

# WORKING UPSTREAM:



A Public  
Health  
Approach  
to Preventing  
the Sexual  
Abuse of  
Children

***Proceedings from the STOP IT NOW! Expert Panel Meeting***  
April 24-25, 2002, Washington, D.C.



August 22, 2002

Dear Reader,

STOP IT NOW! held an Expert Panel meeting on April 25-26, 2002 at the Public Welfare Foundation in Washington D.C. By all accounts, it was a stunning and important event. With the goal of bringing child sexual abuse forward as a recognized and preventable public health issue, this meeting facilitated a gathering of the minds of some of the most forward-thinking experts working in a variety of fields related to the prevention of child sexual abuse: sexual violence prevention; child abuse prevention; child welfare; healthy sexuality; law enforcement and criminal justice; academia; pediatric medicine; sex offender treatment and management; policy and public health. The meeting also included a number of participants who have been personally affected by child sexual abuse including survivors, recovering offenders, and their family members.

Though the first of its kind in Washington D.C., this meeting showed us that it cannot be the last. In a powerful series of personal statements delivered by each participant at the meeting, the expert panelists and invited guests committed to taking action following the meeting to advance the prevention of child sexual abuse. The board of directors and staff of STOP IT NOW! learned how to move forward in our work to use the tools of public health for the prevention of child sexual abuse. I was deeply moved by the ability of the participants at the Expert Panel meeting to acknowledge and then transform the enormous social pain caused by the sexual abuse of children to inspired, solid action steps for its prevention.

As you read these Expert Panel proceedings, I hope that the spirit of the meeting and the commitment of its participants to work towards the prevention of child sexual abuse will inspire you, too. If you would like to help STOP IT NOW! with its plans, please call Fran Henry or Alisa Klein at (413)268-3096. We *can* work together to end the sexual abuse of children *before* it happens.

Yours truly,

A handwritten signature in black ink that reads "Linda Spears". The signature is written in a cursive, flowing style.

Linda Spears  
Chair, STOP IT NOW! Expert Panel

## Introduction

What happens upstream invariably affects downstream. If you flood a river upstream with pollutants, for example, the dead bodies of fish clutter the banks down the river. Conversely, creating new practices upstream can prevent terrible outcomes downstream. For the STOP IT NOW! Expert Panel meeting on April 24 and 25, 2002, this upstream/downstream analogy continued to surface during dinner conversations, panel discussions and small group work, representing a dynamic paradigm shift for child sexual abuse. It is time to prevent the sexual abuse of children “upstream,” so that we no longer, one day, have to be concerned about the overwhelming outcome “downstream.”

Most of our society’s time and money has been spent responding to the aftermath of abuse. Child protective and criminal justice systems, though necessary, currently act as downstream management services responding to abuse after-the-fact instead of employing strategies before it occurs. By working case-by-case, these systems are not designed to address the social determinants and public health implications of the sexual abuse of children. While individual cases are extremely important, we now recognize that child sexual abuse is not just the result of individual pathologies and aberrant families; it is a widespread social illness, requiring social action and change, and primary, “front end” prevention strategies.

As a movement, we are poised at a critical juncture that requires a new way of addressing child sexual abuse. Public health offers a solution. This is why STOP IT NOW!, with board member Linda Spears as Chair of the Expert Panel, convened this meeting. We need a framework that stands alongside the predominate forces that have historically responded and that shifts the focus to where the dynamics of abuse begin. We need a proactive, prevention-based model that will address the root causes of abuse on a social systems scale: that is what public health can offer.

In this unique gathering of minds, public health and criminal justice professionals, activists and organizers, journalists, victim advocates, abusers and their families, foundation representatives, researchers and academics were called upon to discuss both their views on the challenges we face and to offer some solutions for moving forward toward a prevention campaign to end the sexual abuse of children. This document captures some of the thinking and pearls of wisdom participants had to offer.

