# Child Sexual Abuse Prevention:

Lessons Learned from Stop It Now! Community-based Programs





#### **Our Mission**

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.

We provide support, information and resources so individuals and families can keep children safe and create healthier communities. Since 1992, we have identified, refined and shared effective ways for individuals and communities to act to prevent child sexual abuse before children are harmed and to get help for everyone involved.

#### **Our Vision**

Adults engage in respectful, caring behavior with children and other adults to create safe, stable and nurturing relationships for all children. Children grow up free of trauma from any form of violence including sexual abuse and exploitation.

#### **Programs**

**Help Services** 

Provides direct help to individuals with questions or concerns about child sexual abuse. We offer help for specific situations through a confidential national Helpline (1.888.PREVENT), email, an interactive online tool (Online Help Center) and our new Ask Now! advice column.

**Prevention Advocacy** 

Advocates for child sexual abuse to be addressed as a public health priority, encourages increased investment in a full range of prevention strategies, and provides evidence-based information to media, policymakers and advocacy groups.

#### **Prevention Education**

Develops, assesses and distributes educational materials through our website, publications, trainings, events and media campaigns. These help laypeople and professionals recognize harmful behavior and know how to take action – including where to get resources for action.

Technical Assistance and Training

Provides technical assistance and training to professionals, organizations, coalitions, and community-based programs on strategies, policies and practices for preventing child sexual abuse. As part of strategic partnerships, we consult long term with groups that are adapting key elements of our adult-responsibility, community-based program model.

#### **Acknowledgements**

The insights summarized in this report would not be possible without the perseverance and support of nearly anyone who has had a hand in the work of Stop It Now! and its community-based programming.

In particular, we would like to thank:

- Our colleagues in the field of child sexual abuse prevention for sharing their time and perspective on Stop It Now!, our role in the field, and our contributions to prevention.
- The staff and leadership of Stop It Now! community-based programs including: Stop It Now! Vermont and Safer Society Foundation and Kidsafe; Stop It Now! Philadelphia and the Joseph J. Peters Institute; Stop It Now! Minnesota and Project Pathfinder; Stop It Now! Georgia and Prevent Child Abuse Georgia; the Stop It Now! Massachusetts Helpline and Massachusetts Coalition for Sex Offender Management; Stop It Now! Virginia Helpline and the Virginia Department of Health; and Stop It Now! Wisconsin and the Children's Hospital and Health System, Inc. and the Wisconsin Children's Trust Fund.
- Terry Amick for designing and conducting the interviews and for summarizing the results.

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#### Letter from the Executive Director

Dear Friends,

Stop It Now! was at a crossroads in 2008 as we considered how best to advance our work in the US and internationally. We knew it was important to document what we had learned from our 15 years working in communities, and to seek input on our impact and program model as we looked to the future. In keeping with our commitment to ongoing conversations, we reached out to staff from our community-based programs, as well as outside leaders in the field to identify the successes and challenges of using the Stop It Now! approach to prevent child sexual abuse at the community level. The information gleaned from these conversations informed the evolution of our program model.

In reviewing their input, we realized respondents shared insights and lessons important not only to Stop It Now! but also to others wanting to work with communities on preventing the sexual abuse of children. For that reason, we are sharing their voices and input with you in this report.

Since 2008, we have taken to heart these four lessons: Stop It Now! continues to provide a unique voice and point of view to the field of child sexual abuse prevention; to be more accessible to more people, we need to be more flexible about how we work with communities; our messages and materials have been embedded in and live on in the work of many organizations; and no one approach will prevent child sexual abuse so we need to deepen our collaborations with others working in this field.

Stop It Now! community-based programs no longer exist as they did in 2008 as independent, self-sustaining programs. Our strategy of embedding child sexual abuse prevention programming into a variety of settings including sex offender treatment centers, a child abuse prevention chapter, and a state health department helped mitigate the impact of the economic downturn of 2008 and the loss of funding many programs experienced. Components of the model live on in five of the six states where pilot programs were implemented.

