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

Pamela J Pine, PhD, MPH, Founder and Director, Stop the Silence® - A Dep’t. of IVAT

Webinar Program, 2021
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.
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.
Stop the Silence® Comprehensive Child Sexual Abuse Training, Prevention, Mitigation, and Care Model:
Invest-Advocate-Engage-Train-Reduce Suffering and Negative Health Outcomes
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
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

% With a Lifetime History of Depression

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
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<tr>
<td>1</td>
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<td>3</td>
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<td>&gt;=4</td>
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A Department of the Institute on Violence, Abuse and Trauma
ACEs underlie suicide attempts

% Attempting Suicide

ACE Score

0 1 2 3 4+

0 5 10 15 20 25
ACE vs ADULT ALCOHOLISM

![Graph showing the percentage of alcoholics at different ACE scores]

ACE Score

% Alcoholics

0
1
2
3
4+

0
2
4
6
8
10
12
14
16
18

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ACE vs INJECTION DRUG USE

Percentage of individuals who have injected drugs vs ACE score.

ACE Score:
- 0
- 0.5
- 1
- 1.5
- 2
- 2.5
- 3
- 3.5

% Have Injected Drugs:
- 0
- 0.5
- 1
- 1.5
- 2
- 2.5
- 3
- 3.5

4 or more
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

<table>
<thead>
<tr>
<th>Type</th>
<th>U.S</th>
<th>CY</th>
<th>NZ</th>
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<tbody>
<tr>
<td>Psychological (By parents)</td>
<td>11%</td>
<td>16%</td>
<td>79%</td>
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<tr>
<td>Physical (By parents)</td>
<td>28%</td>
<td>8%</td>
<td>50%</td>
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<tr>
<td>Sexual</td>
<td>22%</td>
<td>32%</td>
<td>67%</td>
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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
<table>
<thead>
<tr>
<th>Mission</th>
<th>Our Goals</th>
<th>Key Strategy</th>
<th>Evidence Based Data</th>
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<tbody>
<tr>
<td>Increase accessibility and utilization of health and social services in the community</td>
<td>1. MyRivr to become the preferred in-app directory of health and social services in the world</td>
<td>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:</td>
<td>Ground-breaking data collection tool</td>
</tr>
<tr>
<td></td>
<td>2. MyRivr to be world leaders in real time health and social services data collection</td>
<td>1. Build Awareness of MyRivr App</td>
<td>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:</td>
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<td>3. MyRivr to be world leaders in data influenced social good innovations that empower communities to formulate their own meaningful solutions.</td>
<td>2. Build Champions of MYRivr</td>
<td>- Better inform and identify where the need is and the true social landscape of issues affecting our communities</td>
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<td>3. Build community ownership leveraging off existing support resources available via MYRivr</td>
<td>- Identify opportunities that will bring about better health and wellbeing outcomes for our people</td>
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<td></td>
<td></td>
<td></td>
<td>- Inform policy and legislation that will enable a thriving and prosperous Aotearoa</td>
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<tr>
<td><strong>Point of Difference</strong></td>
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<td>Data Validation</td>
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<tr>
<td>- Grassroots</td>
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<td>MYRivr are excited to have Massey University’s - The Auckland Knowledge Exchange (AKE) Hub be part of the</td>
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<tr>
<td>- Practical</td>
<td></td>
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<td>MYRivr team to provide big data and social analytics expertise in support of this valuable initiative</td>
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<tr>
<td>- Evidence-based</td>
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<td>“MYRivr offers a platform for extracting insights that haven’t previously been available. It will not only</td>
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<tr>
<td>- Inexpensive</td>
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<td>provide a snapshot of the current state, but also enable service providers and funders to forecast and predict</td>
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<tr>
<td>- Independent</td>
<td></td>
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<td>future community needs.”</td>
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<tr>
<td>- Innovative</td>
<td></td>
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<td>- Prof Christoph Schumacher, Professor in Innovation and Economics &amp; Director AKE Hub is the lead</td>
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<tr>
<td>- Scalable</td>
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<td>- Offers ‘real time’ solutions</td>
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<td>- Modelled after successful technology like Air BnB and Uber</td>
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<tr>
<td><strong>Our People</strong></td>
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<tr>
<td>- Authentic</td>
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<tr>
<td>- Adaptive</td>
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<td></td>
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<tr>
<td>- Relevant</td>
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<tr>
<td>- Innovative</td>
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<tr>
<td>- Progressive</td>
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<tr>
<td>- Collaborative</td>
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<td></td>
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<tr>
<td>- Social architects</td>
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<tr>
<td><strong>Our motto</strong></td>
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<tr>
<td>“E fofu e le alamea le alamea” – Samoan Proverb</td>
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<tr>
<td>This translates to...</td>
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<tr>
<td>Solutions for issues within a community can be found within that same community</td>
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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.

Refuge

31
Women's 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

The objectives of the project are to:

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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.
The Race to Stop the Silence® occurred yearly for 10 years from 2004-2013.
Road to Change: Walk to Stop the Silence®

Stop the Silence
Stop Child Sexual Abuse
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

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
- Stop it Now!, 1992-present, initial focus abusers.
- 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

Examples of PSAs, Web banners, TV, Radio, video
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
“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
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.

CONTACT: pamelap@ivatcenters.org

#StrongerTogether #PreventionNotRehabilitation #professionaldevelopment #capacitybuilding #RWJF#CAFAmerica #StoptheSilence®
Qs and As, CLOSING DISCUSSION