

# *What Do U.S. Adults Think about Child Sexual Abuse?*

Measures of Knowledge and Attitudes Among Six States





## *Stop It Now!® Programs*

**Prevention Education** – Develops, assesses and distributes educational materials through our website ([www.StopItNow.org](http://www.StopItNow.org)), publications, trainings, events and media campaigns. These help adults and professionals recognize harmful behavior and how to take action – including where to get information and resources for action.

**Help Service** – Provides direct help to individuals with questions or concerns about child sexual abuse; online via email and our Online Help Center ([www.GetHelp.StopItNow.org](http://www.GetHelp.StopItNow.org)) and by phone through our Helpline 1.888.PREVENT.

**Community Outreach** – Develops, supports and shares organizing strategies for prevention with other community-based grassroots, netroots and local initiatives.

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

## *Acknowledgements*

The research and related insights summarized in this report would not be possible without the skills, perseverance and support of an extremely long list of people; a list that includes nearly anyone who has had a hand in the work of Stop It Now! and its community-based programming.

In particular, we would like to thank:

- The staff, leadership and supporters of Stop It Now! affiliates and their host organizations for commissioning research and putting it to work to prevent the sexual abuse of children. These include: Stop It Now! Vermont and Safer Society Foundation and Kidsafe; Stop It Now! Philadelphia and the Joseph J. Peters Institute; Stop It Now! Minnesota and Project Pathfinder; Stop It Now! Georgia and Prevent Child Abuse Georgia; the Virginia Department of Health, and; Stop It Now! Wisconsin and the Children's Hospital and Health System, Inc., and the Wisconsin Children's Trust Fund.
- Market Street Research for collecting and analyzing most of the original survey data, and for their longtime support of Stop It Now!.
- Terry Amick for his meticulous compilation and analysis of this national dataset.
- The Oak Foundation for financial support of this analysis and report.

And most of all, we owe a debt to the thousands of U.S. adults who took the time to share their experiences and opinions by participating in the phone surveys. Any errors or shortcomings of this report are the sole responsibility of its authors: Terry Amick, James Hafner, Sarita Hudson, and Deborah Donovan Rice.

## Letter from the Executive Director

Dear Friends,

*Foundational to Stop It Now! are ongoing conversations with those who are in the best position to prevent and stop sexual abuse of children – namely, adults. This includes adults who experienced sexual abuse as children, adults with sexual interest in children or who have abused already, and the family members of both. Fran Henry and her staff proved that these conversations - whether in focus groups or in prison settings - yielded essential information not available anywhere else. Valuing the point of view of these adults and applying this information to craft messages and develop materials and programming is an ongoing tenet of the work of Stop It Now!.*

*Ongoing and interactive research and assessment is a mainstay of our work. Our programming continues to evolve in response to what we learn through surveys, other research, program experiences and conversations with thousands of adults about their situations. The key findings summarized in this report will further amplify the voices of everyday Americans who clearly want to safeguard children, but struggle with how best to do so.*

*We know adults care about being protective of children, as these survey results indicate, the majority say they would take action if confronted with a situation where sexual abuse of a child may be occurring. But everyday opportunities for prevention are missed.*

*Can we be timelier and more strategic in our efforts to reduce risks to children and support their well-being? Yes, you would say - and so would I. Will advocates in this arena work more closely together to insure the best possible outcomes? Will we find ways to inspire policymakers, funders and others to help sustain this work? Will we listen closely to the needs of our constituents and act on what they tell us?*

*It is our hope that these findings will expand conversations among individuals, community leaders, program developers, funders and policymakers and help move us closer to practical steps towards a comprehensive approach to ending the sexual abuse of children. In this approach, each of us would see what to do and would take action in spite of our trepidation – or because of it.*

Sincerely,



Deborah Donovan Rice

# Introduction

Child sexual abuse<sup>1</sup> is a preventable global public health problem. But it is also an emotionally-charged and stigmatized social issue that involves complex, hidden relationships. To prevent the sexual abuse of children – especially before they are ever harmed - adults must be able to engage in conversations that are often uncomfortable.

Since 1992 Stop It Now!<sup>®</sup> has been helping adults, families and communities speak up and have difficult conversations with one another about the sexual abuse of children. In its simplest form, our approach to prevention is about engaging adults in a dialogue; getting people to talk openly about their concerns and providing them with the tools and support necessary to protect children before they are harmed. This approach emerged from what we learned from creating a forum where those people directly affected – adults who experienced childhood sexual abuse, adults in treatment for sexual behavior problems, and the families of both - could step forward, speak up, and work together to break cycles of abuse.<sup>2</sup> Stop It Now! continues to offer practical help and guidance for all these groups, as well as for other adults.<sup>3</sup>

## *Prevention Before a Child is Ever Harmed*

Because courageous survivors have spoken up over the last few decades, our society has taken steps to address the prevention and aftermath of sexual abuse. But children cannot be protected from initial sexual harm by the majority of child sexual abuse prevention programs that focus primarily on body safety or respond only after abuse has occurred.<sup>4</sup> Child protection and crime deterrence approaches are necessary, but by themselves will not prevent the vast majority of child sexual abuse cases.<sup>5</sup>

Strategies to prevent child sexual abuse over the long-term must change societal norms so that society can talk more productively about the issue, while making appropriate help, support and accountability readily available to those who have been victimized, to those who have harmed children, and to the families of both. When all adults accept responsibility for nurturing children and confronting behaviors that lead to abuse, then we will truly prevent initial harm to children.

