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AUCKLAND
SEXUAL ABUSE
HELP

AN EVALUATION OF THE “WE CAN
KEEP SAFE” PERSONAL SAFETY
PROGRAMME

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AN EVALUATION OF THE “WE CAN KEEP SAFE” PERSONAL SAFETY PROGRAMME

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Contents2

Executive Summary	v
Programme findings	v
Acknowledgements	viii
Disclaimer	viii
Introduction	1
Background to the Programme.....	2
Purpose of the Evaluation	3
Method	3
About the Participants	6
Literature Review	9
Child Sexual Abuse.....	9
Preventing child sexual abuse: Personal safety programmes	10
Outcomes of Child Sexual Abuse Prevention	18
Evaluation of Child Sexual Abuse Programmes	22
Guidelines for future programme implementation.....	23
Findings	24
Children	24
Feelings.....	24
Actions.....	24
Telling	25
Body Parts.....	30
Touching Rules.....	31
Secrets and Surprises.....	33
Adults	36
Decision to Participate	36
Parents' Evening	37
Session attendance	38
Discussing abuse	38
Topics covered	42
Scenarios	60
Body Parts.....	61
Keeping Children Safe from Abuse.....	62
Disclosure	62

Support.....	64
Additional resources	64
Support from the Programme.....	70
Completion of the Programme	72
Childcare Centres.....	77
Observations.....	77
Centre feedback.....	80
Discussion	84
Conclusion.....	90
References.....	91
Appendix One.....	96
Outline of Course and Hand-Out Sheets Supplied to Parents	96
Session 1 – Body Awareness.....	96
Session 2 – Touches and Feelings.....	96
Session 3 - Telling.....	97
Session 4 – Keeping Safe.....	98
Session 5 – Toby’s Story.....	99

Executive Summary

In New Zealand, child sexual abuse is estimated to affect as many as one in three girls (Anderson, Martin, Mullen, Romans, & Herbison, 1993) and one in seven boys (Adolescent Health Research Group, 2001).

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

The "We Can Keep Safe" programme is an early childhood personal safety programme designed and delivered by the Auckland HELP Foundation. The purpose of this evaluation is 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.

In total, parents/caregivers and children from 20 families were interviewed prior to participating in the programme, and again one month and six months following the programme. Two families withdrew during this process. Most of the parents (18 out of 20) did not have children who had participated in the programme before. Most of the 21 children (76.2%) attended all the sessions, and over one-third of the parents had attended some of the sessions. Three parents attended all the sessions, and most parent participants had attended the pre-programme informational Parents' Evening.

At one year, seventeen families from the original sample of families were interviewed. Three families could not be contacted. Three families had shifted out of Auckland and the parents were interviewed by phone. A total of 17 adults and 14 children were interviewed.

An additional eleven families and twelve children who had participated in the programme twelve months or more ago were also interviewed.

Programme findings

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

Executive Summary

- 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 e.g. 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 largely sustained at one, six and twelve months, although there is some evidence that this knowledge may start to decrease around one year following the programme.

Parents primarily wanted their children to take part in the *We Can Keep Safe* programme because they felt it was important their children learn about personal safety. Prior to the programme, many parents expressed reservations about the programme, believing it could upset or concern their child unnecessarily or could result in a ‘loss of innocence’. Many of these parents, however, said they felt comfortable with the programme content following the Parents’ Evening where the presenter had explained the programme.

Prior to the programme, while most parents thought it appropriate to discuss issues of personal safety with their children, the parents who had talked to their children about personal safety had largely focussed on stranger danger. Following the programme, in addition to the issues above, the issues most parents were likely to have discussed with their children included who they can talk to if they are worried (i.e. how to identify safe and trusted adults), that they are the bosses of their bodies and who is allowed to touch their body parts. Many parents said they felt more comfortable talking with their children after the programme than they had prior to the programme.

The emphasis on the *We Can Keep Safe* programme on using the correct terms to refer to male and female genitalia appeared to make a difference to the language used by the parents. Following the programme, 80 percent of parents used the correct term (e.g. penis) for the male genitals (as opposed to 65% prior to the programme), and 75 percent used the word vagina when referring to the female genitals, as opposed to just 28 percent prior to the programme.

Executive Summary

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.

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 does not seem to be a point at which the messages in the programme start to fade. It does appear, however, that younger children (three years) may be slightly less able to understand the messages than older children (four years +), and might benefit from having the messages reinforced. Moreover, there appears to be a slight decline in the number of parents using the messages at one year, and the number of children who have remembered these messages. There is some evidence that the messages are less likely to ‘fade’ in families that are enthusiastic about the programme, the messages of the programme, and who embed the messages in their family ‘culture’, and continue to reinforce them.

Most parents felt the programme was valuable and covered the material and concepts in a sensitive way. One month, six months and one year or more after the course, the parents indicated they would be likely to recommend the programme to another family.

Factors such as the childcare setting, the environment in which the programme is delivered, and the number of children in the audience, do not appear to have an impact on the overall engagement of the children. The observations suggest that staff support, in particular undertaking behaviour management during sessions, assists in the successful delivery of the programme.

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Lastly, we would like to express our immense gratitude to the early childhood centres and their parents and children who agreed to participate in this evaluation.

Disclaimer

All findings and conclusions are those of the authors and are not to be attributed to the Auckland Sexual Abuse HELP Foundation.

Introduction

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

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

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

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

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

2009; Rispens, Aleman, & Goudena, 1997). Another outcome of such programmes includes the promotion of disclosure and lowering victimisation rates (Finkelhor, 2007).

Background to the Programme

We Can Keep Safe is a proactive child personal safety programme intended to reduce the sexual abuse of children. The programme was developed by the Auckland Sexual Abuse HELP foundation (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 (Batt 1996).

The initial impetus behind the programme was a belief that children who have prior knowledge of sexual assault 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 (Hewson & Johnson 1992 *cited in* Batt 1996).

Prior to the commencement of the programme, parents are invited to a preliminary meeting (Parents' Evening), where the programme is discussed in detail by the educator and where parents have an opportunity to ask questions and have them answered. In addition, parents are encouraged to attend each session.

Each centre is responsible for obtaining consent from parents/caregivers for each child to attend the programme and/or for informing parents that children will be attending the programme as part of the curriculum.

The programme itself consists of five, 45 minute sessions delivered by a specialist educator. Drama, music, movement, storytelling and puppetry are the main methods of delivery, which are augmented by resources such as a resource book (aimed at both parents and children), handouts and take-home activities. The programme is held in early childhood education centres (such as daycares, playcentres, kindergartens and early learning centres) and is aimed primarily at children aged between three and five years old.

The programme aims to encourage safe affirming messages about: body awareness, touching and feeling, telling and keeping safe in many areas of our lives. It aims to teach this in a fun, age appropriate manner that encourages consistent messages at home and in the classroom.

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.

See Appendix 1 for the hand-out given to parents each week providing detail of the learning points covered in the programme.

Purpose of the Evaluation

The purpose of this evaluation is to better understand the impact of the programme, particularly how learning retention within this particular programme grows and is retained by children and parents alike, and whether this has had an impact on behaviour.

Method

Education programmes involving preschoolers present challenges for evaluators as the methods used and outcomes sought are often difficult to measure and attribute to the activity of a particular organisation or programme.¹

The evaluation uses a case study approach which offers a multi perspective analysis. The case study method is a triangulated research strategy that uses multiple interviews with different stakeholders to build a more robust picture and understanding.

Literature Review

A literature review was undertaken, aimed at understanding the efficacy of programmes intended to reduce the sexual abuse of children and to identify the characteristics related to positive programme outcomes.

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

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

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

¹ E.g. see http://www.parkerduignan.com/se/se_howTos.html#How_to_monitor_community_development

Introduction

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

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

Data Collection

Pre-course, one-month, six-month and 12 months or more post-course data has been collected. These interviews have been coded and collated with observational data and analysed.

The data collected at 12 months is from two sources:

1. From the original group of families (referred to as original), and
2. From children, family and whānau from other childcare centres who participated in the programme in previous years (referred to as new).

Childcare Centres

In January 2011 four childcare centres were selected for inclusion in the evaluation. The centres selected for the case studies were chosen on the basis that the programme was delivered to these centres between March and May 2011. The sample was drawn from *mainstream* childcare centres, but with regard to factors such as:

- Where in Auckland the centre was located;
- The ethnic mix of whānau/families attending the centres;
- The socioeconomic context of the centres;
- The number of whānau /families attending the programme.

HELP selected mainstream programmes to participate in this evaluation as staff believe that abuse prevention is culturally determined, therefore to work with Kōhanga reo on a much larger scale will require a Māori programme which utilises a framework of Tikanga Māori.

About the Centres

- Centre One: North Shore (area around decile 7)
- Centre Two: Rodney (area around decile 5)
- Centre Three: Auckland (area around decile 10)
- Centre Four: North Shore (area around decile 4)

Introduction

Parents were invited to participate in the evaluation at the Parents' Evening and from material left at the early learning centres informing them of the evaluation and its purpose. In three of the centres only five whānau/ families agreed to participate. At the fourth centre eight agreed to participate. In order to provide a wider ethnic sample, those selected were chosen with regard to the ethnicity of the child.

Parents and caregivers

Parents and/or caregivers (from 20 families) were interviewed prior to the delivery of the programme, and again by psychologists at one month, six months and 12 months following the programme.

The topic areas covered included:

- Parental support of programme concepts
- Comfort and confidence in addressing these issues with their child/ren
- Feedback from parents on the tone and quality of the revised programme aids, e.g. a re-designed booklet, homework tasks, badges, magnets, music and songs, and letters to parents following each session
- Knowledge retention after 1 month and 6 months.

A further twelve children and their families were interviewed 12 months or more after completing the programme. These families were selected from a list of people who had agreed at the time of the programme to participate in an evaluation. The small number of families available to interview means that the families were not able to be matched against the characteristics of the first group of families interviewed.

At one year, seventeen families from the original sample were re-interviewed. Three families from the original sample were unable to be traced for interview. A further three families had left Auckland, and although the parents were interviewed by phone, the children were unable to be interviewed due to safety and ethical considerations.

Interviewers

Children from the families were interviewed by child psychologists prior to the programme, and again one month, six months and twelve months after the programme was completed to determine what is remembered from the programme. Child psychologists also undertook the interviews of the families comprising the new sample that completed the programme one year or more earlier.

Programme Observations

Each session at the four centres was observed. Notes were taken at each observation to check whether the children were engaged and participating in the activities. These were undertaken as low levels of participation or distraction could affect the results.

Limitations

It is noted that the sample of families interviewed for this project is small, and the findings are largely qualitative in nature. The results of this study may not represent the wider views of those families who have undertaken this programme. Moreover, it is noted that the families are largely self-selected as they had to agree to participate in this evaluation. They may not fully represent the views of those that have undertaken the programme.

About the Participants

Age

The twenty one children ranged in age from 2 -4 years. Most parents were aged between 30 and 39.

Figure 1: Age of Participants (Parents)

	n	(%)
25 to 29	1	5
30 to 34	6	30
35 to 39	7	35
40 to 44	4	20
45 to 49	2	10
Total	20	100

n=20

Ethnicity

Most parents (14, 70%) identified as NZ European, Pākeha or "Kiwi." The remaining were other European, Chinese (1, 5%) or German (1, 5%) or Maori (1, 5%).

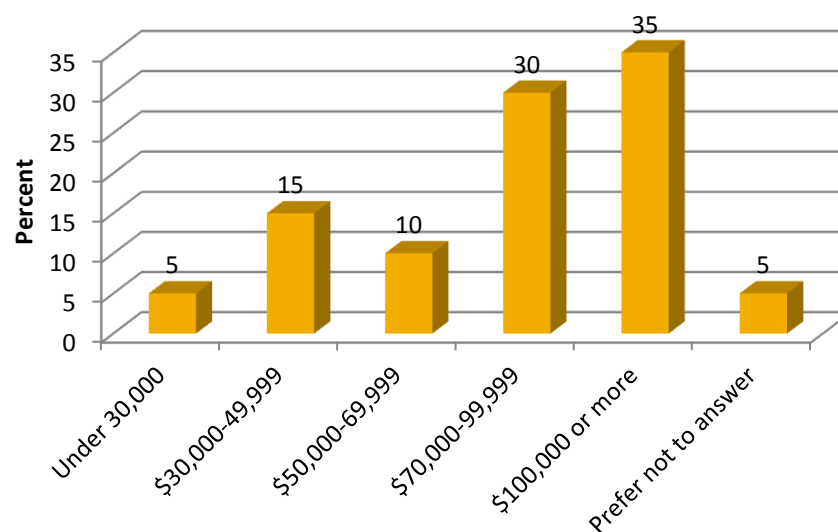
Relationship status

Most of the families (95%) had parents who lived together in a married or de-facto relationship.

Income

The parents were from a range of income groups with 20 percent having an approximate household income of under \$50,000 and 35 percent having a household income of \$100,000 or more.

Figure 2: Household income of participating families



n=20

Participation

Most of the parents (18, 90%) said that their family had not participated in the programme before. One family had and the remaining family was unsure.

All but one of the children still attended the childcare centre after one month. One child had left for school. By twelve months 13 of the 17 children had started school. One of the families from the original sample had repeated the programme.

Family circumstances

The parents were asked whether anything had changed between the interviews that might be useful to know.

At six months, three families had changes in circumstances. One family had a premature baby in hospital, and the child was spending a lot of time with grandparents, another had the father return home fulltime after working away and a third family had older children move back home over this period.

At 12 months, three families have moved city, a further two had shifted house, one was experiencing marital difficulties, two had new babies and one parent said that she had returned to work part time.

Attendance

Most of the children (16, 76%) had attended all the sessions. Four children had missed one session and one child had missed two sessions.²

² One parent (subsequent to the first round of interviews) believed that her child had missed the programme. Her answers have been included as attendance sheet suggested she had in fact attended some sessions.

Introduction

Over half of the parents (12, 48%) had attended at least some of the sessions, with three having attended all the sessions.

Literature Review

Child Sexual Abuse

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

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

“ “Child sexual abuse occurs when a person uses a child for their sexual purpose or pleasure. Usually, the person will be older, stronger or in some other way seem to the child to be more powerful than them. The abuse may involve touch or exposing the child to sexual talk, pictures or actions.”

We Can Keep Safe resource book, p.44

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

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

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

Preventing child sexual abuse: Personal safety programmes

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

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

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

In addition to the *We Can Keep Safe* programme, personal safety programmes designed specifically for children in New Zealand include the *Feeling Special Feeling Safe*³ positive life skills programme for children in the early stages of education and the *Keeping Ourselves Safe*⁴ programme which is a personal

³ For more information see http://www.familyplanning.org.nz/resource_shop/order_online/teaching_resources/productid/43

⁴ For more information see <http://www.police.govt.nz/service/yes/resources/violence/kos1.html>

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

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

Characteristics of effective programmes

Theoretical Approach

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

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

programmes (Davis & Gidycz, 2000; Lanning & Massey-Stokes, 2006; Topping & Barron, 2009; Wurtele, 2008).

Presenters

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

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

Number and duration of sessions

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

Topics and Coverage

Several reviews conducted within the last ten years or so have identified particular themes and topics which are most useful in conveying knowledge (Asawa et al., 2008; MacIntyre & Carr, 2000; Richardson, Higgins, & Bromfield,

2005; Russell, 2008; Topping & Barron, 2009). Generally, preventative programmes cover the following components:

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

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

acceptable and which leave little room for interpretation are most effective. This approach is particularly effective for younger (e.g. preschool) children (Tutty, 2000; Wurtele, 2008).

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

Cultural and family norms

Some concepts taught in personal safety programmes may be confusing to children, particularly if they contradict what the child has learned at home. Tutty (2000) contends that many of the prevention concepts presented in personal safety programmes may contradict some cultural and family norms about how children should behave. She contends, that "the concept that gives children permission to 'sometimes say no to a grown-up' is contrary to what many children have been taught." (2000, p.276)

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

Parental involvement

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

Parents who are engaged in the learning process with their children have better background knowledge of sexual abuse, more confidence and skill about discussing sexual abuse, and will have learned techniques to reinforce the knowledge and skills that children have learned on the programme (Babatsikos, 2010; Herbert et al. 2001; Tutty, 1997; Wurtele & Kenny, 2010). In their study of child protection programmes in Australia and New Zealand, Briggs and Hawkins (1994) found that parent involvement was a key mediating variable in resisting and reporting sexual misbehaviour. Wurtele and Kenny (2010) concur with this finding, believing that one of the primary advantages of working with parents is that they have the “ability to limit the access of potential perpetrators to their children...and thus prevent the occurrence of sexual exploitation” (p.132). It is also noted that research has shown that perpetrators are less likely to target children who appear to have a strong parent-child relationship, who know the correct names for their genitals and who have some knowledge of touching rules (Elliot, Browne, & Kilcoyne, 1995). Other researchers have found that engaging parents with a programme can assist communication between parents and children on what can be a difficult subject for some families (Babatsikos, 2010; Daro, 1991; MacIntyre & Carr, 2000) and that informed parents may react in a more supportive manner towards a child who discloses sexual abuse (Herbert et al. 2001; Reppucci, Jones, & Cook, 1994).

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

Literature Review

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

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

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

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

Programmes for Preschool Children

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

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

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

Outcomes of Child Sexual Abuse Prevention

Increased knowledge

Nearly all studies which have examined the effects of personal safety programmes have noted knowledge gains. Various meta-analyses have placed the mean effect size⁵ at .71 (Rispen et al., 1997), .90 (Berrick and Barth, 1992, cited in Davis and Gidycz, 2000), and 1.07 (Davis & Gidycz, 2000). Moreover, a 2000 review of 30 studies found that at least 25 of those studies had shown that personal safety programmes lead to significant gains in children's, parents', and teacher's safety knowledge and skills (MacIntyre & Carr, 2000). Various other studies show that children acquire the concepts taught and that personal safety programmes are therefore effective in increasing children's knowledge around sexual abuse and self-protection (Barron & Topping, 2008; Binder & McNeil, 1987; Gibson & Leitenberg, 2000; Finkelhor, 2009; Rispen et al., 1997; Tutty, 1994).

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

Skills and behaviour change

There is much discussion as to whether children are able to generalise the knowledge and concepts taught in prevention or personal safety programmes to real-life situations (Hassall & Hanna, 2007). Assessing behavioural change in children who have taken part in personal safety programmes is problematic. One 1987 study sought to simulate a potentially abusive situation by getting an

⁵ An effect size is a measure of the difference between two variables. According to Cohen's (1988) classification, .80 is considered a large effect.

actor, a 'stranger', to approach individual children and request that s/he go with the actor in order to help with a task (Fryer, Kraizer, & Miyoshi, 1987). The ethical issues involved in doing a similar simulation, combined with the fact that most child abuse involves a person known to the victim, makes it very difficult to use such research to measure children's ability to apply their knowledge to actual situations (Tutty, 1997; Woolley & Gabriels, 1999). The role of evaluation in personal safety programmes is therefore not whether the programme produces behaviour change but to measure whether or not a programme is teaching the concepts it claims to (Tutty, 1997).

