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AUCKLAND
SEXUAL ABUSE
HELP

PERSONAL SAFETY PROGRAMMES:
LITERATURE REVIEW

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Prepared by
Nadine Metzger and Alex Woodley

Point Research Limited
www.pointresearch.co.nz

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Report Prepared for
KATHRYN MCPHILLIPS AND PAULETTE BENTON-GRIEG
AUCKLAND SEXUAL ABUSE HELP

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Introduction

In New Zealand, child sexual abuse is estimated to effect as many as one in three girls (Anderson, Martin, Mullen, Romans, & Herbison, 1993) and one in seven boys (Adolescent Health Research Group, 2001). Children are most vulnerable to abuse during their pre-pubertal years (Asawa, Hansen, & Flood, 2008; Herbert, Lavoie, & Parent, 2002); in New Zealand the median age of onset for sexual abuse is nine years old (Fanslow, Robinson, Crengle, & Perese, 2007).

The sexual victimisation of children has repercussions in both the short- and long-term. Victims of child sexual abuse are more likely to suffer ongoing mental health disorders (e.g. depression, eating disorder, increased risk of substance abuse), have a propensity to high risk sexual behaviour (including further sexual victimisation) as well as interpersonal difficulties (e.g. poor parenting) (Fergusson, Lynskey, & Horwood, 1996; Herbert, et al. 2001; Putnam, 2003; Roberts, O'Connor, Dunn, & Golding, 2004; Topping & Barron, 2009).

Personal safety programmes are a widely-adopted public health strategy designed to prevent the occurrence of child sexual abuse (Herbert et al., 2001; O'Connor, 1991; Wurtele, 2008). The aim of this strategy is to prevent abuse before it occurs by educating children, parents and teachers about child sexual victimisation (Topping & Barron, 2009). The focus of these programmes is to educate children to "recognise, resist and report sexual victimisation" (Wurtele & Kenny 2010:131) by teaching them strategies to identify unsafe situations, saying 'no' and summoning adults (Asawa et al, 2008; Finkelhor, 2009).

Aspects of personal safety programmes which are most effective for preschoolers include: specific, rather than abstract concepts; concrete rules with little room for confusion; appropriate visual cues (including the use of puppets or other visual material) and behavioural skills training, and should run for at least four sessions (Asawa et al.2008; Davis & Gidycz, 2000; Daro, 1991; Duerr Berrick, 1989; Hazzard et al., 1991; Herbert et al., 2001, Kenny et al., 2008; O'Connor, 1991; Topping & Barron, 2009). Parental involvement is considered key to successful medium- to long-term outcomes, particularly with regards to parents' ability to recognise and react to potentially unsafe situations and reinforcing knowledge and skills (Babatsikos, 2010; Herbert et al. 2001; Tutty, 1997; Wurtele & Kenny, 2010).

Research conducted over the past 30 years on the effectiveness of child abuse prevention programmes has shown that children acquire the concepts that are taught and they are therefore effective in increasing children's knowledge around sexual abuse and self-protection (Barron & Topping, 2008; Binder & McNeil, 1987; Gibson & Leitenberg, 2000; Finkelhor, 2009; Rispens, Aleman, & Goudena, 1997; Tutty, 1994). Programmes which adapt the information specifically to the developmental level of preschool children have been shown to be particularly effective (Asawa et al., 2008; Davis & Gidycz, 2000; Finkelhor 2009; Rispens, Aleman, & Goudena, 1997). Another outcome of such programmes includes the promotion of disclosure and lowering victimisation rates (Finkelhor, 2007).

The purpose of this review is to get a better understanding of the efficacy of programmes intended to reduce the sexual abuse of children and to identify the characteristics related to positive programme outcomes.

Method of review

This review examined published and non-published primary and secondary research from New Zealand and other English speaking countries related to the efficacy of child personal safety programmes aimed at the prevention of child sexual abuse.

Publications reviewed included journals and periodicals, books, reports by major research institutions or governments, conference proceedings and 'grey literature' documents (such as academic theses and other unpublished reports) relating to child personal safety programmes.

Searches of subject databases via the Massey University Library online catalogue included PsycINFO, Academic Search premier, ERIC and JSTOR. In addition, the Google Scholar and Google databases were used to source articles. Articles were also sourced through bibliographies of relevant publications.

 In order to capture all relevant studies, the search terms remained broad. This was necessary to reflect all the different terms used for personal safety programmes both in Aotearoa New Zealand and internationally. The search terms were: 'child sexual abuse' plus 'programme' or 'program' plus one or more of 'prevention, safety, evaluation, preschool, parental involvement, prevalence, incidence, characteristics, outcomes, evidence, efficacy'.

Using the above criteria and search methods, the search yielded 56 sources. As the evidence relating to child sexual abuse prevention is relatively new, articles from 1987 onwards were scanned. Generally, any article more than 15 years old has been reviewed on the basis that it informs later understanding of the role of personal safety programmes in child sexual abuse prevention.

