Every year, millions of Americans—both adults and children—learn about child sexual abuse (CSA) in prevention training provided by schools, churches, and sports leagues. Thirty years ago, this kind of training was unusual, but today it is common. Prevention training is based on the assumption that when people have accurate knowledge about CSA, they will be better able to identify it and intervene to stop it. But is that the case? In this chapter, I look at a wide range of prevention programs and discuss which are effective. I also look deeply at the unintended consequences of prevention training. Through these programs, child-serving organizations have become an important interpreter and disseminator of CSA knowledge. Programs do not simply provide neutral information about CSA—they frame the problem for participants. In other words, they select which facts to present as well as which not to present. When programs are conducted in group settings rather than online, they also provide an opportunity for discussion to shape messages.
The first CSA prevention training programs for children were developed in the late 1970s by a diverse group of organizations. Their number and scope were greatly expanded in the 1980s, partly due to federal funding provided through the National Center on Child Abuse and Neglect (NCCAN). NCCAN funded five demonstration projects in the area of child education. Some states, like New York and California, made CSA prevention training mandatory in public schools. By 1990, estimates suggested that as many as 85 percent of all districts had implemented abuse prevention in at least some schools.1

While prevention programs for children spread quickly, they were not without controversy. Parents expressed concerns that the programs might cause undue fear or prompt children to make false accusations. Some felt that any discussion about sex should happen in the family, not in schools. There were even arguments over what language to use. Should children be told to protect their “private parts” or should body parts be referred to by their proper names? Another area of controversy involved whether abuse programs should be paired with sexual education more generally. Critics worried that if they were combined, schools might focus on information about abuse, not covering the positive aspects of sex.2 Finally, concerns were raised that prevention training unfairly places the burden on children to stop abuse when it should be an adult responsibility.3

Today, it is difficult to estimate the percentage of children who receive school-based CSA prevention training because it is often

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combined with other parts of the school curriculum (like a health class or a sex education course). It is likely that the numbers are high and increasing, partly due to the passage of Erin’s Laws, which vary somewhat by state but either require or recommend that public schools train children to tell someone if they have been touched inappropriately. As of late 2020, thirty-seven states had passed some version of Erin’s Law.

**Who Is the Erin of Erin’s Law?**

From the time she was six until she was eight, Erin Merryn’s adult neighbor periodically raped her, and she was later sexually abused by an older cousin. As a teenager, she began to speak out about the abuse she had endured. Through appearances in the media and meetings with politicians, she has worked to get public school education laws passed. You can check out her website here: http://www.erinmerryn.net/.

What are children taught in CSA prevention courses? Most teach how to recognize abuse, how to tell which kinds of touch are appropriate or inappropriate, and how to differentiate between secrets children should keep (like information about a birthday present) and those they should not (abuse). These programs also teach children what to do if they find themselves in a potentially abusive situation. They are advised to say “no” loudly and to tell an adult or report it to an official person (like the police, a teacher, or a hotline). Curricula also emphasize that children are not to blame for abuse. Most school-based programs last one to two sessions.4

In addition to schools, some child-serving organizations also provide prevention education. One example is the Boy Scouts of America (BSA). The very first section of their handbook teaches parents how to address the issue of physical as well as sexual abuse

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with their children. It provides basic information, abuse scenarios, and prevention strategies for parents to discuss with their child. Interestingly, in addition to giving advice about how parents should respond when children disclose abuse, the handbook also provides tips to parents on how they can avoid abusing children during their own times of stress.

In 1989, the BSA produced a short film intended for eleven-to fourteen-year-olds. Called *A Time to Tell*, the original version presented three short vignettes of boys being abused. The video has been updated over the years, and additional vignettes are now available. Each vignette is narrated by a group of children who discuss the situations frankly with each other. They also talk directly to the viewer, urging him to “refuse, resist, and report.”

BSA’s Prevention Work

You can see the original film *A Time to Tell* at
https://www.youtube.com/watch?v=l7boW5LOrUw.

