

**EVALUATION OF THE
SAFE CHILDREN, SAFE FAMILIES
(SCSF) PROGRAM**

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Executive Summary

- The past three decades have revealed the alarming extent of child maltreatment in Australia and internationally. Children are at risk of multiple forms of abuse, neglect and exploitation throughout the world.
- Child sexual abuse is a major social problem around the world, with many prevalence studies suggesting that sexual abuse of children is almost epidemic.
- A recent meta-analysis of retrospective studies of adults from countries and cultures all over the world revealed that 10 – 20% of female children and 5-10% of male children have experienced sexual abuse before the age of 18 years, with their experiences ranging on a continuum from unwanted touching to rape (Barth, Bermetz, Heim, Trelle & Tonia, 2013; Pereda, Guilera, Forns, & Gomez-Benito, 2009); Stoltenborgh, Van Ijzendoorn, Euser & Bakermans-Kranenburg, 2011).
- Australia has not been immune to the problem of child sexual abuse. Australian researchers reported 28% of females and 9% of males retrospectively reported sexual experiences in childhood which fall into the category of sexual abuse (Goldman & Goldman, 1987).
- International research has reported that children with special needs are especially vulnerable to sexual abuse. For example, one study reported that 69% of girls and 30% of boys with an intellectual disability experience sexual abuse before they turn 18 years old (Senn, 1988), and another study indicated that 25% of girls with an intellectual disability had been raped or have experienced attempted rape (Chamberlain et al., cited in Senn, 1984).
- The reported figures are likely to be under-estimates due to the fact that most victims of sexual crimes do not report the abuse to authorities (London, Bruck, Ceci & Shurman, 2005).
- The consequences of child abuse on victims are often deleterious and long lasting, including mental health disorders, substance abuse, even suicide (Finkelhor, 1986).
- The consequences of child sexual abuse extend into families and communities, with enormous costs for government and non-government institutions in terms of rehabilitative health care, child protection, health care, education, welfare assistance and support, and criminal and family court and other justice system costs (e.g., Fang, Brown, Florence & Mercy, 2012).

- Recent decades have therefore seen a focus on aiming to prevent the abuse of children.
- Child abuse prevention education, particularly partnerships between early childhood settings and child abuse prevention service providers, is seen by many as a promising strategy (Finkelhor, 2017).
- Child abuse prevention and personal safety programs for children teach children to recognise and potentially avoid abusive situations using a variety of teaching strategies and activities. These programs seek to enhance children’s personal safety and to build the resilience need to seek help if a potentially unsafe situation is experienced.
- Holistic prevention programs targeting the parents, carers and other adults in the lives of children are particularly potentially valuable. Such programs seek to educate significant adults in children’s lives, such as their parents and teachers, as well as the children themselves.
- In his 2017 presentation regarding the efficacy of child abuse prevention strategies, “founding father” of child abuse prevention, Professor David Finkelhor concluded that partnerships between program delivery services and early education providers and preschools are potentially one of the most effective approaches to child abuse prevention and that the most effective programs will be integrative and comprehensive models (Finkelhor, 2017).
- More recently, child abuse prevention researchers and practitioners have highlighted the critical roles that emotional intelligence, resilience and community connectedness play in protecting children from abuse and harm.

Safe Children, Safe Families (SCSF) Program

- The Safe Children, Safe Families (SCSF) program is based on a triad model of delivery which provides adults with information and skills to better protect children and also teaches preschool aged children how to identify and avoid potentially abusive situations and how to get help sooner if needed.
- The SCSF program also seeks to enhance protective factors for children, by developing children’s emotional intelligence, enhancing resilience and promoting community connectedness.
- The SCSF program therefore aims to empower communities to proactively address child abuse and encourages adults, including parents and caregivers and early childhood educators, to be responsible for the needs of children. In doing so, the SCSF promotes a physically and emotionally safe community.

