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Evaluation of the effectiveness of the Stay Safe primary prevention programme for child sexual abuse

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Evaluation of the effectiveness of the Stay Safe primary prevention programme for child abuse

ABSTRACT

Objective. This child abuse prevention study aimed to evaluate the effectiveness of the Stay Safe Programme in training unscreened 7 and 10 year old children in personal safety skills. Subsidiary aims were to evaluate the programme's impact on children's self-esteem and parents' and teachers' knowledge and attitudes of relevance to child abuse and protection.

Method. Changes in safety knowledge and skills and self-esteem of 339 children who participated in the Stay Safe Programme were compared with those of 388 waiting list controls. Children in the training group were also followed up at 3 months. In addition, the knowledge and attitudes of parents and teachers of children who completed the programme were evaluated before and after the programme and 5 month follow-up data were collected from teachers only.

Results. Compared with waiting-list controls, trained children showed significant improvements in safety knowledge and skills and these gains were maintained at follow-up. The greatest gains were made by 7 year olds. Children who participated in the programme also showed significant improvements in self-esteem which were maintained at 3 months follow-up but only the 7 year olds in the training group made significantly larger gains in self-esteem than their control group counterparts. Children with a higher socio-economic status benefited more from the programme than less privileged children. Both parents and teachers showed significant improvements in knowledge and attitudes concerning protection over the course of the programme and for teachers, these gains were maintained at follow-up.

Conclusion. The findings suggest that the Stay Safe Programme was effective in training children in safety skills and so may usefully be used as a primary prevention intervention for child abuse.

INTRODUCTION

Child abuse in Ireland is a significant problem (McKeown & Gilligan, 1991; O'Reilly & Carr, 1998). The present study arose from the need to develop and evaluate primary prevention programmes to deal with the problem of child sexual abuse in Ireland. The study is of particular significance insofar as the programme evaluated - *The Stay Safe Programme* (MacIntyre and Lawlor, 1991) - is now conducted in almost all primary schools in the Republic of Ireland and has the full support of the Department of Education, the Irish Government and leaders of the major religious traditions in the country. The central focus of the paper is the gains in safety skills made by children who competed the programme. In a companion paper, the impact of the programme on the actual disclosure of child sexual abuse is addressed (MacIntyre & Carr, Submitted).

Studies of sex-offenders suggest that enhancing children's assertiveness is one of the best ways of preventing sexual abuse (Budin & Johnson, 1989; Conte, Wolfe & Smith, 1989; Elliot, Browne & Kilcoyne, 1995). A growing body of research suggests that school based primary prevention programmes for child abuse are particularly effective in enhancing such assertiveness skills (Berrick & Barth, 1992; Conte, Rosen & Saperstein, 1986; Finklehor & Dziuba-Leatherman, 1995; Finklehor & Strapko, 1992; Kolko, 1988; Wurtele, 1987). While programmes vary in the topics they cover, most include modules on body ownership which emphasise children's rights to control access to their bodies; the concept of good and bad touch; training in saying *No* and the right to do so assertively when touched inappropriately; training in the skills for escaping from perpetrators; discussion of the distinctions between appropriate and inappropriate secrets; discussion of the value of trusting intuition when children feel that something is not quite right; skills for identifying and eliciting help from supportive adults; and clarification of the view that children are not to blame for victimization. A wide variety of programme formats and teaching methods have been used in school-based primary prevention programmes and not all are equally effective. The most successful programmes are those which maximize parent involvement so that they can reinforce concepts at home and provide children with opportunities to practice the application of new skills; those that involve a combination of relevant structured activities for children; those that involve audio-visual teaching materials to reinforce learning; and those that incorporate concepts which are appropriate for the child's developmental level. Effective prevention programmes are also comprehensive and cover bullying and other forms of victimisation.

In developing a child abuse primary prevention programme for primary school children in the Republic of Ireland, these characteristics of effective programmes were taken into account and in addition an effort was made to make the teaching materials culturally acceptable. The Stay Safe programme (MacIntyre and Lawlor, 1991) is a culturally appropriate, developmentally staged child sexual abuse prevention programme, specifically designed, for the Irish educational context. It utilises a multimedia format and focuses on cognitive, affective and behavioural dimensions of learning. The programme includes the concepts common to most prevention programmes. It teaches simple strategies for dealing with potentially dangerous situations including bullying and child sexual abuse. A fuller description of the programme is given in the procedure section below. The aim of the present study was to evaluate the effectiveness of this programme.

METHOD

DESIGN

A comparative group design was used to evaluate the effectiveness of the Stay Safe programme. Children from two groups of schools were allocated to training and control groups. The entire second and fifth grade classes of each participating school were included in order to represent the target ages of the Junior and Senior versions of the *Stay Safe Programme*, respectively. Five suburban Dublin schools were involved in the study. Three schools were allocated to the training group and 2 to the control group. Geographic distances between training and control group schools were maximized to prevent spill-over effects. Training and control groups were evaluated on a range of assessment measures before and after the programme. Children in the training group were also evaluated at 3 months follow-up. Control group children entered the training programme once the training group had completed it, so follow-up data for an untreated control group were not available in this study.

A single group outcome design was used to evaluate the programme from the perspective of parents and teachers. Parental data were collected before and after the programme. Data from teachers were collected before and after the programme and at 5 months follow-up.

PARTICIPANTS

Participants in this study included 772 children, 374 parents and 28 teachers.

Insert Table 1 about here

Children

Characteristics of the children are given in Table 1. From the Table it may be seen that the training and control groups did not differ in age or gender. They were also similar in psychological adjustment as assessed by the Rutter Teachers' Questionnaire (Rutter, 1967). The groups differed significantly, however, in social class, intelligence (Dunn & Dunn, 1981) and self-esteem (Battle, 1981). The training group scored higher on all three of these variables. However, from a clinical perspective it is noteworthy that the means of both groups for intelligence and self-esteem fell within the normal range. Thus, while the intergroup differences on these variables were statistically significant, the differences were not clinically significant.

With respect to social class, a Mann Whitney U test showed that the two groups differed in their rankings over 6 social classes, with more cases in the training group coming from the top three social classes. Cases were assigned to classes on the basis of parental occupation using O'Hare, Whelan and Cummins (1991) scale in which professional and higher managerial occupations are assigned to class 1 and unskilled workers to class 6, with occupations falling between these extremes occupying intervening classes.

Of the 772 children included in the study, 727 children were tested on both occasions on the safety knowledge and skills questionnaire. A total of 748 completed self-esteem measures at both times and 667 children completed both measures at pre-test and post-test giving an attrition rate of 13.6%. For the training group of 358 children, the attrition rate from pre-test to follow-up was 27%.

Parents

All parents of children in classes assigned to either condition were invited to a parent education meeting held in each participating school. A total of 450 parents attended these meetings, representing 63% of the children. Of these, 374 parents completed and returned the knowledge/attitudes questionnaire following the meeting, giving a response rate of 83%. Non-attending parents were not issued with the knowledge/attitudes questionnaire and among attenders only one questionnaire was completed per household.

With respect to the 374 parents who completed questionnaires, the mean age was 37 years (SD=4.35) 19% were fathers and 81% were mothers. 96% were married and the remainder were separated, widowed or single parents.

At follow-up, 270 parents completed the knowledge/attitude questionnaire for the second time, giving a response rate of 72%. In addition all parents were issued with evaluation questionnaires at follow-up. Evaluation questionnaires were returned by 406 parents of a total of 598, giving a response rate of 68%.

Teachers

Data were collected from the teachers of second and fifth class children participating in the study and the five principals of the schools involved. For this group of 28 teachers (and principals) who participated in the study, the mean age was 32 years (SD=7.26). 36% were male and 64% were female. 59% were single and 41% were married. The mean number of years teaching for the group was 10.6 years (SD=7.4).

