

## INCEST: THE TRAUMA OF INTERVENTION

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Professionals dealing with child sexual abuse have been caught up in a major ideological split within the field. Many believe that child sexual abuse is a crime and that perpetrators should be criminally prosecuted as in any other crime. They argue that the relationship between the child and the perpetrator should not protect the perpetrator from justice. There are other professionals who have expressed grave concern about the impact of the intervention process on the child sexual abuse victims.<sup>1-5</sup> They suggest that the emotional bond between victim and parent-perpetrator should be carefully considered because routine prosecution of offenders probably adds further trauma to many child victims. Incarceration of the perpetrator may become another opportunity for victim self-blame and may result in breaking up the family unit and impoverishing the remaining family members. One researcher has questioned whether the "cure" may be worse than the "symptoms,"<sup>1</sup> while another has recently written an editorial for a major urban newspaper decrying the trend toward resolving family dysfunction and child sexual abuse through the criminal justice system.<sup>2</sup> Suggestions about the relative impact of sexual abuse versus intervention by social workers, police, and the courts are largely speculative at this time. Research efforts using prospective or "follow-up" types of research designs to examine the issues are underway at the University of Chicago, the University of Colorado, Harvard University, and at the University of North Carolina at Chapel Hill, as well as other centers. This type of research holds the most promise for generating accurate information about both the impact of sexual abuse on children and the effects of intervention. This article will review what has been noted about the impact of intervention upon the children and discuss the work in progress at the University of North Carolina.

### Background

An estimated total of 1,726,649 children were reported to child protective service authorities in the 50 states and the District of Columbia in 1984 for all forms of maltreatment inflicted by family members or other caretakers.<sup>6</sup> Child sexual abuse is the fastest growing subset of the child protective service caseload. Alleged sexual abuse of the children was the reason for 100,000 or 13.3% of the 1984 reports. The American Humane Association has estimated the rate of reporting of sexual abuse of children at 15.88 reports per 10,000 children. Data from surveys of adults which inquired about a history of sexual victimization as children indicate that the incidence of child sexual abuse is much higher. Russell, in a study which interviewed a randomly selected

group of adult women in San Francisco, concluded that 38% had been sexually victimized by adults when the women were younger than 18 years of age; 16% had been victimized by a family member.<sup>7</sup> In a survey among parents in Boston, 12% of the parents reported that they had been sexually abused as children.<sup>4</sup> Only 32% of the victims had been abused by a parent or relative. Other studies of adults in New England,<sup>4</sup> Texas,<sup>8</sup> and South Carolina<sup>9</sup> confirm the sizable number of adults reporting that they had been victims of sexual abuse as children.

The data from surveys of adults also suggest that, despite its apparent recent discovery, child sexual abuse is not a new phenomenon. Many of the adults responding to these surveys are relating experiences that predated the recent widespread public attention given to all forms of child physical and sexual abuse. An internal medicine colleague at the University of North Carolina recently related his first experience with a patient disclosure of incest in the context of a medical exam; the patient was 86 and was revealing, for the first time, events which had occurred more than 75 years ago.

### The Impact of Sexual Abuse

Intrafamilial child sexual abuse has been reported to be related to a wide variety of behavioral and psychiatric disorders in the victim child.<sup>4, 5, 10-15</sup> Short term effects are reported to include withdrawal, depression, anxiety, and school problems.<sup>4, 5, 12, 14</sup> Knowledge of the long term effects has come from clinical reports, cross-sectional studies, and retrospective analysis.<sup>4, 5, 11, 13-15</sup> Reported findings include suicidal behavior, anxiety and fear, negative self concept, isolation, sexual problems, and, now, Post-Traumatic Stress Disorder, which involves flashbacks and re-experiencing traumatic events.<sup>4, 5, 13-15</sup> Finklehor and Browne recently synthesized the literature on the effects of sexual abuse on the child victim and suggested that all of the effects could be grouped into four main areas: traumatic sexualization, stigmatization, betrayal, and powerlessness.<sup>14</sup> Although the body of literature identified and reviewed by Finklehor and Browne suggests the areas of impact on the victims from child sexual abuse, the studies reviewed were retrospective in nature and, in most, the samples were identified from clinical populations. It is not possible to estimate the risk of harm to victim children, along any of the dimensions suggested by Finklehor and Browne, from the existing literature.

There are some workers who have suggested that the risks to the child from sexual encounters with adults have been overstated.<sup>3-5, 16, 17</sup> Gagnon examined data from the Kinsey studies and concluded that

75% of the women who reported that they had been victims of sexual victimization had no apparent maladjustment.<sup>16</sup> The recent surveys by Finklehor and Russell<sup>4,7</sup> that indicate upwards of 25% of women and 6–10% of men have been sexually victimized as children lend some epidemiologic support to the notion that the risk of harm from victimization is far from universal; there has been no apparent epidemic of adults seeking mental health services for the sequelae of abuse as one might expect if 25% of women and as many as 10% of men were in need of help. However, it has been noted that women do use mental health services at nearly twice the rate of men<sup>18</sup> and that approximately 7% of adult women have experienced a major depressive episode at some point in their lives, according to a recent community survey.<sup>19</sup> Prospective studies, studies which identify children at the point of discovery and follow the entire group through time to assess the incidence of untoward outcomes, are ultimately the only way in which accurate answers to the question of risks can be addressed. These studies will have to identify children in a manner which does not systematically select for the more severe cases nor cases in which extraordinary support or treatment is available to protect the children.

### Impact of Intervention

Attempts to help the sexually abused child and prevent the occurrence of sexual abuse to other children may well result in significant unintended consequences.<sup>1–5</sup> Each of the areas of potential impact of sexual abuse described by Finklehor and Browne<sup>14</sup> needs to be carefully considered as an area in which intervention by society itself may create or exacerbate existing effects. Some degree of traumatic sex-

ualization of children may occur as a result of intensive and specific questioning about allegations of abuse or forceful evidentiary medical examinations. Public sexual abuse prevention programs themselves may complicate interpretation of the sexual nature of children's play. However, intervention efforts seem more likely to produce effects related to stigma, betrayal, and powerlessness.

Stigmatization may result from public dissemination of the report of incest. Some community newspapers routinely publish the names of persons indicted or charged with felonies. Publication of the name of an incest perpetrator may satisfy societal demands that criminals be held accountable for their actions but the result is often no different than publishing the victim's name. Court testimony may exacerbate a sense of stigma by family members, the victim, or others. Feelings of self-blame and guilt are likely to be increased by challenge and cross-examination regardless of the interpretation made by the judge or jury.

Betrayal by the parent may be compounded by betrayal from social service, health, or legal professionals. The child may feel betrayed by medical personnel who minimize the extent or pain that will be experienced during physical examination. Promises made by the social worker may not be kept because they conflict with agency policies, the decisions of supervisors, or the decisions of attorneys and courts. Any lies or "half-truths" told to the child to secure cooperation in the investigation will become new betrayals when discovered by the child.

Powerlessness in the abusive relationship may become compounded by powerlessness in the investigation and disposition of the case by the courts and social service agency. Once a report has been made to social services, the authority for subsequent decision making is the responsibility of the courts and the agency. Final dispositions will be influenced by the worker, supervisor, and district attorney but determined ultimately by the juvenile court judge and/or the criminal court judge and jury. The child's preferences may be accorded little importance in this chain of events. Similarly, the other family members have virtually no control over the events that follow and may blame the child for compounding their difficulties. "Informed consent" is not a concept with any currency in protective services work. Interestingly, there is one report which indicates that many decisions about foster care placement involve consideration of the child victim's wishes.<sup>20</sup>

There is also some opinion that child testimony can be therapeutic for the child.<sup>21</sup> This has not been systematically researched, but the argument has been made that the opportunity to tell a court about the events may be cathartic or that the legal intervention may serve as a public affirmation that the child was not responsible for the events that transpired and thus minimize self-blame. As noted earlier, the scarcity of research in the area makes it difficult to evaluate the conflicting opinions about intervention in general and the criminal court process in particular. A report in the psychiatric literature postulated that court involvement might delay the resolution of symptoms, intensify existing problems, or even create a new set of stressful circumstances with which the child must cope.<sup>9</sup>

### What Happens to Sexually Abusive Families

Criminal prosecution occurs in only a minority of cases of child maltreatment.<sup>6, 12</sup> Finklehor reported that criminal prosecution occurred in 24% of substantiated sexual abuse cases and in only 5% of substantiated reports of child abuse submitted to the American Humane Association in 1978.<sup>20</sup> The most recent report from the American Humane Association suggests that "court action" is initiated in 30% of all child abuse cases.<sup>6</sup> This recent report suggests that the dramatic increase in the rate of court action for child abuse is due in part to the increased number of sexual abuse reports and more emphasis on law enforcement approaches to child protective services.

The other services provided to the sexual abuse victim and/or his

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family, in decreasing order, are casework counseling (73%), health services (37%), foster care (17%), shelter care (11%), day care (2%), and homemaker services (2%).<sup>14</sup> Included within the health services category is the provision of mental health services. The national data do not specify whether the child victim or the family is most often the recipient of the health services. Our own unpublished data in North Carolina suggest that the rate of placement in foster care may be somewhat higher (25%) with an additional 25% of sexually abused children being removed and placed in relatives' homes. Casework counseling remains the mainstay of intervention in our area. Indeed, it has been difficult to identify mental health practitioners outside of protective service agencies who have an interest in providing treatment to victim children and their family members and even harder to identify resources to pay for mental health services. Physicians in the state have been organized into a regional network to provide medical evaluations of suspected maltreatment victims since 1977, and this program has recently been expanded to include mental health practitioners who can provide evaluations of children upon referral from the protective service workers.<sup>15</sup>

### Current Research

I am one of a group of researchers at the University of North Carolina attempting to assess the degree of impact of juvenile and criminal court and foster care placement upon a group of child sexual abuse victims. The research team includes a lawyer, a child psychologist, a child psychiatrist, a pediatrician, a public health researcher, a social worker, and an anthropologist. We are collaborating with 11 county social service departments in a prospective study of sexually abused children. The research strategy has been to identify all children sexually victimized by a family member or caretaker in the 11 counties and offer the family a standardized mental health evaluation which includes a structured psychiatric inventory, a test of cognitive function, a parent-completed behavior inventory, a teacher completed behavior inventory, and a semi-structured interview about the allegations of abuse. The data from the evaluation are shared with the family and the agency. Data about the legal process are secured from the social worker, the child's legal representative, and our own observer of court proceedings. Each child is re-examined 5 and 18 months later. We intend to compare the changes seen with the structured psychiatric interview between the first and subsequent interviews for children who have had different levels of involvement in criminal court, juvenile court, and foster care. Our research is still in progress and we have no firm conclusions which can be drawn at this time. However, we have been struck by two observations, from our clinical experience with this group of children, which will be added to the planned statistical analysis of the data. The non-abusing parent frequently (about 1/3 of cases) chooses to believe the alleged perpetrator instead of the child even after social service substantiation of sexual abuse. This decision by the parent appears to exacerbate the adverse effects of the intervention process upon the child. Chief among the adverse experiences for the child, related to the intervention, is the delay in resolution of criminal proceedings occasioned by the frequent or long continuances secured by defense attorneys. Our preliminary analysis has suggested, contrary to the original hypothesis, that children over age six may benefit from the opportunity to testify in *juvenile court*. In a very early look at the data for our first 48 subjects, children who subsequently testified in juvenile court initially were suffering more distress at the time of the first evaluation. Those children who testified in juvenile court appear to have experienced a more rapid decline in anxiety and overall distress and looked indistinguishable from their peers five months later. The importance of other factors to this finding, such as foster care placement and mental health services, still remains to be determined. When the analysis is

complete, we hope to be able to actually estimate the degree of harm to the child related to the delays in criminal proceedings and quantitatively examine the importance of parental non-support in resolution of anxiety and depression among sexually victimized children.

### Conclusion

The extent of harm to the child remains open to question, but few would argue that child sexual abuse does not have serious potential for harm. Similarly, the opinion of many in the field is that the intervention process, particularly criminal court proceedings, also have great potential for harm. There have been a number of efforts to modify the courtroom environment for the child witness.<sup>21</sup> Changes have been made in rules allowing hearsay evidence, electronic testimony, and qualification of witnesses with the intention of making the court a less imposing environment for the child witness while preserving the rights of the accused. The basic work of clarifying the true impact upon children has not previously been done. Within the next few years our own work and the work of colleagues at a number of other universities will be completed. This applied research should lead to very clear recommendations regarding the ways in which the societal intervention into child sexual abuse can be made less traumatic.

The most difficult question related to child sexual abuse is whether our efforts make a difference and whether we can prevent the occurrence of the adverse effects of sexual abuse noted above. While many professionals would answer in the affirmative, there is no consensus about the direction and even the objectives of intervention. In the absence of any clear data, and with the wide variety of environmental, perpetrator, and victim characteristics which lead to sexual abuse, it should come as no surprise that there is a great deal of uncertainty about the appropriate course of action. Individual professionals approach the sexual abuse victim and family with a perspective that has been shaped by their views of the family, their socialization into their professions, and their prior experience. Experience with multidisciplinary child maltreatment teams suggests that the process of comprehensive data collection and shared decision making tempers the ideological stands taken by both the strong treatment advocates and the advocates for strong legal sanctions.<sup>22</sup> Generalizing conclusions from a recently completed doctoral dissertation,<sup>23</sup> the consultative process in child protection appears to result in social service workers being more inclined to take risks in favor of treatment instead of choosing the safer and more conservative approach of removing sexually abused children from their homes. Pending a clearer understanding of the problem of child abuse and the consequences of intervention, we need to follow the middle road of collecting as much information about each case and of collaborating on the development of treatment plans on an individual case basis; a process facilitated by the team approach.

### References

1. MacFarlane K. Sexual abuse of children. In Chapman J., Gates M. (eds), *The Victimization of Women*. Beverly Hills, California: Sage Publications, 1978.
2. Newberger E. Child abuse: courts, at times, add to damage. *The Boston Globe*. Sunday December 1, 1985.
3. Weiss B., Berg R. Child victims of sexual assault: impact of court procedures. *J Am Acad Child Psych*, 1982, 21:513-8.
4. Finklehor D. Child sexual abuse: new theory and research. New York: The Free Press, 1984.
5. DePanfillis D. Sexual abuse. *Report of the National Clearinghouse on Child Abuse and Neglect*, Spring 1985.
6. American Assoc. for Protecting Children. *Highlights of official child neglect and abuse reporting 1984*. Denver: The American Humane Association, 1986.

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7. Russell D. Incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child Abuse and Neglect*, 1983, 7:133-146.
8. Kercher G. *Responding to child sexual abuse: a report to the 67th session of the Texas legislature*. Huntsville, Texas: Sam Houston State Univ., 1980.
9. Kirkpatrick D., Amick A. *Intrafamilial and extrafamilial sexual assault: results of a random community survey*. Paper presented to the Second Family Violence Research Conference, Durham, New Hampshire, August 1984.
10. Sgroi S. *Handbook of clinical intervention in child sexual abuse*. Lexington, Ma: Lexington Books, 1982.
11. Meisselman K. *Incest*. San Francisco: Josey-Bass, 1978.
12. Adams-Tucker C. Proximate effects of sexual abuse in childhood: a report on 28 children. *Am J Psychiatry*, 1982, 139:1252-6.
13. Sedney S., Brooks B. Factors associated with a history of childhood sexual experience in a nonclinical female population. *J Am Acad Child Psych*, 1984, 23:215-8.
14. Finklehor D., Browne A. The traumatic impact of child sexual abuse: a conceptualization. *Am J Orthopsych*, 1985, 55:530-541.
15. Lindberg F., Distad L. Post-Traumatic Stress Disorder in women who experience childhood incest. *Child Abuse and Neglect*, 1985, 9:329-334.
16. Gagnon J. Female child victims of sex offenses. *Social Problems*, 1965, 13:176-192.
17. Yorukoglu A., Kemp J. Children not severely damaged by incest with a parent. *J Am Acad Child Psych*, 1966, 5:111-124.
18. Shapiro S., Skinner E., Kessler L., et al. Utilization of health and mental health services. *Arch Gen Psychiat*, 1984, 41:971-977.
19. Robins L., Helzer J., Weissman M., et al. Lifetime prevalence of specific psychiatric disorders in three sites. *Arch Gen Psychiat*, 1984, 41: 949-958.
20. Finklehor D. Removing the child—prosecuting the offender in cases of child sexual abuse. *Child Abuse and Neglect*, 1983, 7: 195-205.
21. Whitcomb D., Shapiro E., Stellwagen L. When the victim is a child: issues for judges and prosecutors. *Issues and Practices in Criminal Justice August 1985*, US Dept of Justice.
22. Virginia Department of Welfare. Prosecution of child sexual abuse. *Virginia Child Protection Newsletter*, Spring, 1983.
23. Ringwalt C. Social worker decision making in cases of father-daughter sexual abuse: the role of attributions of responsibility. Doctoral Dissertation. Chapel Hill, NC: University of North Carolina, 1985.

