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The Teachers' Role in Child Sexual Abuse Prevention Programs: Implications for Teacher Education.

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Abstract: In response to the diverse number of child sexual abuse (CSA) prevention programs currently implemented in school contexts, this paper examines key considerations for selecting such initiatives and the multiplicity of understandings required to inform facilitation of contextually relevant prevention curriculum. First, the paper examines concerns about the lack of explicit professional development for educators concerning child protection, and the need to develop understandings about prevention program best practices within pre-service and in-service training. Second, drawing on a systematic review of literature, the paper identifies five key considerations to inform teachers' selection and facilitation of CSA prevention curriculum in school contexts. Third, the paper advances calls by Wurtele (2009) and presents CSA prevention 'best practices' overview and 'model programs' list for professionals such as teachers

Introduction

Child sexual abuse (CSA) is a widespread complex social issue with many professional groups in a position to play a key role in prevention. The significant role of teachers is increasingly being recognized, with an understanding that educators' participation is crucial to the success of any school based prevention initiative (Arnold & Maio-Taddeo, 2007; Briggs, 2005; Finkelhor, 2009; MacIntyre & Carr, 2000; Matthews, 2011; Sanderson, 2004; Wurtele, 2009). Interest in the prevention of child sexual abuse has culminated in a diversity of initiatives implemented nationally and internationally (Finkelhor, 2009; Sanderson, 2004; Tomison & Pool, 2000). While school based programs are prevalent, one significant challenge to overcome is the heavy reliance on child-focused prevention efforts that put the onus of responsibility onto children (Wurtele, 2009). Indeed, Wurtele (2009) argues it is time for adults to contribute to protecting children and create safe environments by implementing multicomponent, coordinated, preventive interventions that include educators, parents, and practitioners as interdisciplinary approaches offer the greatest potential for keeping children safe from sexual abuse. In this paper, it is argued that teachers have a significant role to play in the prevention of CSA and have a responsibility to develop understandings that contribute to the safety of the children in their care. Increasingly, teachers are expected to facilitate CSA prevention in classrooms and it is

argued there is a need for teachers to develop core understandings and knowledge of 'best practices' around child sexual abuse prevention to enable informed considerations when selecting and implementing programs (Wurtele, 2009). Professional development in the area of CSA prevention, however, is seriously lacking (Mathews, 2011) and evidence suggests a critical need for training. To this end, teachers need in-depth knowledge to empower them to carry out their responsibilities in the protection of children, with professional development recommended pre-service and in-service (Arnold & Maio-Taddeo, 2007; Mathews, 2011; Mathews, Walsh, Rassafiani, Butler & Farrell, 2009; Walsh, Laskey, McInnes, Farrell & Mathews, 2011; Watts & Laskey, 1997).

The lack of professional development in child protection in the Australian context has been well documented (Arnold & Maio-Taddeo, 2007; Mathews et al., 2009; Watts & Laskey, 1997). For example, within Australian tertiary institutions research indicates low levels of pre-service teacher training (Watts & Laskey, 1997; Mathews, 2011) with 76.6 per cent of tertiary teacher education programs not addressing child protection (Arnold & Maio-Taddeo, 2007).   Also of concern are findings that teachers continue to feel ill-equipped to deal with child protection issues that arise within Australian schools (Brown, 2008; Goldman & Grimbeek, 2008; Mathews, 2011; Scholes, 2000, Walsh, Farrell, Schweitzer & Bridgstock, 2005) with these sentiments echoed Internationally (Ireland – McKee & Dillenburger, 2012; New Zealand – Briggs, 2005, 2007; United States - Kenny, 2004; United Kingdom - National Society for the Prevention of Cruelty to Children [NSPCC], 2012). Adding to the dilemma, many child protection initiatives are imported from overseas (United States, United Kingdom, Ireland, New Zealand) and are not adequately evaluated or adapted for Australian contexts. Coupled with the large number of diverse prevention programs being administered within schools, teachers are uncertain about what constitutes appropriate prevention initiatives (Sanderson, 2005; Tomison & Pool, 2000).

Moving beyond problematics and towards maximising the role of educators in CSA prevention, this paper advances calls for explicit and comprehensive teacher professional development and argues for training that includes an understanding of the intricacies of school based initiatives and key considerations to inform choices. This training is critical as CSA program evaluations have found that teacher commitment and quality has a significant impact on the success of a program. In a New Zealand evaluation children taught by 'committed teachers' demonstrated almost double the gains on eight variables compared to children taught by 'uncommitted teachers' (Briggs & Hawkins, 1994; Sanders, 2006). Variables in the study included recognizing feelings of being unsafe, identifying trusted adults and confidence in stopping and reporting unsafe behaviours (Briggs & Hawkins, 1994). It is inferred that to be committed to the facilitation of appropriate prevention strategies teachers also need to be informed concerning evidence based best practice. To address the need for teacher training concerning appropriate prevention strategies, the paper will detail findings from a systematic review of current child protection research that identified five key considerations for maximizing the potential of CSA curriculum and pedagogical strategies. This approach aims to disrupt simplistic notions of CSA prevention and contribute to understandings that support teachers to keep what is best for students foremost in decision making (Darling-Hammond & Bransford, 2005). This review, following Evans and Benefield (2001), focused on research by prominent leaders in the field and assessed initiatives when possible. Evaluation was considered significant as this component has been identified as critical for child welfare and child

protection programs (Lamont, 2009; Sanderson, 2004; Tomison & Pool, 2000; Wurtele, 2009). Prior to discussion of the review and five key considerations identified, the paper foregrounds the complexities of the current situation concerning CSA, teacher training and prevention programs.

Background

Estimating the magnitude of CSA is challenging, although the incidence within Australia and other western nations such as the United States and the United Kingdom is considered a serious problem (Australian Institute of Health and Welfare [AIHW], 2010; U.S. Department of Health & Human Services [DHHS], 2005; Wurtele, 2009]. While the real prevalence of CSA is expected to be far higher than those reported, within the Australian context alone there have been approximately 3500 recorded incidence each year for the past five years (AIHW, 2006, 2010). Concern about the magnitude of child maltreatment in Australia has culminated in the Prime Minister recently announcing a national inquiry into institutional responses to child sexual abuse (Australian Government, 2012). This concern highlights the need for child protection initiatives that support both professional training for those responsible for children and prevention programs for children themselves. Currently in Australia there is no national approach to child protection training to address the occurrence of child sexual abuse and no systematically implemented training program within schools. While it has recently been reported that enhancing systems for protecting children should include a multidisciplinary joint training approach for all professionals working with children (ARACY, 2009), current initiatives tend to be disseminated inconsistently, with no overarching framework addressing key messages, strategies, content and delivery. Further, many initiatives are not evidence based and are not supported by ongoing evaluation (Finkelhor, 2008; Sanderson, 2004; Tomison & Pool, 2000).