To move prevention efforts forward, we must take better stock of what adults really think and do about the issue: Do adults believe that child sex abuse is a major problem in their community? Do they know who typically offends against children and adolescents? How do they confront the issue in their daily lives? Do they think that people who sexually abuse children need or even want treatment? All of these are difficult questions; but we've started to find some answers.



## Survey Method

### Stop It Now! Surveys

- **Vermont**  
(1995, 1997, 1999)\*
- **Philadelphia, PA**  
(2001, 2006)\*\*
- **Minnesota**  
(2003, 2007)
- **Georgia**  
(2003, 2007)
- **Virginia**  
(2005)
- **Wisconsin**  
(2006)

\* This analysis does not include 1995 survey data because it was unavailable in raw form.

\*\* 2001 survey includes a national sample.

With its local affiliates, Stop It Now! participated in implementing ten telephone surveys of adults in six states to gauge the adult public's knowledge and attitudes about child sexual abuse and its prevention. The surveys were designed to gather data to inform community-based programming and establish an evaluation baseline.

As each local survey was completed, we consistently observed many similar findings across states. It appeared that further statistical analysis would be of value, especially given the lack of systematic public opinion survey research about child sexual abuse prevention.

Stop It Now! compiled the data from these random digit dial telephone surveys - taken between 1997 and 2007 - into a single, statistically-valid and representative dataset that includes a total sample of 5,241 U.S. adults.<sup>6</sup> Survey respondents represent a cross section of everyday people in six states covering three regions of the U.S.<sup>7</sup>

This report summarizes and interprets key findings from our analysis, and points to the main program and policy implications.<sup>8</sup>

### Why Survey?

Stop It Now! affiliates used public opinion surveys for program planning and as an evaluation measure. Understanding the attitudes of target audiences allowed programs to craft messages that have the highest likelihood of being effective. In addition, surveys were used to establish a baseline for tracking attitude and knowledge over time and to determine effectiveness and implications for improvement of programming.

#### ***Evaluation Measure: More Adults Can Talk About Sexual Abuse***

Stop It Now! Vermont's surveys in 1995, 1997, and 1999 showed the program's success in changing how people talk (or refuse to talk) about sexual abuse as evidence of changing the way people respond to this issue. The most dramatic success was demonstrated by a 40% increase in the number of Vermonters who could explain or define child sexual abuse over the four year period. A six percentage point increase in the proportion of Vermonters who recognized that abusers were likely to live in their communities was also measured during that period (from 67.0% in 1995 to 73.7% in 1999). The findings from this survey and the other evaluative activities of Stop It Now! Vermont led to the CDC's funding of other community-based pilot programs modeled on Stop It Now! Vermont.

#### ***Program Planning: Focus on Youth with Sexual Behavior Problems***

In Minnesota, survey data showed that residents were unclear about situations that involve sexual behavior between children or adolescents. When presented with several scenarios, residents generally agreed that scenarios in which adults expose themselves or touch a child in an inappropriate way are definitely sexual abuse. Residents were less confident about scenarios in which another child or teenager engages in inappropriate touching or sexual conduct with another child or teen. In response, the Stop It Now! Minnesota program focused on teaching adults to recognize and respond to sexual behaviors in children, including training for state-licensed childcare providers.



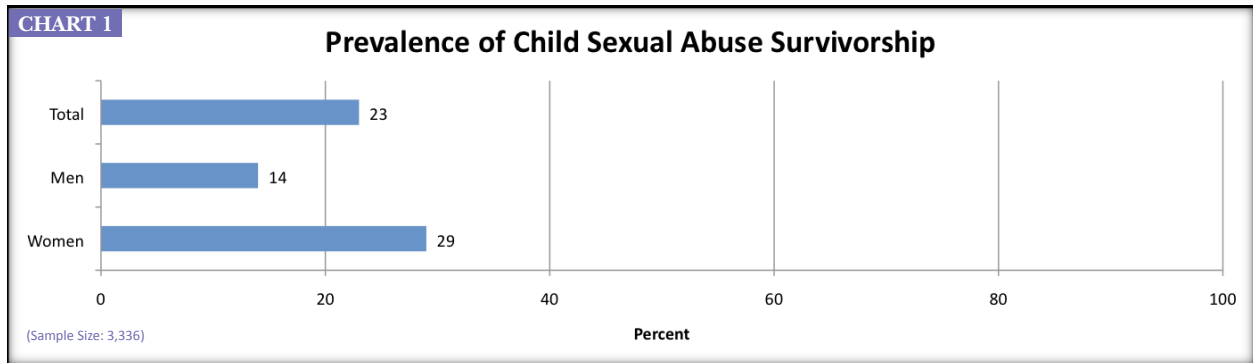
# Findings

## Summary

- The percentage of adults who stated that they experienced sexual abuse in childhood is consistent with child sexual abuse prevalence rates established in other research with adults.
- Awareness, concern and knowledge about child sexual abuse is relatively high among U.S. adults. The majority of respondents know that people who sexually abuse are mostly known to the child, and are often other children themselves.
- Adult awareness, knowledge and direct experience with the issue do not mean that adults will take action when confronted by the issue in their daily lives.
- Nearly all adults support specialized treatment for those who are convicted of sexually abusing children, and a clear majority believe treatment can help people stop and control their abusive behavior.
- Survey results from two states show that the majority of adults support policies like residency restrictions and the sex offender registry for convicted sex offenders. Although only one-third of adults had used the registry, over two-thirds felt it was at least somewhat effective at preventing child sexual abuse. However, use of the sex offender registry appears not to be related to perceptions of its effectiveness.



