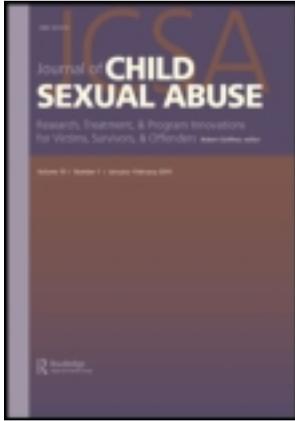


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### The Enough Abuse Campaign: Building the Movement to Prevent Child Sexual Abuse in Massachusetts

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## POPULATION-LEVEL PREVENTION STRATEGIES

# The Enough Abuse Campaign: Building the Movement to Prevent Child Sexual Abuse in Massachusetts

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*This case study describes the Enough Abuse Campaign, a multidisciplinary, statewide effort to prevent child sexual abuse in Massachusetts. The study uses the Institute of Medicine's Framework for Collaborative Community Action on Health to provide a systematic description of the campaign's process of implementation, which includes: (a) developing a state-level infrastructure for child sexual abuse prevention, (b) assessing child sexual abuse perceptions and public opinion, (c) developing local infrastructures in three communities and implementing training programs focused on preventing perpetration of child sexual abuse, (d) facilitating changes in local communities to*

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The U.S. Centers for Disease Control and Prevention contracted with the Work Group for Community Health and Development at the University of Kansas to provide evaluation support. This contractual agreement allowed for the development of this case study. The authors gratefully acknowledge the contributions of Renee Wright from the Centers for Disease Control and Jerry Schultz from the Work Group for Community Health and Development. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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*child-sexual-abuse-related systems, and (e) inviting Massachusetts residents to join an advocacy-based movement to prevent child sexual abuse. This case study concludes with future directions for the campaign and topics for future research related to child sexual abuse.*

*KEYWORDS* program development, intervention, training programs

According to the World Health Organization (2006), to effectively address child maltreatment, including child sexual abuse (CSA), it must, “be understood by analyzing the complex interaction of a number of factors at different levels” (p. 13). The World Health Organization identifies these levels as the following: individual, relationship, community, and societal. Many CSA prevention programs have focused on the individual and relationship levels, promoting child recognition of sexually inappropriate behavior and training appropriate child response to adult perpetration (Davis & Gidycz, 2000; Finkelhor, 2007; Hebert, Lavoie, Piche, & Poitras, 2001; Kenny, Capri, Thakkar-Kolar, Ryan, & Runyon, 2008; MacIntyre & Carr, 1999; Topping & Barron, 2009; Zwi et al., 2007).

Child maltreatment experts have identified the need for more prevention work at the community and society levels, including involvement of professionals, parents, and the entire community in taking responsibility for preventing CSA (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Wurtele, 2009; Wurtele & Miller-Perrin, 1992). Although programs that train adults to recognize and respond to CSA are limited, some have been shown to successfully increase knowledge among parents and teachers (Wurtele, Moreno, & Kenny, 2008). Community-level media campaigns have also been used to address CSA. These campaigns have involved print (e.g., newspaper), electronic (e.g., television), and community media (e.g., posters). However, the evaluation of these campaigns is often focused on change in awareness, knowledge, and affect (Self-Brown, Rheingold, Campbell, & de Arellano, 2008), with few efforts focused on behavioral change—either in hypothetical situations (Rheingold et al., 2007), or actual settings (Chasan-Taber & Tabachnick, 1999). Hoefnagels and Mudde (2000) describe a Dutch media campaign (television, radio, and print media) that focused on child abuse more broadly; the authors of this campaign went beyond behavioral outcomes and discussed the campaign’s potential effect on child abuse reporting.

