

**WHERE IS WILL SHAKESPEARE WHEN WE NEED HIM?
PREVENTING THE SEXUAL ABUSE of CHILDREN**

by
Fran Henry, STOP IT NOW!

Presentation to
16th Annual Meeting
San Diego Conference on Child and Family Maltreatment
“Translating Ideas to Action”
Chadwick Center for Children and Families
Children’s Hospital
San Diego, California
January 25, 2002

When I was growing up in the 1950's and '60's there was no greater evil on the face of the earth, according to my parents and to the television, than the people and the country of the Soviet Union. As recently as the 1980's, our leaders talked about the Soviets as "the evil empire." Does it seem ironic to you as it does to me that a few months ago Russia had emerged from its vileness to become a great ally of America's in facing terrorism or that our conservative President, transformed, would hail Vladamir Putin as a friend?

When I was a little more grown up, I remember "Chester the Molester." Chester, a stock character with a trench coat lurking in the bushes in the TV show "Laugh In," dispensed the expected creepy jokes. As a society, we seemed to have no understanding of what Chester actually did or the harm that the Chesters of the world caused their victims. At about the same time I read a book called *Incest Behavior* for a paper in a college sociology course. The authors claimed that the sexual abuse of children by their parents was so rare as to be a one in a million occurrence. Does the fact that we now know differently make us more enlightened and more able to deal with this form of human cruelty, the sexual abuse of children by adults and other children? What brings cruelty from the darkness to the light? What transforms it? What prevents it? To deal with sexual abuse, we must wrestle intelligently with concepts of transformation and root causes.

I want to thank the Chadwick Center for Children and Families at Children's Hospital San Diego and David himself for the honor of addressing you at the 16th annual San Diego Conference on Child and Family Maltreatment on the theme of "Translating Ideas to Action."

I am privileged to speak to you about the nature of sexual abuse and how to prevent it. I am so aware that my experience, both of being victimized and its aftermath, are my story. I ask you to accept it as a truth, but please know I do not view it as the only truth. I also want you to know that I speak publicly as a survivor, not because I am comfortable with or relish talking about intimate personal and family matters, but because I want you to understand sexual abuse from someone who never reported it and probably would not have, even if there were systems thirty years ago to encourage children to come forward.

For these decades I have thought about what causes offending and for the past ten years at STOP IT NOW! I have received literally hundreds of letters from people recovering from sexual offending—because I have asked abusers what could have prevented it. I ask you to be open to what they have to say as expressed through STOP IT NOW!, the program I founded to reach abusers and those who know them. We ask adults, including abusers, to take responsibility to confront abusing behaviors.

Because my talk is the last one in a week of challenging exchanges and presentations, I want especially to leave us today with a message of hopeful change for the future. First, I will speak about the nature of the human tragedy of child sexual abuse and my own story. Then I will review two major obstacles to prevention and then three ways we can stop it before it starts, including what STOP IT NOW! is doing and what we have learned. We use and advocate for a public health approach to prevention.

Where is Will Shakespeare when we need him?

Please let me share some insights I have gleaned from thinking about sexual abuse for these decades. I know you have highly developed expertise in child maltreatment; I imagine you have thought about the nature of sexual abuse. What tops your list of insights? Is it the frequency of occurrence, the damage caused, the vulnerability of victims, or the malevolence of perpetrators? Is it the hard work of those of you in this room? Is it our government's tepid programs to prevent sexual abuse? For me, none of these questions lead the list of what I have learned. I crown my list with the mystery at the heart of this issue.

Some people gather mystery and reveal its truths in poetry, art, or music. Some people call it science, if by science they mean using our intellect and reason to approach the unknown. In a different vein, some people call the great mysteries love or God. I am comfortable with any of these names. Allowing for mystery helps us to approach that which we have no words for, that which we do not yet know. Because for me, mystery it is to be dealing with something that happens so frequently, for countless generations and across the world, that causes such harm, that people still so routinely deny, and that society has willfully ignored. Doesn't that just about define sexual abuse?

To approach mysteries and especially to gain understanding into the causes of poisonous acts and their transformation, I study the work of great minds. In the English language and in western civilization, I go to William Shakespeare. Four hundred years ago William Shakespeare wrote 37 plays that have proven among the very finest literature in the English language. In these plays, he tackled the thorniest individual and family dilemmas: jealousy, ignorance, greed, racism, lust for power, madness, hatred. He translated the human condition into stories with riveting action: betrayal avenged, love gone awry, murder, and torture. I am no scholar of Shakespeare, but I find in his plays reason enough to call him the western world's first psychologist, so insightfully did he describe human adversity and its resolution.

Yet, as I have combed his writings, I remain fascinated that he did not tackle the issue of the sexual abuse of children. Allusions to sexual abuse occur in *King Lear* as we witness Lear demand love and loyalty from his adult daughters and destroy himself, his children, and his kingdom in the process. In *Othello*, I see the impact of childhood abuse. I identify with the vulnerability Othello suffered from the racism of his youth as a Moor and how it deformed his capacity to trust Desdemona and to receive her love, ultimately leading to her murder at his hands. Shakespeare dealt with the silencing of the experience of rape in *Titus Andronicus*, when two brothers drag off stage and rape the king's adult daughter Lavinia. She returns to the stage with her hands cut off and her tongue cut out. Lavinia was further shamed when the brothers taunted her for her inability to write or to speak of what she had been through.

So, Shakespeare delved into the horrific in the human condition. Why not child sexual abuse? The fact that he did not address child sexual abuse, I believe, tells us much about where we find ourselves today as we grapple with preventing it. After all, we are dealing with what Dr. Sue Binder, head of the CDC's National Center for Injury Prevention and Control, calls a wicked social problem—the kind of problem that requires layers of analysis into causes and many-faceted solutions.

