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**Prevention of Child Sexual Abuse:
Implications of programme evaluation research**

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ABSTRACT

Thirty child abuse prevention programme evaluation studies were selected according to a set of methodological criteria following an extensive manual and computer literature search. Targets for intervention in 17 studies were children; in 3 were parents; in 4 were teachers; and in 6 studies multisystemic programmes were evaluated where some combination of children, parents and teachers were targeted for intervention. From a review of the 30 studies it was concluded that child abuse prevention programmes can lead to significant gains in children's, parents' and teachers' safety knowledge and skills. Best practice guidelines arising from the review include the use of multisystemic programmes; child-focused curricula which cover a wide range of safety skills and concepts; and the use of didactic instruction and discussion; video modeling; and active behavioural skills training techniques in programme delivery. The curricula for parents' and teachers' programmes should cover child-protection issues and local child protection procedures along with an overview of the children's programme lesson plans. Longer programmes conducted by trained staff are preferable and such staff may include teachers, parents, mental health professionals and law enforcement officers.

INTRODUCTION

Finkelhor (1984) argued that four preconditions must be met for sexual abuse to occur. The abuser must be motivated to abuse, overcome internal inhibitions, overcome external inhibitions and finally the child must be unable to resist the abuser's actions. Tutty (1991) has argued that prevention programmes for child sexual abuse may be classified in terms of the particular preconditions, identified in Finkelhor's (1984) model, they target. Some programmes, focusing largely on treatment of offenders target the perpetrators motivation to abuse children and on their lax internal inhibitions. Others aim to increase external inhibitions by promoting awareness concerning sexual abuse in key groups such as parents and teachers. A third approach to prevention is to increase children's capacity to resist abuse by training them in appropriate skills. The aim of the present paper was to review prevention programme evaluation studies which targeted children, parents and teachers, that is programmes which were largely concerned with tackling the third and fourth preconditions from Finkelhor's (1984) model.

METHOD

To identify educational primary prevention programmes for sexual abuse targeting children, parents or teachers, or any combination of these computer based and manual literature searches were conducted. The terms *child abuse*, *child sexual abuse* and *child protection* coupled with the term *prevention* were used to identify potential studies in a computer search of the PsychLit database for the period 1980-1997. A manual search of major journals and handbooks in the child protection field for the same time period was also conducted. The search was confined to English-language journals and books. Studies involving children were included if they met certain minimum methodological criteria. Firstly, the sample size had to exceed 20. Second, the intervention had to be of at least 25 minutes duration. Third, a post-test of programme effectiveness had to be conducted in which self-protective knowledge or skills were assessed. Finally, a follow-up period of at least a week had to be incorporated into the study. For studies evaluating interventions with parents and teachers, the fourth criterion above was dropped because so few studies examined durability of treatment effects within these groups. Thirty prevention studies were collated on the basis of these criteria and a summary of these is presented in Table 1.

METHODOLOGICAL CHARACTERISTICS OF THE STUDIES

In 17 studies children were the only target for intervention. Of the 17 studies 7 evaluated the effectiveness of a single training programme offered under standard conditions; 2 studies evaluated the effects of a programme with children in different age groups; 6 compared the effectiveness of two differing types of programmes; and 2 compared the effects of programmes conducted by parents, teachers or combinations of both. In 3 studies parents alone were the target for intervention. In 4 studies teachers alone were the intervention target. In 6 studies multisystemic programmes were evaluated where some combination of children, parents and teachers participated in the intervention programme.

25 of the studies were conducted in the USA, 3 were conducted in Canada, and 1 in New Zealand and Australia and 1 was conducted in Ireland. Eight of the studies included more than 100 children and for

children sample sizes ranged from 24 to 772. For parents sample sizes ranged from 46-588 and for teachers sample sizes ranged from 15-184.

All the children studied in these prevention evaluations were 12 years or younger and all studies included boys and girls although in differing proportions. Children targeted for prevention programmes ranged from pre-schoolers to 6th grade. Seven studies involved pre-school children but the majority of interventions were delivered to children in 3rd grade or above.