Child Sexual Abuse

Prior to any discussion on child sexual abuse prevention, a first step is to understand exactly what it is that child sexual abuse programmes are aiming to prevent (Topping & Barron, 2009). As O'Connor (1991) notes, agreement as to what constitutes an abusive act is important if difficulties arising from definitions which are too vague, too narrow, or too broad are to be avoided.

As O'Connor (1991) states, due to variations in the definition of what constitutes an abusive act, it is important to define this consistently in research. The definition of child sexual abuse adopted for this review is the one provided in the *We Can Keep Safe* resource book:

> "Child sexual abuse occurs when a person uses a child for their sexual purpose or pleasure. Usually, the person will be older, stronger or in some other way seem to the child to be more powerful than them. The abuse may involve touch or exposing the child to sexual talk, pictures or actions."
>
> *We Can Keep Safe resource book, p.44*

Estimates of the incidence and prevalence rates of child sexual abuse in New Zealand vary according to the definition and methodology used. Although there is no definitive data, a range of studies agree that the estimated prevalence of experiencing an unwanted sexual event before the age of 18 is between one in three to one in five for females, and one in seven to one in twenty males (Adolescent Health Research Group, 2001; Anderson et al., 1993, Fergusson et al., 1996). Māori women are more likely to have been victims of child sexual abuse than women from other ethnic groups (Fanslow et al., 2007). These figures compare with international data which suggest that sexual victimisation is thought to be one in four girls and one in ten boys (Finkelhor, 1993). Moreover, international data also suggest that children are more likely to be victims of abuse during their pre-pubertal years (Asawa et al., 2008; Herbert et al., 2001) with younger children most at risk of intra-familial sexual abuse (Ligezinska, Firestone, Manion, McIntyre, Ensom, & Wells, 1996 in McPhillips et al 2002). In their 2007 prevalence study of 2,855 New Zealand women, Fanslow and colleagues found that the median age of onset of child sexual abuse for girls in New Zealand was nine years. They also found that the majority of cases were perpetrated by a male known to the victim, most often a family member.

Child sexual abuse has a number of both short- and long-term repercussions for victims including: depression and other mental health issues (including eating disorders and increased risk of substance abuse); interpersonal difficulties; high risk sexual behaviour and increased risk of sexual revictimisation (Fregusson et al., 1996; Herbert, et al. 2001; Putnam, 2003; Topping & Barron, 2009). The effects of child sexual abuse reach far beyond

its victims. A longtudinal study of 8,292 families in 2004 found child sexual abuse had generational consequences such as ongoing adult mental health issues for the victim and a greater likelihood of poor parenting and poor child adjustment in the suceeding generation (Roberts et al., 2004).

Preventing child sexual abuse: Personal safety programmes

Child abuse prevention programmes have become the preferred preventative strategy for dealing with the issue of childhood sexual abuse (Woolley & Gabriels, 1999). The primary goals of such programmes are to prevent the occurrence of sexual abuse, to detect abuse early, and to emphasise that children should not blame themselves when abuse does occur (Finkelhor, 2007; Lanning & Massey-Stokes, 2006). In response to these goals, some researchers are now referring to prevention-type programmes as "personal safety skills", "abuse-response skills", or "self-protection skills" (Kenny, Capri, Thakkar-Kolar, Ryan, & Runyon, 2008), with the belief that such definitions no longer make it the responsibility of children to reduce their own risk of sexual abuse.

Typically, personal safety programmes aimed at preventing child sexual abuse (hereafter "programmes" or "personal safety programmes") educate children to recognise potentially abusive situations, teach them strategies such as saying no or how to summon an adult, and how to persist in telling an adult about an abusive or potentially abusive occurrence (Asawa et al, 2008; Finkelhor, 2009). Most programmes are aimed at preschoolers and early primary school-aged children and have been implemented on a wide-scale basis over the past two decades in the United States and Canada, as well as on a more limited basis in the United Kingdom, Australia, and New Zealand (Herbert et al., 2001).

Many different programmes have been developed and made available. The majority of these have been designed in North America and are tailored specifically to their particular cultural context. Whilst most programmes are similar in regards to the core concepts taught, programmes can vary in their format of presentation, the age group they are targeted at, and whether they are presented by a dedicated facilitator, or designed to be taught by others such as classroom teachers or police (Herbert et al, 2001).

In addition to the *We Can Keep Safe* programme, personal safety programmes designed specifically for children in New Zealand include the *Feeling Special Feeling Safe*[1] positive life skills programme for children in the

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[1] For more information see http://www.familyplanning.org.nz/resource_shop/order_online/teaching_resources/productid/43

early stages of education and the *Keeping Ourselves Safe*[2] programme which is a personal safety programme developed by the Ministry of Education and the New Zealand Police for children in junior primary school through to senior secondary school. The *Keeping Ourselves Safe* programme also has a module aimed specifically at early childhood centres, called *All about Me – Toku Āhuatanga Whānui* which is designed as complementary to the Te Whāriki/Early Childhood curriculum and is delivered by early childhood centre staff.