Emotional impact

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

Perception of risk

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

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

Although an increase in risk perception is difficult to prove, there is some evidence that children who develop wariness to touches after taking part in personal safety programmes may acquire better self-protective skills. In their review of 30 personal safety programmes, McIntyre and Carr (2000) found that the children who became more wary of touches following the programme

developed good self-protective skills. Moreover, despite most children not experiencing anxiety as a result of programme participation, some researchers argue that a slight increase in children's anxiety should be viewed positively as it may help children to be more alert to danger (Barron & Topping, 2008).

Disclosure and incidence rates

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

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

“Increased disclosure rates could mean the program was a failure because children had not used skills to protect themselves, or the program was a success because children used their skills in telling. Likewise, reduced disclosures could mean that fewer children were abused because they used their self-protection skills or the program was a failure because children had not told of abuse that had occurred”

Topping & Barron, 2009, p.447

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

Maintenance of gains

Evidence suggests that children can learn and retain programme concepts and skills over time. There is, however considerable variability in how long knowledge is retained, depending on the characteristics of each programme

(e.g. theoretical approach, length and frequency of sessions and the amount of parental involvement). Overall, it appears that knowledge and skill retention from a single programme may last anywhere from six weeks to six months (Barron & Topping, 2008; Hazzard et al., 1991; Herbert et al., 2001; MacIntyre & Carr, 2000; Rispens et al., 1997). Two studies have found that participants retained their knowledge at a one-year follow up (Briggs & Hawkins, 1994; Hazzard et al., 1991). There is more likelihood of children retaining knowledge and skills in the medium term if children are repeatedly exposed to personal safety messages, either through “booster” sessions or through discussions at home which again reinforces the need for parental involvement in these programmes (Barron & Topping, 2008; Herbert et al., 2001; MacIntyre & Carr, 2000).

Possible negative effects

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

Cost effectiveness

International research-based estimates show that child sexual abuse is among the most costly crimes. A 1996 US National Institute of Justice study estimated that each year child sexual abuse costs America US\$23 billion (Miller, Cohen, & Wiersema, 1996), which is now well over US\$28 billion when taking inflation into account.⁶ Despite this, very few studies report on cost effectiveness of programmes (Topping & Barron, 2009).

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

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

⁶ Inflation figures calculated using <http://www.usinflationcalculator.com/>

Evaluation of Child Sexual Abuse Programmes

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

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

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

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

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

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

Guidelines for future programme implementation

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

Findings

Children

Feelings

Prior to the programme the children were asked a series of questions about their feelings, in particular how different touches made them feel. On the whole the children were able to distinguish between touches, such as a goodnight kiss from a mum or dad or a hug from a friend which might make them feel good and unpleasant touches such someone pinching, hitting or pushing or them off a swing, which might hurt.

At one month, 18 (86%) of the twenty-one children said that a goodnight kiss from their mum or dad made them feel happy or good. One felt 'sleepy', one wasn't sure and one did not respond. One month after the programme, 18 (86%) of the children clearly articulated how these touches would make them feel, i.e. happy, sad, or angry. Seven of the 21 (33%) children described the feelings as 'good' or 'yes' feelings, or 'no' feelings. One was unsure and one described the actions they would take, i.e. tell mum.

After six months 90 percent of children were able to articulate how good touches would make them feel. This increased to 100 percent of those that had undertaken the programme 12 months earlier.

Prior to the programme, some of the children were less able to articulate how unpleasant touches, such as being pinched, hit or being pushed off a swing would make them feel. Although 17 of the 21 children (81%) said that they felt sad, angry, or not good across the unpleasant touches, one said they would bleed, another said s/he would be happy but ask them to settle down, and two others described the actions they would take e.g. say 'don't do that' or 'hit them back. One did not know.

All of the children at six months and twelve months were able to appropriately articulate how unpleasant touches would make them feel.

Actions

The programme encourages the children to take action if someone touches them in a way that they dislike. They can do this by saying clearly "stop it I don't like it", and by telling an adult such as a teacher or parent.

The children were asked what they could do if someone touched them in a way they didn't like or that made them scared. The interviewers noted that prior to the programme some of the younger children in particular, found this question hard to answer. Although two managed with prompting, the interviewers were unsure if six of the children understood or did not know.

Findings

After the programme, when asked what they could do if someone touched them in a way they didn't like or that made them a bit scared or worried, not only was there an increase in the percentage of children that said that they would use the strategies covered in the programme, there was a slight increase in the number of strategies that the children were able to give. Overall more children said that they were likely to tell them to stop.

Fewer children indicated that they didn't know what they would do. Those that were unsure tended to be the younger children.

These changes appear to be sustained six and twelve months after the programme. At one year, however, the percentage of children from the original sample who were unsure what to do had increased.

Figure 3: What could you do if someone touched you in a way you didn't like or that made you a bit scared or worried?

	Pre-course (%)	One-month (%)	Six months (%)	Twelve months+ original (%)	Twelve months+ new (%)	Overall Trends
Tell a teacher or adult	4.8	4.8	30.0	38.5	67.6	Increase
Tell them to stop	9.5	28.6	25.0	30.8	50.0	Increase
Respond with violence/swear	19.1	9.5	5.0	0	0	Decrease
Remove self from situation	4.8	9.5	10.0	15.4	25.0	Increase
Tell a parent	19.1	19.0	20.0	0	33.3	Increase
Get an apology	4.8	14.3	0	0	0	Decrease
Don't know/No response/Didn't understand	47.6	33.3	20.0	30.8	8.3	Decrease

Pre course n=21

One month n=21

Six months n=20

Twelve months + (original) n=14

Twelve months + (new) n=12

Telling

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.

Most of the children, both before and after the programme, felt that they could tell someone about touching they didn't like. Prior to the programme only 17 of

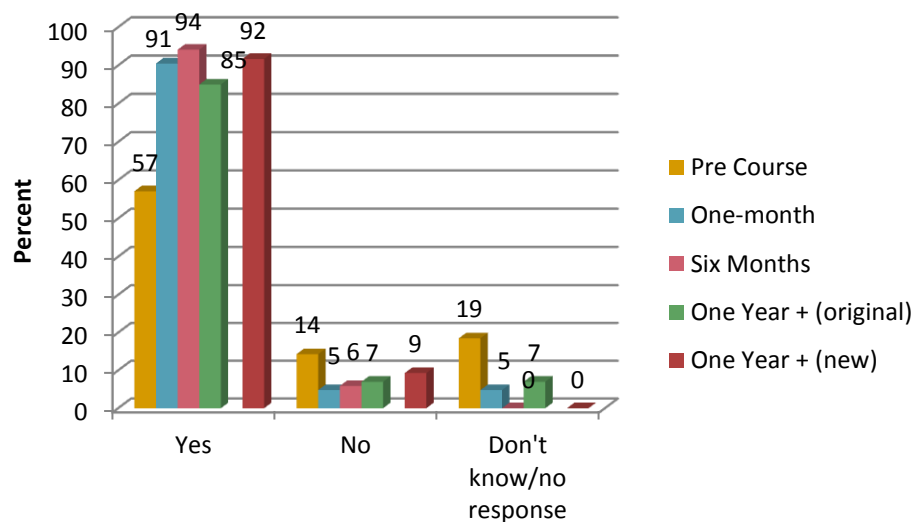
Findings

the 21 children responded. Just over half (12, 57%) felt that they could tell someone, three (14%) said they could not.

One month after the programme, there was a marked increase in the percentage of children who felt they could tell an adult about touching they didn't like. All but one of the children could answer the question, and only one child said that they could not tell someone of touching they disliked.

This increase appears to be largely sustained both six and twelve or more after the children had undertaken the programme, although again there was a slight decrease amongst those from the original group.

Figure 4: Could you tell someone about touching you don't like?



Pre course n=17

One month n=21

Six months n=17

One Year + (original) = 14

One Year + (new) = 12

Prior to the programme, when asked who they could tell, most children identified an adult such as a parent or teacher.

One month after the course there was an increase in the percentage of children identifying more than one adult that they could tell. Again these increases largely continued at six months and one year or more after the children had taken part in the programme. After one year, however, there was an increase in the percentage of children from the original group who were unsure who they could tell.

Findings

Figure 5: Who could you tell?

	Pre-course (%)	One-month (%)	Six months (%)	Twelve months+ original (%)	Twelve months+ new (%)	Overall Trends
Parent	19.2	47.6	57.9	50.0	75.0	Increase
Teacher	9.6	33.3	36.8	35.7	66.7	Increase
Friend/Other child	12.3	19.0	15.8	7.1	8.3	Increase
Other adult	7.5	33.3	5.3	7.1	25.0	Mixed
Other	12.3	14.3	10.5	8.3	8.3	Similar
Don't know/No response	24.6	23.8	0.0	21.4	0	Mixed

Pre course n=21

One month n=21

Six months n=20

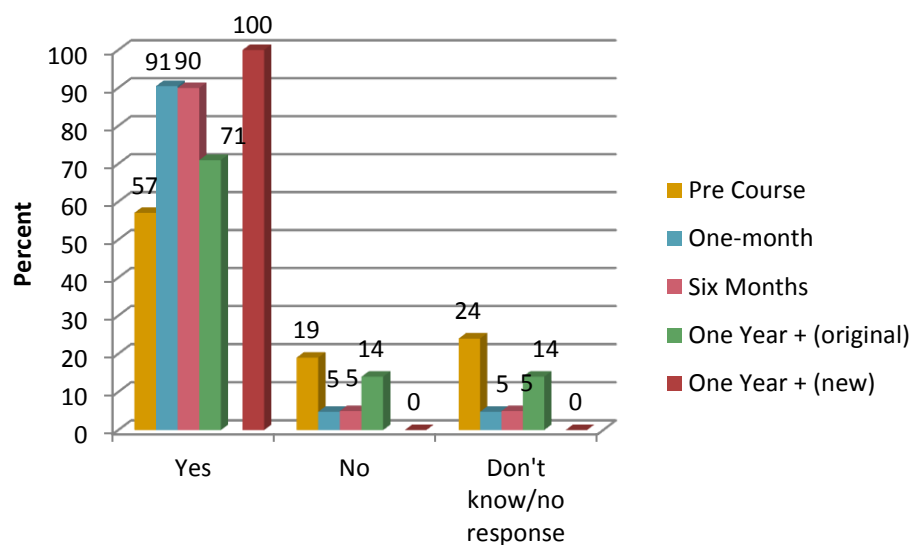
One Year + (original) = 14

One Year + (new) = 12

Prior to the programme, just over half of the children (57%) said that they thought an adult could help them if they told about touching they disliked.

The percentage of children who thought an adult could help them increased substantially following the programme and again the increase appears to be sustained at both six months and after one year. There was, however, a slight fall off at one year amongst those from the original group.

Figure 6: If you told a grown-up about the touching you didn't like – do you think they could help?



Pre course n=21

One month n=21

Six months n=20

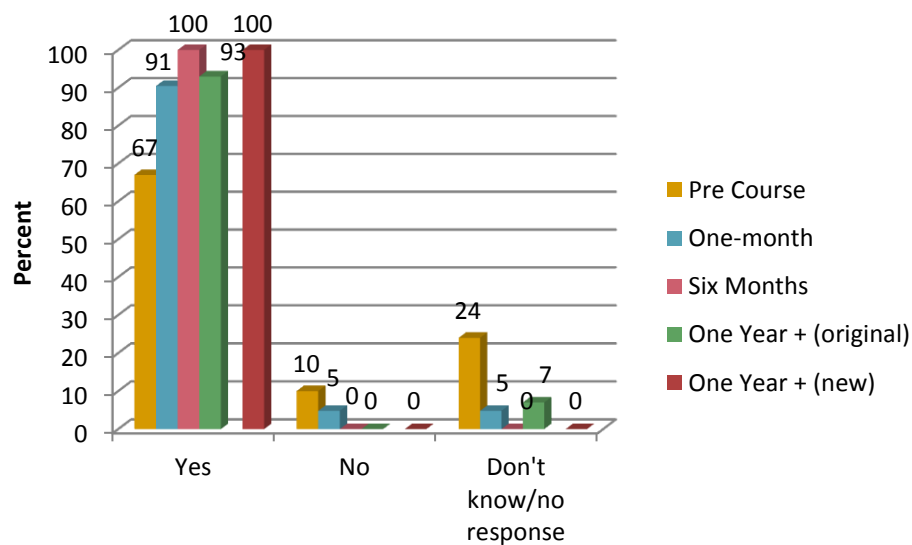
Findings

One Year + (original) = 14

One Year + (new) = 12

The percentage of children who agreed that telling an adult could keep them safe also increased from fourteen children (67%) prior to the programme, to nineteen (91%) one month following the programme. This increase appears to be sustained at six months and one year, with almost all the children expressing confidence that “telling a grown-up would keep you safe”.

Figure 7: Do you think telling a grown-up would keep you safe?



Pre course n=21

One month n=21

Six months n=20

One Year + (original) = 14

One Year + (new) = 12

Scenarios

The children were shown a doll (Hemi or Ella) and told “This is Hemi/Ella – s/he is feeling sad. He was playing outside on the swings. A bigger boy kept pushing him off. What should Hemi/Ella do?” At six months and twelve months the scenario was changed and children were told “This is Hemi/Ella – s/he is feeling sad. He was playing in the sandpit. Another child kept throwing sand in his eyes. What should Hemi/Ella do?”

After completing the programme, there was a marked increase in the percentage of children that said that they would tell an adult. There was a fall in the percentage of children who said that they would respond violently, such as “kill him”, take other actions such as “apologise” or “cry”, or that said they didn’t know what they would do.

The differences were largely sustained at six months and one year.

Findings

Figure 8: What should Hemi/Ella do?

	Pre-course (%)	One-month (%)	Six months (%)	Twelve months+ original (%)	Twelve months+ new (%)	Overall Trends
Tell them to stop/don't like it	33.3	47.6	58.3	42.9	66.7	Increase
Respond with violence	14.4	0	0	0	0	Decrease
Tell an adult	19.1	61.9	83.3	50.0	66.7	Increase
Remove self from situation	23.8	9.5	10	0	25	Mixed
Other	9.5	4.8	20	16.7	16.7	Mixed
Don't know/No response	19	4.8	16.7	7.1	0	Mixed

Pre course n=21

One month n=21

Six months n=20

One Year + (original) = 14

One Year + (new) = 12

The interviewers then explained that Hemi or Ella went inside to tell his Mum but his Mum was talking on the phone and wasn't listening properly. The children were asked "what Hemi/Ella could do?"

Again following the programme there was an increase in the percentage of children that said that they would tell her anyway or tell someone else, such as dad or a teacher. These increases were largely sustained at one year.

Findings

Figure 9: What can Hemi/Ella do?

	Pre-course (%)	One-month (%)	Six months (%)	Twelve months+ original (%)	Twelve months+ new (%)	Overall Trends
Tell her anyway	14.3	15.4	0	0	0	Increase
Wait until Mum is finished	23.8	19.2	20.0	42.9	25	Mixed
Play	9.5	0	5.0	0	0	Similar
Walk away	0	7.7	0	0	8.3	Similar
Tell someone else e.g. a brother	42.9	7.7	0	35.7	8.3	Mixed
Tell dad	-	42.9	25.0	42.9	58.3	Increase
Tell a teacher	-	4.8	20.0	0	8.3	Mixed
Other	4.8	0	15.0	16.7	16.7	Increase
Don't know/No response	23.8	4.8	10.0	0	0	Decrease

Pre course n=21

One month n=21

Six months n=20

One Year + (original) = 14

One Year + (new) = 12

Body Parts

Children were asked to name parts of the body, including the tummy and neck. Most of the children were able to correctly identify these body parts at the first interview, one month, six months and again at 12 months

Prior to the programme few children, however, were able to identify the penis (2, 10%), vulva or vagina (1, 5%) or bottom (6, 29%) by their correct names. Most children used names such as wiener, willy, diddle to describe the penis. Most did not know how to name the vulva, and used bum to describe the bottom.

At one month following the programme, ten (40%) of the children had talked to their parents about the correct names for body parts, in some cases correcting their parents.

“ He checks on what vulva and vagina means. He now calls it a penis and wiener 50/50.

“ (The child) is more conscious of the right terminology; use vagina and bottom.

“ I said to her, we were in the bath washing and I said "Is it ok for you to wash your bum" and she said "It's also called your vulva", and I

Findings

said "oh that's very nice" so she's just starting to use the correct terms by herself.

Overall, there was a sharp increase in the percentage of children using the correct names for these body parts. Those using the correct term for female body parts, however, is lower both amongst girls and boys.

It is noted that some of those that used the correct anatomical name, still also used terms such as 'willy, bits, nuts' for penis and testicles and terms such as 'noni' for vagina.

Figure 10: Parts of the body

	Pre-course (%)	One-month (%)	Six months (%)	Twelve months+ original (%)	Twelve months+ new (%)	Overall Trends
Penis	9.5	47.6	40.0	83.3	57.1	Increase
Vulva/vagina	4.8	50	35.0	58.3	35.7	Increase
Bottom	28.6	66.7	80.0	83.3	57.1	Increase

Pre course n=21

One month n=21

Six months n=20

One Year + (original) = 14

One Year + (new) = 12

Touching Rules

The programme covers three touching rules: These are:

- 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
- It is not okay for someone else to touch your penis/vulva bottom.

Once again, following the programme there was a marked increase in the percentage of children who were able to give the correct response when questioned on each rule, and this increase appears to be sustained at six and twelve months.

Figure 11: Awareness of touching rules

	Pre-course (%)	One-month (%)	Six months (%)	Twelve months+ original (%)	Twelve months+ new (%)	Overall Trends
Is it okay for you to touch your own penis/vulva/bottom? Yes	52.4	76.2	80.0	76.9	66.7	Increase
Is it okay for you to touch someone else's penis/vulva/bottom? No	66.7	95.2	100.0	92.3	100.0	Increase
Is it okay for someone else to touch your penis/vulva/bottom? No	76.2	95.2	100.0	92.3	91.7	Increase

Pre course n=21

One month n=21

Six months n=20

One Year + (original) = 14

One Year + (new) = 12

The programme also teaches the children exceptions to the touching rules. For example, they are told that doctors are allowed to touch your penis, vulva or vagina if you are sore or hurt, and your parent is present. There was an increase in those that said it was okay to touch their own penis, vulva and vaginas, and there was a reduction in those that said they didn't know who was allowed to touch them.

