

A LIFETIME® ORIGINAL SPECIAL



ALY RAISMAN DARKNESS TO LIGHT

VIEWING GUIDE

Viewing guide provided in partnership with



DARKNESS TO LIGHT®
END CHILD SEXUAL ABUSE

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Aly Raisman: Darkness to Light discusses sexual assault involving minors.
Viewer discretion is advised.

For those viewers who were sexually abused or experienced other childhood traumas, the documentary may bring forth intense feelings connected to those events, as well as an awareness of how what may have happened so long ago impacts your life today. Please know that you are not alone – resources and support are available. Call RAINN at 800-656-4673 or Darkness to Light at 866-FOR-LIGHT to have questions answered or chat with a trained crisis counselor, 24/7 at no charge. All conversations are confidential.

HOW TO USE THIS GUIDE

This guide has been designed to help you reflect on *Lifetime's Aly Raisman: Darkness to Light* as an individual viewer. It contains information about the essential themes, questions to consider, as well as resources that may be useful after viewing.

Lifetime's Aly Raisman: Darkness to Light introduces the viewer to child sexual abuse survivors and through a range of their thoughts, emotions, and physical reactions to their abuse. In the documentary, abuse and assault survivors speak to how they have dealt with trauma, the power of being believed, and the journey to healing. Watching the film can be helpful for promoting discussion on a variety of topics and need not be limited to the topic of child sexual abuse.

As you listen to Aly and the survivors share their stories, you may find it leads you to recall your own experiences. **For those viewers who were sexually abused or experienced other childhood traumas, the film may bring forth intense feelings connected to those events, as well as an awareness of how what happened so long ago impacts your life today.** Viewing *Aly Raisman: Darkness to Light* will find some individuals already in the process of healing, and others with a journey of healing still ahead. Either way, the documentary will validate and affirm childhood experiences for many and help in normalizing reactions and feelings about those experiences.

Talking about child sexual abuse isn't easy, but we must talk about it to create change.

If watching with a small group, be mindful that some viewers may have experienced sexual abuse themselves. The most important thing is to encourage people to talk about the ways the stories shared relate to their own lives and beliefs, and to support them in their efforts to tell their own stories and to articulate their thoughts and feelings.

PREPARING TO WATCH

Here are a few things to keep in mind:

- You can watch first before you review this guide, or review the guide first. If you watch the documentary first, you may find that you have authentic reactions and then dive into the guide to help process those thoughts and feelings. Reviewing the guide first will give you an understanding of the themes and content beforehand.
- At the end of each episode, allow yourself time to breathe and think about what you just saw, if you need. Only pick up the guide and begin to engage when you're ready.
- Give yourself permission to stand up, move around the room, and even pause the documentary, if needed. Be gentle with yourself during viewing and allow space for a full range of emotions.

U.S. STATISTICS

CHILD SEXUAL ABUSE

The facts are astounding. It is highly likely you know a child who has been or is being abused, or that you know an adult who experienced abuse as a child.

- Experts estimate one in 10 children are sexually abused before turning 18.
- 30% of victims are abused by family members.
- As many as 90% are abused by someone the family knows and trusts.
- About 35% of victims are 11 years old or younger.

Child sexual abuse impacts everyone. It is a root cause of many long-term health and social problems we face in our communities.

- 70-80% of sexual abuse survivors report excessive drug and alcohol use.
- One study shows that among male survivors, 50% have suicidal thoughts and more than 20% attempt suicide.
- Young girls who are sexually abused are more likely to develop eating disorders as adolescents.
- Abuse survivors are twice as likely to experience teen pregnancy; 45% of pregnant teens reported a history of CSA; teen males who are sexually abused are at higher risk/more likely to impregnate a fellow teen.
- Children who have been sexually abused who keep the abuse a secret, or who “tell” and are not believed, are at greater risk for psychological, emotional, social, and physical problems, often lasting into adulthood.

Statistics provided by Darkness to Light. Find references at www.D2L.org/statistics.

WHY USE THE PHRASE “CHILD SEXUAL ABUSE”?

Child sexual abuse is any sexual act between an adult and a minor, or between two minors, when one exerts power over the other. It may include forcing, coercing, or persuading a minor to engage in any type of sexual behavior. It also includes non-contact acts (such as exhibitionism, exposure to pornography, voyeurism, communicating in a sexual manner), commercial sexual exploitation (sex trafficking), and participating in child sexual abuse material, also called child pornography.

