



# Moving Upstream

Virginia's Newsletter for the Primary Prevention of Sexual & Intimate Partner Violence

## Revisiting Healthy Sexuality & Sexual Violence Prevention

Brad Perry, MA, Sexual Violence Prevention Coordinator  
Virginia Sexual & Domestic Violence Action Alliance

In 2005, we published a two-part article making a case for expanding sexual violence primary prevention work to include the promotion of “healthy sexuality” (see reference section for how to access these previous issues of *Moving Upstream*). Over the past 3 years, these ideas have received a steadily building base of interest, especially as the field recognizes the value of adding a promotion paradigm (see *Moving Upstream* Volume 3, Issue 3). As the healthy sexuality approach has gained traction, there has been increasing interest in finding examples of its underlying concepts in action. That is, has anyone put the concepts of a healthy sexuality approach into practice? How do these initiatives look?

This article will profile two programs using a healthy sexuality approach, and will also report on key policy and practice developments that have come to light since the original healthy sexuality articles were published. The two programs, the Canadian-based “Care For Kids” and the Joyful Sexuality project lead by the Vermont Network Against Domestic & Sexual Violence (VNADSV), were both mentioned in Part 2 of the *Moving Upstream* article on healthy sexuality. Here they will both be discussed in more detail. This article will also examine 3 key issues where primary sexual violence prevention and sexual health promotion converge: An update on the abstinence-only-until-marriage approach; an introduction to the REAL Act; and a brief overview of effective program elements in European sexuality education that may help us improve our work.

### Care For Kids

In the early 1990s, the town of Prescott, Ontario was at the center of one of the most wide-reaching child sexual abuse cases in Canadian history. It was out of this crisis that the *Care For Kids* (CFK) project was born. Originating from the Leeds, Grenville and Lanark District Health Unit, CFK represents innovation born out of dissatisfaction with conventional wisdom. In the course of responding to the rampant child sexual abuse unearthed in Prescott, Health Unit staff quickly recognized the limitations inherent in existing programs addressing child sexual abuse:

- Reliance on messages that oversimplify touch as either “good” or “bad” is confusing and not often applicable in real world experiences;
- Focus on enhancing children’s skills for personal safety places responsibility for prevention on children when it should be placed on adults; and
- Complete lack of content candidly addressing sexuality from a positive perspective.

The architects of CFK stated, “Since our society is not always prepared to deal with sexuality - healthy or otherwise - separating sexual abuse prevention from sexuality education can be a problem. If [sexual abuse avoidance] programs, with their vague references to “private parts” and “saying no” constitute the first and perhaps only classroom reference to sexuality, they may lead children to believe that sexuality is bad, secretive or even dangerous.” (Galey, 1995).

CFK was created to both assuage these concerns and articulate a positive vision – a program that would facilitate healthy sexuality and safety, rather than solely teaching children to avoid

(Continued at the top of Page 3)

Volume 4, Issue 1  
Spring, 2008

### Inside this issue:

*Revisiting Healthy Sexuality* 1

- Brad Perry

*Funder's Forum: Funding & Training Opportunities!* 2

*Promising Practice: The Collins Center & Care For Kids* 2

- Angie Strite

*Addendum 1* 7



## Funder's Forum Funding and Training Announcements from VDH!

### “Combining Strengths in Virginia”: 2008 Funding Opportunity for Teen Dating Violence Prevention

The Division of Injury and Violence Prevention at the Virginia Department of Health announces a curriculum/project training opportunity for up to twenty Sexual and Domestic Violence Agencies (SDVAs) in Virginia. This funding opportunity is available to assist in the implementation of the PREVENT Project, a project of the Virginia Teen Dating Violence Prevention Taskforce of VSDVAA. To be eligible for this training opportunity, a SDVA must commit to providing PREVENT Project training and technical support to at least 2 community-based youth-serving agencies during the 2008/2009 school year. Small grants of \$1000 will be awarded to reimburse some expenses incurred in managing the project. For more information, please go to [www.vahealth.org/civi/sexualviolence/funding](http://www.vahealth.org/civi/sexualviolence/funding).