Here’s a link to one of the new vignettes: https://www.youtube.com/watch?v=J5EkLOqBtBo.

If you want to see the other new vignettes, search for “A Time to Tell BSA” on YouTube.

*It Happened to Me* (for Cub Scouts) is here: https://www.youtube.com/watch?v=B5QRSqBEFe0.

Parent guidebooks are here:
https://www.scouting.org/training/youth-protection/parents-guides/.

There are several aspects of *A Time to Tell* that make it unusual. First, it employs language that is particularly direct and clear. Second, the movie makes an effort not to other the offenders by
reminding viewers that offenders can be anyone. The offenders portrayed in the movie are shown as multidimensional people, not just as evil figures. Third, the original version of the movie appears to endorse therapy as a way to deal with offenders. A teenager who molests younger boys is shown going to therapy and coming to understand that the abuse he suffered as a child may have led him to abuse others. The therapy theme does not appear in the later vignettes, nor does it appear in other child and adult programs I have reviewed.

In addition to a *Time to Tell*, the BSA produced a film for Cub Scouts (who are ages six to nine). The prologue to the film clearly states that the film should be shown with children’s parents present. It teaches children four safety rules: to check with an adult before changing plans, to go places with a friend, to say no to uncomfortable touches, and to tell an adult if they are hurt, scared, or uncomfortable. The vignettes involve an older teenager trying to convince a young boy to go to a deserted area during a school field trip, a boy and his older brother being approached by an overly friendly man on the bus, and a teenage girl inappropriately touching a boy in after-school care. None of the videos, however, acknowledge that abuse has happened within the organization itself. This is problematic given revelations of widespread abuse in the BSA. It will be interesting to see whether and how their prevention material changes now that the organization accepts girls as members.

**EFFECTIVENESS OF TRAINING FOR KIDS**

While many researchers have studied child prevention-training programs, there are no clear answers about whether or not they are effective. Part of the problem is that it is difficult to define effectiveness. Is a program effective if children learn new facts about CSA? Or is it only effective if it lowers rates of abuse? This is even more complicated because there do not seem to be consistent
effects across programs, making it difficult to generalize. It is safe to say, however, that most child prevention programs (at least the ones that have been evaluated) increase children’s knowledge about CSA. Sometimes, however, the knowledge gained is quite minimal—probably as a result of curricula being pitched too low.

Programs that employ instructors with specialized knowledge of CSA seem to be more effective than programs whose teachers normally teach another subject. Finally, it appears that children retain their new knowledge but benefit from refresher sessions.

The fact that prevention training increases knowledge seems like a positive outcome. At the same time, the ultimate goal of programs is not just to disseminate information—it’s to reduce the incidence of CSA through behavior change. One study measured this outcome by asking two thousand young adults about their childhood prevention-training experiences. The youth who attended comprehensive school-based, antivictimization programs were more likely to have disclosed incidents of abuse and to have used “self-protective strategies” (like demanding to be left alone or telling an adult) than youth who had more limited training. It should be noted, however, that the differences between groups were small. At the same time, researchers found that when


parents took an active role in educating their children about CSA, it boosted the impact of prevention programs. Another retrospective study of women undergraduates found that school-based prevention programs do not increase the number of children who disclose abuse, but it encourages them to disclose more quickly.

A somewhat controversial way to test whether child prevention programs result in behavioral change is to simulate an abusive situation and see how children react. One recent study examined a program for five- through seven-year-olds that covered a range of dangerous situations, including CSA and bullying. After the program, individual children (some of whom had participated in the training, others of whom had not) were invited to come to the school office to meet with a familiar administrator. During this meeting, the administrator claimed to have forgotten something and left the office. A male adult stranger entered the room and asked the child to come with him. The stranger waited for a response but then abruptly said he had forgotten something. As he was leaving the room, he asked the child not to mention his presence to anyone. He also dropped a pen on the floor. The administrator returned and prompted the child to disclose the stranger’s presence by asking how the pen had gotten on the floor. Contrary to expectations, the children who had participated in the training program were not more likely than nontrained children to disclose the presence of the stranger, nor were they more likely to refuse to go with him.


