

Stetson School

Introduction to Treatment at Stetson School *(Sexually Reactive Program)*



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Stetson School
455 South Street, P.O. Box 309,
Barre, MA 01005
978/355-4541

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Overview of Treatment at Stetson School

Stetson School is a residential treatment facility that provides long-term treatment to 111 students, including sexually reactive children (ages 9-13), juvenile sexual offenders (ages 13-18), and young adult sexual offenders (ages 18-21).

Adolescent and young adult students typically remain in treatment at Stetson for 18-24 months, and younger students are typically remain at Stetson for 24-36 months.

Stetson School provides specialized treatment for juvenile sexual offenders, and specialized treatment for sexually reactive children.

Although not locked, Stetson is a staff secure program, with a staff-student ratio of 1 staff for every 3 students. Treatment takes place within a strong program of residential life, built around highly structured routines that monitor and ensure safety. All treatment at Stetson School occurs within 1 of 4 different treatment teams (or units), each of which is administered by a Unit Director who heads a team of clinicians, case managers, residential supervisors, and residential staff, closely interacting with educational and childcare staff in our special education (chapter 766) approved school.

At Stetson School we aim to build a "Culture of Recovery."

We help our students learn to live in a healthy, safe, and prosocial manner in which they can live satisfying lives, engage in meaningful and appropriate social relationships, and help and support others.

Stetson School Treatment Philosophy

- Juvenile sexual offenders and sexually reactive children are fully responsible for their behaviors and must be held accountable for those behaviors.
- Juvenile sexual offenders and sexually reactive children cannot be treated strictly for their sexual behavior, as though such behavior is distinct and separate from the rest of their behavior or can be understood without understanding the rest of their lives.
- Sexual offending and sexually reactive behavior occurs in a context, not as a unique and discrete behavior that can be isolated and treated apart from the rest of the person.
- Feelings, thoughts, and behaviors are interconnected and interactive, and cannot be easily separated for the purposes of treatment. We see individual attitudes, experiences, and behavior intertwined with and involving systems, with special emphasis on the family system and the general environment in which the child was raised, learned, and lived.
- In order to prove effective, sexual offender treatment and treatment for sexually reactive children must be directed towards a range of emotional and behavioral conditions, and include a focus on the systemic environment which perhaps influenced and in which sexual behavior developed and was manifested: *this is what we mean by treating the "whole" person.*

Broad Treatment Goals

- Prevent further sexual victimization.
- Prevent further coercive, aggressive, or abusive behaviors.
- Teach and develop pro-social behaviors replacement skills.
- Resolve personal victimization, trauma, or impact of disruptive development

Objectives of Treatment

- Understand, identify, and interrupt thoughts, feelings, beliefs, and behaviors that contribute to abusive, coercive, or aggressive behavior.
- I identify, interrupt, and control deviant sexual arousal and deviant sexual fantasy, and inappropriate sexualized behavior.
- Accept responsibility for personal choices and behavior, without minimization or justification.
- I identify and understand how past trauma contributes to how one responds to difficulties of feelings of vulnerability.
- Develop awareness, sensitivity, compassion, and understanding for others.
- Learn and understand normative sexual development.
- Learn, understand, and use adaptive coping and prosocial skills.
- Develop a plan, incorporating healthy coping strategies, to prevent relapse and promote successful living.

Providing Treatment at Stetson School

Stetson School is a therapeutic program, and every staff member is trained to work with children who have engaged in sexually abusive behaviors.

Clinical treatment at Stetson is provided by licensed master's or doctoral level therapists, and supported by strong case management services. With a Clinical Director, Assistant Clinical Director, 14 clinicians, an art therapist, therapeutic recreation specialist, 8 case managers, and a consulting psychiatrist, we provide a thorough and highly focused treatment program.

With caseloads of approximately 1 clinician for 8 students and full case management support, clinicians work intensively with students, providing weekly individual therapy, multiple groups, and family treatment. In addition, clinicians work closely with residential and educational staff, and are active in all phases of their students' lives at Stetson. In fact, Stetson School has one of the most clinically intensive treatment programs in the United States.

Case managers at Stetson ensure on-going communication and contact with families, liaison with court and referral agencies, and attendance at off-campus court and case-related meetings, as well as attending to and coordinating the case needs of each student. Like all Stetson staff, case managers are trained to work with sexually reactive children and juvenile sexual offenders, and work hard to ensure that the treatment and family needs of students are being met.