We continue to work with communities and, in fact, reach many more communities both in the US and internationally. Our educational materials are widely used by organizations and by individuals. Our training and technical assistance responds to the need for cost-effective, adaptable tools to help communities prevent the sexual abuse of children. And we continue to provide direct help to individuals including expanding the online capacity of our Helpline to provide accurate information, practical tools, guidance and support.

In 2012, Stop It Now! is celebrating our 20th anniversary. As a pioneer in creating a comprehensive approach to preventing the perpetration of child sexual abuse, we invite you to learn from our experiences and to join with us to keep children safe from sexual abuse. Please read and share this report. Start conversations in your community and join the ongoing conversation at StopItNow.org.

Because together, we can prevent the sexual abuse of children.

Sincerely,

Deborah Donovan Rice

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# **Executive Summary**

In 2008, Stop It Now! sought input on the impact of our 15 years working in communities with Stop It Now! community-based programs. We hired a consultant to gather information from both community-based staff and other professionals working in the field of child sexual abuse prevention.

These respondents identified the following outcomes and lessons:

- The core work of Stop It Now! including our messaging, educational materials, Help Services, and trainings needs to be made more accessible to more people.
- Stop It Now! needs to increase our online presence, through developing the website as a tool box and participating in social networking and other online activities.
- Stop It Now! should continue its current communications and messaging, but also work on creating easier ways for people to talk about this issue.
- There is a shared, ongoing commitment to Stop It Now! core values and programming, even
  in the face of daily program challenges of messaging, fundraising, evaluation and collaboration.
- The Stop It Now! approach is compelling for its coordinated, community-based approach
  while, paradoxically, this comprehensive approach is difficult to adequately finance, evaluate
  and sustain.
- To meet demand and interest, Stop It Now! needs to develop a flexible model that offers options for specific services and programs that could be consistently replicated and evaluated.





### A Model for Community-based Child Sexual Abuse Prevention

From 1995 to 2010, Stop It Now! collaborated with local organizations to develop and adapt its innovative, community-based approach to preventing child sexual abuse. Stop It Now! community-based programs were established in a variety of communities and locations in the US, as well as in the United Kingdom, Ireland and Australia. [See Appendix A for a list of community-based programs and sponsoring organizations.]

Each Stop It Now! community-based program was sponsored by a local organization who raised independent funds, agreed to follow the Stop It Now! guiding principles and public health approach, and created local multi-disciplinary advisory committees. While all Stop It Now! community-based programs followed the same principles, they also adapted their specific activities to their location. The Stop It Now! Community-based Program Archives (www.stopitnow.org/community-based-program-archives) has detailed descriptions of the history and activities of each community-based program.

In 2008, Stop It Now! sought input from former board members and staff, colleagues from other organizations, and staff from Stop It Now! community-based programs to systematically reflect on the outcomes, impacts and key lessons from this phase of community-based work. This report summarizes their input and documents some of the key lessons learned. [See Appendix B for details on survey methodology.]

## Impact of Stop It Now! on Child Sexual Abuse Prevention

When asked about the impact of Stop It Now! on prevention, respondents noted the following impacts:

- A pioneer voice in re-framing how the public understands and addresses child sexual abuse.
- Helped open dialogue and discussion and has given the public a face to the issue in a nonthreatening way.
- Played a profound role at the national, professional level.
- Is responsible for focusing the issue on understanding perpetration and the need to create systems that directly reach and provide support in risk situations.
- Has been instrumental in switching public focus on the issue of child sexual abuse from intervention (i.e. criminal justice, etc.) to prevention.

"Stop It Now! is just so unique. It has made a huge influence in the field. Now! has changed child sexual abuse prevention and education for everyone."





In working with community-based programs, Stop It Now! provided access to all of its resources including messaging, educational materials, the Stop It Now! Helpline, and the StopItNow.org website. Sites also received extensive consultation in developing and adapting programming including assistance with conducting market research, developing presentations and trainings, media advocacy, and evaluation methodologies.

### **Messaging**

Respondents viewed Stop It Now! messages as positive, proactive, focused on prevention and inclusive in addressing child sexual abuse from the viewpoint of all involved, including people at risk to sexually abuse children.