### SIECUS POSITION STATEMENT ON SEXUAL EXPLOITATION

SIECUS has always opposed exploitative sexual acts and behaviors such as rape, sexual harassment, and child sexual abuse, incestuous or otherwise. SIECUS believes that coercing anyone to participate unwillingly in a sexual act is by definition exploitative and immoral and almost always has harmful results for the victim.

SIECUS therefore supports intensified efforts to prevent sexual exploitation through information and educational programs, as well as laws that deter and punish such acts. SIECUS also supports treatment programs that minister to the sexually exploited victims through both rape and incest crisis centers and ongoing treatment programs. SIECUS also urges conducting intensified research to increase understanding of the causes and effects of various forms of sexual exploitation, and developing appropriate treatment programs for the offenders.

## DO YOU KNOW THAT...

### National Family Sexuality Education Month

In October Planned Parenthood Federation's Education Department, along with over 20 other national organizations, is sponsoring National Family Sexuality Education Month. Representatives from these groups will meet prior to October to determine a focus for the current year and share ideas and programs that each is doing in the area of sexuality education and parent-child communication. The focus of this year's commemoration is to encourage parents to communicate with their children about sexuality. For further information contact: Susan Newcomer, Director of Education, Planned Parenthood Federation of America Inc., 810 Seventh Ave., New York, NY 10019; (212) 541-7800.

### First International Congress on Sexual Development

On October 17-18, 1986, the First International Congress on Sexual Development Across the Life Span will be held in Montreal, Canada. Speakers and workshop leaders will include Mary Calderone, Donald Greydanus, Edward Brecher, Peggy Brick, Herb Goldberg, and Sally Wendkos Olds. For further information contact: Catherine Blake, 3250 Ellendale Ave. #2, Montreal, Quebec, H3S 1W4, Canada.

### Marriage and Family Therapy Conference

On October 23-26, 1986, the American Association for Marriage and Family Therapy will sponsor their 44th Annual Conference at the Marriott World Center Hotel in Orlando, Florida. Those interested in exhibiting, advertising, or sponsoring an event should contact: Diane Sollee, Conference Director, American Association for Marriage and Family Therapy, 1717 K St., NW, Suite 407, Washington, DC 20006; (202) 429-1825.

### National Conference on Family Relations

On November 3-7, 1986, the National Council on Family Relations will hold its annual conference at the Dearborn Hyatt Hotel in Dearborn, Michigan. This conference will be of interest to those in Family Therapy, Law, Medicine, Psychology, Sociology, Public Policy, and Education. For further information contact: NCFR, c/o Karbon, P.O. Box 19605, Saint Paul, Minnesota 55119; (612) 772-1465.

### New York Health Educators Conference

On November 7-8, 1986, the New York State Federation of Professional Health Educators, Inc. is holding its annual conference at the LaGuardia Marriott Hotel in Queens, New York. Representatives from public and parochial schools, community and public health agencies, and hospitals are expected to attend. For further information contact: NYSFPH Inc., Box 494, Kendall, NY 14476; or call William H. Zimmerman, Executive Director, at (716) 659-8375 M-F, 7:30-9:00 AM.

# MORE ON THE SUBJECT

## The Walking Wounded: Post-Incest Syndrome

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What happens to the children who are victims of sexual abuse? Where are those whose childhoods were ravaged 10, 20, 50 years ago?

They are now adults, the "adult survivors" of child sexual abuse—they are, that is, if they are still alive, if they have not died actual or symbolic deaths from suicide, addictions, or relentless mental disorders that do not reach out for or respond to treatment. They are our clients, therapists, lovers, friends, grandmothers, movie stars, and senators, carrying the baggage of a past so traumatic that they must keep their secrets even from themselves. Many, if not most, survivors of child sexual abuse develop amnesia that is so complete that they simply *do not remember that they were abused at all*; or, if they do remember, they minimize or deny the effects of the abuse so completely that they cannot associate it with any later consequences. They are the "walking wounded," functional adults who bear, often secretly, lifelong pain and impaired emotional functioning.

After observing this pattern of experience—a cluster of predictable "after-effects" of child sexual abuse surrounded by an inability to remember the original stressor events—I have labeled the resulting disorder "Post-Incest Syndrome." (Incest, as I have redefined it, being the most common form of this abuse.) These clusters of feelings and behaviors, when existing together, describe an experience exclusive to survivors of incest, and therefore should be made a distinct diagnostic category.

It is necessary, at this point, to redefine terms: *sexual abuse*, as I define it, does not require penetration, nor does it even require touch: it can occur through genital or non-genital fondling, or in the way a child is talked to, what the child is forced to see, hear, or do with others. It is the use of a minor to meet the sexual or sexual/emotional needs of another person. This person can be an adult, or another child who is older or bigger. (Boys, because of their status, may be seen by others and by the victim as being more powerful than girls of equal age.) Sexual abuse does not include sexual exploration between peers, but rather a violation, which, due to her relatively powerless position, makes the victim's "consent" impossible. It is based on coercion, using the child's dependence to control her; it rarely requires physical force.

*Incest*, in my definition, occurs when these acts take place at the hands or command of someone who has power over the child due to trust and/or authority: an ongoing, close relationship, such as parent, step-parent, aunt, baby-sitter, mother's boyfriend or even dentist, piano teacher, or priest, when there is bonding or a surrogate-parent situation. A blood relationship is not necessary for incest.

Incest occurs most commonly in the family context of male-dominance: perpetrators are almost exclusively male. The perpetrator sees the child as his possession, with whom sexual activity is his privilege. While traditional attitudes have held mothers in these families responsible for what fathers and step-fathers were doing, *incest is never the responsibility of anyone but the person who commits the abuse*, and, in fact, these families are often so skewed in terms of power in the direction of patriarch that the wife is often not in a position to interrupt the cycle even if she does know about it. This concept is validated, in one way, by the high rate of wife-abuse in these families.<sup>1</sup> The female partner of the abuser is often also a victim. Further, the attitudes that create and permit incest originate in the larger culture, where it is one step along a continuum of sexual violence that includes rape, degrading or abusive pornographic depictions of women and children, and sexual harassment. Certainly, there are also female perpetrators (according to most estimates, less than 5%), whose victims suffer even greater isolation due to the fact that their experience is so rare and often goes unreported, but they are exceptions to a pattern in which those in the position of power victimize those with less power (women and children) through sexual means.

Just as the overwhelming majority of perpetrators are male (and heterosexual), the overwhelming majority of victims are girls. While it is projected to be smaller, the number of male victims is more difficult to determine because they are even more invisible than their female counterparts. They tend to underreport for two reasons: first, men are not as likely to reach out for therapy as are women (the jails are full of men who were abused children: boys often externalize their problems, while girls hurt themselves); and second, the violation of incest is contrary to the basic definition of what it means to be a man, as it is men who are trained to dominate. Women, on the other hand, are burdened by the unfortunate social expectation that they might be sexually victimized in their lifetimes; men cannot identify with the vigilance that requires women to evaluate routinely whether there is a risk that they will be raped under certain circumstances. Such violation is an *exception* in the social expectations of males. To be victimized by another male—or by a female—is a threat to a man's ego that he is less likely to admit.

### Extent of the Problem

There is general agreement that incest is the most common form of child sexual abuse; however, statistics vary widely as to the preva-

lence of child sexual abuse, ranging from a low of 6% to a high of 62%.<sup>2</sup> Yet these figures generally do not reflect the frequent denial, or “blocking” that would make some survivors incapable of answering survey questions accurately. Therefore, accepting the most commonly cited estimate that 25% of all girls are molested by the age of 16 and recognizing that perhaps half of all survivors block the abuse, we see how low—and yet how startling—is the calculation that *at least 27 million females are current or future adult survivors of child sexual abuse*, abuse that is predominantly at the hands of people they know and trust. The consequences of sexual violation in the context of a dependency relationship are so devastating that, in my experience, *incest is possibly the single most common causative factor of the need for therapy among women*. And it is the most unrecognized. I have been reminded of it constantly by staff members in alcoholism units and eating disorder clinics. As one therapist, who works extensively with adult children of alcoholics, said, “I am, at this point, surprised when I *don’t* find out incest took place.”

Yet many therapists do not know how to recognize and thus cannot help survivors to deal with their pasts. Several years ago, when I became aware of the frequency of child sexual abuse, I obtained a copy of a short list of post-incest characteristics that was offered by New York Women Against Rape.<sup>3</sup> I discovered, after sharing this list with my clients that those who manifested the experiences listed often later uncovered a history of abuse. Concomitantly, they offered me descriptions of other experiences that we soon found had occurred predictably among survivors and only sporadically in those who had not been abused. As this checklist developed, it was repeatedly validated as a diagnostic tool, serving to predict who among my clients would eventually remember abuses that had often stayed hidden through previous courses of treatment. Following the diagnosis of incest, we were then able to use the checklist as a personality profile, exploring the origins and purposes behind the various characteristics; for these are not *problems* to be *overcome*, they are coping mechanisms developed by desperate children. While they had eventually become disruptive or destructive, they were once necessary for survival. The goal in recovery is not the elimination of these coping mechanisms, but rather substitution of more productive alternatives through identification of the underlying needs.

The “After-Effects Checklist” consists of 29 items that are clustered here by theme. It is important to note that anyone, particularly those in need of therapy, can manifest *some* of these characteristics (though some are particular to survivors of child sexual abuse); however, when they appear together, there is a greater probability that incest has occurred. The therapist should proceed gently; incest is a trauma that must reveal itself at a pace set entirely by the survivor’s inner guide.

### Post-Incest Syndrome Categorized

Post-Incest Syndrome is identified by the following categories of affective and behavioral experiences.

**Defenses and Disorders.** As she grows up, the survivor wrestles with the need to avoid facing the reality of her past. In addition to blocking, she will employ such defenses as depersonalization (splitting), which is experienced as a separating of the conscious from the physical self; shutdown, which is the absence of feelings; and the creation of fantasy worlds, friends, or identities. These tactics are especially likely to surface under stress, such as when the incest is being addressed. One red flag that should immediately alert those concerned about the possibility of an incest history is the inability to remember some of the early years (usually years 1–12).

The survivor will also be plagued by anxiety and will often suffer depressions that appear to have no origin in her real life. She frequently

maintains an ongoing romance with suicide (“Some things are worse than death,” one survivor told me), with or without overt attempts.

When she was a child, she endured a reality that others denied: “Either they were all crazy, or I was,” as one survivor described it. So she, like most other survivors, spent her whole life feeling crazy. When she broke through her denial, all of her pain and confusion had a reason—everything finally made sense.

At the root of severe mental disorders is often the trauma of incest. Sexual abuse is often present, in particular, in the histories of persons suffering from Multiple Personality Disorder.

**Secrecy.** The victim is warned of dire consequences if she were to tell what she and the abuser did: calling for help means breaking the secret, and that can mean daddy going to jail, the destruction of her family (her whole world), punishment, or even death. Long after the threat and the abuse are forgotten, the fear of remembering and telling lives on. Survivors are often very secretive in general, non-verbal, soft spoken.

**Relationships.** Her capacity to develop trust having been destroyed by an abuse that was labeled “love” (love is giving; incest takes), the survivor anticipates that all relationships will require big trade-offs. She does not understand that she can meet her own needs, or choose not to meet the other person’s, without danger or the threat of abandonment (abandonment being the core of the coercion behind the original abuse). She often continues to get involved in abusive relationships in later life. Another red flag is a pattern of relationships with much older, more powerful lovers (which often begins when the survivor is in her mid-teens).

**Control, Power, and Territoriality.** Incest robbed her of any sense of control over her own life. Indeed, the greatest task in recovery is the establishment of a sense of her power. The survivor is often totally passive; at the same time, she will be very sensitive to feelings of violation, and will focus on creating very rigid boundaries around herself or will have none at all.

**Compulsions and Addictions.** Incest survivors frequently develop addictions to chemicals, sex, spending, etc. She will often be anorexic, bulimic, or a compulsive over-eater; sometimes she will maintain a high body weight intentionally to avoid the violation of the unwanted sexual approaches of men. The addictions serve to block the memories and feelings and are often an expression of self-hatred. Note that an extended period of “recovery” (sobriety, etc.) is necessary before she is strong enough to deal with the issue of incest.

**Self-Mutilation.** Skin-carving, and other similar acts, which are often attributed to the diagnosis of Borderline Personality, are highly correlated with an incest history; these acts have been described as an addictive pattern of behavior by Karen Conterio, founder of the first national self-help program for self-abuse (S.A.F.E.: Self-Abuse Finally Ends).<sup>4</sup>

**Fears, Terrors, and Phobias.** These problems occur frequently among survivors. They particularly arise at night, through nightmares and night-terrors. Nighttime was often when the abuse occurred. Survivors are likely to fear sleeping alone in the dark; their dreams are often of pursuit, or threat, or violence.

**Guilt, Shame, and Self-hate.** The survivor is convinced that she was in some way responsible for the abuse: she blames herself for “causing” it, for “allowing” it to go on, or for “enjoying” it (when her body, to her horror, responded). Feelings of worthlessness will often permeate other areas of her life.

**Anger and Rage.** She will either be unable to express anger at all or will be angry all the time. She has a sense of a deep inner rage that frightens her. She will feel intense hostility toward the gender or race of the abuser.

**The Body and Sexuality.** These are the battlefields on which her war has occurred. She will be angry at her body, alienated from it,

neglectful of it. She will be plagued by a feeling of being unclean, soiled; she will avoid using public bathrooms, wear lots of clothing, and avoid going to doctors, even though she is likely to have stress-related illnesses and gynecological problems. She is very sensitive to being physically violated: *never touch a survivor without her permission.*

She will experience confusion between affection, sex, dominance, and violation, using sex to meet a need for (the delusion of!) power (this is the after-effect that often drives male survivors to molest children). She will be unable to have sex in a close, trusting, intimate, relationship while at the same time compulsively sexualizing her other, more casual relationships. She is much more likely to be a prostitute,<sup>5</sup> actress in porn movies, etc. She often experiences sado-masochistic fantasies that cause her much guilt.

All of the preceding experiences can be very confusing and upsetting to her partner, who is referred to as a "pro-survivor," but especially relationship and sexuality issues. While she is a survivor of incest, her partner is truly a *victim* of incest.

**Flashes and Flashbacks.** At first the survivor will recognize that *something* happened, although she won't recall specifics. She will often have disturbing sensory "flashes" (a room, a light, rain); eventually she will have dreams and fleeting images that she insists are her imagination. Remembering often occurs in flashbacks, in which details and feelings are relived.

It must be noted that homosexuality is *not* an after-effect of incest. There is no evidence that any such negative experience as incest "causes" this sexual orientation (in fact, since we do not know what causes either heterosexuality or homosexuality, to demand to know only how lesbians and gays "got to be that way" is to put them on the defensive unnecessarily). What is true, however, is that a lesbian who was molested by a man will often be surprised to find that Post-Incest Syndrome interferes with her relationships with women. Lesbian survivors may also be particularly reluctant to seek help from traditional therapists for fear that they will look for an association between the trauma and the survivor's sexual identity.

### Prevention Through Intervention

Most incest occurs as part of a chain: men who molest were themselves abused as children; women who experienced incest often have children who are victimized. The onus of prevention has been laid at the feet of the children. While it is necessary to empower children with ownership of their bodies and education to recognize abuse, it is incomplete and unreasonable to always expect the child to halt the aggressions of or to "betray" those she loves. Only by breaking the chain of incest through intervention with adult survivors can primary prevention effectively be achieved. For sex educators and therapists, this means: identifying the survivor, who is often invisible, and supporting her claim when she does come forward; treating the survivor (the tasks of which differ for the genders); and encouraging those survivors who are emotionally capable to break the cycle and no longer protect the perpetrator: *she must reveal* the perpetrator especially to the caretakers of children to whom he has access. For his behavior will not stop by itself. Even with treatment the prognosis is not promising: A man who molested 20 years ago is probably still molesting today.

