Why Prevention? Why Now?

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Abstract

In 1995, the American Medical Association declared sexual abuse a "silent, violent epidemic." Since that declaration, there has been a growing acceptance and awareness of the need for a broader public health approach to preventing sexual violence. However, it is only recently that individuals and organizations are beginning to look at the root causes of sexual violence and how to prevent first time perpetration of sexual violence - preventing sexual abuse before anyone is harmed. This article provides an overview of the shifts in our language, perspective, and policies regarding how we view preventing the perpetration of sexual abuse, and argues that we must adopt and invest in a prevention approach whose goal is to, first and foremost, prevent sexual violence before anyone is harmed.

Keywords

Only in the last 30 years has U.S. society begun to fully recognize the extent of sexual violence in America. In these last few decades, research has documented the lifelong impact of sexual abuse, state and federal legislators have enacted policies and funded programs to both protect victims and hold offenders accountable for their crimes, and the media has begun to portray the trauma of sexual violence in the news, movies, and on television. There has also been an explosion of personal stories and blogs about sexual violence that has begun to shift how people think and talk about the issue. Yet as awareness of sexual abuse and those who abuse has grown, there has been little focus on - and even less funding for - how to *prevent* the perpetration of sexual violence. The lack of funding for prevention is in stark contrast to the amount of funding available for other community safety programs, such as civil commitment, prison, GPS bracelets, and other management strategies.

A landmark 2010 study showed a 58% decrease in the number of substantiated cases of child sexual abuse in the U.S. between 1992 and 2008 (Finkelhor, Jones, & Shattuck, 2008). Finkelhor et al. suggest that the decline highlights the possible impact of two decades of prevention, treatment, and criminal prosecutions. However, even with this good news, questions remain about which prevention programs are having significant and meaningful impact and how the impact of prevention programs can be measured effectively.

In 1999, James Mercy, a senior scientist at the Centers for Disease Control and Prevention (CDC) published an important call to action:

Imagine a childhood disease that affects one in five girls and one in seven boys before they reach 18; a disease that can cause dramatic mood swings, erratic behavior, and even severe conduct disorders among those exposed; a disease that breeds distrust of adults and undermines the possibility of experiencing normal sexual relationships; a disease that can have profound implications for an individual's future health by increasing the risk of problems such as substance abuse, sexually transmitted diseases, and suicidal behavior; a disease that replicates itself by causing some of its victims to expose future generations to its debilitating effects.

Imagine what we, as a society, would do if such a disease existed. We would spare no expense. We would invest heavily in basic and applied research. We would devise systems to identify those affected and provide services to treat them. We would develop and broadly implement prevention campaigns to protect our children. Wouldn't we? Such a disease does exist…. it's called child sexual abuse." (Mercy, 1999, p. 317)

Others have echoed the importance of investing in preventing sexual violence. Just as Mercy so eloquently describes the need for a comprehensive response to childhood sexual abuse, Aldinger et al. (2011) echo the importance of investing in prevention. These authors describe how sexual violence affects a large proportion of the population, threatens the lives and physical and mental health of millions of people, and overburdens health systems. These studies also suggest that violence, and especially interpersonal violence, undermines the ability of people to thrive (human capital formation), impacts the social fabric of our communities, and ultimately slows economic and social development.

The reasons to invest in prevention are compelling. Michael Seto (personal communication, July 23, 2013), a well-respected researcher in forensic psychology, recently commented:

I'm swayed by the overwhelming evidence and logic behind the idea that it is better to intervene early than it is to intervene late, whatever the problem or target might be. Better in terms of more effective, more cost-efficient and morally superior (enhancing human potential instead of making the best of a bad situation). Prevention is all the more compelling in the field of sexual violence because it could prevent sexual abuse from happening in the first place, rather than not happening again as with offender treatment.

Researchers and advocates have begun to document the successes of certain prevention efforts, some of these efforts will be discussed further in this article. Yet, the question remains, why do we invest so heavily in the punishment of sexual offenders and so little in the prevention of these same crimes? And more importantly, how do we begin to shift attention and investment towards preventing these crimes from being committed in the first place?

■ A Picture of What We Know About Sexual Violence

The picture of sexual violence in the U.S. is only partially painted, with large gaps of information remaining. The scope of what we know about reported case of sexual violence is well documented: the National Crime Victimization Survey estimates 250,000 victimization incidents each year (U.S. Department of Justice, 2007); the Federal Bureau of Investigation records over 100,000 local and state arrests for sex crimes each year (U. S. Department of Justice, 2010); and as of 2011, there were approximately 747,408 convicted sex offenders on the sex offender registry (Pitman, 2013). The impact of sexual violence on the victims is also well documented. For example, The Adverse Childhood Experiences study showed the emotional and psychological consequences of sexual violence and the profound negative impact on health throughout a trauma survivor's life. This lifelong impact of sexual violence may include depression, anxiety, heart disease, suicide, and increased alcohol and drug abuse among many other symptoms (Felitti & Anda, 2009).

