

**Relevance to Your Community:
Stop the Silence® Programming on
CSA and ACEs**

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Founder and Director,
Stop the Silence® - A Dep't. of IVAT**

Webinar Program, 2021



WELCOME

Prevention & Mitigation of Child Sexual Abuse Training



PJP and Stop the Silence® OVERVIEW

Pamela J Pine, PhD, MPH and the organization's startup

Prevent, Expose & Stop CSA, ACEs, related abuse

Awareness, Prevention & Healing...

...through Awareness-raising, Education, Training, Policy
Development/Reform

Measure & Review

Presentation Objectives

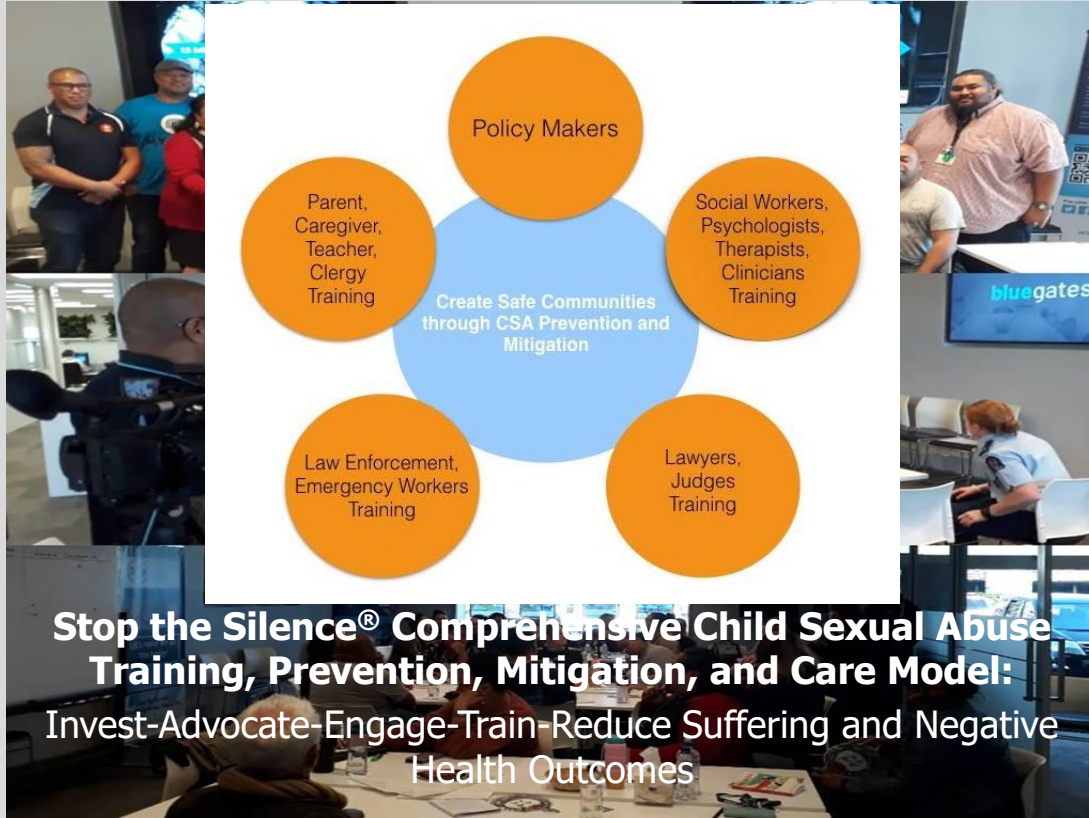
1. Attendees will be able to identify the rationale behind and the aspects of a comprehensive preventive and treatment model focused on child sexual abuse/adverse childhood experiences (CSA/ACEs)
2. Attendees will be able to identify the various types of officials and providers that need to be reached to ensure a holistic approach to CSA/ACEs prevention and mitigation
3. Attendees will be able to explain the relationship between the use of modern technology and community outreach and development strategies to achieve goals and objectives, and what can be attained as a result.

QUICK PROGRAM OVERVIEW

The partnership between Stop the Silence[®]: Stop Child Sexual Abuse, Inc., now a Department of IVAT (Stop the Silence[®]), Trust MYRIVR, and various others worldwide focuses on enabling community members and service providers to prevent and mitigate CSA/ACEs and provide quality care for children, adolescents, and adults who have/may have been sexually abused or otherwise traumatized. We further aim to prevent and mitigate the negative health consequences of CSA/other ACEs, improve children's, adolescents', adults' well-being through advocacy, education, training, and policy development and reform.



PROGRAM MODEL: ADAPATION & DEVELOPMENT



Overall PROGRAM OBJECTIVES

The objectives of the project are to:

1. Work with communities to improve timely care for CSA/ACEs victims
2. Raise CSA/ACEs awareness, knowledge, understanding of service providers and how to prevent, treat, recognize it
3. Improve the response by service providers towards children, adolescents, and adult survivors who seek services
4. Improve coordination/timely referrals between services & authorities where sexually abused children, adolescents, adults are self/identified

CSA Overview: Accepted Definition

- ❖ Sexual abuse is:
 - ❖ **Voyeurism** - deriving sexual pleasure by watching someone do something, e.g., undress
 - ❖ **Exhibitionism** - showing nude parts of your own body to a child
 - ❖ **Inappropriate touching**, rubbing, brushing or fondling
 - ❖ Taking **sexually explicit photos** of a child and/or showing pornography to a child
 - ❖ **Insertion** of objects into children's body cavities, oral or anal sex, rape

CSA occurs when a child is engaged in sexual activities that the child cannot comprehend, for which the child is developmentally unprepared and cannot give consent, and/or that violate the law or social taboos of society and which often take place on an increasing continuum of abuse.

