# A PRESCRIPTION FOR CHANGE ON CHILD SEXUAL ABUSE

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I have a friend of nearly twenty years who is a farmer, 88 years old. He lives near my small town on a farm he has lived on since the Depression, when he moved there to help his parents feed him and his siblings. He leaves his farm once a week or so, and this has been true for 70 years, only to go to town for supplies. We have spent hours and hours sitting at his kitchen woodstove while he and his wife, who is 91, tell me stories of their lives in past decades raising and canning all they needed to eat, plowing New England soil with a team of horses, cutting ice from the pond to keep the milkhouse cold, or coaxing watermelons to grow in our chilly climate.

For the past few winters, I have been aware that these friends are getting too old to heat only with wood, although he has used a woodstove for cooking and heating all of his life. The house requires ten cords of wood a year. He cuts it from his forest, splits, stacks, and carries each stick into the house to burn in the kitchen and in the parlor. This past year he was preparing to do what he had never done—order a heater for one room, cutting his labor by half in wood gathering and burning. I supported his modernization and after he had installed the gas heater, I had the most telling conversations with him. Each time I went to visit I greeted him with my usual, "How are things going?" and for a full two months or more, straight through the winter, he gave me the same amazing reply.

"Fran, you are not going to believe this, but every time I go into that room the temperature is the same. Every time. As soon as it drops a few degrees the heater kicks in; as soon as it heats up, the heater shuts off. The same temperature. All night long."

At first, I was puzzled that my friend repeated himself each time I went to see him. Then I grew attentive, and quiet and patient. He was teaching me something very important.

He had no concept of living in this kind of comfort. He had an intellectual understanding of how it worked, but no visceral understanding that nearly every home in America possesses central heating. By talking to me about it over and over again, he was showing me how wearing it must have been to get up four or five times every night for seven decades when it dropped to zero and below, stoking woodfires to keep him and his family warm.

My farmer friend taught me that when we don't know what normal is, even if lots of other folks do, we simply don't know it. What my farmer friend taught me applies to our topic tonight: A prescription for change on the subject of child sexual abuse. Because if we have not been sexually abused as children we have a hard time getting it. If we have been abused, it's hard to imagine what our lives would have been like without it. That it happens to so incredibly many kids each and every year. That it is dangerous and sometimes deadly. Have you ever wondered if there is something you could do to prevent it?

I want to thank David Chadwick, Roger Brown, and each one of you for graciously welcoming me to your National Advisory Council on Family Violence. I hope after our time together each of us feels wiser and more able to act to preserve the sexual integrity of children. I hope each of us becomes committed to work on this issue and to learn how doctors and medical societies could provide direction on an egregious health problem that sorely needs your leadership.

I have heard some of the rich history of this Council, its foundation and its purposes. You have tackled tough issues. If I used my time with you to talk about the importance of protecting children from violence and abuse, I would not only be preaching to the choir, but to a very highly specialized choir. Instead, I would like to delve deeper into the subject and ask you to put on your "general medicine" hat as we spend this time together.

We all know sexual abuse is a problem. But how fully have we let ourselves know its nature? First, I will speak of its nature, then the need for prevention, and how we might go about it.

Before I talk about sexual abuse, I hope you will permit me to reflect for a few moments about the terrorist tragedy of September 11 and its relation to the work before us tonight. I do not want to insult us or the victims of the 11th by implying that I could open this topic and talk about it briefly. The magnitude of what we face as individuals and as a nation far outstrips anything I could say. Yet remaining silent, as if this attack does not affect me or our work, does not seem right either.

At STOP IT NOW! we have a helpline for sexual abusers and their family and friends to call when they are concerned about their own or others behaviors. Helpline calls have been steady over the past year but dropped off in September. One caller told us that he didn't think he could handle knowing anymore about sexual abuse because he was already dealing with so much anxiety. I don't think he is the only one feeling that way. Will people's fears about terrorist acts drive sexual abuse further into darkness once again?

A woman, a survivor I know, told me of the effect of seeing the plane plough into and obliterate the World Trade Center and the people in it. For the past few years this woman has asked me to help her remember a daughter she gave birth to at age 15, a daughter who died in a crummy motel room where she delivered the baby herself. She had hidden everything about it, including the fact that her father had raped her. Each year she writes to me asking me to remember her daughter and this year she wrote about how similar the image of that plane ripping into that building was to being raped all those years ago. That is, having something so terrible come out of that achingly beautiful blue sky, splitting apart a whole healthy, functioning system.