Reports in the United States indicate teachers have a tendency to self-report a lack of awareness of the signs of CSA and appropriate reporting protocols (Kenny, 2001, 2004). This finding resonates with outcomes of more regional research indicating that teachers in Queensland were generally unsure about their ability to accurately identify child abuse and neglect, with CSA the most difficult type of child maltreatment for teachers to accurately identify (Mathews, 2011; Scholes, 2000; Walsh et al., 2005). Encouragingly, evidence suggests that teachers with training (at either or both pre-service and in-service levels) have higher confidence in their ability to identify indicators of CSA, and higher self-rated knowledge of the indicators of CSA than those without training (Mathews, 2011). Within the Australian context Mathews (2011) has called for a focus on building teachers' knowledge of the social context of child sexual abuse and its indicators, developing teachers' understanding of the reporting duties, helping to instil positive attitudes towards reporting obligations, and ensuring that teachers are familiar with the practical mechanisms through which reporting duties are discharged. Educators, however, report many barriers to detecting and responding to child abuse and neglect with inadequate education identified as a critical factor (Abrahams, Casey & Daro, 1992: Baxter & Beers, 1990; Hawkins & McCallum, 2001; Hazzard & Rupp, 1986; Reiniger, Robison & McHugh, 1995). This lack of education is evident in pre-service teacher training and in-service teacher professional development (Arnold & Maio-Taddeo, 2007; Mathews, 2011; Scholes, 2000; Walsh et al., 2008; Watts & Laskey, 1997).

Training

As teachers engage in the process of fulfilling professional obligations and embed teaching and learning of child protection content in their repertoire of practice, it is argued that educators also require understanding of what constitutes relevant and effective CSA prevention initiatives. While parents and other professionals have a significant role to play, the teachers' role in prevention is critical as children are mandated to attend school and educators have the most contact with children outside their families. Teachers also witness the social and emotional indicators, inappropriate behaviours and academic consequences (Cromer & Goldsmith, 2010; Jones, Trudginer & Crawford, 2004) and are in a position to implement prevention strategies as part of their daily classroom pedagogy and practice. Significantly, teachers who have knowledge, skills and positive attitudes towards child protection can contribute to the safety of their students (Wash et al., 2011; Walsh, Rassafiani, Mathews, Farrell & Butler, 2010).

Teachers require training to become empowered to comply with child protection requirements and agendas. The federally funded *Australia Centre for Child Protection* study raises concerns by reporting that over three-quarters of Australian teacher education programs do not included distinct child protection content (issues of prevention, identification and response to child abuse and neglect) and when training is evident the majority include less than seven hours across the course (Arnold & Maio-Taddeo, 2007). While there has been limited empirical research into Australian teachers' training about CSA and teacher confidence at identifying sexual abuse and knowledge of its indicators (Mathews, 2011), research available indicates that to comply with teachers' reporting obligations, teachers need to have positive attitudes towards the reporting duty and knowledge about the social and educational context of sexual abuse (Mathews et al., 2009). While there are barriers to teachers' reporting, such as fear of misreporting and consequences of reporting, teachers with recent training report more confidence recognising indicators, are more knowledgeable about reporting duties and more prepared to follow reporting guidelines (Matthews, 2011; Hawkins & McCallum (2001). A recent review of approaches to pre-service child protection education at three Australian universities suggests that content can be positioned as a separate entity or integrated within a related unit of work such as Family Studies (Walsh et al., 2011). While there were advantages and disadvantages identified for both approaches, to develop deep, rather the surface level, subject matter and expertise there is a need for in-depth content delivered by teacher educators with robust child protection knowledge (Walsh et al., 2011).

Advocates have provided a strong case for locating child protection in pre-service teacher education in Australia (Arnold & Maio-Taddeo, 2007; Mathews et al, 2006; Mathews et al., 2009; Mathews & Kenny, 2008; Walsh et al., 2011). Walsh and colleagues (2011) suggest four reasons for embedding sophisticated levels of child protection content in pre-service education programs. They argue that there is empirical evidence of the effects of maltreatment on children's learning at school; teachers' have legal duties to report child abuse and neglect under legislation and/ or duty of care; teachers' have duties to report under education policy, and; there are links between child maltreatment, children's right and social justice. As this need for child protection education has been clearly articulated previously (Arnold & Maio-Taddeo, 2007; Mathews et al., 2006; Mathews et al., 2009; Mathews & Kenny, 2008; Taylor, 1997; Taylor & Hogkinson, 2001; Walsh et al., 2011, Watts & Laskey, 1994)

this paper moves forward to consider what constitutes appropriate school CSA prevention initiatives and understandings that need to be embedded in professional development.

Explicit training concerning CSA would appear most urgent as teachers' report to be least prepared to address this form of abuse (Walsh et al., 2005). The need for training was further highlighted recently by Mathews (2011), who conducted a study in Australia, consisting of 470 participants, to find descriptive evidence about teachers' experience of pre-service and in-service training about CSA, their self-rated estimation of the adequacy of the training to both identify indicators of sexual abuse and to follow reporting procedures, their self-rated confidence in identifying indicators of CSA, and their self-rated knowledge of indicators of sexual abuse (Mathews, 2011). Findings of this study indicated that relatively few teachers received any pre-service training about child sexual abuse, that in-service training is more frequent but still far from universal, that teachers' self-ratings of the adequacy of these training efforts indicates capacities in knowing and identifying indicators of child sexual abuse can be substantially improved. While significantly all five sectors involved in the study indicated low proportions of teachers had received pre-service training about CSA, the lowest proportion was 14.0% in Queensland government schools.

As current initiatives in Queensland include directives for teachers to implement CSA prevention in classrooms (with new curriculum initiatives in Queensland such as the Daniel Morcombe Child Safety Curriculum), we would argue it is imperative teacher training moves beyond identifying indicators of CSA to consider what constitutes effective prevention initiatives, including key considerations for selecting and implements prevention curriculum.