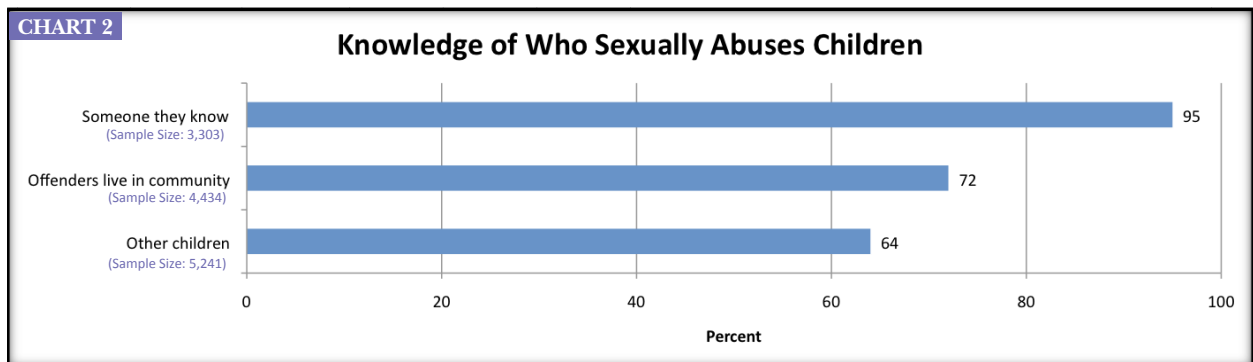
## How many were sexually abused as children?



Nearly 30% of women and 14% of men reported on the survey that they had been sexually abused as children. The percentage of adults in our survey who experienced sexual abuse in childhood is consistent with prevalence rates established in other research with adults.<sup>9</sup>

## Who sexually abuses children?

- 95% of adults in our survey agree that most sexually abused children are abused by someone they know.
- 64% agree that many sexually abused children are abused by other children or adolescents.
- 72% agree that it is likely that adults who sexually abuse children live in their communities.



The majority of survey respondents have an accurate view of who is at risk to sexually abuse children. They know that those who are at risk are known to the child, live in their communities and often are children or teens. That an overwhelming majority of adults understand that most children are abused by people known to them indicates that adults are not confounded by the “stranger danger” myth. Because this narrative is prominent in the media, awareness-raising and public education efforts of prevention advocates – including Stop It Now! - focused heavily on dispelling this myth over the past decade.

Our results suggest that these efforts appear to have been successful, and that prevention programs can move beyond a heavy focus on dispelling “stranger danger” myth. Public education can focus squarely on deepening adults’ knowledge about child sexual abuse prevention in concrete ways that can lead to action in daily life. These include continuing to educate more adults so they can recognize worrying behaviors that may signal sexual interest in a child, providing ways to overcome barriers to taking action, or ways to create and support good personal boundaries in families and communities.

## Findings



### *The influence of having experienced childhood sexual abuse*

Significant differences in knowledge and beliefs about child sexual abuse were found across a range of questions between those sexually abused as children and those not abused. For example:

- Fifty-three percent of those who experienced abuse feel that child sexual abuse is a major problem in their community. This compares to only 41% of respondents who have had no abuse experience - and 44% overall.
- Those who experienced childhood sexual abuse (14%) are much more likely than those who have not (6%) to say that they know another adult who was probably, or may have been, sexually abusing a child.<sup>10</sup>

**When compared to those not abused, a higher percentage of those having experienced abuse believed that:**

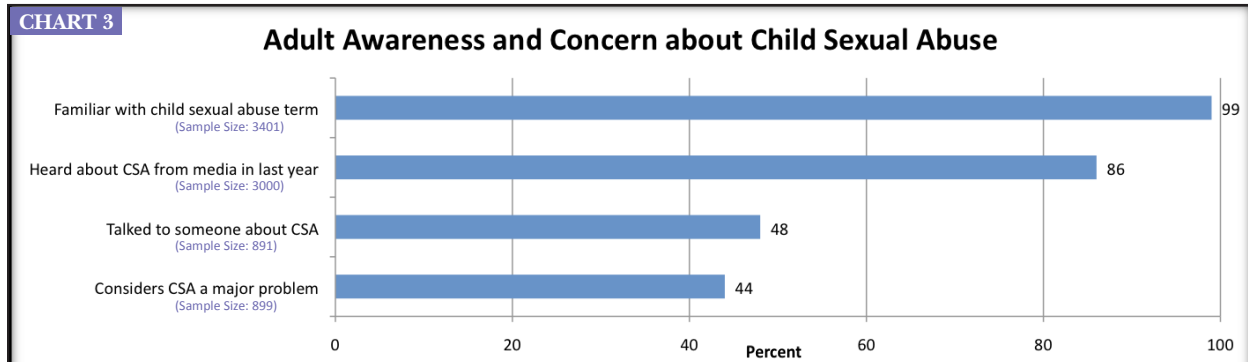
- Child sexual abuse is a major problem.
- Children are most often sexually abused by someone they know.
- Many children are abused by other children or adolescents.
- Adults who sexually abuse children live in their communities.