## Voices from Downstream: The Challenges We Face

Prevention may be the solution, but there are obstacles that we face in our respective professions, communities and homes. In addition to the nineteen expert panelists who were asked to elucidate some of these challenges, invited guests also provided valuable feedback and offered ways of overcoming some of these barriers. This section provides an overview of these significant challenges.

### “Being Focused While Staying Open”

Often the impact of child sexual abuse is personal first, professional second. Many of us have experienced the abuse ourselves or in our family and because of this, have unwittingly made “accommodations” for it. Like growing up African-American in a racist country, we know it as an undeniable part of the landscape and therefore develop coping mechanisms around it. But by accommodating for child sexual abuse, however unintentionally, we lose our ability



**Gail Burns-Smith**, Executive Director, Connecticut Sexual Assault Crisis Services, Inc.; **Mark Rosenberg, M.D.**, Executive Director, Task Force for Child Survival and Development

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**“I’m tired  
of picking up  
the bodies  
downstream.  
I want to shift the  
focus to where  
they’re throwing  
the bodies in.”**

Gail Burns-Smith  
Executive Director,  
Connecticut Sexual  
Assault Crisis  
Services, Inc.

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to discern the ways in which we are being complicitous and have difficulty envisioning change. How do we, mired as we may be in strong and sometimes conflicting thoughts and emotions, step away a little from what we know to see something different? How do we conceive of change based on both our personal and professional knowledge and experiences, then step outside of that enough to imagine significant movement?

It is difficult to not get stuck in the roadblocks of the systems we know so well. Too frequently, we “over-professionalize,” losing the meaning of our work in bureaucracy, stepping away from our own or other survivors’ and abusers’ voices or our personal connection to them. How can we delve a little deeper and allow it to be more personal, without losing ourselves and our vision? As creators of change, as professionals in a field and as individuals in this society, we face the challenge of what STOP IT NOW! board member N.J. Pierce described as “being focused while staying open.”

### *Abuser vs. Abused*

Our systems were created as opposites. Either treatment or punishment. Either survivor or abuser. Our legacy is to split sides. The ways that we have been divided have resulted in fragmentation, not unification towards a more healthy family, community and larger society. In an attempt to save our children, we have vilified the abuser and created mythologies around who “he” is. The abused are our children, partners, best friends, ourselves, and so many others we know and love and we are angry, worried, horrified and hurt by their victimization. When we imagine the abusers as lecherous men at the park, we feel justified in our hatred and our desire to ruthlessly punish them. But the abusers are our husbands, wives, fathers, best friends, mothers, teachers, clergy, neighbors and others; also people we love and trust. The systems ask us to split our devotion, to choose our love. In the end, we are more divided and all still deeply hurt. In the words of Alisa Klein, STOP IT NOW! Director of Public Policy, “Our challenge is to hold them both, at the same time, with love and compassion,” while ensuring that abusers are held accountable for what they’ve done.



*Wayne Bowers*

Holding abusers “with love and compassion” in the criminal justice system will be a huge undertaking, as will expecting a prevention approach. Up to now, we have relied heavily on the adversarial criminal justice system to deal with abusers, asking it to exact punishment for crimes against society. Madeline “Mimi” Carter, Principal of the Center for Effective Public Policy, notes that criminal justice has been a reactive system tailored to respond to society’s outrage and vilification of abusers. Abusers are abhorred, considered lowest of the low, and, despite their individual histories and differing levels of abuse, they are all considered the same. As asserted by Robert Appel, Executive Director, State of Vermont Human Rights Commission, because of this environment, defense attorneys hired to perform due diligence on the abuser’s behalf will encourage an abuser to keep quiet, fueling a cycle that keeps the sexual abuse of children from surfacing and being properly addressed.

We can begin a shift towards prevention by showing how abuse occurs along a continuum. Researchers like Dr. Judith Becker, Professor of Psychology at the University of Arizona, advises that abusers are a heterogeneous group with differing levels of responsiveness to treatment. Our challenge in the criminal justice system is to recognize this. A practical approach would be to devise meaningful screening and assessment tools to effectively deal with the range of abusers and add treatment to the mix of options for those who are treatable.

