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A Scalable Approach to Trauma-Informed Child Sexual Abuse Prevention Training

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Abstract

Child sexual abuse is a persistent and pernicious public health problem. It is likely the most prevalent health problem children face with the most serious array of consequences. A vast majority of sexually abused children are abused by people they know in their everyday environment, not in indeterminate situations. Within those everyday environments are non-offending adults who also interface with the child's offender, providing an opportunity for intervention. Child sexual abuse is a social problem that requires social solutions. Darkness to Light is a national nonprofit organization whose mission is ending child sexual abuse by educating families and child serving organizations in new trauma-informed prevention behaviors. Its flagship program *Stewards of Children*® promotes adult responsibility and constructive, personal risk-taking as the building blocks for child sexual abuse prevention. The program is organized around the concept of tipping point, in which behavior change is fundamentally social and spreads in a contagion-like fashion through face-to-face contact. To infect a community with child protective behaviors, the program educates and mobilizes a fraction of committed adults. Of necessity lay people, without specialized knowledge of child sexual abuse, must facilitate this nationally scalable child protection training. No child sexual abuse expert is on hand to provide a trauma-informed prevention approach, or to mitigate potential emotional distress experienced by adult survivors of child sexual abuse within the training group. The training methodology itself must therefore be standardized and trauma-informed. *Stewards of Children*® is a sea change for child sexual abuse prevention training.

Keywords: child sexual abuse, trauma-informed, training, public health, child protection, social change, adult survivors, behavior change

A Scalable Approach to Trauma-Informed Child Sexual Abuse Prevention Training

Child sexual abuse can be defined as any sexual act between an adult and a minor, or between two minors when one exerts power over the other. It may involve forcing, coercing or persuading the child to engage sexual acts, and includes non-contact acts such as exhibitionism, exposure to pornography, voyeurism and communicating in a sexual manner by phone or Internet (Darkness to Light, 2013). Commercial sexual exploitation of children (CSEC), also referred to as child sex trafficking, is any sexual activity involving a child for which something of value is given or promised and is also child sexual abuse. Child pornography, professionally spoken of as “child sexual abuse images,” is any visual depiction involving a minor, or one appearing to be a minor, engaging in sexually explicit conduct. Child pornography is child sexual abuse because the child is sexually abused in the creation of the sexually explicit material, and because the resultant media erodes the child’s dignity.

Today, about one in 10 children are sexually abused before his or her 18th birthday (Townsend, C., 2013). Child sexual abuse is likely the most prevalent health problem children face with the most serious array of consequences (Townsend C. , 2013). The estimated average lifetime cost per one victim of child abuse is \$210,012; thus child sexual abuse costs the U.S. billions of dollars annually. This figure includes healthcare costs, criminal justice costs, child welfare costs, special education costs and productivity losses (Fang, Brown, Florence, & Mercy, 2012). While this estimate is for all forms of child maltreatment, there is evidence that the consequences of child sexual abuse are equal to or greater than the consequences of other forms of child maltreatment. Child sexual abuse is a persistent and pernicious public health problem.

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Trauma-Informed Child Sexual Abuse Prevention Training

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect as they impact later-life health and wellbeing. The 1995-1997 study included child sexual abuse as one of ten most detrimental adverse childhood experiences, and twenty-one percent of study participants reported themselves as victims of child sexual abuse (Centers for Disease Control and Prevention, 1998). The ACEs Study revealed a graded dose-response relationship between adverse childhood experiences, including sexual abuse, and health and wellbeing outcomes across the life course. That is, as the number of ACEs increases, so does the risk for the following (Centers for Disease Control and Prevention, 1998):

Alcoholism and alcohol abuse

Chronic obstructive pulmonary disease

Depression

Fetal death

Illicit drug use

Ischemic heart disease

Liver disease

Obesity

Poor work performance

Financial stress

Risk for intimate partner violence

Multiple sexual partners

Sexually transmitted diseases

Smoking

Suicide attempts

Unintended pregnancies

Early initiation of smoking

Early initiation of sexual activity

Adolescent pregnancy

Risk for sexual violence

Poor academic achievement

“Epidemic” has been used with good intention to convey the alarming number of children affected by child sexual abuse. But by definition an epidemic is an outbreak, a sudden widespread occurrence of a disease or phenomenon. Epidemics spike and recede. More accurately child sexual abuse is endemic in the United States. It is a phenomenon regularly found *across generations* in every race, religion and socioeconomic class. While there are risk factors that increase its incidence, no segment of the population is spared.

Child sexual abuse is a social phenomenon with social solutions, as this paper will demonstrate. While we may be far from eliminating child sexual abuse as a phenomenon, many instances of child sexual abuse can be prevented through the introduction of new, trauma-informed behaviors in families and child serving organizations.

A Sea Change for Child Sexual Abuse Prevention Training

Background

Darkness to Light is a national nonprofit organization based in Charleston, South Carolina. Its conception began in 2000 with a group of women, some survivors and some professional, who were working to create conferences focused on child sexual abuse awareness and support. In their reflections on the surrounding dynamics that create sexual abuse, they recognized that the significant adults in children’s lives at the time of their abuse could be described in one of three overlapping ways: lacking in knowledge of child sexual abuse and therefore unable to recognize it; fearing child sexual abuse and its implications and therefore having the propensity to deny it; and/or complicit with sexual abuse and therefore unwilling to prevent it.

