



“It’s Hard to Wrap Your Head Around”:

Mapping the Gaps Between Expert and Public Understandings of Child Maltreatment and Child Sexual Abuse in Alberta

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TABLE OF CONTENTS

- Introduction3**
- Summary of Findings4**
 - The Expert View of Child Maltreatment4
 - The Public View4
 - Overlaps in Understanding.....5
 - Gaps in Understanding.....5
- Research Methods8**
 - Expert Interviews.....8
 - Cultural Models Interviews8
 - Peer Discourse Sessions.....9
- Research Findings11**
 - Child Maltreatment 11
 - The Expert View of Child Maltreatment 11
 - The Public View of Child Maltreatment 14
 - Child Sexual Abuse27
 - The Expert View of Child Sexual Abuse27
 - The Public View of Child Sexual Abuse.....31
- Mapping the Gaps and Overlaps in Understanding41**
 - Overlaps.....41
 - Gaps.....42
- Conclusion: Challenges, Recommendations and Future Research45**
 - Peer Discourse Sessions: Findings from Exploratory Testing45
 - Explanatory Metaphors.....46
 - Values46
 - Directions for Future Research.....47
- Appendix: Tools Tested in Peer Discourse Sessions49**
 - Explanatory Metaphors.....49
 - Values49
- About the FrameWorks Institute50**
- Endnotes.....51**

I. INTRODUCTION

This report presents descriptive research that lays the groundwork for efforts to reframe child maltreatment in the province of Alberta. This research, conducted by the FrameWorks Institute in partnership with the Alberta Family Wellness Initiative and sponsored by the Norlien Foundation, analyzes and compares expert and public views of child maltreatment, with a particular focus on child sexual abuse. In “mapping the gaps” between expert and public perspectives, the report lays out the key communication challenges for strategic reframing efforts. Future communications research will address these challenges by developing and testing framing strategies to enhance public understanding and boost support for effective ways of addressing child maltreatment generally, and child sexual abuse specifically.

At the heart of this report lies an analysis of the cultural models¹ — the implicit, shared assumptions and patterns of reasoning — that the public draws upon to think about child maltreatment and child sexual abuse. These cultural models present both opportunities and obstacles for reframing. In describing these models, we focus particular attention on their implications for communications, suggesting how productive patterns of thinking can be leveraged, and how misunderstandings might be transformed.

The report concludes by offering preliminary communications hypotheses that emerge from the cultural models analysis and from the preliminary exploration of communications tools in peer discourse sessions. These hypotheses set the stage for future research.

II. SUMMARY OF FINDINGS

The Expert View of Child Maltreatment

The points outlined below compose the “untranslated expert story” of child maltreatment in general and child sexual abuse in particular.² This account represents the content that experts wish to communicate to members of the public. In the body of the report, we present the expert story of child sexual abuse separately from the general expert story of maltreatment, because experts’ understandings of sexual abuse differ in important ways from their understandings of other forms of maltreatment.

- Child maltreatment can be defined as interactions between a child and an adult that result in significant harm to the child. Child sexual abuse is the involvement of children in developmentally inappropriate sexual activities by an older person.
- Child maltreatment has multiple causes, including contextual factors like mental illness and substance abuse, social factors such as economic stress and social isolation, and past experience of maltreatment. While the causal processes that lead to most forms of maltreatment are well understood, the causes of child sexual abuse are less clear.
- All forms of maltreatment disrupt healthy brain development, which results in a range of emotional, social, psychological and physical problems. These effects have consequences for the individual and society at large.
- The most effective way of preventing maltreatment is by providing social supports and services, such as quality health care, education and social welfare. For child sexual abuse, in particular, school-based educational programs and rehabilitation of perpetrators³ are recommended preventative measures. However, there is uncertainty about which types of preventative measures are most effective. Quality counseling is a vital part of effective treatment of victims of all types of maltreatment.

The Public View

The Albertan public draws on a complex set of shared, implicit understandings to make sense of child maltreatment, including a distinct set of understandings for thinking about child sexual abuse.

- Albertans recognize how mental illness and addiction, as well as social and economic stressors, can interfere with the ability to treat children properly. But when asked to think about solutions, the public pays surprisingly little attention to these root causes. There is, thus, a significant disconnect between the public’s causal thinking and their thinking about solutions.
- The public has robust models for thinking about the immediate emotional and behavioral effects of maltreatment, yet lacks understanding of long-term developmental impacts. Lacking a developmental

perspective, the public instead understands the cycle of maltreatment as a pattern of learned behavior, and assumes that education and awareness-building are the ways to disrupt this cycle.

- Child sexual abuse is beyond comprehension for most members of the Albertan public. People lack productive models for thinking about the causes of this phenomenon. The fact that child sexual abuse defies explanation leads to fatalism, and makes it difficult for people to think about ways of addressing this issue. The causes of child sexual abuse are understood to be not only unknowable, but irremediable.

Overlaps in Understanding

There are a number of areas where expert and public understandings overlap. These are areas that communicators can leverage in expanding public understanding and creating effective messages. Both experts and members of the public:

- Define child maltreatment as behavior by others that harms children. In addition, experts and the public classify the same types of cases under child sexual abuse, including not only sexual contact but also exposure to, and engagement in, child pornography.
- Recognize that child abuse and neglect are prevalent in Alberta and constitute serious problems.
- Understand that perpetrators of child sexual abuse are usually men and are typically known to victims. Both experts and the public recognize that some children are at greater risk than others.
- Understand that factors such as mental health problems, addiction, and social and economic stressors are potential causes of maltreatment. Crucially, the public shares experts' understanding of how these factors contribute to maltreatment.
- Recognize that people who experience abuse as children are more likely to abuse children themselves.
- Understand that maltreatment has deep emotional and behavioral effects, and view talk-therapy as an effective form of treatment.
- View school-based education as a strategy for preventing child sexual abuse.

Gaps in Understanding

There are also notable gaps between expert and public understandings. These gaps impede the public's ability to access expert perspectives on child maltreatment and sexual abuse. These gaps represent targets for reframing strategies. Notable gaps include the following:

I. Definition and Characterization

1. **“Child Maltreatment”: Well-Understood Term vs. Unfamiliar.** While “child maltreatment” is a common term in expert discourse, the public is largely unfamiliar with it, and sometimes misinterprets the term in problematic ways.
2. **Types of Maltreatment: All Types are Important vs. Spectrum of Concern.** Experts insist that all forms of maltreatment are important, while the public is more concerned about physical and sexual abuse than emotional abuse or neglect, which are assumed to be less serious.
3. **Defining Child Sexual Abuse: Developmentally Inappropriate vs. Nonconsensual.** Experts focus on the developmental inappropriateness of sexual activity, while public definitions of child sexual abuse center instead on the concept of consent.

II. Causes

4. **The Cycle of Abuse: Developmental Disruption vs. Learned Behavior.** When considering why being abused makes a person more likely to abuse children themselves, experts point to the disruption of healthy brain development, while the public sees maltreatment as learned behavior.
5. **Child Sexual Abuse: Explainable vs. Beyond Comprehension.** Experts identify known causes of child sexual abuse — and emphasize that what is not currently known can be learned through future research — while the public treats the causes of child sexual abuse as an unfathomable mystery.

III. Effects

6. **The Brain: Central Character vs. Missing from the Story.** Experts identify neurobiological impacts as a key mechanism linking maltreatment to negative emotional, behavioral and physical outcomes. In contrast, the public is largely unaware of how changes in the brain impact children’s development.
7. **Societal Effects: Salient vs. Out of Mind.** Experts explain that maltreatment has major impacts on society at large. These impacts are largely absent from public thinking.
8. **Physical Health Effects: Well-Documented vs. Unfamiliar.** Experts note that the long-term physical health impacts of maltreatment, such as obesity and cardiovascular disease, are well established. In contrast, the public is largely unaware of maltreatment’s long-term health impacts.

IV. Solutions

9. **Addressing Root Causes: Vital Focus vs. Out of Focus.** For most forms of maltreatment, experts emphasize the importance of social supports that mitigate the effects of root social causes. The public ignores such solutions and focuses instead on education and vigilance.
10. **Institutional Context: Present vs. Absent.** While experts highlight the importance of institutional coordination to ensure that both the causes and consequences of maltreatment are appropriately addressed, institutions and systems are not part of public thinking.

- 11. Prevention: Difficult vs. Impossible.** Experts insist that prevention of child sexual abuse is possible, pointing to evidence about the effectiveness of specific programs. The public, on the other hand, is fatalistic, and assumes child sexual abuse cannot be prevented.
- 12. Rehabilitation of Child Sexual Abusers:** Possible vs. Hopeless. Experts hold that child sexual abusers can be rehabilitated, while the public assumes that perpetrators are beyond help given their “perverted minds.”
- 13. Child Sexual Abuse Victims: Treatable vs. Beyond Help.** Experts note the existence of proven forms of treatment that can help victims overcome the effects of abuse. The public assumes that the damage done by child sexual abuse cannot ever be repaired.

III. RESEARCH METHODS

Expert Interviews

To generate summaries of the expert view of child maltreatment generally, and of child sexual abuse specifically, FrameWorks researchers conducted two sets of interviews. The first set comprised 23 one-on-one phone and in-person interviews with child maltreatment experts in February and March 2013. The interviews lasted approximately one hour and, with participants' permission, were recorded and subsequently transcribed for analysis. These interviews, which covered all forms of maltreatment, were conducted as part of a project on maltreatment commissioned by the United Kingdom's National Society for the Prevention of Cruelty to Children.⁴ The set of expert informants was selected to reflect the diversity of the child maltreatment field, and included academic researchers, clinicians, prevention and intervention scientists, service providers, advocates, and policymakers.

An additional five expert interviews of the same type were conducted with experts on child sexual abuse in July and August 2014. Informants included academic researchers and clinicians. These interviews provided the primary basis for the expert account of child sexual abuse presented in this report. To generate this account, FrameWorks researchers also revisited the initial set of expert interviews on maltreatment, and conducted an analysis of scholarly literature to further specify and substantiate the account.

The first set of expert interviews consisted of a series of questions designed to capture expert understandings about the definitions, causes, consequences, and means of preventing and treating child maltreatment. The second set of interviews consisted of similar questions that focused on child sexual abuse. In both cases, the researcher went through a series of prompts and hypothetical scenarios designed to challenge expert informants to explain their research, experience and perspectives, and to break down complicated relationships, concepts and findings.

Researchers employed a basic grounded theory approach to analysis, in which common themes were pulled from each interview and categorized.⁵ Negative cases were used to refine the categories and themes. This resulted in a set of categories and themes that synthesized the substance of the interview data. The categories included: definition; causes; consequences; and interventions, policies and solutions. Themes were more-specific ideas and content within these broader categories.

Cultural Models Interviews

Informants: The cultural models findings presented below are based on 20 in-depth interviews conducted in Calgary and Edmonton in July and August 2014. A sizable sample of talk, taken from each of our informants, allows us to capture the broad sets of assumptions — cultural models — that informants use to make sense and meaning of information. Recruiting a wide range of people, and capturing a large amount of data from each informant, ensures that the cultural models we identify represent shared patterns of thinking about a given topic. Although we are not concerned with the particular nuances or differences in the cultural models

between different groups at this level of the analysis (an inappropriate use of this method and its sampling frame), we recognize and take up this interest in subsequent research phases.

Informants were recruited by a professional marketing firm and were selected to represent variation along the domains of ethnicity, gender, age, residential location (inner city, outer city and regional/rural areas up to three hours from city center), educational background, political persuasion (as self-reported during the screening process), religious involvement and family situation (married, single, with children, without children, age of children). Screening excluded people who work in fields dealing with children, child development, counseling or psychology.

The sample included 10 women and 10 men. Sixteen of the 20 informants self-identified as “Caucasian,” one as “First Nations,” one as “Hispanic,” one as “African,” and one as “Other.” Eight informants described their political affiliation as “Progressive Conservative,” eight as “Liberal,” one as “Wild Rose,” and three as “Other.” The mean age of the sample was 43 years old, with an age range from 20 to 64. Five informants were high school graduates, three had completed some college, and twelve were college graduates. Twelve of the 20 informants were married, and 11 were the parent of at least one child.

Interviews: Informants participated in one-on-one, semi-structured “cultural models interviews” lasting two to two-and-a-half hours. Cultural models interviews are designed to elicit ways of thinking and talking about issues — in this case, the meaning of child maltreatment and child sexual abuse, their causes, their effects, and what can and should be done to address these issues. As the goal of these interviews was to examine the cultural models that informants use to make sense of, and understand, these issues, it was key to give them the freedom to follow topics in the directions they deemed relevant. Therefore, the researchers approached each interview with a set of areas to be covered but left the order in which these topics were covered largely to the informant. All interviews were audio-recorded with informant consent, and subsequently transcribed.