At the same time, we must develop social systems that empower women and that believe and support children, while we eliminate the predominant attitude that one can be "entitled" to the body of another. This is not an easy task. Our social systems are not perfect. There are no perfect answers or quick solutions. The survivor may feel that she has gone through enough, that she deserves a rest. But we must help the adult survivor to consider the choices available to her. We must help the adult survivor for herself and for the children that follow.

SIECUS Report, September 1986

*Editor's Note:* This article is a synopsis of a book in progress on incest. For a copy of the After-effects Checklist, send a self-addressed stamped envelope to E. Sue Blume, Box 7167, Garden City, NY 11530.

### Notes

1. Donna L. Truesdale, John S. McNeil, and Jeanne P. Deschner. Incidence of wife abuse in incestuous families. *Social Work*, 1986, 31:2, 138-140.
2. David L. Finkelhor. *Child sexual abuse: new theory and research*. New York: The Free Press, 1984. Many other statistics about child sexual abuse can be found in this book.
3. Janet O'Hare and Katy Taylor. The reality of incest. *Women and Therapy*, 1983, 2:1-2. The special issue of the journal entitled "Women Changing Therapy" that contained this article was later published as a book under the same title by Haworth Press.
4. Karen Coterio of Self-Abuse Finally Ends (SAFE) can be reached by sending a self-addressed, stamped envelope to: Box 267810, Chicago, IL 60626.
5. Mimi Silbert and Ayala M. Pines. Early sexual exploitation as an influence in prostitution. *Social Work*, August 1983, 28:4, 285-290.

## DO YOU KNOW THAT . . .

### Child Sexual Assault Prevention

The Southeast Asian Child Sexual Assault Prevention Project is designing three culturally specific publications in conjunction with the Program for Appropriate Technology in Health, including an illustrated booklet for parents (to be translated into several Southeast Asian languages), a booklet for Asian adolescents, and a teacher's guide for communicating child sexual abuse prevention messages to Southeast Asian teens. These publications stem from involvement with Indo-Chinese staff, board members, and parents and teens. For more information, write to: PATH, Canal Place, 130 Nickerson Street, Seattle, Washington 98109; (206) 285-4599.

### SSSS Annual Meeting

On November 13-16, 1986, the Society for the Scientific Study of Sex, Inc. will hold its 29th annual meeting in St. Louis, Missouri. The central theme of the meeting will be Families' Impact on Sexuality, although other topics will also be included. For further information contact: Howard J. Ruppel, Jr., Chair, 1986 Annual Meeting, 608 Fifth Ave. North, Mt. Vernon, IA 52314; (319) 895-8124.

### National Abortion Federation Seminar

On October 26-27, 1986 the National Abortion Federation will sponsor a fall risk management seminar entitled "Pain and Pain Management." The seminar will be held at the Omni Georgetown, P Street, Washington, DC. For more information contact: NAF (202) 546-9060.

### Information for Transsexuals

J2CP Information Services has recently replaced the JANUS Information Facility in providing information and referrals for transvestites and transsexuals. Their address and phone number are: P.O. Box 184, San Juan Capistrano, CA 92693-0184; (714) 496-5227.

# RESEARCH NOTES

## Sexual Abuse Prevention: Evaluating Educational Strategies

*Sally Cook Woods, MS, Assistant Program Director  
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Sexual Abuse Programs, Child and Family Services of Knox County, Inc.  
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As our nation's communities become more committed to providing sexual abuse prevention information to their children, they may seek guidance from professionals in the field of family life education. If called upon by their communities, family life educators must be familiar with the range of sexual abuse prevention education methods, the relative effectiveness of these methods, and the appropriate target groups for each. The purpose of this article is to discuss the broad range of prevention methods and to present recent findings of a comparative study of two types of prevention techniques, in order to assist family life educators in the selection of the most appropriate materials for use in their communities.

Many specialized curricula and programs, as well as audiovisual presentations, theatre, and reading materials have been developed. Most of these resources strive to teach children the basic concepts of personal safety, including:

- Children can say No to touching that makes them feel frightened or uncomfortable.
- Children should tell an adult they trust about confusing/bad touch.
- A child is never at fault when s/he is sexually abused.

This rapid influx of prevention materials has created many questions for professionals whose responsibility it is to select them for integration into the classroom. These questions include but are not limited to:

- How do the various modes of presentation (films, booklets, curricula) compare with one another in effectiveness?
- Do children who learn personal safety share the information with other children, thereby reaching even those children who are not directly taught personal safety?
- Are children frightened by the messages relayed in personal safety education?

The authors conducted ground-breaking research on prevention education which provided insight into many concerns, including the above questions. This research was made possible by funding from the National Center on Child Abuse & Neglect.

### Methodology

The research program measured the effectiveness of two types of primary prevention methods which focus on teaching children personal safety skills. These were:

1. Personal Safety Instruction: A personal safety curriculum entitled "Talking About Touching" (TAT) produced by the Committee for Children, Seattle, Washington.
2. Personal Safety Educational Material: A personal safety booklet, "Amazing Spiderman and Power Pack," produced by the National Committee for Prevention of Child Abuse, in cooperation with Marvel Comics.

The research involved approximately 4,500 third through fifth grade students in Knox County, Tennessee, who were randomly assigned to one of five groups. The experimental design was as follows:

**Group A:** Thirty classrooms participated in three weeks of personal safety instruction (TAT).

**Group B:** Thirty classrooms from the same schools represented in Group A were the control group to measure for spillover from the curriculum.

**Group C:** Thirty classrooms received booklets on personal safety (SPIDERMAN).

**Group D:** Thirty classrooms from the same schools as Group C were the control group to measure for spillover from the booklet.

**Group E:** Thirty classrooms from schools that had no personal safety instruction or materials were the complete control group.

All students completed a 15-item, written pre-test measuring personal safety knowledge. The personal safety instruction was then initiated in Group A and the personal safety material was distributed in Group C. The instruction was taught daily by the classroom teachers in 15-minute lessons for a three-week period. The week following the completion of the instruction, written post-tests containing 15 items were administered to all students in each of the five groups.

### Results

Preliminary analysis of the pre-test scores indicates that students in all five groups began with the same level of knowledge concerning



personal safety. However, the results of the analysis of the post-test scores show that a significant increase ( $< .05$ ) in knowledge occurred for the students (Group A) in the classrooms which participated in the personal safety education course, "Talking About Touching." The fact that students who participated in a personal safety class demonstrated more learning than students who were given only reading material suggests that the dynamic process of classroom learning may have been an important factor. No other group displayed a significant increase in knowledge from pre- to post-test, although all other groups did have a slight increase in post-test scores. Such an increase is often the result of instrumentation.

Post-test scores for Groups B, C, D, and E were compared to each other to test for any significant differences among these scores. The post-test score for Group B was significantly higher ( $< .05$ ) than the post-test score for Groups C, D, and E, which may be interpreted as indicating that children in Group B learned some personal safety from their peers in Group A.

The children in the classrooms who were given only personal safety reading material did not exhibit a significant increase in overall personal safety knowledge. This could be a result of several factors: some children may not have read the material due to either disinterest in comic books in general or poor reading skills; materials which are simply distributed in class with no accompanying lesson reinforcement may not be viewed by children as containing important information. These obstacles may be overcome by including personal safety reading material such as "Spiderman" in a comprehensive prevention education program so that the information is reinforced by classroom lessons, and/or by utilizing personal safety reading material as a tool in reading lessons and classroom story times.

An item analysis was conducted for each question in the pre- and

post-tests which revealed that the group who participated in the classroom curriculum showed a statistically significant increase to all but two post-test questions over their pre-test scores.

Three fourths of the children who participated in the "Talking About Touching" curriculum responded that they were not frightened or worried by any of the personal safety instruction. Results were similar for children who had been given copies of the "Spiderman" comic book.

### Conclusion

The results of this research suggest that providing an on-going, comprehensive personal safety education program to elementary school children in their classrooms is effective in helping them gain the knowledge believed useful for recognizing potentially abusive situations and avoiding victimization. It also indicated that children who were exposed to personal safety information shared their new knowledge with their peers, thereby creating a "ripple effect." However, there remains a great need for empirical study to explore the long-term retention and practice of personal safety concepts and skills; the application of personal safety knowledge to behavior; and the effects of parental involvement in the learning process.

The complete findings of the research corroborate the importance of wholistic policy measures that mandate on-going prevention activities. These findings will enable family life educators, sexual abuse prevention specialists, and child protective service professionals to effectively match specialized prevention measures with the assessed prevention needs in their communities. For further information on this study, contact the authors at the Child and Family Services of Knox County, Inc., 2602 East Fifth Ave., Knoxville, TN 37914; (615) 524-2653.

## SIECUS NEEDS YOUR HELP!

With the current political swing to the right, SIECUS has begun to feel the repercussions. The recent actions of the Supreme Court regarding freedom of sexual expression, the Meese Commission's recommendations to restrict even educational material that is sexually explicit, and other equally dismaying decisions around the country have made it apparent that, again, there is afoot an extreme antisexual movement which threatens our individual freedom of responsible decision making and the "right to know" with regard to sexual issues. Because of this, the number of information requests sent to SIECUS has never been greater! At the same time, economic uncertainty and the increasing number of nonprofit agencies seeking money has also caused a reduction in the individual gifts to SIECUS.

We need your help immediately! The staff and board of directors of SIECUS are certain that our services are needed now more

than ever, but we cannot do it without your help. SIECUS is the only advocacy organization for human sexuality issues. We have one of the finest information and library services in the country on human sexuality; the *SIECUS Report*, whose readership is widespread among scholars and lay persons, is one of the most highly acclaimed periodicals in the field; our Latino Family Life Education Project is unique in enabling parents to educate their children about sexuality; and our advocacy statements on various sexual issues help to promote greater understanding and responsible decision making. Equally important, SIECUS is viewed by policy makers and media representatives as an important place to turn for information and help.

The need for SIECUS has never been greater. The need for all of us to work together has never been greater. Please support this important work with your check. We can only WIN THE BATTLE with your help!

## HAVE YOU REMEMBERED SIECUS IN YOUR WILL?

# SPEAKING OUT

## Confidentiality: Should Private Clinicians Report Sexual Abusers to the Authorities?

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The very sound of this question is bound to generate immediate and strong opinions in any experienced clinician. It raises moral, legal, and ethical issues that need to be studied, processed, and evaluated.

The legal position is clear. Following the passage of the Child Abuse Prevention and Treatment Act of 1973—every state was required to provide minimum standards of child abuse reporting, by specified groups of professionals, to qualify for federal funds—it is highly unlikely that any state applies privileged communication to child abuse cases. Further, all states now have implemented mandatory reporting laws, where either the entire population of the state, or specific categories of people (such as teachers, clinicians, medical personnel), are mandated by law to report known or suspected cases of child abuse. New Jersey has even recently considered stiffening the penalty for failure to report.

The moral issues also seem obvious. If a child is known to be at risk, how can one ever justify continuing the risk for the sake of the clinical relationship with a perpetrator? The case is even more clear cut when the client acknowledges tendencies toward pedophilic behavior, as clinical descriptions of pedophiles indicate that the number of victims can be extraordinarily high: up to 40 or 50 victims is not an uncommon figure.

It is when we begin to dissect the ethical issues that things become increasingly unclear. What impact will the intervention that follows the report have on the offender, victim, and their families? If an admission by an offender (taking responsibility for the behavior in clinical terms is a confession in legal terms) will lead to prosecution, what will be the emotional, social and financial impact on the family unit and its individual members? If there will be incarceration, how will the offenders fare? Will they be treated? By whom? Who will do the investigation? The answer to those questions vary in every community in the country. It is the responsibility of practitioners to learn the answers to each of those questions. If the answers are unsatisfactory, work towards achieving change is needed. If clinicians believe that they employ a treatment model that can effect changes in the destructive behavior, these clinicians should let the "authorities" know! Who better deserves the title "authority" than an experienced clinician who can provide a diagnosis and a prognosis? If clinicians, in all good conscience, can-

not provide a diagnosis and prognosis predicting with some certainty the outcome of treatment, they must let the criminal and civil system take its course; if they can provide clinical insights, they should.

A clinical problem that manifests itself as a civil and criminal aberration necessitates the intervention of many critical actors. Unless these critical actors in a community are coordinated and cooperate, the intervention can be traumatizing, unfair, and ultimately ineffective for the victim and the family. Key actors in a community include child welfare specialists, social workers, psychiatrists and psychologists, medical personnel, sexuality professionals, and the persons designated by state law to enforce criminal and civil statutes. Traditional boundaries and turf issues must be mitigated to deal effectively with sexual abuse of children. Whether the barriers are ignorance, mistrust, or sex-role stereotyping of social service and law enforcement personnel, they must be overcome. Sexuality professionals can often play a key role in this process; we are relative newcomers to the community coordination process and may be seen as neutral parties in old disputes.

If clinicians feel that their opinions on a specific case will have no bearing on the system as it exists in their community, either individually or as a professional group, they should begin to advocate for change. In communities all over the country, partnerships between law enforcement agencies and clinicians have developed pre-trial intervention programs, diversion programs, and rehabilitation. Law enforcement professionals are often at a loss at how to deal with cases of child sexual abuse. They are not blind to the hardships that trial and incarceration cause the family. They realize that children often do not make credible witnesses and charges may not stick. This writer has been faced with roomfuls of frustrated probation officers, who have no special training, placed in charge of supervising convicted child molesters in the community.

Law enforcement personnel need access to the special experience and expertise that can be offered by the clinical community. The role of the sex educator, counselor, or therapist should be that of advocate, consultant, and trainer. Should clinicians report cases of sexual abuse to authorities? The answer is yes! And we should involve ourselves in activities that promote realistic and fair consequences for sexual abusers and their families.

# CHILD SEXUAL ABUSE EDUCATION AND PREVENTION: A Selected Bibliography of Materials for Sale

This annotated bibliography was compiled by Leigh Hallingby, MSW, MS, manager, SIECUS Information Service and Mary S. Calderone Library, and Brenda Kaufman-Dressler, Ph.D., intern, New York University Human Sexuality Program. The print resources listed are available for use at the Mary S. Calderone Library, 715 Broadway, Room 213, New York University, New York NY 10003; (212) 673-3850.

All of the materials cited may be ordered from the publishers and distributors listed with the resources. (Please note that SIECUS does not sell or distribute any of these items.) If postage and handling (p/h) are not included, add

15% to cover these costs. Prices listed are for single copies; however, most publishers and distributors also offer bulk rates for multiple copies. Contact them for details. All prices are subject to change at any time.

Single copies of this bibliography are available upon receipt of \$2.00 and a stamped, self-addressed, business-size envelope. In bulk they are \$1.50 each for 5-49 copies and \$1.00 each for 50 copies or more (+\$2.00 p/h). Send orders to SIECUS, 80 Fifth Avenue, Suite 801, New York, NY 10011. A listing of books recommended for professionals about sexual abuse of children and its treatment is included in SIECUS's "Human Sexuality: A Selected Bibliography for Professionals" (available at same price).

## CHILDREN'S RESOURCES

### Pre-Adolescent Children

#### **ALICE DOESN'T BABYSIT ANYMORE**

Kevin McGovern

Through a story about a babysitter who takes sexual advantage of children, this attractively illustrated book encourages children to tell trusted adults if they are being sexually abused (24 pp.).

Network Publications (1985), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$7.95 + 15% p/h.

#### **A BETTER SAFE THAN SORRY BOOK**

Sol Gordon and Judith Gordon

This attractive book with illustrations of multi-ethnic children and adults is geared for ages 3-9. Designed to inform children about sexual exploitation, teach them how to say no, and assure them that they have their parents' love and support to talk about and refuse inappropriate advances (39 pp.).

Ed-U Press, P.O. Box 583, Fayetteville, NY 13066; \$5.95 + 15% p/h.

#### **CHILD ABUSE PREVENTION PRINCIPLES SERIES**

Eric Berg and Kay Clark

These pocket-size books for children present six basic sexual abuse prevention principles. Designed to be progressively more sophisticated at each level, the booklets are: Touch Talk (grades K-2), Stop it! (grades 3-4), and Tell Someone! (grades 5-6). Three companion pamphlet guides for adults give specific suggestions for discussion appropriate for each grade level (children's, 16 pp.; adults', 8 pp.).