Retrospective studies have provided information about victims of child sexual abuse. These studies indicate that one in three to four girls and one in six to ten boys are sexually abused before the age of 18 (Finkelhor, 1994). Younger children appear to be at greater risk of familial abuse and older children are typically more at risk of non-familial abuse (Fisher & McDonald, 1998; Smallbone et al., 2008). Looking at victimization through sexual violence across the lifespan, nearly one in five (18.3%) of women and one in 71 men (1.4%) reported experiencing rape at some time in their lives. When asked whether they had experienced sexual violence other than rape (e.g., sexual coercion, being made to penetrate someone else, etc.) in the last 12 months, approximately one in 20 women and one in 20 men (5.6% and 5.3% respectively) experienced sexual violence other than rape (Centers for Disease Control and Prevention, 2012).

What is known about those who perpetrate sexual abuse? Criminal justice reports and surveys of victims consistently identify males as the primary perpetrators of sexual violence (although women also commit sexual abuse). The majority of the crimes are perpetrated by someone the victim knows. In cases of child sexual abuse, one-third of the cases are perpetrated by a family member and two thirds

by someone the victim knows (Snyder, 2000). In addition, it is clear that, although the majority of sex offenses are committed by adults, a significant proportion of child sexual abuse (20-50%) is committed by adolescents, and to a lesser extent, children (Barbaree & Marshall, 2006; Finkelhor, Ormrod, & Chaffin, 2009; Knight & Prentky, 1993). Most children and teens do not sexually abuse, and research shows that children and adolescents who have sexually abused have more in common with children or adolescents with general delinquency than with adult sex offenders. For instance, only a small proportion of teens, including those who engage in sexually abusive behavior, are primarily aroused by significantly younger children or violent and aggressive situations (Hunter & Becker, 1994). Most adolescents, including those who engage in sexually harmful behavior, have more normative interests which is good news for prevention and may also clarify why sexual re-offense rates for teens are relatively low. Because research has demonstrated considerable differences between adults and most adolescents who sexually abuse, decidedly different intervention and prevention strategies will be needed for these distinct populations. A number of studies have begun to look more closely at the correlative and potentially causal risk factors for sexually abusive behavior in those who have sexually abused (Knight & Knight, 2009). The CDC also coordinated the first meta-analysis of risk and protective factors, for first time perpetration (Whitaker et al., 2008). Whitaker and colleagues found that common risk factors for first time perpetration include poor coping skills, low self-esteem, and sexual attraction to children and teens and/or sexual preoccupation. On the social level, the study also identified as risk factors for first time perpetration the relationship of the individual to family and friends, including difficulty establishing and/or maintaining appropriate intimate relationships; a chaotic, unstable, or violent home environment; and difficulty developing meaningful peer networks.

Unfortunately, the data above represent just a small portion of what is known about the scope and prevalence of sexual violence. And, because the majority of sexual violence remains unreported to authorities, the scope of sexual violence is almost certainly much larger than the reported numbers indicate. Studies show that between 80-90% of the cases of sexual abuse are never reported to authorities (Hanson et al., 1999; Tjaden & Thoennes, 2006), and the National Crime Victimization Survey shows no significant change in the rates of victimization *not* reported over the last 11 years (Truman & Planty, 2012). Shame, fear, and threats of physical violence are among the many reasons why victims have not reported the crime (ECPAT International, 2008; London, Bruck, Ceci, & Shuman, 2005). In addition, only a small percentage of reported sex crimes ever go to trial and are successfully prosecuted (Abel et al., 1987; Stoud, Martin, & Barker, 2000). Consequently, the information researchers,

practitioners, policymakers, and the public have about those who sexually abuse is based only upon the small percentage of abusers who have been detected, apprehended, and ultimately convicted.

Given the hidden nature of this population, the significant challenges prevention initiatives face involve promoting a greater and more complete understanding of sexual violence and, in particular, the adults, adolescents, and children who abuse, and ultimately determine how best to use this information to prevent sexual abuse and keep communities safe. As such, much remains unknown about the individuals who are at risk to sexually abuse others but perhaps have not yet crossed that line, or who have committed sexual abuse but have not yet been detected or entered the legal system. Also problematic is the misinformation about those who abuse, and depictions of all offenders, at any age, as the same, and as "monsters" with hundreds of victims who will inevitably reoffend. These misperceptions reinforce the myth that prevention programs and members of the general public have no hope of reducing the risk posed by known offenders, successfully intervening with at-risk individuals, and ultimately preventing sexual abuse.

