CHILD SEXUAL ABUSE PRIMARY PREVENTION STRATEGIES:
A LITERATURE REVIEW

PREPARED FOR
Prevent Child Abuse Iowa

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Executive Summary

Introduction

The purpose of this report is to review the research support for child sexual abuse (CSA) prevention strategies. It focuses on primary prevention strategies which, based on the Public Health Model of prevention, aim to prevent sexual abuse before it happens (Dworkin & Martyniuk, 2011). For the purposes of this report, these strategies are grouped into categories based on their primary target audience: children, parents/adults and communities.

Hornby Zeller Associates (HZA) reviewed the English-language literature on CSA prevention programs, giving priority to primary prevention strategies in peer-reviewed journals. When possible, the review included meta-analyses.

Definition and prevalence of child sexual abuse

Child sexual abuse is "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to or for which the child is not developmentally prepared and cannot give consent" (WHO, 1999, p. 15). A 2015 study in the United States found that one in ten girls and one in thirteen boys ages under the age of eighteen experienced some form of sexual victimization during their lifetime including both sexual abuse and non-contact offenses (Finkelhor, Turner, Shattuck, & Hamby, 2015). CSA is a global issue; the international prevalence of sexual violence is estimated to be twelve percent (18% of girls and 8% of boys) (Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). Experience of CSA is associated with poor physical health and mental health outcomes (Leeb, Lewis, & Zolotor, 2011; Molnar, Beatriz, & Beardslee, 2016) and its impact has been shown to last into adulthood for many (Flaherty et al., 2013; Molnar et al., 2016).

Child-focused education programs

Child-focused education programs make up the bulk of CSA prevention work and are primarily administered in schools (Finkelhor, 2009). Most have three main goals: educating children about sexual abuse, teaching them skills to stop it and reporting abuse when it occurs (Martyniuk & Dworkin, 2011). School-based CSA prevention programs vary widely based on content, program delivery methods and duration (Fryda & Hulme, 2015; Walsh et al., 2015). Research on child-focused programs has evaluated the degree to which programs achieve their stated program goals and identifying components of effective programs.

1 in 10 girls

and

1 in 13 boys

in the United States have been sexually victimized prior to the age of 18

(Finkelhor et al., 2015)

Outcomes

Research shows that CSA prevention programs targeting children increase knowledge of sexual abuse, children's use of protective behaviors and disclosure of abusive or confusing interactions with adults and other children (Martyniuk & Dworkin, 2011). It is rare for programs to evaluate the extent to which participation in CSA itself is associated with reduced rates of sexual victimization and in those studies that have examined that outcome, the findings have been mixed (Rudolph & Zimmer-Gembeck, 2016; Walsh, Zwi, Woolfenden, & Shlonsky, 2015). Most recently, results from the 2014 wave of the National Survey of Children's Exposure to Violence found some evidence that young children (ages five to nine) who attended higher-quality violence prevention programs had lower rates of peer victimizations after attendance (Finkelhor, Vanderminden, Turner, Shattuck, & Hamby, 2014). However, there was no difference in the rates of sexual victimization or other types of violence by adults following participation in a prevention program (Finkelhor et al., 2014).

Parent-focused prevention strategies

Parents, the primary caretakers and potential protectors of children, constitute an important target audience of primary prevention of CSA (Rudolph & Zimmer-Gembeck, 2016; Wurtele & Kenny, 2010). Parent-specific interventions fall into two broad categories: CSA-specific education programs and parenting programs such as home visiting and parenting classes, which have a broader focus to reduce child maltreatment, improve parenting skills and increase protective factors (Mikton & Butchart, 2009).

Outcomes

Looking at CSA-specific programs, parent participation in child-focused CSA programs leads to better outcomes for children, increased parental knowledge of CSA, and improved parental communication (Wurtele, 2008; Wurtele & Kenny, 2010).

Studies have found that parents who participate in prevention programs are more likely to discuss CSA with their children and those discussions are more positive (Wurtele, 2008; Wurtele & Kenny, 2010). Parents who participate are also more likely to discuss safety rules with other adults (Wurtele, Moreno, & Kenny, 2008). In another study, parents who attended a CSA prevention program responded more appropriately to a hypothetical disclosure (Wurtele & Kenny, 2010).

Child-focused programs increase

- Knowledge of CSA
- Use of protective behaviors
- Disclosure of abuse

Parent prevention programs improve

- Parents' knowledge of CSA
- Communication between children and adults about CSA
- Reduce risk of child maltreatment and increase family protective factors

Families who participate in parenting programs such as home visiting and parent education groups have been shown to have lower rates of child maltreatment, as well as reductions in risk factors associated with abuse and neglect and increases in protective factors (Chen & Chan, 2016; Mikton & Butchart, 2009; Sweet & Appelbaum, 2004). However, the research has not examined reductions in child sexual abuse specifically.

Community-level prevention approaches

Community-level CSA interventions involve collaborative, comprehensive efforts to address child sexual abuse within communities. These approaches are grounded in an ecological model or perspective of prevention, which describes the interrelationship between individuals and the different levels of their environment (Dworkin & Martyniuk, 2011; Wurtele & Kenny, 2012).

Outcomes

Research on the effectiveness of community strategies is limited (Borden et al., 2013; Molnar et al., 2016), although recent studies on two community-level CSA prevention initiatives in Georgia and Massachusetts have found some evidence of success.

In Massachusetts, where efforts to build statewide and local prevention infrastructure were paired with coordinated training and a social marketing campaign, an evaluation found that the proportion of people who believed adults had a responsibility to prevent CSA increased from 69 percent to 93 percent (Borden et al., 2013; Schober, Fawcett, & Bernier, 2012).

An empirical case study of Georgia's *Stop It Now!* compared the incidence of CSA in Georgia prior to and during the implementation of the four-year initiative. Researchers found that after the first three years of implementation, the incidence of abuse in Georgia began to drop from a high of 102 substantiated cases in 2004 to 57 cases in 2007 (Schober, Fawcett, Thigpen, Curtis, & Wright, 2012).

Community programs incorporate prevention strategies that target children and adults in a coordinated, collaborative way

Conclusions

There have been positive research findings about approaches targeting all three audiences described in this review. Child-focused interventions increase children's knowledge and skills in prevention, while negative effects are uncommon. Parent involvement in programs increase positive outcomes for children and parenting programs that aim to reduce child maltreatment may be a useful CSA prevention strategy. Adoption and research of community-level interventions is limited; however, approaches are being adopted to raising awareness and commitment to ending maltreatment, educating the public about signs of CSA and how to report it, and developing policies that protect and support families. Just as child-focused programs grew in popularity before they could be evaluated (Wurtele & Kenny, 2012), research does not appear to be keeping pace with the adoption of parent-focused and community-level approaches

This review serves as a guide to the strengths of CSA prevention programs and the knowledge gaps that exist from a research perspective. While there remain many opportunities to build on the current practices in child sexual abuse prevention, a great deal has been learned about how to ensure that children and adults have the knowledge and skills they need to prevent abuse. The use of prevention evidence-based practices, continuous quality improvement strategies and program evaluation help further to build on what works in prevention so that communities can reduce the perpetration of abuse and improve families' overall health and well-being.