At 12 months, two of those who said their parents or another person could touch their penis, vulva or vagina qualified it, e.g. by saying if something was wrong and the parent needed to put cream on it.

Findings

Figure 12: Who is allowed to touch your penis, vulva, vagina?

	Pre-course (%)	One-month (%)	Six months (%)	Twelve months+ (%)	Twelve months+ (%)	Overall trend
Self	28.6	57.1	55.0	57.1	50.0	Increase
Nobody	23.8	9.5	20.0	14.3	33.3	Mixed
Parents	14.3	19	20.0	31.4	33.3	Increase
Doctor	0	9.5	15.0	7.1	16.7	Increase
Other	14.3	19	0	7.1	8.3	Same
Don't know/no answer	19.0	4.8	5.0	0	0	Decrease

Pre course n=21

One month n=21

Six months n=20

One Year + (original) = 14

One Year + (new) = 12

One month after the programme, six (29%) of the children had talked to their parents about the touching rules.

“ (The child says) who is allowed to touch her bottom, allowed to wash her etc. or help her with toileting.

“ [Talking about] private parts; that's a penis not a willy, you can't touch it. It's his private parts.

“ Not show herself as much ... 'no one needs to see' on some days

Four (16%) of the parents had noticed that their children have been using language consistent with the programme, such as having referred to themselves being the boss of their own bodies. A further four (16%) parents now say that their children say 'stop it I don't like it'.

“ In the playground they have been using some of the language; stop it I don't like it, tell an adult.

“ Uses the 'stop it, I don't like it' all the time

Secrets and Surprises

The programme differentiates between secrets and surprises. The children are taught that surprises are okay but that no-one should ask children to keep secrets.

The children were given another scenario about Hemi/Ella. They were told that “A big boy down the road gave Hemi/Ella some lollies and said it was a secret –

Findings

and not to tell his/her mum.” They were then asked whether they thought that Hemi/Ella should keep it a secret.

There was an increase in the percentage of children who gave answers consistent with the messages of the programme, and this increase was sustained at twelve months.

Figure 13: Secrets and Surprises

	Pre-course (%)	One-month (%)	Six months (%)	Twelve month + original (%)	Twelve months + new (%)	Overall trend
Should they keep it a secret? No	28.6	33.3	50.0	84.6	91.7	Increase
Should they tell their mum? Yes	42.9	61.9	45.0	76.9	100.0	Increase
Are grown-ups allowed to ask children to keep secrets? No	19.0	38.1	40.0	61.5	91.7	Increase

Pre course n=21

One month n=21

Six months n=20

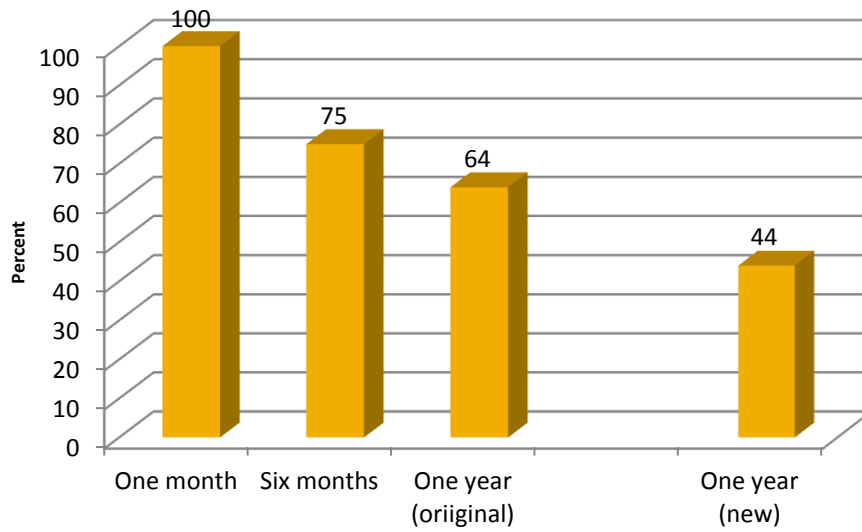
One Year + (original) = 14

One Year + (new) = 12

Recognition of Toby

All the children recognised Toby, the puppet who helps tell the stories, one month after undertaking the programme. Three-quarters (75%) of the children appeared to still recognise Toby six months after the programme. After 12 months, the recognition of Toby fell markedly, but less amongst those with fridge magnets. Some of the children appeared to recognise Toby, but were unsure of his name or who he was.

Figure 14: Recognition of Toby

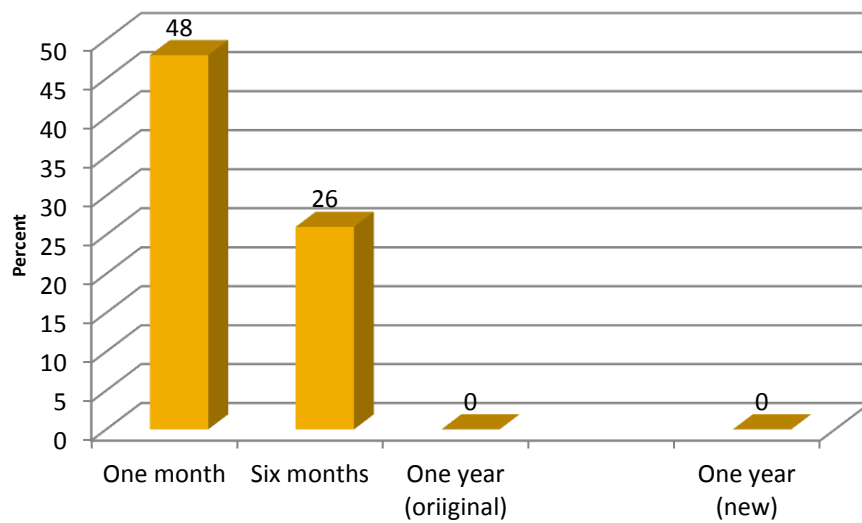


One month n=21
Six months n=20
One Year + (original) = 14
One Year + (new) = 9

Recognition of Uncle Cyrus

In the programme, Toby the puppet tells the children a story about Uncle Cyrus who shows Toby his penis. Few of the children appear to remember Uncle Cyrus six months after the programme, with none of the children remembering Uncle Cyrus at 12 months or more.

Figure 15: Remember Uncle Cyrus



One month n=21
Six months n=19
One Year + (original) = 14
One Year + (new) = 9

Adults

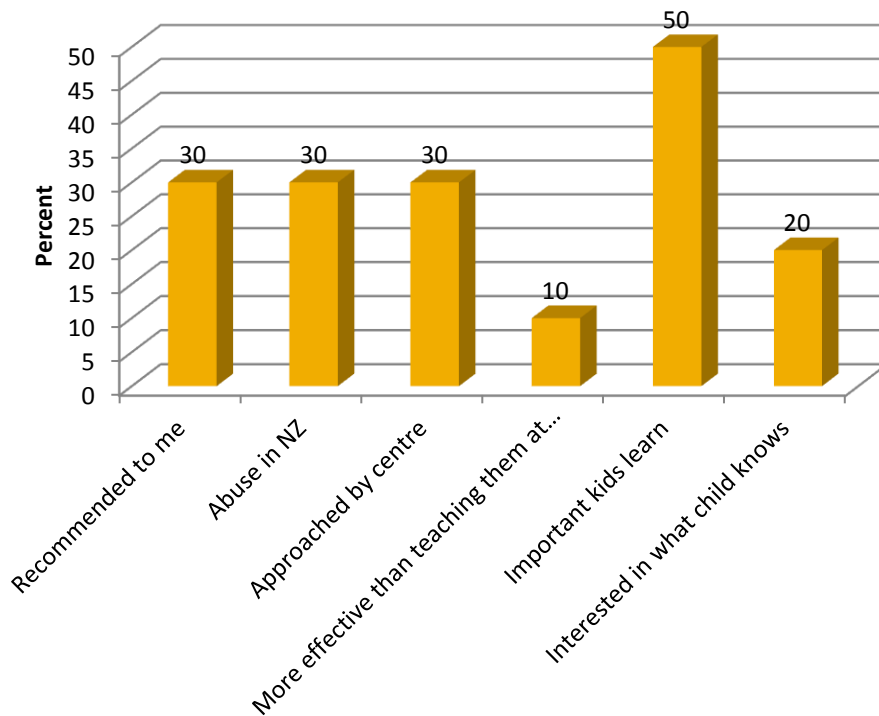
Decision to Participate

The parents had consented to their children participating in the programme as they felt that it was important children learn about the topic (10, 50%), they were approached by their centre to participate (6, 30%), it was recommended to them (6, 30%) they were concerned about the high levels of abuse in New Zealand (6,30%), they were interested in what the child knows (4, 20%) or they felt it was more effective than teaching children at home (2, 10%). Parents also liked that it covered a range of safety topics.

“ I had heard about it and had some reservations. Then I heard the BFM radio interview with someone about the programme and with all the positive feedback I thought it was a good thing to do.

“ Because it was offered through the [early learning centre]. It sounds excellent about keeping her safe. I do not imagine she will be exposed to sexual abuse but the risk is there. It will also provide general skills about bullying and unwanted behaviour, physical violence.

Figure 16: Reasons for participating in the programme



Pre course n=20

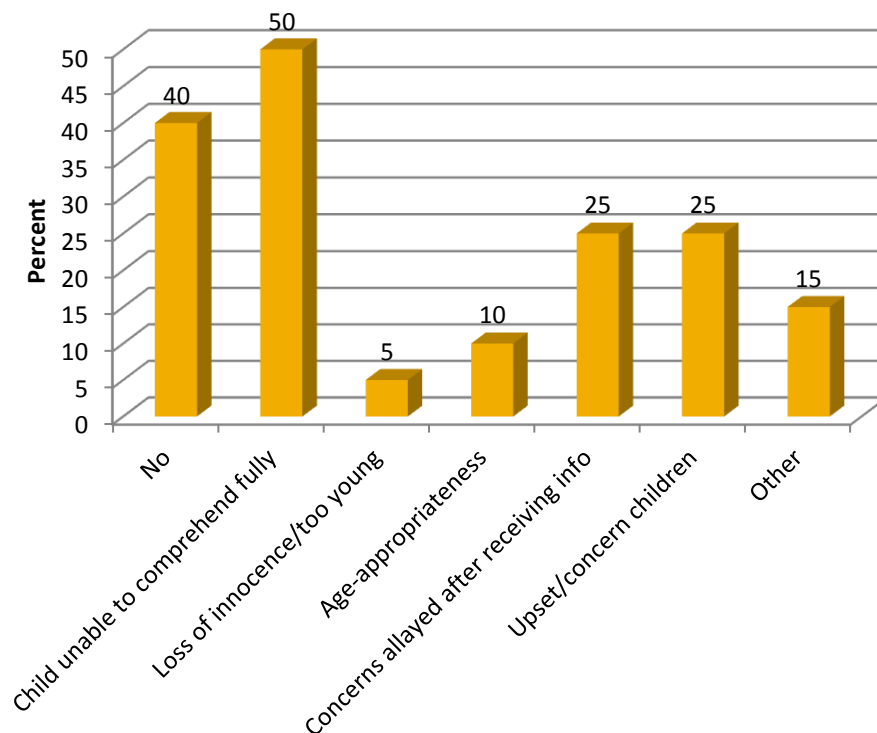
Findings

Reservations

Prior to the programme, many of the parents (12, 60%) said that they had reservations about the programme. Some had felt concerned that it would upset or concern the child unnecessarily (3, 15%), at the potential loss of innocence (1, 5%) and the appropriateness of the content (2, 10%).

- “ I don't like the idea that children will "lose their innocence"
- “ [My concern is] mainly the age and if he would understand at this age
- “ [I] don't want it to be negative for him, but after I heard the explanation I was positive about it
- “ ... bringing up stuff she is not ready for or needs to know straight away. Wonder if should answer questions as they arise instead of giving them information to confuse them.

Figure 17: Reservations



Pre course n=20

Parents' Evening

The Parents' Evening is designed to inform parents about the programme and answer any questions that parents might have.

Findings

Although five (25%) of parents did not attend the Parents' Evening, those that did found it informative (5, 25%), reassuring (2, 10%) and were generally positive about it (7, 35%). Some parents who had expressed reservations (5, 25%) said that they felt comfortable once the presenter had explained the programme.

“ I went into it with an open mind. It was reassuring what was going to be covered. How it was going to be done, at a suitable level. Also so that I could reinforce what was being said. No mixed messages.

Two others (10%) found it hard or shocking but still useful.

“ It raised more questions and a lot more awareness about the fact we may not be telling them enough. It gave us lots to think about - a whole group of mothers in shock about their kids growing up and not letting them know until they are going into puberty or whether they need to know it, versus not teaching it to them at all.

“ I was a bit shocked but felt a bit better about it today ... they are so young ...- it was excellent how thorough it was. I know what will be covered and they will send things home. It was really necessary. It was a shame not everyone was there for it. I will know what is going to come out of it and am able to prepare myself for the questions.

Session attendance

Most of the children (16, 76%) attended all the sessions. The remainder had missed one or two. The parents who had attended the sessions (7, 35%) were asked to rate useful it had been to attend them.

Many found attending the sessions had been very reassuring. On a 5 point scale with 1 'not useful' and 5 'very useful' the average rating was 4.4 (very useful). Most said that they found it useful to know what they were learning so they could gauge the child's reaction and reinforce the content and messages.

One parent who had not attended the sessions said that she attended initially but found her child became clingy and she was concerned that her child would not participate fully if she were there.

Discussing abuse

Parents were asked what, if anything, they had done about talking to their kids about abuse. Many parents said that they had not really discussed this topic with their children (11, 55%).

“ To be honest not much really. We know where she is and who she is with.

Findings

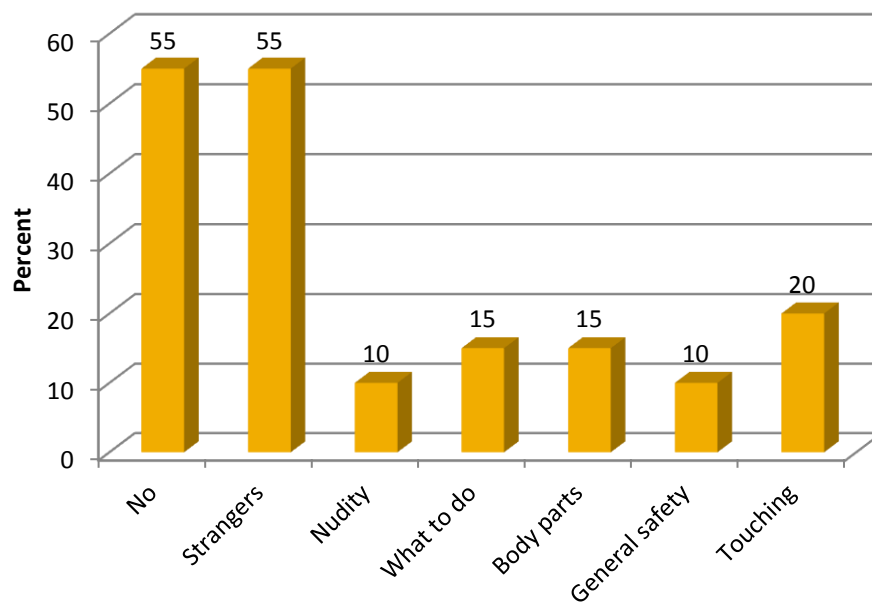
“ The children are never out of our sight. If they are it is only with family and people we trust.

Others had discussed issues such as stranger danger (11, 55%), unsafe touching (4, 20%), general safety issues such as road safety and inappropriate nudity (4, 20%).

“ We have spoken to them very briefly about their body, told them the names of their body parts and that their body is their own. We have told them it’s not o.k. to touch other people’s private parts.

“ We have had to talk to him about not running around in the front garden without clothes on as people might walk past and not like what they see - have talked about it from that perspective.

Figure 18: Prior discussions



Pre course n=20

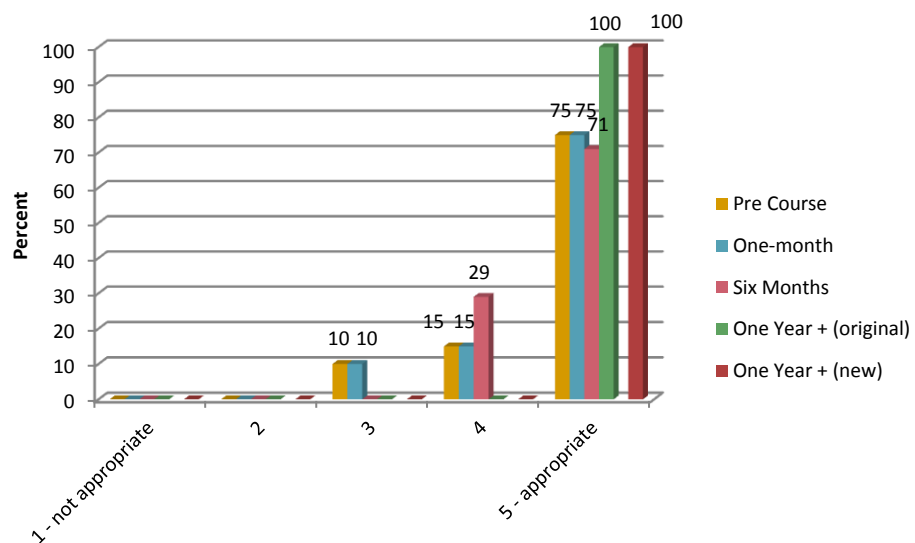
Most parents (15, 75%) thought it appropriate to discuss the issues of personal safety covered by the course with their child, both prior to and one month after programme. They felt it was important to keep children safe (30%), keep communication open (25%) and reduce the level of abuse in NZ (20%). Those that had slight reservations seemed to feel that it was difficult to do, but necessary.

Findings

- “ It is appropriate I guess I need to get over the sexual nature/content of the programme. They have to educate children this age: that they don't live in a fairy-tale.
- “ She does need to be aware but at the same time a lot of it; if developmental delay then some of it will go over her head but she also needs to be aware. It is hard to know what she understands or doesn't.
- “ I definitely think it's appropriate to make them aware of their body and that they're responsible and OK touching, I suppose what I find difficult is to burden (her) with the knowledge that things like this go on, and I suppose as a parent just want to protect her ... I don't know what the correct age is to make them aware, but I guess the sooner, if it protects a handful of children it's worth it.

After six and twelve or more months, parents still believed it was appropriate to discuss these issues, with all (100%) of the parents after twelve months rating it as highly appropriate.

