



Journal

Child Sexual Abuse: A New Model for School Counselor Consultations

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ABSTRACT

Research from a nationwide study (Abel & Harlow, 2001) suggests that, with early intervention, nearly all child sexual abuse (CSA) can be prevented. CSA is a health problem that affects 41 million Americans—3 million still children. The cause, a sexual drive toward children, begins during the middle school and high school years, and often develops (after age 16) into the disorder pedophilia. In the classroom, sexually abused children may exhibit sexual behavior problems, and also be sexual abusers of younger children. The authors present strategies to educate parents who are sad, hostile, or in denial. Two case studies illustrate how counselors can handle parents' anxieties, and educate them about the preventive aspects of early diagnosis & effective treatment.

Educating Parents About the Tests, Medicines, and Treatments

We know that when some people—including school counselors—see that an article is about the sexual abuse of children they move quickly to turn the page and get past it. This article,

however, is a must-read because we are going to talk about what science has to offer our children. New research suggests that we now have the ability to prevent nearly all acts of child sexual abuse. Several findings of the Child Molestation Prevention Study (Abel & Harlow, 2001) may prove important for school counselors.

Abel and Harlow found in their nationwide study that of the 4,000 adult men who admitted that they had sexually abused a child, 95% had a sex drive directed at children. This sexual interest was of early onset, on average starting when the molester was 11, 12, or 13 years of age. For these men, after the age of 16 their sexual interest in children developed into the disorder, pedophilia.

The important information for everyone who works with children: there are tests, medications, and effective treatment therapies that with early diagnosis can prevent older children and adults from committing sex acts against children.

And that's where school counselors come in. Guided by such research, school counselors are in a powerful position to actually prevent future acts of

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child sexual abuse by simply giving parents this crucial information. To do that, however, school counselors face several challenges.

The easiest part is to learn the new facts. What is harder is to handle this emotion-laden subject with a parent who may be crying, hostile, ashamed, or in denial.

To help counselors face those challenges in this article we are going to combine our two very separate areas of expertise: Harlow will present new findings from her nationwide child prevention study conducted in partnership with Gene G. Abel, M.D. (Abel & Harlow, 2001) and Turner will discuss two of her cases to demonstrate how she used the new research information to improve her consultations and give parents a new perspective and new resources.

What Exactly Is Child Molestation?

Harlow: Child molestation occurs when an adult or an older child touches a child for his or her own sexual gratification. A child victim is a girl or boy who is 13 years of age or younger. The age difference between a molester and a child is five years. A 12-year-old "older child" sexually touching a 7-year-old, is an example. These are the accepted definitions taken from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR, 2000). This is the manual published and used by physicians who are psychiatrists. It establishes classification standards for the diagnosis of psychiatric medical disorders.

There are many more definitions of child sexual abuse (CSA), but for purposes of this article we are using the medical definitions for both the

discussion and the cited research. This five-year age difference is important so that older teens and young adults are not perceived sexual abusers when they are having a peer dating relationship, for instance a 13-year-old with a 15-year-old. While, the medical guidelines are created for adult-child sexual contact, please be aware that the age difference between a child who sexually abuses a younger child is often considered to be three years, since the power difference for example, between a sixth grader and a third grader is considerable.

How Many Children Are Victims?

Harlow: Most sexually abused children—80%—never tell their parents. When the 20% do tell, many families hide the fact because they feel that CSA brands their family as being different and that CSA is a rare occurrence and happens mostly in families of low-income and meager education. Not true. In the United States there are 41 million survivors of CSA—3 million who are still children (Abel & Harlow, 2001; Finkelhor, 1986). What does this look like in a typical classroom? Whether you are in a wealthy, middle class, or low-income neighborhood, you might expect that in any eighth grade class of 30 children there are four girls who have been sexually abused, two boys who have been sexually abused, and—because of the early onset of the disorder—one boy who is already sexually abusing much younger children. That means that nearly one-fourth of all children, by the time they reach the eighth grade, are sexual abuse victims or are already victimizing much younger children (Abel & Harlow, 2001; Finkelhor, 1986).

