

Sexual abuse as a public health problem

What follows is the transcript of the first online debate which occurred as part of The Leverhulme Trust funded “Community engagement and partnership working with sexual offenders’ international network”. The Community Engagement and Partnership Working with Sexual Offenders International Network is a collaboration of seven academics from six universities across five counties. We also have a number of national and international partners. It is an international partnership, designed to engage practitioners, academics and policy makers on issues of sexual offender risk management and public protection. The network is also committed to public and societal education on issues of sexual offender etiology, offending, management and reintegration.

This represents the first of six discussions scheduled to take place throughout 2014 - 16 to examine the Community engagement and partnership working with sexual offenders. The debates are a series of discussions between invited practitioners, academics and relevant parties on a variety of issues relating to sexual offender management and reintegration. All of the debates will be published in the *ATSA Forum* as well as on the international networks website:

<http://www1.uwe.ac.uk/hls/research/offenderengagement/online debates.aspx>

The aim of the current debate is to discuss streamlining and articulating an accessible public health approach to sexual violence. The debate included below occurred over a two -week period in July-August 2014, through an online social networking site.

16 participants from 5 countries (UK, USA, Holland, Canada, and Australia) agreed to participate in the debate. They were invited to take part because of their interest and expertise in this area. The participants were selected from academic backgrounds and practitioner groups. All participants are identified below only via the institutions or organisations on whose behalf they spoke:

- A representative from NSPCC– **NSPCC**
- Professor criminology and Criminal Justice, DMU - **DMU**
- Associate professor in Criminology, UWE - **UWE**
- Associate Professor In Public Health, Johns Hopkins Bloomberg School of Public Health - **JHS**
- Associate Professor in Criminology, University of Massachusetts – Lowell - **UoML 2**
- Professor in Criminology, University of Massachusetts – Lowell - **UoML 1**
- Research Associate in Criminology, Griffith University – **GU1**
- Research Associate Griffith Youth Forensic Service– **GYFS (RA)**
- Practitioner-Researcher Griffith Youth Forensic Service – **GYFS (PR) (PR)**
- Co-director of NEARI press - **NEARI**
- Associate Professor in Psychiatry, university of Toronto – **UoT**
- Associate Professor in Criminology, University of Montreal – **UoM**
- Emeritus Professor of Social Work, University of Huddersfield – **UoH**
- Professor of Social work, Avans University – **AU**
- Adjunct Professor of Psychiatry, McMaster University – **McMU1**
- Assistant Professor in Psychiatry, McMaster University – **McMU2**

The debate below is a faithful representation of what was said, nothing has been otherwise altered (except in a very few places where minor adjustments were made for clarity and the removal of identifying features/comments —Editor). The format includes an opening statement, in this case by the representative from, followed by an open discussion including all participants and the debate is then summarised. Readers are reminded that this was originally an online discussion, and that grammar, etc. were of lesser importance in favour of free expression of thought and opinion.

NSPCC	<p>The prevalence of child sexual abuse (csa) and child sexual exploitation (cse) in the UK continues to be significant; the NSPCC 2011 prevalence study of child abuse http://www.nspcc.org.uk/Inform/research/findings/child_abuse_neglect_research_wda84173.html provides us with the most reliable estimate of the extent of child sexual abuse in the UK. From this research we know that 1 in 20 children aged between 11-17 have experienced contact abuse and over 90% of sexually abused children were abused by someone they knew. We know that 1 in 3 children abused by an adult did not tell anyone else at the time and 4 out of five young people sexually abused by a peer did not tell anyone else at the time. We also know that 11.3% of 18-24 year olds said they experienced contact abuse during childhood. These figures in the light of another statistic, from international estimates, that between 60-90% of all sexual abuse and exploitation never gets disclosed because child sexual abuse is fundamentally about the abuse of power usually fused with a sexual interest in children.</p> <p>This unequal power dynamic means that children can be groomed and shamed into silence, feeling that that they cannot really make sense of a feeling that they were in some way to blame for what happened; they are often left feeling impossibly confused, prematurely sexualised and utterly powerless. All this means that children, young people and adults find it incredibly difficult to begin to talk about what happened for fear of not being believed, for fear of what they say spiralling out of their control and for fear of how they will be treated in the court system. We are, I think continuing to get to grips with a form of child abuse that continues to some extent to be greatly underestimated, misunderstood and too often ignored.</p> <p>The high profile cases of historic sexual abuse, of child sexual exploitation and online abuse and the resulting focus and activity does, I think, present a watershed moment in child protection. The establishment of the Office for the Children's Commissioner's Inquiry into child sexual abuse within the family environment and the recently announced National Inquiry into Child Sexual Abuse also present real opportunities for significant developments in policy and practice in relation to the prevention of sexual abuse in the UK.</p> <p>However, my view is that ultimately, it will not be government or the NSPCC or the voluntary sector as a whole that will make a significant impact on levels of child sexual abuse. Whilst they can act as important catalysts to and facilitators of action it will be better informed, supported, educated and aware individuals, families and communities that will effect the biggest change. In order to increase awareness at this level we need a greater focus on a public health approach to sexual abuse prevention and investment in primary and secondary prevention. I take my definitions of the prevention tiers (primary, secondary, tertiary) from the work of Smallbone, Wortley and Marshall (<i>Preventing Child Sexual Abuse: Evidence, Policy and Practice</i>, 2008). I take a public health approach to mean approaching the problem of sexual abuse as something that has significant and long term social and economic costs and that with a focus on deterrence, treatment and prevention is preventable.</p>
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	<p>To help develop thinking in relation to a public health approach to sexual abuse prevention I would like to pose the following questions for discussion:</p> <ul style="list-style-type: none"> • To what extent does conceptualising and approaching sexual abuse as a public health problem help to organising our thinking in relation to prevention? How does it need to be further refined and developed? • Are there other approaches to sexual abuse prevention that should be considered? • What are the next theoretical and practical steps that need to be taken in relation to sexual abuse prevention?
UoML1	<p>In my view, the greatest public health challenge is to provide meaningful treatment to both offenders and victims that do not violate existing laws regarding mandatory reporting. Given the large number of cases involving family members/ relatives, it should come as no surprise that many instances of sexual abuse go unreported and untreated. We cannot conceptualize sexual abuse as a public health problem without addressing it also as a criminal justice problem.</p>
UoH	<p>I think this is helpful opening statement and I agree that Government, statutory and voluntary agencies can only do so much to tackle a problem which, for most of the population and the media, is an emotive, almost taboo subject about which there is much ignorance. Child sexual abuse is seen, typically, as something that happens to others (not me or us) and there is still a tendency to be especially fearful of and vigilant about stranger abuse, when research shows that the majority of child sexual abuse (CSA) is perpetrated by individuals in the family or known to the victim as a peer, friend of a relative or whatever.</p> <p>I was impressed by Dr. Letourneau’s keynote at NOTA Conference in Cardiff last year when she outlined the ‘policy resistant’ aspects of adopting a public health approach to CSA because of CSA’s complexity, the relatively limited research associated with it (as compared with other public health problems such as alcoholism and heart disease) and the hostile context of much public debate on the subject (which demonises perpetrators and labels professionals working in the field in negative terms). Nevertheless establishing CSA as a public health problem would have the potential to change the discourse so that it is something owned by society as a whole and something which can be addressed via information, education, public funding of further research etc. I do think that the more the emotion can be taken out of the subject the better if a preventive approach is going to work.</p> <p>As regards prevention we need greater clarity about what we are preventing – dysfunctional family systems which provide the breeding ground for dysfunctional individuals; situational prevention; preventing offending by providing more ‘confidential’ services for those struggling with their inner thoughts and feelings; prevention in terms of changing societal attitudes which objectify girls and women and glorify men’s rights to sex/domination, attitudes which are all too prevalent in newspapers, magazines, TV, videos and so on.</p>

NSPCC	<p>Yes UoH, taking some of the heat, emotion and on occasions hysteria out of the issue would, I think go some way in helping to build more evidenced based practice, policy and research responses. We do need, I think a greater degree of specificity about what levers and triggers we wish to impact - perhaps this is some work for the recently announced UK Government Inquiry in to Child Sexual Abuse? In terms of beginning to organise and frame our thinking this is where Smallbone, Wortley and Marshall's framework provides some practical and tangible use.</p>
AU	<p>In the Netherlands, I have been involved recently in what is called the <i>New Child Protection</i>. In the context of youth and family care, youth mental health, child protection and youth probation, new national legislation will be implemented in 2015. The new so called Youth Law that is at the center of this, The law will transfer the responsibility for these sectors from state and provincial level to city level. For the first time ever in our country, mayors and city counsellors will be responsible for organizing effective child protection in every neighbourhood. This upcoming change has caused an enormous movement of collective thinking about the purposes and means of child protection. As one the results result, the New Child Protection has emerged, which is both a method and a way of thinking. I am currently assisting the implementation of it in the cities of Rotterdam and Utrecht. I am mentioning this because it also has implications for our thinking about prevention of child sexual abuse as a public health problem. I would like to add the following points to this discussion:</p> <ol style="list-style-type: none"> 1. In a public health approach, citizens are first responsible for their own health, their family's health and the health of their children. The same applies for child sexual abuse. Citizens are first responsible for child safety and for finding solutions when this safety has been endangered. The state (child protection) is active to support and strengthen this responsibility, but allows itself (by law) the liberty to intervene when basic / good enough conditions for children cannot be met. 2. Primary, secondary and tertiary prevention form a continuum in the New Child Protection, and citizens are first responsible for prevention in all cases. This may sound natural to many professionals in the case of primary prevention, but for many of us in the Netherlands in the context of the New Child Protection, a paradigm shift in thinking was needed to also apply this principle and secondary and tertiary prevention: restoration of safety, cure/healing and prevention fo further damage. Professionals are trained to intervene on behalf of children's safety, but this can also lead to taking over too much, too long. In a public health situation, people that are still responsible for (or as much in control as possible) for organizing their lives after they fell ill often have a better quality of life, The same applies for citizens and children affected by child sexual abuse. Promoting public health also means: allowing the victim, offender and the social context as much as control as possible. Of course, a law and order approach can help to re-install safety, but only serves as a means, not as a goal