11. Codi White et al., “Promoting Young Children’s Interpersonal Safety Knowledge, Intentions, Confidence, and Protective Behavior Skills: Outcomes of
Another simulation study with kindergartners and first graders explored a program designed to prevent stranger abduction. Children who received no training were compared with those who received it in different forms—as a videotape presentation, a video-training module-plus-behavioral practice, and a talk by a plainclothes police officer. The experiment took place one to two days after the training. The kids were told to go outside one at a time to learn a new sports skill with the school’s physical education instructor. While there, the instructor briefly left the playground and a male stranger appeared and asked the children to come with him. In the untrained group, 75 percent agreed to go. This compared with 10.5 percent in the videotape-plus-behavior practice condition, 21 percent of those who only saw a videotape, and 44 percent in the police-presentation condition. This study indicates that training may lead to behavioral change but that its efficacy varies by method of delivery. It should also be noted that the sample size for this experiment was very small (seventy-four children total).12

Not surprisingly, in addition to the method of delivery, course content affects how much impact a program has on behavior. For example, many of the early programs employed a “bad touch, good touch” method to help children distinguish between loving and abusive touch. Unfortunately, children under the age of seven do not seem to be able to make this distinction, likely because they focus on the outcome of the act rather than on the intention. In other words, if a touch is not painful and is accompanied by kind words, most young children are not able to identify it as abuse.

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Similarly, kids are not very good at using their feelings to determine appropriateness. Programs are more effective when they teach clear rules; for example, genital touching is always inappropriate unless done for medical or hygiene reasons.¹³ Children also respond well to a combination of role play, group discussion, and modeling (seeing a demonstration of someone effectively combating abuse).¹⁴ Specific programs that the National Sexual Violence Resource Center found particularly effective include Body Safety Training; Talking about Touching; Feeling Yes, Feeling No; and Who Do You Tell?¹⁵

Like all the other prevention policies discussed, child training is associated with a number of unanticipated consequences. Researchers looked at the results from twenty-two studies of CSA prevention training. One-third concluded that the training was associated with emotional benefits such as an increase in self-esteem.¹⁶ The same researchers, however, also found that about half the studies identified mild short-term negative effects, including anxiety and dependency, fear of strangers, aggression, embarrassment, upset, and wariness of touch. Additionally, programs appear to have the potential to trigger bad memories or upset kids who had been abused in the past but did not resist.¹⁷

On balance, it appears that child prevention training can be

effective in increasing children’s knowledge. Some studies have identified positive behavioral impacts as well. The National Sexual Violence Resource Center warns, however, that placing the full burden of CSA prevention on children is ethically problematic as well as ineffective. Children’s programs must be part of a larger package of initiatives that reach adults and communities and address societal conditions that lead to violence and abuse.18

TRAINING FOR ADULTS

Some of the people most likely to receive prevention training are school employees (including teachers, school nurses, counselors, and administrators). These groups are mandated by their states to receive this specialized training, although the specifics vary by location. In Ohio, for example, school professionals must complete four hours of training every five years. Not all of the hours are devoted to CSA, however, because the state curriculum also includes modules on mental and behavioral issues, depression, and bullying/harassment. As mentioned above, a large number of states have also implemented Erin’s Law, requiring or recommending that certain categories of employees receive CSA prevention training.

One of the earliest nonprofit organizations to provide training for adults was the BSA. In the mid-1980s, they named child abuse as one of five “compelling societal problems” and piloted a prevention training program for their employees. The goal was to teach the signs of CSA, the techniques that offenders use to gain the trust of children, and the way to report child abuse suspicions. In 1986, the BSA expanded their efforts with an informational pamphlet sent to its more than one million adult volunteers. They later created an educational video that both volunteers and employees must

watch every two years. In 2018, the requirement was expanded to include all adults who participate in scouting activities for more than seventy-two hours. This would, for example, include a parent who wants to attend a weeklong BSA camping trip with their child.