Two of Turner's recent cases demonstrate how your consultations

might change. In the first case, a stepfather sexually abused his two stepdaughters. In the second, a 12-year-old boy sexually harassed other children at school, used foul language, and showed various behavior problems.

THE CASE OF A MOTHER'S GUILT

Turner: The mother of an 11-year-old girl came into my office in a distressed state. Mrs. Smith (family names have been changed to insure privacy) told me in a trembling voice that her husband, the stepfather of her 11-year-old daughter Bianca, had been sexually molesting the child for a number of years. He had also molested her older daughter Kate. Since Kate had also been my student, I had some knowledge of this family over several years. The family was middle class. The mother was always responsive to me and to her daughters' teachers. The stepfather appeared responsible, religious, and interested in his stepdaughters' school activities. The girls were bright, good students, and well-liked by their classmates.

Mrs. Smith thought she had done all anyone could do. She had already informed Child Protective Services. She had moved her husband out of the house. She had made a police report and he had been arrested and charged. She didn't expect me to be able to offer her much. What she wanted was for me to be aware so that I could be sensitive to any school problem that Bianca might have and move quickly to help her.

She began to cry. Her guilt-ridden questions spilled out. How could she have let this happen to her children? How could she have married this man? How could someone who said he loved her, who seemed to so love her children,

do this terrible thing? As the mother she felt responsible for everything that happened in her home.

In previous years, a consultation such as this would have been sympathetic and short. After all, Mrs. Smith had already done what I would have done. She had taken the side of her child, called Child Protective Services, and insured her child's physical safety. Although, she was obviously in great emotional distress, in the past, I would have had nothing more to say to her.

Take the Shame Away

Turner: With my arsenal of new information from *The Stop Child Molestation Book* (Abel & Harlow, 2001), I started with the positive. And I did something I'd never been able to do before – I gave her facts.

I was able to tell Mrs. Smith she obviously had a good relationship with her daughter. Since we know that most sexually abused children never tell their parents, the relationship she had with her daughter had allowed Bianca to reveal her sexual abuse. She needed to realize that she had done a good job there.

I told her that child sexual abuse happens in ordinary families much more often than she might imagine. According to Abel & Harlow's study there are currently three million sexually abused children in this country. Child Sexual Abuse does not appear that widespread because so few children tell and the parents who are told keep the CSA in their families a secret (Abel & Harlow, 2001). For Bianca, this meant that although her mother felt that Bianca was quite alone, Bianca was not alone. She was most likely one of four girls and two boys in her classroom who had been

sexually abused.

Mrs. Smith was surprised that child sexual abuse happened to so many children. Still, she harbored the view that these three million sexually abused children were probably different than Bianca and Kate—that they were from families who lived in dire circumstances, that CSA was a rare happening in middle class, American families.

I felt my first job was to relieve Mrs. Smith of her guilt and shame. Like many parents of sexual abuse victims, she felt that in some way she was responsible for allowing this awful thing to happen. She had the false belief that child sexual abuse occurred mostly in lower class undereducated families with drug problems or to children who had no parent to supervise or care what happened to them. She was most upset about her false belief that if she had been a truly good mother this would not have

happened in her home—not in a nice home.

Although she reported that her daughters showed no physical evidence of the sexual abuse and there was no dramatic change in either daughter's emotional state or school performance, Mrs. Smith couldn't get past the idea that she should have known, that she should have "spotted" her husband as a danger to her girls.

To relieve her guilt, I showed her two charts from *The Stop Child Molestation Book* (Abel & Harlow, 2001). The first compared admitted child molesters to all American men to present a profile of men who sexually abuse. She was riveted. Like the typical molester, Mrs. Smith's husband was married, educated, working, and religious. I showed her that from his outward characteristics, there was no way she or anyone else could have known.