Analysis: FrameWorks’ researchers adapted analytical techniques employed in cognitive and linguistic anthropology to examine how informants understand issues related to child maltreatment generally and child sexual abuse in particular.⁶ We identified common, standardized ways of talking across the sample to reveal assumptions, relationships, logical steps and connections that were commonly made, but taken for granted, throughout an individual’s interview and across the sample. In short, our analysis looked at patterns both in what was said (how things were related, explained and understood) as well as what was not said (assumptions). In many cases, analysis revealed conflicting models that people brought to bear on the same issue. In such cases, one of the conflicting ways of understanding was typically given more weight than the other. FrameWorks researchers use the concepts of “dominant and recessive” models to capture the differences in the cognitive weight given to these conflicting models.

Peer Discourse Sessions

In addition to the cultural models interviews described above, FrameWorks conducted two peer discourse sessions⁷ in Calgary in October 2014. These sessions were used to 1) triangulate and deepen results from the cultural models interviews, and 2) explore the effects of potential framing tools and strategies.

Informants: Each session brought together nine informants who were recruited by a professional marketing firm and were selected to represent variation along the same variables as the cultural models interviews.

Sessions: Informants participated in group discussions that focused specifically on the topic of child sexual abuse. Each session lasted two hours, and was divided into two sections: 1) open-ended discussions designed to ascertain how cultural models operate in group settings, and 2) experimental exercises that serve as preliminary opportunities to test potential framing tools (values and Explanatory Metaphors).

Analysis: Whereas cultural models interviews provide a window into the ways of thinking available to individuals, peer discourse sessions provide insight into how social dynamics and group conversations adjust, refocus or filter the way people talk and think about a topic. In this way, peer discourse sessions reveal the assumptions that orient and direct public conversations. The result is often that certain models documented in one-on-one cultural models interviews gain more traction than others in the group context, and become areas of emphasis — revealing the social dominance of some cultural models and the recessiveness of others. These findings suggest locations where communicators must direct special attention and care, where dominant cultural models are reinforced not only by shared habits of mind, but also by shared expectations about what constitutes legitimate and persuasive public discourse. The experimental sections of these sessions aid researchers in generating hypotheses about effective communications strategies that can be tested in future research.

IV. RESEARCH FINDINGS

Both experts and the Albertan public understand child sexual abuse as different in important ways from other forms of child maltreatment. In order to accurately and clearly represent expert and public thinking, we therefore report findings in two parts. We first present expert and public views of maltreatment in general. We then present experts' and the public's distinctive understandings of child sexual abuse.

A. Child Maltreatment

In this section, we present the expert and public views of child maltreatment.

The Expert View of Child Maltreatment

Below, we present the themes that emerged from the analysis of expert interviews. This constitutes what FrameWorks calls the “untranslated expert story” of child maltreatment — the core set of understandings that experts and advocates wish to communicate about the issue.

1. Definitions and Measurement

Experts broadly defined child maltreatment as interactions between a child and caregiver or other adult that result in significant harm to the child. They differentiated between four types of maltreatment: neglect (failure to adequately supervise a child or to provide for their basic emotional or physical needs); emotional abuse (persistent harmful interactions between caregiver and child that do not entail physical contact); physical abuse (physical actions that cause injury to a child); and sexual abuse (persuading or forcing a child to engage in sexual activities or to behave in sexual ways). Experts emphasized that, while all these forms of maltreatment are common, neglect is the most frequent form of maltreatment and receives the least amount of public attention.

Experts argued that a number of factors complicate both the definition and measurement of maltreatment. They asserted that maltreatment is not a discrete event but, instead, as one expert put it, a “multiplicity of exposures” or a “chronic condition” that can change in type and in consequence over a child’s development. In other words, incidences of maltreatment that are brought to the attention of child protection professionals typically represent one event in a trajectory of difficult life experiences, and a child who experiences one type of maltreatment is likely to experience others as well. This overlap in exposure makes it difficult to identify the developmental effects of specific types of maltreatment (e.g., physical abuse versus physical neglect). Experts also noted that definitions of maltreatment may vary across time and place as social norms or laws change. Lastly, experts emphasized that maltreatment often co-occurs with other adverse childhood experiences (such as maternal depression, parental substance use, poverty or family instability), making it difficult to tease out its unique effects on children’s health and well-being.

2. Causes of Maltreatment

Experts asserted that maltreatment often happens when experiences and environments interfere with parents' and other adults' abilities to care for children, thereby creating "contexts for abuse." In so doing, experts located the root causes of maltreatment not within adults themselves but, instead, in contexts and circumstances — such as mental illness, drug addiction, domestic violence, social isolation or economic stress. In home environments, these stressful conditions, particularly when combined with poor regulatory skills, diminish parents' capacities to create supportive and nurturing environments for their children, thereby increasing the likelihood that maltreatment will occur. At the core of the expert story, then, is the assertion that the capacity to maltreat a child is not unique to monstrous or evil parents but is, in fact, inherent in all of us if exposed to certain conditions. It is important to note that maltreatment happens across all parts of society and across the full socioeconomic spectrum, while occurring more frequently in populations experiencing greater stress from social and economic factors.

In describing causes of maltreatment, experts also emphasized the role of parents' own histories of trauma and abuse. They explained that many parents who maltreat their children were maltreated themselves. While parenting is emotionally challenging — or, as several experts put it, "triggering" — for everyone, individuals who have experienced severe adversity in their own childhoods are often poorly equipped to regulate their emotions and behaviors when faced with challenging situations with their own children.

3. Consequences of Maltreatment

Experts asserted that, in the absence of supportive buffering experiences, child maltreatment can change the architecture of the developing brain and disrupt healthy neurological, psychological and cognitive development, thereby initiating a cascade of negative developmental outcomes that cross social, emotional, physical and mental domains. Experts went on to say that the effects of early experiences of abuse and neglect extend across the life course; childhood maltreatment is associated with criminal involvement, unemployment, lower educational attainment, mental illness and substance abuse problems, and chronic disease in adulthood. In short, experts argued that child maltreatment carries enormous costs for both individuals and society.

4. Interventions and Policies to Prevent Maltreatment

Experts argued that preventing child maltreatment requires intervening at structural, cultural, institutional and interpersonal levels to support families and strengthen parenting capacities. Experts described the need for quality health care; access to high-quality educational environments; financial assistance for struggling families; widespread availability of mental health services and substance abuse treatments; and home visitation or parent training programs that help parents understand what typical child development looks like and how it happens. According to the expert view, these interventions work by modifying the contexts, environments and experiences — such as social isolation and financial stress — that increase the likelihood that child maltreatment will occur.

Experts described the prevention of child maltreatment — and, indeed, ensuring child safety more broadly — as a collective responsibility. They emphasized the need to shift public thinking about children's developmental needs so that members of the public better understand how interactions between adults and

children can either facilitate or derail healthy development. Experts were similarly consistent in asserting that prevention of child maltreatment is not the responsibility of a single profession, but requires collaboration and information-sharing across health, education, judicial, social service and child protection sectors.

At the interpersonal level, experts asserted that interventions with parents who have maltreated, or who are at risk of maltreating, their children should be evidence-based, supportive, therapeutic, calibrated to the specific needs of the child and caregivers, and imbued with a longitudinal view of the family. They argued against systems that immediately jump to judicial responses (i.e., child removal and parental punishment), and emphasized the need for policies that allow professionals to “step up” and “step down” the intensity of intervention, depending on family needs.

Figure 1:

The Untranslated Story of Child Maltreatment

What is child maltreatment?

- Action that results in significant harm to a child.
- Four types of maltreatment: neglect, emotional abuse, physical abuse and sexual abuse.
- Often “multiplicity of exposures” rather than single discrete event.

What causes child maltreatment?

- Contexts and circumstances that shape behavior (poor mental health, substance abuse, social isolation...).
- Cycles of abuse: abuse and neglect --> development problems --> lack of skills and abilities in adults --> subsequent abuse and neglect.

What are the consequences?

- Alters development of the brain and other systems.
- Impairs developmental outcomes: social, emotional, cognitives, physical.
- Linked to wide range of social issues: mental illness, crime, substance abuse, chronic disease.

What can be done to address this issue?

- *Modify contexts, environments and experiences to better support children and families:* improve healthcare, quality education and early childcare; financial assistance; home visitation program; parent training; child-facing services.
- *Create programs that are:* evidence-based, long-term and calibrated to specific needs.
- Both *treatment* and *prevention* approaches necessary.

The Public View of Child Maltreatment

Below, we explore how the Albertan public thinks about child maltreatment. The discussion centers on the cultural models — shared assumptions and patterns of thinking — that guide and shape public thinking about maltreatment. We describe the cultural models that the public uses to define maltreatment and to think about causes, effects and solutions.

In discussing cultural models, we distinguish between “dominant” and “recessive” models. “Dominant” cultural models appear frequently in people’s thinking and are difficult to displace, while recessive models appear less frequently and readily recede in favor of other ways of thinking. We distinguish between dominant and recessive models in order to accurately depict the relative roles these models play in people’s thinking, as well as to indicate how easy these models are to activate or displace.

1. What is Child Maltreatment?

Albertans lack a clear understanding of the term “child maltreatment.” When asked about “child maltreatment,” informants acknowledged uncertainty about what, precisely, the term captures. Despite lack of familiarity with the term, informants’ talk was patterned in consistent ways.

1. The *Maltreatment < Abuse* model. Informants sometimes defined “maltreatment” as something less severe than “abuse” — that is, maltreatment is “bad treatment” of children that does not rise to the level of abuse. The assumption typically arose when informants were asked to reflect on the relationship between maltreatment and abuse.

Informant: When I think of “maltreatment,” it would be less severe, I guess we could say. So, maybe a parent is talking down to their child or not being encouraging, treating them poorly, that sort of thing, not being nice, maybe. But then, I think it could kind of graduate into abuse.

—

Informant: Abuse is worse. Abuse is worse than maltreatment. They are both bad, if I put them on a scale, abuse is worse than maltreatment.

While informants were uncertain about the meaning of the term “child maltreatment,” they shared a grasp of the *concept* of child maltreatment. Informants commonly treated neglect, physical abuse, emotional abuse and sexual abuse as parts of a common category. Physical abuse and physical neglect appeared most frequently in people’s talk, but informants frequently mentioned emotional and sexual abuse, and occasionally mentioned emotional neglect.

In addition to grouping these forms of neglect and abuse together as parts of a common category, informants used the same dominant cultural model to think about abuse and neglect.

2. The *Spectrum* model. Informants used the idea of a continuum, from less to more severe, in thinking about forms of maltreatment.⁸ The *Spectrum* model relied on two deep patterns of thinking.

First, there was an implicit, but shared, understanding that the line between abusive and non-abusive

behavior is not clear. Informants frequently spoke about how there are many “gray areas” when evaluating cases of maltreatment.

Informant: There’s varying degrees of everything, but where do you hit the point where it now becomes abusive in somebody’s opinion? In my opinion it may be abusive but in your opinion it’s not. There’s that whole spectrum.

—

Informant: I don’t know, I think it just kind of flows. Right? It’s all kind of a spectrum. But where those lines are completely drawn, I don’t know.

Second, there was a shared understanding that different types of maltreatment can be ranked by relative severity. Informants consistently placed the different types of maltreatment at the same points along the spectrum of severity, resulting in the following relationship:

NEGLECT < **EMOTIONAL ABUSE** < **PHYSICAL ABUSE** < **SEXUAL ABUSE**

Informants considered neglect to be less serious than emotional abuse, and emotional abuse to be less serious than physical abuse. Sexual abuse was categorized as the worst, most reprehensible form of maltreatment.

Informants considered three factors in determining where on the spectrum (i.e., how severe) a given form of maltreatment should be located:

- **Severity of effect.** Informants assumed that, while all forms of maltreatment are damaging, some types of maltreatment are more damaging than others. They considered types of maltreatment that have more severe effects to be worse or more serious.

Informant: I see it [child sexual abuse] as the worst type of abuse a child can suffer, just because it does have so many physical and mental repercussions, throughout life.

- **Intention of perpetrator.** Cases of maltreatment where the intention is not to harm the child were understood as less severe than cases where harm is done knowingly or intentionally.

Informant: Beating the snot out of a child, chaining them to a bed and starving them, causing physical scarring, long-term disfigurements. You know that you are doing those things and so for child abuse, I would say that it’s almost more malicious in a way that you know that what you are doing is not normal to a child. So when we talk about spanking, which for many people is borderline, I don’t put that in with child abuse.

- **Duration and frequency.** Informants assumed that longer-lasting and more frequent instances of maltreatment are worse than short-lived or “one time” instances.

Informant: If something is happening all the time then it’s more abusive than one time you

got mad and you yelled at the kid.

The focus on duration and frequency likely stems from the first two factors — severity of effects and intention — as short-lived instances of maltreatment are assumed to have less severe effects and are more likely to be unintentional or accidental than sustained and repeated abuse.