Figure 19: To what extent you think it is appropriate to discuss personal safety issues with your child?



Pre course n=20
 One month n=20
 Six months n=20
 One year (original) n= 16
 One year (new) n=11
 Note that no data label indicates a zero score

At one month after the programme, fifteen (75%) of the parents said that they had initiated discussion about the topics covered in the programme with their children. Parents were most likely to have initiated discussion on emotions and

Findings

feelings, that they are the bosses of their bodies, and the touching rules. At six months (9, 50%) and one year (9, 90%) most parents were still initiating these conversations, largely covering the same types of topics.

Most of the parents at one month (20, 80%), six months (11, 61%) and at one year (original sample, 10, 59%, new sample 10, 80%) said that their children had referred to aspects of the programme, initiated discussion with them about the topics or used the language of the programme when talking to them.

Several parents had referred to the programme in response to specific issues.

“ A friend of (my child) asked the builders at the school if they would 'like a massage' and (my child) then said the same thing ... so I referred back to the programme about this. (My child) then related it back, saying why she should not have said that. (My child) told me that this had happened, not sure the builders heard or not.

“ Safety issues, remember that we don't have secrets. [The conversation was prompted in relation to a convicted paedophile being released to live in their community and the parent's concerns regarding her child's safety].

Moreover at one year, 10 parents (59%, original sample) said that their children had raised topics and used the language of the programme with them in the past six months. Mostly the children who referred to the programme referred to be the boss of their bodies, and used correct language to refer to body parts.

“ He has talked about body parts as he has become aware of female bodies.

“ Someone offered her something and she didn't take it. Nothing directly related to the programme, she has remembered some of it and utilized this in normal life.

Those parents at one year (original sample) who said that they had not referred to the programme in the previous six months felt that there had been no need to, largely as their children were familiar with the issues

One parent, however, was surprised that her child had not remembered more of the programme.

“ It is interesting because (her younger sister) has just started doing the course at kindy – (My older child's) recall of the information is not as good as I thought it would be; she knew the body parts but could not remember parts of it ...

Topics covered

Parents are encouraged to support the messages in the programme. In addition to a Parent’s Evening, which outlines the programme in full, the We Can Keep Safe Book, which details the messages of the programme, the children are given a weekly newsletter that outlines the topics covered in each session.

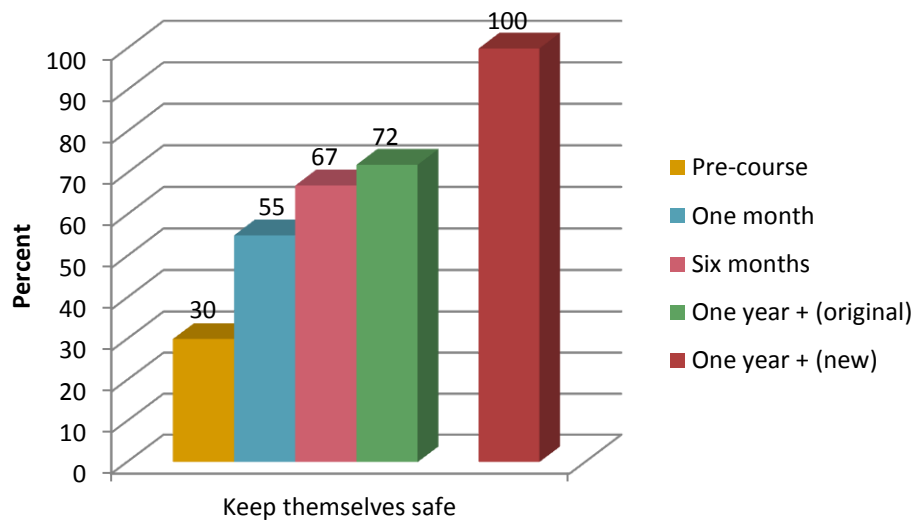
Parents were asked whether they had discussed these topics with their children. Not only did more parents discuss the topics covered by the programme with their children, it appears some have also discussed them in a different way, now using language more consistent with the messaging in the programme.

Personal safety

The programme covers issues of personal safety. Parents are encouraged to talk assist children in developing skills and strategies to enhance their personal safety in different situations, such as if lost in shopping malls.

There was an increase in the percentage of parents who had discussed how their children could keep themselves safe from potential abuse.

Figure 20: Personal safety - how to keep themselves safe from potential abuse



Pre course n=20
One month n=20
Six months n=18
One year + (original) n= 17
One year + (new) n=11

Prior to the programme many parents said that they had talked about issues such as stranger danger, not talking to strangers, and staying close to the people they know. At one month many appeared to have covered this issue in more detail and in language more consistent with the programme.

Findings

“ Pretty much if there was a situation, or if anyone touched him in a place that made him not feel comfortable for him to come tell mummy, and then say "no, I don't like it". So to just encourage him to be more vocal and trust me enough to tell me, because I know that people that are that way inclined are devious, and what I'd be afraid of is if they said "I'm going to kill your family" he'd take it literally. That's about as far as it went. I tried my best with that because I thought he could cope with that.

“ Generally, sort of, if someone you know does something you don't like, or I use the examples, because (older sister)is into the word 'boobies' at the moment, so if a boy touched your boobies, or someone touched your boobies would that be ok, "no" and what would you do and who would you talk to? And is it OK for them to say is it a secret and not tell anyone about it and she says "no".

These differences were sustained at six and twelve months.

“ We have talked about people coming to the gate and sometimes I have my hands full with (young baby sister) and there will be a knock on the door so I can say he can look who it is through the glass but do not open the door, say to wait for mum..

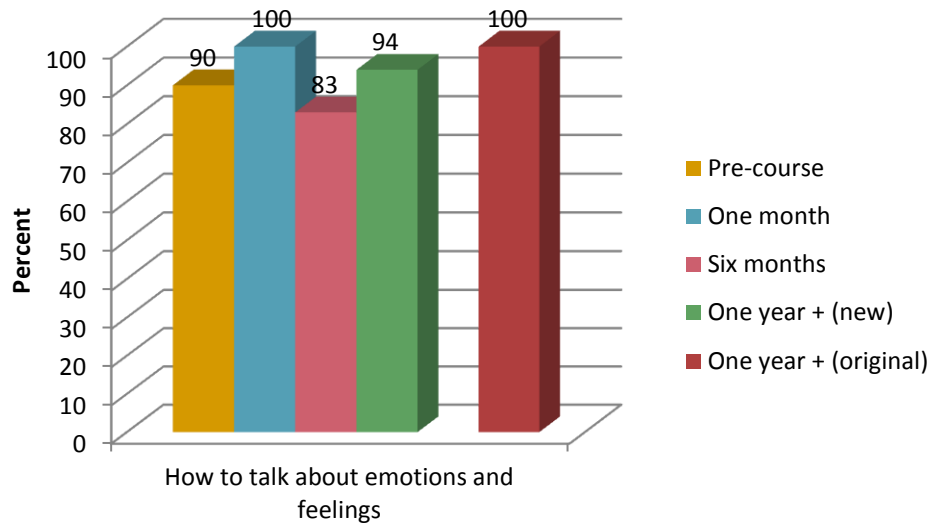
Talking about emotions

The programme covers feelings and emotions. Parents are encouraged to create and foster a safe environment where their children can talk about their worries and fears. They are also encouraged to help their children identify different feelings and emotions, and articulate how they feel.

Parents talked to children about naming feelings both before and after the programme, but it appears that the way in which they talk about these feelings may have changed for some parents.

Figure 21: How to talk about emotions and feelings

Findings



Pre course n=20

One month n=20

Six months n=18

One year + (original) n=17

One year + (new) n=11

Prior to the programme many of the parents had discussed naming feelings, the reasons behind feelings, that is okay to feel sad, and ways of dealing with frustration, but for some the ways in which they talked to their children after the programme had changed.

“ We talk a whole lot more than used to (about feelings). Natural progression from course, e.g. say when she is frustrated.

“ This is a big one he has led - the biggest change since the programme. Tells me all the time, makes me grumpy and will pull the face too. Gone with it and say, okay you are angry and I still love you - encourage him to use and communicate.

Moreover, one month after the programme, twelve (60%) of parents said that they had noticed changes in the way their child talked about their feelings. Some parents (three) were unsure if this was age or maturation.

“ Big changes in him saying 'I feel ...' or 'that makes me feel'.

“ She is extremely expressive about how she feels and doesn't like, uses the words like cross and sad, you hurt me and things like that.

After six and twelve months, most of the parents were still openly encouraging the expression of feelings.

Findings

“ Yeah we definitely talked about that, how to identify feelings, and umm verbalising for her, sounds like you are feeling really frustrated, or really lonely, it sound like it made you feel left out, just those sorts of things,

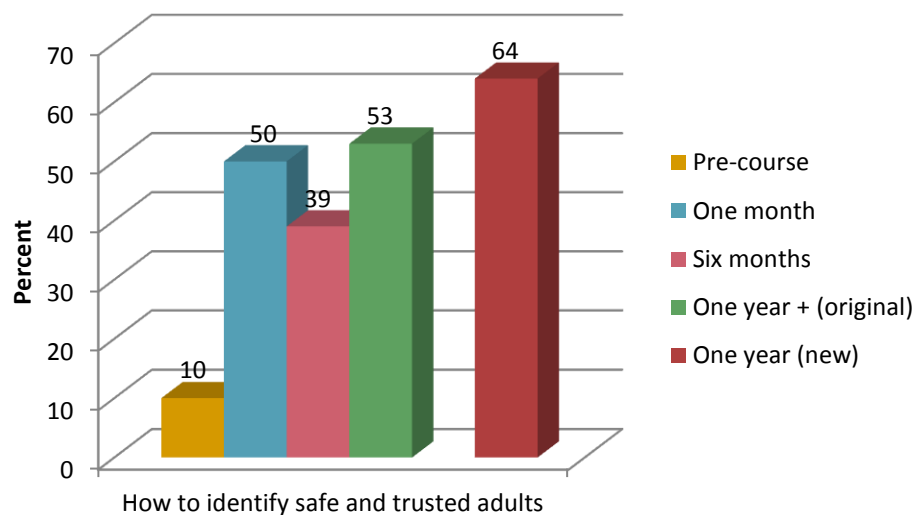
“ We accept and label all feelings in the home. At the end of each day we have a talk with all family present about whether anyone has had worries that day.

How to identify safe and trusted adults

Parents are asked to find time with their children to identify safe adults.

There was a sharp increase in the percentage of parents who have talked to their children about how to identify safe and trusted adults, before and after the programme.

Figure 22: How to identify safe and trusted adults



Pre course n=20

One month n=20

Six months n=18

One year + (original) n=17

One year + (new) n=11

Prior to the programme some parents had talked to their children about who they could trust, and about trusting mum and dad and other people such as family members and teachers.

Following the programme, more parents discussed how to identify adults they could trust with their children and also appear to have discussed who they could talk to in more detail.

Findings

- “ (We are) specific about who she can talk to about anything. That these are the people she can talk to. [Prompt: who?] At home, mummy and daddy.
- “ Reinforced she can tell Mum or Dad or Grandma - we have a little chat about her day before bed...that is the time we can do this.
- “ I've done a 'what if you have got something important to talk about and Mum and Dad are not there, who can you talk to?'

These conversations were still occurring with children six and 12 or more months later.

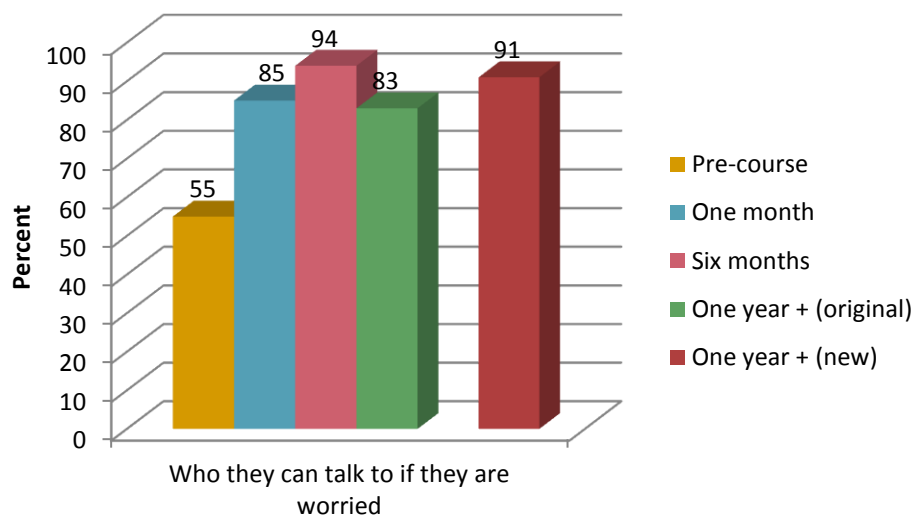
- “ If they get lost we told them to find a woman to help them.
- “ We have all contributed to identify safe people in the family.

Who they can talk to when worried

Parents are encouraged to let their children know that they can tell safe adults about their worries and feelings.

Since undertaking the programme, there has been an increase in the percentage of parents who have discussed with their children who they can talk to if they are worried.

Figure 23: Who they can talk to if they are worried



Pre course n=20
One month n=20

Findings

Six months n=18

One year + n=17

One year + n=11

Prior to the programme, many of the parents had discussed who their children could go to if they were worried about something. Most had suggested talking to a parent or teacher. After the programme not only had more parents discussed this with their child, but they had given their children more options.

“ Definitely said that she could come talk to us or to her teachers, or if anyone bothers her at day-care that she can talk to the teachers.

“ Said to him ... he often rings his grandparents up ... lots of people you can talk to when you want to and can talk about anything you want. His calling them may be a response to that, he asks to call them.

One month after the course seven parents (35%) said that they had also noticed changes in the way that their child told an adult of any issues and concerns they had.

“ She insists on talking if something happened at daycare ... I drop her in the morning and see her communicate a few things well to the teacher. She can share with the teacher if she does not feel good.

“ He does tell (adults) they're not allowed to do that, and its usually to his brothers or brother-in-law because they usually playfighting, so he tells them "you're not allowed to do that" and we've noticed with my daughter's boys they're 2.5 and 1.5yrs and he'll say you're not allowed to touch their bums.

Again, these differences appear to be sustained.

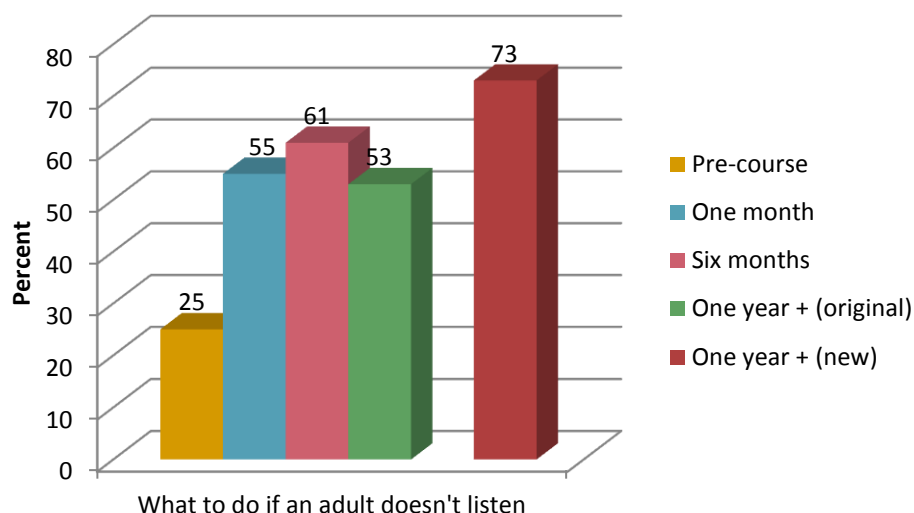
What to do if an adult doesn't listen

Persistent telling is a key component of the programme. Parents are encouraged to support their children in telling until they get an adult's attention.

There has been a sharp increase in the percentage of parents who have discussed persistent telling with their children since undertaking the programme.

Figure 24: What to do if an adult doesn't listen to what they are trying to tell them

Findings



Pre course n=20
One month n=21
Six months n=18
One year (original) n=17
One year (new) n=11

Prior to the programme most parents had not talked to their children about this. Most parents had tended to talk about manners, asking their children to wait, say excuse me and wait until the adult is ready.

Following the programme, half of the parents said that they had talked about or noticed their child being more persistent if they had something important to say and many had discussed with their children how they need to go to someone else if they are not being heard, until they are listened to.

- “ Did a lot of talking about persistent asking; that if one parent is busy to ask the other.
- “ Basically she should keep saying it until they listen. Not interrupting but if it is really important.
- “ He has started saying 'excuse me', 'I'm talking to you' ... 'I said excuse me' ... and very persistent. He is very strong at getting his point across. A skill he has and has continued.

At six and twelve months, persistent telling appeared to be a behaviour more likely to be instigated by the children, than actively encouraged by the parents, but many of the parents recognised the importance and were no longer trying to extinguish the behaviour.

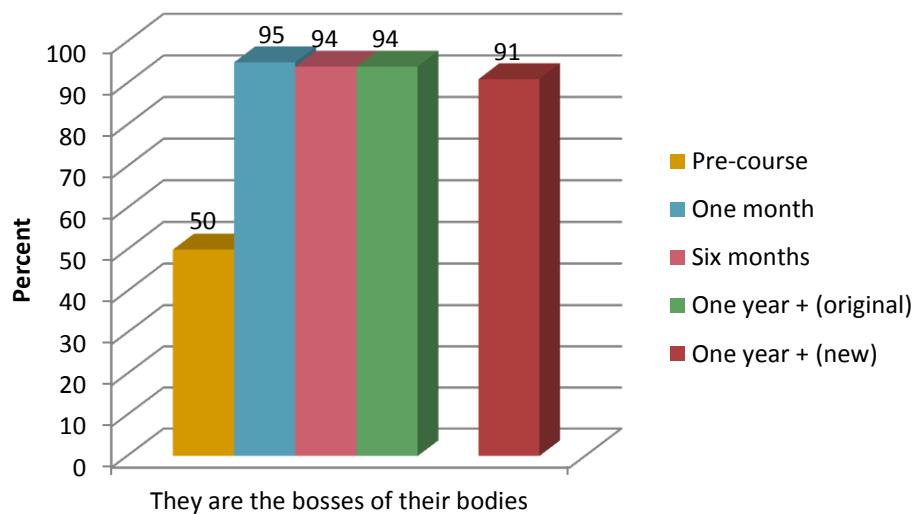
Findings

They are the boss of their bodies

Children are taught that they have ownership of their own bodies. Parents are encouraged to reinforce this message by listening to children when they are tickling them and the children say stop, and by respecting their children's choices to decide who they will give kisses and cuddles to.