Contrasts: Admitted Molesters vs. All American Men

	Admitted Child Molesters	American Men
<i>Married or Formerly Married</i>	77%	73%
<i>Some College</i>	46%	49%
<i>High School Graduate</i>	30%	32%
<i>Working</i>	65%	64%
<i>Religious</i>	93%	93%

Sources: The Abel and Harlow Child Molestation Prevention Study and the 1999 U.S. Census Statistical Abstract.

Note: All people in both groups were at least 25 years old.

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The second chart showed which children sexual abusers molest. According to the Child Molestation Prevention Study (Abel & Harlow, 2001) 68% molest children in their own families—a daughter, stepdaughter, niece, nephew, younger cousin, little sister, or grandchild. I reasoned with her: If molesters fit the profile of the typical American *and* the majority molests children in their own families, it follows that most molested children are—like Bianca and Kate—from typical American families.

Which Children Do Child Molesters Target?

Children In The Family	
Biological Child	19%
Stepchild, Adopted, or Foster Child	30%
Brothers & Sisters	12%
Nieces & Nephews	18%
Grandchild	5%
Children In The Neighborhood	
Child Left in My Care	5%
Child of Friend or neighbor	40%
Children Who Are Strangers	
Child Strangers	10%

Sources: *The Abel and Harlow Child Molestation Prevention Study.*

Note: Since child molesters often molest children in more than one category, the categories total more than 100 percent. The same child molester may have molested his biological child and his stepchild, therefore, we cannot say that those two categories combined represent 49 percent, but must say that they represent a lower number.

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Who's to Blame?

Turner: Then, Mrs. Smith asked: "What's wrong with our family's life that caused this to happen. What did I do wrong?"

What I said next gave her the most comfort. "Nothing you did caused this to happen. Nothing your daughters did caused this to happen. Nothing in your family dynamic was responsible. The only fault is with the man who did the molesting.

Unraveling the Mystery

Turner: Using my knowledge from the Abel and Harlow book, I was able to tell Mrs. Smith the basic facts. Most sex acts against children—95% of all child sexual abuse acts—are committed by men with the disorder pedophilia (Abel & Harlow, 2001). Pedophilia is a well-known medical disorder (DSM-IV-TR, 2000). Central to the disorder is a sex drive toward children. For a diagnosis, it must

be ongoing, lasting for at least six months. Pedophilia is an early onset disorder, starting typically in the middle school and early high school years (Zolondek, Abel, Northey, & Jordan, 2001). It appears to be on a separate sexual track that runs alongside the person's sex drive toward adults. So, the child or adult may also have a perfectly normal sexual attraction to people their own age.

What I wanted her to understand from this was that her husband may well have pedophilia. She had told me he was sexually active with her daughters for more than six months. And, since the disorder often begins at an early age, he may have had the disorder years before she met him. What's more a wife could have a perfectly satisfactory sex life with a husband who has the disorder Pedophilia. Often there is nothing in that area that might lead a wife to suspect a

husband's other sexual track - a sexual interest in children.

Tests, Medicines, and Effective Therapy

Turner: Probably the most important help I gave Bianca's mother was this. I told her: diagnostic tests exist, medications are effective, and a new sex-specific therapy that focuses on sex drive has been proven effective in 88% of cases (Abel & Harlow, 2001; Gordon, Hanson, Harris, Marques, Murphy, Quinsey, & Ceto, 2000)

I gave her printouts from my child molestation resources file. These included details of the medications; a chart showing the differences between traditional therapy (ineffective in CSA cases) and the new sex-specific therapy; six questions to ask the sex-specific therapist; and a list of the 20 centers in Georgia equipped to do sex-specific evaluations. (All resources can be downloaded from the Child Molestation Research & Prevention Institute's website: www.stopchildmolestation.org.)