Programmes aimed at preschool and early primary school-aged children have many practical advantages in that they are aimed at educating and empowering children in their most vulnerable years, they are able to reach a number of children at the same time, and they occur in places (e.g. schools and early education centres) where staff can observe changes and provide support, guidance, referrals, and resources (Lanning & Massey-Stokes, 2006;Topping & Barron, 2009). Furthermore, in New Zealand the Revised Statement of Desirable Objectives and Practices (DOPs) for Chartered Early Childhood Services in New Zealand states that early childhood education centres should provide "an environment for children where their health is promoted, their emotional well-being is nurtured, and they are kept safe from harm" (Ministry of Education, 2009). Therefore such prevention programmes also help meet requirements for good practice.

Characteristics of effective programmes

Theoretical Approach
Personal safety programmes vary in their theoretical approach. Some programmes, for example, are cognitive-behavioural, and focus on teaching and modelling specific skills, such as saying 'no'. Some use social-learning theories, whereby specific skills are taught using observation, imitation and reinforcement in methods such as role-play and discussion (Topping & Barron, 2009). Others use a skill acquisition approach, which stresses the acquisition of behavioural skills and focuses on the translation of knowledge through skills practice (Wurtele, 2008). However, as Topping and Barron (2009) note, while many programmes utilise different theoretical approaches, none of their theoretical perspectives are made explicit. They recommend that programme evaluations therefore identify the theoretical underpinnings of the programme in order to accurately judge the efficacy of various programme components.

There are several theoretical approaches that appear to be most effective in conveying knowledge and information. The most effective approaches are

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[2] For more information see
http://www.police.govt.nz/service/yes/resources/violence/kos1.html

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those which utilise cognitive-behavioural methods, which include tailoring the material to meet the specific cognitive needs of the learning group and presenting material in a way (e.g. active skills rehearsal, role play, interactive puppet shows) which allows children to become active participants (Daro, 1991; Lanning & Massey-Stokes, 2006). Evidence reviews have shown that programmes which utilise a combination of cognitive-behavioural and social learning approaches produce significantly higher knowledge gains than those which are more passive in their approach, such as video- or lecture-based programmes (Davis & Gidycz, 2000; Lanning & Massey-Stokes, 2006; Topping & Barron, 2009; Wurtele, 2008).

Presenters

There is much variation among the method of delivery of personal safety programmes (Topping & Barron, 2009; Wurtele, 2008). They may be presented by adults who are known to the children (e.g. classroom teachers, parents), specialised workers (e.g. police officers, community workers) or specialised presenters (e.g. dedicated programme facilitators) (Herbert et al., 2001). Whilst education centres, such as schools and preschools, are the primary site of delivery for personal safety programmes, other sites may be equally as effective. Recent research on the prevention of sexual violence among Pacific communities in New Zealand, for example, recommends that churches are recognised as being able to provide an effective setting for the delivery of messages to Pacific populations, focussed on the prevention of sexual violence (Percival, et al., 2010). It is conceivable that this could extend to the delivery of personal safety programmes for children within a church-based environment.

It is noted that little research has been done on the relative efficacy of various presenters (e.g. teachers versus specialised facilitators), however it is generally agreed that learning outcomes are better if programmes are conducted by well-trained, qualified staff, be they teachers, specialised workers or specialised facilitators (MacIntyre & Carr, 2000; Shonkoff and Phillips *cited in* Hassall & Hanna, 2007). In a review of primary prevention efforts, Wurtele (2008) notes that there are benefits associated with using each of these methods of delivery. Classroom teachers and daycare staff, for example, are known to and trusted by the children and may be able to structure the programme to meet the various needs of the children attending. They also have the ability to regularly review the material with the children, thereby ensuring that children retain the information (ibid.). The author also notes that using outside specialised presenters can help signal the importance of the subject matter to both the children and staff, thereby making them more likely to pay attention to the concepts taught in the programme.

Number and duration of sessions

There is considerable variation among personal safety programmes in the number of sessions, and the length of each session provided. Some programmes consist of a single session lasting less than an hour, while others are presented over a series of days or weeks. Reviews show there is a positive link between the length and number of sessions of a programme and the knowledge gained, with the ideal programme length being anything up to an hour over a course of four to five sessions (Russell, 2008; Topping & Barron, 2009).

