Prevention of Child Sexual Abuse

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Abstract

Efforts to prevent child sexual abuse have taken a distinctly different path from efforts to prevent the physical abuse of children. Currently, child sexual abuse prevention is virtually synonymous with group-based instruction for children on personal safety, and it appears that most schools and many after-school programs provide some form of group-based sexual abuse prevention education.

Many evaluations have assessed the impact of these efforts. Seventeen studies employing random assignment to treatment and control groups are summarized in Table 1 on page 206, and 21 additional studies using quasi-experimental designs are briefly reviewed in the article text. Most studies conclude that children do learn from the experience, although such learning is neither universal nor comprehensive. Most evaluations measure the child's knowledge but are unable to assess whether a gain in knowledge will lead to a sustained beneficial change in the child's behavior. In an effort to focus on behavior change, child safety programs increasingly utilize role playing and participant modeling.

A major benefit of personal safety education programs may be an increased rate of disclosures by children of past or present abuse. A major area of concern may be the potential for safety education programs to engender fear and anxiety in children. Research on negative impacts is limited, and results have been mixed. The author concludes that prevention programs overall have beneficial impacts, which are strongest for children 7 to 12 years old. Characteristics of promising programs are summarized.

The article concludes with suggestions for expanding prevention efforts to include public and parent education, life skills training for young adults, support groups for vulnerable children and adults, and intervention for identified victims and perpetrators.

Most people who consider problems of child abuse and neglect for any length of time conclude that prevention of abuse is an essential priority. Many of the field’s pioneers included explicit references to the importance of preventing child abuse in their early writings. Indeed, the initial wave of federally funded treatment programs not only served families with an established history of maltreatment but also served a significant percentage of those identified as being at risk for future abuse. Where physical abuse is concerned, treatment and prevention advocates have often worked jointly in conceptualizing theoretical models of maltreatment and intervention systems.
This type of marriage between treatment and prevention has not occurred for child sexual abuse. On the whole, scholars concerned with the underlying causes and consequences of sexual maltreatment have paid less attention to prevention efforts. Treatment programs rarely include individuals identified as at risk for offending, partly because many programs are located within prison facilities or are accessible only after an individual has been convicted of an offense. While many who advocate the prevention of physical or emotional maltreatment are therapists or counselors who treat families involved in maltreatment, the majority of sexual abuse prevention efforts have been designed by individuals in the rape crisis movement, elementary and secondary education, or law enforcement. These new prevention planners saw child sexual abuse as a pervasive problem requiring a pervasive intervention. Efforts to prevent child sexual abuse therefore focused primarily on curricula to educate all children about the need for self-protection.

This article reviews the development of theory and programs for child sexual abuse prevention, then reviews the evidence regarding the efficacy of current child sexual abuse prevention programs. The chapter concludes with a framework for a more comprehensive prevention plan.

Theoretical and Social Context for Prevention

Child sexual abuse stems from a multitude of individual and contextual factors. As discussed by Becker in this journal issue, theorists increasingly rely upon ecological, integrated, or additive causal theories for explaining the development of child sexual abuse. 3-6 Illustrative of these integrative theories is Finkelhor’s conceptual framework, in which sexual abuse can occur only when four preconditions exist: a motivated perpetrator, an ability to overcome internal inhibitions toward sexual abuse, an ability to overcome external barriers to sexual abuse, and a victim unable to resist the abuse.7

Such integrated theories underscore the multiple opportunities available to reduce maltreatment. It is highly unlikely that a single prevention strategy, no matter how well designed and implemented, can fully address even one of Finkelhor’s four preconditions. A more promising prevention approach lies in a multifaceted prevention system. It is not sufficient merely to teach a child how to resist inappropriate sexual interactions; an effective intervention system should also address the conditions that lead an adult to consider the use of children for sexual gratification and should strengthen the environmental elements that discourage abuse.

The Unique Case of Child Sexual Abuse

Preventing abuse can be seen as a process of altering the potential perpetrator, the potential victim, and the environment in which both exist. Prevention can occur on one of three levels:
- primary prevention: targeting services to the general population with the objective of stopping any occurrence;
- secondary prevention: targeting services to high-risk groups in order to avoid the continued spread of the problem; and
- tertiary prevention: targeting services to known perpetrators or victims with the intent of preventing new incidents.8,9

Historically, the prevention of physical abuse and neglect has developed on all three levels. The most common primary prevention strategies include respite care, crisis hot lines, home visitor programs, parenting education classes, and support groups.10,11 Political efforts to improve the social service safety net and to combat the environmental hazards children face also are viewed as vital components in a comprehensive child abuse prevention effort.12-16 Secondary prevention strategies include educational and support services for parents facing significant challenges
based upon their current situation (for example, teen parenthood, economic stress, violent household, presence of substance abuse, social isolation) or childhood history (for example, abuse as a child). Tertiary prevention efforts include therapeutic or supportive interventions targeted to those who have abused or neglected their children.

The prevention of child sexual abuse has followed a different developmental path in two critical respects—the targeting of the potential victim rather than the potential perpetrator and an emphasis on primary rather than secondary or tertiary prevention. Unlike the efforts to alter adult behavior in cases of physical abuse or neglect, the prevention of child sexual abuse has largely focused on altering the behavior of children, through group based instruction for children on how to protect themselves from or respond to sexual assault or abuse. In many instances, this education is provided through elementary and secondary schools, although several national youth organizations have developed their own curricula such as those developed by the Boy Scouts and Campfire Girls. While these programs do include information for parents and teachers, their primary focus is on strengthening the potential victim’s capacity to resist assault.

Empowering children to protect themselves from harm has a certain parsimonious appeal. If successful, the approach avoids costly and often intrusive interventions into the private family. At a minimum, incorporating this strategy in primary and secondary public education reaches large numbers of children at low cost. For example, these educational programs were offered to all 4.6 million of California’s elementary and secondary school children and to all those enrolled in state-funded preschools between 1984 and 1988 at an annual cost of $11.4 million or a per pupil cost of less than $7. In contrast, intensive therapeutic services to a single victim of serious sexual abuse can cost anywhere from $5,000 to $8,000 annually. Beyond the question of cost, the development of a universal primary prevention strategy eliminates the stigma of identifying a specific child or family as being at risk for sexual maltreatment.

### Factors Shaping Sexual Abuse Prevention Efforts

Despite the laudable goals of universal primary prevention, many have questioned its utility in reducing sexual abuse rates as well as the wisdom of its inherent questioning of the balance of power between males and females, children and parents. Others have gone so far as to suggest that sexual abuse may be resistant to any prevention initiative, regardless of its scope or content. Independent of one’s interpretation of the evidence on the efficacy of child sexual abuse prevention education, most agree that the prevention of child sexual abuse has not involved as broad an array of options as necessary. At least four factors coalesced to limit the range of prevention strategies: (1) the social discomfort surrounding sexuality, (2) the difficulty in developing voluntary treatment options for offenders, (3) the absence of clear risk factors identifying potential perpetrators or victims, and (4) the speed and intensity of public exposure to the issue.