Prevention Programs

While CSA prevention programs have at times been directed at educating teachers, the majority of prevention strategies are directed at children in school-based programs (Finkelhor & Dziuba-Leatherman, 1995; Sanderson, 2004). In the United States a national survey of children found that 95% of children had received prevention programs in the form of school based initiatives (Finklehor & Dziuba-Leatherman, 1995). According to Sanderson (2004), programs have tended to focus on three core aspects, namely, the definition of sexual abuse and notions of 'good' and 'bad' touching; methods of refusing, saying no and escaping situations; and encouraging children to tell a trusted adult. There are four additional messages evident in some programs such as; the child is not to blame; addressing the misconception that perpetrators are strangers; what constitutes caring touch; and the issue of secrecy (Sanderson, 2004). Of concern is the generic make up of many of these programs and that programs have been imported to Australia from the United States but have not been adequately evaluated in either country.(Tomison & Pool, 2000). While there is inconsistency in content, presentation and duration of these programs, many Australian students are participants in these initiatives (Tomison & Pool, 2000). According to Wurtele (2009), while there is existing empirical evidence attesting to certain programs effectiveness at teaching children personal safety concepts and skills, what is needed is a 'best practices' or 'model programs' list for consumers.

The difficulties associated with identifying what constitutes best practice in CSA prevention programs have been recognized (Finkelhor, 2009; Lamont, 2009; Sanderson, 2004). However the potential benefits of children participating in self-protection programs are significant, as children who participate in these programs have been found to show significant gains in knowledge and skills that may be helpful in avoiding sexual victimisation (Kenny, 2008; Wurtele & Owens, 1997). In order to identify what constitutes best practice and present a list of key considerations, a systematic review of research around CSA prevention programs in schools was conducted. Following this review a number of programs were considered and summarized (see Appendix A).

Method

Protocols were developed to implement a systematic unbiased review of literature around CSA prevention for children (MacDonald, 2000). Following Evans and Benefield (2001), clear and explicit steps were taken to conduct a systematic search to address the general research question: *What is the most theoretically coherent and empirically evidenced account of key considerations for effective CSA prevention programs in schools?*
Electronic database searches were conducted to identify school based CSA prevention programs facilitated within a range of western countries (United Kingdom, United States, Ireland, New Zealand and Australia) from 1980 onward. The review included a number of protocols (McDonald, 2000), including selection of articles from peer reviewed journals and publications by researchers well known for expertise in the field. The focus was on evaluated programs with the review encompassing primary research articles, peer reviewed journals, book chapters, reports and unpublished documents. The search identified five broad areas for further examination including; diversity of target population of the program; characteristics of the program including delivery; key messages in the program; decay in knowledge and negative side effects; and program evaluation. Following identification of the five domains, the review involved searching electronic databases to identify relevant academic literature published relating to these areas. Protocols also included ongoing meetings by three members of the review team, with background knowledge in child protection, to make final decisions and come to a consensus on inclusions. Following development of the five key considerations a number of school based prevention programs were identified. These programs were collated and a table constructed to provide an overview of programs and key messages, including the target age of children for each program, and the level of support required to deliver the program (e.g., in class with teacher support, trained facilitators delivering program etc). This table is included in Appendix A. More comprehensive information about each program was also considered (e.g. published papers, information sheets, training notes, teacher/parent information, child worksheets, website information etc). This table provides an initial starting place for educators considering school based prevention programs; however, it is imperative that teachers stay informed about updated information and examine these programs in relation to their specific contextual settings.

Findings

The systematic review identified five key considerations for teachers implementing CSA prevention in the classroom. While not discrete, these imperatives offer broad areas to guide a critical approach to what is considered important in efforts to overcome challenges confronting school efforts to address child protection.

Key Consideration One: Target Population of the Program

Asdigian and Finkelhor (1995, p. 413) argued against "a unifaceted or one-size-fits-all approach to victimization prevention". Key messages presented in CSA prevention programs need to be tailored to suit the diverse population of children. These subgroups include: children with problem sexual behaviour (O'Brien, 2009), Indigenous children (O'Brien, 2009), children with disability (Briggs & McVeity, 2000), children from low socio-economic communities (Briggs & Hawkins, 1996), children of different ages (Tutty, 2000) and should take into consideration issues associated with gender (Asdigian & Finkelhor, 1995; Briggs, 2007; Paine & Hanson, 2002).

Boys as a group require a specific consideration as they tend to believe that they have less risk being sexually abused (Dziuba-Leatherman & Finkelhor, 1994; Briggs, 2007) and can be less enthusiastic about the program (Finkelhor & Dziuba-Leatherman, 1995). Boys, however, are more likely than girls to be abused in group situations, for example while attending camps, clubs, in sports changing rooms and within school settings (Briggs, 2007). In the past, typical programs have primarily targeted girls (Sanderson, 2004), and consequently boys are less likely to make gains from such programs (Asdigian & Finkelhor, 1995). Also, there are gender differences in protective strategies, with boys more likely to use physical forms of protection (e.g., fight back; Asdigian & Finkelhor, 1995). Furthermore, boys are more likely to blame themselves for being abused and not being able to stop it (Sang, 1994), are less likely to regard the abuse as victimisation (Sanderson, 2004) and less likely to disclose sexual abuse (Gries, Goh, & Cavanaugh, 1996; Paine & Hansen, 2002).

The age of the students involved in the program needs to be considered as younger children are more likely to use passive or escape forms of protection (Asdigian & Finkelhor, 1995) and older children have been found to retain more information than younger children (Finkelhor & Strapko, 1992; Tutty, 2000). While younger children benefit more than older children from the programs, younger children tend to forget what they have learnt (Rispens, Aleman, & Goudena, 1997). Differences in areas such as cognitive development, relations to authority figures, and moral development (Tutty, 2000) need to be considered and there are developmental issues for groups such as preschoolers (see Sanderson, 2004, for a detailed review).

Socio-economic status is also a contextual consideration, and children from lower socio-economic status groups have been identified as potentially at greater risk of sexual abuse due to their lower knowledge and skill base (Briggs & Hawkins, 1996) and experience fewer gains from CSA prevention programs (Briggs & Hawkins, 1996; Rispens et al., 1997). This outcome has been attributed to differences in the degree of parental involvement, with less involvement identified for students from lower socio-economic status (Briggs & Hawkins, 1994; Sanderson, 2004).

There is also a need to be aware that prevention programs may involve 'vulnerable' children, for example, friendly, open children, trusting, receptive, needy

children (Conte, Wolf, & Smith, 1989), those with low self-esteem (Sanderson, 2004). Significantly, there is a need to be cognisant that the population of children may include previously abused children and those in current abusive situations (Currier & Wurtele, 1996). Positive relationship with a supporting adult may enhance the resiliency of children who have been abused or are at-risk for being abused. Abused and neglected children sometimes get the reputation for being behaviour problems while research suggests that challenging behaviour can be a cry for help that concerned teachers need to learn to recognize (Appelstein, 1998).