Network Publications (1985), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$.50 (children's), \$.25 (adults') + 15% p/h.

#### **FEELING SAFE FEELING STRONG: HOW TO AVOID SEXUAL ABUSE AND WHAT TO DO IF IT HAPPENS TO YOU**

Susan Terkel and Janice Rench

Written for pre-adolescents and adolescents to read for themselves, this book contains six fictionalized stories told by children and written in the first person. The stories include: an obscene phone call, attempted rape, father-daughter incest, exhibitionism, child pornography, and the right not to kiss a relative. Factual information and advice follows each story (68 pp.).

Network Publications (1984), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$9.95 + 15% p/h.

#### **I LIKE YOU TO MAKE JOKES WITH ME, BUT I DON'T WANT YOU TO TOUCH ME**

Ellen Bass

This is a story about a young girl who, with the help of her mother, learns to tell a man who works at the grocery store that she likes to joke with him, but does not want him to touch her (28 pp.).

Lollipop Power (1981), P.O. Box 1171, Chapel Hill, NC 27514; \$3.75 + \$.95 p/h.

#### **IT'S MY BODY: A BOOK TO TEACH YOUNG CHILDREN HOW TO RESIST UNCOMFORTABLE TOUCH**

Lory Freeman

This book was written to help adults and pre-school children talk together about sexual abuse in a way which minimizes embarrassment and fear, but emphasizes self-reliance and open communication. It teaches concepts that your body belongs to you; you only share it with someone else when you want to; and you can say, "Don't touch me! I don't like it!" Originally published by Planned Parenthood, Everett, WA (26 pp.), it is also available in Spanish under title *Mi Cuerpo Es Mío: Un Libro Para Enseñara A Los Niños Pequeñas, Como Resistir el Contacto Incomodo* (24 pp.).

Network Publications (1984 rev., English; 1985, Spanish), 1700 Mission Street, Suite 203, Box 1830, Santa Cruz, CA 95061-1830; \$3.00 + 15% p/h.

#### **IT'S O.K. TO SAY NO! ACTIVITY BOOK IT'S O.K. TO SAY NO! COLORING BOOK**

In these companion books, children can play word and maze games, draw or color their own pictures, and work on puzzles. They learn to say "no"

to an adult and understand the meanings of "private parts," "stranger," and "uncomfortable" (48 pp. each).

Playmore and Walden Publishing Corp. (1984), 200 Fifth Avenue, New York, NY 10010; \$1.95 each.

#### **KIDS HAVE RIGHTS TOO! MY BODY IS MY OWN! SOMETIMES IT'S OK TO TELL SECRETS! WHAT SHOULD YOU DO WHEN . . .**

Robin Lenett and Dana Barthelme

These four coloring books for young children are endorsed by the Catholic Youth Organization (45 pp. each).

Playmore and Waldman Publishing Corp. (1985), 200 Fifth Avenue, New York, NY 10010; \$1.95 each.

#### **A LITTLE BIRD TOLD ME ABOUT . . . MY FEELINGS**

Marcia K. Morgan

This coloring book for children ages 4-10 is designed to teach them to identify and trust their own instincts about good and bad touch, and also includes a section for parents (38 pp.).

Network Publications (1984), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$3.95 + 15% p/h.

#### **MANDY AND ANDY'S SPECIAL BOOK ABOUT TOUCHING**

This coloring book helps young children distinguish between appropriate and inappropriate touching and includes tips for parents (20 pp.).

Planned Parenthood Association of Champaign County (Undated), 314 South Neil Street, Champaign, IL 61820; \$3.00.

#### **MY BODY IS PRIVATE**

Linda Walvoord Girard

In this book, a mother teaches her child about sexual abuse and methods of keeping one's body private. The child learns to trust her feelings, and to confide in those adults whom she does trust (25 pp.).

Albert Whitman (1984), 5747 West Howard Street, Niles, IL 61848; \$10.25 (incl. p/h).

### MY PERSONAL SAFETY COLORING BOOK

Barbara Zandio Hutchison and  
Elizabeth Anne Chevalier

A good tool for involving young children in the process of learning about sexual and physical abuse, children can color the pictures, draw their own pictures, and fill in happy and sad faces. Parents and children can read it together and then children can be asked questions such as: What's happening in this picture? How would you feel? What should the child do? (23 pp.).

Fridley Police Department (1982), 6431 University Avenue, NE, Fridley, MN 55432; \$1.25 (incl. p/h).

### MY VERY OWN BOOK ABOUT ME!

Jo Stowell and Mary Dietzel

In this workbook, children can fill in the blanks, draw pictures, and answer questions. It also provides discussion of private parts of the body, good and bad touching, and the right to say "no," and gives examples of children coping with bad touching. An accompanying parents' guide is included at no charge. Therapists' and teachers' guides are extra for \$2.50 and \$1.50 respectively (39 pp.).

Lutheran Social Services (1982), North 1226 Howard Street, Spokane WA 99201; \$3.75 (incl. p/h).

### NO MORE SECRETS FOR ME

Oralee Wachter

In four vivid and realistic stories, children in abusive situations involving a babysitter, a retired teacher, a camp counselor, and a step-father take action to protect themselves. They learn that it is never good to keep a secret about uncomfortable touch and that it is always right to talk about it so that adults who respect children's rights can help. For ages 3-10 (47 pp.).

Little Brown (1983), 34 Beacon Street, Boston, MA 02106; \$12.95.

### THE OK BEARS COLORING BOOK

The OK Bears, Ori and Kory, present sexual abuse prevention skills in a calm and sensitive manner. Emphasizing the difference between OK and not OK touches, the characters tell children to get away and talk to a trusted "bigger bear" (16 pp.).

Planned Parenthood of Mid-Central Illinois (1984), 318 W. Washington Street, 3rd Floor, Bloomington, IL 61701; \$1.00 + 15% p/h.

### PRIVATE ZONE: A BOOK TEACHING CHILDREN SEXUAL ASSAULT PREVENTION TOOLS

Frances S. Dayee

This book teaches children aged 3-9 the general concepts of privacy: that everyone's body has private parts, when it is permissible for someone such as a parent or physician to touch their private zone, and what to do if someone touches them or asks to be touched in a way they do not like. Although the introduction encourages use of sexual terms, the book avoids them, leaving this to parents' discretion (28 pp.).

Charles Franklin Press (1982), 7821 175th Street, SW, Edmonds, WA 98020; \$4.25 (incl. p/h).

### RED FLAG GREEN FLAG PEOPLE

Joy Williams

### RED FLAG GREEN FLAG PEOPLE: PROGRAM GUIDE

Carol Grimm and Becky Montgomery

This coloring book teaches children to identify green flag touch (good touch given by green flag people) and red flag touch (bad touch from red flag people). It provides examples of how nice the feeling is from green flag touch, as well as how to handle red flag touch. The program guide reprints each page of the children's book, listing the purpose for each, as well as suggesting classroom activities to use with each (28 pp. and 36 pp.).

Rape and Abuse Crisis Center of Fargo-Moorhead (1985), P.O. Box 2984, Fargo, ND 58107; \$4.00 (incl. p/h). Videotape also available.

### SEX TALK FOR A SAFE CHILD

Domeena C. Renshaw

This book presents illustrated information regarding male and female sexual anatomy; healthy feelings of affection; and confusing and angry feelings related to affection, love and sex (34 pp.).

American Medical Association (1984), P.O. Box 10946, Chicago, IL 60610; \$5.00 (incl. p/h).

### THE TALKING AND TELLING ABOUT TOUCHING GAME

In board format, this game for pre-school through junior high school children presents discussion questions about touching. On the reverse side of the board are four activities relating to the prevention of child sexual abuse. A four-page parent's guide consisting of suggested answers for the game questions and basic information on child sexual assault is included.

Safety Time Games (1984), P.O. Box 6, Akron, OH 44308-0006; \$.50.

### TOUCHING

Coalition for Child Advocacy

This booklet helps children learn that while some touch is good, touch that is secret, forced, or resulting from deception is not good. It includes an illustration of the body without labels, which allows parents to teach their children the names they prefer to use for the parts of the body (16 pp.).

Network Publications (1985), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$5.95 + 15% p/h.

### A VERY TOUCHING BOOK . . . FOR LITTLE PEOPLE AND FOR BIG PEOPLE

Jan Hindman

This book encourages adults and children to laugh, giggle, cuddle, care, and share. It uses humor and sensitivity to open communications between adults and children about child sexual abuse and protection against it (44 pp.).

McClure-Hindman Books (1985 rev. ed.), P.O. Box 208, Durkee, OR 97905; \$11.45 (incl. p/h).

### YOUR FRIEND REGGIE

This coloring book teaches children that their bodies belong to them. Reggie, a little dog, tells

them that they have a right to say no to being touched in an unpleasant way. Available in Spanish under title *Tu Amigo Reggie* (16 pp.).

Van Buren County Council for the Prevention of Child Abuse & Neglect (1984), P.O. Box 23, Paw Paw, MI 49079; \$1.75 + \$1.00 p/h.

## Adolescents

### NO IS NOT ENOUGH

Caren Adams, Jennifer Fay,  
and Jan Loreen-Martin

This book is designed to help teenagers avoid acquaintance rape and sexual exploitation. Chapters focus on: self-esteem; myths and messages of the media; overcoming sex role expectations; affectionate, confusing, and exploitive touch; use and misuse of sex; avoidance of abuse in relationships; effects of family stress on teens; and recovery from assault (177 pp.).

Impact Publishers (1984), P.O. Box 1094, San Luis Obispo, CA 93406; \$6.95 + \$1.25 p/h.

### TOP SECRET: SEXUAL ASSAULT INFORMATION FOR TEENAGERS ONLY TOP SECRET: A DISCUSSION GUIDE

Jennifer J. Fay and Billie Jo Flerchinger

The first title, designed to be easily read and understood by adolescents aged 12-17, includes questions and answers, quizzes, personal vignettes, and practical suggestions and advice. Some of the topics covered are: stranger and acquaintance rape, self-protection, legal aspects of sexual assault, incest, reporting sexual assault to the police, having a medical exam, and how to help a friend (32 pp.).

The second title reprints pages from *Top Secret* and suggests points to emphasize, discussion questions, and classroom activities to go with each (64 pp.).

Network Publications (1982, 1985), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; first title, \$3.95 + 15% p/h; second title, \$11.95 + 15% p/h.

## Post Abuse

### ANNIE

Rape and Abuse Crisis Center

This storybook is designed to be used with a child who is suspected of having been sexually abused. Although the book depicts the victim as female and the perpetrator as male, it acknowledges that males can be victims, and females can be perpetrators. It also includes discussion questions (21 pp.).

Red Flag Green Flag Resources (1985), P.O. Box 1655, Fargo, ND 58107; \$2.50 (incl. p/h).

### DADDY'S GIRL

Christi Kissell and Elaine Tibbitts

This booklet includes brief quotations from girls who have been incestuously abused and are receiving assistance at treatment centers. It could help girls in similar situations understand that others have the same feelings of fear, pain, anger, and guilt as they do, and that after they get help, they can begin to understand what happened (17 pp.).

Parents Center (1979), 530 Soquel Avenue, Santa Cruz, CA 95062; \$3.10 (incl. p/h).

## SOMETHING HAPPENED TO ME

Phyllis E. Sweet

This resource for therapists can be used with children who have been sexually abused in order to help reduce feelings of fear, shame, and confusion and restore feelings of dignity and self-worth. It illustrates children's thinking as they struggle with their feelings and gives them permission to discuss their experiences (32 pp.).

Network Publications (1981), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$4.95 + 15% p/h.

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## PARENTS' AND EDUCATORS' RESOURCES

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### ABOUT INCEST

#### WHAT EVERYONE SHOULD KNOW ABOUT THE SEXUAL ABUSE OF CHILDREN

These simply written and illustrated Scriptographic booklets discuss who sexually abuses children and why, the effects, how to help, and how to protect children from incest and sexual abuse (15 pp. each).

Channing L. Bate (1985 & 1982), South Deerfield, MA 01373; prices vary from \$.95 to \$.22 each depending on quantity ordered.

#### CHILD SEXUAL ABUSE PREVENTION: HOW TO TAKE THE FIRST STEPS

Cordelia Anderson

This book presents a concise, step-by-step plan to develop support and implement child sexual abuse programs in a community. It provides rationale and information to define extent of need; answers common community concerns; gives details of how to get started; and provides a resource list (32 pp.).

Network Publications (1983), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$8.50 + 15% p/h.

#### CHILD SEXUAL ABUSE PREVENTION RESOURCES

National Committee for Prevention of Child Abuse

This bibliography lists audio-visual materials, curricula, games, dolls, puppets, posters, print materials, organizations, programs, and theater groups (24 pp.).

NCPCA (1986), 332 South Michigan Avenue, Suite 1250, Chicago, IL 60604-4357; \$2.50.

#### CHILDPROOF FOR SEXUAL ABUSE: A GUIDE FOR PARENTS OF YOUNG CHILDREN

Helen E. Peterson, et al.

This booklet covers needs, definitions, myths, and facts; how and when to talk to your child about sexual abuse; normal sexual development; and suggested activities and games. It has been revised to incorporate the input of many parents who used first edition (12 pp.).

Parent Education Center of Yakima (1984 rev. ed.), c/o Greta Bryan, Box 2885, Yakima, WA 98901; \$3.10 (incl. p/h).

## CHILDREN NEED PROTECTION: A GUIDE TO TALKING TO CHILDREN ABOUT SEXUAL ASSAULT

This booklet covers definitions of and myths and facts about sexual abuse, what children already know about the topic, how to talk to them about sexual abuse and self-protection, and what to do when a sexual abuse problem surfaces. It contains "what if" and "no" games parents can play with their children (16 pp.).

Carver County Program for Victims of Sexual Assault (1980), 401 East 4th Street, Chaska MN 55318; \$1.50 (incl. p/h).

#### COME TELL ME RIGHT AWAY: A POSITIVE APPROACH TO WARNING CHILDREN ABOUT SEXUAL ABUSE

Linda Tschirhart Sanford

Adapted in booklet form from *The Silent Children* (also listed in this section), it includes much good advice to parents about instilling in their children a healthy "voice from within" (23 pp.).

Ed-U Press (1982), P.O. Box 583, Fayetteville, NY 13066; \$1.95 + 15% p/h.

#### THE COMMON SECRET: SEXUAL ABUSE OF CHILDREN AND ADOLESCENTS

Ruth S. Kempe and C. Henry Kempe

Written for professionals, this book divides child sexual abuse into seven categories: incest, pedophilia, exhibitionism, molestation, rape, child prostitution, and child pornography. It provides detailed definitions and background on each (284 pp.).

Network Publications (1984), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$10.95 + 15% p/h.

#### THE EDUCATOR'S GUIDE TO PREVENTING CHILD SEXUAL ABUSE

Mary Nelson and Kay Clark, eds.

This book provides an informative overview of current issues concerning child sexual abuse, divided into 4 major sections: introduction and background; issues in child sexual abuse prevention; guidelines for prevention education; and prevention programs in progress. It also contains a summary of the history of the prevention movement, descriptions of successful sexual abuse prevention programs, and an annotated resource section (210 pp.).

Network Publications (1986), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$19.95 + 15% p/h.

#### HE TOLD ME NOT TO TELL: A PARENTS' GUIDE TO TALKING TO YOUR CHILD ABOUT SEXUAL ASSAULT

Jennifer Fay, et al.

This resource acknowledges parents' difficulty discussing sexual abuse with their children and answers questions such as: Where, when, and how do I start? What do I say? What can I do besides talk? (28 pp.). It was originally published by King County Rape Relief, Renton, WA.

Network Publications (1979), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$2.50 + 15% p/h.

## HOW TO USE THE MEDIA AS AN EDUCATION AND PREVENTION TOOL

Kathy Dee Zasloff and Josephine Santiago

Focusing on child sexual abuse prevention, this publication is targeted toward professionals and care-givers with access to groups of children and their families. It gives information on how to establish forums for discussion regarding the themes, messages, issues, and representations that children and adults get from the media regarding this tool.

People Against Sexual Abuse (1986), 1012 Eighth Avenue, Brooklyn, NY 11215; price unavailable at press time.

#### INCEST: FAMILY PROBLEM, COMMUNITY CONCERN

Evelyn Strouse

Public Affairs Pamphlet No. 638

Section headings include: Abuses, Abused, and Their Families; Signs of Incest; Sources of the Problem; Obstacles to Dealing with Incest; and Approaches to Prevention and Treatment (24 pp.).

