

We Can Keep Safe

PROGRAMME EVALUATION



HELP 

The Programme

We Can Keep Safe is a proactive child personal safety programme intended to prevent the sexual abuse of children. The programme was developed by HELP in 1995 after a critical examination of the evidence base surrounding child protection programmes as well as extensive consultation with experts in the field of child sexual abuse in New Zealand.

The initial impetus behind the programme was a belief that children who have prior knowledge of sexual abuse issues and self-protection strategies are more likely to be able to engage the help of trusted adults if they are being, or are at risk of being, sexually abused.

The three primary goals of the programme are:

1. The development of a community of safety in the preschool environment through shared concepts and ways of communicating about body safety among children and centre staff.
2. Increased safety in the home environment through increasing parental skill in assessing risk, promoting safety, receiving disclosures of sexual abuse, and the ability to confidently talk as a family about the issues surrounding sexual abuse.
3. Reduction in a child's vulnerability to being chosen as an object of abuse through: increasing the child's assertion about their body; increasing the likelihood that a child would tell and would do so using effective language; and increasing the likelihood that a child who told would be listened to.



In New Zealand, child sexual abuse is estimated to effect as many as one in three girls¹ and one in seven boys². Children are most vulnerable to abuse during their pre-pubertal years^{3,4}; in New Zealand the median age of onset for sexual abuse is nine years old⁵.

The sexual victimisation of children has repercussions in both the short- and long-term. Victims of child sexual abuse are more likely to suffer ongoing mental health problems (e.g. depression, eating disorder, increased risk of substance abuse), have a propensity to high risk sexual behaviour (including further sexual victimisation) as well as interpersonal difficulties (e.g. poor parenting).^{6,7,8,9,10}

Personal safety programmes are a widely-adopted public health strategy designed to prevent the occurrence of child sexual abuse.^{11,12,13}

The **We Can Keep Safe** programme is an early childhood personal safety programme designed and delivered by HELP.

The programme was evaluated by Point Research in 2011. The purpose of the evaluation was to better understand the impact of this programme, in particular how learning is retained by children and parents alike, and whether this impacts on behaviour.

Data was collected via in depth interviews with parents and children and during programme observations at four early childhood centres within the wider Auckland area during February to May 2011. In addition, a literature search was undertaken in order to understand the efficacy of personal safety programmes and to identify the characteristics related to positive programme outcomes.

Participants were asked the same questions before they did the programme, one month after the programme finished and then again six and twelve months after the programme finished.

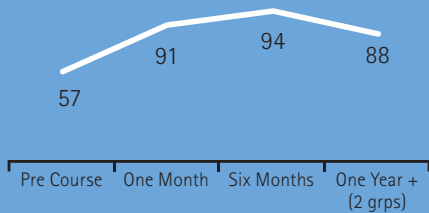
An additional eleven families and twelve children who had participated in the programme twelve months or more ago were also interviewed. This enabled the researchers to get more information about what changed over time and how well knowledge was sustained.

The results from the evaluation suggest that the **We Can Keep Safe** programme has been effective in increasing knowledge for both parents and children and in teaching children strategies for keeping themselves safe from sexual abuse.

Key Findings: Children

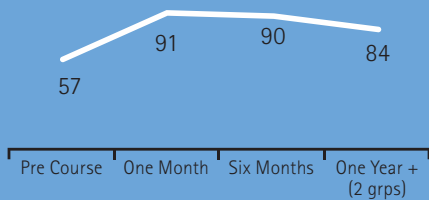
The programme encourages persistent telling. Children are told that if they cannot get an adult's attention then they should keep trying until they find someone who will listen to them.

Could you tell someone about touching you didn't like? (% Yes)



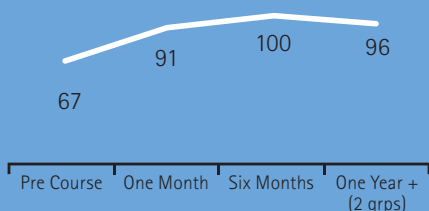
The percentage of children who thought an adult could help them increased substantially following the programme and the increase appeared to be sustained at both six months and after one year.

If you told a grown-up about the touching, do you think they could help? (% Yes)



The percentage of children who agreed that telling an adult could keep them safe also increased. This increase appeared to be sustained at six months and one year, with most of the children expressing confidence that "telling a grown-up would keep you safe".

