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A public dialogue on child sexual abuse: Hope for healing and prevention

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A Public Dialogue on Child Sexual Abuse: Hope for Healing and Prevention

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Dedication

This paper is dedicated to the survivors of child sexual abuse with whom I have worked. Your courage and resilience are an inspiration to me.

And to my family for supporting me and giving me a reason to stay sane throughout my graduate studies.

Acknowledgements

This paper wouldn't have been possible without the guidance and support of my Ed.S. Committee: Lennis Echterling, Jack Presbury, and Anne Stewart. Thank you for your careful nurturance of this project.

I must also thank the panel members of the Collins Center Stop it Now! dialogues: Joe, Keith, Mike, Sarah and Wanda. Your contributions to child sexual abuse prevention are the heart and soul of this paper.

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Abstract

This paper describes the problem of child sexual abuse (CSA), including the prevalence, associated outcomes for survivors, and the importance of prevention in addition to treatment. The author reviews the current literature on three types of child sexual abuse prevention programs: criminal justice initiatives, educational programs for children, and community-based programs. The author examines a public dialogue approach that aims to engage adults in the prevention of child sexual abuse. An analysis of one dialogue project is provided, including the history of the panel and evaluation information. The author discusses the value of the project in terms of both prevention and healing, drawing on qualitative feedback from the panel members. Finally, theoretical and clinical implications for counselors are discussed, including recommendations for integrating CSA prevention into practice and professional identity.

A Public Dialogue On Child Sexual Abuse: Hope for Healing and Prevention

As counselors, most of us expect to have clients who experienced sexual abuse as children. Virginia statistics indicate that one in four girls and one in seven boys are sexually abused by the age of 18 (Virginia Department of Health, 2004). A review of 16 community surveys across North America found that 16.8% of women and 7.9% of men had experienced child sexual abuse (CSA) (Gorey & Leslie, 1997). A World Health Organization study on international prevalence of child sexual abuse found that 20% of women and 5-10% of men had been sexually abused (Krug, Dahlberg, Mercy, Zwi, & Lorenzo, 2002). Unlike many other forms of child abuse, child sexual abuse statistics appear to be roughly equivalent across social classes (Berliner, 2011).

The effects of CSA vary widely depending on several variables, including the type and duration of abuse, relationship to offender, prior or concurrent traumas, support from caregivers and pre-existing psychological conditions (Olafson, 2011). The literature consistently demonstrates links between CSA and increased risk of sexual behavior problems, revictimization, substance abuse, eating disorders, interpersonal difficulties, depression, and anxiety. In addition, survivors of CSA are at higher risk for a variety of health problems, including obesity and auto-immune disorders (Wilson, 2010). Therefore, clients with histories of CSA may present with a variety of therapeutic goals. As counselors, we strive to support these survivors of sexual abuse and to encourage their resilience and growth. We attend workshops to learn how to best meet their therapeutic

goals. We see our clients struggle with shame. We admire their courage when they break their silence. We help families work to heal after sexual abuse has occurred.

But what can we do we do to keep the children in our community safe so that they never have to experience sexual abuse in the first place? This isn't a new question. Over the past several decades, many prevention programs have been developed to teach children about body safety. Counselors also try to keep children safe as mandated reporters, by reporting suspected situations of sexual abuse to Child Protective Services. Still, these measures are not enough. Many of us have been in situations, both professionally and personally, when we fear a child may be at risk of sexual abuse, without any substantial evidence. Perhaps there is a gut feeling. Perhaps there are some concerning behaviors. Perhaps we wonder if an adult seems too interested in spending time alone with children. In addition to our own encounters with these situations, we may also work with clients who have concerns about the safety of their children. Many counselors struggle with how to respond appropriately in these cases. We want to protect children, but social norms do not support open conversations with the adult parties involved in these situations.

This paper discusses a program that attempts to address CSA prevention in a different way, helping all adults take responsibility in situations of abuse or potential abuse. The organization from which this program originates is Stop it Now!. While Stop it Now! includes several programs and initiatives, this paper focuses specifically the Dialogue Panels being facilitated by the Collins Center, which is a sexual assault services center, in Harrisonburg, Virginia. The first section of this paper is a literature review, which discusses research on the prevention of CSA. The second section briefly describes

the history, mission, and programs of Stop it Now! with a focus on the dialogue projects. The third section is an overview of the Collins Center's Dialogue program, including a history of the panel, evaluation results, and the stories of the panel members. The final section discusses conclusions and implications for counselors practicing in various settings.

Literature Review

For the purpose of review and discussion, it is helpful to group CSA prevention efforts into three types: criminal justice initiatives, educational programs for children, and community based prevention (Finklehor, 2009).

Criminal Justice Initiatives

Criminal justice initiatives may be the most widely recognized and supported by the public. They include sex offender registry sites, criminal background checks, community notification, increased detection and sentencing, mandatory treatment for convicted offenders, and community reintegration. Most of these efforts can be classified as tertiary prevention, in that they focus on limiting access to children for offenders who have already committed offences and been prosecuted. Because most offenders never enter into the criminal justice system, these policy efforts do not address the majority of CSA that occurs. In addition, public policy is often developed in reaction to pedophiles, who are highly likely to reoffend, despite the fact that they represent only a part of the greater offender population. This approach essentially substitutes “part of the problem for the whole” (Hebenton, 2011).

Some sex offender treatment authorities contend that criminal justice prevention measures can isolate offenders and increase transiency, making it difficult to access the support they need for successful treatment (Finkelhor, 2009). The general population, however, tends to see these measures as helpful in preventing sexual abuse. Sixty-eight percent of adults surveyed over ten years of studies reported feeling that sex offender registry is either somewhat or very effective in preventing CSA (Amick, 2009). It is still

under question whether sex offender registration actually reduces offenses. One study looked at offending rates in ten states before and after registration laws and reported mixed results (Vásquez, Maddan, & Walker, 2008). In six states, there was no statistically significant change. In three states, there was a reduction in sex crimes. In California, sex crimes actually increased. Harsher sentencing, along with increased disclosure and detection, have also been the focus of criminal justice prevention efforts. No studies have been done to test the effect of sentencing practices on rates of sex crime, but criminology research indicates that the likelihood of being caught is more of a deterrent to crime than the severity of the punishment (Grasmick & Bryjak, 1980).

Treatment of offenders is a controversial topic as it relates to CSA prevention. Effectiveness of offender treatment can be measured by studying changes in characteristics associated with offending, such as low self-esteem and cognitive distortions. However, most often, the mark of effectiveness of sex offender treatment is a reduction in recidivism. Results on the effect of treatment on recidivism vary depending on the treatment model and the study design. In addition, there are several confounding factors, such as how recidivism is reported and defined, that make it difficult to compare studies. In their book, *Rehabilitating sexual offenders: A strength based approach*, Marshall, Marshall, Serran, and O'Brien (2011) reviewed the recent literature and concluded that overall, there is significant reduction in recidivism for offenders who have received treatment, especially when there is fidelity to best practice treatment models. Many of the studies he described demonstrate that sexual recidivism within treatment groups is about half that of control groups.

Very little research exists on the role of community reintegration and supervision in child sexual abuse prevention. The evaluation of an integration and supervision program in Canada found that participants in the program had a 70% lower recidivism rate than non-participants (Wilson, Picheca, & Prinzo, 2005). This program utilized the services of volunteers to help maintain the accountability of the offender and safety for the community. At this point, programs like this are rare, but may be an area for further development and research.

Educational Programs for Children

There are many different educational programs for children designed to help prevent incidence of sexual abuse. Most of these programs can be described as secondary prevention, in that they seek to prevent or address potential incidences of CSA as they arise in the lives of children. Some of the programs also have a primary prevention focus, in that they attempt to prevent CSA perpetrated by children and youth. A variety of formats for these programs exists, and they are implemented in a wide variety of settings, including schools, youth serving organizations, and daycare facilities. At this time, there is limited evidence that CSA education programs reduce the incidence of abuse, although it is generally agreed that there are other positive outcomes for these programs. One study has demonstrated a correlation between participating in CSA prevention programs and reduced victimization of sexual assault through a survey of 825 college students (Gibson & Leitenberg, 2000). The researchers found that women who had participated in a CSA prevention program were about half as likely to have been sexually abused as a child than those who had not.