Not surprisingly, a higher proportion of people who experienced childhood sexual abuse have accurate knowledge and awareness of the issue, both generally and in relation to their own lives. More of them saw the issue as a major problem and recounted knowing another adult who may have been sexually abusing a child. They were more likely to approach the issue of child sexual abuse prevention with urgency and an orientation to action.





## Adult Awareness and Concern about Child Sexual Abuse



- 99% of respondents were familiar with the term “child sexual abuse.”
- Nearly 90% of respondents had heard about child sexual abuse on the radio or television or read about it within the past year.
- 44% of respondents felt that child sexual abuse is a major problem in their community.<sup>11</sup>
- 48% of respondents had talked to someone about child sexual abuse within the year.

Adults are aware of child sexual abuse and many see it as a major problem. They learn about it in the media and nearly half talk with others about it. But we do not know the nature of those conversations about child sexual abuse. Local cases and sex offender notifications, disclosures about famous individuals, and large scale scandals and cover-ups are all commonplace now in local and national media. Without question, this awareness represents a step forward for an issue that was for so long cloaked in near total secrecy in our society. Yet the situations of individuals and families who have direct knowledge or concerns about the sexual abuse of a child remain hidden for the most part. From our experience on the Helpline and in communities, we would reasonably assume that little adult conversation is happening in time to prevent the sexual abuse of a child.



### Familiarity with Stop It Now!

Inspired by the success of social marketing campaigns like Mothers Against Drunk Driving’s “Friends Don’t Let Friends Drive Drunk” campaigns, Stop It Now! affiliates employed social marketing campaigns to inform and encourage action to prevent child sexual abuse. This included radio, billboard and television advertising, a confidential Helpline, a resource-rich website, printed materials, trainings, public dialogues, community advisory groups and community dialogue events. Surveys designed to show program impact also measured whether public recognition of the organization’s brand (name and message) increased as a result of program outreach.

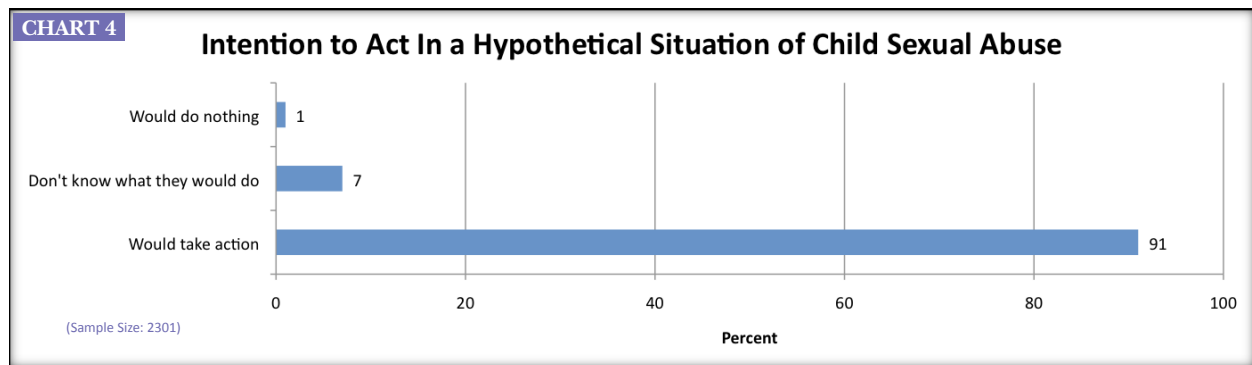
- 8% of adults surveyed after the launch of a Stop It Now! local program were either somewhat or very familiar with the Stop It Now! brand or affiliated organization.

In terms of measuring the effectiveness of social marketing strategies in raising public awareness, going from 0% brand recognition to 8% would be considered significant. This increase would qualify as “moving the needle” of perception, especially considering the limited duration and penetration of the advertising component of most campaigns. This increase in familiarity with Stop It Now! can be viewed in combination with measured increases in the key indicator of adult actions (i.e., calls to the Helpline) in order to assess the overall impact of Stop It Now! programs.

# Findings

## Taking Action in Possible Cases of Child Sexual Abuse

**Intention to act:** 91% of respondents said that they would intervene in a child sexual abuse situation. Seven percent said they did not know how to respond. If abuse is definite, respondents said they would be most likely to call the police or other authority, while only 13% would confront or talk to the offending adult. If abuse were suspected outside the family, only 26% of respondents would confront the person at risk to abuse, while 50% would call the authorities. However, if abuse was suspected in the family most would confront or talk to the adult who might be offending (36%), rather than call the authorities (27%)