The Catholic Church is another major organization with broad requirements for adult training. In 1998, the National Catholic Risk Retention Group—an insurance company—sponsored a conference to explore ways the Church could prevent the abuse of children. They created an education program designed for adults who work with children. Expert consultants, including academics, psychologists, and clergy, created the curriculum. The program, now called Protecting God’s Children (PGC), is based on the assumption that properly trained adults can recognize dangerous situations and keep children safe. PGC was initially a voluntary program but was made mandatory for employees and volunteers in 2002. Today, all dioceses have training programs. PGC is the most popular, but there are other programs in use as well.

Sports organizations have recently increased their efforts to train adults. There are a number of possible reasons why they have lagged somewhat behind other organizations. First, there are logistical difficulties because there are many different leagues with relative autonomy, and there is often a communication gap between the national and local levels. Another problem involves sports staff. In response to a survey, sports administrators attending a training program in the United Kingdom said prevention is important but that they lacked the training and competence to tackle the problem. Sports administrators in Canada worried that

implementing prevention training would suggest to parents that
there was an abuse problem. Some coaches fear that bringing up
the topic with kids or parents might lead to unfounded accusa-
tions. Finally, prevention has been hard to implement in sports
because many coaches are unaware of the rules, lack specialized
knowledge about sexual abuse, and sometimes have “lax attitudes
toward intimacy” with athletes.

Two National Sports CSA Prevention Programs

US Center for Safe Sports at
https://www.safesport.org/.
Safe4Sports at
http://safe4sports.com/.

While I have certainly not participated in every adult prevention
program available, I am extremely familiar with several of them. As
described in the preface, I attended over twenty sessions of PGC
as part of a research project. I have also (unofficially) completed
the BSA’s training program as well as that provided by the Episco-
palian Church (Safeguarding God’s Children or SGC). All of these
programs are very similar: they present information about CSA,

to Prevent and Protect Athletes,” Child Abuse Review 20, no. 2 (2011): 120–
33, https://scholar.google.com/scholar?hl=en&as_sdt=0%2C36&q=Sexu-
al+Abuse+in+Sport%3A+A+Model+to+Prevent+and+Protect&btnG=.
24. Anne M. Nurse, “Coaches and Child Sexual Abuse Prevention Training:
Impact on Knowledge, Confidence, and Behavior,” Children and Youth Services
macy, Sexual Relations and Misconduct in the Relationship between Coaches and
with a focus on how offenders groom children for abuse. They also inform participants about the organization’s rules regarding child contact and the importance of reporting child abuse suspicions to both the organization and to local law enforcement. The programs use videos to convey key information, with actors illustrating common risky situations. Both PGC and SGC feature interviews with actual offenders. PGC is unique in organizing its program around correcting common myths. For example, they teach that homosexuals are not more likely than heterosexuals to commit CSA, and that people who are known to children are more likely to abuse them than are strangers.

The goal of all the training programs is the same: to prevent abuse by providing adults with accurate information. As described in earlier chapters, many Americans hold significant misperceptions that could misdirect them from recognizing abuse. Training programs increase knowledge and try to boost participants’ confidence in that knowledge. Confidence is important because it appears to increase people’s willingness to report abuse suspicions.

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EFFECTIVENESS OF ADULT TRAINING

Over the last thirty years, researchers have conducted numerous evaluations of adult training programs. As with child prevention training, the results have been mixed and appear to depend on the program and the measures of effectiveness used. Unfortunately, few studies follow up with respondents after the program is completed to assess whether new knowledge or behaviors are retained over time.

