

**Prevention of Child Sexual Abuse: The Practitioners' View
Study Circles Project Report, 2003**

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Problem: Prevalence and Growing Incidence of Child Sexual Abuse

Purpose of the Study: As the Children's Trust Fund initiates a statewide Child Sexual Abuse Prevention Program, international and state background information must be obtained. The research of Finkelhor (2000; 2002) and Lyon (2003) demonstrate the growing need to address child sexual abuse prevention as a community, nationally and in the state of Connecticut. The purpose of this study is to investigate the current status and future vision of child sexual abuse prevention strategies-from the professionals closest to the issue. What are the practitioners saying about child sexual abuse prevention in Connecticut?

Method: A qualitative participatory action research design was selected to gather and analyze participants' descriptions of: 1) what they are seeing in practice in relation to efforts towards child sexual abuse preventions, and 2) barriers and ideas for future ways to prevent the increasing incidence of child sexual abuse.

Study Circles is a form of democratic and deliberate dialogue that is historically defined as a method to involve members of a community to solve public problems and issues. Typically, a Study Circle: 1) is a small, diverse group of 8-12 people, 2) is led by an impartial facilitator who helps manage the dialogue, and 3) starts with personal stories, then looks at the problem from many points of view, exploring possible solutions and making plans for action and change (Study Circles Resource Center, www.studycircles.org).

Four (4) Study Circles were created to include four dimensions of child sexual abuse perspectives designated by the child Sexual Abuse Prevention Work Group of the Children's Trust Fund: 1) Victims, 2) Offenders, 3) Service Delivery to Victims, and 4) Child Sexual Abuse in institutional settings (schools, churches). Twenty-three invitations to participate were issued across the state to agencies concerned with children. Twenty-seven individuals agreed to participate. Each group met two-three times in two months; first to describe the current practice, barriers and issues, and then to envision community efforts to prevent child sexual abuse in the future.

Participants: Twenty-seven helping professionals participated in this study. They represented CONNSACS, The Children's Center at St. Francis Hospital, Center for Treatment of Problem Sexual Behavior (CTPSB), Department of Children and Families, DMHAS, Department of Public Health, Parole Services, Safe Start Initiative, Connecticut Women's Consortium, State Police, State Department of Education, Probate Court, and Infoline. In the four groups, the fields of law enforcement, medicine, counseling, education and social work were represented. Urban representation (Hartford, New Haven) was dominant. The principal investigator served as the facilitator.

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The Practitioners' View
Summary of the Study Circles Project
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If you bring the appropriate people together in constructive ways with good information, they will create authentic visions and strategies for addressing the shared concerns of the community. (Chrislip & Larson, 2000).

As we look to discover and strengthen prevention approaches to child sexual abuse in Connecticut, the Study Circles Project provided a forum and methodology to collect information about “what is going on” and “what might be done” from the professionals’ perspective. Practitioners from the fields of law enforcement, child advocacy, domestic violence, social services, child protection, family support, community health and the judicial system took part in small group deliberations over a month’s time. The participants were asked to describe what they are seeing in practice, share barriers and ideas for future ways to prevent the increasing problem of child sexual abuse in the state. There were four groups that met twice. Each group was charged with “studying” the issue of child sexual abuse and prevention from a particular perspective: Victims, Offenders, Service Delivery to Victims, and Child Sexual Abuse in Institutional Settings (churches, schools).

The purpose of this report is to present those conversations from the field. All comments are ones that spurred some agreement in the group, and they are organized into categories consistent with overall themes that emerged across the groups through an open coding process.

Child sexual abuse is a deeply complex social issue, and these themes may be useful in helping to formulate ways to address future research, dialogue, policy and practice in child sexual abuse prevention. However, this should be read as a collection of voices and emerging common ground from this community of committed professionals.

Child Sexual Abuse is a Soft-spoken Problem

- The public is not ready to deal with this as an issue that clearly needs to be addressed in an open manner.
- Public service announcements appear on television on issues not openly discussed even in the last decade. But the public is not ready for a PSA on this issue.
- The issue needs a face. Right now, victims are not encouraged.
- We can only go as far as society is willing to accept. Society does not talk about sex, not even normal sexuality.
- We accept closed systems of families, churches, fraternities, sports teams etc.

- The pattern of abuse that occurs in places like schools and the church comes from the characteristics of closed systems and power differentials. Need to focus on how to tell within these systems.
- Wonder if an avenue for awareness/resource raising may work if it came via a profession, e.g. social work, doctors, police.
- It is better reported than twenty years ago, and one hears about cases of child sexual abuse more, but it is still a secret problem.
- Many affected families who appear to want help will end up insulating and protecting their family to avoid talking about it.
- The same secrecy that families exhibit is evident in our culture. Legislators, teachers, health care providers, judges etc. are not willing to engage in the topic. Nothing can be accomplished until it is an open issue.
- Denial and a level of acceptance of incest are intractable in families. Amazed by the intactness of families that have a known abuser. Acceptance and denial supercede ostracizing the abuser. Treatment for the victim is difficult in these cases.
- Grooming of victims in families/acquaintances does not occur out of the blue. We are missing the steps.
- Secrets are an important concept in sexual abuse. They mirror the shame and secrecy known to accompany alcohol/drug addictions. Many connected behaviors. May just be beginning to discover the neurobiological factors in these human problems.
- There is ambiguity around sexual abuse in general. Television is highly sexualized. Sexual reactivity and sexual abuse is ambiguous.
- There is a low disclosure rate. Culture, race and gender contribute to this problem. A mistrust of the dominant culture: A young African American will not disclose to a Caucasian policeman, a girl may not disclose to men. Judges, juries, lawyers, police are still male dominated.
- In a growing multicultural society, the impact of cultural attitudes toward sexual abuse is important. We only see the ones who come forward.
- Need to think about the secrecy. If 1 out of 4 females and 1 out of 6 males are sexual abuse victims, there are many, many adults with this history. This adds to the hesitancy around the issue.