I realized as I read her words how much I recoiled from those images too. The crumbling of the buildings, the despair, the ashes, the rubble, and the broken dreams left behind. I, too, remember being brought to my knees and then to the ground by this issue.

So what we have all witnessed publicly can reverberate painfully in the private lives of those of us with trauma in our background….with one big difference. That is, that child sexual abuse has mostly been a private hell with little public support of our pain and no affirmation that abusers need to be held accountable.

What is your response to the terrorist attacks? Sometimes I want to quit my day job, to go to New York or to Afghanistan, to help rebuild lives and homes out of the destruction. That's the healer part of me speaking and I wonder if the healer in you wants to do something similar?

At the same time, I know that this work we are talking about tonight, the prevention of sexual trauma, is very much at the heart of violence prevention more broadly. If we can bring child sexual abuse out in the open, see it as the essentially human problem it is and be able to join with others to help prevent it, we will have accomplished great work. If we can distinguish between monsters and monstrous acts, we will take a giant leap forward for the field of injury prevention. Medicine can take that kind of leap because your core mission heals.

I am privileged to speak to you about the nature of sexual abuse and how to prevent it. I am so aware that my experience, both of being victimized and its aftermath, are my story. I ask you to accept it as a truth, but please know I do not view it as the only truth. I also want you to know that I speak publicly as a survivor, not because I am comfortable or relish talking about intimate personal matters, but because I want you to understand sexual abuse from someone who never reported it and probably would not have, even if there were systems thirty years ago to encourage children to come forward. For three decades I have thought about what causes offending and for the past nine years at STOP IT NOW! I have received literally hundreds of letters from people trying to recover from sexual offending—I ask every abuser what could have prevented it. I ask you to be open to what they have to say as expressed through STOP IT NOW!, the program I founded to reach abusers and those who know them. We ask adults, including abusers, to take responsibility to confront abusing behaviors.

What I have come to know is that the range of sexual offending and the range of sexual offenders are broad. Yes, there is crossover between behaviors and some offenders move from one behavior to another. But exhibitionists struggle with different issues than rapists. People who have a diagnosable medical disorder of pedophilia or a paraphilia are probably behaving differently than people who do not assault compulsively, but only in certain circumstances and primarily out of their extreme selfishness and ignorance. Few people know the difference between groups of offenders or the warning signs of offending behavior. I liken citizens' knowledge and even some professionals' knowledge of sexual offending to where we were many decades ago with cancer—any cancer was considered the kiss of death and people were ashamed to talk about it. Now if a friend tells me she has cancer I know to ask—what kind—what stage—what is the treatment—and the like. I know how to offer different kinds of advice and support.

The range of sexual victims is broad too, with boys and girls, adult women and men, and the elderly all victims of sexual assault. How many victims are there? We know controversy continues about the numbers because of the way data is collected and because so often sexual assault is not reported. But just focusing on children, one in 3 to 5 girls and one in 7 to 10 boys molested by the time they turn 19. Half a million children a year estimated by researchers, with about 100,000 disclosed, reported and substantiated cases vetted through child protection systems.

The impact of sexual assault on victims will vary with their experiences and their own histories and constitutions. Some people experience sexual assault without dire consequences. That said, we know that sexual abuse victims do suffer, as a group, with outrageously higher risks for all the social disorders. Let me review them for you very briefly.

Many sexual abuse survivors suffer from damage to their minds and emotional lives. They face a fourfold risk of a major depressive episode in their lives. They face a five times greater risk of suicide. They are five times more likely to be diagnosed with an anxiety disorder. They suffer with self-injury. (I have to stop here and ask how many more generations of girls do I have to witness putting lit cigarettes out on their arms?)

A study showed 54 percent of females in a psychiatric hospital have a history of sexual abuse. This list goes on and on. It includes physical ailments of all sorts, alterations in brain chemistry, social distress evidenced in higher risks for teen pregnancy, HIV infection, runaway behavior, substance abuse, eating disorders, and vulnerability to yet more sexual victimization, domestic violence and prostitution. When sexual abuse leads to behavior like eating disorders, smoking, alcohol, and drug abuse, the consequences become additionally dangerous, for example, increased risk for heart attacks and cancer. Rob Anda and his colleagues have shown in their Adverse Childhood Experience research the strong link between childhood stressors and adult pathology, pathology you are likely to see in your patients. I know you know that if we eradicated sexual abuse we would see an extraordinary decrease in our worst social ills.

May I tell you my own story?

I was sexually abused by my father from the age of 12 to 16—four interminably long years. I do not know how many times—the experiences blur together and I can't distinguish them one from another. If I had to, I could do a better job describing the different locations I was abused in: in my grandmother's home, in a home my father was a caretaker of, in the basement of my home, in the kitchen, in the bathroom, in my bed and worse in my parent's bed.