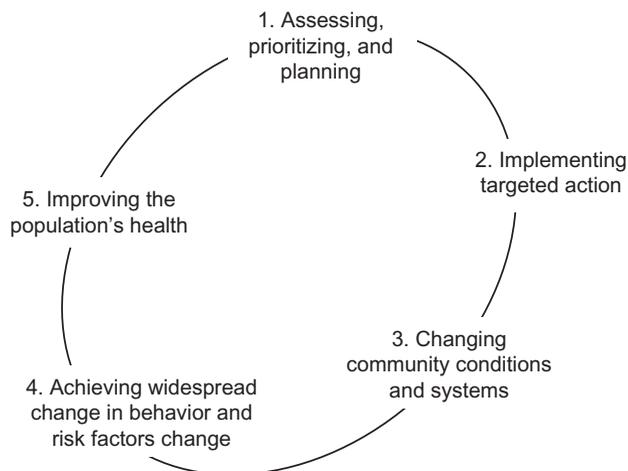
The present study describes the Enough Abuse Campaign, a statewide education and community mobilization effort to prevent CSA in Massachusetts (<http://www.enoughabuse.org/>). The mission of the Enough Abuse Campaign is “to prevent people from sexually abusing children *now*

and to prevent children from developing sexually abusive behaviors *in the future*" (para. 4). The purpose of this case study is to describe the Enough Abuse Campaign's process of implementing a statewide effort to prevent CSA. The case study uses the Institute of Medicine's (2003) Framework for Collaborative Community Action on Health to describe the process of implementation for the Campaign's efforts to prevent CSA. The framework provides five phases of collaborative community action: (a) assessing, prioritizing, and planning; (b) implementing targeted action; (c) changing community conditions and systems; (d) achieving widespread change in behavior and risk factors change; and (e) improving the population's health (see Figure 1). This case study is intended to inform researchers and practitioners involved in preventing CSA and child maltreatment in organizational, community, and statewide settings. This case study also poses topics for future research related to each phase of the Framework for Collaborative Community Action on Health.

## IMPLEMENTATION FRAMEWORK

### Assessing, Prioritizing, and Planning

The first phase of the Framework for Collaborative Community Action on Health involves community organizing and coalition building. Massachusetts Citizens for Children (MCC) is a statewide child advocacy organization with a 52-year history of community organizing and advocacy on behalf of children and youth—both for abused and neglected children as well as those at risk for child maltreatment. In 2001, MCC issued a comprehensive policy



**FIGURE 1** Framework for Collaborative Community Action on Health (adapted from the Institute of Medicine, 2003).

report on child abuse in Massachusetts. MCC's (2001) report highlighted the absence of a statewide strategy to reduce sexual assaults against children. In 2002, MCC and five other collaborating agencies came together to explore a request for proposal issued by the Centers for Disease Control and Prevention (CDC) aimed at promoting adult and community responsibility for preventing CSA. MCC and the five collaborating agencies applied for and received the grant from the CDC to plan and begin implementing a statewide effort to promote adult and community responsibility for preventing CSA. The collaborative expanded to become the Massachusetts Child Sexual Abuse Prevention Partnership, a multisector group of representatives from over 20 state-level organizations, contributing expertise across a variety of fields, including public health, social welfare, and sexual violence prevention. In 2003, the partnership launched the Enough Abuse Campaign, its statewide education and community mobilization effort.

The Institute of Medicine (2003) report highlights the importance of understanding the context, causes, and solutions of the problem during the assessing, prioritizing, and planning phase. One of the Enough Abuse Campaign's first tasks was to work with local academic partners to conduct a statewide assessment of CSA in Massachusetts. This assessment focused on public opinion and knowledge about CSA. A sample of 325 Massachusetts residents was selected using the Mitofsky-Waksberg random digit dialing procedure. The survey had a margin of error of  $\pm 6\%$  at the 95% confidence level and was conducted over a 1-week period (February 27 to March 5, 2003). Results of the survey showed that 43% of those interviewed believed that CSA was a *very serious* or *somewhat serious* problem in their community (University of Massachusetts Poll & Massachusetts Kids Count, 2003). The majority of survey participants reported that CSA could be prevented (85%); however, only slightly more than one-third said they would confront someone (they know well) who they suspected was sexually abusing a child (34%) or call the authorities to report someone (they know well) who they suspected was sexually abusing a child (37%). Over two-thirds (69%) of respondents felt that adults (rather than children) should take responsibility for preventing CSA. Nearly half of those surveyed said they would participate in a local training program to learn more about CSA and how to prevent it (47%). These findings helped the Enough Abuse Campaign develop their public education strategy, targeting parents, professionals, and other concerned adults.