An analysis of 21 articles (Kenny, Capri, Thakkar-Kolar, Ryan & Runyon, 2008) found that studies on CSA prevention programs have consistently demonstrated a gain in knowledge and skills that may allow children to prevent sexual abuse. In addition, children commonly report increased feelings of control and safety, as well as positive feelings about their own private parts after attending a CSA prevention program. The most successful programs in the review had several characteristics in common, including repeated exposure and parental involvement (Kenny et al., 2008)

Parents are seen as important partners in CSA education programs for several reasons. They are in the position to reinforce and clarify messages delivered in the program, which may strengthen children's knowledge retention and skill development (Wurtele & Kenny, 2010). It is also important to educate parents on helpful and appropriate responses to children if they disclose CSA, especially considering that parental response to disclosure is linked to long-term outcomes for sexually abused children (Berliner, 2011). Another advantage of parental involvement is that they have the ability to monitor who has access to their children. Increasing their awareness of CSA dynamics may enable them to make choices that could increase the safety of their children (Wurtele & Kenny, 2010).

Community-Based Programs

Community-based primary prevention efforts are the newest approach to preventing CSA. Community-based prevention efforts utilize a public health model to educate community members about CSA and how to prevent it. These efforts target different spheres of the social ecological model, focusing on the community and societal levels, while most CSA prevention has focused on the individual and relationship levels.

This type of prevention can be described as primary prevention because it seeks to end CSA by enacting community and societal change. Stop it Now! is one example of an organization utilizing a community based approach. It is still unknown how successful these types of efforts are at reducing incidents of CSA, however, they have demonstrated changes in attitudes toward CSA through media campaigns.

Some community-based efforts also target potential offenders as participants in prevention efforts. It has long been assumed that potential offenders would not actively participate in CSA prevention measures. The vast majority of research on child sex offenders that has thus far informed prevention and clinical practice has been performed with participants who are already known sex offenders. In other words, much of what we know about sex offenders is based on those who were caught. A Virginia Department of Health survey conducted in 2002 (n= 2,464) indicated that only 10% of those victimized by CSA ever reported their worst incident to the police (Virginia Department of Health Center for Injury and Violence Prevention, 2004). Very little is known about undetected offenders (individuals who have sexually offended against children, but not been caught) and potential offenders (individuals who have sexual thoughts and/or fantasies about children, but have not acted on them). Schaefer, et al. (2010) designed a study to compare potential and undetected offenders in Germany along a variety of variables, including age, education, relationship status, and help seeking behaviors. Participants were drawn from a group of individuals who had self-referred to a treatment program that was advertised through a mass media campaign in Germany. Interestingly, 12.5% and 73.8% experienced moderate and severe/very severe distress respectively as a direct result of their sexual interest in minors. The authors suggested that this distress could be a

source of intrinsic motivation for seeking treatment and therefore preventing offenses (Schaefer et al., 2010).

Hebenton (2011) described how the situational aspects of CSA have been largely neglected in research and clinical practice. Historically, the focus has been on the characteristics of those who sexually offend against children. The situational perspective he promoted is a criminological one that has parallels to a systems perspectives in psychology. From this perspective, CSA does not take place in a vacuum, but occurs in a complex environmental context. He argued that because individuals who offend against children are seen as the worst, most hated criminals, we have failed to take responsibility for developing situational measures to prevent child sexual abuse and have focused almost solely on identifying and isolating offenders. While he stated that the research on individual offenders that has already been done is important, he argued that further examination of the situations in which child sexual abuse takes place could lead to more effective prevention efforts.

A situational perspective of CSA would lead to questions about bystanders in situations of CSA, a topic on which there is very little research. While campaigns targeting bystander behavior have been effective in other arenas, such as drunk driving prevention and bullying prevention, there has been less focus on the role of bystanders in CSA prevention. Stop it Now! has attempted to address this lack of information through studies that examine bystander willingness to intervene with adults in situations of suspected abuse or concerning behavior. An analysis of ten years of research on bystanders indicates 91 to 99% of bystanders report that they would try to intervene in some way in situations of child sexual abuse (Amick, 2009). This suggests that there is

some level of willingness to intervene for many adults. Therefore, increasing knowledge about CSA dynamics, as well as knowledge about effective intervention strategies could help mobilize adults to take actions toward prevention of CSA.

Conclusions

A review of the current literature indicates that preventing CSA is a complex problem for which there is no simple solution. Some literature suggests that CSA has decreased, along with other crime rates, since the 1990's (Finkelhor, 2009). It is difficult, however, to link a decline in CSA rates to specific prevention efforts. It seems likely that successful prevention of CSA will involve efforts in all three types of initiative. Up to this time, community-based prevention efforts have been implemented and studied the least, while they address the issue in the most global way. Recently, however, these types of approaches have been getting more attention in the field of child abuse prevention and interpersonal violence. In fact, a recent edition of Child Abuse Review was devoted to public health approaches to protecting children (Child Abuse Review, 2011). Because of limited resources and the costs of CSA to individuals and society, it is imperative that CSA prevention be informed by research and done in a thoughtful, cost-effective manner (Segal & Dalziel, 2011). Ongoing research in fields such as criminology, offender treatment, family counseling, public health, education and sociology may all inform future directions of CSA prevention.

Stop it Now! Mission and Programs

The mission of “Stop It Now! is to prevent the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed” (Stop it Now!, 2008-2010). The vision of Stop it Now! is that “adults engage in respectful, caring behavior with children and other adults to create safe, stable and nurturing relationships for all children. Children grow up free from trauma from any form of violence including sexual abuse and exploitation” (Stop it Now!, 2008-2010). This section provides information from the Stop it Now! website and outline the organization’s philosophy, approaches and programs.

Stop it Now! utilizes a public health model that treats sexual abuse as a problem that communities can work to prevent. Its many programs focus on mobilizing adults in communities to keep children safe from sexual harm. Stop it Now! stresses the need for a balance of accountability and understanding for offenders as a part of this effort. Community agencies, public agencies, professionals, parents, as well as individuals affected by abuse are seen as partners in the effort to prevent child sexual abuse. Stop it Now! is unique in that it challenges all adults to take responsibility for prevention, and believes that individuals at risk to offend might also be able to play a role in prevention. At the community level, Stop it Now! supports access to accurate information, services to children who have been sexually abused, specialized treatment for offenders, developmentally appropriate sexuality education, and increased understanding of what makes children vulnerable. While accurate information is seen as crucial, Stop it Now! recognizes the need for resources and support as well. Stop It Now! has established

community-based programs across the United States, as well as the United Kingdom and Ireland.

Stop it Now! also recognizes the need for change at the societal level, changing the way people think and talk about the prevention of child sexual abuse, as well as public policy. Stop it Now! bases its programs on research and prioritizes program evaluation. It often uses market research to guide its programs. Stop it Now! utilizes research to develop media campaigns, community based programs, educational materials, and training tools.

The dialogue panel is one of the most unique programs that Stop it Now! has developed. The model that served for the inspiration of the Stop it Now! dialogue projects was the Public Conversations Project, which was founded as a project of the Family Institute of Cambridge. This model, originally designed to bring Pro-choice and Pro-life advocates together in constructive dialogue, was based on principles of family counseling and conflict resolution (Public Conversations, n.d.).

