

# Effective delivery methods and teaching strategies for child sexual abuse prevention: A rapid evidence check

**Institute of Child Protection Studies**

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## Executive summary

Most existing literature reviews of child sexual abuse (CSA) prevention education or child-focused behavioural self-protection programs investigate in-person school-based programs. School-based prevention programs that include children as participants are the most typically used method of CSA prevention education (Martin & Silverstone, 2016). Multiple reviews (Walsh et al., 2015; Wurtele, 2009; Zwi et al., 2007) have shown that child-focused school-based programs can be an effective approach to increase children's knowledge, engagement in self-protective behaviours, and reporting behaviours (cited in Martin & Silverstone, 2016: (Davis & Gidycz, 2000; Fryda & Hulme, 2015; MacMillan et al., 2009; Walsh et al., 2015; Zwi et al., 2007). School-based programs are a means for prevention educators to reach children directly from a range of socioeconomic, ethnic and cultural backgrounds (Wurtele, 2009).

However, there is limited data to suggest that online delivery of programs that are directed towards or include children as participants are used in CSA prevention education strategies, and limited evidence to show whether or not they can be an effective approach to increase children's knowledge, self-protective behaviours and reporting behaviours. This appears to be due to the limited number of online prevention programs available for evaluation and review. In addition, we found no literature on what content and teaching method changes should be made when adapting an in-person CSA prevention education program for delivery online.

This rapid evidence check presents the current state of CSA prevention programs, reviewing their utility and effectiveness for CSA prevention education for children. It includes recommendations about the design and delivery of programs for pre-schoolers and children in the early primary school years (aged 2-8 years) that need to be considered when adapting and delivering prevention education online.

## 1. Introduction

Bravehearts Foundation approached the Institute of Child Protection Studies (the Institute) to conduct a rapid evidence check on educational programs that focus on child sexual abuse prevention. Bravehearts delivers a school-based program titled, *Ditto's Keep Safe Adventure* (DKSA). The program teaches children body ownership, personal safety skills and knowledge. The intent is to help reduce the risk of sexual assault and other forms of abuse such as bullying.

The DKSA program includes three key components:

1. ***Ditto's Keep Safe Adventure Show***: a 30 to 45-minute performance delivered by trained and experienced facilitators and a lion mascot (Ditto) that uses interactive songs to teach body ownership and personal safety. Participating children receive the *Ditto's Keep Safe Adventure Activity Book*. The book is designed to reinforce key messages from the live performance. See: <https://bravehearts.org.au/keepsafe>
2. **Ditto in a Box**: a resource pack that educators can use to teach children about body ownership and personal safety. The resources reinforce key messages presented in the live performance. See: <https://bravehearts.org.au/ditoinabox>
3. **Information sessions**: participating schools are offered an information session for school personnel and parents. The session details the content of the adventure show and provides introductory information on child sexual assault and harm, including advice on responding to concerns and disclosures.

In 2020, Bravehearts Foundation secured a grant to digitalise *Ditto's Keep Safe Adventure Show* for online delivery. The rapid evidence check will inform how they undertake the digitalisation project.

This report presents a review of available evidence (from peer-reviewed and grey literature) of effective teaching strategies for child sexual abuse prevention programs, including a specific consideration for children in pre-school and the early years of primary school (i.e., aged 2 to 8 years). The aim is to enhance understandings of which is effective in relation to three domains:

- **Content**: subject matter, ideas or themes shown as effective in improving children's protective behaviours and knowledge about sexual abuse prevention.
- **Pedagogy**: instructional techniques or methods used to help children learn the desired content (e.g., demonstration, rehearsal, modelling)

- **Delivery mode:** proven ways of delivering content to best support and enable learning of pre-schoolers and children in the early primary school years.

## 2. Background

### Child sexual abuse prevention

Much of the research and practice wisdom about CSA focuses on identification of cases and responses—either from a clinical perspective or from an organisational perspective. However, much less attention has been paid to prevention—and what systemic practices and interventions are needed to prevent CSA from occurring in the first place.

Much of the early CSA prevention work originated in the USA and focused on ‘stranger danger’ as a strategy for abduction prevention. More recently, programs and strategies recognise that the greatest risk is from people known to the child:

- known adults: family, extended family, friends, acquaintances, and youth-focused service providers
- other children/young people.

Abuse includes online grooming and generating or sharing child sexual abuse material), It can also include facilitating or ‘procuring’ such behaviour. A recent study showed that parent/caregiver figures are a common group involved in child sexual abuse material (Salter et al, 2021). A central concept in the Salter et al. study is how perpetrators (including parent figures) create environments that enable CSA to occur. They enable abuse by providing access to the child/young person, building trust, manipulating environments to allow boundary violations to occur, preventing being caught, and if they are, minimising or excusing their behaviour. Not only do prevention programs need to incorporate knowledge and skills that can help adults and children to recognise, interrupt or prevent grooming in real life, but they also need to be a central focus in online programs. As digital technologies become more prevalent in our lives, opportunities for grooming increase in the online space. One third of Australian pre-school aged children (0-5 years old) spend as much as 26 hours per week on digital devices (Centre for the Study of Sexual Assault, 2013).

Protecting children is complex, and the solution requires a number of approaches:

- addressing multiple risk factors: as there is no one single cause, the multiple intersecting contributing factors need to be addressed

- engaging across different sectors, government portfolios, service providers, and the community
- influencing the behaviour of individuals, including parents, carers, workers in child/youth-serving organisations, and the children and young people they serve
- strategies for addressing the inherently private nature of the topic of sexual abuse/grooming, and creating safe spaces for raising and sensitively discussing issues
- discussing sensitive topics like body parts, relationships and sexual behaviour in ways that are age-appropriate and developmentally appropriate; also recognising differing cultural views and beliefs around sex, sexuality, relationships, childhood, the role and status of children, parenting and care.

Different theories have been developed or adapted to support prevention efforts and the development of programs, including a public health approach (Higgins et al., in press; Letourneau et al., 2014) and situational crime prevention (Higgins & Morley, 2018).

### Public health approach

Due to the high prevalence of CSA across societies globally, recommendations for preventing CSA are often discussed from a public health approach perspective (Kaufman et al., 2019; Letourneau et al., 2014; Wurtele & Kenny, 2012). A public health approach identifies three levels at which interventions to prevent and respond appropriately to CSA should occur:

- **primary prevention:** targeting everyone, to stop risks from emerging
- **secondary prevention:** targeting those at high-risk
- **tertiary prevention:** targeting therapeutic or justice responses to alleviate harm, reduce its impact, ensure safety, and reduce the likelihood of reoccurrence.

Strategies across all three levels of prevention would be provided across the whole community, as well as adapting or strengthening strategies to target those at-risk of victimisation and perpetration of abuse (Lonne, 2019). Such strategies also need to consider the ability of children and young people themselves to be agents of change in the CSA prevention space.