Topics and Coverage

Several reviews conducted within the last ten years or so have identified particular themes and topics which are most useful in conveying knowledge (Asawa et al., 2008; MacIntyre & Carr, 2000; Richardson, Higgins, & Bromfield, 2005; Russell, 2008; Topping & Barron, 2009). Generally, preventative programmes cover the following components:

- Body ownership e.g. "Your body belongs to you" (Asawa et al., 2008; MacIntyre & Carr, 2000).
- Touch e.g. 'good' and 'bad' or 'yes' and 'no' touching (MacIntyre & Carr, 2000; Richardson et al., 2005; Russell, 2008; Topping & Barron, 2009; Wurtele, 2008).
- Teaching children the correct anatomical terms for their genitalia (Boyle & Lutzker, 2005; Finkelhor, 2009).
- Building children's skills (e.g. role play, modelling) around how to say 'no' (Herbert et al., 2001; MacIntyre & Carr, 2000; Wurtele, 2008)
- Identifying potential abuse situations (Finkelhor, 2009; Richardson et al., 2005).
- How to tell (and keep telling) an adult when children are concerned about the behaviour of another person (Finkelhor, 2007; Herbert et al., 2001; MacIntyre & Carr, 2000; Putnam, 2003; Russell, 2008; Wurtele, 2008).
- Identifying sources of support (Asawa et al., 2008; MacIntyre & Carr, 2000).
- Secrets e.g. secrets versus surprises, 'good' and 'bad' secrets and secrets to keep and secrets to tell (Asawa et al., 2008; MacIntyre & Carr, 2000; Topping & Barron, 2009).
- Trusting intuition e.g. teaching children to trust their feelings if something is not quite right (Asawa et al., 2008; Duerr Berrick, 1989; MacIntyre & Carr, 2000).
- Reducing blame, e.g. children understanding they are not to blame if adults touch them in inappropriate ways (Asawa et al., 2008; Herbert et al., 2001; MacIntyre & Carr, 2000; Topping & Barron, 2009).

Researchers have identified some issues around the topics covered in prevention programmes. The instruction to 'trust' their feelings or intuition for example, can be confusing to children, particularly younger children, as can the difference between 'good' and 'bad' touch (Daro, 1991; Wurtele, 1987 & 2008). In their review of sexual abuse education and body safety programmes, Kenny and colleagues (2008) note that programmes should avoid the use of value statements such as 'good' and 'bad' touch, and instead use terms such as 'okay' and 'not okay' touch in order to help children understand that not all sexual touches are bad and that eventually, "when they are consenting adults, they may experience 'good' sexual touching" (p.47). Some programmes also apply caveats to some of the topic areas, e.g. while it is not generally acceptable for an adult to touch a child's genitals, it is acceptable for doctors (provided an adult the child trusts is in the room), as well as for parents if they are helping the child clean themselves, or if they are hurt etc (O'Connor, 1991). It is generally believed, however, that programmes which present concepts in a specific, concrete manner which make it very clear what is acceptable, and what is not acceptable and which leave little room for interpretation are most effective. This approach is particularly effective for younger (e.g. preschool) children (Tutty, 2000; Wurtele, 2008).

In their recent study on the effectiveness of school-based personal safety programmes, Topping and Barron (2009) note that little, if no, research has been done on the differential effectiveness of the teaching components, particularly on how the different components interact with each other in the learning process. Research does show, however, that the content of sexual abuse prevention programmes has evolved somewhat over the past 25 years. For example, programme content centred on teaching children the correct terms for their genitalia is a relatively recent development. Prior to this, many programmes commonly referred to children's genitalia as 'private parts' or 'private zones' (Boyle & Lutzker, 2005). This is considered problematic for three reasons. First, an inability for children, particularly younger children, to verbally identify their genitals may make them reluctant to disclose abuse, thereby putting them at further risk (Boyle & Lutzker, 2005; Wurtele S. K., 2008). Second, children may be uncomfortable discussing sexual abuse "when they hear adult trainers using euphemisms" (Wurtele, 1987:486). Lastly, children who make disclosures using incorrect terms may not be understood and consequently no action may be taken as a result of their disclosure (Kenny et al., 2008).

Cultural and family norms
Some concepts taught in personal safety programmes may be confusing to children, particularly if they contradict what the child has learned at home. Tutty (2000) contends that many of the prevention concepts presented in

personal safety programmes may contradict some cultural and family norms about how children should behave. She contends, that "the concept that gives children permission to 'sometimes say no to a grown-up' is contrary to what many children have been taught." (2000, p.276)

These concerns may be relevant different cultural norms in New Zealand. In their report on preventing sexual violence in Pacific communities, Percival and colleagues found that in several Pacific cultures, parents expect unquestioning obedience from their children, which may increase the risk of intra-familial sexual abuse (Percival, et al., 2010). However, as Robertson and Oulton (2008) argue, focusing on culture-specific risk factors may mean that culture-specific protective factors are overlooked. In New Zealand, for example, the Tiaki Tinana programme established in 2006 as a Māori response to sexual offending against children and young people uses an integrated kaupapa Māori approach designed to enhance individual, collective intergenerational knowledge and empowerment (Te Puni Kokiri, 2006). Similarly, participants in the Pervical study believed that community culturally specific education processes focussed on Pacific parents which included "proverbs, metaphors, humour and stories, as well as appropriate common and formal language" (p.18) would assist in the the delivery of effective prevention strategies.