There has been a sustained increase in the percentage of parents who have talked with their children about how they are the bosses of their bodies and their bodies belong to them.

Figure 25: That they are the bosses of their bodies



Pre course n=21

One month n=20

Six months n=18

One year + (original) n=17

One year + (new) n=11

Prior to the programme, those that discussed these issues had talked about not touching other peoples' bodies (4, 20%), not touching their private parts (4, 20%), that their body belongs to them (5, 25%), appropriate nudity (10%) and how to clean and care for their body (4, 20%).

One month following the programme many of the parents (9, 45%) said they or their child had talked about how their child is the boss of their body. Some of the families have been using the words of the songs (2, 10%) or talking about the touching rules (6, 30%).

“ Again, after the course - affirming that is right. Often talk at bath time as that is when it comes up. Sometimes have a bath with them so useful if they try to touch me in bath, I can say 'can't touch because that is private part'

Findings

“ Yes, that he is the boss of his body. Pinched bottom in play [adult] and he said, no you are not allowed to touch my bottom.

At six months 16 (80%) of the parents commented on this message..

“ He knows that now, I drummed that into him.

“ That certain parts of the body belongs to him and no-one is allowed to touch it unless he had a pain.

Similarly, after 12 months, most parents gave examples of what they had discussed or why they felt it was an important message to share with their children.

“ I thought that was a really good way of presenting it, as a real, it's your body so you get to choose. I really liked that because I'd never really thought about it like that before, so we've really just been reinforcing it.

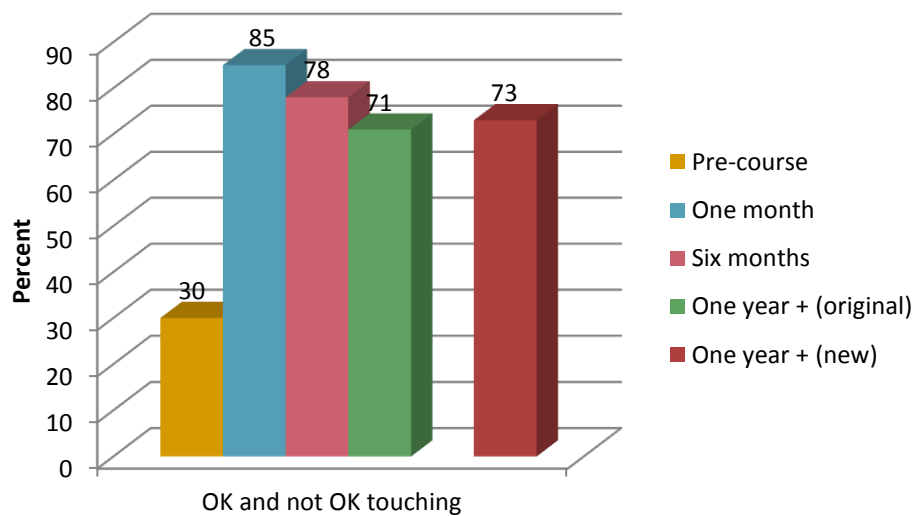
“ We tell them that they are the boss of their bodies. It is a strong family message.

OK and not OK touching

The programme distinguishes between ok and not ok touching. Following the programme there was a marked increase in the percentage of parents who had discussed ok and not ok touching with their child. Although the differences remain high, the number of parents discussing this with their children does seem to be falling. Some parents felt that this was because their children understood the rules, so did not need on-going reminders to reinforce them.

Findings

Figure 26: OK and not OK touching



Pre course n=20

One month n=20

Six months n=18

One year + (original) n=17

One year + (new) n=11

Before undertaking the programme, some parents had talked to their children about violent touching (3, 15%), who is allowed to touch them (2, 10%), what is appropriate touching (3, 15%) and what to do if they don't like what is happening (3, 15%).

One month after the programme parents had talked to their children about private body parts (7, 35%), who is allowed to touch them (4, 20%), how it is not okay to touch others' private parts (4, 20%) and how to say "stop it, I don't like it" (3, 15%).

Some of the parents had reiterated the programme information (4, 20%) and had a general discussion about this issue (5, 20%).

“ Went through the session with the drawings together and which parts of the body were able to be touched and which weren't.

“ (We) talk about saying 'stop it' and 'I don't like it'. Also to listen to what other people say when they say 'stop' or 'no'

Two parents (10%) felt uncomfortable with the rules.

“ We just went for the 'no touching'.

“ We haven't discussed that because that still scares me.

Findings

After twelve months, there was a fall in the percentage of parents discussing this aspect of the programme. Although most parents had discussed it, several said that they had not really revisited this since the programme, either because they felt their children understood it, or because they spoke about feeling OK in more general terms.

“ I reinforced that after the session. But I haven't really revisited that since the Keep Safe programme.

“ Don't know, probably not, more so about things that make you feel OK and not feel OK, so more general, than specifically about touching.

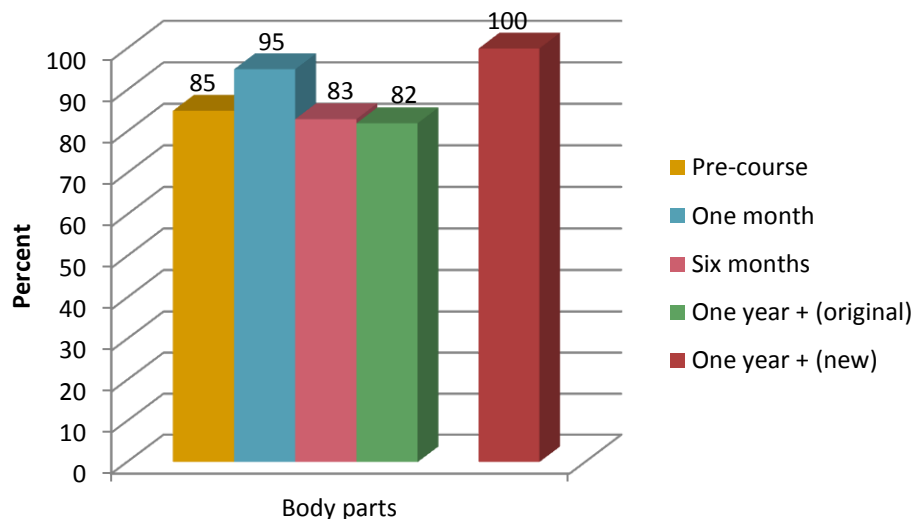
One parent, however, described a situation where a child from school had behaved inappropriately, and the children told the parent immediately.

Body parts

The programme focuses on encouraging children to name their body parts and use the correct language to discuss their bodies.

Most of the parents had already talked to their children about private parts. This included talking about the technical names (8, 40%), using non-technical names for body parts (3, 15%) generally talking about body parts (3, 15%), the differences between male and female body parts (3, 15%) and talking about privacy and touching (4, 20%).

Figure 27: Body parts, including private parts



Pre course n=20

One month n=20

Six months n=18

One year + (original) n=17

One year + (new) n=11

One month after the course, more of the families referred to private parts by their technical names (9, 45%) often alongside non-technical names or talked openly about the body (5, 25%)

“ She knows it all - we call it a fanny at home but she knows it's a vagina too.

“ He keeps bringing this up. He has retained information. He prompts me and I provide information and talk openly.

At six months twelve (60%) parents gave examples of how they had discussed body parts. Six (30%) parents discussed body parts at bath time, and four parents (20.0%) said that their children did not necessarily use the correct language, but were either aware or learning the terms.

“ Still trying to change our vocab because she still talks about 'fanny'

“ He still refers to it as a willy but knows it is penis, calls it a willy. The other day he asked his sister how she goes to the toilet because she does not have a willy. He knows it is a vagina ... but probably does not know what it means, just knows it is different.

After twelve months almost all of the parents said they either encouraged the use of correct names or used them interchangeably.

“ We encourage the use of proper names. We accept other names too but they know what the proper ones are.

“ We don't always use those sorts of terms in the home, we have other terms, but I think the main thing for us is that she knows the correct name and she can choose whether she wants to or not. But if we went to the doctors we would use the correct names, but at home we don't say them because they sound very clinical.

Who is allowed to touch their private parts

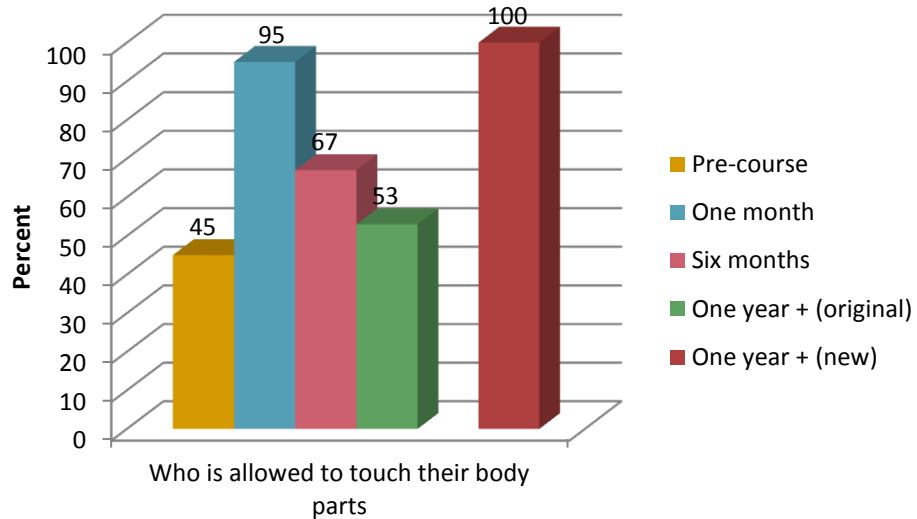
The programme establishes rules for touching private body parts. The children are also taught that there are exceptions. For example, if parents are helping children learn to go to the toilet or if the children need medical treatment.

Again, after the programme, there was a considerable increase in the percentage of parents who talked to their children about who is allowed to

Findings

touch their body, including their private body parts. This appears to be falling, again in part, as some parents believe the children are familiar with this concept.

Figure 28: Who is allowed to touch their body parts



Pre course n=20
One month n=20
Six months n=18
One year + (original) n=17
One year + (new) n=11

Once again, while some parents had talked about who was allowed to touch their child's private parts prior to the course, most of the parents reiterated the rules outlined in the programme.

“ We say that me and her Dad can and the doctor might sometimes need to, but me or Dad would be there. She has been interested in why doctor might need to.

“ We talk about that quite a bit, say this is your body and he knows that ... talks about no one can touch his private parts.

Moreover, according to the parents, some of these conversations (4, 20%) have been initiated by the child.

“ When she says 'it's mine' and she is the boss I have agreed with her but she must dry herself, a few times she has said it is “okay for you to, mum” (dry self).

One month after the programme, 50% of the parents said that they had noticed changes in the ways in which the children themselves talked about the touching

Findings

rules, and 50% had noted changes in the way that their children applied the rules.

“ She did not have a concept before about when okay to touch and not to touch ... now she has conversations about how okay to touch faces but not okay to touch bottoms. There is a change in her behaviour anyway, she is aware not to touch her brother's penis when having a nappy changed because they are his private parts.

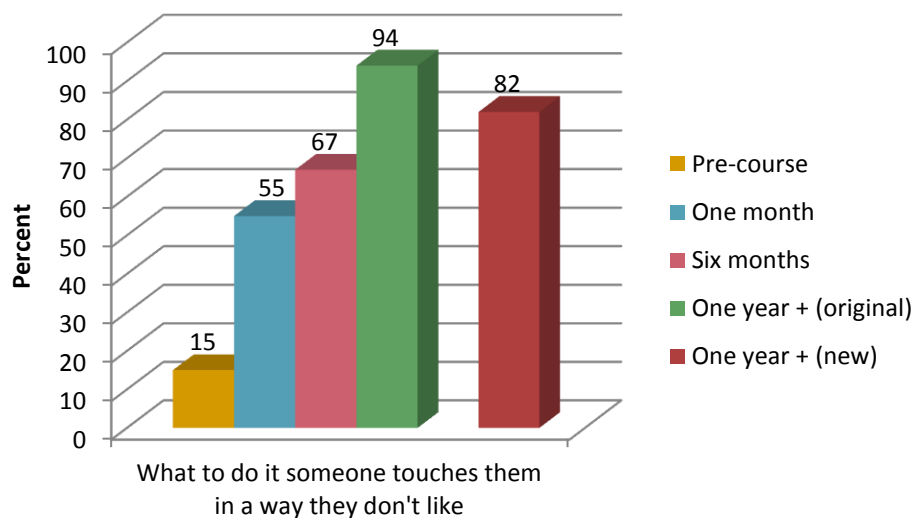
These conversations are still occurring six and twelve months after the programme, but amongst fewer of the families.

What to do if someone touches them in a way they don't like

Children are encouraged to say 'Stop it, I don't like it' and tell an adult if someone touches them in a way they don't like.

There has been a marked increase in the percentage of parents who have talked to their children about what to do if someone touches them in a way that they don't like.

Figure 29: What to do if someone touches them in a way they don't like



Pre course n=20

One month n=20

Six months n=18

One year + (original) n=17

One year n=11

Prior to the programme few parents had talked about this topic. The few that had mainly talked in general terms about saying stop it, moving away or telling a teacher.

Findings

- “ Talked about this a little bit. To come and tell us.
- “ Tell the teacher. Tell them you do not like it and not to do it. Tell the teacher or tell me
- “ In terms of physical touch with their sister or someone at daycare tell them to say stop and move away and say they don't like it.
- “ Not sexual touch but if someone hurts her she needs to come and talk to us.

One month after the programme not only did more parents and children discuss this, almost half (8, 40%) used the message ‘‘stop it I don't like it’’ and 6 (30%) discussed telling someone.

- “ We went over stop it, I don't like it. Tell a safe adult.

Several parents remained uncomfortable with this message, however.

- “ That scares me, that just blows me away.
- “ Probably not focussed on that too much, not wanting to give her the knowledge which I suppose is a bit naive because if it was to happen I would want her to know, but we've not focussed on it directly, but the other things we do make her more confident to say that this is my body, but it is really difficult to burden them with the knowledge about that.

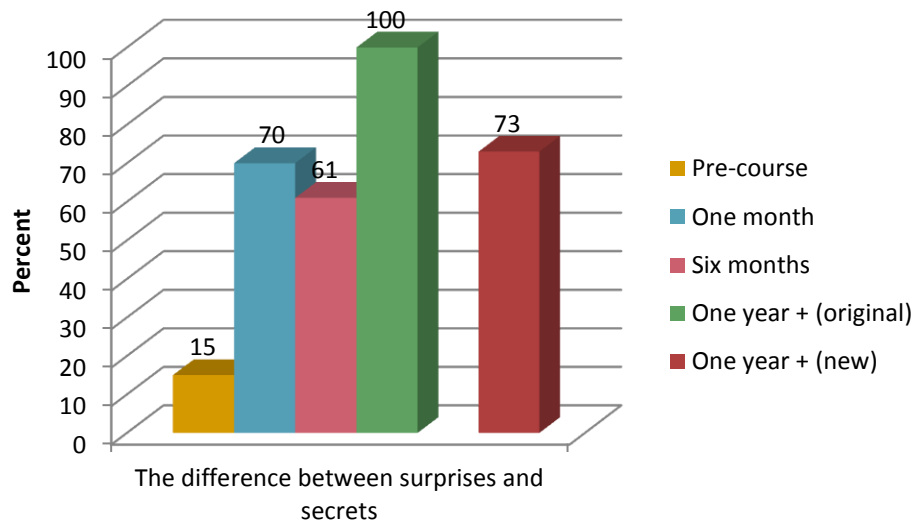
Most of the parents appear to be reinforcing these messages six and twelve months after the programme.

The differences between surprises and secrets

The programme teaches children to differentiate between secrets and surprises, and encourages a ‘no secrets’ household or policy.

There was a large increase in the percentage of parents who had discussed the differences between surprises and secrets with their children, and this has been sustained.

Figure 30: The difference between surprises and secrets



Pre course n=20
 One month n=20
 Six months n=18
 One year (original) n=17
 One year n=11

Prior to the programme most parents had neither talked about nor distinguished between surprises and secrets. Some thought about it for the first time following the Parents’ Evening.

“ Only thought about it since that meeting (parent evening). A bit stressed after that as sometimes if she is good I will take her for a treat night and will quite often give her lollies as a treat and say it is a secret and not tell her mother. They do tell her though. Will have to look at this (issue).

“ After the presentation (I) have told my mum to call secrets surprises because she (child) has secrets with my mum. As a family we don't have secrets

After the programme many more families had thought about the issue and some had made changes as a result, and some are attempting to.

“ We have discussed that, because it is really difficult because we do use the term secrets quite a lot when it comes to treats and things,

Findings

we do, and especially nana and poppa, and its more comfortable to use the term secret rather than surprise, but yeah we definitely have discussed it as a family and discussed it with (child) as well that it's not OK to keep secrets.

“ We just said there's no secrets in the house or anywhere, so there shouldn't be any secrets anywhere. We just found that easier because we don't let the boys whisper.

One month after the programme, five (25%) of parents felt that they had noticed that their child had now begun to distinguish between secrets and surprises.

“ She says we don't have secrets. You don't have secrets but you do have surprises.

“ He says now it is a surprise. Because on Mother's Day he said it is a surprise.

At six months, some of the parents felt that their children had not really understood the difference, and they were continuing to reinforce the message.

“ She doesn't have that concept and trying to explain it is a really hard one, yeah, secrets is, you know, surprises are different, she doesn't get that concept.

“ We have talking about that recently. Around their birthdays and talking about surprises of presents. It is a new concept surprises versus secrets.

Most of the parents interviewed twelve or more months after the programme said that they now have a no secrets policy in their household.

Comfort talking about issues

Parents were asked to rate on a scale of 1 (not particularly comfortable) to 5 (very comfortable), how comfortable they felt talking to their children about the issues covered by the course.

Many of the parents were comfortable talking about most of the issues prior to the course. Some however commented that they were uncomfortable talking about sexual issues with their child and wanted to know a good way to talk to their children about safety issues.

Findings

- “ Comfortable talking with (child) about anything it is just what to say and the information to give.
- “ Wanting to make sure that we are saying the things in the right way and is correct
- “ I am very comfortable talking to them about any of these issues but I need the tool kit to do this for some issues

Figure 31 How comfortable to you feel talking to your child about these issues?