Though it may feel indelicate or uncomfortable, Darkness to Light believes that using the phrase “child sexual abuse” is a protective measure. It leaves no room for misunderstanding. Terms like “rape,” “sexual assault,” or “molestation” can invoke visceral reactions and may imply one particular act or the use of physical force. However, physical force may not always be present in cases of abuse. Child sexual abuse is a more useful and accurate term because it can refer to a wide variety of inappropriate acts against a child. Learn more at www.D2L.org/child-molestation-versus-child-sexual-abuse/.

VIEWING GETTING STARTED



Lifetime's Aly Raisman: Darkness to Light gives viewers the opportunity to hear from survivors and gain an understanding of their experiences. This understanding both helps in reducing risk for children today and helps survivors feel comfortable sharing the complexity of feelings their stories may have for them. Just like each survivor is different, their individual journey to healing is unique, too.

It is best to start processing the documentary in whatever way feels comfortable to you. Find your way into the material in this guide as you feel ready. The most important thing is to allow space for the information shared to speak to your own life and beliefs, where applicable.

Here are some questions to consider after you watch. These questions are ideal for individual consideration, but also work for small groups who may have watched together.

QUICK CONVERSATION STARTERS

- What are your first reactions? Feelings? Thoughts?
- Was anything surprising or shocking to you?
- Do the survivors' experiences challenge any beliefs you might hold about abuse and how it happens?
- Were you surprised to hear the account of a male survivor? If so, why?

MORE

DISCUSSION QUESTIONS

- The documentary is very much about sexual abuse, but it is also about the experience of trauma and how it impacts us. How does this relate to your life or the people you know?
- What most resonated with you about each survivor's story? What similarities did you identify in those experiences and how are those similarities systemic?
- What conversations can you have with your child to help them understand consent, boundaries, and healthy relationships at every age?
(Resource: Talking to children about bodies, sex, and boundaries - <https://www.D2L.org/education/5-steps/step-3/>)
- If parents cannot protect their children from all trauma, what can they do when they recognize that a trauma has occurred?
(Resource: Helping children cope after a traumatic event - <https://childmind.org/guide/helping-children-cope-after-a-traumatic-event/>)
- What actions do you think you can take to support a friend or child who chooses to disclose abuse to you?
(Resource: Honest Conversation: Believing Survivors - <https://www.D2L.org/protecting-orthodox-jewish-kids/>)
- Before watching the documentary, how concerned were you about the issue of child sexual abuse? How did that concern change after watching?

POST-VIEWING RESOURCES

After watching, you may find that you need further support. You can find more resources below and at www.mylifetime.com/stop-violence-against-women.

EDUCATIONAL RESOURCES

DARKNESS TO LIGHT

National Helpline: 1-866-FOR-LIGHT

Website: www.D2L.org

Darkness to Light empowers adults to prevent, recognize, and react responsibly to child sexual abuse through awareness, education, and stigma reduction in partnership with a global network of partners and child advocates.

MONIQUE BURR FOUNDATION FOR CHILDREN

Website: www.mbfpreventioneducation.org

The Monique Burr Foundation works to protect children from bullying, digital dangers, abuse, and exploitation with comprehensive, evidence-based, prevention education programs.

STOP IT NOW!

National Helpline: 1-888-PREVENT

Website: www.stopitnow.org

Stop It Now! prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.

THE NATIONAL CHILDREN'S ADVOCACY CENTER

Website: www.nationalcac.org

The National Children's Advocacy Center (NCAC) revolutionized the United States' response to child sexual abuse. Since its creation in 1985, the NCAC has served as a model for the 1000+ Children's Advocacy Centers (CACs) now operating in the United States and in more than 34 countries throughout the world, with 9 more currently in development.

SURVIVOR RESOURCES

RAINN (Rape, Abuse & Incest National Network)

National Sexual Assault Hotline: 1-800-656-HOPE

Website: www.rainn.org

RAINN is the nation's largest anti-sexual violence organization. RAINN created and operates the National Sexual Assault Hotline in partnership with more than 1,000 local sexual assault service providers across the country and also carries out programs to prevent sexual violence, help survivors, and ensure that perpetrators are brought to justice.

NATIONAL SUICIDE PREVENTION LIFELINE

Lifeline: 800-273-8255

Website: www.suicidepreventionlifeline.org

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

NATIONAL CENTER FOR VICTIMS OF CRIME

Website: www.victimsofcrime.org

The mission of the National Center for Victims of Crime is to forge a national commitment to help victims of crime rebuild their lives.