Local community-based program staff found the following messages effective in their work in communities:

#### ADULT ARE RESPONSIBLE FOR PREVENTION:

The most prevalent Now! messages emphasize it can be unjust and ineffective to put the burden of preventing child sexual abuse on children. Stop It Now! recognizes that adults are in an advantaged position, having more power to take action to prevent abuse.



"The message is to think about your own behavior."

#### EVERYONE HAS A ROLE IN PREVENTION:

This includes bystanders or non-offending adults as well as people who are at risk to or have sexually abused children. Stop It Now! is unique in offering a wide range of options for taking action. The Helpline offers guidance and action steps for all people facing personal situations.



"This [is] not about making it easy for someone who has sexually abused a child, but about keeping kids safe."



ONE OF A SERIES OF ADS DEVELOPED BY STOP IT NOW! PHILADELPHIA



**PREVENT ABUSE BEFORE A CHILD IS HARMED:** Stakeholders emphasized the key message of preventing children from being harmed in the first place, rather than waiting to recognize when children have already been abused. Adults need to understand that prevention focuses on creating safe environments for children as well as on learning warning signs of risky situations or behaviors that may indicate someone is at risk to sexually abuse a child.

#### TREATMENT CAN PLAY A ROLE IN PREVEN-

**TION:** Stop It Now! educates adults about the benefits of treatment and its role in preventing sexually abusive behavior. For families or people who care for someone whose behavior concerns them, treatment also provides some hope and incentive to take action because help is available for their loved one.

#### A PREVENTABLE PUBLIC HEALTH ISSUE:

That Stop It Now! works from a public health model of prevention was seen as a strength for messaging, particularly in shifting the emphasis away from viewing child sexual abuse as solely a criminal justice problem.

**LANGUAGE MATTERS:** Stakeholders emphasized the important role of language in framing messages including consistently using language describing behavior ('someone who has sexually abused a child') as opposed to labeling ('perpetrator,' 'predator,' 'abuser'). This language conveyed the belief that people can change their behavior.

**A FAMILY AND COMMUNITY ISSUE:** The Stop It Now! message emphasizes the fact that most abuse is perpetrated by someone known to the child, often a family member.

"An important message is that of learning warning signs of someone at risk to sexually abuse a child because if you wait to recognize a child who has been sexually abused, it's too late—a child has been harmed."

"Accountability—recognize and change how we hold people accountable but not waiting until the accountability is for the harm because, by then, it is too late. This leaves children vulnerable."

"We needed to get off the stranger threat in child sexual abuse and focus more on families, friends and neighbors."





#### **Educational Materials**

Local community-based programs benefited from extensive Stop It Now! educational materials, which they co-branded with local contact information. These materials helped educate the public by providing accurate information in an easy-to-understand format.



## **Helpline**

Respondents viewed the Stop It Now! Helpline as providing excellent support to both program staff and the public. For persons with concerns or issues, the Helpline provided an opportunity to privately and anonymously seek information, ask questions and discuss options. Stop It Now! community-based programs provided the Helpline with lists of local resources so callers from their area received

more targeted referrals for help with their concerns. Respondents reported that the Helpline gives many people facing personal situations a place to turn to examine concerns and find options for next steps to keep children safe.

#### Website

Respondents identified the excellent information at StopItNow.org as invaluable. They recommended viewing the website as a toolbox where people searching for information about preventing child sexual abuse would find the tools they needed to act to protect children. They also felt that investing in developing the capacity of the website would be a way to reach more people with our prevention messages.

#### Research

Each Stop It Now! community-based program was asked to conduct local random digit dial telephone surveys to gather local community information for use in adapting the Stop It Now! approach to their specific service area. This survey data helped to make the issue local. For example, local phone surveys of adults often showed high rates of adults having experienced sexual abuse as children, along with low rates of children telling adults about abuse or having their cases reported to authorities. Using statistics like these from local surveys helped communicate the scope and urgency of the issue locally, and galvanized public support for adults to take action. For more information about this research, read "What Do US Adults Think about Child Sexual Abuse,





## **Community Dialogues**

Respondents specifically called out the Community Dialogue presentations as events that effectively put a face on the issue. Dialogues are facilitated discussions among pre-selected and trained panelists, including an adult who experienced sexual abuse as a child, an adult who sexually abused a child, family members, and therapists. Dialogues help the public understand child sexual abuse from multiple points of view and help to correct inaccurate understandings and perceptions.