It appears that training programs directed toward teachers improve knowledge about warning signs of abuse, appropriate ways to respond to a child who reports it, and whom to contact to report suspicious behavior.27 Two particularly strong studies with a randomly selected control group as well as a follow-up assessment (at two and three months, respectively) found that teachers who received training increased their CSA knowledge more than did teachers in the control group. The trained teachers also retained their knowledge over the period of the study.28 The findings for parent-training programs are similar. While one small study showed that parents do not gain knowledge,29 other evaluations


indicate improved knowledge of CSA and specific preventative strategies.\textsuperscript{30}

In the study I conducted of PGC, I gave over five hundred participants a pretest at the beginning of the session and a posttest at the end. I also sent them a follow-up test six months after the conclusion of the program. The data indicated that parents, teachers, and coaches all increased their knowledge about CSA and retained that knowledge over time. They learned new information about a wide range of topics, but learning was greatest about offender characteristics and behaviors. This was at least partly because participants came into the program with comparatively low levels of knowledge about offenders.\textsuperscript{31}

Does adult prevention training lead to decreased rates of CSA? There are at least two ways it might. First, programs could encourage the use of protective behaviors, stopping abuse before it begins. Second, programs could increase the participants’ willingness to report CSA suspicions, disrupting ongoing abuse. Unfortunately, researchers have found it methodologically difficult to explore these possibilities directly. Instead, many rely on the indirect method of abuse vignettes. Participants arrive at training and are asked to respond to stories about potentially abusive situations. What would they do if they were confronted with these situations in real life? Upon the conclusion of the training session, they are asked to respond to the stories again. The researchers compare the two sets of answers to see if the posttest responses reflect a


higher willingness to intervene. In general, these studies find that training improves the ability to detect abuse and that it increases the number of protective measures participants believe they would take if confronted with particular situations.32

Vignette analysis is valuable but only provides a hypothetical measure of behavioral change. A more direct method is to follow up with participants several weeks or months after a training session. For example, six weeks after a group of teachers finished training, researchers administered a survey asking them how much they had read about abuse, discussed it with a colleague or an individual child, implemented prevention activities in the classroom, or reported suspected abuse. They compared the responses with those from a group of teachers who did not participate in the training and found that the only significant difference involved participants being more likely to read about abuse.33 It is possible, however, that the short time frame of the research did not allow for other types of behavioral change to occur. In a different study with a three-month follow-up, researchers found that trained teachers were more likely than a control group to be able to identify abuse, to talk with children about abuse, and to report suspicious behavior.34 A second study with a three-month follow-up found that childcare workers who received CSA prevention training reported being more vigilant about supervising children than did the workers in the control group. They were also more likely to talk to other adults about CSA. There were not significant differences in reporting however.35

32. See Kleemeier et al., “Child Sexual Abuse Prevention: Evaluation of a Teacher Training Model.”
33. Kleemeier et al.
My evaluation of the PGC program revealed few reported behavioral changes at the six-month mark, except that participants were much more likely to talk to their own children about CSA than were adults who had not attended the training. This is a positive finding because, as described above, school-based education is more effective when it is reinforced by parents at home. Participants were not, however, more likely to have reported abuse to an official agency or talked to a child or parent about abuse suspicions. In sum, my own findings about the behavioral impact of adult prevention programs—as well as the findings of other researchers—are mixed but indicate that adults at least talk and think more about CSA due to training.

UNANTICIPATED CONSEQUENCES OF ADULT TRAINING

As described, most researchers who study CSA prevention programs focus on intended outcomes. Do participants learn the curricular messages? Do they increase their protective behaviors? While important, these questions provide an incomplete picture of the impact of prevention training because they ignore possible unintended effects. I designed my evaluation of PGC with an eye to capturing both kinds of outcomes. In addition to the standard pre- and posttests, I interviewed over twenty-five participants and facilitators about their experiences and feelings. I also attended twenty-two sessions where, with everyone’s permission, I took extensive notes. This combination of methods provided me with


a window into some of the unplanned messages participants took home from training.

