**
   c. **The North Carolina General Assembly should raise the juvenile age to 18 years to reduce the risk of incarceration with adults and increase access to rehabilitative services.**
5. **In order to prevent re-victimization and trauma and ensure the treatment of children and youth who have been sexually abused:**
   a. **The North Carolina General Assembly should ensure recurring funding for the NC Child Treatment Program through the NC Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services. NC CTP is an implementation platform for the statewide dissemination of evidence-based, child mental health treatment.**
   b. **The North Carolina General Assembly should increase the state appropriation to Children's Advocacy Centers of North Carolina to ensure a minimum of $25,000 per accredited Child Advocacy Center. The General Assembly should provide ongoing support to ensure the implementation of the CACNC growth and development plan for statewide replication of accredited children's advocacy centers.**
6. **In order to avoid unnecessary cost and the risk of harm, and to ensure the best outcomes possible, North Carolina should avoid ineffective and isolated strategies such as those identified in Table 3.**

Introduction

In North Carolina, we take seriously our role as stewards of the next generation, and know that our ability to raise strong, competent children who will lead tomorrow's communities requires smart and innovative thinking today. The good news is that developmental science provides us with a blueprint for how to do just that.

We now know that the brain's architecture is built over time and from the bottom up, much like a house. Sturdy architecture is built when children have stable, positive experiences and relationships with caring adults at home and in the community. And, while experiencing normal life stress - such as getting an immunization, or falling off a bike – is part of healthy development, some kinds of stress can be toxic to development. Toxic stress responses occur when children experience severe or repeated exposure to harmful experiences or environments, and without adequate adult support. This toxic stress can weaken the brain's architecture, with damaging effects on health, learning and behavior across the lifespan. But research also suggests that a supportive, stable relationship with at least one key caregiver in a child's life can buffer even toxic stress, preventing or reversing its effects.

That is why it is so important for communities to put in place strategies that can help prevent such adverse experiences from happening, and when they do happen, to prevent them from becoming toxic. And for children confronting significant risk– those whose toxic stress responses are continual, or are triggered by multiple sources – early intervention can shore up fragile foundations, effectively changing the course of their development. But when we fail to act, we do so with great cost not only to our children's wellbeing, but to our collective future, as well.

Child sexual abuse is a significant public health problem, one that causes toxic stress and results in multiple long-term health consequences, astronomical costs (both human and financial), and a host of systemic social problems. It is a problem, however, that is preventable. One key to effective prevention is a comprehensive approach that targets the systems and policies that influence the health and well-being of our families and communities.

The Human Trafficking Commission is charged with making recommendations for the prevention of child sexual abuse to the 2015 General Assembly (S.L. 2014-199, Section 4). To respond to this charge, the Commission partnered with a study committee of the NC Coalition for the Prevention of Child Sexual Abuse, consisting of the following representatives, to compile this report.

Kay Castillo, Director of Advocacy, Policy, and Legislation
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North Carolina Coalition for the Prevention of Child Sexual Abuse

The study committee surveyed 180 North Carolinians, including survivors, prevention and treatment professionals, teachers, community members, parents, and advocates, to prepare the report.

The Lifetime Impact of Child Sexual Abuse

The Centers for Disease Control and Prevention has identified childhood sexual abuse as a significant public health problem, with an estimated prevalence of between 12-20% of the child population (Dube, et.al., 2005; Finkelhor, 1997). The long term chronic physical and behavioral health implications of experiencing sexual abuse have been well-documented through multiple research studies (Dube, et al., 2005; Felitti, et al., 1998; Fergusson, Boden, & Horwood, 2008; Irish, Kobayashi, & Delahanty, 2010; Lalor & McElvaney, 2010; Neumann, Houskamp, Pollock, & Briere, 1996; Spataro, Mullen, Burgess, Wells, & Moss, 2004). Survivors of child sexual abuse are at much higher risk of poor physical, mental, behavioral, and experiential outcomes. Specific outcomes include higher rates of disease, including gastrointestinal, cardiopulmonary, and obesity; as well as higher rates of mental illness, including personality disorders, depression, substance abuse disorder, anxiety, post-traumatic stress, and suicidality. Survivors of child sexual abuse are also at exponentially increased risk of future victimization.

Occurrence: Prevalence and Incidence of Child Sexual Abuse

It is very difficult to gather accurate data on incidents of child sexual abuse. Child sexual abuse is an under-reported crime and often is not disclosed until adulthood. Decades of research on the issue has determined the following:

- Seventeen percent of men and 25% of women surveyed by researchers have reported that they were sexually abused as children (1 in 6 and 1 in 4 respectively) (Dube, et al., 2005)
- There is high confidence among researchers that the rate of sexual abuse has declined from 1990 to the present (Finkelhor & Jones, 2012)
- The vast majority of incidents (up to 90%) are perpetrated by someone the child knows well, including acquaintances and family members (United States Department of Justice, 2014)
- Approximately 20% of individuals arrested for sex offenses are juveniles (United States Department of Justice, 2014)
- Juveniles account for approximately one-third of those identified to have sexually harmed other youth or children (Finkelhor, Ormrod, & Chaffin, 2009)

- Approximately 40-80% of juveniles who sexually abuse were sexually abused themselves (Hunter & Becker, 1998)
- Only 10% of juveniles recidivate after participation in effective treatment (Center for Effective Public Policy, 2008)
- Adult perpetration is linked to childhood exposure to violence, as well as biological/physiological, socio-cultural, and situational factors (Center for Effective Public Policy, 2008)
- The vast majority of children who are sexually abused do not abuse others (Center for Sex Offender Management, 2000)

In North Carolina, sexual abuse statistics are gathered by multiple entities. See Appendix A for detailed information on statistics.

The North Carolina Division of Social Services collects Child Protective Services (CPS) data. These data include allegations of sexual abuse accepted for investigation by CPS units within county departments of social services, as well as substantiations of those incidents. In all cases, these are incidents in which someone classified as a "parent, guardian, custodian, or caretaker" (defined in General Statute 7B-101) either committed the abuse or allowed the abuse to happen. In state fiscal year 2014:

- 3,421 cases, involving 6,673 children, were accepted for investigation
- 1,013 children were confirmed to have been sexually abused
- 12 children were confirmed to have been sexually abused twice in that time frame
- The majority of substantiated cases (82%) involved children over the age of 6

NC DSS also contracts with the University of North Carolina at Chapel Hill School of Social Work to analyze CPS data. These data are collected and analyzed on a monthly basis, indicating:

- County child protective services units accept approximately 500-600 reports of child sexual abuse for investigation every month (totaling 6,578 in 2013)
- County child protective services units confirm approximately 80-120 of these incidents each month (totaling 1,059 in 2013)
- About 80-85% of incidents each month involve female victims, while about 15-20% involve male victims
- Approximately 5-10% of children found to have been sexually abused each month were not originally alleged to have been sexually abused, but child sexual abuse was identified during the course of an investigation of another type of maltreatment

The North Carolina Division of Child Development and Early Education (DCDEE) collects data on allegations and substantiations of child sexual abuse in child care facilities. While these are also investigated by CPS, sometimes DCDEE will substantiate an incident that is unsubstantiated by CPS. DCDEE was officially charged with completing investigations beginning in August 2014. As of that time:

- There was one confirmed case of child sexual abuse in a child care facility; this incident was substantiated by both DCDEE and CPS

The North Carolina Administrative Office of the Courts collects and disseminates criminal court case data, including sex crimes. Between July 1, 2013 and June 30, 2014:

- 4,153 criminal cases of sex crimes against children were filed with the Administrative Office of the Courts
- 5,516 criminal cases of sex crimes against children were pending

Children's Advocacy Centers of North Carolina collects data indicating the number of children served through Children's Advocacy Centers for all types of maltreatment. In 2014:

- 7,706 children were seen by accredited and provisional Children's Advocacy Centers; 66.4% of them for sexual abuse

The North Carolina Department of Justice houses and maintains a sex offender registry. In December 2014:

- 20,121 sex offenders were registered through the state-managed North Carolina Sex Offender Registry; 7,784 were convicted of 14,143 offenses involving children[1] in North Carolina. 1,157 of the charges are the result of convictions between January 1, 2013 and November 10, 2014 (these may include multiple offenses committed by the same individual).

