

Forum Proceedings:

**Preventing the Perpetration of Child Sexual Abuse
In Massachusetts**

March 3, 2004

“Imagine a childhood disease that affects one in five girls and one in seven boys before they reach 18; a disease that can cause dramatic mood swings, erratic behavior, and even severe conduct disorders among those exposed; a disease that breeds distrust of adults and undermines the possibility of experiencing normal sexual relationships; a disease that can have profound implications for an individual’s future health by increasing the risk of problems such as substance abuse, sexually transmitted diseases, and suicidal behavior. . .

Imagine what we, as a society, would do if such a disease existed. We would spare no expense. We would invest heavily in basic and applied research. We would devise systems to identify those affected and provide services to treat them. We would develop and broadly implement prevention campaigns to protect our children. Wouldn’t we?

Such a disease does exist – it’s called child sexual abuse.”

James Mercy, Centers for Disease Control and Prevention, 1999

Prepared by Joan Tabachnick, Director of Public Education, Stop It Now!
for the Massachusetts Coalition for Sex Offender Management, through Jane Doe Inc., the
Massachusetts Coalition Against Sexual Assault and Domestic Violence

Preventing the Perpetration of Child Sexual Abuse in Massachusetts

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BACKGROUND OF THE PROJECT

On March 3, 2004, over 30 participants gathered in Massachusetts for a groundbreaking discussion of a public health approach to preventing the perpetration of child sexual abuse. (See Appendix A for the names of all attendees.) The forum was organized by members of the **Massachusetts Coalition for Sex Offender Management (MSCOM)**, an interagency, public-private statewide coalition whose mission is to promote public safety and health by improving the effectiveness of sex offender management in Massachusetts and increasing the public's understanding of sexual abuse and exploitation. The event was co-sponsored by the **Massachusetts Child Sexual Abuse Prevention Partnership (MCSAPP)**, a public/private collaborative whose mission is to prevent child sexual abuse by engaging adults and communities in effective perpetration prevention efforts at the local and state levels.

In preparation for this forum, MCSOM, through **Jane Doe, Inc., The Massachusetts Coalition Against Sexual Assault and Domestic Violence** contracted with **Stop It Now!** to write a discussion paper on the values and assumptions that form the basis of a public health approach to preventing the perpetration of child sexual abuse. The paper was distributed by email and hard copy to the membership of MCSOM and MCSAPP, as well as the membership of closely affiliated organizations. (See Appendix B for a full listing of discussion paper readers.) In total, over 25 people responded in writing, and most of their comments were then included in the discussion paper itself or integrated into the forum's agenda for further discussion. The initial overall comments were very positive:

"In the 37 years I have been involved in working to reduce the risk from identified sex offenders, I can not recall another opportunity for a thoughtful re-assessment of our assumptions from such a wide perspective of stakeholders." Sex Offender Treatment Provider

"I found this discussion paper to be very informative and useful, and I think that applying the public health model to prevention of sexual abuse makes a lot of sense." Participant in the Governor's Commission on Sexual and Domestic Violence

Because of the time limited nature of a one-day forum, the organizers agreed that the discussion would be most productive if narrowly focused on

1. the opportunities offered by a **public health approach** to prevention;
2. the **sexual abuse of children** by older children, adolescents and adults; and
3. closer examination of the unique challenges of adding a focus on **preventing perpetration**.

Lastly, the following objectives for the forum were agreed upon by the organizers:

- 1) To examine the scientific evidence, assumptions, values, and methods associated with preventing the perpetration of child sexual abuse.
- 2) To define the directions and approaches viable within Massachusetts for adding public health strategy to prevent the perpetration of child sexual abuse.

DEFINITIONS and FRAMEWORK:

To establish a common ground for discussion, the organizers of this project chose the definition of child sexual abuse developed by the American Professional Society on the Abuse of Children (Handbook on Child Maltreatment, 2nd Edition, 2002) as their working definition:

“Child sexual abuse involves any sexual activity with a child where consent is not or cannot be given. This includes sexual contact that is accomplished by force or threat of force, regardless of the age of the participants, and all sexual contact between an adult and a child, regardless of whether there is a deception or the child understands the sexual nature of the activity. Sexual contact between an older and a younger child also can be abusive if there is a significant disparity in age, development or size, rendering the younger child incapable of giving informed consent. The sexually abusive act may include sexual penetration, sexual touching, or non-contact sexual acts such as exposure or voyeurism.”

The organizers felt this definition of child sexual abuse is simple to read and defines child sexual abuse more broadly than the various legal definitions in Massachusetts. From a public health point of view, it is important to include sexually abusive behaviors even if they are outside of the legal definitions so that effective interventions can be used. However, to implement many of the valuable programs in Massachusetts, it is equally important to understand the various legal definitions of Massachusetts as well. (See Appendix C for the legal definitions of child sexual abuse in Massachusetts.)

In addition, the discussion paper established the meaning of a public health framework as applied to sexual abuse prevention. The public health framework is a multi-disciplinary approach that incorporates prevention and intervention strategies as well as highly structured management, treatment and containment approaches. What public health adds to existing systems is a focus on the health of the entire public or segments of the public, rather than a single individual. Early feedback indicated that clarification of this framework was useful and necessary.

“People are often confused about the levels of prevention and what they mean in practice. This (paper) helps define them in clear ways. It also conveys a strong message about the importance of a comprehensive approach – that is, accountability, assessment, treatment, and containment.” Victim Advocate

The following public health continuum of prevention approaches was described in the discussion paper and at the forum.

- **Universal:** (Primary prevention) Focused on everyone in the population whether defined by characteristics or by geography. Interventions are designed to create a social climate that does not allow child sexual abuse to be perpetrated and actively promotes norms that allow for healthy sexuality and healthy shows of affection for adults, adolescents and children.
- **Selected:** (Secondary prevention) Focused on those with heightened risk for sexual violence perpetration based upon an understanding of these risk factors. Interventions are designed to reduce these risk factors and increase the protective factors for these individuals. (See Appendix D for a brief summary of a public health view of risk and protective factors.)

- **Indicated:** (Tertiary prevention) Focused on those who have already perpetrated sexual violence. Interventions are designed to ensure accountability and offer containment and/or treatment as appropriate to prevent the reoccurrence of sexual violence.

The discussion paper also examined the following key question: “Can child sexual abuse be prevented by adding a focus on preventing perpetration?” The answer is rooted in the following assumptions:

- Children are hurt by sexual abuse. (Felitti, VJ et. al., 1998)
- Family members are also often traumatized when a loved one is victimized by sexual abuse. (Manion et al., 1996)
- Adults, adolescents and children who sexually abuse must be held accountable for crimes they have committed in effective ways based upon the perpetrator’s age and cognitive abilities, cultural context, type of offense committed, level of violence involved, and victim impact.
- Specialized assessment and treatment can effectively reduce the risk of re-offense for many, but not all sex offenders. (Hanson, K. et. al., 2002)
- Most people who perpetrate sexual abuse are known to the child and most likely known to the child’s adult caregivers as well. Ninety percent of children know the person who has sexually abused them. (Finkelhor, D., 1994)
- People who sexually abuse children are diverse in terms of age, occupation, income level, marital status, and ethnic group. Their offending behaviors can be equally diverse. (Becker, J., 1994)
- Few children disclose their sexual abuse while still a child. Eighty-eight percent of child sexual abuse cases are not reported to authorities. (Hanson, R. et. al., 2000) Therefore, most people (adults, adolescents and children) who have sexually abused a child never enter the legal system.
- Most perpetrators who are caught are eventually released back into the community. (BJS, 1996)
- Society has the responsibility and every obligation to prevent sexual abuse of children from being perpetrated.