Introduction

The purpose of this report is to review the research support for child sexual abuse (CSA) prevention strategies. CSA is a public health concern which impacts the health and wellbeing of individuals, families and communities around the world. In the United States prevention professionals, policy makers and communities have worked to develop strategies to stop abuse before it happens, prevent repeated victimization of children and address the harm caused by CSA.

Literature review use and process

This review describes the strengths of CSA prevention programs and the knowledge gaps that exist from a research perspective. To aid in that understanding, research terms that are used throughout the document are described in a glossary in Appendix A.
For this review, Hornby Zeller Associates (HZA) conducted internet searches with Google Scholar to find English-language literature on CSA prevention programs. PubMed and the Cochrane Database of Systematic Reviews were searched for systematic reviews. The titles of all flagged publications were reviewed to determine whether they fit within the scope of the topic. Of those selected, the abstract was then read to confirm that the publication was appropriate for inclusion, and if so, the full-text was reviewed when available. Works selected included information on one or more CSA primary prevention strategies (defined in more detail below), with priority given to peer-reviewed meta-analyses and systematic literature reviews. General internet searches were also performed to identify other resources and reports available from child abuse prevention experts (*e.g.,* FRIENDS National Resource Center).

Definition and prevalence of child sexual abuse

According to the World Health Organization (WHO), **child sexual abuse is "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to or for which the child is not developmentally prepared and cannot give consent" (WHO, 1999, p. 15).**

A 2015 study in the United States found that one in ten girls and one in thirteen boys ages zero to seventeen had experienced some form of sexual victimization during their lifetime (including non-contact offenses, such as being shown pornography) (Finkelhor, Turner, Shattuck, & Hamby, 2015). Girls ages fourteen to seventeen had the highest rates of sexual abuse, with over 16 percent reporting a sexual victimization in the last year (Finkelhor et al., 2015). CSA is a global issue; the international prevalence of sexual violence is estimated to be twelve percent (18% of girls and

Review search terms included

- ■ **Child sexual abuse prevention**
- ■ **Protective factors**
- ■ **Community-level prevention**
- ■ **Parent education**

Websites searched

Google Scholar

PubMed

Cochrane Database of Systematic Reviews

National Sexual Violence Resource Center

FRIENDS National Resource Center

Prevent Child Abuse Iowa

8% of boys) (Stoltenborgh et al., 2011). In Iowa ten percent of adults reported experiencing sexual abuse as children (Central Iowa ACEs Coalition, 2016) and in 2016, 773 incidents of CSA were confirmed or founded by the Iowa Department of Human Services (IDHS), accounting for 12 percent of substantiated child maltreatment cases (IDHS, 2017). However, these numbers likely underrepresent the scope of CSA. Research has found that the majority of youth delay disclosure, particularly to authorities, often until adulthood (McElvaney, 2015).

Experience of CSA is associated with poor physical health and mental health outcomes (Leeb et al., 2011; Molnar et al., 2016). Children who have experienced maltreatment, including sexual abuse, are more likely to have physical health problems (Flaherty et al., 2013; Leeb et al., 2011) and can experience post-traumatic stress, suicidal thoughts and self-harm, and depression and anxiety (Leeb et al., 2011; Molnar et al., 2016). The impact of CSA has also been shown to last into adulthood for many (Flaherty et al., 2013; Molnar et al., 2016).

Types of prevention strategies

The Public Health Model, a commonly used model in prevention, classifies prevention strategies as primary, secondary and tertiary (Dworkin & Martyniuk, 2011). This literature review describes the research support for primary prevention strategies, which aim to prevent sexual abuse before it happens. For the purposes of this report, these strategies are grouped into categories based on their primary target audience: children, parents and adults, and communities.

Although secondary and tertiary approaches are beyond the scope of this review, they are important components of a comprehensive prevention strategy (Fortson, Klevens, Merrick, Gilbert, & Alexander, 2016). Secondary prevention focuses on reducing immediate harm experienced by children once abuse is disclosed and tertiary strategies are geared toward preventing long term harm, including re-victimization (Dworkin & Martyniuk, 2011). Secondary strategies include reducing stigma around disclosing incidences of abuse and improving screening for abuse (Dworkin & Martyniuk, 2011). Treatment programs for people who perpetrate abuse and for children who have experienced abuse are examples of tertiary interventions (Finkelhor, 2009).

In some instances, prevention interventions can address multiple levels of prevention. For example, many child-focused CSA prevention programs teach children to disclose inappropriate interactions with adults. Research on these kinds of secondary prevention goals is included in this review when they are components of strategies that have a primary prevention focus.

prevention strategies

Use this review to understand research on primary prevention strategies for

- **Children**
- **Parents**
- **Adults/Youth-Serving Organizations**
- **Community**

Child-focused Education Programs

The main focus of CSA primary prevention efforts until recently has been child education (Wurtele & Kenny, 2012), and while programs may be administered in a variety of community settings, schools are the most common location (Finkelhor, 2009). Schools provide opportunities to educate all children without stigmatizing students, especially those at high risk of abuse, and can be delivered in a way that is tailored to children's age and developmental level (Walsh et al., 2015).

While there are many different child-focused programs, most have three main goals: educating children about sexual abuse, teaching them skills to stop it, and reporting abuse when it occurs (Martyniuk & Dworkin, 2011). Another important component included in programs is the concept that abuse is never the child's fault (Wurtele & Kenny, 2012). School-based CSA prevention programs vary widely based on teaching and program delivery methods and duration (Fryda & Hulme, 2015; Walsh et al., 2015). Research on child-focused programs has focused on evaluating the degree to which programs achieve their stated program goals and identifying components of effective programs.

Children's exposure to prevention

Studies of children's participation in prevention programs have found different rates of exposure, making it difficult to determine just how common child-focused prevention is. The 2014 administration of the National Survey of Children's Exposure to Violence asked children if they had been exposed to any violence prevention programs, including sexual assault prevention (Finkelhor et al., 2014). The study found that among children over the age of five, about two out of three had been exposed to any prevention program and 21 percent said they had participated in a program specifically focusing on sexual assault prevention (Finkelhor et al., 2014).

In contrast, earlier research has found that seventy percent of children participated in some form of CSA prevention program, although only about half of those were deemed to have participated in a comprehensive program (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995a). Both surveys relied on children and/or parents' recollection of their participation and program components, which limits the strength of these findings, but provides a practical response since participating without recalling is not overly useful.