Many interventions, policies, and practices aimed at preventing and responding to CSA can fall into one of these distinct categories. However, this is not the rule and many interventions, policies, and practices occur across two or even three levels of the public health approach. Primary and secondary level interventions are focused on prevention of harm (stopping CSA before it occurs). Tertiary interventions on the other hand form a mixture of CSA prevention and response practices

(i.e., forensic interviewing, legal and therapeutic interventions) to minimise the harm, reduce or ameliorate its continued impact, and prevent future harm from reoccurring.

### Situational crime prevention

Situational crime prevention strategies focus on changing the physical or organisational environment. The purpose is to create safer environments so that it is riskier to commit the crime, and less rewarding. These strategies can be applied in different settings. A situational crime prevention approach allows an organisation to identify the safety risks specific to their service and address them before they cause harm.

As outlined by Higgins and Morley (2018), implementing a situational crime prevention approach involves:

- managing situational risks such as low supervision of adult-child interactions, and early signs of grooming behaviours
- providing training on the kind of behaviours that are acceptable/unacceptable
- developing a code of conduct and support staff with supervision and guidance
- educating staff on what to do when a child discloses sexual abuse, how to report sexual abuse, and how to respond to the child's needs when disclosure is made
- providing staff with appropriate information about concerning behaviour and develop a management plan so that staff know how to respond appropriately.

### Parent/Adult training

Eminent researchers in the CSA prevention field have noted that if prevention efforts are to be successful, it is imperative to include parents (Hunter, 2011; Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018; Wurtele & Kenny, 2012). Much of the research on the parent-focused CSA prevention is in its infancy. This research focuses on understanding the knowledge, attitudes and skills of parents in relation to being involved in CSA prevention as well as their views in relation to school-based interventions. These studies generally find that parents have some knowledge—although usually not a sufficient or accurate amount—and have positive attitudes towards CSA prevention—particularly at school (Guo et al., 2019; Rudolph & Zimmer-Gembeck, 2018; Walsh et al., 2012). However, they also find there are many barriers and challenges to CSA prevention and the inclusion of parents in it (Livingstone et al., 2020).

More recently, randomised control trials and other evaluation methodologies have been utilised to investigate the efficacy of parent-based interventions. Guastaferrero et al. (2020) examined an

intervention for parents of at-risk families that was added to an existing general parent training intervention. The analysis found that the intervention was successful in increasing parent knowledge about awareness and readiness to engage in CSA protective behavioural strategies. Parent skills in engaging also increased. Nickerson et al. (2018) had similar findings when evaluating a video-based intervention, concluding that such an intervention increased parents' knowledge and had an indirect effect on parents' conversations with children about CSA. Similar interventions that utilise a range of teaching modalities have also been found to be effective in increasing the knowledge, attitudes and preventive behaviours of professionals who work with children (Rheingold et al., 2015; Rudolph & M. J. Zimmer-Gembeck, 2018).

### Preventing harmful sexual behaviours in children

As identified above, prevention programs need to address not only the potential harm from adults, but also harmful sexual behaviours from other children/young people. Most of the research and programs developed with a focus on harmful sexual behaviours of children/young people are at the 'secondary' level of a public health approach to CSA prevention (i.e., are targeted at those at-risk, who might already be demonstrating concerning behaviours) and thus have likely been excluded from existing reviews of primary prevention programs. Greater attention has been paid to identifying and responding to children and young people already engaging in harmful sexual behaviours with their peers or siblings than has been paid to primary prevention strategies to reduce the likelihood of such behaviours emerging in the first place. As this area of intervention is relatively new, the current review will consider existing evidence of CSA prevention programs with the concepts, pedagogies, and delivery modes for addressing prevention of harmful sexual behaviours of children and young people. Although harmful sexual behaviour interventions are usually used at the secondary level of public health approach to prevention with specific at-risk children, some primary level universal interventions have been evaluated (Russell et al., 2021).

### Protective behaviour programs

A key approach to CSA prevention since the 1980s has been to build the sexual abuse knowledge and self-protection skills of children and young people. CSA prevention education programs are often called 'protective behaviours programs' (Quadara et al., 2015; White et al., 2018). In Australia, these CSA prevention education programs have been developed from a feminist lens (McKibbin & Humphreys, 2020) focusing on supporting children and young people to have control of their bodies, and situations that might see them being victims of abuse.

The evaluation of protective behaviours programs has been important in understanding the capacity of different programs—including the content, methods and modes utilised—to prevent

CSA. Effective evaluation provides an opportunity to adapt programs and develop new programs based on the best available evidence.

Due to the key focus on improving children's knowledge and skills, evaluation often focuses on measuring an increase in their knowledge and in the skills being taught. While this is an important part of understanding whether children have met the expected outcomes of a program, too often evaluators use diverse, often bespoke, unvalidated measurement tools. Such measures may be biased to show improvements without having a direct relationship to the content covered in the program. The development and use of standardised measures are an important consideration.

Another outcome measure rarely used for program evaluation is CSA disclosure. Disclosure is considered a robust way to capture potential prevalence data. However, disclosure rates are rarely used in program evaluations because disclosure rates are typically very low (Australian Institute of Family Studies, 2015) and the average length of time it takes a child to disclose abuse is 22 to 24 years (Commonwealth of Australia, 2017; Jonzon & Lindblad, 2004). Prevalence data can also reveal deficits in prevention efforts that are unrelated to programs. Similarly, measuring CSA reporting by adults (e.g., by teachers) is not a suitable outcome measure as such a figure could be related to increased vigilance, awareness, and improved attitudes and confidence to act. Such a measure is fraught with issues in its ability to support CSA prevention evaluation.

An emerging theoretical perspective is to measure the conditions of safety surrounding children that decrease the likelihood of abuse occurring and provide environments where appropriate responses occur when abuse does happen (Higgins & Russell, 2021; Russell & Higgins, 2021).

The final feature of program evaluation used to date is measurement of indirect effects and/or unintended consequences of taking part in the program. These effects include positive psychological gains such as increased self-esteem and self-confidence, and potential negative effects such as anxiety, fear, and mistrust. These types of measurements have been important in understanding if psychological gains, such as those noted above that support CSA prevention, are evident beyond the knowledge and skills gained. Measurement of indirect effects can also be used to assess if concerns regarding potential negative effects are tenable. Although some of these concerns have been refuted, others remain and form a point of contention in the development and evaluation of effective CSA prevention programs.

One key critique of using CSA prevention programs is making CSA prevention the responsibility of children (Quadara, 2015). While this concern is valid in light of the duty of care of adults—and organisations—to keep children safe and show concern for their wellbeing, the evidence that

protective behaviours programs work is clear. Knowledge and skills are increased by taking part in effective programs. However, an additional critique of these programs as a means of preventing CSA relates to the lack of evidence that increased knowledge and skills actually prevents victimisation (Walsh et al., 2015; White et al., 2018). Finally, we note that there are concerns that programs that focus on 'protective behaviours' underestimate how difficult it is for children to challenge adults in certain situations (Rudolph & Zimmer-Gembeck, 2018), and that concepts covered (particularly for younger children) (Wurtele, 2009) may be too complex.

### 3. Methodology

Our objectives in conducting this rapid evidence check were to investigate what content, pedagogy (teaching methods), and delivery modes are effective in improving children's knowledge about child sexual abuse prevention concepts, knowledge retention, and their acquisition and/or deployment of self-protective skills/behaviours. Where possible, the team aimed to differentiate results according to the learning objective, target audience, settings and/or delivery modes.