At that time in 2000, there were few if any comprehensive child sexual abuse prevention initiatives to educate the adult public, particularly parents and professionals serving children. Prevention efforts were

primarily provided to children, with complimentary components for parents, teachers, and child serving professionals. While child education is an essential component of child sexual abuse prevention, it is a fraction of what we now understand can be done to protect children. One survivor group member became motivated to position the responsibility for prevention with adults, and founded Darkness to Light. Its mission remains *educating and empowering the adult public to prevent, recognize, and react responsibly to child sexual abuse.*

Adult Responsibility

Of children who are sexually abused, ninety percent know their abuser (Finkelhor & Ormrod, 2012). Thirty-percent of sexually abused children are abused by family members. The younger the victim, the more likely it is that the abuser is a family member. Sixty-percent of sexually abused children are abused by people the family trusts (Finkelhor & Ormrod, 2012). Forty-percent of sexually abused children are abused by older or more powerful children (Finkelhor & Ormrod, 2012). Ten-percent or less are sexually abused by a stranger (Finkelhor & Ormrod, 2012). Taken together, these statistics tell us that the vast majority of sexually abused children are abused in their everyday environment by people that they know, and not in mysterious and indeterminate situations. *And within those everyday environments are non-offending adults who also know and interface with the child's offender.*

Adult responsibility for child sexual abuse should not be understood as blame but rather as an opportunity. Yet it is shortsighted to hold one responsible without ensuring one's capacity. Recall the three descriptors of the adults surrounding the survivors described above: lacking in knowledge and therefore unable to recognize abuse, fearing child sexual abuse and its implications and thus having a propensity to deny it, and/or complicit with the offense and therefore unwilling to prevent it. Darkness to Light envisioned that adults

could be trained so as to greatly improve the first two and sometimes all of these conditions; and if they could be entrained with other adults to create new behavioral norms in child caring environments, it would be possible that many instances of child sexual abuse could be thwarted.

There are five categories of knowledge and skills that equip the everyday adult to prevent, recognize and react responsibly to child sexual abuse, and they comprise the primary learning objectives of Darkness to Light's *Stewards of Children*® training. These are: 1.) Understanding the prevalence of child sexual abuse, its impacts, and where and how it takes place; 2.) Minimizing the opportunity and access to children for those who would sexually offend them; 3.) Educating children about child sexual abuse, body safety, and interpersonal boundaries; 4.) Recognizing signs of sexual abuse in children, and boundary violations or grooming behaviors in adults and other youth; and 5.) Reacting responsibly to disclosures, discoveries, and suspicions of sexual abuse, including reporting when necessary. Preparation in the nuances and mechanics of these five steps empowers non-offending adults to be responsible for the protection of children from sexual abuse.

The Intersection of Program Scalability and Personal Risk Taking

An intervention is scalable when it can be applied or disseminated relative to the size of the population in need. Since a nation-wide behavioral norm of adult responsibility for child sexual abuse prevention is the goal, the population in need is parents and adults who are in child-caring or child-serving roles across the nation. And because responsibility requires education, the intervention is nationally disseminated child sexual abuse prevention and response education.

Given the rate of child sexual abuse and its profound consequences, ideally every adult who has interaction with children would be educated to prevent and respond to it, a costly and unenforceable endeavor.

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Trauma-Informed Child Sexual Abuse Prevention Training

Instead, Darkness to Light organized its efforts around Malcolm Gladwell's concept of tipping point (Gladwell, 2000). Tipping point describes a phenomenon in which behavior change is fundamentally *social* and spreads much like a virus spreads, through face-to-face contact. We envisioned that new child protective behaviors could be transmitted from adult to adult in a contagion-like fashion, until an entire community would "tip" into a behavioral norm of protecting children from sexual abuse. To "infect" a community with child protective behaviors, we hypothesized we need only mobilize a committed fraction of adults in that community into new *and compelling* child protective behaviors, and that others would pick up these constructive behaviors.

Yet, child sexual abuse prevention and response is a very nuanced and sometimes precarious endeavor. Anyone endeavoring to protect a child from suspected sexual abuse feels inherently in a position of *personal risk* - that is, he must take actions he has not taken before and for which he does not know the outcome. Consider the inherent risks. Child victims are often traumatized and are sometimes exhibiting unwieldy behaviors; and signs of sexual abuse in children are often indistinguishable from other signs of childhood distress and trauma. These signs must be skillfully inquired about, either with the child or surrounding adults. Their parents, caregivers, siblings or family members may be sexually offending them, or allowing sexual abuse deliberately or due to lack of knowledge. This must first be recognized and then confronted. There may be living disposition issues if child sexual abuse is being perpetrated by household members, creating an emergency that must be carefully navigated, often in unclear system channels. Offenders often groom children and the surrounding adults, skillfully and patiently, and frequently abuse children in private one-on-one situations. As such their behaviors are often difficult to pinpoint as grooming or abuse, yet must be intercepted. These interventions may need to take place in a workplace or family that is not awake to the realities of child