### Safe Dates/Choose Respect

The Division of Injury and Violence Prevention (DIVP) at the Virginia Department of Health is planning to hold three regional trainings focused on two teen dating violence prevention curricula - Safe Dates and Choose Respect. The trainings are tentatively planned for June 10 in Abingdon, August 12 in Richmond, and October 7 in Norfolk or Virginia Beach. Additional information will be provided at a later date via the DIVP Sexual Violence Listserv. If you are not on that listserv, please contact DIVP at 804-864-7741 or [joanna.wolfe@vdh.virginia.gov](mailto:joanna.wolfe@vdh.virginia.gov) to add your email address.

## Promising Practices *The Collins Center on Care For Kids* Angie Strite, Prevention Specialist The Collins Center in Harrisonburg, VA

The Collins Center has a strong history of prevention programming directed at teens. In addition, our center has traditionally provided information, presentations, and awareness campaigns about the problem of child sexual abuse. However, in the past five years, as our agency began to reframe child sexual abuse prevention as the responsibility of adults, we felt the need for a more comprehensive program designed to reach a broader audience and based on positive messages as opposed to relying on fear. The Care For Kids (CFK) program, which was developed in Ontario and adopted by Prevent Child Abuse Vermont (PCAV) in the United States, seemed to be an exciting opportunity. The program focuses not only on sexual victimization, but also on developing empathy, nurturing behaviors, and healthy body boundaries while increasing positive parent-child communication about difficult subjects such as sexuality and abuse. Care For Kids seemed to be the primary prevention program we had been searching for.

Care For Kids includes both safety and primary prevention objectives. Not unlike traditional child-focused programs, CFK teaches children the concepts of touching, feelings, and talking to trusted adults when they have a problem. However, the six-session lessons also stress using correct terminology for body parts, and teaching young children to have positive feelings towards their genitals. The safety objective here is that children who gain knowledge about their “private parts” without feelings of shame or guilt attached are less likely to be vulnerable targets for perpetrators. As a perpetrator once stated, “Show me a child who knows nothing about sexuality, and you’ve shown me my next victim”. Perpetrators clearly target those children who won’t have the knowledge or language to understand or describe what is happening to them as abusive.

The primary prevention messages of CFK go beyond teaching adults and children about touching and telling. Lessons teaching boys and girls to identify and empathize with the feelings of others, and to be nurturing toward others are laced throughout the children’s workshops. Children with these characteristics are less likely to perpetrate sexual violence in the future. In addition, consent is presented in age-appropriate ways. Adults are encouraged to openly communicate about sex and sexuality with children in order to reduce the silence, secrecy, and shame that can often surround it. Adults can also reinforce primary prevention objectives by modeling empathy and nurturing behaviors for children.

Care For Kids teaches parents and early childhood professionals to differentiate between healthy and harmful childhood behaviors related to sex or sexuality - either solitary behaviors such as masturbation or mutual behaviors such as engaging in sex play. When any behavior becomes concerning or indicative of possible sexual abuse, CFK teaches adults how to respond appropriately - not to ignore the behavior, but also not to overreact – in order to nurture healthy sexual development in children. Parents participate in both an initial Parent Meeting before the children’s workshops, and reinforce safety and prevention objectives taught in each lesson with the help of “home-sheets”. Early childhood professionals (childcare and after-school staff, community agency staff working with children, etc.) gain tools and an understanding of healthy sexual development through the CFK training as well as a more basic training for professionals (also out of PCAV) called Nurturing Healthy Sexual Development™ (NHSD).

(Continued at the top of Page 6)

## Adding a Promotion Paradigm (continued from Page 1)

sexual abuse. *CFK* has both a primary prevention goal – developing sexually healthy communities – and a secondary/tertiary prevention goal – developing communities that can more effectively recognize and respond to the warning signs and indicators of child sexual abuse.