SCSF Program Evaluation Methodology and Results

- The SCSF program was implemented at 27 Early Learning Centres (ELC's), Preschools and Playgroups across Greater Sydney throughout 2018, including the original program as well as four follow up "booster" programs. Data collected from the Booster programs have not been included in this report. Data from one hundred and fourteen (114) professional staff who participated in the SCSF Professional Development workshops, and fifty (50) parents and carers who participated in the Parent/Carer Information Night. Evaluation data was collected from all participants at the conclusion of the respective presentations utilising a CAPS Evaluation Form.
- The CAPS Evaluation Form contains nine items and assesses participants' ratings of relevance of the service, usefulness of the content, organisation of the service, knowledge of the CAPS facilitator, effectiveness of the facilitator's communication, ability of the facilitator to answer the participant's question/s, new knowledge gained to help with parenting/caring, new knowledge gained regarding services and resources in the community for children and families, increased confidence in parenting/caring role. The Evaluation form also provides space for free feedback and/or comments and/or suggestions.
- Data from approximately 799 children participated in the SCSF program (Data was collected from 799 children and Pre Test and 551 and Post Test). Pre and post test data was collected from children who participated in the program measuring children's knowledge of six key personal safety concepts.
- The pre and post and booster post questions consist of six questions regarding key personal safety concepts which were verbally administered to the child-participants, prior to and at the conclusion of the SCSF program. Responses to the items were categorised as "Correct", "Incorrect" or "Don't Know / Undetermined".

Results

- Data was transformed into those three categories ("affirmative", "neutral" and "negative") before conducting analyses and reporting on the following findings. An "affirmative" outcome indicates that participants scored either "1" or "2" on the measure. A "neutral" outcome indicates that participants scored "3" on the measure. A "negative" outcome indicates that participants scored either "4" or "5" on the measure.
- The results of the feedback collected from Early Childhood Educators revealed 100% of the early childhood educator participants scored the session highly (1 or 2 on the Feedback form) for items 1, 2, 3, 4, 5, and 6. A modest proportion of participants rated the session in a neutral score on items 7 (1.8%), 8 (0.9%) and 9 (1.8%). No participant provided a negative rating (4 or 5). The results from the Early Educator quantitative data were supported by written feedback from the participants.

- The results of the feedback collected from participating parents and carers revealed 100% of participants scored the session highly (1 or 2 on the Feedback form) on items 2, 4, 5 and 6. A very modest proportion of participants rated the session with a neutral score on items 1 (2%), 7 (2%), 8 (2%) and 9 (2%). No participant provided a negative rating (4 or 5).
- The results from children who participated in the SCSF Program for Children indicated that the percentage of children who were able to answer correctly on the six items covering key personal safety concepts increased dramatically from pre test to post test. The differences in percentage of correct responses from pre test to post test ranged from **76.2% to 90.3%**.
- Specifically, the results indicated the following percentage increases: “What is one type of “yes” feeling?” (**+80.1%**), “What is one way your body might tell you that you are feeling unsafe?” (**+78.6%**), “What is one example/type of unsafe situation?” (**+76.2%**), “What is one type of safe touch?” (**+83.7%**), “What is a safety rule you can use of someone is making you feel unsafe?” (**+82.4%**), and “Who are two different people you can talk to if you are feeling unsafe?” (**+90.3%**).

Discussion

- School and community-based child abuse prevention programs have the potential to protect children from sexual abuse and evaluation of the SCSF triad-model for programs targeted at preschool children and their parents/carers and early educators suggests this model to be very effective.
- The results of this evaluation suggest that the SCSF program delivers an important and valued service in the provision of child abuse prevention community education as well as education to children to promote children’s personal safety.
- The results also indicate that educating carers, parents and early educators is a valuable component of the SCSF program, with parents, carers and early educators of preschool children reporting that they found the information sessions and workshops to be informative and valuable.
- Qualitative feedback from the adult participants reflected the positive feedback from the Evaluation Form, suggesting that the sessions increase participants’ awareness and knowledge in relation to child abuse and its prevention.
- The results of the evaluation of the program for children suggest the SCSF program is effective at increasing children’s knowledge of six key personal safety concepts and that booster programs can enhance some of the gains made as a result of the main program.

Conclusion and Recommendations

- Due to the identified benefits of the SCSF program, it is recommended that the SCSF be made widely available to children attending early childhood venues, their parents, carers and educators.
- The SCSF program should be made accessible to venues seeking to have ongoing access to the program (e.g., via an online service).
- The SCSF program should be made accessible to rural and remote areas, for example, through the provision of an online version of the program.
- Further research utilising a robust pre and post test experimental design for all participants (i.e, early childhood educators, parents/carers, and children), and empirically validated assessment tools is highly recommended.
- It is also recommended that progress be tracked against measures outlined in the Australian Childhood Developmental Index.

An Introduction to the Safe Children, Safe Families (SCSF) program

The Safe Children, Safe Families (SCSF) program aims to prevent the maltreatment of children, to enhance family and community capacity to protect children from abuse and harm, and to build emotional intelligence, resilience and connectedness in children, their families and their communities. The program utilises a triad-model by through the provision of education to pre-school children, early educators and parents/carers. The SFSC program was developed by the Child Sexual Abuse Prevention Program (CSAPP) and Dr. Reina Michaelson (2001) and is based on the multi award-winning *Staying Safe With People* (SSWP) Program (e.g., Australian Violence Prevention Award (1998), National Child Abuse Prevention Award for Innovation, 2001).