All 28 teachers completed the knowledge/attitudes questionnaire on all 3 testing occasions. 10 of these teachers were involved in teaching the programme to the training group; 13 teachers taught the prevention programme to the control group during the original training group's follow-up period; and the reaming 5 teachers were school principals of participating schools.

INSTRUMENTS

Children's measures

Children's Safety Knowledge and Skills Questionnaire (Kraizer, 1986).This is an 18 item instrument which assess both knowledge of safety related concepts and specific safety skills. With respect to safety related concepts, items inquire about body ownership, strangers and the right to say 'No' to adults. Safety skills are evaluated by items which inquire about what respondents would do in a range of potentially threatening situations. These include being lost, encountering bullies, meeting strangers, dealing with inappropriate touches from known adults, secrecy, bribes and being disbelieved following disclosure. The version of the questionnaire we used differs in minor ways from the original instrument. To take account of cultural differences, small changes were made in the language of some items. For instance, the word 'mother' was replaced by 'mammy'. One item was deleted from the original questionnaire, as it addressed a specific component of the programme devised by the originator of the instrument which was not relevant to the programme evaluated in our study. The 7 items which evaluated knowledge of safety concepts were scored on 3 point scales with low scores being given for misconceptions and high scores for accurate

knowledge. For the remaining 11 items which inquired about what safety skills respondents would use in various hypothetical situations, four or six point scoring scales were used with low scores being given for inappropriate answers and high scores for more appropriate answers. For the entire instrument, scores ranged from 18 to 80. The criterion validity of this instrument has been demonstrated in a series of studies and scores on the instrument are predicative of resistance to stranger abduction (e.g. Kraizer, Witte & Fryer, 1989; Fryer, Krazier & Miyoshi, 1987a, 1987b). The internal consistency reliability coefficient for this questionnaire based on responses of participants in our study following programme completion was psychometrically acceptable (alpha = .79).

Battle Culture-Free Self-Esteem Inventory (Battle, 1981). This 30 item instrument yields five subscale scores and a total score. The five subscales measure global, social, academic and parental self-esteem, while the fifth yields a lie score. With primary school-age children, the total score has been found to correlate with students' perceptions of ability and with measures of depression and anxiety. It has acceptable internal consistency and test-retest reliability.

Peabody Picture Vocabulary Test (Dunn & Dunn, 1981). With this individually administered test, children respond to a word by selecting the picture which best describes that word and items are organized in order of increasing difficulty. Scores on this test provide an estimate of verbal intelligence through measuring hearing vocabulary. Raw scores can be converted into derived IQ scores and these correlate well with full scale IQ scores from the Wechsler Intelligence Scale for Children-Revised.

Rutter Teachers' Scale (Rutter, 1967). This is a 26 item behaviour problem checklist completed by teachers. Each item is a statement of a specific problem and teachers respond by indicating if the statement applies to a child, applies somewhat, or does not apply. These response categories are scored 2, 1 or 0 respectively. This questionnaire yields three summary scores: a total score, a conduct problem score and an emotional problem score. The total score provides a global indication of the overall extent and severity of a child's behaviour problems. Children scoring above a cut-off point of 9 were shown in the original validation studies to be classified following an individual psychiatric interview as having a psychological disorder. When children score above this cut-off point they can be further subclassified as having either significant conduct problems or emotional problems depending on their scores in designated subscale items. These subscales correspond to externalizing and internalising behaviours respectively (Achenbach, 1984). Prevalence rates for psychological disorder among Irish children based on this instrument, ranged from 11% in Clare to 17% in a disadvantaged Dublin suburb (Carr, 1993).

Children's Programme Evaluation Questionnaire. Children were given a five item evaluation questionnaire to complete at follow-up. This questionnaire surveyed children's views of the programme, whether they found it frightening or not and which parts they found most useful. They were also asked, in the evaluation questionnaire, whether they had spoken to their parents about the content of the *Stay Safe Programme.*

Parents measures'

Parents' Knowledge and Attitudes Questionnaire. This 38 item questionnaire was developed to evaluate changes in parents knowledge and attitudes of relevance to child abuse and child protection following the *Stay Safe Programme*. Items cover knowledge of prevalence, causes and indicators of child

sexual abuse; characteristics of victims and offenders; and service related information. In addition items evaluate the likelihood of parents believing a child's disclosure of abuse; their attributions of responsibility for sexual victimisation; their attitudes towards prevention; their attitudes towards services; and their anxieties concerning sexual abuse. Parents respond to each item on five point Likert scales which range from "strongly agree" to "strongly disagree". 22 items are keyed positively (with high scores indicating accurate knowledge and child-protective attitudes) and 16 are keyed negatively. All items are scored from 1 to 5 and the range for total scale scores is from 38 to 190. The internal consistency reliability coefficient for this questionnaire based on responses of participants in our study following programme completion was psychometrically acceptable (alpha = .80). The factor solution from a principal component analysis with varimax rotation suggests that the scale in unidimensional.

Parents' Programme Evaluation Questionnaire. After the programme parents completed a 10 item evaluation questionnaire which surveyed their perceptions of the impact of the programme on children in terms of self-confidence, the utilisation of strategies taught, and level of self-protection skills. In this evaluation questionnaire parents were also asked about negative effects and whether they had spoken to the children more frequently about self-protection since the programme.

Teachers' measures

Teachers' Knowledge and Attitudes Questionnaire. Teachers completed a parallel form of the 38 item knowledge and attitudes questionnaire developed for parents. Teachers were asked to base their responses on observation of all of the children in their classrooms, rather than their own children and they were asked about the discussion of the problem of inappropriate touching in their classrooms rather than in their own homes.

Teachers' Programme Evaluation Questionnaire. This 20 item questionnaire surveyed teachers' views of the content of the *Stay Safe Programme*, its teaching methods and materials, and whether it should be included on the primary school curriculum. Items were also included which inquired about the positive and negative effects of the programme on children in their classrooms, whether children had applied any of the strategies taught, and whether they enjoyed and understood the programme. Five additional items covered the teacher training component of the intervention.

PROCEDURE

Consent

All parents of second and fifth grade children in both training and control groups were invited to a parent education evening at which consent was sought for participation in the programme and the evaluation study. Where parents did not attend these meetings, their children were given consent forms to bring home to their parents. Altogether 99.4% of children received permission to participate. Of 776 children in only 4 cases did parents refuse to give consent for their children to participate in the programme.

Training programme

Teacher training workshops and parent education meetings were conducted prior to the classroom implementation of the programme, which was then taught by the children's regular teachers.

Teacher training. The teacher training component covered the following issues: definitions of sexual abuse, myths and realities concerning epidemiology and characteristics of victims and offenders; identification of sexually abused children; how to help where children disclose abuse; legal issues and social service referrals; the rational for prevention training; and the implementation of the Stay Safe Programme. Teacher training was delivered in two 4 hour sessions by a teacher experienced in using the programme and a mental health professional with child protection expertise. Small and large group didactic and participative training formats were used and participants received a teacher's *Stay Safe Handbook* which described the programme and its implementation.

Parent training. The parent training component covered the same issues as the teacher training component and was conducted by a similar team. It was delivered in a single 3 hour session hosted by the school principal. Key community health care workers, including family doctors and public health nurses, also attended the parent training meetings. Parents received a copy of *The Stay Safe-A Parent's Guide* at these training sessions.