CSA Overview and the Historic Issues that Motivated the Initial Work

- CSA has occurred regularly throughout history
- In some earlier civilizations, sexual relations between adults and children were not identified as a problem
- In many or most current societies, adult sexual use of children is not acceptable
- CSA occurs in pandemic proportions around the world, remaining an insidious and hidden social ill, creating enormous health, social, and financial harm
- Earliest studies come from the U.S., but information comes now from throughout the world.
- 20-year history of work by Stop the Silence®



What we aim to prevent/stop in collaboration with others: Outcomes & Effects of CSA

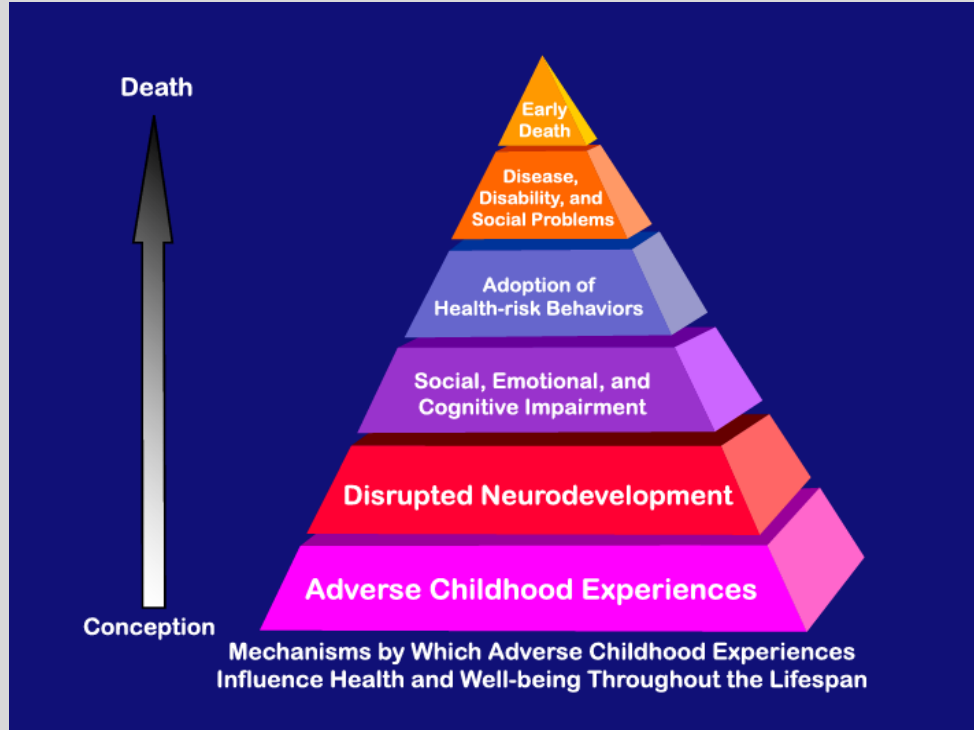
- Early physical problems, e.g., tearing, urinary track damage
- Many psychological, cognitive, and biological effects in childhood or later in life, e.g., psychosis, difficulties establishing/maintaining relationships, clinical depression, PTSD, obsessive-compulsive disorder, personality disorders
- Destructive behaviors towards themselves and others including promiscuity, prostitution, self-mutilation, suicide, and homicide
- Physical health problems: numerous chronic health problems
- Long-term sociological problems resulting from neurological & chemical changes within the brain, life choices made



