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Child-focused sexual abuse prevention programs

How effective are they in preventing child abuse?

Dr Jennifer Sanderson

Introduction

Under section 23 of the *Crime and Misconduct Act 2001* the CMC has an important role to play in preventing paedophilia. One way we do this is through evaluating current research and disseminating this information to a wider audience.

This paper examines the current research into the effectiveness of programs designed to prevent the sexual abuse of children. It:

- ▶ examines the prevalence of child sexual abuse
- ▶ describes the core concepts underpinning child-focused sexual abuse prevention programs
- ▶ discusses how these programs are being evaluated
- ▶ examines their effectiveness
- ▶ examines differences in how children acquire knowledge
- ▶ focuses on conceptual weaknesses in current programs that may be rendering them less effective.

We hope this paper may provide useful information for policy makers, service and educational providers, parents, and the general public.

How prevalent is child sexual abuse?

Estimates of the prevalence of child sexual abuse vary considerably across studies. Depending on how the term 'sexual abuse' is defined, from 7 to 62 per cent of women and from 3 to 19 per cent of men have experienced some form of childhood sexual abuse on at least one occasion.¹

What is being done about it?

The recognition that child sexual abuse is a significant problem has led to an increase in prevention initiatives. These initiatives need to involve comprehensive interventions that target individuals and families as well as the sociocultural factors

that underlie this form of abuse.² Child-focused sexual abuse prevention programs are an important component of these efforts to decrease child sexual abuse.

Child-focused prevention programs

Child-focused sexual abuse prevention programs may be targeted at the community, parents, teachers, or a combination of these, but most are targeted directly at children, usually in the school environment.³

Although some authors have suggested that these programs place too much responsibility on children,⁴ others are more convinced that children should be targeted.⁵ Through exposure to prevention training, they argue, children can learn to identify potentially abusive situations, resist advances and report approaches, and at the same time be reassured that they are not to blame for any abuse.⁶ Because naivety increases children's vulnerability to sexual victimisation,⁷ these programs seek to counter children's ignorance about sexual abuse. Therefore, without negating adults' primary responsibility for the protection of children, child-focused programs play a vital preventive role.

Core concepts

Sexual abuse prevention programs for children generally do three things:

1. **They define sexual abuse.** Children are taught definitions of sexual abuse,

1 Dunne et al. 2003; Finkelhor et al. 1990; Goldman & Padayachi 1997; Western Australian Government 2003.
2 Conte, Rosen & Saperstein 1986; Finkelhor 1990; Oates 1990; Wurtele 2002.
3 Finkelhor & Dziuba-Leatherman 1995.
4 Kaufman & Zigler 1992; Melton 1992.
5 Finkelhor 1984; Wurtele 1998.
6 Wurtele 1998.
7 Bagley, Thurston & Tutty 1996; Budin & Johnson 1989; Elliott, Browne & Kilcoyne 1995.

which usually involve the notion of 'bad' touch, touch that causes 'uncomfortable' or 'confusing' feelings, or touching of 'private parts'.⁸

2. **They teach children how to resist or refuse overtures.** This may involve teaching them to say 'no' and escape the situation, with some programs also encouraging them to yell or scream, or, less frequently, to physically resist the perpetrator.⁹
3. **They encourage children to tell their parents or other trusted adults about what happened.**¹⁰

Many programs also teach children that:

- ▶ **They are not to blame for any sexual abuse.** The adult or adolescent perpetrator is always responsible, never the child victim.
- ▶ **Perpetrators may be people children know and trust.** While generally avoiding the issue of incest, some programs rebut the commonly held misconception that most perpetrators are strangers.¹¹ (An exception is the New Zealand program 'Keeping Ourselves Safe', where teaching children about incest is included in the prevention training.¹²)
- ▶ **There is 'good' touch as well as 'bad' touch.** Many programs focus on the importance of caring, and teach children to differentiate between 'good' and 'bad' touch.
- ▶ **There are 'good' secrets and 'bad' secrets.** Programs often deal with secrecy, making a distinction between appropriate secrets, which involve pleasant, 'fun' surprises, and inappropriate secrets, which are frightening and must be disclosed.¹³

Programs vary in their emphasis on particular concepts and skills. They also use different ways to teach prevention concepts, such as films, videos, books, songs, plays, drama, colouring books, comics, symbolic modelling, role-playing, puppets, teaching sessions, behavioural skills training, and group discussions. Some programs use only one method while others combine several. The duration of programs also differs. Some offer only one session while others involve comprehensive programs lasting more than three hours, often delivered over several sessions, which may include later booster sessions to reinforce the earlier training.