Assessment and screening tools are suggestions for abusers who have entered the system. But what about before they get there? Abusers who want to take responsibility for their actions have little incentive to come forward. Practices like mandatory reporting, for example, make it difficult for those seeking help. Mandatory reporting was initially designed

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***“I am always asked how many victims I’ve abused, but isn’t it as important for me to say how many I’ve saved by getting rehabilitated?”***

*Wayne Bowers, Director,  
Sex Abuse Treatment Alliance  
and board member, STOP IT NOW!*



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***“If you are working in the child protection system, you don’t dare leave the riverside to go upstream for one moment...for fear you’ll miss a drowning child.”***

*Wanda Jones, Dr.PH.  
Deputy Assistant Secretary for Health  
Office on Women’s Health  
U.S. Department of Health and Human Services*

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reveal them. Our challenge is to reconsider this hypocrisy and the ways it allows us to be silent about child sexual abuse. More than just providing information, our challenge is to instill the notion of what Fran Henry, President and Founder of STOP IT NOW! calls “sexual integrity” in children and to involve the people closest to children (parents, teachers, pediatricians etc.) in conversations about sex and sexuality.

## ***A River Runs Through It: What Public Health Has to Offer***

Public health is unique in its ability to cross boundaries and solve difficult health and social problems. As James Mercy, Associate Director for Science in the Division of Violence Prevention at the CDC explains, “Public health brings a tradition of working across a broad array of scientific disciplines, organizations, and communities to identify effective ways to prevent the risk behaviors, injuries, and diseases that threaten our health and the health of the communities in which we live.” The very nature and threat of health and disease requires public health professionals to work across disciplines, through broad collaboration, in order to contain health threats and educate the public about their risks. Consider the anthrax scare after the September 11 attacks. Public health officials had to work extremely quickly and as efficiently as possible with all of the following areas: the U.S. Postal Service, the FBI, local law enforcement agencies, local health departments, virologists, scientists, medical staff and personnel in different hospitals, mayors and politicians, building operations personnel and various employees in the locations where anthrax was located...the list continues. This is precisely what public health was set up to do: work in collaboration with other entities to protect the health of this country by containing and limiting additional threat.

For child sexual abuse, public health offers a model of prevention. Its ability to work collaboratively with many different agencies and entities, and its focus on educating the public and changing its behaviors is exactly what many people feel we need to prevent the sexual abuse of children. While the sexual abuse of children is an injury, not a disease, its list of health outcomes and the numbers of people affected demonstrate that it is an epidemic. And, contrary to public opinion, public health is not just about responding to outbreaks and epidemics of illness like AIDS or tuberculosis, it is also about promoting health and curbing the ill effects of individual and social behavior which can lead to a wider poor health outcome among communities.

Public health also offers science. By using science and data accumulated quantitatively and qualitatively, public health establishes individual and cultural/social risk and protective factors. From this data, programs are created to educate the public and to train medical staff and others in all of the disciplines that are affected by the particular ailment. Dr. Wanda Jones, Deputy Assistant Secretary for Health in the Office on Women’s Health at the U.S. Department of Health and Human Services notes that we have accumulated data about child sexual abuse, yet public health officials have yet to respond. But it’s time — right now — to respond and create programs using the data we have.

Many see public health as an appropriate “rallying” point where many diverse fields can come together. While its ability to do this may seem obvious to some, to others, a public health perspective is elusive and hard to understand. Steeped in medicine and science as it is, the language of public health can be burdensome, alienating professionals who it may otherwise reach or benefit. Likewise, because of its emphasis on data and science, public health runs the risk of “losing individual stories” at the very heart of the issue.