I believe Shakespeare did not tackle child sexual abuse not by choice, but because neither western society nor he could see the child. Children had no agency and I am not referring only to laws about male rights of possession over family members. I mean that to understand child sexual abuse we must keep in mind that, even if sexual abuse has been going on for millennia, human consciousness, both verbal and physical, was not developed enough in the early 1600's to have given a place to the experiences of children and childhood. The consciousness of adults, primarily male adults, was barely dawning. If we look at portraits of the era, we can see that artists were able to paint facial images in more detail than in previous eras. Inner depth and experience were not portrayed, however. Leonardo da Vinci's Mona Lisa gives us complexity in a human face, but not until Rembrandt, again in the early 1600's, do we see shades of human emotion on the faces of ordinary humans and heroic public and historic figures. After the medieval years and the birth of new thought and possibility with the Renaissance, westerners were able to view the human condition in a new light, but human problems were adult problems. Children were not on the social map. A Harry Potter of Elizabethan England was simply unimaginable.

So Shakespeare was a bold adventurer into the well of the human psyche but where was he when we needed him? He was not able to take us to an understanding of children or child sexual abuse. He could not see the poison it inflicts on souls. Can we then be kind to ourselves as we appreciate how young is our western conception of the needs and rights of children? And can we use that kindness to ourselves as solid ground upon which to build an understanding of how pivotal our role is to give a voice to children's experience? Can we build from that freshly laid ground, only a few hundred years old at most, a commitment for radical social change, the elimination of sexual abuse?

To explore our commitment to prevention, I ask us to don Shakespeare's cap, pick up his pen and delve into this issue and its complexity. I ask us to take a role we are not accustomed to taking. Shakespeare used this role to tell the most important truths in his plays. He used this role to turn conventions upside down, to ground the projections that flew from the mouths of the powerful--the kings and queens, the princes and dukes. He used this role as a device to introduce new concepts. I ask us to take the role of the Fool. The Fool in Shakespeare's day was one who spoke the truth. So please join me as we take on the cap of the Fool and speak more about child sexual abuse, the truths we know and those we do not know.

The nature of sexual abuse...prevalence, harm and abusers

When I speak before audiences less informed than you are, I often am asked questions such as, "Is there more sexual abuse currently than in previous generations? or "Does sexual abuse happen in other countries as much as it does here?" or "I heard there was a decline in sexual abuse...is this true?" How do you answer questions like these? Such questions tell me that people need to know more about the nature of sexual abuse and that comparisons and knowledge of social norms helps to educate and to inform.

The World Health Organization issued a policy statement and press release in 1999 recognizing child abuse as a worldwide major public health problem. WHO cited international studies in 19 countries that reported prevalence of sexual abuse ranging from seven to 24% for girls and three to 29% for boys. You know the basics about child sexual abuse in the United States, that one in four to five girls and one in seven to ten boys are

abused by the time they finish their 18th birthday. Those facts don't put flesh and bones on how troublesome the problem is, though. And that is because we have not found a way to translate what victims experience and what professionals like you know into widespread social change. Let us explore more about the nature of sexual abuse. After ten years working vocally and publicly as a survivor it should come as no surprise, but I am still amazed by how many people disclose abuse to me. Here are some examples of how this happens:

- I am in the office rushing to get a package out on time, but when the courier comes to pick it up, she discloses that she was sexually abused;
- I have given a talk to a group of highly-trained professionals; after the talk one of them (whose specialty deals with children) tells me he was sexually abused as a teenager, had never told a soul, and wonders aloud with me about its impact on his life.
- a friend of three years whom I admire for her tender mothering of her two girls, recently read literature from STOP IT NOW! and responds by telling me about sexual abuse she suffered at the hands of a relative—abuse she had not told anyone about at the time. I weep at hearing her story, not because her experience is unusual, but because such disclosures have become so routine that I despair of ever having relationships where people do not tell me of such early toxic life experiences.

These stories are from the past three months, not the past three years.

A few people have asked me if our society does not know more about abuse because children are not affected by the experiences. Some children may not suffer consequences. But exactly how many more researchers need to publish about the immediate and the chronic health and social outcomes of child sexual abuse? Currently Dr. Jim Mercy and Reshma Mahendra of the CDC, Dr. David Chadwick, Lucy Berliner and STOP IT NOW! are collaborating on a review of the literature to demonstrate for health professionals the links that have been found between child sexual abuse, disease and disorder. In our search, more than 400 studies have come to the surface. Do you think we have sufficient documentation to claim child sexual abuse as a major public health problem? We are finding links with the following: ADHD, alcohol abuse, anxiety disorder, bedwetting, blood pressure abnormality, brain disorders, cancer, gastrointestinal problems, criminality, delinquency, depression, diabetes, dissociative disorder, drug abuse, eating disorders, sexually transmitted diseases, homelessness, ischemic heart disease, intimate partner violence, nightmares, obesity, pelvic pain, physical injuries, engaging in prostitution, psychosomatic disorder, post traumatic stress disorder, relationship issues, self mutilation, sexual dysfunction, sexual victimization, smoking, stroke, suicide attempts, suicide, teen pregnancy, welfare and poverty. I share this list not because you do not know these links, but as a reminder that if we grasp the harm caused by sexual assault and were to find a way to eliminate child sexual abuse, I know you know we would significantly reduce many social and physical ills in America.

What else do we need to remind ourselves about the nature of child sexual abuse? We need to know about who is abusing. I remember in the Clinton Administration a few years back hearing then Secretary of Health and Human Services Donna Shalala, when presented data about child sexual abuse, turning to her staff and saying, "Well, we have a problem in this country and it's called incest." Has anything come of her conclusion? No. We have not

been able to face that rape in this country is primarily a problem of youth. That rape of youth is so often a problem stemming from the young person's most intimate relationships.