1 in 5

children reported ever participating in a sexual assault prevention program in 2014

(Finkelhor et al., 2014)

Outcomes

Research shows that CSA prevention programs targeting children increase knowledge about sexual abuse, children's use of protective behaviors, and disclosure of abusive or confusing interactions with adults and other children (Martyniuk & Dworkin, 2011). Criteria used to determine the effectiveness of child-focused education programs vary widely. In a recent meta-analysis of school-based prevention programs, Walsh et al. (2015) identified six outcome measures on which programs evaluated themselves, although not all programs in the review measured every outcome:

- Knowledge of sexual abuse or CSA prevention concepts
- Protective behaviors
- Retention of protective behaviors over time
- Retention of knowledge over time
- Harm (*e.g.,* children's experience of anxiety or fear as a result of the program)
- Disclosure of abuse to an adult after the program

Two other outcomes evaluated in some studies are children's feeling of self-esteem and/or self-blame among those who experience abuse after program participation, and the actual prevention of CSA among participants following programs (Finkelhor et al., 2014).

The outcome research that follows should be interpreted with some caution. Previous reviews of the literature found that comprehensive evaluations have not been conducted of most programs (Fryda & Hulme, 2015; Walsh, et al., 2015; Finkelhor, 2009). Demonstrating this point, a review of child abuse prevention evidence-based practices conducted by Hornby Zeller Associates found only two interventions targeting children were supported practices with scientific evidence of their effectiveness (Spach, Battis, & Nelson, 2014).

In addition, most of the research studies that have been published have methodological weaknesses such as lack of a control group (Walsh et al., 2015), use of unstandardized or untested tools and surveys to measure outcomes such as knowledge (Fryda & Hulme, 2015), and a lack of fidelity monitoring (tracking to ensure instructors follow the program model) (Rudolph & Zimmer-Gembeck, 2016). Nonetheless, those that have been evaluated have been shown to have some benefit to children.

Looking for CSA Evidence-Based Practices (EBPs)?

Evidence-Based Practices for the Prevention of Child Abuse and Neglect **includes information on both child and parent-focused EBPs. Available at** http://www.pcaiowa.org/downloads/library/2014-ebp-in-prevention-programs.pdf

Not enough research is available on whether children who participate in CSA prevention programs are less likely to be abused

Prevention of sexual abuse

Little research exists on the degree to which child-focused CSA prevention programs actually prevent sexual abuse. In part this is due to methodological and ethical challenges in doing such research (Rudolph & Zimmer-Gembeck, 2016). The research studies rely on retrospective designs. Researchers asked children or young adults to recall whether or not they had participated in CSA prevention programs, if they experienced abuse since participation, and in some cases what protective strategies the children used if they were victimized (Walsh et al., 2015). Overall the findings of these studies varied.

One study of children age ten to sixteen found no evidence of a decrease in victimization (including sexual) as a result of participation in a comprehensive prevention program (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995b). Children were also no less likely to be injured as a result of victimization (Finkelhor et al., 1995b). In contrast, a more recent study of college-age women found that among the two thirds of those who said they had participated in a CSA prevention program, eight percent said they were abused after it took place, compared to fourteen percent among those who did not participate in any program (Gibson & Leitenberg, 2000). Ko & Cosden (2001) found similar results after surveying high school students, with children who had participated in a prevention program reporting fewer incidents of abuse. Results from the 2014 wave of the National Survey of Children's Exposure to Violence found some evidence that young children (aged five to nine) who attended higher quality violence prevention programs had lower rates of peer victimizations after attendance (Finkelhor et al., 2014). However, there was no difference in the rates of sexual victimization or other types of violence by adults following their participation in prevention programs (Finkelhor et al., 2014).

Knowledge of sexual abuse

Perhaps the most common outcome evaluated is children's knowledge about sexual abuse. Walsh et al. (2015) found that studies measuring this outcome utilized either questionnaires or verbal, pictorial or video vignettes. Regardless of the method used, participation in prevention programs does increase children's knowledge (Abramson & Mastroleo, 2002; Campbell-Bishop & Pina, 2003; Fryda & Hulme, 2015; Madak & Berg, 1992; Sylvester, 1997; Walsh et al., 2015), although knowledge gains were smaller among younger children (Walsh et al, 2015; Blakey & Thigpen, 2015).

Evidence-based Practice Highlight: *Child Lures*

Level of evidence: Supported*

About: *Child Lures* is a child-focused prevention program for pre-K to high school children.

Objectives: Participants learn about behavioral skills to prevent sexual exploitation, abduction, internet crime, substance abuse, and school violence.

Outcomes measured: Knowledge of inappropriate touch and communication with parents.

Findings: In a study comparing children who participated in *Child Lures* for up to five years to those who did not participate in the program, researchers found the knowledge of students who attended increased in terms of how many knew what constitutes inappropriate touching and that their parents should always know where they are. The control group's knowledge did not increase to the same extent.

Limitations: Used a non-standardized survey to measure knowledge. Evidence is based on one study evaluating the program.

Reference: (Campbell-Bishop & Pina, 2003)

*See Appendix B for more information about criteria used to determine the level of evidence.

Protective behaviors

Protective behaviors are skills children can use to protect themselves from abuse (Finkelhor et al., 1995a). A stranger simulation test, in which an adult unknown to a child approaches him or her and requests the child accompany the adult somewhere or stages a grooming[1] situation, is one method of evaluating if children retain protective behaviors taught in a CSA prevention program (Walsh et al., 2015). This method is uncommon in research studies given ethical concerns about the impact of such an interaction on children and its usefulness considering that most children are victimized by people they know (Walsh et al., 2015; Fryda & Hulme, 2015). Nonetheless, in three studies that measured protective behaviors in this way, children who participated in a prevention program performed better than the control group at refusing to accompany the stranger (Walsh et al., 2015).

Other studies have used surveys to measure children's protective skills. Fryda and Hulme (2015) found that out of nine studies that measured skills with a survey after program participation, all found that children's knowledge of protective skills increased. Older studies surveyed children after they experienced an abusive situation and asked what protective behaviors they utilized. One study found that children who had participated in a comprehensive school-based violence prevention program (not necessarily CSA focused) threatened with sexual victimization were significantly more likely to fight back and cry (Finkelhor et al., 1995a). A follow-up study of the same sample found that children who participated in a comprehensive program since their last interview (on average, conducted 15 months before) were more likely to use a self-protection strategy when threatened with a sexual victimization (Finkelhor et al., 1995b).

Retention of knowledge and skills

Studies that followed up with participants after time passed show that children do retain at least some knowledge and skills after a program ends (Walsh et al., 2015; Fryda & Hulme, 2015). Walsh et al. (2015) found that knowledge gains persisted up to six months following the program. However, the length of time before follow-up with children varied by study, so it is difficult to say how important it is that children continue to receive prevention instruction or how long gains in skills and knowledge continue after programs end (Walsh et al., 2015; Fryda & Hulme, 2015).

The definition of a **comprehensive CSA prevention program** has evolved over time. In two 1995 studies Finkelhor et al. defined comprehensive programs as those which had nine out of twelve components recommended by prevention professionals including:

- ■ "Content about sexual abuse, bullies, good and bad touch, confusing touch and incest;
- ■ Guidance as to screaming and yelling to attract attention when threated by an adult and to tell an adult about the abuse;
- ■ Reassurance that abuse is never the child's fault;
- ■ A chance to practice avoidance techniques in class;
- ■ Information to take home about the prevention training;
- ■ A meeting for parents;
- ■ Repetition of the material over more than a single day"

(Finkelhor et al., 1995a, pg. 1685)

For more information on current research, see "Program components of effective interventions" on the following page.