Public Affairs Committee (1985), 381 Park Avenue South, New York, NY 10016; \$1.00 (incl. p/h).

#### NO MORE SECRETS: PROTECTING YOUR CHILD FROM SEXUAL ASSAULT

Caren Adams and Jennifer Fay

Each of the 10 chapters included answers a question, such as: What is child sexual assault? How can I protect my child? What do I say? Can games help teach prevention? What if my child has been assaulted? Will everything be okay after the crisis? (90 pp.).

Network Publications (1981), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$4.95 + 15% p/h.

#### NOBODY TOLD ME IT WAS RAPE: A PARENT'S GUIDE FOR TALKING WITH TEENAGERS ABOUT ACQUAINTANCE RAPE AND SEXUAL EXPLOITATION

Caren Adams and Jennifer Fay

Although oriented toward parents, this book will also be useful for educators presenting units on rape and sexual exploitation (32 pp.).

Network Publications (1984), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$3.95 + 15% p/h.

#### A PARENT'S RESOURCE BOOKLET

Janie Hart-Rossi

This publication suggests activities to do before, during, and after reading *It's My Body*, listed under Children's Resources. It tells parents how to use *It's My Body* to protect children from sexual abuse, build self-esteem, and teach about sexuality (57 pp.).

Planned Parenthood of Snohomish County (1983), 32nd and Hoyt, P.O. Box 1051, Everett, WA 98206; \$6.25 (incl. p/h).

#### PREVENTING SEXUAL ABUSE: A NEWSLETTER OF THE NATIONAL FAMILY LIFE EDUCATION NETWORK

Each issue features an in-depth lead article on one important aspect of sexual abuse prevention. Other highlights include resource reviews, program

descriptions, conference listings, and research and legislative updates. It is published quarterly in March, June, September, and December (16 pp. per issue).

*Network Publications, 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$18.00/year.*

### **PUBLIC CONCERN AND PERSONAL ACTION: CHILD SEXUAL ABUSE**

Topics covered are definitions of sexual abuse, normal childhood sexuality, victims and offenders, effects of sexual abuse, feelings and responsibilities, signs of abuse, families' reactions, criminal proceedings, and the child's response to disclosure and prevention (12 pp.).

*Children's Hospital National Medical Center (1980), Division of Child Protection, 111 Michigan Avenue, NW, Washington, DC 20010; \$75.*

### **SEXUAL ABUSE: LET'S TALK ABOUT IT**

*Margaret O. Hyde*

This resource presents background information on child sexual abuse, examples of case histories, and descriptions of current approaches to and materials available for prevention. It also includes a national list of child sexual abuse treatment and resource centers (93 pp.).

*The Westminster Press (1984), 925 Chestnut Street, Philadelphia, PA 19107; \$8.95 + \$1.00 p/h.*

### **SEXUAL ABUSE PREVENTION EDUCATION: AN ANNOTATED BIBLIOGRAPHY**

*Kay Clark, compiler*

This bibliography lists over 200 items, almost all published or released since 1980, including curricula, books, audio-visuals, and other teaching aids.

*Network Publications (1985), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$6.95 + 15% p/h.*

### **THE SILENT CHILDREN: A PARENT'S GUIDE TO THE PREVENTION OF CHILD SEXUAL ABUSE**

*Linda Tschirhart Sanford*

In this book, parents are advised to make their children feel good about themselves, avoid making them vulnerable to sex-role stereotyping, make them understand just how much others have the right to physical and emotional demands of them, and teach them to trust their instincts and act in their own best interests. The book has sections written especially for black, Asian, native American, and single parents, as well as parents of mentally and physically disabled children (367 pp.).

*Ed-U Press (1980), P.O. Box 583, Fayetteville, NY 13066; \$7.95 + 15% p/h.*

### **TALKING ABOUT CHILD SEXUAL ABUSE**

*Cornelia Spelman*

Written in question and answer format, this pamphlet gives the basic facts about child sexual abuse and also tells how to talk to children about the topic and what the signs of sexual abuse are. Advice is given on what to do for children who have been abused or an adult who had been molested as a child. It is also available in Spanish under title *Hablemos acerca del abuso sexual de menores* (16 pp.).

*National Committee for the Prevention of Child Abuse (1985), 332 South Michigan Avenue, Suite 950, Chicago, IL 60604; \$2.00*

### **TOUCH AND SEXUAL ABUSE: HOW TO TALK TO YOUR CHILDREN**

*Illusion Theatre*

This guide is for parents and professionals who need to talk with children about sexual abuse. It includes background information, tips on what to say, verbal and non-verbal messages, and appropriate adult intervention in suspected cases of abuse (6 pp.).

*Network Publications (1984, rev. ed.), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$.25 + 15% p/h.*

### **WHAT PARENTS SHOULD KNOW ABOUT CHILD SEXUAL ABUSE**

*Cynthia Crasson Tover and Susan Russell McCauley*

This informative pamphlet for parents focuses on statements used by an older person to force or trick a child into sexual contact. Parents can also learn the extent of sexual exploitation and what they can do about it (6 pp.).

*National Education Association Professional Library (1984), P.O. Box 509, West Haven, CT 06516; \$1.00 (incl. p/h).*

### **WOULD YOU KNOW IF YOUR CHILD WERE BEING MOLESTED?**

This pamphlet lists eight concepts for parents to teach their children to avoid sexual abuse and suggests ways to test whether the child has learned them (6 pp.).

*Council on Child Abuse (1982), P.O. Box 1357, Tacoma, WA 98401; \$10.00 per 100.*

### **YOUR CHILDREN SHOULD KNOW**

*Flora Colao and Tamar Hosansky*

Written by the pioneering directors of New York City's SAFE (Safety and Fitness Exchange), this book discusses how to help children be cautious without being fearful. It helps adults teach their children strategies to keep them safe from assault, including verbal and physical self-defense and assertiveness. It includes personal stories and a valuable chapter on what to do if assault does happen (155 pp.).

*Bobbs-Merrill (1983), 4300 West 62nd Street, P.O. Box 7080, Indianapolis, IN 46206; \$16.95.*

## **Parents of Disabled Children**

### **ARE CHILDREN WITH DISABILITIES VULNERABLE TO SEXUAL ABUSE?**

This pamphlet acquaints parents of disabled children with the problem of sexual abuse and outlines steps parents may take to protect their children (5 pp.).

*Minnesota Program for Victims of Sexual Assault (1983), 430 Metro Square Building, St. Paul, MN 55101; \$7.00 for 50.*

### **SEXUAL EXPLOITATION: WHAT PARENTS OF HANDICAPPED PERSONS SHOULD KNOW**

Although it is strongly oriented toward the state of Washington, this booklet provides parents of disabled children with valuable information regarding sexual abuse and its prevention in this special population (10 pp.).

*Seattle Rape Relief (1983), 1825 South Jackson, Suite 102, Seattle, WA 98144; \$1.25.*

## **CURRICULA**

### **K-12**

### **PERSONAL SAFETY: CURRICULUM FOR PREVENTION OF CHILD SEXUAL ABUSE**

*Marlys Olsen, et al.*

The broad goal of this comprehensive package of curricula is the prevention of child sexual abuse in present and succeeding generations. Each level contains an overview of the curriculum, essential information for the teacher, lessons and teacher instructions, and activities for students. There are four topical areas covered at each level: personal safety, appropriate and inappropriate touching, assertiveness techniques, and support systems. Concepts and corresponding student learning objectives are expanded at each sequential level to provide knowledge and skills appropriate to the developmental level of the student. The curricula for the three lowest levels are divided into 12 lessons, and those for the three highest levels into five lessons (Head Start, 162 pp.; K-2, 224 pp.; 3-4, 266 pp.; 5-6, 184 pp.; junior high, 171 pp.; high school, 189 pp.).

*Child Abuse Prevention Program (1982), Tacoma School District, P.O. Box 1357, Tacoma, WA 98401; \$20.00 each + \$1.00 p/h.*

## **Preschool and Elementary Grades**

### **CHILD SEXUAL ABUSE PREVENTION: A CURRICULUM FOR PARENTS, PRESCHOOLERS, ELEMENTARY SCHOOL CHILDREN**

*Linda L. Breitbach and Patricia Saeli*

This curriculum consists of prevention education programs for preschoolers, elementary school students, and parents. Each includes outlines, activities, and exercises (33 pp.).

*Planned Parenthood of Buffalo (1984), 210 Franklin Street, Buffalo, NY 14202, Purchase, \$9.95 (curriculum), \$3.95 (cassette tape).*

### **FEELINGS AND YOUR BODY: A PREVENTION CURRICULUM FOR PRESCHOOLERS**

*Shelly McFaddin*

### **SOAP BOX PRODUCTIONS VOLUME I: THE TOUCHING PROBLEM**

*Sandra L. Kleven and Joan Krell*

### **VOLUME II: SEXUAL ABUSE PREVENTION: A LESSON PLAN**

*Sandra L. Kleven*

*Feelings and Your Body* presents five day-by-day lesson plans designed to teach four- and five-year-olds to protect themselves from sexual abuse. *The Touching Problem* is the narrative of a play used to teach students in grades K-6 about child sexual abuse. The Lesson Plan, designed to go with it, contains a step-by-step guide to classroom discussion and simple illustrations which can be reproduced and used with children (32, 46, and 18 pp.). A videotape of the play *The Touching Problem* is also available.

*Coalition for Child Advocacy (1981-82), P.O. Box 159, Bellingham, WA 98227; \$6.00, \$10.00, and \$5.00. Videotape available for purchase for \$350.00 or for rent for \$35.00.*

SIECUS Report, September 1986

**KID-ABILITY: A SELF-PROTECTION PROGRAM FOR CHILDREN**

*Girls Club of Omaha*

This program outlines an interactive workshop for children, offered in a total of six hours, which uses skill building, role playing, and art activities. Materials available include an instructor's manual available to those trained to present the workshops, a children's journal, and a volunteer's guide to help children during the workshop (40 pp. each).

*Girls Club of Omaha (1985), 3706 Lake Street, Omaha, NE 68111; \$3.00 each + 15% p/h.*

**PREVENTING SEXUAL ABUSE: ACTIVITIES AND STRATEGIES FOR THOSE WORKING WITH CHILDREN AND ADOLESCENTS**

*Carol A. Plummer*

Section A includes curriculum and lesson plans for grades K-6 and the developmentally disabled. Section B covers grades 7-12. Suggested lesson plans for three- and five-day programs are given at each level, as well as several possible role plays and pre/post tests. It is designed to enable the user to alter it to the group's particular level. Bridgework Theatre, Goshen, IN, originally published this work (166 pp.).

*Network Publications (1984), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$19.95 + 15% p/h.*

**SAFETY, TOUCH AND ME**

*Sharon Allen Gilder*

This sexual abuse prevention program for grades 4-6 is designed to: 1) teach children specific prevention techniques to avoid assault; 2) teach them what to do if assaulted; and 3) encourage students to talk to their parents or another trusted adult if they have already been assaulted (107 pp.).

*Marion Burkhalter, Coordinator, Sexual Assault Service (1983), 751 Rockville Pike, Suite 26B, Rockville, MD 20850; free.*

**SEXUAL ABUSE PREVENTION EDUCATION PROGRAM: EDUCATIONAL STUDY CARDS FOR ELEMENTARY GRADES**

*Cordelia Anderson in collaboration with the Illusion Theatre*

Designed as a supplement to other programs, these 12 laminated cards (14" x 21") are made for a teacher to hold up and read from the back. One side contains illustrations depicting different kinds of touch and the other contains discussion questions and points.

*Network Publications (1981), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$35.00 + 15% p/h.*

**TALKING ABOUT TOUCHING: A PERSONAL SAFETY CURRICULUM**

*Ruth Harms and Donna James*

This curriculum can be integrated into the health and safety curriculum of any elementary class to help children learn to protect themselves from sexual exploitation. Divided into four units: personal safety and decision-making, touching, assertiveness, and support systems, each of the 44 lessons consists of objectives, notes to teacher, photograph, story, and discussion questions. It is packaged in looseleaf binders with easily removable laminated pages. Originally published by the Seattle Institute for Child Advocacy's Committee for Children (85 pp.), it is also available in Spanish under the title *Hablando Del Tocar* and in supesize.

SIECUS Report, September 1986

*Network Publications (1983), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$70.00 (English), \$100.00 (Spanish), \$110.00 (Supersize) + 15% p/h.*

**TALKING ABOUT TOUCHING WITH PRESCHOOLERS: PERSONAL SAFETY CURRICULUM**

*Ruth Harms, Donna James, and Margaret Schonfield*

This material was adapted from *Talking About Touching* and is designed to be used for about 20 minutes per day over a three to six week period. It is divided into 3 units: touching, saying no, and telling, and includes many laminated drawings to be removed and used with children. Originally published by Seattle Institute for Child Advocacy's Committee for Children (41 pp.), it is also available in Spanish/English under title: *Hablando Del Tocar con Pre-escolares* (61 pp.).

*Network Publications (1984), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$45.00 (English), \$65.00 (Spanish) + 15% p/h.*

**SEXUAL ABUSE PREVENTION: A UNIT IN SAFETY**

*Renton School District No. 403*

This resource provides second grade teachers with six sequential classroom activities: differences in touch; who is an offender; learning to say "no"; whom to tell and how to tell; remembering the description; and review activity. It is appropriate for grades 1-3 also (21 pp.).

*Renton School District No. 403 (1981), 435 Main Avenue South, Renton, WA 98055; \$5.00 (incl. p/h).*

**STRATEGIES FOR FREE CHILDREN: A LEADER'S GUIDE TO CHILD ASSAULT PREVENTION**

*Sally Cooper, Yvonne Lutter, and Cathy Phelps*

This is a complete guide to conducting a community-based Child Assault Prevention (CAP) Project involving parents, educators, and elementary-age children. Beginning with background information on child sexual abuse, it extends through outlines for theoretical development, administrative follow-up, evaluation, and leaving the community. There are detailed narratives of workshops for children and adults, including commonly asked questions and suggested answers. This guide grew out of workshops done by a National Assault Prevention Center, CAP-STRATEGIES, in Columbus, Ohio (250 pp.).

*Intrepid Clearing House (1983); P.O. Box 02084, Columbus, OH 43202; \$19.95 + \$2.00 p/h.*

**TALKING TO CHILDREN/TALKING TO PARENTS ABOUT SEXUAL ASSAULT**

*Lois Loontjens*

This is designed for short term one-time presentations by outside professionals who wish to work within the schools and for teachers with time constraints. Outlines and sample presentations are provided for each elementary level and for parent groups. It was originally published by King County, Rape Relief, Renton, WA (68 pp.).

*Network Publications (1984), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$10.95 + 15% p/h.*

**Junior and Senior High School**

**DATE RAPE: AWARENESS AND PREVENTION: A CURRICULUM GUIDE AND RESOURCE MATERIAL**

*Jill R. Strand*

This adolescent-oriented curriculum is divided into five topical units: definitions of date/acquaintance rape; victim and support resources; community resources; communication skills; and rape prevention (66 pp.).

*Tecumseh Area Planned Parenthood (1985), 1016 East Main Street, P.O. Box 1159, Lafayette, IN 47902; \$19.95 + \$3.00 p/h.*

**NO EASY ANSWERS: A SEXUAL ABUSE PREVENTION CURRICULUM FOR JUNIOR AND SENIOR HIGH STUDENTS**

*Cordelia Anderson*

This curriculum grew out of the pioneering work of Minneapolis's well-known Illusion Theater and its "Touch Continuum," which explains the range of touch from nurturing to confusing to exploitive. This concept is an important part of the 20 lessons designed to help students develop skills in communication of their feelings, attitudes, and expectations related to sexuality and sexual exploitation, and to teach them protection and prevention skills. It presents ideas from which many other curricula have drawn (208 pp.).

*Network Publications (1982), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$29.25 + 15% p/h.*

**PERSONAL SAFETY AND DECISION MAKING**

*Ann Downer and Kathy Beland*

This middle school curriculum (grades 5-8) teaches the assertiveness and decision-making skills necessary to resist peer pressure and subtle sexual exploitation. Group discussion, role play, and the analysis of story scenarios help the child understand the dimensions of sexual abuse. It is packaged in loose-leaf binder with laminated pages for easy use. This was originally published by Seattle Institute for Child Advocacy's Committee for Children (61 pp.).