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Trauma-Informed Child Sexual Abuse Prevention Training

sexual abuse. The reporting process is not always a straight line and sometimes multiple reports are needed to generate an investigation, while the child remains at risk. Further, even when sexual abuse is not suspected, there are primary prevention activities that must be undertaken that feel risky and create some fear in the average adult. Caregivers must have conversations with small children about sexual boundaries and the potential grooming behaviors they may face from those they otherwise trust. Youth workers must develop policies and procedures that reflect the real possibility that offenders could be among their ranks, while still maintaining workable, cohesive relationships. Family members must find ways to redirect inappropriate or suspicious behaviors of other family members, hopefully without creating a family rift. The list of personal risks required of adults who wish to protect children goes on and on.

Effective training in the skills of child sexual abuse prevention and response is therefore very nuanced and specific. Yet, the scale of the need for training is not reasonably attainable through the use of child sexual abuse experts as live trainers. There simply aren't enough available to the task. Of necessity a nationally scalable training must be facilitated by lay people, that is, people without specialized knowledge of child sexual abuse. Alternatively, it may be delivered in an online or handheld format. In either case, no child sexual abuse expert is on hand neither to provide a trauma-informed prevention approach, nor to empower everyday adults in taking the necessary intelligent risks to protect children, nor to mitigate the potential emotional distress experienced by adult survivors of child sexual abuse in the training groups. The training methodology itself must therefore be *standardized*. It must foster willingness to take the *constructive risks* one must take to actively protect children. It must be *trauma-informed*.

A scalable, standardized, trauma-informed child sexual abuse prevention training provided to parents and to staff and volunteers in youth serving settings that enables constructive personal risk is a sea change for the nation in the protection of children from sexual abuse.

The Necessity of a Trauma-Informed Approach to Child Sexual Abuse Prevention Training

Child sexual abuse prevalence statistics were not collected in the U.S. in any cohesive way prior to 1993 and it is therefore difficult to claim with certainty a rate of survivorship in today's adult population. However, the 1995 ACE study of adults established a rate of child sexual abuse before the 18th birthday as 1 in 4 girls and 1 in 6 boys (Felitti & Anda, 1997). These rates of adult experience of sexual abuse during childhood reflect an average of every year prior to 1993, dating back to the 1930's. It is reasonable to conclude that in most groups of adult trainees, there will be child sexual abuse survivors, possibly at a rate as high as 1 in 4 women and 1 in 6 men. Moreover, an estimated 70 percent of adults in the United States have experienced at least one traumatic event in their lives, and up to 20 percent of these people go on to develop post traumatic stress disorder (Sidran Institute, 2016). Witnessing or hearing about trauma related or unrelated to one's own can stimulate trauma-reaction, especially when it produces similar feelings of fear, terror, betrayal, powerlessness or shame. It is therefore responsible to design child sexual prevention training with a trauma-informed approach to every extent possible. It is also the most effective approach to take since 1.) Trainees themselves will need trauma-informed skills to prevent, recognize and respond to child sexual abuse, and 2.) Often people cannot learn while experiencing trauma reaction. Trauma-informed training sensitizes people to the impacts of trauma while

avoiding re-traumatization, and it heightens the empowerment and motivation to prevent trauma in future generations.

A Framework for a Trauma-Informed Approach

The U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) is a thought leader in the field of trauma-informed approaches. SAMHSA provides a framework for behavioral health specialty sectors that can be adapted to sectors such as child welfare, education, criminal justice and juvenile justice, primary health care, the military and other settings that have the potential to ease or exacerbate an person's capacity to cope with traumatic experiences (Substance Abuse and Mental Health Services Administration, 2014). As such, SAMHSA has put forth four key assumptions and six key principles of a trauma-informed approach. This framework is the result of an integration of three threads of work: trauma focused research; practice-generated knowledge about trauma interventions; and lessons shared by survivors of traumatic experiences who have had involvement in multiple service sectors (Substance Abuse and Mental Health Services Administration, 2014). Because of this thorough and well-considered integration, it has been chosen here as a respected framework and point of reference.

SAMHSA says:

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths to recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**.

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Trauma-Informed Child Sexual Abuse Prevention Training

12

These are SAMHSA's four key assumptions. They comprise the very nature of a trauma-informed program, organization or system.

