Straight Talk About Child Sexual Abuse:

A Prevention Guide for Parents of Children with Disabilities

All families want their children to have great childhoods and to grow up happy and healthy. Among the myriad responsibilities of parenthood is protecting your children from sexual abuse. Unfortunately, information about how parents can prevent sexual abuse from ever occurring is limited. For parents of children with disabilities, preventing sexual abuse is an even greater concern, since children with disabilities face an increased risk. Research tells us children and teens with disabilities are more likely to be victims of sexual abuse, with an even higher incidence among those with certain types of disabilities, such as intellectual or behavioral disabilities.

How then, can a parent reduce the risk of child sexual abuse? Keeping your child or teen away from known sex offenders in your area is one step, but since most cases of sexual abuse are never reported, this is only a partial solution. While strangers and registered sex offenders should of course be treated with caution, statistically, children face more danger at home and in community settings considered to be safe spaces with safe people. Among children without a disability, an estimated quarter to a third of sexual abuse incidents involve family members. Nearly 60 percent involve other people that are known and trusted by their victims and their families. Less than 10 percent are strangers. Unfortunately, we have limited data on sexual abuse rates among minors with disabilities. However, research shows that children with disabilities are two to three times more likely to experience sexual abuse (Elklit et al.

2023; Vera Institute, 2013). The takeaway here is not to live in fear of those who might sexually abuse but rather to apply, as much as possible, the findings of current research about where, and with whom, your child may be at risk and take steps to reduce those risks.

The average age of reported sexual abuse is between 9 and 10, which means that infants, toddlers, young children, and teens are all considered 'at risk'. Furthermore, individuals of any age with disabilities face an increased rate of sexual violence, domestic violence, physical, and other types of abuse throughout their lifetime. As a result, teaching your children the basic concepts of healthy sexuality is critical, regardless of the type or degree of their disability. By starting early and talking often, parents of children with disabilities have the opportunity to instill skills and values that will serve those children in good stead into adulthood.

"…children face more danger at home and in community settings considered to be safe spaces with safe people…"

The good news is that confirmed cases of child sexual abuse have been going down as awareness of the issue has increased. Furthermore, while people with disabilities are statistically more likely to experience abuse in their lifetime, their increased risk is not caused by their disability(ies) but rather the ways society perceives, behaves towards, and interacts with individuals with disabilities. Put another way, the factors that cause and contribute to abuse can be prevented, stopped, and mitigated. Yet the risks remain real, so parents, guardians, and loved ones need to take action to strengthen safety and reduce opportunities for abuse. It is our hope that this booklet will give you the information and skills you need to do just that.

However, while we will be considering some of the unique concerns parents of children with disabilities should be aware of, this booklet is by no means exhaustive. As you read, consider if and how the information applies to your child or teen. Think about how they may have other identities that intersect with their disability or disabilities – identities such as race, ethnicity, language, gender, or sexual orientation.

Does your family have a safety plan in place already? If not, how can you incorporate child sexual abuse prevention for all of your children? Being knowledgeable about child sexual abuse, being able to recognize behaviors that are problematic, and knowing how to intervene when you have a concern will help reduce the risk of sexual abuse for all your children or teens.

One quick note before we begin —when we refer to "parents" throughout this booklet, we use this term in the most inclusive way possible. Whether you are a co-parent with a current or former partner (or partners), a single parent, a grandparent, an aunt, uncle, cousin, extended or chosen family member, a foster parent, a legal guardian, or other primary caregiver; if you are raising a child or teen with a disability, this booklet is for you.

What Is Child Sexual Abuse?

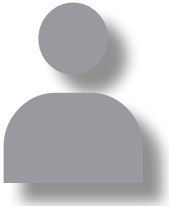
Child sexual abuse includes any sexual contact between an adult and a child or a teen. Sexual activity between two children or teens can also be considered abusive if there are significant differences in power or development. This difference in power – perceived or real – may be the result of differences in age, physical size or ability, intellectual development, social clout, or if one has a disability, mental illness, or is a member of an oppressed minority group, e.g. a person of color, identifies as lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual (LGBTQIA), etc. Child sexual abuse can include both touching and non-touching acts. Both can cause lasting harm to children and teens.

Abusive touching behaviors include:

- Fondling or rubbing up against a child's genitals, buttocks, or breasts
- Penetration of the child's mouth, anus, or vagina by the abuser or with an object
- Coercing a child to fondle him/herself, the abuser, or another child

Abusive non-touching behaviors include:

- Exposing oneself to a child in a lewd way
- Inappropriately viewing or violating private behaviors of a child or teen (e.g., undressing, bathing) when supervision or assistance is not needed
- Taking sexually explicit or provocative photographs or video of a child or adolescent
- Showing pornography or sexually suggestive images to children or teens
- Talking in sexually explicit or suggestive ways to children or teens in person, by phone, via the Internet, or via text messages.



Who Sexually Abuses Children?

The majority of adults who sexually abuse children appear friendly and likeable; they mostly look and act like everyone else. Many work diligently over time to project a personal and professional image that is kind, trustworthy, generous, and above reproach. By gaining the trust of children, teens, parents, and other adults they gain access to their preferred victims while also allaying suspicion of their primary interest and intent. This public image also serves as a shield in the event that a child or teen does come forward with an accusation of sexual abuse. Family members, colleagues, acquaintances and others in the community, who have only seen the person's "nice" public face, can't imagine it hides an ugly truth.

Sexual abusers also target and groom family members and/or caregivers, and select victims they perceive to be vulnerable, easy to deceive, and/or unlikely to be believed. Furthermore, abusers who target children and teens with disabilities are often connected to them through their disability; that is, they seek out employment or volunteer opportunities that place them in contact with children and teens with disabilities. (VERA Institute, National Snapshot)

This may help explain why children and teens with disabilities face an increased risk of experiencing sexual abuse in their lifetimes. Children and teens with disabilities are more vulnerable, in part, because often as a side effect of providing support and accommodations for your child's needs, you are also providing a comparatively large number of adults with access to your child; an opportunity that abusers may exploit. That is not to say that you should not provide support and accommodation, rather that you should take care to identify and mitigate any potential risks. For example, if your child needs personal, private care, ensure that your child's care-provider has been effectively screened and is adequately supervised. If you experience communication barriers between yourself and your child, take steps to reduce or eliminate those barriers. Abusers are adept at exploiting opportunities to gain and maintain access to their chosen victims; other exploitable gaps could include differences in incidental learning, medication side-effects, lack of a stable support network or inadequate knowledge about healthy sexuality and development. Furthermore, persistent issues of ableism and discrimination mean individuals with disabilities are perceived to be easier to manipulate, less likely to disclose their abuse, and less likely to be believed if they do tell. When they do tell, children and teens with a disability(ies) are more likely to be seen as having characteristics that contributed to their abuse.

When abusers do target a particular child or teen, they often build up to the abuse slowly, in a process known as "grooming". For example, they may "accidentally" touch the child or teen, perhaps in the

presence of other adults, to see if there is any negative response from either the child or adult. If none, they may then move to cuddling, horseplay, wrestling, backrubs, using suggestive comments or jokes, or present sex play as a game. By gauging the reactions of the child or teen, as well as any surrounding adults, to these behaviors, abusers may then decide to escalate their behaviors further and sexually abuse.