Specific questions that guided our analysis of **content**:

1. What content is most effective for increasing knowledge about concepts related to sexual abuse prevention like cyberbullying, image-based abuse, or illegal and harmful content?
2. How (if at all) was prevention program content changed or adapted for children from different cultural backgrounds, with disabilities or age/developmental state?
3. How was content changed or adapted (if at all) according to the setting (e.g., pre-school versus primary school)?
4. How was content changed or adapted (if at all) according to the delivery mode?

As part of our investigation of **teaching methods (pedagogy)** that best support retention of children's knowledge of child sexual abuse and skill acquisition in self-protective behaviours, we examined how (if at all) teaching methods vary according to the **delivery mode**. We synthesised existing reviews on self-protection-focused child sexual abuse prevention programs (such as DKSA) to help inform the research questions.

After examining the existing evidence base, we then provided recommendations about the design and delivery of sexual abuse prevention programs for pre-schoolers and children in the early primary school years (i.e., aged 2 to 8 years). We will use this information to inform decisions by Bravehearts Foundation on how to appropriately digitise the content of the DKSA program.

## 4. Findings

To date, multiple systematic reviews and meta-analyses have been conducted to identify what works in CSA prevention. These studies initially focused on investigating studies evaluating the effectiveness of school-based (protective behaviour/self-protection) programs (Davis & Gidycz, 2000; Fryda & Hulme, 2015; Kenny et al., 2008; Topping & Barron, 2009; Walsh et al., 2015). More recently, however, reviewers have begun seeking other information, such as the fidelity of interventions being used to prevent CSA (Lynas & Hawkins, 2017), the efficacy of primary prevention interventions regardless of being in a school setting or otherwise (Del Campo & Fávero, 2020; Horten, 2020) or what efforts are being made to implement interventions in developing countries (Russell et al., 2020).

These existing reviews have all supported a growth in our understanding of what works when it comes to CSA prevention. Many have reached the same conclusions in relation to the benefits and results of intervention programs, and also in identifying and critiquing what works. Continuous updating of these reviews is needed to ensure the most current information is available to assist CSA prevention program developers and decision makers.

### What are protective behaviour programs doing and are they working?

Many of the reviews reported that protective behaviour programs increased children's knowledge and self-protection skills (Del Campo & Fávero, 2020; Fryda & Hulme, 2015; Kenny et al., 2008). These gains are characterised as modest average increases (Topping & Barron, 2009). Many of the reviews found that any potential negative impacts on children as a result of taking part in protective behaviours programs—such as increases in anxiety or fear—were minimal (Del Campo & Fávero, 2020; Fryda & Hulme, 2015). One study in particular showed a decrease in anxiety or fear related to potential victimisation (Horten & Dölling, 2018). These positive findings are encouraging.

### What needs to be done to develop better programs and evaluate these effectively?

While programs based in schools (and other institutions/organisational settings) continue to be perceived as an effective way to support the prevention of CSA of children, the reviews conducted so far have also identified ways to improve both the programs and the ways in which they are evaluated.

Intervention fidelity is an important concept when evaluating the efficacy of any intervention. Lynas and Hawkins (2017) focused their systematic review on doing exactly this and assessing the

fidelity using a standardised tool: the National Institutes of Health Behaviour Change Consortium Fidelity Checklist (Borrelli, 2011). Their findings show that fidelity among CSA protective behaviour programs is low (at around 45%). Lynas and Hawkins (2017) proposed two key suggestions to improve fidelity:

- ensure that evaluation studies have suitably devised comparison and control groups
- have study follow-up protocols to better identify the maintenance of gains made via any intervention.

Reviews repeatedly call attention to lack of evidence that increased knowledge and skills leads to actual decreases in victimisation (Walsh et al., 2019). As discussed above, this is because actual victimisation is difficult to measure, disclosure is rare, and intervention contexts (such as schools) do not routinely collect such data. Existing programs also do not—for the most part—focus on preventing victimisation from, or perpetration of, harmful sexual behaviours by children and young people. Considering the high percentage of sexual abuse perpetrated by peers (estimated to be as high as 30%; Commonwealth of Australia, 2017) and a desire for CSA interventions in a public health approach to occur most at the primary level, a review of harmful sexual behaviour prevention efforts is warranted.

## **What content in protective behaviours programs supports CSA prevention?**

A review of CSA prevention education programs across Australia by Walsh et al. (2019) identified 20 core content areas that were frequently taught (See Table 1). Other recent reviews have identified five topic areas relating to prevention strategies that young people can deploy:

- recognise
- refuse
- resist
- report
- responsibility (Wurtele & Kenny, 2012).

Reviews also identify content in education programs that falls into seven overarching domains of prevention:

- recognising CSA and other types of abuse

- distinguishing between appropriate and inappropriate touching
- differentiating between good and bad secrets
- saying no to unwanted approaches
- telling an adult
- knowing they aren't to blame
- using strategies to reduce the likelihood of being abused or reporting abuse if these fail (Topping & Barron, 2009).

These have been cross referenced in Table 1 to identify and report:

- (i) the total of all content covered in self-protection behaviours programs, as identified in the existing review work
- (ii) those content areas which may be larger than others and thus require a larger focus of time in programs (depending on whether evidence exists which supports the effectiveness of that content in reducing CSA victimisation/ increasing knowledge and skills).

An additional point to note in relation to content is the use of the terms 'OK touch' and 'not OK touch'—as opposed to 'good touch' and 'bad touch'—due to the fact that although some touches feel good, they are not OK to be occurring and that they do not always cause uncomfortable feelings (Kenny et al., 2008).

*Table 1: Convergence between core content areas in three recent reviews of CSA prevention education*

Wurtele & Kenny (2012)	Topping & Barron (2009)	Walsh et al. (2019)
Recognise	Recognise CSA and other types of abuse	How to recognise abusive situations
	Distinguishing between appropriate and inappropriate touching	Distinguishing between appropriate and inappropriate touch
	Differentiate between good and bad secrets	Types of secrets and/or surprises
		Identifying feelings
		Children’s bodies belong to them
		Offenders may be people they know/trust
		Identifying the body’s warning signs
		Adults can sometimes act inappropriately
		Both boys and girls can be abused
		Abuse can involve touch and non-touch experiences
		Correct anatomical terms for private parts
		Safety with technology
		Perpetrator strategies (e.g., grooming)
		Abusive touch may sometimes feel nice
Refuse	Saying no to unwanted approaches	It’s OK to say “No” to touch
Responsibility	Knowing they aren’t to blame	Children are not to blame
Report	Telling an adult	How to identify a trusted adult
		Always tell a trusted adult
		The “no, go, tell” sequence

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Resist	Using strategies to reduce the likelihood of being abused, or reporting abuse if these fail †
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†Encompasses ‘Resist’ and ‘Report’ of Wurtele and Kenny’s 5 core areas.

