Child sexual abuse prevention education: An exploration of programs delivered in Victorian early childhood and primary school settings

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Abstract

Child sexual abuse is a significant community concern. The experience of child sexual abuse impacts the physical, emotional, psychological and social health and wellbeing of a child. This study focuses on one form of child sexual abuse prevention (CSAP), school-based prevention programs. CSAP programs have been delivered in schools and early childhood settings nationally and internationally since the 1980s. Some evaluative research has been conducted, particularly in the United States, however, there is minimal Australian research. This study focuses on a review of the history and social context influencing CSAP program development, an exploration and analysis of programs, and research on the broader issues surrounding potential risk of harm and the role of a range of stakeholders in CSAP programs. A qualitative methodology was employed to investigate CSAP programs currently delivered in Victorian schools and early childhood settings. Interviews were conducted with representatives from eight CSAP programs. Participants were highly dedicated to CSAP programs, viewing them as an important strategy in preventing child sexual abuse. Despite variation in some program components, including staff background and qualifications, program design, duration and pedagogy, the program content was similar, aligning with traditional protective behaviours programs that focus on the right to feel safe and telling a trusted adult about safety concerns. Findings from this study suggest that current programs delivered in Victoria rely predominantly on limited and older CSAP research and past practice. Implications for policy and school systems, practice, and research were identified, along with the conclusion that a stronger whole of community approach is necessary to protect children from sexual abuse.
Declaration of originality

This is to certify that:

- This thesis comprises only my original work towards the Masters except where indicated in the Preface;
- Due acknowledgement has been made in the text to all other materials used;
- The thesis is 25,058 words in length, exclusive of tables, references and appendices.

Signed ______ Merrin Sulovski ______
Preface

Professional editing provided by Esmé Murphy in accordance with the Australian Standards for Editing Practice. Services rendered focussed on clarity, voice and tone, grammar, spelling and punctuation.
Acknowledgments

My interest in the teacher’s role in child protection began with two influential women: Louise Laskey was first my tutor, then my colleague and friend. Louise’s dedication to the units she taught on child protection was inspiring and I thank her for encouraging me to further my studies in this field. The late Freda Briggs AO was the co-author of our prescribed textbook and I was privileged to meet with and discuss her views on school-based programs.

My thanks to the nine program developers/presenters who agreed to be part of this research project. Thank you for your time and willingness to participate, and for your genuine desire to protect children from sexual abuse.

To Liz Freeman and Desma Strong, thank you seems so inadequate. From our first meeting where you helped filter my numerous ideas into a manageable research question, to your continued faith in me, and the way you have challenged me to be a better researcher and writer, thank you for the time and energy you have put into this project – you have gone above and beyond what I expected of my supervisors.

And finally, to my precious family - Michael, Alice and Jade. Thank you for your patience, understanding, support and love. I promise to have a break from studying...at least for a little while!
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## Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>CSA</td>
<td>Child sexual abuse</td>
</tr>
<tr>
<td>CSAP programs</td>
<td>Child sexual abuse prevention programs</td>
</tr>
<tr>
<td>DEECD</td>
<td>Victorian Department of Education and Early Childhood Development</td>
</tr>
<tr>
<td>DET</td>
<td>Victorian Department of Education and Training</td>
</tr>
<tr>
<td>Royal Commission</td>
<td>Royal Commission into Institutional Responses to Child Sexual Abuse</td>
</tr>
<tr>
<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
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</table>
1 INTRODUCTION

1.1 Background

A decade ago, as part of my secondary teaching degree, I enrolled in an elective unit, Child Protection: The teacher’s role. The unit covered the identification of abuse and neglect, responding to disclosure, the notification process, and prevention of child maltreatment, including child sexual abuse prevention (CSAP) programs. In particular, we considered a range of CSAP resources and programs, seemingly simple ways for teachers to explain what abuse is and how to protect oneself. The resources I explored, many offering full lesson plans, appeared easy to implement. I questioned why Victoria did not have a similar program to those offered in other states and countries.

When I commenced this research study, I believed that CSAP programs were ideal for helping schools protect children from sexual abuse; however, while school-based programs may offer a practical means of disseminating CSAP messages, an examination of the literature on programs provoked questions, particularly regarding program effectiveness.

1.2 History of child sexual abuse

Sexual abuse of children is not a new phenomenon, although society’s response has changed dramatically over time, from indifference to protection. Understanding historical conceptions of childhood is imperative; they demonstrate the evolution of understandings and attitudes. In medieval Europe, children were perceived as miniature adults, the concept of childhood not yet considered a separate phase in the life cycle (Berk, 2003). Indeed, prior to the 17th century, children were viewed with indifference, as ‘just another mouth to feed’ (Boxall, Tomison & Hulme, 2014).
It was not until the late 1700s that childhood was recognised as a phase separate from adulthood. At this time, children were considered inherently ‘bad’, immoral, the property of parents, and in need of strict corporal punishment in order to tame the ‘uncivilised’ child (Berk, 2003; Boxall et al., 2014). Prior to and throughout the 18th century there was little awareness of child sexual abuse (Boxall, et al., 2014). It was the same in Australia during early settlement, with only a few sexual offences adopted from English law including “...the forced sodomy of boys and the forcible rape of girls under the age of ten years” (Boxall et al., 2014, p. 4). Welfare agencies did not always intervene unless there was also clear evidence of physical abuse or neglect (Olafson, Corwin, & Summit, as cited in Boxall et al., 2014).

A further shift in attitude occurred towards the end of the 18th century when children were considered to be innocent, pure, and in need of adult protection (Berk, 2003; Boxall et al., 2014). The British philosopher John Locke (1632-1704) conceptualised the child as a blank slate; the parents’ role was to mould and shape the child through instruction, reward, praise and approval. A dominant view was that children needed to be protected from harm, including physical punishment (Berk, 2003), and it was during this period that society as a whole began to recognise that children could be sexually abused (Boxall et al., 2014). It was not until 1885 that the age of consent was lifted from 13 to 16 in England (Smaal, 2013).

The 20th century brought significant change in the perception of childhood, affecting the way parents, carers and schools both relate to and respond to children and young people. The work of psychologists such as Freud, Erikson and Piaget, along with more contemporary educational theorists including Reggio Emilia, has generated a view that children develop
within a social context; they are strong, competent and resourceful (Newman & Pollnitz, 2005), rather than innocent, empty vessels to be filled.

Two significant events in the late 1900s brought child safety and wellbeing to the forefront of the human rights movement: the International Year of the Child in 1979 and the ratification of the United Nations Convention on the Rights of the Child (UNCRC) in 1989. These were momentous events in the history of child protection as nations came together to acknowledge the importance of children’s right to be heard, to participate in decision-making processes, and to be free from harm.

Despite the acknowledgement of these rights, both in society’s attitudes and within legislation, in practice many children remain relatively powerless; they continue to be abused by adults. As Briggs argues, children remain disadvantaged as “…they have no voice, no vote and no strong lobby acting on their behalf” (2012, p. 14).

1.3 Definition of sexual abuse

Historically it was considered that child sexual abuse (CSA) involved an element of physical penetration, highlighted by the use of the terms ‘sodomy’ and ‘forcible rape’ discussed earlier. The inclusion of manufacturing child exploitation materials, or using children in sexual performances as forms of sexual abuse (Article 34, Office of the United Nations High Commissioner for Human Rights, 1996-2016) has extended the definition of CSA. The World Health Organization (WHO) defines sexual abuse as:

...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, or that violates the laws or social taboos of society. (1999, p. 15)
This definition covers a broader scope of activities that may be considered sexual abuse, acknowledging the complexity of CSA with its highlighting of the importance of both the child’s developmental stage and prevailing social norms.

One of the challenges is defining a ‘child’. The UNCRC and WHO define a child as someone under the age of 18. In contrast, abuse reporting legislation in Victoria varies from the requirement for all adults to report sexual abuse of a child aged under 16 (Department of Justice, 2014), to mandatory reporting by specified professions, including teachers, of physical and sexual abuse of children under 17, or under 18 for those who have a protection order in place (Department of Education and Training (DET), 2016). The research on CSAP programs focuses on programs delivered to children from the ages of around three to 12 years. Therefore, this study will specifically focus on early childhood and primary-aged children.

1.4 Incidence of child sexual abuse

A WHO (2002) study suggests that around 20% of girls and 5-10% of boys have experienced sexual abuse. Annual data collected by the Australian Institute of Health and Welfare (AIHW, 2016) found that in the 2014-15 year, child protection services substantiated CSA cases for 5,474 children. These statistics are likely to be an underestimation due to underreporting; researchers in the field suggest that around one in three girls and one in six boys will experience some form of sexual abuse before they turn 18 (Briggs, 2012; Scott, 2013).

1.5 Prevention of child sexual abuse

Recognition of the right of children to be safe, along with the introduction of reporting legislation, has led to a greater understanding of the significant impact of CSA (see Chapter 2 for an overview of effects) and emphasis on CSA prevention. Primary prevention, or
interventions that are employed to prevent the occurrence of abuse, specifically child sexual abuse prevention (CSAP) programs, are the focus of this research study.

1.6 Child sexual abuse prevention programs terminology

Although the term 'child sexual abuse prevention program' has been used in this study, programs are also referred to as personal safety education, body safety education, protective behaviours, child protection education (Walsh, Zwi, Woolfenden, & Shlonsky, 2015), child sexual abuse prevention education (Walsh et al., 2013), victimization prevention programs/instruction/education (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995a), and child protection programs (Briggs & Hawkins, 1994). A review of the literature indicates that since about 2000, CSAP has been the dominant term used to describe such programs. More recently, the term 'body safety', first used by Wurtele in 1986, has re-emerged as a preferred term.

1.7 School-based child sexual abuse prevention programs

Abuse prevention programs have been delivered in educational settings, particularly in the United States of America, since the 1970s, although the main focus of these early programs was preventing physical abuse (MacMillan, MacMillan, Offord, Griffith & MacMillan, 1994). Only in the past few decades have school-based programs focused specifically on CSA prevention, with the United States being the first to deliver them in educational settings (Daro, 1994). One of the best known programs developed during this period of time was Protective Behaviours, a program with two main themes: 'We all have the right to feel safe all of the time' and 'There is nothing so awful we cannot talk with someone about it' (Fraser, 1992).

In Australia, from the mid 1980s, Protective Behaviours was the first school-based CSAP program delivered in response to statistics indicating that most perpetrators of CSA were
known to the child (Briggs & Hawkins, 1994; Fraser, 1992). Despite its popularity, there was concern raised by some researchers (such as Briggs & Hawkins, 1994; Johnson, 1994) that program content was being taught selectively, with teachers choosing to exclude sensitive topics such as intra-familial sexual abuse due to lack of confidence and concern that such topics were not developmentally appropriate for children.

There appears to be little documentation of the history of CSAP programs in Australia, with little known about programs developed and delivered between the implementation of Protective Behaviours and now. Information exists on two programs, New South Wales’ Child Protection Education and South Australia’s Keeping Safe, developed by their respective education departments; however, in other states and territories CSAP programs are generally developed and delivered by others. In Victoria, they are offered by external providers, with DET apparently having little influence on the type of program, including design and content, delivered in Victorian educational settings. Individual schools may choose to implement a program in their setting. More recently this has changed, and in 2017 the DET included Respectful Relationships education as a core component of the curriculum in Victorian government and Catholic schools (DET, 2017a).

1.8 Significance of study

Despite research indicating a significant number of children will be victims of CSA, and the literature which highlights the often devastating impacts, there has been little research into Australian school-based CSAP programs. Literature from the United States has illuminated the main aims and objectives of CSAP programs, and evaluated some programs, but much less is known about programs within Australia.
This study attempts to better understand Victorian policy, curriculum and school-based programs that aim to reduce the incidence of CSA. This will be the first study to explore CSAP programs currently being delivered by a range of providers in government, Catholic and private early childhood and primary school settings in Victoria. The purpose of this investigation is not only to provide an analysis of programs, including design, duration and content, but also to examine their evidence base. Gaps in the literature and areas for future research will be also be identified, including implications for future policy development and practice.

The main aims of this study therefore are to: explore the history of school-based CSAP program development; analyse the similarities and differences between programs, including program philosophy, aims, design, delivery, duration and content; and analyse the extent to which programs use the research literature to inform their practice.

1.9 Methodology

A qualitative approach was utilised to explore the history and social context influencing program development. As a small scale research project, the study focused primarily on programs currently being delivered in Victorian early childhood and primary school settings. The study was not designed to evaluate the effectiveness of Victorian programs.

1.10 Overview of study

This chapter has provided a brief overview of the history of CSA and of CSAP programs as one form of primary prevention, and has outlined the aims of this research study. Chapter 2 reviews the current literature on CSAP programs; Chapter 3 details the research methodology and describes the methods used to gather data; Chapter 4 reports on key
findings, with critical reflection on the themes determined during the data analysis process.

Finally, Chapter 5 summarises the key findings and conclusions of this research study.
2 LITERATURE REVIEW

This chapter provides an overview of the literature related to child sexual abuse (CSA) and child sexual abuse prevention (CSAP) programs in educational settings. Definitions and general information regarding CSA will be considered, along with an overview of child protection approaches nationally and within Victoria. A brief history of CSAP programs will be presented, including international and national approaches. Specific components of CSAP programs will be explored, with a discussion of what program effectiveness means. Limitations of CSAP programs will be discussed, with areas for further research highlighted. This chapter will conclude with an overview of the role of stakeholders in CSAP programs, with a particular focus on teachers and parents/carers.

2.1 Child sexual abuse

2.1.1 Definitions

There is no one accepted definition of CSA, with much of the literature on child abuse referring to the World Health Organization's (WHO) definition, as provided in Chapter 1:

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, or that violates the laws or social taboos of society. (1999, p. 15)

Included in this WHO definition is any unlawful sexual activity, involvement of the child in prostitution or viewing of pornographic materials, and the creation of child exploitation materials.
The Department of Education and Training (DET) protocol, PROTECT: Identifying and responding to all forms of abuse in Victorian schools, outlines child abuse reporting requirements for Victorian teachers. This protocol specifies CSA behaviours including contact abuse such as “…fondling the child’s genitals, oral sex, or vaginal or anal penetration by a penis, finger or other object” (2016, p. 12), and non-contact abuse such as sexually explicit talk, messages or emails, or exposing genitals to a child. The Victorian Government recently included the grooming of a child under the age of 16 years for sexual conduct as a reportable form of sexual abuse (Department of Health and Human Services (DHHS), 2015).

### 2.1.2 Incidence of child sexual abuse

The Australian Institute of Health and Welfare (AIHW, 2016) reported that nationally there were 5,474 children involved in substantiated cases of CSA in the 2014-15 year; 1,631 in Victoria. In a survey involving face-to-face interviews with 16,300 participants aged over 18, conducted by the Australian Bureau of Statistics (ABS), 12% of females and 4.5% of males indicated experience of sexual abuse before the age of 15, with over 50% of those stating their first experience was at 8 years of age or under (ABS, 2005). It is difficult however to get accurate data on CSA incidence given that many cases are unreported or undetected. Researchers such as London, Bruck, Ceci and Shuman (2005) suggest that up to two-thirds of victims of abuse do not disclose, often because feelings of shame and guilt influence willingness to disclose, particularly where contact abuse has occurred (Murray, Nguyen, & Cohen, 2014). As noted in Chapter 1, researchers in the field suggest that around one in three girls and one in six boys will experience sexual abuse before the age of 18 (Briggs, 2012; Scott, 2013).
2.1.3 The impact of child sexual abuse

Short and long term effects of CSA are well documented. Outcomes include the risk of further abuse or neglect, increased likelihood of mental health problems including depression, problematic alcohol and drug use, eating disorders, anxiety, psychotic and conduct disorders, and suicidal behaviour. There is also an increased incidence of risk-taking and criminal behaviour, difficulties with interpersonal relationships, and an increased risk of re-victimisation in adolescence and adulthood (Cashmore & Shackel, 2013). Research, including the much cited Adverse Childhood Experiences (ACE) study, also links childhood maltreatment to long term physical health complaints (see Centers for Disease Control and Prevention, 2016). Despite some studies suggesting that perpetrators are likely to have been sexually abused as a child, researchers caution against assuming that victims of abuse will become offenders (Glasser et al., 2001; Richards, 2011).

In 2014, the Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) gave survivors of CSA an opportunity to share their stories publicly. The Royal Commission found common themes within these stories, including: the lasting effects on survivors; the impact on others within the family; the vulnerability of some groups of children, including those in out-of-home care and or living with a disability; revictimisation; the grooming processes involving the child and their family; and the barriers to disclosing abuse (Royal Commission into Institutional Responses to Child Sexual Abuse, 2014). These stories highlighting the significant impact of CSA on adult survivors, as well as on families and communities, demonstrate the need for legislation and strong policies and practices that will protect children and young people from sexual abuse.
2.1.4 Perpetrators of child sexual abuse

In contrast to the historical view of perpetrators of CSA as strangers, evident in ‘stranger danger’ programs in schools, we now know that most abuse is perpetrated by someone close to the child, such as a family member or family friend. The image of a stereotypical perpetrator, one who is sexually attracted to and deliberately preys on children, who is unlikely to be rehabilitated and likely to re-offend, does not consider the diversity of abusers (Finkelhor, 2009). Sexual abuse crosses all socio-economic, cultural, and religious boundaries. Perpetrators include those perceived to be the most trustworthy professionals in society, including teachers, religious leaders, and medical professionals, as shown in the recent Royal Commission.

Research does suggest, however, that around 90% of perpetrators are male (Scott, 2014). Table 1 provides a breakdown of the relationship between perpetrators and victims of CSA, based on data from the Australian Bureau of Statistics Personal Safety Survey:

Table 1: Child sexual abuse victim/perpetrator relationship

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Male victims</th>
<th>Female victims</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Father/stepfather</td>
<td>5.0</td>
<td>16.5</td>
<td>13.5</td>
</tr>
<tr>
<td>Other male relative</td>
<td>16.4</td>
<td>35.1</td>
<td>30.2</td>
</tr>
<tr>
<td>Family friend</td>
<td>15.6</td>
<td>16.5</td>
<td>16.3</td>
</tr>
<tr>
<td>Acquaintance/neighbour</td>
<td>16.2</td>
<td>15.4</td>
<td>15.6</td>
</tr>
<tr>
<td>Other known person</td>
<td>27.3</td>
<td>11.0</td>
<td>15.3</td>
</tr>
<tr>
<td>Stranger</td>
<td>18.3</td>
<td>8.6</td>
<td>11.1</td>
</tr>
</tbody>
</table>

Table 1 shows the majority of perpetrators of CSA as either family members or friends, the people with whom children generally have close and trusting relationships. These statistics demonstrate the need to challenge the concept of ‘stranger danger’ when only 11% of perpetrators are not known to children. Understanding about female perpetrators of CSA and their relationships with child victims is lacking. Some researchers in the field believe that the statistics do not accurately reflect the incidence of CSA perpetrated by females due to under-reporting by victims (McCloskey & Raphael, 2005). Most of the current literature focuses on adult perpetrators of CSA, however, it has been estimated that at least 40% of CSA is perpetrated by children and young people (O’Brien, 2010), adding to the complexity in constructing a typology of perpetrators.