I can remember being abused at night and having to get up and go to school the next day as if nothing had happened. When I was going through these experiences I remember telling myself very clearly that if I could simply live through them I would be okay. The fact that I remember feeling that way is the closest I can get to knowing how completely terrified I must have been. I was facing emotional death. Also, I understand now, after my own therapy, that my father's assaults against me occurred against a backdrop of much earlier physical abuse by my mother.

No one would have described her as a child abuser—she had been raised in a home that condoned hitting as discipline. Many homes still do. She never hit us as we got older, just when she was overwhelmed and isolated with four very small children. Still I have vivid memories of her breaking a wooden spoon on my brother and me taking many hard smacks as a toddler for no reason I could decipher—enough to instill a deep fear of harm from someone I depended upon.

So though my father's abuse occurred years later, I thought if I did not die I would be okay because living through it was all that mattered. I must have assumed that my father, who had never hit me and in fact was the source of warmth and understanding in my early years compared to my mother, could not be harming me as much as my mother had. Also, I had no way to value what I already had lost by his abuse—my sexual integrity and human dignity.

Soon after I turned 16 I confronted my father and told him he could never touch me again. Before being 16 I had said no and had shown him my confusion, fear and disgust of what he did, but he had dismissed my protests. I could finally say no with certainty because at 16 I reasoned I could leave home and get a job and survive somewhere—somehow running away before that was unthinkable. My father never abused me after that confrontation and I did not run away.

Despite my belief that I would be okay if I lived through those assaults, what has been the harm I have suffered as a result of my father's abuse? I have had some of the problems I mentioned earlier—but I actually have found that I took a tremendous amount of the fear and anxiety and channeled it straight into developing myself as a person—making myself as productive as I could. And how did I manage that in the midst of the abuse? It is no mystery. I modeled myself after the parent I identified with—the one who was fantastic at projects, at deadlines and hard work, at tackling impossible challenges: my father.

Complex, isn't it? It is complex and that is why we have not solved this problem, bad as it is, common as it might be. When the people who have harmed are the same ones we depend upon and model ourselves after, then both citizens and professionals must take time to craft a solution which stops the behavior and holds people accountable, but also holds the whole situation in a caring, community-centered embrace.

The most important harm I have wrestled with, though, is one that does not lend itself to a researcher's regression analysis. It is one that complicates how we solve the problem of sexual abuse. It is the problem of a broken heart. Sexual abuse breaks human hearts.

What are the qualities of a broken heart? When we are adults we can better bear a broken heart—it is not always even a bad thing. Such a loss can make us finer, wiser, deeper. Isn't it Hemingway who said we are strong at the broken places? But it doesn't work that way for children. When their hearts are broken and they get no help for the wound, they become deeply sad and can develop a pinched outlook on love and on life.

My ability to love one, intimate other, was thwarted, even mangled, by the abuse I suffered. The closer I have gotten to another person, the more I have to deal with the fear that that person will harm me. This tendency is a debilitating problem. I have been close with people and I have run away. It has cost me a few relationships. It has cost me the chance to have children and a family life. And the older I get and witness the joy that family life brings to people I know, the more I realize what a terrible price I have paid for this injury in my childhood.

I know I have ventured into murky territory—it's the land of talk shows. Lots and lots of people have a hard time connecting to others, or the divorce rate would not be so high. But I want to discuss the difficulty I have had in loving another, because loving others is how we stay healthy, happy and have a feeling of living lives worth living. If abuse victims could love and be loved they would suffer much less, so for me it is the most important thing I have lost.

I wish that was all I could say to you, but I want to say a bit more. Ten years ago, after lots of work that taught me how to be open and to not run away, I met and married a very lovely man. What I did not understand is that it takes two people to have done that healing work and it was not enough for me to be able to make a commitment. A few years into our marriage he was swept into a despair he could not shake. He would tell me, and apparently, me only, that he thought he might have been sexually abused when he was very young. He had exhibited what we now would call "abuse-reactive behaviors" with his friends at age seven or so. But he could not remember what had happened; he only had waves and waves of shame to live with. He certainly did not accuse anyone of anything. Nor did or do I. In an extreme act of tragedy, he killed himself four years ago.

Suicide is a very terrible thing to witness. I remain forever humbled by living through this particular hell, humbled by knowing that some children are harmed in a way they cannot know or put words to, or if they have words they are too terrified to speak them. Since I have always remembered and had words for my father's harm, I did not understand before Don's suicide that some people are so harmed they can only use behavior to express their pain.