Stop it Now! has created a manual for developing a panel and implementing dialogues so that the model could be replicated in multiple localities, with guidance and consultation from Stop it Now! (Stop it Now!, 2007). The following paragraphs include information from this manual, but are not intended to be used as instructions for developing a dialogue project. The development of a new dialogue project must occur under the supervision of Stop it Now! and requires months or years of planning and preparation. Agencies who have implemented these projects have extensive backgrounds in CSA. These guidelines were developed to ensure that important measures would be taken to encourage productive and safe dialogues. The manual covers all aspects of

implementing a dialogue project including screening panel members, preparing them for dialogues, selecting a location, promoting the event, creating an agenda, facilitating conversation and debriefing after the dialogue. Even though the same manual is used for each Stop it Now! dialogue, the different panel members, facilitators, and audience participants make each dialogue a unique experience.

The manual stresses the importance of screening and preparing the panel members and describes in detail characteristics that must be possessed by the individual representing each role in the dialogue. All panel members must possess is the ability to be non-defensive when asked questions about their experience. Each should have an identity beyond their role on the panel. Their lives may have been changed forever by their experiences with child sexual abuse, but it should not completely define who they are. They should be able to speak for themselves, not for all survivors, recovering sex offenders, family members, etc. Each should also believe in the importance of the dialogue and have hope for the prevention of child sexual abuse. While some emotional response is appropriate, each panel member should be stable enough to communicate effectively and present as a fully functioning adult. They should also express an awareness of the difficulties they might face by participating in the panel and have appropriate support to deal with those challenges.

The ideal panel would include a facilitator, a treatment provider, a survivor of child sexual abuse, a recovering offender, and a family member of a person who has offended. Different combinations for panels are possible, but there should be no more than six members per panel to ensure each member has enough time to speak. It is also important to strive for a balance of gender and perspectives.

There are further screening criteria for each panel member. The treatment providers must have experience with and be knowledgeable about different treatment approaches. They must also be comfortable discussing recidivism and the impact of sexual abuse on families. Because they are seen as an expert on these topics for purposes of the panel, they should be prepared to field difficult questions from audience members and be up-to-date on research in the field.

The recovering sex offenders must have completed a specialized sex offender treatment program and take responsibility for the offenses they committed. Furthermore, they should be able to demonstrate empathy and acknowledge the hurt they have caused. They should also be able to discuss the actions they take in their lives to prevent further offences and demonstrate a commitment to on-going self-monitoring. It is also important that the recovering offender be able to answer difficult questions non-defensively.

The survivors should be well spoken and have experience discussing their abuse history in public. They should be comfortable sitting on the panel with a sex offender. They should be able to describe how they became a survivor, rather than a victim, and have an identity beyond their experience with sexual abuse. In addition, they should have the belief that some people who offend are able to take responsibility and control their behaviors. Because one of the most impactful aspects of the dialogues is the interplay between a survivor and recovering offender, great care must be taken to properly screen and prepare them. It could also be emotionally risky to include either a survivor or a recovering offender who isn't ready for participation.

Family members should be able to discuss signs of abuse that they may or may not have recognized and how as adults they had to take responsibility to stop the abuse.

They should also be able to describe the steps they took to get help and what was helpful and what was not helpful. They should be prepared to articulate the complexity of their situation and the ways it has changed their daily life. Like the survivor and recovering offender they should be at a stage in which they can participate in a safe and productive way, with an understanding of the goals of the dialogues.

The facilitators' role is to introduce the concept of the panel, as well as the panelists. Because the topic may be personally painful for some audience members, the facilitator also discusses self-care and local resources for CSA survivors. They also set ground rules for discussion, act as a time keeper, manage the question and answer segment and ensure that all speakers have a chance to talk. This person should be familiar with the topic and have skills as a public speaker and group facilitator. Although they don't do as much speaking as the rest of the panel, they help "hold the space" and set the tone for the dialogue.

Stop it Now! in Virginia and at the Collins Center

In 2000, Stop it Now! and the Virginia Department of Health (VDH) began a collaboration to bring Stop it Now! programs to Virginia. In 2003, VDH hosted the first Stop it Now! Dialogue to be held in Virginia. In 2004, VDH convened a steering committee to assist with compiling resources and developing guidelines for the Stop it Now! helpline to answer calls from Virginia. Collaborative partners included representatives from the Virginia Department of Criminal Justice Services, the Virginia Department of Social Services, Prevent Child Abuse Virginia, as well as the Virginia Sexual and Domestic Violence Action Alliance. In 2005, a media campaign was implemented targeting adult bystanders concerned with the sexual abuse with children. A telephone study of 500 Virginians was conducted after the media campaign (Stop it Now!, 2008-2010). Results indicated that people who had heard the radio ads were 3 times more likely to believe that child sexual abuse is preventable. People who had seen print ads were 10 times more likely to believe that they can prevent sexual abuse. At this point, due to lack of funding, the hotline and media campaign have been discontinued. However, the VDH currently funds the Collins Center to hold Dialogues both locally and across the state.

One of the reasons the Collins Center became interested in Stop it Now! was that it put responsibility for child sexual abuse prevention in the hands of adults. This was radically different from most of the prevention programs being implemented in Virginia at the time, which focused on teaching children about body safety. The Executive Director and the author of this paper attended the first Virginia Dialogue held in 2003.

One of the most impactful parts of the dialogue was hearing the recovering offender speak about the warning signs that would have been evident to other adults in his life. Because no one said anything or confronted him, he abused dozens of children before finally being prosecuted. The audience was then challenged to imagine themselves in hypothetical situations in which there were warning signs of child sexual abuse. In groups, audience members discussed approaches to addressing these situations, especially in regards to having a conversation with the adults in the situation. Although it was uncomfortable, we began to imagine that it could be possible for us to have these conversations. Over time, this approach was incorporated in the day to day activities of the Collins Center, informing the staff's work with clients and hotline callers who are concerned about an adult's behavior toward a child.

When the VDH became interested in creating a dialogue panel to make the project more accessible across the state of Virginia, the Collins Center was interested in being involved. A partnership between Stop it Now!, VDH, and the Collins Center was initiated to create a Virginia panel in accordance with the Stop it Now! manual and guidelines. The most difficult aspect of creating the panel was finding a person at risk to offend who met the criteria outlined in the manual, so for the first two panels someone from Vermont flew in to fill in that role. While the Collins Center panel was in its formative state, Stop it Now! and VDH were very involved. After the first few panels, the Collins Center was able to facilitate dialogues independently, with VDH and Stop it Now! being available for consultation. In addition, VDH continues to regularly fund and promote the panels being facilitated by the Collins Center.

To date, the Collins Center has facilitated twelve panel presentations reaching over one thousand people across the state. The location and audience have varied greatly. Some audiences have been primarily professionals in the fields of social work, counseling, corrections, and pastoral care, while other audiences have been primarily college students or community members. In 2009, VDH funded the production of a DVD documenting two Stop it Now! panels, which both the Collins Center and VDH use as a teaching tool.

Program Evaluation

VDH developed a survey based on the Stop it Now! model, which the Collins Center uses to evaluate Stop it Now! panel presentations. At the end of panel presentations, audience members complete the survey, which uses a Likert scale format, to report their beliefs and attitudes about various aspects of CSA. A chart summarizing these evaluation results is included in Appendix A. The responses to the first two questions confirm the prevalence of child sexual abuse as a community issue, despite the fact that they only include the victims and offenders that the audience members were actually aware of. 83% of audience members reported having known a person who was sexually abused as a child, including themselves. 61% reported having known a person who had sexually abused a child. After the panel presentation, audience members reported high levels of hope for survivors of CSA. 92% agreed that CSA survivors can lead happy and productive lives if they receive appropriate support and treatment. In addition, audience members agreed that change for offenders is possible. 72% of audience members agreed that some offenders can stop abusing children if they get appropriate treatment.