There was considerable consistency across programmes in the core concepts included in the curricula. These are summarized in Table 2. Three main training modalities were used for training children, parents and teachers in all 30 programmes listed in Table 1. These were:

(1) *Group training*. This involved didactic instruction with discussion supported in some instances by workbook exercises.

(2) *Behavioural training*. This took the form of role-playing and rehearsal of safety skills.

(3) *Video training*. This included video-presentation of concepts and video-modeling of skills.

Group training was used either alone or in combination with other modalities in 28 studies; behavioural training in 21 studies; and video training in 14 studies.

Programme duration for interventions involving children ranged from 25 minutes to 1.5 hours per week for one school term. The majority of interventions comprised 3 sessions of between 15 minutes and 1.5 hours in duration. For parents, where specified, training duration was between 1 and 3 hours. The length of teacher training was specified in 5 studies and ranged from 1 hour to three 6 hour sessions.

Attrition rates (which are not included in Table 1) ranged from 0% to 36% across all 30 studies. Attrition refers to failure to complete the programme or the post-training assessment procedures. The highest attrition rates occurred in the largest samples. For those studies with sample sizes less than 50 attrition rates ranged from 0% to 8%.

Programme instructors included research instructors, mental health professionals, parents, teachers, law enforcement officers, social workers and volunteers.

Checks on the integrity with which programmes were delivered were reported in only 4 of the 30 studies. These checks involved audiotaping of classroom sessions in three cases and close monitoring by the research supervisor in another. However, the frequent use of trained graduate students, research assistants and health professionals represents an attempt at standardization of instruction or quality control, and most studies use standardized materials, often with scripted narratives.

A control group was included in 24 of the studies and in the majority of studies steps were taken to maximize the similarity between treated cases and controls by matching cases and controls or randomly assigning cases and controls to their respective groups.

Follow-up data were reported in 26 of the 30 studies. Duration of follow-up ranged from 1 week (3 studies) to 1 year (2 studies). In 11 studies follow-up was conducted at least 3 months after completion of the programme.

Outcome measures employed in these studies fell into 4 main categories:

(1) *Knowledge gains* in the area of safety and self-protection (for children) or child-protection (for parents and teachers). These were assessed by self-report questionnaire or interview.

(2) *Skills gains*, specifically the acquisition of safety skills. These were assessed by responses to hypothetical vignettes or behavioural responses of children in simulated scenarios.

(3) *Disclosures* of sexual abuse from children.

(4) Reports of *negative effects* on children from participating in the programme such as increased anxiety. In 28 studies knowledge gains were assessed. In 16 studies skills gains were assessed. In 4 studies disclosures of abuse were evaluated.

RESULTS

Child focused programmes

The 13 studies that exclusively targeted children included 25 distinct training conditions, with some studies including up to 3 separate conditions. With respect to control or comparison groups, children made significant gains in knowledge in 20 of these 25 treatment conditions. In the 11 studies which targeted children and in which skills gains were evaluated, there were 20 distinct training conditions. In 17 of these 20 conditions, with respect to control or comparison conditions, children made significant gains in the acquisition of safety skills. Significant knowledge and skills gains occurred in training conditions that involved the three main training components of group training, behavioural training and video training either alone or in combinations delivered by a wide range of instructors over varying time spans.

Instructors in effective programmes included teachers, parents, mental health professionals, law enforcement officers and research instructors. In programmes where the impact of using teachers or parents as instructors was examined, both were found to be effective in helping children develop safety skills and make knowledge gains (Wurtele, Gillespie, Currier and Franklin 1992a; Wurtele, Kast and Melzer, 1992b).

The duration for effective programmes varied from a single 50 minute session to twelve 90 minute sessions. Particularly impressive training effects occurred in longer programmes (e.g., Briggs and Hawkins, 1991, 1993, 1994).

Of the 6 treatment conditions that did not lead to significant gains, in 3 instances the lack of significant change was determined with respect to an untreated control group (Nibert, Cooper, Ford, Fitch and Robinson, 1989; Poche, Yoder and Miltenberger, 1988; Wurtele, Saslowsky, Miller, Marrs and Britcher, 1986). In all three instances the interventions were brief (under 60 minutes) and involved children between 3 and 7. For example Nibert et al (1989) found that a brief programme involving group training and behavioural training for pre-schoolers did not lead to significant knowledge or skills gains. However, it is noteworthy that in the two studies which compared the impact of programmes on younger and older children, significant age effects were not found (Conte, Rosen, Saperstein and Shermack, 1985; Saslowsky and Wurtele, 1986).

