



“Shining the light of science on prevention strategies”: Elizabeth Letourneau of the Moore Center for the Prevention of Child Sexual Abuse on evidence-based prevention programs

Rollo Romig

December 13, 2024

Rollo Romig: Could you start off by introducing yourself with a brief overview of your work?

Elizabeth Letourneau: I am the Moore Family Professor at Johns Hopkins Bloomberg School of Public Health, and I direct Moore, which is a center focused on the prevention of child sexual abuse. I've been focused on child sexual abuse for 36 years, and I got started in graduate school. Our focus hits all of the public health violence prevention buckets. There's a simple four-step model for violence prevention that includes understanding the scope of the problem. We've got a lot of research that establishes, for example, prevalence rates of child sexual victimization, child sexual abuse, child sexual victimization, in addition to scope, as well as associated risk and protective factors.

We also do research to identify the risk and protective factors that increase or decrease the likelihood that someone will engage in harmful sexual behavior against a child. The third step is developing and rigorously evaluating prevention strategies. In some cases, we're more on the evaluation side of identifying promising programs and subjecting them to empirically rigorous evaluation strategies to identify what works and what needs work in child sexual victimization

perpetration, in particular. The fourth step of the public health approach to violence prevention is dissemination to roll out effective strategies. Our next big focus is getting effective strategies and programs out to the broader world.

Rollo Romig: What would you say makes your work distinct from other people who are working on the childhood sexual violence problem?

Elizabeth Letourneau: We are pretty unique. We are the only center at a research institution like Hopkins that is solely focused on prevention, not just research. We also do education and focus very strongly on communication. How do we effectively communicate that child sexual violence is preventable, not inevitable? We have some very interesting learnings and products coming out of that research, as well as advocacy and policy. We also have a very strong focus on bringing in more resources for child sexual abuse prevention, including government resources. We've had some success in the US, and we're starting to see some success around the world.

Rollo Romig: Could you lay out a few strategies that are most promising or effective?

Elizabeth Letourneau: With child sexual victimization perpetration prevention, you have to be thinking about a few things. In particular, how do you reach people who are very embarrassed and ashamed of their sexual feelings, thoughts - the behaviors of highly stigmatized folks who have sexual attraction to children? It's stigmatizing if you are engaged in sexual behavior against children, and it's illegal and incredibly harmful. There are a lot of barriers to reaching the most important populations with prevention strategies. There are two broad strategies that have shown great promise, and in some cases, have already been shown to be effective. One is to go in through the schools, and focus on universal primary prevention. Kids, of course, are harmed by child sexual victimization. They also cause a fair amount of that harm. Problem sexual behavior by kids against other kids is a leading cause of child sexual victimization, against prepubescent children in particular. More than half of those cases are caused by other kids, usually a little bit older.

When kids engage with peers, there's a lot of mistakes, a lot of bad choices, largely out of ignorance. Teenagers don't have a good understanding of consent, how to get it, how to give it, or who's an appropriate sexual partner. That's why we see a lot of problematic sexual behavior that involves younger children. Kids eventually learn by the time they're 15 or so to understand that younger children are off limits, but they're not born knowing that, and they don't know it when they're 11, 12, 13, 14. One strategy is to develop effective interventions and deliver them in the schools to middle school-aged kids at puberty, when they start making these decisions and

mistakes, to help them avoid that. There's several well-validated school-based prevention programs, and you can disseminate those because every single country has infrastructure for schools. Not every country is necessarily at the point of wanting to implement these kinds of interventions, but we're seeing a lot of uptake in the Global North and the Global South, a lot of promise.