This is an important point because adults who are aware of what kind of problematic behaviors to watch out for have a chance to intervene before abuse occurs. Likewise, while all children and teens should know they can say "NO!" and tell a trusted adult, adult survivors of child sexual abuse frequently report that they did not fully understand what was happening. Even when children realize they are being exploited, many are led by their abusers to believe they are to blame for what has happened, making it difficult for children to tell.

How then to identify sexual abusers? Those who sexually abuse are a diverse group, including cisgender men and cisgender women of various educational, racial, ethnic, language, and religious backgrounds. They may be single or married and may maintain seemingly typical adult relationships with their partner(s) .

Most are not true "pedophiles" and a third or more are juveniles themselves. Different types of abusers can present differently, but here are some behaviors that can indicate poor personal boundaries that should be concerning. Are you aware of someone in your family, a member of your child/teen's support team, a teacher, a friend, or an acquaintance who:

- Does things of a personal nature that your child or teen can do for themselves, e.g. dressing, toileting assistance, feeding, etc.;
- Encourages your child to be unnecessarily dependent on them, e.g. insisting that they are the only one who can communicate effectively with your child or teen or that only they know how to do something for your child or teen 'the right way';
- Finds opportunities to be alone with your child or teen when adults are not likely to interrupt (e.g., car rides, special trips, babysitting);
- Ignores cues that your child/teen doesn't want to be hugged, kissed, tickled, or otherwise touched;
- When interacting with your child in a professional capacity (i.e. as a therapist, paraprofessional, nurse, mentor, etc.), brushing off or otherwise failing to follow their employer's code of conduct (also applies if they are a volunteer rather than paid staff);
- Doesn't respect your child or teen's privacy, personal space, and/or physical boundaries;
- Gives your child or teen money or gifts for no particular occasion;

- Discusses, or asks a child or teen to discuss sexual experiences or feelings;
- Doesn't appear to have adult friends and prefers to spend free time interacting with children and teens who are not their own;
- Seems to single out a different child or teen friend of a particular age or appearance from year to year;
- Possesses images or videos depicting child sexual abuse or views them online. The majority of males convicted for possessing child sexual abuse images also admit to having committed "hands on" offenses. Viewing, possessing, or producing child pornography is illegal.

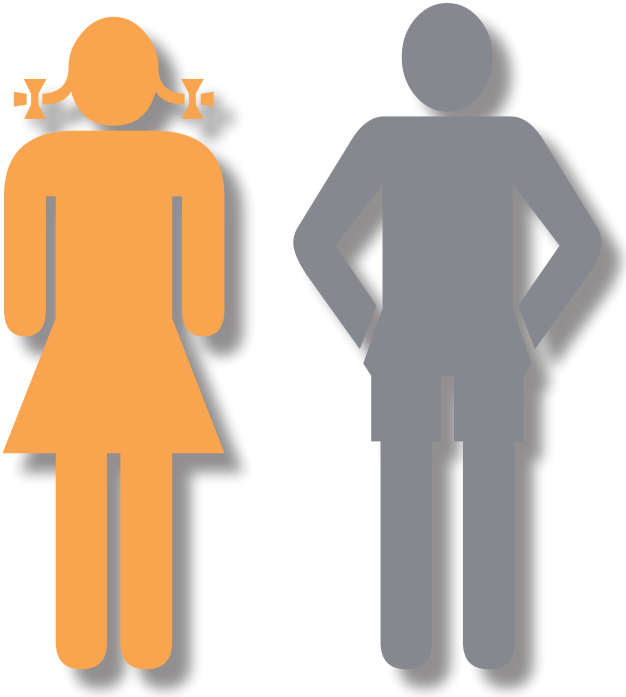
If you see these behaviors, (with the exception of the last) it doesn't prove that the person is a sexual threat to children. It should, however, cause you to observe their behaviors around children or teens more closely. If something doesn't seem right, trust your instincts. Talk with your child, your child's care team, or other parents about any concerns. Don't be embarrassed about addressing more minor boundary-violating behaviors by bringing them to the adult in question directly.

Imagine the following scenarios, identical except for the adult's intent: your child is being tickled by a relative; your child has told the person to stop but they haven't.

In one scenario, the relative making you and your child uncomfortable is not aware they are violating a physical boundary. By intervening and informing them that they're breaking your family's rules about touching, you providing a good example for your child of how to respond to unwanted behavior, and also helping that person see that their behavior is distressing, something any reasonable person wouldn't want to do!

Now imagine a second scenario in which this relative is intentionally violating boundaries in minor, easily explainable, or excusable way; by intervening you are demonstrating that your child is not an 'easy target' and that problematic behavior will not be ignored.

This example was of an informal setting but in a formal setting along those same lines, don't hesitate to report your concerns to formal or higher authorities if warranted. For example, if a teacher is breaking a rule in their organization's code of conduct, it is in everyone's best interest that the administration knows about it. Likewise, if you see an adult engaging in behavior you think may be abusive, it should be reported to your local child protection agency or law enforcement. (See more details on reporting at the end of this booklet).



Do Children Engage in Problematic Sexual Behaviors?

All children have questions about their bodies, sex, reproduction, and relationships. Sexual behaviors in children are developmentally expected and a normal part of growing up. For parents of children and teens with disabilities, the kinds of sexual behaviors that you can expect may differ from your non-disabled children or other children you know. Some sexual questions or behaviors can be anticipated based on your child's chronological age; for example, the physical changes that occur with puberty. Other sexual questions or behaviors are not so easily predicted, for example, interest in their own or other children/teens' bodies, questions about where babies come from, or concepts for what a 'grown up' relationship looks like. When these questions or behaviors arise, respond in a way that makes sense for your child, that builds on their knowledge and your previous conversations, and that fits with your family's expectations of behavior.

While you should expect your child to have sexual feelings and engage in a certain range of sexual behaviors, sometimes children are involved in activities with one another that can be problematic,

including behaviors that are inappropriate, coercive, or abusive. When observing your child's interactions with other children or teens, remember that while individuals with disabilities may be targeted as potential victims of sexual abuse, some may also behave in ways that are sexually abusive towards others - sometimes without any sense that it is hurtful, unwanted, or abusive. In both scenarios it is important to respond calmly in a way that protects all children and/or teens involved. You can learn to assess whether a situation is problematic or not by asking yourself:

- Is this behavior causing a problem for a child or other children?
- Is one child larger in size and/or is more than three years older in age?
- Does one child have greater intellectual, emotional, or physical ability?
- Does one child appear to have been coerced into the activity through threats, bribes, or force?

In addition, pay attention and monitor more if you observe a child or teen with poor personal boundaries:

- Do they find opportunities to be alone with other children/teens when they are not likely to be interrupted?
- Do they ignore cues that other children or teens don't want to be hugged, kissed, tickled, or touched?
- Do they not respect other children or teens' privacy, personal space, and/or physical boundaries?
- Do they not appear to have friends in their peer group and/or spend an unusual amount of time with younger or less mature children or teens?

If you recognize that your child/teen is behaving in ways that may be harmful to others or is displaying problematic sexual behaviors, please seek advice and referral for assistance. If your child has a care team and/or professional support, fill them in on how your family will be addressing your concerns. Likewise, if you observe another child or teen struggling with personal boundaries, do the caring thing and intervene. Resources at the end of this booklet can help. Recent research suggests that, with intervention and treatment, the vast majority of juveniles with problematic sexual behaviors do not become adult sexual offenders.