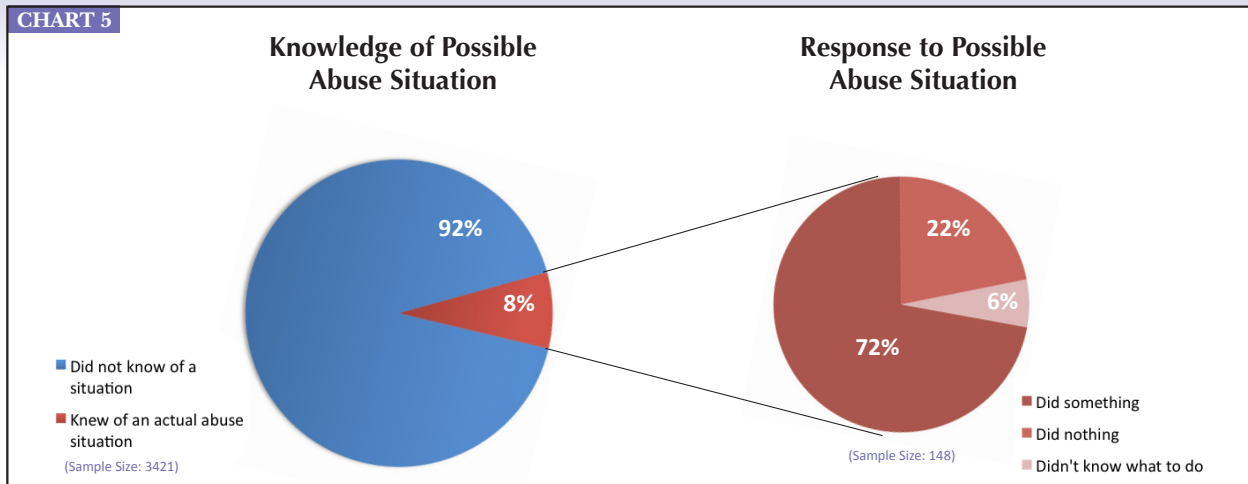


**Awareness of adults who might sexually abuse:** About 8% of the respondents knew of another adult who was probably (or may have been) sexually abusing a child in the past year.

**Actions taken:** Of those who had the experience of knowing an adult they thought was sexually abusing a child, the majority (65%) said that they intervened in a suspected child sexual abuse situation in some way. Over a third (37%) of respondents indicated that they called the police or the department of human or child services when they thought another adult was probably sexually abusing a child. About 18% said they confronted the person or asked the adult or child about the situation. 22% stated that they did nothing.

There is a disconnect between the high level of adult awareness and knowledge of child sexual abuse as a social problem, and the apparently low level of recognition of actual sexual abuse situations among friends, family or in their neighborhood.

Nearly all adults surveyed recognized that abuse most often involves those known to the child and many saw it as a major problem in their community, yet less than 8% reported knowing another adult who was probably (or may have been) sexually abusing a child. With such high prevalence rates of child sexual abuse, it is likely that many more, if not all, adults know another adult who may be at risk to sexually abuse a child. We either do not recognize behaviors that should raise concerns about abuse or choose not to see them.



Not surprisingly, nearly all adults said that they would intervene if faced with a situation (91%). But of those respondents who said they had been faced with just such a situation, 22% stated that they did nothing.

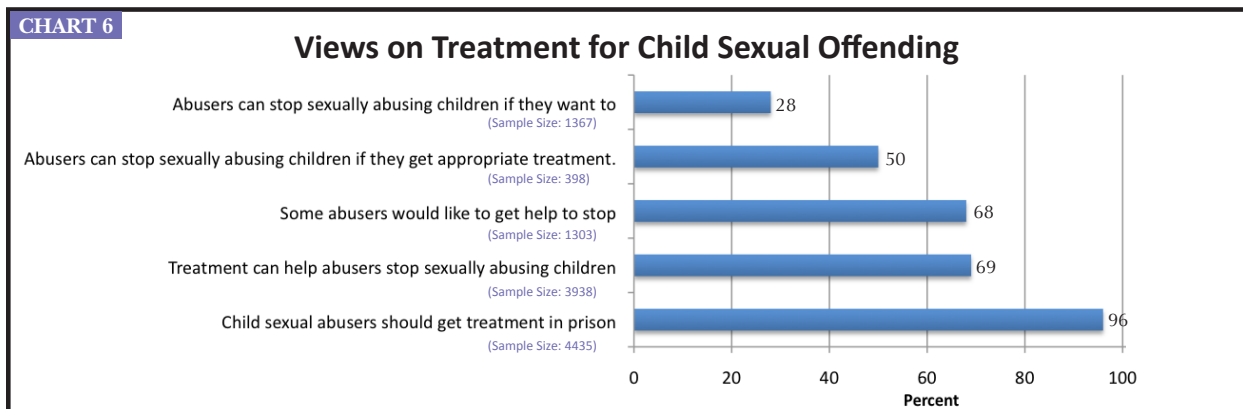
There is a clear difference in how respondents said that they would deal with family versus non-family members. It is clear that when abuse is considered definite, or when it is from outside the respondents' family, the course of action is to report to authorities. If the abuse or suspected abuse takes place within the family, respondents are most likely to say they would talk to or confront the suspected offender. A fundamental barrier is the inability to connect a person someone knows and cares for with the stereotype of the 'predator' or 'monster' who abuses children. It is often difficult to recognize and acknowledge abusive behavior involving individuals we know and trust, especially family members. Other barriers arise from the fear of the negative effects that often follow the notification of authorities, such as loss of family relationships, loss of financial support, threats of additional violence, loss of child custody, and a wide range of other negative impacts on the child and family due to public disclosure.

### ***Barriers to adults taking action***

From surveys, focus groups and the Helpline, we know that adults face the following barriers to taking action to prevent child sexual abuse:

- Not knowing or recognizing 'warning sign' behaviors that should elicit concern and prompt more questions
- Fear of being wrong about suspicions or acting on concerns that are ultimately unfounded.
- Fear of making things worse for the child.
- Perceiving only two options for action which are both unsatisfactory: to stay uninvolved or to report the situation to authorities.
- Not knowing where to turn for credible information or to safely explore options.