### What content is most effective for increasing knowledge?

Evidence showing which of the content areas is most effective in increasing knowledge and concepts related to sexual abuse prevention can be difficult to identify. This is due to the lack of rigorous methodologies trialling single vs multiple combinations of content areas and comparing learning outcomes across these. Meta-analyses over the past 25 years (Davis & Gidycz, 2000; Rispens et al., 1997) have not been able to code evaluations for teaching content due to a lack of program evaluation studies assessing different teaching content and content volumes for different groups.

### How is content adapted for children from different cultural backgrounds, with disabilities or by developmental stage?

#### Cultural backgrounds

When considering the importance of adapting sexual abuse prevention programs for different cultural groups, one key concern is often related to differences in the appropriateness of children—and women—showing assertiveness within some cultural groups (Kenny et al., 2008), as well as stigma in others (Russell et al., 2020). While there has been some promising work in supporting abused children from different cultural groups to be assertive and to prevent further abuse, there has been little work to identify differences in self-protection program efficacy in participants across different cultural groups. In their assessment of the fidelity of school-based programs, Lynas and Hawkins (2017) found that only approximately half of the 17 studies they reviewed considered multicultural factors in either the design or delivery of the program.

There is a dearth of evidence that demonstrates effective tertiary prevention and support strategies or programs, including ways to sensitively guide policy and practice for effective strategies for responding to sexual assault of Aboriginal and Torres Strait Islander populations, targeted at adults or children (McCalman et al., 2014). Key factors of effective primary prevention for Aboriginal and Torres Strait Islander populations have been identified in the Queensland Centre for Domestic and Family Violence Research Practice Paper (2019), highlighting that campaigns and program delivery (and their evaluation) must be designed or modified with the specific community, including:

- visual and verbal messages forming the basis of campaigns

- using arts and dramatic formats
- developing and testing messages and presentation with the target community
- translated into key community languages (Young, 2004).

An example of one such program, *Love Bites*, is an educational program designed to prevent family violence and sexual assault by supporting teenagers aged 14 to 17 years to develop healthy and respectful relationships (Centre for the Study of Sexual Assault, 2013). The program has been tailored to 100 communities across Australia in metropolitan, regional and remote areas (National Association for Prevention of Child Abuse and Neglect, 2014). The program entails a series of educational workshops addressing domestic and family violence and sexual assault. These are followed by creative workshops to strengthen the information (Queensland Centre for Domestic and Family Violence Research, 2019). The creative workshops are run by young people and are used in local campaigns in efforts to prevent violence against women in communities (National Association for Prevention of Child Abuse and Neglect [NAPCAN], 2014, as cited in Queensland Centre for Domestic and Family Violence Research, 2019). *Love Bites* has not been evaluated with Aboriginal and Torres Strait Islander adolescents (Queensland Centre for Domestic and Family Violence Research, 2019) but it has been evaluated with adolescents in Sydney. This evaluation found positive effects on adolescents' attitudes towards domestic violence and gender relations. No comparison group in the study meant that observed changes could not attributed to the program (Ellis, 2008; Flood, 2012).

### Disabilities

Every child should be taught sexual abuse prevention education and skills, but there are specific groups at a higher risk of abuse, such as children with disabilities (Davis, 2011; Warritch et al., 2021). Despite this, there are few interventions developed for this group (Warritch et al., 2021). Two interventions developed and adapted specifically for children with disabilities were found to be effective in increasing their knowledge and skills of sexual abuse prevention, and these improvements were maintained at follow-up (Kim, 2016; Warritch et al., 2021). Across both of these interventions, participating children were taught skills such as:

- identifying body parts
- differentiating between appropriate and inappropriate situations
- refusal tactics (verbal refusing and leaving situations)
- reporting concerns.

In a group setting, trainers used various teaching methods including role-play, modelling and feedback using different materials. Training sessions were conducted weekly, with each session lasting 30–40 min. The evaluations also demonstrated that prior to the administered interventions children with intellectual disabilities lacked satisfactory knowledge and skills to recognise sexual abuse and protect themselves from it (Kim, 2016; Warraitch et al., 2021). Challenges and limitations of the evaluations were the small sample sizes. The Warraitch et al. study (2021) was based on 15 children with intellectual disabilities and the Kim study (2016) was based on only 3 children with intellectual disabilities.

### Developmental stage

When investigating the different content areas covered by studies sampling children of different age groups (e.g., Table 2 in Fryda & Hulme, 2015; see Appendix) there does not appear to be any difference in the content areas covered across different ages or developmental stages. This is not to say that the specificity, details, language, or methods used are not being adapted over time to be more developmentally challenging and appropriate, but rather, that the studies (and reviews of these studies) do not detail these differences.

While not suggesting *what* content changes would look like, the importance of understanding that younger children would likely find it difficult to understand that a ‘good person’ (i.e., a relative) can do ‘bad things’ (i.e., abuse them) (Kenny et al., 2008) is an important consideration for content adaptation for children at earlier developmental stages. A recent study by Salter et al. (2021) reiterated the importance of sensitively addressing the reality that children can’t automatically count parents and carers in the ‘trusted’ group of adults. One review (Kenny et al., 2008) suggested that to ensure content is developmentally appropriate, children at earlier developmental stages may be more likely to learn skills that are first introduced by parents and later rehearsed in education settings. This highlights the importance of parents knowing the most effective messages to share with their children.

### How is content changed or adapted according to setting?

#### Primary and pre-school settings

Existing reviews have identified the ability for self-protection programs to increase the knowledge and skills of children as young as three years of age (Del Campo & Fávero, 2020; Fryda & Hulme, 2015; Kenny et al., 2008). This suggests that adapting program material (i.e., content and teaching methods) to align with the developmental stage and/or age of the children receiving programs, provides an opportunity to begin CSA prevention programs at a young age, and to continue revising and covering new developmentally appropriate material as children progress through childhood. Such an approach is suggested by numerous key researchers within the field (Brassard

& Fiorvanti, 2015; Davis & Gidycz, 2000; Wurtele & Kenny, 2012) and is also supported by neurocognitive research related to learning and memory which identifies revision and repetition an important process to retain learned knowledge and skills (Klingberg, 2013).

Like programs implemented in primary schools, programs delivered in pre-schools (or kindergartens) also focused on the same content areas, often employing the same teaching methods (Brown, 2017). In a descriptive review of multiple programs at the pre-school level, Manheim et al. (2019) do not discuss any different content than those used in primary school programs. Notice is given to the importance of presenting the material in a developmentally appropriate way.

It has been suggested that learning related to using the correct anatomical terminology for genitals may be retained better when taught by parents (Deblinger et al., 2001). This is an important consideration, particularly given parents' reluctance to be involved in sex education (Walsh & Brandon, 2012), regardless of the setting in which sexual abuse prevention education programs are being implemented. Children's picture books may be an entry point for this, giving parents an avenue to talk about anatomically correct names of genitalia and body parts with children and ways of introducing these in an appropriate and educational way (Lampert & Walsh, 2010).