Reasons Why Children May Not Communicate That They Have Been Abused

As adults, it is important to recognize that if a child or teen – disabled or non-disabled – doesn't communicate with someone about the abuse, there are reasons. They may not recognize that what is happening as abusive. They may have been threatened or coerced into keeping silent. If the person abusing them is a family member or someone they care for, they may experience conflicting emotions.

At its heart, child sexual abuse is the exploitation of differences in development and maturity for the sexual gratification of one person, usually an adult, at the expense of someone who does not or cannot consent. Children, teens, and some individuals with disabilities are at a disadvantage here because they often don't know the intentions of the other person. Furthermore, research in neuroscience tells us that even though an individual may be legally considered an adult at age 18, the brain is still developing. What this means is that even the most 'mature' teenager still has a different way of looking at the world than an adult.

Children or teens with disabilities are often at a greater risk of exploitation, whether because of physical/mobility issues, developmental disability/developmental delay, mental health disorders, differences in incidental learning, medication side-effects, sensory disorders, or any combination of the above. This is why it is so important for adults to take responsibility for preventing child sexual abuse from ever occurring.

Children and teens are sensitive to the implicit and explicit messages in their surroundings. These social messages can facilitate a happy and healthy childhood or they can create conditions that support abuse. Furthermore, these social messages are often compounded if the child or teen has a disability. Becoming aware of the unhealthy messages and conditions that support abuse can lead to a better understanding of how to push back against them and create the space for truly great childhoods.

Social Messages

Children should obey adults

All children receive the message that adults should be obeyed and while, in many cases that is for the best – e.g. "eat your broccoli", "buckle your seatbelt", it is important that children also know there are times when what they want and need takes priority. Any child or teen should expect that no one be allowed to touch them without a valid reason. A young child saying "No!" to an unwanted hug from an aunt will remember whether their body boundary was respected or not, if later their babysitter should touch them in a way that makes them uncomfortable. For children and teens with disabilities

in particular, it is important to emphasize that they have a right to their body, as many may not be used to having a say in who they interact with, to what extent, or they may not have control over stopping unwanted interactions. Caregivers should always ask permission or inform the child or teen of what they are going to do and why. Encouraging children and teens with disabilities to express their independence and to practice making decisions pushes back against social messages that children, particularly children with disabilities, receive, such as that they are helpless, incapable, or a bother.

Problems should be kept within the family and/or community

Group membership is a powerful force for humans. Sharing a group identity and having a bond with others who share your experiences, speak the same language, or believe in the same things can be incredibly rewarding. People cherish those connections, whether they are in the form of extended family, group membership, going to the same school, or the sense of community that comes from sharing similar experiences of having a disability.

Unfortunately, there is a dark side to the tight bonds of family and community. We can see the evidence in the ugly headlines of abuse scandals and cover-ups – the Catholic Church, Penn State, in public and private schools, on sports teams, in after-school programs, etc. In all these cases, adults protected the reputation of the institution – and that sense of community – over protecting the child. A similar dynamic exists in cases of child sexual abuse by a family member.

For an adult with positive experiences – a warm and loving family, fond memories of day camp, a school with excellent, supportive staff – it can be difficult and discordant to hear that a child's experience of the same place and the same people was so full of darkness and violence. If you ever find yourself in a similar situation, remember children and teens rarely lie about being sexually abused – always take disclosures seriously and let the child or teen know that you believe them. Also keep in mind that in some cases, you may be a mandated reporter and, therefore, have a legal duty to report any disclosure of abuse regardless of whether you feel the accusation is believable, verifiable, or able to be prosecuted.

"…children and teens rarely lie about being sexually abused…"

Sex stereotypes

Young children may not understand all of the messages they receive about adult relationships and sex, but those messages inform their perspectives as they grow into teens and adults. Ideas such as "men (and boys) always want sex" and "women (and girls) lie about being victims of sexual assault" are pervasive and deeply damaging. Furthermore, these messages are layered on top of sexual stereotypes about adults with disabilities – that having a disability makes you undesirable, that anyone with a disability should feel lucky if they find someone "willing to overlook their issues", or that people with disabilities don't feel sexual attraction or desire. In every way, you can challenge harmful sex stereotypes and counter them with messages that emphasize healthy sexuality and relationships.

Secrecy

Abusers employ a multitude of tactics to ensure the silence of their victims. Long before the abuser does anything abusive, they've started the careful process known as grooming. First, by carefully targeting who they will abuse, and then by manipulating the child or teen and the adults around them. Once the abuser's behavior has escalated to abuse, there are many messages, both said and unsaid, that can effectively keep their victim or victims from telling. From the perspective of a child or teen being told,"This is normal," or "I will hurt you and your family," or "Nobody will believe you," these can be convincing reasons to stay quiet:

- "If you tell, I won't play videogames with you or take you to the movies anymore." (withholding a treat)
- "This is how grown-ups teach kids about sex. It's not a big deal." (minimizes the abuse)
- "I can see from the way your body reacts that you like this." (manipulates victim into blaming themselves)
- "We'll both go to jail." (manipulates the victim into thinking they are an equal, consenting partner)
- "Don't tell your mom or I'll leave and she won't be able to make rent." (fosters guilt)
- "Your family will be deported." (threatens family's well-being)
- "If you tell, then all [LGBTQIA] people will be blamed and it'll be your fault" (fosters guilt, threatens ostracism)
- "If you tell, everyone will think you're gay." (threatens social or community standing)

Note: This example is included because many survivors, particularly male survivors, report they didn't tell because they were afraid of the reactions they would receive. Likewise, for a child or teen that does identify as LGBTQIA, being "outed" is another threat that an abuser may employ.

- "Your dad will be angry, disgusted, stop loving you." (manipulates victim into blaming themselves)
- "If you tell, I'll hurt you." (threatens physical harm)
- "Nobody will believe you anyway" (minimizes the child's power to stop the abuse)

What's more, children and teens with disabilities may be vulnerable to threats in ways that other children are not, or are not to the same degree. For example:

- Withholding or threatening to damage a child or teen's comfort object;
- Threatening a child's or teen's service animal;
- Damaging, threatening to damage, or withholding access to assistive devices (i.e. cane, hearing aids, wheelchair, communication aids);

- Threatening a child or teen's standing within disability-focused communities (i.e. communities made up of individuals with the same or similar disabilities, or disability communities more generally);
- Manipulating family or community members into believing a child or teen is less competent than they are or into believing that a child or teen can't be believed;
- Denying a child or teen necessary assistance with toileting or other personal care tasks.

Silence

There are many contradictions in the social messages that children and teens receive about sex, but in particular while sex is everywhere (we're told 'sex sells' after all,) it is not considered 'polite conversation'. As such, there is a lot of variation in the type and quality of information children and teens receive. In addition to the view of some that anything related to sex is rude, dirty, shameful, or something to be hidden away, children and teens are not witnessing and participating in important conversations about what is healthy and what isn't with regards to sexual behavior. For example, conversations around topics like: how people experience attraction and sexual desire; what a respectful dating relationship looks like - both generally and between people the child or teen identifies with and/or is attracted to; the mechanics of sexual organs, reproduction, and sex; health concerns for sexually active people; what constitutes 'sexual activity'; the intricacies of gender identity, gender expression, and sexual orientation; and the importance of enthusiastic consent and knowing what constitutes sexual violence.