### Social Ambivalence Regarding Issues of Sexuality

As a society, we have difficulty coming to terms with sexuality, how we express it and how we want it communicated to our children. Few structured educational programs are available to teach parents how to monitor their child’s sexual development or how to respond to either age-appropriate or deviant sexual behavior. At the same time, many adults feel uncomfortable discussing sexual behavior with their children. The majority of parents may simply ignore their child’s sexual development or delay raising the issue until their child reaches puberty. While parents increasingly demand information on children’s cognitive development, social development, and discipline, far less demand exists for sexual development education.

In the 1980s, the intense media exposure to a number of sensational child sexual abuse cases heightened parental concern. Unwilling to discuss the topic directly with their children, parents initially saw school-based child sexual abuse education programs as filling an informa-
The Difficulty in Developing Voluntary Treatment Programs for Offenders

One of the primary prevention avenues to abate physical abuse and neglect—voluntary educational programs for the at-risk parent or abusive parent—appears less promising for child sexual abuse. The absence of public sympathy for the offender dampens support for publicly funded services for perpetrators. Even if publicly funded programs were widely available, the difficulty individuals have in admitting to sexual problems and the stigma attached to the problem of sexual abuse create enormous barriers for the successful use of such a program.

Although treatment programs have been developed and are being used for convicted molesters, there is little evidence concerning the effectiveness of these interventions. (See the article by Becker in this journal issue.)

Indeed, sexual abuse is far more likely than physical abuse to involve criminal prosecution. The past decade has seen a dramatic shift in the use of prosecution in cases of child sexual abuse and little public sympathy for the sex offender. Prosecution and treatment for convicted perpetrators, along with therapy for child victims, are considered the primary responses in criminal sexual abuse cases. Simply put, the sexual abuse offender voluntarily attempting to change his or her behavior is likely to encounter prosecution in the process of seeking help.

While some have suggested that mandatory reporting requirements be modified to exempt perpetrators who voluntarily seek treatment, this author believes that those guilty of reportable acts should be liable for prosecution. A prevention system that, in effect, afforded some individuals a structured means to avoid accepting legal responsibility for abusive actions would be unacceptable. On the other hand, the absence of voluntary alternatives leaves child sexual abuse prevention efforts without one of the most useful options utilized in the prevention of physical abuse and neglect.
relationships with children, such as relatives, neighbors, family friends, day-care providers, teachers, and clergy. Further, the lack of clear models specifying the developmental path for sex offenders makes the design of prevention education for potential perpetrators difficult, if not impossible. Universal prevention programs, while unobtrusive, generally fail to provide support to those who are currently offending or who are at imminent risk of offending.

The Force and Speed of Public Exposure to the Issue of Child Sexual Abuse

Even with all of the difficulties outlined above, it is possible that prevention efforts for child sexual abuse could have followed a more varied path if research had kept pace with the demand for service. However, the public’s education with respect to child sexual abuse was explosive, allowing extremely limited time for the development of research and scholarship.

Several events in the early 1980s converged to raise public consciousness about child sexual abuse. The McMartin Pre-school criminal prosecution began in 1980, drawing sustained media attention. As often occurs when the media attempts to present complex social issues and research, certain behaviors were treated as absolute indicators of maltreatment, and years of denial were transformed into blind belief for all accusations. In 1984, the national broadcast of “Something About Amelia,” the story of an incest family, and the corresponding cover story in *Time* magazine reminded the public in a powerful manner that children’s greatest risk for sexual abuse is at the hands of someone they know and trust. The public was eager to have answers to a problem it did not fully understand. To address this public demand for action, child sexual abuse prevention education programs were replicated far more rapidly than the research warranted.

Child Sexual Abuse Prevention Education Efforts

It is important to keep in mind that a wide range of primary, secondary, and tertiary prevention efforts are possible in theory, addressing not only potential victims but potential perpetrators and the environment in which both exist. Many types of prevention efforts should be tried as experimental projects, and some should be expanded beyond the few existing models. The last section of this article suggests a framework for expanding child sexual abuse prevention efforts.

Currently, however, child sexual abuse prevention is virtually synonymous with group-based instruction for children on personal safety. The availability and content of sexual abuse prevention education programs are discussed below, followed by a review of the literature evaluating the effectiveness of these programs.

Availability

With the possible exception of child abuse reporting laws, no large-scale response to child abuse has emerged as rapidly as sexual abuse prevention education programs for children. A survey of almost 400 elementary school districts from 29 randomly selected counties in the United States conducted by the National Committee to Prevent Child Abuse in 1990 found that more than 85% of these districts had offered programs in at least one school within the past year. The program was mandated in 64% of the districts. Of the districts with mandated programs, three-quarters also regulated the program content and structure. The vast majority of the programs utilized classroom teachers, school social workers, or school nurses as instructors. Only 20% of the districts reported the use of community-based professionals as instructors, suggesting such efforts have been significantly incorporated into the curriculum and responsibilities of the nation’s educational system. Indeed, a follow-up survey of 568 elementary and middle school teachers working in these districts found that teachers overwhelmingly viewed child sexual abuse prevention instruction as valuable and did not believe the program had negative effects on children. However, the limited response rate to this survey (35%) suggests caution in interpreting the findings.
Goals and Evaluation Criteria

The goal of these programs is to prevent maltreatment. However, measuring the effectiveness of prevention programs is a formidable task when the point of onset cannot be established and when the at-risk population is small and amorphous. To overcome this difficulty, assessment of prevention programs has generally followed a three-step process: (1) stipulating the conditions known to increase the likelihood for abuse; (2) measuring the ability of programs to address these conditions; and (3) examining the impacts of these changes on the rate of abuse.43

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While the availability in certain areas has been reduced due to cost-cutting measures affecting schools, the programs remain one of the most widely disseminated prevention strategies across the country. In a nationally representative 1993 telephone survey of 2,000 young people between the ages of 10 and 16, Finkelhor and his colleagues found that more than 70% of the respondents reported having received a school-based abuse or victimization prevention program at some time, 39% within the last year. The youngest children in the sample (those in grades 5 and 6) were the most likely to have received a program in the last year, and the oldest (youngsters in grades 10 and 11) were the least likely. On balance, the majority of children and their parents rated the programs in a positive manner. Almost all of the children said they would recommend the program to their peers, and 71% described the program as helpful.41

Content

Methods for providing child sexual abuse prevention instruction within a classroom setting vary in several aspects, including content, training of the instructor, and length and frequency of presentations. Most programs, however, cover the following topics:

- the distinction between good, bad, and questionable touching;42
- the rights of children to control who touches their bodies and where they are touched;
- the importance of the child’s telling a responsible adult if someone inappropriately touches the child, even if the child was told not to reveal the incident;
- assertiveness skills, ranging from repeatedly saying “no” to the use of self-defense techniques (for example, yelling, kicking, fighting back); and
- the existence of support systems to help the child who has experienced any form of maltreatment.

In addition, most major program models include some type of instruction for parents and school personnel. These sessions usually cover a review of the materials to be presented to the children, the local child abuse reporting system, a discussion of what to do if mistreatment is suspected, and a review of local services for victims and their families.