The SCSF program utilises the following triad model of implementation:

1. Professional development and resource provision to early childhood educators.
2. Information and support to parents and carers of children attending early childhood centres and preschools.
3. Education and support to children aged 3 – 6 years attending early childhood centres and preschools.

An outline of these components is presented below:

Professional Development Workshop for Early Childhood Educators

The aims of the workshop are to

- Ensure early childhood educators are aware of that the program is soon to be implemented with children at their organisation, and
 - Equip them with the information and skills they need to support the student program.
1. An introduction to problem of child maltreatment
 2. Types of child maltreatment, including child sexual abuse
 3. Prevalence of child abuse and neglect in Australia and internationally
 4. Who are the offenders [strangers vs someone known]?
 5. Indicators of child abuse and neglect, including sexual abuse
 6. Effects of abuse on children, adults and the whole community
 7. Prevention strategies (overview of program for children content and resources)
 8. Reporting child abuse and neglect in NSW
 9. Responding effectively to children's disclosures

10. Local support services

11. Other resources

Parent Information Night

The aim of the Parent Information Night is to increase the awareness of parents/caregivers on issues concerning child maltreatment and how they can better protect their child/ children from abuse. It is also to familiarise them with the program for children.

The content of the sessions for parents includes:

1. An introduction to problem of child maltreatment
2. Types of child maltreatment, including child sexual abuse
3. Prevalence of child abuse and neglect in Australian and internationally
4. Who are the offenders [strangers vs someone known]?
5. Indicators of child abuse and neglect
6. Effects of abuse on children, adults and whole community
7. Overview of program for children including content and resources
8. Ways that parents can protect children from abuse and other prevention strategies
9. Reporting child abuse and neglect
10. Responding to children's disclosures
11. Finding help if you / your child has been abused, including local support services
12. Other resources and contacts

Program for Children

The aim of the Program for Children is to provide children and young people with the information and skills they need to avoid a potentially abusive situation and/ or to get help and support sooner if they are abused.

1. Introduction (including 'protective interrupting')
2. Early Warning Signs
3. Yes / No Feelings
4. Safe / Unsafe Feelings

5. Times When I Feel Safe / Unsafe
6. Safe / Unsafe Touches
7. No-Go-Tell Rule for times when you feel unsafe
8. Role plays of the No-Go-Tell Rule
9. Who Do You Tell? ('Helping Hand' Activity)
10. Keep On Telling song

Books included in the program for children include “Woof Woof” by Cath Laws and Alicia Moore, “Jasmine’s Butterflies” by Justine O’Malley, and the SAFE book series by the NSW Office of the Children’s Guardian.

SCSF “Booster” Program

The SCSF “Booster” program is a single session of 30 – 60 minutes duration which revises and summarises the key concepts covered in the full program. The booster session is typically implemented three – six months after the completion of the original program. The aim of the booster program is to reinforce the material in a fun and engaging manner. The interactive reading of the SAFE book series forms a significant part of the booster program. See illustration below.

Illustration 1: SAFE Book series by the NSW Office of the Children’s Guardian.



