

Child Sexual Abuse Prevention Programs: *What Makes Them Effective in Protecting Children?*

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Child sexual abuse prevention programs have proliferated over the past several years. Many of these program approaches, which include plays, games and videos, are visually appealing and highly entertaining, and parents and teachers have widely embraced them. However, despite the popularity of such programs, little effort has been made to evaluate their effectiveness in changing children's behavior.¹ As a result of participation in a sexual abuse prevention program, has a child's vulnerability to abuse been reduced, for example, or has his or her sense of personal safety been enhanced?

Early childhood educators, parents and others involved in selecting and conducting child sexual abuse prevention programs should also be concerned about such questions as:

- Is there a measurable difference in the ability to demonstrate prevention skills between children who have been exposed to previous prevention efforts and those who have not?
- Are communities, feeling confident that they have addressed the issue of child abuse, making any significant contribution to the personal safety of their children?

- What elements of programming are responsible for producing the desired prevention skills?

- Is it necessary to give children explicit information about child abuse in order to achieve the desired level of prevention?

- Does the program have negative side effects—such as fear or anxiety—of which we remain unaware?

- At what age do children learn prevention skills most effectively?

Many professionals and organizations, such as the National Committee for Prevention of Child Abuse, have strongly urged more stringent criteria for evaluating the effectiveness of prevention programs. As researcher J.M. Leventhal notes:

“[the] ultimate goal of any program to prevent sexual abuse is to teach behaviors so that when an adult makes a sexual advance toward a child, the child will act in an appropriate manner by saying no and telling a responsible adult what happened. Yet none of the evaluative efforts has examined this direct outcome. Instead, a change in knowledge, which is really an intermediate measure, has been examined without any evidence that such a change is linked to changes in behavior ... Does a

change of two points on a 20-point questionnaire about child protection mean that the child is 10 percent more likely to protect him- or herself? Obviously not.”²

In order to protect children, educators and parents need to know what works. Equally important, they need to know how to accomplish this end without compromising the children's emotional well-being. Without this level of evaluation and accountability, resulting in more progressive and reliable programs, child abuse prevention programs will continue to be used without any clear understanding of their effectiveness or impact.

In 1987, the Coalition for Children, Inc., a not-for-profit organization involved in curriculum development and evaluation, received a grant from the National Center on Child Abuse and Neglect to evaluate the actual reduction of risk for child abuse that could be attributed to a school-based prevention program. The project focused on measuring the behavioral skills associated with prevention of victimization before and after participation in the *Safe Child Personal Safety Training Program*, a standardized, scripted, videotape curriculum that provides training for teachers,

parents and children ages three through 10 in five age-appropriate segments.³ In the Safe Child program, a videotape is used to teach basic concepts and role-playing techniques; this is followed by role playing, discussion and activities in the classroom to establish mastery of the skills.

The Safe Child program emphasizes prevention of sexual, emotional and physical abuse by people known to the child, prevention of abuse and abduction by strangers, and safety for children in self-care. The teaching of such life skills as communication, assertiveness, decision-making and problem-solving is interwoven throughout the curriculum, which builds developmentally from year to year. The program does not present specific information that might create misunderstanding, fear or anxiety for children. Rather, the curriculum builds from children's everyday experiences and teaches them how to apply generalized skills to specific, risk-associated situations.

The Evaluation

The evaluation of the Safe Child program was based on a classical experimental research design, using pre- and post-testing of sample treatment and control groups with similar profiles. The evaluation was completed with 670 children, ages three through 10, from rural, urban and suburban schools in three states.

Simulation and role play were used to measure actual behavioral change attributable to the program, and the behavioral results were correlated with instruments to measure knowledge/attitude, self-esteem and locus of control (the perception of a connection between one's action and its consequences) to evaluate variables in a child's ability to successfully resist victimization. A one-on-one interview at the end of the project was used to determine whether the children had any concerns or had experienced fear or anxiety at any point in the instruction and evaluation.

The most important element of this assessment was the scripted role play

used to measure behavioral change. Because prevention of sexual abuse applies specifically to behaviors prior to the initiation of abuse, the role play measures the child's ability and willingness to terminate unwanted touch effectively and appropriately in the face of flattery, emotional coercion, rejection, bribery and secrecy. The sequence of the role play was designed to engage the child; to measure his or her willingness to speak up about unwanted touch; to assess the consistency of the child's response in the face of increasing emotional pressure; to evaluate his or her ability to bring in other resources by saying, "I'm going to tell"; and to determine the child's willingness to keep what happened a secret. The role play also indicates how well the children are able to demonstrate such life skills as communication, assertiveness and self-assurance.