The other strategy is to provide anonymous, confidential services online. Those help eliminate a lot of barriers, including practical barriers of getting to a bricks-and-mortar facility to meet with somebody. That takes time, transportation, and possibly money. Online gets rid of many of those practical limitations to accessing therapeutic services, or in this case, prevention services. It also allows services to be provided anonymously, which begins to address the stigma and fear people have about reaching out for help with online interventions. For example, we at Moore have an online intervention that's fully self-help. Somebody who is seeking help for sexual attraction to children regardless of how old they may be, or where they may be in the world, can go to our website. It's been up since 2020. It's been visited 1.3 million times since May of 2020. There's five sessions, five modules, and they can choose which of those modules might be helpful to them, plus a resource page. We've gotten feedback from help seekers that it's very helpful to them. We're in the middle of running a randomized, controlled trial evaluation to see if it actually reduces the risk that they'll engage in harmful sexual behavior, either in person or online, and if it improves mental health and self-efficacy to live a healthy, offense-free life.

There's another intervention called "Prevent It" that's out of the Karolinska Institute in Stockholm. That evaluation just ended. It hasn't been published yet, but it's the third randomized, controlled trial evaluation of "Prevent It," and all three have shown positive effects. Two of them are not yet published, because the analyses were just done in the last couple of weeks for both of those other trials. One was funded by the EU, one was funded by us through our Oak grant, but all three are supportive. We have funding from the Oak Foundation to evaluate other programs besides the ones we've developed. "Prevent It" is online, and it can be conducted completely anonymously and confidentially. It does show impact on a person's self-reported ability to control their behavior, how often they access online child sexual abuse images, and the likelihood that they might reach out to a child to harm. That's just remarkable - to have three random clinical trials supporting that intervention is really, really strong. That intervention does involve clinical contact, it's not just self-help. It also involves a trained therapist working across about six sessions with the individual. It's a little more intensive, and it'll take more resources to disseminate it, but it's very, very promising. They've adapted it now for a couple of other countries, and we hope to be able to adapt it to work with Christoffer Rahm and his team at

Karolinska Institute to adapt for low and middle-income countries. So far, the focus has been on EU countries.

Rollo Romig: When it comes to prevention, do these programs ever encounter skepticism of the idea of working with potential offenders or even hostility towards that idea? If so, how do they work to overcome that skepticism or hostility?

Elizabeth Letourneau: I'm at the receiving end of that kind of hostility. I characterize it as friendly fire because it often or sometimes comes from people who are also engaged in addressing child sexual victimization. It's really disturbing that there are people in this space who just don't believe that perpetration prevention is possible, but I think that's shifting. We've just recently seen one group that believed that for a while, but it shifted towards supporting a public health approach to prevention.

A minority of people in the child sexual victimization field can't envision perpetration prevention working. I think if you're exposed truly to the worst of the worst, if you, for example, are in law enforcement, and the people you see are often repeat offenders, offenders with many more victims than is typical - if you're seeing that, if you're seeing those images, watching those videos as I have - and I have interacted with lots of survivors, let me be clear about that. If that's what you see day in and day out, people will describe it as seeing just the tip of the iceberg and that there's millions more below that. From research, what we know to be true is that it's not the tip of the iceberg, the most harmful offenses, it's actually at the end of a curve, at the right-hand side.

They're three deviations out from what is a typical kind of offending. All offending is harmful and wrong, and all adults should be held accountable for those offenses. The kidnapping, rape, and killing of a child is not a typical offense. The offender with thousands or millions of victims who's created lots of harmful content and uploaded online - those are rare cases. If that's what you're seeing every day, they feel awful and prevalent. I think some of that belief comes from people's personal experiences and what they have lived through in their own work, or perhaps in their own lives, and I empathize with where that might come from.

What I think is harmful to the field is when they espouse that to others, and they disparage the work of my center and other centers that are focused on perpetration prevention. I don't think there is an excuse for that, because we are all focused on prevention, healing, and justice, to address child sexual victimization in a comprehensive manner. While I can understand someone not wanting to focus on perpetration prevention, or perhaps not even thinking that it's going to

be very effective, what I don't understand is why you would attack people who do that because we are spending our lives trying to make the world better for kids. Some of that I think might also be motivated by less understandable reasons. The people I see get attacked the most are women or minorities or people who identify as transgender. I think some of those attacks might be motivated by reasons other than, or in addition to, the belief that it's not preventable.

Rollo Romig: What do you think is most effective in attempting to shift that cultural norm?