Lastly, based on the public health framework and on the assumptions above, the discussion paper enumerated the following values for the prevention of child sexual abuse at each of the intervention levels:

Indicated (*Tertiary Prevention: strategies that target situations where abuse has been perpetrated to prevent further harm.*)

- Because 90% of children know the person who abused them, there must be incentives and reduced barriers to disclosure of the abuse by everyone in the situation -- victims, abusers, family members, and bystanders.
- Levels of containment and various modalities of treatment should be related to the wide variety of perpetrators and specifically related to the risk posed by that individual. Decisions should be made in the context of other factors such as the perpetrator’s age, cognitive abilities, the cultural context, the crime, level of violence, and victim impact.
- Decisions for placement, discharge, and monitoring must also be based upon assessment of risk to known victims, potential future victims, and to the community.

- Further information and research is needed about both reported and unreported cases of sexual abuse.

Selected (Secondary Prevention: strategies that target those at risk for first time perpetration of child sexual abuse.)

- Resources and systems must be developed to identify and effectively respond to situations where at risk behaviors are observed in adults, adolescents, or children.
- Families need a greater range of resources and options than what the system currently offers them (e.g., doing nothing or reporting, lack of effective options when reports are screened out, etc.). In situations in which abuse has not occurred, approaches need to focus on strengthening the protective factors around the individual and family at-risk.
- The social climate must shift to normalize help-seeking for families who think they may have a problem.
- Prevention strategies should access emerging research that increases our understanding of risk factors and protective factors related specifically to preventing the perpetration of sexual abuse.

Universal (Primary Prevention: strategies that target the general public by shifting social norms.)

- Cultural norms that value healthy sexuality and healthy non-sexualized shows of affection for children, adolescents, and adults need to replace a culture that sexualizes children and allows them to be victimized. A social climate that normalizes discussions about sex, sexuality, bodies and reproduction in families must be created.
- Multi-disciplinary approaches to prevention are needed that expand on criminalizing sexual abuse and also involve segments of society not traditionally targeted as change agents (e.g., sexual abusers, caregivers, medical staff, schools, faith-based organizations, media, and other businesses.)

OVERVIEW OF THE FORUM

The full-day forum was facilitated by staff from the national Center for Sex Offender Management. (See Appendix E for the day's complete agenda.) Chairs of both coalitions welcomed the forum participants and provided an overview for the day.

In her opening remarks, **Marci Diamond**, chair of MCSOM, commented:

“Together we hope to build on the many years of work by many people in this room to prevent victimization, support survivors, and treat and manage offenders. Massachusetts has recently begun to increase focus on preventing perpetration, and we hope our work here today can specifically help strengthen this component of a collective and comprehensive approach to this complex problem. Today we will also focus on a public health framework to build upon and complement existing work within criminal justice and child protection systems.”

Jetta Bernier, chair of MCSAPP, added this description of the forum:

“Our work today with MCSOM is intended to complement each of our independent efforts and increase opportunities for constructive coordination and collaboration among these groups and others in Massachusetts with a stake in and/or working to prevent perpetration of sexual abuse. This should help us prevent duplication, identify areas of overlap between MCSOM and the Partnership, and create a foundation from which each group can most effectively help the other move its goals forward.”

Together, they presented the following goals for the day's work:

- To clarify common assumptions and values about perpetration prevention of child sexual abuse;
- To collectively identify barriers and opportunities to prevent/reduce perpetration of child sexual abuse in Massachusetts;
- To identify, using the public health model, specific components still needed in Massachusetts to effectively prevent perpetration of child sexual abuse;
- To articulate next steps to advance the collectively identified agenda; and
- To enhance the collaboration and coordination between the Massachusetts Coalition for Sex Offender Management and the Massachusetts Child Sexual Abuse Prevention Partnership, and other stakeholders.

The working day began with a comprehensive overview of the research regarding the perpetration of child sexual abuse presented by **Dr. Judith Becker**, Professor of Psychology and Psychiatry at the University of Arizona. The overview was intended to establish what is known and not yet known about perpetration prevention and about the adults, adolescents and children who engage in sexually abusive behaviors. (See Appendix F for a list of references from Dr. Becker's talk.)

The afternoon session of the forum began with an in depth explanation by **Joan Tabachnick**, Director of Public Education at Stop It Now!, of the public health framework for preventing the perpetration of child sexual abuse, including some “best practice” examples at each level of prevention. (See Appendix G for a summary of this presentation and definitions of Universal, Selected, and Indicated prevention strategies.)

Following the afternoon presentation, participants broke into three small groups to discuss existing programs in Massachusetts as well as needs and new directions for Universal, Selected, and Indicated prevention strategies. (See Appendix H for the lists of Massachusetts programs at all three levels of prevention that were brainstormed at the forum.) Each of the three small groups discussed priorities and brought them to the large group for further discussion.

The day ended with a full group discussion about priorities and directions for the future including commitments to an Action Plan.

ACTION PLAN

At the end of a productive day of exploration, an action plan outlining various future opportunities was discussed. Despite time constraints, clear priorities were able to be identified. A temporary committee was created to discuss and then explore options to follow-through on these initiatives. The outline below summarizes the long and short term initiatives determined through the discussion. The name in parenthesis indicates who agreed to take leadership for the next step.

Short Term Initiatives

1. Build Bridges

Many participants commented on how much they learned from the discussions with professionals they don't typically work with. Together, they felt it was important to continue the dialogue begun through this forum and explore new opportunities for collaboration between those who work with victims and those who work with offenders. Suggestions included:

- Bringing together the planning committees of existing conferences, such as annual MATSA/MASOC conference and MCSAPP conference (DPH will facilitate an exchange of contact information.)
- Actively seeking to broaden membership of existing groups, especially in areas where new input is needed. (All)
- Adding official membership from MATSA and MASOC to MCSAPP. (MCSAPP staff)

2. Extend Reach

Although engagement was very high throughout the day, there was also consensus that people are already stretched with their current workload and commitments. It was agreed that whenever possible, increased communication among professionals, activists, and other key stakeholders would leverage the overall impact on this issue. To that end, it was agreed to:

- Summarize this forum and use it as a basis for future discussion. (Stop It Now! will create the proceedings from this forum.)
- Create a group email or Listserve. (Jane Doe, Inc. will create the Listserve.)
- Use Listserve to inform each other of our priorities and to build support for a broader range of initiatives. (All)
- Do not create yet one more group or set of meetings from this forum.

3. Solidify Core Strengths

The day highlighted much of what has already been accomplished in Massachusetts and the large number of nationally recognized experts in Massachusetts. Additional work in this area includes:

- Compile a preliminary list of child sexual abuse-focused resource lists currently available in this state (The Department of Public Health will create this initial listing of resources in Massachusetts.) (See Appendix I for this list.)
- Take a deep breath and consider all that has been accomplished in Massachusetts thus far.

- Convene a temporary committee to ensure that what was discussed during the day continues in some form.

4. Increase Access to Resources – explore a helpline focused on preventing perpetration

Many participants recognized that Massachusetts residents do not know how to access resources in the state. When they are concerned about a situation, but no crime has been committed, their sense of isolation is amplified. Participants agreed to explore the possibility of a Stop It Now! helpline in Massachusetts to help connect residents to the available resources in their community, on the internet, and through national organizations. That process includes the following first steps:

- Create a committee to examine the possibility of a helpline for preventing perpetration in Massachusetts.
- Explore possible protocols for people calling for help.
- Identify resources and services within the state for situations of concern where the system can not respond. In addition, enable systems to proactively and appropriately respond to a broader range of situations of concern, especially when a crime has not been perpetrated, or there is a lack of evidence but a significant risk is present.

Longer Term Initiatives:

1. Continue to Expand Education Efforts

Education at all levels of prevention was highlighted as an integral part of a longer term strategy for changing specific systems and current social norms. Priorities include the following areas:

- Identify/sustain a sexual health education curriculum and deliver it in a variety of venues.
- Educate judges, attorneys, and parole officers about the importance and effectiveness of sex offender specific treatment programs.
- Explore new opportunities for reaching men involved in children’s lives and involve them in education and prevention efforts.