Parental involvement
Researchers believe that active parental involvement is one of the key components to successful programme outcomes (Boyle & Lutzker, 2005; Kenny et al., 2008; Wurtele & Kenny, 2010). Several studies have shown that parents have significant gaps in their knowledge of child sexual abuse which parental involvement in programmes can help address. Parents are likely to severely underestimate incidence and prevalence (Collins, 1996; Elrod & Rubin, 1993), have little understanding of how and at what age children typically experience and disclose abuse (RESOLVE Alberta, 2002), and believe that strangers pose a greater threat to their children than someone known to them (Babatsikos, 2010). In addition, Wurtele and Kenny (2010) point out that only a small percentage of children disclose the abuse themselves, therefore parents need to be aware of signs and symptoms associated with abuse so that they may intervene to prevent further victimisation.

Parents who are engaged in the learning process with their children have better background knowledge of sexual abuse, more confidence and skill about discussing sexual abuse, and will have learned techniques to reinforce the knowledge and skills that children have learned on the programme (Babatsikos, 2010; Herbert et al. 2001; Tutty, 1997; Wurtele & Kenny, 2010). In their study of child protection programmes in Australia and New Zealand, Briggs and Hawkins (1994) found that parent involvement was a key

mediating variable in resisting and reporting sexual misbehaviour. Wurtele and Kenny (2010) concur with this finding, believing that one of the primary advantages of working with parents is that they have the "ability to limit the access of potential perpetrators to their children...and thus prevent the occurrence of sexual exploitation" (p.132). It is also noted that research has shown that perpetrators are less likely to target children who appear to have a strong parent-child relationship, who know the correct names for their genitals and who have some knowledge of touching rules (Elliot, Browne, & Kilcoyne, 1995). Other researchers have found that engaging parents with a programme can assist communication between parents and children on what can be a difficult subject for some families (Babatsikos, 2010; Daro, 1991; MacIntyre & Carr, 2000) and that informed parents may react in a more supportive manner towards a child who discloses sexual abuse (Herbert et al. 2001; Reppucci, Jones, & Cook, 1994).

Some parents may not participate in child sexual abuse prevention programmes because they are busy (Herbert et al 2002 *cited in* Wurtele & Kenny, 2010), they have a false belief that child sexual abuse is unlikely to happen in their family (Briggs & Hawkins, 1994; Wurtele & Kenny, 2010), or they prefer that school take the responsibility of speaking about difficult issues with their children (RESOLVE Alberta, 2002). Cultural relevance may also be a barrier to recruitment, or parents may simply not be aware that the workshop or parents' meeting is taking place (Wurtele & Kenny, 2010). Researchers also note that fathers are significantly less likely to attend parent meetings or workshops than mothers (Elrod & Rubin, 1993).

Strategies used to encourage parental participation include providing child care (Wurtele & Kenny, 2010), arranging meetings outside of working hours, and providing refreshments (Briggs & Hawkins, 1994). Wurtele and Kenny (2010) suggest that marketing also plays a key role in parents' participation. They believe parent participation can be increased by repeat announcements about the programme and giving children letters and fliers to take home (including a letter from the Manager/Principal). They also argue that endorsement of the programme by doctors, counsellors, and teachers can be effective in encouraging parents to attend. In their study of parent education associated with conduct disorder, Prinz and colleagues (2001) note that staff at the centre or school hosting the programme need to be well informed about the programme in order to answer questions and allay parents' fears. In addition, parents need to be given the opportunity to ask questions in a group or individual setting. A review of parents' knowledge, actions and practices around protecting children from sexual abuse asserts that fathers could be more engaged through exploring their roles and responsibilities in terms of protecting and educating their children (Babatsikos, 2010).

The content of parent meetings or workshops is critical. Parents need to be informed about the content of the programme; however this can be provided in take-home materials. Instead of using the meeting time to go over programme content, Wurtele and Kenny (2010:p.145) argue that there are other essential components that need to be covered in order that parents can be better informed about child sexual abuse and their role in preventing it. These include:

- Defining and describing sexual abuse, including both contact and non-contact forms.
- Providing information on prevalence and consequences.
- Describing perpetrators, including their relationships to children.
- Describing symptoms of abuse at different ages and stages
- Describing how to handle disclosures. This should include how to be supportive of the child as well as information to assist in the reporting of abuse, such as abuse hotlines and community resources
- Informing parents about children's healthy sexual development
- Informing parents how to identify potential offenders (including internet-based offenders), as well as how to intervene with youths who show early signs of sexual interest in children.

In addition to these teaching areas, researchers also suggest that educators work with parents to understand how they can work to reduce their children's risk factors. This can include teaching children the correct terms for their genitals and body safety rules, not requiring children to show physical affection with loved ones, discouraging secret keeping, and screening caregivers (Wurtele & Kenny 2010).