The Effective Prevention of Child Sexual Abuse

To understand how to best prevent a problem from occurring and re-occurring, it is important to understand concepts of prevention. Prevention approaches have the most impact if they include strategies to prevent problems before, during, and after they occur. For more information about prevention concepts, see Appendix B.

When researching systems and policy strategies to prevent child sexual abuse, the NC Coalition for the Prevention of Child Sexual Abuse asked the key questions illustrated in Table 1. In order to answer these questions, the Coalition surveyed community members and professionals, convened a Survivor Advisory Group, held Coalition and committee meetings focused on different types of prevention approaches, held a series of community listening sessions and community dialogues, and conducted a scan of research and prevention policies.

Table 1: Key Questions Guiding the NC Coalition for the Prevention of Child Sexual Abuse

Primary Prevention	Prevention of Re-victimization	Prevention of Recidivism
What will prevent child sexual abuse from ever happening in the first place?	What do victims need to recover from child sexual abuse? As children? As adults?	What do sex offender management laws need to look like to be evidence-based and effective?
What will prevent first time perpetration?	What do victims need to prevent re-victimization? As children? As adults? As caregivers responsible for protecting children?	What treatment do sex offenders need to prevent recidivism? As adults? As juveniles?

Research indicates shared risk and protective factors across multiple forms of violence. When one poor outcome is prevented, multiple other poor outcomes can be prevented, as well. In other words, "prevention is prevention is prevention." There are multiple benefits to an approach that targets these shared risk and protective factors, some of which include:

- Greater impact on more individuals, communities, and the population at large
- Greater impact on more symptoms and consequences of disparate types of violence
- Opportunities for multi-disciplinary collaboration and collective impact
- More opportunity to prevent violence from happening in the first place

[1] 220 "Incest with Near Relatives" offenses are included in this number; some of these offenses may involve adult victims

In North Carolina, multiple state prevention plans have been developed to target social problems, injury, and violence, including: suicide, child maltreatment, intimate partner violence, chronic disease, adolescent pregnancy, juvenile delinquency, adult sexual violence, and others. There may be an opportunity to examine shared risk and protective factors, common strategies, and shared outcomes across prevention plans.

Several years of study culminated in the identification of key strategies in the following areas:

What?	Why?
Prevention of first time perpetration, including the prevention and reduction of adverse childhood experiences as well as increased protective factors.	• Children's outcomes are better when adverse experiences are prevented from happening in the first place. • Because risk and protective factors are shared across multiple forms of violence, injury, disease, and social problems, this approach can prevent a range of adverse experiences. • This approach has the greatest impact with the least investment of resources.
Prevention of re-victimization and trauma, and the provision of evidence-based treatment for maltreated children.	• Evidence-based trauma treatment mitigates the risk of poor health and behavioral outcomes for maltreated children, including chronic disease, mental illness, juvenile delinquency, and others. • Many children and youth who are sexually reactive or have problem sexual behaviors have been maltreated themselves. Trauma treatment can lead to reduced problem behaviors. • Effective treatment better prepares survivors to care for the next generation of children.
Prevention of recidivism among known offenders, including the provision of comprehensive assessments, evidence-based and evidence-informed treatment, and monitoring.	• Assessments can determine risk of recidivism and potential responsiveness to various treatment modalities. • Standards and guidelines are critical to ensuring evidence-based and evidence-informed treatment is available, increasing the likelihood of successful treatment and reduced recidivism. • Strategic monitoring through a risk-based system can improve accountability and prevent subsequent offenses.
Raised awareness and increased capacity among adults to understand, respond, and work towards the prevention of child sexual abuse.	• Increased awareness among adults can increase the likelihood of earlier intervention, appropriate responses, and referrals to treatment when abuse does occur. • Awareness is necessary to build capacity and support for more comprehensive prevention approaches.
Improved data collection and analysis	• Improvements in data collection and analysis will allow a more accurate understanding of prevalence and incidence, as well as data to demonstrate whether prevention approaches are successfully impacting the problem.

Table 2: Critical Approaches to Child Sexual Abuse Prevention

It is clear that the most promise lies in a comprehensive approach including the implementation of a full range of strategies in all of these areas, as well as the avoidance of ineffective or isolated approaches like those identified in Table 3.

Prevention of first-time perpetration (primary prevention) can include strategies like well-implemented evidence-based family strengthening programs, pediatric medical homes with integrated behavioral health practice, and other efforts to support safe, stable, nurturing relationships and environments for children. The North Carolina Institute of Medicine Task Force on Essentials for Childhood has been working to identify a set of recommendations to promote child well-being and reduce adverse childhood experiences. The final report and recommendations will be disseminated in Spring 2015. The implementation of these recommendations, led by the NC Division of Public Health, is an important component of primary prevention of child sexual abuse.

In January 2015, the Coalition surveyed a range of partners, including school personnel, medical and mental health treatment providers, prevention service providers, state and local government employees, community members, advocates, survivors, and others to determine priority policy recommendations that could better prevent child sexual abuse in North Carolina. The final recommendations take results of the survey into consideration.

The Link between Child Sexual Abuse and Human Trafficking

There is an intersection of child sexual abuse and human trafficking. Research indicates that the majority of sexually exploited children and adult sex workers have a prior history of child sexual abuse (Lalor & McElvaney, 2010). The National Institute of Justice found that people who were sexually abused as children were 28 times more likely than their non-abused peers to be arrested for prostitution (Widom, 1995). Some studies indicate that individuals engaged in survival sex work, a significant risk factor for trafficking, have an almost universal likelihood of having been sexually abused as children (Lalor & McElvaney, 2010). It is important to note that survival sex work is trafficking when minors are involved, and specific demographics are at higher risk than others. High rates of homeless and runaway youth are survivors of child sexual abuse and are at substantially increased risk for trafficking (Research Triangle Institute; Child Trends; Pacific Institute for Research and Evaluation, 2002). While 3-5% of the population is estimated to identify as lesbian, gay, bisexual and/or transgender, approximately 30% of homeless youth identified as lesbian, gay, or bisexual; almost 7% identified as transgender (University of Nebraska - Lincoln, 2014), placing them at substantially increased risk. The risk for homeless and runaway youth to be trafficked is exacerbated by the limited resources available to serve them.

Despite the dearth of research available, there are indications that traffickers are also likely to have a history of adverse childhood experiences. Interviews with a sample of ex-traffickers indicate extremely high rates of childhood physical abuse (88%) and sexual abuse (76%). A full 24% had been placed in foster care, while 48% report having run away due to physical and sexual abuse (Raphael, 2010).

North Carolina is fortunate to have some resources dedicated towards human trafficking and child sex trafficking. In addition to local resources and advocates, these include the legislatively established Human Trafficking Commission, the North Carolina Coalition Against Human Trafficking, as well as Project NO REST, a five year project, housed at the University of North Carolina at Chapel Hill, and funded through the US Department of Health and Human Services, Administration for Children and Families. Project NO REST is focused on raising awareness about and preventing human trafficking affecting children and youth who have been involved with the child welfare system. The Project NO REST steering committee has representation from the Human Trafficking Commission, as well as the North Carolina Coalition Against Human Trafficking, Children's Advocacy Centers of North Carolina, North Carolina Coalition Against Sexual Assault, and Prevent Child Abuse North Carolina, to ensure a collaborative and cohesive approach to prevention and intervention of human trafficking in North Carolina. Project NO REST will issue a strategic state plan in September 2015, after which a set of pilot projects to prevent and intervene in trafficking will be implemented.

While the resources listed above are enormously beneficial, there is a need for more comprehensive study and specific recommendations for how North Carolina's child-serving systems could better meet the needs of child victims of human trafficking, as well as how prevention systems could be strengthened.

Recommendations

Session Law 2014-119 specifically tasks the Human Trafficking Commission with making recommendations in two specific issue areas, kindergarten – grade six sexual abuse curricula and increased teacher, student, and parent awareness of child sexual abuse, with an option for studying any other relevant issues. To accomplish this goal, the Commission partnered with a study committee of the NC Coalition for the Prevention of Child Sexual Abuse to create a broad set of recommendations with promise of preventing child sexual abuse before it starts while attending to the needs of victims and reducing recidivism among known offenders. To this end, the recommendations focus on promoting effective approaches, avoiding ineffective approaches, exploring promising practices, and further study of the issue.