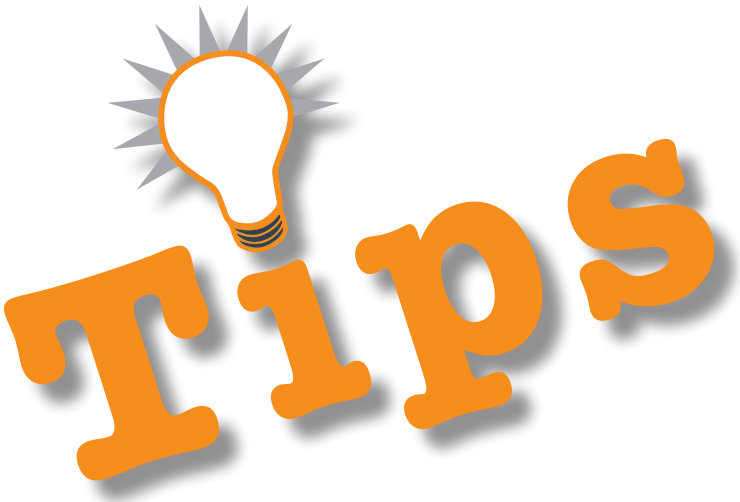
These are all really important conversations for your child or teen to observe and participate in. Certainly it is okay to sometimes feel awkward and uncomfortable when discussing, say, the mechanics of sex. It is also okay to joke with your child about all the funny words people have for referring to genitals, or to ask your teen their thoughts on the latest sex-abuse scandal in the news. Having these important conversations is much easier if you start early, when your child is young, and talk often as your child grows up. While sometimes serious sit-down talks are needed, so too are the short, casual chats that allow your child or teen to learn, ask questions, and mention any concerns they have.

"Start early and talk often."

For children and teens with disabilities, the discomfort parents and adults feel when talking about sex is often exacerbated by other factors. Discomfort may stem from lack of knowledge – for example not knowing how your child's or teen's disability may impact the ways they have sex or, the inverse; wanting to protect your child or teen from painful knowledge. For example, that as an adult your child may have to face potential partners rejecting them because of their disability or, conversely, fixating on their disability. The larger danger here is a false sense of security. Parents and caregivers may assume that their child or teen won't need to know "all that" due to the type or degree of disability

that their child experiences or that teaching their child or teen about sexuality and relationships is unnecessary and needlessly confusing.

All children, even those with severe disabilities, have a right to understand their own bodies and basic concepts like accurate names for body parts, differences between male and female body parts, and what "sex" entails. Furthermore, it does not follow that because your child or teen has a disability that they will be never be able to find satisfaction in a healthy and sexually fulfilling relationship. Avoiding or refusing to engage in appropriate discussions with your child or teen about sex, sexuality, and relationships is doing them a disservice, not only because intimate relationships can be so rewarding, but also because it results in them being less likely to be able to recognize when a relationship is unhealthy, harmful, or abusive.



Tips to Help Protect Your Child

While most of this booklet has focused on what you need to know as a parent to reduce the risk of child sexual abuse, the other half of the prevention equation is communicating to your child or teen what they need to know.

Don't Wait for "The Talk"

Don't wait until your child or teen is "old enough" to have The Talk. The average age children are abused is 8; infants, toddlers, school children and teens are all vulnerable to sexual abuse. Begin weaving sexual education and abuse prevention messages into everyday conversations with your young

child. As they get older and gain new experiences, continue to teach them and reinforce messages in a developmentally appropriate way, always taking care to connect their questions or any new information back with what they already know. Lay a strong, fact-based foundation for your child when they are young and build from there.

The Basics

All children, regardless of type or degree of disability, need some basic information about their bodies, their right to their body, and sex. One of the first things you can teach your young child are the appropriate terms for genitalia and the idea that your child's genitals are their private parts. When teaching your child the proper names for genitalia and afterwards in day-to-day life don't be embarrassed by using the terms penis, testes, vagina, vulva, breasts, anus, buttocks– these are the correct, medical terms after all! Be aware that if you're embarrassed by these words, your child will likely follow your lead and learn that genitals are embarrassing and may not tell you if someone is being sexually inappropriate or abusing them.

Likewise, when teaching your child about their genitals try to be aware of what language you use – "private parts" and "personal space" are neutral, as is talking about "the underpants rule" or "the bathing suit rule," however terms like "your no-no place" are problematic. Teach your child words to describe their own genitals and let them know that male and female genitals are different. As they get a little older, tell them about sex and reproduction and respond to any questions they have. When describing the physical changes of puberty such as the onset of menstruation, nocturnal emissions, hair growth, etc. again, use neutral, medically correct terms. Pediatricians suggest talking to your child about personal space and privacy by age 3 and about puberty and sex before age 10. Be matter-of-fact and let your child know they can always talk to you with questions or concerns. Model for your child how to communicate and, if they cannot tell you what they are feeling and/or experiencing, assume it is similar to other children or teens of the same age. Also, remember you have many options for teaching your child and reinforcing your messages – having a sit-down conversation, reading together, playing with dolls or through role-play, and while playing games.

Developing a Healthy Sexual Identity

Beyond the goal of preventing child sexual abuse, developing a healthy sexual identity is crucial. Research shows that adolescents with chronic disease and/or disabilities are at least as sexually involved as their peers, regardless of whether the condition is visible or not (i.e., if they can and/or do "pass" for someone without a disability(ies). Because of this, as well as the increased risk of sexual abuse, it is imperative that adolescents with chronic conditions and/or disabilities receive comprehensive sexuality education. You, as a parent, have an important role in guiding your teen and helping them understand that when they are older, they will have the right to a consensual, safe, happy, sexually satisfying, and fulfilling relationship(s).

Foster Independence

Many of the typical, important milestones for children relate to increasing degrees of independence. Learning to stand on their own, learning to dress themselves, learning to go to the bathroom on their own, learning to play on their own – all the way up through learning to live a completely independent life. For children and teens with disabilities fostering independence is just as important. Support your child in developing their independence in different ways; encourage their independence in toileting and personal self-care, the standard should be privacy unless assistance is needed. When providing care to your child or teen inform them of what you are going to do and why, allow them to practice making decisions that affect them, and listen to their input when deciding who can interact with them and how. Always model respect for your child's personal space and boundaries and expect others to show the same respect. Teaching your child healthy boundaries, and that their boundaries need to be respected, helps reduces their vulnerability to abuse.

Typical Sexual Behaviors

Expect that your child or teen will have sexual feelings and will engage in sexual behaviors, regardless of the type and extent of their disability. By learning what kinds of behaviors are typical, you'll be prepared and feel comfortable responding appropriately. One thing to note of course is that most expectations for 'typical' sexual behaviors in children are based on age ranges for children without disabilities. With that in mind, while your child may not follow the exact same timeline; some behaviors can be anticipated based on chronological age while other behaviors may be better understood based on your child or teen's emotional and/or cognitive development.