The PGC program consists of a three-hour instruction session led by a trained facilitator. The facilitators come from a variety of walks of life—most often they are volunteers, but there are some churches that require a staff person (like a director of religious education) to become PGC certified. All facilitators receive two days of training and are given an instructor’s manual that includes frequently asked questions (with answers) and teaching tips. Their primary job in PGC sessions is to introduce two thirty-minute movies. The first movie focuses on the experiences of victims and on how offenders groom children and families. It is very emotional and contains footage of two actual offenders being interviewed about how they abused many victims over long periods of time. There are also stories of real victims played by child actors. The second movie is less emotional, providing information about how adults can identify, prevent, and report CSA.

Because the content of PGC is very similar to other programs, it is likely that the findings from my evaluation are more broadly relevant. There is, however, one important difference: PGC is presented in a group setting with a facilitator, while many other programs (like the BSA's) are online. This means that PGC participants are not just exposed to the official curriculum, they also learn from group discussion and dynamics. The facilitators also take an active part in driving this discussion. While they are told that their job is to handle sign-in and other paperwork, introduce and play the videos, lead the discussion, and answer questions, the reality is much more complicated. Facilitators must do a delicate balancing act as they try to manage the emotions in the room, represent the organization, defuse participant resentment, and remain true to the curriculum.

The facilitators understand that one of the primary goals of the program is to encourage people to question their assumptions about typical offenders. This is essential because the common stereotype
of offenders as monsters hinders people’s ability to recognize that family members or friends might be abusing children. Thus, the videos and the PGC facilitator teaching guide both reinforce the idea that anyone can be an offender. Ironically, however, group dynamics in PGC sessions often result in an othering of offenders that effectively contradicts this message. The term othering refers to the process of pointing to a group of people and declaring them to be different from one’s own group. It is often based on stereotypes and assumptions about what the other group believes or how they behave. Othering can be beneficial when it leads to group cohesion, but it can also result in bias when people posit that another group is so different they are essentially not human.38

I witnessed numerous instances of PGC facilitators and participants engaging in othering. The most blatant examples took the form of comments about offenders as evil and different from the rest of us. The quotes below are representative:

They [offenders] are like animals from the jungle—they should all be taken out and shot.

[Offenders are] perverted, horrendous.

[I was] disgusted, really disgusted. Those people were talking like it was nothing. It was unbelievable.

I couldn’t look at the abusers. I wanted to punch them in the face.

The number and vehemence of these types of comments were at least partly a reaction to the detailed testimony given by the two men in the video. At the same time, similar expressions of fear and disgust appear to be routine in contexts where no videos are shown. For example, researchers studying community notification meetings found the same phenomenon even though there was no offender testimony.39

How did the facilitators respond to negative talk about offenders? I witnessed only one attempt to stop the direction of the conversation. In fact, more often than not, facilitators participated in and encouraged the discussion. In one class, for example, a participant said that offenders are “horrendous.” The facilitator immediately responded, “Horrendous captures it. . . . What you saw on the film is very typical of offenders. That’s who they are.” Below is another interchange in a class.

Participant: Why aren’t the offenders in the movie still in jail?

Facilitator: It’s up to the judges, unfortunately. If I had my choice, I’d throw away the key.

Participant: Yes, the offenders should be in jail forever.

There are several reasons that facilitators support or even instigate negative talk about offenders. Given the organizational history of priest abuse, and the potential presence of victims in the

room, they do not want to appear to be lenient or sympathetic toward offenders. Additionally, facilitators do not like to contradict participants because it can shut down conversation and embarrass people who are often volunteering their time and may already be resentful. The training manual encourages facilitators to gently correct dangerous misperceptions about victims (like the belief that they bring on their own abuse), but this is not extended to negative talk about offenders.