### Implementing Targeted Action

Following their statewide assessment of CSA in Massachusetts, the Enough Abuse Campaign implemented a variety of targeted actions. The campaign reviewed existing educational programs and found that most focused on increasing reporting of sexual abuse after the fact rather than preventing it

from occurring. Hence, MCC and the Enough Abuse Campaign developed its own curriculum, titled *Enough Abuse: Strategies for Your Family and Community*. (Curricula cited in this study are not available as separate, stand-alone tools; the third author can be contacted to discuss potential use of these curricula.) The curriculum provides information about the conditions and social norms associated with the occurrence of CSA and offers skills training to participants to prevent the perpetration of CSA (by adults and children). MCC and the Enough Abuse Campaign also adapted and further developed a second curriculum, *Understanding and Responding to Sexual Behaviors of Children* (adapted with assistance from Gail Ryan of the Kempe Center for Prevention and Treatment of Child Abuse and Neglect), which uses group-based discussion and behavioral practice to train parents and child care professionals to identify and respond appropriately to a range of both developmentally appropriate and abusive sexual behaviors of children.

Following the development of their curricula, the Enough Abuse Campaign selected three sites to pilot their program. A four-person committee of members from the Massachusetts Child Sexual Abuse Prevention Partnership developed five criteria for pilot site selection. The committee reviewed written applications from nine potential pilot sites and conducted follow-up interviews with seven of these sites. Three of the seven sites were recommended by the committee and approved by the full partnership. The pilot sites were North Quabbin (a nine-town region), the Gloucester/Cape Ann areas, and Newton. Each site established a local coalition or partnership for addressing CSA, adopted the Enough Abuse Campaign's mission, and began educating their community about CSA. These pilot sites enabled the Enough Abuse Campaign to field test their program and curricula. They also enabled the campaign to begin developing an infrastructure for preventing CSA across the state of Massachusetts. To further develop this infrastructure, the Enough Abuse Campaign established additional partnerships with communities engaged in addressing CSA through targeted prevention activities. For example, organizational leaders in urban areas such as Springfield, Massachusetts, and rural areas such as Hampshire County, have become engaged as partners with the Enough Abuse Campaign.

The Institute of Medicine (2003) report notes the importance of community leaders becoming part of the public health workforce, as community initiatives take action and intervene. For the Enough Abuse Campaign, this has involved training community trainers at pilot locations. Trained community trainers have become part of the public health workforce that can educate other members of the community about CSA prevention. The Enough Abuse Campaign has supported this train-the-trainer process by providing education and certification for the local trainers. The training of trainer sessions involve two-day sessions (12 hours total) supplemented by a Web-based trainers' circle in which trainers can connect with others, receive technical assistance, and get ongoing support. Training community trainers

enabled a small staff at the Enough Abuse Campaign (less than three full-time staff members) to have a statewide reach. The Enough Abuse Campaign trained 75 community trainers using the campaign's curricula. These trainers led multiple community presentations and workshops over a three-year period, which resulted in approximately 2,000 local parents, professionals, and other Massachusetts residents being trained to prevent CSA.

In addition to training community leaders as CSA prevention trainers, the Enough Abuse Campaign staff and members of the state-level, Massachusetts Child Sexual Abuse Prevention Partnership reached approximately 3,000 additional individuals through statewide conferences and presentations in several other communities. Targeted trainings for early education and child care agency staff were also conducted for service providers using a one-hour, in-service training tool and companion manual adapted from the campaign's curriculum *Understanding and Responding to Sexual Behaviors of Children*. CSA information was disseminated to residents across the state through media coverage, including television, radio, and print advertisements. The campaign has also provided a variety of CSA prevention materials and resources on their Web site ([www.enoughabuse.org](http://www.enoughabuse.org)), including key facts about CSA (e.g., definitions of CSA), prevention tips (e.g., behavioral signs that might indicate an adult poses a risk to children), and key resources to support adult responsibility for the prevention of CSA (e.g., the helpline phone number for obtaining advice about CSA concerns).