Of the 6 treatment conditions that did not lead to significant gains, in 3 instances the comparison group received a more potent active treatment (Miltenberger and Thiesse-Duffy, 1988; Wurtele, Marrs and Miller-Perrin, 1987; Briggs and Hawkins, 1994). Miltenberger et al (1988) found that bibliotherapy-based parental instruction was not as effective as behavioural skills training by experts. Wurtele et al (1987) found that a single session of group training involving symbolic modeling was less effective than a programme involving group training and a behavioural training programme that included participant modeling. Briggs and Hawkins (1994) found that an unstandardised Australian programme which involved minimal teacher training

and little parental involvement was less effective than a highly standardized New Zealand programme that involved group training and video training.

Some researchers have used simulated abduction scenarios or *in situ* probes to evaluate behavioural acquisition of programme skills, (e.g. Fryer, Krazier and Miyoshi, 1987a). The programmes which were most successful in improving children's resistance to stranger abduction under simulated conditions were those which involved routine group training and behavioural training (Fryer et al., 1987a, Fryer, Krazier and Miyoshi, 1987b) or video training and behavioural training (Poche et al, 1988), indicating the superiority of active teaching methods which involve participant modeling of skills.

In summary, studies of child abuse prevention programmes which exclusively targeted children showed that programmes which included a broad structured curriculum and were taught by trained instructors using group training, behavioural training and video training techniques were effective in the short term in leading to increases in safety knowledge and safety skills.

Parent focused programmes

None of the 3 studies that evaluated child abuse prevention programmes which exclusively targeted parents found significant gains in parental knowledge about child protection following training (Berrick, 1988; Repucci, Jones and Cook, 1994; Hébert, Piché, Fecteau and Poitras, 1997). At this stage, it maybe concluded that there is little evidence that programmes that exclusively target parents are effective.

Teacher focused programmes

All 4 of the studies which evaluated child abuse prevention programmes which exclusively targeted teachers found them to be effective in increasing teachers' knowledge about child protection issues and procedures (Allsopp and Prosen, 1988; Kleemeier, Webb, Hazzard and Pohl, 1988; Hazzard, 1984; McGrath, Cappelli, Wiseman, Khalil, and Allan, 1987). In one study gains in procedural skills also occurred (Kleemeier et al, 1988). Clearly, teacher focused prevention interventions have a positive impact on teacher knowledge concerning child protection.

Multisystemic programmes

Children made significant gains in safety knowledge (Kolko, Moser and Hughes, 1989; Binder and McNeil, 1987; Peraino, 1990; MacIntyre and Carr, In Press a) or safety skills (Hazzard, Webb, Kleemeier, Angert and Pohl, 1991; Kolko, Moser, Litz and Hughes, 1987; MacIntyre and Carr, In Press a) in all 6 of the studies which evaluated multisystemic child abuse prevention programmes that targeted children and either parents or teachers or both. In the 3 multisystemic studies where parents' knowledge was evaluated, they were found to have made significant gains in knowledge of child protection issues and procedures following training (Binder and McNeil, 1987; Kolko et al, 1987; MacIntyre and Carr, In Press a) and in one study training led to changes in parental safety skills (Hazzard et al, 1991). In only 1 (MacIntyre and Carr, In Press a) out of 3 studies where teachers were evaluated, were they shown to benefit from multisystemic child abuse prevention programmes. Kolko et al (1987, 1989) found in their two studies that gains made by teachers were negligible. One possible reason was that initial knowledge rates were quite high making it more difficult for knowledge gains to occur, whereas in the MacIntyre and Carr study, teachers began from a

lower knowledge base. No consistent pattern in knowledge gains across children, parents and teachers could be discerned across all three studies. There is considerable variation in the areas in which the three groups make knowledge gains across the domains of the nature of sexual abuse, the circumstances of its occurrence, the modus operandi of perpetrators, the short and long term impact on victims, validation, and treatment procedures and legal issues.