Child training. The child training component of the *Stay Safe Programme* was conducted over 12 sessions for 7 year olds and 10 sessions for 10 year olds. Sessions were of 30-40 minutes duration and 2 sessions were conducted per week. The following five topics were covered: feeling safe and unsafe; bullying; wanted and unwanted touches; telling adults about negative interactions with victimizers and bullies; and dealing with strangers. Standard structured lesson plans and written, video and audio teaching materials were used for each session. The programme pack contained a set of lessons, worksheets, a videotape (*Pajo Says Take Care of Yourself*) and an audiotape of the *Stay Safe Song.* Lesson plans for the junior and senior cycles were conceptually similar but designed so as to fit with younger and older children's different levels of cognitive and social development. In each lesson teachers defined the goal of the module; facilitated a class discussion of the key concepts; instructed children in the use of specific social problem-solving strategies; facilitated role-playing and rehearsal of these skills; used the worksheets, video and audio tapes as teaching aids; and gave children Stay Safe homework sheets to complete and have singed by parents. After each lesson, the teacher was available to talk to children individually. Disclosures of past or ongoing abuse were referred to the research team which included experienced clinicians. Such cases were either referred on to statutory child protection agencies where appropriate.

Evaluation of children

Pre-testing of children occurred in the two week period preceding the programme. Teachers completed the Rutter Teachers' Scale (Rutter, 1967). The Peabody Picture Vocabulary Test-Revised (Dunn & Dunn, 1981) was individually administered to all children. The Battle Culture-Free Self Esteem Inventory (Battle, 1981) and the Personal Safety Knowledge and Skills Questionnaire were administered in group format to fifth grade students and individually to second grade children. Post-testing with the Battle Culture-Free Self-Esteem Inventory and the Safety Knowledge and Skills questionnaire occurred within a week of programme

completion and follow-up data were collected 3 months later. The Children's Programme Evaluation Questionnaire was also administered at post-testing.

Evaluation of parents

Parents of children in both training and control schools at the end of the parent training meetings and within four months of this pretesting session completed the Parents' Knowledge and Attitudes Questionnaire. On each occasion only one questionnaire was completed per household. The Parents' Programme Evaluation Questionnaire was also completed at post-testing.

Evaluation of teachers

Teachers completed the Teachers' Knowledge and Attitudes Questionnaire at pre-testing, post-testing and at 5 month follow-up. The Teachers' Programme Evaluation Questionnaire was also completed at post-testing.

The fact that the principals of all involved schools attended the parent and teacher training groups and expressed full support for the programme, maximized the level of co-operation of parents and teachers in completing and returning Knowledge and Attitudes Questionnaires and Programme Evaluation Questionnaires.

RESULTS

Insert Table 2 about here

Changes in children's safety knowledge and skills

To evaluate the immediate impact of the programme from the perspective of participating children, total and item scores on the Children's Safety Knowledge and Skills Questionnaire at pre- and post-test for the training and control groups were analysed using 2 X 2 (Groups X Time) repeated measures ANOVAs. For total scores, a significant Groups X Time effect was found. From Table 2 it may be seen that while the mean total score of the training group increased by more than 10 points from 57.68 (SD=7.16) to 68.43 (SD=4.74) from pre- to post-test, little change occurred for the mean score of the control group. Here the pre-test mean score was 57.57 (SD=7.37) and the post-test score was 59.26 (SD=6.70). The training effect size was d =1.4, indicating that following training, the average case in the training group fared better than 92% of cases in the control group.

From Table 2 it may also be seen that for 15 of the 19 items which constitute the Children's Safety Knowledge and Skills Questionnaire significant Groups X Time effects occurred and the pattern of these significant results was similar to that shown by the total scores. These results indicate that the programme had a positive immediate short-term effect on a wide range of safety skills and areas of self-protective knowledge.

Because training and control groups differed significantly on social class, pre-test IQ and self-esteem scores, a series of 2 X 2 (Groups X Time) ANCOVAs were conducted with social class, IQ and self-esteem as covariates. The results of these ANCOVAs were similar to those of the 2 X2 ANOVAs outlined in Table 2 and so for economy are not reported here.

To evaluate the maintenance of training effects from the perspective of children, changes in the scores of participants in the training group from pre-test to post-test to follow-up on the total score of the Children's Safety Knowledge and Skills Questionnaire were analysed using a repeated measures ANOVA. Complete data at 3 time points were available for 261 of 399 cases. The effect of treatment over the three time points was significant ($F(2, 520) = 493.80$, $p<.01$). Using Bonferonni paired t-tests significant differences were found between pre-test and post-test scores ($t(260) = 26.63$, $p < .001$) and between pre-test and follow-up scores ($t(260) = 25.17$, $p < .001$). These results, presented graphically in Figure 1, show that children in the training group, not only made highly significant gains in safety knowledge and skills following programme participation, but also largely maintained these gains at three month follow-up.

Insert Figure 1 about here

Effects of personal characteristics on changes in children's safety knowledge and skills

To explore the possible impact of age, gender, social class, psychological adjustment, IQ and self-esteem on changes in children's safety knowledge and skills total scores five 2 X 2 X 2 (Groups X Exploratory Variable X Time) ANOVAs were conducted. In each of these analyses, the exploratory variable was divided into two levels. For age, the 2 levels were second grade and fifth grade. For social class, cases in groups 1,2, and 3 were grouped together and those in groups 4, 5 and 6 were combined. For psychological disturbance the clinical cut-off point of 9 on the Rutter Teachers' Scale was used. For IQ, scores above and below the normal range of 90-110 were used to define the two levels of this variable. Cases which fell within the normal range were excluded form this analysis. For self-esteem a similar procedure was used. Low self-esteem was defined as a T score of 40 or below on the Battle Culture Free Self-Esteem Inventory and T scores of 60 or above reflected high self-esteem in these analyses. For IQ and self-esteem extreme groups were selected for the analyses to maximize possible intergroup differences. The Groups X Exploratory Variable X Time effect was the only result of interest in each of these analyses and so only these interaction effects will be considered here.

In each of these analyses some cases were excluded because of missing data or because their scores on the exploratory independent variable were outside specified ranges. The analyses involving age, gender and level of psychological adjustment included 727 cases. Those involving IQ and self-esteem included 273 and 193 cases respectively.

Insert Figure 2 about here

In the analysis in which the effects of age on response to training was explored, a significant Groups X Age X Time effect occurred ($F(1,2904) = 15.91$, $p<.05$). This interaction is graphed in Figure 2. The graph shows that younger children in the training group made far greater gains in safety knowledge and skills than older children in the training group and this occurred because their pre-training safety knowledge and skills scores were significantly lower than those of older children. However, at the completion of the programme, the safety knowledge and skills scores of younger and older children did not differ significantly because of the exceptional gains they made over the course of the programme.

In the analyses in which the effects on response to training of gender, social class, psychological adjustment, IQ and self-esteem were explored, the Groups X Exploratory Variable X Time interaction effects were not statistically significant. These non-significant results showed that boys and girls did not differ in their response to training. Nor did cases from lower and higher social classes. Nor did well and poorly adjusted children differ in their response to the programme. Nor did children with IQs or self-esteem scores above and below the normal range differ in their response to training. These results are in stark contrast to the first exploratory analysis which showed that younger children showed a particularly favourable response to training.

Changes in children's self-esteem

To evaluate the immediate impact of the programme on self-esteem from pre- to post-test for the training and control groups, total and subscale scores from the Battle Culture Free Self-Esteem Inventory were analysed using 2 X 2 (Groups X Time) repeated measures ANOVAs. Complete data at 2 time points were available for 748 cases. In none of these analyses was the Group X Time effect statistically significant. For both training and control groups pre-and post-training subscale and total scores fell within the normal range (T score = 40-60).