Designed to be flexible, *CFK* has existed in many forms over the past 15 years, but the most well-tested version is a 7-session, Pre-K-Third Grade curriculum for children and its companion program for parents and other key adults. This version of *CFK* starts by securing buy-in from adults in a given school or child care setting. The Leeds, Grenville and Lanark District Health Unit website contains a detailed overview of how the strategy should unfold ([www.healthunit.org/carekids/jericho/LESSON02.htm#Care](http://www.healthunit.org/carekids/jericho/LESSON02.htm#Care)), but generally one must build rapport with a school or child care facility (including the parents of the children), assess their capacity to implement *CFK*, train these adults about sexuality, child sexual abuse, and the *CFK* program itself, address relevant policies and practices of the school/child care facility, and finally implement the 7-session curriculum with the children.

*CFK* bolsters its effectiveness by attending to the community and relationship levels of the social ecology before attempting to work with children at the individual level. By first enhancing the knowledge, attitudes, and skills of key adults, and addressing the policies and practices of the school/child care facility, *CFK* is able to create a supportive environment for the messages in the 7-session child-focused curriculum. The curriculum itself has been carefully composed to impart messages in an affirming and developmentally appropriate manner. The Health Unit website summarizes the key messages contained in the curriculum, and explains the rationale for each one. (See [www.healthunit.org/carekids/jericho/LEARN.htm](http://www.healthunit.org/carekids/jericho/LEARN.htm) and scroll down to “Messages About Healthy Sexuality”.) Some of the messages that make *CFK* particularly unique include:

- 1) "Our bodies are good and special, deserving of care and respect (including our genitals)."
- 2) "Boys and girls have many parts that are the same, and a few parts that are different. All body parts have names and can be talked about respectfully."
- 3) "Babies need a lot of help and deserve to be cared for and nurtured. Children, as they grow, can do more for themselves, but still need and deserve help with some things."
- 4) "Girls and women do not always have to be nice and helpful. Boys and men do not always have to be tough, and able to handle everything."
- 5) "Adults and older children have no business 'playing' with a child's 'private parts'. Sometimes adults need to help children with washing or wiping the 'private parts', but that's not the same as playing with them"
- 6) "Adults and older children do not need help with their 'private parts'."
- 7) "Sometimes we like to be touched and sometimes we don't. It's OK to say no to any kind of touching."
- 8) "We don't touch a person who says 'no touching' or looks unhappy about being touched."



***“Care For Kids seemed to be the primary prevention program we had been searching for.”***

**- Angie Strite**

The primary prevention aim of messages #1, #3, #4, and #8 is to empower children to become respectful, perceptive adults who understand the importance of everyone being able to develop an enriching sense of their own sexuality. The purpose of message #1 lays the foundation for the rest of the program, expressing the need for a positive outlook on sexuality versus one of shame and silence. The Health Unit website further explains messages #3 and #4 by stating, “It is known that perpetrators of sexual abuse lack the capacity to nurture others....If we are going to stop future child abuse from occurring we must start fostering the development of genuine nurturing behaviours in both male and female children.” Message #8 is an age-appropriate version of a theme common to many prevention programs for teens: The importance of correctly perceiving cues and respecting other people’s boundaries.

The messages that are more relevant to secondary/tertiary prevention outcomes (#2, #5, #6, and #7) are articulated in a simple, specific manner easy for children to comprehend. Children are instructed on the anatomically correct names for their genitals, and are taught why the term “private parts” is sometimes used, differentiating “private” from “secret”. This candid child-focused content, combined with corresponding trainings and “homework” for parents, increases safety by undoing the shroud of secrecy and naiveté around sexuality exploited by many perpetrators.

For more information on *Care For Kids*, visit the aforementioned pages on the Health Unit’s website, and view a PowerPoint presentation on the history and current content of the program at: [www.healthunit.org/carekids/carekidppt/carekids.htm](http://www.healthunit.org/carekids/carekidppt/carekids.htm). Also, read Angie Strite’s article in this issue for a detailed explanation of how one Virginia community has implemented *CFK*.