Disclosure

Disclosure data were reported in only 4 of the 30 studies. Disclosure rates ranged from 4% (Briggs and Hawkins, 1994) to 8% (Kolko et al., 1987). The rates of disclosure across these 4 studies were remarkably consistent but interpretation is limited by lack of data on the nature (e.g. Briggs and Hawkins, 1994) and exact timing of these disclosures (Hazzard et al 1991). Nevertheless, these studies do provide preliminary evidence that primary prevention programmes can also have a secondary prevention effect by helping precipitate or facilitate the revelation of sexual victimization for some children. This is consistent with our findings from a chart review study of a child sexual abuse assessment unit where the introduction of a nation-wide child abuse prevention programme had a significant impact on the rate of validation of cases referred for assessment (MacIntyre and Carr, In Press b).

Negative side effects

Minimal negative side-effects were reported in 4 of 30 studies consisting of anxiety in 2 children (Kolko et al, 1989; Miltenberger and Thiesse-Duffy, 1988) and Wurtele et al (1992a) found that more pre-schoolers who received prevention training were rated by their parents as crying readily. However, the difference between treatment and control groups was not significant on this dimension. MacIntyre and Carr (In Press a) found that in 23% of cases children became more wary of touches following the Stay Safe programme and according to teachers 16% of children were more anxious since the programme. However, it would be a misrepresentation of the overall study results to say that 23% of cases reacted in seriously negative ways to the programme. The majority of children who became more wary 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.

Maintenance of training gains

Maintenance of children's training-related gains occurred for all prevention programmes which had been shown to lead to significant improvements from pre-testing to post-testing. Evidence on whether such maintenance of gains reflected the impact of training or the passage of time cannot unequivocally be determined from available data. In studies which included waiting list control groups, typically control group cases were offered training shortly after training groups had completed their programmes. To withhold training from waiting list controls would have been unethical. Two studies in which non-randomised control groups were used showed short-term gains but differences between trained cases and controls were not found at follow-up (Kolko et al, 1987, 1989). Children who had received the programme had maintained their

gains, but the control group had improved considerably during the follow-up period. These results may well have been due to non-randomization, and baseline differences between the groups.

Individual differences in personal characteristics and family circumstances may affect the maintenance of training gains. Miltenberger et al (1988) found differential maintenance of behavioural skills, as assessed by role-play, at 2 month follow-up among older and younger children. Only the 6 and 7 year olds had maintained their post-test performance levels. Briggs and Hawkins (1994) in a one year follow-up of the "Keeping ourselves Safe" curriculum in New Zealand, found that the greatest short and long-term gains were made by children from middle class families whose parents were most involved in reinforcing the concepts at home.

Overall, the empirical data suggests that children can learn and retain programme concepts and skills over time. The most durable treatment effects were found in programmes using behavioural rehearsal, repeated presentations, standardized materials, trained instructors and involving parents (e.g. Conte et al 1985; Briggs and Hawkins, 1994; Wurtele et al, 1992b).

CONCLUSIONS

From this review of 30 evaluation studies a number of conclusions may be drawn which have implications for policy, best practice and future research. First, child abuse prevention programmes can lead to significant gains in children's, parents' and teachers' safety knowledge and skills. For children, gains may occur in safety related concepts and safety skills. For parents and teachers programmes may lead to gains in child protection knowledge and procedures. This conclusion is consistent with those of previous reviews in this area (e.g., Berrick and Barth, 1992; Finkelhor and Strapko, 1992). Second, it is highly probable that the most effective programmes are multisystemic and target not only children but also significant members of their social networks, particularly parents and teachers. Third, the child focused component of effective prevention programmes covered a curriculum like that set out in Table 1 and were conducted using didactic instruction and discussion; video modeling; and active behavioural skills training techniques. Fourth, the curriculum of the parents' and teachers' training components in effective programmes covered an overview of child abuse and child-protection issues; a preview of the children's programme lesson plans; and information on local child protection procedures and the roles of parents and teachers in these procedures. Fifth, while there was no definitive evidence concerning the optimum duration of programmes, it is probably best practice to opt for longer rather than shorter programmes. Sixth, training is probably important for effective programme delivery and a range of personnel may be effective instructors. Thus parents, teachers, mental health professionals and law enforcement officers may all take the role of instructors in child abuse prevention programmes provided they are adequately trained. Seventh, a small minority of children became anxious as a result of participating in safety skills training programmes.