While programs may vary, many children these days are exposed to some type of program. A national audit of child abuse

and neglect prevention programs in Australia, for example, received details of 1814 individual programs, 67 per cent of which reported targeting sexual abuse.¹⁴ Unfortunately, the national audit had a low response rate, with only 5.3 per cent of service providers responding to requests for information on their prevention programs. Therefore this figure is likely to underestimate the number of child sexual abuse prevention programs.

Evaluations of current programs

Despite the large number of programs already in use, the national audit found that many organisations appeared to be independently developing very similar programs. This is occurring because it is easier to get funding to set up a pilot program than it is to evaluate and adapt an existing program.¹⁵ Scarce resources, which could be used to evaluate and improve existing programs, are thus diverted into 'new' programs, which often only duplicate what already exists.¹⁶ The emphasis has been on the provision of programs, rather than on testing their effectiveness.

Typically, programs are not tested before being implemented. The national audit found that 85 per cent of programs audited included some evaluation afterwards. However, the majority of these were non-experimental, with 77 per cent involving only an internal evaluation based simply on attendance and satisfaction. While non-experimental evaluations provide useful information about participant characteristics and program implementation, they demonstrate little about the effectiveness of the prevention training.¹⁷

In contrast, 24 per cent of the evaluated programs in the national audit examined changes in children's prevention skills by administering a test before and after the program. However, only 2.6 per cent of these programs included a comprehensive evaluation that compared the prevention knowledge of participant children with their counterparts in a control group that did not receive the program. The presence of a control group is essential for showing that any gains in children's pre- and post-test knowledge are related to the prevention program, rather than a pre-test sensitising effect or other incidental factors. Evaluations without control groups typically overestimate program effectiveness.¹⁸

Despite the importance of including a control group in an evaluation of a program's effectiveness, some providers have argued that it is unethical to deny any children access to prevention programs.¹⁹ If the prevention training has not been demonstrated to be effective for the particular client group, however, there is no evidence that participants are being denied access to an effective program. Completing a thorough program evaluation, and giving it to the control group at a later date if it is shown to be effective, is preferable to continuing to provide children with untested programs that may be of dubious merit.

The continuing provision of untested programs is of particular concern, because prevention programs can engender false complacency in those parents who think their children have been protected from sexual abuse simply because they have completed the program.²⁰ Consequently, such parents may not maintain the same vigilance and supervision of their children.²¹ Indeed, the completion of an ineffective program may increase rather than decrease children's vulnerability to assault. As Tomison has pointed out,²² there is a social cost to providing ineffective programs.

Program effectiveness

Currently, many providers use programs that either lack rigorous evaluation or have not been shown to be effective with the population being administered the program. Many of these programs are imported from the United States²³ where very few of the commercially available prevention materials have been adequately evaluated.²⁴

8 Tharinger et al. 1988.

9 Wurtele 1998.

10 Finkelhor & Strapko 1992.

11 Bagley et al. 1996.

12 Woodward 1990, pp. 13–16.

13 Finkelhor 1984; MacIntyre & Carr 2000.

14 Tomison & Poole 2000.

15 Tomison 1997; Tomison & Poole 2000.

16 Tomison & Poole 2000.

17 Chalk & King 1998; Harrington & Dubowitz 1993; Melton & Flood 1994; Tomison & Poole 2000.

18 Davis & Gidycz 2000.

19 Kaufman & Zigler 1992; Seitz 1987.

20 Krivacska 1990; Wurtele, Kvaaternick & Franklin 1992.

21 Bagley et al. 1996; Kaufman & Zigler 1992; Wald & Cohen 1986.

22 Tomison 2000.

23 Tomison & Poole 2000.

24 Roberts, Alexander & Fanurik 1990.

Consequently, several critics have questioned the utility of providing sexual abuse prevention programs to children.²⁵