#### How was content adapted according to the delivery mode?

We found no evidence of studies that demonstrated or suggested how in-person or textbook CSA prevention program content could be adapted to online CSA prevention program content. As addressed in Question 1—What content is most effective for increasing knowledge about concepts related to sexual abuse prevention like cyberbullying, image-based abuse, or illegal and harmful content, when developing a prevention program? —several quality criteria must be considered. All these criteria must be addressed in face-to-face as well as online CSA prevention programs (Müller et al., 2014).

## **What teaching methods support knowledge retention and skill acquisition?**

Teaching methods that utilise active participation of children, such as modelling and rehearsal of skills, are more effective than programs that use more passive teaching methods such as individual study or watching videos (Brassard & Fiorvanti, 2015; Topping & Barron, 2009; Wurtele & Kenny, 2012). In their meta-analysis, Rispons et al. (1997) coded methods used at the whole of program level as either 'instructional' (implying a focus on didactic teaching of facts and concepts) or 'behavioural' (implying a focus on interactive teaching of behavioural skills and concepts) according to the description of the content of the program in each study.

Behavioural teaching methods were found to be far more effective when compared to programs coded as instructional. Davis and Gidycz (2000) identified active physical participation within programs—which could be linked to the kind of methods used—as the most effective (by two to three times). Specific behavioural methods identified included role-play and drama or behavioural training. Wurtele et al. (1987) found that behavioural skills training, including active skills rehearsal, shaping, and reinforcement, produced significantly higher knowledge and skill gains than did simple modelling of skills by a presenter. Programs that include role-play and participant rehearsal have been shown to more effective than less active modes of presentation (e.g., simply watching films or listening to lectures) in improving prevention knowledge and skills of children (Blumberg, 1991; Wurtele et al., 1987).

Methods that focused solely on children's verbal participation provided fewer effective results (by about half), and programs using methods that did not involve any child participation (i.e., videos, lectures, presentations) were even less effective. A review by Topping and Barron (2009) confirmed this in studies that used a combination of methods by stating, "All the studies with four or more gains...were characterised by the combination of participants seeing how to respond in abusive situations (modelling), talking about and reflecting on what had been seen (group discussion), and skills rehearsal (role-play)." Davis and Gidycz (2000) also noted that the way in which children's learning from programs was assessed—either through behavioural outcome measures or questionnaire-based outcome measures—influenced the perceived success of programs.

## **What delivery modes have been shown to be effective?**

Parent involvement and use of teaching methods focused on participation and behavioural skill acquisition are important elements in effective program delivery. However, they each pose

particular challenges and opportunities in the issue of adapting or designing programs for online delivery.

There is sufficient evidence to suggest that school based-prevention programs that include children as participants are extensively used in CSA prevention education (Martin & Silverstone, 2016). This is documented in multiple reviews (Walsh et al., 2015; Wurtele, 2009; Zwi et al., 2007). Furthermore, interactive behavioural methods can be an effective approach to increase children's knowledge, self-protective behaviours, and reporting behaviours (Davis & Gidycz, 2000; Fryda & Hulme, 2015; MacMillan et al., 2009; Walsh et al., 2015; Zwi et al., 2007: as cited in Martin and Silverstone 2016).

We now turn our attention to online education for children as a delivery mode for CSA prevention. Following an overview of online education for children, we highlight two online CSA prevention education programs developed for children that have shown to be effective.

### Online education for children: An overview

Online learning environments and education programs, sometimes referred as e-learning, have become common and mainstream for both children and adults (Kentnor, 2015). Online learning involves factors such as target audience, content of learning and features of environment (Eren & Erdem, 2013). Given the major role that digital content, technology and the internet have in the lives of some children (important to note that only 33% of the global child population have access) (UNICEF, 2010-2020), an online education curriculum has been proposed (Oblinger & Oblinger, 2005; Pedro, 2006; Prensky, 2001) for developmentally appropriate digital learning environments for children (Cooper, 2005). Responding to this call, some have investigated the information-seeking behaviours of millennials, young people born in the 2000s (Connaway et al., 2008) and have sought to capture and define young people's online learning preferences and their characteristics. Others have attempted to develop scales that measure features of children's digital learning environments with regard to learning, motivation, and content, including from the perspectives of primary school children themselves, as well as adult education and learning content professionals (Eren & Erdem, 2013).

Much of what is known about online learning is based heavily in the tertiary context (Wright, 2004). Those addressing online learning for primary years highlight multiple issues for primary-aged students, such as technological ability (Etherington, 2008; Fedynich, 2008; Wedenoja, 2020) as well as online security or cybersafe risks (Eren & Erdem, 2013; McPake et al., 2013; Plowman et al., 2011). Public attention on online learning for children in the early years (2-8) has increased in recent years, due in part to events such as the COVID-19 pandemic (Kim, 2020). However,

research interest has been prominent over the last decade (Edwards et al., 2015; Edwards, 2012, 2013, 2017).

Authors have been quick to reappraise the suitability of online learning for younger children who are the subject of this report. This cohort of children aged 2 to 8 learn best through play (Chism, 2006; Kennedy, 2012) and are most likely to learn best when their senses are stimulated, when the exchange of information is encouraged, and there are opportunities for rehearsal, feedback, application, and transfer (Chism, 2006). This is often referred to as ‘gamification’ where learning strategies are embedded in game-style interactions that mimic the kinds of online leisure activities that children and young people of various ages enjoy. This has been used in related areas, such as in the promotion of children’s resilience and wellbeing. For example, *Rumble’s Quest* is a video game designed to support and promote children’s wellbeing, developed by researchers from Griffith University (<https://www.realwell.org.au/rumbles-quest/>). The game is now being trialed in Australian schools. Another online learning resource, an audio book called *Swoosh & Glide* teaches young children about online safety behaviour by engaging children in reading and singing (<https://www.esafety.gov.au/parents/children-under-5/picture-book-and-song>). Online education programs that utilise character-based animation and narration are suggested to be better remembered by users than printed materials, such as textbooks (Moon et al., 2017).

Our review suggests that engagement and retention of information is achieved best through process learning, that is via active, hands-on activities (Kim, 2020) requiring interactivity among peers and with teachers or instructors (Wright et al., 2004). However, there are limitations to online learning for young children: online access, the need for adult supervision, adult availability and adult involvement (Schroeder & Kelley, 2010). Despite these barriers, the number of younger children aged 2 to 8 who are now using online tools for learning is increasing rapidly due to touchscreen technologies and internet accessibility (Edwards, Mantilla, et al., 2018; Edwards, Nolan, et al., 2018; Wood et al., 2020). Debate continues on whether or not it is beneficial for young children to be exposed extensively to online education technologies (Early Childhood Australia, 2021; Edwards, Nolan, et al., 2018; Kim, 2020).

Key implications for consideration include:

- engagement of parents
- use of gamification strategies
- development of skill building, via interactive experiences including rehearsal and modelling (not solely via transmissive, one-way instructional strategies).

## Online CSA prevention programs

It is widely accepted that children have increased access to the internet and to a wide range of internet enabled devices such as computers, tablets, mobile phones, game consoles, the internet of things. This phenomenon has led to an increase in observations of their online behaviours, analysis of patterns or trends, and development of online programs over the last decade that aim to strengthen children's self-protection and enhance their safety (Haddon & Livingstone, 2009) (see <https://www.lse.ac.uk/media-and-communications/research/research-projects/eu-kids-online/eu-kids-online-2020>).