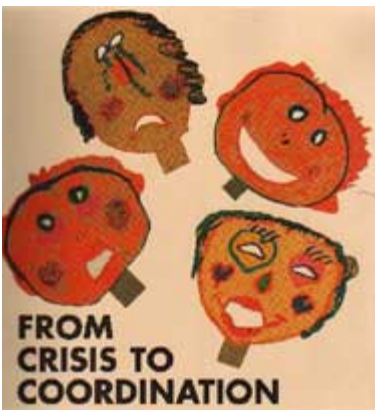
### Vermont’s Joyful Sexuality Projects

In 2001, Vermont engaged in a statewide sexual violence prevention planning process. Several sub-committees emerged, and one sought to examine how sexuality and sexual violence interact. This group, consisting of VNADSV staff, local crisis centers staff, a state level educator, and staff at a statewide child abuse prevention organization, decided to explore this issue with as few preconceptions as possible. They opted for an open process intended to simply hash out ideas, rather than working toward any particular product. After extended



*“Since our society is not always prepared to deal with sexuality - healthy or otherwise - separating sexual abuse prevention from sexuality education can be a problem.”*

-Sherry Galey



Sourcebook first describing the Care For Kids project.

*“We want to support parents to realize, teach, and model the concept that sexuality is part of our humanity. Not a thing to put be into a box and never talked about.”*

- Amy Torchia

**Revisiting Healthy Sexuality (continued from Page 3)**

discussions and activities, the sub-committee concluded that by the time we reach adulthood, most people in the U.S. have learned to distance themselves from exploring personal definitions of intimacy, eroticness, sensuality, and sexuality – and that any personal exploration of this kind is generally considered negative and shameful. They further surmised that such lessons prevent people from understanding sexuality as a wonderful part of humanity, and instead encourage us to disconnect from it. When sexuality is disconnected from humanity, violence and abuse is one of many inevitable harmful outcomes.

These realizations prompted the sub-committee to conclude that enabling people to explore their senses of joy, self, and connectedness is at the core of joyful human sexuality, and thus “joyful sexuality” is sexual violence prevention. The group determined that prevention efforts informed by this analysis should focus on helping children retain this sense of connection, while also helping adults reclaim it.

Eventually the sub-committee recorded these ideas, and developed a workshop to share core concepts. The sub-committee also expanded to include a variety of allied professionals, including representatives from Vermont Planned Parenthood, Gedakina (a First Nations organization), and two organizations addressing LGBT issues: Outright Vermont and Safespace. Currently, no single person is “in charge” of any projects, rather all of the partners make it part of their existing jobs, while staff at VNADSV and Vermont Center for Crime Victim's Services provide logistical support, helping to organize regular meetings and events.

This expanded partnership recently released an impressively thorough manual to guide joyful sexuality projects. The manual describes the philosophical basis of joyful sexuality, and provides information on how to train community members promote joyful sexuality in their own lives and within their families and communities. Taking care to support flexibility and program modification, the manual provides a detailed sample agenda, complete with meticulous activity descriptions and facilitator's notes. The sample agenda for a training on joyful sexuality includes such topics as:

- Introduction of Workshop
- Sensual Feast
- When I Was a Boy (or other music or art)
- Etymology of *Intimacy, Erotic, Sensuality, Sexuality*
- Childhood Messages About Sexuality
- Hourglass Exercise
- Flag Making/processing (if time allows)

An electronic version of this manual can be accessed by contacting the Vermont Network Against Domestic and Sexual Violence Resource Coordinator at [library@vtnetwork.org](mailto:library@vtnetwork.org).

To date, the scope of Vermont's Joyful Sexuality projects have been twofold: 1) Trainings for allied professionals and community groups (based on the above agenda), and 2) Train-the-trainer workshops designed to facilitate the integration of joyful sexuality concepts into various disciplines. The first type of training has been conducted by various members of the joyful sexuality partnership for a wide-range of audiences and settings, including national sexual violence conferences, state sexual and domestic violence coalition conferences, a statewide training for people with developmental disabilities, college courses, and various community groups across Vermont. The train-the-trainer model has been used with a range of allied professionals across Vermont (e.g., training school teachers to incorporate these concepts into their daily lessons/activities).