### Changing Community Conditions and Systems

The Institute of Medicine (2003) report calls for changing community conditions and systems by "instituting new programs, policies, and practices" related to community health concerns (p. 192). The Enough Abuse Campaign documented changes it facilitated in community conditions using the Online Documentation and Support System (ODSS) developed by the University of Kansas Work Group for Community Health and Development (Fawcett & Schultz, 2008). This involved providing a brief written description of the change to the community condition, the date that it occurred, and other key attributes of the change (Fawcett, Schultz, Carson, Renault, & Francisco, 2002).

The Enough Abuse Campaign focused its change of community conditions and systems on instituting new programs—trainings available to leaders in the community, leaders in organizational settings, and community residents. New practices were also instituted in Massachusetts communities through the campaign's action. For example, the Enough Abuse Campaign assisted the pilot communities in (a) reviewing local sexual violence data (e.g., reports to child protective agencies and the police), (b) identifying community risk and protective factors, and (c) developing a local prevention plan.

The Enough Abuse Campaign also worked to strengthen the capacity of youth-serving organizations to reduce the risks of sexual abuse occurring in these settings. The campaign developed a guided self-assessment process and set of technical assistance tools titled Preventing Child Sexual Abuse in Youth-Serving Organizations. This process was piloted in a YMCA, an after-school program, an early education/child care agency, and a summer recreational camp. It built the capacity of these organizations to (a) assess and improve or institute policies and practices that discourage sexually inappropriate, harassing, coercive, or abusive behaviors among staff and youth; (b) improve recruiting, screening, and hiring practices to reduce sexual abuse risks; (c) support ongoing supervision and peer staff oversight that enforces adherence to prevention policies and practices; and (d) institutionalize staff and volunteer training around CSA and its prevention.

In addition to facilitating changes in organizational settings, the Enough Abuse Campaign supported efforts to change public policies to address CSA. For example, in 2006, member agencies of the Enough Abuse Campaign provided support to help reform the state's statute of limitations that extended the legal window for victims of CSA to file criminal charges against their abusers. Under the new law, victims could file charges 27 years past their 16th birthday (extended from 15 years past their 16th birthday; Coalition to Reform Sex Abuse Laws, 2006). This policy change aimed to alter the system-level context in which CSA occurs. Furthermore, it prevents the passage of time from presenting a barrier for victims of CSA seeking justice and holding their abusers accountable.

### Achieving Widespread Change in Behavior and Risk Factors Change

The Institute of Medicine (2003) report acknowledges the challenge of achieving widespread change in behavior: "Part of the difficulty of changing behaviors is related to the tension between historical, social, and cultural concepts of responsibilities and rights" (p. 196). The Enough Abuse Campaign faced these challenges in a variety of ways. Historically, much of CSA prevention has focused on educating children to recognize inappropriate touch and respond appropriately. While the Enough Abuse Campaign supports a comprehensive model that includes educating children and youth, the campaign's primary focus under the CDC grant was to promote adult and community responsibility for preventing CSA. This sought to place responsibility on adults, a group that had not historically been the focus of CSA prevention. In terms of change in risk (and protective) factors, the campaign observed a change in the percentage of Massachusetts residents who believe adults should take responsibility for preventing CSA. In the 2003 random digit dial survey conducted by the campaign, 69% of respondents reported that adults (rather than children) should take responsibility for preventing CSA (University of Massachusetts Poll and Massachusetts Kids

Count, 2003). In 2007, the campaign conducted a second statewide assessment of CSA and found that 93% of respondents reported that adults should take responsibility for preventing CSA ( $N = 350$ , margin of error of  $\pm 4.5\%$  at the 95% confidence level; M C Squared Consulting, 2007). An increase in the percentage of Massachusetts residents who believe adults should take responsibility for preventing CSA suggests improvement in a key protective factor (adult responsibility) related to the prevention of CSA.

The Institute of Medicine (2003) report further highlights the importance of “focus on a combination of individual and community factors” in achieving widespread change in behavior and risk (and protective) factors (p. 196). Although the main focus of the community trainings was to teach individual adults about CSA, the Enough Abuse Campaign also provided a platform for community discourse about the issue, attempting to promote community responsibility for preventing CSA.