As discussed in the literature review, it is difficult to know whether a prevention program actually reduces incidents of CSA. However, the evaluation results demonstrate that after attending a dialogue presentation, audience members are likely to feel that they can take action to prevent CSA. 90% of audience members from the 2009 and 2010 dialogue presentations reported feeling like there are actions they can take in their personal lives to prevent the sexual abuse of children. In addition, audience members are given the opportunity to an open ended question to report strategies for prevention. The answers provided to this question demonstrate that many audience members are able to integrate prevention strategies into their lives following a Stop it Now! dialogue.

Because of the complex and emotional nature of the topic discussed by the panel members, it is difficult to measure the impact that the panels have on audience members. The question and answer portion of the dialogue often reveals what information is most important to the audience. Questions tend to vary depending on the demographics of the audience, but common themes for questions include forgiveness, the treatment process for offenders, family dynamics surrounding the abuse, and strategies for prevention and intervention for bystanders. Because the panel members are open to offering their personal point of view on these and other types of questions, these presentations are tailored to the audience's needs.

Another type of informal evaluation occurred during the production of the Collins Center's video of the Stop it Now! panel (Hillside International Productions, 2009), during which the panel members were asked about the impact of the panel on their life. Even though the main purpose of the panel is the prevention of sexual abuse, the survivors and person at risk to offend also discuss the value of the panel as an

intervention. Mike and Wanda, both survivors, share how being involved in the panel has enhanced their healing and recovery process, and Keith discusses how it offers an opportunity for intervention with audience members who have experienced sexual abuse. It is difficult to measure the impact of the panel dialogues as a catalyst for healing. However, there is evidence from audience and panel feedback that this potential exists and is recognized by audience members.

Panelist Stories

The same six panel members have consistently participated in the dialogue projects since 2007. Each of them uses their first name for the panel presentations and has given permission for their first names to be used in this paper. This approach has helped afford a balance between being open with their experience and protecting the privacy of their family members. Each of their stories has been included as an appendix to this paper, as written by the panelists themselves. These are the stories that each of them reads during the presentations. They may occasionally make modifications that they feel improve their presentation or more accurately reflect their current feelings and understandings.

It is through their stories that each member introduces their role on the panel. This allows the audience to spend some time in the beginning of the presentation, unaware of which individual are survivors, treatment providers, or recovering offenders. Their stories include their experiences with child sexual abuse as well as their personal feelings and perspectives on it. No one on the panel claims to speak for all survivors or all recovering offenders, which is an important point. Instead, they share a glimpse into

their journey and offer thoughts on what they have learned from it. The audience is therefore able to hear people speaking from the heart about very difficult experiences.

Implications for Practice and Conclusions

Stop it Now! panels are intended to educate all community members about CSA and initiate a change in the way people think about preventing it. However, these panels offer several important lessons for counselors specifically. The stories of the survivors on the panel echo those of many of our clients. They offer a hopeful alternative to a cultural narrative that dooms survivors to a life of merely surviving their abuse. These individuals have found the internal and external resources they needed to thrive and to become advocates for children. As their stories indicate, they have found creative ways to heal and to share their experiences with others. The Stop it Now! panel is not the end of their process, but a part of it. Both of them have shared how counseling has been a part of their process, as well. This alone offers counselors hope that the work we do can be effective, reparative, and healing.

Recently, there has been an interest within the field of counseling in the concept of post-traumatic growth. This has grown out of the observations of resilience in both individuals and communities following trauma and tragedy. The survivors on the panel offer an example of post-traumatic growth by demonstrating the strengths, skills, insights, and dedication they developed following traumatic experiences. The panel dialogues are also an example of how individuals can come together following traumatic events to strengthen their community's response to a particular kind of trauma. Because counselors bear witness to so many stories of trauma, it is important to recognize and celebrate post-traumatic growth to sustain our own sense of hope for our clients and communities.

In addition, the panel offers an example of how people can transform their own difficult experiences, as well as initiate changes in individuals, by sharing their stories with an audience. The model utilized by Stop it Now! was based in part on principles of family counseling and facilitates productive conversation about a very painful topic. While counselors are familiar with how private conversations can be therapeutic, this project is an example of how, when carefully facilitated, public conversations can be powerfully therapeutic as well. As described, the manual has clear guidelines for screening and preparing panel members, which helps ensure that they are personally ready to participate. This is intended to help create a safe environment for discussion. This process may also begin a new healing experience for panel members as well as audience members.

Both survivors on the Collins Center Panel, as well as the individual at risk to offend, articulated the personal impact the panels have had on their own healing and recovery process. As Wanda stated in an interview, “It’s an experience I would change for anything and I really feel strongly about doing this work.....It’s also a growing experience for me. I always learn more about myself each time I participate in a panel” (Hillside International Productions, 2009). Mike described how the participation on the panel has increased his sense of accountability and empathy for survivors, which are two key aspects of his on-going treatment (Hillside International Productions, 2009).

The panelists also recognized that audience participants may also be impacted very personally. Keith stated, “ I have yet to do a dialogue or have yet to share my story elsewhere, where I haven’t had at least one person come up to me and say ‘Yeah, it happened to me, too’” (Hillside International Productions, 2009). Many of the people

who have approached him, have never talked about their experience before. Their participation in the dialogue may be one of the first steps in their own recovery and healing process.

In addition, the panel offered a message to counselors that they have a role to play in the prevention of child sexual abuse. The survivors and the person at risk to offend share, from a personal standpoint, what could have been done to prevent child sexual abuse in their situation. Sex was a closed topic in their families, which made it difficult for them talk about sex at all, let alone inappropriate or harmful sexual behavior.

Counselors are in the position to model conversations about sexuality and help parents become more comfortable discussing sexual topics with their children and sexual abuse prevention with other adults. It is important that counselors receive education and supervision on human sexuality, as this improves their willingness to discuss topics related to sex with clients (Harris & Hays, 2008). When talking about sex education with families, it is most important to make clear that the quality of the communication is as important as the content (Alford & Huberman, 2005). When children feel that sex and their bodies are topics that they can discuss with their parents, they are more likely to bring up concerns or confusing events.

Counselors have other important lessons to learn from Mike's involvement on the panel. The panel creates an opportunity for counselors to stretch the capacity of their empathy and explore their relationship with accountability. We've all been influenced by a culture with a stereotyped and sensationalized perspective on sex offenders. Yet our training emphasizes empathy and unconditional positive regard. This panel challenges us to explore this and raises several important questions. How would we respond to a client

who has admitted to sexual thoughts about children? What are our ethical responsibilities in this situation? How do we talk to families who are struggling to come to terms with a loved one's sexual perpetration against children? How can we support families that include both the victim and perpetrator? How can we help keep children safe with the knowledge that someone is at risk to offend?

While the panel does not offer easy answers, it creates the opportunity to have an empathic connection with a perpetrator. It also helps us expand our understanding of the dynamics that may be involved in the life a perpetrator or person at risk to offend. As we develop our empathy and understanding, we increase our potential to support accountability for potential perpetrators and safety for children.

Finally, the treatment providers on the panel offer insight into their experience working with both perpetrators and survivors of CSA. As clinicians specialized in their fields, they offer insight into the effects of CSA and the healing process, supported by the latest research. They demonstrate their dedication to their clients and share their personal feelings of investment in their work. In addition, their presence on the panel is an example of how counselors can be invested both in treatment and prevention. They demonstrate how they utilize prevention in their practice, as well as how they utilize their counseling skills in a public discussion. They are examples of how counselors can make a difference beyond the clinical setting, helping individuals and communities heal and move forward from pain, through healing, and toward hope for a safer world for children.

Final Statement

The statistics on the prevalence of CSA, as well as the associated long-term outcomes, can be discouraging for counselors. However, the literature on CSA prevention

demonstrates promise that prevention efforts can make a difference in the lives of children and families. This particular prevention initiative is unique in its public health approach to prevention and its involvement of individuals affected by child sexual abuse. The Stop it Now! dialogues offer lessons for how counselors can be involved in both prevention and public conversations about issues that affect our communities. The dialogues also demonstrate how intervention and prevention both have a valuable role in our practice, and how they can intertwine in complex and powerful ways. By utilizing the strengths of those affected by CSA, Stop it Now! dialogues offer messages of hope for both the prevention of CSA, as well as healing for those affected by it.