If you observe your child engaging in sexual behavior(s) that are developmentally expected and don't seem to pose a problem for those involved, then respond in a way that stays true to your family's expectations of behavior and set limits based on your values. If you notice your child or teen engaging in sexual behavior(s) that are not developmentally expected and/or that do pose a problem for them or others, then you must respond.

Be calm and avoid shaming those involved but help your child to understand what is appropriate and what is not appropriate. If you notice a pattern of concerning behavior and your child is not responding to your intervention, then discuss what you're seeing with a professional who will be able to help. (See treatment resources at the end of this booklet). Just as you taught your child or teen that their personal space and body boundaries need to be respected, teach them that the same is true for others.

Tell your child, "*Some body parts are private and it is okay to touch those parts in a private place but it is important that you do not touch anyone else's private parts. It could make them feel upset,*

confused, or angry and could get you in trouble. If you're wondering about these things, come tell me and we can talk about it."

Key Messages to Share with Your Child

Just as it is important to foster independence, it is also important to teach your child or teen when to reach out for help.

1. *"Grown-ups and other children or teens have no business 'playing' with your private body parts. Sometimes a grown-up may need to help you with washing, or wiping your private parts, and that's okay if you need help and they get your permission, but that's not the same as playing with them. Sometimes doctors or nurses may need to examine you but never without me in the room and it's never a secret. If anyone asks to touch or play with your private parts let me know so I can help you."*

Teaching young children about the rules of touching can be a challenge. In particular, for children with certain disabilities or that have complex medical needs, it can be difficult to balance their right to stop unwanted touching against your responsibility as a parent to ensure their health and wellbeing. There are lots of ways to talk about different kinds of touch – (examples include "Okay touch, Not Okay touch"," "secret touch", "green touch, yellow touch, red touch", etc.) Whatever you choose, it is important to emphasize that adults and other children or teens have no business touching your child's private parts.

2. *"Grown-ups and older children or teens never, ever need help from children with their private parts. If someone asks you for this kind of help, tell me right away, even if it's someone in our family or someone we know. If anyone shows you their private parts, pictures of private parts or asks for pictures of your private parts you can tell me. I promise I will listen and not be angry. If you ever feel 'mixed up' about secrets feelings, or private body parts, tell me and I will help you."*

3. *"Surprises are fun for children – it is exciting to look forward to and yell "Surprise!". Surprises are like secrets but they're meant to be told. Secrets though are not okay – they are meant to exclude others and can be hurtful or dangerous. If someone asks you to keep a secret, even if they're a grown-up, I want you to tell me anyway so I can keep you safe. Whatever the secret is – a friend playing with matches, someone at school breaking the rules, someone offering you drugs, or someone telling you to keep a secret about private body parts – I want you to tell me so I can help."*

Have a Plan

Lastly, have a plan in place for your child or teen so they know what to do if someone behaves inappropriately or abusively towards them. The first step is to identify safe people that your child

can go to for help. These people should be individuals that you have known well for many years and *that* you completely trust to care for your child. In addition, try to select a person for each of the settings that your child or teen typically finds themselves.

To whatever extent possible, involve your child or teen in this decision. Encourage them to imagine what they would do in different situations and tease out who it is that they would trust. When discussing how they would respond if someone doesn't follow your family's safety rules, consider using examples with people your child knows. The vast majority of children who experience sexual abuse report that they knew their abuser, whether as a family member, family friend, peer, coach, or teacher. By brainstorming and role-playing with your child or teen what to do in certain situations, you'll be helping them practice what to do if someone in their life does behave inappropriately.

Once you have identified these safe adults, talk with them to let them know your family's plan for how your child would approach them if they need help. Ask them to agree to support your child if needed and provide them with the resources they would need to learn about child sexual abuse and how to prevent it. As with any of the above conversations, this should not be a one-time talk but rather a topic of conversation that gets revisited and updated as your child grows up and/or their needs change.

"We've talked about our family's rules for touching – if anyone breaks those rules or acts in a way that scares you, tell me or another grown-up and I will help you."

Your Child's Care Team and Program Settings

The vast majority of people that work with children and teens with disabilities are caring, thoughtful, and intensely dedicated. Some individuals, however, may have trouble maintaining appropriate boundaries with those they are charged to take care of. Still others specifically seek out employment opportunities to gain access to victims. How then do you, as a parent distinguish those professionals, staff, and volunteers that only have your child or teen's best interests at heart from those that might harm them?

Unfortunately, there is no way to tell from just looking if someone poses a danger, nor can we assume that because someone is nice, they don't pose a danger. Niceness is a decision, not a

character trait. Simply avoiding the issue is not a practical solution either. For many parents of children with disabilities, being a sole caretaker is not a viable, or healthy, option. Furthermore, children and teens with disabilities can benefit immensely from participating in programs and working with staff that cater to their specific needs.

"Niceness is a decision, not a character trait."

Whether you're considering in-home support services, community enrichment programs, or a mainstream or residential educational setting, the most important step in reducing the risk of child sexual abuse is talking with your child/teen's care team. Your conversations should focus on how you can work together to create the expectation of proactive prevention, to establish standards of child safety based on behavior, and to create a system for monitoring and responding to any issues that arise.

Approach the members of your child/teen's care team confidently and tell them you want to reduce your child's risk of sexual abuse, just as you know they do. If you are speaking with a school or youth-serving organization, you can address your concerns to the administrative team but be sure to take the time to introduce yourself to the staff and volunteers who will be in closest contact with your child or teen.

Let the members of your child/teen's care team know that you are concerned about the increased risk your child or teen faces as a person with disability(ies) and ask what policies and practices are in place to address those risks. Establish with your child/teen's care team through your words and actions that you are a concerned and involved parent, that you appreciate their expertise, and that you look forward to working with them to keep your child or teen safe from abuse.

Research shows that the best way for schools and youth-serving organizations to have a deep and lasting influence on behavior is to combine education of their staff about child sexual abuse prevention with complementary institutional policies and practices aimed at improving child safety. Working with your child's care team to establish high standards of child safety will reduce the risk of child sexual abuse and ensure a safe environment for your child or teen to grow and learn.

If your child/teen's care team is comprised of individuals, either someone affiliated with an agency or of a less formal arrangement, then arrange a time to have a dedicated conversation about your family's rules. If possible, create a written record of this conversation so everyone involved can refer back to what was agreed upon. The goal of this conversation is to establish guidelines and expectations for behavior, articulate what kinds of behavior are unacceptable, and to get a clear understanding of consequences and next steps if your family's rules are not followed. Take the time to discuss issues of privacy, personal boundaries, how to care for your child

or teen while respecting their rights, and expectations for sexual behavior(s) both appropriate and inappropriate. During this conversation keep in mind that your care team likely has a lot of expertise to bring to the table and listen to their suggestions.

For example, the rules for touch-appropriateness vary from person to person but also the norms of touching vary among disability populations. In other words, what may seem like an excessive amount of physical contact or an invasive touch may in fact be normal among Deaf or Deaf-Blind communities. Likewise, what may be perceived as being a 'normal' level of physical contact, or non-invasive touch may in fact be problematic if the individual is typically touch-averse. Take time to make sure your family and your child/teen's care team are on the same page so you can work together to teach and respond to your child consistently.