# Findings



- 96% agreed that “Child sexual abusers who are in prison for the sexual abuse of a child should get treatment while they are there.”
- 70% of adults agreed that “Treatment programs can help abusers stop their sexual abuse of children (69%)” and that “Some people who sexually abuse children would like to get help to stop abusing children (68%).”
- 50% agreed that “Child sexual abusers can stop abusing if they get treatment (50%), and that “Sexual abusers can be rehabilitated and should be able to get a second chance (47%).” Only 28% of respondents agreed that “Adults who sexually abuse children can stop if they want to.”
- The majority of people have clear views on help, treatment, and rehabilitation for sex offenders.

The majority of adults clearly see a role for treatment in helping people stop abusing children. Less than a third of adults agreed that adults who sexually abuse children can stop on their own.<sup>12</sup> But over two-thirds of adults agreed that treatment can help people to stop their sexual abuse of children. A similar percentage of adults agree that people would like to get help to stop abusing children, but only half of adults believe that people who sexually abuse children can stop if they get treatment. Similarly, nearly all adults support treatment in prison, but only half believe that adults who have sexually abused a child can be rehabilitated and deserve a second chance. Although a majority of adults support treatment of adults who sexually abuse children, many clearly have doubts about the effectiveness of treatment in helping people stop their abuse or in rehabilitating individuals so that they pose little risk of reoffending.

## Attitudes about Sex Offenders in Communities

Two states included questions about sex offender management with the following results:

- Residency restrictions: 72% of Philadelphia respondents agree that “A community should have the right to say whether or not someone who has been convicted of child sexual abuse is able to live in their community.”
- Sex offender registry use: 36% of Georgia respondents report having used the sex offender registry. Responses varied significantly based on the demographic characteristics of respondents.<sup>13</sup>



- Perceived effectiveness of sex offender registry: Most Georgia respondents (68%) feel that sex offender registration policy is at least somewhat effective (16% feel it is very effective) in preventing child sexual abuse. There is no difference between those who have used the registry and those who have not in how effective they feel the registry is in preventing child sexual abuse.

Clearly people want to have some control over who lives in their community when it comes to individuals who may be at risk of sexually offending. And in the absence of knowledge about what to do to protect children, families and communities from the risk of child sexual abuse, it is understandable that having the registry would give adults a sense of security and control regardless of its efficacy. One-third of respondents do not see the registry as effective, and a similar proportion see the limitations of focusing prevention heavily on monitoring individuals who have been identified and adjudicated already. This disconnect reflects the strong and well-publicized criminal justice focus on dealing with child sexual abuse that characterizes current U.S. policy – and the aforementioned barriers to taking action to prevent or stop abuse where the risk is greatest.

## ***Pioneering Perpetration Prevention***

Stop It Now! began with Fran Henry's insight that stopping child sexual abuse depends on adults taking responsibility for prevention rather than expecting to prevent victimization by educating children about body safety. After interviews and focus groups with people impacted by abuse (those who were sexually abused in childhood, those who sexually abused children and are in treatment and their family members), Stop It Now! learned that both people who have sexually abused children and their family members wanted to hear messages of hope and help that would encourage them to take action. "Unless there is help available, why would an offender admit his crimes? None of us wants to expose our darkness, especially when there is no light to shine down and heal it" commented a survivor at a Stop It Now! focus group.

Not knowing where to turn for help is a significant obstacle to adults' recognizing concerning sexual behaviors towards children and taking appropriate actions. It is simply easier to dismiss or ignore such worries, especially if they involve family members or known and trusted community members. Stop It Now!'s social marketing campaigns, Helpline, community events, website and prevention materials were all created to encourage and offer help so adults could take steps to protect a child and get appropriate help for everyone involved. Stop It Now!'s advocacy of a public health approach to perpetration prevention led to the U.S. Centers for Disease Control and Prevention (CDC) investing in piloting this strategy for child sexual abuse prevention programming.

## Implications for Action



***This understanding of what over 5,000 typical American adults think about child sexual abuse reveals important opportunities and directions for advancing child sexual abuse prevention programming, policy and research.***

### **Help adults overcome barriers to taking action.**

These survey findings show that the adult public is ready to do more to fulfill their responsibility to protect children through prevention action. U.S. adults

are aware and looking for help, and appear open to pragmatic solutions, including support for treatment for sexually abusive behavior. But adults need guidance, support, and reassurance that there are effective actions to take. They need to know that it is okay to speak out about a concern without fear of punishment. Stop It Now! and others have shown that providing adults and communities with accurate information and access to the non-judgmental support and guidance of professionals can produce preventive actions.

Most adults indicated that they would take action if they were concerned about the sexual safety of a child, but many appear not to recognize abuse or do not do anything if they do. Fear of the negative consequences that people can face if they raise questions about child sexual abuse within their families or social circles helps explain why more adults do not recognize abuse or act on their concerns. This points to a need for more focused research with adults that will identify barriers and lead to program innovations and policy changes that can help overcome or remove barriers to prevention action.