Further Study

Child sexual abuse is a complex public health problem (Foege, Rosenberg, & Mercy, 1995); one which requires a comprehensive and broad approach to prevent it. Typical "prevention" approaches have focused solely on raising awareness among children and adults, with the hope that they can learn to stay safe (and keep their children safe) from predators. This approach takes for granted that perpetration will happen, and that child sexual abuse is inevitable. Research is emerging that demonstrates links between adverse childhood experiences and future perpetration. We can begin to eradicate first time perpetration by focusing on its root causes, many of which are shared with other negative childhood experiences. This critical strategy, coupled with increased awareness, trauma treatment for victims, as well as effective assessment, treatment, and monitoring of known offenders, has promise of reducing and eventually eliminating child sexual abuse.

Recommendation 1: *The North Carolina General Assembly should allocate $50,000 to staff the North Carolina Coalition for the Prevention of Child Sexual Abuse (NCCPCSA) for further study of the prevention of child sexual abuse. NCCPCSA should partner with the North Carolina Coalition Against Sexual Assault, Prevent Child Abuse North Carolina, Children's Advocacy Centers of North Carolina, and representatives from all NC Department of Health and Human Services divisions, the NC Department of Public Instruction, and the NC Department of Public Safety, to make recommendations to the 2017 General Assembly that will address:*

a. *The prevention of first time perpetration of child sexual abuse through the reduction of adverse childhood experiences linked to future victimization and perpetration and through the early identification and treatment of children and youth with sexually reactive behaviors and problem sexual behaviors.*
b. *The increased awareness of child sexual abuse prevention among K-6 students through a thorough review of the research on school-based interventions, the identification of best practice standards for school-based curricula, and an assessment of existing curricula to determine whether they meet these standards.*
c. *The prevention of recidivist sex offenses through comprehensive assessment, evidence-based or evidence-informed treatment, and ongoing monitoring of known sex offenders.*

Surveillance

Assessing true incidents of child sexual abuse is not possible through current data systems. With more accurate data, North Carolina could better determine the scope of the problem for North Carolina's children, as well as the long-term efficacy of prevention approaches. The Wake County Child Maltreatment Surveillance System, a project housed within the North Carolina Division of Public Health, with funding from the John Rex Endowment, has piloted

a child maltreatment surveillance system in Wake County that collects data on maltreatment from child protective services, law enforcement, hospitals and emergency rooms, and others to better assess true incidence. It behooves North Carolina to build on this existing system to collect more accurate data statewide.

Recommendation 2: *In order to better understand the scope of the problem:*

a. *The Wake County Child Maltreatment Surveillance project should report on the progress of the system and make available a guidebook so other counties can replicate the system.*
b. *The NC Coalition for the Prevention of Child Sexual Abuse should partner with the Wake County Child Maltreatment Surveillance project to assess the feasibility and cost of statewide replication.*

Raising awareness

While raising awareness cannot be the *only* strategy implemented, it is still critical to increasing understanding and building adult capacity and responsibility. Darkness to Light is an organization located in South Carolina, dedicated to raising awareness about child sexual abuse and teaching adults 1)the facts about child sexual abuse, 2)how to minimize opportunity for an adult and a child to be in and isolated, risky situation, 3)how to talk about child sexual abuse, 4)how to recognize the signs of child sexual abuse, and 5)how to react responsibly when one suspects or hears a disclosure of child sexual abuse (Darkness to Light, 2014).

Darkness to Light has created a two-hour, online, self-guided training, Stewards of Children, designed to provide adults training on the five steps listed above (Darkness to Light, 2014). To date, this training has been provided to over 100,000 teachers in Texas to meet legislatively mandated training requirements. Texas teachers report that:

- They are more likely to report suspicions of child sexual abuse (90%)
- They are more likely to recognize the signs and symptoms of child sexual abuse (93%)
- They are more willing to talk to a child about child sexual abuse (88%)
- They are more willing to intervene if they see someone engaging in risky behaviors with a child (93%)
- They would recommend the training to a friend or colleague (91%)

This training is currently available at no cost to North Carolinians through December 2015. Darkness to Light is willing to work with the North Carolina Department of Public Instruction to create a North Carolina public schools portal, with access to relevant North Carolina resources, including potential treatment referrals as well as information on general statutes relevant to child sexual abuse and the adult responsibility to report suspicions of abuse. Darkness to Light has also committed to seek funding to ensure that free and accessible online training for school personnel in North Carolina is available after December 2015. As North Carolina data suggests that teachers will willingly access training when it is made available, the Committee does not feel it necessary to recommend a mandate that requires teachers to access training for the maintenance of licensure. It is important, however, to ensure that training provided meets professional development requirements and offers personnel credit hours for attendance.

Some communities across North Carolina have access to trained facilitators available to provide live, in-depth Stewards of Children training. The Committee recommends that information about accessible training and facilitators be disseminated throughout the public school system, to ensure that interested schools can access training if necessary.

It can be extremely difficult to assess the impact of programs designed to increase awareness. The Committee recommends that the North Carolina Coalition for the Prevention of Child Sexual Abuse partner with Darkness to Light to seek funding for an evaluation that would assess whether reporting rates increase among participants in the training in increments of three years post training.

The Committee believes it is important to ensure that training is not only accessible by all school personnel, but to parents, as well, and that North Carolina explore the dissemination of training to a broader audience of community and child serving organizations.

The Redwoods Group is a Morrisville, NC based insurance provider that insures YMCAs, JCCs and Camps nationwide and, through that role, investigates over 300 incidents of child sexual abuse every year. Redwoods uses the data collected through these investigations to identify effective and practical solutions that can be used to reduce the likelihood of child sexual abuse. The company then works closely with its customers to help them implement best practices in child protection throughout their operation. In addition, the company also provides risk consulting services to child-serving organizations outside of its insurance customer groups. Through its support for its clients, the company has helped drive down the average number of abuse incidents reported by its customers in a given year.

The Redwoods Group Foundation (TRGF) is the non-profit arm of The Redwoods Group. It uses the business' expertise to identify programs that address the root causes of child safety issues and works to help them reach more people than ever before. When the business' investigations revealed that, in many cases, broader public awareness of child sexual abuse's warning signs could have protected a child, the Foundation identified Darkness to Light's Stewards of Children training as one of few public education programs on this issue with promising evidence behind it. The Foundation then catalyzed an initiative through which local YMCAs around the country deliver the training throughout their communities, working with other partner agencies.

The Committee recognizes an opportunity to build on this existing effort to more broadly disseminate awareness training throughout the state. An exploration process could identify whether Darkness to Light Stewards of Children training is the most effective and efficient strategy or whether there are alternate training opportunities that could be made available.

Recommendation 3: *In order to increase awareness and improve adult responses to child sexual abuse:*

a. *The North Carolina Department of Public Instruction should partner with Darkness to Light to make Stewards of Children online training in child sexual abuse available at no cost to all public school personnel and parents. Certificates of completion indicating contact hours are available to public school professionals.*
b. *The North Carolina Department of Public Instruction should partner with Darkness to Light to disseminate information about access to live Stewards of Children training to all local education agencies.*
c. *The North Carolina Coalition for the Prevention of Child Sexual Abuse should partner with Darkness to Light to explore funding for evaluation of the online Stewards of Children training to identify increases in reporting rates following training.*
d. *The North Carolina Coalition for the Prevention of Child Sexual Abuse should partner with Darkness to Light and The Redwoods Group Foundation to explore the possibility of wider dissemination of online child sexual abuse awareness training through additional community and child serving institutions.*

Reduction of first time perpetration

While population level reduction of first time perpetration will require a number of strategies targeting individuals, families, communities, and the state, there is promise in the implementation of strategies to increase children's understanding of healthy growth and development, as well as appropriate boundaries and relationships. This increased understanding can be protective and serve as a buffer against maltreatment as well as perpetration. The North Carolina Healthful Living Essential Standards already require lessons to promote healthy social-emotional development in students.