2.2 Child protection approaches

2.2.1 Preventing child sexual abuse

While researchers have still to determine why sexual abuse occurs, there is more understanding about how sexual abuse occurs. Finkelhor (1986) developed a framework listing four preconditions for sexual abuse: the perpetrator must have a desire to offend; internal inhibitions towards CSA are poor; external barriers (such as supervising adults) are limited; and the victim’s own resistance must be overcome. Finkelhor’s model provides professionals with an insight into how sexual abuse can be prevented: by targeting the potential perpetrator, other adults who can protect the child, and the potential child victim. Daro (1994) suggests there are thus multiple entry points available to reduce CSA.

Prevention can be viewed as occurring on three levels. Primary prevention, which includes interventions delivered to whole populations before abuse occurs, is considered to be the most cost effective (Topping & Barron, 2009). CSAP programs delivered in
educational settings are seen as one form of primary prevention. Secondary prevention targets groups already at risk, while tertiary prevention focuses on treatment to minimise long term effects of abuse, prevention of re-victimisation of children, and perpetrator recidivism (Daro, 1994; Renk, Liljequist, Steinberg, Bosco, & Phares, 2002; Topping & Barron, 2009).

Australia’s main emphasis has been on tertiary prevention, generally in response to highly publicised cases of child abuse. The main primary prevention strategies currently in place in Australia are Working with Children Checks and sex offender registries, although some researchers cite limited international research on the effectiveness of these measures, and none within Australia (Quadara, Nagy, Higgins, & Siegel, 2015). Moreover, the justice system views conviction and punishment of offenders as primary prevention, perhaps as a deterrent to potential perpetrators (Finkelhor, 2009).

The National Framework for Protecting Australia’s Children 2009-2020 (Council of Australian Governments (COAG), 2009) suggested that the focus must shift from the current reactive approach to one which locates child safety within a public health model. In this model, families are supported early, with protective services used only as a last resort. To achieve these goals, COAG (2009) proposed a shift to awareness raising, prevention strategies, strengthening law enforcement processes, and providing appropriate support and treatment to survivors. While current and previous governments have publicly condemned CSA, this does not appear to have translated into increased funding for prevention and support programs. Briggs (2012) cautions that governments have a poor history of prioritising child protection, attributing it to lack of knowledge of abuse and its long term consequences, and to short election cycles.
### 2.2.2 Child protection in Victoria

Despite recommendations by COAG to focus on proactive child protection, changes in policy and practice have usually occurred in response to high-profile child abuse cases. Figure 1 provides an overview of catalysts of significant change in Victorian legislation and policies.

**Figure 1: Catalysts for change**

<table>
<thead>
<tr>
<th>Event</th>
<th>Response</th>
<th>Change</th>
</tr>
</thead>
</table>
| **1990**  
Daniel Valerio  
2 year old child who died after prolonged physical assault by his stepfather | Campaign by *The Herald-Sun*  
Review of mandatory reporting legislation | **Legislation:**  
Children, Youth & Families Act 2005 |
| **2009**  
Mooroopna student  
Student subjected to years of sexual abuse killed and dismembered her perpetrator stepfather | DEECD forced to review their policy on child protection after staff failed to report information that the student was being abused | **Policy:**  
Protecting the safety and wellbeing of children and young people  
**Revised policy:** PROTECT: Identifying and responding to all forms of abuse in Victorian schools |
| **2012**  
Institutional abuse  
Increasing community awareness of criminal sexual and physical abuse of children in Victorian organisations | Inquiry into the Handling of Child Abuse by Religious and other Non-Government Organisations  
Betrayal of Trust report | **Offences:**  
- Failure to disclose  
- Failure to protect  
- Grooming offence  
**Child Safe Standards**  
**Victorian Reportable Conduct Scheme** |
These examples of incidents and investigation-driven policy responses to child protection are not isolated, indicating a common trajectory in policy development. Firstly, there is an incident of significant abuse, then, following intense media coverage and often a campaign, governments and organisations review and amend their child protection policies and practices.

2.2.3 The Victorian Child Safe Standards

The Betrayal of Trust report which introduced the three new offences mentioned above also precipitated the Victorian Government's introduction of new child safe standards for organisations providing services to children. These standards include: embedding a culture of safety; a clear statement or policy and code of conduct in relation to child safety and appropriate behaviour with children; training and screening provisions; clear responding and reporting procedures; and risk management approaches (DHHS, 2015). Standard 7, 'Strategies to promote the participation and empowerment of children', states that organisations have a duty to promote an environment that is safe and supportive to ensure children feel comfortable disclosing safety concerns. Examples of how organisations can implement this strategy include educating children about the meaning of child abuse, about their right to be safe, and about ways of reporting a safety concern to a trusted adult (DHHS,
Organisations, including educational settings, are able to access online information and advice on implementing the standards, however no funding has been provided.

2.3 School-based child abuse prevention programs

2.3.1 The history of school-based child sexual abuse prevention programs

Globally there is little documented history of school-based child abuse prevention programs; however, a review of the available literature suggests that the United States was pivotal in the introduction of programs in the 1970s and early 1980s. Many early CSAP programs were adaptations of rape prevention programs. Researchers in the field recognised that adults could not always supervise and protect children; hence children should be educated about how to avoid sexual abuse (Plummer, 1999). Trudell and Watley (1988) estimated that around 400-500 different school-based programs had been implemented in the United States alone by the late 1980s. This increase has been partly attributed to considerable media coverage of child sexual abuse cases, in turn increasing parental concern (Daro, 1994). Daro (1994) suggests that due to parental discomfort in discussing these sensitive issues, a discomfort still acknowledged by many in the field, including Briggs (2012), school-based prevention programs were viewed as filling a gap. It was also during the late 1980s that CSAP programs were more widely researched. Schools are considered ideal venues for delivery of programs due to the large number of children that can be targeted (Renk et al., 2002). The development and delivery of CSAP programs has now extended worldwide, beyond developed countries.

2.3.2 Protective Behaviours

One of the better known school-based CSAP programs, particularly in the United States and Australia, is Protective Behaviours (PB), developed in the US in the mid 1970s by school
social worker Peg West. West and colleagues developed the program in response to her work in which large numbers of students were expressing safety concerns (Margetts, n.d.). At the same time, school-based CSAP programs in the US, undergoing evaluation, were found to be insufficient (Rose, 2004), however the author does not elaborate further.

The PB program embraced two main themes: ‘We all have the right to feel safe all the time’ and ‘There is nothing so awful we cannot talk with someone about it’ (Fraser, 1992). In 1985, West was invited to Australia to speak to the Crime Prevention, Education and Consultancy Group who had been researching local and international CSAP programs in response to pressure on Victorian police to produce an alternative to the Stranger Danger program when post-1984 statistics showed that most perpetrators were someone the child knew and trusted (Briggs & Hawkins, 1994). Following this meeting, PB was implemented in Australian schools, delivered originally by police.

A literature review did not unearth details of PB in its early days, either within Australia or the United States. Specific content or teaching methods could not be discovered. Location of program delivery sites, numbers of schools and students exposed, and records of reviews or program changes implemented since PB’s inception have not been provided in the literature. Fraser does note that the program was delivered in settings other than schools, in women’s refuges and youth training centres, to adults with special needs, and to elderly citizens “…to enable their use of the empowerment process” (1992, p. 276).

Despite the apparent popularity of PB and its wide implementation in Victorian schools, challenges experienced by teachers delivering PB have been identified. Briggs and Hawkins (1994) and Johnson (1994) interviewed teachers involved in the delivery of PB programs, concluding that PB programs were taught selectively by teachers, with ‘sensitive’ topics
often excluded. Interviewees also admitted to focusing more on general safety issues, such as playground and classroom safety, rather than issues relating to sexuality. Their reasons included a lack of time, a concern that children were not ‘ready for it’, and a lack of confidence in managing sensitive issues.

While PB programs were introduced in Victorian schools in the mid to late 1980s, teaching colleagues suggest that they all but disappeared from Victorian schools for a time, perhaps due to a lack of policy, teacher confidence, support from school leadership teams, and funding for other priorities. CSAP programs also seemed to decline for a period in the United States, with some researchers partly attributing this to competing public concerns (such as AIDS and drug use), and decreased program funding (Plummer, 1999).

There has been renewed interest in school-based CSAP programs and although the term ‘protective behaviours’ lost favour for a time, at least within Australia, it has re-emerged of late. Protective Behaviours Australia (PBA) now has representatives in all states and territories, from both not-for-profit and for-profit organisations (PBA, 2017). While PB programs have evolved over time, the main themes, evident in many of the CSAP programs currently being delivered in Australian educational settings, have remained constant, even if not labelled ‘Protective Behaviours’.

2.3.3 National child sexual abuse prevention program approaches

A review of current school-based CSAP programs across Australia’s states and territories reveals no national approach. Table 2 provides an overview of states’ and territories’ commitment to school-based CSAP programs, adapted from Walsh et al.’s (2013) review of school policy and curriculum provision. This review concluded that commitment to school-
based prevention programs, defined by the researchers as mandated teaching of CSAP education, varies considerably, with little being done at a systemic level to prevent CSA.

Table 2: Commitment to CSAP programs

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Policy</th>
<th>Mandatory programs</th>
<th>Curriculum support materials</th>
<th>Teacher training</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
<td>✓</td>
</tr>
<tr>
<td>NSW</td>
<td>x</td>
<td>✓&lt;sup&gt;a&lt;/sup&gt;</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>NT</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>QLD</td>
<td>x</td>
<td>x</td>
<td>x&lt;sup&gt;b&lt;/sup&gt;</td>
<td>x</td>
</tr>
<tr>
<td>SA</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>TAS</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>VIC</td>
<td>x</td>
<td>x&lt;sup&gt;c*&lt;/sup&gt;</td>
<td>x&lt;sup&gt;c*&lt;/sup&gt;</td>
<td>x</td>
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<td>✓</td>
<td>✓</td>
<td>x&lt;sup&gt;b&lt;/sup&gt;</td>
<td>x</td>
</tr>
</tbody>
</table>

<sup>a</sup>Mandatory component but school dependent.  
<sup>b</sup>Sexuality education only.  
<sup>c</sup>Sexuality education and Respectful Relationships education.

Significant control is exercised by school personnel over CSAP program implementation.

In the ACT and Western Australia, it is the principal's responsibility to ensure programs are implemented. In New South Wales the individual school determines which year levels will receive the program and the number of lessons taught. This gatekeeper role of schools and individuals is not new. Plummer (1999) reported that school staff were concerned about controversy, how parents would react, and the time commitment for program
implementation. There are challenges then for both schools and program providers with no national approach, and schools being allowed to exercise discretion over implementation. Further, we do not know whether children lacking access to CSAP program are at greater risk of sexual abuse.

2.3.4 Victorian child sexual abuse prevention program approaches

Victoria, the focus of this study, does not have a specific CSAP policy or curricula relating directly to CSA prevention (see Table 2); however, DET’s primary school sexuality education curriculum, Catching on Early, states that “sexuality education can be protective against sexual abuse [and] many important messages and skills that can contribute to children’s safety are part of a comprehensive sexuality program” (Department of Education and Early Childhood Development (DEECD), 2011, p. 16). More recently, DET partnered with Queensland’s Department of Education and Training to make the Daniel Morcombe Child Safety Curriculum available to all Victorian teachers (Victoria State Government Education and Training, 2014). This curriculum was developed in response to the highly publicised story of the abduction and murder of Daniel Morcombe by a serial sex offender. While the program covers the main themes common in CSAP programs, it also includes stranger awareness, given the history underpinning its development. While the teaching of sexuality education in Victorian primary and secondary government schools is mandatory, the use of either resource is optional. Although teachers are required to undertake mandatory reporting training, currently there is no consistent approach to training teachers in the delivery of sexuality education or CSAP programs.

Until recently there was no requirement for Victorian schools to teach CSAP concepts, although the inclusion of protective behaviours in the new Resilience, Rights & Respectful
Relationships (RRRR) curriculum (Cahill et al., 2016a) is set to change this. The authors state that "programs teaching about gender-based violence should include a focus on protective behaviours, and provide developmentally appropriate information and skills building activities" (2016, p. 7). Thus, Victoria is currently in a state of transition with regard to the teaching of CSAP concepts in schools with a state-wide rollout of Respectful Relationships education with accompanying professional development (see Appendix 5).

2.4 Components of child sexual abuse prevention programs

The aim of school-based CSAP programs is to reduce the incidence of CSA by increasing children’s capacity to detect and resist abuse early, encouraging help-seeking behaviour, and reducing the negative impacts following its occurrence (Daro, 1994; Finkelhor, 2009; Walsh et al., 2015). While programs reviewed in this chapter share this common goal, program presenter characteristics, program design and program duration vary. Understanding of these components enables an appreciation of program similarities and differences. Davis and Gidycz (2000) argue that these components must be considered when researching CSAP programs as they could influence program effectiveness.

2.4.1 Program staff characteristics

Historically, most CSAP programs were delivered by school staff, including teachers, school-based social workers and school nurses, with responsibility accepted by the education system (Daro, 1994). As discussed earlier, police also delivered programs, with the support of the Victorian Education Department. Now, however, development and delivery of Victorian programs has moved from the education system to external organisations. Although the reasons for this shift of responsibility is not discussed in the literature, it may be the result of changes in policy, an overcrowded curriculum, teachers’
discomfort with delivering sensitive material, or external providers being a more cost effective option for schools. Responsibility for delivery may change again with the introduction of the state-based Respectful Relationships initiative.

Private organisation CSAP program presenters represent a range of backgrounds including, but not limited to, professional facilitators, trained volunteers, community workers, theatre groups, mental health professionals, and adult survivors of CSA (Barron & Matthew, 2014). Despite the overall shift to private providers, programs designed to be delivered by teaching staff remain.

The limited research identifies some of the advantages and disadvantages of teachers versus external providers as deliverers of program content; for example, students may feel more comfortable with their own teachers discussing sensitive material (Tutty, 2014), and teachers may incorporate the program into other teaching areas including health and sexuality education (Tutty et al., 2005; Tutty, 2014). External presenters may be viewed as having more expert content knowledge, a higher level of comfort with the topic area; they are perceived as saving teachers from delivering sensitive material, and perhaps from responding to disclosures of abuse (Tutty, 2014). An earlier concern by some researchers (see Briggs & Hawkins, 1994; Johnson, 1994) was that teachers may focus more on stranger-danger concepts. Despite more recent research showing that perpetrators of CSA are usually known to the child, teachers may exclude sensitive concepts, particularly if they are untrained or uncomfortable discussing issues such as intra-familial abuse. These considerations are of particular relevance as the Victorian DET has recently implemented Respectful Relationships education, including protective behaviours concepts, with the expectation that classroom teachers will deliver the curriculum.
As most Victorian school-based CSAP programs are currently facilitated by external providers, student’s comfort level is a relevant consideration. As programs cover sensitive topics, particularly for students who have experienced sexual abuse, it is crucial that students not only feel comfortable and safe with the adult delivering the program, but also trust them to respond appropriately if help is required. Considering the current levels of funding and training, teachers may not be best placed to deliver CSAP programs.

2.4.2 Program design

There are two main types of CSAP programs: information-based training (IBT) and behavioural skills training (BST). IBT programs focus on providing basic information to children regarding sexual abuse, including how to say no, leave an unsafe situation, and tell a trusted adult (Wurtele, 1987). Methods of delivering IBT programs include lecture-style sessions, multi-media including films, theatrical presentations and plays, and activity books (Chen, Fortson, & Tseng, 2012). In contrast, BST programs expand this knowledge, aiming for skill development by actively rehearsing such skills as refusal, escape, self defence, and reporting (Chen et al., 2012; Wurtele, 1987). Most programs reviewed in this chapter integrate IBT and BST (see also Walsh et al., 2015).

In their meta-analysis of 27 evaluations of CSAP programs, Davis and Gidycz (2000) concluded that the most gains, as measured by attitude and knowledge scales, were made by children involved in programs with participatory components, including modelling, rehearsal and reinforcement. Researchers assert that active participation is a critical feature of programs as children, particularly younger children, often struggle with abstract concepts, lacking the developmental skills to think through hypothetical situations (Daro, 1994; Davis & Gidycz, 2000). This is particularly true if a perpetrator of sexual abuse is
someone the child is related to, or knows and trusts (see Table 1). One small pilot study found that children first exposed to an IBT may not make further gains from being exposed to a follow-up BST, possibly due to ceiling effects (Chen et al., 2012). The challenge lies in the lack of evidence confirming that children taught behavioural skills in hypothetical situations will use these skills when faced with an actual safety concern.

CSAP programs, designed for children and young people of all ages, are delivered in early childhood settings through to primary and secondary schools, with most aimed at children aged between three and 12. Research into the ideal age of exposure to CSAP programs is limited and conflicting. Davis and Gidycz (2000), Finkelhor et al. (1995a) and Topping and Barron (2009) conclude that research has consistently demonstrated that older children learn prevention concepts more effectively than younger children.

Two main reasons for this have been posited by researchers. First, as indicated earlier, younger children have more difficulty with abstract thinking. Piaget theorised that it is around age 11 that children have the ability to think in abstract terms, that prior to this they require concrete information visible in the real world, and that they are easily influenced by appearance (Berk, 2003). This tendency to trust a person based on appearance is particularly interesting given that children are statistically more likely to be sexually abused by someone they know and trust (see Table 1). Secondly, younger children may find it more difficult to grasp the complex concepts embedded in CSAP programs (Finkelhor, 2009). For example, Kenny and Wurtele’s (2010) study found that even after exposure to a CSAP program, 3 year old preschool children were less likely to recognise an inappropriate request than their older counterparts. How programs that specifically target preschool and
early primary-aged children can best teach abstract and complex concepts is yet to be established.