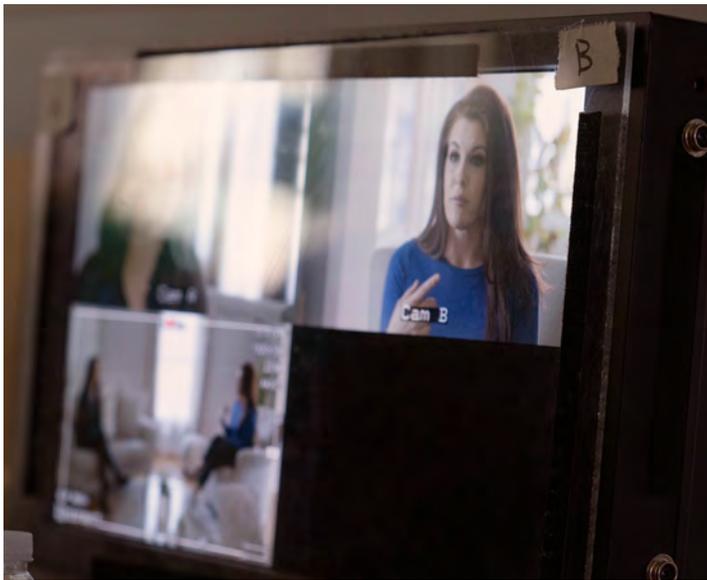
NATIONAL COUNCIL FOR MENTAL WELLBEING: TRAUMA-INFORMED CARE

Website: www.thenationalcouncil.org

The National Council for Mental Wellbeing is a membership organization that drives policy and social change on behalf of nearly 3,500 mental health and substance use treatment organizations and the more than 10 million children, adults and families they serve.

THE SURVIVOR EXPERIENCE

Sexual abuse can have psychological, emotional, and physical effects that last for years. The survivors in the documentary share how abuse has impacted them. For many viewers, their survivor experience may look different, and that's ok. Each survivor's journey is unique and dependent upon many factors, including the support in place at the time of the abuse and in the years following.



BEING BELIEVED

One of the most impactful experiences for a survivor is the moment they disclose the abuse they suffered to someone else. Some ask, “Why did the victims keep the abuse a secret – why didn’t they come forward?” The fact is that only 30% of victims ever disclose sexual abuse to friends, family, or the authorities within a year, and many never tell. The reasons are numerous. Fear, shame, and even love for the offender can keep victims from disclosing. Often, children are conditioned to believe the abuse is their fault. Although it’s estimated that only 4 - 8% of cases are false, children are afraid they will not be believed. The reality is that many victims

who speak out about child sexual abuse face disbelief, and in some cases are even shamed for their disclosure. This is reflected in high profile cases where despite convictions, a portion of the population supports the abuser and blames the victim. Victim shaming on this scale makes it even harder for those who experienced child sexual abuse to talk about it.

For those who suffer in silence, the consequences of child sexual abuse can be tragic. Sexual abuse survivors are twice as likely to suffer from PTSD, depression, and anxiety. As adults, they are also twice as likely to smoke or engage in substance abuse. Adult survivors of child sexual abuse are 30% more likely to develop serious health conditions like cancer, diabetes, high blood pressure, stroke, and heart problems. If you or someone you know could use survivor support, check out the resources on the previous page.

WORDS MATTER: VICTIM OR SURVIVOR?

Both terms are applicable. RAINN uses the term “victim” when referring to someone who has recently been affected by sexual violence, when discussing a crime, or when referring to aspects of the criminal justice system, such as criminal charges.

The term “survivor” is often used to refer to someone who has begun the healing process, or when discussing the short or long-term effects of sexual violence.

Some people identify as a victim, while others prefer the term survivor. The best way to be respectful is to ask for their preference.

CHILD SEXUAL ABUSE

GROOMING AND SECRETS

Grooming is the gradual, calculated process by which a child is drawn into a sexual relationship and maintains that relationship in secrecy.

Stages of grooming may include:

Targeting the child: The offender targets by sizing up the child’s vulnerability—emotional neediness, isolation, chaotic family life and lower self-confidence. Children with less parental/guardian oversight may be easier to target.

Gaining the child and family’s trust: The offender gains trust by gathering information about the child, getting to know his or her needs and how to fill them. Offenders mix effortlessly with responsible caretakers because they generate warm and calibrated attention. Gaining the trust of parents/caregivers is used to lower suspicions and provide access to the child.