In these years of working on prevention, I have heard too many stories of suicide—suicide of victims who could not heal, suicide of perpetrators who could not face their shame. There is far too much suicide connected to this issue and we must find a way to stop it. We must.

Now let's turn to a major obstacle in our prescription for change. It is the issue of disclosure and reporting. I did not disclose what my father did. In fact, one of the hardest things I still grapple with is my reluctance to put my father at risk for punishment and my family at risk for break-up. I know I protect children from being alone with him, but I have not been willing to go further than that.

How much child sexual abuse is perpetrated that people in the government systems don't know about? Dean Kilpatrick reported in the National Women's Study in the early 1990's that 84 percent of rapes were not reported to authorities. STOP IT NOW! conducted a survey on the Internet and through a paper questionnaire soliciting information from about one thousand survivors of child sexual abuse who told us about the people who abused them. Ninety-one percent of these survivors had not disclosed the abuse when it was happening. When we looked into children who were abused in the 1990's that number improved to 73 percent who had not disclosed when it was happening. But even if we were able to interview every child and adolescent who is being abused right now and many others told us of their experiences—we still would have an outrageous number of children struggling all alone with abuse. And I am so well aware that my own silence colluded with society's stonewalling to keep sexual abuse hidden and virulent.

The abuser we know about is the tip of the iceberg, but what does the iceberg look like? Again, of the 1,032 abusers identified by the survivors from our questionnaires, 11 were strangers. Every other person who abused, except 7 who were not defined, was known to the child by blood, by marriage, or being a family friend, neighbor, teacher, religious leader. In fact, the closer the blood relationship, the less likely would the abuse have been disclosed to a statistically significant degree. Of the 1,032 abusers, 217 were biological fathers, the

highest number of all relationships. The next highest were 111 stepfathers, 82 uncles, 79 brothers, 56 cousins, and 47 grandfathers. Surely, child sexual abuse qualifies as an issue of family violence.

Could we think about this issue of disclosure for a moment? How hard would it be to talk about sexual abuse publicly if it had happened to you? If I asked each person in this room to raise your hand if you had been victimized by sexual abuse could you do it—even though you are in the company of colleagues who respect you? Suppose you had some offending behavior in your past, could you admit to it? How about if you knew someone close to you who was a victim or an offender? Could you talk about it?

Yet, as a society, we wait for a boy or girl to tell us that "daddy is touching me" or "the coach puts his hand down my pants." Why do we expect children to be able to tell the difference between good touch and bad touch when so much of this teaching in the schools is woefully inadequate or non-existent, when family members or friends of the family perpetrate so much of the abuse? Have you realized how much children are on the front lines of stopping the people who are intent on using them? Why aren't we learning about, and paying attention to, the behavior of people who sexually abuse or who are at risk to abuse and helping them to stop or to not start?

We have a problem getting to the truth because, although we know that strangers are only a small part of the problem, we have a hard time convincing ourselves and others how close to home the problem is. Have you thought why? I believe we feel too much shame about the sexual abuse around us and we simply don't know what to do or how to deal.

And, I believe another reason explains why this problem has gone unacknowledged for so long. What has been the most effective vehicle for changing society? The agitation of people who are affected or oppressed. Survivors and their allies must form a political constituency to address sexual abuse. But many have been too damaged to organize against it. As impressive as the gains of organizations have been—and they are impressive--they have had to spend precious organizational capital helping adult survivors heal. In the ten years I have devoted to STOP IT NOW!, I have seen far too many survivor-led organizations fail because they don't have the strength to bear the ups and downs of organizational life, particularly funding woes or discouragement in the face of the backlash organized by aggrieved parents.

We will not easily have a Million Mom March or a Mothers Against Drunk Driving on this issue of sexual abuse of children because the people who could act have not been able to. How many mothers can brook the shame of this occurring in their family to organize politically? We have seen the power of Patty Wetterling and Maureen Kanka and Mark Klaas—profound and powerful acts of courage out of tragedy. Please bear in mind that their work might be possible because their children were abducted or killed by strangers. Who will organize in the streets for the completely ordinary, but flawed, family like mine? My family can't or won't because they cannot take outrage into the streets—they would take shame instead. And so they don't.

(I recall when I went home to tell my parents in 1992 that I had founded STOP IT NOW! and why. I did not want them to hear about it from anyone else. After I had finished, my mother said, "Dearie, do you have to do this?"

"Yes, Mom," I said.