Yet several reviews and meta-analyses of evaluations of these programs have found consistent evidence that the majority of evaluated programs resulted in increases in children's knowledge about sexual abuse.²⁶ However, this effectiveness does not necessarily apply to all prevention programs, as those without rigorous evaluations are excluded from this research. There is a need either to use properly evaluated programs or to complete methodologically sound evaluations when programs are administered. Without these evaluations of current prevention programs it is impossible to know whether many programs are effective. What can be concluded is that prevention programs *can* be effective in teaching children prevention knowledge and skills.

With this caveat in mind, the current reviews and meta-analyses do suggest that prevention programs can increase children's knowledge about sexual abuse, with certain concepts being easier for children to learn and retain. More difficulties are generally experienced by younger children.²⁷ Defining sexual abuse is the easiest concept for children to grasp and retain, while the concept of abuse by familiar and trusted adults is the most difficult.²⁸ Children also experience particular difficulties with saying no to authority figures, knowing the rules about keeping secrets and breaking promises, and recognising that the child victim is not responsible for abuse. Some children also have difficulty understanding the concept of strangers; they often believe strangers will look recognisably 'evil' or 'bad' with easily distinguishable features such as 'wearing black', 'talking funny' or having eye patches.²⁹ While there is some deterioration in children's knowledge and skills over time, there is reasonable retention of prevention concepts, particularly if they receive further training.³⁰

One important additional benefit from prevention programs is that they encourage children to disclose sexual victimisation. Trained children are more likely than untrained children to disclose incidents.³¹ Children who have received the most comprehensive prevention education are the most likely to disclose.³²

Encouraging early disclosure from children may be particularly important — for two

reasons. Firstly, child sexual abuse often involves a prolonged grooming process rather than a sudden attack,³³ and intervention potentially can occur before the abuse has progressed to a more serious level. Secondly, threats of disclosure from children may be an important deterrent to some offenders. Many have reported fearing disclosure by the child³⁴ and seeking children who will maintain secrecy about their abusive relationship.³⁵

Characteristics of effective programs

There are several specific program features associated with children's acquisition and retention of prevention concepts and skills.

Active participation. Programs that encourage the active participation of children (e.g. role-plays) are more effective than those that use either passive methods (e.g. teaching concepts, discussion) or no participation (e.g. films, videos, or individual study of written materials).³⁶

Explicit training. Explicit training is the most effective method for teaching children prevention skills. Having children rehearse appropriate behaviours is associated with greater gains in skills and knowledge than other non-behavioural methods such as lectures, written materials, plays, discussion, videos or films, or the use of animals or puppet shows.³⁷

It is easier to teach children concepts than to teach specific behaviours,³⁸ so opportunities to practise skills are essential to encourage behavioural change in children. The adult's inherent authority and superior physical and psychological power, along with the child's need for affection and approval, may make it difficult for the child to translate knowledge into action. Without behavioural rehearsal, any subsequent transfer from knowledge to behaviour in a potentially abusive situation is unlikely.³⁹ Behavioural rehearsal should also include practising disclosure, as this is a particularly difficult skill for children to acquire,⁴⁰ and the current approach favoured by many programs — where children are told to keep telling until they are believed — does not give children enough information to plan and implement reporting.⁴¹

Group training. Training is better conducted in a group setting than individually because the isolation of

individual programs may make children more fearful after training.⁴²

Standardised materials. Programs are more effective if they involve the use of standardised materials, content, and administration procedures and are taught by trained instructors.⁴³ For example, when Briggs and Hawkins⁴⁴ compared the non-standardised 'Protective Behaviours' program⁴⁵ with the standardised New Zealand program, 'Keeping Ourselves Safe', they found the New Zealand program effective in teaching children prevention skills. In contrast, 'Protective Behaviours' was found not to be effective, with children making few knowledge gains and only a small percentage (30%) of the oldest children (8- and 9-year-olds) who were taught the program by highly committed teachers providing any safe responses to abusive scenarios.⁴⁶

Integrated into school curriculum. Programs are more effective if they are integrated into the school curriculum with designated times for administration.⁴⁷