Vermont's Joyful Sexuality partnership is currently in the process of determining their next steps. One possibility being discussed is the creation of a 4-week course for community-based “parental support” groups. Based on the content and concepts in the aforementioned training manual, these groups would help parents discover how to reconnect with their own sexuality, and raise their children according to this positive paradigm. Amy Torchia, staff member at VNADSV, sums up the objectives of this potential program: “We want to support parents to realize, teach, and model the concept that sexuality is part of our humanity. Not a thing to put be into a box and never talked about.”

**Sexual Violence Prevention and Sexual Health Promotion**

Update on Abstinence-Only Programs

In Volume 2, Issue 1 of *Moving Upstream*, the abstinence-only-until-marriage (AOUM) approach was discussed as one of the major obstacles to

## Revisiting Healthy Sexuality (continued from Page 4)

realizing healthy sexuality initiatives in the United States. The AOUM movement presents both practical and ideological opposition, and has prevented sexual violence prevention and comprehensive sexuality education initiatives from accessing schools in numerous communities. Furthermore, major AOUM programs often contain victim blaming messages and reinforce counter-productive gender stereotypes, such as, “The young girl learning to understand her changing body often has no idea the effect it has on surrounding males. Signals she doesn't even know she is sending can cause big problems” (Frainie, 1997).

Since the mid-1990s, when former Senator John Ashcroft added a “midnight amendment” to welfare reform legislation mandating that federal funding would favor abstinence-only initiatives, the AOUM movement has “embedded” the evaluation of AOUM programs into its own philosophical assumptions. The political action groups and federal offices backing the AOUM approach have repeatedly demonstrated bias toward researchers, methods, and instrument content supporting the efficacy of this programming, even apparently influencing most thorough study of abstinence-only programs to date: The 10-year longitudinal study conducted by the otherwise reputable, non-partisan evaluation firm, Mathematica Policy Research, Inc. (see McClelland & Fine, 2008 for more information).

Partisan attempts to manipulate this evidence-base eventually reached their limit, and the Mathematica study revealed the ineffectiveness of the AOUM approach despite attempts to “stack” the evaluation questions to favor these programs. Released in April of 2007, the study's key finding showed that students who received AOUM education were no more likely to abstain from sex than students who did not receive this education (Trenholm, et al., 2007). While the future of any massive federal policy is difficult to predict, the Mathematica results combined with the increasing number of states refusing to support AOUM programs might signal that voices against the AOUM approach will finally be heard, leading to the end of these dangerous and fruitless programs in the next decade.

### The R.E.A.L. Act

An alternative piece of newly proposed legislation that would hopefully replace abstinence-only funding is slowly making its way through Congress. The Responsible Education About Life Act, or “REAL Act”, seeks to provide federal funding for comprehensive sexuality education in schools. The present version of the bill states that programs funded under the REAL Act would have to exhibit certain characteristics, such as (Clay, 2007): “Being age-appropriate and medically accurate; Encouraging family communication about sexuality; Teaching skills for making responsible decisions about sex, including...how not to make unwanted verbal, physical, and sexual advances.”

The REAL Act is an important step forward for the paradigm of healthy sexuality because it combines core concepts of comprehensive sexual health promotion and primary sexual violence prevention. As discussed in previous *Moving Upstream* articles, the most vital goal of this hybrid approach is to create an environment where people are able to connect to their own sexualities in a manner that enriches their lives – where they can reintegrate their experience of sexuality back into their humanity. The REAL Act is congruent with this goal because it supports teaching accurate information necessary for healthy sexual development, encouraging people to discuss and explore their connections to their own sexualities, and providing skills to navigate the current unhealthy sexual status quo in our country.