Each child was invited to help the examiner "learn a little bit more about what you know" (see Table 1). The children quickly became engaged, as children so easily do, and responded as if the role-playing situations were real. This was most obvious when many children, who had been perfectly comfortable saying "no" in response to the examiner playing with their hair or pinching their cheek, suddenly capitulated and agreed to a hug when the examiner acted as if her feelings had been hurt, saying, "If you won't stay here with me and let me hug you, I'll think you don't like me any more." During the pretests, few children progressed past the point in the role play where the examiner suggested that she might not be their friend anymore if the child would not remain close.

Scoring was based on the child's verbal response and body language. A straightforward system of scoring was devised in which children were awarded one point in each of the role-play categories if they verbally objected or refused to go along with the examiner's suggestion. They received one point in each of the categories for physical movement or body language which was resistive (for example,

standing up, moving the examiner's hand, or leaning away from the examiner or pushing her away). For the categories involving some form of emotional coercion, the children were given one additional point if they indicated that they would tell a responsible adult about the incident. A cumulative total of 14 points was possible.

Findings

The most important finding was that this approach to prevention consistently enabled children to demonstrate skills associated with reduction of risk for child abuse, and that they were able to learn the skills as early as the preschool years. The ability to achieve these results was isolated as attributable to the role playing in the classroom instructional period.

Other findings related to the teaching of concepts rather than the teaching of skills and to behavioral change also have implications for professionals and parents seeking to implement child abuse prevention programs.

Concepts vs. Skills. We—the researchers—had hypothesized that there is a great difference between *concepts* and *skills* associated with prevention of child abuse, and that children are *not* protected solely by learning concepts. This point is of particular concern, since many parents and educators believe that children are protected by being exposed to books, television programs, videotapes and games, all of which are passive, conceptual learning experiences.

Many of the children in this study had been previously exposed to a wide range of educational materials designed to prevent child abuse. This prior exposure appeared to have made no significant difference in the children's knowledge or attitudes or in their role-play scores on the pretest. The only discernible difference among groups was found with one group of children whose school had, in the previous two school years, implemented a standardized prevention curriculum based principally on

classroom discussion. The children in this group did not perform higher on knowledge/attitude or role play, but they did have slightly higher self-esteem scores. The lack of any significant difference in demonstrable prevention skills between those exposed to prior programs and those with no prior exposure suggests that communities and schools should not be satisfied or complacent if non-interactive, non-behaviorally-based prevention programming is currently being provided to their children.

Behavioral Change. We had hypothesized that giving the children opportunities to practice using prevention skills would be more beneficial than merely providing them with conceptual knowledge of prevention techniques. We also thought that the children's ability to communicate their unwillingness to "go along" with unwanted touch (through body language and by expressing unwillingness to keep the activities a secret) would be more potent in pro-

tecting children from impending abuse than "just saying no."

A significant change in behavior, associated with reduction of risk for child abuse, did occur with the introduction of this behaviorally-based curriculum, which gave each child an opportunity to learn how to effectively resist unwanted touch, even in the face of bribery, emotional coercion, rejection and intimidation. As they learned prevention skills, related concepts to actual situations, and experienced their own ability to speak up and protect themselves from unwanted touch of any kind, the children were able to demonstrate the skills they had learned in the post-test role play. In essence, the role playing gave them an experiential model from which to take action when they were confronted with an allegedly uncomfortable situation. Each of the treatment groups raised their scores significantly following the program, indicating an actual increase in skills (see Table 2).

Do We Really Need To Talk About Sexual Abuse?

This study speaks to the efficacy of prevention education without the introduction of specific information about sexual abuse, perpetrators or physical resistance training, thus challenging the existing opinion that discussion of sexual abuse is a necessary part of prevention programming. In the absence of an understanding of the negative impact such information may have on children, the ability to achieve the desired result without the introduction of potentially anxiety-provoking information should be an important consideration in planning curricula for young children.

The findings reported by Conte, Wolf and Smith in interviews with offenders further support this approach to prevention. They asked, "After you had identified a potential victim, what did you do to engage the child into sexual contact?" The majority of offenders described how

Table 1: Role-Play Protocol

"We're trying to learn a little bit about what the children in this school know. Will you help me?" (Child must respond affirmatively to continue.)

"I'm going to give you some 'What if...' stories and I want you to tell me and show me what you would do if this happened to you in real life. Okay?" (Child must respond affirmatively a second time.)

Item 1: "What if your mom had a friend over and she was playing with your hair. Do you like for people to play with your hair? (actually play with child's hair) If you don't like it, what would you say and do?" (Score 1 point for verbal no. Score 1 point for body language consistent with no.)