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- 25 For example, Kaufman & Zigler 1992; Melton 1992; Reppucci & Haugaard 1989, 1993; Reppucci, Woolard & Fried 1999; Trudell & Whatley 1988; Wald & Cohen 1986.
 - 26 Berrick & Barth 1992; Carroll, Miltengerger & O'Neill 1992; Daro 1991; Davis & Gidycz 2000; Finkelhor & Strapko 1992; MacIntyre & Carr 2000; O'Donahue & Greer 1992; Rispens, Aleman & Goudena 1997; Wurtele 2002; Wurtele & Miller-Perrin 1992.
 - 27 Finkelhor & Strapko 1992.
 - 28 Finkelhor 1986; Finkelhor & Strapko 1992; Ray & Deitzel 1985.
 - 29 Briggs 1991; Perniskie 1995; Tutty 1995, 1997, 2000.
 - 30 Rispens et al. 1997.
 - 31 Kolko, Moser & Hughes 1989; Sorenson & Snow 1991; Wurtele 2002.
 - 32 Finkelhor, Asdigian & Dziuba-Leatherman 1995.
 - 33 Bagley et al. 1996; Conte, Wolf & Smith 1989.
 - 34 Conte et al. 1989; Elliott et al. 1995.
 - 35 Budin & Johnson 1989; Gilgun & Connor 1989.
 - 36 Davis & Gidycz 2000; Finkelhor & Strapko 1992; Rispens et al. 1997.
 - 37 Davis & Gidycz 2000; Finkelhor & Strapko 1992; McCurdy & Daro 1994; Rispens et al. 1997; Wurtele, Marrs & Miller-Perrin 1987.
 - 38 Finkelhor & Strapko 1992.
 - 39 Melton 1992.
 - 40 Wurtele 2002.
 - 41 Reppucci & Haugaard 1989.
 - 42 Garbarino 1987; Finkelhor & Strapko 1992.
 - 43 Finkelhor & Strapko 1992; MacIntyre & Carr 2000.
 - 44 1994a, 1994b.
 - 45 Flandreau-West 1989.
 - 46 Briggs & Hawkins 1994a, 1994b.
 - 47 McCurdy & Daro 1994.

Long rather than short programs. Longer programs involving repeated presentations, with follow-up 'booster shots' to reinforce earlier training, are more effective than shorter programs.⁴⁸ There is a linear trend in relation to effectiveness so that, as program duration increases, effectiveness improves.⁴⁹ Prevention education has a cumulative effect, with children's knowledge and skills continuing to improve with further exposure to programs.⁵⁰

It is particularly important that program sessions are spaced to allow sufficient time for children to integrate the information into their cognitive repertoire.⁵¹ At present no study has identified the best interval between presentations.

Parental involvement. Children will benefit more from prevention training if their parents are also included in the program.⁵² Parents' misconceptions about child sexual abuse can be confronted, and programs may sensitise parents to signs of abuse. Also, parents can play an important role in facilitating their children's learning by answering their questions, reinforcing program concepts and testing prevention skills.⁵³ Importantly, parents are modelling the permissibility of discussing sexual topics, which may increase the likelihood that children would disclose sexual victimisation.

While parental involvement increases the effectiveness of child-focused prevention programs, parental programs do not appear to be an effective replacement for child-directed activities.⁵⁴

Teacher education. Programs that also include teacher education to present a multisystemic program targeting children, parents and teachers are more effective in helping children to retain their prevention training.⁵⁵

Individual differences in learning capacity

Children's capacity to benefit from prevention education is influenced by their age, socioeconomic status and self-esteem.

Age

Overall, preschoolers often learn and retain less information from prevention training than primary-school aged children.⁵⁶ The immaturity of preschoolers' cognitive and emotional development accounts for some of their difficulty with prevention concepts, but many current

programs do not recognise this fact. Problematically, many prevention educators fail to consider developmental issues when designing training and simply apply programs designed for older children to preschoolers.⁵⁷ According to Melton,⁵⁸ prevention educators have little knowledge of child development, with the concepts included in programs being remarkably similar, regardless of the children's age group:⁵⁹

Little effort has been made to apply an understanding of ways in which the socioemotional and cognitive maturity of children of various ages would affect their understanding of sexual abuse.