Programmes for Preschool Children

Several studies have examined the effectiveness of personal safety programmes for preschool children (Asawa et al., 2008; Hazzard, Webb, Kleemeier, Angert, & Pohl, 1991; Rispens et al., 1997; Tutty, 1994). Early research into personal safety programmes found that preschool children experienced difficulty comprehending some of the concepts and maintaining knowledge after the completion of the programme. This was attributed to younger children's limited cognitive abilities and egocentric natures (Duerr Berrick, 1989). As a result, personal safety programmes for preschoolers have sometimes been perceived to be of limited value (Duerr Berrick, 1989; Finkelhor, 2007; Tutty, 1994).

The perception that personal safety programmes had limited value for preschoolers was challenged with the increased understanding that younger children needed different concepts and methods of teaching than older children (Topping & Barron, 2009). Researchers identified that concepts for preschoolers needed to consider the cognitive processes of preschoolers and

be pitched at developmentally appropriate levels i.e. specific, rather than abstract concepts, have concrete rules with little room for confusion, have appropriate visual cues and behavioural rehearsal, and contain allowances for differences in children's moral development (Daro, 1991; Duerr Berrick, 1989; Hazzard et al., 1991; Herbert et al., 2001, O'Connor, 1991; Topping & Barron, 2009). Further, the specific programme format for younger children needed to be significantly different to that of older children, involving behavioural skills training, puppet shows, and lasting at least four sessions (Asawa et al.2008; Davis & Gidycz, 2000; Kenny et al., 2008,Topping & Barron, 2009).

The implementation of developmentally appropriate programmes has lead to some interesting research findings with regards to preschool knowledge gains. In their meta-analysis of personal safety programmes, Davis and Gidycz (2000) found that programmes which adopted a preschool specific format, such as allowing physical participation and utilising social-learning methods such as observation, imitation and reinforcement, were far more effective in teaching preschoolers safety concepts than other formats. Further, Asawa et al. (2008) found that programme effectiveness appeared to increase with earlier intervention and Finkelhor (2009) claims that "… children of all ages acquire the key concepts being taught [and] younger children show more learning than older children" (p.180). Rispens and colleagues (1997) found in their meta-analysis that children younger than five and a half years benefit more from the sexual abuse concepts and self-protection skills that are taught in personal safety programmes than older children. They also noted, however, that the difference in gains between younger and older children tended to disappear over time which suggests that there should be opportunities for follow up and repeat learning with preschool children.

Outcomes of Child Sexual Abuse Prevention

Increased knowledge

Nearly all studies which have examined the effects of personal safety programmes have noted knowledge gains. Various meta-analyses have placed the mean effect size[3] at .71 (Rispens et al., 1997), .90 (Berrick and Barth, 1992, cited in Davis and Gidycz, 2000), and 1.07 (Davis & Gidycz, 2000). Moreover, a 2000 review of 30 studies found that at least 25 of those studies had shown that personal safety programmes lead to significant gains in children's, parents', and teacher's safety knowledge and skills (MacIntyre & Carr, 2000). Various other studies show that children acquire the concepts taught and that personal safety programmes are therefore effective in

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[3] An effect size is a measure of the difference between two variables. According to Cohen's (1988) classification, .80 is considered a large effect.

increasing children's knowledge around sexual abuse and self-protection (Barron & Topping, 2008; Binder & McNeil, 1987; Gibson & Leitenberg, 2000; Finkelhor, 2009; Rispens et al., 1997; Tutty, 1994).

Variables that influence knowledge gains include the amount of prior knowledge of participants of personal safety concepts, theoretical approach of the programme, age of participants, and the length and number of sessions. Measuring children's prior knowledge is critically important in evaluating knowledge gains, as education providers motivated enough to provide personal safety education may also highlight personal safety as a priority in their everyday interaction with children (Topping & Barron, 2009). Children may therefore have been exposed to some of the concepts prior to the programme. A low effect score may therefore be indicative of children's prior knowledge of the concepts, rather than an ineffective programme. Socio-economic status may also be a factor in knowledge gain. In their 1994 evaluation of personal safety programmes in Australian and New Zealand schools, Briggs and Hawkins found that children from lower income families made poorer gains in terms of personal safety knowledge than children from middle income families. This was attributed to class differences in parental involvement in the programme and their knowledge of personal safety. Children considered that parents who were involved in the school programme more approachable, more reliable and more helpful in terms of their safety knowledge and skills. These parents were more likely to teach personal safety concepts, for example just over half (53%) of middle income parents had tried to teach these concepts at home, compared with just 17 percent of low income parents.

