PREVENTION GLOBAL

NOTA

01.04.25 | Private and Confidential

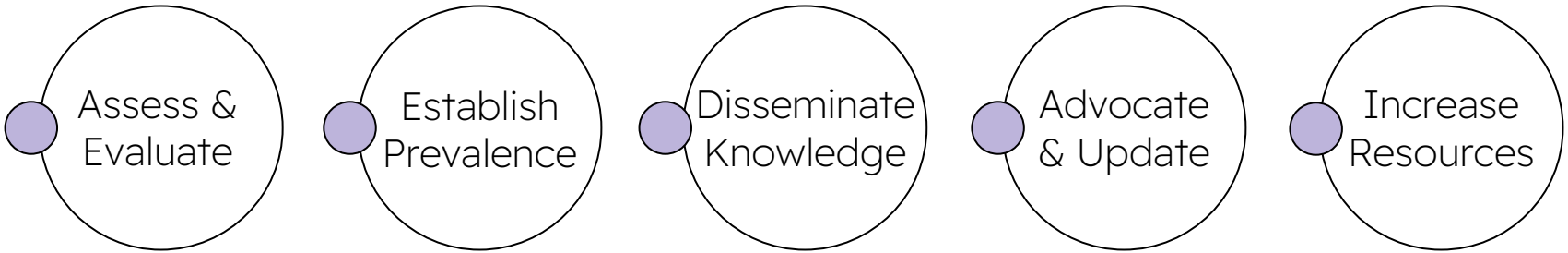
DELIVERED BY

PREVENTION GLOBAL

AGENDA

- Prevention Global
  - Purpose & Objectives
  - Evaluations – Final 7 & Prevalence
  - Online resource hub prevention.global
- Scalability
  - Animation & methodology
  - Findings
  - Recommendations
- Making The Case
  - Animation & methodology
  - What didn't work? What worked?
  - Research into practice
- Discussion
  - Q&A
  - What impedes scalability in your role?
  - How have you successfully made the case?

PURPOSE & OBJECTIVES

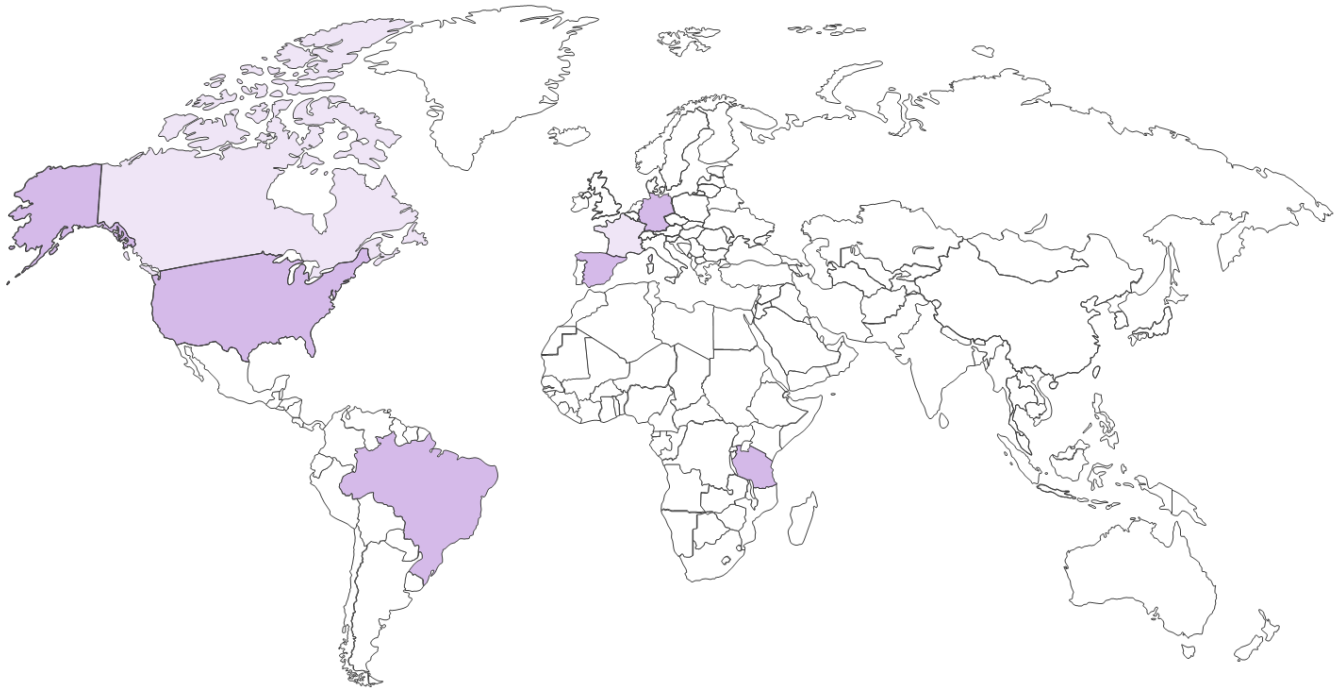


PREVENTION
GLOBAL

EVALUATIONS – FINAL 7

1. Prevent It **Karolinska Institutet**
2. ReDirection **Protect Children**
3. Responsible Behavior with Youth and Children – German Adaptation **MOORE**
4. Stop It Now UK & IRL Helpline **Lucy Faithfull Foundation**
5. Talking for Change **Centre for Addiction and Mental Health (CAMH)**
6. Troubled Desire **Institute of Sexology and Sexual Medicine, Charité – Universitätsmedizin Berlin**
7. What's OK? **Stop It Now! USA**