I hear the Fool's voice speaking here. He reminds me how important is the choice of words because the structure of how we deal with an issue flows from how we describe it. I do not use the term *incest* to describe child sexual abuse because I want to be as accurate as possible when I use a word. The word *incest* has connotations that go far beyond child sexual abuse. The word incest includes in it a concept of relationship, as if two parties were in an incestuous relationship. This unacknowledged linking to relationship is precisely what to me does *not* define child sexual abuse, for although the vast majority of children are in relationship to the people who abuse them, they are victims of, not in relationship to, the sexual intentions of the abusers. For me, words like abuse and assault more accurately describe the experience.

What do you know about people who abuse children? What I have come to know is that the range of sexual abusing and the range of people who abuse are broad. Yes, there is crossover between behaviors and some offenders move from one behavior to another. But exhibitionists struggle with different issues than rapists. People who have a diagnosable medical disorder of pedophilia or a paraphilia are probably behaving differently than people who do not assault compulsively, but only in certain circumstances and primarily out of their extreme selfishness and ignorance.

Few people know the warning signs of offending behavior against children. At STOP IT NOW! we have learned about these warning signs from conducting focus groups with people who have sexually abused a child--signs such as someone who manages or insists on uninterrupted time with a child, someone who offers to baby-sit frequently, someone who takes children for outings or overnights, someone who buys gifts for no apparent reason, someone who walks in on children in the bathroom, or who allows children to get away with inappropriate behaviors. Another important aspect of people who are at risk to abuse is that children constitute roughly 30 percent of the sexual abuse that occurs.

My personal experience

May I tell you my own story?

I was sexually abused by my father from the age of 12 to 16—four interminably long years. I do not know how many times—the experiences blur together and I can't distinguish them one from another. If I had to, I could do a better job describing the different locations I was abused in: in my grandmother's home, in a home my father was a caretaker of, in the basement of my home, in the kitchen, in the bathroom, in my bed and worse in my parent's bed.

I can remember being abused at night and having to get up and go to school the next day as if nothing had happened. When I was going through these experiences, I remember telling myself very clearly that if I could simply live through them I would be okay. The fact that I remember feeling that way is the closest I can get to know how completely terrified I must have been. I was facing emotional death. Also, I understand now, after my own therapy, that my father's assaults against me occurred against a backdrop of much earlier physical abuse by my mother.

No one at the time would have described her as a child abuser—she had been raised in a home that condoned hitting as discipline. Many homes still do. She never hit us as we got older, just when she was overwhelmed and isolated with four very small children. Still I have vivid memories of her breaking a wooden spoon on my brother and me taking many hard smacks as a toddler for no reason I could decipher—enough to instill a deep fear of harm from someone I depended upon.

So although my father's abuse occurred years later, I thought if I did not physically die I would be okay because living through it was all that mattered. I must have assumed that my father, who had never hit me and in fact was the source of warmth and understanding in my early years compared to my mother, could not be harming me as much as my mother had. Also, I had no way to value what I already had lost by his abuse—my sexual integrity and human dignity.

Soon after I turned 16 I confronted my father and told him he could never touch me again. Before being 16 I had said no and had shown him my confusion, fear and disgust of what he did, but he had dismissed my protests. I could finally say no with certainty because at 16 I reasoned I could leave home and get a job and survive somewhere—somehow running away before that was unthinkable. My father never abused me after that confrontation and I did not run away.

Despite my belief that I would be okay if I lived through those assaults, what has been the harm I have suffered as a result of my father's abuse? I have had some of the problems on that list I mentioned earlier—and not a day goes by without being reminded of the peculiar legacy of sexual abuse—I actually have found that I took a tremendous amount of the fear and anxiety and channeled it straight into developing myself as a person—making myself as productive as I could be. And how did I manage that in the midst of the abuse? No mystery here. I modeled myself after the parent I identified with—the one who was fantastic at projects, at deadlines and hard work, at tackling impossible challenges: my father.

I could tell you stories of silencing and betrayal, or stories of my father's inappropriate defensiveness when I confronted him with the truth, stories that would make you hate him in an instant. But at the next moment I could tell you stories of his humanity, his strength and his history that might leave you wanting to admire him.

Complex, isn't it? How many scenes, acts, or even plays do you think Shakespeare would have needed to unravel such complexity? I hate; I want to kill. I love; I want to forgive. I heal; I discover the combination of hatred and love—that of accountability and compassion. It is complex and that is why we have not solved this problem, bad as it is, common as it might be. When the people who have harmed are the same ones we depend upon and model ourselves after, then both citizens and we, as professionals, must take time to craft a solution which stops the behavior and holds people accountable, but also holds the whole situation in a caring, community-centered embrace.

As I don the Fool's cap to look into the heart of all the harm I have suffered—what pivotal redeeming truth have I benefited from as I have healed? I have had the chance to hear the person who harmed me take responsibility for that harm, not once, but as many times as I have needed to confront him. I am acutely aware how many victims never hear the person

who victimized them take responsibility and bear remorse. And as I integrate the harm done to me and the accountability of the person who caused the harm, I know that we can reach many, many people before they harm. My father's taking responsibility has helped me to take responsibility for helping to change our larger society.

I wish that was all I could say to you about my personal experience, but I want to say a bit more. I have struggled mightily with having an intimate relationship in my life. It has been nearly impossible to sustain. Ten years ago, after lots of work that taught me how to welcome intimacy, I met and married a very lovely man. What I did not understand is that it takes two people to have done that healing work and it was not enough for me to be able to make a commitment. A few years into our marriage he was swept into a despair he could not shake. He would tell me, and apparently, me only, that he thought he might have been sexually abused when he was very young. He had exhibited what we now would call "abuse-reactive behaviors" with his friends at age seven or so. But he could not remember what had happened; he only had waves and waves of shame to live with. He certainly did not accuse anyone of anything. Nor did or do I. In an extreme act of tragedy, and of course complicated by other adverse life experiences, he killed himself five years ago.