Key Consideration Two: Characteristics of the CSA Prevention Program

Sanderson (2004) identifies a number of characteristics of effective programs:
- active participation;
- explicit training;
- group training;
- standardised key messages taught by trained instructors;
- integrated into school curriculum;
- repeated presentations in programs and follow-up training;
- multisystemic nature of the programs including parental involvement and teacher education; and
- programs also need to include features known to enhance learning and retention of prevention education (e.g., improve self-esteem and problem solving).

These program characteristics have consistently been supported in the literature. For example Davis and Gidycz' (2000) meta-analysis of 27 studies using school-based child abuse prevention programs concluded that better programs were ones which allowed active participation, used behavioural skills training, and had more than three sessions.

A further meta-analysis of 13 studies using school-based programs by Duerr, Berrick and Barth's (1992) recommended whole school rather than classroom interventions, teacher training, and community integration. MacIntyre and Carr's (2000) review of 30 studies in which training modalities (i.e., group training, behavioural training, and video training) were evaluated, found that programs which used more than one training modality resulted in greater knowledge and skills. Furthermore, programs of longer duration were found to be more effective.

Rispens et al.'s (1997) meta-analysis of 16 school based programs concluded that programs that included explicit training in self-protection skills were more effective and that the amount of instruction time also was related to program outcomes. Wurtele (2002) proposed that effective prevention programs ensure that the materials match the specific needs of the community. Furthermore, prior to the program implementation a needs assessment is conducted, individuals and groups in the community are consulted, presenters are trained, and parental involvement is utilised before, during, and after the program). Additional considerations included ensuring programs are developmentally appropriate, grounded in theory and research, include rehearsal, role-play, practice, are sensitive to audience characteristics, include multiple presentations and periodic reviews, include homework and parental involvement, and include comprehensive evaluation (Wurtele, 2002).

Key Consideration Three: Key Messages in the Program

Building on the work of Wurtele (2002) Table 1 provides an overview of key messages for inclusion in a CSA school based prevention program.

Domain	Key Messages
Clarifies and Describes	Clarifies and explains sexual abuse in a clear and direct manner. Assists in clarifying between 'right' and 'wrong', 'normal' and 'abnormal' behaviours. Distinguishes appropriate and inappropriate touching, including positive and negative feelings about touching. • Children can identify touching and non touching forms of abuse Includes identification of private parts and correct anatomical terms, including body ownership. • Children can describe private and public parts of the body Describes possible offenders (examples including authority figures, family members, known adults, strangers, and older children). • Children know that sexual abuse offenders can be anyone Describes potential victims (examples of both males and females, all races, ages, sizes, and includes children with disability) • Children know that sexual abuse can happen to anyone *Identified Problem: Some CSA prevention programs do not acknowledge that sexual abuse may not involve touch at all (e.g. exposure to pornography, exhibitionism) (Sanderson, 2004)*
Grooming	Distinguishes between early grooming behaviours, including ways of establishing emotional ties and developing relationship, and later perpetrator behaviours including tricks and bribes (gifts, rides), and threats and blackmail. • Children are aware of some techniques offenders may use *Identified Problem: Abuse being perpetrated by a familiar adult. Sexual abuse more frequently involves a grooming process, taking place over a prolonged period (Smallbone & Wortley & 2001). Programs typically do not teach children the skills to resist grooming (Sanderson, 2004).* *Identified Problem: Seeing abuse as a sudden attack by a perpetrator. Some CSA prevention programs present abusive situations as involving a sudden attack by a perpetrator (Bagley, Thurston & Tutty, 1996; Conte, Wolfe & Smith, 1989; Sanderson, 2004). They either fail to deal with the issue of abuse by a familiar adult, or overemphasize the risk posed by strangers (Kaufman & Zigler, 1992). Molestation by strangers is relatively infrequent, with strangers believed to be responsible for only 10–20 per cent of reported child sexual assaults (McCurdy, 1994).*
Secrets	Considers good and bad secrets • Children know that bad secrets need not be kept *Identified Problem: Failure to acknowledge the possibility of pleasurable responses may increase victims' guilt and shame about their experiences and encourage keeping incidents a secret (Finkelhor, 1984). Boys in particular have been found to attribute abuse as their fault and are reluctant to report (Briggs, 2005). Additionally, boys have a tendency to keep abuse secret whether asked to do so or not and these issues are not traditionally addressed in CSA programs (Briggs & McVeity, 2000).*
Feelings (Don't teach	Not to rely on good or bad feelings

children to use feelings as indicators of CAS)	• Children know what sexual abuse is and don't rely on feelings to determine whether something is right or wrong *Identified Problem: Often CSA programs teach children to trust their feelings as indication that something is not right. These feelings can include butterflies in the stomach and sweaty palms. However many CSA prevention programs do not acknowledge 'bad' touch may actually feel good (Whetsell-Mitchell, 1995). Failure to acknowledge the possibility of pleasurable responses may increase victims' guilt and shame about their experiences, thereby encouraging children to feel responsible for their abuse (Sanderson, 2004).*
Strategies and Skills	Develops self-protective strategies and skills • Children develop a support network of trusted adults • Children ask trusted adults to be part of their support network. • Children and adults have opportunities to build their rapport through communicating • Children have a healthy self concept • Children understand safe body rules • Confident could stop and report unsafe behaviour • Aware can reject inappropriate and unwanted touching • Children know what to do if they experience sexual abuse • Children appreciate individuality and differences, and respect of self and others *Identified Problem: An understanding of inappropriate use of adult authority. Some CSA prevention programs do not explain the appropriate use of adult authority. Perpetrators often use their authority to sexually exploit children (Bogat & McGrath, 1993) because children find it difficult to resist the authority of an adult (Pelcovitz et al., 1992).*
Disclosure	Supports, promotes, and practices disclosure. • Children know how to select their support network of trusted adults. • Children know to keep telling their support network of trusted adults until something is done. • Children practice skills training to enhance confidence and knowledge of ways to disclose. • Children have confidence in trusted adults to help • Children recognise that teachers can help children to stay safe. *Identified Problem: An important step in any CSA program is facilitating safe disclosure. Children need to be able to identify responsible/safe adults in order for safe and effective disclosure to occur (MacIntyre & Carr, 1999). Disclosures are often fraught with difficulties especially for disabled children and many programs do not specifically address the disclosure process (Briggs & McVeity, 2000).*
No Fault	Emphasize that abuse is not acceptable and never the fault of the child. • Children know that sexual abuse is illegal and never their fault • Children understand, value and act according to their self worth *Identified Problem: Long-term psychological harm of CSA includes post-traumatic stress disorder, guilt and self-blame (Gaskill & Perry, 2011). Boys especially are often made to feel that abuse was their fault (Briggs, 2005). To address guilt and self-blame prevention programs should include additional material designed to improve children's self esteem as children will low self-esteem are more likely to suffer sexual victimisation and believe it is their fault (Daro & Salmon-Cox, 1994; Krivacska 1990; Sanderson, 2004)*