Assessment and Evaluation of Risk

Before formal treatment at Stetson School begins, our clinical staff completes a detailed psychosexual assessment that includes an evaluation of risk for sexual re-offending. A detailed psychosocial history assesses personal development, behavioral history and the onset of problem behaviors, social relationships and functioning, emotional and psychiatric factors, assets and limitations, family factors, and other important features in the developmental history of each student.

Risk for continued sexually reactive or sexually abusive behavior is carefully evaluated and documented through a clinical tool designed and developed by Stetson School especially for the assessment of risk in sexually reactive children. One of a series of tools, especially designed for different populations of students at Stetson School, provides a comprehensive, detailed, and well documented evaluation of future risk.

Admissions and the Intake Period

Most adolescents spend their first 6-12 weeks at Stetson School in our Palson Lodge intake unit. However, younger students and, in some cases, young adolescents, enter directly into Palson Lodge, where their initial assessment is administered and they begin treatment. Students with cognitive impairments, such as lower intellectual skills, are sometimes admitted directly onto our ALPS (Alternative Learning Program for Students) program, where their initial assessment is completed and they are oriented to the program.

The intake period allows students to become familiar with Stetson School, and allows our staff to become familiar with the student, as well as developing a thorough assessment and understanding of the student.

Group Treatment

Our group program is broad and varied, providing treatment that includes many types of groups that focus on sexual behaviors, relationships, trauma, fire setting, grief and loss, and substance abuse. Our group syllabus also includes groups that focus on the development of social skills, communication skills, anger management, and self esteem.

The Individual Service Plan (ISP)

The ISP, or Individual Service Plan is the "map" for treating our students. The ISP identifies specific treatment goals that either represent the "end" of treatment (long term goals) or short term steps towards that end (short term goals). In this regard, the ISP is the "treatment plan."

The ISP always reviews treatment to date, and then sets treatment goals to accomplish in the next ISP period (three months) and over the long run, until the expected discharge date. Treatment Goals serve as the cornerstone of treatment, and define the direction of individual treatment and treatment interventions.

The first ISP is produced after the first six weeks in treatment, and a new ISP is developed approximately every four months after that (in some cases, more frequently). Parents and outside social service agencies are invited and strongly encouraged to attend every ISP for their child.

Family Treatment

At Stetson, we involve and encourage families to become involved in treatment. We offer a structured psychoeducational program to all families, that teaches family members about the

treatment we provide at Stetson School and the kind of treatment ideas and language we are teaching our students through the course of their treatment at Stetson. Family psychoeducation is provided by our case managers.

In addition, whenever possible and feasible, we offer family therapy as well. Family therapy and family psychoeducation are not the same thing. Where family psychoeducation helps teach family members about treatment at Stetson School, family therapy engages our students and their families in therapy, and works with the family as a *whole unit*. Rather than seeing our student as the person in treatment and the rest of the family simply affected by their child or here just to help the child, family therapy considers the *whole* family to be in treatment. Family therapy works to understand how family members communicate and interact with one another, the rules and roles in the family and how they affect each family member, and the attitudes and beliefs that drive the behavior of each family member.

Family Psychoeducation

Stetson School wants to provide “psychoeducation” to the family of every Stetson student. Our case managers will make every attempt to meet with families to describe treatment, explain treatment ideas and methods, and help to understand what we do and actively involve families in treatment at Stetson School. Family psychoeducation will be scheduled to occur as soon as possible after your child’s evaluation has been completed.

Family Therapy at Stetson School

Stetson School considers family therapy an important aspect in the treatment of all students, and provides family therapy whenever it make good treatment sense and whenever family therapy is possible, based on the availability of the family and their location. Family therapy is always scheduled on the Stetson School campus, and every effort is made to schedule family therapy sessions at times convenient for families. Family therapy is typically scheduled for weekday office hours, but clinicians are able to schedule family therapy during early evening hours whenever possible, if this can accommodate family needs.

When it not possible for families to attend family therapy at Stetson School, we provide phone-based family therapy sessions. Despite the limitations of phone-based family therapy sessions, important family work can nevertheless be accomplished this way.