One way repeated measure ANOVAs were conducted on self-esteem sub-scale and total scores for the training group from pre-test to post-test to follow-up in order to assess the possible long-term effects of the programme on self-esteem. Complete data at 3 time points were available for 260 cases. Significant time effects occurred for global, social , academic, and total self-esteem, but not parental self-esteem. In these 3 level (pretest, post-test follow-up) repeated measures ANOVA on self-esteem scores the significant time effects were: global self-esteem, $F(2, 518) = 36.30$, $p<.01$; social self-esteem, $F(2,518) = 10.28$, $p<.01$; academic elf-esteem, $F(2, 518) = 6.10$, $p>01$; and total self-esteem, $F(2,518) = .44.78$, $p<.01$. The programme led to modest improvements in total self-esteem and these gains were maintained at follow-up. For total self-esteem mean scores at pre-test, post-test and follow-up were 51.94 (SD=7.45), 55.11 (SD=7.26) and 55.80 (SD=6.75) respectively. A similar pattern occurred for global, social and academic self-esteem scores.

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Insert Figure 3 about here

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Effects of personal characteristics on changes in children's self-esteem

To explore the possible impact of age, gender, social class, psychological adjustment and IQ on changes in children's total self-esteem scores four 2 X 2 X 2 (Groups X Exploratory Variable X Time) ANOVAs were conducted. In each of these analyses, the exploratory variable was divided into two levels in a manner similar to that described above for exploratory analyses of safety knowledge and skills scores.

In each of these analyses some cases were excluded because of missing data or because their scores on exploratory independent variable were outside specified ranges. The analyses involving age, gender and level of psychological adjustment included 748 cases. Those involving IQ included 273 cases

In the analysis in which the effects of age on changes in self-esteem was explored, a significant Groups X Age X Time effect occurred ($F(1, 2988) =5.03$, $p<.05$).This interaction is graphed in Figure 3. The

graph shows that younger children in the treatment group made much larger gains in total self-esteem scores than younger children in the control group.

In the analysis in which the effects of socio-economic-status (SES) on changes in self-esteem was explored, a significant Groups X SES X Time effect occurred ($F(1, 2988) = 5.75$, $p < .05$). This interaction is graphed in Figure 4. The graph shows that children from high socio-economic groups in the treatment group made much larger gains in total self-esteem scores than children from low socio-economic group or from children in the control group.

Insert Figure 4 about here

In the analyses in which the effects of gender, psychological adjustment and IQ on self-esteem were explored the Groups X Exploratory Variable X Time interaction effects were not statistically significant. These non-significant results showed that changes in total self-esteem over the course of the programme were similar for boys and girls; for well and poorly adjusted children; and for children with IQ scores above and below the normal range.

Insert Table 3 about here

Changes in parents knowledge and attitudes questionnaire scores

The significance of differences between parents' knowledge and attitudes questionnaire total and item scores before and after the programme was assessed with paired t-tests. Table 3 shows that mean total scores following the programme were significantly higher than those returned before the programme. A similar significant improvement in scores for 8 of the 38 items which constituted the Parents' Knowledge and Attitudes Questionnaire also occurred. These items for which improvement occurred reflected belief in children's statements, attitudes towards prevention programmes, and knowledge about help-seeking.

To examine the impact of age and gender on parental responses to the programme two 2 X 2 (Demographic variable X Time) ANOVAs were conducted. For the analysis involving age, parents were divided by a median split into cases above and below 37 years of age. Complete data including data on age and gender were available at two time points for 255 cases. In neither analysis did a significant Demographic Variable X Time effect occur. These results show that neither age nor gender had an effect on changes in parents' knowledge and attitudes concerning child abuse over the course of the programme.

Changes in teachers knowledge and attitudes questionnaire scores

The significance of changes in Teachers' Knowledge and Attitudes Questionnaire total and item scores before and after the programme and at follow-up was assessed with repeated measures ANOVAs. Table 3 shows that significant improvement over the course of the programme occurred for total scores and this improvement was maintained at follow-up. A similar pattern of significant improvement and maintenance of gains occurred for scores on 21 of the 38 items which constituted the Teachers' Knowledge and Attitudes

Questionnaire also occurred. These items for which improvement occurred reflected factual knowledge about abuse; belief in children's statements, attributions of responsibility for abuse; attitudes towards prevention programmes, knowledge about help-seeking and anxiety or confidence concerning the management of sexual abuse.

Insert Table 4 about here

To examine the impact of age and gender on teachers' responses to the programme two 2 X 3 (Demographic variable X Time) ANOVAs were conducted. For the analysis involving age, teachers were divided by a median split into cases above and below 32 years of age. Data on teachers' age were available for only 25 of the 28 teachers. In neither analysis did a significant Demographic Variable X Time effect occur. These results show that neither age nor gender had an effect on changes in teachers' knowledge and attitudes concerning child abuse over the course of the programme.

Children, parents and teacher's consumer evaluation of the programme

From Table 4 it is clear that the majority of children, teachers and parents enjoyed the programme. For both teachers and children the video was the most preferred activity. The *NO, Go Tell rule* and the rules for dealing with strangers and strategies for managing bullies were identified by children as the most useful ideas in the programme. According to the majority of teachers, children had no difficulty understanding the programme and none were upset by it.

Positive effects

The programme was perceived by consumers to have a wide range of positive effects in most cases. From the children's perspective the majority discussed the programme with their parents. From the parents' perspective, in the majority of cases children were seen to have applied the strategies they learned on the programme, improved their self-protection ability, and discussed safety more frequently. In 45% of cases parents noted that the programme led to increases in confidence. From the teachers' perspective in the majority of cases the programme improved communication between children and teachers. In just under half of cases teachers reported that children were using the strategies they had learned and in approximately a third of cases they believed that the programme had led to increased confidence for participants. In 11% of cases teachers reported that the programme led children to approach them more frequently to discuss problems.

Negative effects

In a minority of cases the programme was perceived by consumers to have had negative effects. According to parents in 23% of cases children were more wary of touches since the programme; in 6% of cases they were more wary of strangers; and in 2% of cases they used strategies they learned on the programme inappropriately. According to teachers 16% of children were more anxious since the programme and 11% had become too assertive or used the strategies they learned inappropriately. From the children's perspective 10% found specific aspects of the programme upsetting. These included the bullying scene on the video (7%), advice on managing adult approaches (2%) and the cartoon in the video (1%). Teachers

mentioned that the lessons dealing with private parts and being touched by a relative in 6% of cases were upsetting or confusing.

There was considerable overlap between reports of negative effects and these were confined to a total of 23% of cases. However, it would be a misrepresentation of the data to say that 23% of cases reacted in seriously negative ways to the programme. Children who became more wary of touches and strangers developed good self-protective skills. Furthermore their wariness was not sufficiently serious to prevent parents and teachers from supporting further prevention training. All but 1 teacher out of 28 was willing to teach the programme again and all but 5 parents out of 406 wanted their other children to participate in the Stay Safe Programme.

Place of the programme in the school curriculum and teacher training

Almost all teachers thought the *Stay Safe Programme* should be placed on the national primary school curriculum in Ireland and included routinely in teacher training degree programmes. For qualified teachers almost all teachers thought that the teacher training component of the *Stay Safe Programme* was necessary and adequate and almost all teachers wished to teach the programme again, with the majority favouring attendance at a refresher training course prior to this.

With respect to the age at which the programme should be taught, 75% of parents though that the programme should be made available to children under 7 years of age whereas only half this number (37%) of teachers thought that the programme was appropriate for under sevens.