Nevertheless, some evaluations of programs aimed at younger children have revealed positive outcomes. Wurtele’s (1990) evaluation of one preschool program concluded that very young children can learn prevention knowledge and skills; they performed significantly better than the control group when answering safety questions and responding to vignettes. Davis and Gidycz’s (2000) meta-analysis concluded that younger children, aged under eight, had greater abuse prevention knowledge than older children post program. Program design may have affected these results; for example, the older children were more likely to have experienced programs involving less active participation and fewer than three sessions. Barron and Topping (2013) suggest that school-based programs are most effective in the primary school years, with knowledge gain minimal in the lower secondary years. Further investigation into the ideal age for program participation is required.

2.4.3 Program duration

The number and length of sessions varies significantly between CSAP programs. Davis and Gidycz’s meta-analysis (2000) concluded that programs are most effective and lead to greater retention of the content when comprising more than three short sessions, with repetition of the material over multiple sessions. Casper (1999) concurs, noting that multiple and booster sessions increase knowledge retention, even after a gap of several years; however, Walsh et al.’s (2015) comprehensive review of 24 ‘gold standard’ interventions (including randomised control groups) found insufficient studies for reliable analysis of duration and frequency effects. The ideal number and length of sessions required for an effective program is yet to be established.
2.5 Program effectiveness

Initial evaluations of CSAP programs were conducted in the late 1980s (see Wurtele, 1987; Finkelhor, 2007), although Pelcovitz, Adler, Kaplan, Packman and Krieger warn that most programs then were based on “good intentions and face value” (1992, p. 887), not extensive research. In response to a national audit of abuse prevention programs, revealing that many organisations were developing very similar programs, Sanderson noted that “…it is easier to get funding to set up a pilot program than it is to evaluate and adapt an existing program... [therefore] the emphasis has been on the provision of programs rather than on testing their effectiveness” (2004, p. 2).

Evaluation data may be obtained from children involved in a program or control group, or from teachers, presenters, and/or parents/carers. The main evaluation methods include administration of questionnaires and/or simulated scenarios (e.g. Baker, Gleason, Naai, Mitchell, & Trecker, 2012; Briggs & Hawkins, 1994; Çeçen-Eroğul & Kaf Hasirci, 2013; Chen et al., 2012; Dale et al., 2016; Gibson & Leitenberg, 2000; Kenny & Wurtele, 2010; Tutty, 1992; Wurtele, 1990), interviews (e.g. Barron & Matthew, 2014; Briggs & Hawkins, 1994; Finkelhor et al., 1995a; Finkelhor, Asdigian, & Dzuiba-Leatherman, 1995b), and focus groups (e.g. Tutty, 2014).

While most of the literature reviewed in this chapter uses the term ‘effective' when discussing program evaluation, what 'effective' actually means and what makes a program 'effective' is less clear. Three main criteria are used to determine program effectiveness: increase in knowledge, use of protective skills, and disclosure of abuse.
2.5.1  Knowledge

The two key concepts taught in CSAP programs are feeling safe and understanding touch. Feeling safe includes understanding early warning signs, such as bodily reactions to potentially threatening situations. Children are also taught the importance of correct names for private body parts and the ‘rules’ for keeping these parts safe, including appropriate versus inappropriate touch. Terminology used for the touch concept, varying between programs, includes good touch, bad touch (Çeçen-Eroğul & Kaf Hasirci, 2013), appropriate and unwanted touching (Baker et al., 2012), and ‘rude’ behaviour (Briggs & Hawkins, 1994). When children experience early warning signs, or touch rules are broken, they are taught to tell a trusted adult, not to keep it secret.

2.5.2  Evaluating knowledge

The predominant approach to program evaluation involves assessing knowledge gains following participation in a CSAP program. A review of the literature confirms that children participating in CSAP programs have increased knowledge of safety concepts. Researchers including Baker et al. (2012), Berrick and Barth (1992), Tutty (2014) and Walsh et al. (2015) found that children involved in CSAP programs had increased knowledge about sexual abuse and its prevention, with knowledge retained for up to six months. Similarly, an evaluation of a new Australian program Learn to be safe with Emmy and Friends™ found that children in the intervention group demonstrated statistically significant gains in protective behaviours knowledge post program compared to those in the control group (Dale et al., 2016).

Although most of the CSAP programs reviewed in this section focus on the right to feel safe, and how unsafe feelings may manifest as bodily sensations, this emphasis has been criticised by some researchers who assert that there is danger in assuming that all sexual
abuse will result in feeling unsafe. Briggs and Hawkins (1994) argue that experiences of sexual abuse may not feel 'bad' to a child; in some cases they may actually feel pleasurable, causing a physical reaction, such as an erection in boys. Sanderson (2004) concurs, suggesting that if touches are described as 'good' or 'bad', then inappropriate touch that feels good or pleasurable may not be viewed as abusive by children. As some forms of sexual abuse do not involve any physical contact, such as exposure to pornography, children may be confused about their responses, leading to feelings of shame and the belief that they are responsible for the abuse (Sanderson, 2004).

Most CSAP programs emphasise use of correct terminology for genitals, with proponents of teaching such terminology suggesting that such knowledge can help in the disclosure process, avoiding confusion, particularly when children use 'pet' names for body parts (Kenny & Wurtele, 2008). Those conducting investigative interviews with victims of CSA must accurately determine which body parts were involved in order to prosecute perpetrators (Burrows, Bearman, Dion, & Powell, 2017).

Burrows et al. (2017) analysed 161 transcripts of investigative interviews with CSA victims, finding that only 4.8% of children aged between four and seven, and 12.5% of children aged between eight and ten, used correct terminology, even when clarifying questions were asked. Terms used by children in this study included ‘doodle’, ‘rude part’, ‘thing’, ‘down there’, ‘hole’, ‘minnie’, ‘bits’ and ‘butterfly’.

Another challenge relates to culture and comfort level in using correct body terminology. One study comparing English and Spanish speaking children’s knowledge of correct terminology for genitals found that parents from Hispanic backgrounds, particularly where
English was not spoken at home, were hesitant to teach their children the correct terms due to shame and embarrassment (Kenny & Wurtele, 2008).

In the current literature, knowledge of correct terminology is generally not evaluated separately from other safety concepts so it is difficult to determine whether CSAP program children are more likely to use these terms than children in non-intervention groups, and whether this knowledge is a protective factor against sexual abuse.

The concept of inappropriate touch is contentious, reliant on children understanding that all sexual contact is inappropriate. Further, sexual development occurs throughout a person’s lifespan and includes both physical changes and changes in sexual knowledge and behaviours. Normal behaviours for children in the early and primary years include: touching their own genitals and showing them to others; mutual showing and exploration of private parts, such as ‘doctors and nurses’ type games; curiosity about adults’ and peers’ private parts; and using ‘rude’ words (Kellogg, 2009; Kellogg, 2010; NCTSN, 2009). Briggs and Hawkins suggest that “very young children are least likely to identify genital fondling as wrong if they find it (or the relationship) pleasurable” (1997, p. 193). Interviews with CSA perpetrators reveal that physical touch in the context of play is often used to desensitise potential victims and to ‘test the waters’, with perpetrators often spending significant time and energy grooming both the child and their family prior to any inappropriate contact (Katz & Barnetz, 2015).

Researchers have determined, however, that children can learn the difference between types of touch, with participants in specific CSAP programs significantly better able to differentiate touch types than children in control groups (Baker et al., 2012; Tutty, 2014; Çeçen-Eroğul & Kaf Hasirci’s, 2013). This was sustained at eight weeks post-intervention in
Çeçen-Eroğul and Kaf Hasirci’s (2013) study. Age appears to be a factor, with younger children less able to identify inappropriate touch both pre and post-test (Tutty, 2014), although Pitts’ (2015) review of studies found that children in pre-school CSAP programs were able to identify inappropriate touch and had improved knowledge of responding to and reporting inappropriate touch.

In another study, researchers sought to determine whether preschool children were able to recognise that ‘good’ people could be the perpetrators of ‘bad’ touch (Kenny & Wurtele, 2010). They found that young children were able to learn that ‘bad’ touch was not just perpetrated by ‘bad’ people, but that people they know, such as family members and family friends, could request an inappropriate touch. These evaluations were based on assessment of knowledge rather than on observable behaviour, highlighting the difficulties researchers face in evaluating not only the efficacy of teaching touch concepts, but also in determining whether knowledge will lead to a behavioural response.

Programs may have a negative impact on the way children view physical touch; they may become hyperaware, or confused about and avoid healthy physical touch from caregivers and other adults (Gilbert, 1988). Further, the mutual viewing and touching of private parts with similar aged peers are considered normal sexual behaviours, particularly for young children (Kellogg, 2009; Kellogg, 2010). The complexity of teaching touch concepts as part of a CSAP program warrants further research.

Current research indicates that CSAP programs increase children’s knowledge of safety concepts, including rights, early warning signs, and touch, and that this knowledge can be retained for several months. Longitudinal studies would be beneficial to test retention of
knowledge, particularly in very young children and where children have participated in one-off programs.

2.5.3 Protective skills

Protective skills involve converting knowledge into behavioural responses that will protect the child from harm. The most commonly taught protective skill in the literature is 'no, go, tell', where children are taught to assertively tell a potential perpetrator "no" if they feel unsafe, leave the perpetrator by physically moving to a different area, and then tell a trusted adult of the safety concern.

2.5.4 Evaluating protective skills

Protective skills is the most difficult component of CSAP programs to assess, given that it relies on observing behaviour. Three main methods are used by researchers to assess protective skills: scenarios and vignettes, retrospective studies, and a stranger simulation test, with the first being the most common method.

Chen et al.'s (2012) research used role-play and scenario cards to conclude that children’s self-protection skills were enhanced post-delivery of a CSAP program, although the main focus of the scenarios presented to the children was avoidance of abduction by strangers. Dale et al. (2016) presented images of unsafe scenarios to children, finding no difference in the ability to safely respond between the intervention and control groups.

Given the ethical constraints in observing children's protective skills, some researchers have conducted retrospective studies. In a landmark study, Finkelhor et al. (1995a) conducted 2,000 phone interviews with young people aged between 10 and 16, and their caregivers, to determine whether CSAP education within the school or home led to a decrease in self-reported incidence of sexual abuse. The researchers found that children
involved in CSAP programs were somewhat more likely than non-participants to use self-protection measures such as yelling or screaming, demanding to be left alone, threatening to tell, or actually telling an adult. A follow-up study conducted between 8 and 24 months later, with a mean delay of 15 months, found similar results (Finkelhor et al., 1995b). Finkelhor concluded that participation in a CSAP program was associated with a greater sense of self-efficacy, victims of sexual abuse feeling better able to "...protect themselves, [keep] the situation from being worse, and [keep] themselves from being injured" (2009, p. 181). This increased sense of control may lead to a reduction in self-blame, perhaps in turn promoting disclosure of abuse.

Perpetrators views have also been studied. They suggest that children should be taught to be assertive, say no, and tell an adult if they have been abused (Bundin & Johnson, 1989). Protective skills apparent in children can influence a perpetrator’s decision to proceed with abuse (Kaufman, Harbeck-Weber & Rudy, 1994).

One of the concerning findings in Finkelhor et al.’s (1995a) study was that children threatened with sexual abuse were more likely to use protective strategies such as fighting back or crying, strategies not necessarily recommended by program providers, while interviews with perpetrators found these strategies were less likely to be considered effective protective skills (Bundin & Johnson, 1989). The risks involved in encouraging children to be assertive when faced with actual or potential sexual abuse will be discussed further.

Gibson and Leitenberg (2000) sought to determine whether participation in a CSAP program was correlated with decreased rates of child sexual abuse. In this study, 825 female undergraduate psychology students were administered a questionnaire to
investigate childhood participation in a CSAP program and incidence of CSA. The researchers concluded that those who had not participated in a CSAP program were around two times more likely to have experienced CSA than those who had. The researchers hypothesised that children who had participated may have been viewed by potential perpetrators as less vulnerable. Due to the homogenous nature of the participant group, mainly upper-middle class and Caucasian, caution needs to be applied in generalising these findings to the general population. A further point to consider is that neither evaluation discussed above reported on the relationship between victim and perpetrator. It could be assumed that employing protective skills would be easier when the child has no relationship with the perpetrator, rather than being someone the child loves and trusts, such as a family member.

An alternative and controversial method of evaluating children’s protective skills is the use of a stranger simulation test which introduces an unfamiliar adult to the child to see whether protective skills are used. White et al. (2016) report on a planned study which seeks to assess children’s willingness to disclose a simulated unsafe situation. As part of this study, the interviewer will leave the room and an unfamiliar confederate will enter, asking the child to leave with them. Soon after, the confederate will tell the child they have forgotten something and leave, asking the child to keep their visit secret. The interviewer will return, prompting the child to disclose the event by asking subtle questions. Children are then debriefed and introduced to the confederate post-intervention. While a stranger simulation test is used infrequently as an evaluative tool, there is some evidence to suggest that children involved in CSAP programs are more likely to implement protective skills during the test (Walsh et al., 2015).
Exposing a child to a simulated abduction raises ethical questions about benefits to research weighed against potential risk to the child. Conte (1987) argues that use of stranger simulation tests could desensitise children to the seriousness of abduction. As most CSA is perpetrated by someone known to the child, (see Table 1), it cannot be assumed that the child’s response would be the same in stranger and familiar situations.

Cultural and contextual factors also affect children’s use of protective skills. Baker et al. (2012) argue that in some cultures, it is difficult for children to reconcile protective skills with their belief in respecting adults. This is particularly true where children are expected to obey adults. Briggs (2012) notes the particular vulnerability of children in the care of adult authority figures, demonstrated in media coverage, and in the recent Royal Commission, with religious leaders, teachers, youth club leaders and sporting coaches shown as perpetrators of CSA.

A key finding in the literature is that, although CSAP programs may not stop highly motivated perpetrators from sexually abusing a child, programs may enable a child to assert their rights and refuse inappropriate contact by peers, less assertive adults, or strangers (Finkelhor, 2009). Most researchers in the field acknowledge however that there is little evidence to suggest increased knowledge will lead to behavioural change and a decrease in the incidence of sexual abuse. Lalor and McElvaney (2010) argue that studies provide no evidence that protective skills are transferred by children into real life situations. Aside from Finkelhor et al.’s (1995a) study, no other longitudinal studies have investigated retention of protective skills taught in CSAP programs (Walsh et al., 2015).
2.5.5 Disclosure

‘Disclosure’ involves telling someone about potential or actual sexual abuse, although it may also occur unintentionally when adults pick up on behavioural or physical cues (Hunter, 2011). In CSAP programs, children are taught to tell a trusted adult of safety concerns, that ‘nothing is so awful that we can’t talk about it with someone’ (Protective Behaviours Australia, 2017). Children are also taught to persist in their help-seeking behaviour, or “tell, tell, tell again until someone listens and helps” (Dale et al., 2016, p. 372), and to identify multiple adults that they could turn to for assistance (Fraser, 1992).

2.5.6 Evaluating disclosure

Few studies have evaluated rates of disclosure as evidence of program effectiveness. The limited research seems to indicate, albeit cautiously, that children are more likely to disclose if they have participated in a CSAP program. Due to ethical constraints, research into CSAP programs’ impact on disclosure is usually based on adults’ retrospective reports. In their study of 825 young women, outlined earlier, Gibson and Leitenberg (2000) found that although program participation did not lead to greater rates of disclosure, school program participants were more likely than non-participants to disclose sexual abuse earlier, leading to a shorter duration of abuse. The difference between groups was not significant. Researchers suggested that programs helped to ‘speed up’ the process of disclosure, although it was acknowledged that disclosure would occur regardless of program status, both groups being more likely to disclose in young adulthood rather than as children.

Barron and Topping’s (2013) evaluation of the Tweenees program found that while a significant number of students disclosed abuse either during the program or via a helpline, most disclosures concerned other forms of abuse, including bullying and exposure to
domestic violence. Finkelhor et al. (1995a; 1995b) found that while school-based CSAP programs did not actually stop sexual abuse, children were more likely to feel empowered and disclose abuse.

In contrast, Pelcovitz et al. (1992) interviewed known victims of CSA perpetrated by a school staff member. Abuse occurred over an extended period of time between kindergarten and year three. Interviews were conducted shortly after the abuse ceased. Enrolment information suggests most of the children would have watched a short film on sexual abuse prevention at least once in kindergarten, some viewing it again in year 2. None of the children had disclosed the abuse, however. Of the children who remembered watching the film, few could provide details. When asked whether the film was helpful to them, only three responded affirmatively. Questioned further, many provided statements suggesting the movie did not help as the abuser was not in the movie. Some expressed embarrassment, and concern that parents would be angry, believing that the information in the movie did not apply to them as they were too overpowered by threats. Despite the limitations of this study, particularly as the program was only a short film, it does highlight the complexities of the disclosure process, despite assumptions that learning protective behaviours concepts will lead to increased rates of disclosure.

Although researchers agree that children should know about available support services, none of the CSAP literature reviewed assessed children’s awareness of relevant services. Where the perpetrator of abuse is a family member or someone the family trusts, children may be more comfortable talking to an external supportive adult, given that a common fear, and indeed threat, is not being believed.
Measuring program effectiveness based on disclosure of abuse is complex. Briggs and Hawkins (1994) argue that program effectiveness could be indicated by either a reduction in reports made to child protection services because programs have led to decreased CSA incidence, or an increase in reports because children feel more confident in disclosing abuse. Programs generally do not use disclosure or rates of CSA as criteria for program effectiveness. Topping and Barron (2009) recommend that further studies focusing on disclosure rates report details such as how the disclosure occurred, who the recipient was, and the timing and type of disclosure.

This section has provided an overview of knowledge, protective skills and disclosure as components of CSAP programs, and as criteria for program effectiveness. Evaluating program effectiveness is complex, with current approaches focusing on knowledge acquisition or use of simulated situations. While the main aim of programs is to empower children to implement protective skills, researchers are limited by ethical constraints. Currently, there is little evidence to suggest that even the most comprehensive programs will lead to decreased rates of child sexual abuse.