The campaign aims to promote adult responsibility by encouraging Massachusetts residents to join the movement to “end child sexual abuse in our state—community by community” (Massachusetts Citizens for Children, 2010). The Massachusetts Child Sexual Abuse Prevention Partnership has set a goal of having 1,000 individuals join the movement within 1 year (by June 30, 2012). To meet this goal, the Enough Abuse Campaign developed an action plan to connect with residents across Massachusetts. Visitors to the Enough Abuse Campaign Web site are now encouraged to pledge to (a) learn the key facts about CSA, (b) share critical prevention messages with their children, and (c) encourage family, friends, and colleagues to get informed and join the movement. Although pledge data were not available at the time of this study, the Enough Abuse Campaign Web site recorded over 259,000 visits from December 2009 to August 2011.

### Improving the Population’s Health

The last phase of the Institute of Medicine (2003) framework, improving the population’s health, involves linking changes in the community’s behavior to the desired health outcome (decrease in CSA). The Institute of Medicine notes, “The connecting pathways [between widespread behavior change and improving the population’s health] are frequently long and complex” (p. 198). Furthermore, the report identifies indicators of success as one way to measure progress. These indicators may come in a variety of forms. For example, they could be behavioral indicators of success (e.g., increase in the percent of physicians who report assessing for signs of CSA during patient visits) or they could reflect changes in the living environment that may affect health and well-being (e.g., increase in number of community organizations that provide CSA prevention and treatment services).

In February 2007, the Enough Abuse Campaign and representatives from two other community/state CSA prevention projects participated in

a brief series of teleconferences (facilitated by the University of Kansas) to begin developing a list of potential indicators to assess improvements in the population's health related to CSA. Over the course of a few sessions, a list of 47 indicators was developed. The group rated each potential indicator in terms of its likely accuracy and the feasibility as a measure of population health. Indicators identified as more promising included (a) program outputs (e.g., number of program materials distributed), (b) program Web site activity (e.g., Web site visits), (c) statewide hotline activity (e.g., number of calls to a statewide CSA hotline), and (d) reports of CSA (substantiated by the state's child protective services). This process enabled the Enough Abuse Campaign to consider promising indicators of success to monitor the progress of their efforts to prevent CSA in Massachusetts.

One key indicator of success that has improved in Massachusetts is substantiated reports of CSA. According to the Massachusetts Department of Children and Families (2009), the number of substantiated reports of CSA in Massachusetts has declined—69% from 1990 to 2007 (the final year of the Enough Abuse Campaign's CDC grant). This decreasing trend has also occurred on the national level. Jones and Finkelhor (2007) analyzed National Child Abuse and Neglect Data System statistics from 1992 to 2007 and found a decline in substantiated sexual abuse cases of 50% or more in 33 of 48 states. In Massachusetts, this decline—66%—is the 17th largest decline among all states reporting data (Jones & Finkelhor, 2007). Jones and Finkelhor (2007) speculate that these declines are due to a variety of factors, including economic factors, law enforcement, and public awareness. The Enough Abuse Campaign's contribution to educating community residents and successful legal advocacy likely contributed to this increased public awareness and possibly to preventive action.

### MOVING FORWARD: FUTURE DIRECTIONS

Since 2003, the Enough Abuse Campaign has focused its efforts on preventing CSA in Massachusetts. This effort has involved action related to all five phases of the Institute of Medicine's (2003) Framework for Collaborative Community Action on Health. An assessment conducted by the campaign found that residents saw CSA as a problem, and many were willing to learn more about preventing it (University of Massachusetts Poll & Massachusetts Kids Count, 2003). The Enough Abuse Campaign was organized to lead community education and mobilization efforts to prevent CSA, as described in the first phase of the Institute of Medicine (2003) Framework—assessing, prioritizing, and planning. The campaign developed its own training curricula, trained Massachusetts residents to prevent CSA (and to train others to prevent CSA) and began building an infrastructure for preventing CSA throughout the state (targeted action and intervention). As the campaign trained members of Massachusetts communities, they were also able to affect

policy related to CSA. These changes were intended to affect widespread changes in behavior as well as changes in the risk (and protective) factors related to CSA, such as the percentage of Massachusetts residents who believe adults should take responsibility for preventing CSA. Changes in behavior and risk factors are hypothesized to lead to eventual improvements in the population's health. The Enough Abuse Campaign developed an inventory of indicators related to reducing CSA on the population-level including indicators of program outputs, program activities, and data from archival records. The use of these indicators enables the campaign to monitor improvements in the population's health.

