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**Helping children to the other side of silence:
A study of the impact of the Stay Safe programme
on Irish children's disclosures of sexual victimisation.**

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Running head: Stay Safe Disclosure Study

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Helping children to the other side of silence:**A study of the impact of the Stay Safe Programme on Irish children's disclosures of sexual victimisation.****ABSTRACT**

Objective. This study aimed to evaluate the effectiveness of a school based safety skills programme - The Stay Safe Programme - in facilitating the disclosure of sexual abuse among sexually victimized children and adolescents in Dublin.

Method. A cohort of 145 children who had participated in the Stay Safe Programme prior to their referral to a sexual abuse assessment unit were compared with a cohort of 443 children who had not participated in the prevention programme on a range of disclosure related variables abstracted from case notes.

Results. More Stay Safe participants, particularly female adolescents, made disclosures of suspected sexual abuse than non-participants. A higher rate of initial disclosure to teachers was made by Stay Safe participants and more teachers in schools participating in the Stay Safe programme initiated referrals for evaluation of suspected child sexual abuse. Following assessment a higher rate of confirmed abuse occurred among Stay Safe participants and for these confirmed cases more Stay Safe participants made purposeful disclosures and in significantly more cases referral was due to the child telling someone about the abuse. These differences in disclosure between programme participants and non-participants were unrelated to demographic factors or characteristics of the abuse.

Conclusions. The Stay Safe programme was an effective secondary prevention intervention deserving widespread implementation.

INTRODUCTION

A man was jailed for 40 months by Dublin Circuit Criminal Court after he admitted sexually assaulting an eight-year-old Dublin boy in 1991. The defendant, aged 26, who can not be named to protect his victim, pleaded guilty to sexually assaulting him on January 30th, 1991. Det. Garda Peter Burke said that the offence only came to light after the boy attended a meeting of the Stay Safe programme in his school in October 1992. Prior to this, the boy's behaviour had deteriorated. He had become disruptive at home and had damaged his own toys. He had also written abusive things about people in public places and signed his own name underneath. On one occasion, a sports coach complained after the boy exposed himself in public...Psychiatric reports on the boy, now 11, showed that he seemed to be functioning on the borderline of mild mental handicap and appeared to be dull intellectually. Imposing sentence, Judge Michael Moriarty said the only positive aspect in the case was the vindication of the sometimes criticised *Stay Safe Programme* which led the boy to alert his parents.

Irish Times 17th March 1994

The Stay Safe Programme (MacIntyre & Lawlor, 1991), a comprehensive primary prevention programme for child abuse, was implemented in the majority of schools around Dublin in September 1991 and nation-wide implementation began in September 1992. This occurred in response to a growing awareness about the scale and seriousness of the problem of sexual abuse in Ireland (McKeown & Gilligan, 1991; O'Reilly & Carr, 1998). Prior to this, Irish primary schools did not incorporate personal safety skills training into their curricula. This 'green field' situation provided a unique opportunity to examine the impact of the introduction of a prevention programme on children's disclosures of child sexual abuse. Disclosure and referral rates and patterns before and after the introduction of the programme could be examined. While primary prevention of victimisation is the main goal of the Stay Safe Programme, it also has a role at the level of secondary prevention. The central aim of this study was to assess the efficacy of the Stay Safe Programme in terms of its secondary prevention goals. Specifically, we wished to assess the degree to which the programme facilitated the disclosure of child sexual abuse and promoted skills which enabled children to interrupt or terminate sexually abusive acts. Newspaper reports, such as that which opens this paper, and anecdotal information from colleagues emerging from early 1992 onwards suggested that the Stay Safe Programme was having a significant impact on children's disclosures of child sexual abuse. It was in order to empirically test the validity of this impression that the current study was carried out.

The identification and subsequent termination of sexual abuse is a process which relies heavily on the child's ability to disclose the secret (Lawson & Chaffin, 1992; Sauzier, 1989). While physical examination of the child and observation of play using anatomically correct dolls can provide useful corroborative evidence of suspected abuse, the single most important factor in the revelation of child sex abuse and its confirmation, is the child's verbal disclosure (Bagley & King, 1990; Sauzier, 1989). Yet the nature of abuse as a "syndrome of secrecy" means it is rarely revealed (Furniss, 1991).