The Committee also recognizes the extreme risk for children in institutions, as well as the fact that abused individuals are disproportionately represented in the juvenile and criminal justice system (Widom, 1995). The Prison Rape Elimination Act (Public Law 108-79) requires states to take specified steps to ensure the safety of prisoners, including juveniles housed in detention centers, jails, and prisons. PREA requires that "youthful offenders" be placed in separate facilities outside the sight and sound of adult offenders. Current North Carolina statute requires that children aged 16 and 17 be tried as adults, regardless of charge. While attempts have been made to house incarcerated youth separately from adults, there are instances where they may be housed in county jails, for example, and protection from adults is limited. According to the National Prison Rape Elimination Commission, "more than any other group of incarcerated persons, youth incarcerated with adults are probably at the highest risk for sexual abuse."

Recommendation 4: *In order to reduce the likelihood of first time perpetration and increase protection against victimization:*

a. *The North Carolina Department of Public Instruction should promote children's understanding of healthy growth and development, including appropriate boundaries and healthy relationships, by supporting the implementation of the Healthful Living Essential Standards.*
b. *The Department of Public Safety should ensure that North Carolina is compliant with the Prison Rape Elimination Act.*
c. *The North Carolina General Assembly should raise the juvenile age to 18 years to reduce the risk of incarceration with adults and increase access to rehabilitative services.*

Preventing re-victimization and trauma in survivors; providing treatment to survivors

Adverse childhood experiences, including sexual abuse, are one of the leading causes of physical and mental health problems, health risk behaviors, and early death. These early traumatizing experiences are linked to future victimization and perpetration, as well as adult dysfunction and illness.

North Carolina has a number of existing resources for children and families experiencing abuse and trauma.

The North Carolina Child Treatment Program is a partnership between the Duke-UCLA National Center for Child Traumatic Stress, the Center for Child and Family Health, and the University of North Carolina at Chapel Hill School of Medicine. NC CTP has trained a network of clinicians in an evidence-based treatment, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which has been proven effective in reducing trauma among sexually abused and sexually reactive children and adolescents and their families. The 2013 General Assembly provided recurring funding for NC CTP through the NC Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services. This critical source of funding ensures that additional clinicians can be trained, coached, and monitored to assure quality program delivery with more children and families across North Carolina.

There are currently 30 accredited Children's Advocacy Centers across North Carolina that have met the standards set forth by the National Children's Alliance. CACs provide critical services to their communities in a manner that eliminates the duplication of services. CACs facilitate a multidisciplinary team approach that allows their partners in child protective services, law enforcement, prosecutors, as well as medical and mental health providers to work collaboratively in a child friendly environment. The CACs provide onsite forensic interviews completed by trained interviewers in an approved national curriculum, victim advocacy, child medical exams and evidence based mental health treatment including TFCBT and PCIT. This approach has been proven to provide better outcomes for children and families as well as leading to higher rates of prosecution while saving the state an estimated $1,047 per case. In North Carolina, cases of sexual abuse are more likely to be successfully prosecuted when a CAC is involved. In 2004, the General Assembly allocated $25,000 per accredited CAC to Children's Advocacy Centers of North Carolina.

The number of accredited centers has doubled since that time, although the appropriation has not increased. Even with an increased number of CACs available, the majority of families in North Carolina do not have access to a local CAC. Given the significant positive outcomes that are created by CACs, it is critical that North Carolina continue to support CACNC in its efforts to ensure that every child has access to a local CAC.

Recommendation 5: *In order to prevent re-victimization and trauma and to ensure the treatment of children and youth who have been sexually abused:*

a. *The North Carolina General Assembly should ensure recurring funding for the NC Child Treatment Program through the Department of Health and Human Services, Division of Mental Health/Developmental Disabilities/Substance Abuse Services. NC CTP is an implementation platform for the statewide dissemination of evidence-based, child mental health treatment.*
b. *The North Carolina General Assembly should increase the state appropriation to Children's Advocacy Centers of North Carolina to ensure a minimum of $25,000 per accredited Child Advocacy Center. The General Assembly should provide ongoing support to ensure the implementation of the CACNC growth and development plan for statewide replication of accredited children's advocacy centers.*

Avoiding ineffective and isolated strategies

There is no "silver bullet" that, if implemented in isolation, will prevent child sexual abuse from happening. Effective prevention relies on a comprehensive approach that focuses first on strategies that can prevent individuals from ever perpetrating child sexual abuse in the first place, as well as evidence-based treatment to ensure the health and well-being of victims, and to reduce the likelihood of future assaults, and the effective assessment, treatment, and monitoring of known offenders to reduce the likelihood of subsequent offenses.

The Committee strongly believes that a comprehensive and intentional approach will result in positive outcomes and a more effective use of limited state resources.

Recommendation 6: *In order to avoid unnecessary cost and the risk of harm, and to ensure the best outcomes possible, North Carolina should avoid ineffective and isolated strategies such as those identified in Table 3.*

Conclusion

The state of North Carolina has an opportunity to create real and lasting change across generations of families through the further study and implementation of strategies to prevent child sexual abuse. It is critical that North Carolina invest in a strategic, comprehensive, and evidence-based approach. The return on investment is clear. The Centers for Disease Control & Prevention estimates that one year of confirmed cases of maltreatment results in a lifetime cost of $124 billion dollars; Prevent Child Abuse America calculates a total of $80 billion spent to address the impact of maltreatment in 2012 alone, while estimates for North Carolina range from immediate costs of over $68 million and long term impact totaling over $40 billion (Centers for Disease Control and Prevention, 2012, Prevent Child Abuse America, 2012, Fang, Brown, Florence, & Mercy, 2012, Darkness to Light, 2014). In short, preventing perpetration of child sexual abuse, and providing early intervention and treatment to survivors, is not only an ethical obligation but a fiscal responsibility, as well.

Table 3: Ineffective Approaches and Possible Alternatives

Ineffective Approaches	Why?	Alternatives
Sex offender management strategies that do not include appropriate evaluation and evidence-based treatment in addition to monitoring	The majority of sex offenders reintegrate into communities and families. Treatment has been proven to reduce recidivism.	**Available and accessible evidence-based treatment for adult offenders and children/youth with sexually reactive and/or problem sexual behaviors.** **Treatment guidelines and standards for treatment providers.**
Treating juveniles with sexually reactive or problem sexual behaviors like adult sex offenders	Between 40-80% of juveniles are also victims. Only 27% of adult offenders are also victims. Effective juvenile treatment has been proven to result in a less than 10% recidivism rate.	**Early identification of sexually aggressive behaviors and referrals to evidence-based treatment before and/or after an offense**
Registry and notification systems that include only crime of conviction without risk assessment	The NC Sex Offender Registry includes over 20,000 individuals who have committed a wide variety of offenses and with varying risk of recidivism; there is no way for the public to differentiate. Up to 90% of incidents are committed by a close friend or family member; registries can provide a false sense of security by reinforcing the myth that most perpetrators are strangers.	**Risk-based registries that use evidence-based tools to assess risk of recidivism**
Approaches that focus on teaching children to protect themselves	Children are not expected to protect themselves from any other type of injury/violence/maltreatment. When children are taught that they can protect themselves, they may blame themselves when they are unable to do so.	**Strategies that focus on adult responsibility and strengthening adult capacity to care for their children.**
Programming that teaches children exclusively about "stranger danger" safety techniques and/or about "good touch vs. bad touch"	Up to 90% of incidents are committed by a friend or family member. Good touch and bad touch are ambiguous concepts frequently difficult for adults to differentiate; the majority of sexual offenses against children do not use violence or force, but manipulation and coercion.	**Programming that teaches children about appropriate boundaries and healthy relationships as part of a well-rounded health curriculum.**
Responses to incidents that offer only legal recourse without also ensuring victim treatment	Victims with untreated trauma are at increased likelihood of adult victimization as well as juvenile offending. Because the vast majority of victims know their offenders well, the consequence only system can lead to a reduction in reporting.	**In addition to consequences for the offender, robust evidence-based trauma treatment programs are available to support the victim.**
Strategies that only include awareness, response, and intervention, without including prevention	These strategies do not prevent a problem from occurring in the first place. However, they can build awareness and may intervene to stop an existing problem.	**Primary prevention strategies that focus on improving community and society health and well-being. Strategies that focus on reducing the likelihood of first time perpetration.**

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Appendix A

North Carolina Division of Social Services: Sexual Abuse Reports/Substantiations SFY14

Child Sex Abuse Reporting and Findings – SFY 13/14

- In SFY 13/14 there were 3,421 cases accepted for assessment that alleged sexual abuse. (Note that we do not capture information on reports that were made were not accepted for assessment.)
- These cases represented 6,673 unique children; however there were a total of 6,848 children with accepted reports of sexual abuse. In other words, 175 of the accepted reports were on children who had previously had a report.