Psychiatry

All of our clinicians are experienced in working with psychiatric diagnoses, and work in conjunction with our consulting psychiatrist and advanced nurse practitioner, as well our nursing staff. Our board certified child and adolescent psychiatrist and clinical nurse specialist provide on-going psychiatric and medication evaluation for all students, as well as case consultation to clinical and residential staff.

Art Therapy and Therapeutic Recreation

In providing both art therapy, we are able to go beyond the “talk” therapy so often associated with treatment. At Stetson School, art therapy offers additional ways to work with students and treat difficult issues, through expressive, creative, energy releasing, and esteem building interactional activities. Art therapy is part of treatment at Stetson, and our art therapist works in conjunction with and as part of our clinical team.

Recreation is also considered to be of great importance at Stetson School, and we have a tradition of providing recreation both for fun, leisure, and exercise and for personal growth. Through recreation we engage students in learning more about their leisure needs and in social activities that foster teamwork, understanding, and mutual support. In addition to the on-going recreational activities offered to students on their residential units, our Recreation Activities Coordinator ensures that there is a broad understanding of the recreational needs of our students and coordinated plans for year-round recreational and leisure activities.

Understanding Treatment at Stetson School

What Is Sexual Abuse?

"The laws regarding sexual behavior do not entirely define abuse: some behavior may be prohibited by law but not be abusive, while some abusive behaviors are not covered by law.

It is the nature of the relationship; the inequality of the participants; presence of exploitation, coercion, and control; manipulation; and the abuse of power, combined with a sexual behavior, which constitute sexual abuse.

Sexually abusive behavior is represented by a *continuum* of behaviors, some of which may not fall within the court's parameters for prosecution...

We live in a society that demonstrates a great deal of confusion about sexuality. In some cases, societal norms seem repressive while in other cases societal norms seem excessively permissive. Individuals may hold different values about sexual behaviors, influenced by religious, familial, and cultural norms or beliefs. We are often unprepared to substantiate what is "normal" and what is "deviant" sexual behavior in juveniles.

We do know, however, that certain sexual behaviors are abusive because they cause harm to others and that some sexual behaviors are illegal in our society."

The National Task Force on Juvenile Sexual Offending (1993)

What Does Sexually Reactive Mean?

At Stetson School, we do not use the term "juvenile sexual offender" to describe the sexual behaviors of children age 12 or below who have perpetrated sexually abusive behavior. Instead, we use the term "sexually reactive" to describe these children.

Sexually reactive children are pre-pubescent children who have been exposed to, or had direct contact with, inappropriate sexual activities, sexual behaviors, or relationships, and have then begun to engage in or initiate sexual or sexualized behaviors, activities, interactions, or relationships that include excessive sexual play, inappropriate sexual comments or gestures, mutual sexual activity with others, or sexual molestation and abuse of other children.

More simply, age inappropriate sexual behaviors and interests in children aged 12 or younger who were earlier exposed to sexual experiences are a reaction to those earlier sexual experiences. We also consider a child aged between 12 and 13 to be sexually reactive if his inappropriate sexual behaviors follow exposure to a significant sexual experience that occurred during the past 12 months. We do not apply this term to adolescents age 14 years or older (and rarely to adolescents

13 or older), even if their sexual behaviors began at an earlier time, as we hold teenagers more directly responsible for their behaviors.

Terminology

There are conflicting ideas about the "correct" way to describe behaviors that are typically considered sexually assaultive or abusive in some way. Most typically, these behaviors are referred to as "sexually abusive" or "sexual offending." Sometimes, we prefer to use the term "adolescents (or children) with sexually abusive behavior" or "adolescents with sexual behavior problems."

Some argue that the term "sexual abuse" is generally more appropriate, and that the term "sexual offender" should be reserved only for those who have been found guilty of a sexually assaultive behavior. Others suggest that either term unnecessarily labels the child in a way that stigmatizes him (or her) and loses sight of the fact that the child is much more than just his sexually abusive behavior, and often has more problems than sexually abusive or inappropriate behaviors alone.

However, there is no "correct" answer. At Stetson School, we generally use the terms interchangeably, but most typically use the term "sexual offending."

