Collaborative Efforts to Prevent Child Sexual Abuse in Minnesota: An Empirical Case Study

Daniel J. Schober[1] Stephen B. Fawcett, Ph.D.[1] Jerry A. Schultz, Ph.D.[1] Yvonne Cournoyer[2] Renee Wright[3]

[1]University of Kansas, Work Group for Community Health and Development [2]Stop It Now! Minnesota [3]Centers for Disease Control and Prevention

Background

In the United States, over 80,000 children each year cope with shame, guilt, and other harmful effects as victims of Child Sexual Abuse (CSA) (American Academy of Child and Adolescent Psychiatry, 2004).

Stop It Now! Minnesota is a statewide organization focusing on the primary prevention of CSA, using a public health perpetration prevention model.

In 2002, the U.S. Centers for Disease Control and Prevention awarded a grant to *Stop It Now! Minnesota* for a statewide effort to increase adult responsibility for preventing child sexual abuse (CSA) **before** it occurs. The KU Work Group for Community Health and Development served as a scientific partner to evaluate this effort.

Stop It Now! Minnesota focused on CSA prevention in the seven-county Twin City Area (Minneapolis and Saint Paul) and then expanded to communities throughout the state. The project evaluated the effort during the five-year grant period (Sept 2002 through Sept 2007).

Stop It Now! Minnesota's Intervention

Initiative Components	Specific Activities
Providing Information and Enhancing Skills	▪ Presentations on adult and community responsibility for the prevention of CSA and Stop It Now! Minnesota resources ▪ Dialogues and small group discussions among CSA victims, perpetrators, and the community to create awareness and an accurate understanding of the problem ▪ Exhibits of Stop It Now! Minnesota program materials and resources at professional conferences targeting social workers, parenting organizations, and foster care providers ▪ Workshops for child care providers, parents, and professionals who work with children to gain an accurate understanding of the sexual behavior of children and the skills necessary to respond to inappropriate sexual behavior ▪ Use of non stigmatizing language in describing the behavior of CSA rather than labeling the "offender"
Enhancing Services and Support	▪ Partnerships with other agencies/organizations to prepare their clients to recognize and respond to situations in which there may be a risk of CSA ▪ Collaborations with organizations working with children and families, to provide Stop It Now! Minnesota educational materials for distribution to their clients ▪ Facilitation of regional meetings to bring together those from different organizations in the same community, working on preventing CSA ▪ Licensor training provided for child care and foster care organizations on recognizing and responding to CSA
Modifying Access, Barriers, and Opportunities	▪ Educating mental health treatment providers to incorporate information about the link between CSA and other mental health problems into screening ▪ An advertising campaign that reached adults at risk for perpetrating CSA with messages about finding help (e.g., billboards, radio, and internet popup advertisements) ▪ Provision of online resources for those worried about sexually abusing children or those who suspect someone they know may be involved in CSA
Modifying Policies and Broader Conditions	▪ Testimony to state-level commission on sex offender policy that resulted in recommendations for focusing on prevention ▪ Providing information about prevention of CSA to other statewide CSA prevention programs

Goals and Participatory Research Questions

We examined *Stop It Now! Minnesota's* efforts to create change in 3 areas:

1. **Community & System Change**: Is *Stop It Now! Minnesota's* effort creating change to the social environment to prevent CSA **before** it occurs?
2. **Widespread Behavior Change**: Are the targets of the effort (adults throughout the state who witness CSA) taking action to prevent CSA?
3. **Population-Level Change**: Is there a change in the occurrence of CSA across the state of Minnesota?

Methods

Change in these 3 areas was evaluated using multiple methods:

1. **Community & System Change:**
   - Stop It Now! Minnesota documented and classified their community/system changes (CCs)
     - CCs are defined as, "new or modified programs, policies, or practices in the community or system facilitated by the initiative and related to its goals and objectives."
2. **Widespread Behavior Change:**
   - Review of calls to *Stop It Now! Minnesota's* statewide Helpline that provided CSA prevention support and resources. Calls were classified into 1 of 3 types:
     - Green (e.g., requests for information where no sexual abuse is suspected)
     - Yellow (e.g., calls with warning signs of CSA)
     - Red (i.e., calls in which abuse is believed to have already happened)
3. **Population-Level Change:**
   - Review of annual child welfare reports to the Minnesota Department of Human Services (MDHS)
     - Cases of CSA reported to the MDHS

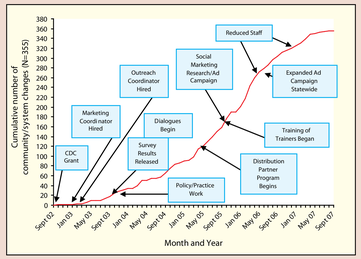
Results

Community & System Change: Is *Stop It Now! Minnesota's* effort creating change to the social environment to prevent CSA **before** it occurs?

The figure below depicts the accumulation of 355 documented community/system changes with key factors that were associated with increases/decreases in the rate of change.

An example of a documented community/system change:

Childcare Licensor Training: "The Sexual Behavior of Children and Preventing CSA," initiated by the Minnesota Department of Human Services, Child Care Licensing Division in response to increased allegations of child sexual abuse in child care providers' homes. (New Practice)

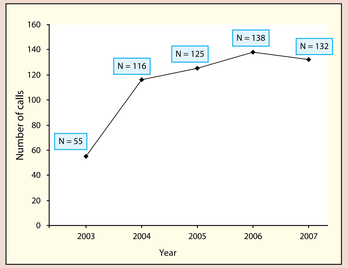


The table below depicts classification of the 355 documented community/system changes facilitated by *Stop It Now! Minnesota*.