	<p>in itself.</p> <p>3. The New Child Protection explicitly chooses a positive / solution focused approach, which is also visible in the Signs of Safety movement. Citizens and professionals (in that order) are both responsible for safety and growth, and not (only) for stopping or eliminating the problem of child sexual abuse (a pure negative of problem oriented approach). This may seem a semantic futility of a 'nudge', but it is not. Focusing on long-term safety has proven to be an approach that is much more cohesive and action-oriented for families and professionals working together. Without denying the facts around the abuse, a safety oriented approach (from primary to tertiary prevention) serves to prevent a blaming context and often makes professional interventions more acceptable for family networks. This way, basic safety conditions get more support. From a public health perspective, this means a adopting a focus on health, not disease. Some implications are: assisting children, families and schools with healthy sexual behavior issues, assertiveness / safety issues when problems (might) arise, and realistic developmental goals when abuse has been confirmed.</p> <p>4. There is maybe one aspect of child sexual abuse that is difficult to combine or integrate within a public health approach. For many victims of (child) sexual abuse it is very important that the offender takes full responsibility about his behaviour, and does so preferably in public (e.g. in the family context). This will completely remove any doubts about mutual guilt or victim consent, which is important for the victim's healing and his/her social acceptance. This is about doing justice, and not about health. Although health may be the consequence, this is an aspect of relational ethics that is (In think) absent in a public health approach. In my view, the public health approach to child sexual abuse need to be 'tweaked' by relational ethics.</p>
NSPCC	AU, thanks for this interesting and informative contribution from the Netherlands. I would be interested to hear others' comments and reflections on this. AU, in the New Child Protection and responsibility devolved to the local level, is there guidance or a framework in place on which towns and cities can base and develop their child protection practice?
DMU	I agree with UoH that NSPCC has provided a very helpful opening statement, and I think UoH is correct that we need to establish an overall strategy for a public health response comprising situational prevention, awareness and education, early prevention in families at risk, and as AU states these function at different levels, but I think they need overall strategic coherent management at governmental level, otherwise efforts are wasted, are replicated, or pull against each other. For me the strategy would comprise the 3 PHA levels, and be multi disciplinary, and spread across the state and non state sectors.
NEARI	Great introduction NSPCC to a public health approach to sexual violence prevention. And it is always helpful to hear similar approaches to what I hear in the USA from across the Atlantic (and since you quote Smallbone et al across the Pacific as well!) You also

quote similar statistics to what we have seen, in terms of the tragic prevalence of child sexual abuse, similar (and very sad) numbers of children who never disclose the sexual abuse, and I wanted to add that we have seen that 30-50% of those who sexually abuse children are just children or teens themselves.

I have been working in the US towards a public health approach for 20+ years and what I appreciate so much about this approach is that it demands we look both the individual actions we can take as well as the trends and the root causes of sexual violence. From that 20+ year vantage point, I have seen so many changes in how we have looked at the issues. We have moved from complete silence to a place where you can't open up the newspaper or any media without seeing something about the issues. Instead of "breaking the silence" we are asking questions about what we can do to talk about and prevent sexual abuse. And in the US, David Finkelhor has reported a decline in reported child sexual abuse in the last decade -- challenging us to consider what we are doing that is working. (as a side note, it does not mean we can stop our efforts, it just means that our work of the last 20 years is beginning to make a difference!).

I think now that we have captured the public's attention on this topic we need to develop a more comprehensive approach to prevention. What does that mean? Theoretically, I like to use the social-ecological model to help frame a comprehensive approach. That model pushes us to look at what we can do at the individual, relationship, organizational, community and societal level. We did that around many many public health issues such as stopping us from drinking and driving and no smoking campaigns.

On a practical level, I think we need to begin to push our policy makers and ourselves to go beyond just responding to sexual violence (e.g, reporting, prosecution, etc. are essential parts of tertiary prevention) to begin to challenge ourselves to ask, at every turn, "Is this good for preventing sexual abuse BEFORE a child is harmed." I have heard many politicians say that a new policy is worth it, if it protects one child. To me, we need to say that protecting one child is not enough with our policies. In this next decade, we need to push these *tough on crime* approaches to be *tough and smart!* At the policy level, that means looking at the impact of policies on families and are these policies encouraging families to come forward for help or adding to their trauma. At the community level, are we giving the chance to have more responses than just reporting (and what do they do if there is not enough evidence to report -- that is an opportunity for intervention, before anyone is harmed). At the organizational level, we have new tools to look at policies and educational efforts and structural changes that can make these organizations safer places for our children. And for individuals and families, we can begin to push educational efforts to think about what behavioural changes we want to encourage.

I think that we are at an exciting time that offers us an opportunity to reframe the debate towards prevention. A comprehensive approach to prevention allows us to both respond to the sexual abuse that has been perpetrated, and then uses that information

	<p>to help us figure out what we could have done and should do to prevent sexual abuse from being perpetrated in the first place. As people recognize that child sexual abuse is not caused by the stranger lurking at the edge of our playgrounds or in the corners of the internet, they are seeing that the causes of sexual abuse are closer to home. When that happens, they begin to ask different questions and needing a different response. It is easy to say that someone we don't know needs to be put into prison and locked up for life. But when it is our 12 year old son or the cousin who just went off to college, we want to know why they are doing this and what we can do to stop this.</p> <p>PS Please excuse my lack of tech savvy. I did not see this incredible stream of responses when I wrote mine. I am especially excited to hear of the shift happening in the Netherlands. I agree with the challenges that AU eloquently laid out and I see incredible potential for pushing the responsibility of prevention towards communities. In the US, there is an incredible amount of research right now about bystander intervention, but most of that is focused on college campuses. We have not begun to extend that into high schools, communities or families -- and I believe that is where we do need to target our efforts. This initiative in the Netherlands would raise those important questions. We have posters in the US public transportation system that says... "If you see something, say something." Imagine if we use that simple directive towards child sexual abuse and apply that to circumstances before a child is harmed. Imagine, we see someone who is making sexualized comments about young girls, maybe our daughter and we feel comfortable saying that we want to teach respectful communication with our daughter and can they help to do that. Their comment is sending the wrong message. Or imagine a dozen other scenarios and we feel it is our responsibility to say something to that person or maybe to a friend who is closer to them and can deliver the message more respectfully. I wrote a piece for the National Sexual Violence Resource Centre on bystander engagement that is free. Here is the URL: http://www.nsvrc.org/publications/nsvrc-publications/engaging-bysta...</p>
McMU1	<p>At its heart, sexual abuse is a crime or act steeped in secrecy. Offenders don't want anyone to know what they're doing, victims experience shame and confusion that negatively impacts their inclination to report, and many of the rest of us in the community experience a fundamental sense of unease whenever the topic comes up. There is so much stigma attached to sexuality -- especially abusive sexually -- that it is difficult to have open and frank discussions of sexual abuse prevention. I think that what we really need to do is to bring abuse out of the dark corners of shame and guilt and bring it into the light where we can have realistic discussions about what we might ultimately do to address this troubling public health issues. This will require a coordinated effort by all concerned stakeholders and parties: legislators, statutory organizations, charities and social service agencies, victims, the media and, of course, offenders (this list could be more exhaustive, but you get the point).</p> <p>At present, we seem to be intent on demonizing offenders while viewing victims as irreparably damaged persons needing of sympathy and intensive therapy. The general perspective is that the worst offenders -- the ones we see in the news -- are typical of the rest. The participants in this debate know this to be untrue, but the public does not. The US Center for Sex Offender Management conducted a survey of US households in</p>