Item 2: "What if your grandmother came over and was pinching your cheek like this. (actually pinch child's cheek.) Do you like that? If you don't like it, what would you say and do?" (Score 1 point for verbal no. Score 1 point for body language consistent with no.)

Item 3: "What if a friend of your dad's was visiting and was sitting real close to you while you were watching television. (Put arm around child and pull close.) You like this person; so, for a while it's okay;

but then you start to feel uncomfortable; and you want to get down. What would you say and do?" (If child agrees to stay, stop at this point.) (Score 1 point for verbal no. Score 1 point for body language consistent with no.)

Item 4: "What if, when you start to get down, he says, 'You like me don't you? Please stay here with me, you're one of my favorite kids.'" (Gently pull child back.) If child agrees to stay, stop and thank them. (Score 1 point for verbal no. Score 1 point for body language consistent with no. Score 1 point for "I'm going to tell.")

Item 5: "What if he says, 'You really hurt my feelings. I don't think you like me anymore.' (Pull away and remove arm.) What would you say and do?" (If child agrees to hug now, stop and thank child.) (Score 1 point for verbal no. Score 1 point for body language consistent with no. Score 1 point for "I'm going to tell.")

Item 6: "What if he says, 'OK, I'll leave you alone, but could we just keep this a secret, and I'll take you to get some ice cream. Okay?' What would you say and do?" (Score 1 point for verbal no. Score 1 point for "I'm going to tell.")

Maximum Possible Score: 14

they engaged the child in a relationship: "I would initiate different kinds of contact, such as touching the child's back, head. Testing the child to see how much she would take before she would pull away"; and "Getting comfortable with the child ... Making them feel comfortable with me ... like a hug, start touching their arms, legs, hugging them."⁴

These comments speak specifically to the importance of using an approach to prevention that teaches children to stop abuse before it begins.

The evaluation described here validates the use of prevention programming that avoids distinctions that are beyond the developmental abilities of young children, of teaching skills that apply to their everyday experiences. Children learn to say no to any touch that makes them uneasy; they learn that they should tell every time someone continues to touch them in a way that makes them uncomfortable. This approach avoids issues of "good" and "bad," and links telling to getting help from an adult when their wishes aren't respected, rather than "tattling" about something "bad," which has built-in ambivalence for children.⁵

Other Measures

While children's self-esteem, locus of control and knowledge of and attitudes toward risk and safety increased as a result of participation in the program, none of these measures could explain the effect achieved. It bears repeating that role play alone appears to achieve the desired effect of changing children's actual behaviors consistent with reducing the risk of child abuse.

Age of Maximum Receptivity to Prevention Education

While all of the children benefited from participation in the program regardless of their grade level, the performance of the preschoolers and kindergartners is of special interest. The Safe Child program seeks to build upon the natural outspokenness

of these young children to shape effective and appropriate skills that they could use to protect themselves from the earliest possible moment and to build upon those skills year after year.

We had hypothesized that the preschool and kindergarten years are the most "teachable" time for prevention skills because these young children are not yet hampered by socialization and behavior shaping, which teaches children to do what they are told and to mind what they say. The results of this evaluation seem to bear out the validity of that hypothesis (see Table 3).

While the youngest children were

clearly vulnerable in the pretest period, their post-test scores demonstrated learning equal or superior to the 1st-, 2nd- and 3rd-graders. This indicates that the "best" teachable moment may indeed be the earliest teachable moment. This finding is particularly useful in planning prevention programs, since most prevention programs currently begin in first or second grade—where the least productive results were obtained. Additionally, a significant percentage of abuse occurs before the age of seven or eight, so introduction of effective prevention programming at the earliest moment is essential.

Table 2: National Results (Total N = 669)

	Pretest	Post-Test	Mean Change	Significance
Sexual Abuse Role-Play (range 0-14)				
Treatment Group A Grades K-3 (N=236)	4.4	8.3	3.9	p>.001
Treatment Group B Grades K-3 (N=245)	3.4	7.7	4.3	p>.001
Treatment Group C preschool (N=13)	5.0	8.7	3.7	p>.000
Control Group AB Grades K-3 (N=163)	4.5	5.0	.5	not sig.
Control Group C preschool (N=12)	4.5	4.8	.3	not sig.

Table 3: Prevention of Sexual Abuse Role-Play —Treatment Groups

	Pretest	Post-Test	Increase
Preschool	5.0	8.7	+3.7
Kindergarten	2.8	8.4	+5.6
First	3.4	8.4	+5.0
Second	4.0	6.6	+2.6
Third	5.2	8.3	+3.1

Fear or Anxiety Attributable to Prevention Programs

One of the most vital concerns in planning a prevention curriculum is the possibility of negative effects attributable to programming. Following the end of the post-test role play, the children were asked what they liked and did not like about the program, and whether anything in the program had made them feel uncomfortable or afraid. If so, they were asked to talk about that.