*Network Publications (1985), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$55.00 + 15% p/h.*

**SEXUAL ABUSE PREVENTION: A STUDY FOR TEENAGERS**

*Marie M. Fortune*

This curriculum from the United Church of Christ, for presentation (ideally) at five consecutive weekly sessions or on a weekend retreat, seeks to provide young people with information about sexual abuse, skills in protecting themselves, and local resources to assist them if they or their friends are sexually abused (32 pp.).

*Network Publications (1984), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$3.95 + 15% p/h.*

**THE SOURCEBOOK FOR EDUCATORS: SEXUAL ASSAULT PREVENTION FOR ADOLESCENTS**

*Susan de Alcorn*

The suggested lesson plans for junior and senior

high levels cover such topics as sex-role stereotypes, choosing alternatives, assertiveness, "what if" situations, role playing, developing awareness skills, and sexual assault terms (371 pp.).

Pierce County Rape Relief (1982), Allenmore Medical Center, South 19th and Union, Tacoma, WA 98405; \$23.95 (incl. p/h).

## Disabled People

### A CURRICULUM FOR DEVELOPING AN AWARENESS OF SEXUAL EXPLOITATION AND TEACHING SELF-PROTECTION TECHNIQUES

Pamela Bailey, et al.

This extensive curriculum is designed for use with mentally disabled students and gives suggestions for adaptations for those physically disabled. Level 1 kit includes teacher's guide (in loose-leaf notebook form), four filmstrips, body map, and three parent pamphlets. The lessons at this level emphasize precautions necessary with strangers and recognition of inappropriate touching by authority figures, caretakers, and relatives, including how and where to report such incidents. Level 2 kit includes teacher's guide, 20 filmstrips, body map, and three parent pamphlets. Students learn to recognize potentially exploitive situations in travel, home, and social environments; to exercise basic verbal and behavioral assertiveness skills; to meet new acquaintances in public settings; and to protect personal information such as phone numbers and addresses (unpaginated).

CHEF (1979), 20832 Pacific Highway South, Seattle, WA 98198; Level 1, ages 6-11, \$125.00; Level 2, age 12-adulthood, \$495.00.

### A CURRICULUM GUIDE . . . SOCIAL AND SELF PROTECTION SKILLS FOR THE SEVERELY HANDICAPPED

Arlen Morris, et al.

This guide, appropriate for non-verbal students, can be used independently of other written material or audio-visuals (82 pp.).

Molly Roeseler Anderson (1982), 415 Fifth Avenue West, Kirkland, WA 98033; \$35.00 (incl. p/h).

### PREVENTING SEXUAL ABUSE OF PERSONS WITH DISABILITIES: A CURRICULUM FOR HEARING IMPAIRED, PHYSICALLY DISABLED, BLIND AND MENTALLY RETARDED STUDENTS

Bonnie O'Day, et al.

A set of 8-9 lesson plans is provided for adolescents in each of the four groups named in the subtitle, as well as suggested modifications for younger students. Topics covered include vocabulary, touch, myths and facts about sexual assault, acquaintance rape, reactions and feelings of victims, personal safety, and assertiveness. It includes 20 drawings for use with students. It was originally published by Minnesota Program for Victims of Sexual Assault (175 pp.).

Network Publications (1983), 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; \$19.95 + 15% p/h.

### SEXUALITY AND SEXUAL ASSAULT: DISABLED PERSPECTIVES. A MANUAL FOR A MODEL WORKSHOP

Virginia W. Stuart and Charles K. Stuart

Authors share their concept of a model workshop

whose general goals are to improve sexual awareness of persons with disabilities and to introduce such persons to issues relating to sexual assault, its prevention, and emergency care and recovery. It is structured for 10 three-hour sessions (92 pp.).

Learning Resources (1983), BA246, Southwest State University, Marshall, MN 56258; \$7.94 (incl. p/h).

## Professional Training

### CHILD SEXUAL ABUSE: A COLLABORATIVE APPROACH TO PREVENTION AND TREATMENT. A MANUAL FOR PEOPLE WHO WORK WITH CHILDREN

Marlys Olson

This complete 30-hour training course includes lectures, activities, and participant handouts (380 pp.).

Child Abuse Prevention Program (1981), Tacoma School District, P.O. Box 1357, Tacoma, WA 98401, \$50.00 (incl. p/h).

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## AUDIO-VISUALS

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### ACQUAINTANCE RAPE SERIES

1978, 4 films with 4 teacher guides, student fact sheets (30 per film), 7 discussion posters and 16 role-playing cards; 16mm or video; 6-10 min. each.

The underlying philosophy of this program of four trigger films is that rape is a serious issue for both men and women and that a focus on blame or guilt is unproductive. The emphasis is on prevention through development of better communication. In *The Party Game* Kathy's need for affirmation of her attractiveness and Mark's desire for quick sex involve them in a confrontation resulting in violence. In *Just One of the Boys* the concept is dramatized that peer pressure and labeling contribute to acquaintance rape. Mike is put into a dilemma of whether to join his buddies in sexually attacking Josie or to abstain and risk losing face. *The End of the Road* presents a somewhat happier situation illustrating how assertiveness can prevent acquaintance rape. The concept of *The Date* is that behavior associated with traditional sex roles increases the probability of acquaintance rape.

ODN, 74 Varick Street, Suite 304, New York, NY 10013; (212) 431-8923. Purchase, entire set, \$595.00 (16mm), \$535.00 (video); individual films, \$170.00 (16mm); rental, \$125.00 (entire set).

### BELLYBUTTONS ARE NAVELS

1985, 16mm or video, 12 min.

When grandma asks for a bedtime story suggestion, Megan and John choose a favorite, *Bellybuttons Are Navels*. Through reading the book with her, they learn the accurate names for the parts of the body, and that boys and girls have some parts that are the same and some that are different. A final scene reinforces the importance of Megan's telling a grown-up if anyone tries to touch her in a way she does not like.

Focus International, 14 Oregon Ave., Huntington Station, NY 11746; (516) 549-5320. Purchase, \$250.00 (16mm), \$210.00 (video); rental, \$40.00.

### BETTER SAFE THAN SORRY II

1983, 16mm or video, 15 min.

With a multi-ethnic group of youngsters, ranging in age from 5 to 9, television personality Stephanie Edwards provides children with excellent information and strategies to prevent sexual abuse. A few potentially dangerous situations are dramatized, and the "say no, get away, and tell someone" rules are repeated a number of times. It is also available in Spanish and in captioned version.

Filmfair Communications, 10900 Ventura Boulevard, Box 1728, Studio City, CA 91604; (818) 985-0244. Purchase, \$395.00; rental, \$40.00.

### BETTER SAFE THAN SORRY III

1985, 16mm or video, 19 min.

Designed to teach adolescent boys and girls how to handle sexually abusive situations, this film presents three dramatized vignettes: date rape, incest, and male homosexual pedophilia. Common sense rules for coping with such problems are presented. It is also available in Spanish.

Filmfair Communications, 10900 Ventura Boulevard, Box 1728, Studio City, CA 91604; (818)985-0244. Purchase, \$395.00; rental, \$40.00.

### THE CASES OF DETECTIVE DUNCAN

1983, filmstrip with cassette, 10 min.

Detective Duncan, a black preadolescent girl, helps two friends who are upset about recent incidents of attempted sexual abuse: Peter, who was approached in the park by a male stranger, and Maria, who was left at home in care of an uncle. The film is admirable for its credible story, sound advice, and good ethnic mixture of characters in an urban setting.

Marshfilm, P.O. Box 8082, Shawnee Mission, KS 66208; (800)821-3303. Purchase, \$41.00 + \$3.00 p/h.

### CHILD SEXUAL ABUSE: A SOLUTION

1985, six filmstrips with cassettes or video, 90 min.

Three filmstrips for children (pre-K-1, 2-4, and 5-6) use children talking to children to illustrate specific guidelines for avoiding and dealing with sexual abuse. The first two mix animation with live action. The parent filmstrip provides them with background information as well as suggestions for appropriate intervention. Two teacher/administrator filmstrips show how to recognize child sexual abuse and what to do about it when it is suspected.

James Stanfield & Company, P.O. Box 1983, Santa Monica, CA 90406; (800)421-6534. Purchase \$199.00 (VHS video), \$249.00 (Beta video or filmstrip).

### CHILD SEXUAL ABUSE: AN OUNCE OF PREVENTION

1983, four 18-minute videos

These four videos for ages 4-8, 9-11, and 12-14, plus one for parents, were made by Planned Parenthood of Cincinnati. Each shows a racially mixed group of children figuring out for themselves and then spelling out for the viewers a clear set of rules to follow when confronted with sexual assault. Age-appropriate examples of potentially abusive situations are dramatized for each group.

Agency for Instructional Technology, Box A, Bloomington, IN 47402; (800)457-4509. Purchase, \$150.00 each or \$500.00 for set; rental, \$30.00 each.



## **CIRCLES**

1983, 151 color slides with 2 cassettes, 19 color pictures, 5' x 10' floor or wall graphic, and leader's guide

This curriculum package is for helping moderately retarded/developmentally disabled individuals grasp the concepts of personal space, social distance, appropriate kinds of touch, and protection against inappropriate touch and advances from others. The audio-visual program explains the various concepts through the story of Joyce, her family, friends, and acquaintances.

Stanfield Film Associates, P.O. Box 1983-C, Santa Monica, CA 90406; (800)421-6534. Purchase, \$399.00 + \$35.00 p/h.

## **CIRCLES: STOP ABUSE**

1986; filmstrip, slides, or video; 50 min.

Designed for mentally retarded adults, this program uses colored circles to demonstrate appropriate social distance and relationships with other people. It conveys the message that viewers have to protect themselves and that touching must be comfortable to both people involved at the same time.

Stanfield Film Associates, P.O. Box 1983-C, Santa Monica, CA 90406; (800)421-6534. Purchase, \$299.00 (with Circles graph), \$249.00 (without graph).

## **FEELING YES, FEELING NO**

1985, 16mm or video, 72 min.

These four programs grew out of Vancouver Green Thumb Theater for Young Children. Program 1 (14 min.) teaches children basic skills that build self-worth, confidence, and good judgment. Program 2 (14 min.) reinforces the understanding of "yes" and "no" feelings and teaches children how to recognize sexual assault by strangers. The subject of sexual assault by family members and other trusted persons is introduced in Program 3 (16 min.). Program 4 (28 min.) explains child sexual assault to adults and gives information on what they can do.

Perennial Education, 930 Pitner Avenue, Evanston, IL 60202; (800)323-9084. Purchase, \$305.00 each (Programs 1-3), \$395.00 (Program 4); rental, \$30.00 (Programs 1-3), \$40.00 (Program 4).

## **KEEP YOUR CHILD SAFE FROM SEXUAL ABUSE**

1984, audio cassette with booklet, 25 min.

Joy Berry offers intelligent, sensible, and compassionate answers to such questions as what child sexual abuse is, how it happens, to whom it happens, how to prevent it, how to teach children self-protection skills, what to do if it happens, and where to report it.

Briarhill, 8521 Shadow Court, Coral Springs, FL 33065. Purchase, \$6.95 + \$1.00 p/h.

## **THE LITTLE BEAR VIDEO**

Undated, video, 19 min.

## **THE LITTLE BEAR TRAINING VIDEO**

Undated, video, 25 min.

Adapted from play by the Bridgework Theater, *Little Bear* communicates information and skills to increase the ability of children aged 3-12 to recognize and deal with potential sexual exploitation.

Newist, Cesa #7 Telecommunications, IS 1110, UW-Green Bay, Green Bay, WI 54301; (414)465-2599.

Purchase, first title (\$195.00) and second title (\$100.00).

## **MORE THAN FRIENDS**

1983, video, 21 min.

## **A NIGHT OUT**

1980, video, 10 min.

## **SETTING LIMITS**

1982, video, 24 min.

Oriented toward the hearing impaired, these three videos are acted out in sign language and captioned as well. *More Than Friends* models positive communication about sexuality between parent and adolescent and between an adolescent boy and girl at a party. *A Night Out* portrays a date rape situation. *Setting Limits* is a training film that shows parents and educators how to help teenagers learn to communicate about sexuality to avoid sexual exploitation.

ODN Productions, 74 Varick Street, Suite 304, New York, NY 10013; (212)431-8923. Available only as a set. Purchase, \$750.00; rental \$125.00.

## **NOW I CAN TELL YOU MY SECRET**

1984, 16mm or video, 15 min.

## **CHILD MOLESTATION: BREAKING THE SILENCE**

1984, 16mm or video, 20 min.

The first title, aimed at children aged 5-10, tells the story of Andrew, who is being sexually abused by a young man with whom he shares an interest in baseball. Through a class in school Andrew learns how to protect himself and garners the courage to tell his secret to his parents. The second film, making use of clips from the first film, gives adults responsible for children information about child sexual abuse for educational, intervention, and reporting purposes.

Walt Disney Educational Media Company, 500 South Buena Vista Street, Burbank, CA 91521; (800)423-2555; (818)840-1111; first title \$389.00 (16mm), \$292.00 (video); second title, \$489.00 (16mm), \$367.00 (video). Rental, apply. Both titles are available together as a package of two filmstrips with cassettes. Purchase, \$75.00.

## **NO MORE SECRETS**

1982, 16mm or video, 13 min.

While spending a pleasant afternoon at play, two girls and two boys talk about frightening experiences they have had with family members. The abusive experiences are cleverly but explicitly shown by means of a combination of cut-out cartoon figures against live backgrounds, effectively removing the threatening and sensational aspects of such situations. Designed for viewing in classrooms by elementary grade children, the film attempts to help children identify sexual abuse, learn how to say "no," and confide in someone who can help.

ODN Productions, 74 Varick Street, Suite 304, New York, NY 10013; (212)431-8923. Purchase, \$340.00 (16mm), \$300.00 (video); rental, \$60.00.

## **SEXUAL ASSAULT CRIMES:**

### **WHAT TEENS SHOULD KNOW**

1985, 2 15-minute filmstrips or 36 minute video

Divided into two parts, this film focuses on sexual exploitation of teenagers. "What's the Crime?"

explores confusion and misinformation regarding sexual assault. In "Prevention" teens learn to recognize potentially dangerous situations and avoid being trapped in them.

Human Relations Media, 175 Tompkins Avenue, Pleasantville, NY 10570; (800)431-2050; (914)769-7496. Purchase, \$108.00 (filmstrips), \$140.00 (video).

## **STRONG KIDS, SAFE KIDS**

1984, 1/2" video, 42 min.

Oriented toward the home video market, this is recommended for entertaining and educational family viewing and for stimulating discussion about child sexual abuse prevention. Well-known television characters, such as "the Fonz," the Smurfs, and the Flintstones, appear, along with professional experts, in a fast-paced playful format that makes a scary subject non-threatening.

Ed-U Press, Box 583, Fayetteville, NY 13066; (315)637-9524. Purchase, \$29.95.

## **TALKING HELPS**

1984, 16mm or video; 27 min.

Designed to accompany the film *No More Secrets*, this film shows educators and parents how sexual abuse prevention can be taught to children. A teacher demonstrates strategies for introducing child sexual abuse prevention to pre-adolescent children and for building personal safety skills.

ODN Productions, 74 Varick Street, Suite 304, New York, NY 10013; (212)431-8923. Purchase, \$375.00 (16mm), \$350.00 (video); rental, \$60.00.

## **A TIME TO TELL: TEEN SEXUAL ABUSE**

1985, 16mm film or video, 20 min.

This is a film for grades 7-12, in which teenagers in a support group share their experiences and feelings about being sexually abused. It focuses on one young woman who was almost involved in date rape and another who was involved in incest. Through sharing their secrets with those who can help, teens learn to protect themselves.

Walt Disney Educational Media Company, 500 South Buena Vista Street, Burbank, CA 91521; (800)423-2555; (818)840-1000. Purchase, \$489.00 (16mm), \$367.00 (video).

## **TOUCH**

1984, 16mm or video 32 min.

This film shows the fine work of Minneapolis's pioneering Illusion Theater founded by Cordelia Anderson, who narrates along with Lindsay Wagner. It explores the continuum of touch, from nurturing to confusing to exploitive, and includes information about sexual abuse and how to prevent it. It is appropriate for children of all ages.

MTI Film & Video, 108 Wilmot Road, Deerfield, IL 60015; (312)940-1260. Purchase, \$520.00 (16mm), \$415.00 (video); rental, \$80.00.