The Enough Abuse Campaign has also been evaluated to assess its effectiveness. In 2007, the campaign was evaluated by an external evaluator; this evaluation provided an assessment of campaign members' perceptions regarding the achievement of its goals. The results suggested that progress was being made in key goal areas. The Enough Abuse Campaign also partnered with the University of Kansas in a participatory evaluation. This evaluation involved a collaborative review of community and system change efforts that were documented throughout the initiative. Members of the Enough Abuse Campaign and academic partners reviewed documented changes to community conditions (e.g., the documentation of CSA training programs being made available to communities that had not had them). They also reviewed charts and graphs reflecting the amount and type of changes to community conditions. This participatory evaluation also involved an identification of critical factors associated with changes to community conditions. For instance, hiring new staff was a critical factor in disseminating a CSA training program in a community that had not had one. This participatory evaluation also highlighted strengths and areas for improvement. Both evaluations identified the Enough Abuse Campaign's state and community-level response to CSA prevention as a strength. The campaign also addressed areas for improvement such as the need to increase support among trained trainers and expand prevention efforts to new communities.

There are several notable limitations of this case study. Although the Enough Abuse Campaign's efforts are described and outcomes of interest known (e.g., substantiated cases of CSA), the ability to draw causal inferences is limited. Furthermore, generalization of this program's effects to other states or communities can only be determined through replications. This study focuses on broad program description and does not explore intermediate outcomes such as increase in knowledge or behavioral change among Enough Abuse Campaign training participants. Despite these limitations, this case study systematically explores the processes and results of a statewide effort to prevent CSA, enabling more understanding of macrolevel efforts to address CSA.

Topping and Barron (2009) cite the absence of cost data in school-based CSA program evaluations as a limitation to understanding program effectiveness. Determining the cost of the Enough Abuse Campaign presents

a challenge. Calculating a per-person cost is not feasible because the campaign's model—directed at adults and communities—is broader than standard school-based programs. It is not possible to determine the exact number of people the campaign reached since it targeted members of the community through multiple channels (e.g., educational programs, media events, and the campaign's Web site).

The CDC grant provided the Enough Abuse Campaign with five years of funding at \$200,000 per year. However, replicating the Enough Abuse Campaign would require far less than this. The campaign has partnered with the Ms. Foundation for Women and Prevent Child Abuse America to replicate the program through its chapters in New Jersey and Maryland. Each state has received \$25,000 for program implementation, and the campaign received \$25,000 to provide technical assistance and training. Both states are implementing the campaign at their state and local levels. Although contextual differences exist between states, the campaign's components are expected to be implemented fully in each location. Although exact cost data were not available at the time of this study, evaluations of future replications will offer a more precise determination of the campaign's cost.

The academic–community partnership that the Enough Abuse Campaign developed involved efforts to help assure sustainability. The Institute of Medicine (2003) report refers to sustainability of community initiatives as the “degree to which initiatives remain in place after funding ends” (p. 203). The Enough Abuse Campaign and its pilot sites have remained in place since their inception in the early 2000s. In the fall of 2010, academic partners from the University of Kansas facilitated a sustainability Web conference that provided a platform for discussing strategies for sustainability. Participants from the Enough Abuse Campaign and its pilot sites produced a sustainability plan (or updated existing plans), using the Community Tool Box curriculum module on Sustaining the Work or Initiative (Fawcett, Grassmeyer, Schultz, Carson, & Francisco, 2006). The strategies for sustainability that were more frequently identified in their sustainability plans were: (a) soliciting in-kind support (i.e., resources other than money to support the work of the group), (b) pursuit of third party-funding (i.e., a person or organization providing resources to the group), and (c) tapping into personnel resources (i.e., people and positions that exist in other organizations and can be shared).