Empirical Evidence Regarding Program Impacts

Efforts have been undertaken from the onset to assess the efficacy of child assault prevention programs. While the majority of these efforts have not involved random assignment and many incorporate measures of questionable reliability and validity, a sizable body of research meeting minimal standards of scientific rigor has been produced. Table 1 summarizes 17 of the...
most widely cited evaluations of child sexual abuse prevention programs that have incorporated random assignment. In addition, a variety of other studies utilizing survey data or quasi-experimental designs have been conducted and provide further insights into our understanding of the programs’ impacts. As a group, both the randomized and nonrandomized studies have assessed a range of programs and populations, employed a variety of research designs, and utilized different outcome measures. All of the studies outlined in Table 1 involve pre- and posttest comparisons that assess the impact of classroom-based instruction on the knowledge and, to a lesser extent, the skills and behaviors of elementary and preschool-age children. Most studies conclude children do learn from the experience although such learning is neither universal nor comprehensive. Before examining the findings, it is useful to examine the methodological limitations of these evaluations and the theoretical critiques of the interventions.

Methodological Limitations
Evaluations of child sexual abuse prevention programs suffer from many of the methodological limitations commonly found in applied research. Problems of inadequate design, sample size, and measurement strategies are commonly cited. It is difficult to determine if the changes with respect to knowledge and skill levels observed in these studies are the result of program impacts or of other factors, such as maturation, or other educational efforts. In addition, only five of the studies summarized in Table 1 followed subjects three months or longer after the intervention was offered. As a result, little information is available regarding the ability of children to retain this information for an extended period of time.

Perhaps the most significant limitation found among this body of research is in the assessment of changes in children’s knowledge, attitudes, and behaviors. In general, assessment is based upon a child’s response to questions about the nature of sexual abuse, how to avoid or escape threatening situations, and what to do if confronted with such situations. In a few instances, children have been asked to respond to a video or picture stimulus, strategies that have been particularly useful in eliciting information from young children. Only one of the instruments developed to assess these programs (Wurtele’s interview schedule for assessing her Behavioral Skills Training Program) has been rigorously examined for reliability and validity. As a result, many of the “findings” from these evaluations reflect the ability of children to respond to a set of questions that may or may not represent any significant or meaningful change. Indeed, as discussed below, a significant percentage of the participants demonstrate a high level of knowledge before the intervention is ever offered.

The majority of the researchers cited in Table 1 have compared average performance by children in their treatment versus control groups, which is a standard approach for researchers. However, additional information might be obtained by exploring individual performance differences. Further, only a limited number of evaluations have assessed simultaneously two or more methods of providing the information to students. While average comparisons may be useful in determining if a specific curriculum has any notable impact on a child’s attitudes, knowledge, or behavior, this type of research is less useful in determining if one curriculum is more successful than another or if some groups of children are more responsive than others.

In addition to these design and measurement issues, few studies have systematically assessed key ethical questions surrounding these programs, such as the long-term effects of this intervention on a child’s attitudes or perceptions of strangers, a teacher’s willingness to have physical contact with a child, or a child’s fear of being abused by family members. Anecdotes regarding specific incidents are far more abundant than solid empirical evidence.

Conceptual Limitations
Indeed, the question critics most commonly raise is less “do the programs work” and more often “should the programs be offered.” The most pointed critiques
have addressed the limited ability of such instruction to protect preschool children. For example, deYoung notes that preschool children simply lack the developmental skill to differentiate among gray areas of behavior and will attribute “goodness” based upon the outcome of an act. If a potential abuser gives them candy or a toy as a means of establishing a relationship, the person is, in their mind, good. “With their concrete and egocentric focus on behavioral outcomes,” deYoung writes, “young children generally will not be able to assess the incongruity of the situation, resolve it or predict its recurrence in the future.”20

Reppucci and Haugaard reiterate the unlikely ability of such programs to affect behavior, particularly among young children. Citing 17 studies, they note that expansion of prevention efforts to additional sites has been based on the “strength of their positive goals rather than on a systematic evaluation of their effectiveness.” Reppucci and Haugaard argue that, on the basis of the empirical evidence, one cannot be sure that the programs are achieving their objectives, nor rule out the possibility that they are causing more harm than good. Of particular concern to them are the substantial number of children, particularly in the youngest age groups, who fail to grasp the knowledge or skills being taught; the relatively high percentage of older children who appear already to know the concepts being taught; and the small, but consistent, percentage of children who experience increased levels of fear and anxiety following these programs. Their call is for better evaluations and more cautious program planning.

In contrast, Gilbert’s critique of these efforts is far more pointed. Independent of the ability of these efforts to achieve their objectives, Gilbert questions their general appropriateness. Gilbert argues that the programs place the protection of children in the hands of children themselves and take “little account of parental rights and responsibilities in family life.” He suggests that, by telling children they have a right to say no to adults, the programs support a dynamic that may encourage children to resist any form of parental or adult authority. For example, he notes the programs provide no distinctions between spanking and beatings, arguing that such oversight ignores a parent’s right to use corporal punishment. “Without clear public consensus,” he notes, “it does not seem right for programs taught in public schools to advance one view while opposing the other.” Gilbert is even more concerned with the program’s potential impact on how children view gestures of affection. Because of the ambiguity found in most sexual abuse (for example, a relationship can be positive before it becomes abusive), programs that make children more vigilant and cautious in their interactions with adults may limit a child’s ability to enjoy any form of adult friendship and love.

Melton shares the critique of these programs offered by others. He also goes on to argue the improbability of developing any successful program to prevent child sexual abuse, because of the pervasive nature of the problem (which is not bounded by any traditional demographic or socioeconomic factors), the very young age of many victims, and the absence of clear explanatory models for perpetrator behavior. Given these constraints, current child sexual abuse prevention programs are, in Melton’s view, theoretically ill-conceived and produce, at best, modest changes in a child’s knowledge of the problem and understanding of when and how to respond. In the absence of more definitive empirical evidence, Melton would place greater emphasis on increasing support to families in transition or under stress as a means of better targeting prevention efforts for sexual abuse and would expand basic research on the conditions that permit or inhibit abusive behavior. In both instances, however, he is not optimistic. “Although it is too early to shut the door to the prevention of sexual abuse, ultimately we may reach the unhappy conclusion that our resources are better invested in remediating the effects of abuse than preventing its occurrence.”23