Filling a need: Once the offender begins to fill the child’s needs, they may assume noticeably more importance in the child’s life. Gifts, extra attention, and affection may distinguish one adult in particular and should raise concern.

Isolating the child: The grooming offender will begin to use the developing relationship with the child to create situations in which they are alone together. This isolation further reinforces a connection. Babysitting, tutoring, one-on-one coaching, and special trips all enable this isolation. A special relationship can be even more reinforced when an offender cultivates a sense in the child that he or she is loved or appreciated in a way that others, not even parents, can provide. Parents and guardians may unwittingly feed into this through their own appreciation for the unique relationship and attention paid.

Sexualizing the relationship: At a stage of sufficient emotional dependence and trust, the offender progressively sexualizes the relationship. Desensitization occurs through talking, taking pictures, even creating situations in which both offender and child are naked (like going swimming). At that point, the adult exploits a child’s natural curiosity, using feelings of stimulation to advance the sexuality of the relationship.

Maintaining control: Once the sexual abuse is occurring, offenders commonly use secrecy and blame to maintain the child’s continued participation and silence—particularly because the sexual activity may cause the child to withdraw from the relationship. Offenders often maintain control of the child through threats to end the emotional and material needs they associate with the relationship or threats of “telling” the child’s parents what they’ve done. The child may feel that the loss of the relationship and the consequences of exposing it will be more damaging and humiliating than continuing to submit to the unwanted sexual relationship.

GROOMING AND RED FLAG BEHAVIORS

Learn more about grooming and what you can do if you suspect it from Darkness to Light:

D2L.org/child-grooming-signs-behavior-awareness/

CHILD SEXUAL ABUSE

THOSE WHO ABUSE

What does a person who sexually abuses children look like? You might think, “I could tell if that person was a sex offender.” The reality is that you can’t.

Those who sexually abuse children look and act just like everyone else. The chances are that you have met an offender and never even realized it. They live, work, and play in the same spaces we all do - our neighborhoods, churches, schools, and youth sports leagues. Most disturbing, the very qualities that we admire in a person – a passion for nurturing children and for enriching their lives – are qualities that are common in those who abuse children.

When high profile abuse cases fill the headlines, we experience shock and horror. By many accounts, the individuals we hear about are models of moral and family values. Individuals who abuse children have jobs, families and children of their own, and may attend church or be active in local community groups. These cases show us that with child sexual abuse, there is no “typical” offender and there’s no way to identify someone who may hurt a child.

There are some statistics that help make clearer how we can protect children. Only 10% of those who sexually abuse children are strangers (60% of abusers are known to the child or the family, while 30% are family members). Significantly, nearly 40% of abusers are children themselves. **These numbers tell us that protection is not in identifying who might be an offender, but rather identifying behaviors that cross boundaries and might be red flags, and how to respond to those boundary violations.**

CREATING A FAMILY CODE OF CONDUCT

Instead of feeling like you need to be on constant watch for offenders, create a Family Code of Conduct - a pre-determined set of values around bodies and boundaries. It can help kids (and parents) determine and understand what acceptable and unacceptable behavior is, help everyone make informed decisions, and ultimately avoid dangerous situations.

You may have heard of a Code of Conduct before— a clear set of policies and procedures that outlines what’s expected and appropriate. In fact, you may have signed something similar for your job. Youth serving organizations should have one in place around child protection at their organization. Your children’s school may have even sent out a modified code of conduct for virtual learning for our current environment. A Family Code of Conduct is very similar. It’s simply a set of guidelines that reflect the values and expectations of your family.

Download a Family Code of Conduct template:

www.D2L.org/wp-content/uploads/2020/04/



FEELING SAFE

AT THE DOCTOR'S OFFICE

While the cases highlighted revolve around physicians as offenders, it's important to recognize that medical care is essential to health. How can we help kids feel safe and know what to do if they are ever uncomfortable in the doctor's office?

1. Teach About Bodies & Boundaries

Teach children about their bodies and boundaries when they are young, including using proper names for body parts (genitalia, too!). This can help reduce misunderstanding if a child ever discloses abuse. Teach them from an early age that they have the right to accept or refuse physical contact such as hugs and kisses, even from family members and friends, and be prepared to enforce those boundaries with adults. Talk about what it means to "trust your gut" and that they can talk with their safe adult if they feel uncomfortable in any situation.