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[1] Grooming is a process used by perpetrators of abuse to gain a child's trust (and potentially the trust of adult caregivers) or manipulate the child to gain power over him or her, break down the child's defenses, and establish a relationship based on secrecy so that the perpetrator has access to the child and can initiate sexual contact (National Center for Victims of Crime, n.d.)

Harm

A common critique of child-focused CSA programs is that there is a potential risk of harm to children by introducing them to negative concepts (*e.g.,* that adults that they know may try to harm them) or cause feelings of fear and anxiety (Finkelhor, 2009; Rudolph & Zimmer-Gembeck, 2016). Recent reviews of school-based programs have found that most children do not experience negative feelings (Walsh et al., 2015; Fryda & Hulme, 2015); however, many studies do not capture this information. Beyond that, no research was found on the topic of the potential psychological harm and loss of innocence that some researchers posit is a risk of these programs.

Disclosure and reporting

Disclosure, or reporting abuse or confusing interactions is an important component of most CSA prevention programs for children. A recent national survey of school age children found that while children that participated in higher quality violence prevention programs were more likely to report new victimizations, that effect did not apply to sexual violence (Finkelhor et al., 2014). In their meta-analysis Walsh, et al. (2015) found that there were higher rates of disclosure among children who participated in prevention programs, but they were unable to draw conclusions from that finding due to limitations in the data collected.

Self-esteem

Findings about whether children experience psychological gains such as improved self-esteem after prevention program participation varies by study and therefore may differ by intervention. Not all studies evaluate these outcomes, but Fryda & Hulme (2015) found that among those that did, one study found that children's self-esteem improved after participation, while two others did not.

Components of effective interventions

In a review of child-focused programs targeting eleven areas of prevention (including sexual abuse, bullying, substance abuse, and mental health), Jones, Mitchell, & Walsh (2014) found that certain program components were more effective than others. Programs that actively engaged students in activities (such as role play) were more effective than other interventions, as were programs that took place over more than one session (Jones et al., 2014). Other qualities of high quality programs include sending information home to parents and asking parents to participate (Jones et al., 2014; Finkelhor et al., 2014).

Common CSA prevention teaching methods

- **Rehearsal, practice, and/or role play**
- **Discussion**
- **Modeling**
- **Review of material**
- **Instruction**
- **Feedback**

Program delivery methods

- **Film, video, DVD**
- **Plays/theater**
- **Multi-media presentation**
- **Electronic/web-based instruction**

(Walsh et al., 2015)

A recent study found that most children participated in violence prevention programs which sent information home to parents, although fewer than half reported that the program included the other three components of effective programs: sent information home to parents; instruction conducted over more than one session; included an opportunity to practice skills (*e.g.,* an "active" program); and invited parents to a meeting about the program (Finkelhor et al., 2014) (see Figure 1). Children who did not participate in an effective program (defined as one that had three out of four of these qualities) had similar outcomes in their rates of victimization as children who did not participate in any violence prevention program at all (Finkelhor et al., 2014).

Figure 1: Components of the violence prevention programs in which children participated

Component	Percentage
Sent information home to parents	72%
Multi-day curricula	41%
Included opportunity to practice skills (e.g., "active" program)	40%
Invited parents to a meeting about the program	18%
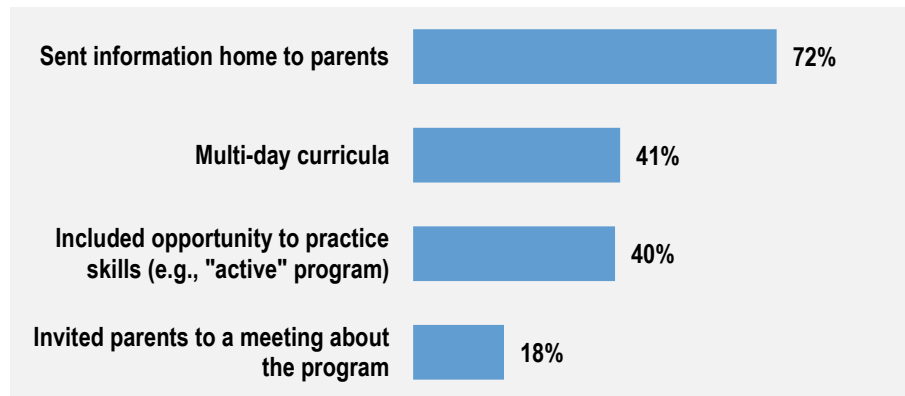
Evidence-based practice highlight: *Kid&TeenSAFE*

Level of Evidence: Promising

About: *Kid&TeenSAFE* is a child-focused prevention program for youth with disabilities in kindergarten through high school. The program also incorporates components targeting teachers and caregivers

Objectives: Reduce risk of sexual, physical, and/or emotional abuse/exploitation of children with disabilities; increase children and adult's ability to identify, prevent, and report abuse; promote ongoing prevention education for children with disabilities. The teen program includes information on dating relationships.

Outcomes measured: Knowledge of inappropriate touch, anatomically correct words for male and female, genitalia; knowledge and demonstration of what to do if someone tries to hurt them (refuse, leave, and tell an adult).

Findings: In a study of 849 school children, prevention educators asked students questions about what to do if someone tried to hurt them before and after the session. Twenty-one percent of children had an increase in knowledge and skills, with two thirds or more answering questions correctly on the post-test. A smaller study of 93 teens found that three in four reported that they learned new information from the program.

Limitations: Used non-standardized surveys to measure knowledge. Teen study only measured knowledge through a post-test survey. Evidence is based on single studies evaluating the youth and teen programs respectively.

Reference: (Abramson & Mastroleo, 2002)

Criticism of child-focused programs

As has been discussed, there are limitations of the research supporting the effectiveness of child-focused CSA prevention programs. Most programs have not been formally evaluated and much of the research that has been done has methodological weaknesses such as lack of a control group (Walsh et al., 2015), use of unstandardized or untested tools to measure outcomes such as knowledge acquisition (Fryda & Hulme, 2015), and a lack of fidelity monitoring (tracking to ensure instructors follow the program model) (Rudolph & Zimmer-Gembeck, 2016). Additional criticism of these interventions focuses on three main issues: the concepts taught are too complex for children to understand, programs decrease children's trust of adults, and the responsibility to prevent abuse falls to adults, not children.

There is little evidence that the topics covered in CSA prevention programs are too complex or decrease children's trust in adults. As previously discussed, programs have been shown to increase children's knowledge of CSA concepts, which is unlikely to occur if children do not understand them (Finkelhor, 2009). While most children do not experience negative consequences from participating in prevention programs, these unintended consequences of programs are not studied in a standardized way (Walsh et al., 2015). Nonetheless, questions about whether or not children can differentiate between the subtle cues that are often the precursors to abuse have been raised in numerous studies over the past thirty years (Rudolph & Zimmer-Gembeck, 2016).