Model of Implementation

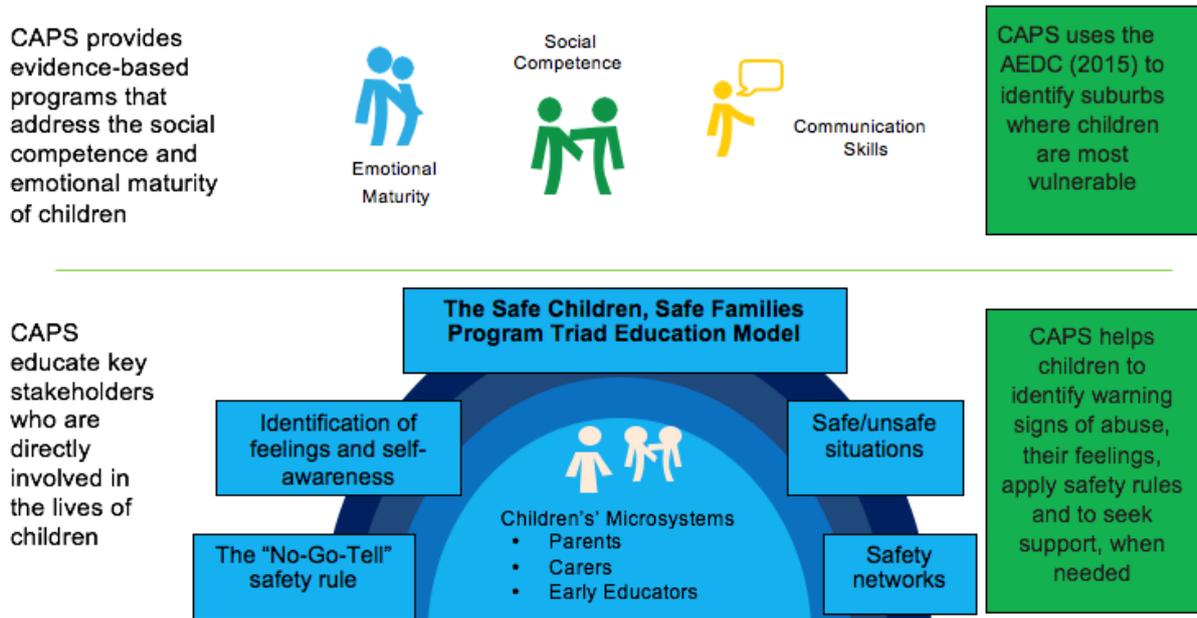
The model has been successfully internally and independently evaluated and proven to be effective in preventing child sexual abuse (Michaelson, 2001)*. The model has potential to increase community awareness and skills in the prevention of child maltreatment in by:

1. Providing adults in the community with the information and skills to better protect children,

2. Providing children and young people with the information and skills they need to avoid a potentially abusive situation or to get help and support sooner if they are abused,
3. Empowering communities to proactively address the problem,
4. Encouraging community ownership of the project,
5. Promoting a physically and emotionally safe community for children.

It is important that relevant adults are educated on child protection matters (e.g., early childhood educators and parents) prior to children receiving education in order to maximise the probability of children who are in an unsafe situation receiving an effective response.

Diagram 1: The Safe Children, Safe Families (SCSF) Triad Education Model



The SCSF program utilises a triad model of implementation.

Child Abuse Prevention: A Review of the Research and Literature

What Is Child Maltreatment?

Child maltreatment refers to any non-accidental behaviour by parents, caregivers, other adults or older adolescents that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a child or young person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e., neglect) and commission (i.e., abuse) (Bromfield, 2005; Christoffel et al., 1992).

Types of Child Maltreatment

Neglect: The failure by a parent or caregiver to provide a child with the basic things needed for his or her proper growth and development. It can be a pattern or a single event.

Emotional Abuse (which includes exposure to Family Violence): Where the behaviour of parent or caregiver damages the confidence and self-esteem of a child or young person, resulting in serious emotional deprivation or trauma.

Physical Abuse: When a parent or caregiver causes physical injury to a child. This includes but is not limited to shaking, burning, biting, punching, kicking, slapping, pushing, beating or hitting.

Sexual Abuse: When someone involves a child or young person in a sexual activity by using their power over them or taking advantage of the child's trust.

Why focus on Child Sexual Abuse?

The SCSF program seeks to prevent all forms of child maltreatment. The content of the Program for Children is relevant to all aspects of children's personal safety, from the forms of child maltreatment outlined above, to other aspects of personal safety, such as bullying and online safety risks. The SCSF program also specifically seeks to enhance children's emotional intelligence and resilience, both of which are associated with multiple long-term positive gains. The SCSF does place emphasis on the issue of child sexual abuse in the adult education components as the issue of sexual abuse is not freely spoken about in the community and yet concerned adults are very keen to know more about the issue from a reliable source, including what they as parents or early educators can do to better protect the children in their care. It is for these reasons that the present evaluation report will focus on (but not be limited to) child sexual abuse prevention.

Child Sexual Abuse: An Overview

The World Health Organisation (WHO) defines child sexual abuse as the involvement of a child in sexual activity that the child does not fully comprehend, is unable to give truly informed consent to, or for which he or she is not developmentally prepared for and cannot give true consent to, or that violates the laws and social taboos of society (WHO, 1999).

Forced or coerced sexual activity of a child by another child of the same age also constitutes sexual abuse. Child sexual abuse may also involve commercial exploitation, for example, the abuse of children in the production or distribution of pornography. Child sexual abuse is usually perceived to include a wide range of sexual activities, which may be conceptualised as occurring on a continuum, from non-tactile abuse, such as exposure to pornography, to touching of private body parts, and to sexual intercourse and rape. Sexually abusive activities may include voyeurism, exhibitionism, fondling genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or other object (Health & Community Services Victoria, 1993, 1991; North East Centre Against Sexual Assault, 1995).