3. First Nations as Salient Example. First Nations were top of mind for some informants when thinking about child maltreatment. Native communities came to mind when informants were asked who commits maltreatment, where it happens, and what the rates of maltreatment are in Alberta. When discussing native communities, informants drew on the causal models described below, explaining maltreatment in these communities as the result of poverty, substance abuse or a cycle of abuse.

Informant: I think [rates of child maltreatment are] lower in Alberta than in some of the more Aboriginal-based communities up north just because there's a lot of drugs and alcohol and stuff in those communities.

—

Informant: Native communities. Anyplace where there is financial problems, not that child abuse is only in, but I think that any place where there is financial hardship and where there is a lot of drugs or a lot of alcohol, you're going to see a lot of child abuse.

Typically, informants treated First Nations as a concentrated exemplification of general social problems (poverty, alcoholism). Only in a couple of instances did informants recognize that the problems native communities face result from a history of oppression unique to native peoples.

Implications

- 1. The term “child maltreatment” can misfire.** The Albertan public lacks familiarity with the term “child maltreatment.” If communicators use the term without explaining it, members of the public may apply the *Maltreatment < Abuse* model, and assume that they are talking about something other than — lesser than — abuse and neglect. To avoid this problem, communicators must either explain how they are using the term “maltreatment,” or drop the term in favor of the more familiar terms “abuse” and “neglect.”
- 2. The assumption that unintentional maltreatment is less serious undermines public concern about neglect.** When members of the public focus on effects, they recognize that neglect can cause serious harm to children, but when focusing on intention they treat neglect as less of a problem than other forms of maltreatment. This poses a major communications challenge, as experts highlight neglect as the form of maltreatment that arguably warrants the greatest attention, due both to its prevalence, and the severity of effects on a wide range of developmental outcomes. To increase public concern about neglect, communicators need strategies to focus public attention on effects, and to move thinking about intention into the background.

- 3. The view of *First Nations as Salient Example* has mixed implications.** On one hand, Albertans recognize that maltreatment is a problem in First Nations communities. On the other hand, this awareness lacks historical consciousness and, as a result, Albertans are likely to see the problem as endemic to, and inherent in, native communities. In order to cultivate a sense of responsibility toward First Nations groups, and a sense of efficacy about the possibility of improving conditions within these communities, communicators need to explain the historical context behind high rates of maltreatment within these communities. Situating maltreatment in a historical context is vital to prevent people from “othering” or writing off these communities as beyond help.

2. What Causes Child Maltreatment?

The Albertan public has robust and nuanced cultural models for thinking about what causes child maltreatment. These are assumptions both about the factors thought to cause maltreatment, and the ways in which these factors lead to actual acts of maltreatment.

Albertan thinking about the causes of maltreatment is dominated by two cultural models. These ways of thinking provide competing explanations of how maltreatment comes about.

1. The *Interference model*. Informants widely explained child maltreatment as the result of factors that interfere with people’s normal capacity to care for children. These factors, which can involve external circumstance or internal disruption, cause people to lose their ability to control their impulses, interfere with ordinary good judgment, or mute the concern for children that caregivers would otherwise display. According to this model, caregiving competency is the baseline, and maltreatment is a deviation from this normal state. Informants cited two different types of factors that can disrupt caregiving.

A. *Substance abuse and mental illness*. Informants pointed to substance abuse and mental illness as internal factors that interfere with a person’s capacity to care. Specifically, informants assumed that substance problems and mental illness contribute to child maltreatment by impairing people’s judgment and impulse control.

Informant: If the adult was an alcoholic, that impairs your judgment a lot. So, he would probably be less likely to think it through and just throw a punch. I feel like all of that would stem from not thinking it through or just being so angry.

—

Informant: When your mental state moves away from — even if you want to put the child first, if you are a drunk, if you have mental challenges or whatever and you’re no longer able to enact what you know to be right — I know that I want for this child, that I want to put them first. But if I’m a raging alcoholic, I no longer have the mental capacity to do that.

B. *Socioeconomic circumstances*. While informants recognized that child maltreatment happens at all levels and parts of society, they frequently suggested that poverty and other socioeconomic problems contribute to maltreatment. They suggested that financial pressures generate

tremendous stress for parents and other caregivers. This stress leads to physical and emotional abuse by diminishing parents' ability to cope with the aggravations and challenges that children pose. Parents who are already emotionally and mentally frayed are quicker to lose their temper and "lash out" at children.

Informant: If you're not worried about paying your rent and providing for your child, you're much less likely to have emotional problems and lash out at your child.

Informant: If you're barely making ends meet, and having difficulty putting food on the table, that's got to make you feel badly about yourself, and to be a stressor. It makes it difficult to feel good and feel like you're successful and you're giving your family what you want to give. I'm not a parent, but I understand that most parents want to give their kids the world, and a better life than they had. So I think that's sort of a pressure that is always going to be there. I can understand that if you're always under that stress and the kid wants and needs stuff all the time, crying, et cetera, then maybe that's when you snap. That's your breaking point, that to get the kid to be quiet you hit him or her, who knows.

In particular, informants cited poverty as a cause of neglect, explaining that parents either lack the resources to provide for the basic needs of their children, or become distracted by the stresses that accompany poverty.

Informant: A lot of the neglect is poverty issues. I think that many times, parents know what kids need, but if Mom and Dad don't have a job or don't have a job that pays well enough, then the kids are just — everybody's doing without.

Informant: Those basic life stressors can become very overwhelming and so you don't always have the time and energy to provide for your children all that you want — all the emotional support, and all the physical affection that they require. So I could maybe see neglect as being more low income, kind of poverty.

Crucially, the *Interference* model figures parents as having honorable motivations — they want to provide good care for their children — but this intention goes awry due to internal or external pressures that interfere with the capacity to care. This model allows people to identify and empathize with abusers.

Informant: I can see where the stresses build up. I've been there myself. And I think most parents do at one time or another.

This feature of the model is reflected throughout the quotes above, in the language used; informants drawing on this model talk about abusers as "I" or "you," rather than as "they."

The strength and sophistication of the *Interference* model distinguishes Albertan thinking about maltreatment from American and British thinking. In particular, FrameWorks' research on child maltreatment in the United States and the United Kingdom found that these publics lack robust models for understanding the role of social and economic stressors, while the Albertan public not only grasps *that* these stressors matter but also *how* they affect people's behavior.⁹

2. The Normalization model. A second dominant cultural model structures a fundamentally different understanding of how and why maltreatment happens. In discussing the causes of maltreatment, informants frequently cited the "cycle of abuse" — explaining that a history of abuse makes a person more likely to abuse children themselves. When people are raised in a family or culture in which abuse is accepted behavior, this tends to lead them to abuse children themselves unless this cycle of abuse is somehow disrupted. The model was applied to all forms of child abuse, including sexual abuse.¹⁰

Importantly, the *Normalization* model conceptualizes maltreatment as *learned behavior*. Childhood experience establishes beliefs about what kind of behavior is normal and acceptable, and these beliefs are carried forward into future parenting practices. Whereas the *Interference* model assumes that people know that maltreatment is wrong and aspire to provide proper care for their children, the *Normalization* model assumes that maltreatment happens when abusive or neglectful parenting becomes *normalized*. In these cases, people may not even understand that such treatment is wrong.

Informant: I think that you tend to parent the way you were parented. And so if you were parented by a parent that smacked or hit, I think you tend to follow the same.

—

Informant: You hear about the really young kids who then turn around and they then do it, learned behavior. The younger it happens the more they'll learn that and they'll continue it. It's what they know. It's what they are familiar with.

—

Informant: Different people do different things just because of the way that they're taught to behave, the way that they're taught to think, the values that they have. So, of course, the violence — the maltreatment that they're going to impose on this child is, of course, based on what they think is and isn't acceptable. Some people think that hitting children is okay, and other people think it's a form of violence, child abuse.

Another version of the *Normalization* model positions "other cultures" as the source of maltreatment. Informants frequently suggested that certain cultures have norms or beliefs that license, and thus serve to perpetuate, abuse. According to this pattern of thinking, people who are brought up in those "other" cultures — typically Middle Eastern, Asian or African cultures — are more likely to abuse and neglect children because such behaviors are considered normal. Informants frequently worried that these cultures license maltreatment of girls in particular, through practices such as forced marriage, genital mutilation and rape.

Informant: There are some cultures that are just — we had a case here in Edmonton recently where they starved the two girls but the little boy was fed and he was fine. And the little girls were beaten and the one died and the other one was so malnourished when Children’s Aid stepped in, but the little boy was absolutely fine. And it was a cultural thing where they didn’t want the little girls and it was okay to mistreat them and if they died, they died.

Informant: These so-called honor killings, which are not honor killings at all, but that’s what they call them — for the family to save face, they’re killing this wayward girl.

Informant: You hear the stories of, I don’t know exactly which nation, but somewhere in Africa where they mutilate female genitals so they don’t ever want to have sex so they won’t stray or anything like that. The people — I don’t know which sect, but ... in Pakistan and India who, if the girl does anything wrong, they throw oil and burn her.

This version of the *Normalization* model represents a distinctive Albertan pattern of thinking; in FrameWorks’ recent research on child maltreatment in the United Kingdom, culture, in this way, did not figure prominently in people’s thinking about causes of child maltreatment.¹¹

3. The *Selfish Parent* model. Occasionally, informants explained maltreatment in individualistic terms, attributing maltreatment to the rational, considered choices of parents. In particular, informants explained neglect as a product of selfishness, suggesting that parents sometimes choose to take care of their own needs and wants rather than providing for their children’s basic physical and emotional needs. Neglect, according to this model, is the result of parents’ deliberate decisions to ignore their children’s needs.

Researcher: What do you think causes somebody to neglect a child?

Informant: Selfishness. They’re caught up in their own world. Other commitments ... I know of a lawyer who, his daughter had to ask him, like, eight times, “Daddy, watch me, watch me.” And he was like “Yeah, yeah”, and he’s on his phone. That’s their family holidays.

Informant: I’ve seen so many times where it’s more important that Mom has a pack of cigarettes than the child has a lunch for school.

Implications

- 1. The *Interference* model is highly promising.** The model represents a remarkably sophisticated understanding of not only which factors cause maltreatment, but also of the way in which those factors lead to maltreatment. When using the *Interference* model, the public reasons much like experts. Activating this model, and strengthening its productive understandings, can help to engage the public in thinking about the causes of maltreatment.

2. **The *Normalization* model misunderstands process.** While Albertans correctly identify experience of abuse as a cause of abuse, the *Normalization* model generates a misunderstanding of how past abuse leads to future abuse. By figuring abuse as learned behavior, the *Normalization* model leads people to assume that the solution must be education — once people better understand what is and is not acceptable, unacceptable behavior will cease. Correcting this misconception requires explanatory tools that illuminate the brain’s role in the perpetuation of abuse. FrameWorks has an array of proven tools for explaining brain development, including the Explanatory Metaphors *Brain Architecture*, *Serve and Return*, *Toxic Stress* and *Resilience Scale*. These metaphors were explored in peer discourse sessions, as we discuss in the conclusion of this report. An accurate developmental understanding is vital to ensuring that the public understands the importance of development and developmental supports for the issue of child maltreatment.
3. **The idea that “culture” is a source of negative normalization of behaviors frames child maltreatment as “other people’s” problem.** By tying maltreatment to non-Western cultures, the model simultaneously seeds conflict between Alberta’s cultural majority and cultural minorities, and figures maltreatment as a niche problem rather than a widespread social one. This way of thinking is thus highly unproductive. When directing communications to the general public, communicators should avoid using isolated examples of abuse by non-Western cultural groups. Discussion of these minorities must always be placed in the broader societal context of widespread maltreatment.
4. **The *Selfish Parent* model undermines systemic thinking.** By locating the cause of neglect in a parent’s decisions, the model obscures the broader social context within which maltreatment occurs, and makes it difficult to think about systemic solutions. Communicators should avoid focusing on parents’ choices, even where the intent is to place parents in a positive light, as talk about choice is likely to trigger individualistic thinking.

3. What are the Effects of Child Maltreatment?

When informants were asked about the effects of child maltreatment, they focused almost exclusively on effects on victims. The broader societal effects of maltreatment were rarely, if ever, mentioned.

While informants noted the physical harm to victims that can result from abuse or neglect, they tended to mention such effects in passing, focusing instead on emotional and behavioral effects. These effects were seen as more severe and, importantly, much harder to recover from than physical effects. Informants drew on a set of related models to understand these emotional and behavioral effects.

1. The *Vulnerable Self* model. Underlying informants’ discussions of the effects of maltreatment was the assumption that children develop a sense of self over time, and that when this sense of self is developing, it is particularly vulnerable to damage.¹² This understanding of “self” explains the main effects that informants listed — damage to self-esteem and depleted trust.¹³ This model was the dominant way that people reasoned about the effects of child maltreatment.

Informants frequently highlighted **damage to self-esteem** as a main effect of child maltreatment. Because children’s sense of self and valuing of themselves is precarious, and depends on the affirmation of those around them, maltreatment — which signals devaluing of the victim — is

understood to undermine self-esteem. People assume that this damage can lead to long-term mental health problems.