■ **Toward a Comprehensive Understanding and Response**

In recent years, there has been a growing movement toward a more comprehensive understanding and response to sexual violence, including the importance of prevention efforts (Kaufman, 2010; Smallbone, 2008; Tabachnick & Klein, 2011). Indeed, sex offender management professionals, victim advocates, researchers, and the public increasingly seek a deeper understanding of the factors that contribute to the initiation of sexually abusive behaviors, how to identify which individuals are at risk for first time sexual offense or sexual reoffending, and how to effectively intervene, especially before abuse and harm occur. In a 2010 survey, the Center for Sex Offender Management found that "*The vast majority of [the public] (83%) expressed a desire for more information than they currently have regarding how to prevent sex offending in their communities.*" (Bumby, Carter, Gilligan, & Talbot, 2010, p. 5).

The media's reflection of sexual violence has shifted from near ignorance of the issues to regular coverage of individual cases, and more recently to the role and responsibility of institutions in creating a culture where sexual abuse can exist. Before the 1970's, sexual violence only appeared in the media in isolated cases; widespread societal attention was not focused on the problem. Beginning in the 1970's and 1980's, survivors of sexual abuse began to tell their stories and describe the impact of the trauma on their lives. Through the emergence of these stories, it became clear that sexual violence is present within every community, every economic class, every race, and every faith community in America, and recently the media attention has forced the U.S. military to implement new mea-

sures to encourage the reporting and prevention of sexual violence. By the mid-1990's to early 2000's, legislators began to craft a number of responses to the growing recognition of the problem. In 1994, the Child Abuse Prevention and Treatment Act (CAPTA) was passed, creating a clearinghouse on child abuse and neglect and establishing mandated reporting of cases across the U.S. The horrifying crimes perpetrated against a number of children, including Jacob Wetterling, Megan Kanka, Jessica Lunsford, and Adam Walsh, framed much of the legislation in these decades. Nevertheless, even though all of the research points to the fact that people who abuse are people we know and often care about in our families and communities, legislators have constructed a series of laws to isolate, control, and punish those individuals who abduct and offend against strangers, often called "sexual predators" by the media.

In the current decade, new research about the effectiveness and consequences of existing sex offender legislation and policies has raised questions about the broad and unequal application of these laws and policies to every adult, adolescent, and child who has sexually abused (Tabachnick & Klein, 2011). Victim advocacy organizations have questioned the large expenditures of funds on sex offender management programs and tools that may not really protect communities (e.g., residency restrictions, GPS bracelets, etc.) while resources and services are being cut for victim services (Tabachnick & Klein). The impact of sexual violence upon U.S. society has begun to be clearly documented through personal stories, through media attention and coverage, and through the research on the long term health consequences of sexual violence. Researchers have documented the economic impact of sexual violence in terms of the health costs to the victim and their families, as well as the high costs for prosecution and prison. More is discussed in a later section of this article, but most importantly, for the first time, the public is beginning to ask what can be done, and what should have been done, to prevent various crimes rather than just respond to each horrendous case of sexual abuse in the community or in an honored institution such as a university, the government, or within the armed forces.

■ **A Public Health Approach to Sexual Violence Prevention**

With the growing body of research in sexual violence and sex offending behavior, it is now possible to consider prevention programs from a public health point of view, seen through the lens of preventing the perpetration of sexual abuse. According to the CDC, public health interventions are viewed through three prevention categories based on when the intervention occurs (*Centers for Disease Control and Prevention*, 2004).

• Primary Prevention: Approaches that take place before sexual violence has occurred in order to prevent initial perpetration or victimization.
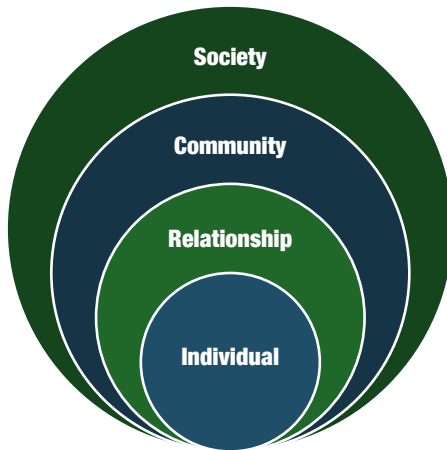
Figure 1. Social-ecological model of violence (Krug et al., 2002)

Table 1. Prevention matrix

	Individual	Relationship	Community	Society
Before	New parents understanding and talking about healthy sexual development and concerning behaviors for their child (0-18)	Bystander campaigns (e.g., MVP, Bringing in the Bystander, Green Dot)	New standards for youth serving organizations (e.g., screening applicants, code of conduct, etc.)	Laws requiring YSOs to have policies in place to receive public funding
After	Adult and adolescent sex offender treatment services	Support groups for the families of sex offenders	Community engagement programs (e.g., Dunkelfeld project, Circles of Support and Accountability)	Public policies directed towards offenders (e.g., registration, public notification, etc.)

- Secondary Prevention: An immediate response after sexual violence has occurred to deal with the short-term consequences of violence (note that some experts choose to define secondary prevention as those at risk to abuse, rather than a response to abuse.)
- Tertiary Prevention: A long-term response that follows sexual violence, designed to deal with the lasting consequences of violence and provide treatment to perpetrators.