Studies of adults reveal that the majority of victims have never told anyone of their victimisation (Finkelhor, 1990; Russell, 1986). When children do disclose there is typically a delay, which often extends over years, before disclosure occurs (e.g. Gomes-Schwartz, Horowitz, Cardarelli & Sauzier, 1990). Children

may delay reporting abuse for a variety of reasons, not least because of their psychological domination by the perpetrator, but also because of the secrecy, helplessness, entrapment and accommodation which accompanies it (Summit, 1983). Young children also have no clear cognitive or conceptual model for knowing what an adult is doing is sexual abuse, even though they may be very confused or upset by the assault (Hollinger, 1987).

Various factors that influence a child's disclosure of abuse. These include age of the victim, seriousness of the abuse and relationship to the perpetrator (Farrell, 1988). The importance of caretaker support and belief in the child's disclosure has recently been recognised as a crucial mediator of the child's adaptation to sexual abuse (Everson, Hunter, Runyon, Edelsohn & Coulter, 1989; Gomes-Schwartz et al., 1990; Lawson & Chaffin, 1992). However, as Lawson and Chaffin (1992) point out, parental or caretaker attitude is not necessarily a discrete post-disclosure event but may be explicitly or covertly manifest even prior to the disclosure, and thus may operate to accelerate or delay the disclosure process.

The typical disclosure process follows a recognisable pattern (Sorenson & Snow, 1991; Summit, 1983). Many children initially deny the abuse when questioned about it and then move on to a tentative, unconvincing disclosure phase. This is followed by active disclosure, with detailed accounts of what occurred. Fear and pressure may subsequently lead to retractions and reverifications.

Partial or incomplete disclosures are typical of younger children and even the disclosures of older children often do not meet the criteria for confirmation; even in cases where a confession from the perpetrator exists (Faller, 1988). The majority of abuse appears to come to light because of inadvertent statements made by children, rather than purposeful disclosures (e.g. Sauzier, 1989). Sgroi (1982) was the first to distinguish between purposeful and accidental disclosures and others have gone on to examine developmental patterns in the manner of children's disclosures. Sorenson and Snow (1991) found pre-school children were more likely to make accidental disclosures and purposeful disclosures were most common in older children. Children most commonly disclose to their parents, usually the mother.

Breaking the silence allows intervention to terminate the abuse, protect and treat the child and also holds the hope of avoiding some of long-term consequences of abuse which may include revictimisation (e.g. Sauzier, 1989). This is the kernel of the secondary prevention potential of disclosure.

Despite the fact that most prevention programmes aim to facilitate disclosure, there remains a paucity of research on the relationship between disclosures and prevention programmes. A small number of studies however, suggest that children who receive personal safety skills training appear to be more likely to disclose past or current abuse (Kolko, Moser & Hughes, 1989; Kolko, Moser, Litz & Hughes, 1987; Hazzard, Webb, Kleemeier, Angert & Pohl, 1991; Sorenson & Snow, 1991). Furthermore, Sorenson and Snow (1991) found that educational programmes provided the impetus for a purposeful disclosure in 24% of their sample of sexually abused children. Finkelhor and co-workers (Finkelhor & Dzuiba-Leatherman, 1995; Finkelhor, Asdigian & Dzuiba-Leatherman, 1995) in a nation-wide survey of two thousand young people, confirmed the trends suggested by earlier studies, with the finding that children who had participated in more comprehensive prevention programmes were more likely to disclose victimisation or attempted assaults.

This study aimed to investigate the impact of a comprehensive school-based sexual assault prevention programme on the disclosures of children seen for assessment of suspected child sexual abuse.

This study aimed to examine possible differences in disclosure rates and circumstances between children who participated in the Stay Safe Programme and children who did not have the opportunity to do so.

The following specific questions were addressed by this study:

1. Was the rate of disclosure higher for Stay Safe participants?
2. For Stay Safe participants were more disclosures purposeful?
3. Did more Stay Safe participants disclose child abuse to teachers?
4. Did more teachers of Stay Safe participants make referrals for assessment of child abuse?
5. Were more referrals of Stay Safe participants based on children telling about the abuse?
6. Was the rate of confirmed abuse higher for Stay Safe participants?
7. Among cases of confirmed child sexual abuse, what impact did programme participation have on referral and disclosure?