2. Strengthen Existing Services

Although many programs were discussed and a variety of gaps identified, the following services emerged as priorities for Massachusetts. Participants felt that resources in these areas would best leverage the work in managing known sex offenders (Indicated prevention strategies). Areas of attention include:

- More focused efforts to create effective transition programs for adults leaving prison to support non-recidivism. Consider housing, employment, specialized treatment, supervision and public awareness.
- Increased funding for specialized caseloads and better containment of high risk sex offenders.
- Further research on existing programs for the purpose of monitoring and evaluation.

3. Create a Spark to Bring in New Energy

People working on this issue are stretched to their capacity, but more work is needed. As a way to address this need and preserve the resources already in the field, the participants suggested looking at creative ideas to bring in new energy, new resources, and new people to increase overall capacity. This effort can be furthered by:

- Building more community dialogue.
- Looking for new events to expose this issue to a broader audience.
- Working towards a common vision rather than engaging in isolated activities with minimal impact so that all efforts feel as if they are moving together towards a common goal.

Appendix A: Forum Participants

Barry Anechiarico
The Counseling and Psychotherapy Center

Timothy App
Northeastern University
College of Criminal Justice

Jeannette Atkinson
Parents Helping Parents

Debbie Baker
Network Counseling

Robert Baker
Sex Offender Registry Board

Steven Bengis
New England Adolescent Research Institute

Jetta Bernier
MA Citizens for Children/MCSAPP

Steve Bocko
MA Office of the Commissioner of Probation

Quynh Dang
MA Dept of Public Health/RISE

Marci Diamond
MA Dept of Public Health/SAPSS

Megan Lewis Freedman
MA Citizens for Children/MCSAPP

Allison Hallett
MA Department of Corrections

Fran Henry
Stop It Now!

Dr. Barbara Herbert
Lawrence General Hospital

Katrina Johnson
Jane Doe, Inc.

Tom Keating
RESPECT

Debra Lastoff
The Clearview Center

Robin Martin
Womanspace Crisis Center

Candice McKenna
MA Parole Board

Dennis McNamara
Counseling and Psychotherapy Center

Mary McNamara
Parents Helping Parents

Jennifer Meade
Jane Doe, Inc.

Judy Norton
Sex Offender Registry Board

Dr. Robert Prentky
Justice Resource Institute

Debra Robbin
Jane Doe, Inc.

Nancy Scannell
Jane Doe, Inc.

Joan Tabachnick
Stop It Now!

Marianne Winters
Rape Crisis Center of Central MA

Appendix B: Readers of the Discussion Paper

- **David Adams**, Co-Chair, Justice and Accountability Committee of the Governor's Commission on Sexual and Domestic Violence
- **Jeanette Atkinson**, former Executive Director, Parents Helping Parents
- **Steve Bengis**, Executive Director, Massachusetts Adolescent Sexual Offender Coalition (MASOC)
- **Fay Ciaramitaro**, Assistant Director, Victim Witness Program, Essex
- **Nancy Connolly**, Program Staff, Department of Corrections Sex Offender Treatment Program
- **Marci Diamond**, Chair, MCSOM; Director of Sexual Assault Prevention and Survivor Services, Massachusetts Department of Public Health
- **Janet Fine**, Executive Director of the Massachusetts Office of Victim Assistance
- **Denise Gaulin**, public health nurse
- **Allison Hallett**, Director of Program Services, Department of Corrections Sex Offender Treatment Program
- **Fran Henry**, President, Stop It Now!
- **Lee Hettinger**, Assistant District Attorney, Middlesex County
- **Richard Hoffman**, survivor/author/activist
- **Marty Kafka**, President, Massachusetts Association for the Treatment of Sexual Abusers
- **Robin Martin**, Director, Womansplace Crisis Center
- **Dennis McNamara**, Executive Director of The Counseling & Psychotherapy Center, Inc.
- **Jennifer Meade**, Research and Evaluation Manager, Jane Doe, Inc.: The Massachusetts Coalition Against Sexual Assault and Domestic Violence
- **Susanne Meyer**, Children's Hospital Child Protection Program
- **Nikki Paratore**, Director, Batterer Intervention Program, Department of Public Health
- **Nick Phelps**, recovering sex offender
- **Judy Norton**, Victim Advocate, Sex Offender Registry Board
- **Emily Rothman**, Public Health Consulting Services
- **Gina Scaramella**, Executive Director, Boston Area Rape Crisis Center
- **Sarah Spurgeon**, Program Assistant, Massachusetts Citizens for Children
- **Amy Tishelman**, Children's Hospital Child Protection Program
- **Kathe Tuttmann**, Director, Family Crimes and Sexual Assault Unit, Essex
- **Cheryl Watson**, Director, Victim Witness Program, Essex

Appendix C: Legal Definitions of Child Sexual Abuse in Massachusetts

For the full text of these statutes, see www.state.ma.us/legis/laws/mgl/index.htm

General Laws of Massachusetts

Part IV. Crimes, Punishments and Proceedings in Criminal Cases.

Title I. Crimes and Punishments.

Chapter 265. Crimes Against the Person

- Section 13B. Indecent assault and battery on child under fourteen; penalties; subsequent offenses; eligibility for parole, etc.
- Section 13J. Assault and battery upon a child; penalties
- Section 13L. Reckless endangerment of children
- Section 22A.. Rape of child; use of force; weapons; punishment
- Section 23. Rape and abuse of child
- Section 24B. Assault of child; intent to commit rape; weapons; punishment
- Section 26. Kidnapping; weapons; child under age 16; punishment
- Section 26C. Enticement of children

Chapter 272. Crimes Against Chastity, Morality, Decency, and Good Order

- Section 31. Definitions
- Section 2. Enticing away person for prostitution or sexual intercourse
- Section 4. Inducing person under eighteen to have sexual intercourse
- Section 4A. Inducing minor into prostitution
- Section 4B. Living off or sharing earnings of minor prostitute
- Section 17. Incestuous marriage or sexual activities
- Section 28. Matter harmful to minors, dissemination; possession; defenses
- Section 29A.. Posting or exhibiting child in state of nudity or sexual conduct; punishment
- Section 29B. Dissemination of visual material of child in state of nudity or sexual conduct; punishment
- Section 29C. Knowing, purchase, or possession of visual material of child depicted in sexual conduct; punishment
- Section 35A.. Unnatural and lascivious acts with child under 16

Appendix D: Public Health Description of Risk and Protective Factors

Adapted from an article by Alisa Klein, Director of Public Policy, Stop It Now!, 2004.

In a public health framework, risk factors are the vulnerabilities that a person might have to developing sexual behavior problems or sexually abusive behavior. There are three kinds of risk factors: static, stable, and dynamic. Static risk factors are those that cannot be changed, characteristics such as who a person's parents are, or events that have happened to the person in the past.

Stable risk factors are characteristics, circumstances, or conditions in a person's life that are ongoing and difficult to alter. Emotional and social deficits or the use of substances are examples of this category. Dynamic risk factors are those that are the most changeable, and therefore, the ones we look at most closely in developing prevention programming. Examples of dynamic risk factors include a person's level of knowledge about healthy sexual behaviors and actions, the skills a person develops around setting interpersonal boundaries, or the types of media and entertainment that a person consumes. It is important to realize that the identification of risk factors or vulnerabilities is not a prediction that someone will necessarily develop sexual behavior problems.

Protective factors, also referred to as assets or resiliency factors, explain why some people with vulnerability to these behaviors do not abuse. Protective factors are essential building blocks for prevention programming – for example, if a family or individual is isolated from extended family and community, that is a risk factor. In this situation, programs can begin to build up that family or individual's protective factors, such as strengthening the support networks that create healthy relationships with appropriate boundaries as a deterrent for developing sexual behavior problems later in life.