Informant: The reasons that it diminishes childhood development would be that you damage children's self-esteem. You damage their self-image. They don't believe in themselves as much.

Informant: Anytime there's psychological maltreatments, it can affect their self-esteem. It can lead to depression, anxiety, a bunch of coping social disorders, codependency. Things like that. It just leads them to not develop how they should as well as not feeling safe or comfortable in their own home. And not being able to thrive like they should be able to.

Informants also frequently suggested that maltreatment can permanently damage people's **ability to trust others**. Because the child's sense of self is still in development, maltreatment at the hands of the people that children should be able to trust — people in positions of care and authority — can permanently damage children's capacity to trust others.

Informant: Being mistreated also causes trust problems, which I feel is why — that relationships are a big — they're largely impacted, because if you can't trust the people who are mistreating you — and usually when it's children, children are generally kept around people who are supposed to be trusted. So, if they've trusted these people, and then they've hurt them in whatever way — emotional or whatever — they start to question whether or not they can trust or form relationships in the same way.

Informant: So, I think that once that trust gets broken, it's so hard to rebuild because that one person did it so you don't want to go to another adult because you're scared they're gonna do it, and ... then you don't get the support that you need to cope with it and move on and deal with it.

2. The Acting Out model. Informants sometimes suggested that child maltreatment can lead to behavioral problems, which were understood as externally "acting out" the internal strife caused by maltreatment. The behavioral problems that informants recognized ranged from self-harm, such as cutting or eating disorders, to substance abuse¹⁴ and outwardly directed misbehavior, like criminal activity.

Informant: They can't communicate their feelings, and what's wrong, and then they just act out either by being emotionally upset or emotionally abusive to others or just lashing out — like, physical violence, not even necessarily at people. I've seen just physical violence at themselves — cutting, feeling that they're not wanting to live anymore, things like that. Externalizing and internalizing.

Informant: The kids don't feel good about themselves. They don't feel good about their family.

They don't feel good about much. And I think when that happens, you have the propensity or the likelihood that you're going to see other social problems, like alcoholism, like drug use ... like criminal behavior.

Implications

- 1. The public recognizes the emotional and behavioral effects of maltreatment.** Reasoning from the *Vulnerable Self* model, the Albertan public correctly identifies many of the negative effects of maltreatment. This suggests that public understandings are not likely to impede efforts to communicate the negative effects of child maltreatment. In short, getting people to see that maltreatment has negative emotional, relational and behavioral effects on children is not a major communication challenge in Alberta.
- 2. The public lacks understanding of neurobiological impacts and their role in producing emotional and behavioral effects.** While Albertans recognize the effects of maltreatment, they lack an understanding of how maltreatment affects the development of the *brain*.¹⁵ As noted above in the discussion of the *Normalization* model, communicators must deepen people's recognition of effects by using communication tools to explain *how* maltreatment impacts brain development, and how disruptions to this process shape outcomes. Generating understanding of the ways in which maltreatment affects neurobiological development is a precondition for generating understanding of the value of interventions designed to counterbalance negative developmental impacts.

4. What Can Be Done to Address Child Maltreatment?

Two Models of Education

Education was the most top-of-mind solution for informants when asked about possible ways to address child maltreatment. Informants relied on two distinct models of education. These models rest on different assumptions about how education affects behavior.

1. The Increase Awareness model. This dominant model of education rests on the assumption that maltreatment results from some sort of lack of awareness or understanding. Education is understood as a way to fix the problem of child maltreatment by generating greater understanding about the issue. Education can happen through informal teaching between individuals (e.g., parents and children), or through formal programs in schools and the community.

The model was applied to children, parents and the general public. Children need to be taught that maltreatment is wrong so that they report it. The public must be educated so it can recognize the signs of, and be vigilant against, maltreatment. And parental education can fix incorrect beliefs about what is and is not acceptable parenting behavior.

Informant: To break a cycle of abuse, or that pattern? Certainly awareness — you've got to understand and be aware that that's not typical, that other families and your friends maybe didn't go through that stuff.

—
Informant: So, I think education can play a big part in it. People are going to have to want the education in order to benefit from it. But it can give you different options and different views on what's acceptable and what's not.
—

Informant: Sometimes we make bad decisions without even realizing we are making bad decisions, so awareness is good.

2. The Coping Skills model. This recessive cultural model figures education as a *skill-building* exercise, rather than a knowledge-building exercise. According to this model, maltreatment can be prevented by helping parents develop better coping and parenting skills. Informants discussed parenting classes and nurse visitation programs as ways to give parents the skills they need to control their impulses and engage with their children in productive ways.

Informant: We would need to address people's parenting styles and ability to parent and coping skills and life skills. I think those are hugely important.
—

Informant: Also public health nurses that are going to meet with new families and coach them and mentor them on good childrearing and things like that. Those types of supports are going to help to identify — help to train and support parents, and help to identify issues when they're small issues.

The *Coping Skills* model assumes that maltreatment stems not from a knowledge deficit but from a *skill* deficit — that is, from difficulty “executing” good intentions. The model is grounded in the assumption, drawn from the *Interference* model, that people generally mean well, but that stressors can interfere with their ability to act upon their good intentions. When people are equipped with better coping skills, they are better able to handle the stressors that cause maltreatment — and therefore better able to be the kind of parents they aspire to be.

A Model of Response

Informants talked remarkably little about what to do about child maltreatment *after* it happens. In an interesting contrast with FrameWorks' research findings on child maltreatment in the United Kingdom, where informants suggested removing children from abusive homes and imposing punitive sanctions on convicted offenders,¹⁶ there was little talk among Albertan informants about such institutional or punitive responses to maltreatment. Talk about responses to maltreatment instead centered on the importance of “keeping an eye out” for maltreatment so it can be stopped when it is happening.

3. The Vigilance model. Informants emphasized that the public must be vigilant in looking out for child maltreatment, and must report problems when they are identified. Some informants recognized that teachers, doctors and other professionals have special duties to report, but the model was

typically applied to everyone — that is, informants suggested that anyone who sees or suspects child maltreatment can, and should, report it.

Informant: Everybody has a duty to prevent it. Everybody. I think there's even some sort of law or something that you should report abuse of a minor. So whether it be church people, the teachers, friends, neighbors, any and everybody has a responsibility. Even if you're in the shopping mall and you see a mum screaming or hitting a child you should do something.

—

Informant: Even a neighbor could hear of the child beatings, or see someone rough-handing their child. Maybe, when you're out shopping where they're kind of smacking them a little too hard or too much or whatever — you're going to say "Yeah, I'm going to make an issue of this," and come forward, put them on the radar screen.

The dominance of the *Vigilance* and *Increase Awareness* models indicates that Albertans accept that maltreatment is a public concern. This represents a stark contrast with what FrameWorks has found in research on child abuse and neglect in the United States. This research has documented that the American public thinks of child-rearing as a private matter, and people are hesitant to interfere with others' parenting.¹⁷

A Model of Treatment

Interviews revealed a single cultural model available to informants for thinking through how victims of child maltreatment can recover from the emotional and behavioral effects of maltreatment.

4. The Talk Therapy model. Informants consistently suggested that damage to children's vulnerable sense of self can be repaired through therapy and counseling. Talking through feelings can help children overcome the emotional damage stemming from abuse and neglect. The model was applied to all forms of child maltreatment, including sexual abuse.

Informant: I would think that there is counseling and being able to talk to someone who can help to steer them through whatever the consequence is. I would imagine that there are a lot of emotional things that need to be worked out and talked about, and trust that probably needs to be rebuilt.

—

Informant: There needs to be a way to understand what they're experiencing — allowing an environment for them to be able to communicate what's harming them, what's making them feel bad. You need to have an outlet. Often, it ends up being professionals, which is just the nature of our world. We need professionals — doctors to fix this and psychologists to fix that.

A Puzzle: The Disconnect between Models of Causes and of Solutions

The infrequency of discussions of social-level solutions that target root causes is striking and puzzling given the dominance of people's focus on these factors in explaining the *causes* of maltreatment. Informants frequently highlighted the role of substance abuse, mental illness and economic factors in causing abuse, yet they rarely returned to these factors when discussing solutions. What accounts for this asymmetry? If Albertans recognize the importance of these root causes, why do they ignore them when thinking about how to address child maltreatment?

There are at least three explanations for this disconnect, all of which have vital implications for communicating about maltreatment.

1. Albertans may assume that these root causes are problems that are simply too big to fix. If substance abuse, mental health problems and economic factors are assumed to be social facts that cannot be changed, then addressing them is not a viable solution to child maltreatment. Put simply, addressing root causes is not raised as a solution because it just does not seem feasible.
2. People may have a hard time identifying specific actions that address root causes. On this explanation, people focus on education because it is concrete and easy to think — people know what education involves and can easily envision specific programs to educate people about maltreatment. By contrast, people struggle to think of specific measures that could address root causes, such as programs that prevent substance abuse at the population level by promoting early intervention, or social programs that decrease economic stress by providing heat in the winter and increasing stable access to food. As a result, such measures fall out of conversation.
3. Alternatively, difficulty thinking about ways to address root causes could result from a thin understanding of these causes. It could be that Albertans give lip service to “root causes,” but do not truly understand these causes and how they produce maltreatment. If this were the case, people would lack the deep understanding of root causes needed to support robust thinking about solutions that address these factors.

The third explanation can be ruled out, because it is not consistent with the evidence from our research. Cultural models interviews showed that Albertans do, in fact, have a strong and deep understanding of how root causes contribute to maltreatment.

The first two explanations are more plausible and are consistent with the evidence. These explanations suggest that Albertans need help understanding *how* social policies can effectively and feasibly target the root causes of maltreatment on multiple scales. Communications must help people identify specific measures that address root causes, and see how these measures affect outcomes and make a difference.

Implications

1. **Public focus on education obscures root causes.** While education plays a small role in the expert story, it occupies a dominant place in the public view, leaving little room for solutions targeting root causes. Communicators must be aware of this disproportionate public concern with education. There

is a danger that, if communicators raise education as a solution, the public will lock onto education and ignore other solutions mentioned. When communicators do want to talk about education, they should talk about “skills” and “capacities” to activate the more productive *Coping Skills* model, rather than talking about “knowledge” or “understanding,” which is likely to trigger thin thinking about the importance of awareness-raising and information provision.

2. **The public does not need to be convinced that child maltreatment is a public problem.** The widespread emphasis on looking for, reporting and raising awareness about maltreatment makes clear that advocates have been successful in overcoming the historical assumption that maltreatment is a private family concern.
3. **Interventions that respond to maltreatment are out of public view.** The public’s lack of talk about what should be done once maltreatment is identified was striking. People talked exceedingly little about the systems that respond to maltreatment, such as child protective services and the criminal justice system. Given this absence, communicators cannot take for granted familiarity with these systems. Communicators should take care to contextualize discussions of specific interventions with brief descriptions of the broader systems within which they take place.
4. **Albertans need help envisioning how the root causes of maltreatment can be addressed.** In order to productively leverage Albertans’ grasp of the root causes of maltreatment to generate support for solutions targeting these causes, communicators need to provide concrete explanations of how particular policy and programmatic solutions can ameliorate these root causes or mitigate their effects. By focusing on specific programs, communicators should be able to help the public understand how these root causes can be targeted in feasible, manageable, particular ways. Specifying and explaining solutions should help overcome the assumption that targeting root causes is an unmanageable or inappropriate solution to the problem of maltreatment. We discuss this hypothesis further in the concluding section of the report.

B. Child Sexual Abuse

In this section, we present the expert and public views of child sexual abuse. As noted above, both experts and the public think of child sexual abuse as different in fundamental ways from other forms of maltreatment. We highlight these differences while also noting where experts and the public understand sexual abuse to be similar to other forms of maltreatment.

The Expert View of Child Sexual Abuse

Below, we present a distillation of the themes that emerged from the analysis of expert interviews and of supplementary scholarly literature. This account constitutes the “untranslated expert story” of child sexual abuse.

1. Definition and Character of Child Sexual Abuse

Experts defined child sexual abuse broadly as the involvement of children in developmentally inappropriate sexual activities by an older person, through either persuasion or coercion. Child sexual abuse encompasses direct sexual contact and engagement in or exposure to pornography or inappropriate sexual materials, as well as inappropriate sexual talk with children.

Experts noted that the definition of child sexual abuse encompasses sexual actions by children toward other, younger children. Many cases of child sexual abuse involve adolescents sexually abusing younger children. Most perpetrators of child sexual abuse, however, are adult men. Most sexual abusers of children are not strangers, but rather people who are known to children, such as relatives, neighbors and teachers.

Girls appear to be at significantly greater risk of being sexually abused than boys, although experts noted that gender estimates are somewhat unreliable since they depend on self-reporting, and boys may be less likely to report sexual abuse. Children of all ages are victims of child sexual abuse. Experts noted a range of risk indicators for child sexual abuse, highlighting social isolation, poor supervision, and the presence of stepfathers.