Do you think telling a grown-up would keep you safe? (% Yes)



Children's Knowledge and Engagement

There were marked changes in the children's knowledge after completing the programme. After the programme, most or all of the children could:

- distinguish between "OK" and "not OK" touches and articulate how these touches would make them feel;
- articulate strategies for action if someone touched them in a way they didn't like or made them scared or worried;
- identify at least one trusted adult who they could tell about touching they didn't like;
- understand that telling a grown up would help keep them safe;
- identify and use the correct anatomical or widely accepted terms for their genital areas e.g. penis and bottom, and just under half used the words vagina or vulva;
- articulate the three touching rules i.e. It is okay for you to touch your own penis/vulva/bottom, It is not okay for you to touch someone else's penis/vulva/bottom and it is not okay for someone else to touch your penis/vulva/bottom;
- distinguish between secrets and surprises. Most indicated that they would tell their mum when given a scenario involving a 'secret'.

These changes were sustained at one, six and twelve months.

Most parents noted changes in their children following the completion of the programme, including:

- using the correct names for male and female genitals ;
- increased confidence expressing their feelings, including an ability to express themselves more assertively or using phrases from the programme such as "Stop it I don't like it";
- the ability to articulate touching rules and the way they applied the touching rules; and
- the ability to distinguish between secrets and surprises .

There did not seem to be a point at which the messages in the programme started to fade. It did appear, however, that younger children (three years) may have been slightly less able to understand the messages than older children (four years +), and might therefore benefit from having the messages reinforced.

Observations at all four centres showed that the children were highly and consistently engaged in the programme over all five sessions. They were particularly attentive when listening to Toby the puppet, dancing around the room, watching role plays and when contributing answers to questions. They were less likely to be engaged during the transition times between different activities and during music activities until the songs became more familiar. It is noted, however, that these periods of lower engagement were only for brief moments, and the presenter was able to quickly re-engage the children.

Parental Engagement and Participation

The literature suggests that parental involvement is a key factor in successful medium and long-term outcomes. Parental engagement with the programme amongst this group of parents was both high and sustained.

The parents consented to their children participating in the programme for a range of reasons, but many felt that it was important that their children learn about the topic, and they had concerns about the high level of abuse in New Zealand. Over half (60%) of the parents, however, had reservations about their children attending the programme, largely as they were concerned about the age appropriateness of the material and that it would upset the child. The parents said that they were reassured by the detailed explanation of the content they received during the Parents' Evening.

Prior to the programme, parents had significant gaps in their knowledge of child sexual abuse and prevention strategies. Many expressed shock at the Parents' Evening at the incidence and prevalence of abuse. Comments from some of the parents suggested that they believed that strangers posed a greater threat to their children than someone known to them. Most said that they had not talked to their preschool children about abuse or other personal safety issues.

Following the programme there was an increase in the percentage of parents who had talked to their children about personal safety. They were more likely to have talked with their children about how to keep safe from potential abuse, how to identify safe and trusted adults, who they can talk to if they are worried, what to do if an adult doesn't listen to them when they are trying to tell them something, okay and not okay touching, who is allowed to touch their body parts and the differences between secrets and surprises. It is not just that more parents discussed the topics covered by the programme with their children, but it appears some had also discussed these topics in a different way.

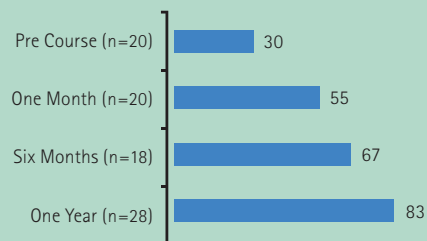
Almost half of the parents (48%) attended at least some of the sessions, and most of those appear to have engaged with the material and resources of the programme. Those that attended the sessions rated them as very useful.

Dealing with disclosure is one of the topics discussed during the parents' evening, and information on this topic is contained in the resource book which accompanies the programme. Prior to the programme, very few parents could articulate appropriate strategies around dealing with disclosure other than calling the police or other support services or approaching the perpetrator. After the programme, however, all but one parent indicated they would deal with disclosure in a manner consistent with the programme, that is, staying calm, taking it seriously, thanking the child for telling them, trying to find out more, saying it is not your fault and seeking advice about the next steps.

Key Findings: Parents

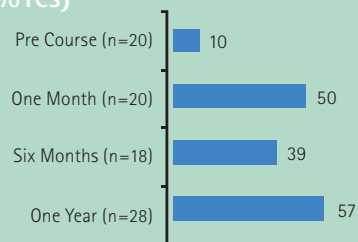
The programme covers issues of personal safety. Parents are encouraged to assist children in developing skills and strategies to enhance their personal safety in different situations. There was an increase in the percentage of parents who had discussed how their children could keep themselves safe from potential abuse.