## **A TOUCHY SUBJECT**

1986, video, 15 min.

This video is designed to help parents talk with their pre-adolescent children regarding child sexual abuse prevention. Parents are shown talking to children aged 3, 7, and 10, weaving the information into normal day-to-day education and events.

ODN Productions, 74 Varick Street, Suite 304, New York, NY 10013; (212)431-8923. Prices unavailable at press time.

# DO YOU KNOW THAT . . .

## Resources to Write for . . .

**Human Sexuality 86/87**, edited by Ollie Pocs, is a 245-page compilation of reprinted articles published in the popular and professional literatures in the past year. The articles are divided into six categories: sexuality and society, sexual biology and health, reproduction, interpersonal relationships, sexuality through the life cycle and old/new sexual concerns. The volume is organized with a comprehensive cross-referenced topic guide and includes a useful glossary. Designed for use in libraries and classrooms, this text provides a broad overview of current thinking about issues of concern to the general public. The cost is \$8.95. For more information, write: Dushkin Publishing Group, Inc., Sluice Dock, Guilford, CT 06437 or call Darylle Steiner at 1-800-243-6532.

**Survival Strategies for Couples** is a 230-page book, by Dr. John Wright, designed to be used as a self-help resource for couples. Excerpts from real-life problems that couples have faced provide the context for exploding destructive myths about relationships and for considering alternative strategies for couple survival. Such strategies as how to express love, sexual intimacy, developing the fine art of negotiating compromises, and handling division of work and separation are reviewed. For more information, write to Prometheus Books, Buffalo, New York.

**Experiencing Adolescents: A Sourcebook for Parents, Teachers, and Teens**, edited by Richard M. Lerner and Nancy L. Galambos, is a 422-page anthology of articles addressing issues that adolescents face. In addition to a general overview, articles on physical changes of adolescence and their psychosocial implications, adolescent sexuality, social relationships, child abuse and substance abuse in adolescence, medical problems, moral and religious development, education and vocational and role development during adolescence, and the problems of handicapped adolescents are presented. The book provides sections on sources of help listing pertinent agencies, committees and professional resources, and annotated references for each article. The cost is \$45. For more information, write to: Garland Publishing, Inc., 136 Madison Avenue, New York, NY 10016; (212) 686-7492.

**Counseling the Sterilization Patient: The Physician's Guide** is a 32-page pamphlet written by the Association for Voluntary Surgical Contraception. The pamphlet covers all aspect of counseling: goals, skills required, how to assess the patient for possible regret, and a comprehensive counseling checklist. Legal considerations are covered, and case study examples are presented. Also included is an audio tape to accompany the pamphlet. The package is available for \$20. For more information, write to: Association for Voluntary Surgical Contraception, 122 East 42nd Street, New York, New York 10168.

**The Complete Guide to Pregnancy Testing and Counseling**, written by Planned Parenthood of Alameda/San Francisco, is a 124-page comprehensive manual addressing all stages and various situations that arise in the process of pregnancy counseling. Geared particularly to the counselor, this book covers factual information about contraception,

the testing procedure, high risk factors and options available for pregnant women. Throughout, the authors consider questions and issues that might arise for the counselor. A value-free approach that enhances the patient's ability to make informed choices is encouraged. Particular attention is given to genetic counseling, pregnancy after 30, and counseling men. For more information, write to: Planned Parenthood of Alameda/San Francisco, 1660 Bush Street, San Francisco, CA 94109.

## Reproductive System Posters

Male and Female reproductive system posters are now available from Rocky Mountain Planned Parenthood. The posters depict both frontal and side pelvic views with clear anatomic detail and labeling. They are available as a set for \$45 or sold separately for \$25 each (+ 6% postage & handling). For more information, write to: Rocky Mountain Planned Parenthood, 1537 Alton Street, Aurora, CO 80010.

## Research into Women's Sexual Imagery

Cynda MacDowall is directing a project in Toronto to produce a workshop and exhibition of women's sexual imagery. She is particularly seeking imagery made by women for women, heterosexual or lesbian, and in photographic media, both historical and contemporary. If you have information to share or would like more information, write to: WSIP c/o The Toronto Photographers Workshop, 80 Spadina Avenue, Rm 310, Toronto, Ontario, M5J 273.

## New Publication

National Family Life Education Network has just published the first issue of its new national newsletter *Preventing Sexual Abuse*. This publication consolidates information aimed at professionals and parents and is intended to be an arena for informational exchange. Subscriptions are available at \$18 per year. For more information, write to: National Family Life Education Network, E.T.R. Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; (408) 429-9822.

## Training Program

Marriage Council of Philadelphia Training and Education Program offers a year of study in affiliation with the University of Pennsylvania School of Medicine. Combining coursework with supervised clinical practice, professionals seeking specialized training in sex, marital, and family therapy can enroll in either a part- or full-time sequence. For information about tuition and prerequisites, write to: Dr. Gerald Weeks, Marriage Council of Philadelphia, 4025 Chestnut Street, Philadelphia, PA 19104; (215) 382-6680.

# BOOK REVIEWS

**Father-Daughter Rape.** Elizabeth Ward. New York: Grove Press (Evergreen Books), 1985 (247 pp.; \$7.95).

*Reviewed by Joan A. Nelson, EdD, director, Marin Center for Sexual Concerns, San Anselmo, California.*

*Father-Daughter Rape* is not to be compared with the balanced, scientifically-researched, professional references usually reviewed in these pages. Elizabeth Ward, an Australian, is not a human services professional. She is not a victim of father-daughter rape. She is a brave, outspoken, radical feminist who writes an indictment of the male supremacist thinking that has existed literally since the Garden of Eden, where she says father-daughter incest was the original sexual union because Eve came from Adam's body and was therefore his daughter.

Ward emulates the feminist trailblazers: Louise Armstrong, Susan Brownmiller, Sandra Butler, Susan Griffin, Florence Rush, and Diana Russell. Like theirs, her strong anti-male political stance, right or wrong, prevents objective assessment of an age-old human phenomenon (now an official public health concern) that badly needs understanding.

Despite the book's limited scope, helping professionals should expose themselves to the powerful truth that lies embedded in its rhetoric. Even those who do not agree with feminist anger should try to understand it. Anti-male rage is an important component of contemporary culture.

Ward divides her book in three sections, beginning with nine harrowing accounts from informal open-ended interviews of women victims of "rape" at the will of socially or genetically related men whom they trusted. Under the theory of calling-a-spade-a-spade, Ward says she writes about "rape" since "incest" is merely a matter of relationship (who is involved in sexual activity that could actually be benign and between equals) and "sexual abuse" and "molestation" imply that something less than "rape" occurred. She takes her definition of "rape" from Susan Griffin, "...an act of aggression in which a victim is denied her self-determination. It is an act of violence which, if not ac-

tually followed by beatings and murder, nevertheless always carries with it the threat of death" (*Rape: The Power of Consciousness*, Harper and Row, 1979, p. 21).

Ward cites known statistics indicating that male children are victims in five to fifteen percent of reported cases. However, she says boys fall outside the scope of her study. Otherwise, how could she build a whole anti-male book on her hypothesis that the rape ideology of male supremacist society means that the fear of rape is central to the experience of being female? This author simply does not allow for the wide range of reactions experienced by girls and boys that I found in my own study ("The Impact of Incest: Factors in Self-Evaluation," *Children and Sex*, Larry L. Constantine and Floyd M. Martinson, Eds., Little Brown, 1981).

The second, and major, section presents feminist theory as Ward cites sexual abuse statistics and attributes exploitation to male supremacist application of Freud's theory of infantile sexuality which has "deepened the invisibility of father-daughter rape on a macro-social level." For a more balanced analysis of infantile sexuality, child seductiveness, training to be accommodating, and refusal to deal with incest I recommend Alice Miller's *Thou Shalt Not Be Aware: Society's Betrayal of the Child* (Farrar, Straus & Giroux, 1984).

In Chapter 3 of this section, "The Fathers—Forgiven and Forgotten," Ward makes no attempt to understand the fathers' motivation, which she writes off to the "accessibility of powerless females." She ignores the many animal experiments supporting the hypothesis that aggressive male behavior results from hormone release. She derides Kinsey's analysis of facts and figures to understand offenders. Kinsey found that 80% of female victims "had been emotionally upset or frightened by their contacts with adults" and that "a small proportion had been seriously disturbed." She criticizes liberal sociology's dysfunctional family process approach to therapy.

The third, and shortest section recommends replacing the present social welfare model of care with the self-help, grass-roots validation model being offered by rape crisis

centers and women's refuges. Ward makes a plea for liberation of women, for economic independence, nonsexist education, nonsexist job definitions, the right to work and equal pay, the right to sterilization, safe contraception, and abortion on demand. She calls her readers to women's movement speak-outs in the struggles against wife-bashing, marital rape, street harassment, sexual harassment on the job and the use of nuclear energy and armaments.

Such basic measures may indeed help women to get out of the subordinate status. Ward may be right about Freud's phallocentricity, his blaming the victim, his misuse of language, and his faulty development of Oedipal theory. At the same time we must remember there is no clear cause-effect-outcome relationship where sexual exploitation is concerned. We know some men are, to use Ward's words, "daughter-rapers, child molesters, dirty old men, creepy uncles, and sticky-fingered grandfathers." However, we cannot really believe all men are this way and that it is all because of male supremacy.

It is indeed a tragedy that until recently victims were disbelieved. It is a tragedy that today they are questioned and cross-examined, sometimes in damaging ways, by professionals who are too confused to help. It is even worse if human services intervenors are too angry to help. However, polarization of opinion is not likely to alleviate the confusion or encourage women to take constructive action. Hatred does not make for a healthy self-image. Hatred is not the cure for misdirected and distorted love.

Professionals working with rape victims know it is important for victims to realize that the rape has not left them powerless or hopeless. By accepting and channeling damaging feelings about the rape into constructive feelings, victims can learn from the rape, and even move beyond it to achieve personal growth.

By the same token it would not be healthy for polarized feminists to put aside their psychic pain. In terms of the psychiatric model, the additional repression would only replicate the original problem. As practitioners in the field we can strive for a balanced non-condemnatory point of view. We need to

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*Audience Level Indicators:* C—Children (elementary grades), ET—Early teens (junior high), LT—Late teens (senior high), A—College, general adult public, P—Parents, PR—Professionals.

understand the passionate hatred so many women feel. All people in our society are perplexed victims of male supremacist thinking. We must acknowledge it, incorporate it into our individual and collective history, and then expand constructive thinking beyond it. We must learn from one another to include inventive solutions with humane, hopeful, possibilities.

Even more important, we must look beyond remedial approaches to sexual exploitation and begin to ask how we are going to raise male children who are emotionally whole and healthy and equipped with appropriate intimacy skills. **A, PR, P**

**Impact: Sexual Exploitation Interventions for the Medical Professional.** Jan Hindman and Community Health Clinics, Inc. Durkee, Oregon: McClure-Hindman Associates, 1986 (344 pp., \$70.00).

*Reviewed by Ellen Reyerson, former director, Developmental Disabilities Project, Seattle Rape Relief.*

During my seven years as an advocate for children and adults victimized by sexual abuse, I continually experienced situations similar to this one:

I accompanied an adult victimized by rape within a few hours to an emergency room for medical treatment to detect any injuries, treat for venereal disease, and

possibly prevent pregnancy. She was shaken and still very much traumatized by the events surrounding the rape. The doctor, an intern, entered. He made no effort to establish rapport or trust with the young woman, but performed a quick exam and asked a few pointed questions. Several of his questions verged on the accusatory, such as, "Why did you leave the party with this man?" He then left. I swallowed my anger about the doctor's insensitivity and followed up the next day by calling the hospital's administration to make tactful complaints. Since I am aware of any hospital training sessions concerning sexual abuse, I knew that the doctor had moved to another hospital before any training was provided for him.

Persons victimized by sexual abuse, whether they are children or adults, often contend with the emotional aftereffects for years, or possibly a lifetime. After an incident of sexual abuse, the individual faces a plethora of additional personal challenges, including police interviews, possible court trials, counseling sessions, and medical treatment. The manner in which the individual is treated by professionals within mental health, legal, and medical systems can either compound the trauma or contribute significantly to recovery. Sensitive and competent responses on the part of these professionals can assist an individual in regaining a sense of personal power and self-esteem.

In particular, the role of medical professionals in the treatment of victims is critical, given the influence they can bring to bear upon the person victimized, the significant others of the person, and the legal system. For this reason, the manual *Impact: Sexual Exploitation Interventions for the Medical Professional* is an invaluable resource for doctors, nurses, and all other medical practitioners who have contact with persons victimized by sexual abuse. Through use of the manual, these professionals can gain an in-depth understanding of sexual abuse and clarify personal misconceptions about these crimes. They can also increase skill in sensitive treatment of their patients.

The manual provides a wealth of factual information, through outlines and articles written by experts in the field, which includes statistics, dynamics of rape and incest, legal definitions and information about sexual offenders. There is an excellent bibliography of articles and books for further study. The material also thoroughly outlines how to do practical procedures. In-depth information describes development of rapport and interviewing a child or adult victim of sexual abuse, diagnosis and treatment procedures

with infants and small children as well as adults, and evidence collection. One section provides guidelines for those serving as medical expert witnesses in court.

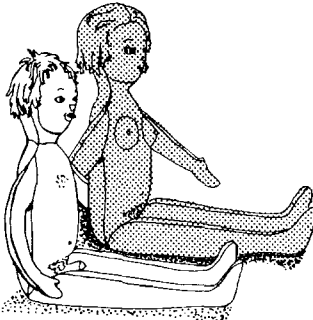
A major strong point of this manual is that the material goes beyond the factual, practical information traditionally taught to doctors. One section examines common myths and biases of medical practitioners regarding sexual abuse and treatment of victims. Quotes from this section, gathered from a survey, attest to the need for information to promote greater involvement on the part of medical practitioners. Some common responses are: "I don't want to end up testifying in court later; I am too embarrassed and uncomfortable to ask these questions," or "I don't believe that people do this kind of thing to children."

Although the manual stands alone as a most worthwhile resource, there are ways in which its effectiveness could be increased. Most important to keep in mind is that the manual does not replace the urgent need for intensive training for medical professionals on handling sexual abuse. Medical professionals need the opportunity, through interaction with peers and experts in the field, to explore and resolve personal areas of discomfort and biases about sexual abuse. Expression of feelings and values within an interactive group in which each participant responds is often a more effective way to clarify perceptions than simply reading informational material.

Medical practitioners also need the opportunity to increase practical assessment and interviewing skills through practice sessions in which feedback can be offered by peers and facilitators. The manual does provide excellent interviewing information, but a gap exists between reading about skills and actually developing skills to increase competence prior to encountering a traumatized patient. For these reasons, the manual would be used most effectively in conjunction with training.

A second way in which the manual would be more effective is the inclusion of information regarding persons with physical or mental disabilities. Perhaps one manual cannot meet the needs of all populations; however, these same medical professionals are faced daily with treatment of persons with a variety of disabilities. The rate of sexual abuse among this population is alarming; during my period of involvement, approximately 100 victims with disabilities were reported in the Seattle area annually out of a suspected communication, treatment issues, and use of advocates for persons with disabilities.

The manual also omits information about the critical role that sexual abuse crisis centers play in assisting medical profession-



*Teach-A-Bodies*

- handmade rag dolls with anatomical parts
- effective visual aids for use in counseling, therapy and interviewing child abuse victims or the developmentally disabled
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Child dolls 17"  
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76109, (817) 923-2380.

als. These trained advocates often serve on 24-hour crisis lines. They are immediately available to accompany victims for medical treatment, explain examination procedures, and serve as a valuable communication liaison between the doctor and patient. Often, these advocacy agencies are located within hospital settings. It is critical for medical professionals to be aware that these advocates coordinate on-going medical, legal, and counseling services with victims, that may continue for months.

Despite these omissions, *Impact* is the best resource I have seen for medical professionals, both in terms of thoroughness and presentation of information. I wish that all medical practitioners had access to this manual early in their careers. The manual is available from AlexAndria Associates, 911 Southwest 3rd Street, Ontario, Oregon 97914. **PR**

**Family Violence.** Mildred Daley Pagelow. New York: Praeger, 1984 (592 pp., \$19.95).

*Reviewed by Sandra Butler, counselor and trainer in private practice; author, Conspiracy of Silence: The Trauma of Incest.*

*Family Violence* is an invaluable resource for anyone who works in the field of human sexuality. It is a thorough, meticulously researched compendium of theoretical viewpoints and empirical data that includes all of the disciplines engaged in the study of violence in the home.