Globally, proponents of online learning focus on broader digital citizenship or digital literacy; CSA prevention is almost never included in programs, despite a major shift to online learning in education. Prevention of CSA seems to get lost in the plethora of other content. And even though prevention of CSA is acknowledged universally with numerous in-person CSA prevention programs, and largely universal access, there is a dearth of literature that identifies or evaluates online-delivered CSA prevention programs. If CSA is addressed at all, the topic often takes a very 'light touch' approach to serious harms. For examples, see the eSafety Commissioner report *Best Practice Framework for Online Safety Education* (2020, p.16).

In a search for literature regarding the effectiveness of online CSA prevention programs, we found two studies that demonstrated effectiveness of online CSA prevention programs designed and developed to successfully teach prevention strategies online with children as the target group. The first study (Müller et al., 2014) described and evaluated *Cool and Safe*, a web-based training program for elementary school children, aged between 8-11 years, aimed at the prevention of child sexual abuse. The authors state that the major goal of the program is to "prevent child sexual abuse by teaching knowledge about safe behaviours, appropriate and inappropriate touches, as well as good and bad secrets" (Muller et al., 2014, p.61). The findings suggested that the program improves knowledge and secure behavioural strategies, and decreases children's hiding of emotions. The second study (Moon et al., 2017), developed and evaluated the effects of a CSA prevention mobile application for primary school-aged children and pre-school children in South Korea. The experimental group received the app-based education, and two control groups received web-based education and textbook-based education, respectively. The authors concluded that although the app-based program improved awareness and imparted lasting effects to the child's skills to avoid child sexual abuse situations, the differences between the three groups were not statistically significant (Moon et al., 2017). This most recent finding supports prior research (Bae, 2009) that employs computer assisted instruction for prevention education on child sexual harassment/sexual violence.

Aside from the two studies identified above, we found mention of two online CSA prevention projects in development. Authors (McKibbin & Humphreys, 2020) cited the project WASAPP currently in development – the *Worried About Sex and Porn Project for Young People*. The project aims to co-design an online early intervention for children and young people worried about their sexual thoughts and behaviours towards other children/young people. Similar work is being carried out by Letourneau and colleagues in the US through the Help Wanted project (see <https://www.jhsph.edu/research/centers-and-institutes/moore-center-for-the-prevention-of-child-sexual-abuse/about-us/>). This has a similar aim of reducing child sexual abuse through a web-based intervention for young people (18 and over) who are sexually attracted to children but haven't acted on their impulses.

## 5. Implications

Considering the existing evidence base, we offer the following implications for the design and delivery of sexual abuse prevention programs for pre-schoolers and children aged 2 to 8 years in the early school years.

Assessment of the literature suggests multiple reasons why there are limited online CSA prevention programs that target children and young people. Wurtele and Kenny (2012) state that “CSA prevention programs also compete for limited time during the school day with prevention programs targeting other social problems (e.g., bullying, dating violence, sexual harassment).” Additionally, possible issues presented in this rapid evidence check point to other considerations for targeting younger children aged 2 to 8 years as summarised below:

- learning pedagogy
- technology issues and risks
- reliance on adults
- the assumption that parents and caregivers are protective when evidence identifies parents or caregivers, such as stepfathers, facilitate or are responsible for 42% of cases of CSA (Salter et al., 2021)
- limited knowledge of instructional skills and proficiencies for online learning

Given the firm understanding and knowledge of the education requirements and developmental levels of pre-schoolers and children in the early school years (2 to 8 years), developing and

implementing a child-focused online CSA prevention program for children in the early years is to be supported, but with some appropriate cautions.

We recommend that any CSA prevention program include the 20 core content areas (see Table 1). In addition, we suggest these brief recommendations based on the existing evidence and detailed further below:

- number of sessions
- parental involvement
- sensitivity to the age and development of children
- use of behaviour skills and training
- cultural background and disabilities
- program implementation, and outcome measures.

### Number of sessions

Programs and interventions that were delivered over four or more sessions were the most effective (Wurtele & Kenny, 2012). This was supported by Davis and Gidycz (2000) in a meta-analysis of 27 studies and other reviews (Brassard & Fiorvanti, 2015). Guidelines by the National Centre for Missing and Exploited Children (NCMEC, 1999 as cited in Wurtele & Kenny, 2012) also stipulate that multiple sessions should be used to teach self-protection skills and that these should be reinforced over several years.

### Parental involvement

The NCMEC guidelines suggest the inclusion of homework and active parental involvement, which is supported by conclusions across multiple reviews (Brassard & Fiorvanti, 2015; Del Campo & Favero, 2020; Kenny et al., 2008; Topping & Barron, 2009; Wurtele & Kenny, 2012). If parents need to be the 'first educators', they need to know what to say and do. If they should be the ones to name body parts, they need to know the correct names to begin with see (Babatsikos, 2010). However, researchers have also identified that parents lack accurate knowledge (Guo et al., 2019; Rudolph et al., 2018 ; Walsh & Brandon, 2012). Such a deficit in this elemental starting point would not offer a strong base of support to CSA prevention programs being used in school or indeed other organisational contexts.

However, as noted by Salter et al. (2021), prevention education programs need to deal sensitively with the reality that not all parents are a source of safety. Program content needs to be written

sensitively with the understanding that not all children view their parents as ‘trusted adults’. Not only may parents be perpetrators of incest, but they may also be responsible for creating, or facilitating access to their child for the purposes of creating child sexual abuse material.

### Age of children, behaviour skills and training

The effect size of programs broken down by mean age into groups of 3 to 5 years old, 5 to 8 years old, and 8 to 12 years old, tells us that programs delivered to children aged 5 to 8 had the highest effect, followed by programs delivered to children aged 3 to 5 (Davis and Gidycz, 2000). Other review authors have confirmed that younger children can successfully learn CSA knowledge and skills (Brassard & Fiorvanti, 2015), particularly when this is done in a concrete way rather than abstract way (Brassard & Fiorvanti, 2015; Davis & Gidycz, 2000; Topping & Barron, 2009; Wurtele & Owens, 1997). This considers young children’s developmental capacities.

However, in their review of school-based CSA prevention programs, Topping and Barron (2009) found the opposite. Older children learned more prevention concepts and younger children fewer. This difference could potentially be related to the difference between learning facts and concepts (knowledge) and self-protection behaviours (skills). These findings may also be related to the outcome measures used to assess children’s learning and the extent to which these adequately captured aspects that were taught in the programs and were presented in developmentally appropriate ways.

### Cultural background and disabilities

More work is needed to identify what program content works for which cultural groups. This may be best achieved through qualitative methodologies seeking advice from children, parents, and professionals from a range of cultural backgrounds as well as analyses of cultural influences within future program evaluations.