	<p>the late 2000s. Two of the questions were: 1. who should be providing information about sexual offenders? and 2. where do you get information about sexual offenders? In answer to 1., most people responded, "Experts." In answer to 2., most people responded, "The media." Clearly, there's something wrong with that -- community education and engagement will need to be front and centre in our public health approach to sexual abuse prevention.</p> <p>In Canada, our federal government is currently making sweeping changes to the ways in which offenders, including sexual offenders, are prosecuted, sentenced, and managed. The general thrust is one of "law and order", in which approaches that seek to rehabilitate, reintegrate, and restore take a back seat to punishment and stigmatization. Not surprisingly, some of the approaches currently advocated in Canada have their origins south of the border, where fear of crime and criminals has created a culture of incarceration. However, our America cousins have identified real problems in the ways they manage offenders and are working hard to address these issues, sometimes looking north for ideas. Ironically, many of those made-in-Canada ideas are now being cast aside in Canada, in favour of approaches our American friends are happy to tell us won't work.</p> <p>So, to wrap it up, I think the challenge is for folks like us to continue and expand these discussions beyond the context of these debates. We're really good at bandying issues about amongst ourselves, but we're not the ones craving more information. The general public needs to read this stuff, too.</p>
UWE	<p>Thanks for all the insight up until this point; I particularly liked AU's discussion of what's going on in the Netherlands as I had not heard of that up until now. The issues that, to me anyway, that this always comes back to is money. We have engaged and motivated people who work in this area, a feeling from government that we need to move more towards a public health approach and the academic literature synergising sexual violence prevention and public health; but what we need is finical investment at a state level from Health, education and criminal justice. So my question is how do we do this? How do we create investment opportunities for this approach?</p>
GYFS (RA)	<p>Thank you to all who have contributed to this debate so far. Many interesting and important points have been made.</p> <p>One of the key challenges we face is the translation of primary, secondary and tertiary prevention - proven to be very useful in areas such as medicine and physical disease prevention - to complex, multidimensional social and behavioural problems such as sexual violence and abuse. Nevertheless, the public health model does draw our attention to the need for two key intervention points (already raised by several others during this debate): those directed at preventing sexual violence and abuse before it would otherwise first occur (primary or secondary prevention) as well as after the fact to prevent further offending and victimization (tertiary prevention). I agree with NSPCC that more investment in primary and secondary prevention initiatives is key to this.</p>

	<p>In particular, the application of a social-ecological approach (mentioned by NEARI) to frame such prevention efforts makes a great deal of sense. This situates individual offenders and victims within their natural ecological context, and locates risk and protective factors at various levels of the ecological systems in which the individual develops and lives. From this perspective we start to think about the causes (and therefore prevention of sexual violence and abuse) to exist not just within individuals, but also within the family, peer, organizational, neighbourhood, and sociocultural systems within which they are embedded. Thus, responsibility and accountability becomes a community-wide issue.</p> <p>In his introductory statement NSPCC makes asks an important question that I believe is central to this debate ‘what are the next theoretical and (then) practical steps that need to be taken in relation to sexual violence and abuse prevention?’ In our recent book chapter, Professor Smallbone and I make the point that one of the fundamental problems in the field of sexual violence and abuse prevention is that we have not yet established an agreed upon, coherent theoretical framework or overarching sexual violence and abuse prevention model to inform such efforts. We agree with UoH that first “we need greater clarity about what we are preventing”. The challenge to sexual violence and abuse prevention is the multifaceted nature of the problem itself. Interventions aimed to prevent the sexual abuse of 10–12-year-old girls in family settings, are likely to be very different from what is needed to prevent the abuse of 12–14-year-old boys in educational, recreational, or pastoral care settings, the sexual trafficking of adolescents or young adults, the proliferation of internet child pornography, sexual assaults of young women in and around bars, sexual harassment or assault in sporting or military settings, or rape in combat zones. As NSPCC mentioned in his introductory statement, Smallbone, Marshall and Wortley (2008) have begun to address the multifaceted nature of this problem using a comprehensive prevention framework that focuses on key targets—(potential) offenders, (potential) victims, specific situations, and relevant ecological (peer, family, organizational, and neighbourhood) systems—across all prevention levels (primary, secondary and tertiary). From a public health perspective this seems to makes a great deal of sense.</p>
NEARI	<p>Thanks GYFS (RA) for the reminder on NSPCC's original questions -- especially the question challenging us to think about the next theoretical and practical steps that need to be taken.</p> <p>I will leave the theoretical steps to the academics and other large thinkers in this group. But I would love to jump into the practical steps that are next.</p> <p>One thing I love about getting older is that I now have perspective. For me, the question is what can we possibly accomplish in the next decade? What openings do we have that we did not have before -- now that the public can recognize the problem and now that there is a shift for us to capitalize on. In the US, the recent focus on college campuses and the relatively recent focus on sexting, downloading child pornography, etc has created a very different conversation. MANY people are now realizing that "this could</p>

	<p>be my son..." The sex offender is no longer the stranger lurking on the edge of our playgrounds!</p> <p>One practical step we can take right now: stop using a "one size fits all" approach to talking about those who sexually abuse. Certainly that means educating policy makers that they need to look at the risk for each offender before a legal or treatment decision is made. But we shoot ourselves in the foot when we first say that "not all people who abuse are the same" and then go on to talk about how low recidivism rates are for sex offenders. We say don't treat them all the same, but then we say that the recidivism rate for ALL sex offenders is in a small range.</p> <p>What I suggest is that when we talk about "sex offenders" we begin to tease out the difference</p> <ul style="list-style-type: none"> ○ Talk about adult sex offenders -- by stating "adult", we begin to recognize that there are some non-adult offenders. ○ When you hear someone talk about "grooming" and how "This is what they do to gain access to my child," take into account that they are talking about a very small and dangerous group of those who harm. But this is not true of the 12 year old boy who is sexually reactive, the developmentally delayed individual acting out what happened to him/her, etc. ○ Tell people stories about those who abuse so that there are different images of who would sexually abuse. ○ Always begin with your values (you want to prevent harm to anyone at risk for sexual abuse) and then you can talk about what you see and understand about those who abuse. <p>So look at our own language so that we begin to walk the walk about how those who abuse are a diverse group of people and we can help articulate those differences.</p>
GYFS (RA)	<p>I have been giving some more thought to your recent post, NEARI, and particularly your point against applying a 'one size fits all approach' to this problem. I think this raises another important point with regard to transportability of current prevention models and initiatives to social and cultural settings outside North America, Australia, Canada, United Kingdom and other developed Western countries. Perhaps, when thinking about sexual violence and abuse prevention at a broader level, we also need to be considering how the local political, legal, and cultural context may affect the capacity and readiness for successful implementation of these initiatives in different contexts. Rather than assuming a 'one size fits all' approach maybe we need to also consider how the specific context might more effectively drive the design and implementation of prevention initiatives?</p>
NSPCC	<p>Thanks so much McMU1, UWE, GYFS (RA) and NEARI for these recent contributions; this is developing in a really interesting discussion. Here are some further thoughts and observations from me.</p> <p>Reaching out to communities and to policy makers and to the front line professionals</p>

	<p>who are working with children and families is critical. We seem to have a fair degree of consensus amongst ourselves but public and professional understanding about sexual abuse and violence and how to prevent it is some way behind. So I do think we need to do whatever we can and take every opportunity to talk in a rational, evidenced based and inspiring way about the issue and the fact that we can all play a role in preventing sexual abuse and violence because it is within, not outside of, all our communities.</p> <p>Making the financial argument is key. At the NSPCC we have just published some research into the economic costs of child sexual abuse in the UK - http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabus... and I think we need to use these figures in our discussions with policy makers to make the point that investment in prevention makes economic sense - it will save money.</p> <p>I agree with GYFS (RA) that we do need further work on an overall theoretical framework on which we can hang models like Smallbone et als prevention model. This for me is a key next step. And we do need to be mindful of the transportability of prevention approaches and models. I think that the Eradicating Child Sexual Abuse work that the Lucy Faithful and Oak Foundations are doing in this area will be really helpful - http://www.lucyfaithfull.org.uk/files/oak_project_summary.pdf. Local context, conditions and engagement are key in devising prevention approaches that work and are meaningful for a locality.</p>
McMU1	<p>I agree that one of the bigger issues in prevention is in deciding what it is we are trying to prevent. At present, most efforts appear aimed at preventing identified offenders from offending again. This is probably no longer the principal arena for our attention -- not that we want to stop managing re-offense risk...</p> <p>It seems to me that just as predictive accuracy in actuarial risk assessment likely has a ceiling, tertiary prevention probably has a floor. In most of the nations represented by this debate panel, current rates of reoffending are lower than they have ever been. This is due to the advent of actuarial risk assessment instruments and evidence-based models of risk management leading to better case management supervision and treatment -- in both institutional and community settings. Not long ago (Hanson & Morton-Bourgon, 2005), the average sexual recidivism rate was about 15% over 7 years. Current findings in North America would suggest that this is now less than 10% over 10 years. I would suggest that we're already doing what we need to regarding managing the risk of identified offenders and that our attentions must now be directed to other areas we have often overlooked.</p> <p>NEARI is absolutely right in asserting that juvenile offenders should not be managed as if they are just "little adults". Yet, we do this all the time. The Adam Walsh Act in the US encourages such a perspective, as do some of the new approaches to offender management in Canada. In my recent professional life, I have had the opportunity to see just exactly what happens when juvenile reactive sexuality (in kids as young as 10!!) gets labelled offending. Those children find themselves caught up in a vortex of hype, fear, and draconianism that renders every sexual act they do in the future somehow sexually</p>