There does appear to be a consensus in the research literature that child-focused programs should not be the only strategy for preventing CSA. It is unrealistic and inappropriate to expect children to prevent abuse, and CSA is the only form of child maltreatment that puts some onus on children to be their own protectors (Finkelhor, 2009; Fryda & Hulme, 2015; Rudolph & Zimmer-Gembeck, 2016). For this reason, there is an increasing focus in CSA prevention on interventions targeting parents, adults and communities in addition to children.

Primary criticisms of child-focused interventions

- ■ **Methodological weaknesses**
- ■ **Complexity of content for child comprehension**
- ■ **Programs engender mistrust of adults in children**
- ■ **Onus of responsibility should be on adults**

There appears to be a consensus in the research literature that **child-focused programs should not be the only strategy for preventing CSA**. It is unrealistic and inappropriate to expect children to prevent abuse, and CSA is the only form of child maltreatment that puts some onus on children to be their own protectors. **For this reason, there is an increasing focus in CSA prevention on interventions targeting parents, adults and communities in addition to children.**

Parent-focused Prevention Strategies

Parents, the primary caretakers and potential protectors of children, is an important target of CSA primary prevention programs (Rudolph & Zimmer-Gembeck, 2016; Wurtele & Kenny, 2010). Parent specific interventions fall into two broad categories: CSA-specific education programs and parenting programs such as home visiting and parenting classes, which have a broader focus to reduce child maltreatment, improve parenting skills and increase protective factors (Mikton & Butchart, 2009).

CSA-specific interventions

Parent-focused CSA prevention approaches either enlist parents as "partners in prevention" where they work in conjunction with school-based programs or train parents to be prevention educators directly with their children (Wurtele, 2008). Several advantages to interventions that include a parental component are identified in the literature. Parents are able to begin discussing prevention with children at an early age, before they would be reached by school-based programs (Wurtele, 2008). They also create opportunities for children to receive repeated exposure to prevention information in the home, enable parents to identify warning signs of victimization and help them respond appropriately to disclosures of abuse (Hunt, Walsh, & others, 2011; Wurtele, 2008). Finally, programs encourage parents to monitor who has access to their children, an important prevention strategy (Ayers, 2007; Leclerc, Smallbone, & Wortley, 2015; Rudolph & Zimmer-Gembeck, 2016; Wurtele & Kenny, 2010).

Outcomes of CSA-specific programs

Research on CSA prevention programs targeting parents has evaluated programs based on numerous outcomes falling into three broad categories: the degree to which adults impact children's prevention knowledge and skills, parents' own knowledge of CSA, and the degree to which programs improve parents' communication and other skills. Even more so than research on child-focused programs, strong, evaluative studies of these approaches are limited (although evidence-supported programs have been developed (Spach, Battis, & Nelson, 2014)). Therefore, caution should be taken in interpreting these findings.

Prevention of abuse

Perhaps the most important outcome of CSA prevention programs is the extent to which children do not experience abuse as a result of participation. However, there is no evidence that parent-focused programs have been evaluated on this outcome.

Common prevention goals and topics of adult CSA prevention programs

- Definition of CSA
- How to prevent CSA
- Healthy sexual development and appropriate terms for the human body
- Warning signs of abuse
- Appropriate responses to disclosures of abuse

(National Sexual Violence Resource Center, 2011)

Impact on children's outcomes

As discussed in the section on child-focused prevention, parent participation is considered an important component of programs for children. Children are more knowledgeable about CSA when their parents have talked to them about it (Wurtele & Kenny, 2010). One study also found that children whose parents discussed CSA at home in conjunction with their school-based program experienced fewer negative effects as a result of the program (Hébert, Lavoie, Piché, & Poitras, 2001). A study comparing parents versus teachers as prevention educators determined that children learned more from their parents compared to other children (Wurtele & Kenny, 2010). Programs including a self-efficacy message that parents can protect their children increase parents' ability to teach their children about sexual abuse and enhance parents' confidence in their ability to protect children (Balkaran, 2015; Rudolph & Zimmer-Gembeck, 2016; Wurtele & Kenny, 2010; Wurtele et al., 2008).

Knowledge

Parents' knowledge of CSA increases after participation in prevention programs (Wurtele & Kenny, 2010). One evaluation of a CSA prevention workshop that used surveys to measure knowledge before and after the workshop showed that parents had significantly greater knowledge about CSA after the workshop and parents said they were more likely to agree with the safety recommendations of the presenter (such as allowing children to refuse forced affection) as well (Wurtele et al., 2008). This knowledge persisted at one month (Wurtele et al., 2008) and other studies which followed up with parents found that increases in knowledge remained at six months (Wurtele & Kenny, 2010).

Communication

Studies on parents' attitudes about prevention have shown that parents want to discuss CSA with their children, but are often unsure of how to do so (Wurtele & Kenny, 2010). For this reason, parental communication is a common outcome evaluated as part of prevention programs.

Evidence-based practice highlight: *Talking About Touching*

Level of evidence: Supported

About: *Talking About Touching* is a child-focused personal safety program for children in preschool through third grade which also provides supports to families and teachers to discuss difficult topics with their children.

Objectives: Educate children about traffic, water, and fire safety, relationships and appropriate touching, and how to stand up for themselves. Includes an educational video for parents.

Outcomes measured: Knowledge and protective skills; amount of communication between parents and children

Findings: Evaluation of the video for parents found that those who viewed the video were more likely to have intentions of talking about CSA with their children and at follow up engaged in significantly more discussions on topics relating to CSA.

Limitations: Evidence of outcomes following the parents' participation in the video is based on one pilot study.

References: (Madak & Berg, 1992; Sylvester, 1997; Burgess & Wurtele, 1998)

Research results on the content of parents' discussions with their children are mixed. It has been found that parents are more likely to discuss abuse by a stranger with children than abuse by people they know, even though the latter is more prevalent (Hunt et al., 2011). In discussions with children, it is also more common for parents to focus on abuse involving being touched inappropriately than on exposing the child to pornography, indecent exposure or other non-contact forms of abuse (Hunt et al., 2011).

Fortunately, studies have found that those who participate in prevention programs are more likely to discuss CSA with their children and those discussions are more positive (Burgess & Wurtele, 1998; Wurtele, 2008; Wurtele & Kenny, 2010). Parents who participate in programs are also more likely to discuss safety rules such as assuring young children are supervised with other adults (Wurtele et al., 2008). Regarding disclosure, one study found that parents who attended a CSA prevention program responded more appropriately to a hypothetical disclosure as well (Wurtele & Kenny, 2010).

Other skills

Other skills that improve among parents who participate in CSA prevention programs are modelling privacy in the home and teaching children the correct terms of genitalia (Wurtele, 2008; Wurtele et al., 2008). In one study of a single workshop, 79 percent of parents reported teaching their children the correct name for genitals prior to the workshop, compared to 98 percent after the workshop (Wurtele et al., 2008). The use of correct terminology improves a child's ability successfully to disclose abuse and may decrease a child's risk of victimization (Wurtele & Kenny, 2010). Finally, a recent study of educators who participated in a prevention program increased their reports of CSA during the year following the training, demonstrating that programs may also have an impact on reporting abuse (Townsend & Haviland, 2016).