Effectiveness with Respect to Knowledge

Despite the theoretical limitations of these programs, evaluations in this area have become more rigorous over time and have influenced the content and focus of child
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<td><strong>Behavior Skills Training program</strong>&lt;br&gt;Technique: Instruction, modeling, rehearsal, feedback, praise&lt;br&gt;Durational/Intensity: 25 minutes/day for 3 days&lt;br&gt;Content: Appropriate vs. inappropriate touch, Assertiveness skills, Avoiding or coping with potential danger, Tell someone</td>
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<td>Hill and Jason (1987)</td>
<td><strong>Prevention Curriculum</strong>&lt;br&gt;Technique: E1: Discussion, short stories, training for teachers, workshop for parents&lt;br&gt;E2: Workshop for parents&lt;br&gt;Durational/Intensity: E1: In-class curriculum—30 minutes/week for 6 to 8 weeks, Weekly teacher training for maximum of 5 hours, Two-hour parent workshop&lt;br&gt;E2: Two-hour parent workshop&lt;br&gt;Content: Body ownership, Continuum of touch, Secrets vs. surprises, Trust own feelings, Assertiveness skills, Tell someone</td>
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<td><strong>Grossmont College Child Sexual Abuse Prevention Program</strong>&lt;br&gt;Technique: Picture book, puppet show, discussion, activities, role play&lt;br&gt;Durational/Intensity: 5-day program&lt;br&gt;Content: Appropriate vs. inappropriate touch, Assertiveness skills, Tell someone</td>
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<td>Posttest: E: 50% concepts understood</td>
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<td>乖内容 Body ownership Define &quot;private parts&quot;</td>
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<td>Fear Assessment Thermometer Scale</td>
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Studies are arranged in order of the age of children who participated in the studies.

RA refers to random assignment. E refers to the experimental group, the group that received the program intervention. Where there are two experimental groups, they are referred to as E1 and E2. C refers to the control group.

A wait-listed C group refers to a control group that received the intervention shortly after the posttest was administered. n refers the number of women, children, or families in each group.

"Personal Safety Questionnaire (PSQ) is an interview designed to assess children’s knowledge about sexual abuse. Measure includes eight practice and 14 personal safety items such as “Do you have to let grown-ups touch you on your private parts?” Children respond both verbally and physically by placing their hand over the YES, NO, or I'M NOT SURE answers. Scores range from 1 to 14. In the “What If” Situations Test (WIST), children are presented with a series of vignettes and asked how they might respond if they found themselves in each situation. Two situations are not threatening (e.g., falling down and scraping a knee); four situations describe potential encounters with adults who make sexual advances; and one situation describes an appropriate touch vignette (e.g., a parent asking to see a potential injury on a child’s private parts). The child is then asked a standard list of questions to determine the degree to which she recognizes the inappropriateness/appropriateness of the situation; describes the appropriate verbal response to the situation; describes the appropriate behavioral response to the situation; identifies the need for reporting inappropriate touch; and demonstrates the appropriate way to make such a report (e.g., whom to tell and what to say). Scores range from 0 to 32. On the Fear Assessment Thermometer Scale, children rate their fear of various people and situations by moving a column of mercury from 1 (not at all afraid) to 6 (very much afraid) on a thermometer. Measure includes items potentially affected by a sexual abuse prevention program (e.g., strangers, leaving the house, going to school, relatives, baby-sitters, hugs from mom or dad, etc.) as well as control items (e.g., spiders, butterflies, snow cones, Frankenstein).

For all outcomes, NS or E = C means that differences between experimental and control groups were not statistically significant, using a cutoff value of p < .05, unless otherwise noted. That is, outcomes labeled NS cannot be attributed to the intervention, but instead could be due to chance. If, for example, E > C, p < .05, then the E group outperformed the C group on that outcome, a finding that we would expect by chance no more than 5 times in 100.

(For complete citations, see notes nos. 44-61 in the endnote section.)
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<thead>
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</table>
| Harvey, Forehand, Brown, and Holmes (1988) | Good Touch–Bad Touch Technique | 5- to 7-year-olds from four schools (N=71) | Children RA to E and C (read fairy tales, saw film about drug abuse prevention) | Posttest: E > C (p < .05)  
Follow-up: E > C (p < .05) |
| Fryer, Kraizer, and Miyoshi (1987a,b) | Children Need to Know (CNK) Personal Safety Technique | K-2nd graders (N=44 at pretest and posttest; N=29 at follow-up) | RA to E (n=23) and wait-listed C groups (n=21) | Simulated Interaction  
Pretest: 10/21 C vs. 13/23 E agreed to go (ns)  
Posttest: 10/21 C vs. 5/23 E agreed to go (p=.05)  
Follow-up: Gains maintained for E  
For E Group Only  
Posttest > pretest (p=.02)  
At posttest: Children who did not agree to go with the stranger scored higher on tests of self-esteem (p=.05) and knowledge (p=.02) than children who did agree to go |
| Saslawsky and Wurtele (1986) | Touch Technique | 5- to 12-year-olds (n=41) from two schools | RA, E, and wait-listed C group (50-minute discussion of self-concept and personal values) | PSQ  
Posttest: E > C (p < .02)  
Older children > younger (p < .001)  
Follow-up: E group maintained gains  
WIST  
Posttest: E > C (p < .02)  
Older children > younger (p < .01)  
Follow-up: E group maintained gains |
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<td>Blumberg, Chadwick, Fogarty, Speth, and Chadwick (1991)</td>
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<td>RA to E1, E2, or C (fire prevention training) groups</td>
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<td>Pretest/posttest from 3 to 94 days after intervention</td>
<td><strong>E1 &gt; C</strong> (p &lt; .05) <strong>Posttest:</strong> E1 &gt; C (p &lt; .05) (Results not reported for other measures)</td>
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<td>Instrumentation Knowledge: questionnaire, Fear: survey</td>
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<td>Skill acquisition: questionnaire</td>
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<td>Touch Discrimination Test: vignettes to identify inappropriate vs. appropriate touch</td>
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<td>Hazzard, Webb, Kleemeier, Angert, and Pohn (1991)</td>
<td>Feeling Yes, Feeling No Technique</td>
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<td>Eight schools matched on ethnicity and achievement level into two sets, with one school in each set randomly assigned to a group:</td>
<td><strong>E1 and E2 &gt; C at 6-week follow-up</strong></td>
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<td>E1: Teacher and child training; E2: Child training only; E3: Teacher training only; C: Wait-listed control group. One session on fire safety, then like E2 after 6 weeks</td>
<td>4th graders &gt; 3rd graders at posttest and 6-week follow-up (p &lt; .0001)</td>
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<td>Parental reports Negative responses to program in &lt; 5% of children</td>
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<td>Children’s disclosures of abuse</td>
<td><strong>Disclosures</strong> For E and C schools, 1.5% children reported ongoing sexual abuse, and 3.8% reported past sexual abuse</td>
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*Studies are arranged in order of the age of children who participated in the studies.

*n* is the number of children, schools, or classrooms participating in the study.

*RA* refers to random assignment. *E* refers to the experimental group, the group that received the program intervention. Where there are two experimental groups, they are referred to as E1 and E2. *C* refers to the control group.