Child sexual abuse is, according to experts, characterized by distinct social and cultural challenges. Social stigma interferes with victim disclosure, contributes to the shame victims feel, and is tied to certain institutions' history of covering up child sexual abuse. In Alberta, there are high rates of child sexual abuse in First Nations communities due to a complex history of community and family destabilization caused by policies such as residential schools.

2. Causes of Child Sexual Abuse

According to experts, the causes — and particularly the causal mechanisms — behind child sexual abuse are not as well understood as with other types of maltreatment. There is, however, well-established evidence about a set of intra- and interpersonal risk factors that are associated with the perpetration of child sexual abuse.

Risk factors for perpetration include adverse developmental experiences, including being abused or neglected as a child, harsh discipline from parents, and poor attachment or bonding; mental health issues such as personality disorders, paranoia, depression, low self-esteem and anger problems; social problems including lack of social skills, isolation or difficulties forming intimate relationships; deviant sexual interests and sexual preoccupations; and enabling cognitions such as belief in the acceptability of child-adult sexual relations. Studies have demonstrated that these risk factors are associated with the perpetration of child sexual abuse.¹⁸

Child sexual abuse is thought to result from a combination of, and interaction between, these factors. Experts suggested that there are several plausible theories about *how* these factors cause sexual abuse, but indicated lack of expert consensus on causal mechanisms. Theories generally distinguish between underlying *predispositions*, which are thought to stem from biological factors and developmental experiences, and *proximate triggers* for abusive behavior, such as substance abuse, depression, or opportunity posed by access to a child. Most proposed causal theories rely upon the interaction of predisposition and proximate trigger.

3. Consequences of Child Sexual Abuse

In contrast with causes, experts indicated that the effects of child sexual abuse are largely similar to the effects of other forms of child maltreatment. Child sexual abuse, like other forms of maltreatment, has significant effects on brain development. This results in a wide range of negative developmental outcomes.

Child sexual abuse has physical, emotional, psychological and behavioral effects. Physical effects include not only injury stemming directly from abusive acts, but also psychosomatic effects and long-term health problems such as obesity and heart disease. Experts discussed a range of emotional and mental health effects, including the cultivation of a sense of shame and guilt, undermining of the sense of self-worth, damage to the capacity to trust others and to form relationships, and the development of rage and mood disorders. Child sexual abuse leads to a wide range of negative behaviors, including substance abuse, suicide and attempted suicide, cutting (particularly in teenage girls), running away, and sexualized behavior.

Experts emphasized that effects of child sexual abuse depend on the context in which abuse happens. If a child is in a loving, supportive familial environment and there is a discrete instance of sexual abuse, effects are likely to be limited. By contrast, when sexual abuse is committed by caregivers themselves, when children are not adequately supported in coping with it, or when sexual abuse overlaps with other forms of maltreatment, effects can be severe. Experts noted that lack of disclosure can compound effects.

4. Interventions and Policies to Address Child Sexual Abuse

The interventions and policies that experts suggested to address child sexual abuse overlapped to some extent with the solutions suggested for other forms of maltreatment, especially regarding treatment of victims. However, recommended solutions did not focus to the same degree on alleviating economic stresses, as these do not appear to play as significant a role in causing child sexual abuse as in causing other forms of maltreatment.

Experts noted that there is some evidence about what types of programs and policies can aid in preventing child sexual abuse, but they indicated that evidence about these measures is largely inconclusive. Experts also noted that prevention can be difficult, particularly with regard to pathological individuals with a fixated sexual interest in children.

There is some evidence that school-based educational programs may be effective in preventing child sexual abuse, and are effective in promoting disclosure of abuse. These programs aim to help children identify dangerous situations, resist sexual advances, and reach out for help when they are approached. They also endeavor to reduce self-blame in victims.

Experts suggested that providing safe environments for children is vital to reduce the vulnerability of at-risk populations. For example, quality childcare ensures good supervision and reduces children's exposure to possible abusers.

Treatment was recommended for both perpetrators and abusers. There is some evidence that therapeutic approaches, such as cognitive behavioral therapy, can prevent past perpetrators from committing child sexual abuse in the future. Intensive therapy involving the family is particularly promising for juvenile

abusers. To treat victims of child sexual abuse, experts recommended a range of therapies, including trauma-focused cognitive behavioral therapy, sensory therapy and other forms of talk therapy.

As with other forms of child maltreatment, experts consistently stressed the importance of integrating the public systems that deal with child sexual abuse, including police, court systems, child protective services, and healthcare systems. Integrating these systems is vital to properly identify cases of abuse, handle abuse when it occurs, and prevent future abuse.

Figure 2:

The Untranslated Story of Child Sexual Abuse

What is child sexual abuse?

- Involvement of children in developmentally inappropriate sexual activities by an older person.
- Most perpetrators are men. Most are known to children. Perpetrators can be older children.

What causes child sexual abuse?

- Risk factors include negative development experiences (including abuse), mental health disorders, social problems, deviant sexual interests, enabling cognitions.
- Causes and mechanisms not well understood.

What are the consequences?

- Similar effects to other forms of maltreatment; neurological, developmental impacts.
- Emotional/mental health: shame, damage to self-worth, damage to capacity to trust, rage, mood disorders.
- Behavioral: substance abuse, suicide, cutting, running away, sexual behavior.
- Effects depend on context of abuse and victim's relationship to abuser.

What can be done to address this issue?

- *Promote prevention:* school-based educational programs; provision of safe environments for at-risk children; rehabilitation of perpetrators to prevent further abuse.
- *Treat victims:* CBT, sensory therapy, other forms of therapy.
- *Integrate public systems:* police, court systems, child protective services, health care.

The Public View of Child Sexual Abuse

When thinking about child sexual abuse, the public relies to some extent on the cultural models of child maltreatment discussed above. For the most part, however, public thinking about child sexual abuse is grounded in a set of cultural models that differ from the general models of maltreatment described above.

1. What is Child Sexual Abuse?

Informants readily identified the types of acts that fall under the concept of child sexual abuse, including inappropriate touching, direct sexual contact, and involvement in or exposure to child pornography. Informants also had clear assumptions about how often child sexual abuse happens and who commits it.

1. The *More Common than People Think* model. In both cultural models interviews and peer discourse sessions, informants suggested that child sexual abuse is common — in fact, more common than people generally think. Although informants were unsure about exact rates, their guesses about rates were consistently high — sometimes notably higher than expert estimates.

Informant: I think it happens more than we're actually aware. So, I'm going to say it's like 4.5 out of every 10.

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Researcher: So, you say it's a huge number. How would you describe the rate of child sexual abuse in Alberta?

Informant: I'd say seven out of 10.

—

Informant: I would have to say 18 to 20 percent. I think it's still high and I think it's probably more than we know.

2. *Perpetrator Prototype: Men Children Know.* Discussions evidenced a clear underlying assumption that the perpetrators of child sexual abuse are men who are known to children. Although informants were not sure why men are more likely than women to sexually abuse children, they were confident that this is true.

Informant: I guess I would say men primarily [commit acts of sexual abuse]. I don't tend to think of women as sexual abusers.

—

Informant: I think it would be more likely to be a man that would sexually abuse.

When asked to expand on who sexually abuses children, informants consistently talked about men that children know, both inside and outside the home. There was very little talk about strangers sexually abusing children.

Informant: It's someone that they trust: an aunt, uncle, father, parent or someone that's been entrusted with the child. Obviously the priests — those kinds of things. As much as we like to believe, in our society, there's the boogeyman out there in the bushes to jump and sexually molest our child, I think if you really look at statistics those would be rare cases.

—
Informant: The first thing that pops into one's mind is a parent, a person in a role of authority making some kind of sexual act towards a child. So Uncle likes little boys and touches little boy's thingy.

In addition to these assumptions about rates and perpetrators, informants relied on two other models to describe child sexual abuse.

3. The *Horrified And Disgusted* model. Informants had a visceral reaction to the topic of child sexual abuse. While informants displayed emotion when talking about all forms of maltreatment, their disgust was amplified when talking about child sexual abuse.

Informant: I get an immediate turning of my stomach. It's a horrible thing.

—
Informant: To violate a child and to do that to a child, and for your own perverted games, is horrible and disgusting, to me.

Informants' palpable disgust inflected the entire conversation about child sexual abuse. In expressing the horrific character of child sexual abuse, informants indicated that it is beyond the pale — outside the range of normal human behavior.

4. The *Consent* model. Informants defined child sexual abuse as nonconsensual or forcible sexual activity toward children. People took this familiar idea from the discourse around sexual assault between adults and applied it as a criterion of child sexual abuse.

Researcher: What comes to mind as a definition or an example of what constitutes child sexual abuse?

Informant: Well, anything where you force any kind of sexual activity on a child, apart from a hug or a kiss on the cheek. So, anything that's deemed to cross that line of sexuality versus just compassion or love.

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Researcher: When we think of children, what age ranges are we thinking of? Where does sexual violence become an example of rape rather than child sexual abuse?

Informant: That's a good question. I feel like it's both. You don't have consent, so it's rape, regardless of the age.

Implications

- 1. Albertans already recognize who commits sexual abuse and how often it happens.** While Albertans do not know exact statistics about child sexual abuse, they recognize that it is common, and that it is typically committed by men who are known to children. The public does not need to be convinced of these core facts, which allows communicators to focus their energies on other areas and aspects of this issue.
- 2. The visceral emotional response to child sexual abuse can inhibit productive engagement and block consideration of effective ways of addressing the issue.** The palpable disgust provoked by the topic of child sexual abuse makes it an unpleasant one to discuss, and an easy one to tune out and disengage from. Our interviews show that it takes work to get people past their initial disgust and unwillingness to discuss the issue to more meaningful thinking about causes and solutions. Moreover, the notion that child sexual abuse is beyond the pale of normal behavior makes it difficult to understand, which also blocks people's ability to engage in a meaningful way with this issue. As we will see below, this intentional or unintentional resistance to thinking about the topic impedes people's ability to productively consider information about causes and solutions. Communicators must respect the strong emotions generated by the topic, but at the same time develop strategies that get beyond these emotional defaults and help people engage productively in thinking about this issue.
- 3. The *Consent* model leaves acts against young children outside of the definition of sexual abuse.** While Albertans do not, in practice, think that children can consent to sex, once this concept enters conversation people struggle to square this familiar, consent-based understanding of sexual assault with the reality of child sexual abuse. Although people never question whether child sexual abuse is wrong, focusing on consent can disrupt people's ability to articulate *what* is wrong with child sexual abuse, and make the issues harder to think about. Communicators should avoid talking about child sexual abuse in terms of consent to prevent conversation from getting stuck, or off track.

2. What Causes Child Sexual Abuse?

Informants tended to apply a set of models to explain the causes of child sexual abuse that was distinct from the models they drew on to think about child maltreatment more generally. These models appeared only in people's talk about child sexual abuse and did not arise in talk about other forms of maltreatment.

- 1. The *Beyond Comprehension* model.** A common response to questions about why people sexually abuse children was to insist that the act is beyond comprehension. According to the model underlying these statements, child sexual abuse lies so far outside the realm of normal human behavior that it defies explanation. The model places perpetrators of sexual abuse on the other side of an unbridgeable cognitive chasm; they cannot be understood or related to.¹⁹

Informant: I don't know. I don't know what makes some people think like that. I know I could never think like that. And I don't know what makes other people do.

Informant: Oh, it is very difficult, I think — I mean, we can read all we like, about where that person's mind or how they were reared or whatever it might be, but it's still very hard to wrap your head around why someone would be torturing a child, sexually abusing them. It's very hard to wrap your head around how a person thinks to do that, other than they don't think like we think, and they don't have the conscience to stop them from doing something so very wrong.

—

Informant: I don't know. Like, I truly ... I, I don't. I guess because I just truly don't understand it. I don't know what would make you think that it was okay, or acceptable. I mean, even if you were completely blitzed out of your mind on drugs or alcohol ... I don't understand how it would be ... how that thought would ever enter into your head. So I don't understand it.

2. The *Perverved Mind* model. When informants attempted to fill in the black box of perpetrators' motivations, they figured these motivations as stemming from deep mental perversion. While the model provides a basis for talking about internal motivation, it structures an understanding of this motivation that mirrors the *Beyond Comprehension* model — that is, these motivations evade genuine understanding. Perpetrators are characterized as sociopaths or irreparably evil people who lack a conscience and basic moral sensibilities.

Researcher: What causes somebody to sexually abuse a child?

Informant: Gosh, I have no idea — warped mind comes to mind — an unhealthy person, someone who has no boundaries, who has no idea between right and wrong, who has no conception of personal boundaries or what's naturally healthy and what's unhealthy.

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Informant: Probably sociopaths. They know it's wrong but they do it and they don't care. So, you can't change them.

—

Informant: I think some people are just nasty and disgusting and have some kind of weird mental illness.