	<p>suspect. "Offending" at 10 becomes "reoffending" at 14 when the kid engages in behaviour that most would have seen as youthful experimentation in a child who wasn't already labelled as sexually dangerous.</p> <p>So, to get back on track ... managing the risk of identified adult offenders is occurring at nearly (if not already) optimal efficiency, but we still fail in other areas. Transforming youthful sexuality into adult "predation" needs our attention. We also need to find a way to make it safe for victims of sexual abuse to come forward and tell us about their experiences. If the meta-analytic data are to be believed, being a sexual abuse survivor does somewhat increase the chance that that person will go on to engage in sexually abusive conduct; at least in some subgroups of victims. Let's make it safe for them to come forward and get help. Otherwise, how much time and effort are we expending in etiological and epidemiological research? These are other areas in need of real attention. Stopping it before it ever happens should be the principal goal of the "no more victims" zeitgeist.</p>
McMU2	<p>Thanks to everyone for their contributions so far. As many of you have pointed out there is considerable overlap in our thinking and the assumptions we make about the problem of child sexual abuse, prevention, and our response, clinically and socially. Conceptualizing CSA as a public health problem achieves a number of important objectives, including situating abuse within the personal/familial context (vs. stranger/predator stereotypes), recognition of the problem as a correlate or consequence of other social issues, such as education, and finally shifting our (or society's) attention to prevention versus reaction. In this way we can perhaps offer guidance to policy makers about broader social issues, domains to target (i.e. fund), and consider the best interest of the public as opposed to a "tough on crime" solution, which is fundamentally too late.</p> <p>I too appreciated NSPCC's questions and the challenge to consider our approach and steps to prevention. I wanted to offer some thoughts about sexual abuse specific approaches, but also back-up our lens even further to consider strategies that have broader public health implications.</p> <p>Other countries have made attempts to initiate early detection and intervention approaches (e.g. Dunkelfeld prevention project) aimed at reaching out to those at risk of offending. This kind of public outreach serves various purposes, not the least of which is acknowledging the serious problem of child sexual abuse publicly, communicating to both (potential) offenders and victims, that they are not alone in this experience, and encourage access to services. The more we encourage public awareness of the problem, the more we can anticipate behavioural change, even if only by suggestion (e.g. increased monitoring, supervision).</p> <p>Another approach to prevention is increased education for all, but specifically gatekeepers and those to whom complaints and concerns are likely to be expressed (e.g.</p>

	<p>family support workers, family physicians). I have noticed reluctance even among mental health professionals to ask basic questions about sexual functioning and problematic sexual behaviours. There is a lack of understanding of healthy sexual development, problematic sexual behaviour, boundaries, and paraphilias amongst even this group. This is sometimes accompanied by avoidance of the topic altogether, or sometimes a tendency to overreact/pathologize, which only increases fear and silence among families and victims.</p> <p>Finally, and perhaps this overlaps with my earlier point, I think prevention from a public health perspective is rooted in social and educational policies that support the healthy emotional and sexual development of all members of our society, and children in particular. Conceptualizing health this way goes beyond “sex ed”, and includes moral development, empathy, good citizenship, etc. None of this is necessarily specific to child sexual abuse, but as we know, CSA does not occur in a vacuum and is not necessarily distinct from other types of abuse and illegal activity. In fostering and enhancing skills and strengths within our population we build a stronger social foundation that is less vulnerable to all sorts of social and personal dysfunction.</p>
UWE	<p>Thanks McMU2, I was in the middle of responding to McMU1 and you have given me an opening to talk to both of your points. Prevention messages are usually repeated at key times, in a person’s life or in the calendar; from the annual reminders (Every year we remind people not to drink and drive at Christmas as well as to wear protection in the sun) to the constant ongoing ones (safe sex and wearing a condom). We repeat these statements and educate constantly so that people are reminded to protect themselves. The same goes for child sexual abuse we need to remind people about the reality of sexual abuse, who abuses and why. This is not because suddenly everyone has forgotten, but rather because they need to be reminded to protect themselves. Therefore public health leads to prevention. These messages need to be better engrained into our day to day lives, to me this means within the education system. We need to get better at having more conversations and support available throughout the school system (from 4-18 years of age), we need to be having age appropriate conversations about sexual abuse throughout school not just in sex ed with teenagers. I and colleagues at UWE have just completed a study with teachers and students (14 -16 years old) in Bristol looking at the level and scope of sexual violence education in schools - we are analysing the data at the minute. The emerging findings talk to little time being put aside throughout the academic year to have the conversations, lack of training for teachers in this area and parental community attitudes impacting what students are 'allowed' to engage with (i.e., cultural and religious beliefs that children should only be educated in some topics and that sexual abuse/sexual function should be left to communities to do by themselves). The children that we interviewed all indicated that they would have liked more education on sex and sexual abuse earlier in the school careers, not just at secondary school. This is tough because schools only put aside limited time for sexual education and a lot of these conversations, which McMU2 is correct about, need to go beyond sexual education and cross into citizenship and other subjects. This returns us to NSPCC’s point of how do we change the conversation from this is too hard to tackle, to one of this is complex and needs to be looked from different angles. I think that starting to address sexual violence prevention, domestic abuse prevention, responsible reporting and bystander intervention more clearly in schools would be a good start. I think that the USA is ahead of us, in some regards, on this issue.</p>
UoH	<p>I’ve been reading through the really interesting debate going on and these were the</p>

	<p>points that especially caught my eye:</p> <ul style="list-style-type: none">○ GYFS (RA)'s comment about the transportability of prevention models and initiatives across nations and indeed their applicability within nations. The multi-cultural, multi ethnic make-up of the UK, coupled with, for example, significant class, religious and regional differences makes for even more complexity when trying to tackle social problems such as abuse, sexual or otherwise. The current focus on female genital mutilation (FGM) and whether parents should be prosecuted for allowing their daughters to be the subjects of FGM is a case in point.○ Which brings me back to gendered aspects of prevention – a point I only alluded to earlier. If trying to prevent child sexual abuse, aren't the issues somewhat different depending on whether the individual child, adult or parent, say, is male or female, given the majority (but of course, not all) sexual abuse is perpetrated by males on females? Fundamentally it is about how we socialise girls and boys so that, in every walk of life, girls tend to come off second best. As a relative aside, I was reading an article in the UK's Guardian yesterday – 30/7/2014 – about '10 things only women have to deal with at work': being mistaken for the tea lady; being mistaken for the secretary; being called 'a good girl'; being accused of menstruation when voicing a firm opinion; being asked if a man is available instead'; having an idea ignored only for it to be repeated by a male colleague 5 minutes later to interest and applause; being asked about child care plans; being considered a 'maternity risk'; being accused of having 'a baby brain' post maternity leave and hence rendered less capable; and, last but not least, avoiding wandering hand.) I think this indicates the scale of the problems involved in changing attitudes and the way we relate to each other, men and women. Cannot resist saying that maybe girls need to be 'taught' in schools, for example, to claim their rights rather more and boys to give up their assumptions of dominance and power, as well as both learning more about what makes for successful relationships (whatever they are!) and how to parent effectively as aspects of prevention!○ I very much agreed with NEARI's comment about needing to be much more careful about the terminology we use in order to try and get across the diversity of the total population and hence to range of prevention initiatives needed. My own research interest has been in the area of 'children and young people with harmful sexual behaviours' – a long and clumsy phrase but at least somewhat better than 'young sex offenders' or 'juvenile sex offenders'. We have to get the public (and some professionals too) to develop a more nuanced understanding of the field of child sexual abuse, beyond media and political banner-waving;○ I'd better stop now as I'm going on rather but, finally, in terms of social-
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	<p>ecological approaches which a number of you have discussed, I do think that family perspectives and family therapy-type approaches could do with re-visiting as regards primary and secondary prevention and further work at the community level on the lines of the terrific work undertaken by Circles of Support and Accountability volunteers to help support those convicted of sex offences when they are released from prison.</p>
UoM	<p>Great comments about sexual abuse as a public health issue. I would suggest that within our field, it is relatively easy to create a consensus on primary, and to a lesser extent secondary, prevention efforts. For example, approaches such as school education, television/internet ads that educate the public, etc. meet with fairly universal approval. An argument could be made that we only need to ‘beef up’ our efforts in creativity to get the prevention messages across to the various levels of society (kids, adults, etc.). So far, the discussion tends to adopt this paradigm since it has shown its utility. With time, as we have seen with other behavior such as wearing a seat belt in a car, societal shifts will occur and previously accepted sexually abusive behaviours will become unthinkable to the next generation. To my knowledge, these kinds of societal shifts typically take about a generation (30 years?) to occur. In fact, we have already seen such changes when it comes to the abuse of children (sexual and otherwise). There have been marked reductions in child abuse (established by researchers such as Finkelhor) and, as pointed out by McMU1 earlier, marked reductions in sexual criminal recidivism. These results are encouraging and provide evidence that primary preventative efforts are already paying off... at least in North America where most of these studies were conducted.</p> <p>Much of the discussion to date has surrounded the need for and the importance of primary prevention efforts. Within this context, tertiary prevention efforts (i.e., reducing the likelihood of recidivism) are seen as important, of course, but very much disconnected from primary efforts. What if, however, there is a greater connection that we might think between primary, secondary, and tertiary efforts? I think we sometimes create some artificial divisions among the different types of prevention efforts in our field and lose sight that these issues may not be so easily separated. What if the way forward then is to stop this division in types of prevention efforts and instead join forces to not only reach those who have not yet abused, but also those who have already done so but will never be reported? For example, I would argue that the already mentioned German Dunkelfeld project, although not originally designed as such, is in fact a prime example of the interconnectedness of primary (aroused by children but don’t want to act on it? Help is here), secondary (you are thinking of acting on it? Help is here), and tertiary prevention (you have already acted on it? Help is here to prevent more acting out – this latter actually being a side-effect of the campaign). Another example is primary prevention efforts in schools. How do these efforts help kids who have already been abused and/or have already engaged in sexually inappropriate behaviors themselves? To my knowledge, kids who disclose their own victimization as a result of</p>