Elizabeth Letourneau: One, getting good data out there. Shining the light of science on prevention strategies, subjecting them to rigorous evaluations, and building the evidence base for what works and what might need work is absolutely essential. Most of us do believe that prevention is possible. Every other type of harm is preventable. We've got excellent prevention strategies for child neglect, for child physical abuse, for bullying. We've got good suicide prevention strategies. Every kind of harm against children is preventable. It is illogical that this would be the only kind of harm that isn't. Most of those harms we prevent by focusing on the people most at risk of engaging in the harmful behavior. With preventing child neglect, we don't teach kids to be tougher and stronger and to recognize, resist, and report their parents neglecting them. We teach parents not to neglect their children.

For child physical abuse, same thing. We don't expect a kid to report their parent for throwing a chair at them. Kids can do that; there are helplines, and that's great, but that isn't where we get our bang for the buck. We get it by focusing on parents who are at risk of physically abusing their kids. With bullies, we don't just expect kids who are bullied to stand up for themselves. We expect teachers to intervene. We expect kids to learn not to bully. This is the only area, the only space I'm aware of, where there's this idea that's thankfully starting to fade, that somehow we can't teach people to not offend sexually against children. I think you counter this by creating the best scientific database of support that you can, rigorously evaluating, recognizing what things aren't reported, and being honest about that, as well as showing parallels in other fields.

Individual stories matter a lot in all that we do. Again, thankfully, there are law enforcement agents who are standing up and saying, "We can't arrest our way out of this. We've got to focus on prevention." There are survivors who are saying, "We have to focus on prevention. We can't only wait and try to help survivors or punish offenders. We've got to prevent this." I think those views are really important. We support survivors, we support law enforcement, and we really benefit when they support us. Increasing the collaboration and ties between the groups that really matter in this field is critical. That's been happening for decades now, and that's why it's

just a minority voice of people that think prevention is not possible, or that it is even somehow harmful.

Rollo Romig: In a sense, anytime you're seeking justice for a violation, it's already a failure because there wasn't prevention.

Elizabeth Letourneau: Yes, I agree. You know the Larry Nassar case where he sexually victimized hundreds of girls and young women. He was convicted in several different courts, in different states and also at the federal level. I think he has three or four convictions. One judge let all the accusers speak who wanted to do that at the trial, which was, I think, a very powerful and good thing to do. When she handed down his sentence, she was so proud. She looked at him and said, "I am handing you a death sentence." It was over 100 years long. I thought, "This is not a moment to be proud. This is a moment to be ashamed. Collectively, we missed something like 435 victimizations." Nobody should be proud about this. This was a massive failure on a massive scale that involved universities, the U.S. Olympics, the FBI who had been alerted for a long time, and individual adults. This was a failure for everyone except the survivors who came forward and the people that supported them. I agree, every instance needs to be addressed. Every survivor absolutely needs all of the support to live their absolute best life. Every adult who has offended should absolutely be held appropriately accountable, and kids who engage in problem sexual behavior need evidence-based treatments. Fortunately there are also several well-validated, cost-effective interventions for kids who have been adjudicated or have otherwise caused harm, or been known to cause harm. Yes, I agree, those are failures.

Rollo Romig: Is there an example that shows the effectiveness of this work?

Elizabeth Letourneau: We just published a paper that was led by my colleague Luciana Assini-Meytin, and it involved some great collaborators outside our team - Keith Kaufman, Ben Mathews and Don Palmer. We led a survey of very young adults. One cohort was 18 to 24, the other was 30 to 36. We asked them about their experiences of child sexual victimization in the context of participating in youth-serving organizations. We focused on the Big Six - the Boy Scouts, Big Brothers, Big Sisters, Boys' and Girls' Clubs, 4H, the Y, and Girl Scouts. We combined all the data, so we don't call out any individual Big Six group, but we asked about abuse experiences in the context of participating in those settings. We did this because those settings have been focused on preventing and addressing child sexual abuse, in some cases for several decades. What we found is a 20% reduction in child sexual abuse victimization in the Big Six. Keith Kaufman, a co-author, calculated that amounted to about 160,000 kids not being sexually victimized who would otherwise have been. It's still too many kids getting abused, but to see

this evidence [is encouraging]. Also Ben Mathews, another co-author, recently completed an excellent child sexual victimization prevalence survey for Australia. He also looked at rates based on age, and found a decline in child sexual victimization in these kinds of afterschool youth-serving organizational activities. Two pieces of published evidence show that the things these organizations have been doing are working. Now the question is, which things work, when, and for whom?