Juvenile Sexual Offenders are "At Risk"

Not all sexually reactive children or juvenile sexual offenders become adult sexual offenders, and not all adult sexual offenders began as juvenile sexual offenders. Nevertheless, there is evidence to suggest that sexual offender behavior develops through adolescence and into adulthood. Statistics tell us that hands-off and no-touch sexual offender behaviors may grow into full fledged sexually offensive acts. In this respect, sexually abusive behavior often develops and progresses over time.

We know, then, that children and adolescents who engage in sexually abusive behaviors are at risk to become adult offenders, and it is all the more important that we provide treatment and help now in order to help adolescent and younger sexual offenders not to harden in their sexual interests and behaviors and become adult sexual offenders.

Defining Sexual Offending Behavior

The term sexual offending behavior covers a broad range of behavior and includes both "hands-off" sexualized behaviors such as voyeurism (peeping), sexually obscene phone calls, the theft of clothing and other items to be used for sexual purposes, and exhibitionism ("flashing"), and "touching" behaviors that range from "frottage" and molestation (touching and rubbing without consent), to oral sex, and object, digital, and penile penetration.

Sexual offending behavior requires a perpetrator and a victim. Although it can sometimes be difficult to fully discern a "victim" under certain circumstances (such as same age relationships where there is an element or the appearance of consent or mutuality), there are many situations where there is a clear and easily recognizable victim, such as:

- rape
- kidnaping and forced sexual contact
- sexual contact between adults and children (of any age, and potentially until age 18)
- where sexual contact occurs between children but there is a significant age difference
- situations in which there are other clear differences in power or control between the parties, in which, for instance, the victim is retarded, elderly, infirmed, or in some way unable to resist or assertively refuse sexual contact or unable to give consent

The National Task Force on Juvenile Sexual Offending defines sexual abuse as behavior that occurs:

- without consent,
- without equality, or
- as a result of coercion.

The Assessment of Sexually Reactive Children and of Future Risk

At Stetson School before we begin treatment we complete an assessment of the risk to engage in troubled sexual behavior or re-offend at some point in the future. A risk assessment always involves future possible behavior and attempts to evaluate the likelihood that such an offense will occur. For this reason, risk assessment involves predictions of low risk, moderate risk, or high risk for a recurrence of sexually troubled behaviors.

It is extremely important to note that there is no certain way to determine whether or not there will be a recurrence of sexually reactive or sexually abusive behavior, and it is only possible to assess the possibility or likelihood of continued behavior based on history and information presented and collected during the course of the assessment.

Confidentiality at Stetson School

Confidentiality is always a concern and a prime issue in any kind of treatment. However, in the special case of therapy for sexually reactive children or juvenile sexual offenders, it is of special concern as *not all communication is considered or will be treated as privileged or confidential.*

- There are instances where disclosures of past, current, or intended sexual or physical victimization of others must be reported by law.
- In other cases, the primary purpose for a psychosexual or risk assessment is to predict risk, determine responsibility, or assess competence and results will be communicated to a court or state agency.
- In still other cases, disclosures may reveal behaviors or relationships that violate program policies, suggest risk for self harm or harm to others, or may result in the program reporting crimes or behaviors to state social service or youth authority agencies, the courts, or parents.

Accordingly, it is important that students and their parents (and legal guardians) understand that they may not be entitled to confidentiality and, in some cases, disclosures will be reported within the program, to external agencies, or to parents.

“Packet” Work and Work Books

Stetson School students are often assigned chapters from workbooks or other materials intended to teach concepts basic to treatment, develop relapse prevention and safe behavior plans, write down and share their feelings and thoughts, or otherwise use a workbook approach towards learning and self exploration. This sort of work is typically referred to as “packet” work as it often involves packets of materials.

Types of Treatment

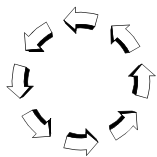
At Stetson School, our clinicians provide several kinds of treatment:

- Individual therapy helps each student better understand himself, why and how he came to sexually offend, his relationships, the sort of challenges he faces, and how to better develop his strengths and his ability to appropriately express himself in words and behaviors
- Group therapy helps students learn to interact with one another, recognize and deal with issues and problems, and share their experiences, ideas, and concerns; at Stetson there are many different kinds of groups, each designed to help with a different problem
- Family therapy helps students and their families to better understand one another, family patterns, and possible family issues that need to be recognized and resolved
- Art therapy helps students to express themselves creatively and energetically, often without words, and learn to interact well with others in shared activities

Basic Concepts in the Treatment of Sexually Abusive Behaviors

At Stetson School, two particularly important treatment concepts involve the Behavioral Cycle and Thinking Errors. A third important concept involves Relapse Prevention Planning, although a relapse prevention plan is really more of a cognitive-behavioral intervention. At Stetson School, for our younger children in addition to our use of relapse prevention plans, we also Safe Behavior Plans, which are intended to help the child learn about and engage in safe behaviors and avoid falling into patterns of troubled behavior, which includes sexually inappropriate or abusive behavior.