#### **Evaluation**

Respondents emphasized the importance of Stop It Now! evaluation methods including:

- 1) Process evaluation to track results of trainings, materials distribution, Helpline calls, and other activities.
- 2) Telephone public opinion surveys of adults prior to and after program interventions.
- 3) Focus groups with various constituencies for market research and materials review.
- 4) Pre and post workshop and training evaluations.

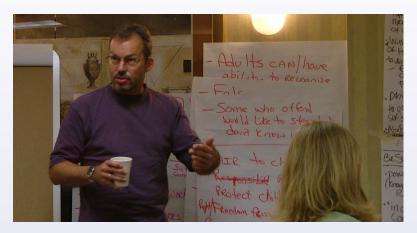
One respondent noted Stop It Now! has "cared about evaluation from the beginning."

## **Networking**

Respondents identified being part of a network of other Stop It Now! community-based programs as an important benefit. The network provided a vehicle for sharing ideas and resources. Because of the challenging nature of the work and the ground-breaking approach being implemented, respondents specifically appreciated the opportunity to receive needed support. Some also appreciated how Stop It Now! effectively wove the local programs together in a synergistic way.



## Adapting the Stop It Now! Approach to Local Communities



In keeping with the Stop It Now! guiding principle of collaboration, local community-based programs worked collaboratively with law enforcement and other criminal justice agencies, treatment services, victim advocates, state agencies, private foundations, national organizations, child care licensors, adults with direct experience with sexual abuse and the public.

Stop It Now! community-based programs worked closely with steering or advisory committees to adapt the Stop It Now! approach to their local community. Local staff reported they received widespread support and several cited the engagement and commitment of local stakeholders on their program advisory committees.

There were two areas where community-based programs were most likely to adapt Stop It Now! offerings to their specific communities: training and social marketing campaigns.

## **Training**

Many respondents identified Stop It Now! local trainings as an area of perceived success and promising practice. Programs developed and/or provided trainings including primary prevention training for parents and foster parents, child care licensors and providers, and professionals engaged with either children who had been sexually abused or people who had sexually abused children.

Generally, local program training was well received and viewed as highly professional, with trainers reported to have a great reputation within the community and professional arena.

Programs reported various ways they were able to multiply program reach through training of trainers. In one case, a partnership with child care licensors and the resulting train-the-trainers program was a notable success and was instrumental in expanding program reach and impact on state level policy. Another community-based program was able to use limited, local resources to develop a community level constituents training that has been highly successful.

## **Research-based Social Marketing Campaigns**

Social marketing campaigns developed by community-based programs were seen as very successful by several respondents. One respondent noted how the advertising campaign helped to change the understanding of primary prevention of child sexual abuse in their community. Several noted the successful use of research for messaging—both through the public opinion (random digit dial) surveys and social marketing research for specific ad campaigns. Others noted the success of working with media to place educational articles.



#### What Challenges Impacted Stop It Now! Community-based Programs

## **Funding**

All local programs received funds from a mix of sources, including government grants and contracts, private foundations, individual donors, and earned income. Two local programs had multi-year funding from the Centers for Disease Control and Prevention (CDC). One local community-based program, with assistance from Stop It Now!, received three separate rounds of funding from the Federal government. Beyond fundraising events and online donations, community-based programs also received funding from professional organizations such as the state chapters of the Association for the Treatment of Sexual Abusers, from private foundations (local, state and national), state Children's Trust Funds, state agencies, and Federal grants (authorized by the Violence Against Women Act).

Most community-based programs were able to access funding from various sources but, across the board, securing ongoing and sufficient funding was a challenge. The economic crisis of 2008 added challenges to an already difficult funding environment.



STOP IT NOW! MINNESOTA WORKED WITH PARTNERS TO COMMEMORATE WORLD DAY FOR PREVENTION OF CHILD ABUSE

#### Why Communities Chose the Stop It Now! Approach

Although the first two community-based programs–Vermont and Philadelphia– were approached by Stop It Now! and invited to become community-based Stop It Now! programs, by 1997 organizations interested in the Stop It Now! approach were coming to Stop It Now! asking how they could become Stop It Now! programs.