Findings/Substantiations

There were a total of 1,013 unduplicated children with a substantiation of sexual abuse. Twelve children were substantiated twice for sexual abuse during SFY 13/14

Age	Number of Children Substantiated for Sexual Abuse
< 1	14
1	10
2	15
3	42
4	48
5	54
6	53
7	56
8	62
9	60
10	71
11	76
12	88
13	92
14	80
15	89
16	62
17	53
Total	1,025

Appendix A
North Carolina Division of Social Services:
Unduplicated Sexual Abuse Reports/Substantiations SFY14

Child Sex Abuse Reporting and Findings – SFY 13/14

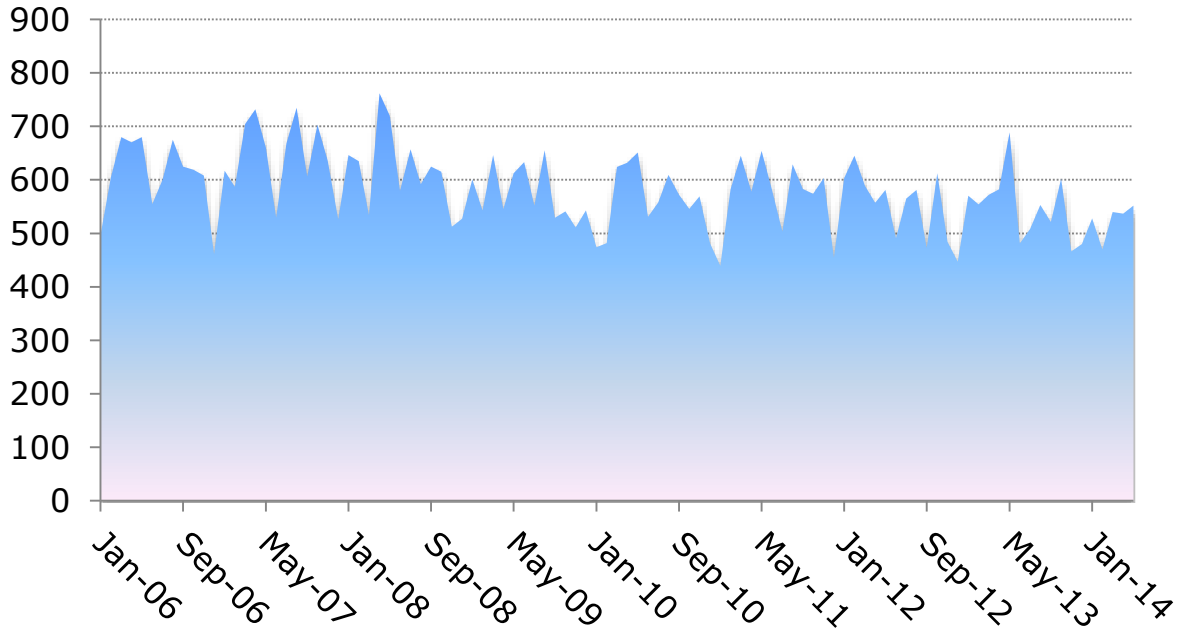
- In SFY 13/14 there were 3,421 cases accepted for assessment that alleged sexual abuse. (Note that we do not capture information on reports that were made were not accepted for assessment.)
- These cases represented 6,673 unique children.

Findings/Substantiations

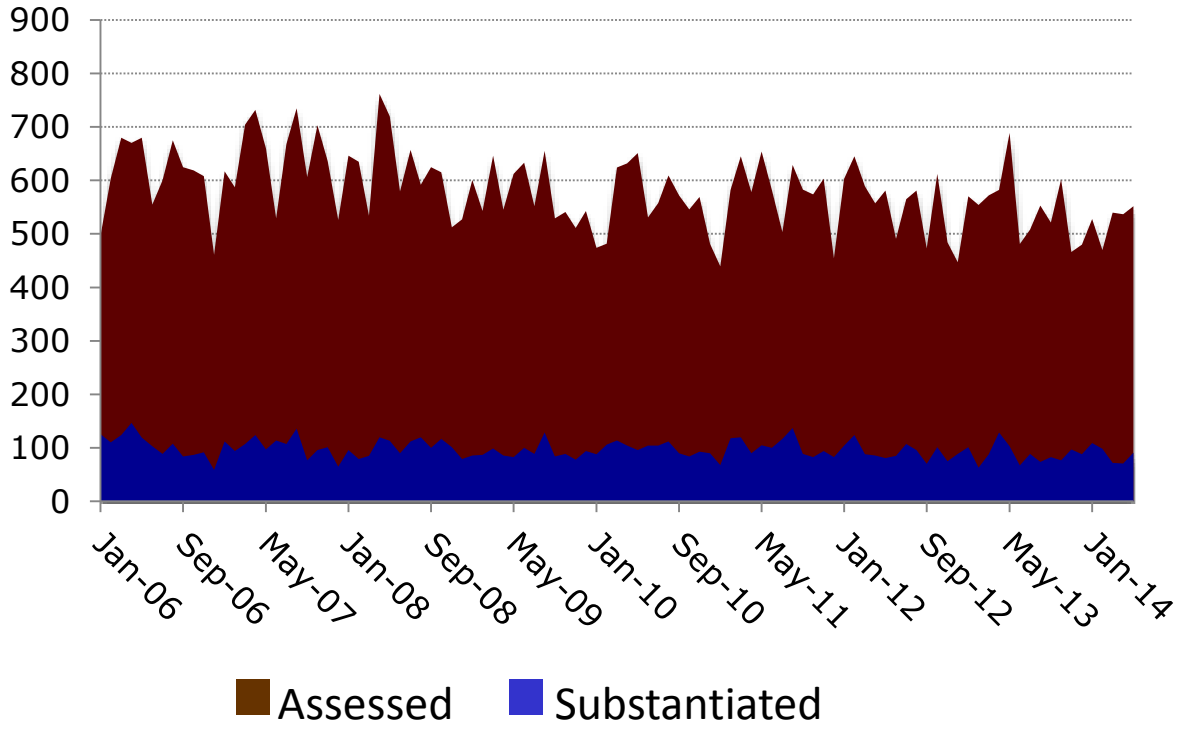
- There were a total of 1,013 unduplicated children with a substantiation of sexual abuse.
- Children with multiple substantiations in SFY 13/14 are counted once, at the age of the first finding.

Age	Number of Children Substantiated for Sexual Abuse
< 1	14
1	10
2	15
3	42
4	48
5	52
6	52
7	55
8	60
9	59
10	71
11	74
12	87
13	92
14	79
15	89
16	62
17	52
Total	1,013