Suicide is a very terrible thing to witness. I remain forever humbled by living through this particular hell, humbled by knowing that some children are harmed in a way they cannot know or put words to, or if they have words they are too terrified to speak them. Since I have always remembered and had words for my father's harm, I did not fully understand before my husband's suicide that some people are so harmed they can only use behavior to express their pain.

In these years of working on prevention, I have heard too many stories of suicide—suicide of victims who could not heal, suicide of perpetrators who could not face their shame. There is far too much suicide connected to this issue and we must find a way to stop it. We must.

Two major obstacles to prevention

Let us turn to two major obstacles in preventing abuse. One is the struggle to disclose by victims and the other is a lack of the political constituency for change.

I did not disclose what my father did. In fact, one of the hardest things I still grapple with is my reluctance to put my father at risk for punishment and my family at risk for break-up. I know I protect children from being alone with him, but I have not been willing to go further than that. I have not been alone. How much abuse do authorities know about?

Rochelle Hanson and others published in 1999 a 12% rate of disclosure to authorities based on the National Women's Study of females raped before the age of 18. The Journal of the American Medical Association published an article about boys and sexual abuse stating that it is underreported and under-acknowledged. At STOP IT NOW! we conducted a survey of female and male survivors from 1993 to 1999. They told us about 955 people who perpetrated against them. Survivors had reported the abuse when it was happening only on nine percent of the abusers. When we looked further into the data by decade that the abuse occurred, and looked at the last decade of the 1990's when many of the victims and survivors who answered the survey were still children, the disclosure rate improved to 23%.

Improvements above nine percent disclosing should make all of us feel good about the work done in recent years—since your first annual meeting—but shouldn't we be sobered that still we do not hear about three fourths of the abuse that occurs? In Philadelphia three years ago, a manager in the child protection system told us that there was sexual abuse going on her family but she would never report it to the authorities—in other words to her own office. We are still leaving so many children unprotected.

The abuser we know about is the tip of the iceberg, but what does the iceberg look like? Who are these people whose abusive behavior has not been disclosed upon? Again, of the 955 abusers identified by the survivors from STOP IT NOW! questionnaires, 11 were strangers. Every other person of the 944 who abused, except seven who were not defined, was known to the child by blood, by marriage, or being a family friend, neighbor, teacher, religious leader. In fact, the closer the blood relationship, the less likely would the abuse have been disclosed to a statistically significant degree. Of the 955 abusers, 217 were biological fathers, the highest number of all relationships. The next highest were 111 stepfathers, 82 uncles, 79 brothers, 56 cousins, and 47 grandfathers. Just to complete the picture a bit—of the 955 abusers, 26 were mothers; there were no stepmothers, but there were 4 aunts, 4 sisters, and 4 grandmothers.

Could we talk more about this issue of disclosure and reporting for a moment? Again, I am speaking from my own experience. I have taken myself back to imagine what it would have been like to report my father. Like so many victims, my father manipulated me into silence. But it is also true that he did not have to work very hard. When I was a child, the only reality in front of me was the preservation of my family. Now, thirty-five years later, I am still glad I did not disclose. How was I then to weigh the tradeoffs between taking care of myself and taking care of the family? Can a child separate them? Of course, we adults know that a child should not be in a position of separating them, that a child should just disclose suspicious or uncomfortable touch. But I did not want my family to fall apart. If my goal was to preserve my family, how would disclosing have advanced that goal? Would I have been better off if I had told and the resulting emotional explosion had put social workers and lawyers in charge of what happened to my family—what then? How could I assume that a foster family or a family without my father would be a better family? Why am I even wondering about all of this when the responsibility belongs with my parents, not with me?

I find myself getting anxious when I talk to you about why I did not disclose. As therapists, doctors and social workers you are responsible judges of social relations. While I respect and need your professionalism, I am also leery of the conclusions you draw about what is right or wrong for victims and for families. Recently I spoke of my views on disclosure and a therapist spoke to me afterwards and asked if I had heard about “trauma bond,” that is, that I might be bonded to my family by the traumas I have been through. I thought long and hard about her question and what it might imply—that a good victim and survivor leave the dysfunctional family behind. I imagine that the way she asked it of me implied that I might be holding a “trauma bond.” But I know from deep introspection that I am bonded to my family, not by trauma, but by love. I have much evidence for my faith in my family, but the most telling experience in recent years happened as my father, my siblings and I held my mother's hands as she lay dying. I need Shakespeare's words, not mine, to describe the kind of love and care we each and all gave my mother in the last weeks of her life--the tender

words and stories she shared with me days before her death, or the smile she had on her face as she finally let go. If our family did not have love flowing through it like a river, we would not have been able to give ourselves the opening of her death as a transformative experience for her and for us. At the time my mother died in 1998, I was writing my book about preventing abuse and so grateful that my family was intact, so aware that my life would have been entirely different had the abuse and my disclosure at 12 resulted in the dissolution of my family.

If you are thinking that I am a proponent of family preservation, I have not yet made myself clear. I do not claim that other victims have my set of circumstances or that they do not disclose abuse while it is happening for the same reasons I did not disclose. I am very aware, especially as I hear others' stories, that not all families can be or should be preserved. But I do know that if society's response to sexual abuse tears apart family relations further than the abuse has torn them and does not help to repair them when repair is possible, then children and families will not feel strong enough and safe enough to disclose and reporting rates will reflect a thin veneer of the problem.

How hard would it be to talk about sexual abuse publicly if it had happened to you? If I asked each person in this room to identify yourself if you had been victimized by sexual abuse, could you do it—although you are in the company of colleagues who respect you? Suppose you had some offending behavior in your past, could you admit to it? How about if you knew someone close to you who was a victim or an offender? Could you talk about it?