*Personal Safety Questionnaire (PSQ)* is an interview designed to assess children’s knowledge about sexual abuse. Measure includes eight practice and 14 personal safety items such as “Do you have to let grown-ups touch you on your private parts?” “Children respond verbally and physically by placing their hand over the YES, NO, or I'M NOT SURE answers. Scores range from 1 to 14. In the “What If?” Situations Test (WIST), children are presented with a series of vignettes and asked how they might respond if they found themselves in each situation. Two situations are nonthreatening (e.g., falling down and scraping a knee); four situations describe potential encounters with adults who make sexual advances; and one situation describes an appropriate touch vignette (e.g., a parent asking to see a potential injury on a child’s private parts). The child is then asked a standard list of questions to determine the degree to which she recognizes the inappropriateness/appropriateness of the situation; describes the appropriate verbal response to the situation; describes the appropriate behavioral response to the situation; identifies the need for reporting inappropriate touch; and demonstrates the appropriate way to make such a report (e.g., whom to tell and what to say). Scores range from 0 to 32. On the Fear Assessment Thermometer Scale, children rate their fear of various people and situations by moving a column of mercury from 1 (not at all afraid) to 6 (very much afraid) on a cardboard representation of a thermometer. Measure includes items potentially affected by a sexual abuse prevention program (e.g., strangers, leaving the house, going to school, relatives, baby-sitters, hugs from mom or dad, etc.) as well as control items (e.g., spiders, butterflies, snow cones, Frankenstein).

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<td><strong>Hazzard, Kleemeier, and Webb (1990)</strong>&lt;sup&gt;57&lt;/sup&gt;</td>
<td><strong>Feeling Yes, Feeling No</strong></td>
<td>3rd and 4th graders from 11 schools (N=558)</td>
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<td><strong>Knowledge</strong> E1 = E2 = E3 at posttest 4th graders &gt; 3rd graders (p &lt; .0001) Girls &gt; boys (p &lt; .0001) <strong>Vignettes</strong> E1 = E2 = E3 <strong>Fear</strong> 11.3% of children reported feeling “worried” after the program <strong>Disclosures</strong> Mean number of disclosures per class: E1 = .88 E2 = .67 E3 = 1.2 (ns)</td>
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<td><strong>Technique</strong></td>
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<td>Videotape, discussion, role play, Spiderman comic book, homework</td>
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<td>E1: Teachers (n=15) conducted workshops in their own classrooms (n=237 children) E2: Teachers (n=15) conducted workshops in classrooms other than their own (n=114 students) E3: Expert consultants conducted workshops in classrooms (n=207 children) Pretest/posttest <strong>Instrumentation</strong> Knowledge: questionnaire, skills acquisition: videotaped vignettes Fear: children’s self-report Children’s disclosures of abuse</td>
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<td><strong>Duration/Intensity</strong></td>
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<td>One hour/day for 3 days</td>
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<td><strong>Content</strong></td>
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<td>Touch can give positive or negative feelings</td>
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<td>Definition of sexual abuse</td>
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<td>Assertiveness skills</td>
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<td><strong>Talking About Touching (TAT) (E1)</strong></td>
<td>3rd to 5th graders in 150 classrooms (N=4,500)</td>
<td>Classrooms randomly assigned to one of five groups (30 classrooms per group)</td>
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<td><strong>Spiderman comic book (E2)</strong></td>
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<td><strong>Technique</strong></td>
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<td>TAT: Photo lessons, discussion, role play, homework exercises</td>
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<td>Spiderman: comic book</td>
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<td>TAT: 15 minutes/day for 3 weeks Spiderman: self-administered/avg. 20 minutes to read</td>
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<td><strong>Content</strong></td>
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<td><strong>Behavioral Skills Training (BST) program with and without “Touch” (E3)</strong></td>
<td>K and 1st graders (n=28) and 5th and 6th graders (n=43)</td>
<td>RA to: E1: BST E2: BST and film E3: Film C: Wait-listed control (discussion of self-concept and personal values) Pretest/posttest/follow-up at 3 months for E1, E2, and E3 only</td>
<td><strong>PSQ</strong> Posttest: E1 &gt; E3 (p &lt; .05) E1 &gt; C (p &lt; .05) E2 &gt; E3 E2 &gt; C (p &lt; .05) Older &gt; younger (p &gt; .001) Follow-up: E1 = E2 = E3 <strong>WIST</strong> Posttest: E1 &gt; C E1 = E2 = E3 Older &gt; younger Follow-up: E1 = E2 = E3</td>
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<td>BST: Modeling, behavioral, rehearsal, social reinforcement</td>
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<td>Touch: Film and discussion</td>
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<td><strong>Duration/Intensity</strong></td>
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<td>E1: One 50-minute session E2: 50-minute session plus 35-minute film, plus 15-minute discussion E3: 35-minute film plus 15-minute discussion C: One 50-minute session</td>
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<td><strong>Content</strong></td>
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<td><strong>Woods and Dean (1986)</strong>&lt;sup&gt;58&lt;/sup&gt;</td>
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<td>Instrumentation Knowledge: questionnaire</td>
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<td>Nelson (1985)&lt;sup&gt;e&lt;/sup&gt;</td>
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<td>Schools randomly assigned to E1 (n = 7 schools), E2 (n = 6 schools), and C (n = 3 schools)</td>
<td>Knowledge E2 &gt; E1 &gt; C (p &lt; .05)</td>
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<td>E1: Lecture, discussion, role playing</td>
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<td>E2: Videotape, role playing</td>
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<td>Instrumentation Knowledge: questionnaire</td>
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<td>Attitudes (self-acceptance, autonomy, internal control, external control): questionnaire</td>
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<sup>a</sup>Studies are arranged in order of the age of children who participated in the studies.

<sup>b</sup>N = the number of children, schools, or classrooms participating in the study.

<sup>c</sup>RA refers to random assignment. E refers to the experimental group, the group that received the program intervention. Where there are two experimental groups, they are referred to as E1 and E2. C refers to the control group. A wait-listed C group refers to a control group that received the intervention shortly after the posttest was administered; n = the number of women, children, or families in each group.

<sup>d</sup>Personal Safety Questionnaire (PSQ) is an interview designed to assess children’s knowledge about sexual abuse. Measure includes eight practice and 14 personal safety items such as “Do you have to let grown-ups touch you on your private parts?” Children respond both verbally and physically by placing their hand over the YES, NO, or I’M NOT SURE answers. Scores range from 1 to 14. In the “What If” Situations Test (WIST), children are presented with a series of vignettes and asked how they might respond if they found themselves in each situation. Two situations are nonthreatening (e.g., falling down and scraping a knee); four situations describe potential encounters with adults who make sexual advances; and one situation describes an appropriate touch vignette (e.g., a parent asking to see a potential injury on a child’s private parts). The child is then asked a standard list of questions to determine the degree to which she recognizes the inappropriateness/appropriateness of the situation; describes the appropriate verbal response to the situation; describes the appropriate behavioral response to the situation; identifies the need for reporting inappropriate touch; and demonstrates the appropriate way to make such a report (e.g., whom to tell and what to say). Scores range from 0 to 32. On the Fear Assessment Thermometer Scale, children rate their fear of various people and situations by moving a column of mercury from 1 (not at all afraid) to 6 (very much afraid) on a cardboard representation of a thermometer. Measure includes items potentially affected by a sexual abuse prevention program (e.g., strangers, leaving the house, going to school, relatives, baby-sitters, hugs from mom or dad, etc.) as well as control items (e.g., spiders, butterflies, snow cones, Frankenstein). For all outcomes, NS or E = C means that differences between experimental and control groups were not statistically significant; using a cutoff value of p < .05, unless otherwise noted. That is, outcomes labeled NS cannot be attributed to the intervention, but instead could be due to chance. If, for example, E > C, p < .05, then the E group outperformed the C group on that outcome, a finding that we would expect by chance no more than 5 times in 100. (For complete citations, see notes nos. 44-66 in the endnote section.)
sexual abuse prevention programs. At least six major review articles on this topic have concluded that, on balance, most evaluations conducted on these programs find significant, if not always substantial, gains in a child's knowledge of sexual abuse and how to respond. Further, a meta-analysis which reviewed the findings from 30 such evaluations concluded that, on balance, the programs assessed through these effects produced a small but statistically significant gain in knowledge. Although these findings applied to programs targeting the full spectrum of age groups, the effects were strongest for the elementary-school-age population. Participants demonstrate an increase in knowledge about safety rules and are more aware of whom to turn to if they have been abused.