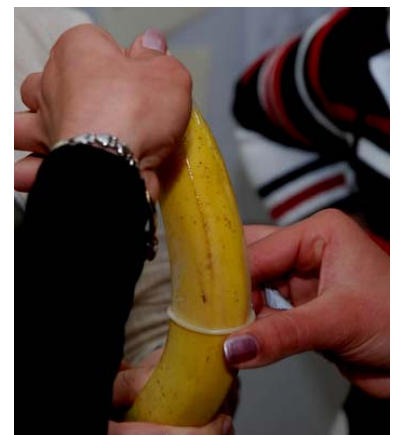
### Learning From European Models of Sexuality Education

The principles articulated in the REAL Act are consistent with key elements underlying the incredibly effective comprehensive sexuality education efforts in Germany, France, and The Netherlands. These countries exhibit sexual health outcomes among young people far better than those in the United States (see Feijoo, 2001 for a detailed comparison). While this European model of comprehensive sexuality education has not yet been linked to sexual violence perpetration, it has been shown to influence other aspects of adolescent sexual decision making, such as contraceptive use (much greater than in the U.S.) and number of sexual partners (lower than in the U.S.). It stands to reason that strategies for healthy sexuality promotion – which include both established comprehensive sexuality messages as well as content addressing gender roles, power, sexual autonomy, respect, and the benefits of becoming authentically connected to sexuality – would be well-served by adopting some of the program elements that have made the European models so effective.

Of the numerous program elements identified as crucial to the success of the European sexuality education model, the following are of particular relevance to primary prevention of sexual violence (adapted from Feijoo, 2001):

- Media campaigns support specific sexually healthy behaviors and avoid using fear or shame tactics.
- Messages emphasize benefits of responsible sexual behavior
- In schools, no topic is prohibited
- Initiatives focus on parents and communities to support messages learned in school and to accept that adolescents are sexual beings
- Public policy about sexuality and sexual health is generally dictated by pragmatism and research

To illustrate the utility of these program elements to sexual violence prevention work, one can examine the case of a Dutch media campaign that sought to promote safer-sex practices and teach correct condom usage to young African-Dutch men, who were found to be less likely to



**Specificity & candor help make the European model effective.**

(Continued at the bottom of Page 6)



**Please send questions/comments to:**

VSDVAA

Attn: Brad Perry

Phone: 434-979-9002

Fax: 434-979-9003

E-mail: [bperry@vsdvalliance.org](mailto:bperry@vsdvalliance.org)

## **Collins Center and Care For Kids (continued from Page 2)**

Building relationships with early childhood professionals has been key to the success of CFK in our community. ChildCare Connection, a program of our community hospital, connects parents with quality early childhood education and care, as well as educates providers with the tools and skills to improve their standards of care. We collaborated with this group to offer free introductory NHSD/CFK trainings. The Success By Six Coalition of the Shenandoah Valley is a collaborative project between James Madison University and community non-profits, child-serving agencies, and early childhood professionals. Collins Center staff participated in the group's meetings and committees and took part in summits and fairs reaching a network of early childhood professionals to advertise prevention trainings and programs. The Child Sexual Abuse Prevention Advisory Board at the Collins Center, promotes CFK along with other Collins Center's programs through their connections within the community.

Through these connections, relationships with daycares have blossomed. As daycare centers continue to ask us back each year to repeat programming, CFK is becoming increasingly popular through word of mouth between centers and professionals. However, it has been important to realize that not every childcare center will immediately jump on board with these new approaches and philosophies to child sexual abuse prevention. Many childcare providers are simply not ready to address the complexity of the issue, or are concerned about what parents might think. Simply using the terms "healthy sexuality" and "child sexual development" in a predominantly conservative-minded community was intimidating. However, as CFK gains popularity, we've seen an increasingly positive response. Parents and adults working with young children often need to take a look at their own issues surrounding sexuality before they can nurture that healthy sexuality in children. Addressing parents' questions and concerns through the Parent Meeting, home sheets, and follow-up evaluation has ensured that parents can reinforce the safety and prevention messages with their children.