Table 1. Key Child Abuse Prevention Messages

In addition, researchers have identified that some concepts are more easily learnt, for example, what is abuse and recognition of body parts (Finkelhor & Strapko, 1992). Concepts more difficult to learn include abuse from known adults (Finkelhor & Strapko, 1992; Tutty, 2000) and assertiveness issues (Tutty, 2000). However, the age of the child must be considered when considering challenging and sensitive CSA concepts. Tutty's (2000) review of literature highlighted that preschoolers respond differently than older children in areas such as who are strangers, saying 'no' to authority figures and distinguishing appropriate touch. They also have specific needs in terms of understanding that known adults can be perpetrators, knowing the rules for keeping secrets and breaking promises and understanding that they are not at fault (Tutty, 2000). Sang (1994) however argues that the key message of saying 'no' may not be effective due to the strength, power and motivation of the perpetrator; grooming; the child's lack of understanding of the situation; and the possible dependency relationship between the child and the perpetrator.

Key Consideration Four: Decay in Knowledge and Negative Side Effects

Knowledge decay and potential negative side effects must also be considered when adopting CSA prevention programs. Knowledge gains are consistently found immediately after the completion of the program (e.g., Davis & Gidycz, 2000; Duerr Berrick & Bath, 1992; MacIntyre & Carr, 2000; Rispens et al., 1997). However, Finkelhor and Strapko (1992) identified decay in knowledge as time passed (with follow up measures ranging between studies from 1 month to 18 months). This pattern of results suggests that CSA prevention programs are effective; however to maintain knowledge gains children need have follow up training.

Finkelhor and Strapko's (1992) review of 25 studies found that there were relatively few, if any negative effects, though there were some children who showed increased fears or anxieties. The issue of negative reactions to prevention programs was one area that Finkelhor and Dziuba-Leatherman (1995) investigated in their telephone interview of 2000 young people (1042 boys and 958 girls) and their caretakers. Finkelhor and Dziuba-Leatherman (1995) found that some children and caretakers experienced fear and/or worry as a result of the program. However, they found that those participants who indicated experiencing fear and/or anxiety also rated the program more positively, useful, and were more likely to use the skills that they had been taught. Finkelhor and Dziuba-Leatherman (1995, p. 137) concluded that fears and anxieties may have been disclosed by children and parents in response to an appropriate outcome that is not necessarily bad. Currier and Wurtele's (1996, p. 84) study of previously abused children found that these children can learn prevention concepts "without exhibiting negative side effects". Furthermore, they found that previously abused children learnt prevention concepts and skills and parents reported a reduction in their child's sexually explicit behaviour (e.g., use of sexually explicit words). While Currier and Wurtele's (1996) study included only 26 children (of which 13 children were previously abused), these findings are promising.

Key Consideration Five: Program Evaluation

Program evaluation is considered a significant component of any CSA prevention program and one element that appears to require more rigorous development. According to Finkelhor (2009), as yet, there are no true evidence-based

programs in the area of preventing child sexual abuse. He goes on further to argue there are no studies based on strong research designs that have looked specifically at the question of preventing abuse although there are a variety of supportive empirical findings so far. Research shows, however, that young people can and do acquire the concepts developed in a program (Finkelhor, 2009; Zwi, 2007). Programs may also promote disclosure and help children not to blame themselves, although studies are inconclusive about whether education programs reduce victimization (Finkelhor, 2009). Of concern is that very few (2.6%) child safety programs have included a comprehensive evaluation that compare the prevention knowledge of students involved in a program with a counterpart control group not involved in the program (Sanderson, 2004). The presence of a control group has been advocated as essential in demonstrating gains in student's pre- and post-test knowledge are related to the program, rather than a pre-test sensitising effect or other incidental factors (Davis, 2000; Lamont, 2009). Evaluations without control groups have also been found to overestimate program effectiveness (Davis & Gidycz, 2000; Sanderson, 2004). While non-experimental evaluations can provide useful information about participant characteristics and program implementation, they appear to demonstrate little about the effectiveness of the prevention training (Melton & Flood 1994; Tomison & Poole, 2000).

One of the commonly used programs in Australian schools is the Protective Behaviours program (PB) which has been adapted from North America. However the program has been criticised because it is has not been rigorously evaluated with a limited evaluation suggesting that only 30% of the oldest students (8 and 9 year olds) made any knowledge gains and that these knowledge gains were few and limited (Briggs & Hawkins, 1994). Facilitating poorly tested or untested programs is of concern as prevention programs can engender complacency in parents who think their children have been protected by participation in a program (Sanderson, 2004; Wurtele, Kvaaternick & Franklin, 1992).

Three common types of evaluations are process, impact and outcome evaluations (Lamont, 2009; Tomison, 2000). These types of evaluations are intrinsically linked and can be used either independently or together (Tomison, 2000). Process evaluations consider how the program is being delivered and identifies areas that are working well and areas that require change to enhance delivery (Lamont, 2009). Generally this process does not include input from participants. Action research, however, is an approach to process evaluation that consists of integrating basic research, program development and evaluation into a continuous, cyclical process (Lamont, 2009; Tomison, 2000). This approach incorporates input from program participants to help improve practice providing information so evaluators can update and change aspects of the intervention that are deemed ineffective. This approach cannot measure outcomes or impact of program participation (Lamont, 2009). Alternatively, impact, the most common type of evaluation, measures whether an intervention has an effect on participants in accordance with the intervention's aims and objectives (Lamont, 2009). Finally, outcome evaluation assesses the long-term effectiveness of an intervention program and underlying goals such as child abuse prevention (Holzer, Higgins, Bromfield, Richardson & Higgins, 2006; Lamont, 2009). With any type of evaluation the goal is to demonstrate whether a program is effective or not. It is important to clearly note that elements considered significant for any type of rigorous evaluation are pre- and post-test designs, a comparison group and follow-up testing (Davis, 2000; Davis & Gidycz, 2000; Lamont, 2009; Sanderson, 2004).