If your child/teen's care team includes agency, school, or organizational staff, thoroughly examine any existing policies or codes of conduct. If they do not have one or you feel it could be improved refer them to Enough Abuse. When discussing policies and practices make sure that the policies are not solely about responding to accusations of abuse, but address preventing abuse in the first place.

The last and most important step in any child sexual abuse prevention plan is the monitoring and response stage. Even the most thorough and foolproof code of conduct is useless if no one is held to it. Monitor your child/teen's care team to see if they follow the rules you've agreed upon. If you notice a member of your team making a minor infraction or if they are generally having trouble with appropriate boundaries, address the issue. If the person in question is a staff member within an organization, follow the organization's policies. Without being accusatory, remind the team member of the agreed-upon rules and/or policies in place.

Maintain an open dialogue with your child/teen's care team so you can discuss what is working or not, whether your care team has noticed any behavioral changes in your child, what is being taught to your child about their bodies, appropriate versus inappropriate touching, and what to do if someone makes them uncomfortable.

Finally, no matter how much you like your child/teen's care team, no matter how amazing the school, or how rich the program, have a plan for what to do if you develop concerns about a member of your care team or observe anything abusive. Don't put yourself in a position where you feel you have to leave your child or teen with someone you don't trust simply because you're not sure what your options are.

Communicate with Your Children About Boundary-Violating Behaviors by Adults in Schools

Children and youth are very special people. Because they have less life experiences, they are more vulnerable and need to be protected, whether it is at home, school, or in the community. Adults are given the responsibility of keeping children and youth safe. We want them to know that while most adults are caring and can be trusted, sometimes adults can have other problems that make them turn out to not be very safe. We want children to understand how adults should be treating them, and that if an adult acts in inappropriate ways, they should communicate with their parent, caregiver or another trusted adult about it.

Parents must be aware that some individuals who are sexually attracted to children or teens choose to work in schools and other youth-serving or faith-based organizations. It gives them "cover" as they carefully identify children and teens they believe will be easy targets for sexual abuse. Adults in positions of authority or trust who intend to sexually abuse often "groom" children by engaging in boundary violating behaviors that can lead to sexual abuse.

The good news is **we don't have to wait for sexual misconduct and abuse to occur before we stop it.** As a parent, when you are aware of behaviors that violate the appropriate boundaries between adults and children, you can take action to stop these behaviors before they can ever escalate to sexual abuse.

Being made aware of boundary-violating behaviors lets children and teens know they never have to accept any behaviors from others that make them feel uncomfortable, even from adults in positions of power or who are well-liked or popular. It lets you as parents know how to support schools and youth organizations as safe havens where your children can learn and grow without the threat of sexual abuse and its devastating and often lifelong consequences for their physical and mental health.

Here is a list of boundary-violating behaviors which parents should know about and make their children aware of. You know your children and teens and their level of development best. Explain these behaviors to them in a way they can understand and watch out for. Encourage them to communicate with you if they experience or see these behaviors occurring between an adult and them or another child, whether at school, in a youth-serving organization, or in the community. Tell them that no matter what they share with you, you will believe them, and you will not be angry with them.

Do you or your child see or know about an adult in a school or youth organization that:

1. Makes comments about a student's body or physical appearance, either directly to students or to other adults in the school. For example, "You're so pretty," or "Oh, I see you're really developing."
2. Makes sexual comments or dirty jokes, suggestive gestures, or flirts with a student.
3. Gives gifts to selected students that violates school policies on giving or receiving gifts. Selects a student for special privileges, e.g. sending on personal errands.
4. Shares their personal phone number or personal email address with a student instead of using school-based phone and email systems.
5. Sends private, non-school related text messages to students or responds to text messages from students after school hours or during nighttime hours, unless it relates to their educational plan and with parental permission.
6. Follows or "friends" students on Facebook, Twitter, Instagram, Snapchat, TikTok, or other social media sites.
7. Takes pictures of students and shares them without parental permission.
8. Tells students very personal things, or secrets, or shares stories about their adult relationships, marriage, or sex life.
9. Asks a youth about their romantic life or relationship with a boyfriend or girlfriend.
10. Confides in and offers support to a student in a way that isolates a student from their friends or family.
11. Uses pet names or words like, "baby," or "darling" to refer to a particular student, or allows students to call them by their first name or a nickname, if that is not usual school culture.
12. Touches students in a way that goes beyond a pat on the back or high five, such as lingering hugs, engaging in roughhousing or provocative physical games with students, or inappropriate touching, e.g. stroking hair, back massages, etc.
13. Asks young students to sit on his or her lap or hand holds with older students.
14. Kisses a student, gives them a lingering hug, or enters their personal space in a way that makes the student feel uncomfortable.
15. Showers with students after athletic practices or events, undresses around students, or violates their privacy in the bathroom or changing rooms.
16. Offers a student a ride in his or her car, unless in an emergency situation. The "rule of three" should be followed, where one adult and one student are not alone together.

17. Shares a room overnight with students when traveling for any field trip or sporting event.
18. Invites students to off-school events or trips or invites a student to hang out after school without other adults or students—at the school or elsewhere.
19. Closes or locks doors when meeting with a student before or after class or covers classroom windows so that interactions with students will not be seen or interrupted.
20. Uses their cell phone or camera in locker rooms or restrooms to take pictures of students.
21. Sends inappropriate pictures of themselves or others to students or asks students for pictures of themselves.
22. Gives or sends pornographic materials to students.
23. Offers a student or students any alcohol, vape pens, cigarettes, or drugs.
24. Acts as a boyfriend or girlfriend or dates a student or other child or youth, no matter how old they are.
25. Engages in any sexual activity with a student *no matter the age of the student*. Even if a student believes such a relationship with an adult in a school or youth organization is okay, the adult's actions are wrong and *should be reported.*

This list is not exhaustive and there may be others you can think of. As you are discussing boundary-violating behaviors with your children, tell them if they are ever confused about any behaviors of adults, they can come and speak to you. Let them know that you will not be angry with them; you will listen to them, believe them, and do everything to make sure they are safe. When discussing this with your child, if they say that an adult in a school or youth serving organization has been acting inappropriately with them, you as a parent can contact the school or youth serving organization leader and make them aware of their employee's behavior.

If you learn that an adult or child in a school or youth serving organization has acted in a way that you believe may constitute sexual abuse, towards your child or another child, you should call your state's child protective services agency to report the abuse. You can also call the police! Behaviors 1 through 11 on the list above may not rise to the level of reportable abuse, but may be early signs of grooming. Behaviors 12 through 25 should be reported immediately.

- Locate the child protective services reporting line in your state or county by calling the 24-hour National Child Abuse Hotline at 1-800-4-A-CHILD (800-422-4453) or visit **www.childhelp.org**. A qualified counselor will assist you.
- To report information regarding possible child sexual exploitation, e.g. child pornography, sex trafficking, enticement for sexual acts, sex tourism, or unsolicited obscene material sent to a child, contact the CyberTipline at 1-800-843-5678 or visit **report.cybertip.org.**

Keep Your Child Safe Online

What is Online Child Sexual Abuse?