Evidence-based practice highlight: *Darkness to Light: Stewards of Children*

Level of evidence: Exemplary

About: *Darkness to Light* teaches adults how to prevent, recognize and respond to child sexual abuse.

Objectives: Educate adults about CSA and when it is likely to occur, how to talk to children and other adults about abuse, and how to intervene when it occurs.

Outcomes measured: Knowledge of CSA; attitudes about CSA; use of protective behaviors.

Findings: Studies of participants in *Darkness to Light* have found that adults' knowledge of CSA and use of protective behaviors increase after participation, including discussing CSA with children and other adults and recognizing signs of abuse. Follow-up studies have also been conducted demonstrating that knowledge gains persisted two months and six months after the training.

References: (Darkness to Light, 2010)

Parenting programs and a protective factors approach

Rudolph and Zimmer-Gembeck (2016) suggest that parent-focused CSA prevention interventions can be improved by addressing daily risk and protective factors that increase or decrease a child's risk of victimization. Protective factors such as good communication between parent and child are strengths of families, communities and society that help reduce risk and support healthy behavior (Child Welfare Information Gateway, 2014). In contrast, risk factors such as poor parent-child communication create circumstances that increase the chance that families will experience negative outcomes, including sexual abuse (Child Welfare Information Gateway, 2014). Protective factors mitigate risk factors and reduce the likelihood of such adverse experiences. Within families, changes in knowledge and behaviors of parents can help promote protective factors in families, and reduce the impact of risk factors.

Examples of family-related CSA risk and protective factors	
Risk Factors	**Protective Factors**
Lack of parental supervision	Supervision and monitoring
Poor parent-child relationships	Secure attachment history
Low levels of maternal attachment	Parental involvement in child's life
Poor parent-child communication	Good communication between parent and child

Outcomes

Promotion of protective factors and reduction of risk factors are common outcomes of parenting programs that have a broader focus than only prevention of CSA (Mikton & Butchart, 2009; Sweet & Appelbaum, 2004). For this reason, as part of this literature review, a brief examination of the research on parenting programs was conducted. There are many types of such parenting programs, including parent education classes and home visiting programs (Mikton & Butchart, 2009; Sweet & Appelbaum, 2004). While home visiting programs deliver interventions in a family's home, parent education is usually delivered in groups and seeks to improve parenting skills and parents' knowledge of child development (Mikton & Butchart, 2009).

Prevention of maltreatment

Findings on the degree to which parenting programs prevent maltreatment is somewhat mixed, although there are evidence-based programs (Mikton & Butchart, 2009). Most recently Chen and Chan's meta-analysis (2016), which combined the results of studies of all types of parenting programs, found a statistically significant overall decrease in child maltreatment as a result of participation. More specifically, studies that looked at the number of official reports of maltreatment and self-reported reductions in harsh parenting and neglect showed significantly lower rates of those behaviors in parents who participated compared to parents in control groups (Chen & Chan, 2016).

Earlier systematic reviews of home visiting or parent education groups was more mixed. Sweet and Appelbaum (2004) found that home visiting participation did not show evidence of a decrease in child abuse and neglect, while Mikton and Butchart (2009) note that while some reviews of parent education programs found reductions in maltreatment, others did not. In addition, no studies appear to report on the effect of parenting programs on different types of child maltreatment. For this reason, it is unknown to what extent they prevent CSA specifically.

Risk and protective factors

In addition to their impact on maltreatment, both forms of parenting programs have been found to reduce risk factors of maltreatment (Mikton & Butchart, 2009), including ineffective parenting and parenting stress (Chen & Chan, 2016). Home visiting program participation has been associated with improvements in parenting behaviors and attitudes, parent-child interactions and parental confidence and satisfaction, all potential protective factors that can increase parents' and children's ability to cope with difficult situations (Chen & Chan, 2016; Sweet & Appelbaum, 2004).

More information on Evidence-Based parenting programs

is available in *Evidence-Based Practices for the Prevention of Child Abuse and Neglect,* developed by Hornby Zeller Associates.

The full report is available at http://www.pcaiowa.org/downloads/library/2014-ebp-in-prevention-programs.pdf

In addition to their impact on maltreatment, **home visiting and parenting classes have been found to reduce risk factors of maltreatment**, including ineffective parenting and parenting stress. The degree to which these programs prevent child sexual abuse has not yet been studied.

Community-level Prevention Approaches

A community is a group of people "who share a common culture, values, and norms and who are arranged in a social structure according to relationships the community has developed over a period of time (National Center for Environmental Health, 2013)." Community-level CSA interventions involve collaborative, comprehensive efforts to address CSA within communities. Molnar et al. (2016) describe four common components of community-level programs to prevent child maltreatment. Community-level programs are those that are:

(1) Working across sectors of a community, thereby increasing the social fabric;
(2) Locating programs community-wide and with collaborative input;
(3) Changing community conditions in ways that increase safety and decrease stress on families; and
(4) Working toward bringing down community-level rates of maltreatment (p. 390).

Community-level prevention strategies are grounded in an **ecological model** or perspective of prevention. The ecological model describes the interrelationship between individuals and the difference levels of their environment, including their family; community and social context; society, which encompasses social norms and values; and time (Dworkin & Martyniuk, 2011; Wurtele & Kenny, 2012).

Figure 2. Ecological Model of Prevention
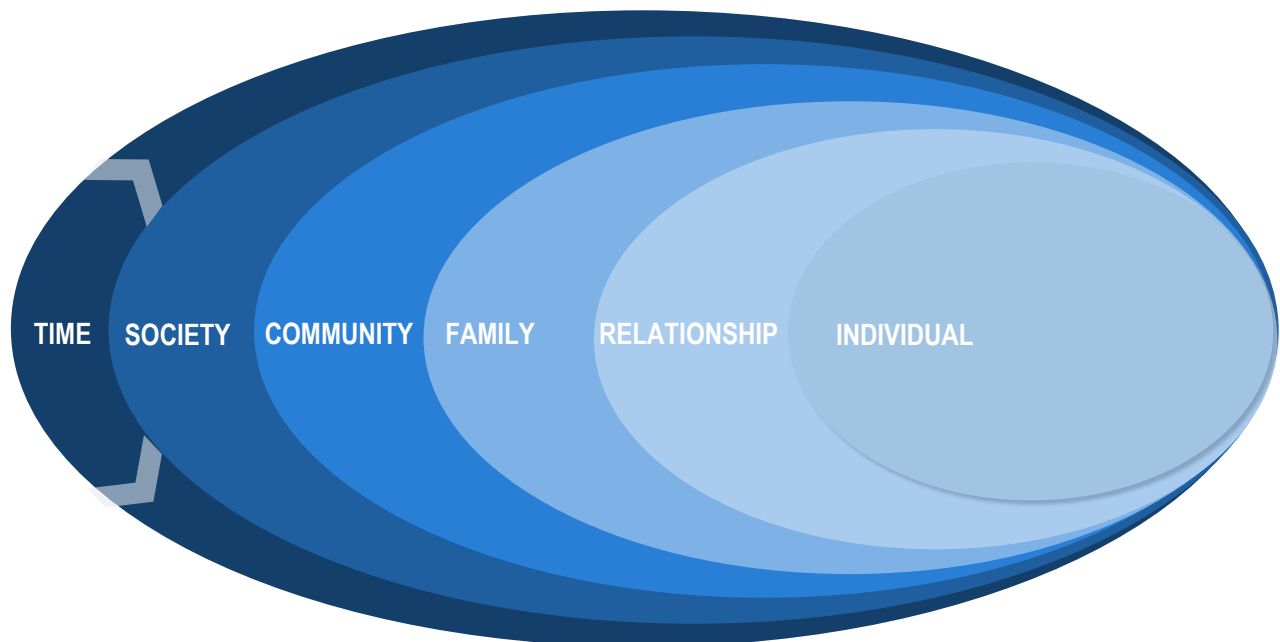
Sources: (Centers for Disease Control and Prevention, 2014b; Dworkin & Martyniuk, 2011)