Why do we expect disclosure from children when we don't disclose our own personal experiences to each other? As a society, we wait for a boy or girl to tell us that "daddy is touching me" or "my cousin puts his hand down my pants." Why do we expect children to be able to tell the difference between good touch and bad touch when so much of this teaching in the schools is woefully inadequate or non-existent, when family members or friends of the family perpetrate so much of the abuse? Have you realized how children are on the front lines of stopping the people who are intent on using them? Why aren't we learning about, and paying attention to, the behavior of people who sexually abuse or who are at risk to abuse and helping them to stop or to not start?

What is the other major obstacle to facing sexual abuse and preventing it? The most effective vehicle for changing society is the agitation of people who are affected or oppressed. Survivors, recovering sex offenders and their allies must form a political constituency to address sexual abuse. But many have been too damaged to organize against it. As impressive as the gains of organizations have been—and I want to take special note of The National Call to Action and the brave and essential work of Authentic Voices—many groups have had to spend precious organizational capital helping adult survivors heal. In the ten years I have devoted to STOP IT NOW!, I have seen far too many survivor-led organizations fail because they don't have the strength to bear the ups and downs of organizational life, particularly the egregious lack of funding for social change on this issue or discouragement in the face of the backlash organized by parents who still want to deny the existence of child sexual abuse.

We will not easily have a political constituency, a Million Mom March or a Mothers Against Drunk Driving on this issue of sexual abuse of children because the people who could act have not been able to face stigma, move beyond it and organize. How many mothers can brook the shame of this occurring in their family by their husbands, their brothers, or by their own children on still younger children? We have seen the power of Patty Wetterling and Maureen Kanka and Mark Klaas—profound and powerful acts of courage out of tragedy. Please bear in mind that their work might be possible because their children were abducted or killed by strangers. Who will organize in the streets for the completely ordinary, but flawed, family like mine? My family can't or won't because they cannot take outrage into the streets—they would take shame instead. And so they don't.

(I recall when I went home to tell my parents in 1992 that I had founded STOP IT NOW! and why. I did not want them to hear about it from anyone else. After I had finished, my mother said, "Dearie, do you have to do this?"

"Yes, Mom," I said.

She came back, "Well, if you have to do it, couldn't you say you are organizing STOP IT NOW! because it happened in someone else's family?"

"No, Mom."

So you see, it will be awhile before we have a Million Mom March on sexual abuse.)

Now is the time to make this issue more than a victim's story of survival. If child sexual abuse happens to one in four, or even if it were one in ten, the rest of us must talk about it, too. All of us have something at stake because child sexual abuse is so common that it touches every single person's life.

Now is the time to hear all the voices of family members who are affected, the abusers, their communities. Now is the time to hear those of us who have made child maltreatment our profession. We in this room are essential players in prevention. The fact that we devote our working lives to help victims of child maltreatment puts us in the driver's seat for social change. I take note of all that David has been doing in prevention of child abuse. He demonstrates outstanding insight, perseverance, and we are grateful to him. But when he is ready to retire, and someday we must let him, will we be ready to take over?

What else can you do, should you be doing?

Let me ask you this. Many professionals tell me privately that they were abused. If you were sexually abused as a child would you stand and be counted among the rest of us? If you were abused in any way, could I ask you to stand?

I am sorry this happened to you.

Let us take a moment to acknowledge each other. The long road it has taken to get here today, each one of us, willing to stand. Let us appreciate the Authentic Voices movement—our standing helps them to carry our message forward. And if you were abused but have not

been able to stand today, take heart—we will need your help tomorrow, too. Perhaps it will come easier in time to admit great harm in such a public way.

Three prongs to prevention

So let us move on to a program of change—one that captures some of the complexities inherent in child sexual abuse. As we look at actions to take, what can be our guiding principles? First, if we could talk about sexual abuse openly and often, the way we can talk about drinking and driving for example, shame would lose its power. Second, we need to include people who abuse in solutions because only they can control their own behavior and if they don't, we will not prevent sexual abuse. We must both hold abusers accountable at the very same time understand them as human beings.

What action steps can we take? I believe there are three: prevention, prevention and prevention--using the language of public health: supporting tertiary, secondary and primary efforts. That is, tertiary prevention through sustained quality efforts in child protection, medical intervention, and criminal justice and treatment. Secondary prevention in attending to risk and protective factors for abusing and for victimization and primary prevention through reaching all citizens on the topic of healthy sexuality and by instilling a value of sexual integrity for ourselves and for our children.

Tertiary prevention

First, prevention through tertiary work...after the fact...a child has already been abused...make certain that the child is protected and the abuser held accountable through levels of management commensurate with the risk the particular offender displays. Treatment for the victim and for the offender. Support for families so that they do not become isolated.

All of us recognize we are a nation ruled by law. Sexual assault is a crime. I don't want to see us make it a health problem and erase the crime. But we have not found the right balance between denial of the problem and excessive punishments. Families will not come forward and get help if prison is the preferred remedy. We as a society are accountable to not just the victims, but the offenders, and in the case of child sexual abuse, to families, since it affects the whole family. I recall a few years ago a sex offender treatment provider in Texas telling STOP IT NOW! of a family that had come forward for help. The prosecutor proceeded against their wishes, the father received twenty years in prison and he had to wait seven years for treatment. Have we done enough for that family?

Most important here is our own damaging belief that offenders will not change and that treatment does not work. Cognitive behavioral relapse prevention treatment does work and the data demonstrates it. Not for every single person—obviously not for those who never get good quality treatment or who walked away from it. Does the fact that some people won't reach out for help or refuse help give us the excuse to not offer it—for many sex offenders who want help do not get it.