Looking only at the randomized trials reported in Table 1, the majority of the gains observed followed relatively brief interventions, involving five or fewer presentation sessions. Only two of these randomized trials assessed programs involving more than five presentations, both of which observed significant differences between their intervention and control groups.

The methodological and conceptual limitations of many of these studies suggest that caution is warranted regarding their positive findings. A sizable percentage of the children who participated in these classes were already familiar with the concepts at the onset of service. Further, gains, while statistically significant, often represent a net increase of two to three concepts, an increase which may be due to a child's increased familiarity with the testing procedures (that is, retest bias), to the passing of time, or to the child hearing the message from his or her favorite television character. Also, even though the majority of children learn something from these efforts, many of the concepts go un-

Effectiveness with Respect to Skill Development

One of the most consistent recommendations from the evaluations is the need to provide children with opportunities for role play to practice new skills such as assertiveness, clear communication, and maintaining a safe distance (that is, arms length from strangers). Wurtele and her colleagues (see Table 1) found role playing and participant modeling (that is, actively practicing a skill as opposed to watching others do it) a more effective method than experimenter modeling of prevention skills. In response, child safety programs are increasingly utilizing this technique.

Evaluations of such behavioral approaches have found them to be effective in strengthening a child's ability to resist abusive situations. Fryer and his colleague documented a significant change in a child's behavior toward strangers following receipt of Kraizer's Children Need To Know curriculum (see Table 1). Unique to the evaluation was the staging with each child of an actual situation the day before and the day after the classroom program. This simulation was comprised of the child's encounter with a member of the research team in an isolated setting in the school. The research assistant, posing as a stranger, requested the child's assistance in the performance of a task that entailed their leaving the school building together. Prior to the program, 13 of the 23 children in the experimental group and 10 of the 21 children in the control group failed (that is, they agreed to leave the building with the researcher). Following the presentation, only 5 of the experimental children again agreed to leave the school building, while no change was noted among the control children. Using a chi-square measure, this difference was statistically significant at .05 level. While the methods used in this evaluation have been questioned, the technique does serve to demonstrate the utility of a behavior-based curriculum, at least in the short term.

The ability of educational efforts utilizing skill-based curricula to transfer skills as well as knowledge has been further confirmed in a national survey of young people. Finkelhor and his colleagues found a
surprisingly high number (42%) of respondents in their national survey of children ages 10 to 16 reported specific instances in which they had used the information or skills presented in these types of workshops to avoid suspicious strangers or for other purposes, such as to avoid a fight. More than one in four of the respondents said they had used the skills to help a friend. Children who had attended programs that included a role-play component were significantly more likely to report these types of activities.

**Differential Outcomes**

As with all prevention efforts, these knowledge and skill gains are unevenly distributed. Most children have greater difficulty in accepting the idea that abuse can occur at the hands of someone they know than at the hands of strangers. Among preschool participants, the more complex concepts, such as secrets and dealing with ambiguous feelings, often remain misunderstood. While most children learn something from these efforts, a significant percentage of children fail to show progress. For example, Conte noted that even the best performers in his study grasped only 50% of the concepts taught (see Table 1). At least one early evaluator discovered that, while children retained knowledge of safety rules after several months, they retained less information with respect to who can be a molester, the difference between physical abuse and sexual abuse, and the fact that abuse is not the victim’s fault.

Significant debate has occurred over the potential of this intervention with a preschool population. Borkin and Frank found that virtually none of the three-year-olds participating in their quasi-experimental study retained any of the information presented after only one week, and only 40% of the four- and five-year-olds retained any knowledge over this period. (However, this study did not have either a control group or a pretest.) Similarly, Conte and his colleagues found significant differences in the level of information retained by the four- and five-year-olds in their sample versus the six- to ten-year-olds (see Table 1). Gilbert and his colleagues found, in a quasi-experimental study, that between 25% and 65% of the 118 children participating in their evaluation of seven different preschool curricula failed to grasp the knowledge or skills being taught.

While apparently learning less than older children, four- and five-year-olds do learn as a result of these interventions. Harvey, Forehand, Brown, and Holmes found that, relative to a no-treatment control group, the kindergarten children who participated in a child sexual abuse prevention education program demonstrated more knowledge about preventing abuse and performed better in role play involving sexual abuse three weeks and seven weeks after the intervention. Following a five-day, behavior-based prevention program for kindergarteners and first- and second-graders, Kraizer, Witte, and Fryer found significant improvements in all dimensions tested. Of particular note is the fact that all 33 experimental chil-
should talk to an adult when they are troubled. In an assessment of seven different programs targeting preschoolers, 75% showed improvement or repeated the correct response in this area at posttest. This pattern is particularly noteworthy given research on perpetrator behavior. Sexual abuse offenders interviewed by Conte, Wolf, and Smith reported that a child’s indicating he or she would tell a specific adult about the assault does have an impact on their behaviors. Similarly Gilgun and Connor and Budin and Johnson report that perpetrators seek out passive, troubled, or lonely children who can be counted on to maintain the secret of an abusive relationship. Regardless of the ability of child sexual abuse prevention programs to convey all of the concepts targeted in these curricula, teaching young children the simple task of telling an adult when a situation confuses them may justify retaining this aspect of these programs.

Effectiveness with Respect to Disclosures
Many who question the effectiveness of these efforts as a means of primary prevention are encouraged by the potential ability child sexual abuse prevention education has to create an atmosphere more conducive to early disclosure. In other words, independent of the impact these programs may have on future behavior, they offer an opportunity for victims to reach out for help, thereby preventing continued abuse. Kolko, Moser, and Hughes reported that, in five of six schools in which prevention programs were offered to children ages 7 to 10, school guidance counselors received 24 reports of inappropriate sexual or physical touching in the six months following the intervention (11.3% of the total trained sample). In contrast, no reports were noted in the one control school in their study.