### **Move beyond awareness-raising to supporting preventive behaviors.**

Investments in child sexual abuse prevention programs must recognize that a significant percentage of adults have already internalized key educational messages about the issue and understand where the greatest risks lie. Programming should respond to this major opportunity for mobilizing new types of action that build on the public's already considerable awareness of the issue. We should be asking ourselves questions like: How can we empower adults to speak up about safe and respectful boundaries before someone crosses the line? How can we encourage community dialogue and efforts to build safe environments for children?

Policy and prevention efforts must focus on getting information to adults to help them recognize risky situations and know what actions to take before a child is harmed. Without knowing about practical options for prevention that are socially sanctioned and financially supported, people's over-reliance on the sex offender registry to address concerns about child sexual abuse in their communities is unlikely to change.

An important example of the kind of work needed is the recent addition of resources for prevention and education on the Dru Sjodin National Sex Offender Public Website (NSOPW). More efforts are needed to provide concerned and motivated adults – such as those who actively search the sex offender registry - with accurate information, viable prevention strategies, and sources of additional support.

### **Increase commitment to fund appropriate support, treatment and services for all who are directly impacted by child sexual abuse.**

Preventing child sexual abuse will require greater commitment and investments on all fronts:

- To prevent perpetration of first-time abuse by better understanding root causes of child sexual abuse and developing effective strategies for catalyzing adult and community action before children are harmed.
- To mitigate negative life consequences and social costs of victimization by recognizing and providing more care, treatment and support for victims and their families.
- To break the cycle of abuse by providing appropriate treatment, and specialized care and support for people with sexual behavior problems.

Support for treatment for children who are victimized is generally recognized as important and should be fully funded. However, effective, available treatment for adults with sexual interest in children, and for youth with sexual behavior problems, is critical to child sexual abuse prevention. Studies show that treatment for people who sexually abuse children can reduce the likelihood that they will reoffend. And clearly, support exists for providing treatment to people who sexually abuse children, with a majority believing that sex offender treatment can play a role in prevention.

But treatment is not widely available. Stop It Now! Help Services regularly hear from adults who do not know how to access specialized help for people at risk of sexually abusing children. More work needs to be done to insure that policies and procedures are in place to provide timely and appropriate treatment - and that more professionals are specially trained to work in treatment fields. And, because adults show much less support for treatment alone as an effective prevention strategy, more also needs to be done to document the effectiveness of treatment that is combined with other measures that will insure acceptably low levels of risk.

### **Increase research and evaluation**

There is no evidence that the sex offender registries and associated policies, such as residency restrictions, have prevented recidivism.<sup>15</sup> For example, a recent study found that rates of sex offender recidivism had no correlation with how close sex offenders lived to schools or day care centers.<sup>16</sup> We need to examine and evaluate sex offender registration and management policies in terms of cost and, more importantly, in terms of effectiveness in reducing the incidence of child sexual abuse in society. How can sex offender management policies – including the public’s understanding of them - be improved to help prevent cases of child sexual abuse and increase the key factors that keep children safe in the first place?

The collective assessments of organizations dedicated to child sexual abuse prevention, including Stop It Now!, confirm that our prevention programming is effective in influencing the knowledge, attitudes and behaviors of the families, professionals and communities that we serve. At the same time, efforts to evaluate the overall impact of community-based programs have been inconsistent. We have documented the key lessons and outcomes from eighteen years of Stop It Now! community-based and national programming (forthcoming). There remains a great need for rigorous and adequately funded research to test the impact of promising community-based program interventions, like those of Stop It Now! and others.

### **Continue building the case for greater investments in preventing initial harm to children.**

The sexual abuse of a child has significant financial and social costs. One of the most thorough studies to calculate the costs of sexual violence was completed in Minnesota. It found that the financial costs associated with the sexual assault of a child total \$207,000.<sup>17</sup> This does not include long-term consequences of child sexual abuse and societal costs.<sup>18</sup> Investing more money in prevention will not only keep children safe, but will dramatically decrease the long-term health and welfare costs associated with child sexual abuse.

## Conclusion



Adults are well-aware and quite knowledgeable about child sexual abuse. Many see it as a major problem in their communities and talk about it in their circles. Some adults have even taken action to intervene when they suspect abuse. This awareness and action by ordinary adults are probably factors in the significant reduction in the number of substantiated cases of child sexual abuse recorded in the U.S. over the past decade.<sup>19</sup>

For prevention, the disconnect lies in the fact that nearly all adults say they will intervene when they suspect abuse, but when confronted by likely abuse significantly fewer say they did something. Moving forward, all of us working for the safety of children and families have to give adults the resources and support they need to take action - but not only when they have a specific concern.

All adults can take action to keep children and families safe before they ever have a specific concern or are faced with a risky situation. We can do much more to help and support adults to recognize possible risk and take action to prevent sexual harm to a child. Our society needs to provide adults with more safe and positive ways to get help for an adult, adolescent or child struggling to control potentially harmful impulses. We will only break the cycle of child sexual abuse in our society by changing and replacing key policies and norms so that adults and communities can make the prevention of sexual harm a habit in daily life.