During many PGC sessions, I watched as one negative remark about offenders turned into an avalanche, with no divergent views offered. This is an example of a common phenomenon social psychologists call the “spiral of silence.” Most people do not like conflict and, as a result, they are ready and willing to talk about topics when they are confident that other people agree with them. People are much less willing to broach a subject if they think that others will disagree. People who hold a controversial or minority opinion quickly figure out that their position is unpopular, and this discourages them from talking about it, serving to amplify the majority opinion. Then, as the voices holding the majority opinion become louder, the minority opinion becomes correspondingly quiet, creating a spiral. From chatting with many participants and facilitators at PGC sessions, I know there was some diversity of opinions about offenders, yet nobody was ever willing to challenge their portrayal as monsters. In fact, I interviewed a participant who told me that she had a family member with a past conviction for CSA. She talked about being sad that her PGC session focused so little on restorative judgment and mercy. When I asked her why she had not spoken up, she said that she did not think that the other participants would have supported her views.

Video about the Spiral of Silence
https://www.youtube.com/watch?v=ztVuMKhCkKw

Negative comments were one way that participants and facilitators portrayed offenders as “not like us.” But the process of othering also happened in other, more subtle, ways. For example, while all facilitators emphasized that anyone could be an offender, some seemed to amend that message to exempt particular categories of people. Primary among the people to receive a pass were those who were attending the session. Facilitators assured us that the Church trusted us to be around children; the session was required only because it would make us even better protectors of children. Other facilitators thanked us for being at the session, saying that the Church runs because of good people like us. This effectively suggested that the “bad guys” are out there somewhere, not in the room.

The message that participants could not be offenders was reinforced by the complete lack of resources provided for offenders or for people who might be struggling with sexual feelings involving children. This stands in interesting contrast to the assumption that victims are present. Facilitators often used statistics to estimate how many people in the session were abused as children or how many knew a victim. Correspondingly, the handouts given out at the end of the sessions were about how to report abuse and how to get help for victims, not how to get help for offenders or potential offenders.

A second category of people seemingly exempted from suspicion in PGC sessions were family members. This message was primarily telegraphed through silence on the topic of incest. In fact, incest is not mentioned at all in the official curriculum. The topic did, however, come up nine times during the twenty-two sessions. Notably, seven participants asked about it, and two facilitators
pointed out that incest is an important issue. When participants raised the incest issue, facilitators acknowledged its existence and moved on. In one case, however, the topic came up when a facilitator asked whom should be contacted in cases of suspected abuse. A participant raised her hand and said, “The parent [pause]. Except if the parent is the problem.” Instead of acknowledging that incest could happen, the facilitator simply ignored that part of the woman’s comment and said that talking to parents is an important part of protecting children.

Facilitators unconsciously signaled that family members do not molest children by telling the participants that they would have a “gut feeling” if a true offender were present. Some examples are below.

Participant: But parents always seem to be as nice as can be. I am now convinced that I wouldn’t know if they were an abuser. Facilitator: Yes, you would; you’d have an uncomfortable feeling.

You have to trust your gut; God gave us that. Nurture your sixth sense.

If your gut is telling you there is a problem, it’s likely there is.

It should be noted that when facilitators told participants to trust their gut, they were not reflecting an official PGC position. In fact, they were directly contradicting the curricular message that people should look out for particular behavioral warning signs (like gift-giving) rather than vague feelings. Why did facilitators rely on the gut-feeling message so heavily then? The fact that it always came up in the same context offers a clue. Below are some representative comments that prompted the use of the gut feeling message.

While watching it [the video] I wanted to lock my kids in the house. Maybe I’ll just homeschool.
Participant One: It’s hard to watch the kids hurting.

Participant Two: It was even harder to watch the adults talk about what they did.

Facilitator: How did it make you feel?

Participant Two: I feel paranoid for my own kids. You never know. I’m feeling like, I trust people so much, then I watch this and it’s like an internal battle. How much should I trust? I feel internal turmoil. I feel terrified.