Building upon these assumptions are SAMHSA's six key principles below. These principles are how the program, organization, or service carries out its work. Darkness to Light's *Stewards of Children*® applies them as such:

1. **Safety:** The physical training setting is safe and the interpersonal interactions are structured to promote psychological and emotional safety. Trainees are overtly supported in their personal authority to make adjustments as needed for their emotional and physical safety throughout the training experience.
2. **Trustworthiness and Transparency:** The training purpose and process are clear, timeframes are adhered to, appropriate support resources are provided, and the role of the facilitator is made clear in what he or she can and cannot provide.
3. **Peer Support:** Peer support and mutual self help are fostered among trainees, some of whom are assumed to be survivors, to establish safety and hope, build trust, enhance collaboration, and promote healing.
4. **Collaboration and Mutuality:** Partnership and leveling of power differences are achieved through in-training experiences that demonstrate that everyone has an essential role to play in child protection across an organization or family. Equal opportunity dialogue is facilitated to reveal strategic child protection choices and plans.
5. **Empowerment, Voice and Choice:** A belief in the ability of trainees to protect their children and environments from child sexual abuse is powerfully and consistently held throughout the training

experience. It is understood that child sexual abuse survivors are among the trainees, and they are implicitly supported in their deep knowledge of their experiences. The training does not simply prescribe solutions but rather fosters skills of self-advocacy and self-creation of protective plans for children, in accord with the relationships and environments in which trainees act.

- 6. Cultural, Historical, and Gender Issues:** The training clearly and overtly moves past cultural stereotypes and biases. It demonstrates a shared impact of the problem and shared role in the solution. It fosters inclusiveness across race, ethnicity, sexual orientation, age, religion, gender identity, and geography.

As stated, SAMHSA's framework is intended for organizations providing trauma-informed services and interventions. Yet, the framework can be extended to the learning needs of adults protecting children from sexual abuse as well. *Optimally the trainees would embody the framework.* Trainees would **realize** the widespread impact of child sexual abuse. They would **recognize** the signs and symptoms of it. They would **respond** by integrating their knowledge into their policies, procedures and practices with children, and they would seek to actively **resist re-traumatization** of children and to prevent the trauma of child sexual abuse.

Trainees would also make use of the six principles of a trauma-informed approach as they apply their learning in their community. They would promote physical and psychological **safety** of children in their care as a highest priority. They would demand and promote **trustworthiness and transparency** in their organizations and families, particularly around child protection. They would actively make use of **peer support** in carrying out their protective behaviors. They would **collaborate** creatively and prompt others in the environment to play a role in prevention. They would come from a position of **empowerment, voice and choice** as a shared

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Trauma-Informed Child Sexual Abuse Prevention Training

14

motivation, rather than from blame or secondary victimization, and become self-advocates and advocates for children. They would abandon their **cultural, racial and gender** bias and embrace the recognition that all children are at risk, and all children require protection. Across the nation these trainees would function as a network of change agents, influencing other adults in their families and communities toward child protective behaviors. Although more loosely woven than an organization, they would collectively be “stewards of children.”

Darkness to Light’s *Stewards of Children*® Program: A Trauma-Informed Child Sexual Abuse Prevention Program

Darkness to Light’s *Stewards of Children*® is an evidence-informed child sexual abuse prevention Docutraining® for adults. It is used in all 50 U.S. states and 17 countries internationally. Among other commendations and awards, The United Nations Foundation recognized *Stewards of Children*® as a *Classy Top 5 program* out of 3600 programs submitted internationally. The U.S. Office of Juvenile Justice and Delinquency Prevention recognized it as a “model program”, and the California Clearinghouse of Evidence-Based Programs named it as a “promising practice”. To date, *Stewards of Children*® has trained over 1.24 million adults in the protection of children from child sexual abuse. Over 9,000 Facilitators have been trained to lead the program nationwide. In the following sections we will examine the training methodology and the training content as they provide a standardized, trauma-informed approach.

A Docutraining® Methodology for Cooperative Learning

Created by Phoenix Possibilities Inc., Docutraining® is a training methodology based in the Vibrational Change Theory.™ Docutraining® integrates **documentary film, hosted teaching** of specific skills, **workbook**

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Trauma-Informed Child Sexual Abuse Prevention Training

15

instruction and personal exercises, and **community group interaction**. A Docutraining® feels like a community-based documentary and functions as a cooperative training. The methodology itself is trauma-informed. This section will explore the underpinning theory and structure of the Docutraining® methodology.

Vibrational Change Theory™. The Vibrational Change Theory™ is the underpinning theory of the Docutraining® methodology (Sellars, 2009). Created by Phoenix Possibilities Inc., it is an experiential, cooperative, behavior-change approach that causes training participants to make self-directed behavioral changes - in this case child sexual abuse prevention and response. The approach reveals creative choices in participants that even their leaders cannot foresee because its impact is inherently multidimensional. The Vibrational Change Theory™ is particularly useful within large-scale social change efforts, in a cooperative learning context. The model is derived from how *individuals* make change through personal empowerment and *taking constructive risks*.

The conceptual framework of the Vibrational Change Theory™ consists of the following basic understandings.

- The acquisition of new knowledge (facts) does not alone motivate new behavior.
- Top down mandates in a hierarchical system do not alone motivate new behavior.
- Fear and avoidance of a negative outcome do not motivate new behavior. Participants do not learn well in a condition of fear or external demand. Fear can motivate a short-term reactive response, but it does not motivate a well-integrated choice response. Fear is not a useful emotional motivator.

Instead,

- A person's behavior change is motivated primarily by a **desire** that is personal to him or her.