DISCUSSION

From this study the following conclusions may be drawn. First, the Stay Safe Programme had a predominantly positive and relatively enduring effect on the 7 and 10 year old children who participated in it. Compared with waiting-list controls, children who competed the training programme showed significant improvements in safety knowledge and skills and these gains were maintained at three months follow-up. Second, the greatest gains were made by the younger children who had a mean age of 7 years. Third, response to training was not significantly effected by participants' gender, social class, IQ, level of psychological adjustment or level of self-esteem. Fourth, children who participated in the programme also showed significant improvements in self-esteem which were maintained at 3 months follow-up. For the training group as a whole, these gains were no better than those shown by waiting list controls. However, younger children in the training group, with a mean age of 7 years, made significantly larger gains in self-esteem than younger children in the control group. Fifth, children with a higher socio-economic status benefited more from the programme than less privileged children. Sixth, both parents and teachers showed significant improvements in knowledge and attitudes concerning child abuse and protection over the course of the programme and for teachers, these gains were maintained at follow-up. Neither the age nor the gender of parents and teachers significantly affected their response to the programme. Seventh, overall, children, parents and teachers evaluated the programme positively and negative effects were reported in less than a quarter of cases.

Four methodological shortcomings of the study and their bearing on the confidence we place in our conclusions deserve mention. These are lack of randomisation; intergroup pre-treatment differences on social class, self-esteem and intelligence; reliance on self-report measures; and the absence of control groups for parents and teachers. The lack of random assignment of children to groups probably had little impact on the obtained results because groups were comparable for age, gender and psychological adjustment as assessed by the Rutter Teachers' Scale. Although the groups differed significantly on IQ and self-esteem, clinically the differences were not significant. Also ANCOVAs using these variables as covariates yielded similar results to ANOVAs. Intergroup differences in social class, with the control group being less advantaged in this respect, were found to have no significant bearing on the overall findings. ANCOVA s in which social class was included as a covariate yielded similar result to ANOVAs. The reliance on children's self-reported knowledge and skills as the principal dependent variable is a limitation of the study design because uncertainty remains about the correlation between such self-reports and children's behaviour in situations where the use of safety skills would be appropriate to prevent child abuse. However, for the scale we used there is some evidence that scores on it predict resistance to stranger abduction (e.g. Kraizer, Witte & Fryer, 1989; Fryer, Krazier & Miyoshi, 1987a, 1987b). For this reason, we have some confidence that children who showed self-reported gains in safety knowledge and skills as a result of the programme would use these skills appropriately in situations where they were at risk of child abuse. Whether the positive changes made by parents and teachers were due to the programme or simply to the passage of time cannot be determined with great confidence from our data because of the absence of control groups for parents and teachers. This is a significant limitation of the study design. However, the fact that children's parents' and teachers' scores all changed significantly and in the same direction lends some weight to the view that improvements shown by parents and teachers were due to involvement in the programme.

The overall finding of programme effectiveness and consumer satisfaction with the programme is consistent with those of other similar studies (Berrick & Barth, 1992; Conte et al, 1986; Finklehor & Dziuba-Leatherman, 1995; Finklehor & Strapko, 1992; Kolko, 1988; Wurtele, 1987; Kolko et al, 1987; Hazzard, Webb, Kleemeier, Angert & Pohl, 1991; Briggs & Hawkins, 1993,1994). However, the greater gains in knowledge and skills and self-esteem made by younger children is a finding unique to this investigation.

The results of this study suggest that the Stay Safe Programme may valuable be incorporated into primary school teaching in Ireland. Indeed, this recommendation has been accepted by the Department of Education in the Republic of Ireland and the Stay Safe Programme has now become part of the national school curriculum.

The present study requires replication and extension. Future studies, should include controlled evaluation of parents' and teachers' responses to the programme; and process evaluations of children's perceptions of *active ingredients* in the programme curriculum. The impact of the programme on disclosure and validation of child abuse has recently been investigated and is reported in a companion paper (MacIntyre & Carr, Submitted). A version of the programme for children with learning difficulties has been developed (MacIntyre, Lawlor & Cullen, 1996) and a version for adolescents is currently being developed. These, too, will require controlled evaluation.

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Table 1. Characteristics of children who participated in the study.

Variable	Training Group (N=358)		Control Group (N=414)		t , X^2 , or z	
Age	5th Class M	10.40	5th Class M	10.40	t	0.5
	(n=182) SD	0.53	(n=225) SD	0.53		
	2nd Class M	7.30	2nd Class M	7.40	t	1.8
	(n=176) SD	0.51	(n=189) SD	0.52		
Gender	Male	57.3%	Male	52.7%	X^2	1.4
	Female	42.7%	Female	47.3%		
Social Class	1	11.9%	1	8%	z	2.2
	2	26.4%	2	22%		
	3	24.4%	3	19.7%		
	4	21.9%	4	36.4%		
	5	7.0%	5	7.9%		
	6	8.4%	6	6.0%		
IQ	M	104.00	M	98.00	t	6.88
	SD	13.26	SD	13.14		
Psychological adjustment	M	2.23	M	2.61	t	1.5
	SD	2.95	SD	3.80		
					t	4.15
Self-Esteem	M	52.00	M	50.00		
	SD	7.46	SD	8.39		

Note: Total N = 772. IQs were derived from Peabody Picture Vocabulary Test. Psychological adjustment is based on Rutter Teachers' Questionnaire Scores.

Self-esteem is based on total scores from the Battle Culture-free self-esteem inventory. t=students t. X^2 = chi square. z = z derived from Mann Whitney U test.

**p< 0.01.

Table 2. Changes in Children's Safety Knowledge and Skills Scores from Pre-test to Post-test for Training group and Control group

	Safety Knowledge and Skills Questionnaire		Training Group (N=339)		Control Group (N= 388)		ANOVA effects		
	Question		Pre-Test	Post-Test	Pre-Test	Post-Test	Groups	Time	Groups x Time
1	What is a stranger?	M	3.10	3.85	3.05	3.22	20.35**	109.52**	44.41**
		SD	1.31	0.60	1.31	1.25			
2	Can you tell if someone you don't know is nice or not from looks?	M	2.16	2.74	1.96	2.10	59.63**	78.05**	30.20**
		SD	0.96	0.66	0.98	0.97			
3	When you're on your own, who is taking care of you and keeping you safe?	M	2.14	2.42	2.23	1.94	11.17**	0.01	43.01**
		SD	0.96	0.90	0.95	0.97			
4	If someone you don't know has something that belongs to you, and they try to give it to you, do you take it?	M	2.62	2.72	2.58	2.69	0.71	8.79**	0.04
		SD	0.77	0.69	0.80	0.71			
5	Do you talk to someone you don't know when you're on your own?	M	2.93	2.95	2.96	2.93	0.01	0.05	2.29
		SD	0.35	0.29	0.27	0.39			
6	What if you're waiting to be picked up after school and someone says your mammy has a flat tyre, so you're supposed to go home with them, what do you do?	M	3.89	4.02	3.80	3.91	6.61*	14.18**	0.12
		SD	7.40	0.53	0.78	0.57			
7	What do you do if you get if lost in a big shop?	M	3.47	3.78	3.56	3.66	0.11	32.93**	8.01**
		SD	0.89	0.64	0.87	0.77			
8	Who does your body belong to?	M	2.37	2.88	2.41	2.50	10.55**	93.96**	45.90**
		SD	0.91	0.46	0.89	0.85			
9	If someone touches you in a way you don't like, what do you do?	M	3.53	4.59	3.35	3.52	84.28**	128.92**	66.35**
		SD	1.29	1.01	1.20	1.15			
10	What if your uncle is giving you a big tight hug and you don't like it. What would you do?	M	3.10	4.06	3.23	3.34	19.31**	113.70**	71.81**
		SD	1.26	0.78	1.17	1.11			
11	What if someone touches you in a way that makes you feel uncomfortable or funny inside and you ask them to stop but they don't. What would you do?	M	2.82	3.77	2.60	2.76	79.02**	77.45**	38.33**
		SD	1.26	1.39	1.13	1.25			
12	What if a grown-up is touching you in a way you don't think they should. You say "NO" and they say "I'm sorry, please don't tell, and I'll give you some cake and ice-cream". What would you do?	M	4.22	4.97	4.25	4.58	7.31**	91.24**	13.62**
		SD	1.36	0.75	1.34	1.13			
13	What if a big kid is asking you to do something you know you shouldn't do. You say "NO! I'm going to tell my Mammy and Daddy". Then he says "If you do, I'm going to beat you up." What would you do?	M	4.25	4.91	4.39	4.53	3.52	55.22**	23.98**
		SD	1.24	0.76	1.23	1.06			
14	What if a friend of your Mammy's is hugging and kissing you, then asks you to keep it a secret. What do you do?	M	3.78	4.79	3.65	3.93	24.35**	93.11**	29.85**
		SD	1.72	0.97	1.81	1.72			
15	Do you have to do everything your baby sitter tells you to?	M	2.88	3.77	3.01	3.01	14.23**	55.72**	56.37**
		SD	1.51	1.01	1.45	1.43			
16	Do grown-ups make mistakes sometimes?	M	2.91	2.97	2.95	2.95	0.58	3.47	5.71*
		SD	0.40	0.22	0.26	0.30			
17	If you have a problem, who can you go to?	M	3.97	4.39	4.05	4.06	9.88**	47.22**	41.84**
		SD	0.69	0.62	0.70	0.62			
18	If you have a problem and you tell someone but they don't listen, what would you do?	M	3.53	4.75	3.60	3.66	90.65**	195.54**	160.81**
		SD	1.05	0.54	0.99	1.06			
	Total Score	**M**	**57.68**	**68.43**	**57.57**	**59.26**	**98.83****	**618.69****	**327.59****
		SD	**7.16**	**4.74**	**7.37**	**6.70**			

