

An empirical case study of a child sexual abuse prevention initiative in Georgia

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Abstract

Objective: This empirical case study describes Prevent Child Abuse Georgia's effort to prevent child sexual abuse (CSA) by educating communities throughout the state on supporting preventive behaviour. The initiative consisted of three major components: (1) dissemination of CSA prevention messages and materials; (2) a statewide helpline that helped callers respond to the warning signs of CSA and engage in protective behaviours; and (3) a statewide education and training programme.

Design: An empirical case study design was used.

Setting: This prevention initiative took place across the state of Georgia.

Method: Archival records kept by Prevent Child Abuse Georgia were reviewed to determine the outputs of this statewide effort. Additionally, the annual incidence of child sexual abuse substantiated by the Georgia Department of Human Resources (cases per 100,000 children < 18 years of age) was calculated to examine changes in the broader context of Prevent Child Abuse Georgia's statewide CSA prevention effort (from 1997–2007).

Results: Results show that Prevent Child Abuse Georgia provided 232,822 informational materials to Georgia residents, assisted 1,271 helpline callers to support responses to the warning signs of CSA, and trained 7,700 individuals. According to records from the Georgia Department of Human Services, from 2002–7, the incidence of child sexual abuse decreased four of the five years of the implementation period.

Conclusion: This empirical case study describes the steps a statewide effort can take to promote the primary prevention of CSA. Prevent Child Abuse Georgia engaged in a variety of activities to educate the public, increase CSA prevention knowledge, and promote preventive behaviour.

Keywords

child sexual abuse, community, primary prevention, training

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Introduction

One in four girls and one in six boys are sexually abused before the age of 18. It is estimated that there are 39 million survivors of child sexual abuse (CSA) living in the United States (US) today.¹ CSA victimization is associated with behavioural and psychological health problems, such as eating disorders, depression, and anxiety.² Many of the physical and mental health problems associated with child sexual abuse can affect victims throughout adulthood.³

Efforts to prevent CSA typically involve training children to recognize and respond to inappropriate behaviour by perpetrators. This type of training often aims to increase child knowledge and awareness of CSA,⁴ promote safety skills,⁵ and occasionally incorporate behavioural practice for responding to the warning signs of CSA.⁶⁻⁸ Although child-directed programmes may help to prevent victimization, this is seen as an insufficient public health response. Many child maltreatment experts agree that all members of the community should assume responsibility for preventing child sexual abuse, including healthcare professionals,⁹ community leaders,¹⁰ and parents.¹¹

The literature on child maltreatment prevention calls for more effective efforts to engage the broader community in education and training. It highlights the value of interagency collaborations that have trained professionals in childcare,¹² mental health,¹³ and the prevention of domestic violence.¹⁴ The literature also highlights efforts that have trained local people, such as parents, to promote communication and parenting skills through training programmes.¹⁵ Yet few studies have examined what community and statewide efforts do to prevent child sexual abuse. This paper examines Prevent Child Abuse Georgia's statewide effort – across a five-year grant period – to prevent child sexual abuse by providing informational resources to communities, ensuring telephone support for preventing CSA, and conducting community trainings to educate adults about CSA and how it can be prevented.

Background and context of Prevent Child Abuse Georgia's CSA prevention efforts

In 2003, Prevent Child Abuse Georgia launched a public health initiative to address child sexual abuse. Prevent Child Abuse Georgia's goal is to train adults to recognize the behavioural warning signs associated with child sexual abuse perpetration and take action to prevent CSA before it occurs. This initiative was made possible through a 2002 US Centers for Disease Control (CDC) and Prevention cooperative agreement to develop a statewide, collaborative effort to prevent CSA. The grant lasted from September 2002 to September 2007; this case study focuses on this five-year period; it describes Prevent Child Abuse Georgia's approach to preventing CSA and its outputs across the five-year period.

Prior to receiving the CDC grant, Prevent Child Abuse Georgia reviewed three national models for CSA perpetration prevention; they learned that the Stop It Now! International model had the longest history (about 10 years) and had also conducted several evaluations of their campaigns that showed efficacy for their approach, including their efforts to reach those who may be at risk for perpetrating child sexual abuse.¹⁶ Thus, Prevent Child Abuse Georgia chose to collaborate with Stop It Now! International in the early stages of developing their CSA prevention efforts. This included staff training – both of Prevent Child Abuse Georgia staff by Stop It Now! International and Stop It Now! International staff by Prevent Child Abuse Georgia. This collaboration also involved regular consultation throughout the grant period. Prevent Child Abuse Georgia branded the materials and workshops that focused specifically on child sexual abuse, as Stop It Now! Georgia.