Who Are the Offenders?

Child sexual abuse offenders are usually an authority figure to the child and hold familial, social, economic and often emotional power over the child. The child-victim is often dependent on the offending adult for their very survival and they are not only relatively powerless compared to the offender, but they have often been conditioned to trust and obey the offending adult (Goldman and Goldman, 1988; Finkelhor, 1979; Russell, 1983).

In the majority of cases, children are sexually abused by someone who they know. Approximately 15 percent of the time, sexual offenders are unknown to the child (Goldman & Goldman, 1988). Offenders may include someone from within children's immediate families, such as a father, step-father or brother or their extended families, such as a grand-father, uncle, brother-in-law or cousin. Offenders may also be known to the child in other ways, such as being a neighbour, teacher, youth worker or family friend (Finkelhor, 1979; Russell, 1983). In approximately 90 percent of child sexual abuse cases, offenders are male. However, some offenders are female and the experiences of a child who has been sexually assaulted by a female should never be overlooked (Finkelhor and Russell, 1984).

How Common Is Child Sexual Abuse?

Child sexual abuse is a major social problem around the world, with many prevalence studies suggesting that sexual abuse of children is almost epidemic. A recent meta-analysis of retrospective studies of adults from countries and cultures all over the world revealed that 10 – 20% of female children and 5-10% of male children have experienced sexual abuse before the age of 18 years, with their experiences ranging on a continuum from unwanted touching to rape (Barth, Bermetz, Heim, Trelle & Tonia, 2013; Pereda, Guilera, Forns, & Gomez-Benito, 2009; Stoltenborgh, Van Ijzendoorn, Euser & Bakermans-Kranenburg, 2011). In an early Australian investigation reports that 28 percent of females and nine percent of males have experienced child sexual abuse (Goldman & Goldman, 1988). In India it was reported that at least 20 percent of girls and boys under 16 years old are regularly sexually abused (Virani, 2000). Prevalence studies conducted in the United States of America (USA) reveal similar child sexual abuse rates (e.g., Finkelhor, Hotaling, Lewis and Smith, 1990). The reported figures are likely to be under-estimates due to the fact that most victims of sexual crimes do not report the abuse to authorities (London, Bruck, Ceci & Shurman, 2005).

What Proportion of Victims are Boys?

Child victims of sexual abuse may be female or male. According to Finkelhor (1986), most international studies suggest that approximately two-thirds of child victims of sexual abuse are female and one-third are male. Male victims face many issues which serve to increase their reluctance to disclose abuse. Sexual abuse of boys by female and male offenders is equally distressing to the victim. It is essential that sexual abuse of boys and girls is openly addressed so that victims can report crimes and receive appropriate help and professional support.

Children with Special Needs are Particularly Vulnerable to Sexual Abuse

The prevalence of sexual abuse of children with special needs/ disabilities warrants specific mention because they are highly vulnerable to exploitation and are often overlooked in many research studies. Studies from the USA and Canada suggest that children with special needs are extremely vulnerable to sexual abuse, especially those who have developmental disabilities. Senn (1988) reports that up to 69 percent of girls and 30 percent of boys with intellectual disabilities may experience sexual abuse before they turn 18 years old. Similarly, Hard (as cited in Senn, 1986) states that 68 percent of girls who have an intellectual disability have been sexually abused before they turn 18 years old.

Gabarino (1987) notes that children who have disabilities are sexually abused by people who are responsible for the most intimate aspects of their daily lives. The greater risk of children with special needs being sexually abused may be due to their greater exposure to community-based support systems. The vulnerabilities of children who have special needs highlights the need for effective prevention education, which has been specifically developed for their complicated needs.

Indicators of Child Sexual Abuse

Often children will not specifically state that they have been sexually abused or that they have experienced attempted abuse (Tomison and McGurk, 1996). There are many reasons that children are afraid or reluctant to disclose abuse. For example, their relationships with suspected offenders, fear of retribution (for example, divorce or the suspected offender going to prison), and fear of their disclosure not being believed. Some of the physical and behavioural indicators of child sexual abuse are presented in Table 1. Some children do disclose that they have been sexually abused.