## CONCLUSION

This case study provides a description of how the Enough Abuse Campaign educated and mobilized community leaders and concerned citizens to address CSA in Massachusetts. The Enough Abuse Campaign has taken action related to each phase of the Framework for Collaborative Community

Action on Health (Institute of Medicine, 2003). This multisector collaboration has aimed to create a movement to end CSA in Massachusetts.

Future community research related to each phase of the Framework for Collaborative Community Action on Health (Institute of Medicine, 2003) could inform the CSA and child maltreatment literature. Topics for future research include (a) determining the most promising approaches for increasing adult responsibility for preventing CSA (related to targeted action and intervention), (b) assessing the most promising approaches to building a statewide infrastructure for preventing CSA (related to community and systems change), (c) examining the effects of community training that increase CSA knowledge and prevention skills on preventive behavior (related to achieving widespread change in behavior), and (d) studying community-wide attributes related to CSA prevention that are associated with low (or decreasing rates) of CSA incidence/prevalence (related to achieving widespread change in behavior).

Both research and action at the community and state levels should involve all members of the community in preventing CSA. Future research can help improve our understanding of how we best prevent CSA in community and state settings, addressing a gap in knowledge at these ecological levels. Community and state-level initiatives play a vital role in preventing and reducing the numerous harms of CSA and ensuring safe and caring relationships for all children.

## REFERENCES

- Chasan-Taber, L., & Tabachnick, J. (1999). Evaluation of a child sexual abuse prevention program. *Sexual Abuse: A Journal of Research and Treatment*, *11*, 279–292. Retrieved from <http://sax.sagepub.com/content/11/4/279.full.pdf+html>
- Coalition to Reform Sex Abuse Laws. (2006). *Summary of current amended law on statute of limitations for child sexual abuse*. Retrieved from [http://www.corsal.org/index.php?option=com\\_content&view=article&id=15&Itemid=7](http://www.corsal.org/index.php?option=com_content&view=article&id=15&Itemid=7)
- Davis, M. K., & Gidycz, C. A. (2000). Child sexual abuse prevention programs: A meta-analysis. *Journal of Clinical Child Psychology*, *29*(2), 257–265. Retrieved from [http://www.tandfonline.com/doi/abs/10.1207/S15374424jccp2902\\_11](http://www.tandfonline.com/doi/abs/10.1207/S15374424jccp2902_11)
- Fawcett, S. B., Grassmeyer, K., Schultz, J., Carson, V., & Francisco, V. (2006). *Promoting community health and development: The Community Tool Box curriculum*. Lawrence, KS: Work Group for Community Health and Development.
- Fawcett, S. B., & Schultz, J. A. (2008). Using the Community Tool Box's online documentation system to support participatory evaluation of community health initiatives. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health: From process to outcomes* (pp. 419–430). San Francisco, CA: Jossey-Bass.
- Fawcett, S. B., Schultz, J. A., Carson, V. L., Renault, V. A., & Francisco, V. T. (2002). Using internet based tools to build capacity for community based participatory