2.6 Potential harm

When evaluating any prevention program, particularly those covering sensitive topics such as sexual abuse, potential negative effects on the recipient should be examined, especially when the recipient is a child; hence, a risk versus benefit analysis should be undertaken in all program development and evaluation.

2.6.1 Fear and anxiety

Harm, defined in the CSAP literature as any potential negative outcome arising from exposure to a CSAP program (Daro, 1994), is often measured by assessing fear or anxiety.
and is generally reported by children or their parent/carers (Walsh et al., 2015). Most of the studies reviewed in this chapter reported low levels of fear or anxiety in participant children. Walsh et al. (2015) analysed three studies involving 795 children to determine the risk of harm in CSAP programs, concluding that minimal anxiety or fear was experienced post-program. Topping and Barron’s (2009) evaluation of CSAP programs found that most negative effects were short-lived, minor emotional experiences. Where children did experience negative emotions, Casper (1999) found that girls with higher levels of pre-program anxiety were more likely to worry about being inappropriately touched post-program. Perhaps controversially, some researchers do not classify the experience of anxiety as a negative effect, with Tutty (2014) suggesting that some degree of anxiety is required for learning to occur.

### 2.6.2 Shame and self blame

If children in CSAP programs are taught to disclose all inappropriate touch but are unable to due to perpetrator threats or fear of not being believed, they are likely to feel increased shame and anxiety. While acknowledging the complexity around school-based programs, Trudell and Whatley (1988) argue that programs may cause children to blame themselves for abuse, particularly younger children in the egocentric developmental stage. Boys may not disclose due to embarrassment and shame if they were not able to defend themselves (Sang, 1994) or fear of being labelled homosexual (Dziuba-Leatherman & Finkelhor, 1994; Romano & De Luca, 2001). Finkelhor and Strapko (as cited in Topping & Barron, 2009) found that children involved in programs with a focus on self-protection and disclosure of abuse experienced negative emotions and memories when they felt they could not avoid abuse.
Ongoing feelings of shame following sexual abuse have been documented by Feiring and Taska (2005). Shame can follow a disclosure, or can prevent a disclosure. Questionnaires administered to 34 incarcerated CSA perpetrators provide some further insight into blame. Veach noted that perpetrators placed some of the blame for abuse on children, agreeing with statements such as: “children make up stories about being molested”, “some children are abused because they flirt too much” and “if the child enjoys contact, there is no harm done” (1999, p. 52).

2.6.3 Injury

One of the most significant findings concerning child harm came from Finkelhor et al.’s (1995a) large scale study of school-based CSAP programs’ effectiveness. These researchers found one surprising outcome: that children who had received the most comprehensive education were more likely to experience injury during sexual assault. The researchers attributed this to the children being taught to fight back as part of the CSAP program. The researchers did not describe the severity of injuries, only stating that medical treatment was not required. Importantly, they stressed that “the finding is a reminder that more active resistance may have its costs as well as benefits. It is a message to be taken seriously by researchers and program designers” (1995a, p. 150), but other studies have not raised this issue.

Topping and Barron (2009) stress that negative effects of programs should be publicly reported in a form readily accessible to stakeholders, including schools and policy makers. While most programs reviewed here considered fear and anxiety in their evaluations, more significant forms of harm were not evaluated - or indeed considered.
2.7 Responsibility to protect

Within the CSAP literature there is debate about whether CSAP programs place too much responsibility on children to protect themselves from sexual abuse, particularly as, in most cases, there is a significant power imbalance between victim and perpetrator. While researchers such as Finkelhor (2009) acknowledge that some may be sceptical about a child’s ability to protect themselves from abuse, particularly if the perpetrator is a highly motivated adult, most of the literature reviewed clearly places the responsibility on adults to protect children. Despite this belief that adults should be the main protectors, children continue to be taught to use assertive language and leave an abusive situation, highlighted in the 'no, go, tell’ theme of most CSAP programs. For example, the Victorian DET’s Resilience, Rights and Respectful Relationships foundation learning material states that "...children need the language and strategies to challenge these [domestic, family and sexual violence] experiences and to protect themselves" (Cahill et al., 2016b, p. 46). Children are also taught that small problems can grow bigger if help isn’t sought (Cahill et al., 2016c).

Research has revealed the considerable time and energy perpetrators spend building trusting relationships with potential victims. In many cases the child’s parents or caregivers are also groomed (Katz & Barnetz, 2015). Interviews with perpetrators of CSA show their belief that the child has some responsibility to protect themselves from harm. To illustrate this, perpetrators said that children should “avoid too friendly friends of parents” (Bundin & Johnson, 1989, p. 83), use assertive behaviours including hitting, kicking and yelling, and “never let people touch your ‘private parts’” (Kaufman et al., 1994, p. 352). Perpetrators have also admitted, however, to using threats of physical violence to maintain silence (Bundin & Johnson, 1989; Elliott, Brown, & Kilcoyne, 1995). Research shows that children are targeted by perpetrators for many reasons, many of which the child cannot control or
be taught to overcome. This includes their physical appearance, the way they dress, and their age (Elliott et al., 1995). While perpetrators state that children are responsible in part for their own safety, it is unlikely if the threat of violence is present or the child has been specifically targeted.

2.8 The role of other stakeholders in child sexual abuse prevention

Researchers in the CSAP field recognise that adults in the child’s life, particularly teachers and parents/carers, have a significant role to play in prevention and detection of child sexual abuse.

2.8.1 The role of teachers in child sexual abuse prevention programs

Teachers have increasingly been expected to take on greater roles in student welfare and wellbeing. Briggs and Hawkins (1997) argue that teachers are the most important child protection professionals due to the amount of time they spend with students and their training in child development. This brings new challenges for teachers, particularly regarding their role in CSAP programs. Where teachers are required to be program presenters or co-facilitators, there are additional challenges including limited specialist knowledge and confidence, and content that is personally sensitive, particularly if they have been victims themselves (Topping & Barron, 2009). Many researchers (e.g. Barron & Matthew, 2014; Briggs & Hawkins, 1994; Finkelhor, 2009) also discuss the impact of an already overcrowded curriculum on program implementation and effectiveness.

Interviews with teachers who presented or co-facilitated programs revealed that they were more likely than external facilitators to be concerned about behavioural problems in the classroom (Barron & Matthew, 2014), with both groups seeing this as adversely affecting program delivery. Researchers also found that children are more likely to disclose
to an external presenter (Topping & Barron, 2009). If children did disclose abuse, teachers were less likely than external presenters to be confident in their ability to respond (Barron & Matthew, 2014). The research indicates that teachers require more specific training in responding appropriately to disclosure.

The role of teachers in CSAP programs is of relevance given the recent introduction in Victorian primary and secondary schools of Respectful Relationships education, which includes protective behaviours concepts. As teachers have control over how they teach the program, it remains to be established whether they omit more sensitive CSA topics, particularly intra-familial sexual abuse, as found in previous research on teacher delivered programs. Johnson (1994), for example, found that of 35 teachers interviewed only three had used the complete Protective Behaviours program. The main reasons were personal sensitivities and potential negative parent reactions. While this study was conducted over two decades ago, it could be argued that these teacher challenges remain.

### 2.8.2 The role of parents and carers in child sexual abuse prevention programs

Researchers in the CSA field agree that prevention is the responsibility of the whole community, not just professionals such as educators; therefore, the role of parents and carers in school-based CSAP programs should be considered.

When discussing CSA, parents/carers are more likely to focus on strangers as perpetrators than known people (see Hunt & Walsh, 2011 for an overview of literature on what messages parents give to their children), often delaying talking about sexuality issues until their child reaches puberty (Daro, 1994). Walsh, Brandon and Chirio (2012) found that mothers in married or defacto relationships discussed more prevention concepts than
single, widowed or divorced mothers. This finding is of particular relevance, given that children from single parent families may be at greater risk of CSA (Quadara et al., 2015).

The literature indicates that most parents/carers agree that CSAP programs should be taught within educational settings. Researchers found that, after children had participated in a program, parents/carers were more likely to talk to their children about protection issues (Binder & McNiel, 1987; Hunt & Walsh, 2011; Topping & Barron, 2009). As Briggs and Hawkins (1994) assert, unless children know that parents/carers will be supportive and non-blaming if they need help, knowledge is unlikely to be accompanied by behaviour change. Briggs and Hawkins also suggest that parents/carers who attend training workshops are more likely to reinforce safety messages learned at school, and are more supportive during disclosure.

Some research suggests that children whose parents/carers are involved with programs have increased knowledge of protective behaviours, view the program as effective, and experience less anxiety than children whose parents/carers are not involved (Casper, 1999; Finkelhor & Dziuba-Leatherman, 1995). Finkelhor et al.'s (1995a) phone interviews with children and young people, outlined earlier, found that children who had received prevention information from parents had greater knowledge of safety concepts, were more likely to use protective skills and disclose abuse than children who had participated in school-based programs only.

The limited literature discussing the role of parents and caregivers in school-based CSAP programs demonstrates the multiple challenges program providers face, including a lack of attendance at parent workshops, limited knowledge and confidence in reinforcing messages taught at school, and the possibility that some parents/carers are themselves abusers.
2.9 Evaluation methodology limitations

The methodological limitations of program evaluations need to be considered to determine the validity of studies in this field. Three main methodological limitations can be identified in the literature: study design, measures and replication.

One of the most commonly articulated limitations of study design is small sample size. Caution must be applied when generalising results of small CSAP studies to the general population (Baker et al., 2012; Barron & Matthew, 2014; Çeçen-Eroğul & Kaf Hasirci, 2013; Davis & Gidycz, 2000; Topping & Barron, 2009). The lack of control group designs makes it difficult to determine the significance of the effect of the program (Davis & Gidycz, 2000). Although many earlier programs did not include comparison groups, this appears to be changing, with recent studies using waitlist or non-intervention control groups to increase study validity (e.g. Baker et al., 2012; Çeçen-Eroğul & Kaf Hasirci, 2013; Dale, et al., 2016). Davis and Gidycz (2000) determined that interviewers who were aware of the intervention status of participants (control or intervention group) found larger effect sizes, demonstrating the risk of researcher bias.

The use of retrospective reports by adult survivors of CSA should be interpreted with caution as they rely on participants accurately and honestly remembering their experiences (Finkelhor et al., 1995b; Gibson & Leitenberg, 2000). Furthermore, it is difficult to compare program outcomes where elements such as design characteristics, program content, pedagogical components, or theoretical underpinnings are not clearly articulated (Davis & Gidycz, 2000; Topping & Barron, 2009).

Evaluative studies in this field lack replication. Few studies include follow-up measures testing whether knowledge gains or behavioural change are sustained. Topping and
Barron’s (2009) meta-analysis found that only two of the 22 studies repeated their evaluations. These methodological limitations may affect conclusions drawn about program effectiveness.

2.10 Conclusion

The literature reveals that support for CSAP program is contentious. Most researchers are positive about the impact of programs on protecting children from sexual abuse; however, some in the field believe that programs are unlikely to lead to abuse reduction. Although CSAP programs have been delivered in educational settings for several decades, the research on program effectiveness is limited, and results inconclusive. Available research into school-based CSAP programs suggests that practice has preceded research and has stemmed from community concerns, often in response to highly publicised cases of child abuse. It should be recognised that CSAP programs flow from good intentions and are underpinned by the rights of children to be safe from sexual abuse. Furthermore, reviewing the CSA prevention literature reveals how challenging this research field is, particularly in measuring program effectiveness and dealing with ethical constraints.

Most program evaluation relies on measuring sexual abuse knowledge and translation of this knowledge into action; the latter issue still under debate. While the research seems to suggest, albeit cautiously, that the benefits of CSAP programs outweigh the risks to children’s safety and wellbeing, gaps remain, particularly in regard to how various program components influence program effectiveness, and whether adults are unfairly placing too much responsibility on children to protect themselves from sexual abuse.

Child sexual abuse is a significant issue, made more complex by multiple factors. These factors include: the relationship between perpetrator and child victim, particularly
where the perpetrator has a close relationship with the child, the threats and bribes often used to ensure silence, and the difficulties children have in converting knowledge to skills.

The preceding discussion is largely based on United States studies; few Australian programs have been researched. This study aims to partly fill this gap by exploring Victorian school-based CSAP programs, its main focus being to explore programs currently being delivered in Victorian early childhood and primary schools.
3 RESEARCH DESIGN

This chapter, outlining the research design of this project, provides a rationale for its qualitative methodological approach, explains the methods used to gather and analyse the data, and provides an overview of participant selection and recruitment.

3.1 Methodology

A qualitative approach was considered most appropriate as the study's aim was to explore and analyse each program through gathering the perceptions and experiences of program staff. The decision to utilise this methodology was driven by the aims of the study, the available resources, and the desire to delve deeply to create a ‘thick description’ (Maxwell, 2008; Yin, 2011) of the programs. Yin (2011) argues that the main advantages of qualitative research are that it enables researchers to conduct deep analyses and to disseminate new knowledge.

As the purpose of this research study was to map and understand CSAP programs, rather than evaluate their effectiveness, the story-telling nature of qualitative research was ideal. The mapping process sought a deeper understanding, both of programs as individual entities and as a collective. Another feature of qualitative research relevant to the nature of this project was its capacity to consider the context in which CSAP programs are developed, as well as the individuals delivering them (Yin, 2011). The researcher sought to determine the extent to which both educational settings and individual teachers influence program implementation, and the extent to which body safety concepts are taught and followed up by teachers post-program.

Maxwell (2008) and Yin (2011) suggest that qualitative research can enable new insights, concepts and theories to be developed to help explain social behaviour, which in this
research project includes the behaviour of schools, teachers, parents/carers and children. This feature is particularly relevant for this project as, to date, there has been no attempt to map the features and delivery of CSAP programs in Victorian schools.

3.2 Participants

As the aim of this project was to explore programs offered in Victorian educational settings, it was decided to identify all programs and approach representatives of as many as possible. Purposeful sampling, where participants are selected in accordance with requirements of a study (Merriam, 2009), was employed. Participants were identified through personal networks, recommendations of other participants, and internet searches. The criteria for selection were: that the program representative was involved in a CSAP program, either as developer or presenter, and that the program was currently being delivered in a Victorian educational setting. Initial contact with potential participants revealed that programs specifically designed for secondary-aged students were conceptually different from those for primary and pre-primary students. Therefore, and to keep the scale of the research manageable, it was decided to limit the investigation to programs currently being delivered in primary schools and early childhood settings in metropolitan Melbourne and a regional centre, Geelong.

3.2.1 Recruitment

Before commencing the data collection process, ethics approval was obtained from the University of Melbourne. Phone contact was made with potential participants and interested parties were emailed the Plain Language Statement, consent form, and a sample endorsement letter template (applicable when organisations were required to give consent for a spokesperson to speak on their behalf) (see Appendices 1, 2 & 3). Follow up email
contact was made with non-respondents. Following recommendations of participants, other potential participants were phoned to assess whether their programs met the criteria for inclusion and to gauge interest.

Table 3: Recruitment for the study

<table>
<thead>
<tr>
<th>Recruitment stages</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification of all programs</td>
<td>20</td>
</tr>
<tr>
<td>Screening for primary/early childhood programs</td>
<td>16</td>
</tr>
<tr>
<td>Invitations sent</td>
<td>15</td>
</tr>
<tr>
<td>Non-respondents</td>
<td>3</td>
</tr>
<tr>
<td>Participating programs</td>
<td>8</td>
</tr>
</tbody>
</table>

Of the 16 potential primary/early childhood programs, one rural site was excluded before invitations were sent as their program was run by an organisation already committed to the study, hence little new information would be obtained. In response to the 15 invitations sent, two programs advised they were under review at the time interviews were planned so were excluded from the study. A further two were excluded as they delivered only ad-hoc programs in response to incidents within local schools. As shown in Table 3, three programs did not respond to the initial invitation or follow up correspondence. In total, eight programs fulfilled the recruitment criteria, with people concerned agreeing to participate.

3.3 Justification of methods

When considering the approach to this study, programs were first researched online to view publicly available information. As this was limited, interviews were selected as the main source of data collection to develop an in-depth understanding of each program.
Interviews are the most commonly-used data collection method in qualitative studies (Merriam, 2009); when conducted appropriately, they represent “...true, correct, and believable reports of [participants’] views and experiences” (Hakim, as cited in Meyer, 2001, p. 345). Semi-structured interviews were chosen over structured interviews due to their potential advantages including the ability to motivate and encourage discussion (de Leeuw, 2008) and to clarify details (Seidman, 2006). By allowing participants to expand on broadly set interview questions, it was hoped richer data would be obtained. The intimate nature of face-to-face interviews enables the researcher to build trust and develop rapport with each participant (Fontana & Frey, 2003).

3.4 Interviews

Once participants had consented to be part of the research study, interviews were conducted in mutually convenient places, including libraries, participants’ homes and workplaces. Recorded interviews ranged from just under one hour to an hour and a half. The researcher made brief notes during the interview as prompts for follow-up discussion and for reviewing taped conversations.

Questions were developed with reference to the research on school-based CSAP programs (including: Briggs, 2012; Briggs & Hawkins, 1997; Johnson, 1994; Walsh, Zwi, Woolfenden, & Shlonsky, 2015). The nine open-ended focus questions were:

1. Could you tell me a bit about your background and why you became interested in teaching body/personal safety education in schools?

2. What is your program’s philosophy?

3. What is the main literature (or who are the experts) that has influenced the content and delivery of your program?
4. Who is your target audience?
5. What are the main concepts or themes that you teach?
6. Can you tell me what a typical session would look like?
7. What (if any) evaluation has your program undergone?
8. What roles do teachers have in regard to your program?
9. What are your hopes for your program in the future?

Extension questions were asked where more detail was required or where the interviewer needed to clarify understanding (see Appendix 4).

3.5 Data coding and analysis

Interviews were transcribed verbatim to enable the researcher to become intimately familiar with the data (Merriam, 2009). Transcription occurred soon after interview, enabling refinement and reordering of some questions. Where participants referred to people external to their program, names were removed to protect confidentiality. The qualitative software package NVivo 11 was used to manage and code the data, enabling the emergence of “patterns, themes and categories of analysis” (Patton, 1990, p. 391). Codes were used in the initial stages of data analysis to summarise and condense data (Saldana, 2016) into more manageable components. Codes were then consolidated into categories. The process of re-coding and re-categorising was undertaken several times, as advised by Saldana (2016), and was reviewed independently by two research supervisors. The thematic analytic process commenced with a description of program components before progressing to deeper interpretation of the data.
3.6 Validity

To preserve the validity and trustworthiness of this study, participants were asked to review their transcripts and were advised that they could request deletions or add any new information. All participants reviewed and returned their transcripts, with minor amendments made by representatives in two of the eight programs.