ACE STUDY as a Key Base

Adverse Childhood Experience (ACE) Study

EFFECTS ON BRAIN AND OTHER DEVELOPMENT



EXPERIENCES THAT LEAD TO MEDICAL OR SOCIAL PROBLEMS

Childhood abuse & neglect

Domestic Violence

Substance Abuse

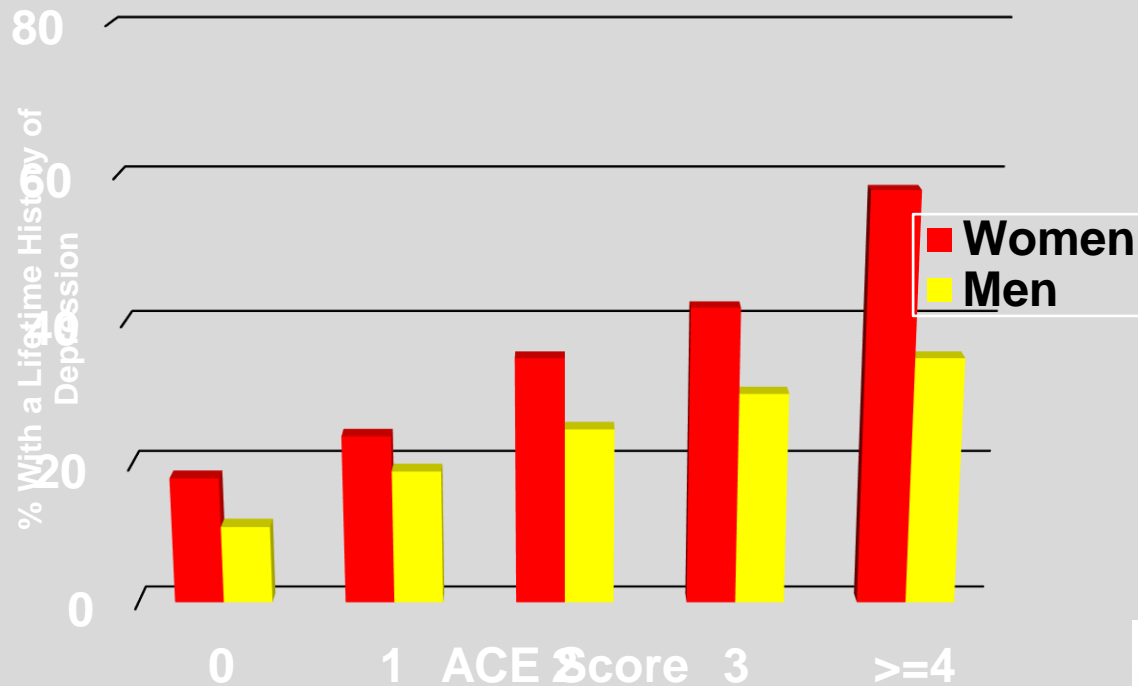
Mental Illness

Crime

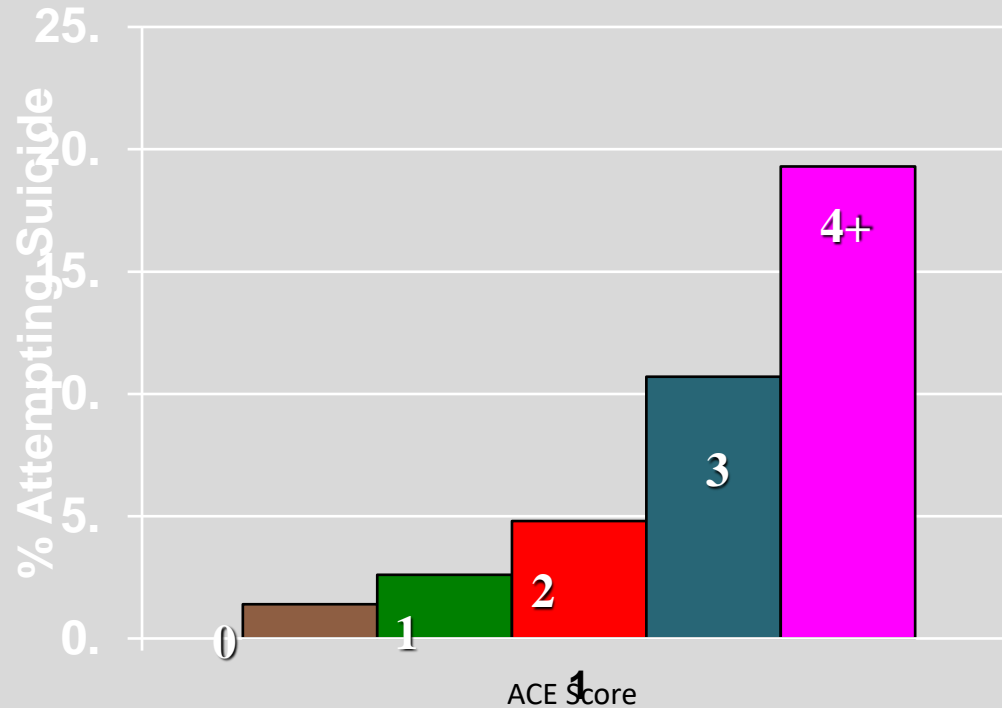
A PUBLIC HEALTH PARADOX

Many of our most common and intractable public health problems are unconsciously attempted solutions to personal problems dating back to childhood and buried in time and concealed by time, by shame, and by social taboo.

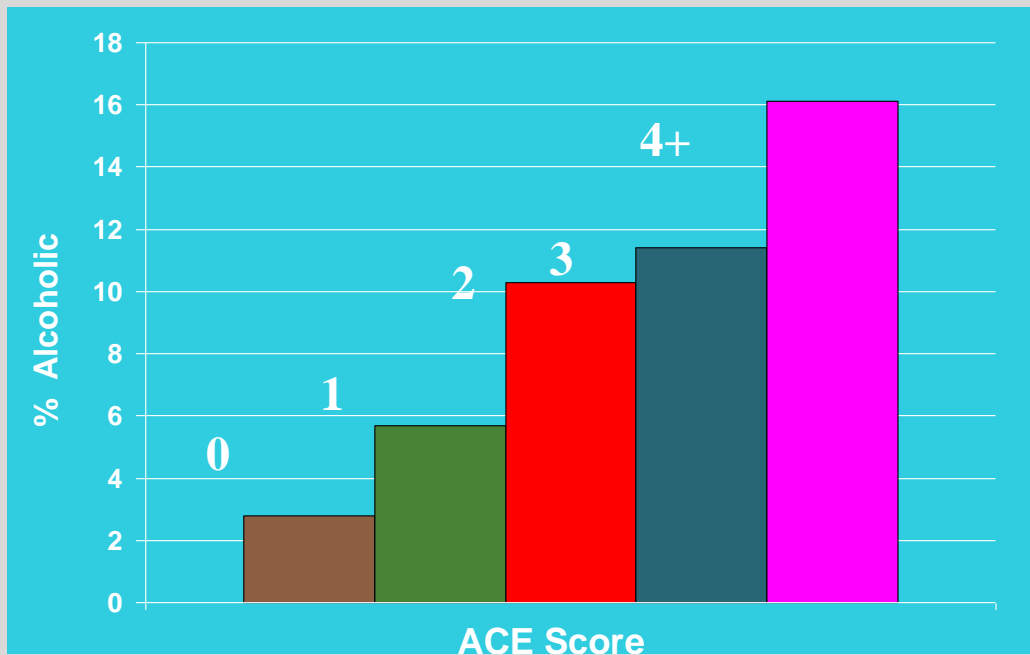
ACEs and examples of issues affecting families & communities: CHRONIC DEPRESSION