- **Child sexual abuse material (CSAM)**, previously reffered to as child pornography. Posting, sharing or viewing these materials is a form of child sexual abuse and is illegal.
- **Sexual solicitation of a minor.** Solicitations are defined as requests to perform sexual activities or sexual talk, or to give personal sexual information.
- **Online enticement,** including "**sextortion**", where an abuser blackmails, extorts or coerces a minor into sending self-generated child sexual abuse material, including photos or videos.
- **Grooming**, where an abuser, who may or may not know the child or teen in real life, befriends them on social media, messaging or gaming sites and builds up their trust with the intention of sexually exploiting them, whether online or through luring them to meet in-person.
- **Sexual deepfakes**, where someone uses A.I., a nudify app or other technology to create or modify an image or video of an identifiable person to make it look sexually explicit. Creating and sharing sexual deepfakes of children is illegal in most states.

Did you know?

- Before the age of 18, **one in five children** will be exposed to some type of in person or online sexual harm, and more than half of these instances will occur between peers. (Finkelhor et al. 2024)
- In 2024, the National Center for Missing and Exploited Children (NCMEC) received approximately **100 reports of financial sexual extortion (sextortion) each day.** (WeProtect Global Alliance 2025)
- CSAM continues to be created and distributed at unprecedented rates. In 2025 alone, NCMEC received **21.3 million reports** that included more than **61.8 million images, videos** and other files related to suspected child sexual exploitation, **1.5 million** of which involved the use of **A.I.** (NCMEC 2026) These numbers actually reflect a decrease from 36.2 million reports in 2023, due to end-to-end encryption making it harder for online platforms to detect and report CSAM.
- **1 in 17** adolescents report being victims of deepfake sexual imagery. (Thorn 2025)
- **Online enticement of children continues to rise,** with NCMEC receiving **1.4 million reports** of online enticement in 2025, a 156% increase from 2024. (NCMEC 2026)

Now that you know, what can you do?

The key is to **supervise** your child's internet activity and ultimately help them become a responsible user. After educating yourself about technology and the internet, it is very important to **start a conversation** with your child about the benefits and risks of using technology. Work together

with your children to establish **age-appropriate ground rules for internet usage**. By involving them in the discussion about rights, responsibilities, privacy, and personal safety, not only will they be more likely to follow your family's rules, you will also be helping them develop their own knowledge and personal standards of internet safety. Stress to your children that the **rules are to protect them**, not control them. As technology changes and your children grow older, you will want to **revisit your family's ground rules and continue educating your children** on how to protect themselves, their private information, and how to be responsible users of technology.

- Talk to your children about what sites and apps they use, and ask them to show you their **privacy settings**. They should not allow people they don't know in real life to view their content or send them messages on social media. They should never enable location services on social media sites such as Snapchat, which can allow followers to see where they are posting from.
- Tell your children that they should **never add as a friend**, follow or connect with **anyone they do not know in real life**. Just because someone's profile picture makes it appear they are your child's age doesn't mean they are. Predators often pose as children to meet children or teens online.
- Explain to children that they should **never post or share photos of themselves not fully clothed**. Explain there are bad people who will use those pictures in bad ways, and that once a picture is posted on the internet, it can never be deleted.
- Explain to your teenagers that they should **never take nude pictures of themselves** and/or send them to anyone ("**sexting**"), even someone they are dating, or a friend. The person who receives the photos could share these pictures online without their permission (this is called "**revenge porn**").
- Explain to your children that they should **never post information online that would allow someone they don't know to find or stalk them**, including their home address, an identifiable place where they go often, or a picture of the outside of your house.
- Tell them **NEVER to agree to meet a stranger or a "friend they met online" in real life**. Teach your kids to let a parent or trusted adult know if anyone online asks them to meet somewhere.
- Consider purchasing third-party filtering **software to filter out harmful websites** from being accessed on your child's computer, tablet or smartphone. You can also customize parental settings on your computer and/or browser. These filters will change and evolve as your children grow.
- Remember that it is impossible to always monitor children's internet usage. As appealing as it is to rely on restricting access and monitoring software, it is important to keep in mind that **the more involved your child is in discussions of online safety, the more likely they will take those lessons to heart** and apply the same concepts when they are not being monitored or restricted.

For more information for parents about keeping children safe on the internet, resources aimed at teaching children how to be safe on the internet, reporting information, and resources related to sexting and cyberbullying, visit: **https://enoughabuse.org/get-the-facts/internet-safety/.**

How Can I Tell If My Child Has Been Sexually Abused?

Physical signs of sexual abuse are not common, but here are signs you can look out for. Remember, they do not confirm that abuse has occurred. Children and teens can suffer from injuries or medical problems that might cause some of these signs. If you see any of these, explore possible reasons with your pediatrician and your child or teen.

- Trouble walking or sitting
- Complaints of pain upon urination
- Irritation, abrasions, swelling, skin tears, bleeding, or infection of genitals or anus
- Unexplained injuries around the mouth
- Roughened or calloused area between buttocks
- Urinary Tract Infections (UTIs) or Sexually Transmitted Infections (STIs)
- Pregnancy

Because physical signs of sexual abuse are uncommon, it is important to pay attention to other signals that something may be troubling your child or teen, such as verbal cues and behavioral changes. Children and teens can often show changes in behavior for any number of reasons that cause them stress, e.g. bullying, poor grades, family problems, etc. If you see behavior changes, don't assume sexual abuse has occurred. Provide opportunities for your child or teen to confide in you; children look to trusted adults to help them understand and interpret the world. Ask open-ended questions about what is bothering or hurting them, no matter what you think is the cause.

- Headaches, stomach pain, or chronic pain
- Change in appetite
- Significant weight gain or loss
- Unusual bathroom accidents
- Sleeping problems or nightmares
- New words for private body parts that were not learned at home
- Sexual activity with toys, dolls, or other children
- Mimicking adult sexual behaviors, e.g. French kissing, "humping"
- Asking not to be left alone with a certain adult, child, or babysitter. Ask your child or teen what it is about that person or what they do that makes your child not want to be around them. Even they are not ready to provide details, seriously consider ending your child or teen's contact with that person.
- Mood changes when left with a certain person (e.g., going from talkative and cheerful to quiet and withdrawn)
- Cutting, burning or self-mutilation
- Suicidal thoughts or behavior

What Can I Do If I Think Sexual Abuse Has Occurred?

Remember, if you are not sure whether you have witnessed something abusive or not, it is better to err on the side of caution. Likewise, if you have observed a concerning behavior or have noticed a person exhibiting a troubling pattern of behaviors, even if it does not rise to the level of sexual abuse you should take steps to protect your child. Furthermore, if this person is employed or volunteers to work with children or teens as a caretaker, teacher, or other professional, you should take steps to protect any other children or teens they may harm.

If you believe your child or teen has been abused, let them know that you are there to help them, that you love them and that you won't get angry, no matter what. Some children or teens may not be ready to tell, but just knowing that you are there when they are ready may give them the confidence to eventually disclose. Be aware that some children and teens, depending on their disability(ies), may either be unable to disclose their abuse or may be unable to disclose in such a way that would lead to a criminal prosecution. In such cases the suspected abuse should always be reported anyway.