Discussion

This review highlights the importance of five key considerations in any CSA prevention initiative. Including these key understandings in pre-service and in-service professional development for teachers would provide a knowledge base to inform curriculum and pedagogical decisions. Further, this knowledge would contribute towards empowering teachers to navigate the lack of consistency in content, presentation and length of programs in Australian school contexts (Tomison & Pool, 2000). While not proposing a simplistic list of recommendations this review provides initial development of 'best practices' for teaching professionals. Specifically, the emphasis is on equipping teachers to build upon their existing knowledge to develop CSA prevention experiences for students and implement strategies, tools and resources. In keeping with the five key considerations it is hoped that when teachers are making decisions about CSA prevention curriculum strategies and content they will be aware and consider the diverse subgroups of children, implement a program which is sensitive and appropriate to the needs of the children for which the program is aimed, utilise program characteristics and key messages identified as best practice, address the issue of retention of knowledge and skills and the potential for decay of knowledge and skills, and negative side effects, and consider program evaluation.

Studies have found that involvement of multiple stakeholders, including children, teachers, and parents (MacIntyre & Carr, 2000; Wurtele, 2002) is essential to positive outcomes. This raises significant issues for teacher training as enlisting parental involvement in school based approaches is critical. Furthermore, while a community approach to CSA prevention provides stronger learning opportunities for students, facilitating coordinated prevention that includes interdisciplinary involvement requires evidenced based understandings and training.

Limitations

It is acknowledged that the literature and program review has limitations. While a comprehensive examination was facilitated, the literature in this area is still developing and the list of programs was not exhaustive. As noted earlier there are a large number of diverse prevention programs being administered within schools, including many initiatives not adequately evaluated. Despite limitations, findings inform discussions about understandings that would support teachers in their role as they facilitate CSA prevention initiatives in classrooms. This review also provides impetus for further research concerning effective CSA curriculum and pedagogies in classrooms. Specifically, research is needed concerning the development, trial and evaluation of CSA prevention programs based on the findings considered in this paper.

Conclusion

This paper considered the widespread issue of CSA, the increasing role of teachers in prevention and the professional training necessary to empower educators to facilitate initiatives as they carry out their responsibilities in the protection of children. As the teacher's role in school based initiatives is increasingly recognized (Arnold & Maio-Taddeo, 2007; Briggs, 2005, 2007; Finkelhor, 2009; Mathews, 2011,

Wurtele, 2009) there is a need for teachers to develop in-depth understandings and knowledge of 'best practices' around child sexual abuse prevention to enable informed selection and implementation of programs (Wurtele, 2009). We have argued however that there is a lack of professional development in child protection in the Australian context (Arnold & Maio-Taddeo, 2007; Mathews et al., 2009; Watts & Laskey, 1997) and hence a critical need for training. Drawing on evidence from a systematic review of literature five key considerations were identified as imperatives to guide the selecting and facilitating of appropriate child protection curriculum in schools. As interest in CSA prevention impacts on schooling pedagogies nationally and internationally it is argued that teachers need to be adequately prepared with in-depth understandings of the diversity of target student populations, characteristics of prevention programs; key messages in programs; decay in knowledge and negative side effects; and issues in program evaluation. An overview of what constitutes appropriate programs was offered with recommendations for these understandings to be embedded within in pre-service and in-service professional development. As this paper has demonstrated, what constitutes best practice in CSA prevention programs is characterised by complexities and requires informed reflection on curriculum and pedagogical choices. It is argued that these understandings should be included in teacher education training highlighting the need for initiatives based on research and subsequently contextualized for the diversity of student population.

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Appendix A. General Overview of CSA Prevention Programs

The table includes each program, key messages for the program, the design of the program, research publications / evidence that inform the program, and any evaluation of the program (publications etc).

Detail	Key Messages	Design	Research/Evidence	Evaluation
Behavioral Skills Training Program (BST) Wurtele Ages: preschool and primary school age	Teaches children: • that they are the bosses of their bodies • to identify the location of their "private parts" • that it is acceptable for children to touch their own private parts, as long as it is done in private • that it is appropriate for doctors, nurses, or parents to touch children's private parts for health or hygiene reasons • that otherwise, it is not okay to have their private parts touched or looked at by a bigger person, especially if that person wants them to keep it a secret • that it is wrong to be forced to touch a bigger person's private parts • that a bigger person's inappropriate touching of the child's private parts is never the child's fault	Five lesson program and includes a number of stories. Two versions: Teacher version usually taught to children in a group format (4 to 7 children per group). Instruction, modelling, and behavioural rehearsal. Parent version: includes a script and accompanying pictures, a "Token Time" packet, stickers, and crayons. Parent works through the materials with the child. The "Token Time" packet contains 30 program objectives.	Originated Colorado, USA.	BST of just 50 minutes: Wurtele, S. K., et al. (1986). Teaching personal safety skills for potential prevention of sexual abuse: A comparison of treatments. *Journal of Consulting and Clinical Psychology, 54*(5), 688-692. BST of 3 x 30 minutes: Wurtele, S. K., et al. (1989). Comparison of programs for teaching personal safety skills to preschoolers. *Journal of Consulting and Clinical Psychology, 57*(4), 505-511. Wurtele, S. K. & Owens, J. S. (1997). Teaching personal safety skills to young children: An investigation of age and gender across five studies. *Child Abuse and Neglect, 21* (8), 805-814.
BITSS of Protective Play	5 Bits of protective behaviours: • body ownership	Parent friendly, in-the-home, model of CSA prevention, play-	Sanderson, J. (2004). *Child-Focused Sexual Abuse*	Only general evaluation data provided on

Detail	Key Messages	Design	Research/Evidence	Evaluation
Imaginif Pty Ltd Ages: primary school age	• intuition • touch • say no • support network	based model. Twelve page, colour illustrated tutorial full of game and activity ideas. • parent resource • play tutorial • children's chapter book • play resource	*Prevention Programs. How effective are they in preventing child abuse?* Crime and Misconduct Commission, Research and Issues paper Series, No 5. June 2004. Many of the tenets of the BITSS model were juxtaposed against the conclusions of the above paper.	http://www.aifs.gov.au/acssa/ppdb/bitss.html Website indicates internal evaluation has taken place with adult workshop attendees' prior and following attendance. Pre evaluations have supported a low level articulation of protective behaviour concepts, themes and strategies. Post evaluations have supported a positive 100% retainment rate of the 5 BITSS elements. Eighty percent of participants used creative protective behaviour play skills within the first week after the workshop.
C.A.R.E (Challenge Abuse through Respect Education) Kit	The key concepts are: 1) each person owns and is responsible for his/her own body and feelings; 2) sexual abuse and touching; and 3) self-protection and reporting sexual abuse	The new edition of the C.A.R.E. Kit (*Your Body is Yours* student book, *My Body Song* book, resource guide, puppets, poster, bookmarks, and message/discussion cards) is available in English and French from RespectED: Violence & Abuse Prevention The C.A.R.E. Kit program presents 12 key messages, presented in 15- to 20-minute daily lessons over three to six weeks. Message Cards present the concepts and suggest discussion and activities for each	The Child Abuse Research and Education Productions Association in Surrey, British Columbia originally developed the C.A.R.E. Kit program, a child sexual abuse prevention program for children from kindergarten to grade 3, in the early 1980s. The RespectED division of the Canadian Red Cross took over responsibility for the program in September of 2000 and extensively revised the kit.	Program and control. Hubbersty, C., Hume, S., Rutman, D., & Tate, B. (2000). *An evaluation of the use of the CARE Kit & Let's Talk About Touching in Greater Victoria.* Victoria, BC: Child Abuse Prevention and Counselling Society. Perrault, N., Begin, H., & Tremblay, C. (1998). *Évaluation d'un programme de prévention des agressions sexuelles auprès d'enfants de maternelle.* Montréal, QC: Direction de la santé publique de Montréal-Centre.