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Trauma-Informed Child Sexual Abuse Prevention Training

16

- The person experiences that personal desire has having a **collective purpose**. A desire is defined here as *a feeling of aspiration for a new, positive possibility*. Another definition for desire is *hope that requires action*.
- The experience of desire causes a marked shift in the person's vibration, his energy, her *being*.
- That vibrational shift allows new behavioral possibilities to come into awareness that were not accessible to the person in his or her previous vibration. These new behaviors may feel like a **risk** because they are *new choices with unknown outcomes*; but these constructive risks are supported by the overriding desire for personal and collective benefit, **to be of service**. Thus,
- Behavior change results from a participant's willingness to act on a new possibility that has both personal and collective benefit.
- The experience of being of service shifts a person's motivation and thus their vibration, from external locus of control (fear/requirement) to internal locus of control (desire/contribution).
- This vibrational shift, coupled with action-based skills and cooperative community interaction, makes behavior change sustainable over time, even in "untrained" conditions. Participants are able to generalize their new skill set, and take risks to advance their desire for contribution.
- Behavior change feels natural and easy inside the new energetic vibration.

The goal of the Vibrational Change Theory™ is to provide an energetic shift in the participant toward constructive risk-taking that fulfills a desire to contribute to others. This vibrational shift supports the participant and enables her to take up the new behaviors that the training prescribes. The vibrational shift to **contribution** and **constructive risk-taking** is made possible through the following Docutraining® components.

While the Docutaining® methodology can be used for many large-scale social change efforts, here it will be discussed as it is used in Darkness to Light's *Stewards of Children*®.

Docutaining® Components. Four primary components comprise a Docutaining®: documentary film, hosted teaching, workbook instruction, and community group interaction. Each of these has a number of facets that contribute to the standardized, trauma-informed training experience.

Documentary film. Documentary film depicts adult survivors of child sexual abuse sharing their experiences of victimization and healing. Their stories provide a firsthand window into the interpersonal relationships and environmental circumstances that set the stage for child sexual abuse, and give trainees real-world understanding of how child sexual abuse happens. Survivors sensitize the trainee to the profound impacts that sexual abuse can have on a child, and how those impacts may reverberate into adulthood. This helps trainees to connect the dots between the issues of child sexual abuse and the behaviors and problems exhibited by children, and perhaps even by other adults in their lives. The survivors convey how they have healed and how they have cultivated their experiences into wisdom.

The presence of survivors as a primary voice of knowledge and experience is itself trauma-informed. Survivors provide much of the trainees' learning. First and foremost, the survivors in the film model the capacity for taking risks. Since child sexual abuse is often a taboo and shameful subject, the act of talking about it in personal detail overturns the silence that holds sexual abuse in place in the culture. Although they were victims in the strict sense of the word, their courage sets a tone of empowerment and survivorship. They give encouragement, hope and motivation to trainees who may also be survivors and give them the experience of their hardships being heard. They demonstrate for all trainees that the lasting effects can be overcome. They

model the diversity of age, socioeconomic status, ethnicity, and life circumstances of children affected by child sexual abuse. Perhaps most importantly, survivors overthrow the potential victim consciousness inherent in such trainings and propel the learner into active empowerment.

Experts also comprise the Docutaining® film. In this context, “experts” are adults who have direct caring roles with children and who are *already successfully implementing the child protective behaviors in their environments*. Most are not child sexual abuse experts, but rather everyday people in child caring roles. Their success in preventing child sexual abuse makes them ‘experts.’ They include parents, teachers, coaches, mental health professionals, child advocates, law enforcement professionals, physicians, pastors, and the like. They too span age, ethnicity, socioeconomic status, sexual orientation, and circumstance. The experts are in fact *peers* of those being trained because the trainees function in these same roles. The power of this facet cannot be overstated. Peer collaboration and peer support is a critical component of trauma-informed training and of the Vibrational Change Theory™. Peer collaboration and support are also essential to shifting cultural norms. In the spirit of the experts in the film, trainees begin to feel part of a wider movement to protect children. The sense of belonging and leadership support their capacity to take the necessary risks. The realization that develops in the trainee as they watch their ‘peers’ on film is, “If they can do it, I can do it.”

The experts give practical advice and tangible examples that illustrate the steps of prevention and response to child sexual abuse. Their grounded advice is trustworthy because they have lived the actions that they are asking the trainees to take. They give credence that the tasks of child protection are doable, and that the personal risks are ultimately empowering and “worth it.” The trainee develops an expectation that the longstanding and seemingly insurmountable collective tragedy of child sexual abuse can be overcome through

deliberate steps and collective action in families and youth serving environments. They see it in the survivors and the experts, and they believe it.

Hosted teaching. Throughout the film a professional host, who is in fact a child sexual abuse expert, ushers trainees through the training objectives. She bridges and reinforces concepts, creates orderliness, sets tempo and tone, states the hard truths, modulates the impact of the survivor testimony, and acts as a touchstone, step by practical step. In this way the host stands-in as the professional trainer and establishes emotional safety and cohesiveness across the array of emotions, recommendations, and experiences that the video provides.