Mrs. Smith was grateful for these resources. I was fortunate to be able to also loan her a copy of *The Stop Child Molestation Book* (Abel & Harlow, 2001). A good strategy for school counselors is to have copies of this book in every counseling office for just this purpose. The book presents five families dealing successfully with CSA. The conversations that parents can have with their children are particularly helpful. And the book answers so many more questions than a school counselor can possibly answer.

Mrs. Smith called me the next day to say she had read the book in eight hours, was buying one for the lawyer prosecuting her husband, and that

regardless of the outcome of her husband's trial, she was going to demand that he receive sex-specific therapy.

THE CASE OF A BOY'S SEXUALLY PROBLEMATIC BEHAVIOR

Harlow: To protect children from being future victims it is essential that we act early. Where the school counselor can make a crucial difference is in spotting the sexually troubled boy (often sent to her office for sexually acting out in the classroom). At that point she can educate his parents so they understand the possible seriousness of the problem and provide them with the resources to help them act responsibly and in their son's best interest.

Turner: A couple of years ago I had a case of an 11-year-old boy who was sent to my office for using foul sexual language and sexually harassing other children. I still think about him because he reported that he had been sexually abused and his behavior suggested that he might have been developing a serious problem. Mostly, he haunts me because I did my old standard consultation, the one that was standard for me before I had enough information and the appropriate resources that might have helped him and his mother.

His parents were divorced professionals. His father lived in another state and the boy (I'll call him Johnny Jones) was not a problem student when he entered school. He changed markedly following each visit to his father. At one point he cried and told me his father touched him sexually. I had a conference with his mother about this. I could see her stiffen with that "not in my family, don't you dare accuse us of such a

horrible thing" look. Mrs. Jones informed me that Johnny was seeing a therapist, that he was naturally upset about the divorce, and that's why he misbehaved when he returned from his father's. She further dismissed the sexual content of his misbehavior with the line, "boys will be boys."

At that time, I felt such uncertainty. Johnny told me directly without my asking that his father sexually abused him. He was distressed and crying. Still, in the face of Mrs. Jones' angry denial, I worried that maybe I was making a mistake about the boy's father. I am sure she sensed my anxiety around this issue and it may have fueled her resistance. Today, I would take a far different approach. Starting with the facts, I'd make these points: it's not the family's fault; it's not the boy's fault; and this happens in many families—responsible, hard-working, religious, and with high moral values—just like yours. However, if he has been sexually abused, his risk for molesting others increases. This is a serious possibility. Only a professional evaluation can give you an answer. Help is effective and available for families dealing with these issues (Abel & Harlow, 2001).

Two things bother me most when I look back. Mrs. Jones thought she had done everything she could for her son by taking him to a traditional therapist. But traditional therapy is ineffective with problems of sex drive (Abel & Harlow, 2001). I was unable to give Mrs. Jones the new information about sex-specific therapy or the list of the 20 treatment centers in Georgia. From my experience with my later cases, I feel these handouts (available from www.stopchildmolestation.org) would have helped me

overcome Mrs. Jones' denial and her resistance so that she might have understood the possibility of the existence of a disorder in her ex-husband and in her son having nothing to do with her family dynamics or moral values.

The second thing that bothers me is that I was caught in the ambiguity of "knowing for sure": Was the boy a sexual abuse victim or not? Was the molester his father or not? Incidentally, Johnny recanted. Later, his mother told me that she had asked him directly, telling him that this was a very serious accusation and Johnny had told her and then his therapist that his father never touched him. He said that his father was a nice man. My immediate thought: 'If he said he was molested, his mother wouldn't let him visit his father again and his father would get in trouble. That's a lot of pressure on him.'