As children do not understand concepts in the same manner as adults, consideration needs to be given to the developmental level and cognitive capacity of the children receiving the program.⁶⁰ For example, programs for young children should avoid abstract terms, explaining concepts and teaching skills clearly and simply. Young children need to be given concrete rules for distinguishing between appropriate and inappropriate touch. They cannot understand programs that instruct them to identify their feelings about different types of touch and then use their intuition as a guide to when a touch becomes inappropriate (e.g. the touch continuum, 'Protective Behaviours').⁶¹ Preschoolers also have difficulty generalising prevention concepts to other situations that were not presented in the program,⁶² so behavioural rehearsal of responses to a wide range of possible victimisation scenarios is particularly important. Because of these difficulties, several authors have questioned whether the resources devoted to programs with young children are worthwhile.⁶³

Yet if programs are carefully designed for younger children they can be successful in teaching prevention concepts and skills. When children are administered high-quality, developmentally appropriate prevention programs with later booster sessions, younger children can retain significant amounts of information; on some occasions, they have learnt even more than older children.⁶⁴ There is little evidence that prevention training is effective with three-year-olds, however.⁶⁵ Programs for young children that are not tailor-made to their needs, or involve only one presentation with no booster sessions, are unlikely to provide any benefit because the durability of such training is weak.⁶⁶

Despite the controversy over the appropriateness of providing programs to

preschoolers, several authors have argued that it nonetheless makes sense to target these children.⁶⁷ Firstly, preschoolers need programs as significant numbers of young children are targets for sexual abuse.⁶⁸ When in 2001 Smallbone & Wortley interviewed 182 males who were incarcerated for sexual offences against children, 22.8 per cent of their victims were aged between five and eight years. Secondly, prevention training may provide some protection against abuse by child-care staff. Lastly, prevention education has a cumulative effect, so children will gain more knowledge and skills from later prevention programs if they have received previous education.⁶⁹

Socioeconomic status

Children of lower socioeconomic status tend to learn and retain fewer prevention concepts than children of middle socioeconomic status.⁷⁰ Nonetheless it is important that they receive training because their parents are less likely to provide prevention education at home.

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- 48 Daro 1991; Finkelhor et al. 1995; Finkelhor & Strapko 1992; Hazzard et al. 1991; MacIntyre & Carr 2000; Whetsell-Mitchell 1995; Rispens et al. 1997; Wurtele 1998.
- 49 Davis & Gidycz 2000.
- 50 Davis & Gidycz 2000; Finkelhor & Strapko 1992; MacIntyre & Carr 2000; Rispens et al. 1997.
- 51 Davis & Gidycz 2000; Rispens et al. 1997.
- 52 Conte & Fogarty 1989, cited in Wurtele 1998; Finkelhor & Dziuba-Leatherman 1995; Finkelhor et al. 1995; Wurtele, 1993, 1998; Wurtele et al. 1991; Wurtele et al. 1992; Wurtele, Kast & Melzer 1992.
- 53 Finkelhor & Dziuba-Leatherman 1995; Hazzard et al. 1991; Miller-Perrin & Wurtele, cited in Bagley et al. 1996; Tutty 1997.
- 54 Berrick 1988; MacIntyre & Carr 2000.
- 55 Finkelhor 1984; MacIntyre & Carr 2000.
- 56 Kaufman & Zigler 1992; Perniskie 1995; Wurtele 2002.
- 57 Berrick 1991; Melton 1992.
- 58 1992.
- 59 Melton 1992, p. 182.
- 60 Barth & Derezotes 1990.
- 61 Blumberg et al. 1991; Gilbert et al. 1989; Wurtele et al. 1989.
- 62 Conte et al. 1986, cited in Kaufman & Zigler 1992.
- 63 Kaufman & Zigler 1992; Krivacska 1990; Reppucci & Haugaard 1989.
- 64 For example, Davis & Gidycz 2000; Peraino 1990; Ratto & Bogat 1990; Rispens et al. 1997; Staiger, Wallace & Higgins 1997; Wurtele 1990; Wurtele et al. 1986.
- 65 Liang, Bogat & McGrath 1993.
- 66 Reppucci & Haugaard 1989.
- 67 Daro & Salmon-Cox 1994; Finkelhor, Williams & Burns 1988.
- 68 Conte & Berliner 1981; Finkelhor 1984.
- 69 Berrick & Gilbert 1991; Finkelhor & Dziuba-Leatherman 1995.
- 70 Rispens et al. 1997.