STOP IT NOW! has introduced the concept of recovering sex offender into the lexicon. We have done so because of the many people we have met in prison, in treatment programs and in the community who have shown us that offenders can become informed and make responsible choices to remain offense-free. But how hard it has been to have this concept

and this work take hold! Somehow, we persist in our belief that all sex offenders are alike, that they manipulate, deceive, are psychopathic, and without remorse. We sow seeds of hopelessness with these archaic beliefs. When I meet someone who fits this description, and I have, I, like you, am frightened by knowing if he were let out of prison, he would probably offend against another child. But I know he is not the most frequent type of offender. But he is someone with an incredibly damaged history, someone who was not reached when he was young, someone who our society and whose family failed him miserably.

STOP IT NOW! has started to turn some of the misconceptions around with our Dialogue Project. We invite a survivor, a recovering sex offender, and family members before the public, asking them to talk about their experiences and what they have learned. They answer citizens' questions—such as someone asking a survivor, “Why didn't you tell?” and after her answer the recovering sex offender saying, “I chose people who would not speak.” Such confrontations between misconception and experience prove that change can take place in a positive and constructive public meeting. These public meetings are a kind of Fool's paradise—for Shakespeare would have understood the word recover and the need to be public with it.

I have thought long and hard about this dilemma of how all offenders are seen as monsters as I watch how offenders are treated in the media and in the community. They have become pariahs. How many stories do we have to hear or read about victims outed unintentionally by community notification laws, about offenders who cannot find a place to live, a job, a life? One person told us about his release from prison, and I quote from him, *There was a lot of media hype around my release. Even at the airport waiting with my probation officer for my flight, a guy yelled out at me, “They ought to send you back to prison, they should put a bullet through your head.” When I got home, my entire block was covered with news vans and satellites. I have applied to 120 jobs and still haven't found one. Because of this, I was assigned a “Risk Management Specialist” whose job it is, basically, to find me a job. . . . so here I am, still at home. My son has been teased and ridiculed at school; my wife suffers ostracism at work. She is shunned in the hall and in subtle ways you can't pinpoint. It's hard on her.*

Instead, we must be willing to see people who sexually abuse or who are afraid they might. We must know them, and let them be known to us. We can't expect them to cure themselves. If we can't see them as human beings, they won't be able to see healing and accountability as a human possibility. Offenders are indeed people we love. They are our fathers, brothers, mothers, spiritual leaders, coaches, teachers, babysitters and cousins.

I am amazed as I remember when we did some early media work with STOP IT NOW! it brought recovering sex offenders coming through our doors in a steady trickle—they came to help—wanting to be visible on this issue. STOP IT NOW! VERMONT launched its media campaign in September 1995 and 65% of the callers in the first six months were from abusers asking for help. When the Megan's Law passed the Congress in the Spring of 1996, and the subsequent media activity reached Vermont, both abuser calls and recovering abuser visits dropped off at precisely that point. At STOP IT NOW! we speculate that the media attention to that law and subsequent state legislation on civil commitment, castration, and three strikes have resulted in a chilling effect for people who are staying in hiding instead of getting help.

A mother in our STOP IT NOW! VERMONT program told us that when she found out her son had molested another child she was terrified to tell people. She said it would have been easier to tell people he was a murderer than a molester. Something has gone wrong here.

Has the way our society responds to sexual offenders influenced how much you want to get involved? I know you want to protect children. That is your mission. But are you defining it correctly? I note the emphasis these days in conference brochures, even this one, about work with non-offending parents. This distinction dismays me—where is the support, affirmation and help for those families in recovery, those offenders in recovery? And from my own experience, I would say my mother offended against me. Again, with my Fool's cap on, I feel dismay that you make the distinction to work with non-offending parents—which one of my parents would you have chosen?

Secondary prevention

Now let me focus on secondary prevention. It's not right to wait for a victim to disclose. It's actually outrageous to wait at all—how can we tolerate it? What could we do instead? We could learn about risk factors for perpetration and victimization and be intelligent about using them—not as checklists to harass people but as a guide to ask questions and to learn about potentially troubling circumstances.

We need to include a focus on adults and children who are at risk to abuse. A helpline call we received at our toll free number illustrates this point. A young man called with stories of his own abuse and his fascination with children's sexuality. He had never acted out, but his feelings bothered him. "Why had he called?" we asked. He explained that the night before his wife had told him they were pregnant with their first child and he wanted to know if he would abuse his son or daughter when they grew up. We were grateful to be able to tell him that help is available and where to get it.

More broadly, we could support employer programs that help people with sexual behavior problems the way people get help for drug abusing or for quitting smoking. We could help the medical system screen people for risk of abusing behaviors and for risk of victimization. This piece of policy and practice work has begun in the American Academy of Pediatrics, but other specialties could use it, too.

What our hard working staff and volunteers at STOP IT NOW! have shown is that we could do much more. Let me take time to describe our program that uses the tools of public health to prevent child sexual abuse through public education, public policy and research. Under the leadership of Joan Tabachnick, we collaborate with partner organizations in Minnesota, Vermont, Philadelphia and in the United Kingdom and Ireland. The campaigns reach adults in an abusing or potentially abusing circumstance, building awareness about abusive behavior and what can be done to stop it. Our programs have been evaluated, most recently by the CDC, and results have been published in their *Morbidity and Mortality Weekly Report* and reproduced in the *Journal of the American Medical Association*. We are testing the hypothesis that people who abuse or who are afraid they might will come forward. Are you aware that no adult can come forward in this country for help with sexual abusing behavior without being reported? Somehow, we have to find a way to get people to come forward and get help they need before they abuse.

Let me take a moment and show you two media examples from NOW!'s work: one a public service announcement and one a TV news story.

STOP IT NOW!, under the leadership of Alisa Klein, conducts national policy work to build the case of sexual abuse as a national public health issue. Perhaps you are not aware of how much child sexual abuse falls between the cracks of both the domestic violence/sexual assault agenda and the child abuse agenda.