Table 1: Indicators of child sexual abuse

<i>General behavioural indicators</i>	<i>Other behavioural indicators in the child</i>	<i>Behavioural indicators in a younger child may include</i>	<i>Behavioural indicators in an older child may include</i>
<ul style="list-style-type: none"> ◆ sudden reluctance to go someplace or be with someone ◆ inappropriate displays of affection ◆ sexual acting out ◆ sudden use of sexual terms or new names for body parts ◆ discomfort or rejection of typical family affection ◆ sleep problems, including: insomnia, nightmares, refusal to sleep alone or suddenly insisting on a night light ◆ regressive behaviors, including: thumb-sucking, bed-wetting, infantile behaviours or other signs of dependency ◆ extreme clinginess or other signs of fearfulness 	<ul style="list-style-type: none"> ◆ fatigue due to sleep disturbances ◆ sudden weight change ◆ cuts or sores made by the child on the arm (self-mutilation) ◆ recurring physical ailments ◆ difficulty in walking or sitting ◆ unusual or excessive itching in the genital or anal area due to infection(s) ◆ torn, stained or bloody underwear ◆ sexually transmitted disease(s) especially in pre-teens ◆ pregnancy ◆ injuries to the mouth, genital or anal areas (e.g. bruising, swelling, sores, infection) 	<ul style="list-style-type: none"> ◆ sadness, cries often, unduly anxious ◆ short attention span ◆ inserts objects into the vagina or rectum ◆ change or loss of appetite ◆ sleep disturbances, nightmares ◆ excessively dependent ◆ fear of home or a specific place, excessive fear of men or women, lacks trust in others ◆ age-inappropriate sexual play with toys, self, others (e.g. replication of explicit sexual acts) ◆ age-inappropriate, sexually explicit drawings and/or descriptions ◆ bizarre, sophisticated or unusual sexual knowledge 	<ul style="list-style-type: none"> ◆ sudden lack of interest in friends or activities ◆ fearful or startled response to touching ◆ overwhelming interest in sexual activities ◆ hostility toward authority figures ◆ fire-setting ◆ need for constant companionship ◆ regressive communication patterns (e.g., speaking childishly) ◆ academic difficulties or performance suddenly deteriorates ◆ truancy and/or running away from home ◆ wears provocative clothing or wears layers of clothing to hide bruises (e.g., keeps jacket on in class) ◆ recurrent physical

<ul style="list-style-type: none"> ◆ a sudden change in personality ◆ problems in school ◆ unwilling to participate in or change clothing for gym class at school ◆ running away from home ◆ bizarre or unusual sophistication pertaining to sexual behaviour or knowledge, including sexual acting out ◆ reports sexual assault by parent or guardian 		<ul style="list-style-type: none"> ◆ reverts to bedwetting/soiling ◆ dramatic behavioural changes, sudden non-participation in activities ◆ poor peer relationships, self-image ◆ overall poor self-care 	<p>complaints that are without physiological basis (e.g. abdominal pains, headache, nausea)</p> <ul style="list-style-type: none"> ◆ lack of trust in others ◆ unable to "have fun" with others ◆ suicide attempts ◆ drug/alcohol misuse ◆ poor personal hygiene ◆ promiscuity ◆ sexual acting out in a variety of ways
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NOTE: Again, any one of the following signs could indicate that there has been a sexual assault or it could be indicative of another problem. Whatever has caused the change in behaviour should be explored.

Effects of Child Sexual Abuse

The majority of international studies indicate that sexual abuse is deleterious to children's health and psychosocial development (e.g., Edwards and Donaldson, 1989; Finkelhor, 1990). Short to medium-term effects of child sexual abuse include: depression and withdrawal, feelings of shame and guilt, anger and hostility, children running away from home, attempted suicide, self-mutilation, promiscuity, drug abuse and extremely sexualised behaviour (e.g., North East Centre Against Sexual Assault, 1995). Long-term effects of child sexual abuse include: lowered self-esteem, emotional repression, dissociation and lost hope, problems with intimacy and trust, hatred about one's self, overwhelming flashbacks, eating disorders, phobias, panic attacks and anxiety, nightmares, insomnia and sexual problems (e.g., North East Centre Against Sexual Assault, 1995). Some effects of childhood sexual abuse may extend well into victims' adult lives, particularly if children do not receive adequate help and support either before or after being abused.

Child sexual abuse teaches victims a number of fallacies that have a direct relationship crimes against the person. While the effects of child sexual abuse have the potential to be extraordinarily damaging, appropriate and sensitive early intervention can markedly reduce the negative impact.