Such parents are often reluctant to discuss sexual topics including sexual abuse, and are reticent to teach their children the anatomically correct names for their genitals.⁷¹ This lack of education increases these children's vulnerability to sexual abuse; prevention programs may be their only source of training.

Despite learning less from prevention programs, children from lower socioeconomic status groups do benefit from prevention training. Compared with their more affluent counterparts, these children find the programs more interesting and helpful, and are almost twice as likely to report using the information.⁷² The smaller knowledge gains these children typically make after training may occur because of the lack of education provided by their parents to supplement the program. Therefore, these children will specifically benefit from ongoing education to offset the lack of training provided at home.

Self-esteem

Children with higher self-esteem learn and retain more information from child sexual abuse prevention programs than children with low self-esteem.⁷³ They are more likely to resist a perpetrator when presented with an actual dilemma involving requests to accompany a stranger.⁷⁴ Therefore, several researchers have suggested that prevention programs should include additional material designed to improve children's self-esteem.⁷⁵ This may increase the benefits children receive from completing prevention training and make children less vulnerable to sexual abuse. Certainly, children with low self-esteem are more likely to suffer sexual victimisation. Perpetrators report targeting passive and emotionally needy children with low self-esteem because they are more vulnerable to manipulation.⁷⁶

Children may also benefit if prevention education includes social problem-solving where children are presented with problematic social situations that require resolution. Children with better social problem-solving skills are more adept at resolving sexual dilemmas because they offer more thoughtful solutions to situations.⁷⁷

Conceptual weaknesses in programs

While child sexual abuse prevention education can provide children with important knowledge and skills, many of the current programs have the following conceptual weaknesses:

They may not be providing children with appropriate sex education and may be inadvertently teaching children that discussing sexuality is taboo. Numerous programs encourage children to believe that sexuality is a taboo topic by avoiding using any sexual terminology, or not providing appropriate sex education or even including an accurate description of sexual abuse. Many adults do not believe that sexual abuse prevention programs should include sex education or teach children the correct names for body parts.⁷⁸ Some programs bypass the controversy surrounding children's sex education by avoiding sexuality altogether. Melton has suggested this avoidance may either deter children from disclosing, or increase their embarrassment and negative feelings if they do report.⁷⁹ Instead, the emotionally charged issue of sex education, and discussions of sexuality in prevention programs, have been avoided.⁸⁰

This is particularly concerning because offenders report preferring naive children who have received little sex education for their victims.⁸¹ A lack of sex education may make a child particularly vulnerable to manipulation by an offender. For example, an ignorant child could be told that sexual activity is a normal, and secret, way of expressing love, or marking the 'specialness' of the relationship between a child and an adult.

Similarly, programs that fail to teach children the correct terminology for their sexual organs may increase children's vulnerability to sexual assault. Children need to use anatomically correct terms to describe their experiences to adults in a way that adults can understand.⁸²

They are either failing to deal with the issue of abuse by a familiar adult, or over-emphasising the risk posed by strangers.⁸³ Molestation by strangers is relatively infrequent, with strangers believed to be responsible for only 10–20 per cent of reported child sexual assaults.⁸⁴ Children are most likely to be abused by someone they know.

They may present abusive situations as involving a sudden attack by a perpetrator.⁸⁵ Sexual abuse more frequently involves a grooming process, taking place over a prolonged period during which the child is desensitised to sexual touching.⁸⁶ Programs typically do not teach children the skills to resist grooming.