METHOD

Setting

This study was conducted in a specialist child sexual abuse assessment unit based in a major Pediatric Hospital in Dublin. The unit is staffed by a multidisciplinary team and provides a comprehensive assessment service for cases of suspected child sexual abuse to a catchment area with a population of approximately 500,000 people in south Dublin. Children are referred predominantly from community child protection agencies, paediatricians, general practitioners and the police. Approximately 300 referrals are received annually. Most assessments consist of a series of interviews with children, parents and other significant members of the child's social and professional network carried out over a 3-4 week period. The possible outcomes following assessment are confirmed abuse, unconfirmed abuse and no abuse.

Design

A cohort of children who had participated in the Stay Safe Programme prior to their referral to the sexual abuse assessment unit were compared with a cohort of children who had not participated in the prevention programme on a range of disclosure related variables abstracted from the assessment units' case-notes.

Cases

All cases assessed for suspected sexual abuse between October 1988, when the unit opened and February 1995, for whom data were available on the primary school they attended and the class in which they were enrolled were included in the study. Cases were excluded if it was not possible to ascertain from the case-note review and master list of the Stay Safe Programme implementation database whether or not they belonged to a class who had participated in the programme prior to referral. From a total of 745 primary school-age children assessed during the period under review, 588 valid cases were obtained. Of the 588 cases who met the inclusion criteria, 443 (75.3%), had not participated in the Stay Safe Programme and 145 children (24.7%) had participated in this programme prior to referral.

Data abstraction procedure

For each case all reports, interviews and assessment records contained in the case notes of the assessment unit were systematically reviewed. Data were abstracted using a coding frame which covered the areas and variables.

Demographic information. Date of birth, gender, socio-economic status, type of household, schools attended and class were recorded.

Referral information. Dates of referral and assessment, the initial source of the referral and the main reason for referral were noted. Reasons for referral included purposeful or inadvertent disclosures from children, disclosures from other children or abuse suspected by parents or others. Other reasons for referral included physical, behavioural or emotional indicators which prompted a decision to seek evaluation. In cases of confirmed child sexual abuse, the reason for referral represents the factor which led to the initial revelation of the abuse.

Disclosure related information. Verbal statements made by children to their caretakers or other adults were considered to be disclosures. Whether a child made a disclosure or not was noted. Next, whether this disclosure occurred prior to or during the formal assessment process was recorded. Disclosures were then categorised as purposeful or non-purposeful. Purposeful disclosure was defined as an intentional and deliberate revelation of the abuse with the clear intent of revealing its existence. Non-purposeful disclosure was defined as a statement made without forethought or deliberate intent to reveal the abuse. This category also included disclosures precipitated by adult enquiries. The person to whom the child first disclosed was noted and if the child specifically mentioned Stay Safe as the main precipitant to disclosure, this was also recorded.

Assessment outcome. The assessment process yielded three possible outcomes; confirmed abuse, unconfirmed abuse or no abuse. Conclusions as to whether or not the child had been abused were based on all the available information and were framed in terms of the balance of probability or degree of certainty. The outcome of the assessment process for each child was noted on the data collection form.

Characteristics of abusive experiences. For confirmed cases of child sexual abuse, characteristics of the abusive experience were collected. Specifically, the nature of the sexual abuse, the gender of the offender and the relationship of the perpetrator to the victim were abstracted from the case notes. The strategy used by the perpetrator to gain the child's compliance was also noted. Clear data on duration were not available for a majority of cases so this was not included.

Programme participation. Children seen prior to September 1991, when the programme was first introduced in the Dublin region, were classified as non-participants since they could not have received the intervention at that time. For cases assessed after September 1991, information on the child's class and school were checked against the Stay Safe programme master list implementation record to ascertain if the child had participated in the prevention programme prior to referral or not.

Reliability

For all files the data abstraction and coding procedure was carried out by a single rater who was trained to a 90% accuracy criterion over a 50 hour training period by the principal investigator (DM). During this training process a selection of 10% of the files were independently coded by the rater and trainer and 90%

agreement was achieved for all items on this subset of files. After the training period, files coded by the rater were checked by the principal investigator for accuracy. In cases where the rater could not decide on how to code an item, a decision was made in conjunction with the principal investigator about how to code such ambiguous items.