Appendix A

The Collins Center Stop it Now! Community Dialogue Evaluation Results 2009 and 2010

1. Have you ever known someone who was sexually abused as a child (include yourself)?

Response	Number	Percent
Yes, both personally and professionally	33	20%
Yes, personally	81	49%
Yes, professionally	24	14%
No	25	15%
Invalid/missing response	4	2%

2. Have you ever known someone who sexually abused a child?

Response	Number	Percent
Yes, both personally and professionally	17	10%
Yes, personally	61	37%
Yes, professionally	23	14%
No	58	36%
Invalid/missing response	4	2%

3. Some people who sexually abuse children can stop if they get appropriate treatment.

Response	Number	Percent
Strongly Agree	32	19%
Agree	88	53%
Neutral	29	17%
Disagree	10	6%
Strongly Disagree	2	1%
Invalid/missing response	5	3%

4. Survivors of child sexual abuse can live happy and productive lives if they get appropriate support and treatment.

Response	Number	Percent
Strongly Agree	76	46%

Agree	77	46%
Neutral	6	4%
Disagree	1	<1%
Strongly Disagree	2	1%
Invalid/missing response	4	2%

5. I feel confident that I can recognize the signs of a friend/family member who may be at risk to sexually abuse children.

Response	Number	Percent
Strongly Agree	17	10%
Agree	75	42%
Neutral	52	29%
Disagree	18	10%
Strongly Disagree	11	6%
Invalid/missing response	4	2%

6. I feel optimistic that the sexual abuse of children can be prevented before a child is harmed.

Response	Number	Percent
Strongly Agree	24	14%
Agree	90	54%
Neutral	29	17%
Disagree	15	9%
Strongly Disagree	3	2%
Invalid/missing response	5	3%

7. I feel confident that an individual adult can take steps to effectively stop a friend or family member at risk to sexually abuse a child.

Response	Number	Percent
Strongly Agree	43	26%
Agree	96	58%
Neutral	16	10%
Disagree	7	4%
Strongly Disagree	1	<1%
Invalid/missing response	3	2%

8. I feel confident that I can take steps to effectively stop a friend or family member at risk to sexually abuse a child.

Response	Number	Percent
Strongly Agree	37	22%
Agree	73	44%
Neutral	42	25%
Disagree	9	5%
Strongly Disagree	1	<1%
Invalid/missing response	3	2%

9. In general, I feel like there are actions I can take in my personal life to prevent the sexual abuse of children.

Response	Number	Percent
Strongly Agree	59	36%
Agree	89	54%
Neutral	12	7%
Disagree	3	2%
Strongly Disagree	0	0%
Invalid/missing response	3	2%

10. Please give examples of some actions: (Sample answers)

Open, honest dialogue with family, friends, co-workers, etc. Paying attention to “gut” feelings. Listening and believing children.

I am the mother of a sex offender as well as a returning college student majoring in social work. I seek to understand BOTH victim and offender and reach out with my compassion to both. This presentation helped immensely.

Being open about the issue. Creating an environment that abuse can be talked about. Showing my concern with a person I suspect could abuse.

Educate people in talking appropriately about sexual issues.

Education of children early.

Talking about abuse with friends/peers. Learn more. Participate in community support and awareness.

Keep others accountable. Listen to my instincts about people. Work with clients (victims or perpetrators) in counseling.

Pay attention. Trust my instincts. Talk to my children.

Look.

Always know who the children are left with and know who they are, and assess your level of confidence that they are safe with this person.

Educate the children and stress that they won't get in trouble if they report an adult behaving inappropriately.

Educate children. Pay attention to the signs. Be assertive.

Be observant. Resist the urge to produce cognitive distortions.

Watch for signs then investigate.

Discussion with my own children. As a health care provider, talking to patients, using appropriate body parts with my patients and their parents.

Tell my survivor story. Become trained to help in prevention training. Participate in prevention training. Encourage people/institutions within my circle of influence to take this seriously.

React to suspicions of inappropriate behavior.

Ask questions and be open.

I'm using this space to say that you should address keeping children safe by monitoring internet activities.

Watching. Listening. Asking. Talking.

Report to CPS. Provide community referrals.

As an officer, I can help educate the community on the risks, signs, and preventive methods of sexual abuse.

Appendix B

My Professional Journey with Child Sexual Abuse

By Joe

Thirty six years ago my introduction to child sexual abuse was as a social work student I was assigned the task of conducting a court ordered social history with the mother of two teenage daughters who were both six months pregnant by their stepfather. I looked for literature on incest and there was very little written at that time. Next I worked at a public mental health center and co-led a group for adults who were molested as children. As I listened to the histories of the women I heard again and again that the perpetrator of their sexual abuse not only molested them but also had molested their sister, cousin, brother, girlfriend or other child. I started to see that in order to impact the problem of sexual abuse I needed not just to work with the victim/survivors of sexual abuse but also I needed to work with the persons at risk to sexually abuse. I had worked with court ordered men who battered their wives and I knew that sexual offenders would be another involuntary clinical population. I sought out specialized training and then I joined with another therapist and in 1980 started the Shenandoah Valley Sex Offender Treatment Program (SVSOTP). In this program I worked with the full range of sexual disorders.

In my work with SVSOTP I learned about assessment, treatment and the dynamics of persons at risk to sexually abuse. Part of my training was learning to conduct the penile plethysmograph testing. This is a physiological measure of the sexual arousal of the person at risk to sexually abuse. Today there are several Sex Offender Risk

Assessment tests. Deviant arousal as measured by the penile plethysmograph is still the single best predictor of recidivism.

In my work with SVSOTP I have evaluated and treated over 1000 sexual offenders. Sex offender evaluation and treatment is a specialized field and should be conducted by professionals with appropriate training and experience. In Virginia you should look for a professional who is a Certified Sex Offender Treatment Provider (CSOTP).

I have found that in addition to deviant sexual arousal, some of the dynamics that persons at risk to sexually abuse present are:

- distorted thinking,
- rationalization,
- minimization,
- denial,
- projection of blame,
- poor social skills,
- obsessive thinking,
- compulsive behaviors
- anger,
- fear,
- depression,
- previous history of being sexually abused,
- using sexual behavior to manage many emotions,
- promising to never sexually offend again,

- not accepting responsibly for their own choices or behaviors

Treatment focuses on:

- confronting the irrational beliefs, minimization, denial, rationalization and distorted thinking,
- teaching management of emotions in non-sexual ways,
- improving social skills
- understanding ones sexual offense cycle
- developing a relapse prevention plan
- developing victim empathy
- developing healthy life goals and activities

In treatment we emphasize "control or management" not "cure." In my view the person at risk to sexually abuse will always need to manage his recovery much the same as an alcoholic manages his sobriety each and every day. Persons at risk to sexually abuse must know how to manage their high risk situations and have a clear plan for dealing with their deviant sexual feelings. Persons who molest only their own children have lower re-offense rates than those who molest both their own and other children. For men who have molested only their own children we know that a supportive family is associated with positive treatment outcome.

My Story

By Wanda

I'm going to start my narrative this evening with a quote from a book I recently read because after I read these several sentences, I stopped and said to myself, "that was me, that was the way I felt after I was sexually abused." The book is, *Perfect Match* by Jodi Picoult.

"Just so you know: if this ever happens to you, you will not be ready. You will walk down a street and wonder how people can behave as if the whole world has not been tipped on its axis. You will comb your mind for signs and signals, certain that one moment – aha – will trip you like a twisted root. You will bang your fist so hard against the stall door in the public bathroom that your wrist will bruise; you'll start to cry when the man at the tollbooth tells you to have a nice day. You will ask yourself, How come; you will ask yourself, What if."