Similarly, Hazzard, Webb, Kleemeier, and colleagues, in a study of third- and fourth-graders, found that 8 children reported ongoing sexual abuse and 20 others reported past occurrences within six weeks of receiving a three-session prevention program (see Table 1). The authors did not report the number of disclosures occurring in the treatment versus control schools because the data did not allow for the desegregation of reports in the control school into those that occurred before as opposed to after the delayed treatment. Although follow-up information was not available on all disclosures, the authors were not made aware of any disclosures that were subsequently felt to be false allegations by school personnel or protective services.

Potential Negative Outcomes
Substantial disagreement exists over the potential negative impacts of these efforts. For example, Reppucci and Haguaard direct their strongest criticism at the programs’ potential for engendering fear and anxiety. The two randomized trials included in Table 1 which examined this concept did not find that the programs had a significant or even notable impact on a child’s sense of fear or anxiety. However, two evaluations which employed quasi-experimental designs have been repeatedly cited as offering evidence that these programs produce more far-reaching negative outcomes, a perception partly supported by a recent national youth survey.

Garbarino found that more than one-third of the second-, fourth-, and sixth-graders who participated in an evaluation of the National Committee to Prevent Child Abuse’s Spiderman comic book reported being more worried or anxious after completing the two stories on sexual abuse. An examination of the interviews revealed that most of the children reported feeling a little scared or worried, and most said it was because they realized they could become victims of sexual abuse. Garbarino goes on to note that, in the course of his study involving children, one boy disclosed that he had been victimized. In his final analysis, Garbarino concludes that a slight elevated risk of anxiety for some children may be the unavoidable cost of creating an environment in which abused children can disclose. Critics of these interventions disagree and frequently cite this study as empirical evidence of the pervasive negative outcomes of such safety education. Though frequently cited, this study did not involve
either a control group or a pretest, making it impossible to attribute effects—good or bad—to the intervention.

The second widely noted discussion of the negative impacts of child sexual abuse prevention education has been the work of Gilbert and his colleagues. They note that a greater number of preschool children participating in their study had more negative attitudes toward not only clearly negative touches (for example, hitting) but also rather benign or natural touches (for example, tickling and bathing). As with the Garbarino findings, it remains unclear whether this type of shift may be the price one pays for elevating awareness.

Support for this interpretation is found in a recent telephone survey of children by Finkelhor and colleagues. In that study, those children and parents who reported elevated levels of fear or anxiety following the provision of a sexual abuse education program also were the ones most likely to rate the program as having an overall positive effect and to have utilized the concepts in their daily lives. Indeed, their data found that those children who had received “high quality” prevention programs (for example, those which included such features as discussing the potential of sexual abuse in the family, multiple presentations, opportunities to model or practice the skills being taught, and the like) reported that they would be significantly more likely to fight back when threatened with real sexual victimization.

Other findings from this survey, however, are more disturbing. In spite of the participants’ approval of these programs, there were no objective signs that the better-trained children managed to limit the seriousness of the threats and assaults they experienced. For example, they did not have lower levels of completed victimization as a percentage of all attempted and completed incidents. In fact, they reported more injuries in sexual victimization attempts, although the difference was only marginally significant ($p < .10$). Despite the fact that program participants reported feeling more empowered and less likely to adopt a “victim” persona in the face of assault, this finding raises serious questions about the ultimate ability of these instructions to reduce actual levels of maltreatment.

Such a pattern should not be surprising. All adult-child interactions are weighted in favor of the adult. Physical size, intellectual development, life experiences, and social status suggest that, on average, most adults will be able to assert their wills over most children. Child sexual abuse prevention education, as an isolated strategy to prevent child sexual abuse, cannot succeed.

In this author’s view, the generally positive findings from this body of research do suggest that child-focused education could be an important and vital component in the effort to reduce ongoing sexual abuse. Collectively, these findings suggest prevention programs have beneficial impacts on their young recipients, although the magnitude of this impact is greatest among children ages 7 to 12. Based on the literature and commentary, this author concludes that the most promising programs have the following characteristics:

- behavioral rehearsal of prevention strategies;
- curricula tailored to each age group’s cognitive characteristics and learning ability;
- for young children, material presented in a stimulating and varied manner;
- generic concepts, such as assertive behavior, decision-making skills, and communication skills, which children can use in everyday situations, not just to fend off abuse;
- emphasis on the need for children to tell every time someone touches them in a way that makes them uneasy; and
- longer programs that are better integrated into school curricula.

**Expanding Prevention Efforts**

Restructuring child sexual abuse prevention programs in the manner outlined above is a critical first step in enhancing our capacity to educate children, parents, and communities about the problem of sexual abuse. Repeated commentaries on
the subject of child sexual abuse prevention, however, have called for more creative thinking. These commentaries have structured this expanded effort within the context of Finkelhor’s conceptual model of sexual abuse, within the medical versus criminal justice system, and within notions of expanded educational efforts. The following discussion is presented from a public health perspective, with efforts grouped as primary, secondary, and tertiary prevention. While very limited empirical data exist to support the ability of any one of these strategies to have a notable impact on child sexual abuse rates, as a group they represent the type of far-reaching efforts that may move forward the effort to reduce the prevalence of child sexual abuse significantly.

Primary Prevention
Primary prevention efforts should continue to play a strong role; a great deal remains to be done in altering the public’s perception of child sexual abuse as well as in strengthening parents’ capacity to nurture their child’s healthy sexual development. Children also can be better assisted in developing relationships with adults and with their peers in which appropriate boundaries of behavior are understood and respected.

Public Education Efforts
Public awareness efforts regarding sexual abuse and its magnitude need to be expanded. Data suggest that other public awareness messages may partly account for changes in the use of illicit drugs, corporal punishment, and seat belts, in smoking, and in driving while under the influence of alcohol. In each instance, assessments of media messages targeting these behaviors have found more progress among those who are not the most flagrant participants in these behaviors. For example, while the percentage of those parents reporting the use of serious force against their children in the past year (that is, those who report bruising or injuring their child in the course of discipline) has remained constant at 2% for the past 10 years, the percentage of parents reporting the use of spanking or insulting or swearing at their children has steadily declined since 1988, from 64% to 49%.

A specific, targeted public education message needs to be directed to perpetrators. Specifically, all adolescents and adults need to know that child sexual abuse is a crime, that there is help available if they need it, that abusive behavior can be chronic unless the abuser gets help, that child sexual abuse hurts children, and that children can never consent to sexual relations. While most career pedophiles would be poor candidates for such strategies, sex offenders are a diverse group. Some offenders, particularly those who are increasingly uncomfortable with their behaviors, might well respond to directed outreach campaigns. Along these lines, the National Committee to Prevent Child Abuse commissioned a publication that targeted current or potential offenders (You Don’t Have to Molest That Child by Tim Smith). The distribution of this publication remains problematic because of the general unwillingness of the public to believe that offenders can be found in a variety of communities. Its distribution to date has been limited to mental health clinics and correctional facilities.