According to the CDC definitions, secondary and tertiary prevention strategies are implemented *after* sexual violence has been perpetrated, in order to reduce or ameliorate the negative effects of the violence and, in some cases, preventing a recurrence of violence, whereas primary prevention strategies are implemented *before* sexual violence has been perpetrated. Given the "less than perfect fit when looking at violence" the CDC report (2004) simplifies the discussion by suggesting we make the distinction between interventions designed to prevent violence *before* it is perpetrated from those that take place *after* violence has already been perpetrated. This simplified framing of prevention strategies into those focused on preventing sexual abuse b*efore* someone is harmed or those that *follow after* the perpetration of sexual abuse will be used throughout this article.

A second helpful public health approach, the social-ecological model (Krug,Dahlberg, Mercy, Zwi, & Lozano, 2002), describes programs and policies directed at four levels of intervention:

- Individuals
- Relationships
- Communities
- Society

Illustrated in figure 1, the social-ecological model expands prevention efforts beyond typical education and individual self-help or treatment models by encouraging a broad range of activities. The model shows interventions at any level influence and affect the entire system. The authors of this model argue that for true social change, interventions need to be targeted at each of these levels. Thus, public health interventions targeting the macro society or community levels will also have effects at the levels of the individual and social relationships and, in fact, the effects of interventions felt at every level are ultimately necessary for success.

Indeed, as demonstrated by a number of successful public health campaigns, prevention programs that address all four levels are more likely to change the targeted behavior(s). No smoking campaigns, for example, which began as efforts to educate adults and teens that smoking was bad for their health, showed only limited success when targeted as an *individual* education campaign. However, the campaign successfully and significantly reduced smoking across the entire country when its efforts were tied to reports that second hand smoke affected the friends, families, and coworkers of the smoker (appeal to the people in *relationship* to a smoker), to *community* initiatives such as smoking bans in offices, restaurants, etc., and to public policies (*societal* approaches) that added a tax on cigarettes, for instance, and prohibited advertising directed at children and teens.

As shown in table 1, blending the two public health frameworks together – (a) prevention strategies that target behaviors *before* they occur and interventions implemented *after* sexual abuse is perpetrated with (b) an intervention approach that targets all the four levels of the social ecological model – results in the creation of a comprehensive effort to prevent the perpetration of sexual violence. Although there are many different approaches at each level, table 1 provides a prevention matrix to consider, each aspect of which is explored below. Most of the perpetration prevention initiatives aimed at preventing further sexually abusive behavior, applied *after* the harm is done, will be more familiar to those working with sex offenders. However, initiatives applied *before* sexual abuse is perpetrated are those now being considered because their goal is to address and build the skills, knowledge, and policies that will help ensure that adults, teens and children do not become sexually abusive (Ryan, 2005).

■ Prevention Strategies at the Individual Level

When considering a new prevention initiative, most people think about educating individuals. Education programs typically do not need extensive funding, can be initiated by an individual, and can help create a broader movement for change. A typical prevention initiative *before* sexual violence is perpetrated providing parents and other caregivers the information they need to understand healthy sexual development. In recent years, there is a growing volume of information is available for parents and educators to address healthy, concerning and problematic behaviors across the lifespan of each child (Cavanagh Johnson, 2013; Haffner, 2001; Roffman, 2001; Rosenzweig, 2012). Even more important is the inclusion of guidelines for an adult's response to all of these behaviors in a child – whether healthy or problematic. The expansion from a purely victim centered focus to one that includes a perpetration prevention focus can be explained by how one talks with a child. Instead of just explaining to a child that "no one has the right to touch your body in a way you don't want" one can add "and you don't have the right to touch someone else…" This approach allows trainers from victim centered organizations to include perpetration centered strategies into their programs without a major redesign.

Treatment interventions aimed at adults, adolescents, or children that follow sexually abusive behavior are considered prevention initiatives at the individual level as their goal is the prevention of further abuse. The assumption behind interventions at the individual level is that these individuals can learn to manage their behaviors, and thus return safely back into their communities. Through treatment, the individual offender is provided the information, the tools, the strategies, and the social skills needed to ensure that he or she does not sexually abuse again.