	<p>these efforts will get great support (or not – once the offender has been arrested...). What about the kids who may be thinking about non-consenting sexual contact or has already acted on it? What preventative efforts exist for them to help them not reengage in the behavior? Tell them to disclose? They know that if they disclose, they are likely to get criminally sanctioned and maybe even branded for life since after all they have already gone on to the 'dark side'. What is the alternative? Could we not borrow knowledge from the tertiary prevention efforts (i.e., treatment of offenders) and find broad-based novel ways to help these kids who may never disclose/be reported to prevent further acting out?</p>
<p>JHS</p>	<p>I believe someone mentioned a keynote that I delivered last year at NOTA on addressing child sexual abuse as a preventable public health problem. At UWE's request, I would be happy to attach that power point, though I am not sure it will be that helpful (NOTA Keynote FINAL.pptx). I've also published my thoughts on this and would like to attach that article in the event it is of interest (CSA A%20Public%20Health%20Perspective.docx).</p> <p>My general thesis is that we (and I generally mean "we" as in "we in the U.S.") address child sexual abuse as a social problem (i.e., it happens to some kids, but not mine) with a criminal justice solution. This framework has resulted in tangible goods - the development of shelters for women and children; resources for the development and rigorous evaluation of interventions for victims, primarily trauma-focused CBT, and EBT for offenders (e.g., multi systemic therapy for adolescents); and, on the criminal justice side, the clear delineation that adult sex with children is unlawful and will engender significant, salient consequences. Over the time that these sorts of gains were made, CSA declined considerably. We cannot prove the relationship, but I think it is fair to say that efforts engaged in by stakeholders across the board for the past 3 decades have made significant headway toward the prevention of CSA. But lately the slope of the decline in CSA has become flatter and I think this suggests we've gone as far as possible with the social problem/criminal justice solution. And those of you who know my work will also know that I believe we've gone far too far when it comes to more recently criminal justice interventions.</p> <p>To continue the decline in CSA I believe we really do have to get serious about a primary prevention focus. That focus does not come at the cost of continuing our focus on intervening effectively with offenders to prevent recidivism or with victims to reduce their risk of harm; but there has very limited efforts at developing and rigorously evaluating primary prevention with just a few exceptions, including Stop It Now's domestic and international efforts and the Dunekelfeld prevention project. Getting policy makers and potential funders to "see" primary prevention is difficult. It is easy to see victims and it is easy to see offenders and the law enforcement heroes who save victims and capture offenders. The availability of hearing their stories makes victim advocates and law enforcement big voices at the table. The stories of effective prevention are harder to make compelling. Possibly - but harder. So a big part of what</p>

	<p>I've been working on is honing the message of prevention - and trying to identify real prevention stories that might speak to people. It's an ongoing learning process for me.</p> <p>Once we can convince policy makers and funders that prevention deserves at least some of the resources (parity would be great but honestly I'd be happy to see even a small % of criminal justice funding diverted to primary prevention funding) then there are many places to go with the research, including efforts to try and identify early predictors of preferential attraction to children (what happens in utero that causes someone to go off course like this, ala UoT's brain research?); to try and develop a better understanding of scale (Michael Seto and colleagues have a great start here with large-scale surveys of young Scandinavian men suggesting 1-3% of the population might be attracted to children); and what can we do to address preferential sexual arousal before harm occurs or shortly thereafter (an ATSA collaborative project is addressing this for adolescents attracted to young children). And - for the many cases where factors other than preferential sexual attraction drove the behavior, how do we prevent those? The CDC has conducted violence against children surveys (VACS) in 7 low and middle income countries; those data will be made public so that researchers can begin to look at community and society-level risk factors that might impact rates of CSA. Already their results are fascinating- with, for example, some countries have the same rates of CSA among boys and girls.</p> <p>Of course there are hundreds of other studies to be done to address the prevention of CSA. I tend to look at this from a research perspective but I am very mindful that we cannot wait for research to catch up with the vacuum that exists today and also that research is just one component necessary for preventing CSA. First and foremost, we really must get policy makers and funders on board with providing resources both to develop and especially to test interventions.</p>
<p>GYFS (PR)</p>	<p>My apologies also for joining this debate late. It has however given me the opportunity to collectively consider the comments that have been made. I appreciate all the comments and agree with so many of them e.g. the importance of prevention, that adopting a public health approach opens up so many more options for preventing sexual violence and abuse, the need to avoid one size fits all approaches to prevention, and the merit in clarifying what we are preventing.</p> <p>My colleague GYFS (RA) has already raised the importance of thinking about local context when designing prevention activities. Our group currently have funding to devise, deliver and evaluate a suite of activities to prevent youth sexual violence and abuse in two communities (one urban, one remote). Embedded within a public health framework, our approach is place-based. Because of the different nature of these two communities, different prevention approaches and activities (primary, secondary and tertiary) are required in each location. An understanding of the nature and dynamics of sexual violence and abuse on a local level therefore becomes an important starting point. Where does this abuse occur, who is involved, how do offenders and victims</p>

	<p>come into contact with each other, where were potential guardians, what contributed to perceptions of permissibility etc.</p> <p>I note that much of the discussion in this debate has continued to focus on offenders (or potential offenders) and victims (or potential victims). This makes sense in this field. However I also note the call out for more thinking about community level factors. Indeed the Smallbone, Marshall and Wortley (2008) model includes both specific situations and broader community systems as core areas of prevention focus. This I believe requires much more attention in our field – including consideration of potential contributions to prevention of sexual abuse from other fields. For example our group is currently exploring options for preventing youth sexual violence and abuse occurring in specific public locations (e.g. parks). Borrowing from other crime prevention fields, we are exploring targeted police and community patrols and even physical changes to the environment (e.g. installing sprinkler systems to function at ‘high risk’ times). As a long term clinical practitioner in the sexual abuse field, these were initially very challenging ideas, but seem crucial if we accept the need to target specific situations in a broader prevention approach.</p>
NSPCC	<p>Thanks everyone for these excellent contributions. There seems to be a strong consensus that a public health approach to the prevention of sexual violence and abuse is the way forward and offers the best prospect of progress in stopping sexual violence against children and adults.</p> <p>Are there other approaches out there that we should be considering that are different to a public health, three tiered model?</p> <p>And are there further thoughts about what our next theoretical and practical steps should be to take forward our thinking and practice in relation to prevention?</p>
UWE	<p>I think that we really need to engage in a coherent public engagement campaign around prevention, child sexual abuse and public health; this is of particular importance at the moment because of the celebrity and historical cases coming out at the minute. We have reached a watershed moment, where the general public are becoming more educated, starting to come forward to discuss CSA (and sometimes their experiences of it) and are more receptive to ideas around prevention. However, the issue is that stopping CSA has to seem like peoples own idea, not something that is handed to them to engage with. This is the challenging situation, how do you get them to listen and then intervene? I think that UoM is right, these things are inter-generational - so how do we speed the process up? As is JHS - we need to move from a putative conversation that rests solely on the offender to a preventive one that addresses the victim as well as the offender. The message being that CSA happens in part because of society, not solely because of sexually deviance. Well public engagement events (like the one ATSA is hosting in San Diego - http://www.atsa.com/publicevent) and targeted campaigns (like CoSA, it has a secondary public health/prevention function through educating and engaging with the public on sexual abuse) will only go so far; that is the interested, impacted and engaged. How do we reach the hard to reach communities (whether that</p>

	<p>be culturally hard to reach, socially hard to reach and/or disengaged)? You can do some work through targeted mediums like TV programmes, media and the communities they function within - one way of doing this is to talk of the impact of not intervening and allowing CSA abuse to continue (on the victim, offender and related community). I think that active social engagement is the way to enact good public health oriented prevention. So let's look to other successful public health engagement movements and see why and how they worked.</p>
UoT	<p>Hello, everyone. What an interesting conversation! I'd like to bring together two points that have been raised so far: the next theoretical and practical steps, and the gendered aspects of prevention.</p> <p>I believe the biological evidence now coming forth—not only from my team in Canada, but also from German researchers—is going to continue to change how the public thinks about pedophilia. Although we science folks have a lot of work before us in figuring out the many questions, the idea and evidence that pedophilia is inborn have caught on very quickly. People are responsible for what they do, not what they are interested in.</p> <p>The biological evidence legitimizes the public health approach, which includes maximizing access for people who recognize they experience sexual arousal to children to come to therapists and seek assistance, such as with sex drive reducing medications and psychotherapy. Not yet pointed out is that regulations appearing in the 1980s and 90s have eroded doctor-patient confidentiality, making it virtually impossible for people to come in voluntarily and receive help before an offence occurs.</p> <p>The fact that most child sexual abuse occurs within families emphasizes one of the gendered aspects of the problem: Prevention in a family context means empowering mothers. Sexual abuse (and other abuse) occurs most when a woman is desperate—sometimes financially, sometimes emotionally. The more dependent a mother is on someone else, the less power she has to address any abuse coming from that person.</p> <p>Poverty may also worsen the situation in another way: The brain differences that result in pedophilia may well be those that interfere with normal brain development in general: prenatal stress, poor nutrition, and so on. The better health care (and mental health care) a woman has during pregnancy, the better health of the child, including healthy brain development.</p>
GU1	<p>Hello all. Thought provoking conversation so far. Integrating criminal justice theory with public health approaches may assist in developing practical steps forward. Routine Activity Theory has a lot to offer when thinking about sexual abuse prevention, particularly with child victims. As discussed by others, there is a need to make guardians (in many cases mothers and even teachers) more 'capable' to intervene. Also there is value in educating handlers (as seen with circles of support), reducing motivation in</p>