There's a lot more to do, but so far that's amazing. I am really proud of that piece of work that Luciana led, and we're continuing it. In that same study, we asked about not only sexual abuse victimization but also about boundary violating behaviors, which often precede this. Some people will call these grooming behaviors, but unless you know the inside of the head of the person doing them, you don't know if they're grooming the kid when they engage in this, or if they're just interacting with the child out of love and care. We had four different classes of boundary-violating behaviors, and these include really serious things, such as showing a child pornography, or giving a kid alcohol, or cigarettes, those kinds of really serious behaviors. There are behaviors such as giving gifts to the child's parents, offering to babysit or do other things to ingratiate the family that don't necessarily have any nefarious meaning. These are normal activities - ingratiating yourself with a kid, telling the kids secrets, giving the child money or gifts or rides home. Again, things that adults do with kids because we love kids and we want to give them things. There were all sorts of these boundary-violating behaviors, which are more or less not okay now in the context of youth-serving organization settings, educational settings and others, and we found reductions there.

We have a sense that if you can reduce boundary violations, you're going to reduce child sexual abuse victimization. We also asked about victimization in the context of religious activities. We did not find a statistically significant reduction in victimization, but we did find significant reductions in boundary-violating behaviors. We think in a few more years we'll see that translate into reductions in child sexual victimization, actual abuse. Likewise, with sports, we saw some declines in boundary-violating behaviors, not yet translating into statistically significant reductions in abuse. Again, we think youth-serving organizations have been addressing these issues for many decades, some of them since the '80s and '90s. Religious institutions maybe started in the early 2000s with the Boston Globe revelations of sexual abuse by priests against children. With sports, in 2011 we had Jerry Sandusky, and in 2016 we had Larry Nassar, so sports are now grappling with the same issue. Where we saw the most and the largest effects was for the Big Six youth-serving organizations, and then religion, and then sports. The longer you do this, the more impact you'll have, is another message that came out to us with that work.

Rollo Romig: Aside from anything you've already mentioned, what are some of the biggest challenges that you face in this work, also aside from funding.

Elizabeth Letourneau: I mentioned earlier the friendly fire we get from some people in the field, fortunately few - and hopefully fewer - that perpetration prevention doesn't work. The idea of perpetration prevention takes people by surprise, and this is true everywhere. One thing we've spent a fair amount of focus on is creating communications about child sexual abuse or child sexual victimization perpetration prevention in a way that's effective and helps engender a shared sense that this is preventable, not inevitable. It's actually easy to do, but you have to be thoughtful about it.

There are a couple of different strategies that I've used. One thing I do often is to start with familiar examples, such as baby car seats, vaccines, and rubber (now latex) gloves that healthcare providers use. I chose those three examples because Johns Hopkins had something to do with all of them. I have great photos from our archives that show the very beginnings of each of those public health solutions. What I tell people is all of those solutions, first of all, required resources to invent and reinvent as you get towards an effective solution, but also, they all encountered pushback. There were physicians and nurses who were like, "I don't want to wear gloves. It interferes with my relationship with my patient." Some people were allergic, but even beyond that, just the idea that this thin barrier was a barrier to your patient relationship was a real issue.

Polio vaccines are another example - there's vaccine skeptics today, although most people thankfully trust the promise of a vaccine over the threat of disease, but there's always an issue there of getting acceptance for effective vaccinations. Baby car seats can be a nightmare because they're so hard to use. You can't take a baby home from a hospital for at least the last 30 years without a car seat. When they were first available, parents said, "Why would we do this? It's a hassle." There was a lot of pushback. Now all these things are absolutely second nature. That's where perpetration prevention is starting to go. In five years, we're going to be saying, "Why weren't we doing this 30 years ago?" None of it - or very little - is rocket science. Some of these are pretty easy solutions.