### Program implementation

There is an undeniable overlap between relationships and sexuality education and abuse prevention, as well as with wider social issues such as bullying and gender-based violence prevention. This lends itself to the notion of developing wholistic programs that teach healthy and respectful relationships and aim to prevent abuse in children and young people. A wholistic approach is also suggested by Kenny et al., (2008) and (Del Campo & Fávero, 2020) who argue that discussions regarding sexual abuse should be part of sexuality education for children. It is further supported by international technical guidance on sexuality in education (UNESCO, 2009). Unfortunately, programs are rarely implemented in a wholistic fashion. One way to move forward

could be in the naming of such programs that emphasises a focus on self-protection. Kenny et al. (2008) suggests that programs should be called ‘self-protection’ programs rather than CSA prevention programs in view of their potential capacity to be protective against more than CSA.

In our view, these programs should include teaching about respectful relationships and prevention of harmful sexual behaviours. The literature increasingly acknowledges children and young people as potential perpetrators as well as potential victims (Del Campo & Fávero, 2020). It is worth considering programs designed to prevent both victimisation and perpetration such as respectful relationship education programs like *Love Bites* – see Speers Mears (2020).

### Outcome measures

A rigorous evaluation of any program should collect socio-demographic information on individual child and family factors, and other community and geographical factors (i.e., socioeconomic status, location, and composition). These data are often not included, but are potential moderators of program effectiveness, along with other characteristics such as self-esteem and personality differences. Ideally, from an ecological perspective, data should be collected at all levels: from children (regarding their knowledge, attitudes, self-efficacy/confidence to act, and perceptions of safety), their family and/or carers (whether they have seen changes in the children/young people, and whether its changed their attitudes, knowledge, skills and actual behaviour), and at the community level (including local data on reporting, and eventually over time, retrospective data on incidence/prevalence of actual harm). Baseline assessments should account for these differences.

## 6. Discussion and Conclusion

Review of the available literature suggests no available evidence on the effectiveness of online CSA prevention programs. Considering the findings of existing reviews, and the strong evidence on the need for interactive programs with modelling, role-play, rehearsal, and feedback, it is not yet possible to know how effective online CSA prevention programs will be, or if they could be as effective as in-person programs (in particular for younger children aged 2 to 8). There is sufficient evidence to suggest that school based-prevention programs that include children across all ages as participants are extensively used in CSA prevention education (Martin & Silverstone, 2016; Walsh et al., 2015; Wurtele, 2009; Zwi et al., 2007). These programs can be an effective approach to increase children’s knowledge and self-protective behaviours. On the basis of this evidence, we recommend evaluation studies that investigate whether online CSA prevention programs for children produce similar positive results. Future research could involve comparison between in-person and online versions of the same program to assess differences in program effects and to

evaluate further whether online CSA prevention programs are an effective approach to increase children's knowledge and self-protective behaviours related to CSA.

### Working towards digitally delivered CSA prevention education

Based on the findings of our synthesis of existing reviews of prevention education, there are 12 key issues to consider:

- Tailoring learning strategies and language to meet the needs of children and young people in developmentally appropriate ways.
- Addressing the full range of content identified in Table 1 but also considering the importance of respectful relationship content due to the possibility of children and young people displaying concerning or harmful sexual behaviours.
- High standards of evidence required to demonstrate that CSA prevention programs (using strategies to increase knowledge and skill) reduce actual incidence of CSA may be unattainable without large-scale, sophisticated, long-term (population-level) evaluation.
- How to design digital analogues of modelling, role-play, rehearsal, and feedback into effective digital, including adoption of gamification strategies.
- Supporting and engaging parents e.g., see: <https://raisingchildren.net.au/school-age/safety/child-sexual-abuse/child-sexual-abuse-what-to-do>
- Sensitive acknowledgement that not all parents/carers are sources of safety and support. Programs should sensitively address the problem of abuse, including image-based, and exploitation by family members.
- Integrating supports and resources for early childhood educators, e.g., aligning prevention education resources to existing quality frameworks and teaching strategies.
- Curriculum scope and sequence: given that knowledge and skills are retained better when reinforced over time, online learning needs to be integrated into curriculum beginning in early learning contexts and extending though into schools.
- Integrating parent/educator resources with other family resources, and child-safe organisational strategies and supports, based on situational prevention models (Higgins & Morley, 2018). See <https://childsafe.humanrights.gov.au/>
- Reinforcing the messaging that it is the job of adults to protect children (in line with child-safe organisational principles), while at the same time recognising children's rights to

participate in decisions affecting them. This is consistent with the focus in early childhood education on recognising children as capable and creative (Australian Children's Education and Care Quality Authority, 2011).

- Child-focused strategies, that keep children and young people at the centre of the program. Children are included because their viewpoint is valued and understood. It is children's right to safety that is being supported. See:  
<https://safeguardingchildren.acu.edu.au/qualifications-and-professional-learning/keeping-kids-central>
- Prevention education is a primary prevention strategy that aims to stop harm from occurring, but it must occur alongside secondary and tertiary prevention strategies tailored to audiences with higher risks, such as children with disability. All strategies should include the following characteristics: support help-seeking and respond quickly, address risks in a child-centred way, use therapeutic responses to those who have been harmed.

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## 8. Appendix

*Extracted from partial segment of Fryda & Hulme (2015) Table 2: Characteristics of School-based Childhood Sexual Abuse Prevention Programs Described in the Literature.*

<b>Program name</b> <b>Article Author(s) (Year)</b>	<b>Targeted Age or Grade</b> <b>Content Categories</b>
Behavioral Skills Training Program <ul style="list-style-type: none"> <li>• Wurtele and Miller-Perrin (1987)</li> </ul>	Grade: Kindergarten Content categories: <ul style="list-style-type: none"> <li>• Body ownership</li> <li>• Saying no, assertiveness</li> <li>• Types of touch</li> </ul>
<ul style="list-style-type: none"> <li>• Lee and Tang (1998)</li> </ul>	Ages: 11–15 Content categories: <ul style="list-style-type: none"> <li>• Body ownership</li> <li>• Saying no, assertiveness</li> <li>• Types of touch</li> </ul>
Better Safe Than Sorry <ul style="list-style-type: none"> <li>• Sloan and Porter (1984)</li> </ul>	Grades: 2–5 Content categories: <ul style="list-style-type: none"> <li>• Abuse spectrum</li> <li>• Telling adults/ secrets</li> </ul>
Broken Trust Shared Feelings <ul style="list-style-type: none"> <li>• Munday and Joyce (1999)</li> </ul>	Ages: 11–14 Content categories: <ul style="list-style-type: none"> <li>• Grooming behaviours</li> <li>• Telling adults/ secrets</li> </ul>
The Bubbylonian Encounter <ul style="list-style-type: none"> <li>• Johnson (1987)</li> </ul>	Grades: Kindergarten to 6 Content categories: <ul style="list-style-type: none"> <li>• Saying no/ assertiveness</li> <li>• Telling adults/ secrets</li> </ul>
Child Assault Prevention Project <ul style="list-style-type: none"> <li>• Binder and McNiel (1987)</li> </ul>	Ages: 5–12 Content categories: <ul style="list-style-type: none"> <li>• Abuse spectrum</li> <li>• Saying no/ assertiveness</li> <li>• Telling adults/ secrets</li> <li>• Types of touch</li> </ul>
ESPACE (Canadian adaptation of Child Assault Prevention Project) <ul style="list-style-type: none"> <li>• Hébert, Lavoie, Piché, and Poitras (2001)</li> </ul>	Grades: 1 and 3 Content categories: <ul style="list-style-type: none"> <li>• Abuse spectrum</li> <li>• Body ownership</li> <li>• Saying no/ assertiveness</li> <li>• Telling adults/ secrets</li> </ul>
<ul style="list-style-type: none"> <li>• Daigneault, Hébert, McDuff, and Frappier (2012)</li> </ul>	Ages: 5–11 Content categories: <ul style="list-style-type: none"> <li>• Abuse spectrum</li> <li>• Body ownership</li> <li>• Saying no/ assertiveness</li> </ul>