We work to build awareness for prevention among professionals in the field. We are helping to build a constituency for prevention, working with coalitions that do not include prevention or public health in their agendas. We will work toward legislation and can imagine in the future a kind of Sexual Abuse Prevention Act or a Hold Yourself Accountable Act or a Violence Against Boys and Girls Act, legislation that aspires to match the complexity of this issue.

Finding money to pay for prevention is policy work. Are you aware that of all the federal funds spent on child sexual abuse for intervention, there are no programs or dollars spent on primary or secondary prevention campaigns aimed at adults or juveniles who are at risk for abusing? I want to share a distressing note on funding--government priorities are not the only culprit when it comes to funding. For ten years STOP IT NOW! raised all of its money from private sources, roughly fifty-fifty between individual donors and foundations. We are grateful to our donors and grantors, but as we try to build successful programs and expand to other places we have met what seems to be a brick wall. Foundations that could fund us do not want to, despite all the promise of what we have learned so far. Individual donors, beyond people who know us personally, do not want to hear about the issue. We call it the "yuck factor," that is, an issue too unpleasant to dwell upon. Our existence is continually threatened by society's lack of support for sustained, credible, promising solutions to preventing child sexual abuse.

The third program we conduct is research, specifically into child sexual abuse as a health issue. Would it surprise you to know that a graduate student in a public health program did a Medline search of child sexual abuse as a public health issue and found 15 articles—a similar search on drug abuse found thousands! Of the 15 articles—six were recently published as a result of STOP IT NOW! activity. We need many more researchers working in the field of primary prevention.

Primary prevention

Let me take a few moments to explore the third way to prevent sexual abuse. In public health terms primary prevention uses universal measures to reach all citizens so that they understand about healthy sexuality and its opposite.

The most significant work done in primary prevention of sexual abuse has been released by Surgeon General David Satcher in June of last year. I hope you are familiar with *The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior*. This courageous report challenges individuals, communities and government entities to recognize the harm caused by sexual behavior problems and to work diligently to eradicate them. In this

Administration this report has been squelched and is only available online, but it has a far-reaching agenda that each one of us could hold up, quote, cite and bring to life.

Primary prevention means taking broad measures. Moving from the practical work of Dr. Satcher, I would like to explore a different aspect of this issue for a moment, a new way to be open and conscious about sexuality in our culture. I ask each of us to cultivate a value of sexual integrity. I use this term “sexual integrity” to define sexual activity that is vital and life-giving and causes no harm. We can’t cultivate it if we can’t discuss sex openly. Because we have not been willing to discuss the range of wholesome sexual expression in humans from birth to old age, we have banished sexual life to places that are not afraid to use it—the business world and entertainment media. They have brilliantly capitalized on our silence to put sex into everything and everywhere, but in its role as sales merchant, not as carrier of healthy human expression. We are prey to what businesses choose to project upon us, or, as we have witnessed, upon the rest of the world. Even worse, our children are prey to this kind of exploitation, to their sexual experience as commercial commodity. We need instead to build our strength and resilience around damaging projections and myths by telling the truth about our own vibrant and healthy sexuality. We need to speak openly when we feel sexuality is publicly demeaned.

Because we do not speak openly, kindly, generously about sex we have so much more difficulty breaking silence about sexual abuse that is conducted in homes and in the privacy of intimate family life. If we don’t speak about healthy sexuality, we risk developing a culture that talks openly about sex only when we refer to deviance.

As we talk more openly about sex, we could find our way to living healthy lives. We could openly support social norms that help us to help others to do the right thing. We could remember that healthy, expressed values are stronger than any control system that any one could ever devise.

We also would be freer to accept and to welcome children’s sexual expression as healthy—and know the difference between healthy behaviors that are private, and unhealthy behaviors that are kept secret. Perhaps if we had a value of sexual integrity we could understand that sex, when it is used to manipulate, is not acceptable in adults or in children of either gender. Perhaps with a more openly expressed understanding of sexual feeling, we could also recognize that we may have sexual feelings in the presence of children or in response to children, and that they may have such feelings in response to us as adults, feelings that are fleeting, not worrisome, and do not translate into acts.

And what would Shakespeare’s Fool say about sexuality? I believe she would say that our sexuality lies deep inside us, on a journey waiting to be taken--a journey worth a lifetime of effort. I believe the Fool would have the vision for a culture free of the cancerous sore of sexual abuse, one of sexual integrity. Children would develop affirming their bodies and explore sexuality in age-appropriate ways, the ways we see them develop in sports, for example. Adolescents would not get their sexual expression from the media but from within themselves and their peers, drawing upon their healthy childhood experiences. They would not grow up sexually ignorant or be afraid to talk to their parents. Adults would find vibrant sexual expression in all aspects of their lives and at all ages, for sexual energy is life energy.

People would find a natural balance about sexuality, just as people find a balance with eating, sleeping, working and playing. Doctors would practice fully able to discuss sexual issues with their patients, no matter the illness. I want to live in this Fool's world, don't you?

Going forward...hard work and vision

What is it going to take to accomplish these three steps STOP IT NOW! has outlined: intervening more assertively, getting help to adults and children at risk to abuse, and building a cultural norm of healthy sexuality?

Perhaps we could bring the Fool back to tell us his truths. The great truth of recognizing the frequency and the harm of child sexual abuse, both too often denied and kept silent. The truth about who commits it, someone we might love. The truth that we feel empathy for those who suffer and grief at what has been lost. And the truth that prevention must be built into the equation, for punishment alone will not satisfy. That we must engage in a process respectful of all involved.

Shakespeare would walk this path with us. Perhaps it is too much to say that he would have been a supporter of public health—but his deep humanity and appreciation for the power of accountability, of remorse and forgiveness would have enabled him to find a healing solution to child sexual abuse. I believe Shakespeare would have found something in the concepts and workings of restorative justice taking root in a growing number of communities today. I think he might have been inspired, for example, by another issue, by the terrific horror of apartheid and how it has been mitigated by truth telling, by the establishment and workings of a Truth and Reconciliation Commission. How would the issue of sexual abuse move forward if we had truth and reconciliation councils around family life?