Prevent Child Abuse Georgia began their CSA prevention effort by assembling an advisory council called the Child Sexual Abuse Prevention Partnership (CSAPP). The CSAPP had responsibilities for overseeing planning and implementation of this statewide prevention effort. Initially, 23 individuals representing 18 organizations were assembled. Eight of the organizations were social service agencies, five dealt with courts and/or the law, two were educational institutions, two were youth-serving organizations, and one was a health agency. Seven of the 18 organizations represented were governmental agencies.

Methods

Prevent Child Abuse Georgia's CSA prevention effort and study design

Prevent Child Abuse Georgia's effort to prevent CSA consisted of three major components: (1) dissemination of CSA prevention messages and materials; (2) a statewide helpline that supported local people's response to the warning signs of CSA; and (3) a statewide training programme. An empirical case study design was used to examine this statewide effort.

Prevent Child Abuse Georgia provided a variety of CSA prevention messages and materials targeting adults in communities throughout the state. Materials were disseminated using public service announcements, programme brochures, posters, tip cards, and magnets. These materials provided information about behavioural warning signs of CSA perpetration as well as tips for assuring protective, healthy behaviours in adults and children; these materials also provided the helpline number. Prevent Child Abuse Georgia kept records of their dissemination efforts (using a Microsoft Access database). These records began in 2004 and were reviewed to examine the effort's output.

Prevent Child Abuse Georgia's helpline offered support to Georgia residents who were uncertain about how to respond to possible warning signs of CSA perpetration. The helpline staff included paid professionals with clinical experience and trained volunteers. The staff provided CSA prevention information and guidance for responding to concerns about sexual behaviours (including misunderstood, but developmentally appropriate behaviours) and warning signs associated with CSA. Prevent Child Abuse Georgia also tracked the number of helpline calls it received. Helpline staff classified each call into one of three categories: red (abuse was confirmed and a systems-level response was needed); yellow (the possible warning signs of CSA perpetration may be present); or green (healthy behaviour – often informational requests). Helpline calls were tracked from calendar years 2003 to 2007.

The most extensive component of Prevent Child Abuse Georgia's initiative involved training adults across the state to discern healthy sexual behaviour from unhealthy sexual behaviour (displayed by both children and adults) and to respond appropriately to unhealthy sexual behaviour. Prevent Child Abuse Georgia offered 14 distinct workshops that addressed six specific goals: (1) teach the basics of healthy child sexual development; (2) train CSA recognition and response; (3) ensure CSA prevention within families; (4) ensure CSA prevention in childcare settings; (5) promote community discussion about CSA; and (6) train community trainers to educate others. Prevent Child Abuse Georgia piloted these training programmes in six of the 159 Georgia counties before they expanded statewide. Prevent Child Abuse Georgia kept records of their trainings; these records were reviewed to examine the effort's outputs.

This study also examines patterns in the incidence of child sexual abuse substantiated by the Georgia Department of Human Resources (cases per 100,000). The Division of Children and Family Services releases annual records of CSA incidents and makes them available online.¹⁷

For this study, the incidence of child sexual abuse (substantiated cases per 100,000 children < 18 years of age) was calculated using US Census Bureau population estimates.¹⁸ The incidence of child sexual abuse was calculated to examine change in the broader context across Prevent Child Abuse Georgia's statewide prevention effort (from 2002–7). Incidents of CSA that were substantiated by the Georgia Department of Human Resources were also examined from 1997 to 2001 to examine the incidence before Stop It Now! Georgia began their statewide prevention effort.¹⁷

Results

Dissemination of CSA prevention messages and materials

Stop It Now! Georgia provided materials to members of communities throughout the state in the form of programme brochures, posters, tip cards, and magnets. A review of Prevent Child Abuse Georgia's records and annual reports revealed that the initiative documented the provision of 63,402 materials to communities throughout the state in 2004, 66,000 in 2005, 51,710 in 2006, and 51,710 in 2007. For the four years total, 232,822 materials were disseminated throughout the state. The material dissemination component of the effort led to additional media exposure that included: blurbs on websites, newspaper articles, and t-shirts with CSA prevention messages. Public service announcements about CSA were also made and posters were available on Prevent Child Abuse Georgia's website, although the exact numbers and downloads were not tracked.