Appendix E: Forum's Agenda

March 3, 2004

- 9:00 a.m. **Continental Breakfast**
- 9:30 a.m. **Welcome and Opening Remarks**
Marci Diamond, Chair, MA Coalition for Sex Offender Management
Jetta Bernier, Chair, MA Child Sexual Abuse Prevention Partnership
- 9:45 a.m. **Review of Meeting Goals and Agenda**
Mimi Carter, Facilitator
- 9:55 a.m. **Introduction of Participants and Facilitators**
Mimi Carter, Facilitator
- 10:15 a.m. **Break**
- 10:30 a.m. **Sexual Assault and Sexual Offending: The Current State of Knowledge and Its Implications for Child Sexual Abuse Prevention Efforts**
Dr. Judith Becker, Professor of Psychology and Psychiatry at the University of Arizona; Clinical Consultant
- 11:30 a.m. **Lunch**
- **Award Presentation: Marci Diamond**
 - **Remarks: Jennifer Meade, Jane Doe, Inc.**
- 12:15 p.m. **Preventing the Perpetration of Child Sexual Abuse: Summarizing a Public Health Approach**
Joan Tabachnick, Director of Public Education, Stop It Now!
- 12:45 p.m. **Exploring Possibilities for Prevention in Massachusetts: Small Group Discussions**
- Universal (primary) Prevention—Susan Gibel, Facilitator
 - Selected (secondary) Prevention—Judy Berman, Facilitator
 - Indicated (tertiary) Prevention—Mimi Carter, Facilitator
- 1:45 p.m. **Break**
- 2:00 p.m. **Report from Discussion Groups**
Mimi Carter, Facilitator
- 2:30 p.m. **Moving from Discussion to Action: What Will It Take?**
Mimi Carter, Facilitator
- **Brainstorm**
 - **Identify Three Action Items**
 - **Consensus**
- 3:15 p.m. **Final Remarks**
Jetta Bernier, Chair, MA Child Sexual Abuse Prevention Partnership
Marci Diamond, Chair, MA Coalition for Sex Offender Management
- 3:30 p.m. **Adjourn**

Appendix F: Research Bibliography (Dr. Judith Becker)

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Appendix G: Public Health Overview

Preventing the Perpetration of Child Sexual Abuse

By Joan Tabachnick, Director of Public Education, Stop It Now!

Section One: Background Issues

1. *Today's Focus*

Although there are people in the room who work in the sexual assault prevention field, and there are people who work in the child abuse prevention field, the focus of today's discussion is on the intersection of these fields – child sexual abuse. Hopefully what has been learned in these fields and others, such as domestic violence prevention, will help inform our work.

2. *Preventing Perpetration*

In our fields, over the last twenty years, we have looked mostly at how to prevent the victimization of children. Today we will focus our attention on adding the perspective of how to prevent the perpetration of child sexual abuse – a perspective that has not been actively incorporated into prevention programming. Both perspectives are necessary when considering our shared intention of protecting children. It may be easiest to see how these two perspectives work together in a concrete prevention program example.

Most of us know about programs that teach children about good touch and bad touch. In these programs, children are taught: “No one has the right to touch you and your private parts.” These programs work to prevent the victimization of children. However, if these programs added, “And you don't have the right to touch the private parts of other children,” then they would also focus on preventing the perpetration of child sexual abuse. At Stop It Now!, we believe that one without the other is not enough to break the cycle of sexual abuse.

Another aspect of preventing perpetration is to consider the questions: What are the incentives in our culture for self-disclosure of abusing behaviors, or thoughts and feelings someone may have before any abuse is perpetrated? How will a particular program, policy, or public message increase or decrease the disclosure of perpetration? The Stop It Now! helpline receives calls from adults within families that may have an adult, adolescent or child who is at risk to abuse or who may have already abused. Our experience on the helpline provides some interesting data on these questions. In the USA, 12% of the calls are from people concerned about their own thoughts and behaviors. However, in the UK, 38% of the callers are calling about their own behaviors. We don't know why there is this huge difference, but we have some good guesses. What we do know is that there is universal health care in the UK. When people call, they know that help will be available to them regardless of what they can afford to pay. We also know that when the publicity of Megan's Law began in 1996, the percentage of calls from people who identified themselves as having concerns about their own thoughts or behaviors in the USA dropped from 65% to 0. The UK does not have a community notification system, so it seems that our notification system may be having a negative impact on the number of people who are willing to call and self-identify themselves. If we want to

increase the disclosure of perpetration, we may need to consider ways to offer a reason for a family to disclose, especially when the person at risk to abuse is under the age of 18.

3. A Public Health Approach

We could not even begin to discuss a public health approach if Massachusetts did not already have a strong foundation of programs and policies in the criminal justice and child protection systems. AND I am going to make a controversial statement: Even at their best, these programs are not enough. I am sure that each of us has received at least one call in our career from someone who is concerned that someone in their life (adult, adolescent or older child) may have thoughts or feelings about touching a child in a sexual way. In this call, there is no evidence of any abuse or any disclosure that a crime has been committed. In many of these cases, there is nothing we (as professionals) can do.

The advantage of the public health approach is that we look at the populations and not individuals – and explore what can be done. Consider, for example, programs to stop drinking and driving. At the individual level, when we know about individuals who drink and then choose to drive, they can be prosecuted. In addition, at the public health level, programs such as MADD have worked hard to shift the social norms so that drinking and driving is no longer socially acceptable. Furthermore, MADD has also shifting the social norms enough to make it socially acceptable to say, “I have a problem and I need help.” Imagine a similar shift in the issue of child sexual abuse where we would have policies strong enough to prosecute cases where child sexual abuse has been perpetrated. Simultaneously, we would create the climate where it would be socially acceptable to say, “I have sexual thoughts and feelings about children (and have not acted on them) and I want help.” The public health and the criminal justice approaches work together; one does not supplant the other.

Section Two: Public Health Prevention Strategies

Recently, both the World Health Organization and the Centers for Disease Control and Prevention have begun using the terms: Universal, Selected, and Indicated Prevention Strategies. Each is explained below.

1. Universal Prevention Strategies: (Primary Prevention)

These strategies are designed to reach all citizens in the USA. They include creating a social climate that does not allow child sexual abuse AND actively promotes social norms that allow for healthy sexuality for adults, adolescents, and children.

Shining Example: The Surgeon General’s Call to Action to Promote Sexual Health and Responsible Sexual Behavior (<http://www.surgeongeneral.gov/library/sexualhealth/call.pdf>) is one example of this approach. The report challenges individuals, communities, businesses and government agencies to change the social norms that allow sexual abuse to continue so that we can have an environment of sexual health for children, adolescents, and adults.

2. Selected Prevention Strategies: (Secondary Prevention)

These strategies reach citizens at heightened risk to perpetrate sexual abuse and intervene before sexual abuse happens. For example, it would have been unimaginable 30 years ago to hear anyone say: “Hi, my name is Joan. I am an alcoholic and I need help.” Imagine in 20 years, being able to say, “Hi, my name is Joan. I have sexually inappropriate thoughts and feelings and I need help.”

Imagine, too, our response – to say, “Thank you for your courage.” In this case, the intervention would be to identify the specific risk factors of abuse and then increase the protective factors surrounding that individual. Identifying the risk factors in an individual is NOT a predictor of that behavior. If that were true, we would be able to say that a child with any three particular events in his/her life will definitely engage in a particular follow-up behavior. And we know that is not true or possible.

Shining Example: The work of Gail Ryan is an example of Selected Prevention. Her work has clearly identified the risk factors for youth with sexual behavior problems and developed the tools for families, communities and institutions to build in protective factors surrounding these kids. Ryan’s work is one of the first prevention programs to utilize the public health concept of identifying risk factors and protective factors. Another example is the Sharp Program in California where they are actively developing outreach programs for people at risk. Through posters and public service announcements, they let people know that they can call the Sharp Program for information, to talk with a clinician, or to join a treatment group.