An attempt was made to code all files blind to the status of the case as a Stay Safe participant or non-participant. This was achieved by coding the item on programme participation last. However, in a proportion of cases the rater was not blind to the status of the case because the impact of the child's participation in the programme in precipitating the disclosure which led to the referral was stated in the file. For example, 'Judy was referred for evaluation when she made a disclosure to her teacher, Mrs Murphy, after a Stay Safe session on secrets'.

We are very confident that cases were accurately classified as participants and non-participants in the Stay Safe programme for the following reason. This item was coded by comparing information on a child's school, class and date of referral listed in the file against a master list of all schools and classes in which the Stay Safe Programme had been implemented and the dates of implementation. The master list was highly accurate since it was drawn up by the authors of the programme who were the only professionals to introduce the programme into schools in Ireland at that time and one of these authors was the principal investigator in the present study (DM).

RESULTS

Insert Table 1 about here

Demographic characteristics.

Demographic characteristics of Stay Safe participants and non-participants are presented in Table 1. Both groups were comparable in terms of gender ratio, boys ages, socio-economic status, and type of household. For girls ages and school class the intergroup differences were statistically significant. Girls who had participated in the Stay Safe programme were approximately a year older than their counterparts who had not received the programme. This age difference reflects the fact that schools teach the programme more frequently to older classes and very few schools implement the programme with 5 and 6 year olds. This is particularly true for single sex girls schools. The significant difference found between the groups on class distribution confirms this. 60% of Stay Safe participants were in the senior cycle of primary school, i.e. third class or above, compared with 44% of non-participants. As stated, this reflects the tendency in some schools to teach the programme initially to children in older classes.

Insert Tables 2 about here

Chi square analyses were conducted to evaluate the significance of intergroup differences between Stay Safe participants and non-participants on 6 dichotomous dependent variables. These variables were: the occurrence of disclosure; the occurrence of a purposeful disclosure; the child disclosed initially to a

teacher; the initial referral was made by a teacher; the referral was due to the child telling; and child abuse was the confirmed outcome. The rates of occurrence of these events for Stay Safe participants and non-participants along with the results of the chi square analyses are presented in Table 2. The denominator in the rates for stay safe participants is the *number of cases referred for evaluation*, not the number of cases who participated in the programme. To evaluate the effects of age and gender on rates of occurrence of the 6 dependent variables, separate sets of chi square analyses were conducted for Stay Safe participants and non-participants. In the analyses which examined the effects of gender, rates of occurrence of the 6 dependent variables for boys and girls were compared. In the analyses concerned with the effects of age, rates of occurrence of the 6 dependent variables for children ages 4-10 and adolescents ages 11-15 were compared. The results of the analyses in which the effects of age were evaluated are presented in Table 3 and those for gender are given in Table 4. Results from all of these analyses for each of the 6 dependent variables will be considered in turn with reference to Tables 2,3 and 4.

Insert Tables 3 & 4 about here

Was the rate of disclosure higher for Stay Safe participants?

486 children or 83.4% of children assessed made some form of disclosure. Of those who disclosed, 98.4% did so prior to evaluation. There was a significant difference between Stay Safe participants and non-participants in terms of disclosure rates as shown in Table 2. Significantly more children who had participated in the Stay Safe programme prior to referral made disclosures of sexual abuse. From Table 3 it may be seen that age had a significant effect on disclosure rates for Stay Safe participants, while no significant age effect occurred for non-participants. Significantly more adolescent Stay Safe participants disclosed sexual abuse compared with their younger counterparts. From Table 4 it may be seen that gender had a significant effect on disclosure rate for stay-safe participants, but not for non-participants. More girls who participated in the Stay Safe programme discloses sexual abuse than their male participants. This result reflects the fact that while the programme led to higher rates of disclosure in both girls and boys, this effect was strongest for female participants. 96% of female Stay Safe participants disclosed sexual abuse. In summary, more Stay Safe participants made a disclosure of suspected sexual abuse than non-participants. Among Stay Safe participants higher rates of disclosure occurred for females and adolescents.

Were more disclosures purposeful?