Sexual abuse teaches children that they:

- Have no right to control access to their bodies.
- Have no right to privacy.
- Deserve being abused and should put up with being abused.
- Must meet the needs of others, even when doing so is harmful to themselves.
- Caused someone to abuse them because they did not prevent or stop them.
- Are dirty, bad, hopeless, useless.
- Should equate attention or affection with sexual exploitation.

(North East Centre Against Sexual Assault, 1995).

Effects of Child Sexual Abuse on Preschool Aged Children

A frequently reported effect of sexual abuse on pre-school-aged children is that they display sexualised behaviour. Sexualised behaviour is defined as abnormal, sexual play with dolls, putting objects into the anus or vagina, inappropriate masturbation or sexual stimulation (Mian, Wehrspann, Klajner-Diamond, Baron & Winder, 1986). Several researchers (Goldston, Turnquist & Knuston, 1989; Thompson, Moran, & Sack, 1988) report that sexualised behaviour is more prevalent among sexually-abused children compared with non-sexually abused children. Other studies investigating the effects of sexual abuse on pre-school-aged children report that victims are more passive than non-abused children, particularly during free-play activities (Fagot, Hagan, Youngblade & Potter, 1989).

Effects of Child Sexual Abuse on Society

The consequences of child sexual abuse extend into families and communities, with enormous costs for government and non-government institutions in terms of rehabilitative health care, child protection, health care, education, welfare assistance and support, and criminal and family court and other justice system costs (e.g., Fang, Brown, Florence & Mercy, 2012).

Can Child Abuse, Including Child Sexual Abuse, Be Prevented?

The last three decades have seen an increasing amount of research dedicated to examining the incidence, dynamics and effects of child maltreatment, including child sexual abuse. Although consistent figures are difficult to obtain, it can be argued that that abuse of children is a significant social problem with deleterious consequences for child-victims, their families and society at large (Walsh, Zwi, Woolfenden & Shlonsky, 2015). Numerous approaches to overcome the problem of child maltreatment have been implemented in Australia and internationally, including legal restraints, intervention strategies and treatment programs for both victims and perpetrators. Many have argued that prevention based approaches offer a potentially far more effective way to address the problem as preventative approaches offer a sensible, cost-effective, humane and pragmatic approach (e.g., Johnson, 1994, Vizard, 1985).

Education Programs Can Prevent Child Abuse

In Australia, the USA and further afield, researchers and practitioners alike have identified the potential value of primary prevention strategies that are targeted towards children through school-based education programs. Such programs generally aim to teach children to recognise and avoid potentially abusive situations and get help sooner if a potentially unsafe situation is encountered. These programs can be implemented universally, at comparatively little cost, without stigmatising those at greater risk (Wurtele & Kenny, 2010; Rosenberg & Mercy, 1991). There are many other advantages of school-based prevention, including reaching large numbers of children, and the inclusion of parent-education and/or teacher-training components which therefore reach a large proportion of communities (Tutty, 1992). School-based education programs also strengthen society's view that sexual violence is unacceptable, which many also directly reduce instances of sexual abuse.

Child Abuse Prevention Programs for Children in Australia

In Australia, a number of school and pre-school programs and resources have been developed and introduced into early childhood settings, primary/elementary schools and secondary schools since the 1980s. Programs include (but are not limited to) the Protective Behaviours program, the Personal Safety program, Bravehearts' Ditto Keep Safe Adventure Program, and CSAPP 'Staying Safe With People' program. Each program is unique in its delivery methods but share common themes in content, including identification of feelings, especially feelings of safety and danger, physical/physiological early warning signs, safe and unsafe touches, safety rules that can be used when feeling unsafe, the importance of telling a trusted adult if feeling unsafe, and the importance of persistence in telling.

Evaluations of Programs for Children

Following the widespread implementation of school-based child abuse prevention programs, there has been significant interest into the efficacy of such programs.

Many programs, both Australian and further afield, have been evaluated in some form or another over the past two or so decades. In a recent meta-analysis and Cochrane review, Walsh, Zwi, Woolfenden & Sholonsky, (2015) examined the effectiveness of school-based child sexual abuse prevention programs for children. Twenty-four studies with 5802 participants were included in the international meta-analysis. The interventions (including 15 prevention programs from countries including the United States and others from Europe, East Asia and Central Asia) utilised a variety of modes, for example, rehearsal, practice, role-play, discussion and feedback, those programs educated children about safety rules, body ownership, private parts, safe versus unsafe touches and secrets. Prevention classes in the programs ranged from a single 45-minute session to eight 20-minute consecutive sessions. Sessions were delivered using videos, theatrical plays, multimedia presentations, songs, puppets, comics and colouring-in books. Walsh et al. (2015) found that children's self-protective skills and knowledge can be increased by participation in school-based sexual abuse prevention programs. However, it was not able to be determined if gains in knowledge and skills regarding personal safety actually reduce the likelihood of child sexual abuse.