She came back, "Well, if you have to do it, couldn't you say you are organizing STOP IT NOW! because it happened in someone else's family?"

"No, Mom."

So you see, it will be awhile before we have a Million Mom March on sexual abuse.)

That is why the Council and its members, those of us in this room, are so important to the solution. The fact that we care about sexual assault and that we are in a position to help other people care makes all the difference. I take note of all that David has been doing in prevention of child abuse. He demonstrates outstanding insight and perseverance and many of us are grateful to him.

Let's move on to a prescription for change. As we look at actions to take, what can be our guiding principles? First, if we could talk about sexual abuse openly and often, the way we can talk about cancer or drinking problems, shame would lose its power. Second, we need to include people who abuse in solutions because only they can control their own behavior and if they don't, we will not prevent sexual abuse. We must both hold abusers accountable at the very same time understand and come to know them as human beings.

What action steps can we take? I believe there are three: prevention, prevention and prevention. That is, prevention through sustained quality efforts in medical intervention, child protection and criminal justice. Prevention in what Jim Mercy and his colleagues at CDC call a "full court public health press" on the issue, and prevention through instilling a value of sexual integrity for ourselves and for our children.

First, prevention through tertiary work…after the fact…a child has already been abused…make certain that the child is protected and the abuser held accountable through restrictions of his or her freedom. Treatment for the victim and for the offender.

I know that for a doctor or other medical professional to intervene in family violence challenges a professional because reporting suspected abuse can have dire consequences for individuals and for families. All of us recognize we are a nation ruled by law. Sexual assault is a crime. I don't want to see us make it a medical problem and erase the crime. But we have not found the right balance between denial of the problem and excessive punishments. Families will not come forward and get help if prison is the preferred remedy.

I have thought long and hard about this dilemma as I watch how offenders are treated in the community. They have become pariahs. How many stories do we have to hear or read about victims outed unintentionally by community notification laws, about offenders who cannot find a place to live, a job, a life? We must see them, know them, and let them be

known to us. We can't expect them to cure themselves. If we can't see them, they won't be able to see a cure.

I feel dismay when I realize that when we did some early media work with STOP IT NOW! it brought recovering sex offenders coming through our doors in a steady trickle—they came to help—wanting to be visible on this issue. STOP IT NOW! VERMONT launched its media campaign in September 1995 and 65% of the callers in the first six months were from abusers asking for help. Megan's Law was passed in the Spring of 1996. Both abuser calls and recovering abuser visits dropped off at precisely that point. At STOP IT NOW! we speculate that the media attention to that law and subsequent state legislation on civil commitment, castration, and three strikes have resulted in a chilling effect for people who are staying in hiding instead of getting help.

Has the way our society responds to sexual offenders influenced how much you want to get involved? Who but medicine and public health are going to help citizens and policymakers understand that even the successes of child protection and criminal justice are the failures of society to develop healthy people? I cannot overemphasize your role and responsibility.

This Council also could help the criminal justice and child protection systems strike the right balance between not taking this issue seriously and the other, equally dangerous extreme, that the punishments and sanctions get so severe that people will not admit their crimes.

A mother in our STOP IT NOW! VERMONT program told us that when she found out her son had molested another child she was terrified to tell people. She said it would have been easier to tell people he was a murderer than a molester. Something has gone wrong here.

We have some powerful beliefs embedded in the way we intervene once a child has been abused. Some of these are that:

- victims are damaged forever
- sex offenders will offend again and again
- treatment does not work
- offenders must be removed from a home or can never live in their home again
- abusers and family members won't call or come for help in dealing with potential or ongoing sexual abuse.

Perhaps as I spend time with you tomorrow we could review some of these beliefs.

What could doctors do in the realm of tertiary prevention? Because there are so many people with histories of sexual abuse every physician should know about abuse, abusers and victims. Believe me, I know it's been almost impossible for doctors to talk to patients about their past victimization, no less abusive behavior. The Council could help physicians in all the specialties relate to patients about child sexual abuse by first conducting focus groups among physicians to find out what limits and inhibits them from speaking about sexual abuse. Is it that they do not want to offend or ask questions that are too intrusive? Is it what David suggests, that hearing a "yes" answer leaves them stuck? Is it that they are not reimbursed for their time? Is it that there is no coding to allow them to diagnose violence

properly? Is it that if they did diagnose and have a code for violence that patients would lose their privacy over the material they discuss with their doctors? Is it because doctors are fearful or reluctant to involve themselves in the court system? Such questions need to be asked and answers found before practice guidelines will be useful.