	Pre-course (%)	One-month (%)	Six months (%)	Twelve months (original) (%)	Twelve months (new) (%)	Overall Trends
Personal safety - how to keep themselves safe from potential abuse	75	100	94	94	91	Increase
How to talk about emotions and feelings	100	100	100	94	100	Similar
How to identify safe and trusted adults	85	85	94	94	91	Similar
Who they can talk to if they are worried	95	100	100	94	100	Similar
What to do if an adult doesn't listen to what they are trying to tell them	90	95	100	88	100	Similar
That they are the bosses of their bodies	95	100	100	94	100	Similar
OK and not OK touching	85	85	100	94	91	Similar
Body parts, including private parts	95	100	100	94	100	Similar
Who is allowed to touch their body parts	100	100	100	94	100	Similar
What to do if someone touches them in a way they don't like	90	80	100	94	91	Similar
The difference between surprises and secrets	95	85	100	100	100	Similar

Pre course n=20

One month n=20

Six months n=18

One year (original) n=17

One year (new) n=11

Scenarios

Parents were asked what would happen in their household if:

- A child asked an adult to stop tickling or play-fighting them
- Someone were to give your child a sloppy kiss or cuddle but your child tried to wriggle out if
- You or someone else wanted to cuddle your child but they didn't feel like giving one back
- You found out someone had asked your child to keep a secret from you.

Both before and after the programme almost all the parents commented that they would stop an adult from continuing tickling or play-fighting with their child if their child said stop, and that if their child didn't wriggle out of it themselves, they would intervene if someone tried to give their child an unwanted sloppy kiss or cuddle. Similarly, the parents would intervene if a child did not want to kiss or cuddle someone in return. Although three parents (15%) said it would depend on the person, by one year all parents (16, 100%) from the original sample said that they would support their children's decision.

“ We listen and stop.

“ I would intervene and talk to the person concerned.

All parents (original) at one year said that they would be angry, uncomfortable or unhappy if someone asked their child to keep a secret from them.

“ I would be asking questions.

“ I would firstly ascertain who asked him to keep a secret then ask what the secret was then accordingly speak to the person who asked him.

Several felt that the programme had made them aware of the importance of distinguishing between secrets and surprises and the language had given them confidence to change things.

“ I think we were still working on it last time because it was such a shift, but now it has just become the way it is; before it would have been a conscious effort and it has taken this long for it to be natural.

“ I have more confidence and am more aware of the language; it has given me so much food for thought and so many options.

Body Parts

Parent interviews suggest that there has been a sustained increase in the use of correct language by children and their parents.

Words parents use to refer to private body parts when talking to their child

Prior to the programme fewer adults said they used the correct name for male and female genitals.

The number of parents using the word penis when referring to male genitals increased from 65 percent to 80 percent after one month, 83 percent at six months and 94 percent (original) and 100 percent (new) at twelve months or more after the programme.

Only 28 percent of parents used the word vagina prior to the programme compared with 75 percent at one month, 61 percent at six months 82 percent (original) and 90 percent (new) at twelve months or more after the programme.

At one year some parents said that they felt that they had changed the way they referred to private body part as they were more able to say the words and, over time, they became less embarrassed using them. This had taken between six and twelve months to happen following the programme, but they had made changes as a result.

Words children use to refer to private body parts when talking to their parents

When parents were asked about the words the children used when talking to them, 24 percent called the penis by name prior to the programme compared with 76 percent at one month, 61 percent at six months, and 75 percent (original) and ninety percent (new) at twelve months or more after the programme.

Similarly, 15 percent of children used the words vagina before the programme compared with 52 percent at one month, 61 percent at six months, and 57 percent (original) and 90 percent (new) at twelve months or more after the programme.

“ The names are normalised now, it is everyday language like any other body parts.

“ She started using proper words more often, less shy about using them.

Keeping Children Safe from Abuse

Prior to the programme the key things that parents felt that adults could do to keep their children safe from abuse were consistent with the programme, such as giving their children appropriate information and having open communication with their children.

- “ Educate, talk to him, listen to him. Give him tactics about not o.k.
- “ As he is getting older, more four year old letting him know about no touching, stranger danger and being able to go to Mum and Dad about anything.
- “ Giving them as much information as possible so they are not wrapped in a bubble.
- “ Make sure that they talk about their feelings and emotions and can come over and tell us about touching. So can feel security and trust us.
- “ Repeatedly explaining to them what is ok and why.
- “ There is a fine line between not wanting to scare them, but there are arseholes in the world and they need to realise this, without scaring them. Give them the confidence to say 'no' and that life good but it is not always roses.

When asked what things they thought their child should know to keep safe, parents mentioned:

- Their bodies being their own
- It is ok to say no to adults
- They should trust their instincts and feelings
- There is okay and not okay touching
- They should always stay in sight
- They can tell someone if something happens
- You can say no and run
- It is okay to talk to parents
- There are tools they can use, but without scaring them.

Disclosure

Parents were asked how they might respond if their child told them that someone had touched them inappropriately.

Prior to the programme one-quarter (5, 25%) said they would try and find out what had happened, some (7, 35%) said they would approach the perpetrator,

Findings

(7, 35%) contact a support service (5, 25%) said they would contact the police and three (15.0%) said they would contact teachers at the child care centre.

Many of the parents were unsure what they would do and felt that although they would try and be calm, they would pursue the perpetrator.

“ I would give her a hug and tell her thanks for telling me - that was brave and it was naughty of the person who did that. I would make sure it did not happen again. Then I would chase after that person with a baseball bat! Call the Police I guess and leave them to investigate. I would be interested to know what you are supposed to do after those ... go to the doctor? Police? What do you do??

“ I would probably lose the plot to be perfectly honest, I would lose it. I'm not a violent person, but I'm sure there's a violent side to me. (Prompt: What would you do?): I would one, make sure my child is safe, I would phone the police, but then they would have to beat me around there, because that's my baby, honestly, because even if it was my step-daughters, they would have to beat me around there. In saying that I would probably chicken out too and just want to cuddle my baby. My husband would be around there like a shot ... I don't even want to think about that happening.

One month following the programme 20 parents (100%) gave responses consistent with the process described in the programme. This continued at six months (18, 100%) and one year (original, 16, 100% and new, 11, 100%) with parents' responses that were more measured and were about trying to stay 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.

“ I would listen to her and take it seriously. Encourage her to tell me then reassure her she had done nothing wrong and done the right thing by telling me.

“ I would be better equipped to have the conversation with him ... before I would have panicked and spun out. Now I think I would know a lot sooner because am confident he would tell me before anything escalated. Before I probably would have closed him down without knowing it or meaning to ... now I know what to ask and how to ask it.

“ I would sit down with him and talk to find out what it meant for him and get information. Good that he told me and proud of him for saying something and talk to him about follow-up. Then he could tell me and take some action.

Support

Prior to the programme, parents were asked about the support that they would like to have in teaching their child about personal safety issues.

Parent requests included:

- Information
- Answers to commonly asked questions
- A book
- Some ideas about age appropriate things to say
- Further programmes at school to reinforce the messages

Resources that they wanted included:

- Books that you could read to your child
- Stories, anecdotes and examples
- Visual posters or booklets with pictures
- Websites – with basic questions then more detailed information
- A phone number to call if you have concerns

Additional resources

The book, *We Can Keep Safe* was reprinted in February 2011. Consequently, those who participated in the programme 12 or more months ago used an older version of the book.

New Version

At one month, most of the parents (95%) said that their child had brought home the book designed to support the programme, *We Can Keep Safe*. One-third 30 percent said that they had read the book, a further 10 percent had read parts of it and 50% said that they had skimmed it. Only the parent who did not have the book had not used it.

At six months, the use of the book had fallen, with 17 percent of parents and 33 percent of children having referred to it in the past five months.

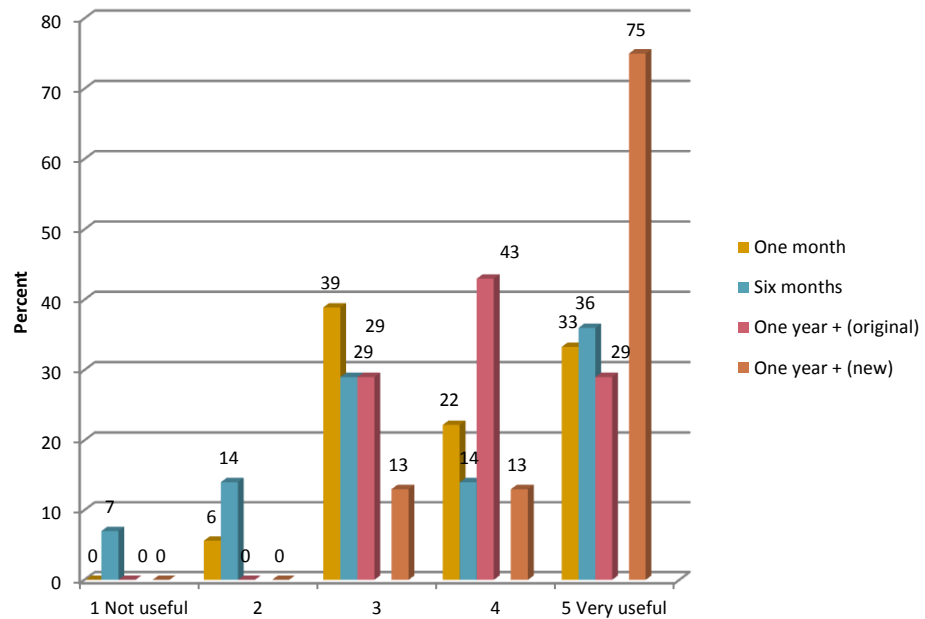
At one month, on a scale of 1 'not useful' to 5 'very useful' most of the respondents (55%) indicated that they found the book useful. This had increased to 79 percent at six months.

Old Version

Fewer of the parents using the earlier version of the book had read it (78%). Although most said that they found it useful, two-thirds (67%) had not referred to it since they had first looked at it or read it.

Figure 32: How useful did you find the book

Findings



One month n=20

Six months n=18

One year (original) n=14

One year (new) n=11

One month after the programme parents (30%) found the book useful as a reference and resource that reinforced the lessons and that they could refer back to.

“ I knew (my child) had been told those things and so I could reiterate to her.

“ The way the lessons were structured; explained sessions so that could prepare for sessions and then read the summary at the end and then go over it at night.

Others (25%) felt that it was useful as an on-going resource that they could refer to in the future.

“ I think it's as useful as people want to make it useful. ... and the ones that say "I don't need it right now" might need it at some stage, so I think it's very useful.

“ It will be good in the future for a refresher.

“ It makes me think from time-to-time go through it to reassure.

The respondents found particular parts of the book useful. These included:

Findings

- The songs (20%)

“ Tried to sing the songs. I think definitely the songs, found them useful, good how he knew and could teach me and talk about the issues in the songs and things

- The activity sheets (10%)
- The language that it is used to express and talk about feelings (10%)
- Body parts (5%)
- Touching rules (5%)
- Pictures (5%)
- The HELP contact details (5%)

Others (10%) said that they found the whole book useful and easy to read.

Most respondents said that there were not any parts that they did not find useful.

One felt that the section on the music was not particularly relevant.

“ What is the point of having the music in there as I cannot look at it and sing the song

Two parents (10%) felt that there was a lot in the book although they noted that this was not necessarily a weakness.

“ This is not necessarily negative - there was a lot to read in it. Probably did not read as much as I would have. Found it a lot of information hard to find time to.

“ There was a lot in it ... Yeah, maybe too much, there's a lot of information, but then the more information you give the more variety of information you have, and I think it's a good resource to give you information and have on hand , um if you might see something and possibly, you might think "how do I deal with that" you can use it to refresh, like if you don't up skill or refresh, its sort of, you forget things, so good to have it on hand as a resource.

One parent (5%) noted that there were parts in the book which were not in the programme. Another felt it was just not particularly useful for where her child was currently at.

Some of the parents had suggestions about what they would like to see in a book, including stories.

“ It would be nice to have a book to read ... like a story-book. That

Findings

would be very valuable as a resource, particularly for pre-schoolers

Although one parent (5%) favoured hand-outs over the book, and one noted that s/he had looked at the handouts more than the book, another felt the book would be less likely to get lost than pieces of paper.

“ [G]ood to have it at home and think you can go back and have a look. They must cost a fortune to publish it. It’s definitely better in a book than a handout, because people don’t know where to put the handouts unless they have a special place, they get lost and separated. Having a book it goes on a bookshelf or somewhere protected.

At six months most found it useful as a reference (7, 44%) or because it gave the parents language that they could use to discuss these topic with their children (2, 12%). One-quarter of parents (4) liked the songs.

Similarly, at one year parents found that it was useful as a reference and reinforced the learning.

“ It is good to have as a good reference material if I want to talk to her about something, for example when I talk to her about school and bring it into the school environment.

Principles, rules and activities

The book outlines a number of rules and activities. Around one –third said that they had reviewed the content and the principles after the session, but this does not appear to have been sustained.

At 12 months, most families had not referred to the book since the last interview, but despite this many felt that it was useful to have.⁷

“ {It is good} to have it on the bookshelf and if a situation comes up that you are not sure about then there is somewhere to look. I have not needed to so far

⁷ Note that only the original sample was asked this question at 12 months + as the book was not published at the time that families from the new sample undertook the programme.

Findings

Figure 33: Principles, rules and activities covered in the resources

		No	Once	A couple of times	More regularly	Response Count
Reviewed the content of the sessions	One month	66.7	16.7	16.7	0	18
	Six months	81.3	6.3	12.5	0	16
	Twelve months	78.8	0	21.4	0	14
Reviewed the principles the course covers	One month	64.7	23.5	11.8	0	17
	Six months	68.8	6.3	18.8	6.3	16
	Twelve months	78.8	7.1	14.3	0	14
Sung the songs with your child	One month	76.5	11.8	11.8	0	17
	Six months	52.9	11.8	23.5	11.8	17
	Twelve months	85.7	7.1	7.1	0	14
Undertaken suggested activities	One month	66.7	11.1	22.2	0	18
	Six months	93.8	6.3	0	0	16
	Twelve months	92.9	7.1	7.1	0	14

Fridge Magnets

Most of the 20 parents (85%) said that their child had brought home a fridge magnet. Of the 17 who had, most (88%) said they used it.

The respondents were asked how they or their child had referred to the fridge magnet since the programme.

One month after the programme, ten of 17 (59%) who used the magnet said that their children referred to it. Two of the children play with the magnet, with a further two seeing it as something precious that is theirs.

“ She said that it was the magnet Jude gave me and said Matt (brother) could not have it.

“ Yes [my child] that's his special something that he got from Toby. Once I took it off the fridge and he was not happy with me; that belongs to me and stays there. And the wishing stone from Jude. He says if I have a wish, I can talk to the stone.

Findings

Three of the children (18%) refer to Toby and a further four (24%) mention Toby and aspects of the programme when they refer to it.

- “ Child refers to Toby and the being boss of his body and child reminds me also.
- “ She tells people about Toby and how he came to kindy and told stories
- “ Child has referred to it. Two weeks ago he called him Toby and referred to boss of the body concept.

Four of the parents (18%) have referred to it or used it to talk about aspects of the programme.

- “ We point out there's Toby and allow her to say who is the boss of her body.
- “ We talk about how it's the MY BODY magnet and it's there to remind us that we are in charge. Useful also for younger sibling to start getting the message.
- “ We reiterate the "boss of body" rules.

After six months, 67 percent of parents said that they still used the fridge magnet. Those who do not have tended to have lost it, or have packed it away during renovations or shifting house.

Four of the twelve children who use it, refer to Toby or some aspect of the programme, such as being the boss of their bodies.

- “ Felix always wants it in view. He says I need to see Toby.
- “ it is still on the fridge and if we ask who it is or what it is about then she knows it is about being in charge of my body.

Several parents pointed out that ownership of the fridge magnet was very important to the children.

- “ [He says] That's my Toby magnet isn't it? I reminded him that it came from Jude.
- “ It is on the fridge and she points it out to friends who come around when showing them the house and her things - it belongs to her.

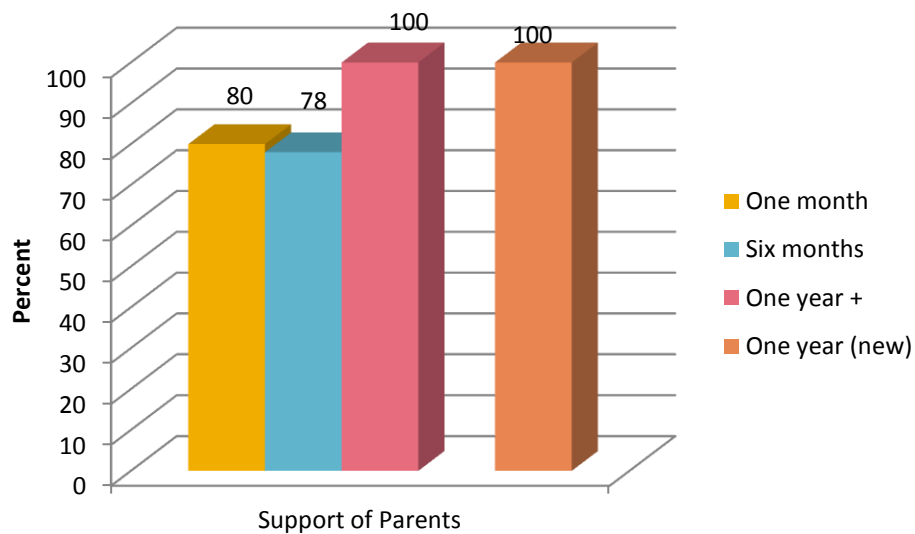
Findings

At one year or more, most parents (original, 10, 71%) still used the fridge magnet. Five parents said that their child still referred to Toby, and the remainder said their children no longer referred to it.

Support from the Programme

Most of the parents felt that the programme supported them in discussing aspects of safety with their child. A year after completing the programme, parents felt that it had made them more open, and that they had been given a framework to use as a family to discuss these issues.

Figure 34: Has the programme supported you in discussing these aspects of safety with your child?



One month n=20

Six months n=18

One year (original) n=16

One year (new) n=11

Changes

One month following the course, (4, 20%) of parents felt that they were more open about issues, (5, 25%) felt that they were more aware of issues, and 9 (45%) identified some change that had occurred in the child or the way they interacted with their child.

“ Yes we are more respectful of his wishes now.

“ Trying to give her more power of herself and her body.

The feeling amongst parents that they were more open, aware and had noticed differences in the ways in which they and their children now interacted continued at six and twelve months following the programme.

Findings

“ It gave the right terminology to approach it because it is a tricky subject, you don't want to put words into their head, you don't want to talk beyond their level of understanding, you don't want to bombard them with things, you just want to know that they're OK, and the programme just gave the way to talk and how to go about it, and it was quite good yeah..