This understanding that people's decisions, behaviors and risk and protective factors are influenced by this interplay between individuals and various levels of their environment has led to the development of prevention approaches that target multiple audiences (Centers for Disease Control and Prevention, 2014b). There are several models of child maltreatment prevention and child welfare with guidelines and recommendations for community-level responses (U.S. Department of Health and Human Services, 2016). However, research on the effectiveness of these types of strategies is limited (Borden et al., 2013; Molnar et al., 2016).

One challenge in determining the degree to which interventions help prevent CSA is that most of the community-level approaches focus on preventing all types of child maltreatment and do not differentiate between outcomes related to CSA prevention and physical or emotional abuse or neglect (Fortson et al., 2016; Molnar et al., 2016). What is known about the research support for community-level strategies to prevent CSA is described below.

Evaluations of community-level CSA prevention approaches

Two community-level CSA prevention initiatives involving collaborative efforts that have been evaluated are *Enough Abuse* Massachusetts and *Stop It Now!* Georgia. The *Enough Abuse* campaign implemented a state-level infrastructure for CSA prevention, assessed public opinion and perceptions of CSA, developed local infrastructures which provided training for community leaders and professionals in youth-servicing organizations, and made changes to local systems involved in CSA services (Borden et al., 2013; Schober, Fawcett, & Bernier, 2012). An evaluation of the program found that the proportion of people who believed adults had a responsibility to prevent CSA increased from 69 percent to 93 percent (Borden et al., 2013).

Like *Enough Abuse*, *Stop It Now!* Georgia provided statewide training in CSA prevention. In addition, the initiative disseminated CSA prevention messages and materials, and operated a statewide helpline for the public to ask questions and report warning signs and actual incidents of abuse (Molnar et al., 2016; Schober et al., 2012). An empirical case study of the project compared the incidence of CSA in Georgia prior to and during the implementation of *Stop It Now!* and found that after the first three years of implementation, the incidence of abuse dropped from a high of 102 substantiated cases per 100,000 children in 2004 to 57 cases per 100,000 in 2007 (Figure 3).

Figure 3. Substantiated cases of CSA in Georgia per 100,000 children before and during *Stop It Now!*
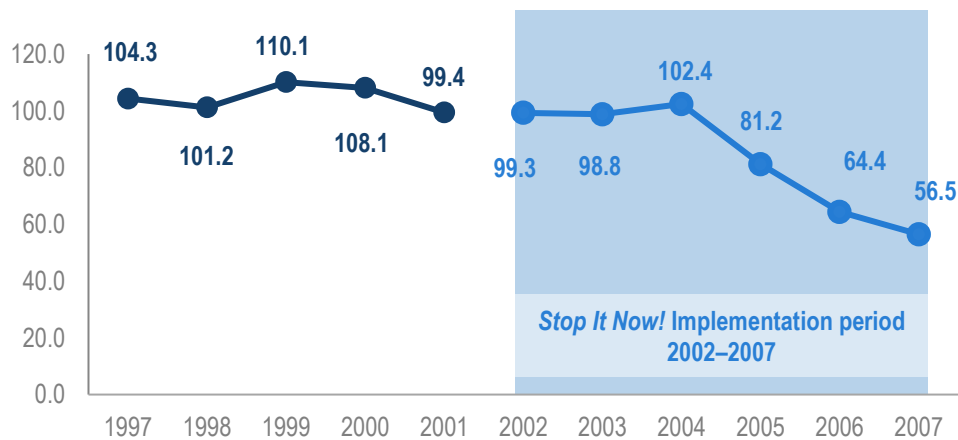
The authors of the study were cautious in attributing this change in the rate of substantiated cases solely with *Stop It Now!*, citing changes in Georgia's child protective services agency's policies and interventions that also may have affected the results as well as national decreases in CSA cases (Schober, Fawcett, & Bernier, 2012). One of the challenges with evaluating community-level projects is the difficulty in determining what changes are a result of the strategy versus other factors (Schober et al., 2012).

Other community-level strategies

Other strategies that are commonly used in community-level interventions are social marketing, policy change, and integration and collaboration. What is known about the impact of these strategies is described below.

Social marketing

Social marketing draws on marketing and communication strategies to promote behavioral change (Horsfall, Bromfield, & McDonald, 2010). While there have been few social marketing campaigns about reducing CSA in the United States, they have been widely used for other health promotion efforts (Wurtele & Kenny, 2012). Components of social marketing campaigns include identifying and tailoring messages to the target audience; pre-testing messages; developing strategies for other behaviors that impact the target audience's adoption of desired behaviors; and, using standard marketing techniques (National Sexual Violence Resource Center, 2011). Examples of target audiences for CSA-related social marketing campaigns include potential perpetrators of abuse, parents, and bystanders, or people in a position to report abuse and/or warning signs.

One strategy of CSA prevention social marketing campaigns is to target potential offenders with messages about the harm caused by CSA and information about available help (Finkelhor, 2009; Tabachnick, McCartan, & Panaro, 2016). Studies that show that potential offenders do reach out for help following such interventions (Finkelhor, 2009; Tabachnick & Klein, 2011). However, some have raised concerns about other barriers that impact people's willingness to access treatment and therefore impact the efficacy of such perpetrator-focused prevention efforts (Tabachnick & Klein, 2011).

Social marketing also can be used to promote awareness and education of CSA among the broader community. For example, the CDC's Essentials of Childhood describes the media as a potential partner for changing social norms to increase communities' commitment to safe, stable and nurturing relationships and in changing social norms (Centers for Disease Control and Prevention, 2014b).

As mentioned previously, the *Stop It Now!* Georgia campaign disseminated CSA prevention messages and materials as one of its three strategies (Schober et al., 2012). In four years, over 230,000 materials were given out, which led to additional media exposure on preventing CSA. Calls to the statewide helpline also were regarded as evidence of the success of the information dissemination efforts. Over 1,200 calls were placed to the helpline developed as part of the initiative (Schober et al., 2012). The highest proportion of calls were classified as confirmed abuse (44%), followed by those that reported possible warning signs (29%), and healthy behavior (27%) (*e.g.,* requests for information) (Schober et al., 2012).