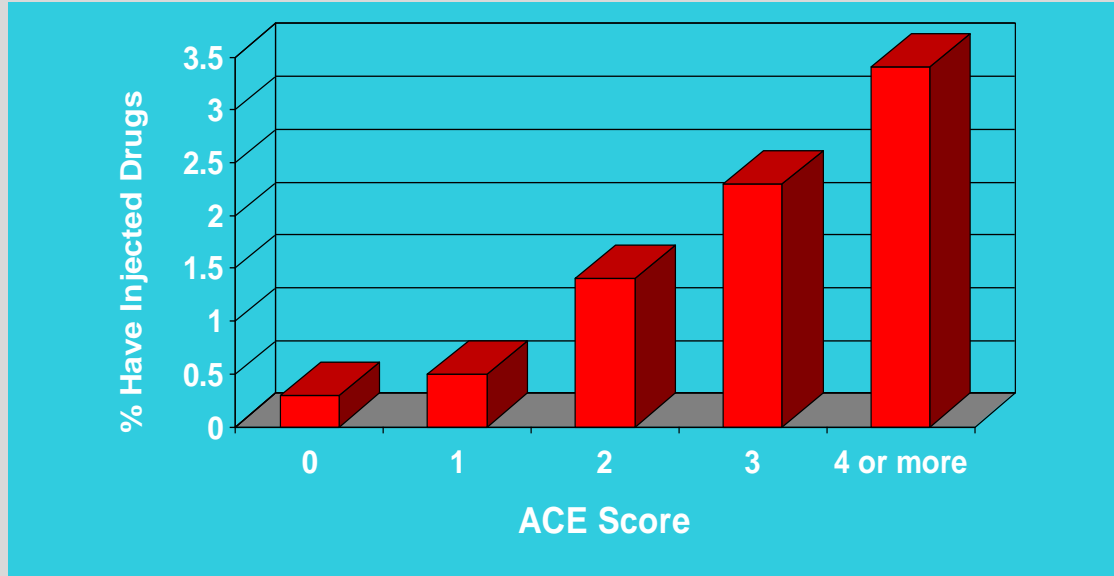
ACEs underlie suicide attempts



ACE vs ADULT ALCOHOLISM



ACE vs INJECTION DRUG USE



ACE SUMMARY OF FINDING-ACEs determine likelihood of the 10 most common causes of death in U.S.

Common & largely unrecognized

Basis of much adult medication and public health problems

Strong predictors of later social functioning

Interrelated & not solitary

Leading determinant of health & social wellbeing

PREVELANCE of CSA (1 of the ACEs)

U.S - More than 1 in 4 girls and 1 in 6 boys

EUROPE - 1 in 5 girls and 1 in 6 boys

NZ - 1 in 3 girls by the age of 15, estimated 1 in 6 boys

RESULTS FROM ACE STUDY & PAST Stop the Silence® Cyprus & New Zealand PROGRAM PARTICIPANT GROUPS - ABUSE

Psychological (By parents) U.S - 11% CY – 16% NZ -79%/

Physical (By parents) U.S - 28% CY – 8% NZ – 50%/

Sexual U.S - 22% CY – 32% NZ - 67%/

RESULTS FROM ACE STUDY & PARTICIPANT GROUPS - HOUSEHOLD DYSFUNCTION

Alcoholism or drug use in home U.S - 27% CY – 4% NZ–43%

Loss of biological parent < age 18 U.S - 23% CY – 4% NZ – 14%

Depression or mental illness U.S - 17% CY – 12% NZ – 43%

Mother treated violently U.S - 13% CY – 0% NZ – 21%

Imprisoned household member U.S - 6% CY – 4% NZ – 29%

Some ISSUES underscored by our work

There are sections of communities not accessing services; we often know little about them & the channels they use.

How to identify those people who need services?

How do we enable and encourage communities to engage in simple technology to find services in their local area?

How do we work together to use insights the data will reveal?

Solution: Model Adaptation/Development and Partnerships with Trust MYRIVR, Others



Stop the Silence® Comprehensive Child Sexual Abuse Training, Prevention, Mitigation, and Care Model: Invest-Advocate-Engage-Train-Reduce Suffering and Negative Health Outcomes

Trust MyRivr: Our business



Why we are here

MISSION

Increase accessibility and utilization of health and social services in the community

OUR PURPOSE

To leverage innovative technology through the dissemination of the MYRIVR App that streamlines health and social services in communities

POINT OF DIFFERENCE

- Grassroots
- Practical
- Evidence-based
- Inexpensive
- Independent
- Innovative
- Scalable
- Offers 'real time' solutions
- Modelled after successful technology like Air BnB and Uber

OUR GOALS

1. MYRIVR to become the preferred in-app directory of health and social services in the world
2. MYRIVR to be world leaders in real time health and social services data collection
3. MYRIVR to be world leaders in data influenced social good innovations that empower communities to formulate their own meaningful solutions.