“ It is done in a way he can understand and is kid friendly rather than using scare tactics. He remembers the songs and think he understands those. I wouldn't talk about these things normally so it makes you think.

When asked specifically whether they had noticed any changes in their child since completing the programme, at one month:

- Most parents (14, 70%) said that they had noticed changes in the way that their child named body parts. Some of the parents noted that their children were more confident and expressive when referring to body parts.
- Sixteen (80%) of parents said that they had noticed changes in the way their child talks about feelings. Some of the parents were unsure whether it was affected by the programme or maturational.
- Seventeen (85%) felt that their child had changed in the way they expressed themselves about things they didn't like. They felt they had become more assertive, used more assertive phrases and had become more verbal.
- Eleven (55%) said they had noticed changes in the way their child tells an adult about issues or concerns. They felt the children were more confident, vocal and used phrases from the programme such as “Stop it I don't like it”.
- Fourteen parents (70%) said that they had noticed changes in the way their child talked about touching rules. In particular the children used the language of the course in relation to body ownership, okay and not okay touching, knowing about private parts more and being more confident.
- Fourteen parents (70%) noticed changes in the way their child applied the touching rules.
- Seven (35%) of parents said that they had noticed a change in the way their child distinguished between secrets and surprises.

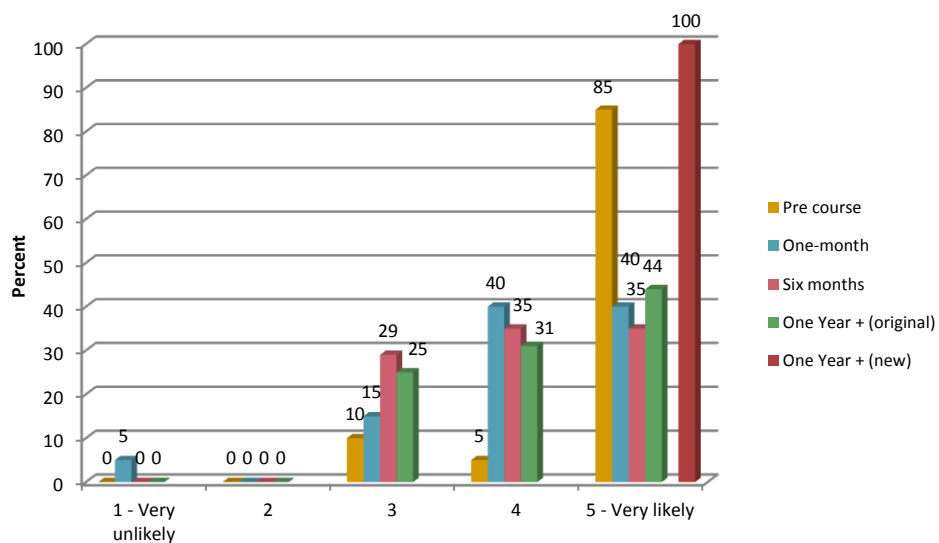
“ This was a new concept that we learned on the programme and has been adopted by the family. [Child] will remind adults of difference if it comes up.

Completion of the Programme

Parents were asked, to what extent they thought that programmes such as these would keep kids safe. Most felt it was likely to keep children safe. One year after completing the programme parents felt that it gave the children the language to deal with the 'hard stuff' and opened the channels of communication between children and their parents.

“ It is a tough question ... it certainly gives children a better chance to have a voice and it is getting it to those that need it ..

Figure 35: To what extent you think child protection programmes can help keep children safe?



Pre course n=20
 One month n=20
 Six months n=18
 One year (original) n=16
 One year (new) n=11

Those that did not feel it would keep children safe felt that the programme would not prevent abuse.

“ ...can do as much as you like, but if it is going to happen ... the information is a great thing but something might still happen Great it gets done but (may not keep them) totally safe

What worked well

Parents were asked what, if anything in the programme, worked well. One month after the programme parents said that they liked the presenter and the presentation style (60%), that they found it age appropriate (20%), that the tools and information were good (30%) and that they like the concept of the children being boss of their own bodies (10%).

Findings

- “ It was really good. It was child focussed, simple, clear and relevant. It gave us very good language and supported parents to approach the topics. What worked well was that it was introduced in a familiar group environment where the children were comfortable. The teaching was SPOT ON. The parent meeting was helpful, informative and alleviated our worries.
- “ Excellent. What worked well for us was the main messages especially boss of body and feelings.
- “ Really good. [Child] talked about [presenter] a lot and her outfits and about Toby (the puppet) on the days of the sessions. All really important information.

At six months when reflecting back, the parents liked the way it used a puppet to talk about the issues, it gave the parents the language to talk about these issues with their children, and it was presented in a way that was engaging and fun.

- “ The way it was put together, with the puppets, it wasn't rushed, it was a gradual process and how the children interacted with it and parents had the opportunity to come in and come in before, so I thought the way it was structured was good.
- “ Toby. It goes onto their heads easier. I think it is good. I think it should be continued in schools too.
- “ The outcomes seem good to me in terms of what she is confident talking about. It is useful as it sets us on the right path - changed the way we name private parts.

Those parents whose children had undertaken the course a year or more ago found the programme 'fantastic', the messages helpful and were particularly impressed with the presenter.

- “ I like the whole thing; Stop it, I don't like it, persistent telling. Jude (the presenter) is lovely. And I like the parents being there. It is good to label the body and be more confident about doing that.
- “ The combination of the singing, dancing, playacting, participatory activities appealed to ALL the senses for the children.
- “ found the programme fantastic. The presenter was very impressive was at their level, straightforward and eloquent. She took the fear out of the subject and made it easy to talk about.

Findings

Improvements

Parents were asked if there was anything that did not work so well. After one month, eleven (55%) parents said 'nothing'. Three parents (15%) thought the programme should be longer and two (10%) thought the Parents' Evening should be more widely promoted and available.

Two parents (10%) did not think the children understood all the material and two (10%) did not feel the farmer scenario worked well.

“ Only thing is some of the concepts are not completely stuck with him yet, was it too short period of time and so concepts were lost. Hard to get him to talk about it and not sure why. As a family we have taken on the concepts.

“ Suppose the only thing was the scenario when (the cardboard cut-outs) were on the farm and got muddy and took their clothes off ... wondered if the kids got it ... I had to put the pieces together to get it and I am an adult.

Other comments (6, 30%) included:

“ She was really frightened of that puppet. She was really nervous. She didn't want to leave room.

“ I found the Uncle story a bit hard - I have a younger brother who is fun for them to play with - and they said that story...he is her favourite person in the world.

“ Stop it, I don't like it. She uses this when being disciplined and told off. I don't want to dismiss and stop her from using it when it is appropriate. I can't tell her not to if being disciplined.

At six months, some parents felt that it was quite short, and needed to happen more regularly. One parent felt it would be good to get more parents along to a parents evening, one felt that telling her about risk might make their child more cautious, and one did not feel comfortable with the Uncle story as her child has a fun uncle and she did not want the child to think of the Uncle like that.

“ Just more my concern that if they are aware of stranger danger then they might be more stand-offish with strangers – I did not notice that this was direct result of the programme or whether she is naturally like this ... telling her a risk may make her more cautious

“ I did not like the Uncle story because she has a fun uncle and I did not want that put in her mind ... but she was fine about it

Findings

After one year, only three of eleven parents could think of improvements. One was concerned that some of the children were scared of the puppet, one felt that under fours may not retain the information and one felt that an audio recording of the songs could help the children retain them. One of the parents from the original sample remained concerned about the Uncle story.

Overall

Parents felt, overall, that any concerns and reservations they had prior to the programme had been answered.

“ It definitely answered any questions and how to bring up the topic and where to start conversations without scaring (my child) - particularly touching stuff. Not want him to be freaked out.

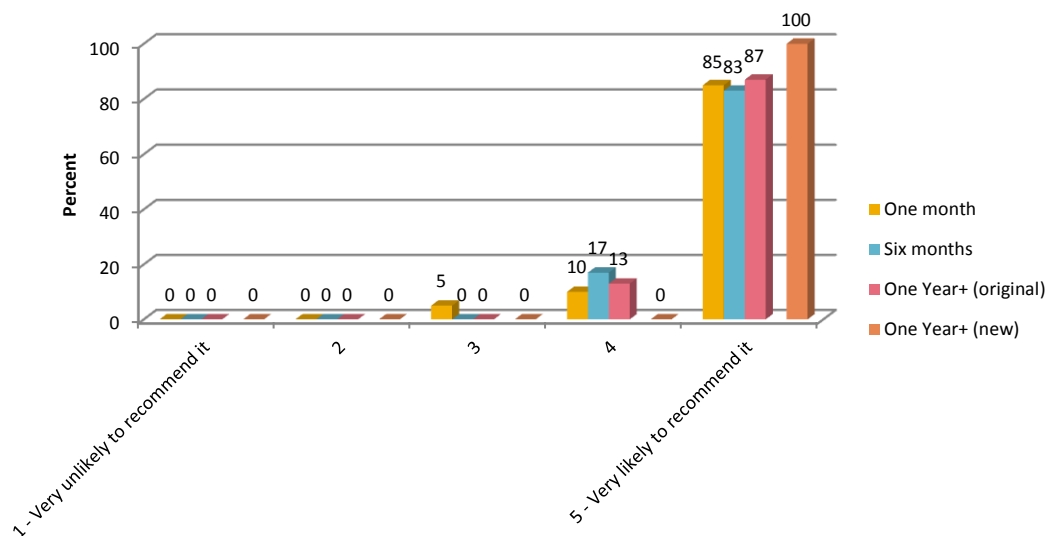
“ It brought home to be more forefront, aware, talk about it more.

Two felt that it did not fully address their concerns, but did not elaborate on why.

Recommendation

Most parents said that they would be very likely to recommend the programme to another family.

Figure 36: Likelihood of parents recommending programme to another family



Pre course n=20
 One month n=20
 Six months n=18
 One year (original) n=16
 One year (new) n=11

Most parents thought it was an important issue and a valuable programme

Findings

which covered the material and concepts in a sensitive way. They said they would tell other families:

- it helped them to talk about difficult topics (6, 30%);
- it was age appropriate (6, 30%);
- the course content is valuable (4, 20%);
- it is important for keeping kids safe (6, 30%);
- the children enjoyed it (4, 16%); and
- it is helpful and reassuring as a parent (4, 20%).

Three parents (15) said that they would recommend that the family attend the Parents' Evening to find out more information. Four parents (20%) said that they had already recommended it to other parents.

“ The programme has given us and him more confidence to talk about feelings and stand up for himself.

“ I've talked quite a few friends about it as it makes it a lot easier to talk about it ...

“ [I talked to] neighbours about it - the neighbour said she had talked to her 8 year old but had not even thought to talk to her 6 year old about these things. It encourages you to think about both girls and boys and gives you the tools. Good at parent evening to hear the stats and realise it is a real problem in the playground.

“ (I) have recommended it to lots of people. I've discussed it with my sister who works for CYFs and her friend and told them about it and they thought it would be good to have a common language in NZ.

Parents were asked if they had any final comments. One parent suggested that the pamphlet could be changed to be more positive.

“ Change the pre programme pamphlet it was a bit scary and unfriendly.

Two parents (10%) found the puppet 'ugly' or potentially 'scary to children', with one also expressing doubt that a one-off programme could keep children safe. Another parent who had a child with language delays felt that she would like to see more visual strategies included in the sessions as the programme had required the children to sit for extended periods of time.

Others (5, 25%) said that they would like to see the programme reinforced through parenting programmes, DVDs or in courses at primary schools.

Findings

At six months and one year, the parents said it was child focused, child oriented, gave a good life long grounding for the children and helped the parents to talk to their children.

“ I said I was concerned when (the child) did [the programme], I was worried it was too early and to introduce the topics too adult for her but it introduces the topics sensitively. I felt it was a very age appropriate programme.

“ I would say that it is FANTASTIC, beneficial and would recommend adults stay for all sessions to learn so as to continue with it.

“ It is a fantastic course. It is completely child focused and orientated. So beautifully done. It gave them so much knowledge in a very gentle way.

“ It gives a good grounding for kids to be comfortable with talking and knowing about uncomfortable things and topics. It opens avenues of discussion.

“ it is age-appropriate and does all the underlying work without talking exactly about it (abuse) - it has so many wider applications for bullying etc ... and can be used in other areas ...

Childcare Centres

Observations

In addition to the interviews, observations were undertaken at all four childcare centres to better understand the level of engagement of the children and to determine whether there were differences between the centres.

The observers recorded the activities during each session and the responses of the children. The observations were used to determine the level of engagement of the children. These levels were:

- High engagement – all or all but two or three of the children appeared to be listening intently or participating in the activities. Any children losing focus were quickly re-engaged. Note that if children are listening but not participating, this is still defined as high engagement.
- Moderate engagement – most of the children are listening or participating in the activities, or the children are slower and more difficult to re-engage in activities.
- Low engagement – half or fewer of the children are engaged in the activities. Note there were no cases of low engagement.

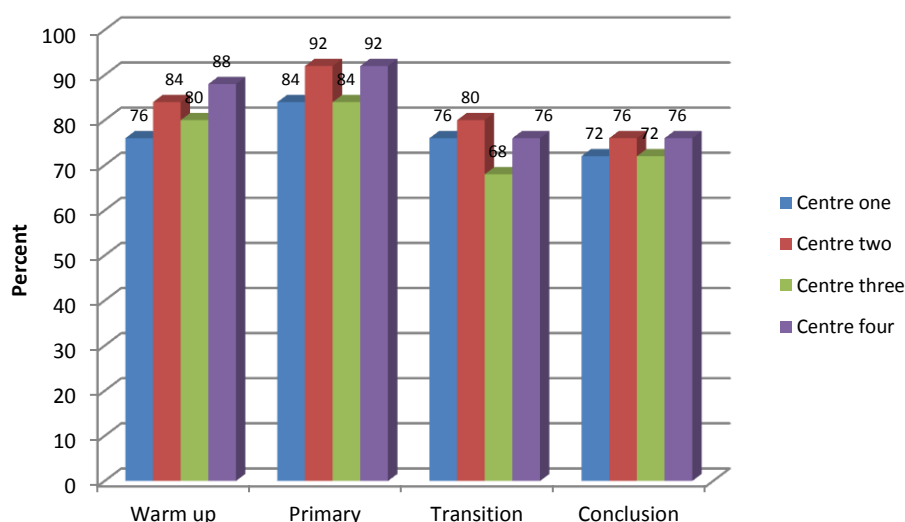
The activities were divided into

Findings

1. Warm up activities, designed to engage the children and reinforce the key messages of the programme
2. Primary activities, which focused on the key messages of the programme
3. Transition activities, designed to move between the primary activities
4. Concluding activities, i.e. the presenter prepares the class to finish And homework sheets are given out.

Overall engagement in the activities was high across all four centres. There appeared to be very little difference in engagement levels between the centres. There was no 'drop out points' with the level of engagement remaining high across every session and throughout every session. The only fall in engagement was a slight dip during transition activities, where the presenter's attention was briefly diverted from the children to set up the next activity.

Figure 37: Engagement by activity



Introduction

At the beginning of each session, the presenter asked each child to find their name tag on the floor. Some of the children helped others to find the name tags. The presenter then helped the remainder find them, by calling out names.

In the first session, the presenter introduced herself and told the children that she would be coming to the centre for the next five weeks. In each of the centres, some of the children sat on their parents' laps and were reluctant to leave their parents, or they clung closely to a teacher. By the third session, none of the children are sitting with their parents once warm-up began.

Findings

Warm up Activities

The presenter undertook a range of warm-up activities designed to reinforce the primary messages of the programme, and familiarise the children with the songs.

For example, in the first session, about parts of the bodies, the presenter asked children to stand and find their knees, before launching into a song.

Engagement was high during warm-up activities with most of the children dancing, singing, and calling out appropriately. Engagement was slightly higher in the centres where staff sat with the children and encouraged the children to participate, e.g. by taking part themselves, verbally encouraging them or holding their hand while they danced together.

Primary Learning Activities

The primary activities are where the key messages of the programme, such as the naming of private parts, or the touching rules are covered.

In most cases the children were listening to the presenter in role play e.g. when she was dressed as a farmer, or interacting with Toby a red-headed, child sized puppet. The children mostly sat and listened to stories or answered questions.

During story-time, while most of the children sat and listened, some of the children started to fidget, but still appeared to be listening to the story. Engagement was highest when Toby the puppet was used to explain the messages, with almost all the children consistently listening or taking part in activities in which he was involved.

In two of the centres some of the children became overly close to Toby and had to be reminded of the rule that Toby was not to be touched. In one of these centres the presenter, after repeatedly asking a persistent child to stop trying to touch Toby, had to interrupt the story and deal with the behaviour before continuing.

In both these centres the presenter had to deal with behaviour management issues during primary learning activities. Although engagement remained high, staff support and intervention would have allowed the presenter to proceed uninterrupted with the content of the programme. The presenter was able to re-engage the class and return to the programme content, however in one case it significantly disrupted the flow of the story.

Transition

There are a number of transition times in the programme, where the presenter prepares to set up an activity, such as getting dressed into a shirt and farmer's straw hat to become a farmer. This is the time during which the children are least engaged and focused. Some of the children during this time can become quite disruptive, however the presenter managed to pull them back on track quickly again once she was ready.

Findings

Warm down and conclusion

During the warm down and conclusion, the presenter hands out the take-home material and the children sing the 'Good bye' song. The children can be a little distracted as the homework sheets are handed out, but were fully engaged during the song.

Distractions and Re-engagement

It is noted that the setting of the childcare centre, the number of children in the audience and the room in which the programme was undertaken appeared to have little impact on how well the children engaged with the programme.

While most of the centres had a quiet room, one centre undertook the programme in the main room, amidst noise from other children, staff and the kitchen, and this too appeared to provide little distraction to the children, possibly as they are used to learning in this busy and noisy environment.

It is noted however, that parental attendance at the centre distracted one or two of the children during some of the activities. It is also noted that in two of the centres parents laughed at some of the answers given by the children. This did distract some children who became aware of the presence of their parents. The presenter then had to re-engage these children.

The greatest support to engagement came from staff who undertook behaviour management strategies quietly with the children who were easily distracted, before they disengaged or distracted others. This occurred in most sessions and allowed the presenter to focus on her material. In the centres where staff undertook this role, the children refocused and the sessions had higher overall engagement. In the centres where staff did not actively support the presenter by helping to control the behaviour of children who were disruptive or losing focus, the presenter then, in addition to presenting the material, had to undertake behaviour management strategies to re-engage these children, interrupting the focus for all the children. She then had to work to re-engage all the children.

Centre feedback

Staff at the centres completed a questionnaire together, asking them about their experiences of the programme. These were followed up with interviews at some of the centres.