## References

- <sup>1</sup> All sexual activity between an adult and a child is sexual abuse. Sexual touching between children can also be sexual abuse. Sexual abuse between children is often defined as when there is a significant age difference (usually 3 or more years) between the children, or if the children are very different developmentally or size-wise. Sexual abuse does not have to involve penetration, force, pain, or even touching. If an adult engages in any sexual behavior (e.g., looking, showing, or touching) with a child to meet the adult's interest or sexual needs, it is sexual abuse. For more information, visit: [http://www.stopitnow.org/warning\\_signs\\_csa\\_definition](http://www.stopitnow.org/warning_signs_csa_definition).
- <sup>2</sup> Whenever possible, Stop It Now! uses language that describes individual behavior, rather than labeling individuals based on that behavior. We try to avoid using labels such as "survivor," "victim," "abuser," "predator," and similar terms in favor of language like "people who experienced sexual abuse in childhood," "people who have sexually abused children," and "youth with sexual behavior problems." We believe that labels make it harder for people to recognize or acknowledge that people they know may either have been sexually abused or have sexually abused a child. In reporting the results of the survey, we use language from the survey.
- <sup>3</sup> For more information, visit <http://www.StopItNow.org>
- <sup>4</sup> Most efforts have concentrated on teaching children to avoid or disclose abuse, helping those who have been harmed, and punishing and tracking people who sexually abused children after they have been caught and convicted. The prevention component of most awareness raising efforts urges people to report child sexual abuse after a child has been harmed while most prevention programs educate children so they are better prepared to prevent their own abuse. Reporting, child self-protection and criminal justice approaches are necessary. But we know that these systems of protection and deterrence do not reach the vast majority of cases.
- <sup>5</sup> In the U.S., only 12% of child sexual abuse is reported to authorities. (R. F. Hanson et al. Factors related to the reporting of childhood sexual assault. *Child Abuse and Neglect*. 1999, 23: 559-569)
- <sup>6</sup> Local programs had autonomy in deciding which questions to ask, but were encouraged to use the same core questions so that a national database could be established to compare to other research results and to further the field of knowledge. However, because not all local surveys included all core questions, each question has different sample sizes.
- <sup>7</sup> This sample is comparable to the most recent U.S. Census data. Weighting of the data by demographic characteristics was explored but disregarded since most variables showed strong statistical relationships regardless of weighting.
- <sup>8</sup> Implications are detailed more fully in a forthcoming report that consolidates key lessons learned from the first fifteen years of Stop It Now! community-based and national programming.
- <sup>9</sup> As many as one in three girls and one in seven boys will be sexually abused at some point in their childhood. (J. Briere and D.M. Eliot. Prevalence and Psychological Sequence of Self-Reported Childhood Physical and Sexual Abuse in General Population. *Child Abuse and Neglect*. 2003, 27 (10): 1205-1222.)
- <sup>10</sup> Results for prevalence, knowledge and beliefs about sexual abuse differed based on other demographic characteristics, such as ethnic background, education, age and relationship status. But because they cannot be interpreted confidently and do not relate clearly to other research, these results are merely suggestive and indicate areas for further research.
- <sup>11</sup> A higher percentage of respondents with the following characteristics view child sexual abuse as a major problem: survivors of child sexual abuse, women, non-Whites, the less educated, those living without a partner and younger respondents.
- <sup>12</sup> Interestingly, there was no difference among those who experienced sexual abuse in childhood.
- <sup>13</sup> Women are more likely than men (39% to 28%) and Whites more likely than African-Americans (38% to 27%) to have used the registry. Respondents with children at home are three times more likely to have used the sex offender registry than those with no children at home (58% to 18%).
- <sup>14</sup> Even without treatment, recidivism rates for those convicted of sexually abusing a child are estimated at 15-20%. With treatment, many studies show an additional reduction in recidivism by as much as a third, or to as low as 12%. (R. K. Hanson et al. First report of the Collaborative Outcome Data Project on the effectiveness of psychological treatment for sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*. 2002, 14(2): 169-194.)
- <sup>15</sup> Kristen Zgoba et al. Megan's Law: Assessing the Practical and Monetary Efficacy, National Institute of Justice, Dec. 2008. Human Rights Watch, No Easy Answers: Sex Offender Laws in the US. 2007 Sept., 19 (4G). Kate Fitch. Megan's Law: does it protect children? (2) - an updated review of evidence on the impact of community notification as legislated for by Megan's Law in the United States, United Kingdom: National Society for the Prevention of Cruelty to Children (NSPCC), Nov. 2006.
- <sup>16</sup> J. Levenson et al. (2008) Residential Proximity to Schools and Daycare Centers: Influence on Sex Offense Recidivism, unpublished.
- <sup>17</sup> These costs include medical and mental health care, lost work and other quality of life issues, and criminal justice costs. (T. Miller et al. (2007) Costs of Sexual Violence in Minnesota. St. Paul: Minnesota Department of Health, Sexual Violence Prevention Program, Injury and Violence Protection Unit, Center for Health Promotion, Health Promotion and Chronic Disease Division. <http://www.health.state.mn.us/svp>)
- <sup>18</sup> For example, women with a history of childhood sexual abuse have 93% higher annual healthcare costs compared to other women. (V.J. Felitti et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *Journal of Preventative Medicine*. 1998 May, 14(4): 245-58. and The Effects of Childhood Stress on Health Across the Lifespan. Atlanta GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2008.)
- <sup>19</sup> The number of confirmed cases of child sexual abuse reported to child protection agencies or community professionals decreased by 38% from 1993 to 2005-2006. However, relating this trend to rates of actual incidence is confounded by the high rate of non-reporting of child sexual abuse. (A.J. Sedlak et al. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress. Washington DC: U.S. Department of Health and Human Services, Administration for Children and Families).

*Stop It Now!® prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.*



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