Helping people bridge that gap between the belief that this behavior is so unimaginable, so unconscionable that they can't envision why anyone would do this, so they must be monsters, they must be evil, they must not truly be human, to the understanding that many of these people seek help. Many people at risk of offending want help. They don't know where to turn. There are some prevention strategies. Helplines for people concerned about their own sexual thoughts,

feelings or behaviors, get millions of calls. We've taken a more scientific approach. We are just wrapping up a six-year program of research funded by the National Institutes of Health to look at the gaps the public has in how it views child sexual victimization, versus those of us who work with it every day. What are the narrative frames? What are the communication frames we can use to bridge those gaps? We've identified a few frames that were particularly effective. One of those frames is talking about people who are seeking help, who have a risk factor, and combining that with the message that help is there. These are evidence-based effective strategies.

We tested these in large public surveys, 2 different surveys, 3,000 people each. What we think that particular frame does for the public is to say that there are people seeking help who benefit because it increases a little bit of empathy that they are people, not monsters. It increases the sense of hope and collective responsibility that there are things out there that work. Why aren't we implementing them everywhere we need to be implementing them? We don't want to just have to rely on one individual to keep himself safe. If there's an effective program out there that's implemented by experts, or supported by the government, for example, then people trust it is going to have an impact. We're just starting to roll out communication tools for providers, for experts, for journalists to communicate more effectively around the fact that this is a preventable, not an inevitable issue.

Rollo Romig: My sense is that it comes partly out of a fear that to acknowledge them as human is to open up more possibilities for harm, that in some way it makes the behavior acceptable by acknowledging humanity, and so your job is to show that this actually helps prevent this behavior, is that right?

Elizabeth Letourneau: Yes, absolutely. It's a fear of somehow normalizing child sexual abuse, as if any of us would ever want to do that. Another important distinction to make is that we want to keep the stigma on the behavior. Sexually abusing a child - whether it's in-person hands-on, in-person hands-off, or in any way online through the development or consumption of child sexual abuse materials, or grooming kids online, harassing or exploiting them online - all of that has to be illegal and immoral, highly stigmatized behaviors. What we want to destigmatize is help-seeking, because we don't catch everyone who engages in these behaviors, or even most people who engage in these behaviors. Many of those have, or might, seek help. We want to de-stigmatize help-seeking, and make it possible for people to get effective evidence-based intervention so they don't hurt more children.

Rollo Romig: You're saying we need powerful stigmas, but it has to be correctly applied, is that right?.

Elizabeth Letourneau: Yes. It's a difficult and fine line. My colleagues in the field of suicide prevention face the same thing. You don't want to stigmatize help-seeking. If somebody is suicidal, you want them to reach out for help, and also you don't want to stigmatize people providing the help. You want people who go into this field to be able to provide help. You want to make help-seeking the easiest thing in the world, but you want to stigmatize the behavior of trying to take your own life, because we don't want our children dying, or our friends and family dying. It's easier to stigmatize child sexual abuse behaviors because this is so obviously harmful and abusive, but it's a similar issue. How do we separate those two things? We used to frame suicide as a sin. People in certain religions, Catholicism in particular, view suicide as a sin. How do you ask for help, if that's your belief? I don't think sinfulness is a particularly useful concept. I think immorality and harmfulness are very useful concepts. We absolutely need to keep shining a light on the fact that these are harmful behaviors to children, and for that reason, they should be illegal, and for that reason they are immoral.

Rollo Romig: In trying to end childhood sexual violence, what is most needed right now - just for everyone to be collectively working on this issue?

Elizabeth Letourneau: A lot is happening right now that is really good. Having some solid blueprints for how to comprehensively address and focus on prevention, healing, and justice would be most helpful, because we all need to be working in concert together. We don't want siloed spaces because that helps harmful beliefs metastasize from one space against another. We need to speak not with one voice, but with a unified voice in which there is strong support among all of us for all three of these important foci - prevention, healing, and justice, they're all equally important. We're never going to get to zero if we leave off any of those.