2. Educate Yourself and Your Child

Educate yourself about the exams at the doctor's office at the different stages of development. Inform your child about what should and shouldn't happen in the doctor's office, and that they can tell you if something makes them uncomfortable. At certain developmental stages, well-child visits will look different. As boys and girls enter puberty, checking testicles and breast development is a normal part of medical exams. A boy should know that the doctor will check his testicles, but that it should be brief and professional and there is a purpose behind it. When it is time for a girl to have a pelvic exam, explain the procedure to let her know what to expect, and tell her that if something happens outside of that she should let you know.

3. Teach Children to Question Anyone

Children are often taught not to question authority. You can model empowerment in health care by asking the doctor questions during visits like 'Why are you doing this now? What

are you checking for?' If the physician doesn't want to answer, you can exercise your right to go elsewhere. Role play can be a good tool to help kids get comfortable speaking up.

4. Get Clear on Expectations

Ask about what happens if a parent needs to be out of the room, particularly at adolescent ages when doctors want to have candid conversations about drugs and sexual activity and teens want privacy. A chaperone, such as a nurse, can come into the room to be with your child. If this isn't offered, request it. (If a doctor is unwilling to accommodate that request, it may be a red flag.)

5. Believe Your Child

Very few reported instances of abuse are false. If your child tells you about something that made them uncomfortable or felt inappropriate, take it seriously and follow up with appropriate action, like reaching out to your local Child Advocacy Center (CAC). Find a CAC close to you: <https://www.nationalcac.org/find-a-cac/>

6. Family Comfort is Key

Pediatricians and family physicians are skilled at caring for children and teens and are typically the best choices for care at those ages. As your child ages, they may make their own requests about who they'd like to see for care (for instance, a preference of a physician of a particular gender). Encourage those open conversations and work toward a solution together.

TAKE ACTION GET EDUCATED

team up with aly raisman
& #FliptheSwitch on
child sexual abuse.

fliptheswitchcampaign.org

xo. Aly



20
YEARS

DARKNESS TO LIGHT®
TWO DECADES OF PREVENTING CHILD SEXUAL ABUSE

Join Aly and learn how you can help keep kids safe from abuse. Learn Darkness to Light's *5 Steps to Protecting Children™* and how the steps can help you understand the issue of child sexual abuse, learn ways to talk about it with adults and children, and create safe environments for the children in your community.

Visit FLIPTHESWITCHCAMPAIGN.ORG to take Darkness to Light's *Stewards of Children®* child sexual abuse prevention training at no cost, using code FLIPTHESWITCH.

TAKE ACTION

GET EDUCATED

Darkness to Light's *5 Steps to Protecting Children™* are five steps to help adults protect children from sexual abuse. The steps provide simple and practical actions you can take to prevent, recognize, and react responsibly to child sexual abuse.

5 STEPS TO PROTECTING CHILDREN™

Step 1: Learn the Facts

Understanding the facts about child sexual abuse can help you better protect the children in your life. By learning the facts, we can recognize the prevalence of child sexual abuse and understand how it occurs. Learn the facts at www.D2L.org/education/5-steps/step-1/

Step 2: Minimize Opportunity

More than 80% of sexual abuse cases occur in isolated, one-on-one situations. If you eliminate or reduce isolated, one-on-one situations between children and adults, as well as children and other youth, you'll dramatically reduce the risk of sexual abuse. One-on-one time with trusted adults is healthy and valuable for a child, but that time should be observable and interruptible by other adults. Create and advocate for policies reducing or eliminating isolated, one-on-one situations in all youth serving organizations, such as faith groups, sports teams, and school clubs. These policies should ensure that all activities can be interrupted and observed.

Step 3: Talk About It

Children often keep abuse a secret, but talking openly about our bodies, sex, and boundaries can encourage children to share. When we talk to children in age-appropriate ways about our bodies, sex, and boundaries, children understand what healthy relationships look like. It also teaches them that they have the right to say "no." They become less vulnerable to people who

would violate their boundaries and are more likely to tell you if abuse occurs.

Step 4: Recognize the Signs

Signs that a child is being sexually abused are often present, but they can be indistinguishable from other signs of child stress, distress, or trauma. It's important to remember that some children may show no signs at all.

Physical Signs of Abuse

Direct physical signs of sexual abuse are less common. However, when physical signs are present, they may include bruising, bleeding, redness and bumps, or scabs around the mouth, genital, or anus. Urinary tract infections, sexually transmitted diseases, and abnormal vaginal or penile discharge are also warning signs.