3. Indicated Prevention Strategies: (Tertiary prevention)

These strategies stop further harm by an individual who has perpetrated sexual abuse. Interventions are designed to ensure full accountability for a crime while protecting society from further harm. One of the basic notions we must hold when developing appropriate interventions is that not all people who sexually abuse are the same. Ideally, the level of management or containment will be linked directly with the risk a particular adult, adolescent or child displays. Age, cognitive abilities, crime committed, level of violence, and the impact on the victim are some factors to be considered.

Shining Example: Everyone in this room agrees that some individuals need to be locked up for life. That is one example of an indicated prevention strategy. There are many, many more. The most difficult program designs are those based on decisions about when and how to release someone back into the community. There are many components to consider including: risk assessment, placement decisions, discharge and monitoring decisions, registration and notification. Circles of Support, a program designed by the Mennonite community in Canada, is based upon the radical idea that there are members of their community who have sexually abused a child. When this adult or adolescent returns to their community, a clinician works with the church to develop a team of church members and community representatives who volunteer to support the re-integration of the sex offender from their community back into the community. The clinician gives the group information about the individual’s risk assessment, triggers identified in treatment, the safety plan, and monitoring resources. The group then meets on a regular basis with the sex offender to help him/her find employment, housing, and appropriate social interactions while consistently monitoring the person’s activities. In doing so, the group provides both support and accountability.

EXERCISE

An exercise was distributed to ground the levels of prevention in the lives of real people. The instructions were to read through calls received by the Stop It Now! helpline and name whether the caller was at the indicated, selected, or level of prevention. (The text of these calls follows the summary of the presentation.)

Section Three: Summary

In summary, the most successful programs, the shining examples at each level of prevention, require an important and delicate duality. At Stop It Now!, we base all of our work on the concept of balancing full accountability for the crime that has been committed with compassion for who the person is and what they have done in their lives. At all the levels of prevention, this duality applies. For example, in Universal prevention strategies, there must simultaneously be messages of zero tolerance for sexual abuse while also allowing dialogue about what is responsible sexual health. In Selected prevention strategies, people must be able to acknowledge the risk factors in people they love, and understand those risk factors are not predictors. Only then can the appropriate protective factors be incorporated into an individual and family's life. In Indicated prevention strategies, there is a need for full accountability for a crime, while also considering a number of mitigating factors such as the perpetrator's age, crime committed, level of risk to the community, and impact upon the victim.

Exercise Handout:

Caller #1:

Woman called because her 5-year-old son may have been touching the private parts of his 4-year-old cousin. She walked in on the boys and found them putting their clothes back on. When she asked them what they were doing, they both nonchalantly said that had been playing and touching each other. This happened once, a year before and both families dismissed it as nothing at all. No one talked to the boys about it. The caller wanted to know if the children's behavior is something to be concerned about. She said that neither child seemed upset by the experience.

- We recommended that she get more information about what is normal sexual development in children and share it with the other mother and her son's father (e.g., Toni Cavanagh Johnson's booklet "Understanding Children's Sexual Behaviors").
- We talked with her about how to talk with the other parents and the children. We hoped she could be sure that everyone understands what appropriate touch is and she could explore if anything else may be going on.
- She was also given contact information for a counselor who works with children to get more specific advice on how to talk with children about appropriate behaviors between these two young children of similar ages.

Caller #2:

A woman called because she is concerned about her thoughts and feelings about "taking steps towards doing to a child what was done to me." She said she hasn't sexually touched a child, but she thinks about it. She used to love being around children and now it just scares her. The caller does have a counselor, but the counselor told her not to worry about these thoughts; they will go away. After a few months, the counselor's most recent suggestion to her was for her to write down all the thoughts and feelings when they come up and if she still keeps having them to tell her therapist in their next session. Caller said, "I want to stop the cycle, it bothers me and it scares me. I don't want to go to jail and I don't want to follow this path."

- We talked to the caller about how important a step she was taking by reaching out for help to prevent herself from acting on her thoughts and feelings.
- We discussed how it would be useful to keep her current therapist and gain an additional perspective from someone who has experience working with sexual behavior issues.
- Local referrals as well as the Association for the Treatment of Sexual Abusers and the Safer Society Foundation and Press were given.

Caller #3:

A man called to say that his case is in court and he wants help. He is still wary of what will happen; he has a court appearance in a couple months. He has always had a fetish about teenage girls and said he is so afraid of “falling into the category of sex offender.” We talked about focusing on the behaviors not the labels. When the girl told what had happened, he felt horrible and was pretty suicidal. He still struggles with this. But he has been able to admit to what he has done. He is especially concerned about telling his 8 year-old son who knows nothing about his court case. He is afraid to be open about it and is especially afraid that he will lose his son.

- We talked about how his son might want to hear what is happening from him rather than finding out from someone else.
- We discussed finding a therapist and gave local referrals as well as to the Association for the Treatment of Sexual Abusers and the Safer Society Foundation.
- We emphasized the urgency to work with a treatment provider to develop a safety plan for the next couple of months.

Appendix H: Small Group Descriptions of Massachusetts Programs

Indicated (Tertiary) Prevention Strategies in Massachusetts:

Strategies that target situations where abuse has been perpetrated to prevent further harm.

	Current Initiatives in MA	Identified Gaps in MA
Disclosure	Mandated reporting for youth, elders (over 60), and anyone who meets the criteria for disabled	Lack of clarity re: mandated reporting and lack of process for risk from non-caretakers
	Legal response	No uniform pathway to help - no perception that help is possible
	Specialized sexual assault units in District Attorney's offices and police departments	
Risk Assessment and Placement	Some access to polygraph and Abel Screening tests	No statewide reduced rate polygraphy
	Statutory legislation mandating specialized assessments for some kids	No regulatory mandate that those who sexually abuse receive a sex offender specific evaluation by a qualified provider
		Lack of routine court-ordered, specialized pre-sentence (or any) investigations
Sex Offender Treatment	Credential process for sex offender treatment providers	Confusion among judges, attorneys, parole officers about importance of specialized sex offender treatment (and in some cases, the belief that treatment is never effective) and lack of quality control (e.g., licensure/monitoring)
	Structured treatment programs for adults in prison	Insufficient number of qualified providers to provide assessment and treatment
	Treatment programs (residential) for adolescents	No best practice standards for treatment programming – and no quality control process in place
	Funding for treatment for some kids	
	Residential schools for troubled teens (diversion programs)	
	Treatment provider list of those working with children, adolescents and adults	
	Continuum of care for adolescents and to some degree for children	
	Specialized substance abuse programs for sex offenders and survivors	

	Current Initiatives in MA	Identified Gaps in MA
Discharge or Further Containment	Two pilot containment programs (e.g., intensive /probation for sex offenders)	Outside of pilot programs, there is minimal containment; specialized caseloads needed in all regions of state
	Free aftercare maintenance provided by some clinicians	No good transition programs for adults leaving prison; lack of public awareness can lead to a lack of employment and housing opportunities which in turn, increases offender risk
	Civil commitment	
	Community notification	Community notification is carried out differently across the state – currently no accountability
	Statutes that prohibit sex offenders from participating in pre- or work-release	
Monitoring	Lifetime supervision statutes	Need to be more utilized by judges/prosecutors and funding for lifetime supervision needed
	Parole and probation supervision	No specialized caseloads except in pilot sites; IPSO model of containment needs expansion to all regions of state
	Sex offender registration and classification	
	Interstate cooperation/overlap regarding registration	More information sharing mechanisms and practice still needed
	Electronic monitoring	
	Victim advocates on the IPSO team and working with parole	Including victim advocate on containment team was only in pilot sites and funding has now ended; not institutionalized
	Ally Foundation sponsored legislation putting all sex offenses under one statute	Not passed yet
Research	Funding for research regarding children and adolescents with sexual behavior problems	No capacity to monitor the unintended consequences of any of these programs
	Research on the Respect Program	Insufficient research to evaluate program outcomes
Resources	Massachusetts Association for the Treatment of Sexual Abusers (MATSA)	
	Massachusetts Coalition for Sex Offender Management (MCSOM)	
	Governor’s Commission on Sexual and Domestic Violence	
	Massachusetts Adolescent Sexual Offender Coalition	

	Current Initiatives in MA	Identified Gaps in MA
Resources (cont'd)	Model domestic violence court that deals with sex offenders in the context of domestic violence	
	Rape crisis centers	State funding cuts destabilizing
	Nationally recognized experts living in MA (helpful with training; providing quality services)	

Priorities Set By Small Group

Discharge or Further Containment:

- Develop good transition programs for adults leaving prison (this includes issues related to housing and employment and the public awareness that limits opportunities.)
- Provide specialized sex offender probation and parole caseloads (expand pilot sites) to improve containment.