Workbook instruction. It is required that each trainee receives a workbook. The 38-page workbook is thorough and substantial. It mirrors and reiterates in writing the key learning objectives of the training. For some trainees, the workbook modulates the emotionality of video and gives them a place of refuge during the training experience. It creates orderliness, cohesion and structure. As trainees move through the workbook in parallel with the film, they are presented with interactive questions. They are asked to think about the children in their lives for whom they feel responsible and are willing to protect, and to answer the questions in reference to those children. Their answers become their “Personal Prevention Plan” and are the actions they will take to protect “their children” when they return to their daily lives and roles. This grounds trainees in their personal authority as stewards of children. Many of their action steps require them to engage with other adults in their environments, their family members and co-workers, as well as teaching children about boundaries and their role as the child’s protector. Enacting their Personal Prevention Plan causes collaboration with others and transfers the learning from the trainee to others around them who have perhaps not been trained. Trainees

become leaders of social change, fulfilling the promise of safety for children. Trainees also become the catalyst for systemic change in their social networks.

The workbook also allows for retention and future reference for what has been learned. It creates the experience of solidity, support and reliability across time. There are pictorial scenes and quotes of various speakers from the film that recall and reignite the core messages of the training, while photos of happy, healthy children and adults support the overall mission of a healthier society.

Community interaction. In the live version of *Stewards of Children*®, the facilitator of the training is often also a peer to the trainee. A teacher may be offering the training to fellow teachers, a coach to fellow coaches, a church member to her co-volunteers. For the trainee, seeing one's peer having the courage and determination to facilitate the training promotes collaboration, mutuality and empowerment. It presages a culture of openness and inclusiveness in the organization, and says *child protection is not above our heads. It is happening here and now.*

The facilitator facilitates community discussion of some selected Personal Prevention Plan questions. As trainees respond they learn from each other, borrow ideas, and break the taboo of “talking about it.” Trainees experience peer support in creating their Personal Prevention Plan and develop an awareness of collective action, each playing their own part. Rather than feeling like a lone voice, trainees feel that their personal risks are taking place in a wider context of group effort. When they realize that training conversations such as theirs are taking place on behalf of children all across the country, they know they are part of a movement. They belong. They are *Stewards of Children*®. All the while adult survivors in the training group are witnessing

their peers make plans to advocate for children. This gives them courage to speak out and gives hope for today's children.

Facilitation Structure. The facilitation structure is critical in supporting the trauma-informed nature of the training. Recall that facilitators are often lay people, that is, adults who are not child sexual abuse experts.

Entry and greeting. Facilitators have been trained in an eight-hour day of instruction on how to lead *Stewards of Children*®. They have received all the necessary materials and are supported by a cache of online resources. They have been taught step-by-step how to set up the training room and how to conduct the training from start to finish.

Upon entering the training room, trainees encounter a sign-in sheet and see an orderly, well prepared room with workbooks neatly placed at each seat. The trained facilitator is present, wearing a lanyard bearing his or her name on a *Stewards of Children*® badge. He or she is dressed in accord with the group, has audiovisual technology prepared, and is ready to begin. All of this communicates professionalism and gives the sense of entering a course, rather than an encounter group or support group. This provides a sense of safety for survivors of sexual abuse or other trauma because it communicates that the process will be structured. The facilitator greets the participants cheerfully, and engages them in light conversation.

The facilitator begins the class on time and has the facilitator guide in hand. He or she welcomes the trainees and tells them they are attending the Darkness to Light *Stewards of Children*® child sexual abuse prevention program, and names the sponsoring organization. He shares his name and states that he is the authorized facilitator for the course. He briefly acknowledges the trainees' roles with children, to demonstrate awareness of their importance to child protection. He specifically states that trainees may take care of

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Trauma-Informed Child Sexual Abuse Prevention Training

themselves however and whenever they need to during the training. They may use the restroom, have a snack, or even step out for a few minutes as needed. He gives trainees complete latitude to take care themselves physically and emotionally.

The facilitator then describes the format, stating that it is a 2-hour training consisting of a 35-minute video, 15 minutes of discussion, another 35-minute section of video, and another 15-minute discussion. Telling trainees the time structures allows them to know what to expect and thus to feel a bit safer. Since the first section of video will build awareness of prevalence and impact, it can feel heavy to some; and thus it is important that trainees know how long it will go on before they have a reprieve. It is also helpful to them to know that the interactive discussions are time-bound, for similar reasons. The facilitator says that the video features survivors who share their stories, and “people just like us” talking about how to protect children. She calls their attention to the workbook and invites them to follow along if they wish, and tells them that during discussion time they will be writing in their workbooks. Declaring the structure of the training builds transparency and trustworthiness. As the training proceeds just as it was described, the trainees can relax into the process.

The facilitator then acknowledges that child sexual abuse is a difficult subject, and that the survivor stories may affect the participants in a personal way. He calls their attention to the Community Resource Sheet that is comprised of helping agencies in the local area. Each trainee has received a Community Resource Sheet with the workbook, rather than having to ask for it. This maintains privacy and establishes trust. The facilitator says he will be available after the training to talk about any needs trainees may have.