***Corinne Graffunder,***  
Chief, Program Implementation and Dissemination Branch, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Prevention and Control

And how will public health be addressed and/or embraced by the legal system? Prosecutors and others concerned with the legal accountability of offenders may translate public health as equating child sexual abuse with disease or illness and allowing abusers to get off. The terms of public health must be clearly delineated for people in the criminal justice system in order for them to understand that prevention does not mean letting people off the hook for crimes. It also requires us to be trained to look at systemic changes, not just individual ones and connect the larger, public statistics to individual cases. To truly be committed to change, though, the system needs a “buy-in” or reason to change its ways. Too often, public outrage and political pressure derail treatment efforts. This is especially true when a high-profile abuser re-offends. Public health proponents must provide evidence of the benefits of prevention while recognizing political pressure. Statistics on the reduction in recidivism and the ways it will save money, for example, would provide impetus for change.

For a public health model to be truly successful, it must do a better job at reaching diverse communities. Dr. Lisa Fontes of the Psychology Department at Springfield College notes that many of the current public health interventions touted for their effectiveness do not successfully reach racially diverse communities. While public health has the capacity to work well on a community level, it must devise strategies that are culturally competent and reach many different communities.



**John Brownlow**, Coordinator, STOP IT NOW UK; and **Fran Henry**, President, STOP IT NOW!

## **Meeting Upstream: Some Tenets of Prevention**

Perhaps it is easy to describe the tenets of a prevention plan when it comes to an illness or disease like tuberculosis or malaria, but what does prevention mean for a social condition like the sexual abuse of children? What needs to happen in order for change to occur? Where do we start? The following categories represent beginning steps the panel members and guests envisioned for the creation of a prevention campaign, recognizing that many of these steps have already begun.

### **Vision**

True prevention requires a vision for change. Our “action plan” will be determined by our ability to look into the future, knowing what we know now, and to create pragmatic and practical ways for communities to address the sexual abuse of children based on that knowledge. Vision is essential to creating a proactive response, not a reactive one. Sara Kershner, National Organizer for Generation Five, explained, “True prevention looks far into the future and plans for it.”

Child sexual abuse requires a vision that:

- Remains positive in the face of an overwhelming, devastating issue
- Works on creating structure for the movement and outlines a process
- Incorporates clear and specific messages
- Delineates behaviors we want to promote
- Recognizes that the sexual abuse of children is a preventable social, behavioral public health problem

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**“Every system is perfectly designed to produce exactly the results it produces.”**

*Mark Rosenberg, M.D., Executive Director, The Task Force for Child Survival and Development, sharing a concept originated by Don Berwick of the Institute for Healthcare Improvement*

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## Talk About It, Talk About It, Talk About It

A prevention plan for child sexual abuse will break the silence. It must educate about the issue of child sexual abuse, the diversity of offenders and the importance of treatment. It must also create multiple places for discussions in a variety of creative ways through families and communities. Importantly, it must give “voice” to victims/survivors of abuse. Joan Tabachnick, STOP IT NOW! Director of Public Education, adds that because child sexual abuse has a profound impact on intimate relationships, it is of paramount importance to promote dialogue among everyone affected by the issue.

### ***Some ways to talk about it, talk about it, talk about it:***

- Create a social marketing campaign
- Define our “audiences” and tailor messages to them: parents; victims/survivors; abusers/offenders; families of victims/survivors; families of abusers/offenders; community members who are not victims, offenders, or families of either; professional communities
- Educate the media, especially around prevention
- Use technology to create websites and videos
- Train medical and mental health personnel to talk to adults

## Promote Social Change

Preventing the sexual abuse of children is about promoting social change and challenging norms. The public must recognize that this abuse is both a health and social problem. Sexual abuse affects the abused, the abuser, the families and the community that surrounds them. These are not isolated incidents; they have a physical, emotional and systemic ripple effect.