Immediately after I was sexually abused, my view of the world was never the same as it was before the abuse. I viewed my mother and father differently – how could they not see what happened to me? I viewed my four younger siblings differently – they are in danger too - I don't want this to ever happen to them. I saw my Mennonite faith and church differently – God doesn't always take care of you, how could God let something like this happen to me? The dairy farm that I grew up on became a place that I wanted to run away from. The 57 year old man, A, who worked for my father became someone to fear – he was no longer someone I could trust and believe was helpful. I was in my early adolescence when A started to abuse me. I became a scared, frightened and ashamed young girl and knew beyond a shadow of a doubt that the abuse was my fault. I started to

believe I was a bad person and asked myself – What if I had not helped milk the cows that summer morning? How come he did this to me? Why did this have to happen to me? I knew I must have done something to cause him to abuse me yet I could not figure out what this was or why.

I became angry, ashamed, embarrassed and full of feelings I was a bad person and these feelings followed me through the remainder of my teenage years, through my twenties and into my thirties. I struggled with being depressed and suicidal. I tried to drink away the memories. I became very good at pretending that nothing was wrong with me around most people. But inside I was a mess despite how I presented myself to the world around me.

I finally did tell my parents that I was sexually abused when I was a senior in high school. It was only because my younger sisters started to help with chores around the farm and I knew that if I didn't say anything, he would abuse them. I broke the vow I made never to tell anyone. I know now that I should have been concerned that he would abuse my younger brothers because many men and young boys struggle with sexual abuse, it just doesn't happen to women and girls, but I did not know that then.

I also believed until a few years ago that I could have stopped my sexual abuse. I believed that if I had heard someone share their account of sexual abuse it would not have happened to me. I could have avoided it. But now I know that I was powerless. A groomed me. A was very purposeful about his actions and behavior around me. He earned my trust. He waited until the right moment to touch me because he knew that I would not tell anyone. He told me not to tell anyone and I listened. I know that my belief I could have stopped my abuse was a coping mechanism to keep me from feeling

completely out of control over events that were completely uncontrollable and senseless. Trauma affects how the brain processes information and it has taken many years in therapy to change the pathways in my brain. The primary pathway in my brain that started was that “I was a bad person.” I believed I was a bad person no matter how good my grades were, no matter that I had graduated from college, no matter that I became involved in a great relationship, no matter that I was a good employee and worked hard for my employer, no matter that I was good at remodeling a home and helping other people. It didn’t matter what I did to try to stop these feelings, the feelings persisted. I was very hard on myself. I demanded perfection in all I did because it was a way of coping and trying to overcome the “bad person feelings.” I was unhappy. There always seemed to be something missing from my life, that something was not quite right, but I could not figure out what that was. I was in therapy throughout my twenties and thirties and things would get better and then I’d stop therapy. After a period of time, things would get worse and I’d start therapy again. This was my life, constantly struggling with depression, drinking, anxiety and being suicidal. I felt alone and didn’t think other people were struggling with these same things. I was afraid of people because I knew if they found out about me, they would not like me, they would accuse me of starting the abuse, they would reject me and most of all, they would believe I was a bad person. How could I deal with that? It was bad enough that I believed it, but to have other people believe it, it would destroy me.

I’ve tried really hard to put the events of my sexual abuse in some sort of sequential order, but I cannot. I can’t tell you exactly how old I was when it started, I can’t tell you how many times I was abused, I can’t tell you when it ended. I’ve tried to do this, but trauma experiences don’t create linear, sequential memories in the brain, only

physical sensations and emotions are recorded. I've given myself a very hard time over some of things that I did during the abuse. Sometimes I would listen to him and meet him at a certain places when he asked me too. I knew he was going to abuse me. Why did I do this – I did it because I was absolutely full of fear, terrified and frightened of him, that if I didn't listen to him and be "the good girl," he might change what he was doing. He might hurt me more than he was already hurting me. I didn't want to make him mad.

What have I learned from intense therapy which began around 2005? I know I am not a bad person. The things I did during the abuse, I did to survive. I am not a bad person for surviving. I don't need to be afraid of what other people think when I share my experiences. I am a courageous person, a strong person, a person of worth. I am not responsible for my abuse. A is solely responsible, not me. I did not want it to happen. There is nothing I could have done to avoid it. A was in control. He knew it. I know that intense fear and terror has its effects on the mind and body. The way I responded was completely normal for me. The Mennonite culture I grew up in taught me that anything to do with sex was completely wrong until you are married. So, there I was a very vulnerable, sheltered, young adolescent having an experience that had something to do with sex. I knew that I would be in a great deal of trouble if my parents found out. Yet, I was fortunate. When I told my parents, they believed me. They did not reject me or deny it was happening. Not all parents do this. It is easier to deny that sexual abuse is happening than deal with the pain and ugliness of sexual abuse or any other type of abuse. My father fired my perpetrator so A did not abuse anyone else in my family. I am grateful that my parents believed me. There are things they did not do that have caused me to be very angry over the years, but they did the best they could. My siblings and significant

other believe me and they give me a great deal of support. When I become a bit or, sometimes a lot out of kilter, over the thoughts in my mind related to the abuse, they listen, but they counter my skewed views with realistic views of what happened. They support me.

This is something that my therapist also did. When I began therapy, I had many incorrect beliefs and faulty perceptions about myself and my experience of abuse. She would listen, but she educated me and spent hours correcting my faulty perceptions and cognitive distortions. There were times when I left her office so angry, I told myself I would not go back and put up with her bullshit. But I did go back. For some reason, I was ready to stop feeling sick and tired all the time. There are many factors that lead me to really face the reality of my situation and begin to heal. It was not easy. It was painfully hard. But, I am here today, to tell you that it was worth it. If you have been sexually abuse or abused in any other way, stick with therapy, stick with the healing process.

If you are a therapist who is working with someone who was abused, stick with them. Be ready to “go to the mat” with them, so to speak. Don’t give up and be willing to get some extra training or supervision from other therapists. Survivors of sexual abuse do heal. We don’t “get over it” as I was often told to do. I can’t “get over” my sexual abuse anymore than I could “get over” a heart attack. I have to take care of myself, I have to keep supportive people in my life, I have to listen to what my therapist tells me, just like I would listen to a doctor. The sexual abuse has affected me, but I have learned to integrate it into my life and thrive. For example, I am almost done with graduate school. It is something I’ve wanted to do for years, but didn’t think I was smart enough or good

enough. I lacked self-esteem and self-confidence. But now, I am in my final year and my confidence has grown more than I ever imagined. Recovery is possible. I no longer feel like something is wrong or missing, in fact, by participating on this panel, I grow and heal and learn more about myself. I will end by saying that I am grateful to my siblings, a special friend, my therapist and the staff at the Collins Center, who had hope for me even when I had little hope that I would survive and life could be better. They knew it then and most of all, I know it now. Life is infinitely better and will only continue. Thank you for being here and allowing me to share.

My Account

By Keith

I am hopeful today. When I went to school sexual abuse was never mentioned. I hope you survivors will feel the freedom to tell your account and I hope others do more than hear. I would like for you to read to my account and the account of others so that you may want to bring about healing and change. I use the word account not story because stories are too often thought of as fiction. What is to follow is what I remember of the abuse I lived through.

I was the middle child of five born to a pastor couple. Although my father had the Master's of Divinity title my mother worked just as hard for the church. When I was a young teen my father met a very charismatic man, 6'6" and athletic, well dressed, well educated, a national church leader who promoted Sunday schools in churches. His name is W. When W would be traveling to churches in our area he would offer to take me along with him. My parents thought this would be great for me to be with this wonderful Christian leader. I saw it as an opportunity to get out of the house and travel. I watched W go to churches, get the kids all hyped up and tell the church leaders how to keep them coming back for more.