■ Prevention Strategies at the Relationship Level

A crucial development in the past few years has been the broadly accepted "bystander intervention" programs on college campuses. Similar to the MADD (Mothers Against Drunk Driving) Campaign, with the slogan that "Friends don't let

friends drive drunk," these programs are based upon the assumption that the friends of those who are at risk to be abused, and friends of those who are at risk to sexually harm, might also intervene before an act of sexual abuse has been perpetrated. The *Mentors in Violence Prevention* (http://www.mvpnational.org) program begun at Northeastern University in 1993 is the longest standing program, but more recently the *Bringing in the Bystander* (http://www1.uwindsor.ca/womensstudies/bringing-in-the-bystander) program and the *Green Dot* program (http://www.livethegreendot.com) have been more widely adopted at other universities and colleges. These programs each provide education and training programs designed to teach students about risk factors for sexual abuse, empower peers to intervene when they see risky situations or inappropriate behaviors, and, when necessary, report sexual assault to college authorities. Although these and similar programs are primarily focused on reducing victimization, they have begun to embrace the importance of addressing those who might perpetrate harm as well, by running participants through scenarios about how to talk with someone who might be at risk for harming someone or being harmed. These do not necessarily include scenarios that directly depict violence, but rather describe situations where someone might take advantage of or harm someone who has had too much to drink, for instance. As these programs more fully embrace preventing the perpetration of sexual violence, the scenarios may also include what can be done after the direct intervention (e.g., talking with a young man the next day after a party about his behaviors, about consent, and other ways to behave respectfully.) These programs operate at the relationship level of the social-ecological model because they address what peers, athletes, student leaders or friends can do for peers/friends in a college or university setting.

After an incident of sexually abusive behavior has been reported, interventions at the socio-ecological level of relationships can be introduced, with the goal of preventing further sexually abusive behavior through the development and strength of personal and interpersonal relationships. It is well documented, for instance, that pro-social supports for those who have abused help ensure their safe re-entry back into the community (Levenson, 2007; Levenson & D'Amora, 2007; see also Wilson & McWhinnie, this issue). In these cases, a sex offender returning to the community with the support of family, peers, and other community members not only has many reasons to never again engage in abusive behavior, but of equal importance, has people who are watching, and who can be taught how to intervene when they see situations that might be of some concern. This is particularly true for adolescents and children who rely on the social supports of family and other institutions for their social, psychological, and physical needs. Unfortunately, over the last few decades, the number of programs that are funded to offer support groups or other resources for the families of offenders has dropped dramatically. At least at this point in time, the resources for this important prevention and intervention strategy are limited and need further attention.

■ Prevention Strategies at the Community Level

Organizations in the community serving young people include churches, synagogues, and temples; private and public schools; youth sports programs; and other educational, recreational and institutional programs. But, until recently, little information was available for youth-serving organizations, or tools they could use to protect the children in their care. Given the lack of attention to this important prevention strategy, in 2004 the Centers for Disease Control and Prevention held a think tank to discuss possible strategies that can be implemented by the community and/or organizations in order to prevent sexual abuse. Their report (Saul & Audage, 2007) provided one of the first policy recommendations for youth serving-organizations and covered a variety of topics, including education and training for staff, volunteers, youth, and parents; screening volunteers and employees; responding to and reporting sexual behavior of concern; and creating a code of conduct. Since this report, a number of media stories covering sexual abuse within youth serving organizations have highlighted the need to implement CDC and similar recommendations, such as the Sandusky trial at Penn State, continued reports of sexual abuse within the Catholic Church, and sexual assaults within well-respected private high schools. Partly in response, a growing number of programs are being developed and put into place to help organizations ensure the safety of their youth (e.g., the Canadian Government sponsored *Commit to Kids* (http://www.commit2kids.ca/app/en/), the Enough Abuse Campaign's *Gatekeepers for Kids* (http://www.enoughabuse.org/index.php/the-campaign/gate-keepers-for-kids), and faith based initiatives such as *Balancing Acts*, a comprehensive policy initiative through the Unitarian Universalist Association (http://www.uua.org/safe/children).

The number of community-level strategies targeting perpetrators and those at risk to perpetrate sexual abuse are also growing, especially outside of the United States. One program, the *Prevention Project of Dunkelfeld* in Berlin, Germany (Beier et al., 2009) has created a social marketing campaign that speaks to the general public: "If you think about children in a way you shouldn't… Call for help." The program offers both treatment and pharmaceutical options to anyone who stepped forward looking for help, and the success of the project has been impressive. Between 2005 and 2008, over 800 individuals contacted the program and after a thorough assessment, 200 of these callers were invited to participate in a one-year treatment program (Beier et al.). Stop It Now! is a similar concept in the United States that reaches out to abusers, those at risk to abuse and their friends and family. The program may be more limited by mandated reporting laws and the increasing number of punitive sex offender laws, but the initial pilot programs showed significant responses (Tabachnick & Dawson, 2000). Equally impressive are the *Circles of Support and Accountability* (COSA) which began in a Mennonite community in Canada. After overcoming significant resistance to the concept, the initial pilot program results showed that the offenders who participated in COSA had significantly lower rates of any type of reoffending (including sexual and non-sexual re-offense) than did the offenders who did not participate in COSA (Wilson, et al., 2005; see also Wilson & McWhinnie, this issue). Since the pilots, these programs have spread into some communities in the U.S. and many programs throughout the world. Given the public response to these programs – in a public survey, 68% of respondents reported they would feel safer if they found out that a high risk sex offender in their community belonged to a Circle (Wilson et al.) – it is time for the U.S. to adopt or develop more of these successful community-level intervention responses in order to ensure a safe re-entry whenever a convicted sex offender returns to the community.