Now, I know the answer to the "did he or didn't he" question isn't crucial. There is no way that I—or any school counselor—could know for sure. However, Johnny had so many of the behaviors on our Sex Specific Behavioral Problem Checklist (see Chart 3) that were persistent even after repeated counseling sessions, that no matter what caused them, without a professional sex-specific evaluation, there was no way his mother, his therapist, or his school counselor could know if his problem was serious enough to benefit from treatment. Johnny continued through the next year being disruptive in the classroom, exhibiting many of the problem behaviors of an over-sexualized child. Finally, Johnny was placed in an Emotional Behavior Disorders Self-Contained classroom and after eighth grade I lost track of him. But, I wonder what might

have changed for him if I had been able to give his mother this new information.

DISCUSSION: PREVENTING CSA BEFORE IT HAPPENS

Harlow: For a sexually abused child to recant is not unusual—especially, when the abuser is in the child’s family. Many children, regardless of their distress from being sexually abused wish to protect this family member from harm and the rest of the family from being upset. At the Child Molestation Research & Prevention Institute we feel strongly that any boy who has possibly been sexually abused should have a sex-specific evaluation because of his increased risk to sexually interact with a younger child.

In our study of 4,000 admitted adult molesters, we found that 47% had been sexually abused as children. Our preliminary data on a new and unpublished study reveals that a high percentage—38%—of admitted molesters were, as children, molested by their fathers. This may prove to be a significant finding because father-son incest is relatively rare (Finkelhor, 1986).

In a family situation illustrated by the Johnny Jones case, the school counselor does not need to prove that the child was sexually abused by his father before recommending a professional evaluation by a sex-specific specialist. The child’s sexual behavior problems by themselves can be enough.

Harlow: Remember that in the typical eighth grade classroom, in addition to the estimated six children who have been sexually abused, there is a seventh child and that child (usually a boy) is already sexually abusing younger children. An estimated one out of every 20 boys develops this second interest

(Abel, Bradford, & Glancy, 2001). How does it start? We know that it occurs in some boys because they are CSA victims. However, it can also start as a part of natural sexual development. And for others, it occurs in reaction to certain sexual images (for example, child pornography—easily available to children through the internet).

The important fact for school counselors to know is that this disorder starts typically during the middle school and early high school years. What’s important to realize—and our best hope for prevention—is that, in many cases, there is a substantial lag time between when the child first feels sexual interest in a younger child and the time that he acts on that interest. As in the development of most children’s sexual interest patterns, there is a time period during which the boy simply thinks about and talks about his sexual interest in younger children without doing anything (Abel & Harlow, 2001).

Harlow: With the help of Gene G. Abel, M.D., Turner and I have created a checklist for school counselors to identify children with a sex-specific behavioral problem. While many of these children will be going through a normal developmental process of curiosity and exploration, some of the children in this group will have a problem of serious concern and some will need to get a professional evaluation from a sex-specific therapist. What often signifies the difference between normal childhood sexual exploration and curiosity and a serious problem is simply the persistence of the problem behavior. As in the case of Johnny Jones, school counselors need to be more concerned when the problem behavior persists over a period of time, especially after the child has been told

repeatedly that the behavior is inappropriate. These behaviors when persistent may indicate that the child is a victim of sexual abuse or that the child is sexually

victimizing other children. In a few cases, the child may be a sexual abuser and a victim.

The first step is to give yourself

CHECKLIST FOR SCHOOL COUNSELORS TO IDENTIFY CHILDREN WITH A SEX-SPECIFIC BEHAVIOR PROBLEM

- Any child using sexual language beyond his or her age group. This suggests that the child has been looking at sexual material or engaging in sexual behavior beyond his or her age group.
- Any child who acts out sexually at school.
- Any child who continues to engage in chronic sexually harassing behavior after an adult has told them to stop.
- Any child who others report as having excessively sexual provocative behavior.
- Any child attempting to get another child or adult nude, especially at school or outside of the home.
- Any child who is overly attentive to younger children (3 years younger).
- Any child suspected of having a sexually transmitted disease.