Personal Safety Discussion (%Yes)



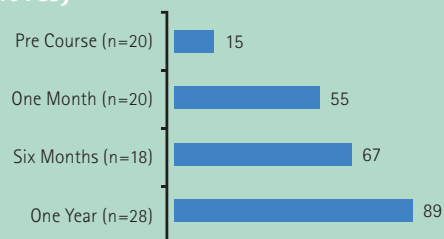
Parents are asked to find time with their children to identify safe adults. There was a sharp increase in the percentage of parents who had talked to their children about how to identify safe and trusted adults, before and after the programme.

Identifying safe and trusted adults (%Yes)



There was a marked increase in the percentage of parents who had talked to their children about what to do if someone touched them in a way that they didn't like.

Talking about what to do if someone touched them in a way they didn't like (%Yes)



Programme Format, Delivery and Messages

Research shows that perpetrators are less likely to target children who know the correct name for their genitals and who have knowledge of touching rules. Using the correct name for all body parts and teaching rules about touching are key components of the programme. Prior to the programme the percentage of children who used the correct name for genitals was low (under 10%). Following the programme there was a marked increase in the percentage of children using the words penis (38 percentage points) and vulva or vagina (45 percentage points), and the differences appeared to persist.

Other protection strategies associated with a reduction in risk include teaching children that they do not have to show physical affection, discouraging secret-keeping, encouraging a sense of body ownership, building children's skills (e.g. role play, modelling) around how to say 'no', teaching children how to tell (and keep telling) an adult when they are concerned about the behaviour of another person, identifying sources of support and distinguishing between secrets versus surprises. All these self protection strategies are well covered in the **We Can Keep Safe** programme.

It is not just the strategies covered in a programme that are important, but the method of delivery. The messages in the **We Can Keep Safe** programme are delivered using drama, music, movement, storytelling and puppetry and the programme material has been carefully tailored to meet the specific cognitive needs of pre-schoolers. This approach, which uses a combination of cognitive-behavioural and social learning approaches, is backed by international evidence which suggests that these are the programme features considered most effective in preschool programmes at increasing knowledge around personal safety.

Although the size of the sample means that it is unclear whether the setting has an impact on the results, the observations suggest that staff engagement is at least a key factor in the engagement of the children participating in the programme. In the centres in which staff members were present and actively participated in the behaviour management of the children while the programme was being delivered, the presenter was able to present the material without distraction. In the centres where the presenter was required to present the material and deal with behaviour, the flow of the presentation was disrupted, the children were more likely to be distracted by others and, on occasions, the presenter had to step out of character to deal with the behaviour before then re-engaging the children. It is not clear whether this has had any effect on outcomes.

Feedback from Childcare Centre Staff

Prior to running the programme, many of the staff were concerned the topic was difficult to talk about and to do so well and appropriately. Those that had expressed reservations said that their concerns were allayed after they spoke with HELP and after the presentation that outlined the content to be covered, what it involved, and exactly how it would be presented to the children session by session.

Once the programme was underway staff at all the centres noticed that more children used phrases of the programme, such as "Stop it, I don't like it", and that their body belonged to them.

Two of the centres said that their staff had learned new information and had benefited from attending the programme. Staff at one centre said that they had learned to differentiate between surprises and secrets, and to use the appropriate and correct terms to name body parts.

All felt that the programme was very appropriate for the children in their centres, largely because it is child centred, age appropriate and covers topics not normally approached.

“ Very appropriate and at their level. it gave them skills to deal with situations. Jude (the presenter) sets the scene with games, puppet etc before the learning part/lesson for the day. Staff and parents comment that it is very children friendly, so children are more willing to join in and not feel threatened. ”

Staff appeared to be enthusiastic about the programme, with all the centres saying that they would recommend the programme to other centres.

A Parent's Story

Our family did the programme last year. We say we did it rather than our child, as I think we are the ones that learned the most.

I have to say even though we did the programme we were not sure before we started if it would make a difference. We really just went along with it.

We were so impressed with the presenter. She was fun and had the kids eating out of her hand. The messages really resonated with my [four year old] son. He just adored Toby and took the messages on board. He was always saying that he was the boss of his body, and still does.

We now do a couple of things really differently in our family.