Note: *p<.05, **p<.01

Table 3. Parents' and teacher's Knowledge and Attitudes Questionnaire responses before and after the programme

Q	Parents Knowledge and Attitudes Questionnaire Items		Parents		t	Teachers			F
			Pre-test	Post-test		Pre-test	Post-test	Follow-up	
1	When a child is sexually abused it is usually by someone the child does not know well.	M	4.04	4.00	.73	4.03	4.64	4.21	6.14**
		SD	.71	.74		0.74	0.51	0.41	
2	Children often make up stories about being sexually abused.	M	1.66	1.56	2.21*	2.10	1.78	1.60	
		SD	.65	.54		0.56	0.49	0.56	8.27**
3	Child sexual abuse is never the child's fault.	M	4.56	4.63	1.06	4.17	4.71	4.78	4.83*
		SD	.76	.66		1.33	0.46	0.41	
4	Most victims of sexual abuse are teenagers.	M	1.81	1.81	.00	1.85	1.71	1.64	2.25
		SD	.74	.70		0.65	0.53	0.55	
5	If a girl is sexually abused she has always done something to provoke it.	M	1.49	1.48	.21	2.00	1.80	1.48	
		SD	.76	.65		0.95	0.81	0.58	6.57**
6	I would know where to seek help for my child in the event of a sexual assault.	M	3.80	3.98		3.93	4.46	4.50	17.02*
		SD	.96	0.67	2.91**	1.28	0.50	0.50	*
7	Children often misinterpret touches as sexual.	M	2.00	1.86	2.27*	1.89	1.67	1.60	2.49
		SD	.88	.70		0.83	0.61	0.56	
8	Child sexual abuse is less widespread than they say.	M	1.85	1.80	.72	1.71	1.75	1.67	0.15
		SD	.87	.76		0.60	0.58	0.90	
9	Counselling can help the victim and family cope with the trauma of sexual abuse.	M	4.39	4.38	.25	4.39	4.57	4.60	2.32
		SD	.68	.52		0.56	0.50	0.49	
10	I would feel comfortable talking with my child about how he/she can keep safe.	M	4.25	4.36	2.30*	3.53	4.10	4.32	10.07*
		SD	.73	.57		1.03	0.62	0.54	*
11	It is useful for the Police to be involved in some cases of sexual abuse.	M	3.75	3.98		3.25	3.77	3.81	6.73**
		SD	1.17	.98	2.85**	0.81	0.50	0.68	
12	Most sexual abusers were themselves abused as children.	M	3.49	3.41	1.14	3.75	4.32	4.03	6.14**
		SD	.99	.88		0.88	0.61	0.79	
13	There are often no physical signs of sexual abuse.	M	3.89	3.80	1.59	3.85	4.42	4.35	5.47**
		SD	.86	.83		0.89	0.50	0.48	
14	I am worried that a child abuse prevention programme might alarm my child (the children in my class).	M	2.21	1.99		2.42	1.96	1.92	4.26*
		SD	.99	.85	3.30**	1.10	0.79	0.91	
15	I worry about my child (children in my class) ever being sexually abused.	M	3.72	3.61	1.38	3.84	4.26	9.96	2.64
		SD	.10	1.00		0.96	0.66	0.99	
16	Children are never sexually abused by women.	M	2.08	1.99	1.85	2.11	1.48	1.74	10.60*
		SD	.77	.56		0.75	0.50	0.65	*
17	Children can be taught to say "No" and to tell someone they trust if they are upset, without frightening them.	M	4.30	4.34	1.16	4.26	4.51	4.63	4.44*
		SD	.60	.55		0.61	0.50	0.49	
18	All schools should have child abuse prevention programmes.	M	4.41	4.44	.73	4.14	4.39	4.42	2.75
		SD	.54	.60		0.75	0.68	0.63	
19	I would be concerned that a child (a child in my class) might accuse me wrongfully of sexual abuse.	M	1.96	1.82	1.92	2.64	2.50	2.14	4.94*
		SD	.99	.80		1.09	0.92	1.04	
20	Boys are as much at risk of sexual abuse as girls.	M	4.18	4.09	1.42	4.03	4.07	4.22	0.08
		SD	.82	.88		0.75	0.73	0.69	
21	Adults should take responsibility for the protection of children.	M	4.54	4.54	.00	4.63	4.77	4.63	1.15
		SD	.66	.64		0.56	0.42	0.49	
22	Children often make up allegations of sexual abuse to punish their parents.	M	4.13	4.14	.39	4.10	4.21	4.10	0.49
		SD	.67	.58		0.73	0.68	0.91	
23	If a child told me that they had been sexually abused I would believe them.	M	4.27	4.27	.00	3.88	4.23	4.30	5.81**
		SD	.60	.55		0.95	0.58	0.47	
24	Children often become victims of sexual abuse because of their seductive or promiscuous behaviour.	M	1.71	1.72	.07	1.92	1.85	1.74	0.60
		SD	.84	.80		0.94	0.53	0.76	
25	One in ten children will experience some form of sexual abuse by the age of 18.	M	3.49	3.59	1.67	3.57	4.07	3.92	3.46*
		D	.95	.83		0.74	0.76	0.81	
26	When a child alleges that they have been abused by a parent the parent's word should be believed before the child's.	M	2.00	1.90	1.68	2.03	1.63	1.81	3.29*
		SD	.86	.74		0.75	0.62	0.62	
27	Sexual offenders can easily keep children from telling anyone.	M	1.79	1.68	1.72	1.59	1.37	1.51	0.61
		SD	.96	.86		0.69	0.83	0.89	
28	Children are most at risk of sexual abuse between the ages of 4 to 11 years.	M	3.43	3.44	.14	3.96	4.50	4.14	4.25*
		SD	1.07	1.00		1.03	0.50	0.59	
29	Most abusers are aged between 15 and 35 years.	M	2.82	2.79	.50	3.11	4.07	3.54	8.11**
		SD	1.08	.99		1.01	0.91	1.01	
30	If the behaviour of my child (a child in my class) changed markedly I would consider sexual abuse as a possible cause.	M	3.31	3.40	1.31	3.75	4.07	3.85	2.11
		SD	1.02	.89		0.64	0.66	0.80	
31	Reporting a case of child sexual abuse to the social services usually does more harm than good.	M	1.96	1.94	.49	2.07	1.89	1.96	1.00
		SD	.77	.62		0.76	0.68	0.79	
32	Prevention programmes can aid early detection of sexual abuse.	M	4.29	4.24	1.29	4.10	4.60	4.50	6.78**
		SD	.58	.54		0.83	0.49	0.50	
33	If a child tells you he/she has been sexually abused you should inform the social services.	M	4.44	4.39	1.39	4.52	4.80	4.64	2.45
		SD	.88	.87		0.77	0.40	0.59	