Prior to running the programme, many of the staff shared a concern the topic was a difficult subject to talk about and talk about well and appropriately. Staff at one centre said that they had been unsure how the parents would react to the content of the programme.

Those that had expressed reservations said that their concerns were allayed after they spoke with HELP and after they had sat through 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.

Findings

“ This approach was excellent as it put to rest any reservations that myself or my staff had at the time.

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. Most of the centres felt that there were no particular differences in which groups of children had changed their language or behaviour in response to the programme e.g. “They were all taking in the same information”. One centre said that three to four year old girls in particular:

“ Became more vocal with the empowering phrase: “Stop it, I don’t like it ... while holding their hand up towards their peers.

All centres noticed that the change that had lasted the longest was the use of the phrase “Stop it, I don’t like it.” One centre said that this lasted only a short while. In two centres, staff noted that others who had not attended the programme picked up on what friends were saying and copied it.

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. .

Staff indicated that they had sustained many of the changes subsequent to undertaking the programme. Staff at one centre said that they learned to use the words of the programme when communicating with the children, to keep reminding them of the messages. At another centre they described how subsequent to the programme they now undertook more discussions about feelings at mat times.

It appears that the changes are sustained. One centre said that they are continuing to reiterate the differences between surprises and secrets, and they continue to support children to deal with situations themselves by describing their feelings.

“ We ask children “have you told the other child how you feel, rather than going to teacher first.

Two centres say that they are still using the term “stop it I don’t like it “

“ We encourage children to say “Stop it I don’t like it’ when dealing with conflict.

Findings

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.

“ It is important for children to learn about awareness and ways to express themselves and learn strategies on how to speak about a topic that is not normally approached.

When asked whether the programme worked well for different population groups, one centre felt that some three year olds were not developmentally ready for the programme. The remaining centres felt that it worked well for all age groups, both genders and culturally, and did not have any suggestions of how it could be done differently to better meet different cultural needs.

“ All the staff agree that they thought that the presentation was culturally sensitive.

All the centres said that they would run the programme again.

“ We would like to see it run at least once a year in centres.

“ It reinforces with them how to use their words.

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

“ 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.

“ I (centre manager) would definitely recommend the programme to other centres.

Overall, when asked if they felt that the programme was useful, all felt that it had been.

Findings

- “ Yes it was useful because the children are using their verbal language better.
- “ We are already booked, and have done it for many years. It gives (our children) the skills to deal with situations.

Discussion

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

The literature suggests, for example, that using the correct names for genitalia is important. Perpetrators are less likely to target children who know the correct name for their genitals and who have knowledge of touching rules. Moreover, research suggests that an inability amongst young children to name their genitalia may make them reluctant to disclose abuse, (Boyle & Lutzker, 2005; Wurtele, 2008), they may be reluctant to raise the issue of abuse “when they hear adult trainers using euphemisms” (Wurtele, 1987:486), and they may not be understood when they do (Kenny et al., 2008). Using the correct name for all body parts, and rules about touching are key components of the programme.

Other protection strategies associated with a reduction in risk include teaching children that they do not have to show physical affection, discouraging secret-keeping (Wurtele & Kenny 2010), encouraging a sense of body ownership (Asawa et al., 2008; MacIntyre & Carr, 2000), building children’s skills (e.g. role play, modelling) around how to say ‘no’ (Herbert et al., 2001; MacIntyre & Carr, 2000; Wurtele, 2008), teaching children how to tell (and keep telling) an adult when they are concerned about the behaviour of another person (Finkelhor, 2007; Herbert et al., 2001; MacIntyre & Carr, 2000; Putnam, 2003; Russell, 2008; Wurtele, 2008), identifying sources of support (Asawa et al., 2008; MacIntyre & Carr, 2000) and distinguishing between secrets versus surprises (Asawa et al., 2008; MacIntyre & Carr, 2000; Topping & Barron, 2009). 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. Programme features considered most effective in preschool programmes at increasing knowledge are those that use a combination of cognitive-behavioural and social learning approaches (Davis & Gidycz, 2000; Lanning & Massey-Stokes, 2006; Topping & Barron, 2009; Wurtele, 2008). The material in the programme has been carefully tailored to meet the specific cognitive needs of pre-schoolers. Thus, the messages in the *We Can Keep Safe* programme are delivered using drama, music, movement, storytelling and puppetry.

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

IMPACT PROFILE ONE



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

When we were out once – he got lost in The Warehouse. He went straight to a woman working at the shop counter and told her that he was lost. He followed the plan that we had put in place. I don't think we would have thought about this too much if we hadn't done the programme as he is always with us. We wouldn't have had a plan. It takes the worry away knowing he will follow it.

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.

noted, however, that these periods of lower engagement were only for brief moments, and the presenter was able to quickly re-engage the children.

There were clear differences in the pre and post programme responses of the children in the knowledge areas covered in the programme. It is noted that this does not imply causation, as there are other factors, such as the maturation of the children, which may have contributed to these changes. Nevertheless, there are positive indications that the children have made knowledge gains in the key areas believed to reduce the risk of sexual abuse in preschool children.

Prior to the programme, although most of the children were able to articulate good and happy feelings, they were less likely to be able to name sad or angry feelings. There was an increase in the percentage of children able to articulate sad or angry feelings one month following the programme, and the children appeared to be able to articulate these feelings more clearly.

Similarly, there was not only an increase in the percentage of children who could say what to do if someone touched them in a way they didn't like, but they were able to offer a wider range of appropriate strategies. These changes appear to be sustained, however there is some evidence that some of the messages were fading after one year.

Consistent with the research on encouraging early disclosure, the programme encourages persistent telling. Although there was only a slight increase in the percentage of children who could tell someone about touches they didn't like, there was an increase in the number of trusted adults the children felt that they could tell. There was also an increase in the percentage of children who believed that telling an adult could help them. Again, these gains appeared to largely persist six and twelve or more months after the programme, however, it does appear that some messages may be beginning to fade

These positive knowledge gains were again demonstrated in the children's responses to scenarios, where a higher percentage of children felt that the child in the story should respond to incidents, such as being

Discussion

pushed off a swing, by saying, "Stop it I don't like it" and telling an adult.

Prior the programme the percentage of children that 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.

Similarly there was a sustained increase in the percentage of children who were able to give a response consistent with the touching rules outlined in the programme and the differences between secrets and surprises.

Toby, the red-headed puppet, is used to promote the messages of the programme. Although the messages of the programme appear to be retained at one year, there is a fall in recognition of Toby after 12 months. The other character who features in the programme is Uncle Cyrus, who tries to get Toby to touch his penis. Despite parental concerns that this story may frighten children, fewer than half the children remember who Uncle Cyrus is one month after the programme, and none remembered Uncle Cyrus one year after the programme.

Despite the knowledge gains, there is evidence that the messages may begin to fade after one year. Although this was not noticeable in families from the new sample, there was a slight decrease in the percentage of children who knew what to do if someone touched them in a way they didn't like or who thought a grown-up could help them.

The literature suggests that parental involvement is a key factor in the 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. Some were worried that attending would result in their child's 'loss of innocence'.

Although Wurtele and Kenny (2010:p.145) suggest that the parents evenings ought to inform parents about sexual abuse and healthy sexual development, rather than covering the content of the programme, many of the parents said that they were reassured by the detailed explanation of the content. Indeed, the Parents' Evening engaged parents who were concerned and may not have consented to their child participating in the programme.

As other studies have found (see Collins, 1996; Elrod & Rubin, 1993), prior to the programme parents had significant gaps in their knowledge of child sexual

Discussion

abuse and prevention strategies. Many expressed shock at the Parents' Evening at the incidence and prevalence of abuse. Comments from some of the parents suggest that they believed that strangers pose 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.

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.

It is noted that parental attendance at the centres distracted one or two of the children during some of the activities. It is also noted that in two of the centres parents laughed at some of the answers given by the children. This did distract some children who became aware of the presence of their parents. The presenter then had to re-engage these children. The findings indicate, however, that in the short-term, parents who attended the programme were more likely to engage with the programme and reinforce it at home, which may more than offset these disadvantages.

Following the programme there has been an increase in the percentage of parents that have now talked to their children about personal safety. They are more likely to talk 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 have also discussed these topics in a different way.

On the whole, the ways in which they are talking about these issues, including the disclosure of abuse, are now more consistent with the material outlined in the programme. Most of the parents (80% at one month and 100% after 12 months) feel like the

IMPACT PROFILE TWO



My elder daughter (12) did the programme years ago, when my younger daughter (4 1/2) started doing it I was amazed at how much (the older daughter) remembered. Things like the puppet, like telling an adult when something happens. As a Mum, the thing that always stuck with me, is that you don't keep secrets, you keep surprises. It's something that I never thought about, but it's so true.

My younger daughter just loved it. She could tell you everything they did, all the stories. She still has her badge, it sits on her dresser.

I think it's such a nice programme, it's not scary. It's the best thing out there

The kids loved Jude, they were disappointed that it was only five sessions. As a parent you can say these things until you're blue in the face but when someone else tells it, it just sinks in. I don't know why but it just does.

At our centre we had one little girl who is - well, a bit stubborn perhaps, and she doesn't always join in things, but when Jude came she would just get drawn in. You could see her sitting there thinking "shall I?, shall I?", and then she did, and she would always join in the songs and the activities. It was great to see.

Discussion

programme has supported them in discussing aspects of safety with their child. Most of the parents were also able to articulate specific changes that their children had made since participating in the programme.

It would appear that where parents are not discussing the messaging of the programme, particularly after one year, this is largely because they believe that their children have understood the programmes' messages and there is no need for further discussion

There is suggestion that younger children experience difficulty comprehending some of the concepts and maintaining knowledge after completing the course (Duerr Berrick, 1989). In this study, younger children or those with learning difficulties do appear to have experienced more difficulty understanding the concepts than other children. In the interview prior to the programme, the interviewers noted that some of the children struggled with some of the concepts. Most of the children, irrespective of age however, appear to have made knowledge gains, particularly in those families where there has been active parental involvement and support, with even the younger children using the language, rules and concepts reinforced by their parents.

Evidence suggests that children can learn and retain programme concepts and skills over time. There is, however, considerable variability in how long-term knowledge is retained, depending on the characteristics of each programme (e.g. theoretical approach, length and frequency of sessions and the amount of parental involvement). Consistent with the literature, it appears that the children are retaining the theoretical knowledge at six months and more than a year after the programme, i.e. most children know to tell an adult about unwanted touching and believe that an adult would keep them safe. Fewer, however, are able to apply this knowledge when given scenarios to test this. It may be that the knowledge begins to fade, and that it needs to be reinforced or re-explained so that those children who have not understood the practical implications are given another opportunity to learn and understand them.

The size of the sample makes it difficult to generalise, however it appears that the younger children are slightly less likely to retain the messages than older children. Again, a further opportunity, perhaps a year later, would enable the messages to be reinforced.

Many of the parents have not only discussed the personal safety messages with their children, but have embedded these messages in their familial culture, e.g. we don't have secrets in our family just surprises. Parental involvement, via the parents' evenings, the reading of hand-outs, reference to the book or attendance of the course, have helped to keep the messages alive even when the memory of Toby the puppet faded.

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, she 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.

IMPACT PROFILE THREE



We have a daughter aged six and one aged nine. My younger daughter was around 3 ½ years old when she did the programme. I am not sure how much she would have remembered on her own, but I do know that she loved Jude (the presenter) and Toby (the puppet).

The programme has had a big impact on the things that we do in our family. I attended the parent's evening and I was pretty anti the programme at the beginning. I thought our daughter was too young and I didn't want her to lose her innocence. By the end of the night I felt a bit more reassured but I had in the back of my mind that I would walk out if I didn't like it.

I attended some of the sessions and it made a difference to the way we do things. I really did change my mind. I feel that it opened up ways that we can talk to our children for us.

Probably the three changes that we made were that we encouraged the children to know that they are the boss of their bodies, that there are touching rules, and the difference between surprises and secrets.

I think the biggest difference it has made to our family is that we no longer make our children hug and kiss people they don't want to. When I think about it – I want our children as teenagers to know they really are the boss of their bodies – they can say no, they have the right to say no and they have the right to have decisions respected.

We realised by making them kiss and hug their grandparents etc when they didn't want to, we were undermining their right to be the boss of their bodies – and it was undermining what we wanted them to grow up knowing. We want our girls to have this right hardwired into their DNA - so you cannot start too soon.

We no longer have secrets in this family. I am not sure if that makes a difference or not but it is healthy for our family to say we communicate openly.

I had thought the programme would be unsuitable for children, and had a lot of reservations, but it has been great for our family. The best part is that it gave us the language to talk to our children openly and in a way that is not scary or threatening, but will hopefully not just protect them, but help them grow into the self-determining, strong young women we want them to be.

Conclusion

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

This evaluation has not been 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 appear 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 does not appear to be a point at which the knowledge 'drops out'. There is, 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.⁸

The children attending the programme were highly engaged throughout all five sessions. The setting of childcare centre, 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 appears to be key to reinforcing the programme messages. The parents that 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, and over 80 percent of the parents indicated that they would be likely to recommend the programme to others.

⁸ Note that the sample is too small to draw robust conclusions, but the impressions from the child psychologists suggested that the younger children (three years old), while still understanding some of the messages, showed less overall understanding than children four years and older.

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Appendix One

Outline of Course and Hand-Out Sheets Supplied to Parents

Session 1 – Body Awareness

Today your child participated in session one of the Auckland Sexual Abuse HELP 'We Can Keep Safe' programme.

This session focussed on Body Awareness, naming body parts and establishing body ownership. It is important that children have the language and confidence to discuss their bodies.

"A Book About Me" accompanies this letter and is designed to reinforce the material covered today. We hope that you will find time to sit with your child and help them fill out the booklet, discussing with them the concepts covered. In doing so you can support your child's learning.

Key learning principles

- All parts of the body have a name and function.
- It is important for children to be able to name their body parts including private parts.
- There are 3 touching rules for private parts.
- Body ownership*– "My body belongs to me!"
"I'm the boss of my body!"

What families can do to foster learning

- use correct names for private parts (eg: when washing/drying child).
- praise child for the wonderful things that their body can do.
- reinforce body ownership concept (ie: that their body belongs to them).

Session 2 – Touches and Feelings

Today your child participated in session two of the Auckland Sexual Abuse HELP 'We Can Keep Safe' programme.

In this session the children discussed feelings and touches and developed strategies for dealing with unwanted touching.

Children were introduced to Toby the puppet, who demonstrated, through storytelling, how important it is for children to be able to identify different emotions, feelings and touches, and to have the confidence to articulate these to a safe adult.

The stickers which accompany this letter are designed to reinforce an activity the children did today; - to put a sticker on parts of their body that they felt was okay for other people to touch.

It would be great if you could find the time to share in this activity with your child.

Key learning principles

- To help children identify feelings/emotions
- To help children articulate and communicate how they feel
- Children who can identify different emotions and feelings are more able to communicate these effectively.
- To help children identify different kinds of touch
- To help children articulate and communicate about different kinds of touch
- When children are able to differentiate between different kinds of touches, they are better able to articulate what is comfortable/uncomfortable.
- Some touches give us a 'yes' feeling, some touches give us a 'no' feeling.*

* Note: Some touches can be confusing where a child may experience 'yes' AND 'no' feelings. eg: swinging too high, tickling too long, sexual touching by someone they love.

What families can do to foster learning

- It is important for adults to create and foster a safe environment for children to talk about their worries and difficult feelings.
- Encourage your child to articulate their feelings.
- Respect children's wishes not to be touched a certain way (eg: sloppy kisses, tight hugs).

Session 3 - Telling

Today your child participated in session three of the Auckland Sexual Abuse HELP 'We Can Keep Safe' programme.

The focus of this session emphasised the importance for adults to create and encourage a safe environment for children to talk about their worries and difficult feelings. Also, to encourage persistence in telling, as telling keeps us safe.

Today, this was done through the use of storytelling and interactive role play.

If you could find time to discuss with your child the safe adults that you can identify together and help you child complete the enclosed activity sheet, this would help to reinforce your child's learning.

Key learning principles

- Assisting children to communicate their needs and/or worries.
- Telling keeps us safe.
- Persistent telling – Tell until someone listens.

What families can do to foster learning

- Encourage children to tell a trusted adult about their worries or feelings.
- Encourage children's persistence in telling. eg: What would you do if....? What if X was busy?
- Help children to identify their safe and trusted adults. Activity: make/draw a safety shield (safe people, safe places, safe/comforting things).

Session 4 – Keeping Safe

Today your child participated in session four of the Auckland Sexual Abuse HELP 'We Can Keep Safe' programme.

In this session the children identified safe and unsafe situations, with the help of Toby the puppet.

Your child has been given a badge today which says 'We Can Keep Safe'.

It would be great if you could find time to discuss their general safety knowledge.

Key learning principles

- Personal safety can be taught alongside general child safety eg: fire safety, water safety, road safety etc

What families can do to foster learning

- Develop children's ability to identify safe/unsafe situations. eg: "I spy..." and "What if.....?"
- Practise with child their full name, address and phone number.

- Safety plan – assist children in developing procedures, skills and strategies for keeping themselves safe in different situations. (eg: fire; if lost at shopping mall; if they are feeling bullied by another child.

Session 5 – Toby’s Story

Today your child participated in session five, the final session of the Auckland Sexual Abuse HELP ‘We Can Keep Safe’ programme.

Today we revised the key principles of each previous session. In this session Toby the puppet shared his experience with the children of a past incident of sexual abuse. The script of this performance was closely based on the picture book *What’s Wrong With Bottoms* by Jenny Hessel.

Accompanying this letter is an evaluation questionnaire. If you could take time to complete it and return it to the centre, your feedback would be much appreciated.

We would like to take the opportunity to thank you for the time that you have made available in supporting your child’s participation in this programme. We trust that you and your child have found it to be a valuable experience.

Continuing to discuss the ideas presented in this programme with your child as they grow will help to ensure that your child retains and reviews the knowledge they may have attained.

Key learning principles (reviewing and affirming concepts learnt throughout the course)

- Special rules about private parts
- I’m the Boss of My Body
- Yes and No feelings
- Different touches can give us yes and no feelings.
- Strategies for dealing with unwanted touching.
- Telling keeps us safe
- Secret versus surprises

What families can do to foster learning

- Teach children to differentiate between secrets and surprises. Encourage a ‘no secrets’ household or policy.
- Help children understand that sometimes adults’ behaviour is unacceptable. eg: inappropriate touching.
- Encourage grandparents and other carers to support the key learning principles of this programme
- Encourage family members to talk about sexual safety on par with general safety. eg: If a grown-up touched you in a way that you didn’t like and asked you to keep it a secret what would you do?