Public information messages can reshape the environment that influences and guides personal choice. With respect to child sexual abuse, public awareness messages need to promote the notion that child sexual abuse, like all forms of maltreatment, is everyone’s responsibility and everyone’s problem. Beyond increasing the public’s recognition of the problem, such campaigns can be used to alter the normative standards that create an environment in which child sexual abuse can flourish. The goal should be to create a culture that eliminates any tolerance for sexual abuse or confusion over what society condones as appropriate interactions between adults and children.

Parent Education Efforts
Some parents sexually abuse their children, or negligently or knowingly allow others to do so. The vast majority, however, do not. Strengthening a parent’s protective instincts and capacities may remain the single best defense against child sexual abuse. While some of these issues might be
incorporated into those few existing parent workshops already focused on child sexual abuse prevention, such efforts are unlikely to produce the type of changes needed. Indeed, evaluations of these parenting workshops have not been promising, largely because few parents attend these sessions, and those who do often have a prior interest or familiarity with the topic.81,101 Instead, care must be taken to infuse the larger body of parent education efforts with information on preventing child sexual abuse. Specific guidelines such as those developed by Ryan102 and Wurtele and Miller-Perrin,61 which help parents distinguish among appropriate, potentially troublesome, and inappropriate sexual interests or behaviors, can offer parents a means of monitoring their child’s behaviors.

Along these lines, all parents need to be educated not only about sexual abuse but also about broader parenting responsibilities, beginning with early attachment and bonding between parent and child. This bond may not only create a natural interest in ensuring the well-being of one’s child, but also serve to strengthen a father’s internal inhibition to refrain from incestuous behavior. While not a perfect correlation, research reported by Williams and Finkelhor103 suggests an elevated instance of physical and emotional detachment between incestuous fathers and their daughters in their children’s early years of life.

Parent education programs should emphasize communication skills to create a context in which secrets or manipulation by another adult becomes more difficult. Finally, parents need to be given information about how to deal with a disclosure of sexual abuse and how to reach out to children (their own or others) who may be in vulnerable situations.

Life Skills Training for Young Adults

A common set of skills has been identified by educators as essential for rejecting risk-taking behaviors such as teen pregnancy, drug use, and delinquency. These attributes include communication skills, problem-solving and planning skills, assertiveness skills, negotiated conflict resolution, friendship skills, peer resistance skills, low-risk choice-making skills, stress reduction skills, self-improvement skills, consumer awareness skills, self-awareness skills, critical thinking skills, and basic academic skills.104 Curricula that aid this type of skill building prevent child sexual abuse by reducing the personal attributes which put lonely and low-skill children at risk of sexual exploitation. These same skills may also be important in preventing some adolescents from experimenting with sexual exploitation of younger or smaller children.

As children mature into adolescence, educational efforts need to move beyond generic life skills and directly address questions of healthy sexuality. Teens need to be made aware of what is acceptable and what is not and whom they can talk with if they have concerns. Research on adolescent offenders suggests that empathy for their peers can serve as a strong protective factor to prevent exploitive behavior.102

Secondary Prevention

Although models for identifying those at risk of sexual abuse are extremely limited, research offers some guidance for shaping secondary prevention efforts. Periods of
family break-up and reformation are notable times of stress for both adults and children. Similarly, parental substance abuse or mobility have been linked to elevated levels of uncertainty and self-doubt for children. Finally, while the correlation is slight, victims of all forms of abuse are at elevated risk of offending as adults. Research suggests that less than one-third of those victimized go on to abuse a child themselves.105,106 The key in all secondary prevention efforts is offering intervention in a nonstigmatizing manner. The majority of adults or children, regardless of risk status, will not fall victim to sexual abuse nor will they become offenders. Individuals presenting one or more risk factors, however, are often in need of more intensive support than primary prevention efforts are generally able to provide.

Support Groups for Vulnerable Children

Separation and divorce, parental substance abuse, relocation to a new community or school, community violence or peer pressure to engage in substance abuse, gang membership, or early sexual relations can contribute to a child’s isolation and self-doubt. During such periods, children should have access to support groups in which they can discuss their concerns under the guidance of a trusted adult. While a growing number of such groups are emerging for adolescent parents, far fewer efforts are available for children in other high-risk categories. The primary purpose of these groups should be less to discuss the risk of sexual abuse and more to provide an environment in which all issues can be addressed. While limited evaluations have been conducted on these methods, assessments of group-based services as a therapeutic intervention have been promising both in treating sexual abuse19,107 and in fostering more positive attitudes among teen mothers.108,109

A group in need of special, directed intervention are those adolescent males who have already exhibited behavior beyond the bounds of normal sexual curiosity or experimentation but have not yet abused younger children.

Support Groups for Vulnerable Adults

Adults going through difficult transitions often face the same uncertainty and isolation found among children. Such transitions include separation, divorce, or remarriage; domestic violence; and becoming teenage parents. Public education messages, if effective, may also lead some adults to recognize their own at-risk status. Even if vulnerable adults can be identified, they cannot be forced to engage in any intervention in the absence of a court order. Obtaining such a court order generally requires a clear violation of some law, not merely conduct that is suggestive of future criminality. Voluntary support groups for vulnerable adults hold the most promise if they are provided in neutral settings such as church groups, family resource centers, or wellness centers. In addition, discussion of these issues needs to be integrated into existing parenting education programs and many types of self-help groups.

Tertiary Prevention

Current thinking calls for intensive and comprehensive services for all identified victims and offenders in an effort to break the cycle of maltreatment. However, research is scant on the effectiveness of current treatments for victims and perpetrators in achieving this goal. (See the articles by Beutler and by Becker in this journal issue.)

As with service delivery systems, not all interventions are equally successful and not all offenders are amenable to rehabilitation and correction, even when offered access to exemplary services. However, without such interventions, substantial reincidence rates are likely. Unless
other prevention strategies someday prove effective in dramatically reducing the prevalence of abuse, offender treatment programs should be an important component of a comprehensive prevention policy.

Conclusions

Common sense suggests that this type of comprehensive approach is a move in the right direction. Research findings supporting this approach are less clear and less available. Research is needed to determine the extent to which individual behavior can be altered by various early intervention efforts and the extent to which changes result in less vulnerability for at-risk children and less proclivity toward sexual abuse among adults. Research must also address whether specific interventions cause individuals any lasting discomfort or impinge upon healthy parent-child relationships.

While the cost associated with providing all of the services outlined above would not be trivial, prevention, as opposed to treatment, is a more cost-effective strategy in the long run for most problems. The total costs of prevention may be reduced by integrating these efforts into existing social service and educational systems. Such strategies not only reduce program costs but also offer multiple opportunities to reach at-risk children and potential perpetrators.

42. Typically, bad touching is defined as hitting, and questionable touching is defined as actions which start out feeling good but can become hurtful (for example, tickling).


85. Leake, H. A study to determine the effectiveness of the child assault prevention program in teaching first grade students to recognize and avoid child sexual abuse and assault. Unpublished manuscript prepared for the Sexual Assault Center of San Joaquin County, CA, 1986.


100. Smith, T. *You don't have to molest that child*. Chicago: National Committee to Prevent Child Abuse, 1987.
110. See note no. 102, Ryan, p. 400.