Classification	Dimension	Percentage of Community/ System Changes (N=355)
Change Strategy	Providing information	63.66%
	Enhancing services and support	12.12%
	Modifying access, barriers and opportunities	11.83%
	Enhancing skills	8.73%
	Modifying policies and broader conditions	3.38%
	Changing the community consequences	0.28%
Duration	One-time event	49.86%
	Ongoing	43.66%
	More than once	6.48%
Sector	Multiple / other	20.00%
	Community / cultural organizations	15.21%
	Childcare organizations	14.93%
	Human services	12.40%
	Professional associations	8.73%
	Government (all except tribal)	8.17%
	Education / schools	6.20%
	Health organizations	5.63%
	Law enforcement	4.51%
	Faith organizations	3.10%
	Business / worksites	0.56%
	Youth serving organizations (non-school based)	0.56%
Ecological Level	Community	35.78%
	Relationship	28.73%
	Individual	25.35%
	Societal	10.14%

Widespread Behavior Change: Are the targets of the effort (adults who witness CSA throughout the state) taking action to prevent CSA?

For the majority of the five-year grant period (Sept 2002 through Sept 2007), *Stop It Now! Minnesota* tracked the volume of calls coming into their statewide Helpline. Call volume rose steadily. Calls were from adults taking action to prevent or address CSA.



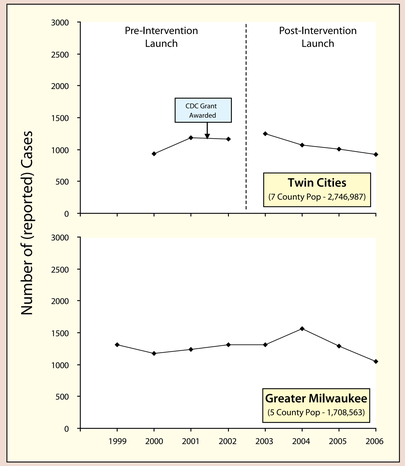
A subset of 470 calls from 2004 to 2007 was classified by call type.

Call Type	Description	Count
Yellow	Calls with warning signs of CSA	195
Red	Calls in which abuse is believed to have happened	149
Green	Requests for information where no sexual abuse is suspected	126

Population-Level Change: Is there a change in the occurrence of CSA in Minnesota?

CSA reports to social services in the Twin Cities (Minnesota Department of Human Services, 2000-2006) were compared to CSA reports to social services in Greater Milwaukee (Wisconsin Department of Health and Family Services, 1999-2006).

Greater Milwaukee is a comparison community; it did not receive the five-year CDC grant for a collaborative effort to prevent CSA.



CSA reports to social services in the Twin Cities decreased from before the launch of *Stop It Now! Minnesota's* effort to after the launch of the effort. In Milwaukee, reports increased.

Average Cases Per Year	Twin Cities	Greater Milwaukee
Pre-Launch of Collaborative Effort (2000 – 2002)	1094.33 per year	1241 per year
Post-Launch of Statewide Effort (2003 – 2006)	1060.75 per year	1303 per year
Percent Change	- 3.07%	+ 5.00%

Conclusion and Discussion

Findings:

- *Stop It Now! Minnesota* facilitated meaningful community/system change to prevent CSA throughout the state (N = 355)
- The collaborative effort resulted in an increase in adult action to prevent CSA (increased calls to *Stop It Now! Minnesota's* Helpline)
  - Preventative reporting (yellow calls) increased at a higher rate than "reactive" reporting (red calls)
- *Stop It Now! Minnesota's* effort contributed to a reduced (reported) occurrence of CSA in Minnesota

Implications for research, practice, and policy:

- More controlled studies are needed
- Key factors such as staffing and the launch of program components may enable community/system change to prevent CSA
- Improved systems are needed to monitor the occurrence of CSA
- Continued funding and technical support for CSA efforts are needed to prevent CSA before it occurs

References

American Academy of Child and Adolescent Psychiatry. (2004, July). Child Sexual Abuse. *Facts for Families* (No. 9). Retrieved February 24, 2008, from http://www.aacap.org/page.ww?name=Child+Sexual+Abuse&section=Facts+for+Families

Minnesota Department of Human Services. (2000–2006). *Minnesota's Child Welfare Report*. Retrieved January 1, 2008, from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_003713

Wisconsin Department of Health and Family Services. (1999-2006). *Wisconsin Child Abuse and Neglect Report*. Retrieved February 7, 2008, from http://dhfs.wisconsin.gov/Children/CPS/pubs/publNDX.htm

KU WORK GROUP FOR COMMUNITY HEALTH AND DEVELOPMENT

Daniel Schober
KU Work Group for Community Health and Development
Dole Center, Room 4082
1000 Sunnyside Ave.
Lawrence, Kansas, 66045
dschober@ku.edu
(785) 864-0711

Stop It Now!® Minnesota
Together We Can Prevent the Sexual Abuse of Children

*The findings and conclusions in this report are those of the author(s) and do not necessarily represent the **OFFICAL POSITION** of the Centers for Disease Control and Prevention.*