#### Respondents cited these factors in choosing Stop It Now!:

- The focus on primary prevention or prevention before children are harmed.
- Commitment to adult responsibility and perpetration prevention.
- Compatibility with the existing mission of host agencies.
- A comprehensive program that did not need to be reinvented.
- The multi-faceted approach that incorporates primary prevention and intervention, as well as compassion and accountability for people who have sexually abused.
- Focus on adult bystander (i.e., non-offending adult) responsibility to prevent abuse.
- The model is "grounded in science, theory and information..."
- Communities didn't have to "start from scratch" and could network with and learn from other communities.
- The local market research random telephone survey methodology.
- CDC support for collaborative efforts for perpetration prevention.
- The director of one of the host organizations stated it was simply "good for the soul" of the agency to be part of a prevention effort.

Respondents also shared that the focus Stop It Now! put on people at risk to sexually abuse children was challenging and a "turn-off" for some of their partners and the general public. They also noted that it is difficult to encourage people to admit to and be accountable for abusive behavior or to encourage families to act on concerns about a loved one.



#### Benefits and Challenges to Adopting an Existing Program Model

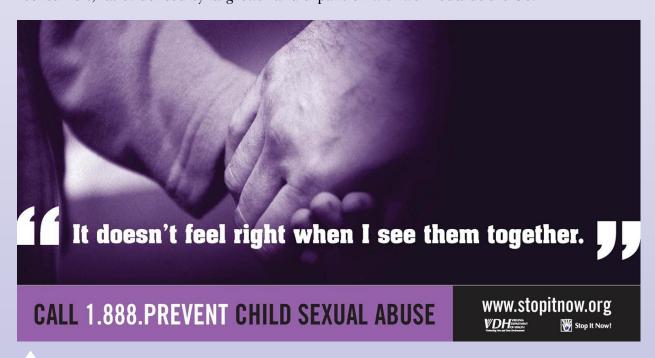
Stakeholders cited several advantages to adopting an existing program model. Specifically, they appreciated the:

- Ability to learn from community-based programs who've already applied and adapted the model to their community.
- Excellent public education materials that frame the issue well. These helped expand the breadth of what sponsoring organizations were doing and were often relied on extensively, especially during the start-up phase.
- Technical assistance– especially for social marketing and the framework for the telephone survey research.
- Help with connecting community-based program staff to potential collaborators, especially for the advisory board.

Stakeholders also acknowledged challenges in using and adapting an existing program model associated with a national brand including:

- How to accommodate the Stop It Now! brand within their existing marketing and communication strategies, especially when many sponsoring organizations had well developed local brands.
- How to balance the need to maintain a consistent Stop It Now! brand with the importance of tailoring the model to their local context. This created challenges around messaging and development of new materials, including issues around intellectual property.
- How much to highlight that Stop It Now! is unique in including people who have or are at risk to sexually abuse children as a target audience when there were challenges to local support and understanding of this stance.

Despite challenges, respondents noted Stop It Now! has the ability to adapt to the needs of various "consumers," as evidenced by its growth and expansion with work outside the US.





## **Broadening the Impact of Stop It Now!**

In seeking input on our history of community-based work, Stop It Now! was also looking to the future and specifically to how our community-based work could evolve to meet the increasing demand for programming at the community level. Our comprehensive approach required extensive investment which made it difficult or impossible for many communities to join with us. We asked respondents to share with us their vision for our future work with communities.