**James Mercy, Ph.D.**, Associate Director for Science, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; and **Keith Kaufman, Ph.D.**, Chair, Department of Psychology, Portland State University

### ***Ideas for promoting social change:***

- Work with other social change movements
- Recognize that the sexual abuse of children does not occur in a vacuum. Many other issues like poverty, alcoholism, domestic violence, and more are also present in families. Look for the connections.
- Mass mobilize child sexual abuse survivors and others affected by the sexual abuse of children
- Work to create policy and legislation that contribute to an environment into which individuals and families will come forward to get the help they need to prevent the sexual abuse of children

## Collaborate

A prevention plan will not be possible without the collaboration of many different individuals and entities, including abusers and their family members, who want to promote healthy families and safe communities. A collaborative effort would include systems, fields, communities and institutions that are impacted by child sexual abuse and that can set a

focused national agenda. Some participants suggested creating a national collaborative or core group to spearhead a national vision.

**Specific collaborations with:**

- Survivors, abusers and family members as sources of information and learning
- Criminal justice people to educate them in public health
- Child care providers and pediatricians to educate and empower them
- The foundation community
- The victim advocacy community to understand the importance of working with offenders as a means of prevention
- The Catholic Church and others to establish a multi-denominational effort



**Robin Delany-Shabazz,**  
Coordinator, Child Abuse  
and Neglect Program,  
Office of Juvenile Justice  
and Delinquency,  
U.S. Department of Justice

## **Work on the Community Level**

Devising culture-specific interventions and including the community-at-large must be part of a prevention plan. Individuals must be empowered within their own towns, families, churches, community centers and schools to make changes.

**Some community level interventions:**

- Support local team-based initiatives to increase community involvement
- Increase community involvement in building skills for positive parenting
- Expand curricula to teach children healthy sexuality
- Connect “grassroots,” local interest communities (of color) to formal institutions
- Redefine accountability. Develop alternative sanctions/accountability strategies within and outside of the criminal and juvenile justice systems. Increase accountability, not necessarily incarceration. Initiate public discussions of definitions of accountability.
- Provide treatment. Work to ensure services/put high-quality treatment in place for offenders and victims.

## **Funding**

Shifting the focus towards prevention requires money. Some point out that this requires that funding be directed differently than it is now – currently, the bulk of money goes towards legal and/or criminal justice resources. Others suggest that instead of fighting for limited funds, the pie allocated for the sexual abuse of children needs to be made bigger. Funding communities, politicians and others must be educated about the importance of putting money into prevention.

**A sample of funding needs for preventing child sexual abuse:**

- Research to understand risk and protective factors
- Research on prevention programs that work
- Treatment for abusers and research on the effectiveness of treatment
- Research on the effectiveness of current practices such as mandatory reporting and incarcerating abusers
- Education and organizing efforts at the community-level
- Science-based, public health approaches such as the prevention of perpetration

## Expert Panelists

### Attending The Expert Panel Meeting Included:

(Organizations listed for affiliation only)

**Linda Spears**, Expert Panel Chair, Deputy Director for Program Operations, Child Welfare League of America; Washington, D.C.

**Robert Appel**, Executive Director, State of Vermont Human Rights Commission; Montpelier, Vermont

**Judith Becker, Ph.D.**, Professor of Psychology, University of Arizona; Tucson, Arizona

**Robert Burakoff**, Independent Consultant, Robert Burakoff Consulting; Arlington, Massachusetts

**Gail Burns-Smith**, Executive Director, Connecticut Sexual Assault Crisis Services, Inc.; East Hartford, Connecticut

**Madeline Carter**, Principal, Center for Effective Public Policy; Silver Spring, Maryland

**David Chadwick, M.D.**, Retired pediatrician; formerly of San Diego Children's Hospital; La Mesa, California

**James Clemente**, Supervisory Special Agent, Federal Bureau of Investigations, Special Behavioral Analysis Unit; Quantico, Virginia

**Robin Delany-Shabazz**, Coordinator, Child Abuse and Neglect Program, Office of Juvenile Justice and Delinquency, U.S. Department of Justice; Washington, D.C.