Conduct focus groups among survivors, abusers, and family members to find out what they need to hear from doctors in order to talk. STOP IT NOW! might be able to help you here because doing focus groups is something we do in order to develop effective materials. For example, in a random digit dialed telephone survey conducted as part of STOP IT NOW!'s evaluation, we learned that the way the question was asked made a big difference. In the same survey we asked of ordinary citizens, " When you were a child were you ever abused by an adult or by an older child? We then asked, "When you were a child, did an adult or older child ever touch you in a sexual way, ask you to touch their genitals or expose themselves to you?" The number of people who answered yes doubled with the second, more descriptive, but less labeling, question. The recent recommendations by the American Academy of Pediatrics asking doctors to screen adolescents for sexual assault are a big step. Could they be expanded to ask boys and girls about perpetration? How could we expand this advice for screening to younger children?

For another example, I think of my own reluctance to speak to doctors. I am a zealot about health and prevention because I have a hard time seeing physicians—I deep down equate that healing, helping role with potential for harm. Even I, with all the work I have done on myself, find it hard to trust. I feel fear no matter the kind of doctor because you are dealing with my body and my body was invaded. It is that simple. Between us, doctor and patient, it becomes the original don't ask, don't tell. But STOP IT NOW! has shown that people do want to talk about sexual abuse, and this Council could lead the way. I would much prefer if doctors asked me, but I have found ways to talk about my history with doctors because I know that a better healing relationship between us means I will get better faster.

Now let me focus on secondary prevention. It's not right to wait for a victim to disclose. It's actually outrageous to wait at all—how can we tolerate it? What could we do instead? We could learn about risk factors for perpetration and victimization and be intelligent about using them—not as checklists to harass people but as a guide to ask questions and learn about potentially troubling circumstances. Someday, I could imagine physicians getting directly involved by knowing about risk factors and asking about warning signs in abusers—doing screening in advance for abuser behavior and for victimization.

More broadly, we could support employer programs that help people with sexual behavior problems the way people get help for drug abusing or for quitting smoking.

What our hard working staff and volunteers at STOP IT NOW! have shown is that we could do much more. Let me take a moment to describe our program that uses the tools of public health to prevent child sexual abuse. We conduct public education programs with partner organizations in Minnesota, Vermont, Philadelphia and in the United Kingdom and Ireland. The campaigns reach adults in an abusing or potentially abusing circumstance, building awareness about abusive behavior and what can be done to stop it. Our programs have been evaluated, most recently by the CDC, and results have been published in their MMWR and in JAMA. We are testing the hypothesis that people who abuse or who are

afraid they might will come forward. Are you aware that no person can come forward in this country for help with sexual abusing behavior and get help without being reported? Somehow, we have to find a way to get people to come forward and get help they need before they abuse.

STOP IT NOW! has successfully worked with medical societies in both Vermont and Philadelphia. In Vermont, the state medical association announced our work in its newsletter and we were able to send posters and guidebooks to physicians across the state. STOP IT NOW! PHILADELPHIA worked with Owen Montgomery who made sexual assault a priority of his tenure as chair of the city's ob-gyn group. He sent our publications with a cover letter to all the doctors in the city. Through him we interested the pediatricians in doing the same thing, but neither they nor we had the money to make a similar mailing, so unfortunately the work stopped there.

STOP IT NOW! also conducts policy work, primarily in Washington D.C., to build the case of sexual abuse as a national public health issue. Perhaps you are not aware of how much child sexual abuse falls between the cracks of both the domestic violence/sexual assault agenda and the child abuse agenda.

And finding money to pay for prevention is policy work. Are you aware that of all the federal funds spent for intervention of child sexual abuse, there are no programs or dollars spent on primary or secondary campaigns aimed at adults or juveniles who are at risk for abusing? I want to share a distressing note on funding---government priorities are not the only culprit. For ten years STOP IT NOW! raised all of its money from private sources, roughly fifty-fifty between individual donors and foundations. We are grateful to our donors and grantors, but as we try to build successful programs and expand to other places we have met what seems to be a brick wall. Foundations that could fund us do not want to, despite all the promise of what we have learned so far. Individual donors, beyond people who know us personally, do not want to hear about the issue. We call it the "yuck factor," that is, an issue too unpleasant to dwell upon. Our existence is continually threatened by society's lack of support for our sustained, credible, promising solution to child sexual abuse.

The third program we conduct is research, specifically into child sexual abuse as a health issue. Would it surprise you to know that a graduate student in a public health program did a Medline search of child sexual abuse as a public health issue and found 15 articles—a similar search on drug abuse found thousands! Of the 15 articles—six were recently published as a result of STOP IT NOW! activity.