OUR PEOPLE

- Authentic
- Adaptive
- Relevant
- Innovative
- Progressive
- Collaborative
- Social architects

What we do

KEY STRATEGY

To contribute to an identified need in the community—access to health and social services that will help create a thriving, healthy community. This will be achieved via our three-tiered response:

1. Build Awareness of MYRIVR App
2. Build Champions of MYRIVR
3. Build community ownership leveraging off existing support resources available via MYRIVR

OUR MOTTO

"E fofo e le alamea le alamea" – Samoan Proverb

This translates to...
Solutions for issues within a community can be found within that same community

How we do it

EVIDENCE BASED DATA

Ground-breaking data collection tool

MYRIVR – innovative use of ground-breaking and award-winning technology to capture outcomes with real-time data of people accessing help before, during and post engagement with services. Analytics generated from MYRIVR provides real-time predictive data that will help:

- Better inform and identify where the need is and the true social landscape of issues affecting our communities
- Identify opportunities that will bring about better health and wellbeing outcomes for our people
- Inform policy and legislation that will enable a thriving and prosperous Aotearoa

Data Validation

MYRIVR are excited to have Massey University's - The Auckland Knowledge Exchange (AKE) Hub be part of the MYRIVR team to provide big data and social analytics expertise in support of this valuable initiative.

"MYRIVR offers a platform for extracting insights that haven't previously been available. It will not only provide a snapshot of the current state, but also enable service providers and funders to forecast and predict future community needs."

- Prof Christoph Schumacher, Professor in Innovation and Economics & Director AKE Hub is the lead

Scanning

Analyzing

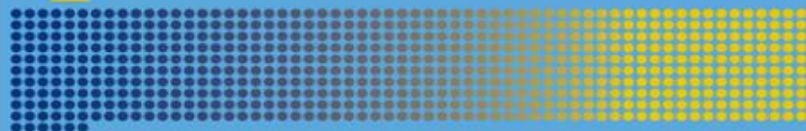
Response

Assessment

The Problem



Suicide



Each of these dots represents a life lost to suicide in 2017. Each dot is a family ripped apart. There are 606 dots.

3x

The suicide rate for men is triple that for women

NZ has the worst youth suicide rate in OECD

15 hours

Is how often a New Zealander takes his or her own life. The rate is increasing.



Violence within families

12 women
4 men

killed by their intimate partners annually

1 women
5 men

killed in the context of intrafamily violence

Between 2009 and 2015, there were **92 intimate partner deaths**. In **98% of deaths** with a recorded history of abuse, women were the primary victim, abused by a man.

Men are the perpetrators for these deaths 78% of the time vs women 19% of the time



Refuge

31 Womens refuges provide "housing to women, young people and children experiencing abuse"

2 Locations for men to cool down and mitigate the risk of being a perpetrator of family violence or committing suicide



Our jails

8,091 men
527 women



Domestic violence

5,461 applications were made for **protection orders** in 2016

5072 made by women

550 made by men

4,940 respondents were men

560 respondents were women



Sexual abuse

1 in 4 girls and **1 in 3 boys** are sexually abused before the age of 15 – the highest in all countries examined

5 minutes

How often police arrive at a domestic violence incident. That means they might attend two incidents in the time it takes to read this.

PREVENTION / INTERVENTION

How can we stop CSA/ACEs?

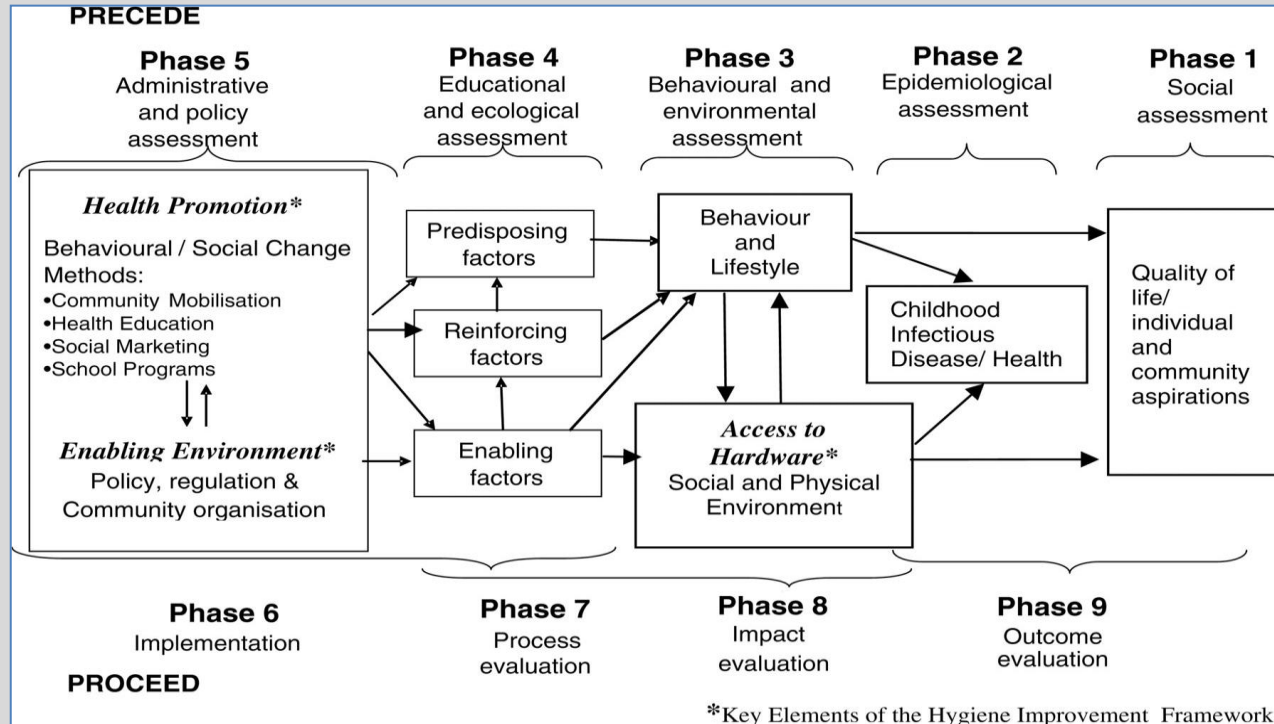
What can we do to treat / mitigate?