Early on nothing much happened between W and me. After his pep talk at churches he would often take me to a ball game or something fun like that. I now know he was grooming both me and my parents. As our trips continued he began to sexually abuse me. When we went to churches I would watch W do his thing – it was like he cast a spell on the kids and I would think, “Is he looking for someone else like me?” After church W would take me back to the hotel where he would abuse me. There was always

a reward for being a “good boy” – that is, another trip to a ball game or to the Football Hall of Fame.

Our last trip together, which I refer to as my “week from hell” was in June of 1972. W was involved with “Explo ‘72” in Dallas, Texas. With about 100,000 attending, this was billed as the largest Christian youth convention of its time. Johnny Cash, Chris Kristofferson, and Billy Graham were the big names at the convention. W called my parents just days before the event saying a colleague had backed out and with plane tickets and hotel reservations already made and paid for he asked if I could go with him. My parents again thought this would be great and said, “Yes,” without asking me first. Because of the prior abuse I did not want to go but, growing up a preacher’s kid as I did meant that our family had little money and this would likely be my only opportunity to fly in an airplane. Let me tell you the plane ride was not worth the trip.

The abuse began right away and lasted all week long – anytime we were alone. The abuse this time was much worse than before. If you can think of any kind of sex act I probably experienced it. One night W was in charge of an event so he had one of his friends take care of me. I feared he too would abuse me. He turned out to be very nice. When he brought me back to the hotel he did not want to lose his taxi so he left me off at the lobby. When I got to the room I could tell W was already there. I cannot remember how long I stood at the door not wanting to go in but it was long enough that I wet myself.

When I went into the room I thought the sight of me all soiled might keep W from abusing me that night. It backfired. He took delight in taking me into the shower so he

could clean me up for another night of abuse. I remember feeling like a rag doll, like part of me was just looking down from the ceiling, unable to stop what was happening to me.

I fell up to the ceiling every time he abused me

One day while in Dallas I remember walking up to a police officer and wanting to tell him what was going on. Just as I got to him though W came up and I thought, “What’s the use, this policeman will not believe such a story from a young kid particularly with such a respected church leader,” so I walked off without saying a word.

When W brought me home he gave me a portable cassette recorder in front of my parents for being such a “good boy.” Now this may not sound like a big deal to you but back in 1972 it was something greater than an iPod today. I ran to my room without accepting the gift or saying, “thank you for taking me on this wonderful adventure.” My mother later gave me a spanking for my rude behavior. My father used that cassette for years another painful remainder of my abuse.

Because sex, let alone sexual abuse, was not talked about in our house, and rape only happened to women, I told no one what happened. I just got a good shovel and buried my past. My parents would later in life say that they noticed a big difference in my life but they did not ask me why back then. I soon began to drink and became a “hell raising preacher’s kid.” I moved out of my parent’s home as soon as I could.

Four years after my abuse I stopped by my parent’s house to pick up my brother. My mother was very upset and my siblings said it was because W had mysteriously quit his job. I went and found my father in his church office and he too was quite upset from the news. In fact it was the first time I had ever seen my father cry. I sat across my father’s desk and told him how W was either caught or stepped down to avoid a scandal

for abusing others as he had done to me. My father's response was, "Too bad that had to happen to you" – no hug, no support, no "We need to report this to the law or the church officials." All he said was not to speak of this with my mother as it would only upset her. Again, I got my shovel out and buried my past.

When I met M, my wife to be, I shared my story for the second time. I felt she needed to know of my abuse as I did not know how it would affect our life together. She became my rock and I did not need to bury my past with her.

But, I did bury my past again not dealing with it until my oldest son was nearing the age I was when my abuse started. My past came crashing in on me. M's work required her to travel so often my support was gone when I needed it most. In the fall of 1996 I felt the only way I could find peace was to end my life. So one night I drove to a bridge over the New River Gorge in West Virginia. As I stood on the side of the bridge I thought of how ending my pain this way would only pass it on to M and our sons so I drove back home. A few days later M was again out of town so I took the boys to the mall for supper. After we ate we were walking around the mall and I stopped by an art show displaying works done by sexual assault survivors. As I stood in front of a piece titled, "I just said no!" that was done by a former colleague, I felt my 5-year-old son squeeze my hand and say, "Daddy, why are you crying?" How could I answer such a question?

This event led me to begin my recovery with the help of a local Center. When I first called them asking for help their response was "we do not work with offenders". I told them that I was not an offender just a male who had been abused. I was then told that they only worked with women but I could come in and get some books that might be

helpful. Over a number of years they became more helpful and helped start a male survivors support group. They helped save my life and eased much of my pain. I am still in therapy with a great therapist.

I first shared my account publicly over 13 years ago. This has not only been good for my healing but others as well. Almost every time I have shared I have had at least one person come to me and say that what happened to me also happened to them but they never told anyone.

There are two that stand out the most for me. The first is from when I shared for the first time. About two weeks after I had shared my story I received a call from a grandmother in her late eighty's. Her granddaughter came home from school for the weekend and was telling the family about my talk. She said it gave her the courage to tell her family of her abuse. The second was in 2009 when one of my sisters came to hear me share. After the event she shared that she was raped while in college and that our mother was raped by one of her brothers.

I believe I am more than a survivor, I'm a thriver. You may have never heard the word "Thriver" before. A Thriver is a survivor who has gone through the stages of healing, has integrated their experiences of sexual trauma into their identity in a healing way, and has learned to cope with and get support for their emotional pain as a result of being a victim of sexual violence.

Thank you for your time and attention. Go and see – go and speak – go and listen – go and bring about change.

My Story

By Sarah

I am proud to be a licensed clinical social worker. I am the clinical director at Sexual Assault Resources Agency or SARA in Charlottesville. I have been in the field since the early 1990s, I always knew I wanted to be a clinical social worker but fell into the more specialized field of trauma when I was placed on the City of Richmond's trauma team as a field placement in grad school. I have worked with inner city population in Richmond, the more rural population in Harrisonburg, all ages, all different demographics...I have worked with people who are court ordered and people who voluntarily come to therapy.

Here is what I have learned: Unlike other types of human cruelty, there are no clear factors that indicate childhood sexual abuse will occur. There are no geographic boundaries/factors. There are no socioeconomic factors. There are no religious factors. There are no cultural/ethnic or racial factors.

This is why we have been working together as a panel for 4 years. Joe and I clearly have the cheap seats here on the panel. And I am speaking for many of us in the room, when I say, so many of us have the honor to witness so much courage in our rooms as clients we work with face the challenges of healing from the trauma of human cruelty.

Here is what I know: Not all offenders are victims- most victims do not offend. There are many different symptoms that one can look for in children, as many as there are victims...there are also children who are "asymptomatic." We must look at developmental change or irregularity. A child can be pseudo mature or regressed. Fear may become more pronounced. We usually have to depend on a caregiver to notice

subtle differences. Physical symptoms can be very tricky especially in young children. Fondling rarely leaves a mark. Children don't usually lie about this. Most kids don't tell. Most kids think it is their fault. Most kids are scared to tell, they don't want to get in trouble nor do they want to get the offender in trouble. Many children and family members alike will defend and excuse offending behaviors. It is not just a child's responsibility to say NO. Because when they are offended we have just set them up. If they can't say NO or say NO and it doesn't work and they are offended...it becomes their fault.

Here is what I know as a clinician: When a young child is assaulted their central nervous system and brain synapses are altered. Confrontation is overrated. The offender will lie and either recreate the truth or deny it all together. Trauma work is not short term therapy. Talking is hard at first but gets better. It is okay for a victim not to forgive. It is okay for a client to tell whoever they wish, but they do not have to tell everyone. It is not okay for kids to silently suffer. Children need language, the appropriate medical terminology to disclose. It is important to find a clinician who specializes in trauma treatment. You don't go to a dentist when you have a heart attack. Sexual abuse is a life issue. A large part of trauma treatment is educating the victim and family about brain function and the way trauma can manifest.