	<p>offenders (through medication and psychotherapy) and reducing the opportunity of vulnerable target and offender convergence (GYFS (PR) has provided the example of water sprinklers in high risk locations).</p> <p>Part of empowering mothers is providing education around the issue. Evidence suggests that when mothers have the tools and feel confident in their knowledge on the topic, they are more likely to have discussions with their children about potential victimisation, reducing vulnerability. Some research attributes the drop in substantiated child sexual abuse in the US in recent years with increased involvement by parents in school based child sexual abuse programs, facilitating familial discussion that goes beyond 'stranger danger'. Such programs are not as common in Australia, and we have not experienced the level of reduction seen in the other Western countries. Furthermore, difficulties lie in cases of intrafamilial sexual abuse which inevitably require mothers to remove opportunity or other community members to step in as guardians.</p>
NEARI	<p>I want to echo others to say that this is/has been a great conversation. Thank you. And sadly, I would rather have a glass of wine (or tea) with ALL of you and dig deeper than this forum allows. UWE and NSPCC, I wonder if that might be possible at ATSA?</p> <p>But to follow up on a few points in the last few days. First, JHS, your articulation of the public health approach and where that leads us is excellent. Thanks for sending along further reading. UWE, I also am sending an article I wrote that might be interesting to others. Here are a few thoughts I wanted to also through into the mix:</p> <p>I wanted to caution us to separate out the issues of child sexual abuse and pedophilia. We actually don't know enough about the adults, teens or children who sexually abuse, but are never reported to authorities. The research on pedophilia is so very important. But also we know that many of those who sexually abuse would not have that diagnosis. Here are some basic stats I use... 90% of those who are sexually abused are abused by someone they know in their family, extended family, circle of family friends, etc. And nearly 90% of children who are sexually abused, never report the abuse. Alisa Klein often talked about whether this really is a coincidence of numbers. I would argue that many of the children who are sexually abused are not sexually abused by pedophiles. So we need to be sure that our research ALSO explores those issues.</p> <p>I also keep hearing the importance of educating the public. I totally agree with UWE that we are at a unique moment in time. But if we are going to expand the conversation, we need to also consider a basic social marketing question. Who do we need to reach and what do we want them to do (e.g., what behavior do we want to change)? I think that everyone in the discussion understands that just educating the public about the issue, or telling them how to report, will not prevent first time perpetration. And as a number of people have now said, this kind of criminal justice response (alone) will not stop child sexual abuse. So in essence it is challenging us all to think about how to hold people</p>

	<p>accountable for their actions in other ways as well. For example, when a child won't report because they don't want to lose a parent, sibling, etc. or be responsible for breaking up the family, we are not offering that child any other alternative. I have seen alternatives offered in tribal communities in Canada that we all may want to explore more deeply (e.g., Hollow Water) and my hope is that we are beginning to offer alternatives when the person who is abusing is a child or teen.</p> <p>Last, I also want to echo the need to look at the circumstances surrounding the abuse, the victim, the offender and their families. As others suggest we have opportunities to change the balance that encourages or allows sexual abuse to continue. I think some of the excellent work (e.g., creating policies, changing culture and social norms) happening with youth serving organizations and in faith communities is a great beginning, There is so much more to talk about on this but I will try respect the request that we keep these posting on the shorter end of the spectrum.</p>
UoH	<p>Excellent points from NEARI and GU1 - thanks for taking the discussion on in really useful ways. In particular I would agree that child sexual abuse is about more than pedophilia, important though that sub-group is and the research associated with it. I also echo people's comments about educating and empowering mothers so that they can keep themselves safe and protect their children. What mustn't happen in that process is that women are made to feel responsible for controlling men's behaviours. When I was involved in family therapy work (a good many years ago) and attended various training events, there was a tendency to do this in some of the videos I observed. In any preventive work there has to be strong focus on work with men, encouraging greater emotional intelligence and enhancing their sense of responsibility for how they behave towards others. Perhaps an obvious point but thought it was worth saying.</p>
GYFS (PR)	<p>I agree this is proving to be a really great conversation! As I continue to read all the posts, my own thoughts keep coming back to the significance of context to prevention efforts.</p> <p>For example, whilst I share the sentiments of many regarding the role of public education, an understanding of context is critical to enhancing the effectiveness of such strategies. Who is the target of the campaign? What specific behaviours do we want to influence? What is the key message to be given? An educational campaign therefore would differ if we were targeting familial or community guardianship or if we were aiming to prevent the abuse of children in domestic or organisational settings, or even in Sydney Australia compared with a remote Aboriginal community.</p> <p>Context is also central to thinking about 'hard to reach' communities. What is the nature of the specific community? What are the barriers to reaching / working with this community? What is the nature and dynamics of sexual abuse within this community? How have others engaged with this community? In Australia of course, one of the most significant challenges remains the prevention of sexual abuse in Indigenous</p>

	<p>communities. An understanding of context is of course fundamental to prevention efforts in these locations.</p> <p>Finally, getting back to the question raised earlier about other prevention approaches worthy of consideration. I agree with UG1 that general crime prevention theories like Routine Activities theory (Cohen & Felson, 1979) and the 'basic chemistry of crime' have a role in informing our work in preventing sexual abuse, and fit nicely into a broader public health framework. The Smallbone, Marshall & Wortley (2008) model was of course also informed by the crime prevention model proposed by Tonry & Farrington (1995), which identifies four prevention targets: developmental prevention, situational prevention, and community prevention as well as criminal justice interventions.</p>
UWE	<p>I agree that engaging with hard to reach communities is a major stumbling block. One of the ways to engage with these communities is through getting community "leaders" or "stakeholders" involved (DMU talks about this - <i>Kemshall, (2012) Public sector and voluntary responses: dealing with sex offenders. In: J. Brown and S. Walklate (eds.) Handbook on Sexual Violence. London: Routledge</i>), as they are listened to and respected by the community. Communities are willing to take the word, advice and direction of people that they are already invested in rather than outsiders, because these people are "one of them" and have proven themselves. An example of this is the NIACRO base 2 project in Northern Ireland (http://www2.uwe.ac.uk/faculties/HLS/research/Documents/Niacro.pdf).</p>
JHS	<p>I want to mention a recent experience of mine that might be relevant to how we think about pulling in the wider audience of society, and I'll also mention our ongoing and upcoming research aims at my center.</p> <p>First, This American Life (TAL), a syndicated public radio show aired an episode earlier this year in which reporter Luke Malone discussed the sexual attraction of minors to even younger minors. The 30-minute episode featured "Adam" a 19-yr-old boy and his mother, with a couple of quotes from me and with Luke citing research by UoML1 Cantor & Michael Seto. The episode which aired on National Public Radio stations all across the US during one weekend is also available by podcast and apparently the TAL audience frequently accesses those podcasts. It was a compelling, empathy-engendering piece about a boy trying to make sense of his attraction to children, and keeping himself and children safe. I've received 50, maybe 60 emails from that episode. They keep rolling in at about 5 per week. Everyone single one has been positive. Most are from people struggling from attraction to minors. About 15% are from people who want to help. I had a voicemail today from a young woman who just wants to help. Survivors, parents of victims, parents of youth who have offended, clinicians, students, investigators, preventionists, and the general public have reached out to me. It's been an unbelievable response. The episode provided information and generated not only empathy but also hope - that there was something that could and should be done to help these individuals. There must be a lesson or two in here about how to reach the</p>

	<p>public. It took Luke Malone about 18 months to research the story as part of his journalism master's degree and then he shopped it mercilessly, amazingly getting pickup up by TAL which has a huge audience (a print piece is forthcoming in Matter Magazine). So this was not an easy piece to develop and Luke was "all in". But if we were serious, we could consider commissioning the development of additional pieces about different aspects of CSA to pull in these broader audiences.</p> <p>And an update on our Center activities: with colleagues I just submitted a grant proposal to develop a universal prevention intervention to 6th and 7th grade (12- 13 year old) boys and girls that focuses on prevention of CSA perpetration (vs. victimization) and other aspects of healthy sexual development. School based interventions focus too much, and without success on prevention of victimization. And these programs have been replaced in large part with anti-bullying programs. So, we've purposely designed our modules on the basis of Olweus anti-bullying modules to help with future dissemination. Of note: 4 middles schools jumped at the chance to pilot this project - another change; 5 years ago there is just no way a middle school would have been open to this type of preventing intervention.</p> <p>With another colleague we are designing a parent-focused prevention intervention that will focus on health sexual development for parents of young children (about 5 years) with the hoped-for aim of reducing perpetration and victimization as youth age into adolescence. With another set of colleagues we will submit for funding a project that aims to look for early (in utero) predictors of later sexual offending using Danish registry data. Michael Seto and colleagues are involved (and I believe much further along) in a similar project in Sweden, I think. And, as I noted earlier, ATSA is collaborating on the development of an intervention for adolescents sexually attracted to younger children. Klaus Briere of the Dunkelfeld Prevention Project is a consultant on that project.</p> <p>I don't know if US federal funding agencies will actually fund any of these projects. They've expressed far more interest in so doing than in the past decade so I remain hopeful.</p>
<p>NSPCC</p>	<p>Wow JHS that's really inspiring! both the radio piece and the grant applications. I think well thought out, non-sensationalist, empathy-rich and evidence based pieces for radio and TV with a journalist who actually gets it can be really powerful and, as with your experience, reach and connect with huge numbers of people. What a great example of what primary prevention looks like in practice.</p> <p>The grant submissions sound really interesting. In the UK there is a growing momentum for better quality and more consistent relationships and sex education in our schools, with the emphasis on how respectful relationships can be developed. The in utero predictors work sounds fascinating. I think NEARI said a few days ago that she would like to talk to all the contributors over a wine (or tea). Hopefully we'll get the chance to continue some of this at ATSA and I have thoughts about how we could take all this thinking forward which I'll touch upon in my closing summary at the end of the week.</p>
<p>GYFS</p>	<p>Hi. I have spent the last couple of days reading recent posts and reflecting on how this</p>