Community, Systems and Responses

Recognizing & Incorporating the realities of each location, people, ownership, culture, systems

FOCUS ON Community and SYSTEMS as Key Concepts



FOCUS ON SYSTEMS

Interconnected

Flexible and Dynamic

Have a feedback loop

Provide ways to collaborate

REVIEW: Overall PROGRAM OBJECTIVES

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PROGRAM FOCUS AND ACTIVITIES

Engaging Training of all types of Service Providers

Reaching various levels of Policymakers/Stakeholders

Advocacy and Media

Community Outreach/Access to Service (the App, etc.)

Assessment and Enhancement



**Advocacy, Education, and Training through
Events, Presentations, Handouts, Guest
Speakers, Videos and Films, Ted Talks, Group
Work, Testimony, Discussion, and more**



Various advocacy, education, and training modalities

“THE TALE” Directed by Jennifer Fox. With Laura Dern, Jason Ritter, Common, Elizabeth Debicki
– WATCHING, DISCUSSING, PROCESSING IT

Raising Mass Awareness

Awareness-raising programs are used to reach, public, media, stakeholders, policymakers

Examples include the Race to Stop the Silence[®] and Road to Change[®]

These help pave the way for working with communities to improve understanding, prevention & timely care for CSA/ACEs victims/survivors

Race to Stop the Silence®



The Race to Stop the Silence® occurred yearly for 10 years from 2004-2013

Road to Change: Walk to Stop the Silence[®]



Definition of “Media”, “Campaign”

Documented means of communication
Reach and influence people widely

Examples:

Newspapers/Magazines

Documentaries/Films/Plays

Television/Radio

Web and social media (blogs, twitter, etc.)

Benefits of Media Outreach

- Reduce secrecy
- Survivors more comfortable, better able to report abuse
- Raised awareness of sexual violence and signs
 - Women and Parents
 - Community Groups
 - Service Providers
- Offenders urged to stop
- Actionable public



The Biggest Myth about Child Abuse

The biggest myth is that the dangers to children come from strangers. In most cases, the perpetrator is someone the parent or child knows, and is often trusted by the child and family.

Taken From: <http://vasai.files.wordpress.com/2007/10/child-abuse.jpg>

Benefits (continued)

- Influence attitudes of the public
 - Combat misconceptions (e.g., CSA/DV epidemic vs. rarity)
 - Advocacy for children and women
- Influence policy makers
 - Support services ready to handle reports, treat survivors
 - Track offenders, conduct background checks
 - Enact legislation to support children's/women's rights
 - Right to speak out, right to testify

Sexual Violence Campaigns Benefits and Challenges

- Public discomfort with the issue
- Communication barriers (e.g., media involvement and type of reporting – “stranger danger,” reporting on individual cases, impacting behavior change)
- Lack of agency coordination and outreach
- Inadequate funding

CSA Media Campaign Examples

- Tacoma, WA, 1985, quickly increased reporting
- PBS Programs, "Child Sexual Abuse – What Your Children Should Know," 1991 series.
- Stop it Now!, 1992-present, initial focus abusers.
- Project Safe Child: 2007-present, e.g., Ad Council, US DOJ, "Think Before you Post," teen girls
- Child Abuse Prevention Month is in April, with media focus
- Stop the Silence® ongoing campaigns, from 2004: Race to Stop the Silence®, Road to Change® Europe, Road to Change: A U.S. & Worldwide Musical Event to Raise Awareness of CSA (in planning)

What Effective Communication & Education Programming have in Common

- Research -- pertinent
- Planning – thoughtful, strategic approaches
- Implementation – common, consistent language
- Evaluation – quantitative and qualitative

1. Research

- Use accepted theories and quantitative and qualitative data background and collection methods to develop and shape campaign (e.g., Situational Theory of Publics).
- Results as guide to development of a campaign
 - Objectives
 - Strategies
 - Tactics

2. Planning

- Determine the goals of the campaign/ program
- Identify publics to be targeted (various geographic, cultural, age, socio-economic)
- Articulate objectives for each target public
- Identify strategies and planning actions

3. Implementation

- Follow identified necessary steps
- Use a variety of poignant, relevant communication tactics – concrete ways in which the strategies are executed