The facilitator then sets a critically important boundary. She states that there is a great deal to cover in two hours and so that everyone has the chance to learn new skills for prevention child sexual abuse, participants are asked not to share personal stories of abuse. She states that there are very likely child sexual abuse survivors in the group itself and that their stories are important, but that the course is devoted to learning how to prevent and respond to abuse affecting today's children. This boundary around personal stories accomplishes several trauma-informed objectives. It lets trainees know that they will not be ambushed or over-stimulated by unmanaged stories of trauma coming from other group members. It relieves a concern that trainees will be *expected* to share. It reiterates that timeframes will be adhered to, which is very important to feelings of safety. It demonstrates that the facilitator, as the leader of the experience, is adhering to some 'rules of the road.' For the lay facilitator, it gives some assurance that the training will not veer into an unmanageable crisis.

In the event that a trainee does disclose a traumatic experience, the facilitator acknowledges the pain of it and says she is sorry that it happened. She thanks the person for sharing so courageously and affirms that it is a deep reminder of why we must protect children. She then picks up the training content and moves forward. The facilitator is explicitly trained never to admonish a trainee for disclosing against the rule, and to affirm the sharing as valuable to the overall goal of child protection.

The training. The facilitator reminds the trainees that they may follow along in their workbooks if they wish and starts part one of the video, allowing it to play through. Upon turning up the lights and giving everyone a moment to adjust he asks, "What are some 'take-a ways' you have so far after watching the video?" This question is totally open-ended and allows participants to share virtually anything. This too is sensitive and trauma-informed. It allows the trainees to choose what was most important, surprising, upsetting, or

Phoenix Possibilities Inc.

Trauma-Informed Child Sexual Abuse Prevention Training

informative to them and just get the discussion moving comfortably. Trainees may share a feeling they have from genuine inspiration to utterly depression. They might cite a surprising fact, express disbelief, or they might reflect on how important it is to take protective action. Any response is held as worthwhile and the open-endedness of the question allows the group to start the process of talking with each other in whatever way is comfortable. The facilitator draws out three or four responses, and then moves on. From here, the facilitator calls attention to various pages in the workbook that contain important interactive questions, and covers them one-by-one. She reads each aloud, and looks for input from two or three trainees. She encourages that everyone collaborate and borrow each other's ideas as needed, and write them in their workbooks. Although there are many questions comprising the Personal Prevention Plan, the group discussion questions have been pre-selected by Darkness to Light in a standardized way and focus the participants toward risk-taking and specific protective *actions*. The more personal questions are reserved for private completion later.

The facilitator draws out the responses from the group as the priority. Only after some responses are given would she 'add to' the responses with suggestions that the trainees may have missed. For example, if trainees had not acknowledge the action step of asking about policy in youth serving organizations, the facilitator might say, "How about asking about policy at the school? Is that a good idea?" The trainees would respond yes, they think so. Then the facilitator would ask, "How might you go about asking? What would you say?" Notice that this is quite different from the facilitator saying, "You'd want to ask about policy as well. Here's what you should say..." Since *Stewards of Children*® is trauma-informed training that empowers personal risk *for adults*, the goal is to have the participants generate as many of the action steps as possible. The experts in the film have

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Trauma-Informed Child Sexual Abuse Prevention Training

given trainees plenty of examples, so this approach drives trainees to emulate that authority and create their own relevant actions to protect their children.

Part two of the video and its discussion are conducted in the same way, with sharp focus on real-world action. As the last step of the part-two discussion, the participants are asked to write down and share one action they commit to taking in the next few days. The facilitator takes as many responses as time allows, giving the group a sense of real-world momentum and once again allowing them to borrow other's ideas. The trainees are invited to "Join the Movement" online and to wear a sticker for the day "I Took the Training" with the *Stewards of Children*® logo. Much like "I Gave Blood Today" the sticker prompts others to ask about the experience, or to notice that the trainee did something special for the community. When the trainee places the sticker on his shirt, in a small way he acknowledges himself for his contribution and the accomplishment of tackling a difficult subject.

Training group size. The facilitator is trained to contain the group to twenty-five participants or less whenever possible. This allows the greatest potential for participation from all trainees. Also, the facilitator would never create breakout discussions or breakout groups. She is the main thoroughfare for all discussion, to reduce the potential for misinformation or 'horror-stories' to be shared. The training is not the place for, "I once tried to call child protective services and they were of no help," to go unaddressed by the facilitator. While a trainee may make such a statement, the facilitator has the opportunity to address it constructively. The same holds true for the sharing of personal stories of abuse. Since the group is being trained as a whole, the facilitator has the opportunity to intervene, affirm, or redirect as needed. This reinforces safety, transparency, and trust; and assures that the training remains focused on constructive action to protect today's children.

Phoenix Possibilities Inc.

Trauma-Informed Child Sexual Abuse Prevention Training

Overarching Look and Feel. The *Stewards of Children*® color palette is bright and attractive – no black, no red, ‘nothing dark and scary.’ The customized music hearkens messages of risk-taking, empowerment, and hope and is sung in uplifting choral voices suggesting group effort. The faces of *Stewards of Children*® are multiracial and multigenerational. The training revolves around 3 Empowerment Skills and The 5 Steps to Protecting Our Children. While very nuanced, the skills and steps give the trainee a feeling of *progress and mastery*. They demonstrate that child protection is achievable in a step-wise, action-based framework. This framework tempers the emotionality of child sexual abuse, puts it into a container, and thereby makes the experience emotionally safer.