3.7 Managing potential researcher bias

While conducting interviews and coding the data, the researcher was a casual tutor in a unit called Child Protection, at a Victorian university. As part of this unit, education students are encouraged to explore a range of child sexual abuse prevention programs. About a year prior to this study, the researcher met some of the participants at a working group established to promote programs and lobby the government for their inclusion in the curriculum. Given this existing relationship I explicitly stated at the start of each interview that I was approaching this project as a researcher, not as a university tutor or advocate for CSAP programs.
4 FINDINGS AND DISCUSSION

This chapter has two main components. First, a description and analysis of eight CSAP programs currently being delivered in Victorian early childhood and primary school settings will be provided. Characteristics of program presenters will be considered, and program components and content mapped with reference to the literature on program effectiveness. Second, this chapter will outline some of the broader issues that have emerged from the findings of this study, and also reflected in the literature review, including: educating children as a primary prevention strategy; the role of various stakeholders in CSAP programs, particularly teachers and parents/carers; responsibility to protect; and potential program risks.

4.1 Program representatives

Nine participants represented the eight programs involved in this project. Of the nine, one was the organisation’s CEO, four were organisational owners or co-owners, and one was the organisation’s school program coordinator. The remaining three were involved in other capacities including the design, review and/or delivery of programs.

To ascertain the background of participants, interviewees were asked to provide an overview of their background, qualifications, and any additional training undertaken. Table 4 provides a brief description of the participants.
Table 4: Professional experience and postgraduate qualifications of participants

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Program</th>
<th>Background</th>
<th>Formal postgraduate studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Safety Australia (BSA)</td>
<td>Body Safety Australia</td>
<td>1. Corporate/writing Sexuality educator</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Psychology/counselling Parenting coach</td>
<td>N/A</td>
</tr>
<tr>
<td>Bravehearts</td>
<td>Ditto’s Keep Safe Adventures</td>
<td>Primary teacher</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Life Education educator</td>
<td></td>
</tr>
<tr>
<td>Children’s Protection Society (CPS)</td>
<td>Protective Behaviours</td>
<td>Primary teacher</td>
<td>Master of Clinical Family Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Counselling/family therapist</td>
<td></td>
</tr>
<tr>
<td>Eastern Centre Against Sexual Assault (ECASA)</td>
<td>Keeping Myself Safe</td>
<td>Psychologist</td>
<td>Master of Educational &amp; Developmental</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child protection case manager</td>
<td>Psychology</td>
</tr>
<tr>
<td>HUSHeducation (HUSH)</td>
<td>body safety education*</td>
<td>Teacher</td>
<td>Master of Special Educational Needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexuality educator</td>
<td></td>
</tr>
<tr>
<td>South Eastern Centre Against Sexual Assault (SECASA)</td>
<td>Keeping Safe Together</td>
<td>Health promotion/ preventive health</td>
<td>Honours in Public Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Master of International Development</td>
</tr>
<tr>
<td>Some secrets should never be kept (Some secrets)</td>
<td>body safety education*</td>
<td>Primary teacher</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Editor/publisher/author</td>
<td></td>
</tr>
<tr>
<td>Tzedek</td>
<td>Project J-Safe</td>
<td>Social worker</td>
<td>PhD (Title: Family decision and child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child protection clinician</td>
<td>sexual abuse: Facing the challenges</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>in this contested area of practice)</td>
</tr>
</tbody>
</table>

Note. 1 = interviewee 1. 2 = interviewee 2. * = body safety education is a generic name used by these organisations but is not the name of a specific program.

As Table 4 shows, half of the participants are qualified primary teachers who had practised in schools prior to CSAP program involvement. Four have a background in allied health, including social work, psychology and public health. Other program presenters from the same organisations, not involved in the interview process, come from similar teaching.
and allied health backgrounds. Five of the nine participants had previously worked as presenters in other school-based programs including sexuality, health and drug education, and respectful relationships. Only one has no formal qualification in teaching or health. Four participants have studied at Master’s level; one has a PhD.

In regard to informal training, participants were more likely to have attended professional development in complementary areas such as counselling, sexual abuse (general rather than specific to prevention education), and working with diverse groups, although some participants listed prevention training in conferences and workshops. While participants said they would welcome relevant, up-to-date training with a specific CSAP program focus, they suggested that little is available within Australia. One participant explained:

> If there is external training that would facilitate our knowledge and skills we definitely will be looking into that as an organisation. (CPS)

Another participant noted:

> Until there is an accredited course with an evidence-based minimum standard, I feel that our time is better spent continuing to do our own research and developing our own training. (BSA)

Other constraints discussed by participants were cost and time. These challenges were highlighted by one participant who commented:

> It’s also very expensive as you know, and being a children’s charity, we have to think twice about every dollar spent. Any opportunity...if it’s affordable and we can find the time, we’d certainly jump at it. (Bravehearts)

Attitudes towards further formal study or professional development varied. Only one participant stated that she did not need any additional formal education, reporting:

> So I really could go back to school but I feel I don’t want to because I have a lot of knowledge based on all of what I have been doing. So you know, it wouldn’t be worth my while in a way... (Some secrets)
These findings are significant in at least two major respects. First, CSAP program staff have a variety of formal and informal training backgrounds. Research on the qualifications and experience of external presenters, and how these affect program development and delivery, is lacking. Even so, presenters with qualifications in education, psychology and health should have a considerable understanding of child development, sufficient to create and deliver programs in a developmentally appropriate manner. Further, there is currently no requirement from the various Victorian school sectors that program presenters have formal or informal qualifications or training in CSAP programs to deliver them in schools.

Second, these findings raise questions not only about the value of formal and informal training, but also about responsibility for development and delivery of CSAP programs and professional development for providers. Given that the programs involved in this study service government-funded, Catholic and private schools and early childhood settings, these sectors have a responsibility for accrediting or monitoring staff qualifications and CSAP programs delivered in the system. Importantly, educational policy should support all school sectors.

4.2 Map of programs

4.2.1 History and development

As outlined in Chapter 2, CSAP programs are delivered by a range of organisations and services, from government departments to private businesses. Currently within Victorian educational settings, CSAP programs are provided by not-for-profit (NFP) and fee-for-service (FFS) non-government organisations. Organisation names will be used throughout the remainder of this thesis, unless otherwise indicated.
The interview data revealed three main catalysts for program development: a response to direct work with children who were victims of sexual abuse, a response to media coverage of incidents of abuse within organisations, and a recognition that traditional sexuality education did not cover body safety components. The Bravehearts program was developed in response to the founder’s daughter experiencing sexual abuse as a young child. Some participants were highly motivated to work in this field because of direct or indirect experience of child sexual abuse. For example, one participant shared the story of her female neighbour who was sexually abused as a child and whose husband had sexually abused their children:

So she said to me…whatever you do make sure that you get in before the abuse begins because once abuse begins… it’s really too late, like they’re in that spider web, it’s complicated. (Some secrets)

Two participants mentioned their role as parents as influencing their decision to become involved in CSAP programs, as they wanted to protect their children from sexual abuse.

The following excerpts suggest some of the other reasons behind program development:

So I was teaching sexuality education and noticed that body safety wasn’t really a component of sexuality education even with the young ones. And I started to incorporate a few body safety activities and started to have disclosures of sexual abuse and I realised that you know, we actually weren’t doing credit to the kids and the education. (BSA)

And we kept noticing that there is kind of a pattern about grooming and things that can be picked up earlier on about predatory behaviour towards kids... that we thought was important to educate parents and kids and the community about. So I guess that’s how it kind of all came together. (ECASA)

Participants from BSA, ECASA, HUSH, Some secrets and Tzedek were heavily involved in the development of their programs. The remaining three participants were either peripherally involved in the design or review of their programs, or only responsible for delivering content.
Several participants said considerable research had been undertaken prior to their
program’s development. Most said their programs were modifications of other CSAP
programs. Comment made by participants included:

And then I did a whole lot of research and reading up and you know, I’d try and speak
to other people...So yeah, I probably put mine together from a lot of everyone else’s
and then put my personal swing onto it I guess (HUSH).

And what I have done since arriving is done some more extensive research on models
of best practice...to ensure that what had been developed was in keeping with the
model of best practice (Tzedek).

When asked who and what influenced their program development, most participants
listed ‘experts’ including well-known researchers in the field, such as Finkelhor and Briggs,
other programs like Protective Behaviours, and organisations like Child Wise. One participant
felt that there was little available however:

I don’t think that I’ve read anything really comprehensive yet (BSA)

An unexpected finding is the degree of collaboration and sharing of resources between
organisations, despite several being from for-profit organisations. Several years ago, some
participants had been involved in a group lobbying the then DEECD for compulsory CSAP
programs in all Victorian primary schools. Five of the programs use the same picture story
book, Some secrets should never be kept, which preceded the program of the same name.
Generally participants spoke highly of the other CSAP programs of which they were aware.

4.2.2 Philosophy and aims

Participants were asked about the philosophy and aims of their programs. Despite some
variation in program aims, this study found that the philosophy of programs produced one
key agenda: prevention through education and empowerment. The following excerpts
represent participant comments in relation to their program’s philosophy:
...the aim is to teach children and young people how to be more assertive and resilient to risks, and about feelings and safety and safety networks. (Tzedek)

...we’re giving them a voice, we’re giving them empowerment, we’re giving them body autonomy, we’re telling them about their rights and it’s all about for me, empowering. (Some secrets)

...it’s about empowering kids to be able to say what they want to be done with their bodies, how they want to share their bodies, and if they’re not feeling comfortable in a way that they’re being forced, requested, coerced to share their body, what do you do in those situations. (ECASA)

One program included a trauma-informed approach as one of its main aims:

It’s...what I see as a trauma-informed model in that we provide a framework to support a child through the program. What we know from a protective behaviours program is that it may well trigger a disclosure from a child, or a child’s friend or a connection to a child. So in order for us to support a child, we wanted to build a trauma-informed framework around them so we wanted a top-down approach. (Tzedek)

This approach recognises that a disclosure of abuse could re-traumatise a child. A significant aspect of this program is ensuring all adults involved in the program, including the school leadership team, teachers, other staff members, parents, and the community, are trained in responding appropriately to disclosure. Interestingly, this was the only participant who explicitly acknowledged that participating in a program could cause harm.

4.2.3 Overview of programs

The following section provides a summary of some of the general features of each program.
### Table 5: Overview of program features

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Regions covered</th>
<th>Funding</th>
<th>Years delivered</th>
<th>Target audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSA</td>
<td>All regions</td>
<td>FFS</td>
<td>1-2</td>
<td>EC, P</td>
</tr>
<tr>
<td>Bravehearts</td>
<td>Geelong</td>
<td>NFP</td>
<td>5-10</td>
<td>EC, P</td>
</tr>
<tr>
<td>CPS</td>
<td>Northern suburbs</td>
<td>NFP</td>
<td>5-10</td>
<td>EC, P</td>
</tr>
<tr>
<td>ECASA</td>
<td>Eastern suburbs</td>
<td>NFP</td>
<td>2-5</td>
<td>P</td>
</tr>
<tr>
<td>HUSH</td>
<td>All regions</td>
<td>FFS</td>
<td>2-5</td>
<td>EC, P</td>
</tr>
<tr>
<td>SECASA</td>
<td>South-Eastern suburbs</td>
<td>NFP</td>
<td>&lt;10</td>
<td>P</td>
</tr>
<tr>
<td>Some secrets</td>
<td>All regions</td>
<td>FFS</td>
<td>1-2</td>
<td>P</td>
</tr>
<tr>
<td>Tzedek</td>
<td>Melbourne</td>
<td>NFP</td>
<td>1-2</td>
<td>EC, P</td>
</tr>
</tbody>
</table>

**Note.** FFS = fee-for-service. NFP = not-for-profit. EC = early childhood settings. P = primary schools.

As shown in Table 5, three of the eight programs have no location restrictions, while four focus predominantly on their local areas. One program was specifically developed for Jewish educational settings. While educational settings in all Victorian regions have access to some type of CSAP program, there could be geographical or religious constraints if settings have a preference for a particular program.

*Bravehearts* appears to be the only program that collects data on numbers of children involved. Within a 12 month period, *Bravehearts* reached around 9,000 children in 94% of schools and 85% of kindergartens in the Geelong region. All other programs cover fewer than ten schools per year, and *ECASA* has the capacity to deliver to only one school per year. The exception is *Some secrets* for which it is difficult to estimate coverage because of its format as a kit for delivery by school staff.
Three of the eight programs are delivered by private organisations, funded via fee-for-service, while the remaining five are delivered by not-for-profit organisations. Costing of programs was not explicitly discussed in the interviews, although funding constraints were mentioned by some of the participants from both sectors. There was recognition by many participants, including FFS providers, that programs provided by NFP organisations were significantly constrained by resources, limiting program coverage. Two NFP programs have a waitlist due to limited funding and staff, while at least two NFP organisations require some form of co-payment.

The organisations involved in this study have been delivering CSAP programs for various time periods, ranging from one to more than ten years. Most programs are relatively new, having been in operation for under five years. The age of the program did not appear to influence the format, delivery, or concepts taught.

As shown in Table 5, of the eight organisations involved in this study, five have programs suitable for delivery in early childhood settings, and all programs are currently being delivered in primary schools. Six organisations offer their programs to all year levels. ECASA and SECASA are only offered if all year levels (prep to year 6) participate. One program focuses only on early childhood to year 2 children, as their in-house survey found most reports of CSA made to the organisation related to children aged eight and under.

As discussed in Chapter 2, the literature on the recommended age of exposure to CSAP programs is conflicting, with some researchers such as Wurtele (1990) and Davis and Gidycz (2000) suggesting that even very young children can learn body safety concepts. However, abstract concepts such as ‘safe’ and ‘unsafe’ and ‘good’ and ‘bad’ may be difficult for young children to understand (see Finkelhor, 2009; Kenny & Wurtele, 2010).
4.2.4 Program design

As discussed in Chapter 2, there are two main types of CSAP programs: information-based training (IBT) and behavioural skills training (BST). The current study revealed that all programs use a combination of IBT and BST, supporting Walsh et al.’s (2015) finding that most CSAP programs integrate the two approaches. Previous studies have noted the importance of active participation in programs as highlighted in educational theories of learning (Berk, 2003).

Programs involved in this study use three main delivery strategies: lessons, performances and kits/manuals. BSA, ECASA, HUSH, SECASA and Tzedek are usually presented by their own program staff in a series of lessons. They are based on traditional lesson plans where information is provided and a range of activities used to reinforce content. Bravehearts is performance-based with one presenter delivering the content with the assistance of another presenter dressed as a life-sized mascot. The session uses an audiovisual presentation that includes songs with actions. Bravehearts also has a kit containing lesson ideas and resources that can be purchased by schools and early childhood centres. Some secrets, in a ‘ready-to-use’ kit form for teachers, contains lesson plans, picture story books and other visual learning tools. Teacher training in the implementation of these kits is not routinely provided. CPS trains school staff to deliver lessons using resources in a manual, with schools providing supplementary resources such as recommended picture story books. Participants did not provide a rationale for their program’s design. While research has yet to confirm which program designs lead to greatest gains in knowledge of safety concepts and use of protective skills, programs with a BST component are considered superior to IBT only programs (see Davis & Gidycz, 2000).
Similar to programs reviewed in Chapter 2, programs in this study utilise a variety of teaching methods to disseminate body safety messages.

Table 6: Teaching methods

<table>
<thead>
<tr>
<th>Program</th>
<th>Role plays</th>
<th>Scenarios</th>
<th>Songs</th>
<th>Discussions</th>
<th>Story books</th>
<th>Art/craft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Safety Australia (BSA)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ditto's Keep Safe Adventure (Bravehearts)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Protective Behaviours (CPS)</td>
<td>x</td>
<td>✓</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Keeping Myself Safe (ECASA)</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Body Safety Education (HUSH)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Feeling Safe Together (SECASA)</td>
<td>x</td>
<td>✓</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Body Safety Education (Some secrets)</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Project J-Safe (Tzedek)</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

As shown in Table 6, five of the programs provide opportunities for children to use role plays to practise protective skills such as ‘no, go, tell’. Additionally, all programs use scenarios to reinforce safety concepts. These scenarios, asking children what should be done in a described situation, are predetermined by most program developers. They range from holding an adult’s hand to cross the road to someone touching a child’s private parts. One program encourages teachers to create scenarios for their students. The participant involved did not articulate what guidance is provided to teachers when creating scenarios.
Half of the programs use songs, some specifically discussing safety concepts and others more commonly known, like ‘Heads, shoulders, knees and toes’. All but one program encourages children to discuss safety concepts and ask questions during sessions. The exception is Bravehearts whose program is more of an interactive lecture, although the optional teacher’s kit contains discussion-based activities.

Visual activities are incorporated to teach safety messages. Picture story books are used in most programs, the majority using the book Some secrets should never be kept. Most programs also use creative arts or multimedia in their program, including colouring-in sheets and foam cut-outs, take-home activity books, and YouTube clips.

This study found more similarities than differences in the teaching methods of programs. The challenge for program developers is that little has been documented regarding effectiveness of specific teaching methods in CSAP programs; consequently, general educational literature, highlighting the importance of multiple teaching methods to disseminate information and promote engagement (see Pritchard, 2009), is relied upon.