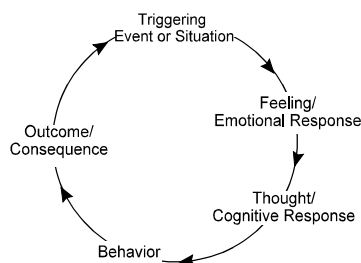
The Dysfunctional Behavioral Cycle



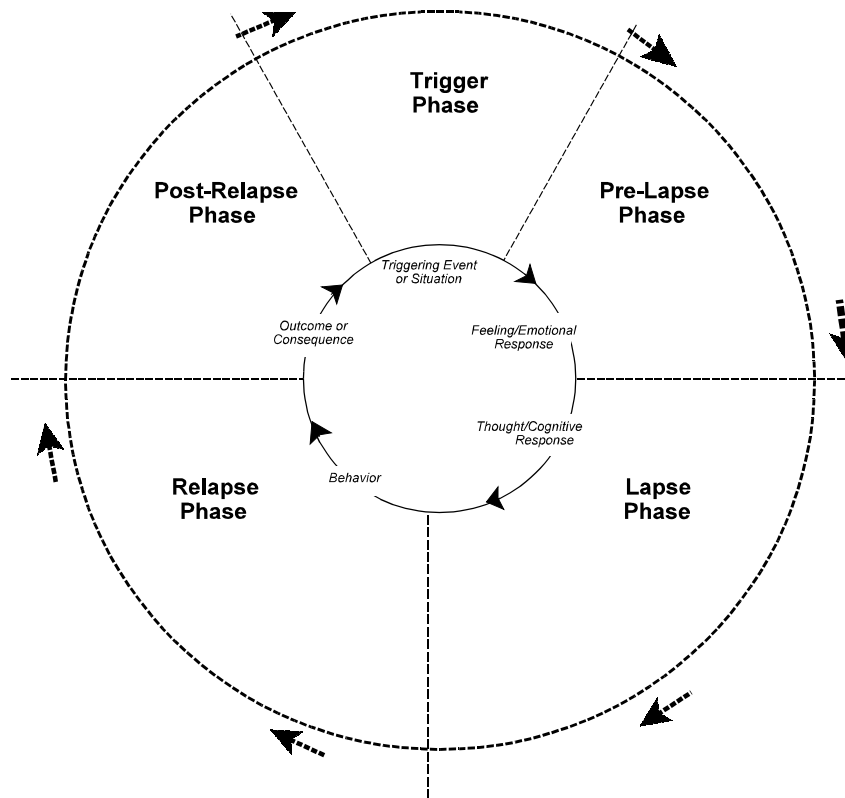
A cycle is something which, when started, goes on and on and on. Like a wheel turning on a bicycle, once started there's no beginning or end. It just spins round and round. Behaviors cycle as well. An event or situation leads to a behavior, and the behavior leads to an outcome, and the outcome leads to a new situation, and the new situation triggers another behavior. And on and on.

In a variety of different ways, we teach our students about behavioral cycles, and how to recognize and stop problem behavioral cycles before they become serious problems.

This is what the basic cycle looks like: a “trigger” event leads to a feeling which, in turn, leads to a thought, and then a behavior. The behavior has a consequences of some kind, and that outcome often shapes or leads a whole new cycle starting over again.



When this cycle leads to problems, it becomes a “dysfunctional” behavioral cycle. Another way to look at it is as a series of phases that a person passes through as difficult situations lead to negative feelings and thoughts, and eventually a return to negative behaviors – or relapse. Notice that the cycle we’ve shown above is at the center of this series of “phases.”