Online Version. The online version of training mirrors all of the components described, except that trainees experience the training at the privacy of their own computer rather than in the group setting. A content warning precedes the course to alert trauma survivors to what they will see and why the content has been chosen. Interactive questions and activities test and build knowledge, and the printable Personal Prevention Plan reinforces application in the lives of “their children.” While the Docutrain video experience is identical, the facilitated community group interaction is not a component in the online format, and as such the trauma-informed principles of peer support and collaboration are received only from the video experience. Future plans for the *Stewards of Children*® program include the introduction of mobile app with social network functionality that would bring back the peer support and collaboration functionality of the training in a hand-held format.

Behavior Change Evidence

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Trauma-Informed Child Sexual Abuse Prevention Training

A complete discussion of behavior change evidence for Darkness to Light's *Stewards of Children*® is beyond the scope of this article; however it is important to provide it in brief since evidence of behavioral change supports the substantiation of the training as trauma-informed. *Stewards of Children*® is the only evidence-informed child sexual abuse prevention, recognition and intervention training available nationally.

In October 2015, Catherine Townsend of Darkness to Light and M. Lyndon Haviland, MPH, D.Ph., of the CUNY School of Public Health conducted a one-year follow-up survey of 79,544 Texas educators who had taken the *Stewards of Children*® training alone or in tandem with Texas Mandated Reporter training, during the fall of 2014. The purpose was to determine if educators increased their reports of previously unrecognized child sexual abuse to authorities in the year after the training. In the year following the training, educators increased their reports of child sexual abuse by 283% as compared with career average reports in the year prior to training. Texas Department of Family and Protective Services (DFPS) data was obtained to corroborate the results. An analysis of 2011-2015 data from the DFPS allow for the possibility of increased reporting of cases previously unrecognized as abuse by educators from 2014 to 2015. More children were also substantiated as sexually abused during this time period (Townsend, 2016).

The effectiveness of *Stewards of Children*® can be evaluated by whether more children receive intervention services as a result of the training. Intervention services have been shown to mitigate many of the negative effects of child sexual abuse. The data allow for the possibility that more children received intervention services in 2014 and 2015 as a result of the Texas Educator initiative.

The U.S. Centers for Disease Control funded a 3-year controlled experimental study of the impact of Darkness to Light's *Stewards of Children*® on child care professionals' primary and secondary child sexual

abuse prevention efforts, including changes in knowledge, attitude and behavior over time. This randomized, controlled trial conducted by Alyssa Rheingold, Ph.D. at the National Crime Victim's Research Center at the Medical University of South Carolina determined that those receiving the training made significant changes in their child protective behaviors over the long term. These participant behavioral changes were significant in both the facilitator-led and online versions (Rheingold, 2014).

The U.S. Department of Commerce and Technology Opportunity Program funded a quasi-experimental evaluation of the online version of the *Stewards of Children*® program. It was conducted by the Center for Child and Family Studies of the University of South Carolina and completed in 2007. Employees and volunteers from youth-serving organizations were the test subjects, with an intervention group of 134 individuals and a comparison group of 84 individuals. Evaluation instruments included a pre-test, a post-test, a 2-month post-test, and a 6-month post-test. The study demonstrated that *Stewards of Children*® was effective in increasing adults' knowledge, improving their attitudes and positively changing their child-protective behavior over the long term (Derrick, 2011).

Conclusion

Child sexual abuse can be profoundly painful to the children and families whom it affects. A great deal of human suffering is spawned from it. It is destructive and costly to society as well. Indeed so many of us object to the sexual abuse of children. We viscerally cringe at even the thought of it. But until now there has been a dearth of collective will to stop it, and lack knowledge on the part of the general public of how to prevent and intervene in everyday lives of children. That gap of public will and practical protection knowledge is a byproduct of a sexually traumatized society in which sexual abuse of children has been endemic for

generations, in which social norms have reinforced the maltreatment and suppression of women and children, and in which child protection education has been missing.

Darkness to Light's *Stewards of Children™* fills those gaps and potentiates social change toward the protection of children on a national scale. Policy makers can create top-down systems change by enacting legislation that requires youth serving organizations to train their staff and volunteers using evidence-informed child protection programs, and they can allocate funding on a scale that enables compliance. Molestation liability insurance companies can incentivize their insured to enact comprehensive protection policies and use evidence-based, trauma-informed training in their environments. Youth serving organizations can require that staff and volunteers be educated in actionable, trauma-informed interventions; and they can make that training available to the parents of the youth they serve. And everyday mothers, fathers, grandparents and caring adults can cause a bottom-up groundswell of demand for child protection practices, as they too become actors of child safeguarding.

Child sexual abuse is a social problem that is preventable in many and perhaps most instances. Scalable, trauma-informed adult education and know-how is available.

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Phoenix Possibilities Inc.

Trauma-Informed Child Sexual Abuse Prevention Training

31

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