Only 4.5 percent of the children reported any fear or anxiety upon completion of the program, and in only two of these cases was the concern attributable to the program. (In these cases, the misunderstanding was easily clarified and the children were put at ease.) In all other cases, the child's anxiety or fear arose from pre-existing issues. The positive nature of the program, paired with its effectiveness, opens new possibilities in prevention programming, particularly in light of the fear levels (up to 50 percent) being reported in the literature from other approaches to prevention.⁶

Implications for Programming

The results of the evaluation reported here have several implications for early childhood educators, child abuse specialists, and other professionals and parents interested in designing or adapting child sexual abuse prevention programs.

- Prevention education should be experientially-based. While it is commonly accepted that children learn by doing, most prevention efforts have not reflected this simple fact. The opportunity to apply concepts and turn them into skills through role play has been shown in this evaluation to be at the heart of empowering children to prevent abuse—that is, to stop it before it begins, in the time when perpetrators are “testing the limits” with the child.

- Prevention education should

begin in the preschool years. The performance of the preschoolers and kindergarteners in this evaluation challenges existing opinion that children of this age cannot be expected to learn and use these techniques. The youngest did as well as the oldest children. The increase from pretest to post-test scores is so dramatic that there can be no question that the Safe Child program can reduce the vulnerability of children.

- Prevention programming should give children the information and skills they need—nothing more. This evaluation demonstrates that prevention skills can be learned and applied by young children without explicit information about child abuse, without labeling touch as “good” or “bad,” and without suggesting that the adults they love might abuse them.

- Evaluation should be an inherent part of every prevention program. As more meaningful measures are developed to determine program effectiveness, it is imperative that we continue to build a body of knowledge that will enable schools and parents to develop, adapt or select prevention programs that actually achieve the desired result—enabling children to stop abuse before it begins, and/or to get help immediately should abuse occur.

- Primary prevention does not work for all children. This evaluation found that about 10 percent of the children did not benefit sufficiently from the first session of programming. These children had the lowest levels of self-esteem and must be considered at risk. Programming to raise their self-esteem and to enable them to effectively use prevention skills must be developed, implemented and evaluated, consistent with the needs and constraints of the schools.

While this evaluation lays significant groundwork, we are continuing the study of behaviorally-based methods to evaluate the effectiveness of child sexual abuse prevention programming. With refinement of simulation and role-play techniques, and continued correlation of behaviors

with such other measures as knowledge/attitude and self-esteem, we can continue the process of creating rigorous criteria for evaluating prevention skills, advance the development of more effective prevention programs for children, and begin to identify and provide special services for those children found to be at continued risk following primary prevention efforts. ■

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1. See, for example, J.R. Conte, C. Rosen and L. Saperstein, “An Analysis of Programs to Prevent the Sexual Victimization of Children,” *Journal of Primary Prevention*, Vol. 6, No. 3, 1986; S. Wurtele, “School-Based Sexual Abuse Prevention Programs: A Review,” *Child Abuse and Neglect*, Vol. 11, No. 4, 1987; National Clearinghouse on Family Violence, “Child Sexual Abuse Overview: A Summary of 26 Literature Reviews and Special Projects,” *Health and Welfare Canada*, 1989; and M. deYoung, “The Good Touch/Bad Touch Dilemma,” *Child Welfare*, Jan.-Feb. 1988.

2. J.M. Leventhal, “Programs to Prevent Sexual Abuse: What Outcomes Should Be Measured?,” *Child Abuse and Neglect: The International Journal*, Vol. 11, No. 2, 1987.

3. The Safe Child Personal Safety Training Program evolved from *Children Need to Know: Personal Safety Training*, developed by Health Education Systems, Inc. Further information on the Safe Child program may be obtained from Sherryll Kraizer, Health Education Systems, Inc., Box GG, Palisades, N.Y. 10964.

4. J.R. Conte, S. Wolf and T. Smith, “What Sexual Offenders Tell Us About Prevention Strategies,” *Child Abuse and Neglect*, Vol. 13, No. 2, 1989.

5. See, for example, deYoung, op. cit., and S. Kraizer, “Rethinking Prevention,” *Child Abuse and Neglect: The International Journal*, Vol. 10, No. 2, 1986.

6. J. Garbarino, “Children's Response to a Sexual Abuse Prevention Program: A Study of the Spiderman Comic,” *Child Abuse and Neglect: The International Journal*, Vol. 11, No. 1, 1987.