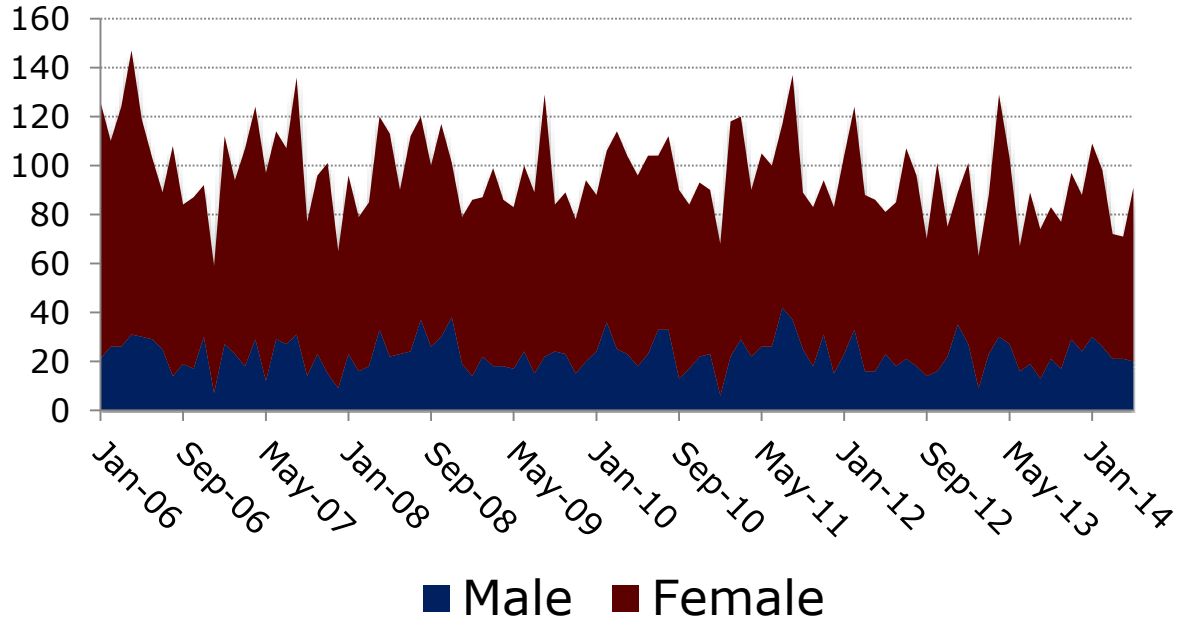
Number of Children Assessed for Sexual Abuse by Month



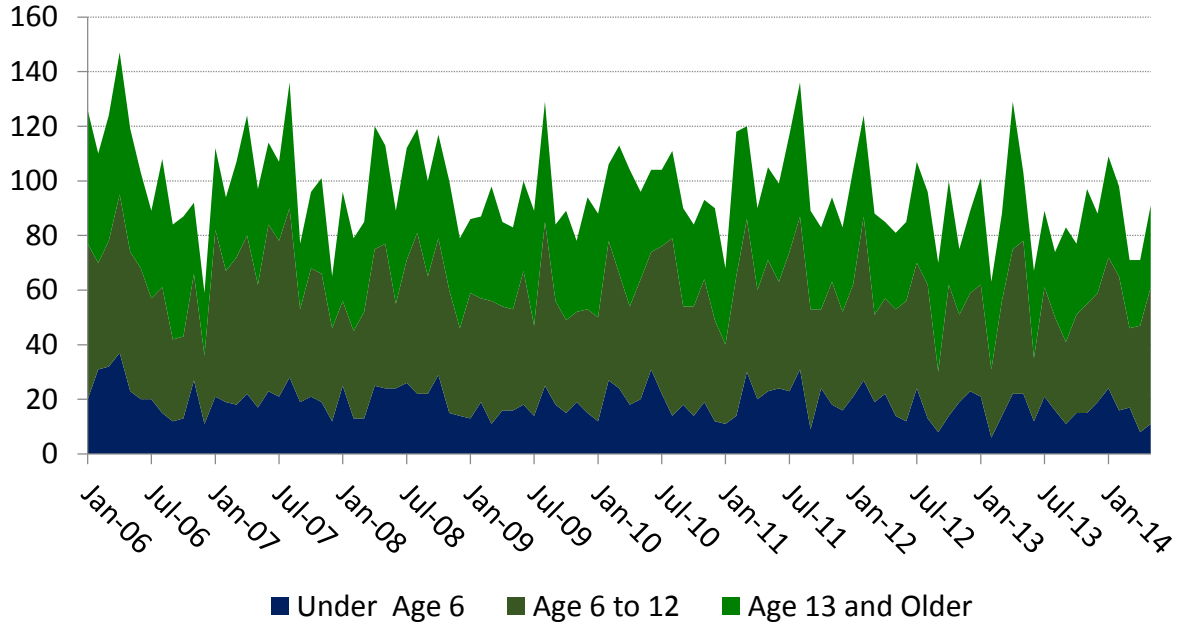
Number of Children Assessed and Substantiated for Sexual Abuse by Month



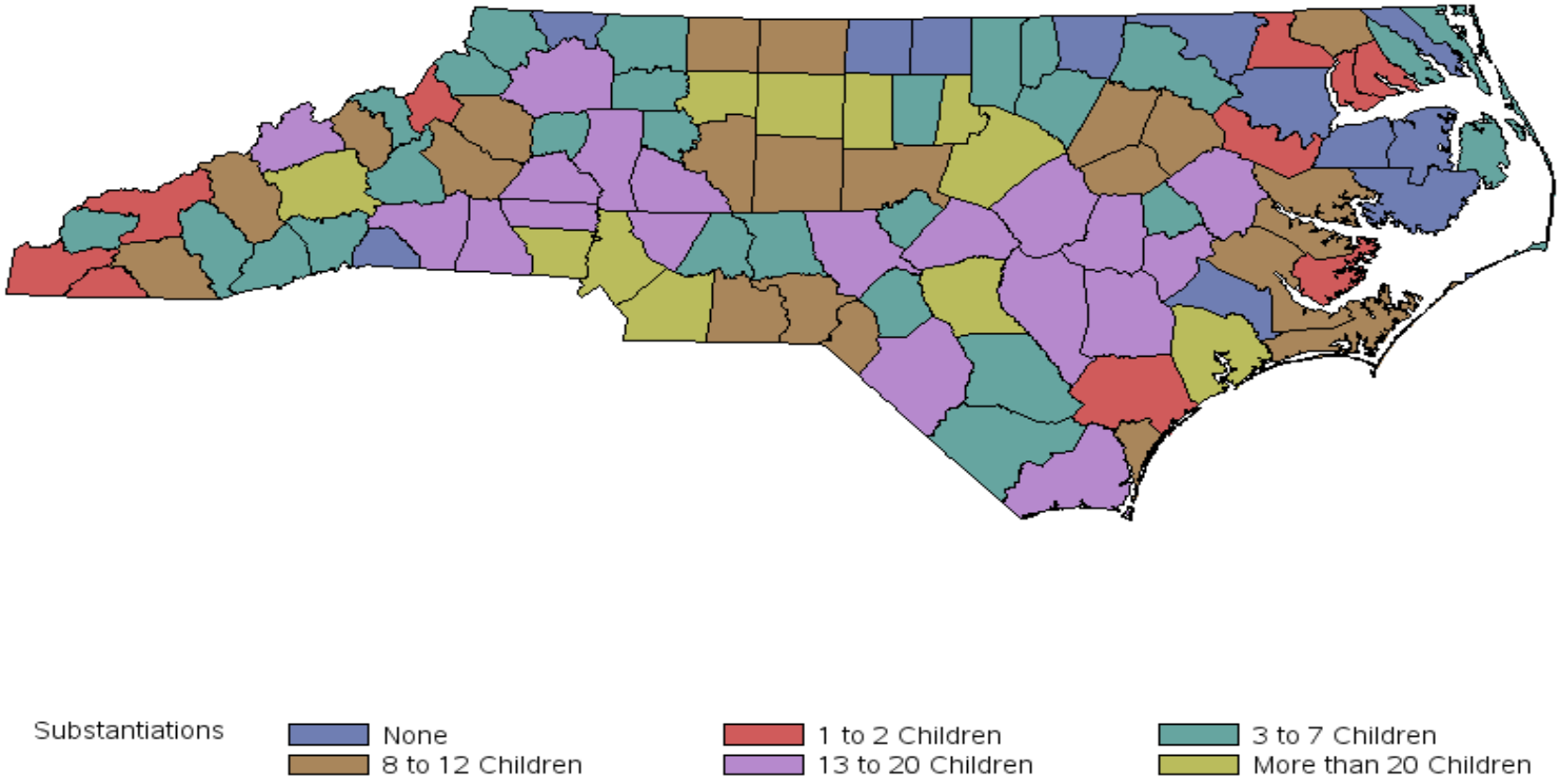
Number of Children Substantiated for Child Sexual Abuse by Gender by Month