Outputs of the statewide helpline

Helpline volunteers answered 1,271 CSA-related calls from Georgia residents for calendar years 2004 to 2007. In 2004, it answered 387 calls, in 2005, 331 calls, in 2006, 247 calls, and in 2007, 306 calls. For the years 2005–7, calls ($N = 884$) were also classified by colour to denote the type of situation. Of the 884 calls that were answered, 44.1% of them were red (confirmed abuse), 28.5% were yellow (possible warning signs), and 27.4% were green (healthy behaviour).

Outputs of community training effort

Results show that Prevent Child Abuse Georgia's training programmes reached approximately 7,700 individuals. From February of 2003 to September of 2007, about 138 people were trained each month. Table 1 depicts each type of training and the corresponding number of individuals trained. Participants received training in one of the 253 documented training sessions. The most frequent form of training involved workshops 'teaching the basics of healthy child sexual development' and related prevention information (e.g. child abuse 101, building blocks of healthy sexual development). One-hundred and seven of 253 sessions (42.3%) involved teaching the basics of healthy child sexual development; 4,136 of the 7,700 people trained (53.7%) participated in one of these sessions.

The second most frequent type of training involved 'training community trainers' (community orientations and train the trainer), which prepared community members to become trainers and redeliver CSA prevention education to other people in their community. Sixty-nine of the 253 sessions conducted (about 27.3%) involved training others in the community to redeliver the programme. Train the trainer sessions involved 1,417 individuals throughout the state. Of the 7,700

Table 1. Prevent Child Abuse Georgia's CSA prevention training output from September of 2002 to September of 2007

CSA prevention training goal and session name	Sessions (N = 253)	Individuals (N = 7,700)	Type of participants
Teach the basics of child sexuality			
Child Abuse 101	6	197	Community
Building Blocks of Healthy Sexual Development	17	677	Community
Circles of Safety	84	3262	Community
Training CSA recognition and response			
Let's Talk	32	691	Varied
Having New Eyes: Understanding, Responding & Preventing CSA	2	85	Varied
Ensure CSA prevention within families			
Empowering Families	5	87	Social services
Ensure CSA prevention in childcare settings			
Organizational Prevention	2	5	Healthcare
Strategies for Prevention in Youth-Serving Organizations	1	10	Healthcare
The Role of Healthcare Professionals in Preventing CSA	3	87	Healthcare
Promote Community Discussion about CSA			
The Need for Prevention: An Open Dialogue	5	430	Community
Discussion of the theatre production <i>Love Jerry</i>	5	174	Community
Discussion of the film <i>Woodsman</i>	3	205	Community
Train community trainers			
Community Orientations	44	1103	Community
Train the Trainer	25	314	Community
Combined and other trainings	19	373	Varied

total individuals who participated in a Prevent Child Abuse Georgia training, 18.4% were involved in community orientations or train the trainer sessions. Many individuals ($N = 373$) received a combination of trainings that involved the promotion of multiple CSA prevention skills.

Incidents of CSA

Archival records were accessed to determine the incidence of child sexual abuse substantiated by the Georgia Department of Human Services (substantiated cases per 100,000 children < 18 years of age).¹⁷ Figure 1 depicts the incidence of child sexual abuse over time. In the five years prior to Prevent Child Abuse Georgia's CDC grant period, the average annual incidence was 104.6 cases per 100,000 children (range of 99.4 to 110.1). During the Prevent Child Abuse Georgia implementation period (2002–7), the average annual incidence was 83.8 cases per 100,000 (range of 56.5 to 102.4). Across the CDC grant period there were decreases in incidence in four of the five years of project implementation. In 2003, incidence decreased by 0.5 cases per 100,000. Then, in 2004, incidence increased by 3.6 cases per 100,000. In 2005, 2006, and 2007, there was a decrease in the