Our son was quite shy about talking about private parts – and so were we. I think it has helped us as a family talk about things we were quite uncomfortable talking about. It has given us the words to discuss things in a way that is right for his age.

I think too it has helped us to think of a whole lot of things that we wouldn't have talked to our son about, not because we didn't want to, but because we wouldn't have thought to. We talk to our son about finding safe adults, who is safe, and about not having secrets.

I think that the programme has made us think about ways that we can protect our son, without going overboard and frightening him. I would like to think it has opened lines of communication between us so if anything happens he knows he can talk to us – not just about abuse – but about all sorts of issues.

What the research concluded...

The **We Can Keep Safe** programme has been designed to prevent abuse by educating children, parents and their families about sexual abuse.

This evaluation was not designed to determine whether the programme has increased disclosure rates or decreased incidence rates of sexual abuse. Nevertheless, the programme content is consistent with the protection strategies outlined in the literature that are believed to reduce risk factors in preschool children.

Overall, both parents and their children appeared to have made knowledge gains in the areas covered by the programme. These areas are associated with a reduction in sexual abuse risk factors amongst preschool children.

There did not appear to be a point at which the knowledge 'dropped out'. There was, however, some evidence that the younger children (under four) may have been less likely to fully understand the programme messages and more importantly, the practical application of those messages. It may be beneficial to rerun the programme annually to reinforce the programme messages, both with children and their parents.

The children attending the programme were highly engaged throughout all five sessions. The childcare centre setting and the environment in which the programme was delivered, appeared to have less of an impact on engagement than staff support in dealing with the behaviour of the children.

Parental engagement appeared to be key to reinforcing the programme messages. The parents who took part in the evaluation were enthusiastic about the benefits of the programme and most of the parents actively adopted and reinforced the key messages. Most of the parents felt that child protection programmes could help keep children safe.



References

¹ Anderson, J., Martin, J., Mullen, P., Romans, S., & Herbison, P. (1993). Prevalence of childhood sexual experiences in a community sample of women. *Journal of American Child and Adolescent Psychiatry*, 32 (5), 911-919.

² Adolescent Health Research Group (2001). *Youth 2000: Violence Abuse Report*. The University of Auckland.

³ Asawa, L. E., Hansen, D. J., & Flood, M. F. (2008). Early childhood intervention programs: Opportunities and challenges for preventing child maltreatment. *Education and Treatment of Children*, 31 (1), 73-110.

⁴ Herbert, M., Lavoie, F., & Parent, N. (2002). An assessment of outcomes following parents' participation in a child abuse prevention program. *Violence and Victims*, 17, 355-372.

⁵ Fanslow, J. L., Robinson, E. M., Crengle, S., & Perese, L. (2007). Prevalence of child sexual abuse reported by a cross-sectional sample of New Zealand women. *Child Abuse & Neglect*, 31 (9), 935-945.

⁶ Fergusson, D. M., Lynskey, M. T., & Horwood, L. J. (1996). Childhood sexual abuse and psychiatric disorder in young adulthood: Prevalence of sexual abuse and factors associated with sexual abuse. *Journal of American Child and Adolescent Psychiatry*, 34 (10), 1355-1364.

⁷ Herbert, M., Lavoie, F., Piche, C., & Poitras, M. (2001). Proximate effects of a child sexual abuse prevention program in elementary school children. *Child Abuse & Neglect*, 25, 505-522.

⁸ Putnam, F. W. (2003). Ten-Year Research Update Review: Child Sexual Abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43 (3), 269-278.

⁹ Roberts, R., O'Connor, T., Dunn, J., & Golding, J. (2004). The effects of child sexual abuse in later family life: Mental health, parenting and adjustment of offspring. *Child Abuse & Neglect*, 28 (5), 525-545.

¹⁰ Topping, K. J., & Barron, I. G. (2009). School-based child sexual abuse prevention programs: A review of effectiveness. *Review of Educational Research*, 79 (1), 431-463.

¹¹ Herbert et al., 2001

¹² O'Connor, R. (1991). *Child Sexual Abuse: Treatment, Prevention and Detection*. Melbourne: Centre for Health Program Evaluation.

¹³ Wurtele, S. K. (2008). Behavioral approaches to educating young children and their parents about child sexual abuse prevention. *Journal of Behavior Analysis of Offender and Victim*, 1 (1), 52-34.

HELP 

HELP (09) 623 1700
info@helpauckland.org.nz
www.helpauckland.org.nz