They may not be explaining the appropriate use of adult authority. Perpetrators often use their authority to sexually exploit children,⁸⁷ because children find it difficult to resist the authority of an adult.⁸⁸ Therefore, it is important that programs explain the appropriate use of adult authority. It is possible to teach even children as young as three years of age that it is improper for adults to use their authority to engage them in sexual activities.⁸⁹

They do not always acknowledge that sexual abuse may not involve touch at all (e.g. exposure to pornography, exhibitionism), or that 'bad' touch may actually feel good.⁹⁰ Programs have assumed that children never find sexual arousal pleasurable; however, hypersexualisation is a common response to sexual abuse.⁹¹ Failure to acknowledge the possibility of favourable responses could have detrimental effects on children. It may increase victims' guilt and shame

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- 71 Briggs & Hawkins 1996; Wurtele 1993.
 - 72 Finkelhor & Dziuba-Leatherman 1995.
 - 73 Bagley et al. 1996.
 - 74 Fryer, Kerns-Kraizer & Miyoshi 1987.
 - 75 Daro & Salmon-Cox 1994; Krivacska 1990.
 - 76 Budin & Johnson 1989; Conte et al. 1989.
 - 77 Grober & Bogat 1994.
 - 78 Mahoney 1998, p. 130; Williams & Stith 1987, cited in Melton 1992.
 - 79 1992.
 - 80 Finkelhor 1986.
 - 81 Bagley et al. 1996; Budin & Johnson 1989; Elliott et al. 1995.
 - 82 Finkelhor 1986.
 - 83 Kaufman & Zigler 1992.
 - 84 McCurdy & Daro 1994; Whetsell-Mitchell 1995; QCC & QPS 2000a, 2000b, 2000c, 2000d.
 - 85 Bagley et al 1996; Conte et al 1989.
 - 86 Bagley et al. 1996; Budin & Johnson 1989; Conte et al. 1989; Elliott et al. 1995; Finkelhor 1986; Kaufman, Hilliker & Daleiden 1996; Kaufman et al. 1998; QCC & QPS 2000a, 2000b, 2000c, 2000d; Smallbone & Wortley 2001.
 - 87 Bogat & McGrath 1993.
 - 88 Pelcovitz et al. 1992.
 - 89 Bogat & McGrath 1993.
 - 90 de Young 1988; Whetsell-Mitchell 1995, p. 173; Wurtele 1987.
 - 91 Friedrich, Urquiza & Beilke 1986; Melton 1992.

CONCLUSION

about their experiences, thereby encouraging children to feel responsible for their abuse. Alternatively, if programs describe abusive touches as feeling 'bad' or 'confusing', children may decide that as their experience felt 'good' or 'pleasurable' it must not be abuse. In either situation, children may be less likely to disclose the victimisation. So children need to be taught that, even if such touches feel good, they are abusive.⁹²

Program content is designed primarily to meet the protection needs of girls, and may not provide adequate prevention training for boys.⁹³

Gender differences need to be incorporated into prevention training. Boys are less likely to believe that they can be sexually abused, so they often engage in more risk-taking behaviour.⁹⁴ They are more likely to define abusive experiences as experimentation, rather than victimisation.⁹⁵ Also, boys are more inclined to blame themselves for any abusive sexual victimisation, because they believe they have the power to stop unwanted sexual advances.⁹⁶ Consequently, boys are less willing to disclose these experiences.⁹⁷

The resistance strategies presented in many programs may not benefit boys, as boys typically prefer techniques that are not taught in prevention programs.⁹⁸ Compared with girls, boys have poorer problem-solving skills when they are presented with sexual dilemmas.⁹⁹ Instead, many boys favour 'superhero' responses, or more confrontational, less planned strategies, which are often focused on physical aggression.¹⁰⁰

Consequently, boys rate programs less highly than girls, believing they are less helpful, less interesting, and less likely to contain any new information. Not surprisingly, boys are less likely to make use of the prevention skills taught in programs.¹⁰¹ Therefore, prevention programs also need to focus on the protection needs of boys rather than simply applying programs that are primarily targeted at girls.