Rollo Romig: What action, or maybe policy, do you think has the potential to make the most impact on the problem over the next five years?

Elizabeth Letourneau: When I think about impact, I immediately think of government. There has got to be regulation and resources. We are moving towards regulating the tech industry in a way that will make it less feasible to have child sexual abuse and exploitation continuing to the degree that is there right now. We've got to have regulation around that, and the EU and the UK are already doing that. We're seeing Australia take big steps. It's just a matter of time before the

US does as well. There's no reason why an image of a child being raped should be online anywhere, and it is quite possible to make that not happen.

I think those changes will have a quick effect. Australia, and the EU are starting to say, "We're going to have a government center that focuses on this. We've got a national plan. We're going to make sure that we focus on this plan. We're going to fund this plan. We're going to hold people accountable to achieve this plan." That's how we got huge improvements in traffic fatalities. You start with grassroots efforts, you have donors and other factors happening, but when we got serious about regulating the automobile industry - i.e. having regulations for how we design highways and roadways, speed limits, and really resourcing and having a national transportation administration with a high level of visibility and government backing - is when we see prevalence rates plummet. That's what it's going to take to get child sexual abuse to zero.

Rollo Romig: Could you name an insight or teachable lesson that someone starting out could apply to their work?

Elizabeth Letourneau: I have many people come to me who have been harmed, and they tell me their stories. It's a gift every time that it happens. It takes strength and courage to do that. I'm often the first person that somebody has ever told this to. Many times, I've had people telling me their story of their own victimization and how it's impacted them, and they may be physically shaking. Then the next thing they tell me is they want to work in this field. They want to come in and be a clinical psychologist, or a researcher, or something related. I say, "You do not owe this field a thing. You are sitting here shaking in front of me, and you want to do this 8 or 10 hours a day for the rest of your life. You don't owe anybody anything because you were sexually abused as a child. You owe yourself to find what makes you happy, what you like doing so you can get through the day doing it. If you can be in this field and be present, be in the moment, but also have the ability to compartmentalize and leave some of it behind - because this is really hard work - then we need you." That includes people who have survived child sexual abuse. It includes those of us who are not characterized by a history of child sexual abuse. We need folks who can be passionate, who can see everybody as people - that's really critical - and who can also leave the work at the office, and go home, and do the things they like to do, and love the people they love to love.

Rollo Romig: This work is enormously taxing for everyone who works on it, no matter what their own personal history is. How do you manage that for yourself?

Elizabeth Letourneau: I had the experience early on in grad school of being invited to sit in on a treatment group for men who had sexually offended, before I knew this is the field I want to pursue. It taught me that these guys were people who wished they hadn't done what they did. Some of them were deeply, deeply remorseful and really seemed to be on a path to never doing this again. Some of them were jerks whom you wouldn't want to be friends with, but none of them was a monster or inhuman. They were all very human. It helped to have that grounding experience, and then also to realize, again, that I could go home and I could leave the survivor or victim statements that I've read hundreds of times back at the office. I like to run, and I like to cook. I eventually had kids, and I love being a parent. Every once in a while, it follows you home. I don't watch a lot of movies or read a lot of books that have child sexual victimization at their core because I don't really need to do that. At work, I do read some of the worst of the worst. Even the ones that aren't the worst of the worst, your heart breaks for the person who experienced the harm, and my heart also breaks for the person who caused the harm because now their life is ruined. It is really hard to ever come back from that. That's why I gravitated towards prevention. I really want to just stop this harm from happening in the first place.

Rollo Romig: Thank you for taking the time to talk with me today.

Rollo Romig: (he/him) is a freelance journalist who writes most often for The New York Times and The New Yorker. He is the author of the book I Am on the Hit List: A Journalist's Murder and the Rise of Autocracy in India. He teaches writing at The New School in New York City. He was born and raised in Detroit.

***This conversation has been edited and condensed.*