Detail	Key Messages	Design	Research/Evidence	Evaluation
		key program statement. The key concepts are: 1) each person owns and is responsible for his/her own body and feelings; 2) sexual abuse and touching; and 3) self-protection and reporting sexual abuse.		
Ditto's Keep Safe Adventure Bravehearts Ages: prep to grade 3	7 topics: - feelings - instincts - private parts - dealing with yucky feelings - saying no - secrets - helper plan	Half hour show in schools Complementary activity book CD Rom with parent guide for purchase.	Unknown. Feedback and input on the resources obtained from many professionals in the field of child safety (e.g., Qld police, Emeritus Professor Freda Briggs, and Dr Jennifer Sanderson)	Rohen, C. (2011) Ditto's Keep Safe Adventure School-based Program-Summary Report. http://www.bravehearts.org.au/research.ews 2008 evaluation completed by Evans and Peck Services: A range of measures were used to assess the learning outcomes, including a pre and post evaluation questionnaire administered before and after the program was held in the participating pilot schools, recorded observations during the program and surveys conducted with participating teachers
Feeling Yes, Feeling No	The key concepts covered include: 1. reacting to touches with positive or negative feelings 2. adults can help if sexual assault occurs; 3. and sexual assault is never the fault	The program consists of three instructional 15-minute interactive videos taped by the National Film Board of Canada in 1985. It is available in French as "Mon Corps, C'est Mon Corps". The videos include children from various	Developed in 1980 by the Green Thumb Theatre for Young People in Vancouver. Objectives of the program are: to identify different responses to being touched; how children can seek help if touch	Program and wait list control groups. Hazzard, A. (1993). Psychoeducational groups to teach children sexual abuse prevention skills. *Journal of*

Detail	Key Messages	Design	Research/Evidence	Evaluation
	of the child.	ethnic backgrounds, increasing the program's appeal to diverse audiences. The program is often used as part of the personal and social development curriculum. The Lothian Regional Council Department of Education in Edinburgh, Scotland, has adapted *Feeling Yes, Feeling No* for children with learning difficulties	leaves them feeling "no"; and to identify some reasons why it is hard to tell about "no" feelings.	*Child and Adolescent Group Therapy, 3*(1), 13-23. Hazzard, A., Webb, C. Kleemier, C., Angert, L., & Pohl, J. (1991). Child sexual abuse prevention: Evaluation and one year follow-up. *Child Abuse and Neglect, 15*, 123-138. Sigurdson, E., Strang, M., & Doig, T. (1987). What do children know about preventing sexual assault? How can their awareness be increased? *Canadian Journal of Psychiatry, 32*, 551-557.
Keeping Ourselves Safe (KOS) New Zealand Police Ages: primary and secondary school	5 KOS programmes: • knowing what to do (5 to 7 years) • getting help (8 to 10 years) • standing up for myself (11 to 12 years) • dealing with risk (younger teens) building safe relationships (older teens)	Local police education officer introduces KOS to school. Teaching guide, home book, and print, video, and picture resources. Teacher training materials also developed.	KOS developed by NZ police and teachers in consultation with a wide range of community groups.	Briggs, F., & Hawkins, R. (1993). Follow-up data on the effectiveness of New Zealand's national school-based child protection program. *Child Abuse and Neglect, 18*(8), 635-643. Plus other evaluations: Woodward (1990) Van Kessel (1990) Briggs (1991) Perniski (1995) Briggs & Hawkins (1996) Briggs & Hawkins (2001)
Personal Safety Success Training (P.S.S.T.) Program Mallee Sexual Assault Service Ages: 7 to 12 years	2 fundamental rights: • we all have the right to feel safe all the time • nothing is so awful we can't tell someone about it Concepts: • early warning signs	The P.S.S.T. program covers a discussion on general safety, including problem solving exercises followed by concepts - worksheet style. It is delivered in schools.	Reviewed all available Protective Behaviours program literature.	Unable to locate any evaluations.

Detail	Key Messages	Design	Research/Evidence	Evaluation
	- personal space / boundaries - body ownership - safe / unsafe touches - sexual abuse - safety strategies - safe / unsafe secrets - trick, threats and bribes - assertive training - safety on the internet - friendships - networks	There is a version of this program adapted for people with an intellectual disability that consists of 8 sessions.		
Protective Behaviours Program Protective Behaviours Consultancy Group of New South Wales Ages: kindergarten, primary, and secondary http://www.protective-behaviours.org.au/main.htm	2 themes: - we all have the right to feel safe all the time - nothing is so awful that we can't talk to someone about it 7 strategies: - theme reinforcement - network review - one step removed - protective interrupting - persistence - risking on purpose - the language of safety	Protective Behaviours - was initially developed in 1970's in the state of Wisconsin,U.S.A. Peg Flandreau West who wrote the Basic Essentials manual for use in Australia in 1988. Resources on website include teacher and parent resources, DVD/video, books for children, and posters	Unknown. Based on the manual, "The basic essentials: Protective behaviours anti-victimization and empowerment process" by Peg Flandreau West	Overview and not evaluation: http://www.kidsmatter.edu.au/programs-guide/protective-behaviours/
Safe Start: Protective Behaviours for Children and Safe T: Protective Behaviours for Young People Personal Safety Australia Ages: primary and secondary students	Four core safety concepts: - I am special, so are you - safety is my right - my body belongs to me - I can get help	Training of police officers and community members (e.g., parents and teachers), workshops in schools which include opportunities for participation and practice Program includes an awareness session, presenter training and	In developing the program, a review of children's safety programs used by other police jurisdictions, sate-wide survey of QPS members, consultation with internal and external stakeholders. The key components are also based on the Queensland Crime and	A review of Safe Start has been conducted by Dr Jennifer Sanderson. Their website claims that the program has been independently reviewed and has been found to be effective in providing prevention education to reduce