3. The *Sexualization Of Children* model. In cultural models interviews, informant discussions occasionally evidenced an underlying assumption that the sexualization of children within contemporary culture is a cause of child sexual abuse. This sexualization was sometimes linked with media portrayals of small children.

Informant: I think men think that it's okay. And I think that young boys — again let's get back to the sexting, these kids now don't think that there's anything wrong with them videotaping themselves at the age of 13 having sex and then putting it out on the Internet.

—

Informant: You know, little beauty pageants with girls spray-tanning and putting on false eyelashes and ... wearing more makeup than I've ever worn in my entire life is not... I don't see how that's an acceptable expression of beauty for a 5-year-old. Music videos that kids like to watch, where basically it's soft porn, you know? How is that appropriate for a 10-year-old to be watching and think that's what they should look like?

While the *Sexualization Of Children* model was recessive, it occupied a more dominant place in peer discourse session discussions. Sexualization of children was not one of the first causes mentioned in the group discussions. However, when one participant brought up this concept — thus triggering the model for other participants — the conversation immediately became focused on sexualization. Peer discourse participants suggested that sexualization of children makes teens — especially teen girls — more likely to willingly engage in sex with adults, and stimulates and seems to license adult sexual urges toward children.

In both one-on-one and group conversations, talk about sexualization of children often led conversation away from the topic of child sexual abuse, as informants expressed general dissatisfaction with modern media's exposure of children to, and inclusion of them within, sexualized content. These patterns suggest that the *Sexualization Of Children* model is a dominant model for *thinking about sexual development*, but that the model is only tenuously linked with people's thinking about child sexual abuse. Once triggered, the model's cognitive strength is such that it shifts conversation away from child sexual abuse and towards general concerns over media and presentations of girls.

Implications

- 1. The *Beyond Comprehension* model blocks thinking about causes.** By figuring the motivations and causes of child sexual abuse as beyond understanding, the *Beyond Comprehension* model short-circuits thinking about causes. The model is likely to produce cognitive resistance to messages that purport to explain causes. Moreover, willingness to entertain and engage with explanations of child sexual abuse is socially and psychologically risky, as it positions people on the other side of the cognitive chasm between normal, relatable motives and the unfathomable behavior of perpetrators. Communicators must find strategies for inoculating against the *Beyond Comprehension* model in order to engage the public in productive thinking about the causes of child sexual abuse, which is necessary for legitimate consideration of preventative approaches to this issue.
- 2. The *Perverted Mind* model makes rehabilitation hard to think.** By positioning abusers as fundamentally and deeply deviant and warped "others," the *Perverted Mind* model makes it difficult to understand how rehabilitation could be possible. Thinking in this way, abusers are assumed to be so fundamentally twisted that it is impossible to imagine what could possibly be done to change their intentions. In order to message about rehabilitation, communicators must find more productive ways of discussing abusers' motivations and avoid activating the *Perverted Mind* model, as this way of thinking is antithetical to considerations of rehabilitation.
- 3. The *Sexualization Of Children* model has mixed implications.** On one hand, the model productively orients the public toward the broader social context within which child sexual abuse

happens — something that has proven to be difficult in past work.²⁰ And, while the sexualization of children is not one of the primary causes that experts focus on, it is part of the expert story. On the other hand, once the model is activated, it consistently leads people's thinking *away* from child sexual abuse, and thus challenges communicators attempting to engage the public in thinking about this issue. This suggests that, unless the model can be anchored to child sexual abuse more solidly, it is likely to lead thinking and conversation astray. If communicators want to talk about the sexualization of children within the broader culture or within media, they need to maintain a focus on the links between sexualization of children and child sexual abuse. Communicators should avoid casual, offhand references to the sexualization of young children, as such mentions are likely to take conversation off track.

3. What are the Effects of Child Sexual Abuse?

In both cultural models interviews and peer discourse sessions, we observed the same pattern in talk about child sexual abuse that we had seen in talk about maltreatment in general: People focused on effects on victims, rather than collective or social effects. However, it is worth noting that when, in peer discourse sessions, the moderator explicitly asked about societal effects, participants were able to talk cogently about financial costs related to health care and substance abuse treatment. This suggests that people are capable of thinking about societal effects even though these effects are not top of mind.

It is also important to note, as with maltreatment generally, that the public is attuned to the emotional and behavioral effects of child sexual abuse, but not to the connection between brain development and these effects.

1. The *Violation* model. This model holds that child sexual abuse is a severe violation of the self that damages individuals to their very core. The effects of child sexual abuse were often expressed in violent terms like “robbed,” “ripped” and “ruined.”

While other forms of maltreatment are assumed to damage people's self-esteem, child sexual abuse is thought to damage the self at a deeper, more fundamental level. Informants described sexuality and sexual identity as one's “core,” “persona,” “sense of self, and “soul.” Sexuality, which is understood to be deeply private, is considered a source of autonomy and personal control, and the violation of children's sexual being harms them at the deepest level. This damage to the self is so severe that it is extremely difficult, if not impossible, to recover from.²¹ As one participant in peer discourse sessions explained when recounting her own experience of being sexually abused as a young girl, “Your life is changed forever. It ruins your life, literally, forever.”

Informant: Your sexual identity — I'm going to use the term “soul” because that's the only concrete term I can assign to it, because it's a very intrinsic thing. But your sexuality is connected to the core of your being. So if you are being sexually abused as a child, you're not going to understand what sex really should be and not get the ability to grow as an individual in areas that you should grow in first. You've lost the opportunity to really know yourself.

Informant: You're striking the engine. You can kick the tailpipe, you can smash in the doors, you can cave in the roof, you can strip the car, but if you attack the engine it will never go. Absolutely. That's what you're doing. You're attacking the very core of who that person is on every level. It's degrading. It can leave scars for the entire life of that person.

Informant: I think that probably even more so than in other forms of abuse, when we come back to that sort of self-image, self-worth aspect, I think that sexual abuse probably has the greatest impact on that. And definitely, when you hear survivor stories and that sort of thing, there is this ultimate feeling of worthlessness.

Informants consistently suggested that the violation of the child's sexual being prevents victims from forming healthy sexual relationships as adults. Child sexual abuse so damages the self that it becomes virtually impossible for victims to enter into normal sexual relationships as adults.

Informant: There's so much diminished self-value that comes out of it. It becomes very difficult for them going forward. On top of all the other problems of child abuse and neglect and maltreatment, where there a sexual component, it becomes very [hard] for those people to have good physical sexual attachments to other people, which can lead to poor emotional attachments to their significant other. As adults, a huge part of our life is finding our partner and growing our own family. If that whole part has been damaged it's going to be very difficult for you to have a mainstream normal adulthood life.

Informant: I think it ruins their intimacy with others. How do you get married and have a family? I don't know. If I was sexually abused I don't think I'd ever want to be touched again. That violation, how do you trust somebody?

2. The *Shame* model. Informant discussions frequently showed the understanding that shame is an effect of child sexual abuse. Informants noted that shame and public discomfort with child sexual abuse lead to underreporting and the exclusion of the issue from public discourse.

Informant: If you feel like it's kind of shameful, you won't talk about it. You're going to internalize it and just try to get through it, because if you bring it up to somebody else, they're going to shame you and judge you and think that you're dirty, that you're not worthy — all of this is really just so unfortunate — it just makes me sad thinking about it, just how bad it impacts people, effs them up.

Informant: We tend to shush about it, so they don't tend to disclose it, and I think they hold it, like for a lot of children it's dirty — and they feel, they know it was wrong but they don't tell anybody so it goes hidden and it stays hidden and we just don't talk about it.

3. The *Promiscuity* model. Informants explained that victims of child sexual abuse frequently act out in a range of ways, but one form of acting out in particular dominated these discussions: promiscuity. Informants suggested that victims sometimes act out by engaging in promiscuous sexual relationships later in life. This behavior is thought to stem from damage to victims' sense of self, and from the normalization of inappropriate sexual relationships that results from being sexually abused.

Informant: You hear stories that a lot of prostitutes were sexually abused as children, and so now they are going to prostitution because they devalue themselves as people.

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Informant: I would probably say 99 percent of the time, they're already into the drugs and alcohol and the promiscuous lifestyle, because that's kind of what they know.

Implications

- 1. The *Violation* model is heavily fatalistic.** The model figures child sexual abuse as virtually impossible to recover from, leading to resignation in the face of effects on victims. To combat fatalism about victims' capacity to recover from this trauma, communicators must find ways to shift conversation away from talk about damage to the soul or self, which people see as difficult to treat, and toward talk about psychological and bodily harm, which people view as treatable. Shifting the terms of conversation in this way should help people see that the effects of child sexual abuse *can* be treated.
- 2. The *Shame* model calls for solutions.** The *Shame* model facilitates understanding of the distinctive effects of child sexual abuse and the cultural challenges that accompany it, yet, absent the identification of solutions to address these effects and challenges, the model is likely to reinforce fatalism about the effects of child sexual abuse. To avoid this outcome, communicators must be concrete and specific in explaining ways to lessen feelings of shame in particular victims, and to combat the cultural stigma that produces shame.
- 3. The *Promiscuity* model could result in blaming the victim.** While the model is largely consistent with experts' account of how child sexual abuse can affect victims' sexual relationships, the model can slide into blame-the-victim talk. When talking about promiscuity, informants occasionally suggested, or implied, that promiscuous behavior can provoke further sexual abuse or assault. Communicators should thus avoid the term "promiscuity," which can elicit unproductive thinking about victims as *provoking* sexual violence through their own behavior.

4. What Can Be Done to Address Child Sexual Abuse?

For the most part, informants were deeply skeptical when it came to preventing or addressing child sexual abuse. Their thinking was dominated by a strong sense of fatalism.

1. The Fatalism model. Whereas informants assumed that most forms of child maltreatment could be addressed, they were pessimistic about the possibility of significantly decreasing the prevalence of child sexual abuse, or improving the lives of people who have suffered from sexual abuse as children.

The *Beyond Comprehension* and *Perverted Mind* models structure an understanding of perpetrators' motivations as wholly outside the realm of ordinary human thinking, feeling and behavior, which makes it difficult to understand how they could be deflected from their desire to abuse. While education, open communication and vigilance in monitoring might thwart abusers in specific instances, informants largely assumed that child sexual abuse is hard to meaningfully prevent.

Informant: I don't know. I just don't understand how anybody can do something so horrible. I'd always like to think that if they had counselors or something and talked with a counselor and said, "I feel like this, but I know it's wrong," and they get help and then they fix it so that this child never becomes that abuser. Ultimately I'd like to believe that. Realistically, I don't think it will ever happen.

—

Informant: If some people do truly have that mental disconnect within their brain, how do we ever stop that, or catch that? Until it's already happened?

The inability to identify constructive solutions occasionally led informants to suggest that only the most extreme solutions could make a difference.

Informant: There's a Texas adage that used to be really prevalent in Calgary: "Some folks just need killing." You have to acknowledge that — you can't ignore it. You have to do *something*.

—

Informant: I just don't understand — I think you just take them all out and shoot them all, that works ... I don't know.

In addition, the *Violation* model made it hard for people to think that it was possible to improve the life of someone who had been sexually abused as a child in any meaningful way. In other words, it is difficult for most people to think about how effective treatment of child sexual abuse is possible.

However, when they were able to engage in slightly deeper conversations about solutions, one dominant model structured informants' thinking about what could be done to address this issue.

2. The Open Talk model. This model is grounded in the idea that children must be educated about the difference between appropriate and inappropriate touching (i.e., "good touch, bad touch") so that they will report the advances of child sexual abusers. Informants emphasized the importance of open communication between parents and children, and suggested that schools have an important role to play in teaching children about inappropriate touching and sex in general. Open talk is intended to prevent child sexual abuse by empowering children to report inappropriate sexual activity as soon as it begins. Informants also reasoned that being open about child sexual abuse can help to de-

stigmatize the issue, and ensure that children are comfortable talking about the issue so that they do not keep sexual abuse secret.

Informant: I think that that's probably one of the important things about sexual abuse—you need to be able to tell your children ahead of time, what do you do if somebody says this to you or propositions you, how do you deal with that. So that's where the education comes in.

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Informant: Kids need to be taught about these things in safe environments, maybe in the school system in safe ways so as not to over-alarm them, but just so that they're kind of coached that if an adult is treating them in an [in]appropriate way and rubbing their back and maybe too much hugging — I mean, it's hard to know. Maybe it's great to be hugged by your grandma and grandpa, but some stranger's touching you in an inappropriate way, the kid maybe needs to know that this is something that they should bring to the attention of other adults.

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Informant: They need to know what's right and what's wrong. It might be uncomfortable. I'm not sure what age we start to teach kids about the birds and the bees and that sort of thing, but it might be hard if you've got 5- and 6-year-olds that you are trying to say in very simple terms, nobody is allowed to touch your wee wee but you, and they go "Why"? So I'm not sure how you deal with that — but awareness for a child to know what's wrong.