Skills and Behaviour change

There is much discussion as to whether children are able to generalise the knowledge and concepts taught in prevention or personal safety programmes to real-life situations (Hassall & Hanna, 2007). Assessing behavioural change in children who have taken part in personal safety programmes is problematic. One 1987 study sought to simulate a potentially abusive situation by getting an actor, a 'stranger', to approach individual children and request that s/he go with the actor in order to help with a task (Fryer, Kraizer, & Miyoshi, 1987). The ethical issues involved in doing a similar simulation, combined with the fact that most child abuse involves a person known to the victim, makes it very difficult to use such research to measure children's ability to apply their knowledge to actual situations (Tutty, 1997; Woolley & Gabriels, 1999). The role of evaluation in personal safety programmes is therefore not whether the programme produces behaviour change but to measure whether or not a programme is teaching the concepts it claims to (Tutty, 1997).

Emotional impact

Many studies report that children experience some type of positive emotional gain from taking part in personal safety programmes. Herbert and colleagues (2002) found that children who took part in a Canadian programme were likely to display more self confidence, be more assertive with others and be better equipped to deal with conflict situations, while McIntyre and Carr (2000) report that children who participated in the *Stay Safe* programme in the Republic of Ireland became more wary of touches and of those around them and consequently developed better self-protection skills. However, their levels of wariness were not enough to prevent parents and teachers from supporting further personal safety training. Some researchers attribute positive emotional gain to children feeling safer and more confident about their own personal efficacy and consequently less worried about their own personal safety (Topping & Barron, 2009).

Perception of risk

Topping and Barron (2009) maintain that there is little evidence on whether personal safety programmes enhance children's perception of risk, that is, if they can detect potentially hazardous situations and act accordingly. Finkelhor and colleagues (1995) found that school programmes did not "help children thwart threats from becoming completed victimisations" (p.150).

Using increased perception of risk as a success indicator is, however, problematic. First, children might struggle with the concept of risk e.g. the possibility of harm or loss (Topping & Barron, 2009). Second, even adults have difficulty judging risk and tend to underestimate harmful things happening to them and therefore it is not incomprehensible that children may do the same (ibid.). Lastly, as Tutty (1997) argues, children determine morality based on the consequences of the behaviour e.g. a person who provides a good outcome, such as giving treats, is a good person. This may consequently make it difficult for them to connect harmful or negative events to people they know.

Although an increase in risk perception is difficult to prove, there is some evidence that children who develop wariness to touches after taking part in personal safety programmes may acquire better self-protective skills. In their review of 30 personal safety programmes, McIntyre and Carr (2000) found that the children who became more wary of touches following the programme developed good self-protective skills. Moreover, despite most children not experiencing anxiety as a result of programme participation, some researchers argue that a slight increase in children's anxiety should be viewed positively as it may help children to be more alert to danger (Barron & Topping, 2008).

Review of the Literature

Disclosure and incidence rates

It appears that prevention efforts are contributing to a decrease in the incidence of child sexual abuse. A study conducted by Gibson and Leitenberg in 2000 found that undergraduate women who had not participated in a school-based personal safety programme were about twice as likely to have been sexually abused as children than those who had participated. Furthermore, Wurtele and Kenny (2010) note that substantiated sexual abuse cases in the US have decreased by more than half since 2002, and that prevention efforts, such as personal safety programmes, have likely played a role in this decrease. Whilst it is unclear what has caused the decrease, Wurtele (2008) attributes the fall to increasing personal efficacy of children around personal safety. In addition, sexual abuse offenders report that they are less likely to target a child who indicates that he or she would be likely to tell an adult about the assault which may reduce the incidence of offending (Daro, 1991; Elliot et al., 1995; Gibson & Leitenberg, 2000).

Personal safety programmes have also been shown to increase numbers of disclosures of occurrences of sexual abuse (Daro & Donnelly, 2002 *cited in* Asawa et al., 2008), however Topping and Barron (2009) note that disclosure rates are still an "enigmatic outcome indicator" (p.449), given that the timing of the abuse which is disclosed (i.e. occurring prior to or after the programme) may render the programme either a success or a failure. They say:

> "Increased disclosure rates could mean the program was a failure because children had not used skills to protect themselves, or the program was a success because children used their skills in telling. Likewise, reduced disclosures could mean that fewer children were abused because they used their self-protection skills or the program was a failure because children had not told of abuse that had occurred"
>
> *Topping & Barron, 2009, p.447*

They go on, however, to cite Sauzier (1989), who argues that disclosure of abuse which occurred prior to or during the programme is a positive outcome in that it can enable ongoing abuse to end and protection measures to be taken, thereby reducing the likelihood of re-victimisation.

Maintenance of gains

Evidence suggests that children can learn and retain programme concepts and skills over time. There is, however considerable variability in how long knowledge is retained, depending on the characteristics of each programme (e.g. theoretical approach, length and frequency of sessions and the amount of parental involvement). Overall, it appears that knowledge and skill retention from a single programme may last anywhere from six weeks to six months (Barron & Topping, 2008; Hazzard et al., 1991; Herbert et al., 2001;

MacIntyre & Carr, 2000; Rispens et al., 1997). Two studies have found that participants retained their knowledge at a one-year follow up (Briggs & Hawkins, 1994; Hazzard et al., 1991). There is more likelihood of children retaining knowledge and skills in the medium term if children are repeatedly exposed to personal safety messages, either through "booster" sessions or through discussions at home which again reinforces the need for parental involvement in these programmes (Barron & Topping, 2008; Herbert et al., 2001; MacIntyre & Carr, 2000).