### 4.2.5 Delivery

All programs in this study deliver sessions within the school/early childhood setting, usually in classrooms but also in shared spaces. As shown in Table 7, four delivery modes were identified: by program staff only, by school staff only, co-facilitation with school staff, and co-facilitation with others.
Table 7: Program delivery

<table>
<thead>
<tr>
<th>Program</th>
<th>Program staff only</th>
<th>School staff only</th>
<th>Co-facilitation with school staff</th>
<th>Co-facilitation with others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Safety Australia (BSA)</td>
<td>✔</td>
<td>×</td>
<td>×</td>
<td>✔</td>
</tr>
<tr>
<td>Ditto’s Keep Safe Adventure (Bravehearts)</td>
<td>✔</td>
<td>×</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>Protective Behaviours (CPS)</td>
<td>×</td>
<td>✔</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>Keeping Myself Safe (ECASA)</td>
<td>×</td>
<td>✔</td>
<td>✔</td>
<td>×</td>
</tr>
<tr>
<td>Body Safety Education (HUSH)</td>
<td>✔</td>
<td>×</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>Feeling Safe Together (SECASA)</td>
<td>✔</td>
<td>✔</td>
<td>×</td>
<td>✔</td>
</tr>
<tr>
<td>Body Safety Education (Some secrets)</td>
<td>×</td>
<td>✔</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>Project J-Safe (Tzedek)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>×</td>
</tr>
</tbody>
</table>

Program staff are involved in the delivery or co-delivery of the majority of programs in this study. *Bravehearts* and *HUSH* are the only programs delivered solely by program staff. While *BSA* staff usually deliver the program, they are currently piloting a co-facilitation model with staff from a charity funding the program in a specific region. *SECASA* co-facilitate with volunteer peer educators - current psychology or teaching students. *ECASA*
requires the school to provide a staff member (teacher or wellbeing coordinator) to co-facilitate delivery so that staff are trained to take over program delivery in the future.

Five of the eight programs have been designed to be delivered by school staff. Currently, CPS and Some secrets are only delivered by school staff. CPS is in a transitionary phase at present, looking to extend their role from solely training teachers to delivering the program themselves. The participant from CPS stated that this will take the pressure off busy teachers.

When a school has an incident, such as a student displaying inappropriate sexualised behaviour, SECASA will train staff to deliver their program. Tzedek has the most flexible delivery options, religious beliefs requiring school staff only to deliver the program in some schools.

Whether using program staff or teachers as presenters leads to the greatest gains is still to be determined by research, although the literature does suggest some advantages and disadvantages to each delivery type, which will be explored in this chapter.

When considering group size, most programs will deliver to single classes only. For example:

And they’re not to put 2 small classes together. Just because of the safety of the culture of the classroom. (BSA)

Concurring, the participant from HUSH noted:

But I do have a maximum number in the class because I don’t believe you can, anyone can learn effectively if there’s too many children, so I don’t let them say, we’re going to put all our year 4s in the room.

The exception is Bravehearts which requires a minimum of 50 students per session and encourages schools to include all prep to year 2 students in each session. One reason for
this was cost. The data suggests the tension between cost and preferred modes of delivery prevails in all organisations.

Ideal class size for effective teaching and learning is a persistent, contentious issue in education. It could be hypothesised that smaller class sizes may be more manageable, particularly with behavioural issues, while small group discussion could be easier, enabling active student involvement. Small groups can allow a relationship to develop between presenter and child, particularly when the presenter is not school staff. The literature has yet to address the question of whether the teaching of sensitive concepts in CSAP programs is more effective in small classes.

4.2.6 Duration

The duration of each program, numbers and length of sessions, was also mapped.

Table 8: Duration of programs

<table>
<thead>
<tr>
<th>No. of sessions</th>
<th>Length of sessions</th>
<th>Year</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25 mins</td>
<td>EC</td>
<td>Bravehearts</td>
</tr>
<tr>
<td></td>
<td>35 mins</td>
<td>Prep-year 2</td>
<td>Bravehearts</td>
</tr>
<tr>
<td>2</td>
<td>45 mins</td>
<td>EC</td>
<td>HUSH</td>
</tr>
<tr>
<td></td>
<td>1 hour</td>
<td>Primary</td>
<td>BSA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prep-year 2</td>
<td>HUSH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secondary</td>
<td>Tzedek</td>
</tr>
<tr>
<td>3</td>
<td>40 mins</td>
<td>Upper primary</td>
<td>Tzedek</td>
</tr>
<tr>
<td></td>
<td>1 hour</td>
<td>Years 3-6</td>
<td>HUSH</td>
</tr>
<tr>
<td></td>
<td>Half a day</td>
<td>Primary</td>
<td>SECAS A</td>
</tr>
<tr>
<td>4</td>
<td>30-45 mins</td>
<td>Lower primary</td>
<td>Tzedek</td>
</tr>
</tbody>
</table>
As shown in Table 8, programs range from one to ten sessions with most running two or three. Individual sessions run from about 20 minutes to half a day, with early childhood programs generally shorter. Because the CPS and Some secrets programs are delivered by teaching/school staff, the number and duration of sessions actually delivered are at the school or teacher’s discretion.

Bravehearts is the only program routinely running one-off sessions, although HUSH will run them on request. Interestingly, Bravehearts do not describe themselves as a one-off program as they have a kit that schools can purchase, with the participant stating:

The Ditto in a Box has been another thing that has been great as far as, you know, we’re not just a one-off program where like the Punch and Judy show that’s here today and gone tomorrow. We’ve got a resource that they can actually make a unit of work out of it. Take the incursion as a kick start or a springboard to then work with the kids even more using the Ditto in a Box.

The Bravehearts’ participant had no information on the number of kits purchased by schools and early childhood settings, although she did state that they have “…been very popular” and that feedback from teachers suggests the kit is “…very teacher friendly”. As this optional kit is not included in the program cost, schools and individual teachers must decide whether to implement this supplementary teaching. Comprehensive training on use of the kit is not provided.

A strong theme emerging from interviews was the importance of program messages being reinforced, although the degree of importance placed on the number of sessions
varied. Several programs stipulated multiple sessions, while others would offer one-off programs. For example:

*There’s lots of skills and strategies that we’re passing on, and by going back every year for you know, 2 or 3, 4 years if they’ve had kinder, those messages are really being reinforced.* (Bravehearts)

*I would definitely do a one off coz anything’s better than nothing* (HUSH)

Previous studies have shown that multiple short sessions lead to greater retention of information (see Davis & Gidycz, 2000; Topping & Barron, 2009). Topping and Barron (2009) also suggest that effective prevention programs must comprise at least four to five sessions. Multiple sessions provide an additional advantage beyond consolidation of safety concepts: children may build greater rapport with program staff over multiple interactions, particularly given the sensitive nature of CSAP programs.

It is questionable whether short programs can effectively cover all safety concepts, and whether understanding is sufficient. The research, albeit limited, suggests that one-off programs may have some benefit.

**4.2.7 Program concepts**

Body safety concepts taught in CSAP programs can be grouped into three themes: feeling safe, understanding touch, and protective skills, as shown in Table 9.
### Table 9: Program concepts

<table>
<thead>
<tr>
<th>Program</th>
<th>Feeling safe</th>
<th>Understanding touch</th>
<th>Protective skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Early warning signs</td>
<td>Feelings vs surprises</td>
<td>Safe vs unsafe</td>
</tr>
<tr>
<td>Body Safety Australia (BSA)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ditto’s Keep Safe Adventure (Bravehearts)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Protective Behaviours (CPS)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Keeping Myself Safe (ECASA)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Body Safety Education (HUSH)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Feeling Safe Together (SECASA)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Body Safety Education (Some secrets)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Project J-Safe (Tzedek)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*Note. P=includes personal parts. aDitto in a box refers to correct terminology. bCovered in new program CyberEcho.*
4.2.7.1 Feeling safe

Table 9 shows that the concepts around feeling safe, common to other CSAP programs (see Chapter 2), are covered in all programs in this study. All programs teach how to recognise early warning signs, feelings, and secrets versus surprises, for example.

One theme emerging from analysis of the data was the right to feel safe versus the right to be safe. Despite the UNCRC stating that children have the right to be free from all forms of harm, including sexual abuse (UNICEF, n.d.), programs continue to have a strong focus on feelings - that children should feel safe. This is illustrated by the Protective Behaviours mantra, ‘We all have the right to feel safe all of the time’.

Commenting on this theme, one participant stated:

*But again that’s why the emphasis on feelings and early warning signs is so important because that’s how kids would be able to identify what’s okay and what’s not okay.* (ECASA)

This idea that safety and feelings are inextricably linked is not straightforward. There appears to be an assumption made by program designers, (both in this study and more generally), that when children are safe they will feel safe, and conversely, that when they feel safe they are safe. This concept of safety presumably involves the absence of bodily sensations such as a racing heart and butterflies in the stomach, or “icky feelings” (Some secrets). The weakness of this theory is that not all sexual abuse leads to children feeling unsafe. As discussed in Chapter 2, non-contact abuse such as exposure to pornography, or even contact abuse such as touching, may elicit a pleasurable response in children (Briggs & Hawkins, 1997; Sanderson, 2004). Researchers conducting related studies could seek to determine what feelings children experience, particularly during early stages of grooming and sexual abuse.
4.2.7.2  Understanding touch

All programs in this study teach children about public versus private body parts. As indicated in Table 9, two programs also teach 'personal parts' - the eyes and hands. These were described as areas that need protection but are not private, as they are not covered by clothing. No other participants mentioned these body parts, perhaps because they were not directly questioned about non-genital parts. The inclusion of 'personal parts' seems to be an emerging concept which recognises that not all sexual abuse involves the genitals.

There is variation between programs in the teaching of correct body terminology. Religious constraints were discussed by one participant:

That will depend on the school coz some schools, they can’t do that, so they will have their own way, maybe they talk about parts underneath their clothes – that’s as far as they can talk about that... (Tzedek)

No other participants discussed cultural barriers to teaching correct body terminology.

Only one program does not routinely teach the correct terminology for genitals. As the participant stated:

In the show itself we don’t use the correct terminology. I believe that every child should know the correct terms but for a group of very young children, you want every child to leave that session knowing exactly what you are talking about... So that’s why we keep it simple...your mouth, your chest, between your legs and your bottom. Every child knows those parts so they know exactly what you’re on about. (Bravehearts)

The available literature on teaching correct body terminology argues that children who use 'pet names' for genitals may be less likely to be understood - and assisted - when disclosing abuse (Kenny & Wurtele, 2008; Kenny, Capri, Thakkar-Kolar, Ryan, & Runyon, 2008). It is not clear whether this observation is anecdotal or is based on evidence from interviews with adult recipients of abuse disclosure who failed to understand or assist the child due to the child’s terminology.
### 4.2.7.3 Protective skills

Table 9 shows all programs focus on protective skills, including asserting rights and enlisting adult support by disclosing inappropriate touch. All programs use some version of 'no, go, tell'. Phrases taught to children by program staff include:

- *Stop. I don’t like it (CPS)*
- *I won’t touch you. I don’t like it (HUSH)*

The following comment provides one participant’s rationale for children being encouraged to practice assertive skills:

> Coz often with perpetrators if they come across a child who rejects them in a strong and assertive way, then generally they don’t pursue that child any further, coz often those kids are too risky to them. (Bravehearts)

Children are also taught to persist in telling adults about abuse. For example:

> If people don’t listen or they don’t believe them or they can’t help them we always say don’t give up, you need to go and find another person you feel safe with – tell them about your ‘no feeling’. So they’re learning that if one person shuts them down or doesn’t believe them, don’t give up. (Bravehearts)

All of the programs encourage children to identify family members and other trusted adults they could talk to about safety concerns. Examples provided included the classroom teacher, other school staff, a relative, and Kids Helpline.

Only one participant said their program specifically teaches children that it may be difficult to disclose abuse:

> And a really important aspect of this [discussing safety plans] is obviously also having a...discussion around the fact that you may not always be able to always say no, especially if it’s an adult, and if it’s a relative, and you feel scared, and you may not be able to always go, but we always encourage to tell. (ECASA)

The assumption that children can implement protective skills may be unrealistic, particularly if their abuser is someone they know and trust. Further barriers arise when they have been threatened to remain silent, as discussed in Chapter 2.
The literature on women's experiences of family violence may help inform our understanding of obstacles children face when disclosing abuse. It is recognised that women may stay in abusive relationships for a myriad of reasons, including feeling powerless (see Walker, 2017). It could be argued that children are even more powerless. Children's capacity to use protective skills in such situations may be overestimated.

Only one of the eight programs specifically acknowledged that children may have a freeze response to abuse, leaving them unable to be assertive and leave the situation. Research has demonstrated that CSA victims often display dissociative behaviours rather than using assertive phrases or retreating to a safe place. Perry, Pollard, Blakely, Baker and Vigilante’s (1995) work with children who had experienced abuse found that the use of dissociative (versus assertive) strategies was more common in younger female children, where there was a feeling of helplessness and powerlessness, and where physical injury or pain was experienced. Although it is assumed that children taught protective skills will draw upon assertive skills when faced with actual or potential abuse, this assumption is not supported by previous studies.

While much of the CSA research is based on female victims' experience, one small study using hypothetical abuse scenarios sought the opinion of boys about being assertive. Revealingly, all of the boys, aged between 10 and 14, agreed with one participant who stated, “If you're stupid enough to get caught that way and then don't fight hard enough to get away, you deserve it!” (Sang, 1994, p. 604), despite the researcher challenging them to consider other factors such as differences in power and strength. Sang (1994) noted that this attitude was apparent in several boys who had been sexually abused. Sang suggested this attitude could lead to self-blame, shame and denial of abuse.
While only four of the nine interviewees in this study mentioned aiding abuse disclosure as a specific program aim, they all recognised that disclosure could occur as a result of program involvement. One participant said they had been recipients of “some disclosures in the last few years” (HUSH); another mentioned a child who disclosed to a teacher immediately post-program.

One program actively discourages children from disclosing to program presenters because of privacy concerns if the disclosure occurs with other children present:

> We don’t actually allow them to ask questions, as in have their hand up, because you never know with kids what they’re going to come out with. And we don’t want to provide an opportunity where a disclosure might happen in front of 100 children (Bravehearts).

This participant did state, however, that after the session they would approach a child who persistently tried to ask a question.

There are challenging issues here. It could be argued that it is morally sound practice to both promote disclosure and be willing recipients of any abuse disclosure. There are, however, plausible reasons for not promoting disclosure during presentations, including the risk of re-traumatising the child who discloses, protecting the privacy of the discloser, and traumatising other children in attendance. Promoting disclosure begs the question of who is responsible and sufficiently skilled to receive the disclosure: external program staff are only with children briefly and under current Victorian legislation are not mandated to report CSA, and school staff may be inadequately trained in disclosure management. Although program presenters are not designated mandatory reporters, the Victorian ‘Failure to disclose’ offence states that all adults must report a belief to the police that a child under 16 years has been sexually abused (Department of Justice, 2014).
4.2.7.4 Cybersafety

One of the newer concepts in CSAP programs is cybersafety. While safety online was discussed only briefly in participant interviews, as is evident in Table 9, seven programs incorporate online safety. The exception is Some secrets, although the program does encourage children to tell a trusted adult if they are shown pictures of private parts. The majority introduce cybersafety to upper primary children, while one program covers it in secondary school only. Two of the organisations, HUSH and SECASA, have been certified by the Office of the Children’s eSafety Commissioner to provide online safety programs, a voluntary scheme allowing registration as certified cybersafety providers.

The integration of cybersafety with body safety programs is fairly new. Most programs reviewed in Chapter 2 were developed in the 1980s and 1990s when the risk of harm to children from online perpetrators was minimal. Those risks from online predators are increasing, with children now readily accessing social media, instant chat, video-sharing sites, and pornography on portable devices.

Research is yet to test the effectiveness of combining cybersafety and traditional CSAP programs. Moreover, there is a difference between teaching children about online predator dangers and the risk of a trusted family member or friend being the perpetrator of CSA. It may be easier to teach children to avoid certain websites, employ assertive behaviours if propositioned, and to tell an adult if they are at risk of harm online than to teach children to use protective skills when a perpetrator, often trusted and loved, is physically present.

4.2.8 Evaluation of programs

Participants in this study were asked whether their programs had been evaluated and what they perceived to be barriers to evaluation.
Table 10: Sources of program evaluation

<table>
<thead>
<tr>
<th>Program</th>
<th>External</th>
<th>School staff</th>
<th>Parents/caregivers</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSA</td>
<td>P</td>
<td>P</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Bravehearts</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>CPS</td>
<td>x</td>
<td>✓</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>ECASA</td>
<td>x</td>
<td>✓</td>
<td>x</td>
<td>✓</td>
</tr>
<tr>
<td>HUSH</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>SECASA</td>
<td>x</td>
<td>✓</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Some secrets</td>
<td>x</td>
<td>P</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Tzedek</td>
<td>P</td>
<td>✓</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

*Note. P = planned evaluation*

Table 10 shows that two organisations have committed to future external evaluation, with one organisation’s external evaluation confirmed but not yet undertaken.

*Bravehearts* was the only program that had been externally evaluated (Rudland, Holloway, Collins, & Fase, 2013). A mixed-methods approach was employed, including phone interviews and online and paper surveys in 21 New South Wales schools, and face-to-face interviews in four schools. Key stakeholders in government, school staff, and parents were asked a range of questions, including about their perception of program effectiveness and training, or information sessions offered. Children were not involved in the evaluation process because of ethical constraints; the risk that children in groups might influence their peers, leading to skewed responses; and a lack of resources, including teachers and computers (Rudland et al., 2013). Reliance on adults as sole informants in the *Bravehearts* program contrasts with other program evaluations reviewed in Chapter 2 which relied...
heavily on children’s feedback. The evaluators, Rudland et al. (2013), found that the program increased children’s knowledge and awareness of body safety concepts, and of how to protect themselves from harm, but they concluded that as “…a one-off performance with supporting materials…it should not be regarded as a broader child protection program that is similar in scale to current child protection education delivered in schools” (2013, p.ii).

Three main limitations of this evaluation are evident. First, knowledge development was based on teacher and parent report. Second, children involved were already receiving instruction on body safety via the New South Wales Education Department’s Child Protection Education curriculum; most had already received eight or more lessons. Third, as no pre-testing of children occurred, it is unclear whether the Bravehearts program added to their knowledge. Use of a control group that had not received any other form of body safety instruction would have addressed this constraint.

Evaluation of CSAP programs is complex, as highlighted in Walsh et al.’s (2015) comprehensive review of program evaluations, which excluded the majority of evaluations due to methodological limitations, particularly the failure to use randomised control groups.