Through Care For Kids, we have made strong collaborative relationships with childcare centers in both the city and the rural areas of the county; in public non-profit centers as well as in-home childcare providers, and even in one local church community. CFK has allowed us to more effectively reach young children and their families because the partnerships with these childcare centers are more direct than the bureaucracy of large school systems. CFK has also been a great program for us as a sexual assault crisis center. When there are disclosures or questionable behaviors, Collins Center staff are seen as the experts that childcare employees contact to refer families for additional services or therapy. In addition, Collins Center therapists have used the CFK curriculum lessons and activities one-on-one with young clients needing more psycho-educational or secondary prevention services.

The Collins Center plans to continue to build on the successes of current relationships with childcare providers and would like to expand training childcare providers to deliver the programming to their own centers. Currently, we are pursuing more funding to cover the cost of the CFK training and curriculums for local centers and other early childhood professionals.

## **Revisiting Healthy Sexuality (continued from Page 5)**

use condoms at the time of the campaign. Consistent with the first 2 points above, the campaign was humorous, sex-positive, explicit in its instruction, and focused on teaching a specific set of behaviors (view one of the ads associated with this campaign at: [www.youtube.com/v/5GAvaVBWAr&hl=en](http://www.youtube.com/v/5GAvaVBWAr&hl=en)). Many people in the U.S. might struggle with the explicit nature of the Dutch campaign, yet it is precisely this straightforward, detailed presentation that made it effective. People who saw the campaign received specific and easy-to-follow instructions in a manner that framed acting on this knowledge fun and even "cool". Because of our relatively closed norms regarding sexuality, it might not currently be advisable to create a U.S.-focused media campaign in which various principles of healthy sexuality are unambiguously demonstrated. However, thinking about how such a campaign might look can help us craft messages that communicate the behaviors we want to promote - not just the behaviors we want to discourage.

It is vital that we continue to work toward the day when we are able to implement education and policy marked by the tenets of healthy sexuality. Toward a day when most Americans understand the value of television spots that candidly depict key moments in a person's sexual development as they connect with their own emotional, intellectual, physical, spiritual, and social experiences of sexuality, or portray dramatized sexual interactions exhibiting mutual connection, pro-active communication, and appreciation for diverse forms of sexual expression. Such images should not elicit shame and secrecy, but rather celebration. We must challenge ourselves to reach not only beyond the field of sexual violence prevention, but beyond the confines of American socialization, if we want to replace our unhealthy sexual status quo with a society defined by healthy sexuality.

## **Addendum 1: References for “Revisiting Healthy Sexuality & Sexual Violence Prevention”**

To access previous issues of *Moving Upstream*, go to: <http://www.vsdvalliance.org/secPublications/newsletters.html> and click on the issue you'd like to read.

Clay, S. (2007). Fact Sheet: Responsible Education About Life (REAL) Act. *Advocated For Youth*, Washington, D.C.

Frainie K. (1997). “Why kNOw?” Abstinence Education Programs. Chattanooga, TN: Why kNOw?.

Feijoo, A. (2001). Adolescent Sexual Health in Europe and the U.S. - Why the Difference? (2<sup>nd</sup> Ed.). *Advocates For Youth*, Washington, D.C.

Galey, S. (1995). “From Crisis to Coordination: An Integrated Community Response to a Multi-Victim Child Sexual Abuse Crisis.” Sourcebook prepared for the Leeds-Grenville Children Services Advisory Group. Project # 4487-06-92-042. Brockville, Ontario, CA.

McClelland, S.I. and Fine, M. (2008). Embedded science: Critical analysis of abstinence-only evaluation research. Cultural Studies & Critical Methodologies, 8, 50-81.

Trenholm, C., Devaney, B., Fortson, K., Quay, L., Wheeler, J., Clark, M. (2007). *Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report*. (HHS 100-98-0010). Princeton, NJ: Mathematica Policy Research, Incorporated.