Prevention Strategies put the Burden on the Victim

* It is important to note here that the overwhelming opinion of the groups was that primary prevention should lie with an offender perspective, preventing the offender from offending.

- Even in our attempts at prevention e.g. school awareness programs about sexual abuse protection and safety, sex education towards abstinence, the burden is on the young person. Why does the burden go to the child?
- A feeling of “what did I do to deserve this” still persists. With children, they think they do deserve this because they have an undeveloped sense of self.
- In secondary prevention strategies, multisystemic therapy, home and strength based models can work, but are hard to implement in our

individualistic society. But we need to know we need to look at everything in context. A family can undo individual therapy in five minutes.

- There is public opinion that sex offenders will always reoffend. The research in this area seems to be new and investigative, but some studies suggest that this is not true.
- Seeing many more juvenile sex offenders. Young offenders become older offenders. What happens with that young offender? What is our prevention strategy there?
- Good assessment for these offending children seems to be the key.
- Do not have enough specialists who work with this problem.
- Child sexual abuse may not be a strong part of curriculum in disciplines such as social work or psychology.
- Ct. has minimal treatment facility in state for juvenile sex offenders.
- We have poor resources for specialized treatment for juvenile sex offenders. They end up in generic therapy which is not as helpful.
- It is uncommon for child abuse victims to receive treatment and prevention toward the known potential for later sexual offending.
- Need education for “first responders” preschool and school teachers, health professionals.
- There is some development of empathy and character school programs that address behaviors that may prevent the offender from offending.
- What does the research say about what would have stopped sexual abuse from occurring? What is out there about offenders grooming whole families? I am seeing single mothers being targeted.
- Other states are trying different strategies and the body of research is growing. We need to take advantage of this-that can only be done if it becomes a more public issue with legislators, etc.
- Need cultural/societal support for changing the male socialization development in their attitudes towards women.

Law Enforcement is Problematic in Child Sexual Abuse Cases

- The justice system is reluctant and resistant to the victim’s standpoint, to the point where the constitutional rights of victims are in question. The victim or advocate is required to do the legwork.
- Difficult to disclose because of known victim blaming. In juvenile court, you are given letters, complaint forms etc. The victim is required to do the legwork. Then the court complains that they don’t get full responses and can’t fully prosecute.
- Children do not recognize coercion, they are poor witnesses. Adolescents will not tell, and we’ll see these cases later.
- Testifying is scary for children, especially since “the accused has the right to face their accuser”. Court always re-traumatizes.
- There is usually lack of physical evidence that causes problems of proof.

- Juries still have the mentality that somehow “if it really happened, we’d be able to tell”. Can’t often tell with children due to their variable developmental abilities to articulate their situations.
- Sexual abuse is not clear in the justice system. I compare it to an example of purse snatching. This is easy. We report it because we know it is wrong, we know the purse belongs to us, we know we will get a response from the police, and we know there will be consequences for the perpetrator. Not so for the sexual abuse victim. Society has not made it wrong enough, afraid the victim will be blamed, and not sure of the consequences for the perpetrator. They need to know something will happen. These are the young women who go on to have children-
- Different distinctions get made because the path from reporting to intervention is gray and done on a case by case basis. The guidelines are just not clear enough to clear many cases.
- Definitions of sexual abuse vs. sexual reactivity are vague.
- 14 year olds are now listed on the sex offender registry. Not sure of the impact of prevention in the long term of preventing adult offending.

Lack of Collaboration in Systems

- With identified cases, we have a small system of child advocates who serve for identified victims, a small system of child advocacy centers (4), and a small system of Multi-interdisciplinary teams in the state.
- Why don’t more hospitals have child advocacy centers?
- Need to institutionalize the language around the issue, e.g. while there are access and support systems, not sure victims identify the right resource for them. Rape crisis helps children but child sexual assault is not viewed as rape.
- We simplify cases too much just to get them through the system when we know the needs are more complex-over time and interdisciplinary.
- Competition between agencies hampers collaboration and how the money and resources is divided in partnerships impacts the success.
- Whether primary prevention or intervention, families, police, community service/family support providers, teachers, health professionals, clergy, court system, etc.-they all need to be involved.
- The Department of Children and Families has the largest impact on the trajectory of identified cases of child sexual abuse. There is a lack of resources and good assessment clinicians here.
- There is fragmentation in how we are districted geographically-different law enforcement boundaries from child protection agency boundaries.
- The number of juvenile sex offenders is much larger than reported because of how they get categorized. This has statistical and resource ramifications.
- Other groups are discussing this issue, need collaboration and information from all child advocacy groups, and others around this issue.

- We try collaborating but are quick to change if something does not work immediately. We have to get over the need for instant gratification in “solving” complex issues such as child sexual abuse.
- While we are experts in our own fields, we do not have good interdisciplinary collaboration skills.