A distinction was made between purposeful and non-purposeful disclosure. Purposeful disclosure was defined as deliberate revelation of the abuse by the child with the clear intent of revealing its existence. All other disclosures were categorised as non-purposeful. This category included both inadvertent or accidental disclosures and disclosures precipitated by adult enquiry. From Table 2 it may be seen that the difference between rates of purposeful disclosure across the two group was significant. More Stay Safe participants made purposeful disclosures than non-participants. From Tables 3 and 4 it may be seen that neither age nor gender affected the rate of purposeful disclosure for Stay Safe participants. From Table 3 it may be seen that among non-participants, significantly more boys than girls made purposeful disclosures and from Table

2 it may be seen that for non-participants age had no effect on the rate of purposeful disclosures. These results demonstrate that the higher rate of purposeful disclosures made by Stay Safe participants was unrelated to age or gender, while for non-participants such disclosures were gender-dependent, with girls making fewer purposeful disclosures.

Did more children disclose to teachers?

65% of children disclosed the abusive experiences initially to their parents. Participants and non-participants did not differ significantly in rates of initial disclosure to parents. However, there was a significant difference between the rates of initial disclosure to teachers by Stay Safe participants and non-participants. From Table 2 it may be seen that more children who had participated in the Stay Safe programme chose a teacher as their initial confidante compared with their non-participating counterparts. From Tables 3 and 4 it can be seen that for Stay Safe participants, neither age nor gender affected the rate of initial disclosure to teachers. However for non-participants, as can be seen from Table 3, significantly more adolescents made initial disclosures to their teachers. These results demonstrate that the higher rates of initial disclosures to teachers made by Stay Safe participants was unrelated to age or gender, while for non-participants such initial disclosures were age-dependent, with fewer younger children making initial disclosures to teachers.

Did more teachers make referrals?

From Table 2 it can be seen that the two groups differed significantly in the proportion of referrals initiated by teachers. More Stay Safe participants were initially referred by a teacher compared with non-participants. For participants and non-participants, rates of teacher referrals were similar for boys and girls and younger and older cases as can be seen from Tables 3 and 4. This finding demonstrates that teachers in participating schools were more likely to initiate a referral for evaluation of suspected child sexual abuse on behalf of their pupils.

Were more referrals based on children telling about the abuse?

From Table 2 it may be seen that, compared with non-participants, significantly more Stay Safe participants were referred because the child told about the abuse, either purposefully (45%) or accidentally (7%). From Tables 3 and 4 it can be seen that for Stay Safe participants neither age nor gender affected rates or referral precipitated by the child telling about the abuse. However as can be seen from Table 4, for non-participants, significantly more girls than boys were referred because of the child telling. These results demonstrate that the higher rate of referral among Stay Safe participants due to the child telling was unrelated to age or gender, while for non-participants referrals made on this basis were gender-dependent, with fewer boys being referred due to telling about their abuse.

Was the rate of confirmed abuse higher?

From Table 2 it can be seen that the rate of confirmed abuse following assessment was significantly higher for Stay Safe participants. From Tables 3 and 4 it may be seen that for Stay Safe participants neither age nor gender affected rates of confirmed abuse. However, for non-participants, from Table 3 it may be seen

that significantly fewer younger children had an assessment outcome of confirmed child abuse compared with their older counterparts. These results show that the higher rate of confirmed abuse assessment outcomes among Stay Safe participants was unrelated to age or gender, while for non-participants such outcomes were age-dependent with confirmed outcomes occurring less frequently among younger children.

Inset Tables 5 about here

Demographic characteristics of confirmed child sexual abuse cases.

The demographic characteristics of Stay Safe participants and non-participants with an assessment outcome of confirmed child sexual abuse are presented in Table 5. The profile of these two groups is similar to that for the entire group of cases presented in Table 1. Both groups described demographically in Table 5 were comparable with respect to age of males, gender ratio, socio-economic status and type of household. The groups differed significantly in the mean age of female cases and the distribution of cases across school classes. Female Stay Safe participants were on average a year older than their non-participant counterparts and more Stay safe participants came from higher school classes.

Inset Tables 6 about here

Characteristics of abusive experiences for confirmed cases

Chi square analyses were conducted to establish the significance of differences in rates of occurrence of five characteristics of abusive across Stay Safe participants and non-participants. Results of these analyses are given in Table 6. From the Table it may be seen that rates for different types of abuse; rates of intrafamilial and extrafamilial abuse; rates of abuse by natural parents; rates of being abused by males and females; and rates of exposure to various strategies to gain compliance were similar for both groups. Thus any differences in referral and disclosure patterns in confirmed cases could not be attributed to differences in characteristics of the abusive experiences suffered by Stay Safe Participants and non-participants.