Sex Offender Treatment:

- Educate judges, attorneys, parole officers, etc. about the difference between sex offender treatment providers and generalists. (In some cases, show research that demonstrates that sex offender specific treatment can be effective.)

Research:

- Fund research that monitors the unintended consequences of program and policies and fully evaluates program outcomes.

Selected (Secondary) Prevention Strategies in Massachusetts

Strategies that target those at risk for first time perpetration of child sexual abuse.

	Current Initiatives in MA	Ideas and Gaps in MA
Education	Some rape crisis centers and Planned Parenthoods conduct healthy sexuality programming at DYS and DSS facilities	Deliver curriculum more widely that includes sexual violence prevention and addresses issues of: chronic delinquency, substance abuse, and other chronic behavior problems
	Parents Helping Parents support groups make sexual abuse something that can be talked about – raise awareness among bystanders	Health education in schools should have curriculum on risk factors (Schools need health education programs in general, too. State cuts have impacted this.)
	Some batterer intervention programs run some youth-focused programs in some schools	Need to promote discussion and education re: healthy vs. unhealthy relationship in all communities– it can be used to flag individuals with other issues
	Curriculum for batterer intervention facilitators to better incorporate sexual abuse issues in groups	Also need resources for addressing the batterer as potentially perpetrating child sexual abuse
	MVP (peer sexual assault prevention program)	Posters, signs directing concerned individuals what to do – sometimes <u>we</u> need to say the words first

	Current Initiatives in MA	Ideas and Gaps in MA
Access to Resources	Stop It Now! Helpline and public awareness activities (available informally in MA)	Make Stop It Now! Helpline formally available in Massachusetts
	Men's Resource Center of Amherst reaches young men through various programs and support groups	Who knows children? Develop programs and education on appropriate and healthy ways of relating to children for our fathers and brothers
		Targeting men in domestic violence programs and in prison
		Targeting Family: the least likely to disclose sexual abuse (greatest cultural implications and variation)
Training	Domestic violence and rape crisis centers train select criminal justice and other professionals	MA curriculum frameworks currently do not sufficiently support 'skills in living' concepts (What is consent? What is a healthy relationship? etc.)
	CPC does sexual violence training in day reporting centers	Pediatricians, school nurses and other health care professionals can be trained to ask about sexual fantasies in their practices. Especially important with any juvenile offender. Need to build movement and training among health care professionals to begin education and questions with patients
		Need to make sexual abuse prevention part of prenatal care ("Please share this with others, especially men, involved in child's life.")
		Training needed to make high quality interventions available for people at-risk to perpetrate

Priorities Set By Small Group

Access to Resources:

- Emphasize the need for disclosure, no matter what. Provide services for those who need it, no matter what.
- Stop It Now! Helpline
- Provide resources and services to back up the public's desire to reach out. (clearly distinguish suspicion versus evidence of child sexual abuse)

Education and Training:

- Provide training for health care providers and develop materials to make prevention of sexual abuse perpetration a part of prenatal care. ("Please share this with others, especially men, involved in child's life.")

Universal Prevention Strategies in Massachusetts

Strategies that target the general public by shifting social norms.

	Current Initiatives in MA	Identified Gaps in MA
Shifting Cultural Norms	Public campaigns such as the one sponsored by Jane Doe, Inc.	
Education	A variety of programs are offered in certain parts of the state including the DOC “Roary” Program, “good touch/bad touch” programs, sex education programs, etc.	Broad sexual health education including perpetration prevention messages need to be part of the core school curriculum in MA and delivered in numerous venues and grade levels
	Community education is promoted through community notification	Problem that stable perpetrators can be stigmatized in the process; more standard public education with a particular focus on developing community dialogue needed
		Problem that homeless sex offenders are not effectively managed at this point
Resources	Child advocates in domestic violence situations working with families	More resources are needed to continue current plans
	Coalition focused on sexual assault prevention in college students	More focus on preventing perpetration of child sexual abuse might be incorporated
	The MCSAP Partnership is a statewide multidisciplinary (public/private) collaboration. Work includes a statewide inventory of primary prevention programs (will be repeated after three years), a public opinion poll about child sexual abuse prevention, and three community coalitions working through a public health process on preventing perpetration of CSA.	Add new “official” partners to the MCSAP Partnership
		Only the three pilot sites are currently served through the MCSAP Partnership. Needs expansion possibilities for the future.

Priorities Set By Small Group

Education:

- Broad sexual health education (including prevention of perpetration of child sexual abuse) needs to be part of the core school curriculum and delivered in numerous venues.
- Public education with a particular focus on developing community dialogue

Resources:

- More resources are needed to continue current plans.
- Broaden collaboration among all groups. In the short run, add new “official” partners to the MCSAP Partnership.

Appendix I: Massachusetts Statewide Resource Listings for the Prevention of Child Sexual Abuse

Statewide Coalitions/Membership Organizations

Jane Doe, Inc.: The Massachusetts Coalition Against Sexual Assault and Domestic Violence

Jane Doe, Inc. is building a society that no longer tolerates rape, sexual abuse, domestic violence, or stalking. Membership includes more than sixty innovative, community-based domestic violence and sexual assault organizations throughout Massachusetts, along with a growing number of public and private sector partners, friends, and supporters. Guided by the voices of survivors, JDI and its members create social change by addressing the root causes of this violence and are “Voices for Change.” Jane Doe, Inc. conducts media advocacy and public awareness campaigns, promotes collaboration to reach underserved communities, maintains an inventory of community-based resources such as shelters and support groups and a clearinghouse of research, training, and educational materials, engages in policy analysis and advocacy, and provides training opportunities for people working to end sexual and domestic violence.

Contact: www.janedoe.org
jmeade@janedoe.org
617-248-0922 (v)/617-263-2200 (TTY)

Massachusetts Adolescent Sexual Offender Coalition (MASOC)

The MA Adolescent Sexual Offender Coalition (MASOC) is an association of therapists, public and private sector administrators, probation personnel, attorneys and judges committed to preventing sexual abuse through early intervention in the lives of sexually abusive youth. MASOC’s commitment to sex offender specific treatment for juveniles is motivated by its desire to protect future victims from abuse. MASOC is involved in statewide advocacy; training; development of the knowledge base; credentialing of sex offender practitioners as a way of providing referral sources with a list of qualified, competent sex offender specialists; coordinating a yearly statewide conference; and developing and distributing a statewide directory of specialized resources. Membership is open to all professionals and laypersons who share MASOC’s stated perspectives and agree with MASOC’s purposes.