34	If a child told me he/she had been sexually abused I would know how to respond to him/her.	M	3.70	3.77	1.26	3.35	3.85	4.00	7.97**
		SD	.92	.78		1.06	0.80	0.72	
35	Most children don't tell anyone about being sexually abused.	M	3.83	3.71	2.11*	4.03	4.42	4.14	3.17
		SD	.76	.85		0.74	0.57	0.70	
36	The offender, not the child, is responsible for sexual abuse.	M	4.62	4.63	.09	4.53	4.82	4.71	1.80
		SD	.620	.54		0.79	0.39	0.46	
37	Child abuse prevention programmes will encourage children to make false allegations of abuse.	M	2.27	2.10		2.64	2.32	2.39	1.28
		SD	.91	.81	2.90**	1.02	0.86	1.03	
38	I would be uncomfortable talking to a child who has been sexually abused.	M	2.10	2.17	1.03	2.6	2.25	2.00	6.63**
		SD	.92	.93		1.17	0.85	0.87	
	Total Score	**M**	**153.65**	**155.65**	**2.85****	**150.60**	**164.53**	**164.93**	**28.40****
		SD	**11.13**	**11.75**		**12.38**	**6.43**	**5.07**	

Note: *p<.05, **p<.01

Table 4. Children's, parents' and teachers' consumer evaluation of programme

	Question	Response	Children	Parents	Teachers
Response to programme and its components	Enjoyed the programme		68	91	100
	Children's preferred activities in the programme	Workbook	22	-	0
		Role-play	22	-	11
		Song	24	-	5
		Video	32	-	63
		Discussion	-		21
	Most useful ideas and strategies	No, go tell rule	28	-	-
		Rules for strangers	26	-	-
		Dealing with bullies	21	-	-
		No touches	11	-	-
		Yes and No feelings	5	-	-
		Body belongs to self	2	-	-
	Programme components that children found upsetting	None	91	-	78
		Bullying scene in video	7	-	0
		Cartoon in video	1	-	0
		Adult approaches	2	-	0
		Touching by relative	0	-	6
		Private Parts	0	-	6
	Areas which children had difficulty in understanding	None	-	-	78
		Private Parts	-	-	6
		Touching by relative	-	-	6
Positive effects of programme	Children discussed programme with parents		90	-	-
	Programme helped develop communication between teacher and children		-	-	95
	Children have applied the strategies to areas other than those covered in the programme		-	-	18
	Children discussed personal safety more frequently since programme		-	52	-
	Children have improved self-protection ability since programme		-	62	-
	Increases in children's level of confidence since programme		-	45	32
	Children approach teachers more frequently about their problems since programme		-	-	11
	Children applied the safety strategies learned on programme		-	88	47
Negative effects of programme	Children are more wary of touches since programme		-	23	-
	Increase in children's fear of strangers since programme		-	6	0
	Increase in children's level of anxiety since programme		-	-	16
	Children have become too assertive since programme		-	-	11
	Children have used strategies and ideas inappropriately		-	2	11
Place of programme in school curriculum and teacher training	Stay Safe should be on the national school curriculum		-	98	95
	Stay Safe programme should be included in general teacher training		-	-	95
	Programme should be taught to children under 7		-	75	37
	Programme should be taught to children over 7		-	25	63
	Teachers think a training course is necessary to teach this programme		-	-	95
	The training course was adequate for teaching the programme		-	-	100
	Teachers would like to teach this programme next year		-	-	95
	Teachers would like a refresher training course next year		-	-	62

Note: For children , N = 270. For parents, N=406. For Teachers, N=88. All values in the table are percentages. -indicates that the item was not included in the respondents version of the evaluation questionnaire.

Figure 1. Safety knowledge and skills of training and control groups

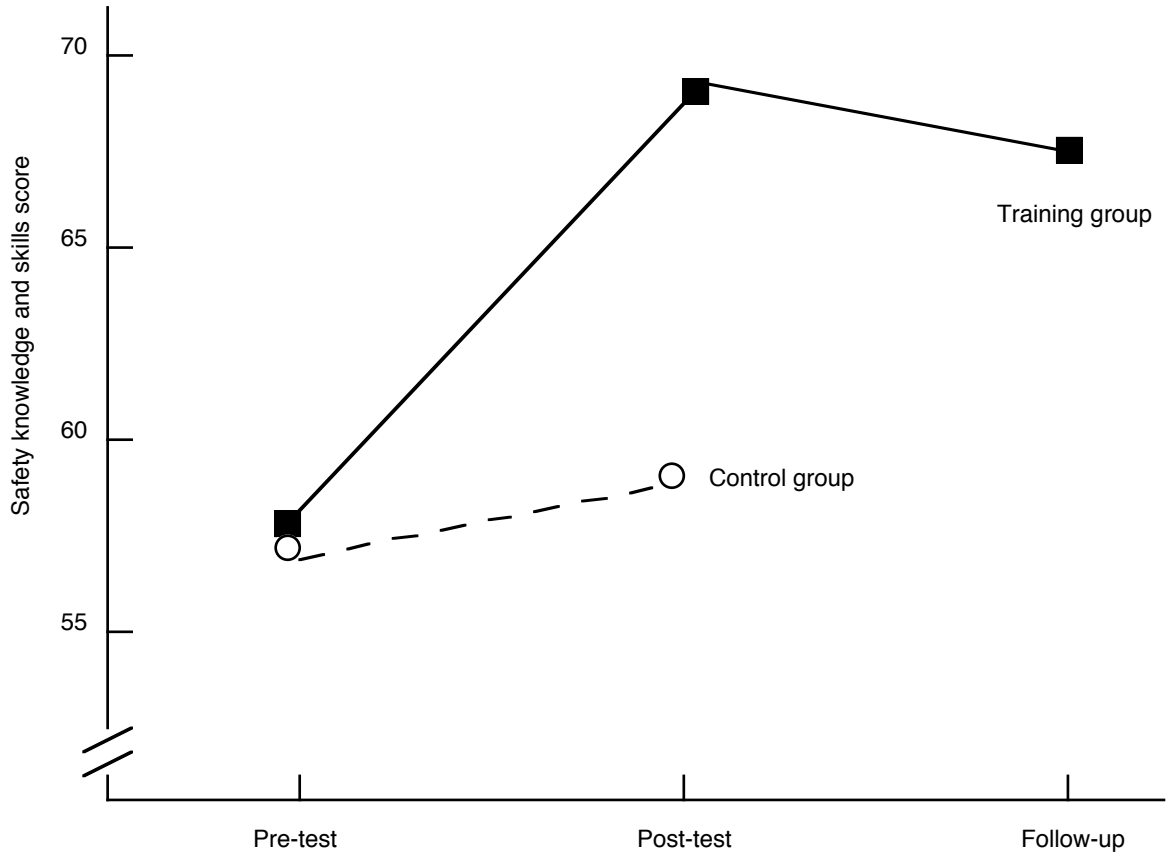

Figure 2. Safety knowledge and skills of younger and older children in training and control groups