Finkelhor and colleagues in their telephone survey of a US nationwide representative sample of 2000, 10-16 year olds and their primary caregivers, reported a number of findings consistent with the conclusions of this review (Finkelhor and Dziuba-Leatherman, 1995; Finkelhor, Asdigian and Dziuba-Leatherman, 1995). First, almost two thirds of children who had received safety skills training reported that all of the programme contents listed in Table 2 were covered in their curriculum. Second, approximately three quarters of children surveyed found the programmes helpful and over 90% of parents found the programmes very or somewhat

helpful and believed that their children were better prepared to avoid danger. Third, children rated the more comprehensive programmes as most interesting or helpful, had greater knowledge of sexual abuse issues, were more likely to have used skills learned in these comprehensive programme to deal with threats or assaults, and felt more empowered to deal with threats and assaults, and were more likely to disclose abuse than those who participated in brief programmes. Comprehensive programmes contained multiple sessions, were multisystemic with parental involvement, incorporated skills training into the curriculum, and included sessions on a range of issues including managing bullying. Fourth, 40% said they had used skills from their programme to get out of fights or avoid suspicious strangers; 25% said they had used their skills to help a friend; 14% said they remembered telling an adult about a specific incident as a result of the programme; and 5% said that they had said No to an adult as a result of participating in the programme. Fifth, the degree to which children reported benefiting from programmes was not associated with whether the programme was conducted by teachers, law enforcement officers and other non-school based professionals. Sixth, 2% of children worried a lot about abuse as a result of their programme, but these were the children that reported greatest benefit from the training.

With respect to future research we concur with other reviewers and commentators that there are a number of areas requiring urgent attention (Briggs and Hawkins, 1997; Charlesworth and Rodwell, 1997; Gough, 1993; MacMillan, MacMillan, Offord, Griffith and MacMillan, 1994). Studies that evaluate the impact of prevention programmes on disclosure rates over follow-up periods that span years rather than months should be a research priority since disclosure rate is the most valid outcome index (MacMillan et al, 1994). As primary preventative interventions, safety skills programmes should lead to increased rates of disclosures of threatened abuse. As secondary preventative interventions, they should increase rates of disclosures of previous abuse.

Future evaluation studies should include assessments of programme integrity. In such studies, training sessions are recorded and blind raters use programme integrity checklists to evaluate the degree to which sessions approximate manualized training curricula. Such integrity checks allow researchers to say with confidence the degree to which a pure and potent version of their programme has been evaluated.

Studies that examine the impact of design features that may make programmes more effective are required. For example, in our prevention programme we used broad developmentally tailored curricula, of longer duration, which were integrated on a cross-curricular basis into children's overall learning programme. We also included local child protection and child health personnel in our parent and teacher training components (MacIntyre and Carr, In Press, a, b). The contribution of these programme design features to overall effectiveness of training is an important area for research.

Studies are required which investigate the mechanisms and processes which underpin programme effectiveness. It is clear that there is wide variability in children's responses to safety skills training programmes. Following training, some children thwart threats or assaults with safety skills they learned on the programme. Others use their own unique self-protective strategies which the programme gave them the confidence to employ (Finklehor and Dziuba-Leatherman, 1995; Finklehor et al, 1995). The determinants of these different outcomes of safety skills training requires careful investigation.

There is a need to design and evaluate programmes for children who have been shown to be particularly vulnerable to sexual abuse, such as those with intellectual and physical disabilities (Briggs and

Hawkins, 1997). These programmes must involve training methods that maximize knowledge and skills gains by taking account of participants disabilities and unique instructional requirements (MacIntyre, Lawlor and Cullen, 1996).