Interviewees in the current study reported the main barriers to independent evaluation as lack of resources, particularly time and money, and not knowing who were appropriate evaluators. Comments made by participants included:

...sometimes when you get funding grants you have to evaluate to get more funding. Because we have no funding it’s not been evaluated. (SECASA)

I wish there was someone who could [conduct evaluation] for anyone who goes into schools…I certainly wish there was someone who could go along and review it or something. (HUSH)

Despite these barriers, participants demonstrated an openness to external program evaluation:
The evaluation is not only important for this being a model of best practice but it’s also to promote this internationally...it’s important for them to see that this model can be used and it can be adapted to a variety of communities. (Tzedek)

The main form of evaluation of programs involved feedback from school staff, as shown in Table 10. The comments below indicate that it is perceived to be generally positive:

So they’re noticing that kids are engaging, they’re interacting, they’re learning, and that’s obviously giving them a more positive viewpoint of the program and co-facilitating, and they’re not feeling as threatened by it. (ECASA)

Like they said to me, we had no idea what to do with this and now I’m a lot more confident running the program... or addressing the issue that occurred. (SECASA)

As Table 10 shows, only two of the eight programs routinely seek feedback from parents/carers, through surveys and verbal comment. One participant referenced remarks from parents/carers attending an information session:

And the parent response was fantastic, they were like really [re]assured, “we love what you’re doing”, “we see that it’s not going to harm our children”, “we see that it’s age appropriate”, so that was fantastic. (Some secrets)

Another participant commented on feedback from parents/carers who attended the actual program:

And often parents say to us, “oh, I’m really glad I came because I’ve wanted to talk about these things but I didn’t really know what to say or how to start the conversation. So that incursion is a great kick start for those family conversations”. (Bravehearts)

The use of parents/carers as informants is common in the literature on CSAP evaluations, but findings may be skewed. It may be that feedback will only come from parents/carers who are open to CSAP programs, while parents/carers who are abuse perpetrators are unlikely to offer feedback. Therefore, the findings of parent/carer evaluation should be interpreted with caution.
The final group of informants identified by participants was students involved in programs. Only one participant highlighted the importance of engaging children in the feedback process, stating:

*For us it’s more around showing them how important it is for us for them to be included in the program, and that their opinion counts for us, that we value their opinion... It's just about getting them included in the program and allowing them to have a voice and feel like they can do that.*  (ECASA)

One unexpected finding of this study was that only three of the eight programs routinely seek feedback from children, as shown in Table 10. Reasons for this were not discussed in interviews. Possible explanations may be: ethical concerns about researching with children, children may not be seen as reliable informants or children may be viewed as too young to provide feedback, or there are practical constraints such as time. It would be beneficial to further explore this with program providers.

### 4.3 Broader issues

The previous section provided a map of CSAP programs currently being delivered in Victorian educational settings. It considered similarities and differences between these programs, raising questions regarding the extent to which programs are evidence-based. The following section further explores some of the broad themes emerging from the research such as educating children as a primary prevention strategy, the role of teachers and parents/carers in CSA prevention both in delivering safety messages and responding to disclosures, who is responsible to protect children from sexual abuse, and potential program risks.

#### 4.3.1 Educating children as a primary prevention strategy

One major theme of this study was CSAP programs as a primary prevention strategy. Although governments allocate some resources to CSA prevention, such as the Victorian
Government’s recent introduction of new CSA reporting requirements and Respectful Relationships education, the view held by many participants in this study is that not enough is being done to prevent CSA. Comments made included:

*personally I think we’re responding to a gap that’s needed, that’s been identified. Because I’ve got a raft of requests from schools.* (CPS)

*I think in the past, personal safety has been left in the too hard basket by teachers and by parents...so we’re filling the gap by giving them the information they need.* (Bravehearts)

Several participants suggested that CSAP programs should be mandatory in all schools, with one participant noting:

*it’s an absolute necessity to have some form of protective behaviours program in schools – primary and secondary...because that’s the only way that we’re going to reduce the amount of sexual assault victims – there’s just no other way.* (ECASA)

There is an assumption made by both the participants in this study and more generally in the CSAP field that ‘doing something is better than nothing’, and that prevention programs represent one significant means of reducing the incidence of child sexual abuse. Both ideas could be challenged. Evaluating program effectiveness is complex, given the range of other factors influencing CSA risk. There is evidence to suggest that program participation increases knowledge of abuse concepts which in turn may decrease the risk of CSA. However, the belief by many in the field that such knowledge will lead to the child resisting the abuse has not yet been confirmed in the research. As outlined in Chapter 2, only one study found an association between program exposure and lower rates of disclosed sexual abuse (see Gibson & Leitenberg, 2000). Given the limitations of Gibson and Leitenberg’s (2000) research, identified earlier, the conclusion that programs prevent child sexual abuse requires further substantiation.
4.3.2 Role of other stakeholders

4.3.2.1 Teachers and other school staff

Participants in this study identified school leadership teams and teachers as gatekeepers in the school environment, influencing whether a CSAP program is implemented, and to what extent. One participant in particular expressed frustration at the lack of leadership team support, commenting:

*I think what we need to do now is get our principals on board because I think there is the biggest block, and I’m quite happy to say that. I think many teachers and parents are very happy for this to be happening coz sexual abuse is in the news all the time with children, and I think the principals need to know that this is very important and we need to do it so, maybe they need some educating as well... (Some secrets)*

The role of teachers in CSAP programs varies with the program the school implements.

Participants in this study identified multiple roles for teachers including: program delivery, active observation, teaching of safety concepts post-program, and responding to disclosure.

Challenges identified by participants focused on teachers’ comfort level with program content, confidence in responding to disclosure, and lack of training in both aspects.

This study revealed divergent views about who should be presenting CSAP programs.

The interviewee from Some secrets was adamant that it is the classroom teacher’s role, commenting:

*I think it’s the teacher’s responsibility because there’s lots of teachable moments in your day and I think we can bring that out in our day... look it’s six little pages [referring to the lesson plans], like that’s all it is, like that’s it! And if you can’t teach with that as a teacher there’s something really wrong with you because it is all there for you.*

In contrast, other participants expressed concern regarding teachers being presenters:

*I think, honestly, from an academic perspective, in Australia, there’s a definite attachment to the fact that programs have to be run by teachers, which I think is hugely beneficial, but I think that it ignores the OH & S aspect of that as teachers as survivors...Like, you know, you cannot force a staff member who has particular trauma to attend training that’s going to be triggering or traumatising for them. (BSA)*
ECASA concurred, noting:

**But we’ve actually had one teacher unfortunately that we discovered was a victim survivor herself and she couldn’t tolerate the space.**

Another concern was time constraints faced by teachers in an already overcrowded curriculum:

*Teachers are overwhelmed. Since back in the 80s when I started teaching there’s so much more expected of teachers. They have to be the mental health people. They have to be the healthy food people...they’re going to get sued if the kid gets sunburnt... some of them are just like, another thing we have to now teach? And I feel really sorry for them. (HUSH)*

Dilemmas associated with teachers as presenters or co-presenters were outlined in Chapter 2, while the research on who should be responsible for delivering CSAP programs is ambivalent. To summarise, research suggests that children may be more comfortable discussing sensitive issues with their classroom teacher, and that program content can be incorporated into other teaching areas such as health; however, children may see external presenters as more knowledgeable and more comfortable with that knowledge. External presenters may reduce the workload for teachers, and may have more expertise and confidence in responding to abuse disclosures than school staff (Barron & Matthew, 2014; Topping & Barron, 2009; Tutty et al., 2005; Tutty, 2014).

Further research on the role of teachers could investigate children’s presenter preferences, and the difficulties for teacher survivors of abuse in their roles as program presenters and disclosure recipients. This is relevant given the introduction of Respectful Relationships education in all Victorian schools in 2017, requiring many teachers to teach sensitive topics, including body safety concepts.
Participants suggested that the teachers’ role extends beyond program delivery to active participation, the consensus being that engaged teachers lead to engaged children. As interviewees commented:

I get the teacher involved. I ask them questions, I give them little jobs to do. You know, I love love it if they join in and the children can see that their teachers are involved and interested and entertained. (HUSH)

But having the teacher engaged and really listening and even participating in the activity we’re doing, it makes so much difference to the kids’ learning. (SECASA)

Teachers were also viewed as experts on their students:

But we also want the involvement of the teacher because they know the classroom and the students best, so if we observed a child behaving in a certain way, and we had concerns, we would discuss that with the teacher after the session. (Tzedek)

As experts in behaviour management:

It’s not our job to get out there and discipline kids or you know, stop talking and all that, that’s the teacher’s roll. (SECASA)

However, participants also expressed frustration at some teachers’ disinterest towards their programs. Teachers used sessions to catch up on their own work, chatted with colleagues, or failed to engage in any way.

Teachers were also considered best placed to reinforce messages:

You want teachers to own the concepts so that they can be reinforced in other parts of curriculum, and ideally that’s where we would see this program going. (Tzedek)

And we really encourage teachers to incorporate body safety in their curriculums. (BSA)

While participants assumed that teachers would teach follow-up lessons, participants acknowledged difficulties with teachers’ comfort level; for example, one participant commented:

But some teachers said to me I can’t...be saying to the kids about penis and vagina because then I’ve got to go on and talk about maths in the next breath...so it’s for some teachers, more difficult. (HUSH)
One of the main concerns of participants was the teacher’s role in responding to abuse disclosures. There was consensus that teachers may struggle to manage them:

_They are so ill-equipped to handle it because...I can’t say why, but my perception is that they have an emotional attachment to that child or that family and it’s distressing for them. It’s vicarious trauma. So...actually...from the disclosures I’ve had, probably in all but one instance, the teacher was not able to respond appropriately at the time. Not that they responded inappropriately...but they just went, I don’t know what to do. Can you tell me what to do._ (BSA)

_So literally they’ve [teachers] admitted outright that they wouldn’t know [how to respond to a disclosure]._ (HUSH)

Previous studies have noted such attitudes (see Barron & Matthew, 2014) which are concerning for several reasons. First, program presenters are with children only briefly. Probably, classroom teachers can more readily identify physical or behavioural indicators of abuse or receive a disclosure of abuse, due to the significant time spent with students (Briggs, 2012). Second, Victorian teachers are mandated to report child sexual abuse to the appropriate authorities. While teachers are required by the DET to complete an annual online training module in mandatory reporting, a review of this resource reveals that of the 43 e-learning slides, only one is dedicated to managing a disclosure, although there is a link to a two-page document providing dot point advice (DET, 2015). The literature suggests that current training available to teachers is insufficient both at pre-service (Scholes, Jones, Stieler-Hunt, Rolfe, & Pozzebon, 2012) and in-service levels (Mathews, 2011).

Several participants acknowledged the limited child protection training provided for teachers by schools or DET. All of the participants in this study indicated that their organisation offers a training session for school staff, and all but one offer this training face-to-face. One program includes an optional training PowerPoint accessible to school staff. _Tzedek_ is the only organisation that requires all school staff to complete training prior to program implementation. The main training concepts covered are similar and include
sexual abuse statistics, identifying sexual abuse, responding appropriately, and reporting to appropriate authorities.

Where organisations use a co-facilitation model, participants indicated a requirement for staff to undergo comprehensive training, ranging from one day (ECASA) to five days (BSA). Other training seems to be ad hoc. Some participants attend staff meetings to deliver teacher training, with a school expectation that staff will attend. Several participants noted that uptake of staff training was minimal because of cost and other staff meetings priorities.

This study highlights at least two major issues. The first is teacher comfort level with program content and confidence in managing the disclosure of sexual abuse. Discussion of CSA is difficult for many adults, regardless of previous trauma experience, as highlighted in Chapter 2. Second, while appropriate training is needed to help teachers respond to disclosure, the uptake of training has been variable. It could be argued that DET should have the primary responsibility for ensuring that all teachers have the required knowledge and skills to respond appropriately to disclosure, given mandatory reporting requirements. While school staff have a duty of care to protect children in their care, the Department should ensure that staff are adequately trained to minimise the risk of harm to the teacher receiving the disclosure and of further harm to the disclosing child. Program providers’ role would then be consolidating knowledge through opportunities for face-to-face training.

### 4.3.2.2 Parents/carers

The focus of the research interview questions meant most discussion on the role of parents/carers in CSAP programs concerned parent information sessions. Concepts covered in these sessions are similar to those in teacher training sessions, including: statistics on CSA, an overview of the program, follow-up learning and activities, and managing abuse
disclosures. All participants believed such sessions were necessary, while expressing frustration at the limited number of attendees. One participant stated:

...so we’re constantly trying to find ways to deliver that message back to those people, which through parent workshops is our preference, but we know, research shows that only 20-30% of parents will turn up. (BSA)

Another participant provided an example:

Participant: I did one and they had about 12 parents there.

Interviewer: And how big was the school?

Participant: Big school. Huge school. 8-900 kids. (SECASA)

Only one participant acknowledged that parents/carers themselves may be victims of sexual abuse, but this was not explored further in the interview.

Although the literature, albeit limited, suggests that parent participation in programs leads to better outcomes, including more open discussions with their children and more appropriate responses to disclosure (see Chapter 2), this study suggests that most parents/carers do not attend information sessions. It may be that the parents/carers most likely to attend are those who have positive, loving relationships with their child/children, supervise appropriately, and already discuss body safety concepts.

The role of parents/carers as educators of safety concepts was discussed, although to a lesser extent. Several programs provide children with activity books or worksheets to take home, hoping to encourage families to discuss safety concepts.

Some literature suggests a reluctance in parents to teach safety concepts. Hunt and Walsh's (2011) review of 13 papers found that parents lacked knowledge, confidence, language and resources, and were more likely to focus on concepts such as stranger danger.
Little attention has been given to engaging and collaborating with parents/carers to increase confidence and comfort levels.

4.3.3 Responsibility to protect

There is criticism by some in the field that CSAP programs place undue burden on children to protect themselves from abuse (see Chapter 2). When discussing the issue of responsibility during interviews, the view of participants was that programs were designed to help protect children, not make them responsible for protecting themselves. Comments made by participants included:

*What we're doing with the program is just helping the adults by educating the children, but we're definitely not putting any responsibility on the children by doing this program.* (ECASA)

*So historically a lot of the programs have put the onus on the children to protect themselves which can lead to shame if they don't, or shame if they are abused, so we're being really clear that while we teach the children skills, it's not the children's responsibility.* (BSA)

However, there was ambiguity about the degree of children's responsibility, as the following comments indicate:

*So they're going to realise that they are superheros and they're out to be able to change the world and you know, prevent bad things happening through being educated and knowing about the rules for body safety.* (HUSH)

*If they don't act on that and they continue to let it [sexual abuse] go on, it will go on.* (Some secrets)

Despite these contradictory views, participants noted that training teachers and parents could transfer responsibility from children to adults. The following comment reflects other participants' views:

*And that's why we want to include everyone. We don't want the responsibility only to be on the teachers or the kids or the parents or services like us. We want to include as many people as possible so the onus is shared amongst everyone.* (ECASA)
There have been some steps undertaken to increase adults’ responsibility in the protection of children. Victorian teachers, as mandated reporters, have some training in the identification and reporting of CSA. Many CSAP programs encourage parent/carers and the wider community to attend information sessions, and there is a wide range of advice and resources available online. Trained adults may also have more open conversations with children about consent, respect and body safety, and may be viewed by children willing recipients of safety concerns. It is also acknowledged that relying solely on adults to protect children is complex due to: adults’ inability to be with children all the time, the increase in peer-on-peer abuse, the challenges in engaging adults in CSAP programs, and the societal stigma of CSA.

There remains, however, the assumption made by many program providers, both from this study and more generally, that children will be able to resist abuse, or at least tell a trusted adult, and keep telling until they are believed. This assumption is questionable given strong evidence that many perpetrators spend significant time grooming potential victims (see Katz & Barnetz, 2015), and many use force and threats to ensure compliance and silence (see Elliott et al. 1995; Kaufman et al., 1994).

The preceding discussion suggests that responsibility to protect children should be a whole community concern. A relevant example of a whole population prevention approach in Victoria focuses on family violence. In 2016, the Victorian Government released their response to the Royal Commission into Family Violence. *Ending family violence: Victoria’s plan for change*, a ten-year plan based on the Royal Commission’s recommendations, includes prevention strategies such as respectful relationships education in schools, the development of support and safety hubs, and a change in legislation to increase the rights of
victims of family violence (State of Victoria Department of Premier and Cabinet, 2016). A statewide advertising campaign focusing on changing attitudes towards girls and women, as well as the effect of family violence on children, has been implemented. Although reported rates of family violence are increasing, it is hoped that this whole community approach will lead to long term changes. Stakeholders in CSA prevention could consider a similar comprehensive plan of action.

4.3.4 Potential program risks

This study did not seek to determine the risk of harm represented by the programs, so participants were not directly asked about it, however one participant discussed harm, acknowledging that exposure to a CSAP program could be traumatising for a child victim of sexual abuse. The following discussion, therefore, is based on observations made by the researcher in relation to both concepts taught and teaching methods employed in the programs involved in this study.

As noted earlier, all programs teach children protective skills such as asserting rights and telling a trusted adult. There is conflicting advice, however, regarding the effectiveness of teaching protective skills. While perpetrators of CSA interviewed by Bundin and Johnson (1989) and Kaufman et al. (1994) agreed that children should be taught to say no, run away, and tell an adult if they have been abused, a significant proportion also stated that they would use the threat of physical harm to gain silence and cooperation. Further, Elliott et al. (1995) caution that teaching children to say no or tell the abuser that they will tell someone puts them at greater risk of harm. Scholes, Jones and Nagal (2014) expressed concerns that teaching children to be assertive could lead to boys in particular responding in an aggressive, confrontational ‘superhero’ manner. Given that Finkelhor et al.’s (1995a)
research (discussed in Chapter 2) found that children who were taught protective skills, such as fighting back, were more likely to be injured during sexual assault, program providers need to be aware that there are risks involved in teaching children to be assertive, particularly as there is a significant power difference between adults and children. While the focus in the literature has been on adults as perpetrators, we are learning more about peer-on-peer abuse. The concerns raised above could be seen as valid for all perpetrators of abuse, particularly where there is a gender, age, physical size or other power imbalance between the victim and perpetrator.

The second potential source of harm relates to certain teaching methods, such as scenarios and role plays. Most participants use pre-prepared scenarios, however one program encourages teachers to make up their own scenarios. There is a risk that scenarios will not be developmentally appropriate, particularly where training has been inadequate. Appropriately designed scenarios enable children to be emotionally distant from a situation, minimising the risk of harm. Little guidance on the development of appropriate scenarios is provided in the literature.

Role plays require children to act out a situation and a response. Specific role play content was not discussed in interviews. Role plays in the context of CSAP programs require extra sensitivity due to the risk of retraumatising a child who has experienced CSA. Situations used in role plays need further investigation, however a more appropriate option may be scenarios based on fictional characters.