■ Prevention Strategies at the Society Level

Most of the interventions aimed at the societal level are implemented *after* the harm has been done, often created primarily though state and federal legislation. As mentioned earlier, with the growing recognition of sexual abuse, legislators have passed a significant number of laws based upon the belief that all sex offenders are extremely dangerous must be isolated and controlled to ensure community safety. These laws address the most violent sex offenders through registration, public notification, GPS bracelets, residency restrictions, civil commitment, and many other similar containment and control strategies (Bumby, 2008; Levenson, 2007; Levenson & D'Amora, 2007; Tabachnick & Klein, 2011; Velázquez, 2008). These relatively new sex offender lawspresent a significant cost to the taxpayer without evidence of increased safety to the community (Justice Policy Institute, 2009; Levenson, 2007; Levenson & D'Amora, 2007; see also Letourneau & Caldwell, this issue). However, with burgeoning costs, legislators and the public are beginning to ask questions about whether a proposed piece of legislation will affect the safety of the community and whether there is evidence to support that effectiveness (Goldman, 2009; Grinberg, 2011; Prescott & Rockoff, 2012).

However, many would consider debate and policy at the societal level key to preventing sexual violence, teaching children information and values related to "healthy sexuality" and safe and healthy relationships *before* sexual harm is done. Indeed, in the 1980s federal funding supported programs designed to teach children, teens, and their families about preventing child sexual abuse. However,

today, New Jersey remains the only state that fully funds a child abuse prevention program in all of its 21 counties, with over 200 facilitators trained through the New Jersey Child Assault Prevention (NJCAP: http://njcap.org/). More recently, a new initiative being considered by a number of states and a few grant makers will require any organization working with children or adolescents to establish clear child safety policies as a condition for receiving state, federal, or, in some cases, private foundation funding. This legislation will essentially require every youth-serving organization to have specific child protection policies. A similar model has already been passed in Australia (2006 amendment, s8C, to the Children's Protection Act of 1993) and, thus far, there do not seem to be any significant obstacles preventing organizations from coming into compliance as a requirement for funding. Although the Australian law is relatively new, the discussions alone have raised the visibility of this issue – preventative interventions and policies at the macro societal level. Legislative efforts such as these make it less safe, and less possible, for people to abuse within these institutional settings.

■ Do Interventions Work?

Each of the programs and interventions briefly described above, at the individual, relationship, community, and societal level, focus on preventing the perpetration of sexual violence. These programs complement already well developed initiatives to prevent victimization by sexual violence (*Centers for Disease Control and Prevention*, 2004). However, while there is considerable investment in interventions that follow the perpetration of sexual violence to contain, manage, and punish offenders, funding needs to be made available and allocated for the evaluation of these interventions. Without evaluation we lack the information required to make clear decisions about which interventions or legislative responses are effective at significantly reducing sexual violence and can therefore help keep communities safe. At the prevention level, *before* the act of sexual abuse, more research is also needed to examine risk factors for first time perpetration, as well as factors that protect against first-time risk, in order to establish programs based upon these factors. These in turn also need to be evaluated in terms of which are most effective. This investment, *before* the harm is done, makes good common sense and will ultimately reduce the system costs and serve to protect the well-being of future generations.

■ Why Now?

As mentioned, public attitudes toward those who abuse are beginning to change; the public wants more information than they currently have about how to prevent, and not simply respond to, sexually abusive behavior *before* it has occurred (Bumby et al., 2010). Indeed, to a great extent, the public and legislators rely on the media for their information, and the personal opinions that form out of these media images and snapshots of sexually abusive behavior directly affect the kind of legislation that is then passed (Sample & Kadleck, 2008). However, in this past year the media coverage of sexual violence and, in particular, child sexual abuse cases, has begun to change. In particular, the cases of sexual abuse within institutions have shifted media and public perception alike about who perpetrates sexual abuse. Even more radical is the notion that people within institutions, and the institutions themselves, have a responsibility for *preventing* sexual abuse. For instance, the Berkley Media Group conducted a study of how the media reported sexual abuse before and after the Penn State tragedy (Dorfman et al., 2010), noting a significant shift in reporting in this case, involving J*erry Sandusky*, a former Penn State football coach. That is, before the Penn State case entered the media conversation, Dorfman et al. describe reports of sexual abuse in the media as infrequent and episodic, tied to a "moment" in the criminal justice process, and often discussed in vague and imprecise terms (e.g., providing a general statement that a child was sexually abused, rather than describing the violence involved or nature of the abuse). However, after the Penn State tragedy, the volume of media reports increased dramatically; many journalists new to the issue now covered the story, many of whom were not criminal justice reporters; specific descriptive language was taken from the investigative reports, used in the news and a media discussion was started, which continues to be discussed, about the *institutional* role in the tragedy and its impact on the safety of children. For instance, perhaps for the first time in a major national publication, more graphic and literal language was used, describing "anal rape in the shower" rather than the less specific and more sterile, "sexual abuse of a child." Following this tragedy, stories began to emerge of sexual abuse in other respected institutions of higher education, and in sports other than football; many youth-serving organizations began to respond by putting into place their own policies, and a number of insurance companies now encourage youth-serving organizations to put these policies into place. In addition, the amount and frequency of sexual abuse in the U. S. military has also risen to the top of the news, and continues to be an active discussion, with the media (and public) asking, not only about its many victims and how this could happen, but also how to prevent sexual abuse in the first place. Similarly, we have seen the media address with regularity the sexually troubled and sexually abusive behavior of elected public officials, at the highest and most visible levels of local, state, and federal political institutions. Of course, the tragedy of child sexual abuse in the church is now well established, globally. An awareness of sexual abuse, then, of children and adults, and its debilitating effects, is now far more visible in the media and public eye than ever before.