Possible Negative effects

Parents who feel uncomfortable about their child taking part in personal safety programmes express concerns about the potential for children to experience negative outcomes after taking part in personal safety programmes such as fear, anxiety, aggression, or a disinclination to physical affection (Babatsikos, 2010; Kenny et al., 2008; Wurtele & Kenny, 2010). However, research shows that children experience very few of these negative effects from taking part in personal safety programmes (Finkelhor, 2009; Gibson & Leitenberg, 2000; Herbert et al., 2002; Kenny et al., 2008; MacIntyre & Carr, 2000; Rispens et al., 1997; Tutty, 1997), and the negative effects which are experienced are mostly "mild in nature, and of short duration" (Topping & Barron, 2009:452).

Cost effectiveness

International research-based estimates show that child sexual abuse is among the most costly crimes. A 1996 US National Institute of Justice study estimated that each year child sexual abuse costs America US$23 billion (Miller, Cohen, & Wiersema, 1996), which is now well over US$28 billion when taking inflation into account.[4] Despite this, very few studies report on cost effectiveness of programmes (Topping & Barron, 2009).

Caldwell (1992) believes that child abuse prevention programmes are not only morally responsible, they are also financially responsible. He says:

> "The case for prevention is persuasive. Not only is it the humane approach, it is the financially responsible approach. Programs designed to prevent child maltreatment serve society in several ways; they build stronger, healthier children; they reduce the burdens on state services such as education, law enforcement, corrections, and mental health; and they free money to be spent on more life-enhancing projects. An ounce of prevention truly is worth a pound of cure."
>
> *Caldwell, 1992*

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[4] Inflation figures calculated using http://www.usinflationcalculator.com/

Evaluation of Child Sexual Abuse Programmes

The literature on personal safety programmes, particularly the meta-analyses and evidence reviews, raises a number of key questions as well as clear directions for future research. Important indicators of whether programmes are effective whether children can gain knowledge of the concepts behind personal safety, particularly when these may contradict their own developmental or cultural background, and at what age they can understand and integrate these concepts into their lives (Tutty 2002).

Although the objective of personal safety programmes is to reduce the rates of child sexual abuse, it appears that besides the 2000 study by Gibson and Leitenberg (2000) very few researchers have examined this hypothesis. Moreover, outcome assessment of how changes in knowledge and attitude translate into changes in children's behaviour is considered too ethically fraught to use to assess changes, particularly when used to measure changes related to intra-familial abuse (Boyle & Lutzker, 2005).

Given that the involvement and knowledge of both parents and teaching staff are important predictors of the maintenance of knowledge gains (Wurtele & Kenny, 2010), evaluations should reach beyond children to parents, caregivers, and (if applicable) teaching staff. Parental self-efficacy – the ability and knowledge to constructively teach their children about personal safety – is considered one of the most efficient means of sexual abuse prevention (ibid.), therefore evaluation of parental self-efficacy is vitally important to enable effective programme design.

Where possible, an appropriate research design should include large samples, control groups, comparison of different age groups as well as pre-test, post-test and follow-up measures (Topping & Barron 2009; Tutty 2002). Further, the studies should investigate the topics covered and the theoretical approaches used, and the appropriateness of the content for the target group including age, culture, and acceptability to families (Topping & Barron, 2009). A robust research design ensures that the results are related to the programme, rather than to other factors. As Tutty (2002) acknowledges however, robust research designs can be time-consuming and expensive.

Methods of obtaining information are particularly important when evaluating personal safety programmes. Tutty (2002) recommends using or adapting standardised measures, such as the Children's Knowledge of Abuse Questionnaire (Tutty 1995). When reporting the results of the evaluation, Topping and Barron (2009) recommend that evaluators aim to provide information on the demographic characteristics of the sample, including attrition, gender balance, ethnicity, location, socio-economic status and the cost effectiveness of the programme. In addition, the authors recommend

that teaching staff are given the role of co-evaluators, particularly with assessing children's post and prior programme knowledge.

Guidelines for future programme implementation

Sufficient evidence exists on programme efficacy to enable the development of programmes which are effective in teaching children about personal safety. There are, however, additional measures which may assist the overall goal of preventing child sexual abuse. First, better outcomes are achieved when adult care providers (e.g. parents, teachers and caregivers) are trained how to respond to disclosure (Duerr Berrick, 1989; Barron & Topping, 2008). Second, local child protection agencies should be alerted about when a programme is being delivered in order to ensure that, if needed, a planned response to disclosure is available (Barron & Topping, 2008).

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