So prevention is about creating ways to instill and sustain healthy behavior and zeroing in on unhealthy behaviors or risk factors.

Let me take a few moments to explore the third way to prevent sexual abuse. I believe each of us needs to cultivate a value of sexual integrity. I use this term "sexual integrity" to define sexual activity that is vital and life-giving and causes no harm. We can't cultivate it if we can't discuss sex openly. Because we have not been willing to discuss the range of wholesome sexual expression in humans from birth to old age, we have banished sexual life to places that are not afraid to use it—the business world and entertainment media. They have brilliantly capitalized on our silence to put sex into everything and everywhere, but in

its role as sales merchant, not as carrier of healthy human expression. We are prey to what businesses choose to project upon us, or, as we have witnessed, upon the rest of the world. Even worse, our children are prey to this kind of exploitation, to their sexual experience as commercial commodity. We need instead to build our strength and resilience around damaging projections and myths by telling the truth about our own vibrant and healthy sexuality. We need to speak openly when we feel sexuality is publicly demeaned.

Because we do not speak openly, kindly, generously about sex we have so much more difficulty breaking silence about sexual abuse that is conducted in homes and in the privacy of intimate family life. If we don't, we risk developing a culture that talks openly about sex only when we refer to deviance.

As we talk more openly about sexual feeling we could find our way to living healthier lives. We could openly support social norms that help us to do the right thing. We could remember that positive, expressed values are stronger than any control system that any one could ever devise.

We also would be freer to accept and welcome children's sexual expression as healthy—and know the difference between healthy behaviors that should be private, and unhealthy behavior that is kept secret. Perhaps if we had a value of sexual integrity we could understand that sex, when it is used to manipulate, is not acceptable in adults or children of either gender. Perhaps with a more openly expressed understanding of sexual feeling, we could also recognize that we may have sexual feelings in the presence of children or in response to children, and that they may have such feelings in response to us as adults, feelings that are fleeting, not worrisome, and do not translate into acts.

What is it going to take to accomplish these three steps I have outlined: intervening more assertively, making a priority of primary and secondary prevention, and fostering a norm of sexual integrity?

It will take bringing everyone to the table: victims, people who have offended, and families. These voices are too easily left out as we build professionalism into the field. What do victims have to say? What do families need? What do abusers have to teach us, for we have a lot to learn from them. They hold tremendous insight into how they came to abuse and into the kind of help they need to never abuse again.

May I say one more thing about both being a victim and talking about being a survivor of such personal harm? I am so aware how few times people can say to me after I have told them of my work, "I truly see the harm that happened to you. I am sorry that it happened." Each one of us could go a long way to building resilience in victims of all ages if we could bear witness to what some of us have gone through and say that.

Can you imagine saying something like that? Asking you to witness the pain of sexual abuse is particularly important because your training is to gain distance and objectivity on problems. I understand that as doctors you want to heal people, you want good outcomes. Gosh, who can fault you? But family violence calls for a different response from you. Child sexual abuse is an "in your face" problem, an intimate problem. One of the most powerful acts a doctor can take is to build hope and strength in his or her patients.

I know that talking about these issues requires facing some personal pain or fear—fear of not being able to do anything. Uncovering a wound and not being able to close it. Perhaps even uncovering your own sexual wounds and having to heal them. That is why I do not suggest that the Council publish a Best Practice Guide without good content and marketing research first. But from that basic research good information will flow. I am thinking here of the example set by Deborah Horan with the ACOG Bulletins on sexual abuse.

What else can individual doctors do? What could this Council do?

Make the sexual abuse of children a priority of the Council.

Talk openly about sexuality and its role in medical practices.

Follow the lead of Dr. David Satcher's Call to Action to Promote Healthy Sexual Behavior This groundbreaking report will not receive any more attention in this Administration and Dr. Satcher and the public health system are drawn away from these issues for now. But you could hold up his important work and keep the agenda alive.

Further, this Council could strengthen the role of CDC's Division of Violence Prevention. Would you join STOP IT NOW! to help find funds in Congress this next fiscal year so that they can lead on this issue? So that they can promote science around child sexual abuse prevention.

Let me end as I began, with a few stories. I want to remind you that on impossible issues like sexual abuse, we have to lift up people's spirits and keep the flame of hopeful, positive change alive. I don't say that to be corny. I say it because I fully recognize that anything that has gone on for millennia, wrought such havoc, and still goes routinely undetected is what Sue Binder, head of CDC's Center for Injury Prevention and Control calls a mighty wicked social problem. It will not be solved overnight. No pill. No radiation. No skillful surgeon cutting it out. It will take solid, scientific information and courage to go forward.