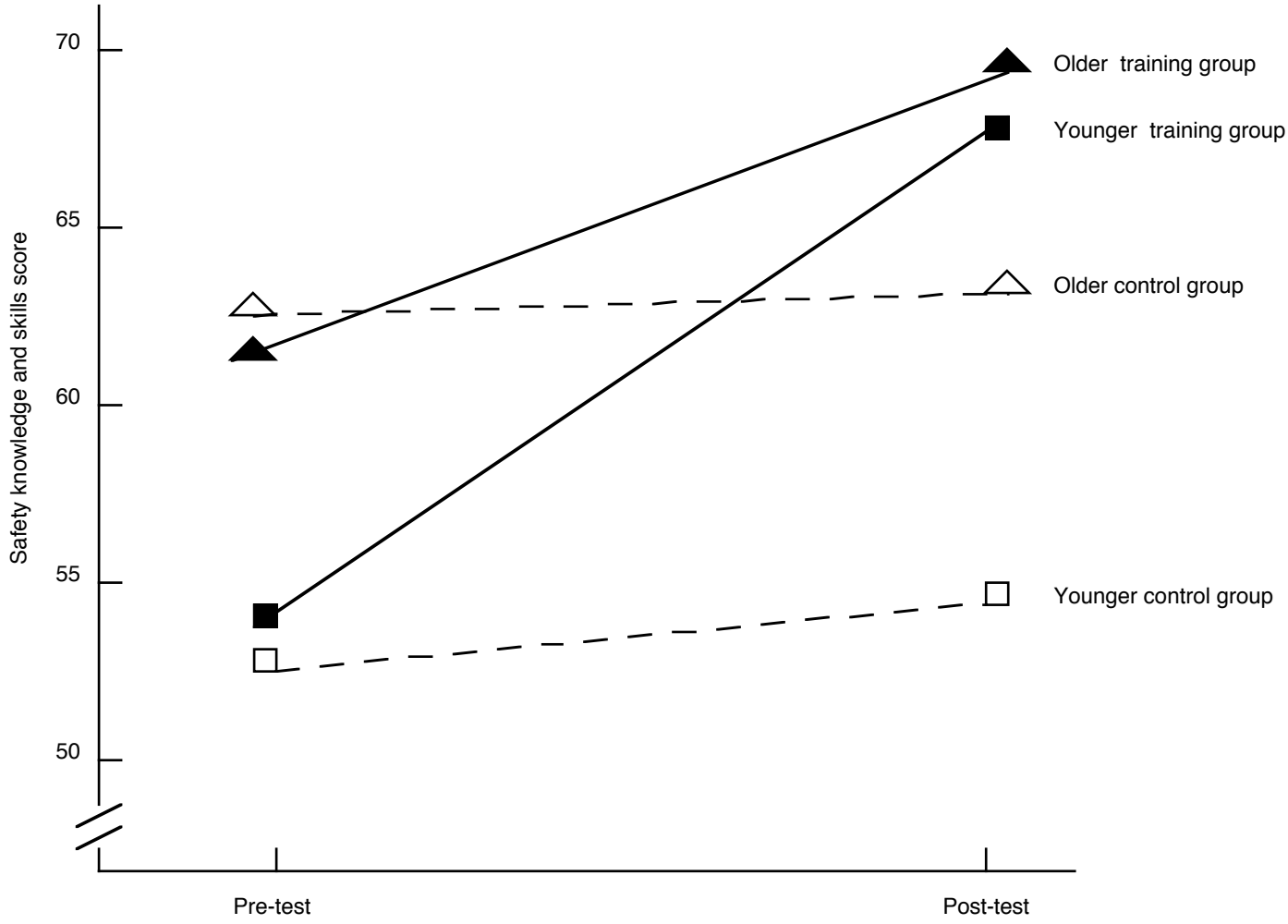

Figure 3. Self-esteem of younger and older children in training and control groups

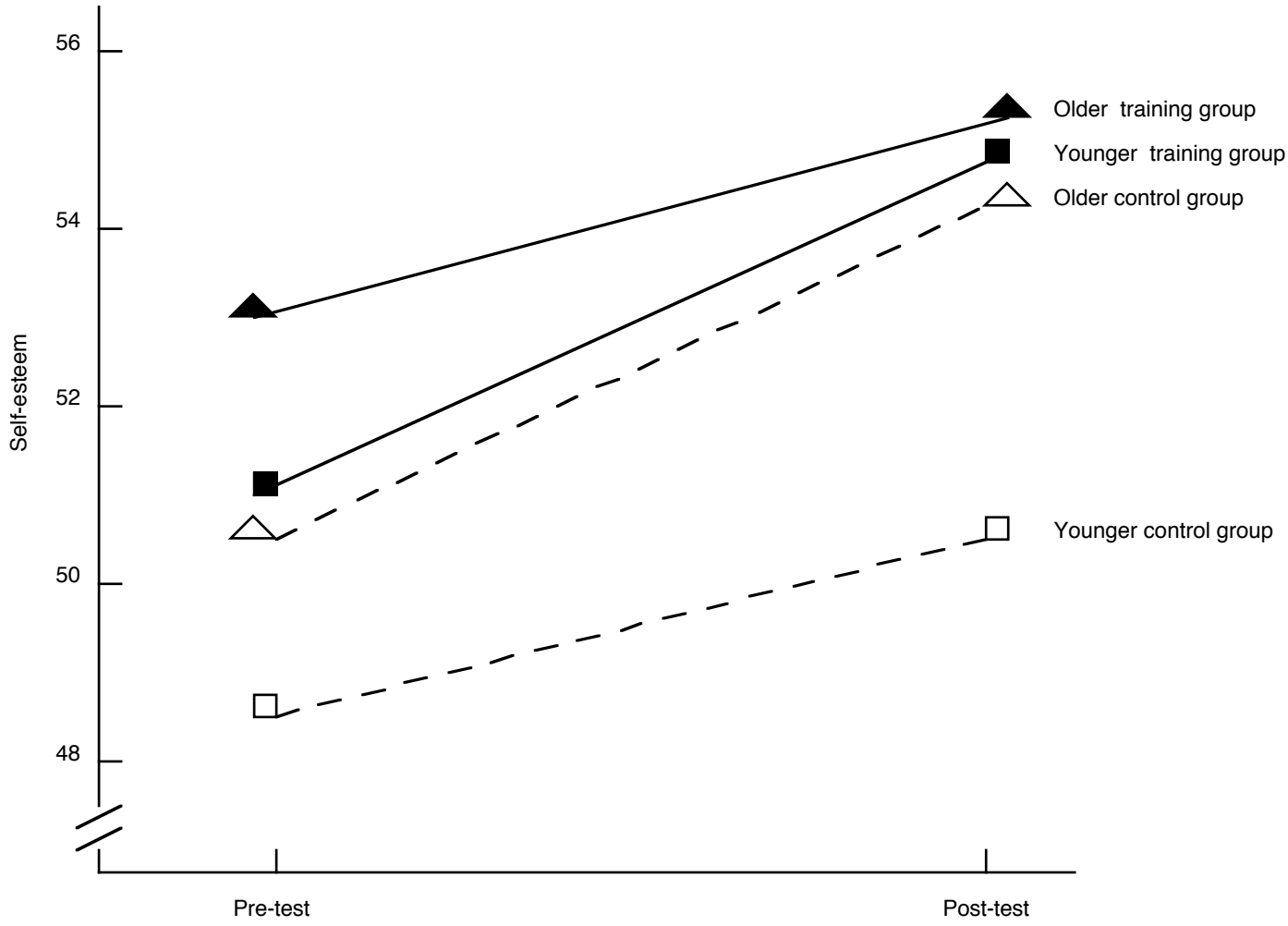

Figure 4. Self-esteem of high and low SES children in training and control groups