4. Evaluation

- Informal: Media campaigns can yield extensive local, regional, and national radio play, TV coverage, and articles and ads reaching at least tens of thousands
- Other (formal): Additional research to be conducted
 - Conduct follow on survey research as possible before and after events and media campaigns
 - Track numbers of additional clients seen through partner service organizations, and on an on-going basis
 - Track progress of clients
 - Evaluate related activities, e.g., training conducted with service providers

Stop the Silence® Original Campaign/Program Goals

1. Raise awareness about CSA/child abuse as a social issue
2. Generate funding for programming
3. Conduct comprehensive programming

Stop the Silence® Campaign Target Publics

- Advocates in D.C. and elsewhere (as relevant)
- Adult survivors of CSA
- Local, registered voting public
- Stakeholders (working through collaboration)
- Policymakers

Original Stop the Silence[®] Campaign Objectives

- Increase information outreach, report calls to help lines, speak out to others (advocates and survivors)
- Increase awareness and knowledge (voting public)
- Increase relevant action(s) (stakeholders)
- Raise at least \$300,000 in federal appropriations

Stop the Silence[®] Campaign Strategies

- Generate mass media attention
- Leverage relationships with CBOs, local and national and international advocates, researchers, and organizations
- Conduct community outreach and education in coordination with CBOs and other local organizations

Tactics for Strategy 1: Getting Mass Media Attention

- Get “a look and feel”
- Generate attention of policymakers, advocates, survivors, and voting public
- Use celebrity/public spokespersons
- Use respected and well-known organizations to write articles about the race and the cause
- Develop PSA and Web banner to be distributed and used nationally

Stop the Silence® examples of PSAs, Web banners, TV, Radio, video

Moving and stationary
Web site ads



CNN national story with Sharon Simone, CSA prevention advocate; RTC article about RTC & Pope