Expressions of fear were quite common in sessions, and even one fearful comment often seemed to heighten the anxiety in the whole room. When this happened, the facilitators felt compelled to calm things down. The gut-feeling message was useful because it made participants believe that CSA was knowable, and thus controllable. But it represented its own type of othering. While it does not, on its face, deny the possibility of family or friend abuse, it diverts attention from them because they are unlikely to engender uncomfortable feelings. It also suggests that there is an inherency about sexual abuse—that offenders somehow exude a different feeling from other people.

The othering of offenders was just one of the unexpected effects of the PGC program. If interested in reading more, access my article about it.42 When it comes down to it, however, it is simply not possible to categorize adult prevention training as either beneficial or harmful. As with so many well-intentioned programs, it is both. Many training programs, like PGC, do a valuable service by increasing the public’s knowledge about CSA and prevention strategies. At the same time, the programs have the potential to transmit

unplanned—and even harmful—messages through group dynamics, how information is framed, and even organizational pressures.

COMMUNITY AWARENESS CAMPAIGNS

In chapter 1, I talked about the media’s portrayal of CSA as a criminal justice issue. This framing directs minds to solutions like increased sentencing. But the criminal-justice frame is not the only one possible; CSA can also be seen as a public-health problem. The American Public Health Association says that “public health promotes and protects the health of people and the communities where they live, learn, work and play. While a doctor treats people who are sick, those of us working in public health try to prevent people from getting sick or injured in the first place. We also promote wellness by encouraging healthy behaviors.”43 An example of an issue framed as both a criminal justice and a public-health issue is drunk driving. While it is treated as an individual problem that requires punishment and deterring of offenders, drunk driving is also viewed as a public-health issue that demands a community-prevention response. This is why we see public service announcements about the topic, and there are community-based programs like ride shares that help people avoid driving while inebriated.

Public-health approaches to CSA are not common, but they do exist. Here, I focus on primary prevention—large-scale educational outreach efforts to whole communities. The earliest public-health initiatives began in the 1990s and, since that time, have appeared in several countries around the world.44 Two states in Australia, for example, conducted a media campaign that employed slogans

such as “Child Sexual Assault, It’s Often Closer to Home than You Think,” and “Child Sexual Assault Is a Crime.” An evaluation of the project found that it was effective in making the public more aware of CSA and its seriousness. People also became more aware of organizations that provide help to victims.45

Social Media and CSA Prevention

Public outreach isn’t limited to organizations or governments—especially in the internet age. Here is an example of an individual artist who created an outreach campaign to encourage the disclosure of incest. After learning that her friend had been raped as a child, she created posters that depict Disney princesses being kissed by their fathers. The tagline reads, “46 percent of minors who are raped are victims of family members. It’s never too late to report your attack.”

If you want to see the art go to:

The state of Massachusetts created another interesting public-health approach to CSA. Called Enough Abuse, it began in the early 2000s as a large-scale effort to reduce CSA through education and community engagement. Program staff worked together with community volunteers to design and implement training programs and create TV and radio ads. While Massachusetts offers prevention training to children, this particular initiative targeted adults as the people who should be most responsible for ending abuse. An evaluation of the program found that it correlated with a decrease in reported incidents of CSA in the state, although it

should be noted that many states without a public-health campaign also saw decreases over the period.\textsuperscript{46}

CONCLUSION

Training and educational programs are important because they provide accurate information about a difficult and emotional issue. They provide a forum for people to speak about a topic that—not too long ago—was simply taboo in our society. To date, however, there is not very strong evidence that these training programs do much to prevent CSA, although it may be that their effect is simply difficult to detect with standard short-term research methods. It does appear that programs for adults, children, and whole communities increase knowledge and effectively dismantle common misperceptions. While most researchers have not looked at the unintended messages of prevention training, my observations of the PGC program indicate that they are important to consider. Group discussion and subtle messages sent by facilitators shape what the participants learn. This is problematic when the messages are incorrect or when they lead to the othering of offenders.

In the next chapter, I look at the future. Keeping in mind what works and what does not, what measures should society implement going forward?

FURTHER READING