Contact: Sbengis@aol.com
413-540-0712 x12

Massachusetts Association for the Treatment of Sexual Abusers (MATSA/ATSA)

The Association for the Treatment of Sexual Abusers (ATSA) is a non-profit, interdisciplinary organization that was incorporated in 1984 by a small group of clinicians in Oregon who were working with sex offenders. ATSA remains dedicated to principles that foster research and information exchange, further professional education, and advance professional standards and practice in the field of sex offender evaluation and treatment. ATSA is now an international organization with over one thousand members committed to the prevention of sexual assault through effective management of sex offenders. The Massachusetts Association for the Treatment of Sexual Abusers, Inc. (MATSA) is a non-profit local chapter of the national parent organization. It was formed in 1995 to carry out the mission of ATSA at the state level. MATSA currently has over fifty members in Massachusetts and surrounding states.

Contact: www.matsa.org www.atsa.org
508-650-4800 atsa@atsa.com
503-643-1023

Massachusetts Children’s Alliance (MACA)

The National Children’s Alliance is a non-profit membership organization whose mission is to assist communities seeking to improve their responses to child abuse by establishing and maintaining Child Advocacy Centers (CACs). The Massachusetts Chapter of the National Children’s Alliance is a membership organization that promotes an integrated, multidisciplinary team response to child abuse through Sexual Abuse Intervention Network (SAIN) Teams and CACs in each county. The Chapter is committed to strengthening collaboration and fostering systemic and societal change to protect children. Thorough support of member organizations, the Chapter ensures that children and their families have access to high quality, comprehensive, specialized and culturally-competent services of a Children’s Advocacy Center. MACA maintains updated contact information for all local CACs in Massachusetts.

Contact: www.machildrensalliance.org
kara.johnson@state.ma.us
617-727-0098

Massachusetts Children’s Trust Fund (MCTF)

Massachusetts Children’s Trust Fund (MCTF) leads statewide efforts to prevent child abuse and neglect by supporting parents and strengthening families. As an umbrella organization, it funds, evaluates, and promotes the work of over 100 agencies providing family support and parenting education programs. Programs include Healthy Families Massachusetts Newborn Home Visiting, the Fatherhood Initiative, Massachusetts Family Centers, Parenting Education and Support Programs, MELD Parenting Programs, the Family Support Training Center, and Talk About Touching, a child personal safety curriculum for families and children in Kindergarten and grades 1 through 4. MCTF is the lead coordinator and training agency bringing Talk About Touching to Massachusetts.

Contact: www.mctf.org
info@mctf.state.ma.us
1-888-7754KIDS

Massachusetts Child Sexual Abuse Prevention Partnership (MCSAPP)

The Massachusetts Child Sexual Abuse Prevention Partnership (MCSAPP) is a public-private collaborative whose mission is to prevent child sexual abuse by engaging adults and communities in effective perpetration prevention efforts at the local and state levels. Members include organizations with statewide reach and experience in child abuse prevention, sexual violence prevention, sex offender management, child protection, public health, victim advocacy and services, and research and evaluation. In 2003, MCSAPP conducted a preliminary inventory of child sexual abuse prevention programs in Massachusetts, which is available upon request. MCSAPP is a project of Massachusetts Citizens for Children (MCC), which is a non-profit statewide child advocacy organization whose mission is to improve the lives of the state’s most vulnerable children through advocacy by concerned citizens. MCC is also the Massachusetts Chapter of Prevent Child Abuse America.

Contact: www.enoughabuse.org (MCSAPP) www.masskids.org (MCC)
megan@masskids.org jetta@masskids.org
617-742-8555 617-742-8555

Massachusetts Coalition for Sex Offender Management (MCSOM)

A public-private partnership promoting public safety and health by improving the effectiveness of sex offender management in Massachusetts and increasing the public’s understanding of sexual

abuse and exploitation. MCSOM has fostered interagency relationships to develop and promote effective policy and practice in the areas of sex offender assessment, identification, enforcement, supervision, treatment, sentencing, registration, incarceration, community education, and victim advocacy. MCSOM has developed criteria for sex offender treatment based on current standards in the field of sex offender management and maintains a list of sex offender treatment providers in Massachusetts.

Contact: www.mcsom.com
marci.diamond@state.ma.us
617-624-5457 (v)/617-624-5992 (TTY)

Massachusetts Governor's Commission on Sexual and Domestic Violence

The Commission is a private/public partnership of nearly 100 individuals representing the various agencies and organizations that provide funding and services and hold perpetrators accountable for crimes of child sexual abuse, domestic violence or sexual assault. The Commission is chaired by Lieutenant Governor Kerry Healey and co-chaired by Robert Preston, the Secretary of Health and Human Services and Edward Flynn, the Secretary of Public Safety. There are 7 main committees: Child and Adolescence; Data, Analysis, Research and Evaluation; Immigrants and Refugees; Justice and Accountability; Legislative; Prevention and Education; and Survivor Services. The Commission's Executive Director is Marilee Kenney Hunt.

Contact: marilee.hunt@state.ma.us
617-727-6300, ext. 25311

New England Child Assault Prevention (N.E.C.A.P.)

N.E.C.A.P. is a consortium of area Child Assault Prevention (CAP) programs offered through agencies and schools in Arlington, Attleboro, Framingham, Lowell, Newton, Needham, and Worcester, Massachusetts and Nashua, New Hampshire, and delivered throughout the two states. CAP is a primary prevention program that teaches children strategies to help prevent verbal, physical and sexual assault. CAP has a three-fold approach to prevention that includes teacher/staff in-service, parent programs, and children's workshops. Since its inception in 1978, the CAP program has trained teams in 32 states and more than 10 countries. A list of agencies that offer CAP in Massachusetts is available from the N.E.C.A.P. contact.

Contact: Gailns@aol.com
617-969-5906 x143

Stop It Now!

Stop It Now! is a national, public health based organization working to prevent and ultimately eradicate child sexual abuse that has more recently begun to work in partnership with Massachusetts organizations such as MCSOM, MATSA, and MASOC. Through its public education, public policy, and research programs, Stop It Now! challenges adults concerned about the behaviors in their friends or family, adult abusers, and people at risk for abusing to prevent child sexual abuse and to reach out for help. They promote policy changes at the local and national level to support primary and secondary prevention strategies. The Stop It Now! Helpline is a toll-free number for adults to call for information and resources in a confidential setting. All calls are answered by a trained staff member. This helpline is available Monday through Friday, 9:00 AM-5:00 PM (EST) at **1-888-PREVENT** (1-888-773-8368).

Contact: www.stopitnow.org
Info@stopitnow.org
413-268-3096

Statewide Lists of Community-Based Resources

Batterer Intervention Programs

www.state.ma.us/dph/fch/bi/index.htm

617-624-5497

The Massachusetts Department of Public Health (MDPH) certifies and monitors 18 batterer intervention programs across the state. Certified batterer intervention programs provide weekly educational group sessions for perpetrators of intimate partner violence. The goals of certified batterer intervention programs are to enhance victim safety and to promote batterer accountability and behavior change toward a non-abusive lifestyle. In order to meet the diverse needs of their communities, many certified batterer intervention programs provide services in languages other than English. Several certified batterer intervention programs provide free, specialized services for adolescent male perpetrators of dating/domestic violence. All certified batterer intervention programs use sliding fee scales that calculate clients' fees based on their income. MDPH also contracts with certified batterer intervention programs so that they may serve low-income clients for little or no charge.

Children's Advocacy Centers

www.machildrensalliance.org

617-727-6552

The primary goal of all CACs is to ensure that children are not further victimized by the intervention systems designed to protect them. Each Children's Advocacy Center (CAC) is a child-focused, facility-based program in which professionals from key disciplines-- child protection, law enforcement, prosecution, mental health, medicine and victim advocacy-- work together as a team to conduct forensic interviews and make coordinated, well-informed decisions about investigations, treatment, case management and prosecution of child abuse cases. CACs coordinate service plans for children and non-offending family members and serve as a centralized resource for information and referrals to clients and the community.