- research and other efforts to promote community health and development. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health* (pp. 155–178). San Francisco, CA: Jossey-Bass.
- Finkelhor, D. (2007). Prevention of sexual abuse through educational programs directed toward children. *Pediatrics*, *120*, 640–645. doi: 10.1542/peds.2007-0754
- Hebert, M., Lavoie, F., Piche, C., & Poitras, M. (2001). Proximate effects of a child sexual abuse prevention program in elementary school children. *Child Abuse & Neglect*, *25*, 505–522. doi: S0145-2134(01)00223-X [pii]
- Hoefnagels, C., & Mudde, A. (2000). Mass media and disclosures of child abuse in the perspective of secondary prevention: Putting ideas into practice. *Child Abuse & Neglect*, *24*, 1091–1101. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0145213400001605>
- Institute of Medicine. (2003). The community. In *The future of the public's health in the 21st century* (pp. 178–211). Washington, DC: The National Academies Press.
- Jones, L., & Finkelhor, D. (2007). *Updated trends in child maltreatment, 2007*. Retrieved from <http://www.unh.edu/ccrc/pdf/Updated%20Trends%20in%20Child%20Maltreatment%202007.pdf>
- Kenny, M. C., Capri, V., Thakkar-Kolar, R. R., Ryan, E. E., & Runyon, M. K. (2008). Child sexual abuse: From prevention to self-protection. *Child Abuse Review*, *17*(1), 36–54. doi: 10.1002/car.1012.
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.). (2002). *World report on violence and health*. Geneva, Switzerland: World Health Organization.
- M C Squared Consulting. (2007). *Enough Abuse Campaign random digit dial survey report—2007* [Unpublished data].
- MacIntyre, D., & Carr, A. (1999). Evaluation of the effectiveness of the stay safe primary prevention programme for child sexual abuse. *Child Abuse & Neglect*, *23*, 1307–1325. doi: S0145-2134(99)00092-7 [pii]
- Massachusetts Citizens for Children. (2001). *A state call to action: Working to end child abuse and neglect in Massachusetts*. Retrieved from <http://www.aecf.org/upload/publicationfiles/massachusetts%20state%20call%20to%20action.pdf>
- Massachusetts Citizens for Children. (2010). *Enough Abuse Campaign: Join the movement*. Retrieved from [http://www.enoughabuse.org/index.php?option=com\\_content&view=article&id=18&Itemid=22](http://www.enoughabuse.org/index.php?option=com_content&view=article&id=18&Itemid=22)
- Massachusetts Department of Children and Families. (2009). *2007 child maltreatment statistics*. Retrieved from <http://www.mass.gov/eohhs/docs/dcf/reports/report-child-maltreatment-2007.pdf>
- Rheingold, A. A., Campbell, C., Self-Brown, S., de Arellano, M., Resnick, H., & Kilpatrick, D. (2007). Prevention of child sexual abuse: Evaluation of a community media campaign. *Child Maltreatment*, *12*, 352–363. doi: 10.1177/1077559507305994
- Self-Brown, S., Rheingold, A. A., Campbell, C., & de Arellano, M. A. (2008). A media campaign prevention program for child sexual abuse: Community members' perspectives. *Journal of Interpersonal Violence*, *23*, 728–743. doi: 10.1177/0886260507313946

- Topping, K. J., & Barron, I. G. (2009). School-based child sexual abuse prevention programs: A review of effectiveness. *Review of Educational Research, 79*, 431–463. doi: 10.3102/0034654308325582
- University of Massachusetts Poll & Massachusetts Kids Count. (2003). *Child sexual abuse and public opinion in three Massachusetts counties: A report to the Massachusetts Child Sexual Abuse Prevention Partnership*. Retrieved from <http://www.aecf.org/upload/publicationfiles/child%20sexual%20abuse%20in%20massachusetts%20communities.pdf>
- World Health Organization. (2006). *Preventing child maltreatment: A guide to taking action and generating evidence*. Geneva, Switzerland: Author. Retrieved from [http://whqlibdoc.who.int/publications/2006/9241594365\\_eng.pdf](http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf)
- Wurtele, S. K. (2009). Preventing sexual abuse of children in the twenty-first century: Preparing for challenges and opportunities. *Journal of Child Sexual Abuse, 18*, 1–18. doi: 10.1080/10538710802584650
- Wurtele, S. K., & Miller-Perrin, C. L. (1992). *Preventing child sexual abuse: Sharing the responsibility*. Lincoln, NE: University of Nebraska Press.
- Wurtele, S. K., Moreno, T., & Kenny, M. C. (2008). Evaluation of a sexual abuse prevention workshop for parents of young children. *Journal of Child & Adolescent Trauma, 1*, 331–340. doi: 10.1080/19361520802505768
- Zwi, K. J., Woolfenden, S. R., Wheeler, D. M., O'Brien, T. A., Tait, P., & Williams, K. W. (2007). School-based education programmes for the prevention of child sexual abuse. *Cochrane Database of Systematic Reviews, 3*, 1–30. doi: 10.1002/14651858.CD004380.pub2

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