Not all children respond equally to safety skills training. Finklehor and Dziuba-Leatherman (1995) in their national survey found that girls rather than boys; younger rather than older children; and low rather than high SES children had more positive reactions to the programmes, finding them more interesting or reporting having used the safety skills they learned more frequently. There is a need to design and evaluate programmes for children who are vulnerable to not recognizing or reporting sexual abuse, particularly boys. Briggs and Hawkins (1997) have shown that because boys do not define many sexual experiences as abuse, but categorize them as experimentation, they are far less likely than girls to disclose abuse even after routine safety skills training. Thus, developing programmes which target boys and empower them to define coercive sexual experiences as abuse and disclose them is a priority.

Qualitative research methods such as focus groups may be a useful in refining the design of programmes for specific target groups such as children with disabilities and boys (Charlesworth and Rodwell, 1997).

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Table 1. Evaluation studies of child sexual abuse prevention programmes

Study type	Author, date, country	Target group and N	Gender of target children	Age of target children	Type of intervention	Programme duration	Instructor	Programme integrity checked	Control group	Outcome measures	Follow-up	Knowledge gains	Skill gains	Disclosed abuse	Negative outcomes
Evaluation of child-focused progs	Tutty (1992, 1994) Canada	C=501	—	5–12 y	GT–C (Play)	41 × 5 min	—	No	Yes	CQ	3 m	Yes-C	—	—	0%
	Fryer <i>et al.</i> (1987a,b) USA	C=48	—	—	GT–C+BT–C	8 × 20 min sess.	—	No	Yes	CQ SIM CQ	6 m	Yes-C	Yes-C	—	0%
	Nibert <i>et al.</i> (1989) USA	C=121	m 50% f 50%	3–5	GT–C+BT–C	3 × 20 min	T	No	Yes	CQ	1 w	No-C	—	—	0%
	Wurtele (1990) USA	C=24	m 70% f 30%	4 y	GT–C+BT–C	3 × 25 min	RI	No	Yes	CQ-V	1 m	Yes-C	Yes-C	—	0%
	Wurtele <i>et al.</i> (1991) USA	C=25	m 55% f 45%	3–4 y	GT–C+BT–C	1 × 1.8 h	P	No	Yes	CQ-V	2 m	Yes-C	Yes-C	—	0%
	Kraitzer <i>et al.</i> (1989) USA	C=670	—	3–10 y	GT–C+BT–C+VT–C	—	—	No	Yes	CQ	1 w	Yes-C	—	—	0%
	Harvey <i>et al.</i> (1988) USA	C=90	m 46% f 54%	5–6 y	GT–C+BT–C+VT–C	3 × 30 min sess.	RI	No	Yes	CQ-V	7 w	Yes-C	Yes-C	—	0%
Comparison of age group for child-focused progs	Conte <i>et al.</i> (1985) USA	C=40	m 60% f 40%	A 4–5 yr B 6–10 y	GT–C+BT–C	3 × 1 m sess.	LEO	Yes	Yes	Si	1 w	Yes=C*	—	—	0%
	Saslowsky and Wurtele (1986) USA	C=67	m 52% f 48%	A. 6 y B. 11 y	GT–C+VT–C	3 × 50 min	RI	No	Yes	CQ-V PQ	3 m	Yes-C Yes-P*	Yes-C	—	0%
	Miltenberger and Thiessen-Duffy (1988) USA	C=24	—	4–7 y	1. BIB-C 2. BT-C	2 n	1. P 2. RI	No	No	RP-V	2 m	1. No-C 2. Yes-C	—	—	8%
Comparison of treatments for child-focused progs	Wurtele <i>et al.</i> (1989) USA	C=100	m 49% f 51%	4–6	1. GT–C (Feelings) 2. BT-C	3 × 30 min	MHP RI	No	Yes	CQ-V PQ TQ	1 m	1. Yes-C 2. Yes-C	1. Yes-C 2. Yes-C	—	0%