SUDS (Seemingly Unimportant Decisions)

One important factor in any problem behavioral cycle or sequence of events is Seemingly Unimportant Decisions (SUDS). These are the sort of decisions that people make in the course of their daily lives that seem unimportant at the time (that's why they're called seemingly unimportant decisions), but add up to BIG problems later.

Triggers, Dangerous Situations (DSs), and HIRFS (High Risk Factors)

Another critical element in any problematic behavioral cycle is the "trigger." Triggers are the sort of things that can set off a problem sequence. These are the people, relationships, interactions, situations, or other things that "trigger" a problem sequence of events, or begin a cycle.

Triggers and High Risk Factors (HIRFS) amount to the same thing. We want to teach students how to recognize their triggers and avoid those high risk factors that put them in jeopardy of beginning a problematic behavioral cycle. Dangerous situations, on the other hand, are filled with high risk factors that can and trigger a problem for the child, and lead to problematic behavior.

Thinking Errors

Thinking errors allow the development of assumptions, beliefs, attitudes, relationships, and behaviors that are self defeating, self destructive, and/or destructive to others. Thinking errors are built upon feelings and ideas that are inaccurate, incomplete, irrational, and allow people to engage in unhealthy and inappropriate behaviors. Thinking errors are self reinforcing, often getting in the way of doing well and self esteem. The cycle of thinking errors can only be interrupted when people understand how they respond to situations, and by learning how to recognize and change their *irrational* thoughts and beliefs to thoughts and beliefs that are more *rational* and *realistic*.

Relapse Prevention Planning and the Safe Behavior Plan

The *relapse prevention plan* is a plan to help students not continue in sexually reactive or sexually abusive behavior again. Additionally, with our younger sexually reactive students, we also use *Safe Behavior Plans*. The relapse prevention plan:

- identifies high risk situations and relationships
- helps to spot and correct thinking errors that may lead to inappropriate or dangerous behavior
- lists desired behavioral outcomes and personal goals
- lists healthy alternatives to unhealthy or destructive behavior
- binds the student to the plan through a “contract” signed by the student and other important people who will be important to the plan (such as parents)

The Relapse Prevention Plan serves as a tool to interrupt the cycles of thinking errors and sexual offending, and is a contract that has both practical and symbolic meaning.

The Safe Behavior Plan is a more general plan designed to help students with their behavior in different situations, and can address many different types of behavior. These plans are intended to help students deal with all sorts of problem behaviors, and designed to help them behave in ways that don't hurt other people or themselves.

Victim Clarification

A final and important concept in the treatment of juvenile sexual offenders is that they have victims – people they have abused sexually, and others whose lives have been significantly affected by their offending behaviors. These other victims include family members, and this often means the sexual offender's own family as it's common for the victim to be a sibling or another family member.

“Victim clarification” refers to the process of making amends and restitution to the victims of sexual offending behaviors. In general, victim clarification work takes place later in treatment, rather than earlier. It is not a treatment area to be rushed by the student or by his family.

Victim clarification means eventually bringing the offender and the victim into direct contact in face-to-face clarification sessions for the express purposes of:

1. Addressing and resolving issues for the victim,
2. Confronting the offender with his behavior, as well as confronting him with his victim, and
3. Providing an opportunity to test empathy, remorse, and compassion in the offender and his ability and/or willingness make amends for his behavior.

Stetson School provides parents with more information about victim clarification through our booklet, entitled, *“Understanding the Victim Clarification Process at Stetson School: A Guide for Parents and Others.”*

Moving Forward with Effective Treatment

Our goal is to provide meaningful and effective treatment. To this end, we are committed to continually developing and refining our knowledge and our treatment methods.

Stetson School works closely with the Association for the Treatment of Sexual Abusers, the National Adolescent Perpetration Network, the Massachusetts Adolescent Sexual Offender Coalition, and other organizations committed to the treatment of children and adolescents who commit sexual offenses, both as members and contributors.

Resources for Family Members

Child Physical and Sexual Abuse

STOP IT NOW! The Campaign to Prevent Child Sexual Abuse

351 Pleasant Street, Suite B319, Northampton, MA 01060. Tel: 888-PREVENT or 413- 587-3500.

Website: www.stopitnow.com

Stop It Now!'s programs have protected children by emphasizing adult and community responsibility. These programs reach out to adults who are concerned about inappropriate sexualized behavior in another adult, adolescent, or child, and to adults who are concerned about their own thoughts or behaviors. Stop It Now! Has a helpline available for individuals and families to call for support and access to resources in a confidential setting. Call this toll-free hotline for help for yourself, or if you think you know a child who is being abused.