PERPETRATION PREVALENCE




PREVENTION
GLOBAL
RESOURCES TO PREVENT
CHILD SEXUAL ABUSE PERPETRATION

PREVENTION.GLOBAL | deep dive series

Research . Animations . Infographics . Toolkits . Op Eds . Private Briefings . Global Events .

SCALING PREVENTION

THROUGH BETTER KNOW-HOW

METHODOLOGY

MSI'S CORE TOOL

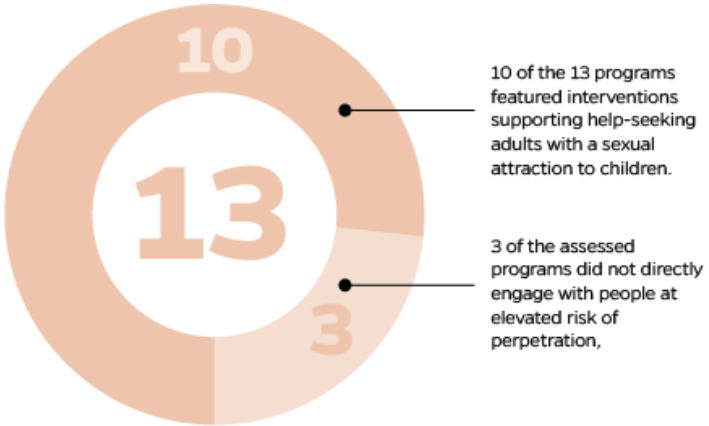
32 Item Scalabilty Assessment Tool (SAT)

14 Revisions since 2004

Used by

500+

Organizations



RECOMMENDATIONS

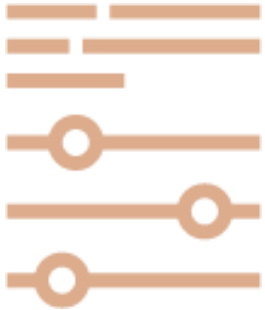
1. Conduct more **research** on the **effectiveness** of the most scalable perpetration prevention models.

RECOMMENDATIONS

2. Investigate the potential of **scaling youth**-focused **interventions** in different jurisdictions.

RECOMMENDATIONS

3. Conduct a review of similar interventions to identify **good practice models for scaling**.



RECOMMENDATIONS

4. Researchers, implementers, funders should prioritize **advocacy efforts** to treat **CSA as preventable** public health issue, increase acceptance of perpetration prevention as part of the solution, and reduce stigmatization of help-seeking.

RECOMMENDATIONS

5. Identify **programmatic ways to promote help-seeking** and mitigate the impact of stigmatization on help-seeking for those at risk of perpetration.

RECOMMENDATIONS

6. The **population** of individuals at risk of CSA and CSAM perpetration **is heterogeneous**, so funders and implementers will need to make **value-based judgements about their scaling priorities**.

RECOMMENDATIONS

7. The perpetration prevention community should **engage the private sector**, where feasible, to support its objectives.

MAKING THE CASE

METHODOLOGY

22 metaphors & frames

population samples x2 5k+

6 focus groups

PREVENTION
GLOBAL

WHAT DIDN'T WORK?

"public health"

bleak stats

sex ed

common good

child rights

common sense

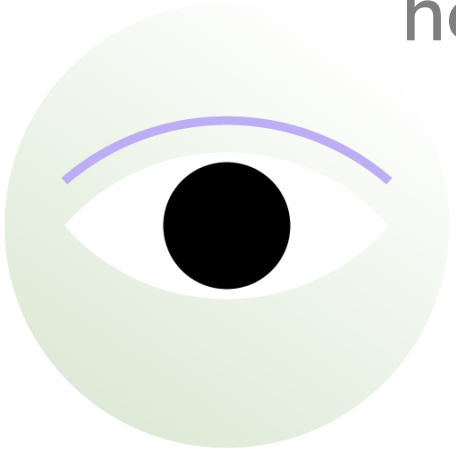
PREVENTION
GLOBAL

WHAT WORKED?

real programs

1st & 3rd person

education



healthy development

guardrails

mental health

PREVENTION GLOBAL

RESEARCH INTO PRACTICE

research findings

communications toolkit

building your case template

front-line practitioners

advisory board, workshop series

tech reps

workshop briefing

journalists

training materials | universities

research community

shared calls to action for prevention funding

Q&A

What impedes scalability in your role?
How have you successfully made the case?

THANK YOU