I am asked a lot if there are more offenders out there....I don't know, that is Joe's area of expertise....what I do know is that offenders will find roles to have access to children. Where there is one verbal victim that comes forward about one offender, there are many other silent victims.

What I believe: I believe people can heal. I believe people can integrate life

events and life circumstances enough to live out their dreams and desires. I believe that it is one of the most destructive and silent injuries that a person can suffer. I believe the family of an offender is horrified, scared and angry. I believe the family of the victim is horrified, scared and angry. I believe there is no excuse to avoid this issue. I believe that we do not do enough talking in our families and communities about these issues. I believe everyone has the responsibility to protect our children. I believe we can slow this epidemic and hopefully help make this a rare occurrence. I believe people have the right to know who a sex offender is in the community but I do not support vigilante behavior...that is being an offender of a different kind.

My Story

By Mike

Good morning, my name is Mike. In the past few panel discussions, I've left not feeling as if I'd expressed what it is that I've wanted to say. Since that time, recent events in this country have caused me to focus more on what I feel is important to say. So, today, I'm limiting my remarks to four distinct areas:

What happened

What really happened

What the consequences were

What steps can be taken for prevention

What happened

The headlines read "Ex-Teacher Pleads Guilty to Sex Crimes"

The text read, "A former Elementary School teacher pleaded guilty Monday in Circuit Court to forcible sodomy and two counts of aggravated sexual battery of a child under the age of 13; Mike, 30, was arrested in May by State Police and indicted on the charges in July. The victim was Mike's "little brother" in the Big Brothers/Big Sisters program, court documents state; Mike allegedly fondled the boy's genitals when he spent the night at Mike's home in January and February, according to court documents. Mike allegedly orally sodomized the boy at Mike's home in February, court documents state."

And the article continues along the same vein. Similar articles appeared in several newspapers at the juncture of each phase of the legal adjudication of Mike.

What really happened

I'm now going to spend a few minutes talking about what really happened as I am Mike_____, and I was the offender. I didn't come from a broken home; my childhood was pretty normal—there was a neighbor about my age that I played with, I was involved in cub scouts, 4-H, an after school volleyball group, the church's youth group, and was learning to play the piano. I was not sexually abused.

So I can't explain why as a 13 year old, when I was helping my sister take care of a neighbor boy, I was sexually aroused by giving this boy a bath. Nevertheless, I was. Perhaps more disturbing was that I didn't feel this was abnormal, just sexually exciting.

I didn't tell anyone about this. I would have been embarrassed to talk about sexual feelings, and my family didn't talk about sex. My sexual training was from books, the obligatory sex education classes, and "locker room" talk. I knew what the biology of heterosexual sexual relationships were, but beyond that, nothing much else. For the next couple of years, the experiences I'd had with the young boy next door remained dormant in my mind as I went through Jr. high and the first year of high school.

Jr. high and the first year of high school were unremarkable save for the fact that I was bullied and had few friends. So do many other middle and high-school students. I choose to deal with this by becoming an introvert and developing various cognitive distortions about the world.

In 1981, my family moved to another state. I made several really good friends through the church I attended, and it was through these relationships that I became a camp counselor for one week, one summer. That experience was probably the moment that defined for me how I would develop. Whereas I had acceptance in my new peer appropriate relationships, the relationships I had with children were ones in which I felt

revered and in control of. At 16, I felt that I wanted to spend the rest of my life working with kids.

The more I began to be around children, the less I considered my peers. I based my decisions on what “felt good”, and I always felt better being around children. I interpreted family, friends, and society as supporting my decision to go into education. The message I was hearing was that “more men need to become teachers/ and role models for boys”.

It is important to note that I did not start having sexual relationships with children at this point. This took many years and there were many steps towards violating non-sexual boundaries before beginning to approach sexual boundaries. I didn’t start being obsessed by sex—it was a gradual, sequential progression. First there were sexually provocative stories that I’d read which involved children; next, I began to fantasize about children I knew being in the roles of the stories I’d read; I started to watch video pornography and read child pornography. Finally, I began to act on the impulses that I’d previously controlled.

So, what really happened with this child reported in the article above was as follows: I wanted to get involved in a deep relationship with a child. I lied my way into becoming a Big Brother by saying I wanted to help a child that didn’t have both parents in the home instead of making known my true intent of wanting to fill a gap in my life with a significant relationship, and using a child to fill that gap. I waited for a child that I could influence, and a family that would trust me. I manipulated that child into becoming comfortable about being physical with me via wrestling and hugging. I demanded he pay attention to me and show affection by rewarding him for behaviors that made me feel

good. I became emotionally enmeshed with him. I created and used opportunities to have the child become naked in front of me so as to have him less self-conscious of being around me without clothing. I observed he often slept in the same bed with one of his biological brothers, so I taught him to not question sleeping in the same bed with me. And all along, I fooled myself into thinking that I wasn't going to act out sexually on him, and when I did, I wasn't going to do it again. I'd developed cognitive distortions such as minimization, rationalization, victim blame, and intellectualization to cope with what I was doing.

What the consequences were

Simply put, the negative consequences for me (and I can only speak for me) were the loss of my job, the loss of an important relationship to me (even though it was toxic), time spent in prison, being a registered sex offender, constantly wondering what new law will come down the pike that will impact me and my future, barriers to employment, and having even greater difficulty trying to make peer appropriate connections. The positive consequences include not offending anymore, being involved in treatment, stronger relationships with my family of origin, being less manipulative and more honest, learning delayed gratification, and not making decisions based solely on what feels good. What was (and is) most difficult for me is redefining my belief systems.

What steps can be taken for prevention

I am always amazed at the reactions of people when someone is arrested or convicted of a sex offense against a child. They always say things like "I can't believe such and such did that", or "we never suspected anything wrong was happening". I don't recall a time when I've ever read in the paper a quote to the effect of "we always knew he

was doing something like that so this arrest comes as no surprise,” (with the notable exception, perhaps, of the situation with Jerry Sandusky). Why is that?

People’s incredulous reactions that someone living in their midst could possibly be sexually offending is an example, I believe, of selective perception. Selective perception is our bias toward ignoring information that is at odds with our worldview. We want to believe that sex offenders are all listed on some government registry, and as long as we keep track of those people, we’ll all be safe. Deborah Donovan Rice, Executive Director of Stop It Now, stated in a Washington Post article, “A lot of people are focused on the sex offender registries. But that can be a real distraction on where the concerns need to be placed. The concern needs to be placed on the communities where people live; on the circle of trust where a child lives.”

Offenses generally do not happen in a vacuum—usually multiple people know both the victim and offender. The background of the offender is irrelevant—I’ve read of coaches and teachers offending, as well as police officers and CIA agents. Don’t assume that someone who is married won’t offend. People may suspect something, but that selective perception kicks in, so no questions are asked. Some might tell themselves, “surely this person wouldn’t put so much of their life in jeopardy by doing this activity, so I must be the one who isn’t thinking right,” or “because this is a member of my family, he surely isn’t offending against his sister”.

So, I offer two prevention tips, though there are countless more. First, as an adult, step back and avoid selective perception. Focus on the people that are close to the children you value. The likelihood that someone will offend against a child increases the more connected that person is to the child. Is too much time being spent with the child?

Is the relationship quickly escalating? Are gifts given frequently, or is the child away on trips a lot with this person (or people)? Does it seem as if the adult is trying to impress the child? These are all red flags.

Second, teach healthy things to children and youth. These things include healthy boundaries, empathy, impulse control, delayed gratification, and respect for oneself. Keep lines of communication open. Traditionally, we may have taught these things because we wanted a victim to step forward if they've been abused, which is good. But, it's important to learn these things so as not to have a child or youth start to develop cognitive distortions that lead to offending behavior in the future as well. These healthy behaviors and thinking patterns must be learned in order to avoid offending, either prior to offending or subsequent to (as in my case).

Thank you for allowing me to share with you; these panels allow me to continue to grow towards a healthier life.

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