One story that inspires me as I face how big a problem child sexual abuse seems to be. Perhaps you heard it, too, on National Public Radio about the mayor of Palermo, Italy and how his bravery rid the city of the Mafia, something no one believed possible. He said the Mafia was everywhere in community life and where they were not people were afraid they were. He took on round the clock bodyguards for him and every member of his family in order to take a stand on behalf of his city. He discovered that the people could not cope with the disease of the Mafia until they could see the cure. He broke the silence and brought people a light of hope.

What is our light of hope? What could we imagine together if we lived in a culture free of the cancerous sore of sexual abuse, one of sexual integrity? Children would develop affirming their bodies and explore sexuality in age-appropriate ways, the ways we see them develop in sports, for example. Adolescents would not get their sexual expression from the media but from within themselves and their peers, drawing upon their healthy childhood experiences. They would not grow up sexually ignorant, or be afraid to talk to their parents. Adults would find vibrant sexual expression in all aspects of their lives and at all ages, for

sexual energy is life energy. People would find a natural balance about sexuality, just as people find a balance with eating , sleeping, working and playing. Doctors would practice fully able to discuss sexual issues with their patients, no matter the illness. I want to live in this world, don't you?

The mayor of Palermo helped to create a new city through his actions and with one saying, "If you are born round, you can't die square." He would ask this of people all the time in his public talks and they would nod, "True. True." And then he would say, "No, that is an old saying. It is not true. We can change and with your help we will."

One final story and an ironic one in that it involves a very physical encounter with a child. A friend of mine has a five year old who was recently hospitalized severely ill with fever and other symptoms. Two doctors examined her but no diagnosis was made. She worsened and another pediatrician was called in. My friend watched as the new doctor assertively examined her daughter. My friend winced as she cried out in pain and then the girl shrieked. The doctor kept her shrieking until he could find the source and called for an immediate ultrasound to confirm what he suspected—an already burst appendix. He would not have found it but for his bravery in pressing hard enough to make that little girl cry in pain. He saved her life. Knowledge and courage working together.

Thank you.


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**References**

Centers for Disease Control and Prevention. (2001, February 9). *Evaluation of a child sexual abuse prevention program—Vermont, 1995-1997.* Morbidity and Mortality Weekly Report, 50(05). Atlanta, GA: Chasan-Taber, L., Tabachnick, J., McMahon, P., Family and Intimate Violence Prevention Team, Division of Violence Prevention, National Center for Injury Prevention and Control, CDC.

Fellitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P.& Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine 14*(4),245-258.

Finkelhor,D. (1994). Current information on the scope and nature of child sexual abuse. *Sexual Abuse of Children The Future of Children 4*(2),31-69.

Foege, W.H. (1998). Adverse childhood experiences: A public health perspective (editorial). *American Journal of Preventive Medicine 14*,354-355.

Fontes, L., Cruz, M., & Tabachnick, J. (2001). Views of child sexual abuse in two cultural communities: An exploratory study among african americans and latinos. *Child Maltreatment, 6*, 103-117.

Hanson, R.F., Resnick, H.S., Saunders, B.E., Kilpatrick. D. G., and Best, C. (1999). Factors related to the reporting of childhood sexual assault. *Child Abuse and Neglect*, 23,559-569.

Levanthal, J. M. (1998). Epidemiology of sexual abuse of children: Old problems, new directions. *Child Abuse and Neglect, 22*(6), 481-491.

Mercy, J. A. (1999). Having new eyes: Viewing child sexual abuse as a public health problem. *Sexual Abuse: A Journal of Research and Treatment, 11*(4), 317-321.

McMahon, P. M. & Puett, R. C. (1999). Child sexual abuse as a public health issue: Recommendations of an expert panel. *Sexual Abuse: A Journal of Research and Treatment, 11*(4), 257-266.

Molnar, B.E., Buka, S.L., Kessler, R.C. (2001) Child sexual abuse and subsequent psychopathology: results from the national comorbidity survey. *American Journal of Public Health 91*(5), 753-760.

Office of the Surgeon General. (2001). *The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior.* Rockville, MD: Office of the Surgeon General. online at http://www.surgeongeneral.gov/library/sexualhealth/default.htm

Saunders, B.E.; Kilpatrick, D.G.; Hanson, R.F.; Resnick, H.S. & Walker, M.E. (1999). Prevalence, case characteristics, and long-term psychological correlates of child rape among women: A national survey. *Child Maltreatment* 4(3), 187-200.