Other indirect physical signs that may include:

- Persistent or recurring pain during urination or bowel movements
- Wetting or soiling accidents unrelated to toilet training
- Unexplained or frequent health problems like headaches or stomach aches
- Headaches

Emotional Signs of Abuse

Emotional and behavioral signs of sexual abuse are more common and may include:

- Anxiety and depression
- Sleep disturbances, including nightmares or night terrors
- Change in eating habits

TAKE ACTION

GET EDUCATED

- Unusual fear of certain people or places/ reluctance to be alone with a certain person
- Changes in mood that could including anger, aggressiveness towards parents, siblings, friends, and pets
- Rebellion or withdrawal/runaway behavior
- Change in attitude towards school or academic performance; lack of interest in friends, sports, or other activities
- Poor self-esteem; avoidance of relationships
- Self-mutilation or change in body perception, like thinking of self or body as dirty or bad; suicidal thoughts
- Regression to previously outgrown behaviors, for example bedwetting or thumb sucking
- Abnormal sexual behaviors or knowledge of advanced sexual language and behaviors
- Too “perfect” behavior or overly compliant behavior

Step 5: React Responsibly

If a child breaks an arm or runs a high fever, you know to stay calm and to seek help because you’ve mentally prepared yourself. Reacting to child sexual abuse is the same. Stay calm, tell the child you believe them and that they are brave for letting you know, and thank them for telling you. There are three cases in which you should report abuse: disclosure, discovery, and suspicion.

- **Disclosure** of sexual abuse means a child has chosen you as the person he or she trusts enough to tell you that someone has or is abusing them.
- **Discovery** of sexual abuse means you’ve witnessed a sexually abusive act by an adult or youth with a child, or you know by some other means that abuse has taken place.
- **Suspicion** of sexual abuse means you’ve seen signs in a child, or you’ve witnessed

boundary violations by adults or other youth toward a child or a child has had unsupervised time with a known sex offender.

Making a Report

You do not need to have proof to make a report of child sexual abuse. Reports can be of disclosure (a child disclosed abuse to you), suspicion (you suspect abuse may be occurring), or discovery (you witnessed a sexual act with a child). Two agencies handle most reports of child abuse: Child Protective Services (in some states this agency has a different name) and law enforcement. Some states designate Child Protective Services as the agency that accepts reports of suspected child abuse. Others designate law enforcement. Some do not designate or designate both. Many states have toll-free lines that accept reports of abuse from across the state.

To find out where to make a report in your state, visit The Child Welfare Information Gateway website: www.childwelfare.gov. If the legal system does not provide adequate protection for a child, visit the National Center for Victims of Crime at www.ncvc.org or call 1-800-FYI-CALL for referral information.

Child Advocacy Centers are trauma-sensitive, child-friendly organizations that provide services for children and families who have been affected by sexual or physical abuse. Rather than multiple professionals interviewing children in detail regarding abuse allegations, the CAC model brings a multidisciplinary team of professionals together to work collaboratively in a child-centered approach. To find a Child Advocacy Center near you, visit <https://www.nationalcac.org/find-a-cac/>

MORE WAYS TO TAKE ACTION

TEACH CHILDREN ABOUT SAFE ADULTS

Children look for safe adults when they need to disclose abuse. It's important that children know they can come to you and talk to you about anything, and that you will offer guidance and support. Cultivating healthy, trusting relationships is actually one of the best protections against abuse. Children will be less vulnerable to people who would violate their boundaries and more likely to tell you if they are uncomfortable or if abuse occurs.

Learn more about being a safe adult at www.D2L.org/how-to-be-a-safe-adult/

ASK ABOUT CHILD PROTECTION POLICIES

Organizations that care for your child (schools, camps, churches, sports teams, etc.) should be open and ready to discuss their child protection measures with you. Here are some questions to ask:

- Is there a child protection policy? (They should have clearly defined child protection policies. Ask for a copy and how often the policy is reviewed and updated.)
- Does the policy include limiting isolated one-on-one situations? (The policy should include how organizations handle one-on-one situations both at their facility and off grounds. All interactions should take place in open, observable, and interruptible settings.)
- How are employees and volunteers screened? (Best practices include in-depth applications, personal and professional references, criminal background checks, and an extensive interview. How often do they conduct background checks on their employees and volunteers?)
- Do older and younger children interact, and if so, how? (There should be separate areas and activities for different age groups and an adult should be present at all times.)
- Are there clear procedures for reporting suspicions or incidences of abuse? (Over half of all mandated reporters fail to report suspicion of abuse. Push for mandatory reporting and child sexual abuse prevention training for staff and volunteers.)

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