<b>Program name</b> <b>Article Author(s) (Year)</b>	<b>Targeted Age or Grade</b> <b>Content Categories</b>
Feel Think Do <ul style="list-style-type: none"> <li>Vannan and Watson (2008)</li> </ul>	<ul style="list-style-type: none"> <li>Telling adults/ secrets</li> <li>Types of touch</li> </ul> Ages: 10–11 Content categories: <ul style="list-style-type: none"> <li>Saying no/ assertiveness</li> <li>Telling adults/ secrets</li> </ul>
Good Touch–Bad Touch <ul style="list-style-type: none"> <li>Harvey, Forehand, Brown, and Holmes (1988)</li> </ul>	Grade: Kindergarten Content categories: <ul style="list-style-type: none"> <li>Telling adults/ secrets</li> <li>Types of touch</li> </ul>
Keeping Me Safe <ul style="list-style-type: none"> <li>Weatherley et al. (2012)</li> </ul>	Age: “mostly” 9 Content categories: <ul style="list-style-type: none"> <li>Abuse spectrum</li> <li>Body ownership</li> <li>Saying no/ assertiveness</li> <li>Safe/unsafe situations</li> <li>Telling adults/ secrets</li> <li>Types of touch</li> </ul>
Keeping Ourselves Safe <ul style="list-style-type: none"> <li>Briggs and Hawkins (1993)</li> </ul>	Ages: 5–8 Content categories: <ul style="list-style-type: none"> <li>Safe/unsafe situations</li> <li>Saying no/ assertiveness</li> <li>Telling adults/ secrets</li> </ul>
(No) Child’s Play <ul style="list-style-type: none"> <li>Krahé and Knappert (2009)</li> </ul>	Grades 1–2 Content categories: <ul style="list-style-type: none"> <li>Safe/unsafe situations</li> <li>Telling adults/ secrets</li> <li>Types of touch</li> </ul>
Not named <ul style="list-style-type: none"> <li>Robertson and Wilson- Walker (1985)</li> </ul>	Grades: preschool to 6 Content category: <ul style="list-style-type: none"> <li>Saying no/ assertiveness</li> </ul>
Project Trust <ul style="list-style-type: none"> <li>Oldfield, Hays, and Megel (1996)</li> </ul>	Grades 1–6 Content categories: <ul style="list-style-type: none"> <li>Abuse spectrum</li> <li>Saying no/ assertiveness</li> <li>Types of touch</li> </ul>
Red Flag/Green Flag People I (for younger children) and II (for older children): A Personal Safety Program <ul style="list-style-type: none"> <li>Chen, Fortsen, and Tseng (2012)</li> </ul>	Ages: 6–13 Content categories: <ul style="list-style-type: none"> <li>Abuse spectrum</li> <li>Body ownership</li> <li>Safe/unsafe situations</li> <li>Saying no and assertiveness</li> <li>Telling adults/ secrets</li> <li>Types of touch</li> </ul>
Safe Child Personal Safety Program <ul style="list-style-type: none"> <li>Kraizer, Witte, and Fryer (1989)b</li> </ul>	Ages: 3–10 Content categories:

Program name	Targeted Age or Grade
Article Author(s) (Year)	Content Categories
Sexual Abuse Prevention Program <ul style="list-style-type: none"> <li>Telljohann, Everett, and Price (1997)c</li> </ul>	<ul style="list-style-type: none"> <li>Abuse spectrum</li> <li>Body ownership</li> <li>Telling adults/ secrets</li> </ul> Grade: 3 Content categories: <ul style="list-style-type: none"> <li>Body ownership</li> <li>Safe/unsafe situations</li> <li>Telling adults/ secrets2</li> <li>Types of touch</li> </ul>
Stay Safe Program <ul style="list-style-type: none"> <li>MacIntyre and Carr (1999a)b,c</li> </ul>	Grades: 2 and 5 Content categories: <ul style="list-style-type: none"> <li>Abuse spectrum</li> <li>Safe/unsafe situations</li> <li>Saying no/ assertiveness</li> <li>Telling adults/ secrets</li> <li>Types of touch</li> </ul>
<ul style="list-style-type: none"> <li>MacIntyre and Carr (1999b)b,c,e</li> </ul>	Ages: 4–15 Content categories: <ul style="list-style-type: none"> <li>Abuse spectrum Safe/unsafe situations</li> <li>Saying no/ assertiveness</li> <li>Telling adults/ secrets</li> <li>Types of touch</li> </ul>
Too Smart for Strangers <ul style="list-style-type: none"> <li>Pelcovitz, Adler, Kaplan, Packman, and Krieger (1992)f</li> </ul>	Grades: Kindergarten to 1 and 5 to 6 Content categories: <ul style="list-style-type: none"> <li>Telling adults/ secrets</li> <li>Types of touch</li> </ul>
Touch <ul style="list-style-type: none"> <li>Saslowsky and Wurtele (1985)b</li> </ul>	Grades: Kindergarten to 1 and 5 to 6 Content categories: <ul style="list-style-type: none"> <li>Telling adults/ secrets</li> <li>Types of touch</li> </ul>
TOUCH Continuum <ul style="list-style-type: none"> <li>Casper (1999)</li> </ul>	Grades: 2–6 Content categories: <ul style="list-style-type: none"> <li>Telling adults/ secrets</li> <li>Types of touch</li> </ul>
Touching <ul style="list-style-type: none"> <li>Tutty (1992)</li> </ul>	Grades: 1, 3, and 6 Content categories: <ul style="list-style-type: none"> <li>Body ownership Saying no/ assertiveness</li> <li>Types of touch</li> </ul>
Understanding Earthly Emotions <ul style="list-style-type: none"> <li>Hayward and Pehrsson (2000)</li> </ul>	Grades 3–4 Content categories: <ul style="list-style-type: none"> <li>Body ownership Telling adults/ secrets</li> <li>Types of touch</li> </ul>
Who Do You Tell <ul style="list-style-type: none"> <li>Tutty (1997)</li> </ul>	Grades: 1–6 Content categories: <ul style="list-style-type: none"> <li>Abuse spectrum Saying no/ assertiveness</li> <li>Telling adults/ secrets.</li> </ul>

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Program name	Targeted Age or Grade
Article Author(s) (Year)	Content Categories
	<ul style="list-style-type: none"><li>• Types of touch</li></ul>

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