	Wurtele <i>et al.</i> (1987) USA	C=26	m 46% f 54%	5 y	1. GT–C 2. GT–C+BT–C	1 × 50 min	RI	Yes	No	CQ-V	6 m	1. No-C 2. Yes-C	1. No-C 2. Yes-C	—	0%
	Briggs (1991); Briggs and Hawkins (1993, 1994) ANZ	C=378	—	5–8 y	1. GT–C 2. GT–C+VT	1. 8 sess. 2. 12 × 1.5 n sess. p.w.	T	No	No	CQ	1 y	1. No-C 2. Yes-C	—	4%	0%
	Poche <i>et al.</i> (1988) USA	C=24	m 55% f 45%	5–7 y	1. GT–C 2. VT–C 3. VT–C+BT–C	1. 1 × 60 min 2. 1 × 25 min 3. 1 × 45 min	LEO	No	Yes	SIM	1 m	—	1. No-C 2. Yes-C 3. Yes-C	—	0%
	Wurtele <i>et al.</i> (1986) USA	C=71	m 49% f 51%	A. 6 y B. 11 y	1. GT–C+VT–C 2. GT–C+BT–C 3. GT–C+VT–C+BT–C	1. 1 × 50 min 2. 1 × 50 min 3. 1 × 60 min	RI	Yes	Yes	CQ-V	3 m	1. No-C 2. Yes-C 3. Yes-C*	1. No-C 2. Yes-C 3. Yes-C	—	0%
	Wurtele <i>et al.</i> (1992a) USA	C=61	m 54% f 26%	4–5 y	GT–C+BT–C	1. 3 × 80 min 2. 1.5 h over 1 w	1. T 2. P	No	Yes	CQ–V PQ TQ	2 m	1. Yes-C 2. Yes-C	1. Yes-C 2. Yes-C	—	0%
	Wurtele <i>et al.</i> (1992b) USA	C=172	m 42% f 58%	4–5 y	GT–C+BT–C	1. 4 × 15 min 2. 2.5 h 3. 4 × 15 min+2.5 h	1. T 2. P 3. T+P	No	Yes	CQ–V PQ TQ	3 m 3. Yes-C	1. Yes-C 2. Yes-C 3. Yes-C	1. Yes-C 2. Yes-C	—	0%
Evaluation of parent-focused progs	Berrick (1988) USA	P=116	m 3% f 97%	—	GT–P	RI	No	No	Si	—	No-P	—	—	0%	
	Repucci <i>et al.</i> (1994) USA	P=193	—	—	GT+P	—	—	Yes	PQ	—	No-P	—	—	0%	
	Hebert <i>et al.</i> (1997) Canada	P=145	m 2% f 98%	—	GT–P	1 × 1.5 h	—	—	Yes	PQ	—	No-P	—	—	0%
Evaluation of teacher-focused progs	Allsopp and Prosen (1988) USA	T=180	—	—	BT–T+VT–T	3 × 6 h	MHP	—	Yes	TQ-V	6 v	Yes-T	Yes-T	—	0%
	Kleemeier <i>et al.</i> (1988) USA	T=45	—	—	BT–T+VT–T	3 × 6 h	MHP	—	Yes	TQ-V IR	6 v	Yes-T	Yes-T	—	0%
	Hazzard (1984) USA	T=104	—	—	GT–T+BT–T+VT–T	6 h	MHP	No	Yes	TQ-V	6 m	Yes-T	—	—	0%
	McGrath <i>et al.</i> Canada	T=184	—	—	GT–T+BT–T+VT–T	1 × 2 h	SW	No	Yes	TQ	2 m	Yes-T	—	—	0%
Evaluation of multi-system progs	Kolko <i>et al.</i> USA	C=337 T=15	m 47% f 53%	7–10 y	GT–C+VT–C +GT–T+VT–T	2 × 1.5 h	V	Yes	Yes TQ	CQ TQ	6 m No-T	Yes-C	—	6%	>1%
	Hazzard <i>et al.</i> (1991) USA	C=485 T=?	m 50% f 50%	—	1. VT–C+BT–C 2. GT–T 3. VT–C+BT–C+GT–T	1. 3 × 1 h sess. 2. 1 × 6 h 3. 1.3 × 1 h sess.+1 × 6 h	MHP	—	Yes	DIS CQ-V PQ DIS	1 y	—	Yes-C Yes-P	5%	0%
	Binder and McNeil (1987) USA	C=88 P=60 T=12	m 52% f 48%	5–12 y	GT–C+BT–C +GT–P +GT–T	C=2 h P=2 h T=2 h	RI	No	No	CQ PQ	2–4 w	Yes-C Yes-P	—	—	3%
	Peraino (1990) USA	C=46 P=46 T=?	—	5 y	GT–C+GT–P+GT–T	C=3 × 15 min+ T=1 × 1 h P=1 × 1 h	V	No	Yes	CQ	7 w	es-C	—	—	0%
	Kolko <i>et al.</i> (1987) USA	C=349 P=335 T=15	m 53% f 47%	9 y	GT–C+VT–C +GT–P+VT–P +GT–T+VT–T	2 × 1.5 h	V	No	Yes	CQ TQ PQ Dis	6 m	Yes-C Yes-P No-T	Yes-C	8%	0%
	MacIntyre and Carr (forthcoming)	C=772 P=598 T=28	m 55% f 45%	A. 7 y B. 10 y	GT–C+VT–C+BT–C +GT–P+VT–P +GT–T+VT–T	C=12 × 40 min P=1 × 3 h T=2 × 4 h	C=T P=T+MHP T=T+MHP	No	Yes	CQ–V PQ TQ DIS	3 m	Yes-C Yes-P Yes-T†	Yes-C†	—	23%