Implications

- 1. The lack of productive models for thinking about solutions poses a major challenge.** The lack of available ideas about how to address child sexual abuse is striking. In FrameWorks' research on different issues, we often find a strand of fatalism in people's thinking, but this strand is typically accompanied by the ability to think about, and consider, possible solutions — all grounded in the common assumption that the problem can be solved. In those situations, the communications goal is to divert thinking away from fatalism by activating productive ways of thinking about solutions. But in the area of child sexual abuse, the challenge is deeper, because our research found almost no productive models that people can access to engage in this kind of thinking (the *Open Talk* model being the only exception). This presents a truly daunting communications challenge: to open up entirely new ways of thinking about solutions that are not grounded in existing models.
- 2. The *Open Talk* model has mixed implications.** On one hand, it can facilitate thinking about school-based educational programs. The Albertan public understands the importance of educating children about child sexual abuse and, like experts, views education as both a prevention strategy and a way to promote disclosure when abuse happens. On the other hand, the model places the burden of prevention on individual children rather than on society as a whole, and, in doing so, it undermines a sense of collective responsibility for preventing child sexual abuse. In order to avoid this implication, communicators should emphasize the collective responsibility to prevent child sexual abuse, and frame educational programs as one solution among a broader set of solutions that society needs to undertake in order to adequately address the issue.

V. MAPPING THE GAPS AND OVERLAPS IN UNDERSTANDING

The goals of this analysis have been to: 1) synthesize the way experts talk about and explain child maltreatment generally and child sexual abuse specifically; 2) describe the ways that the Albertan public understands these same issues; and 3) compare these explanations and understandings to “map” the gaps and overlaps between the perspectives of these two groups. We now turn to this third task.

Overlaps

There are substantial overlaps between expert and public thinking in Alberta, about both child maltreatment generally and child sexual abuse specifically. Both experts and the public:

- **Share a basic definition of maltreatment** — understanding neglect, physical abuse, emotional abuse and sexual abuse as *behaviors by others that harm children*. In addition, experts and the public classify the same kinds of cases under each concept, with some exceptions around the edges.
- Recognize that child abuse and neglect **are serious problems that are prevalent** within Alberta.
- Recognize that **most perpetrators of child sexual abuse are known to victims**, but many times are not parents or direct caregivers. Both recognize that most perpetrators are men.
- Recognize that **girls are at greater risk of child sexual abuse** than boys. Members of the public understand that some children are at greater risk than others, and their views about which children are at risk are generally consistent with expert understanding.
- Understand that **internal factors such as mental illness and addiction, and social and economic stressors, are contributing causes of abuse and neglect**. Experts and the public share the understanding that these factors interfere with people’s capacity to cope, and make people susceptible to acting in ways that they otherwise would not.
- Recognize that if people **experience abuse as children, they are more likely to perpetrate abuse themselves**. Experts and the public both emphasize the history of abuse as an important cause of all forms of abuse.
- Understand that child abuse and neglect have **a range of physical, emotional and behavioral impacts**. Experts and the public both understand these impacts to depend on the type of maltreatment, and case-specific details.
- View talk therapy as a generally effective way of treating victims.
- Identify **school-based education** as a way to prevent child sexual abuse and to promote disclosure by victims.

Gaps

Analysis also revealed a series of significant gaps between expert and public thinking about child maltreatment generally and child sexual abuse specifically.

I. Definition and Characterization

1. **“Child Maltreatment”: Well-Understood Term vs. Unfamiliar.** While “child maltreatment” is experts’ term of choice, the public is largely unfamiliar with the term. Although members of the public sometimes interpret the term correctly, they also assume that “maltreatment” must be less severe than abuse. The public’s lack of familiarity with the term has the potential to derail communication about the issue in fundamental ways.
2. **Types of Maltreatment: All Types are Important vs. Spectrum of Concern.** While experts insist on the equal importance of all forms of maltreatment, the public places different forms of maltreatment at different points along a spectrum of severity and, in turn, along a spectrum of concern. The public is more concerned about physical and sexual abuse than about emotional abuse or neglect, which are assumed to be less serious.
3. **Defining Child Sexual Abuse: Developmentally Inappropriate vs. Nonconsensual.** The concept of consent figures prominently in public understandings of child sexual abuse, while expert definitions center on developmental inappropriateness. This difference reflects the public’s consistent turn to the more familiar domain of adult sexual assault to understand child sexual abuse. Although the public has no problem understanding which cases fall under child sexual abuse, the use of consent as a baseline concept makes it difficult for people to articulate what is wrong with child sexual abuse.

II. Causes

4. **The Cycle of Abuse: Developmental Disruption vs. Learned Behavior.** Experts and the public both understand that people who experience abuse — including sexual abuse — in their own childhood are more likely to become abusers, but they have different understandings of *how* past abuse causes future abuse. Experts explain this in developmental terms, describing how abuse disrupts proper brain development and, in turn, can result in diminished impulse control and emotional regulation. In contrast, the public explains this as a process of normalization, suggesting that abused children come to believe that such behavior is acceptable, and this belief shapes their own behavior as adults. This gap in public understanding renders the public unable to appreciate *how* interventions and systemic supports can break the cycle of abuse. The public’s lack of a developmental understanding of the cycle of abuse inhibits recognition of the importance of programs that mitigate developmental impacts by cultivating coping skills and buttressing supportive relationships.
5. **Child Sexual Abuse: Explainable vs. Beyond Comprehension.** While experts note limits in current understanding of the causes of child sexual abuse, they have identified clear risk factors associated with perpetration, and have developed plausible theories about mechanisms. By contrast, the public

treats the causes of child sexual abuse as unfathomable, and not amenable to investigation. Public disgust leads to a refusal to try to relate to abusers, whose “perverted minds” defy understanding. Experts, on the other hand, have diagnosed a set of mental health problems related to child sexual abuse, and offer explanations of how underlying dispositions and proximate triggers can lead people to sexually abuse children. The public’s models of child sexual abuse are a major obstacle to reception and understanding of expert explanations.

III. Effects

6. **The Brain: Central Character vs. Missing from the Story.** As noted above, the public is able to identify many of the same emotional and behavioral *effects* of child maltreatment that experts highlight. However, the public is unfamiliar with the neurological changes linked with these effects. Experts emphasize that all forms of maltreatment, including child sexual abuse, can have serious impacts on children’s brain development, and these impacts are a key mechanism behind emotional and behavioral effects, yet the brain is not a character in the public story. This limits the depth of the public’s understanding of effects and, in turn, its understanding of what interventions can mitigate these effects. Without solid causal thinking, public support for specific programs will be limited.
7. **Societal Effects: Salient vs. Out of Mind.** Experts identify socially relevant effects of maltreatment in areas such as employment, educational attainment and disease prevalence, and emphasize the significance of these impacts on the broader society. While the public has well-defined models for understanding the *personal* effects of child maltreatment on victims, societal effects are largely absent from public thinking.
8. **Physical Health Effects: Well-Documented vs. Unfamiliar.** While experts note that child maltreatment has been shown to have a range of long-term impacts on health, such as greater risk of obesity and cardiovascular disease, the public is simply not familiar with these impacts. The public is aware that maltreatment can lead to immediate physical harm, but long-term health impacts represent a hole in people’s knowledge.

IV. Solutions

9. **Addressing Root Causes of Maltreatment: Vital Focus vs. Hard to Attack.** Despite a strong focus on root causes of maltreatment in thinking about *causes*, public thinking about solutions rarely targets this level. For most types of maltreatment, experts focus on policies and programs that address root causes like mental health problems, substance abuse, social isolation and economic stressors and that provide families with support. The public, on the other hand, focuses predominantly on education, awareness-raising and vigilance. As discussed above, public avoidance of root causes in solutions thinking likely arises from difficulty understanding *how* targeted programs could meaningfully address the daunting social problems that serve as the context of maltreatment. The public’s difficulty in understanding how solutions can address root causes is one of the most significant gaps to arise from this research.
10. **Institutional Context: Present vs. Absent.** Experts consistently emphasize the institutions that deal with child maltreatment, such as child protective services, the criminal justice system and the

healthcare system, highlighting the importance of integrating and coordinating services to advance prevention and treatment goals. For the public, these institutional systems are almost wholly absent from thinking. This lack of institutional awareness contributes to the public's difficulty in thinking about solutions.

- 11. Prevention of Child Sexual Abuse: Difficult vs. Impossible.** While experts acknowledge that prevention of child sexual abuse can be difficult, they maintain that prevention is possible, noting that some evidence exists that certain programs are effective, and emphasizing the importance of further research in yielding better strategies for prevention. Members of the public, by contrast, are fatalistic about child sexual abuse. They assume that, just as the causes of child sexual abuse are essentially impenetrable, hopes for workable preventative strategies are doomed.
- 12. Rehabilitation of Child Sexual Abusers: Possible vs. Hopeless.** Experts highlight evidence demonstrating the partial effectiveness of some types of rehabilitation, yet the public assumes that child sexual abusers are beyond help, given their "perverted minds." While rehabilitation can be challenging, it is, experts insist, eminently doable. The public, on the other hand, assumes rehabilitation is almost impossible.
- 13. Child Sexual Abuse Victims: Treatable vs. Beyond Help.** Experts indicate that the effectiveness of proper forms of treatment for child sexual abuse has been clearly established. The public understands child sexual abuse as a deep violation of the self whose damage is beyond repair. While members of the public embrace counseling and therapy for victims, they are pessimistic about whether this or any other form of treatment can truly help victims overcome the effects of child sexual abuse.

VI. CONCLUSION: CHALLENGES, RECOMMENDATIONS AND FUTURE RESEARCH

The gaps between expert and public understanding outlined above indicate where strategic reframing of child maltreatment and of child sexual abuse is needed. Many of these gaps are conceptually linked, yielding a smaller list of major communications tasks.

- 1. Cultivate a developmental understanding of child maltreatment.** Helping the public understand how child maltreatment affects brain development is necessary for the public to understand: 1) what kinds of interventions can mitigate the effects of maltreatment, 2) how the cycle of abuse works, 3) that neglect is as serious as other forms of maltreatment, and 4) how the effects of maltreatment radiate beyond the individual to affect society.
- 2. Generate understanding of the causes of child sexual abuse.** Difficulty understanding causes lies at the heart of the public's struggle to make sense of child sexual abuse. Finding a way to explain causes is likely a precondition to generating significant movement on solutions support.
- 3. Expand thinking about solutions.** The Albertan public's thinking about solutions to child maltreatment is narrow. Broadening the set of solutions that people consider requires: 1) cultivating a systemic orientation toward solutions, 2) boosting people's sense of collective efficacy, and 3) helping them understand *how* solutions can address underlying causes and improve outcomes at the individual and social level.
- 4. Focus attention in the right place.** Messages can misfire in a variety of ways, as the public is liable to misinterpret terms ("maltreatment"), or to shift their attention to adjacent domains (violence against women, sexualization of media culture). Strategies are needed to ensure that the public focuses their attention where communicators intend.

In a set of peer discourse sessions, FrameWorks researchers began to explore how these tasks can be addressed with framing tools and strategies. The results yield a preliminary set of reframing recommendations.

Peer Discourse Sessions: Findings from Exploratory Testing

In peer discourse sessions, FrameWorks researchers tested proven Explanatory Metaphors from FrameWorks' early childhood development work, as well as values that have tested well in communicating about child maltreatment in the United Kingdom and on other issues in Alberta. These tools showed promise, specifically, in tackling tasks No. 1 (cultivating a developmental understanding of maltreatment) and No. 3 (expanding thinking about solutions) from the list above.

Explanatory Metaphors

FrameWorks has developed a set of proven metaphors to explain brain development that can be used to cultivate a better understanding of the relationship between maltreatment, brain and biological development, and outcomes (task No. 1). To understand how these metaphors can be most effectively mobilized to explain the way in which child sexual abuse affects brain development and shapes outcomes for children and communities, we tested two of these metaphors in peer discourse sessions: 1) *Toxic Stress*, which uses the familiar notion of “toxic” effects to explain the harm caused by child sexual abuse, and 2) *Serve And Return*, which compares parent-child interactions to a tennis game, explaining that healthy, responsive engagement is necessary for proper brain development. (See Appendix for the metaphor iterations tested.)

Both metaphors were successful in communicating the severity of the effects of child sexual abuse. However, because the Explanatory Metaphors were tested in isolation rather than as elements in a complete developmental story, participants struggled at times to make the connection between these experiences (severe adversity and reciprocal interaction) and their impacts on the developing brain.

This finding suggests that, in order to explain the neurobiological and physiological effects of child sexual abuse, communicators must fully elaborate the core story of early brain development. Harnessing the full explanatory power of *Toxic Stress* and *Serve And Return* requires using them in narrative combination, and with the other metaphors that comprise the core story. By helping people understand how development works and how it can be disrupted, this narrative should enable people to understand how child sexual abuse affects brain development.