4.4 Conclusion

Interview data from program informants has highlighted complex issues inherent in CSAP programs. The reasons for creating such programs were rooted in concerns that traditional
sexuality education did not teach children to be safe, in an acknowledgement that prevention lessons could be learned from children who had already experienced sexual abuse, and in response to media coverage of abuse within organisations.

One finding from this study is that factors, such as catalysts for development, funding sources, and longevity of programs, do not appear to have influenced program format, design, duration or content. Rather, programs seem largely derivative, based on traditional protective behaviours programs. Protective behaviours have been taught for decades, with few changes in concepts taught or teaching methods employed. This finding is consistent with earlier studies into CSAP programs.

Although many programs attend to online safety for older children, emerging threats to online safety appear inadequately addressed in this study's programs, particularly in the early years.

The role of other stakeholders in these programs varied. All participants agreed in principle that the prevention of child sexual abuse requires a whole community response, while identifying multiple obstacles to engaging other stakeholders.

Despite research demonstrating that participating in CSAP programs increases children's knowledge of sexual abuse and how to protect themselves, the challenge for program developers, presenters and policy makers is the limited evidence that programs decrease the incidence of sexual abuse. The question of whether the benefits for children outweigh potential risks remains unresolved. Further, there are significant impediments to undertaking research that would answer such questions definitively.
5 CONCLUSION

I began this research study with a strong belief that CSAP programs were a straightforward and effective primary prevention strategy that teachers could implement to help protect students from sexual abuse. Through a review of the literature and an analysis of the data collected in this study, my perspective has changed as the research has identified the complexity of the issues in using CSAP programs, particularly in evaluating their effectiveness and potential program risks.

Whilst this study builds on existing knowledge in the field of CSAP programs, it is the first research project to map and explore similarities and differences between programs offered within the Victorian educational context, and so it adds to the relatively limited Australian research on CSAP programs. This chapter will address the limitations of this study and outline possible future directions for policy, practice and research.

5.1 Limitations

This study aimed to capture a profile of as many current CSAP programs offered in Victorian primary schools and early childhood settings as possible, however, results cannot be generalised beyond these settings. As this was a small research project, the scale was necessarily limited. Program similarities and differences were explored but this study did not seek to evaluate specific program effectiveness. The project sought program providers’ views only, not the perspectives of other stakeholders in programs. Data was obtained from short interviews. It would have been beneficial, had time permitted, to review curriculum materials and observe the delivery of programs, and conduct a second interview with participants to further explore some of the broader issues identified in both the literature
review and the initial interview findings, particularly their perspectives on risk of harm and the roles of other CSAP program stakeholders.

5.2 Future directions

5.2.1 Implications for policy and school systems

Given that neither federal nor state governments have prioritised CSA prevention, the view of some practising in the field is that school-based CSAP programs are ‘better than nothing’. While Victorian teachers are mandated to report CSA and required to incorporate Respectful Relationships education into their curriculum, responsibility for the protection of children should not be borne by teachers alone. If CSAP programs are seen to be the best way to proceed at this stage of our knowledge, education departments, including Victoria's Department of Education and Training, should be responsible for ensuring universal coverage and monitoring the quality of CSAP programs delivered in their systems. It would also be beneficial to explore further the delivery of programs in Catholic and private schools. Currently, the uptake of programs is dependent on schools electing to allocate time and funding to CSAP programs and having access to providers. Further, previous studies have shown that teachers often exclude sensitive concepts such as intra-familial abuse when teaching protective behaviours concepts. Policy changes and comprehensive training for teachers and others who provide CSAP programs are needed. While there is scope for Victoria's DET and the Catholic and private sectors to make use of the expertise and experience of existing providers, the limitations and potential risks of programs implemented by either the system or external providers must be recognised.

The Victorian DET has commenced work in this domain with the funding and state-wide introduction in 2017 of Respectful Relationships education and the Resilience, Rights &
Respectful Relationships curriculum, in response to community concerns about family violence. As the aim of this program is to reduce gender-based violence, including sexual abuse, protective behaviours concepts are incorporated throughout each of the levels’ curriculum materials. Future evaluation of this program should include assessing the effectiveness of teacher training, comfort level with the program, and whether teachers include the more sensitive components.

5.2.2 Implications for practice

It should be acknowledged that the field of child sexual abuse prevention, particularly the strategy of implementing school-based programs, is complex. Interviews with participants in this study revealed that workers in the field appear to genuinely care about the safety and wellbeing of children and young people, sharing a strong belief in the potential of CSAP programs to prevent CSA. However, given the dearth of recent research, current CSAP programs rely on limited and older research and past practice. They are predominantly based on traditional protective behaviours themes, including the right to feel safe and telling a trusted adult when there are safety concerns, with a strong emphasis on children’s feelings and early warning signs as indicators for testing safety. Despite variation in how these safety messages are delivered, the content of lessons is similar across the eight programs studied.

The findings of this study have practical implications for the field of CSAP, program providers, and the wider community. First, increased knowledge of body safety may not always translate to employing protective skills. Second, there are risks involved in teaching CSAP programs, and ways to minimise them need consideration. Third, while those involved in developing and delivering programs indicate that children are not solely responsible for
protecting themselves, the content and emphasis in CSAP programs do include significant expectations of children. Fourth, programs could engender confusion for children about healthy physical touch and affection and developmentally normal sexual behaviours. Fifth, there are added risks for boys, both in the use of protective skills, and self-blame leading to decreased willingness to disclose abuse. Sixth, evaluation of programs should seek the perspectives of all stakeholders. For example, the Royal Commission recently sought the opinions of children on matters of safety, and children are arguably the most important stakeholders in CSAP programs. Finally, while the use of traditional protective skills such as 'no, go, tell' might be appropriate when the perpetrator is a peer or stranger, it may be unrealistic to expect children to employ these skills when the perpetrator is someone that they love, care for, and trust, as is commonly the case. It is therefore more important to ensure that the range of adults in the child's life are appropriately trained to identify early signs of grooming behaviours and abuse, and how to respond and report appropriately. This would require more parent and community education, although the challenges in engaging these stakeholders, as shown in previous research and this current study, is acknowledged.

5.2.3 Implications for research

Much of the literature on CSAP programs was published in the 1980s and 1990s, when these programs were prolific in the United States. Both early and recent evaluative studies predominantly rely on assessing knowledge of safety concepts rather than the use of protective skills. There is evidence to suggest that program participation leads to increased knowledge of safety concepts, however, research has yet to confirm that CSAP program participation leads to reduced incidence of CSA or suggest whether it is even reasonable to expect reduced rates of sexual abuse post-programs. Further, the research on if and how
cybersafety should be taught in conjunction with protective behaviours concepts is lacking, particularly in programs designed for the early years.

It would be beneficial to have a greater understanding of the experiences of CSA victims, particularly early warning signs, how these are recognised by the child at different stages of abuse, including during the grooming process; whether children can convert their theoretical knowledge of protective skills into action; if knowledge and protective skills decrease the risk of a child being successfully targeted by a perpetrator; and whether children’s use of protective skills during CSA increases the risk of further harm. However, the ethical and practical constraints around collecting such data are acknowledged and retrospective studies may be the only appropriate method.

5.2.1 A whole community approach

Australia has ratified the United Nations Convention on the Rights of the Child; as a society, therefore, we have a responsibility to uphold the rights of all children to be safe from all forms of abuse, including sexual abuse and exploitation. This requires multiple levels of intervention that span primary, secondary and tertiary prevention, not just interventions at the school level. Schools may have a role to play however broader societal responsibility is also required. Recent policy changes and resources allocated to combat family violence demonstrate an increased commitment to change by multiple stakeholders. Given the challenges in researching the effectiveness of school-based CSAP programs, important questions around cost effectiveness and the distribution of resources, particularly funding, require consideration.

When considering the whole community approach to CSA prevention, barriers including the increase of freely available child exploitation material, adults’ discomfort with discussing
topics surrounding sexuality, the taboo nature of child sexual abuse within the broader community, and the lack of funding for intervention services must be acknowledged. However, primary and secondary CSA prevention strategies should include: greater public education, not only about the effects of child sexual abuse, but also about early identification and reporting of grooming behaviours; better internet safeguards to prevent both children and adults viewing child exploitation material; and more comprehensive screening of those who work with children. Tertiary interventions including timely responses by child protection services and therapeutic treatment for children who have experienced sexual abuse are also required. The Victorian Government and DET have committed significant funding to a comprehensive and multifaceted campaign to prevent violence against women, which includes Respectful Relationships education as one strategy. School-based CSAP programs can increase children’s knowledge of protective behaviours concepts, however a commitment by all levels of government and the broader community is needed to ensure protecting children from sexual abuse is everyone’s business.
References


and links with later psychological functioning. Aggression and Violence Behaviour, 6, 55-78.


Appendix 1: Plain Language Statement

Research project: Personal safety education: An exploration of Victorian policy, curriculum and programs

Dear <name>,

My name is Merrin Sulovski and I am undertaking research for my Master of Education (Research) in the Melbourne Graduate School of Education at the University of Melbourne.

My supervisors are Ms. Elizabeth Freeman and Ms. Desma Strong. I would like to invite you to participate in a research project that aims to map personal safety education (body safety) programs currently being delivered in Victorian educational settings. Participation in this research project is voluntary and you are under no obligation to participate. Before you make a decision, it is important for you to understand why it is being conducted and what the research involves.

Why am I doing this study?

The purpose of this research is to map personal safety education (PSE) programs that are currently being delivered in Victorian child care centres, pre-schools, primary schools and secondary schools. PSE is also referred to as body safety education and child sexual abuse prevention education. As you may be aware, there has been little research conducted into PSE in Australia with most literature based on international programs. You have been identified as a potential participant in this study as you deliver and/or have been involved in the design of a PSE program/s. I am interested in finding out more about the range of PSE programs in Victoria, and exploring the similarities and differences between them.

What are the benefits?

In the current context, there is a great deal of interest in PSE and you have an opportunity to contribute to a greater understanding of PSE programs currently being delivered in Victorian educational settings.

What will participation in this study involve?

With your consent, your participation in this research project will involve an interview of approximately one hour. The interview will take place at a mutually convenient time and location. I will be audio recording the interview. If you have any program materials that you would be willing to share with me, I would be grateful.

In this interview, I will be asking a range of questions to enable me to have a better understanding of your program. These questions may include (but are not limited to):

1. What is the history of your program?
2. What is your program’s philosophy?
3. Who is your target audience?
4. What are the main concepts or themes that you teach?

A copy of the transcript of the interview will be provided to allow you to verify that the information is correct. You are also able to request deletions.
What are the risks?

There are no foreseeable risks in this project.

Can I withdraw from this study?

Participation in this research project is voluntary. You can withdraw from the interview at any time. You can withdraw from the project at any time and any information provided will be destroyed and not used for this project. You can change your mind at any time up until the point of publication.

What about confidentiality?

This project has received clearance by the University of Melbourne’s Human Research Ethics Committee. As this project’s specific aim is to provide an overview of PSE programs, the name of the program you are involved in and details about the program will be used in my thesis and potentially published externally and/or presented at academic conferences. You will not be personally identified in the project and a pseudonym will be used. However, given the small sample size it is possible that you could be identified. Confidentiality will be protected subject to any legal requirements. Once the thesis has been completed, a summary of findings will be provided to you.

All information relating to the project will be stored electronically and protected by password access. Documents provided will be stored in a locked filing cabinet. Following completion of the thesis, research data and records will be stored securely at the University and, may be used for future studies by the researchers. After 10 years all research data (electronic, audio and paper records) will be confidentially deleted or shredded.

How do I agree to participate?

If you would like to participate, please indicate that you have read and understood this information by signing the accompanying consent form and returning it in the envelope provided, or electronically. The student researcher will then contact you to arrange a mutually convenient time to complete the interview.

How can I find out more about this study?

If you would like to find out more about this research project, please contact the researchers using the details below.

If you have any concerns arising from the conduct of this research project, please contact the Executive Officer, Human Research Ethics, the University of Melbourne, Victoria, 3101. Phone: (03) 83442073. Fax: (03) 9347 6739.

Student researcher:
Merrin Sulovski
Email: m.sulovski@student.unimelb.edu.au
Mobile: 0425708455

Supervisors:
Elizabeth Freeman
Email: l.freeman@unimelb.edu.au
Phone: (03) 8344 0973

Desma Strong
Email: d.strong@unimelb.edu.au
Phone: (03) 8344 0976
Appendix 2: Consent form

Personal safety education: An exploration of Victorian policy, curriculum and programs

Consent Form

I, ……………………………………………………………………………………………………………………………………………………

(Please print name)

Of ………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………

(Please print address)

Hereby consent to be a participant of a human research study to be undertaken by Ms. Merrin Sulovski, Ms. Elizabeth Freeman and Ms. Desma Strong. I understand that the purpose of the research is to contribute to the following project:

Personal safety education: An exploration of Victorian policy, curriculum and programs

1. I consent to participate in the project named above, the particulars of which, including details of interviews and document analysis, have been explained to be. A written copy of the information has been given to me to keep. The original consent form will be retained by the researchers.

2. I authorise the researchers to use for this purpose the interviews and any documents provided.

3. I acknowledge that:
   a. The aims, methods and anticipated benefits of the research study have been explained to me to my satisfaction;
   b. I have been informed that I am free to withdraw from the project at any time during the study and to withdraw any unpublished data;
   c. Results will be used for research purposes and may be reported in academic and professional journals and professional conferences;
   d. The interview will be audio recorded and the transcript of the interview will be provided for verification purposes;
   e. I will be referred to by a pseudonym however given the small sample size it is possible that I could be identified;
   f. I have been informed that the confidentiality of information provided will be safeguarded subject to any legal requirements.

Signature

Date
Appendix 3: Sample endorsement letter template

SAMPLE ENDORSEMENT LETTER

# Note this letter MUST be on the endorsing institutions letterhead

[insert date]

Melbourne Graduate School of Education Ethics Committee

Melbourne Education Research Institute

Level 9, 100 Leicester Street

UNIVERSITY OF MELBOURNE VIC 3010

Attention: Chair of Ethics Committee

[Insert the name of institution] supports the following project: Personal safety education: An exploration of Victorian policy, curriculum and programs and agrees to the following researchers Ms. Merrin Sulovski, Ms. Elizabeth Freeman and Ms. Desma Strong to recruit participants and interview and collect documents (where available) from our organisation.

[Signature]

[Insert name of Authorising Person]

[Insert Authorising Person’s Designation]
Appendix 4: Interview questions

Could you tell me a bit about your background and why you became interested in teaching personal safety education in schools?

- What are your qualifications?
- How long have you been involved in PSE for?
- How long has your program been running for (include in its current form or any previous forms)
- What is the history behind your program?
- Does anyone else deliver this program in schools? What are their background/s

What is your program’s philosophy?

- What underpins your program?
- Are there any particular experts who have influenced your program?
- What are the main aims of your program?

What is the main literature (or who are the experts) that have influenced the content and delivery of your program?

- What literature was used to create your program initially?
- What literature has influenced your program more recently?
- Have you attended recent training/professional development that has influenced your program?

Who is your target audience?

- Pre-school, primary and/or secondary students?
- Do you have an interest in children in particular groups (eg. special needs, religious schools)?
- How many schools/children per year?
- Community/parent workshops?

Can you tell me about what a typical session would look like? If you run this program at different year levels, you may wish to choose one level to comment on.

- What is the duration of sessions?
- Where are sessions usually held (eg. in the classroom, shared space)?
- Single class or multiple classes?
- What are the teaching methods used to engage the students?

What are the main concepts or themes that you teach?

- Prompt with:
  - Correct body terminology
  - Public vs private parts
  - Early warning signs
  - Safe vs unsafe feelings
  - Safe vs unsafe situations/contexts
  - Safe vs unsafe secrets (or secrets vs surprises)
- Asserting rights (saying ‘Stop it, I don't like it’ or ‘No!’)
- Enlisting adult support (including the network of trusted adults)
- Not blaming the victim for the abuse
- Cybersafety
- Other concepts?

Has your program undergone any evaluation?

- Formal or informal evaluation?
- If not, what are the main barriers you believe have prevented your program from being evaluated?
- Feedback from students, parents, teachers?

What roles do teachers have in regards to your program?

- What training/support is provided to teachers and other school staff pre/post program?
- Is the classroom teacher present while you are delivering the program?
- Thinking about the teachers you have worked with, how well equipped do you think they are in:
  - following up on what you have taught
  - responding appropriately to a disclosure of abuse
- How comfortable are teachers with protective behaviours?

What are your hopes for your program in the future?

Any other comments?
Appendix 5: Respectful Relationships education in Victorian schools

In response to the Royal Commission into Institutional Responses to Child Sexual Abuse and the Royal Commission into Family Violence, the Victorian Government has committed to a whole-of-government strategy to prevent gender-based violence, including family violence and child sexual abuse (see State of Victoria, n.d.; State of Victoria, 2016). Significant funding has been allocated to a whole school approach which includes mandatory Respectful Relationships education in all Victorian state and Catholic schools.

Funding includes training and support for Leading Schools, Partner Schools, professional learning for teachers and early childhood professionals, Respectful Relationships Project Leads and Liaison Officers, and a Respectful Relationships Unit within the Victorian Department of Education and Training.

Although schools are not required to implement a specific program, DET has recently developed a suite of resources, Resilience, Rights and Respectful Relationships (RRRR) after an evaluation of the Respectful Relationships Education in Schools (RREiS) pilot program found positive changes in students’ attitudes towards gender equality (see DET, 2017c). The RRRR program, which is divided into year levels, contains full lesson plans, activities, and recommended resources. The eight topics are:

1. Emotional literacy
2. Personal strengths
3. Positive coping
4. Problem solving
5. Stress management
6. Help-seeking
7. Gender and identity

8. Positive gender relations.

Topics 1, 4 and 6 in particular align with protective behaviours components including feeling safe, understanding touch and protective skills. For example, lessons cover topics such as identifying different emotions, private body parts, the use of protective skills including 'no, go, tell', how to identify safe people, and persistence when asking for help. The remaining topics have a stronger focus on gender equality and preventing gender-based violence.
Author/s:
Sulovski, Merrin

Title:
Child sexual abuse prevention education: an exploration of programs delivered in Victorian early childhood and primary school settings

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