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permission to act. The second step is to prepare to give your suggestions in an unemotional way in the face of the parents' emotional reactions.

When school counselors know what to expect in the way of a parent's concerns, they can be ready with helpful information. Although pedophilia has been recognized as a treatable medical disorder for over 30 years, the word tends to scare parents. What they know is what they have learned from television and newspaper reports, which tend to emphasize the fear-inducing aspects. Once the school counselor has helped them by providing facts that take the shame away, parents may still be fearful that their child will be labeled for life.

Note: For a boy who is a sexual abuser who is not yet 16, no diagnosis of

pedophilia is allowed. The questions that are asked: Does this boy have a sex-specific behavioral problem? Can we help him overcome this problem? (Abel & Harlow, 2001)

And if he doesn't? Sometimes, school counselors and parents want to be absolutely sure there is a serious problem before they seek professional advice. Consider this: many families take their children to the doctor for a check-up to make sure the child's cough, swollen ankle, or fever is not a symptom of something more serious. A sex-specific evaluation when it concludes that no serious problem exists, not only relieves the parent's anxiety, but that positive information can guide the school counselor and the school staff in their future interactions with that child.

While a child's sexual behavior problems create a much more emotional reaction than other childhood health problems, just like for the more accepted health problems, specialists are available, tests and treatments are available and have been proven effective (Abel, Becker, Cunningham-Rathner, Mittleman, & Rouleau, 1989; Abel & Blanchard, 1976; Abel, Blanchard, & Barlow, 1981; Abel, Bradford, et al., 2001; Abel & Harlow, 2001; Abel, Huffman, Warberg, & Holland, 1998; Abel, Lawry, Karlstrom, Osborn, & Gillespie, 1994; Abel & Osborn, 2000; Feierman, 1990).

Treatments vary in length and intensity depending on what is causing the problem and its severity. As for the medications (most often prescribed for the short-term), more than 20 studies have proven their effectiveness with sexual behavior problems (Bradford, 2000; Bradford, Greenberg, Gojer, Martindale, & Goldberg, 1995; Krueger and Kaplan, 2001).

This large body of research taking place over several decades puts the school counselor who recommends an evaluation by a sex-specific specialist on solid ground.

At the Child Molestation Research & Prevention Institute we believe in early diagnosis and effective treatment. With early diagnosis and effective treatment, we have the potential to reduce the number of child victims in each generation from over three million to several hundred thousand. Because the disorder starts early, we must intervene early. We believe the numbers of sexually abused children can be dramatically lowered by early attention to boys and girls who are exhibiting persistent sexual behavior problems.

With that possibility in mind let's discuss what you might do to help.

CONCLUSION

School counselors are in a powerful position to protect children. However, you may not feel your power. Because reported cases of CSA are somewhat rare, you may feel that what you do will have little impact. Consider this. Say you are a school counselor for 20 years, and one time in that 20 years you counsel the family of an inappropriately sexually acting out boy, who is developing a sexual interest in younger children. If you persuade his parents to get a sex-specific evaluation for him, you will have saved the child victims in his future. According to the Child Molestation Prevention Study (2001), if he is typical, he will average 7 child victims. You will save those 7 children. If he is a sexual abuse victim himself, he will sexually abuse an average of 10 children. You will save those 10 children. And if he was sexually abused more than 50 times as a child, the average number of his future victims increases to 25 children. With one consultation, you have the power to save this boy from a future tragedy in his life, that of becoming a child molester. And you will have saved the 25 children in his future from ever becoming sexual abuse victims.

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The research study and many of the resource materials cited in this article are available for free through the Child Molestation Research & Prevention Institute website at www.stopchildmolestation.org. Correspondence concerning this article should be addressed to Nora Harlow, Child Molestation Research & Prevention Institute, 1100 Piedmont Avenue, Suite 2, Atlanta, GA 30309.