As a result, the nearly exclusive image of the sex offender as monster with multiple counts and multiple victims (Cheit, 2003) is now being replaced by new and more diverse images of priests, coaches, teachers, teen football players, politicians, and a wide selection of well-respected members in communities across the United States and abroad. In part, through increased and increasing media coverage, the growing number of stories of sexual abuse within families and communities, and emerging sexual abuse research also covered by the popular media, the public has begun to recognize that not all people who abuse are "monsters." Indeed, many, and perhaps most, are otherwise nondescript, or even well-respected, members of the community. People are asking about sex offenders, and want to know how to keep safe (Knight & Sims-Knight, 2009); nevertheless, they still tend to more frequently ask these questions when a particularly horrendous case of sexual violence is reported in the media or a high risk sex offender is being released into the community. A prevention model allows and provides a means for communities to have these conversations, and for the public to learn more about the adults, teens, and children who engage in abusive behavior *before* the emotions of the moment bring people to fear and rage. These prevention strategies and programs are growing in many communities where agencies, organizations, and individuals see that they too have a responsibility to protect children. These individuals recognize that sexual abuse is something that can affect the children in their care and be perpetrated by people they know. Within these broader conversations, there is a growing recognition that some people who abuse (and especially children and teens) can learn to control their behaviors and live healthy productive lives. Perhaps of more importance, the public is beginning to ask what can be done, and what should have been done, to prevent various crimes from occurring in the first instance rather than just responding to each horrendous case of sexual abuse in the community or in an honored institution.

■ The Use of Framing and Language to Foster a Prevention Narrative

As the media and the public begin to ask about the individuals who abuse and what can be done to prevent sexual abuse in the future, we find an opportunity to frame the debate in terms of prevention, based on what we already know and what the research can tell us. "Framing" refers to a set of concepts, collections of anecdotes, and the stereotypes that people rely on to understand, respond to, and ultimately make sense of the world around them. Effective framing techniques help the individual connect to what they already know, and point to what they need to learn. To a great degree, the choices that members of the public make, and legislation that is passed, is influenced by the frame within which people live.

As noted, the existing frame for sexual abuse for many years was steeped in fear, rage, and helplessness, resulting, in part, in legislative measures

and public/legal policies that responded in a heavy handed fashion to sexually abusive behavior after it occurred. However, the fear of strangers that was taught (e.g., "*don't take candy from strangers…*") was a fear of the "dirty old man," a stranger lurking at the edge of the playground in a trench coat. This image of the sexual offender still lurks in the media, but now he is on the edges of the Internet, as well as the edges of school playgrounds and parks, ready to invade our homes and steal our children. These concerns and characterizations are legitimate, of course, but from this frame all sex offenders are "monsters," unlike the rest of us, who will never change, with the accompanying myth, of an enormously high re-offense rate. Finally, in this frame, we are all helpless to protect ourselves and our children, and a prevailing attitude that we will never be safe unless all of these monsters are locked up forever.

Traditionally, the sex offender treatment community has responded to questions raised by the media, but has not been proactive in reaching out to the media or addressing the underlying issues or public and media frame. For example, many will argue that the recidivism rates for sex offenders are close to 12-24% (Hanson &Morton-Bourgon, 2005). However, although this information about actual sexual recidivism is important, it does not address the underlying public fear and/or belief that many people who sexually abuse are very dangerous and most likely to reoffend. Once this belief becomes fixed in the public mind, accurate information about sexual offenders and sexual recidivism no longer fits with or matches public perception, and more accurate information can thus be easily ignored or dismissed. Rather than talking about recidivism rates, it is important that we instead acknowledge that, although a small percentage, some sex offenders *are* violent and dangerous this then allows a conversation with the public about the *majority* of sex offenders, which includes those with very low sexual recidivism rates, such as adolescents. Without these distinctions, the myth that all sex offenders are the same and all are monsters will remain.