(RA)	<p>debate has evolved over the past week. I am so encouraged, in fact excited, about many of the initiatives that are being proposed and projects being funded. I wanted to make note of some the recent posts that resonated with me.</p> <p>First, JHS's proposed school-based healthy sexual development and parent-focused groups are a case in point regarding increased awareness and willingness of communities to engage with professionals to combat this issue. As UWE previously mentioned we have reached a watershed moment which is a culmination I believe of the continued efforts of researchers and practitioners over the past 25 years or so to break the silence on these issues and begin addressing the problem at hand. This is evident from media coverage of historical cases of child sexual abuse, particularly by well-known individuals, that give a voice not only to victims but to us as professionals with the knowledge, and skills, to effectively drive programs to reduce sexual violence and abuse in our communities. The programs proposed by JHS focuses less on vulnerability and more on building resilience among (potential) offenders and (potential) victims that is proactive in forestalling potential abuse. This is an important primary and secondary prevention instrument for change. We have already see programmes such as Safe Dates demonstrating success in reducing sexual dating violence across several outcome studies (Foshee et al. 2005). Programmes targeting at-risk groups (e.g. male athletes), such as the Coaching Boys into Men Campaign, have also demonstrated some success in reducing problematic sexual norms and behaviour (Miller et al. 2012, Fellmeth et al 2013). In terms of a public health model, I feel this is a particularly important aspect of prevention that should be encouraged.</p> <p>Second, the consideration of context and comments made by GYFS (PR) and UWE highlight for me a deeper understanding of this problem, and our response to it, than we have seen before in this field. It demonstrates a shift in our thinking about how we can best respond to the specific risks and needs of offenders, victims and communities rather than a "one program fits all approach" so that program implementation has a 'real' impact.</p> <p>Third, GU1's comment about the applicability of situational theories, in particular routine activities theory, demonstrates an extension of our thinking about sexual violence and abuse beyond the individual. An effective public health model needs to consider the person-situation interaction of human behaviour (Mischel, 1968) so that we can understand more about how individual vulnerabilities or dispositions interact with situational factors to produce sexually abusive behaviour. These are relatively new concepts to the field of sexual violence and abuse but the available literature highlights the utility of situational crime prevention techniques for preventing sexual violence and abuse. I encourage more consideration of these techniques as part of our prevention armoury.</p> <p>Finally, UoH's point about focusing on working with men is pertinent to the debate. We know this is a gendered crime - males are responsible for a disproportionate number of sexual violence and abuse incidents. Thus, we need to be thinking about how we can</p>
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	<p>work with men with concerns about these thoughts or behaviours in ways that encourage them to seek help. But, they are also part of the solution – we need to be engaging males (youth and adults) in these programs as responsible peers and potential guardians. Bystander intervention approaches (e.g., Banyard et al. 2007) are an example of viewing males as partners and active agents-of-change in preventing of sexual violence and abuse, rather than as potential offenders, so that they can be effective in preventing the occurrence of sexual violence before (e.g. by helping peers to avoid high-risk situations), during (e.g. by interrupting an offence), or after it has occurred (e.g. by providing timely and effective victim support). These are all encouraging programmes that demonstrate a shift in our thinking and response to these crimes.</p>
<p>UoH</p>	<p>Well I wish I was going to ATSA to enjoy that glass of wine and further discussion! Many thanks for the latest thought-provoking offerings and information about the exciting developments in the US. Elizabeth's reference to Klaus Beier's Dunkelfeld confidential service for pedophiles in Germany reminded me of his talk at the last NOTA conference in Cardiff which was followed by a panel discussion about whether the UK is ready for a confidential service of a similar nature. Not surprisingly, there was considerable debate generated by his keynote around the topic of pedophilia and sex offending but what seemed especially powerful in his presentation was the TV advert he showed encouraging men with sexual attraction to children to come forward and seek help. It was quite a revelation to many of us in the audience to see how straightforwardly and helpfully such an issue could be portrayed to the public. This is in the context of the usually hostile and vicious media coverage of such matters in the UK at least.</p> <p>The panel discussion following Professor Beier's keynote was also fascinating, it becoming clear that our panel of experts had varied perspectives and reactions to the desirability and feasibility of a confidential service in the UK. Professor Beier and the panellists all subsequently wrote pieces on their inputs for NOTANews which I edit, their contributions being in the issue for March/April this year (. I will send a word version of their amalgamated piece to Kieran, in case he would like to upload the document. The conclusion I draw is that, before trying to influence government and policy as regards some some elements of prevention there may be considerable work to be done within the much broader professional community working in the field of child sexual (in the UK anyway) to come to a reasonably shared view about the best preventive messages and practical initiatives to promote.</p>
<p>UoML2</p>	<p>Oh, the perils of procrastination -- following up on all of the brilliant perspectives that are presented here is no easy task. And the fact that I'm doing so while still shaking off the vacation cobwebs makes it all the more difficult. But here goes.</p> <p>IMO, the discussion thus far has effectively encapsulated the critical dimensions of adopting a public health approach to CSA - e.g. working across multiple levels of prevention and community engagement, focusing on disparate population impacts (e.g. gender and other socio-demographics), promoting evidence-grounded and culturally-</p>

	<p>informed interventions. The discussion has also stressed the need to identify and promote promising models of practice that are grounded in public health principles, as well as the need to expand the research base and translate evidence into practice. This forum is full of really smart people engaging in an intelligent and immensely rational dialogue about a vital societal issue. Great stuff.</p> <p>Now for the messy reality. I will withhold comment on the state of affairs in the UK, Holland, Australia, and Canada.....but within American society, we live in a culture that is starkly divided across ideological lines, with a good deal of the political discourse (and I use that term loosely) couched in absolutist and moralistic terms. We also live in a world of 24-hour news cycles and incessant streams of (typically un-curated) information fed to us via the internet and social media. While news outlets have always competed for the attention of readers, viewers, and listeners (and have often been guided by the adage "if it bleeds, it leads"), the expanded array of information channels and choices have ratcheted up the stakes considerably. Moreover, research on media and information consumption has offered evidence of new media's "balkanization" effect, in which people naturally gravitate toward outlets that are consistent with their existing belief systems and biases. As such, the increasingly expansive diversity of information channels may paradoxically be making us more narrow-minded, not more open-minded.</p> <p>These phenomena are coupled with the fact that there is a significant portion of the U.S. populous that is deeply cynical of research evidence perceived as a product of "liberal elites" within the intellectual establishment. Almost 50 years ago, Richard Hofstadter chronicled this "anti-intellectual" narrative throughout U.S. history, making a case that this is an engrained element of our cultural DNA -- today, this sentiment is embodied and reinforced through political discourse, cable news outlets, radio talk shows, and new media channels (e.g. blogs, discussion boards, other forms of social media).</p> <p>Throughout the first week of dialogue on this board, many have cited the need for public outreach and education. Others have highlighted the critical need for us all to advocate for a shift in the orientation of public policies and the investment of government resources in public health approaches to CSA. Equally important, the discussion has yielded a range of SPECIFIC strategies that might be encapsulated by this approach. Absolutely no arguments here on any of the above. At the same time, however, we need to go into this with our eyes open to the nature of the public policy process and to the challenges of winning the hearts and minds of the voting public. Promoting the type of paradigm shift that we all agree is necessary requires calibrating our efforts to political, social, and cultural realities.</p>
<p>NEARI</p>	<p>I feel I often have these elaborate conversations about sexual violence prevention in my head (I often disagree, even when I am alone!) so it is a thrill to hear all of these different perspectives and see how they all fit together within this comprehensive public health framework. For me then, a key question is a practical one. If we don't have</p>