National Clearinghouse on Child Abuse & Neglect

300 C Street S.W., Washington, DC 20447. Tel: 800-FYI -3366

Website: <http://nccanch.acf.hhs.gov>

A national resource and clearinghouse that collects, stores, organizes and disseminates information on all aspects of child maltreatment.

The National Exchange Center

3050 Central Avenue Toledo, Ohio 43606. Tel: 800-924-2643

Website: www.preventchildabuse.com

The National Exchange Club Foundation is committed to making a difference in the lives of children, families and our communities through its national project, the prevention of child abuse. The NEC Foundation coordinates a nationwide network of nearly 100 Exchange Club Child Abuse Prevention Centers who utilize the parent aide program and provide support to families at-risk for abuse.

Kempe Children's Center

1825 Marion Street, Denver, CO. 80218. Tel: 303-864-5252.

Website: www.kempecenter.org

Provides information for parents and other consumers regarding child abuse.

Information About Sexual Abusers

Association for the Treatment of Sexual Abusers

4900 SW Griffith Drive, Suite 274, Beaverton, OR 97005. Tel: 503-643-1023

Website: www.atsa.com

A non-profit organization focused on the development and dissemination of professional standards and practices in the field of sex offender research, evaluation and treatment.

Safer Society Foundation Press

PO Box 340, Brandon, VT 05733. Tel: 802-247-3132

Website: www.saferociety.org

A non-profit program dedicated to the prevention and treatment of sexual abuse. Safer Society offers publications for professionals, families, victims and sexual abusers and information related to sexual abuse.

Safer Society/Sexual Abuser Treatment

Referral Line 802-247-5141

Provides a national referral service for anyone interested in locating a treatment provider for an individual with sexual behavior problems.

Center for Sex Offender Management

8403 Colesville Road, Suite 720, Silver Spring, MD 20910. Tel: 301-589-9383

Website: www.csom.org

A federally funded organization established to provide information, resource materials and referrals to organizations and individuals involved with the management of sex offenders.

The National Center on Sexual Behavior of Youth

940 N.E. 13th Street, 3B-3406, Oklahoma City, OK 73104. 405-271-8858

Website: www.ncsby.org

NCSBY is a national training and technical assistance center developed by the Office of Juvenile Justice and Delinquency Prevention and the Center on Child Abuse and Neglect of the University of Oklahoma. The Center provide information about juvenile sexual offending and sexual behaviors, including fact sheets and links to other sites.

Sex Abuse Treatment Alliance (SATA)

CURE-SORT, P.O. Box 1191, Okemos, MI 48805. Tel: 517-482-2085

Website: www.satasort.org

SATA provides information, support, letters to those in prison who want to get help, and a newsletter on current issues for sexual abusers and for those that know them.

Resources for Survivors of Sexual Abuse

VOICES in Action (Victims of Incest Can Emerge Survivors)

8041 Hosbrook Road, Suite 236, Cincinnati, Ohio 45236. Tel: 800-786-4238

Website: www.voices-action.org

An international organization providing assistance to adult and adolescent victims of child sexual abuse and other sexual trauma, including rape. We help victims become survivors and create accurate public awareness of the prevalence of child sexual abuse and other sexual trauma, its impact, and ways in which it can be prevented or stopped through educational programs.

National Organization on Male Survivor Victimization (NOMSV)

5505 Connecticut Ave. NW, Washington, DC 20015-2601. Tel: 800-738-4181

Website: www.malesurvivor.org

A nonprofit organization dedicated to healing male survivors of sexual abuse.

Sex Education and Healthy Sexual Development

The Sexuality Information and Education Council of the United States (SIECUS)

130 West 42nd Street, Suite 350, New York, NY 10036-7802. Phone: 212-819-9770

Website: <http://www.siecus.org>

SIECUS a national, nonprofit organization which affirms that sexuality is a natural and healthy part of living. Incorporated in 1964, SIECUS develops, collects, and disseminates information, promotes comprehensive education about sexuality, and advocates the right of individuals to make responsible sexual choices.