C, children; P, parents; T, teachers; LEO, law enforcement officer; RU, research instructor; MHR, mental health professional; SW, social worker; V, volunteer; GT-C, group training for children; BT-C, behavioural training for children; VT-C, video-based training for children; BIB-C, bibliotherapy for children; GT-P, group training for parents; BT-P, behavioural training for parents; VT-P, video-based training for parents; GT-T, group training for teachers; BT-T, behavioural training for teachers; VT-T, video-based training for teachers; CQ, children's questionnaire; CQ-V, children's questionnaire with vignettes; PQ, parents' questionnaire; TQ, teachers' questionnaire; SIM, simulation; IR, incident report. Yes-C, children showed significant gain in knowledge or skills following the programme.

No-C, children did not show significant gain in self-protective knowledge or skills following the programme.

Yes-P, parents showed significant gain in knowledge and attitudes or skills concerning child protection following the programme.

No-P, parents did not show significant gain in knowledge and attitudes or skills concerning child protection following the programme.

Yes-T, teachers showed significant gain in knowledge and attitude or skills concerning child protection following the programme.

No-T, teachers did not show significant gain in knowledge and attitude or skills concerning child protection following the programme.

* No age differences were found in this study.

Table 2. Core concepts in curricula of school-based prevention programmes

Core concept	Description of core concept
Body ownership	<ul style="list-style-type: none"> • The child's body belongs to her or him • The child has a right to control access to her or his body
Touch	<ul style="list-style-type: none"> • A distinction may be made between 'good', 'bad' and 'confusing' touches • A child may permit a good touch and reject a bad or confusing touch from an adult or another child
Saying 'No'	<ul style="list-style-type: none"> • A child has the right to say 'No' when approached or touched inappropriately • The skill of saying 'No' should be practised
Escape	<ul style="list-style-type: none"> • It is important to escape from the potential perpetrators • There are skills for escaping that must be practised so the child will be prepared if the need to escape arises
Secrecy	<ul style="list-style-type: none"> • A distinction may be made between appropriate surprises (which are fun) and inappropriate secrets (which are scary) • A child should talk about any touch he or she is asked to keep a secret
Intuition	<ul style="list-style-type: none"> • A child should trust his or her own feelings when he or she feels something is not quite right
Support systems	<ul style="list-style-type: none"> • A child should identify adults that he or she can turn to for help when he or she wishes to make a disclosure of abuse or attempted abuse • A child should seek help from another adult if the first adult does not listen or believe his or her disclosure
Blame	<ul style="list-style-type: none"> • A child is not to blame if he or she is abused or victimized
Bullying	<ul style="list-style-type: none"> • Bullying is unfair and wrong • Be assertive with bullies and tell trusted adults about them • Support your friends if they are bullied