Inset Tables 7 about here

Referral and disclosure characteristics of confirmed cases

Chi square analyses were conducted to establish the significance of rates of occurrence of the 6 dichotomous disclosure related dependent variables among Stay Safe participants and non-participants. Results of these analyses are given in Table 7. From the Table it may be seen that more Stay Safe participants made purposeful disclosures and in significantly more cases referral was due to the child telling. However the rates of disclosure, rates of initial disclosure to teachers, and rates of referral by teachers were similar for both groups.

DISCUSSION

In answer to the questions addressed in this study the following conclusions were reached. First, more Stay Safe participants made disclosures of suspected sexual abuse than non-participants. This is an extremely important finding and underlines the value of the programme as a secondary prevention intervention. Among Stay Safe participants higher rates of disclosure occurred for females and adolescents. Second, a higher rate of purposeful disclosures was made by Stay Safe participants and this was unrelated to age or gender, while for non-participants such disclosures were gender-dependent, with girls making fewer purposeful disclosures. Third, a higher rate of initial disclosure to teacher was made by Stay Safe participants and this was unrelated to age or gender, while for non-participants such initial disclosures to teachers were age-dependent, with fewer younger children making initial disclosures to teachers. Fourth, more teachers in schools participating in the Stay Safe programme initiated referrals for evaluation of suspected child sexual abuse on behalf of their pupils. Fifth, a higher rate of referral among due to the child telling about the abuse occurred for Stay Safe participants and this was unrelated to age or gender, while for non-participants referrals made on this basis were gender-dependent, with fewer boys being referred due to telling about their abuse. Sixth, following assessment a higher rate of confirmed abuse occurred among Stay Safe participants and this was unrelated to age or gender, while for non-participants such outcomes were age-dependent with confirmed outcomes occurring less frequently among younger children. Seventh, more Stay Safe participants made purposeful disclosures and in significantly more cases referral was due to the child telling. These differences in disclosure were unrelated to characteristics of the abuse, since the patterns of abuse were similar for both participants and non participants. However the rates of disclosure, rates of initial disclosure to teachers, and rates of referral by teachers were similar for both groups.

These findings show that the Stay Safe child sexual abuse prevention programme was successful in achieving its secondary prevention goal of promoting children's effective disclosures of sexual victimisation. The programme conferred explicit adult permission on disclosure, helped children to identify teachers as worthy of trust and confidence and gave children the skills and instilled the courage and confidence to enable them to disclose purposefully with the expressed intention of terminating the abuse. In helping these children to the other side of silence, this prevention intervention offered hope that the cycle of abuse and revictimisation might be broken. Among children allegedly victimized, the programme clearly influenced the effectiveness of thier disclosures.

The results are relatively unequivocal and not open to other plausible alternative explanations. Our results are consistent with the findings of others which show that primary prevention programmes like the Stay Safe programme may reap secondary prevention benefits (Kolko et al., 1989; 1987; Hazzard et al., 1991; Sorenson & Snow, 1991; Finkelhor et al, 1995a, 1995b).

The implications of this study for National policy and practice are clear. School based prevention programmes such as the Stay Safe Programme should be made available to call children in the Republic of Ireland. Indeed, it should be highlighted that this recommendation has been accepted by the Irish Government and the Stay Safe programme has now been Nationally implemented in almost all primary schools in the Republic of Ireland.

This study deserves replication. Unfortunately, few other specialist assessment centres were operating prior to the national implementation of the Stay Safe programme so such opportunities are limited. That is to

say, there are few centres in which cohorts of non-participants in the Stay Safe Programme were referred for evaluation and so could be used as a control group for cases referred for evaluation who had participated in the programme.

It would have been useful to evaluate the impact of the Stay Safe Programme by comparing the incidence of reports of child sexual abuse before and after the implementation of the programme in the catchment area attached to the particular assessment centre in which this study was conducted. However, it has not been possible to gather reliable statistics on the incidence of such reports. This is because the boundary of the catchment area for the assessment centre has not been strictly recognized in accepting referrals. In the late 1980's cases from outside the area were referred due to lack of services elsewhere and later in the 1990s cases from within the catchment area may have been referred elsewhere due to waiting lists at the assessment centre and the development of services elsewhere. Gathering reliable statistics on the incidence of reports of child sexual abuse has also been problematic because national policy and procedures have gone through a stage of rapid evolution and change during the period of the study and so the grounds for reporting cases of sexual abuse has been changing.