Number of Children Substantiated for Child Sexual Abuse by Age by Month



Number of Children Substantiated for Child Sexual Abuse by County 2013



Administrative Office of the Courts: Sex Offense Charges SFY14

Charge	Definition	Class	Offense Code/ Statute	Cases Filed	Cases Pending
First Degree Sex Offense Child	A sexual act in which the victim is under 13 years, the defendant is at least 12 years old and at least 4 years older than victim	F-B1	1116/14-27.4(A)(1)	461	849
First Degree Rape Child	Vaginal intercourse with a child under the age of 13; the defendant is at least 12 years old and at least 4 years older than the victim	F-B1	1120/14-27.2(A)(1)	116	168
Statutory Rape/Sex Offense Defendant >=6YR	Vaginal intercourse or a sexual act with another person who is 13,14, or 15 years old and the defendant is at least 6 years older	F-B1	1137/14-27.7A(A)	678	943
Incest: Child under 13; Defendant more than 4 years older	A family member at least 4 years older than the victim commits carnal intercourse with a child under the age of 13	F-B1	3631/14-178(B)(1)(A)	14	23
Rape of a Child; Adult Offender	Vaginal intercourse with a victim under age 13 when the defendant is at least 18 years old	F-B1	3635/14-27.2A(A)	46	66
Sexual Offense with a Child; Adult Offender	A sexual act in which the victim is under 13 years and the defendant is at least 18 years old	F-B1	3636/14-27.4A(A)	89	104

Administrative Office of the Courts: Sex Offense Charges SFY14

Charge	Definition	Class	Offense Code/ Statute	Cases Filed	Cases Pending
Statutory Rape/Sex Offense Defendant >4<6YR	Vaginal intercourse or a sexual act with another person who is 13,14, or 15 years old and the defendant is more than 4 and less than 6 years older	F-C	1139/14-27.7A(B)	121	131
Human Trafficking Child Victim	Causes a minor to be held in involuntary servitude or sexual servitude	F-C	1151/14-43.11(A)	13	13
Sexual Servitude Child Victim	Inducing or obtaining a sexual act from a victim under the age of 18	F-C	1155/14-43.13(A)	8	8
First Degree Sexual Exploitation Minor	Producing child pornography or live sexual performances or allowing a child in one's custody to be used in pornography or live sexual performances	F-C	3610/14-190.16	92	101
Incest: Child 13/14/15; Defendant more than 6 years older	A family member at least 6 years older than the victim commits carnal intercourse with a child who is 13, 14, or 15 years old	F-C	3632/14-178(B)(1)(B)	12	14
Promotion of Prostitution, Confinement of a Minor or Someone Mentally Disabled	The defendant harms, threatens to harm, or intoxicates a minor or someone mentally disabled in order to prostitute them	F-C	4036/14-205.3(B)(3)	1	1

Administrative Office of the Courts: Sex Offense Charges SFY14

Charge	Definition	Class	Offense Code/ Statute	Cases Filed	Cases Pending
Promotion of Prostitution with a Minor or Someone Mentally Disabled	The defendant solicits prostitution from a minor or someone mentally disabled	F-D	4034/14-205.3(B)(1)	5	5
Felony Child Abuse – Sexual Act	A parent or legal guardian commits or allows someone else to commit any sexual act upon a child	F-D	3837/14-318.4(A2)	74	81
Sex Offense-Parental Role	Intercourse and sexual offenses with certain victims; consent no defense; Vaginal intercourse or a sexual act with a minor by someone in the position of a parent	F-E	1134/14-27.7(A)	111	116
Second Degree Sexual Exploitation Minor	Recording, duplicating, or distributing child pornography	F-E	3611/14-190.17	456	473
Attempted Sex Offense-Parental Role	An attempt to engage in a sexual act with a minor by someone in the position of a parent	F-F	1140/14-27.7(A)	0	1
Indecent Liberties with Child	A person 16 years old or more, at least 5 years older than the child, takes or attempts to take immoral, improper indecent liberties for the purpose of arousing or sexual desire or commits or attempts to commit lewd and lascivious acts upon the body of the student	F-F	1118/14-202.1	1,377	1,964

Administrative Office of the Courts: Sex Offense Charges SFY14

Charge	Definition	Class	Offense Code/ Statute	Cases Filed	Cases Pending
Sex Offense Student	Intercourse and sexual offenses with certain victims; consent no defense:Vaginal intercourse or a sexual act with a victim who is a student by a teacher, school administrator, student teacher, school safety officer, or coach	F-G	1141,1145/14-27.7(B)	16	46
Solicit by Computer/Appear	Knowingly entices, advises, coerces, orders, or commands, by any device capable of electronic data storage or transmission, a child under 16 years and who the defendant believes at least five years younger than the defendant, to meet with the defendant or another person for the purpose of committing an unlawful sex act. The defendant actually appears at the meeting location	F-G	3638/14-202.3(C)(2)	17	16
Third Degree Sexual Exploitation Minor	Possessing child pornography	F-H	3612/14-190.17A	233	211
Solicit Child by Computer	Knowingly entices, advises, coerces, orders, or commands, by any device capable of electronic data storage or transmission, a child under 16 years and who the defendant believes at least five years younger than the defendant, to meet with the defendant or another person for the purpose of committing an unlawful sex act.	F-H	3625/14-202.3(A)	25	25

Administrative Office of the Courts: Sex Offense Charges SFY14

Charge	Definition	Class	Offense Code/ Statute	Cases Filed	Cases Pending
Sex Offender/Child Premises	A person required to register as a sex offender knowingly on the premises of a school, children's museum, child care center, nursery, playground, or another places where children gather	F-H	3637/14-208.18(A)	119	77
Indecent Exposure Defendant at least 18, Victim under age 16	A person at least 18 years old willfully exposes their private parts to someone under the age of 16 for the purpose of sexual gratification	F-H	3606/14-190.9(A1)	30	22
Indecent Liberties Student (F)	A teacher, school administrator, student teacher, school safety officer, coach, or other school personnel, at least 4 years older than the victim, takes indecent liberties	F-I	1117/14-202.4(A)	24	41
Babysit By or in the Home of a Sex Offender	A person required to register as a sex offender babysits or lives in a home where babysitting is provided	M-1	3877/14-321.1(B)	0	1
Disseminating Material/Performance Harmful Minor	Disseminating sexually explicit materials or performances to minors	M-1	3616/14-190.15	15	15
Display Material Harmful Minor	Displaying sexually explicit materials so that minors can see them	M-2	3615/14-190.14	0	1

Appendix A: North Carolina Sex Offender Registry Data December 2014

Conviction Charge	Statute	Definition	Number of Charges	Percentage of Total
Indecent Liberties with a Minor	14-202.1	Willfully taking or attempting to take immoral, improper, indecent liberties with a child under age 16 for the purpose of arousing or gratifying sexual desire or committing or attempting to commit any lewd or lascivious act upon or with the body of a child under age 16	10,541	75.00%
Sexual Exploitation of a Minor 3rd Degree	14-190.17(A)	Possession of child pornography	1,009	7.00%
Sexual Exploitation of a Minor 2nd Degree	14-190.17	Recording, duplicating, or distributing child pornography	902	6.30%
Sexual Offense with Certain Victims	14-27.7	Intercourse and sexual offenses with certain victims; consent no defense	649	5.00%
Kidnapping against a Minor	14-39	Confining, restraining, or removing a child under age 16 from one place to another without the consent of a parent/legal guardian for purposes defined in the statute	277	2.00%
Incest with Near Relatives*	14-178	Engaging in carnal intercourse with a grandparent/grandchild, parent/child/stepchild/legally adopted child, brother/sister, half-brother/half-sister, uncle/aunt/nephew/niece	220	1.50%
Solicitation of a Child by Computer to Commit Unlawful Sex Act	14-202.3	Knowingly entices, advises, coerces, orders, or commands, by any device capable of electronic data storage or transmission, a child under 16 years and who the defendant believes at least five years younger than the defendant, to meet with the defendant or another person for the purpose of committing an unlawful sex act.	120	1.00%