Similarly, programs that are offered to other specific audiences such as children with special needs, ethnic minorities and Indigenous children need to be appropriate for the audience.¹⁰² Typically, current programs involve reusing training designed for other groups, either without any modification or with some changes thought to make the program more relevant to the target group.¹⁰³

A well-designed prevention program can be effective in teaching children how to protect themselves from sexual abuse. To be effective, programs need to:

- ▶ involve children, with explicit training in preventive behaviours and disclosure
- ▶ involve group training using standardised materials, content and administration, with programs taught by trained instructors
- ▶ be of longer duration, involving repeated presentations
- ▶ be incorporated into the school curriculum
- ▶ involve a multisystemic approach, which targets children, parents and teachers.

As well, programs need to address the remaining conceptual weaknesses in many current programs by:

- ▶ providing children with appropriate sex education and clearly defining sexual abuse
- ▶ giving proper emphasis to the risk posed by familiar adults rather than over-emphasising 'stranger danger'
- ▶ providing information to children about the grooming tactics normally used by perpetrators
- ▶ acknowledging that sexual abuse may not involve touch and that abusive touch may actually feel good
- ▶ providing a program that meets the needs of both boys and girls.

These programs usually have not been comprehensively evaluated so their effectiveness for specific populations is unknown. These conceptual weaknesses in programs limit their effectiveness as prevention tools. The more divergence between what children are taught in prevention programs and the circumstances they are faced with in a real-life abusive situation, the less likely it is that the children will be able to avoid sexual abuse.

92 Conte 1986.

93 Bagley et al. 1996.

94 Bagley et al. 1996; Finkelhor 1984; Sang 1994.

95 Briggs & Hawkins 1997.

96 Bagley et al. 1996; Sang 1994.

97 Bagley et al. 1996; DeVoe & Faller 1999; Finkelhor et al. 1990; Gries, Goh & Cavanaugh 1996.

98 Asdigian & Finkelhor 1995.

99 Grober & Bogat 1994.

100 Asdigian & Finkelhor 1995; Grober & Bogat 1994; Sang 1994.

101 Finkelhor & Dziuba-Leatherman 1995.

102 Tomison 1996, 1997.

103 Tomison & Poole 2000.

Before more 'new' programs are put into widespread use there need to be comprehensive evaluations of current prevention programs and their appropriateness for specific groups of children. All prevention programs are not equally good. There is a continuing economic and social cost in administering unevaluated programs which, at worst, may actually increase children's vulnerability to sexual abuse, rather than making an important contribution to protecting children.

Even an effective child-focused program does not negate adults' primary responsibility for the protection of children, or the need for additional strategies to redress the causes of childhood sexual abuse. These prevention programs are just one way to reduce the prevalence of childhood sexual abuse. They seek to provide children with the knowledge and skills that may either make sexual victimisation less likely to occur or result in the early disclosure of incidents, but they do not provide guaranteed immunity from victimisation.

Further efforts depend on a commitment, from both government and non-government sectors, to providing children with evidence-based programs that are comprehensively evaluated to ensure they are effective in teaching self-protection skills.

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Know what child abuse is. Physical and sexual abuse clearly constitute maltreatment, but so does neglect, or the failure of parents or other caregivers to provide a child with needed food, clothing, and care. Children can also be emotionally abused when they are rejected, berated, or continuously isolated. Know the signs. Unexplained injuries aren't the only signs of abuse. Depression, fear of a certain adult, difficulty trusting others or making friends, sudden changes in eating or sleeping patterns, inappropriate sexual behavior, poor hygiene, secrecy, and hostility are often signs of f

The fight against child sexual abuse needs to be fought on many fronts, including by society at large. Real progress can only be made when work is stepped up in relation to prevention, reporting, referral, investigation, protection and identification, treatment and follow-up of each and every case. Social services, health-care professionals, academics, researchers, educators, the judiciary, law enforcement, children, families, NGOs, media and broader society each have a role to play, in a true multi-stakeholder, multi-disciplinary approach. To date, child sexual abuse (CSA) prevention has relied largely on child-focused education, teaching children how to identify, avoid, and disclose sexual abuse. The purpose of this article is to explore how prevention opportunities can include parents in new and innovative ways. We propose that parents can play a significant role as protectors of their children via two pathways: (i) directly, through the strong external barriers afforded by parent supervision, monitoring, and involvement; and (ii) indirectly, by promoting their children's self-efficacy, competence, well-being, and self-esteem,