Child Assault Prevention (CAP) Programs

Gailns@aol.com

617-969-5906 x143

CAP programs are offered through agencies and schools in Arlington, Attleboro, Framingham, Lowell, Newton, Needham, and Worcester, Massachusetts and delivered throughout the state. CAP is a primary prevention program that teaches children strategies to help prevent verbal, physical and sexual assault. CAP has a three-fold approach to prevention that includes teacher/staff in-service, parent programs, and children's workshops. Since its inception in 1978, the CAP program has trained teams in 32 states and more than 10 countries. A list of agencies that offer CAP in Massachusetts is available.

District Attorney Victim Witness Assistance Programs

www.mass.gov/mova/page41.html

These programs exist in every DA's Office and are staffed by Victim Witness Advocates (VWA) who are responsible for providing crisis intervention, information and referrals for counseling, medical and social services, victim compensation, relocation needs, etc. In addition, VWAs provide information and explanations of the court process, case status updates, post-conviction services, and in-court advocacy and support throughout a criminal case. Programs are listed on the Massachusetts Office of Victim Assistance (MOVA) website under "State and Federal Agencies."

MCSOM sex offender treatment provider list

www.mcsom.com/_admin5.asp

617-624-5457

In an effort to enhance the quality of sex offender specific-treatment being carried out by professionals within the Commonwealth, the Massachusetts Coalition for Sex Offender Management (MCSOM) has developed criteria for sex offender treatment based on current standards in the field. Inclusion on this list means that the provider submitted information to MCSOM that appeared to meet the MCSOM criteria for treatment providers, and that a majority of MCSOM members voted to include the provider on the list based on the information submitted.

The Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) prevention, treatment and crisis intervention programs

www.mspcc.org/html/Programs/Programs.htm

617-587-1500

MSPCC is a private, non-profit child welfare agency with a long-standing commitment to the children of Massachusetts. They provide services in local communities such as prevention/early intervention programs; foster care, adoption and child welfare programs; treatment programs (including treatment for child victims and treatment for perpetrators of child sexual abuse); crisis intervention; information/referral services; and research and public policy.

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MOVA-funded victim treatment providers

www.mass.gov/mova/page25.html

617-727-5200

The Massachusetts Office of Victim Assistance (MOVA) is an independent state agency whose purpose is to advocate and assist victims of crime. MOVA provides direct assistance to crime victims, as well as policy advocacy, public awareness and education, coordination of victim services, assistance for service providers, and court-based programs to assist victims of domestic violence. In addition, MOVA administers federal Victim of Crime Act (VOCA) funds. VOCA-funded agencies in Massachusetts provide free services for victims of child sexual and physical abuse and child witnesses to violence, as well as services for other crime victims. Children's services are often part of the network of specialized mental health providers affiliated with Child Advocacy Centers (CACs)/Sexual Abuse Intervention Network (SAIN) Teams.

Parents Helping Parents support groups

www.parentshelpingparents.org/group.html

1-800-882-1250

The mission of Parents Helping Parents (PHP) is to promote and support healthy parent/child relationships and break the cycle of child abuse through peer-led, professionally facilitated mutual help groups which provide a nurturing, non-judgmental environment in which to improve family relationships. PHP consists of a network of free mutual support groups that meet weekly in over 50 communities across the state; they can be located through the PHP website or by calling its toll-free telephone line.

Rape Crisis Centers

www.state.ma.us/dph/fch/sapss/sites.htm

617-624-5457

The Massachusetts Department of Public Health (DPH) funds 18 local organizations to provide sexual assault prevention and survivor services throughout the state. The goal of these programs is to reduce the long-term public health effects, societal costs and, ultimately, the incidence of sexual assaults. All survivor services are free and confidential and are provided by rape crisis counselors trained in accordance with DPH standards. Many of these services are available in multiple languages. Minimum services provided by each crisis center include:

- 24 hour toll-free sexual assault crisis intervention, information, and referral hotline
- Accessible short-term individual sexual assault crisis counseling for adult and adolescent survivors and their friends, partners, and family members, and for non-offending caregivers of child victims
- Support groups for adolescent and adult survivors, for survivors' partners, and for non-offending caregivers of child victims
- Accompaniment, support, and advocacy throughout the medical, legal, and police processes
- Information about and referrals for health concerns, such as HIV, pregnancy, substance abuse, and Post-Traumatic Stress Disorder, as well for legal, economic, safety planning, and other needs
- Sexual assault prevention community education and organizing
- Professional training and consultation on prevention and survivor support

Sexual Assault Nurse Examiner (SANE) Program sites

www.state.ma.us/dph/fch/violence/sanelist.htm

617-624-5432

The Massachusetts Department of Public Health (DPH) specially trains, certifies, and supports registered nurses and physicians to provide quality care and forensic evidence collection to sexual assault victims entering designated emergency departments. SANE health providers create a link between health, legal and advocacy systems for victims seeking services. Currently, there are SANE sites for adolescent and adult survivors (ages 12 and up) in all areas of the state; a Pediatric SANE program for younger children is under development, in coordination with Children's Advocacy Centers, hospitals and other providers.

The Home for Little Wanderers

www.thehome.org/site/content/programs/programs.asp

1-888-HOME321

The Home for Little Wanderers is a private, non-profit child and family service agency providing services to children and families each year through over 30 programs. The mission of The Home is to ensure the healthy development of children at risk, their families and communities through an integrated system of prevention, advocacy, research and a continuum of direct services including: Prevention and Early Intervention, Research and Advocacy, Adoption, Foster Care, Clinical and Family Support Services, Residential Services, Special Education and Managed Care. Includes teen prostitution prevention program.

Statewide Hotlines

Llamanos **1-800-223-5001 (v)/1-508-852-7600 (TTY)**
Statewide Confidential Spanish-Language Sexual Assault Helpline

Parental Stress Line **1-800-632-8188**

Parents Helping Parents **1-800-882-1250**
Support line for parents and referrals to free, local parental support groups

SafeLink **1-877-785-2020(v)/1-877-521-2601 (TTY)**
Statewide Confidential Domestic Violence Hotline (24 hours/day)

Stop It Now! Helpline **1-888-PREVENT (1-888-773-8368).**
Confidential line for adults who are at risk for sexually abusing a child, for friends and family members of sexual abusers and/or victims, and for parents of children with sexual behavior problems

Reporting

Generally speaking, professionals and caregivers are “**mandated reporters**,”* required by law to report when they know or suspect abuse or neglect of individuals in the following populations:

- **Child-At-Risk (up to age 18):** **1-800-792-5200, Department of Social Services**
- **Dial 911 or contact your local police sexual assault or child abuse unit to make a police report**

*Other individuals are also encouraged to make good-faith reports of suspected abuse or neglect.

Note: MA has mandated reporting laws and resources regarding populations other than children as well.

- **Adult w/disability (age 18-59) who is dependent on a caregiver:** **1-800-426-9009, Disabled Persons Protection Commission**
- **Older Adult (age over 59):** **1-800-922-2275, Executive Office of Elder Affairs**
- **Person abused in a health institution including nursing home, hospital:** **1-800-462-5540, Department of Public Health**

Other State Agency Resources

Attorney General's Victim Compensation Division www.ago.state.ma.us	617-727-2200
MA Criminal History Systems, Victim Services www.state.ma.us/chsb	617-660-4690
MA Department of Corrections, Victim Services www.state.ma.us/doc	978-369-3618
MA Department of Public Health www.state.ma.us/dph/fch/violence/index.htm	
MA Department of Youth Services Victim Services www.mass.gov/dys	617-727-7575
MA Governor's Commission on Sexual and Domestic Violence	617-727-6300 x25311
MA Office for Victim Assistance www.state.ma.us/mova	617-727-5200
MA Office of the Commissioner of Probation www.state.ma.us/courts/probation	617-727-5300
MA Parole Board, Victim Services www.state.ma.us/eops/parole.htm	617-727-3271
MA Sex Offender Registry Board www.state.ma.us/sorb	1-800-93MEGAN
Sheriffs' Departments' Victim Service Units www.mass.gov/mova	

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