Integration and collaboration

Two important characteristics of community-level programs are the degree to which they involve collaboration across community partners and stakeholders and integration of both prevention strategies and programs. Community-level prevention uses strategies that work across the levels of the ecological model, targeting individuals, families, communities and society norms *and* uses best practices in the three types of prevention strategies: primary, secondary and tertiary (Centers for Disease Control and Prevention, 2014b; Dworkin & Martyniuk, 2011; Tabachnick et al., 2016). Additional evaluation and research is needed to understand the impact of these integrated approaches. Although some research has been done on initiatives that target child maltreatment broadly, it is unclear to what extent they address and reduce CSA specifically (Molnar et al., 2016).

Potential audiences for social marketing efforts

- **Parents and families**

- **Youth**

- **Youth-serving organizations and community leaders**

- **Potential perpetrators**

Policy change

While policy change is often used to refer to formal legislative or organizational changes CSA can be promoted through both formal and informal policy changes (Centers for Disease Control and Prevention, 2014a; Plummer & Klein, 2013). An example of an informal policy that helps promote healthy families and could prevent abuse include flexible work hours that allow parents to be with their children when needed and monitor children's activities (Fortson et al., 2016).

Discussion in the literature focuses on formal CSA prevention policies. One example is the Violence Against Women Act (VAWA), which funds violence prevention activities in the United States (Plummer & Klein, 2013). VAWA finances both population-based and state-wide primary prevention campaigns and programs which include CSA programming (Plummer & Klein, 2013).

Unfortunately, few policy strategies have been formally evaluated. Although VAWA is subject to ongoing evaluation, it focuses on outputs of the funding provided, such as number of services funded rather than outcomes such as reduction in violence against women (U.S. Department of Justice, 2016).

Formal policy

Action outlined in writing guiding institutional efforts and management of resources
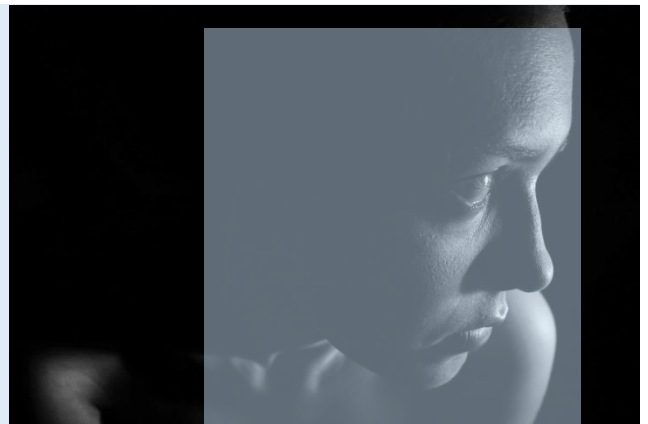
Informal policy

Actions individuals and organizations do or do not take

(Plummer & Klein, 2013)

Conclusion

There have been positive research findings about approaches targeting all three audiences described in this review. Child-focused interventions have been found to increase their knowledge and skills in CSA prevention, while negative effects are uncommon. Parent involvement in programs for children increases positive outcomes for children and parenting programs that aim to reduce child maltreatment may be a useful CSA prevention strategy.

Adoption and research of community-level interventions is limited; however, approaches are being adopted in raising awareness and commitment to ending maltreatment, educating the public about signs of CSA and how to report it, and developing policies that protect and support families. Just as child-focused programs grew before they could be evaluated (Wurtele & Kenny, 2012), research does not appear to be keeping pace with the adoption of parent-focused and community-level approaches.

This review serves as a guide to the strengths of CSA prevention programs and the knowledge gaps that exist from a research perspective. While there remain many opportunities to build on the current practices in child sexual abuse prevention, a great deal has been learned about how to ensure that children and adults have the knowledge and skills they need to prevent abuse. The use of prevention evidence-based practices, continuous quality improvement strategies and program evaluation help further to build on what works in prevention so that communities can reduce the perpetration of abuse and improve families' overall health and well-being.

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Appendix A: Glossary of Terms

Unless otherwise noted, these definitions are adapted from University of Southern California Libraries' Glossary of Research Terms (Labaree, n.d.).

Control group The group in a study that receives either no treatment or a different treatment from the treatment group. This group can be compared to the experimental group.

Evidence Results of research, usually used to support a hypothesis or claim.

Meta-analysis An analysis combining the results of several studies about similar or related topics.

Outcomes Characteristics measured in a study to determine if a change took place as a result of an intervention. Outcomes can be intended or unintended. For example, in child sexual abuse prevention programs for children, one common intended outcome is that children will have increased knowledge about sexual abuse. One unintended outcome may be that children are less trusting of adults after participation.

Peer review The process in which the author of a publication submits his or her work to experts' critical review, usually before publication.

Randomized control trial (RCT) A study design with two or more groups randomly assigned to a treatment or control group and the researcher measures the difference in the variable or outcome of interest.

Statistical significance The probability that the difference in the outcomes of the control and treatment group is great enough that it is not due to chance. If differences between two groups are not statistically significant, they are likely due to chance.

Systematic review A summary of the results of available studies that provides a high level of evidence on the effectiveness of intervention or topic. A comprehensive process is used to identify studies. The review may also include a meta-analysis of the results of those studies. (Cochrane Consumer Network, n.d.; Uman, 2011)

Treatment group The group in a study that receives the target treatment or intervention. In some studies, the outcomes of the treatment group are compared to a control group.

Sample The population researched in a particular study. Often researchers try to select a "sample population" that is representative of groups of people to whom the treatment or intervention plans to target.

Appendix B: Evidence-Based Practices: Levels of Evidence

The levels of evidence identified in the Evidence-Based Practice Highlights throughout this report are based on those determined in Hornby Zeller Associates' 2014 review of evidence-based practices in child maltreatment prevention (Spach et al., 2014). The levels were developed using the National Alliance of Children's Trust and Prevention Funds criteria (based on the work of Buysse and Wesley, the federal Centers for Disease Control and Prevention (CDC), and the Advisory Group to the Children's Bureau Office of Child Abuse and Neglect (OCAN)). The four levels from lowest to highest evidence base are:

1. **Innovative Programs:** Professional experience and best available knowledge support the intervention that is undergoing evaluation to elicit family responses and to identify effectiveness under certain conditions with a selected group.

2. **Promising Programs:** Professional experience and family endorsement affirm the effectiveness of evidence-informed programs that have not yet accumulated evidence of effectiveness under rigorous evaluation.

3. **Supported Programs:** Scientific evidence of effectiveness is positive, professional experience is favorable, and family endorsement concurs but the programs have not been widely implemented. Evidence is favorable to implement a "supported program" under new conditions or a different population to generate more findings.

4. **Exemplary Programs:** Rigorous scientific evidence, accumulated professional experience, and family endorsement concur on the effectiveness of programs through positive outcomes that are evident with diverse groups in different settings. (Spach et al., 2014, p.1)