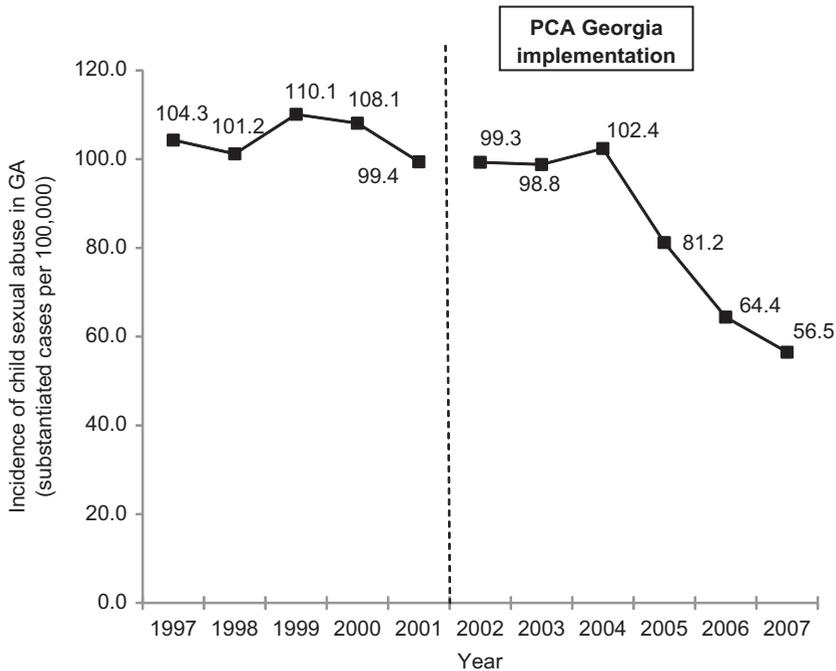


Figure 1. The annual incidence of child sexual abuse in Georgia (substantiated cases per 100,000 children < 18 years of age) from 1997 to 2007

incidence (from the previous year) by 21.2 (20.7%), 16.8 (20.7%), and 7.9 (12.2%) cases per 100,000, respectively.

Discussion

Prevent Child Abuse Georgia has addressed CSA prevention differently than many other CSA prevention efforts. It moved beyond typical child-centered prevention efforts (often in school settings) and it engaged communities across the state in preventing CSA. In aggregate, this effort provided 232,822 discrete materials to residents throughout the state (2004–7). It assisted 1,271 helpline callers who needed support related to preventing or addressing child sexual abuse. Finally, it educated 7,700 individuals to recognize and respond to the warning signs of CSA.

Certain outputs for Prevent Child Abuse Georgia could not be determined. For example, a significant portion of Prevent Child Abuse Georgia's trainings involved training over 300 community members to redeliver trainings in their communities. However, it is not known how many trainers redelivered training sessions or the number and types of people they trained. The reach of Prevent Child Abuse Georgia's media exposure was also not documented, which may have influenced preventive behaviour.

While the direct outputs of the CSA prevention effort can be quantified, it is more challenging to interpret Prevent Child Abuse Georgia's statewide impact. For example, a decrease in annual helpline calls from 331 (in 2005) to 247 (in 2006) may suggest less preventive behaviour. However, fewer helpline calls could also suggest earlier intervention (people quickly confronting

potential perpetrators rather than calling the helpline for guidance on how to confront potential perpetrators). The incidence of child sexual abuse (substantiated cases per 100,000 children) over time presents similar challenges to interpretation. Fewer substantiated cases of CSA during implementation may suggest less child sexual abuse occurring; however, this cannot be verified, nor can other events (unrelated to Prevent Child Abuse Georgia's efforts) be ruled out as causes. In 2005, the Georgia Department of Human Resources introduced a new practice which allowed trained social service case managers to assess families for prevention services when no maltreatment was alleged by the reporter. Since then, this practice, known as diversions, has evolved to include cases where maltreatment is alleged but no active safety threats have been identified. Diversions accounted for 15,951 cases in 2005; however, it is unlikely that any of these would have been substantiated cases of child sexual abuse.

The apparent decreases in the incidence of child sexual abuse in Georgia could also be affected by a variety of factors that have contributed to likely national reductions in CSA. A recent review of data from the National Child Abuse and Neglect Data System found that substantiated cases of child sexual abuse has declined by 50% or more in 33 of 48 states, from 1992 to 2007.¹⁹ This national decrease in substantiated cases of CSA in these states illustrates the need for further investigation of broad factors that may be contributing to reduced cases of CSA. Future intervention research that involves training members of the community to prevent CSA and then examines their preventive behaviour over time may provide a clearer understanding of the effects of a community or statewide CSA prevention effort on preventive behaviour. This type of research would be challenging, but valuable to understanding the effects of community and state efforts to prevent CSA before it occurs.

Conclusion

This empirical case study can inform collaborative, statewide efforts to prevent CSA and other broad preventive health efforts. This paper describes how a statewide effort can provide key prevention-oriented information, deliver training in preventive skills to members of diverse communities, and provide support for taking preventive action. Prevent Child Abuse Georgia's statewide CSA prevention effort illustrates how a state's capacity can be leveraged to promote the primary prevention of CSA. Additional evaluation research of these types of prevention strategies, as well as other state and community efforts to prevent sexual abuse (and other types of child maltreatment), is needed to understand the general efficacy of these types of early prevention efforts. Additional research could also inform state and community efforts to engage adults in taking responsibility for preventing child maltreatment and the harm it imposes on all members of the community.

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