**Lisa Fontes, Ph.D.**, Psychology Department, Springfield College; Springfield, Massachusetts

**Joan and Kent Haskell**, Vermont

**Wanda K. Jones, Dr.P.H.**, Deputy Assistant Secretary for Health, Office on Women's Health, U.S. Department of Health and Human Services; Washington, D.C.

**Keith Kaufman, Ph.D.**, Chair, Department of Psychology, Portland State University; Portland, Oregon (Designee for William Marshall, Ph.D.)

**Larry Kressley**, Executive Director, Public Welfare Foundation; Washington, D.C.

**James Mercy, Ph.D.**, Associate Director for Science, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; Atlanta, Georgia

**Gina Ogden, Ph.D.**, Visiting Scholar, Center for Research on Women; Wellesley College; Wellesley, Massachusetts

**Mark Rosenberg, M.D.**, Executive Director, Task Force for Child Survival and Development; Decatur, Georgia

**Allison Turkel**, Senior Attorney, National Center for Prosecution of Child Abuse, American Prosecutors Research Institute; Alexandria, Virginia (Designee for Victor Vieth, Director)



**David Chadwick, M.D.**



Standing: **Robert Mazer** and **James Clemente**  
Seated: **Dr. Pamela McMahon** and **Robert Appel**

## Expert Panelists

### Not In Attendance at The Expert Panel Meeting Included:

**Ed Carter**, Ed Carter and Associates; Bala Cynwdd, Pennsylvania

**William Marshall, Ph.D.**, Professor Emeritus of Psychology and Psychiatry, Queens University; Kingston, Ontario, Canada

**Victor Veith**, Director, National Center for Prosecution of Child Abuse, American Prosecutors Research Institute

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## Guests

### Attending The Expert Panel Meeting Included:

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**Patricia Byrne**, Vice President, Citigroup Foundation; New York, New York

**David Corwin, M.D.**, Medical Director, Primary Children's Center for Safe & Healthy; Salt Lake City, Utah

**Patricia Eng**, Program Officer, Ms. Foundation for Women, New York, New York

**Corinne Graffunder**, Chief, Program Implementation and Dissemination Branch, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Prevention and Control; Atlanta, Georgia

**Staci Haines**, Founder and Executive Director, Generation Five; San Francisco, California

**Sara Kershner**, National Organizer, Generation Five; San Francisco, California

**Terri Langston**, Program Officer, Public Welfare Foundation; Washington, D.C.

**David McCullom, M.D.**, American Medical Association, National Advisory Council on Violence and Abuse; Chanhassen, Minnesota

**Gillian Murphy**, Health Writer and Consultant; Brooklyn, New York

**Catherine Nolan**, Director, Office on Child Abuse and Neglect, Administration for Children and Families, U.S. Department of Health and Human Services; Washington, D.C.

**Elizabeth Ruebman**, Senior Associate, The Ferguson Group, LLC; Washington, D.C.

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**Evan Smith**, PHILADELPHIA; Philadelphia, Pennsylvania

**Joan Tabachnick**, NATIONAL; Haydenville, Massachusetts

**STOP IT NOW!** is a national, public health-based organization working to prevent and ultimately to eradicate child sexual abuse. STOP IT NOW! holds a vision of adults taking responsibility to end child sexual abuse. Through public education, policy advocacy, and research, STOP IT NOW! calls on abusers and people at risk for abusing to stop their abusive behavior and get help, educates adults about the ways to stop sexual abuse, and promotes the primary and secondary prevention of child sexual abuse at the national and local policy levels. STOP IT NOW! works with organizations in Vermont, Philadelphia, Minnesota and the United Kingdom and Ireland to conduct STOP IT NOW! programs.

## Host:

**Public Welfare Foundation**, Washington, D.C.

## Logistics and Facilitation:

**The Center for Effective Public Policy**, Silver Spring, Maryland

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