The helplessness the public feels is echoed in language used by professionals, as well. For example, the CDC definitions for prevention typically use passive language about preventing sexual abuse before and after sexual violence "has occurred" (*Centers for Disease Control and Prevention*, 2012). In my experience, many professionals talk about preventing sexual violence before "it" happens, again, using the passive voice. This passive voice removes accountability for sexual violence from the individuals who perpetrate the violence and responsibility from the communities surrounding these individuals and/or their families and friends. It makes sexual abuse something that happens, rather than something that can be prevented. The argument for talking directly rather than passively, and framing exactly what we mean, was first articulated by Ju-

lia Penelope, an internationally recognized linguist and feminist and described extensively in the work of Jackson Katz, author and founder of Mentors in Violence Prevention (Keren, 2012). Katz speaks about how we report the number of women who were raped last year rather than how many men raped these women. Or, we speak about how many girls are sexually harassed in the school system, rather than how many boys or girls harassed these girls. A simple exercise, used by Katz, although here describing a sexual offense, illustrates how passive language moves the focus away from those who actually commit the violence. By focusing on how our shifting language flows, Katz shows how we move away from difficult questions about who is accountability for harm to reports about the number of victims. Hence, when we shift from "John raped Mary" to the expression that "Mary was raped by John," we use a passive voice and the focus moves away from the perpetrator of violence, the person responsible for the behavior. Similarly, from a semantic perspective and the intrinsic meaning of the statement, when we say that "Mary is a victim," we completely eliminate John (the rapist) from the picture, and lose the opportunity to ask questions about why John chose to do such a violent act or how other people could have intervened. Although as a society we seem comfortable punishing the perpetrators of sexual violence, we don't seem comfortable talking about the people who perpetrate sexual violence and instead shift the conversation, consciously or unconsciously, to the victims of sexual violence and a passive speaking voice.

Throughout this article, the active voice is used in discussing the prevention of sexual violence (e.g., preventing the perpetration of sexual violence before a child or adult is harmed rather than the more common expression of preventing sexual violence to children and adults before "it occurs" or before "it happens"). This direct approach in the use of language and frame helps to focus attention on the social contexts in which sexual abuse against children and women is perpetrated; the context of families, organizations, communities, and the larger society, which together can create social norms that help stop the *initial* perpetration of sexual abuse.

For example, if we not only say that "John raped Mary," but also that "Mary's rape was a result of a failure in social and public policy," we not only begin to ask questions about John, but we also ask the surrounding community about what they saw and perhaps what they did or could have done to prevent the sexual abuse before it was perpetrated. The frame thus expands from a possibly isolated focus on Mary to placing responsibility on John and offers the possibility of actively engaging the entire system of individuals, organizations, social responses, and social norms to potentially prevent abuse at its root levels.

In terms of preventing further abuse, this framing of language may be helpful when talking with any-

one who has been victimized by sexual abuse, and particularly helpful when talking with or about individuals who have perpetrated the sexual abuse. For the offender, the focus on what actions were taken allows the individual in treatment to talk about his or her behaviors (e.g., what he or she did, the triggers for the behaviors, and a safety plan for the future), rather than the labels that these behaviors might trigger. It also allows the people surrounding an offender to learn from those behaviors.

■ Perpetration Prevention Opportunities

Drawing upon definitions of sexual violence prevention described by the Centers for Disease Control (2004), we can identify a number of strategies that are preventive, including victim-focused prevention, situational prevention, community focused approaches, criminal justice interventions, and the treatment and management of adult and adolescent offenders (see Smallbone, Marshall & Wortley, 2008). Taken together, these strategies, aimed at varying levels of the social-ecological environment, create a large spectrum of interventions designed to prevent sexual violence from occurring in the first place or from recurring, stretching from healthy sexuality curricula for young people to reaching victims and abusers after sexual abuse has been perpetrated, to public policies and public education, community supervision, and community-based programming for convicted adult sex offenders. However, by broad definition every sex offender management or treatment program is *already* a prevention program. That is, whether an adult civil commitment program or a group treatment program for adolescents, all sex offender management programs are designed to prevent sexual re-offense. However, of significance, we are talking about the importance and urgency of creating strategies that intercede *before* an act of sexual violence occurs, or prevents continued sexually abusive behavior among individuals who have not yet been apprehended. Nevertheless, the lack of funding, attention, and research directed towards prevention strategies is striking.

Given the lifelong impact of sexual abuse on children, adolescents, and adults the true cost cannot be estimated, even in dollars, in emotional and behavior health, lost educational opportunities, and lost income, and especially the quality and experience of life, not measurable in dollars. What is clear is that investment in prevention is an avenue of value that has not yet been fully explored. It is time to begin to invest in prevention; determine which prevention programs are most promising, based upon the most current research; and evaluate whether such programs can indeed effectively reduce the incidence of sexual abuse. It is time to begin to shift the public perception away from waiting for the next horrific incident and the endless and repeated consideration of what went wrong, to a model designed to prevent sexual harm before it is perpetrated.

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