ALL SYSTEMS RESPONSE

Reaching, Activating the whole community

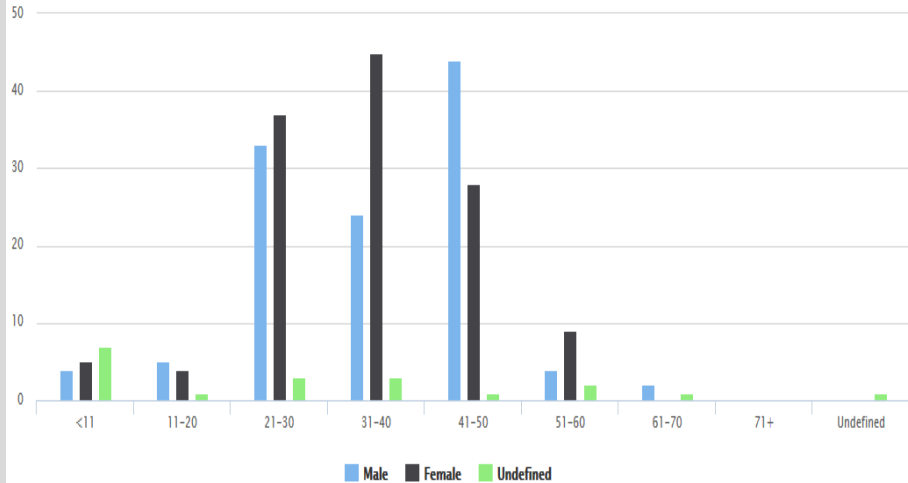
Community based organizations

Call to action

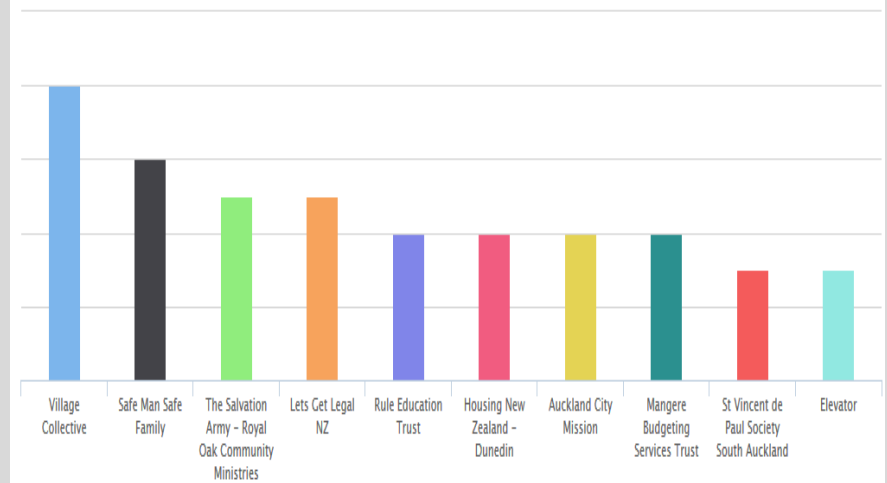
What our data told us



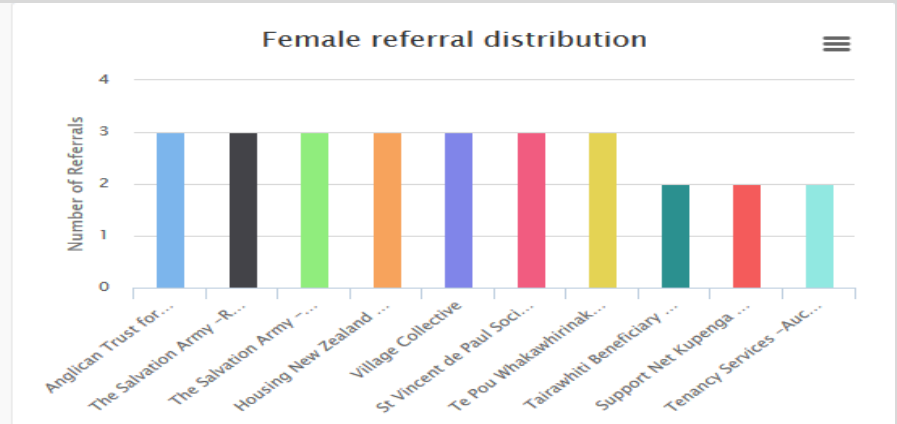
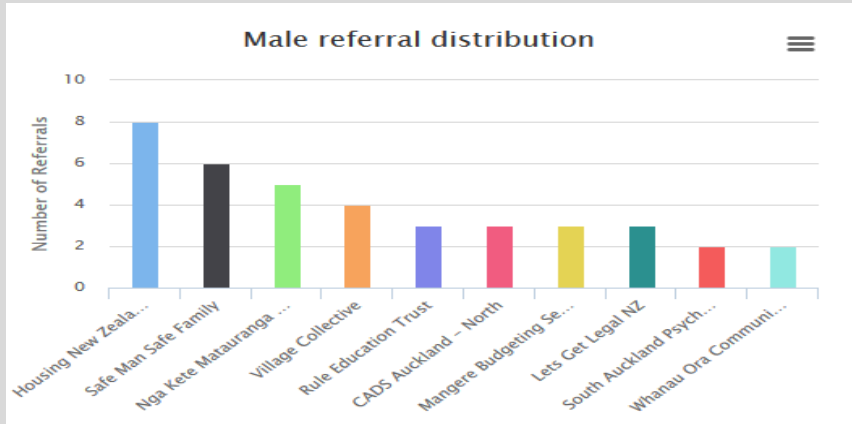
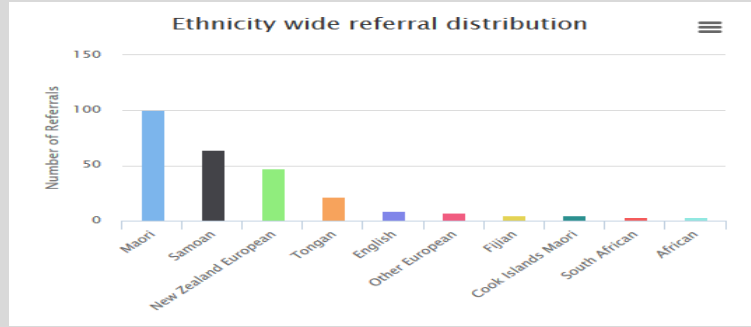
Age group distribution



Service providers wide referral distribution



What our data is telling us



Outcomes Thus Far

OVERALL RELEVANT EFFECT OF NZ PROGRAM (Example)

- Definitive effect on Obj. 1&2 (improve timely care for CSA/ACEs victims, raise service provider awareness, etc.); assumed effect on Obj. 3 & 4 (improve response/coordination being addressed).
- Two, 3-day trainings (Nov. 13-16, 2018, Apr. 16-18, 2019) resulted in participation of service providers, local experts, community members, leaders.
- Training assessment/outcomes tools included Pre-/Post- Knowledge Assessments, Key Informant (KI) Interviews, Adverse Childhood Experiences (ACE) questionnaire, training observations.
- The program has increased understanding of CSA/ACEs and enhanced coordination efforts between service providers.
- Committed network built and utilizing new-found information and strengthening collaboration, e.g., TMR now partnered with The Royal Commission of Inquiry into abuse in state care.



General Themes - The general overarching and relevant themes reported by key informants (NZ) were as follows:

- **Often lack of government support**
- **CSA is often/usually a taboo subject**
- **Community involvement**
- **Focusing on challenges and opportunities per location**

Training Participant Quotes

“There are more social services than you can shake a stick at... What the MYRIVR App does is give everyone access.”

“A culture of continued abuse is becoming normal... and continuing through generations. People are afraid to talk or upset or hurt [community members]”

"Opens a can of worms But we have to go there."

"Being prepared to be under the microscope. That [can be] seen as just [one group's problem]... We need to look at all the solutions and regardless of where it comes from we should use it."

Funding, Realities, Next Steps, and Relevance to YOUR Community:

- Funding / Grant Writing
- Reaching politicians and stakeholders everywhere
 - Assessing and Planning

THE BACK STORY – how it happened in NZ, how it can happen everywhere, including your neighborhood!!

A Samoan Kiwi man from Otara walks into a hotel in San Diego at the IVAT Summit in 2017. Meets a lady from Washington D.C. They compare notes and decide to tag team, then exchange details. A year later they launch a child sexual abuse prevention training in NZ, run by a South Auckland NGO managed by men, sponsored/funded in collaboration with funding from America, members of the public, local businesses, run out of a real estate premises with absolutely no government funding.

Community partnership & ownership is critical.

Thanks to all of our partners, funders, and supporters for your faith and support.

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[#StrongerTogether](#), [#PreventionNotRehabilitation](#) [#professionaldevelopment](#) [#capacitybuilding](#) [#RWJF](#) [#CAFAmerica](#) [#StoptheSilence](#)[®]



Qs and As, CLOSING DISCUSSION

Minutes of Hope, and Final Circle

15 Minutes of Hope, and Final Circle



Prevention & Mitigation of Child Sexual Abuse Training