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http://personalsafetyaust.com/ children/children_3.html http://personalsafetyaust.com/ youth/youth_3.html		coordinator training. Presenters are able to deliver the course materials to children.	Misconduct Commission's recommendations.	the risk of victimisation for children and adolescents, including the various harmful behaviours but the report is not provided.
Speak Up Be Safe is an evolution of the Childhelp Good Touch Bad Touch™ primary prevention education curriculum. Grades 1-6 and their adult community	Children learn 5 body safely rules 1. body ownership 2. say 'no' to abuse, 3. who can help you when abused, 4. permission to ask adults questions about other's behaviour, 5. Sexual abuse is never a child's fault. Materials and techniques such as role-plays reinforce the concepts and offer opportunities to practice the skills.	The school based curriculum utilized web-based tools, focusing on building self-esteem and safety skills within the child, to include addressing today's societal risks children encounter everyday such as internet and cell phone safety. US based, on-site 21 hour training; or Audio Tape Training Kits, available in grade-specific or complete curriculum packages.	Childhelp Speak Up Be Safe evolved from Good Touch Bad Touch™ (GTBT) program delivered in US schools nationally since 1983.	New program launched 2011 undergoing pilot evaluations. Prior evaluations of Good Touch Bad Touch studied effectiveness with kindergarten children pre/post/follow up test and compared to control group. Harvey, P., Forehand, R., Brown, C., & Holmes, T. (1988). The prevention of sexual abuse: Examination of the effectiveness of a program with kindergarten-age children. *Behavior Therapy, 19*, 429-435.
Stay Safe Child Abuse Prevention Programme, Ireland Ages: senior infants to grade 6	Five modules: • feeling safe/unsafe • bullying • touches • secrets and telling • strangers	School based program with lesson plans, worksheets, songs, and parent's guide. Dependent on age, 5 to 9 lessons, from 20 to 30 minutes	Stay Safe was introduced by The Child Abuse Prevention Programme (CAPP). CAPP is jointly funded by the Department of Health and Children and the Department of Education and Science. The program was initially developed by a Senior Clinical Child Psychologist in consultation with a Child	MacIntyre, D., & Carr, A. (1999). Evaluation of the effectiveness of the Stay Safe primary prevention programme for CSA. *Child Abuse and Neglect*, 23(12), 1307-1325. D. MacIntyre, A. Carr. (2000) Prevention of Child Sexual Abuse: Implications of Programme Evaluation Research.. In *Child*

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			Psychiatrist in consultation with educational partners and has had subsequent revisions by teachers.	*Abuse Review*, 9, 183-199.
Talking About Touching Committee for Children Ages: Pre/K to grade 3 http://www.cfchildren.org/programs/tat/overview/	• safety rules about cars, bicycles, and pedestrians • what to do in the presence of guns or other weapons • how to respond to a fire emergency • knowing when to ask permission from a caregiver • the definition of a safe touch and how to respond to unwanted touches • standing up for safety in an assertive manner • asking for help in uncomfortable and possibly dangerous situations	15 to 30 minutes lessons, taught in order, and builds knowledge sequentially • photo-lesson cards • book and songs • safety-step posters • video (pre/K only) • What Do I Say Now? video	Aligns with recommendations in the guidelines for personal safety programs established by the National Center for Missing and Exploited Children (NCMEC)	Pilot, program and control, Pre and post. Madak, P. R., & Berg, D. H. (1992). The prevention of sexual abuse: An evaluation of "TALKING ABOUT TOUCHING." *Canadian Journal of Counseling, 26(1)*, 29–40. Sylvester, L. (1997). TALKING ABOUT TOUCHING: A Personal Safety Curriculum (1996 editions) preschool to grade 3 curriculum evaluation summary. Seattle, WA: Committee for Children
Teaching Children to Protect Themselves Freda Briggs and Michael McVeity Ages: primary school children	5 themes and revision: • it's my body (correct names for body parts) • some parts of our bodies are private • talking about touching • staying safe with strangers • secrets • Revision: problem-solving exercises	Is a handbook for teachers and counsellors about teaching personal safety skills. The book outline the need for child protection, how to work with parents, ways of developing a personal safety curriculum, and practical suggestions for classroom exercises.	Briggs, F. (1991).Child protection programmes: Can they protect young children? *Early Child Development and Care*, 67, 61-72.	Unable to locate any evaluations using search engines on web.
Who Do You Tell program Calgary Communities	• information on unwanted touch • permission to say no to unwanted touch	School based program. Presenters come on-site to deliver the program to schools.	Originally developed by the Calgary Sexual Assault Centre in 1983, the program was taken over	Program vs wait-list control, Tutty, L. M. (1997). CSA

Detail	Key Messages	Design	Research/Evidence	Evaluation
Against Sexual Assault Ages: kindergarten to grade 6 http://calgarycasa.com/programs/who-do-you-tell-program/	• suspicion of all touches or adults	Two sessions: of 45 to 60 minutes apiece presented on consecutive days. Discussions, pictures, short videos, and role-plays.	and revised by the Calgary Communities Against Sexual Assault (CCASA) in 1995.	prevention programs: Evaluating who do you tell. *Child Abuse and Neglect, 21*(9), 869-881. Tutty, L. M. (2000) What children learn from child sexual abuse prevention programs: Difficult concepts and development issues, *Research on Social Work Practice*, 10(3), 275-300.
Yello Dyno Wagner Ages: 4 to 12 years	9 to 15 rules, depending on child's age: • you have the right to be safe • how to do the Yello Dyno Yell • Tricky People: it's not what they look like that matters, but what they ask you to do • always ask first • take three steps back and run like the wind • don't keep secrets that make you feel unsafe • whom to turn to for help • trust your feelings. • my body's mine, mine, mine • knowledge is power • I always have a buddy • I can say no • too many details – who's telling the truth • too many details – remember the context • cut the conversation	Resources include: CD, handouts and quizzes, posters, lesson plans. Songs and music used. Some rules reinforced and/or expanded in subsequent programs.	Scientifically based on the Nobel Prize winning research of Dr Roger Sperry and the internationally recognised research on children in crisis of Dr Bruce Perry.	The program and overview of evaluation is provided and included experimental and control groups. http://yellodyno.com/html/research_yello_dyno.html Examples of pre and post test results also provided http://yellodyno.com/graphics/sidway_test_results.jpg Number of findings listed on although no peer reviewed academic articles. http://yellodyno.com/html/research_yello_dyno.html

Detail	Key Messages	Design	Research/Evidence	Evaluation
	• just say 'oh well' • if someone is too charming, there is a problem, even if it doesn't show right away • PC – privacy and control			