Appendix A: North Carolina Sex Offender Registry Data December 2014

Conviction Charge	Statute	Definition	Number of Charges	Percentage of Total
Felonious Restraint against a Minor	14-43.3	Restraining a child under age 16 without their parent/legal guardian's consent and transporting them in a motor vehicle	96	0.60%
Abduction of Children	14-41	Abducting a child (or inducing a child to leave their legal custodian) when the child is at least four years younger than the defendant	58	0.40%
Felonious Indecent Exposure	14-190.9(A)(1)	Willfully exposing private parts in any public place in the presence of any person under age 16 for the purposes of arousing or gratifying sexual desire	56	0.40%
Sex Offense 1st Degree – with a Child Under 13	14-27.4(A)(1)	A sexual act in which the victim is under 13 years, the defendant is at least 4 years older than victim	52	0.40%
Sexual Exploitation of a Minor 1st Degree	14-190.16	Producing child pornography or live sexual performances or allowing a child in one's custody to be used in pornography or live sexual performances	43	0.30%
Child Abuse: Sexual Act on a Child by a Parent or Caretaker	14-318.4(A)(2)	Committing or allowing the commission of a sexual act upon a child less than 16 years old	25	0.20%
Rape 1st Degree – with a Child Under 13	14-27.2(A)(1)	Vaginal intercourse with a child under the age of 13; the defendant is at least 4 years older than the victim	25	0.20%

Appendix A: North Carolina Sex Offender Registry Data December 2014

Conviction Charge	Statute	Definition	Number of Charges	Percentage of Total
Statutory Rape of a 13/14/15 Year Old; Defendant 6+ Years Older	14-27.7(A)(A)	Vaginal intercourse or a sexual act with another person who is 13,14, or 15 years old and the defendant is at least 6 years older	22	0.00%
Taking Indecent Liberties with a Student	14-202.4(A)	A teacher, school administrator, student teacher, school safety officer, coach, or other school personnel, at least 4 years older than the victim, takes indecent liberties	17	0.10%
Prostitution of a Minor – Participating	14-190.19	This statute was repealed by SL 2013-368	12	0.10%
Employing or Permitting a Minor to Assist in Offense	14-190.6	Permitting a minor under age 16 to do or assist in doing any act or thing constituting an offense involving obscenity	11	0.10%
Prostitution of a Minor – Promoting	14-190.18	This statute was repealed by SL 2013-368	7	0.00%
Prostitution of a Minor – Paying Minor to Participate	14-190.19(A)(2)	This statute was repealed by SL 2013-368	1	0.00%
TOTAL			**14,143**	**100%**

*A percentage of these incidents may involve adult victims

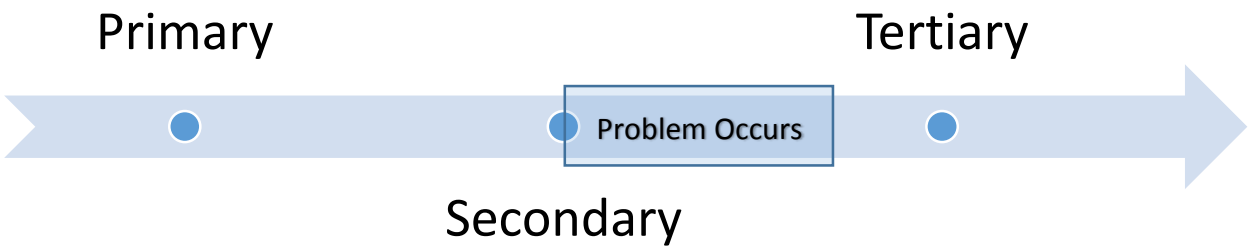
Appendix B: Prevention Concepts

Public health literature identifies a continuum of prevention, as well as a social-ecological model of risk of and protection from violence.

The continuum of prevention includes both when a prevention strategy is provided and to whom it is targeted.

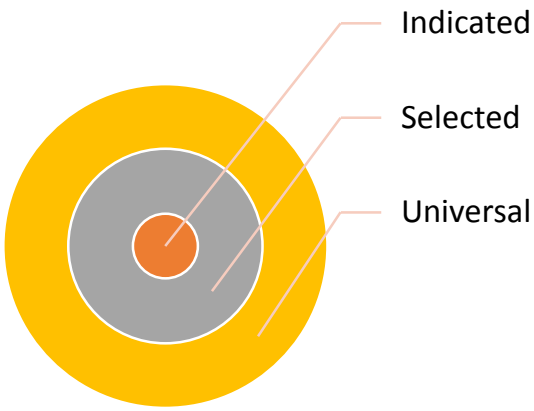
When is the strategy implemented?

Primary prevention strategies are implemented before a problem occurs to prevent it from ever occurring. Secondary prevention strategies are implemented when a problem has just begun (or there is imminent risk of a problem occurring) to prevent it from getting worse. Tertiary prevention strategies are implemented after a problem has occurred to prevent it from happening again and to mitigate the impact.



To whom is the strategy targeted?

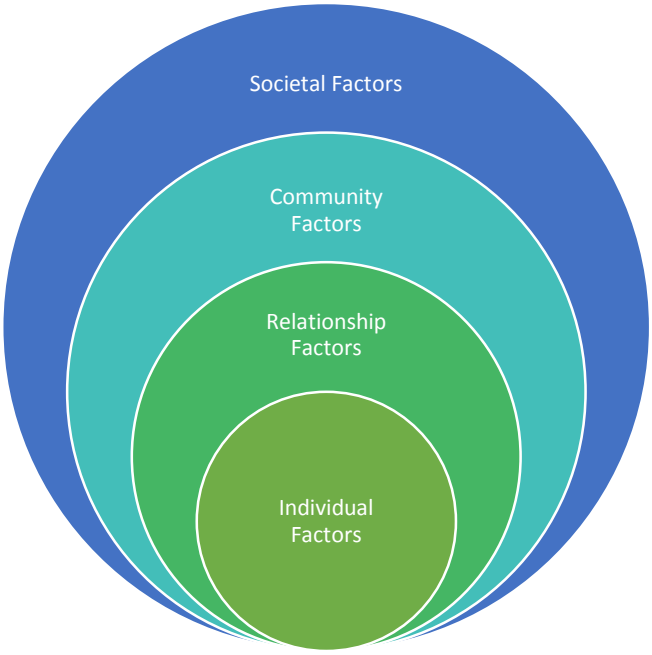
Universal strategies are targeted at all members of a group, regardless of individual risk factors. Selected strategies are targeted at members of a population with identified risk factors. Indicated strategies are targeted at individuals who have experienced the problem.



Appendix B: Prevention Concepts

Social-ecological model

Risk factors are those that increase the likelihood that a problem will occur. Protective factors are those that decrease the likelihood that a problem will occur. Risk and protective factors exist at the individual, relationship, community, and society level. It is a complex interaction of factors at all of these levels that will either increase or decrease risk of the problem happening.



The following chart illustrates examples of risk and protective factors for child sexual abuse at each level of the social ecological model:

SEM Level	**Risk Factors**	**Protective Factors**
Individual	Violent victimization	Problem solving skills
Relationship	Poor parent-child relationships	Family connectedness
Community	Community violence	Community connectedness
Society	Harmful gender norms	Policies that promote child well-being

A strong body of literature on child sexual abuse prevention determines that it is necessary to address all levels of the social ecological model, with an emphasis on primary prevention approaches targeting norms, culture, and the social determinants of health. When investment in prevention focuses heavily on primary prevention, there is resulting impact on a number of social problems sharing the same risk and protective factors.

Appendix C: Survey Results

The North Carolina Coalition for the Prevention of Child Sexual Abuse disseminated a survey to assess professional, parent, survivor, advocate, and community member perceptions of the proposed recommendations. The total number of respondents was 180. The survey asked respondents to rate each recommendation according to how important it was to 1)the prevention of child sexual abuse and 2)building awareness about and commitment to the prevention of child sexual abuse. The survey illustrates overwhelming support for all recommendations.

Percentage of Respondents Identifying This Recommendation as Important to:	Prevention	Awareness/ Commitment
Recommendation 1: Funds for Further Study	95%	93%
Recommendation 2: Surveillance	82%	87%
Recommendation 3: Raising Awareness	91%	94%
Recommendation 4 a: Implementation of Essential Standards	91%	91%
Recommendation 4 b & c: Prison Rape Elimination Act/Raising the Juvenile Age	87%	82%
Recommendation 5 a: Maintained Funds for NC Child Treatment Program	96%	94%
Recommendation 5 b: Increased Funds for Children's Advocacy Centers	92%	93%
Recommendation 6: Avoidance of Ineffective Approaches	92%	89%