The relationship between intimacy and violence is a relatively new area of study and, while some documentation exists, it has only been in the past twenty years that we have begun to look at the range, dynamics, and patterns of family violence. Up to now, books have been written from a single disciplinary perspective, such as sociology or social work. But this book is the first to bring together the current work of researchers in different fields. Pagelow includes the work of clinicians, sociologists, behaviorists, policy analysts, and journalists.

The author begins by giving a wide-angled view of the issues that overreach the specific forms interpersonal violence can take: relationship of the family to the state. Grounding her subject matter firmly in its broadest dimension, she then shifts and narrows her line of vision by looking at the various forms family violence takes. She gives an overview of the existing data on physical abuse and neglect of children, as well as incest and extra-familial sexual abuse of children. In her excellent discussion, she offers the reader information on the current theoretical debates, clinical studies, and techniques for preven-

tion and intervention that have been successful to date. In addition, she covers types of abuse just coming to public view, such as marital rape, abuse of the elderly, and abuse by adolescents. Her own perspective as a feminist is evident; yet she manages to be both even-handed and persuasive at once.

Pagelow's strongest point is her discussion of the complex relationships between the various forms of abuse, including their similarities and patterns. Her examination and discussion of the role of pornography and its relationship to various dimensions of family violence adds a critical dimension to the current dialogue. Warning against complacency, she points out the increase in rape, battery, femicide, and child sexual abuse as the availability of pornography has increased. Unwilling to reduce the discussion solely to the issue of civil liberties, she examines the differences between erotica and pornography, the role it plays in setting social norms, and its documentation in the literature of husbands, boyfriends, and pedophiles forcing sex acts upon unwilling women and children. While some see the role of pornography as insignificant and others view it as tipping the scales, the author believes that, for someone already predisposed to violence, pornography is a vital link in the internal and social forces that produce acts of violence. She does not shrink from challenging existing theories that have no solid empirical basis. Her discussion of the cycle of violence adds gender to the debate, and she offers some of the differential effects of family violence on the development of boys and girls.

Using learning theory, Pagelow suggests that boys are more likely to imitate culturally approved "masculine" violence, while girls are less likely to experience mothers exhibiting culturally approved "feminine" violence. While a cyclical model is one that is popular among mental health professionals, it is a conceptualization that needs much more sophisticated research and testing, using multivariate techniques, before any approach becomes definitive. Warning against premature certainty in our efforts to understand generational responses to violent behavior, she reminds us that the function of social science is to test our theories over time, thereby building a body of verifiable knowledge. Too often, theories, interventions, and prevention strategies have been built on the shifting sand of assumed knowledge. In the field of family violence, no central misconception has been as difficult to uproot and examine as that of the so-called cycle of violence. Pagelow's analysis of this phenomenon is the most powerful aspect of the book.

While Pagelow is meticulous in incorporating all the relevant arguments in each section

of her book, her view as a trained social scientist and her world view as a feminist is clear throughout. Her focus on the dynamics of differential power in gender relations, and her awareness that those with more power generally act them out upon those with less power, helps to clarify what is often confused in the so-called objective view of family relations.

Furthermore, she discusses the social causes and the patterns of family violence by examining social learning theory, generational patterns of child rearing, the cult of privacy, and the relationship of intimacy to violence in family life. She emphasizes the need for public education and awareness of the massive proportions of violence, outlines some of the successful interventions currently in use, and suggests strategies for prevention.

The author also provides an annotated bibliography that is invaluable for concerned parents and those who counsel them, a well-organized author and subject index, and an extensive reference list, which surely qualifies it as one of the most thorough and invaluable compilations of clinical, theoretical, research, and popular writing on the subject of family violence available at this time. If human sexuality practitioners have time to read only one book about family violence, this is the one to choose. **A, PR**

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# AUDIO-VISUAL REVIEWS

Members of the Audio-Visual Review Panel for this issue were: Carmen Reyes Aviles, MEd, Community Family Planning Council, New York City; Patti Britton, Department of Education, Planned Parenthood Federation of America; Martha Calderwood, MA, University of Medicine and Dentistry of New Jersey; Rita Cotterly, graduate assistant, SIECUS Information Service and Mary S. Calderone Library, and doctoral candidate, Human Sexuality Program, New York University; Heather Gregg, MPH, health educator, Women's Health Program, Department of Health, New York, NY; Leigh Hallingby, MSW, MS, manager, SIECUS Information Service and Mary S. Calderone Library; Jean Levitan, PhD, assistant professor, William Paterson College, Wayne, NJ; Maria Matthews, health educator, Planned Parenthood of Bergen County, Hackensack, NJ; Pat Criscitello Murphy, MSW, psychotherapist in private practice and president, Princeton Seminars; Herb Samuels, consulting sexologist, and doctoral candidate, Human Sexuality Program, New York University; Alex Sareyan, president, Mental Health Materials Center, Bronxville, NY; Linda Schwarz, Department of Education, Planned Parenthood Federation of America; Jan Sola, PhD, program consultant, National Board of the YWCA of the USA; Jill Tabbutt, intern, National Board of the YWCA of the USA, and student, Human Sexuality Program, New York University. The reviews were written by Leigh Hallingby.

**Secret Sounds Screaming: The Sexual Abuse of Children**, 1986, video, 30 min. Purchase \$250; rental, \$60. Visions in Film, 445 West Main Street, Wyckoff, NJ 07481; 201-891-8240

This scattered, frightening film about child sexual abuse consists of many segments, including: alarming music; statements from well-known experts such as Flora Colao, Nicholas Groth, and Florence Rush; the shouted comments of an angry mother; interviews with victims and offenders; artistic camera work which partializes and objectifies the human body; a scene from Safety and Fitness Exchange (SAFE) where children learn

karate to defend themselves; and person-in-the-street interviews. Although the people in the film emphasize that child sexual abuse cuts across all socio-economic and ethnic groups, the majority of the victims and perpetrators interviewed are non-white.

The question: what do all these segments add up to? The answer is: confusion, as they never coalesce into any coherent message. It is unclear who the intended audience is or even what the purpose of the film is. Anger and outrage are certainly emotions appropriate to the topic of child sexual abuse, but in this case the anger provoked seems to be more of a catharsis for the filmmakers than an incitement to action, and more disturbed than disturbing.

The majority of the Audio-Visual Review

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Panel members felt that they would not recommend *Secret Sounds Screaming* for any audience. Two panel members said that they would feel comfortable using it as an introduction to the topic of child sexual abuse.

**Sex, Drugs, and AIDS**. 1986, 16mm or video, 17mm. Prices unavailable at press time. ODN Productions, 74 Varick Street, New York, NY; 212-431-8923.

This film, narrated by Rae Dawn Chong (who played Squeak in *The Color Purple*), was made for the New York City Board of Education. The narrator begins by telling the audience, "Relax! AIDS is hard to get." A clever segment ensues showing people engaging in all kinds of physical interactions which do not transmit AIDS. This is followed by information on how AIDS is spread by sex and drug use. The importance of condoms is emphasized, but proper usage is not demonstrated.

Other important parts of the film include: three girls at a ballet studio talking about how to protect themselves against sexually transmitted diseases and pregnancy; five people, three women and two men, who have AIDS, telling how they got it; and a bicycle shop owner who was previously homophobic talking emotionally about how his attitudes changed when he learned that his brother was gay and watched him die of AIDS.

The panel had a favorable reaction by and large to the film, which, in addition to its other assets, is suitably brief for high school audiences. The narrator was appealing, and her frequent reinforcement that AIDS can only be transmitted by one infected person directly infecting another was appropriate without being alarmist. Negative comments included: the ballet school scene was weak, putting emphasis on women rather than both sexes taking protective measures against STDs and pregnancy; the scene in the bicycle shop was overdone and seemed tacked onto the rest of the movie; and there was no information regarding oral sex. In spite of these flaws, the panel recommends *Sex, Drugs, and AIDS* for early teens through adults. **ET, LT, A**

**Audience Level Indicators:** C—Children (elementary grades), ET—Early teens (junior high), LT—Late teens (senior high), A—College, general adult public, P—Parents, PR—Professionals.

**Abortion: Listen to the Woman.** 1985, audio cassette, 45 min. Purchase, \$12.50. Planned Parenthood, 1920 Marengo Street, Los Angeles, CA 90033; 213-380-9300.

*Abortion: Listen to the Woman* disproves anyone who thinks that there is nothing new to say about abortion and/or that an audio tape cannot be as engaging as a video. Planned Parenthood of Los Angeles is to be commended for making available this recording of a brilliant lecture by Dr. Daniel Maguire, Professor of Theology of Marquette University in Milwaukee. Dr. Maguire, a former Catholic priest, who has written extensively on issues of morality and ethics, describes himself as "pro-family, pro-children, pro-life, and pro-choice."

The crux of his message is first that abortion is complicated and second that we must look at the socially-determining factors that weigh on women choosing abortion. Eloquenty he enumerates them and elaborates on each: sexism, "rape-ism," racism, militarism, poverty, a church that says birth control is a sin, lack of sex education, and our culture's anti-sex bias. He goes on to describe his visit to an abortion clinic and some of the women he met there, including a manic depressive on lithium, two teenage mothers working on their high school equivalency diplomas, and a woman abandoned by her husband. After discussing some population figures on a global level, as well as human misery on a grass roots level, Dr. Maguire closes his lecture by citing our need for imagination, anger, courage, and mirth.

Comments from Audio-Visual Review Panel members on Dr. Maguire's presentation included: "brilliant," "extraordinarily thought-provoking," "exceptional presentation," and "inspiring." His great blend of wisdom, morality, humanism, and humor provides a philosophical model for understanding not just abortion, but other complicated social issues as well. Our only regret is that this enlightening speech is not also available in print form, especially for use as college reading. We hope that Planned Parenthood of Los Angeles will also consider distributing it that way. **LT, A, PR**

**Taking Charge: Teen Perspectives on Birth Control and Sexuality.** 1986, video, 25 min. Purchase, \$475 (16mm), \$350 (video); rental, \$50. Fanlight Productions, 47 Halifax Street, Boston, MA 02130; 617-524-0980.

This excellent film interweaves the comments of five teenagers and a woman physician con-

cerning sexuality and birth control. It looks at the ambivalence and confusion teens confront in dealing with these aspects of their lives. *Taking Charge* also provides some wonderful role models for sexually active teens by showing adolescents making such statements as "If I can't talk about birth control, I can't have sex," and "If I care for my partner, I won't get her pregnant."

Like *Birth Control: Myths and Methods* (also reviewed in this issue), it is a "sex positive" film with the basic premise that many adolescents are sexually active. Unlike the other film, *Taking Charge* does not include factual information on the various methods of contraception. But it would serve as an excellent piece with which to begin or conclude a unit on contraception, as it puts birth control into the context of adolescent sexuality. For instance, one young man talks about how he did not have sex, despite having both the opportunity and a condom, because he was overcome by the anxiety of never having had sex nor having used a condom. A young woman states how much she enjoys having sex with her boyfriend and how much their enjoyment is enhanced by responsible use of contraception. Vignettes involving getting birth control from a clinic and buying condoms in a drug store are also included.

The panel was impressed by how "real" the teens in this film seemed to be, by the acceptance of their sexual activity with no attempt to talk them out of it and by the attitude that adolescents can take responsibility for their sexual activity. *Taking Charge* is an excellent film for triggering discussion among adolescents of all ages and their parents. Its middle class (though ethnically varied) orientation may make it more appropriate for some groups than for others. **ET, LT, P**

**Sex and the American Teenager.** 1985, 16mm or video, 32 min. Purchase \$495 (16mm), \$395 (video); rental, \$65. Pyramid Film and Video, Box 1048, Santa Monica, CA 90406-1048; 213-828-7577.

*Sex and the American Teenager*, based on the 1985 book of the same title by Robert Coles and Geoffrey Stokes (Rolling Stone Press), was originally shown on Home Box Office on television. It opens with adults recollecting what dealing with sexuality was like in their day. The narrator presents the following findings from the study: most teens think that their peers are more sexually active than they are; most teens are confused about sexuality; and pregnancy is often the first outward indication that teens are sexually active.

These statistics are then illustrated by a series of segments focusing on the stories—for the most part painful and poignant—of a number of adolescents and, in some cases, their parents: a 16-year-old boy who is "out for sex" ultimately bursts into tears because he is so afraid of getting hurt if he gets into a serious relationship; a young white couple who became parents after the girl's mother threw away her birth control pills admit that they would no longer be together if it weren't for the baby; a young black couple, also parents, who felt they had to "live with their mistake" rather than have an abortion; a Hispanic girl who is not allowed by her father to see her boyfriend; a white girl who became sexually active at age 14 cannot talk about sex with her parents, who prove during an interview not to be flexible in their attitudes about adolescent sexuality. By contrast, in one segment a young man and his father are able to talk openly about sex.

This is a very well made film, filled with stories that linger in the mind long afterwards. While it gives mostly negative messages about adolescent sexuality, it also seems to be saying that much of the confusion and pain would be eliminated if parents would communicate openly with their children about sexuality. For this reason the panel felt that it would be most appropriately used with parent or parent/teen groups. **ET, LT, P**

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**Alfredo's Story.** 1986, video, 28 min. Available at no charge. Harold Treiber, Director of Community Relations, Bellevue Hospital Center, 27th Street and First Avenue, Room M-E-20, New York, NY 10016; 212-501-4514.

This well-intentioned film, in which a young Hispanic man tells his story of a life ruined by drugs and AIDS, was funded by the AIDS Institute of the New York State Department of Health. The one unequivocally positive thing that can be said about it is that making it must have filled a great void in Alfredo's life, which he otherwise wishes he could start over again. Unfortunately, however, *Alfredo's Story* has some major flaws which make it of questionable usefulness.

Besides Alfredo telling his story, the film consists of two other segments. In one, an addict talks about being unable to resist drugs despite knowing the risks of AIDS; in another, a physician from a hospital substance abuse program emphasizes that substance abuse is a choice a person makes every time he or she shoots up or takes a drink. The three segments do not fit together well, and it is questionable whether even better editing would have helped them blend together.

Another problem is that Alfredo's part of the film is too long, and a number of people, despite sympathetic feelings toward Alfredo, ultimately became bored by it, especially given the "talking heads" format. All this is particularly unfortunate since *Alfredo's Story* does give a voice to an otherwise disenfranchised population for whom there is little

## Choices: In Sexuality with Physical Disability

(16 mm & Video/Color/60 Mins.)

Produced for:  
Institute of Rehabilitation Medicine  
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Joan L. Bardach Ph.D., Project Director  
Frank Padrone Ph.D., Co-Director

... Choices is a film which can be used time and time again in rehabilitation facilities human sexuality programs and in any group where issues of sexual interaction and adjustment to a disability are being discussed. If both parts cannot be purchased, Part I is a tremendously good discussion starter and should not be missed. . . .

**Pam Boyle, Coordinator:** Reproductive Health and Disabilities Program of the Margaret Sanger Center of Planned Parenthood, NYC.



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sympathy in the society. However, the panel could not envision an appropriate audience for this as a sexuality education film. Perhaps it would have more potential as a drug education film.

**Birth Control: Myths and Methods.** 1985, 16mm or video, 27 min. Purchase, \$475 (16mm), \$330 (video); rental, \$50. Churchill Films, 662 North Robertson Boulevard, Los Angeles, CA 90069-9990; 213-657-5110.

This is one of the better films which has been made about the methods of contraception and is a vast improvement over such lackluster predecessors as *Hope is Not a Method*. It begins with young people sharing their feelings about birth control and goes on to present information on the methods in three categories: those which can be purchased in drug stores, those which require a visit to a health care facility, and natural family planning. Information about the methods of contraception is given via a male and female narrator, graphics, young adults (not all of them teenagers) talking, and vignettes, such as a young man purchasing condoms in a drug store and a young woman learning how to use a diaphragm in a family planning clinic.

The panel particularly liked the "sex positive" attitude conveyed in this film by a realistic acceptance of the fact that many young people are sexually active. Other positive aspects were male involvement in choosing and using contraceptives, a wide range of ethnicity, coverage of positive side effects of the pill, and, overall, a good presentation of factual information. *Birth Control: Myths and Methods* is highly recommended for adolescents and adults at risk of pregnancy. **ET, LT, A**

September 1986

**SIECUS** REPORT

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