And coming back to the practical—what can we do? We can bring everyone to the table: victims, people who have offended, and families. These voices are too easily left out as we build professionalism into the field. What do victims have to say? What do families really need? What do abusers have to teach us, for we have a lot to learn from them. They hold tremendous insight into how to help people from never abusing in the first place.

And once we have those voices included we could work long and hard to get funds to the CDC's Division of Violence Prevention. Would you join STOP IT NOW! to help find funds in Congress this next fiscal year so that the CDC can take the lead on this issue? So that CDC can promote science and practice around child sexual abuse prevention?

May I say one more thing about both being a victim and talking about being a survivor of such personal harm? I am so aware how few times people can say to me after I have told them of my work, "I truly see the harm that happened to you. I am sorry that it happened." Each one of us could go a long way to building resilience in victims and families if we could bear witness to what each other have gone through and say that.

I think, too, the Fool would have helped us to understand that shedding light into the darkness often brings up a terrific shadow. We must look into our own lives and hearts. If we find sexual wounds, we must heal them. That is our responsibility if we work in this field.

To close I want to share the story my mother gave me just a day or so before she died. I slept in a bed next to hers as I kept vigil one night. She woke me saying, "Fran, please get your paper. You are the writer. I have a story." I did as she told to, me but was stupefied. During my life, my mother had never read me a story. She began by telling me that she was spending more and more time in places far away. That the story took place before she was born, before I was born, but that she was my mother and I was a girl of about eight. We were walking in a deep forest. I turned to her and pointing at something on the forest floor said, "Mommie, what is that?" And she said, "It's a patch of sunlight."

And I replied, "I want that, Mommie."

And she replied, " I am sorry, dearie; I cannot give it to you."

With that, my mother told me that I took my pail and my spoon, went over to the patch on the forest floor, scooped up the sunshine and put it in my pail. We carried it home together. I spread it all through the house and put it in our food. And then my mother continued, "We were very, very happy for a long time, until the dark cloud descended."

With those words, my mother was silent. She was able to speak directly to me very few times after our midnight exchange.

Can even the Fool take the measure of my mother's gift to her daughter in the twilight of her time on earth? I think he would have reminded us of the possibilities of love in the face of great harm, great pain. Gifts of reconciliation and healing, possible only after a full accounting of the truth and the changes that come with truth-telling, are some of the most precious gifts of our humanity. They distinguish us from other creatures like no other gifts. The gifts of our deep humanity are the language that William Shakespeare knew.

He would remind us that every person who opens to truth deserves gifts of kindness and reconciliation. He would remind us to be kind to ourselves even as we proceed with courage. That every crime has its own day. That King Lear had to lose everything to regain his humanity and sanity. That Lady MacBeth could not wash the blood from her hands. So, too, we cannot always see the universal laws of love or of justice.

I believe Shakespeare would challenge each of us to look inside and recognize that if we have not had the kind of love that heals and sustains, then our task is to become that love. And that if we have not had love, but we have become love, then our task is to help others to have it, too.

I thank William Shakespeare.

I thank you.

©Fran Henry
fhenry@stopitnow.com

The author is very grateful to Jim, Mercy, Alisa Klein, Joan Tabachnick and staff at STOP IT NOW! for editorial comments and suggestions.

References

Centers for Disease Control and Prevention. (2001, February 9). *Evaluation of a child sexual abuse prevention program—Vermont, 1995-1997*. Morbidity and Mortality Weekly Report, 50(05). Atlanta, GA: Chasan-Taber, L., Tabachnick, J., McMahon, P., Family and Intimate Violence Prevention Team, Division of Violence Prevention, National Center for Injury Prevention and Control, CDC.

Fellitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P. & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine* 14(4),245-258.

Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *Sexual Abuse of Children The Future of Children* 4(2),31-69.

Foege, W.H. (1998). Adverse childhood experiences: A public health perspective (editorial). *American Journal of Preventive Medicine* 14,354-355.

Fontes, L., Cruz, M., & Tabachnick, J. (2001). Views of child sexual abuse in two cultural communities: An exploratory study among african americans and latinos. *Child Maltreatment*, 6, 103-117.

Hanson, R.F., Resnick, H.S., Saunders, B.E., Kilpatrick, D. G., and Best, C. (1999). Factors related to the reporting of childhood sexual assault. *Child Abuse and Neglect*, 23,559-569.

Levanthal, J. M. (1998). Epidemiology of sexual abuse of children: Old problems, new directions. *Child Abuse and Neglect*, 22(6), 481-491.

Mercy, J. A. (1999). Having new eyes: Viewing child sexual abuse as a public health problem. *Sexual Abuse: A Journal of Research and Treatment*, 11(4), 317-321.

McMahon, P. M. & Puett, R. C. (1999). Child sexual abuse as a public health issue: Recommendations of an expert panel. *Sexual Abuse: A Journal of Research and Treatment*, 11(4), 257-266.

Molnar, B.E., Buka, S.L., Kessler, R.C. (2001) Child sexual abuse and subsequent psychopathology: results from the national comorbidity survey. *American Journal of Public Health* 91(5), 753-760.

Office of the Surgeon General. (2001). *The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior*. Rockville, MD: Office of the Surgeon General. online at <http://www.surgeongeneral.gov/library/sexualhealth/default.htm>

Saunders, B.E.; Kilpatrick, D.G.; Hanson, R.F.; Resnick, H.S. & Walker, M.E. (1999). Prevalence, case characteristics, and long-term psychological correlates of child rape among women: A national survey. *Child Maltreatment* 4(3), 187-200.