The impact of the Stay Safe programme on outcomes other than disclosure rates requires investigation. A controlled evaluation of the Stay Safe programme has been conducted which showed that the programme led to highly significant gains from preprogramme testing to posttesting in children's knowledge and skills and also to positive attitudinal changes in parents and teachers (MacIntyre & Carr, Submitted). There is also a need for studies in which the impact of the programme on behavioural tests of self-protective skills is evaluated. It is recognized that the procedures for setting up such simulation tests are complex and time consuming and so conducting such studies is resource intensive and costly.

A version of the programme for children with learning difficulties has been developed (McIntyre, Lawlor & Cullen, 1996) and a version for adolescents is currently being developed. Studies evaluating the effectiveness on children's knowledge, skills and responses to behavioural simulation tests are currently being planned.

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Table 1. Demographic characteristics of Stay _Safe participants and non-participants assessed for suspected sexual abuse

Variable		Stay Safe (N = 145)	Non-Stay Safe (N = 443)	Stat	X ² , t , or z
Age	Male				
	M	8.98	8.24	t	1.86
	SD	2.27	2.48		
	Female				
	M	9.63	8.45	t	4.05**
	SD	2.50	2.53		
Gender	Male	31.7%	30.8%	X ²	0.04
	Female	68.3%	69.2%		
SES	1	6.6%	7.7%	z	0.9
	2	21.3%	14.3%		
	3	14.8%	17.0%		
	4	31.1%	26.4%		
	5	16.4%	25.3%		
	6	9.8%	9.3%		
Type of household	Both Parents	49.7%	48.9%	X ²	3.77
	One Parent	29.4%	30.2%		
	Parent and Partner	11.9%	13.1%		
	In Care	6.3%	6.9%		
	With Other Relatives	2.8%	1.8%		
School class	Junior Infants (5 yrs)	4.1%	17.5%	X ²	27.50**
	Senior Infants (6 yrs)	11.0%	14.7%		
	1st Class (7yrs)	12.4%	10.2%		
	2nd Class (8 yrs)	12.4%	13.8%		
	3rd Class (9 yrs)	12.4%	12.0%		
	4th Class (10 yrs)	14.5%	11.3%		
	5th Class (11 yrs)	17.2%	7.5%		
	6th Class (12 yrs)	15.9%	12.9%		

Note: * p<.05, **p<.01. t=students t. X² = chi square. z = z derived from Mann Whitney U test.

Table 2. Differences between Stay Safe participants and non-participants on disclosure, referral and outcome variables

Disclosure, Referral and Outcome variables	Stay Safe (N=145)	Non-Stay Safe (N = 443)	X ²
Disclosed	92.4%	80.4%	11.40**
Purposeful disclosure †	48.9%	37.6%	5.07*
Disclosed initially to teacher †	7.5%	1.7%	10.15**
Initial referral by teacher	11.1%	4.5%	8.17**
Referral due to child telling	52.1%	37.4%	9.59**
Confirmed outcome	71.7%	54.9%	12.98**

Note: * p<.05, **p<.01. †Percentages for these variables are based on the number of children who disclosed.

Table 3. The effects of age on disclosure, referral and outcome variables for Stay Safe participants and non-participants

Disclosure, Referral and Outcome Variables	Stay Safe		X ²	Non-Stay Safe		X ²
	Younger Children	Older Children		Younger Children	Older Children	
	4 - 10 yrs (N = 103)	11 - 15 yrs (N = 41)		4 - 10 yrs (N = 355)	11 - 15 yrs (N = 81)	
Disclosed	89.3%	100.0%	4.85*	79.1%	86.6%	2.37
Purposeful Disclosure	44.6%	58.5%	2.21	36.1%	42.9%	1.10
Disclosed Initially to Teacher †	5.4%	11.9%	1.74	0.7%	5.6%	8.19*
Initial Referral by Teacher †	10.7%	12.2%	2.98	4.4%	5.1%	6.56
Referral Due to Child Telling	48.5%	61.0%	7.31	37.2%	38.2%	0.46
Confirmed Outcome	68.9%	78.6%	2.89	52.4%	67.1%	6.36*