If your child or teen tells you that someone is abusing them:

- Speak with your child or teen in private - if your child or teen is being abused they won't be able to disclose their concerns if their abuser is present.
- Remain calm in your words and actions. Responding in an upset way may make them feel badly that they told and could make them stop sharing information.
- Tell your child or teen: "I believe you. You're not to blame. You are brave to tell me. I will protect you."
- Ask open-ended questions, e.g. "It's important that I know what you know. Tell me what happened."
- Don't plant ideas in your child or teen's mind about what you think may have happened or give your child or teen words to use to describe what they are telling you. This could undermine any future interview or investigation.
- Don't ask your child or teen to repeat multiple times what they have told you.
- Contact your local Child Protective Services, Police, or Child Advocacy Center for help to determine next steps to take, such as arranging for medical treatment or for your child to be interviewed by a professional skilled in this area. Inform them of your child or teen's disability and let them know any specific accommodations your child or teen requires.

- Make a plan for safety so your child or teen will not be left vulnerable to the alleged abuser's actions if they learn or suspect they have disclosed.
- Get support for yourself. Being involved in a disclosure of sexual abuse can be upsetting and you may want to seek confidential support from a trusted family member, friend, or professional.
- If you are too upset or unsure about handling your concerns or your child's disclosure, it's best to reach out to a professional who can help.

Treatment:

For healing to begin, the child first needs to be kept safe from further abuse. Any physical symptoms resulting from sexual abuse usually heal quickly and completely. However, the emotional trauma many children experience may be more long-lasting and usually requires that they receive support from a mental health professional. See treatment resources that follow.

Reporting, Prevention, and Treatment Resources

Reporting suspected child sexual abuse is everyone's responsibility - whether you are a mandated reporter or a private citizen.

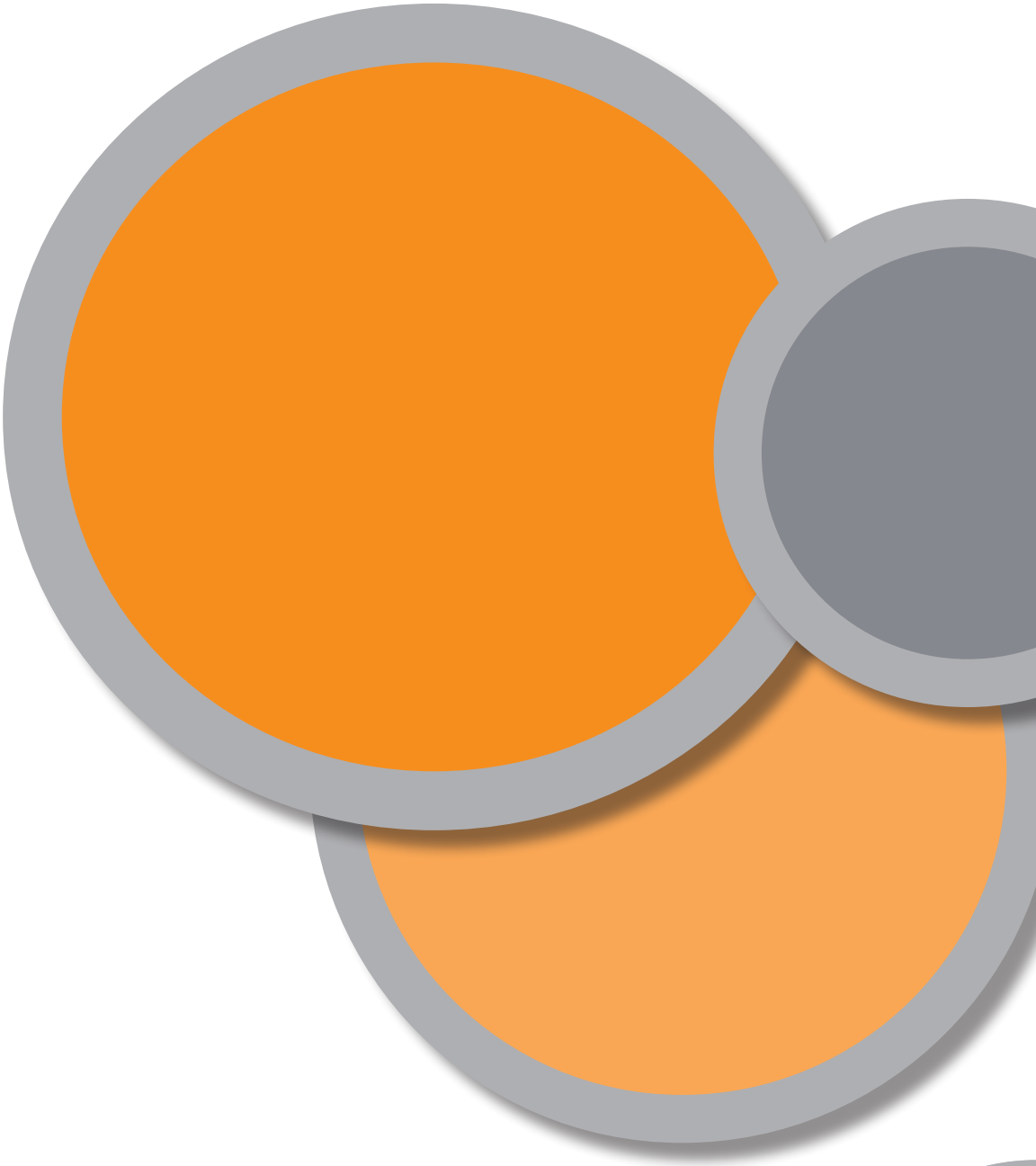
- Locate the child protective services reporting line in your state or county by calling the 24-hour National Child Abuse Hotline at 1-800-4-A-CHILD (800-422-4453) or visit **www.childhelp.org**. A qualified counselor will assist you.
- To report information regarding possible child sexual exploitation, e.g. child sexual abuse material, sex trafficking, enticement for sexual acts, sex tourism, or unsolicited obscene material sent to a child, contact the CyberTipline at 1-800-843-5678 or visit **report.cybertip.org.**

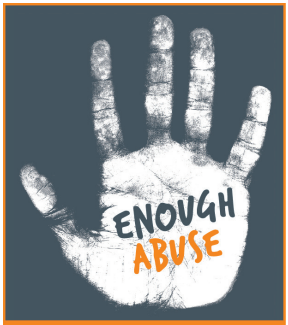
To learn how you can prevent child sexual abuse:

- Visit Enough Abuse® at **www.enoughabuse.org**. See "Get the Facts" to learn more about child sexual abuse. Strengthen your school or organization's abuse prevention policies through our **Safety S.T.A.R.S.** program. Subscribe to our e-newsletter to learn more about our work to prevent child sexual abuse.
- Take the Pledge to Prevent® child sexual abuse at **www.pledgetoprevent.org.**

For treatment and support services:

- National Children's Advocacy Centers: **www.nationalcac.org**
  For children and teens who have been abused
- Rape Abuse & Incest National Network: **www.rainn.org**
  For children, teens and adults that have experienced child sexual abuse
- Association for the Treatment of Sexual Abusers: **www.atsa.com**
  For adults with problematic sexual behaviors
- Child Molestation Research & Prevention Institute: **https://www.childmolestationprevention.org/**
  To locate sex-specific therapy sites in North America
  For adults, teens and children with problematic sexual behaviors
- National Center on Sexual Behavior of Youth: **https://www.ncsby.org/**
  Resources for caregivers of children with problematic sexual behaviors





end child sexual abuse

For additional information, contact:

Enough Abuse®

www.enoughabuse.org

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