Values

In peer discourse sessions, FrameWorks’ researchers also tested the ability of values to orient thinking about solutions to child sexual abuse in productive directions. In these sessions, the moderator gave participants brief descriptions of four values — *Social Responsibility*, *Human Potential*, *Ingenuity* and *Interdependence* (see Appendix for tested iterations) — and asked participants to choose values that they thought would be effective in convincing members of their communities to support devoting more resources to the prevention of child sexual abuse and to quality services to treat victims. Two of these values showed considerable promise in expanding people’s thinking about the possibility and effectiveness of solutions (task No. 3 in the list above).

- ***Interdependence***. This value expanded participants’ thinking about solutions in several ways.
 - The value promoted thinking about the importance of collaboration between different sectors of Albertan society, including government agencies and community members. (This addresses Gap No. 10 above.)
 - It made visible the social costs of child sexual abuse, and the collective benefits of addressing the problem. (This addresses Gap No. 7.)

- The value helped participants think more productively about perpetrators. By linking perpetrators and others as members of an interdependent community, the value encouraged thinking about how members of the community could constructively engage with potential perpetrators. Several participants spoke with compassion about how Albertans might intervene to help someone who experiences sexual urges towards young children. (This addresses Gap No. 12.)
- **Human Potential.** The idea of human potential helped people overcome fatalism about victim treatment. Participants embraced the idea that treatment is necessary to help people reach their full potential. However, application of the value was individualized, as participants focused on discrete individuals and not societal impacts. The research shows the importance of iterating the value in highly collective terms to avoid individualization — perhaps combining the idea of *Human Potential* with the value of *Interdependence*.

While these values hold promise in tackling task No. 3, it is important to note that the third part of this task — explaining *how* solutions can address underlying causes — will require a different set of explanatory tools.

Directions for Future Research

Effectively reframing child maltreatment and child sexual abuse in Alberta will require the development of new communications tools and strategies to complement the tools discussed above. To provide specific directions for future research, we identify several communications hypotheses that arise out of research discussed here. This is not intended as an exhaustive list of hypotheses, but, rather, as a preliminary sketch of potential reframing ideas that are worthy of exploration in future research.

1. **Explanatory chains can help the public understand how specific solutions address the root causes of child maltreatment.** Explanatory Chains are framing tools that establish causal process by clearly connecting determinants to outcomes through concrete processes. Explaining *how* targeted measures can mitigate the impacts of social problems like mental illness, substance abuse and economic factors seems like an effective way of helping the public recognize that solutions *can* address the root causes of maltreatment.
2. **Explaining the causes of child sexual abuse, and the way in which these experiences shape outcomes, can help boost support for effective solutions.** Generating understanding of the causes of child sexual abuse should facilitate productive thinking about solutions by helping people understand the factors that such solutions must target — both in terms of what causes people to commit these acts, and how the experience of sexual abuse as a child shapes a range of outcomes. It is important to note that explaining causes is complicated by expert uncertainty about causal mechanisms.
3. **Examples of solutions to child maltreatment can concretize understanding and boost policy support.** Using specific examples of solutions should help the public understand *how* solutions work and, in turn, boost efficacy — a sense of confidence in the community’s ability to effectively tackle the problem — and increase support for programs and policies.²² This hypothesis is supported by our

finding in research in the United Kingdom that including a specific solution to maltreatment within a value-based message boosts public support for relevant policies.²³

- 4. Values and explanatory tools will amplify each other's effects.** Because the cognitive obstacles to identification of effective solutions are multiple and interlinked, overcoming these obstacles will likely require the use of multiple tools in conjunction. Because different tools are designed to deal with different specific obstacles, the tools likely must be used together to achieve maximal effectiveness.

Reframing child maltreatment and child sexual abuse in Alberta will require a comprehensive strategy that generates a better understanding of causes and effects in order to help people understand how child maltreatment and child sexual abuse can be effectively addressed.

APPENDIX: TOOLS TESTED IN PEER DISCOURSE SESSIONS

Explanatory Metaphors

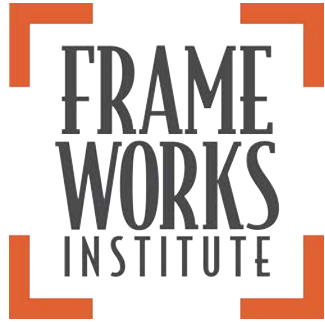
Toxic Stress. There are three types of stress children experience. Positive stress, such as preparing to take a test, can be a normal and important part of a child's development. There's also tolerable stress, which happens in difficult life circumstances like the death of family member. When children have supportive relationships, they are able to deal with these events and these kinds of stress. But there is also toxic stress. This is serious adversity in a child's life without support from an adult. Sexual abuse is a form of toxic stress, and it can affect things like learning, health and the ability to cope with stress later on in life. We need to do all we can to prevent toxic stress in children's lives.

Serve and Return. Serve-and-return interactions happen when young children and parents or other caregivers have back-and-forth interactions, responding and reacting to one another. These interactions help build the brain's architecture, and create a strong foundation for life. When children are exposed to violence like sexual abuse, those serve-and-return interactions are disrupted and their developing brain architecture doesn't get the materials that it needs. This causes physical and emotional impacts that can last their entire lives. We need to make sure that all caregivers and children have what they need to engage in positive serve-and-return interactions.

Values

- **Social Responsibility.** As members of society, we all have certain responsibilities. Each and every Albertan needs to fulfill these social obligations.
- **Human Potential.** When all Albertans have what they need to reach their full potential, our whole province is stronger.
- **Ingenuity.** When we as Albertans use our innovative spirit and strong determination, we can solve even the most difficult problems.
- **Interdependence.** Albertans are stronger when we realize that we all depend on one another, and need to work together to solve our problems.

ABOUT THE FRAMEWORKS INSTITUTE



The FrameWorks Institute is an independent nonprofit organization founded in 1999 to advance science-based communications research and practice. The Institute conducts original, multi-method research to identify the communications strategies that will advance public understanding of social problems and improve public support for remedial policies. The Institute's work also includes teaching the nonprofit sector how to apply these science-based communications strategies in their work for social change. The Institute publishes its research and recommendations, as well as toolkits and other products for the nonprofit sector, at www.frameworksinstitute.org.

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ENDNOTES

¹ On cultural models, see Quinn, N., & Holland, D. (1987). Culture and cognition. In D. Holland & N. Quinn (Eds.). *Cultural models in language and thought* (pp. 3-40). Cambridge, England: Cambridge University Press.

² On the idea of an “untranslated story,” see Shonkoff, J., & Bales, S.N. (2011). Science does not speak for itself: Translating child development research for the public and its policymakers. *Child Development* 82(1).

³ In this report, we use the term “perpetrators” to refer to people who maltreat children. This follows usage in expert literature. The term is not intended to refer to the criminal justice system, as perpetration refers to the perpetration of *acts* of maltreatment rather than the perpetration of *crimes*, although in practice these categories largely coincide.

⁴ See Lindland, E., & Kendall-Taylor, N. (2013). *“I have no idea how that works or what you would do about it”: Mapping the gaps between expert and public understandings of child maltreatment in the U.K.* Washington, DC: FrameWorks Institute.

⁵ See Glaser, B.G., & Strauss, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine Publishing; Strauss, A.L., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage Publications.

⁶ See Quinn, N. (Ed.). (2005). *Finding culture in talk: A collection of methods*. New York, NY: Palgrave Macmillan.

⁷ For more on peer discourse sessions, see Manuel, T., & Kendall-Taylor, N. (2009). From focus groups to peer discourse sessions: The evolution of a method to capture language, meaning, and negotiation. *New Directions for Youth Development*, 124, 61-69.

⁸ We found a similar cultural model in our recent research on child maltreatment in the United Kingdom. In the United Kingdom, the model competes with a second cultural model that pushes for drawing clear distinctions between what is and is not maltreatment or abuse (Lindland, E., & Kendall-Taylor, N. [2013]. *“I have no idea how that works or what you would do about it”: Mapping the gaps between expert and public understandings of child maltreatment in the U.K.* Washington, DC: FrameWorks Institute). Such binary thinking is notably absent in Alberta.

⁹ See Lindland, E., & Kendall-Taylor, N. (2013). *“I have no idea how that works or what you would do about it”: Mapping the gaps between expert and public understandings of child maltreatment in the U.K.* Washington, DC: FrameWorks Institute; Bales, S.N. (2004). *Making the public case for child abuse and neglect prevention: A FrameWorks Message Memo*. Washington, DC: FrameWorks Institute.

¹⁰ FrameWorks found a very similar cultural model in the United Kingdom. See Lindland, E., & Kendall-Taylor, N. (2013). *“I have no idea how that works or what you would do about it”: Mapping the gaps between expert and public understandings of child maltreatment in the U.K.* Washington, DC: FrameWorks Institute.

¹¹ Lindland, E., & Kendall-Taylor, N. (2013). *“I have no idea how that works or what you would do about it”: Mapping the gaps between expert and public understandings of child maltreatment in the U.K.* Washington, DC: FrameWorks Institute.

¹² FrameWorks' research in Alberta on early childhood development identified a cultural model of stress — the *Stress Does a Body Good* model — which holds that severe stress and adverse experiences are positive factors in children's development (Kendall-Taylor, N. [2010]. *Experiences get carried forward: How Albertans think about early child development*. Washington, DC: FrameWorks Institute). This model was notably absent from informants' talk about child maltreatment and sexual abuse. Informants consistently assumed that experiences of maltreatment have negative, not positive, impacts.

¹³ FrameWorks' research on child maltreatment in the United Kingdom found that these same effects figure prominently in public thinking in the U.K. See Lindland, E., & Kendall-Taylor, N. (2013). *"I have no idea how that works or what you would do about it": Mapping the gaps between expert and public understandings of child maltreatment in the U.K.* Washington, DC: FrameWorks Institute.

¹⁴ This is consistent with FrameWorks' research in Alberta on addiction, which found that the public sees childhood trauma as a cause of addiction. See Kendall-Taylor, N. (2010). *Rounding up the associations: How perceptions of addiction are recruited*. Washington, DC: FrameWorks Institute.

¹⁵ FrameWorks' research in Alberta on early childhood development found that brain development comprises a black box for Albertans (Kendall-Taylor, N. [2010]. *Experiences get carried forward: How Albertans think about early child development*. Washington, DC: FrameWorks Institute). Lack of understanding about the underlying neurological effects of maltreatment is thus unsurprising.

¹⁶ Lindland, E., & Kendall-Taylor, N. (2013). *"I have no idea how that works or what you would do about it": Mapping the gaps between expert and public understandings of child maltreatment in the U.K.* Washington, DC: FrameWorks Institute.

¹⁷ Bales, S.N. (2004). *Making the public case for child abuse and neglect prevention: A FrameWorks Message Memo*. Washington, DC: FrameWorks Institute.

¹⁸ For a meta-analysis of relevant studies, see Whitaker, D.J., Le, B., Hanson, R.K., Baker, C.K., McMahon, P.M., Ryan, G.,...Rice, D.D. (2008). Risk factors for the perpetration of child sexual abuse: A review and meta-analysis. *Child Abuse and Neglect*, 32, 529-548.

¹⁹ Declarations of the incomprehensibility of child sexual abuse, while sincere, also have a social function. By expressing their incapacity to understand child sexual abuse, people position themselves on the normal side of the normal/abnormal divide. The model's strength is likely fueled by its social value; by proclaiming child sexual abuse to be unthinkable, people establish their bona fides as normal members of society.

²⁰ See Lindland, E., & Kendall-Taylor, N. (2013). *"I have no idea how that works or what you would do about it": Mapping the gaps between expert and public understandings of child maltreatment in the U.K.* Washington, DC: FrameWorks Institute; Bales, S.N. (2004). *Making the public case for child abuse and neglect prevention: A FrameWorks Message Memo*. Washington, DC: FrameWorks Institute.

²¹ FrameWorks has found similar cultural models of irreparable damage — "damage done is damage done" — in research in Alberta on both early childhood development and addiction. See Kendall-Taylor, N. (2010). *Experiences get carried forward: How Albertans think about early child development*. Washington, DC: FrameWorks Institute; Kendall-Taylor, N. (2010). *Rounding up the associations: How perceptions of addiction are recruited*. Washington, DC: FrameWorks Institute.

²² The potential value of offering concrete examples of solutions is illustrated by a powerful moment from peer discourse sessions. In one session, a participant fundamentally changed the conversation by suggesting that a helpline should exist for people who find themselves thinking about committing child sexual abuse. The participant suggested that this resource could help prevent child sexual abuse by connecting potential abusers to counseling before abuse happens. Prior to this suggestion, conversation was guided by dominant cultural models and participants struggled to identify solutions, yet once introduced the suggestion was picked up by others. People who were having difficulty thinking about what to do latched onto this specific and manageable intervention. By concretizing and specifying a solution, prevention suddenly became thinkable, and collective efficacy replaced fatalism.

²³ FrameWorks Institute. (2014). *Taking responsibility for solutions: Using values to reframe child abuse and neglect in the United Kingdom*. Washington, DC: FrameWorks Institute.