Note: * p<.05, **p<.01. †For these variables the percentage is based on the number who disclosed, N = 486.
Data missing on 1 case in Stay Safe group and 8 cases in Non-Stay Safe group

Table 4. The effects of gender on disclosure, referral and outcome variables for Stay _Safe participants and non-participants

Disclosure, Referral and Outcome Variables	Stay Safe		X ²	Non-Stay Safe		X ²
	Males (N=46)	Female (N=98)		Male (N=134)	Female (N=302)	
Disclosed	84.8%	96.0%	5.59*	77.4%	81.9%	1.17
Purposeful disclosure	2.5%	9.6%	2.03	3.9%	0.87%	4.15*
Disclosed initially to teacher†	48.7%	48.9%	0.00	33.0%	39.5%	1.31
Initial referral by teacher†	6.5%	13.3%	1.44	6.1%	3.8%	1.10
Referral due to child telling	50.0%	53.1%	0.12	28.9%	41.4%	6.21*
Confirmed outcome	69.6%	72.7%	0.16	52.6%	56.1%	0.57

Note: * p<.05. † For these variables the percentage is based on the number who disclosed, N = 486.
Data missing on 1 case in Stay Safe group and 7 cases in Non-Stay Safe group

Table 5. Demographic characteristics of Stay Safe participants and non-participants with confirmed sexual abuse

Variable		Stay Safe (N = 104)	Non Stay Safe (N = 242)	Stat	X ² , t , or z
Age	Male				
	M	8.8	8.50	t	0.65
	SD	2.02	2.64		
	Female				
	M	9.85	8.85	t	2.91**
	SD	2.40	2.48		
Gender	Male	30.8%	29.3%	X²	.071
	Female	69.2%	70.7%		
SES	1	4.4%	4.5%	z	1.2
	2	20.0%	12.5%		
	3	17.8%	15.2%		
	4	31.1%	30.4%		
	5	17.8%	29.5%		
	6	8.9%	8.0%		
Type of household	Both Parents	50.0%	50.0%	X²	2.39
	One Parent	27.9%	27.6%		
	Parent and Partner	14.5%	14.1%		
	In Care	4.8%	6.3%		
	With Other Relatives	2.9%	2.1%		
School class	Junior Infants	1.9%	15.4%	X²	15.69*
	Senior Infants	10.6%	10.8%		
	1st Class	11.5%	11.2%		
	2nd Class	11.5%	12.0%		
	3rd Class	14.4%	10.8%		
	4th Class	15.4%	13.3%		
	5th Class	19.2%	11.6%		
	6th Class	15.4%	14.9%		

Note: * p<.05, **p<.01. t=students t. X² = chi square. z = z derived from Mann Whitney U test.

Table 6. Characteristics of the abusive experience for Stay Safe participants and non-participants with confirmed child sexual abuse

Abuse Characteristics		Stay Safe (N = 104)	Non-Stay Safe (N = 242)	χ^2
Type of Abuse	Non-touching	4.8%	2.5%	4.59
	Fondling	49.1%	56.2%	
	Penetrative abuse	39.4%	38.4%	
	Other	6.7%	2.9%	
Relationship of Abuser	Intrafamilial	41.2%	45.2%	0.48
	Extrafamilial	58.8%	54.8%	
Identity of Abuser	Natural parent	13.7%	14.1%	0.01
	Other	86.3%	85.9%	
Sex of Perpetrator	Male	99.0%	99.0%	0.15
	Female	1.0%	1.0%	
Strategy Used to Gain Compliance	Manipulation	69.9%	74.0%	2.66
	Non-violent threats	7.8%	3.7%	
	Violent threats	12.6%	12.4%	
	Violence	6.8%	7.4%	
	Other	2.9%	2.4%	

Table 7. Comparison of Stay Safe participants and non-participants with confirmed child sexual abuse on disclosure and referral variables

Disclosure, referral and outcome variables	Stay Safe (N =104)	Non-Stay Safe (N = 242)	X ²
Disclosed	100.0%	99.6%	0.43
Purposeful disclosure †	51.9%	36.7%	6.93**
Disclosed initially to teacher †	4.8%	1.7%	2.83
Initial referral by teacher	6.8%	3.9%	1.31
Referral due to child telling	57.7%	42.3%	6.88**

Note: **p<.01. †Percentages for these variables are based on the number of children who disclosed.