- Maintain core messages: On the whole, respondents stated Stop It Now! should continue its current communications and messaging, but also work on creating easier ways for people to talk about this issue. Respondents suggested staying focused on the core concepts of adult responsibility and preventing perpetration. They also urged continued use of strategies like storytelling to put a human face on the issue and break down stereotypes and myths.
- Be creative about new ways to encourage conversations: Respondents also urged continuing to find creative ways to help people have conversations, such as "making analogies to how hard it is to talk about someone's drinking, smoking, eating, or HIV risk behavior and keeping the focus on prevention and health-promoting behaviors." They recommended continued message development and testing to increase effectiveness of communications and advance policy options. Online engagement including developing the website as a toolbox and participating in social networking and other online activities was mentioned repeatedly as a key aspect of ongoing communication.
- Continue to work with communities: Respondents were clear about the need to stay grounded in work with local communities to inform national activities. However, they suggested developing a flexible model that offers options for specific services and programs that could be consistently replicated and evaluated. The Helpline is seen as a valued direct service. Increasing options for training of professionals and train-the-trainer formats were recommended going forward.
- Deepen evaluation efforts: Respondents supported the need for more rigorous evaluation of the model and suggested aligning with researchers to implement this.
- Continue policy advocacy: Respondents supported continuing the policy efforts and recommended reaching out to other professional fields to embed child sexual abuse prevention in closely related areas of work.



#### **Conclusion**

Child sexual abuse has deep and long lasting impacts on children, families, communities and our whole society. It reverberates and impacts personal health, family relationships, community safety, and our priorities as a society. Preventing child sexual abuse requires efforts across this spectrum.

Stop It Now!, through our work in communities, has demonstrated that: adults will act to prevent abuse if they have access to accurate information, practical tools, guidance and support; and communities will mobilize around prevention initiatives that address the complexities of abuse closer to home.

Since 2008, Stop It Now! has implemented many of the recommendations on how our programming should evolve to meet the needs of more communities. We have greatly expanded the resources available online at StopItNow.org. We have begun providing training through webinars that are accessible to people in communities across the globe. We are working increasingly through strategic partnerships with universities, national and local child abuse prevention groups, and national and international child protection, child's rights and child helpline networks. Our commitment to collaborate across sectors with a wide range of partners whether at the local, state, national or international level allows us the greatest opportunity to see the tenets of the Stop It Now! model embedded and relied upon to help create a comprehensive approach to preventing all types of sexual abuse of children.

Our community-based work lives on in the sponsoring organizations who hosted Stop It Now! community-based programs. And, with a more flexible model for engaging with local efforts, we are able to reach and influence many more communities. The evolution of the model relies on the circle of learning presented in this report. Moving forward, we will continue to learn and deepen our work by applying this knowledge and new experiences to improve the usefulness of our advice and guidance, our prevention tools and other services.



## **Appendices**

#### **Appendix A:** Stop It Now! Community-based Programs

STOP IT NOW! SITE	SPONSORING ORGANIZATION	DATE
Stop It Now! Vermont	1) Safer Society Foundation	1995-2001
	2) Kidsafe	
Stop It Now! Philadelphia	Joseph J. Peters Institute	1999-2009
Stop It Now! Minnesota	Project Pathfinder	2000-2009
Stop It Now! Georgia	Prevent Child Abuse Georgia	2003-2008
Stop It Now! Massachusetts Helpline	Massachusetts Coalition for Sex Offender Management	2004-2005
Stop It Now! Virginia Helpline	Virginia Department of Health	2004-2009
Stop It Now! Wisconsin	Children's Hospital and Health System, Inc., and the Wisconsin Children's Trust Fund	2005-2007
Stop It Now! UK & Ireland*	The Lucy Faithfull Foundation	2000-present
Stop It Now! Australia	Phoenix House	2005-2006

<sup>\*</sup>Stop It Now UK & Ireland operates as a sister organization, functioning nationally in the United Kingdom and Ireland.

#### **Appendix B:** *Methodology*

Terry Amick, M.P.H., was hired as an outside consultant to design and complete the surveys/interviews, compile comments and report on the results. With Stop It Now!, a total of 29 potential respondents were identified. Stop It Now! leadership contacted each to introduce the consultant. All subsequent communication was made by the consultant, including an email and attached survey followed two weeks later by a reminder email sent only to non-responders. A total of 13 surveys/interviews were completed.

Two similar versions of the survey were created. One was administered to local staff of Stop It Now! community-based programs and another survey was developed for other professionals knowledgeable about the work of Stop It Now!. Six community-based program staff and seven other professionals completed surveys or interviews. The consultant compiled the results for review by Stop It Now! staff, who were given an opportunity to suggest revisions without altering content or verbatim comments.

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.





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