	<p>funding to do all of this, what should we focus on first? Where can we get the most return on our limited funds? I think that is where much of the tension lies, at least in the US.</p> <p>I would be curious to hear if others have a sense of what our next "investment" in prevention should be?</p> <p>In the US, the momentum seems to be focused on what organizations can do to create a climate where sexual abuse is not easily perpetrated. This means going beyond screening new employees to creating consistent codes of conduct, encourage deeper training of all employees, changing the physical environment to limit the number of "hot zones", and so much more. A few great resources on this are:</p> <p>CDC Document on Preventing CSA within Youth Serving Organizations. http://www.cdc.gov/violenceprevention/pub/preventingchildabuse.html</p> <p>Program in Canada called Commit to Kids. http://www.commit2kids.ca/app/en/</p> <p>Free resources (full disclosure, I wrote them) through the EnoughAbuseCampaign called Gatekeepers for Kids http://www.enoughabuse.org/the-campaign/gate-keepers-for-kids</p> <p>I wonder what will be the next major public focus?</p> <p>And I wanted to join the conversation about reaching the public. I very much agree with UoML2 about how we work in waves of attention and there really is not much discourse or conversation, especially around emotionally charged issues like this one. I thought I would also let folks know that the NSVRC (National Sexual Violence Resource Center) has hired the Berkely Media Studies Group (http://www.bmsg.org/) to begin to explore what kind of messages can be used to more effectively reach the public. They are looking at what the public's current construct is and where it can be moved. What I am especially excited about is the fact that they are also looking at how do we measure whether we have changed the public discourse in any way. I am especially excited that they are looking at how we can talk about perpetration prevention. They are just getting started so nothing to share, but wanted to let you know that I hope this can be a resource for all of us when it is done.</p> <p>Last, I wanted to share a framing document that we (ATSA's Prevention Committee) developed last year. It is how we hope ATSA members might talk with the public about our work. I thought it also might be helpful to others on framing an issue (e.g, rather than say "I work with sex offenders" we encourage ATSA members to start with their values and say "I work to prevent sexual violence because I care about preventing harm to children and other vulnerable populations." And then if they are interested, the conversation can continue through the HOW you do your work... Here is the link to that document: http://www.atsa.com/pdfs/Prevention/ATSA_Prevention_Framing_2014.pdf.</p>
<p>GYFS (PR)</p>	<p>I share the thoughts expressed about the need to build more support (and funding) for primary and secondary prevention. With this in mind, and acknowledging that the debate is nearing a close, I wanted to take the opportunity to bring the issue of</p>

	<p>evaluation back to the conversation. Evaluation is important for the long-term development and effectiveness of the prevention field. Numbers also speak volumes, and help to gain government support and inform funding decisions – regardless of whether the prevention activity is undertaken on a large nation-wide scale – or even on a small local community scale.</p> <p>Our team has adopted the ‘realist’ evaluation framework (Pawson & Tilley, 1997) for our prevention activities. There are just so many complexities associated with evaluation in this prevention field e.g. the multiple initiatives that might be occurring at the same time (prevention activities don’t occur in isolation), that prevention programs often involve multiple components, that quality data is not always readily available, and even that individuals are not all likely to react in the same way to the intervention. Given these complexities, we no longer see the simple question of ‘what works’ being sufficient or even useful. Instead for us the most valuable question is ‘what works for whom, in what circumstances and in what respects and how?’ Realist evaluation, with its focus on identifying key context-mechanism-outcome configurations, sub-group analyses, and attention to both intended and unintended positive and negative outcomes, provides a scientific method to address these complexities.</p>
Mcmu2	<p>What a fascinating discussion so far. It seems like there is a step-wise approach to tackling prevention given the political cooperation required to facilitate the policy and legal changes we're proposing. Efforts such as public forums, the piece JHS referred to on NPR, and ongoing research, such as UoML1' work lays the groundwork for the public to begin thinking about CSA from various different perspectives, and thus appreciating the nuances of prevention, sexual interest vs. offending. This can also extend to community partnering with child protection agencies, police, the medical community, etc. to increase education and even just the discussion around CSA. Research, but also programmatic collaborations with professionals and interest-groups can help organize the message and energy of interested and involved parties toward a common goal. We are in a good position to coordinate such efforts, and use our professional groups to evaluate and disseminate ideas, outcomes, and recommendations to government.</p>
UoT	<p>Yes, Luke Malone’s segment on TAL was journalism at its best. I am very much looking forward to his plenary at ATSA this year.</p> <p>On the one hand, I think Andy Harris is right on the money in calling out the culture of anti-intellectualism and state of American media. On the other hand, much of the public and media have been very receptive for the brain research coming from my and other groups, and in discussing its implications. When I started in this field, I never imagined I would ever see headlines like “Sympathy for the pedophile?” from CNN or the BBC.</p> <p>There’s also been surprising receptivity in the blogosphere. I don’t know if anyone saw it, but a blogger recently posted the following pair of commentaries. If you have the moment, I strongly recommend it them. They are of the “This young guy gives me hope for our future” variety:</p>

	<p>https://www.youtube.com/watch?v=zec7oZURGg8</p> <p>https://www.youtube.com/watch?v=AZ_S8iSE1ZU;</p> <p>FOXNews will never be a friend to science, but there do exist at least some items upon which a wide range of the political spectrum can agree. One of the is a public health care policy that can be corrected quickly: doctor-patient confidentiality needs to be returned to where it was before the 1980s.</p> <p>The passage in the 1980s of the many (well-intended) mandatory reporting regulations have turned out to be counterproductive. Rather than having mental health care providers “capturing” pedophiles who tried getting into therapy, we simply have pedophiles circulating in society, with no way to get support or counselling at all. I have appeared even on politically conservative talk shows that have recognized the folly of the situation.</p> <p>Relatedly, I am delighted to see the Prevention Project Dunkelfeld receive the international attention it deserves. The very reason that project can exist is, of course, exactly because Germany protects the confidentiality needed by health care providers to supply that health care. Undoing the mandatory reporting changes would widen the health care and mental health care to paedophiles, reduce the risk of abuse in society, and not cost a thing.</p>
GU1	<p>I agree with GYFS (PR)'s discussion on the need for further evaluation of prevention programs. This need is highlighted in DeGue <i>et al.</i>'s (2014) recent systematic review of primary prevention strategies targeting sexual violence perpetration. Findings showed that while some of the 140 outcome evaluations examined exhibited promising results, only three demonstrated evidence of effectiveness using a rigorous evaluation design.</p> <p>Wise investment of funds into primary prevention programs requires knowledge of effectiveness, stressing the need for research in this field to evaluate programs using quality evaluation design. One example that comes to mind are the 'no means no' type media campaigns that have been rolled out across many countries over the years. While these type campaigns may raise awareness in the primary target audience - potential male perpetrators, they also have the potential to impact social norms, and raise awareness at a community level, particularly in the potential victim audience. Despite the significant financial cost of these campaigns, there has been limited evaluation of their effectiveness in reaching these target audiences, altering attitudes, and ultimately, behaviour.</p>
UoT	<p>Further to GUIIf i</p> <p>1's thought, without at all detracting from the successes thus far, it is important to remember that all kinds of crime, sexual and nonsexual, have been steadily decreasing.</p>

	<p>Although that reminds us to be modest about any specific claims we make about the effectiveness of any specific intervention, it is also an reminder of the importance of working on the scale of the whole culture (and its many subcultures). This is again relevant to media involvement, but I think also a reminder to academics, who have been very slow to adopt social media as a means of engaging the public directly. I cannot help but wonder if that is part of why solid information has been so long in getting to the public consciousness. It takes years to publish a paper, but seconds to add or correct a factoid to Wikipedia, and Wikipedia will be much more widely read.</p> <p>Our Internet facilitated conversation here is a wonderful example of what can be done, however! A hat tip to our younger members, who have made and will continue to be the ones making most things like this happen.</p>
NSPCC	<p>This has been an excellent discussion, rich in thoughts, ideas, examples and ways forward. Thanks to everyone from across the world who has contributed, 43 replies in all! This discussion will be transcribed and published but before that it is my task to pull together some of the key themes and stands of our conversation.</p> <p>There is a strong consensus that adopting a public health approach to sexual abuse prevention has great potential as a framework to organise, structure and develop our thinking. This approach can usefully be based on a socio-ecological model and should encompass work with individuals, families, children in schools and communities prior to as well as after abuse has taken place; it should seek to prevent adult on child, child on child and adult on adult sexual abuse and violence. We should draw upon public health, crime prevention and community engagement models that have been developed outside of sexual violence and the prevention momentum that seems to be building in a number of regions across the world needs the engagement and strategic endorsement and backing of governments, both local and national, state and federal.</p> <p>In taking forward a public health approach to prevention there is good agreement that more work needs to be done to educate and partner with policy makers and to connect personally with individuals and communities so people can understand that sexual abuse and violence is not "out there" but within our families and communities and we therefore all have a role in its prevention. There is potential for the media to be used to positive effect to convey key positive and empathic messages to very large numbers of people. We need to be clear how communities and the public in general are currently framing and understanding sexual abuse and violence because this can help focus and refine prevention messaging and the type of discourse and conversations that are likely to gain best traction. We need to be community specific in our prevention thinking; one size will not fit all, young people with harmful sexual behaviour are not mini adult sex offenders and we need to remember that sexual abuse and violence is not gender neutral, that societal shifts and changes can take a generation or more and we should recognise the progress we have made and are making. We also need to carefully and specifically evaluate our prevention efforts identifying what works for whom, how and</p>

	<p>in what circumstances.</p> <p>In terms of next steps, there will be the opportunity for some of us to continue these discussions face to face at the forthcoming ATSA conference. I think we should also give some thought to an international (joint ATSA/NOTA/ANZATSA/IATSO hosted event?) conference or symposium on sexual abuse prevention. It feels like there is real energy and momentum building and we should use this to further develop our thinking.</p> <p>I promised UWE I would try to be succinct so I will end here and I hope that this provides a reasonable summary of what has been a great conversation that has huge potential to continue.</p>
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