Interestingly, however, research with sexual offenders examining their perceptions of the efficacy of child sexual abuse prevention program content suggests that the primary content of most programs is potentially very effective in deterring them. Specifically, three quarters of the participating offenders indicated that responses from children indicating that they did not want to participate in the activity, such as saying "no", saying they did not want to, or saying they would tell someone, would prevent them from continuing with the assault (Duane & Carr, 2002).

The results of the Walsh et al (2015) Cochrane Review are mirrored by results in Australian evaluation studies. For example, in an early study by Johnson (1995), the researcher evaluated the impact that the Protective Behaviours (PB) program had on children. The researcher uses a post-treatment comparison design to identify if the PB program enhanced children's ability to identify unsafe situations and understand the meaning of personal safety. Children were individually shown videos of vignettes, which depicted children who experienced simulated unsafe situations. Over 100 children were asked questions regarding identification of danger and strategies to deal with danger. Johnson states that children who engaged with the PB program identified feelings of fear in scenes depicting sexually and physically unsafe situations more than children in the control group.

In addition, younger children were less likely to identify sexualised behaviour. Most children chose conciliatory and socially-based negotiation strategies. For example, engaging in prolonged dialogue with the potential offender in order to be polite. Given potential power differences between children and alleged offenders, strategies chosen by the children may represent the most realistic and safe options available. In those instances, children tend to remove themselves from unsafe situations to get assistance from one or more trusted adults.

Approximately 75 percent of children suggested using accepted personal-safety strategies, for example, leaving the vicinity of the alleged offender, rather than doing nothing in sexually abusive situations. In addition, children in the LSEF group were more likely to follow the 'tell strategy' after they had experienced sexually abusive behaviour from an adult.

In a comprehensive evaluation of a school-based child abuse prevention program, Michaelson (2001) examined the efficacy of an Australian-based Child Sexual Abuse Prevention Program (CSAPP), a school-based program which provides children and young people with information and skills to detect and avoid potentially abusive situations. The program also seeks to provide children and young people with the information and skills needed to access help and support sooner if they do experience an unsafe/abuse situation.

The first CSAPP program took place at a Victorian secondary school in 1995 and consisted of 100 students, their parents and teachers. A Solomon four group (non-equivalent pre-test and post-test) design was used. Follow-up assessments were undertaken at two months, six months and one year after the CSAPP. The results revealed that students who participated in the six-week course performed significantly better on a range of knowledge and skill-based assessments. Most of the knowledge and skill gains were retained at the follow up assessments. Approximately 10% (12 month follow up) and 25% (2 month follow up) of students reported using information or skills in some way, including to avoid potentially abusive situations, at the respective month follow up assessments. Qualitative and quantitative evaluation of accompanying adult program components revealed the adult education components to be important to the overall success of CSAPP.

Areas for improvement for were identified from the first pilot program and a second pilot program was implemented with 321 primary school students, their parents and teachers between 1996 and 1997. Pre-test and post-test comparisons indicated that primary school students who participated in the revised CSAPP, which was named 'SSWP', performed significantly better on a range of knowledge and skill-based measures than children who had not participated in the program. The measures used included the CKAQ-R (Tutty, 1992) and a scenarios questionnaire. Importantly, participation in SSWP did not impact children's levels of anxiety, as measured by the State Trait Anxiety Inventory for Children (STAI-C). Evaluation of the adult components revealed those components to be valuable aspects of the overall program. Follow-up assessments undertaken at eight months and one year revealed that Grade 5-6 students' long term retention of knowledge and skill was substantial, particularly when they were faced with "unsafe" or "scary" situations.

The SSWP was also externally evaluated by researchers' at Deakin University's School of Psychology (Staiger, Wallace, & Higgins, 1997). Numerous strengths of the SSWP program were identified as well as areas for further improvement. For example, the researchers found that the SSWP program assisted teachers in their role as being mandatory reporters of child abuse. The researchers at Deakin University recommend that SSWP be expanded across the state of Victoria because of its capacity to improve children's knowledge and skills regarding sexual abuse.

In her doctoral thesis (Michaelson, 2001), the author discusses the results of SSWP within the context of the overall development of CSAPP and other school-based child abuse prevention programs.

More recently, Dale et al. (2016) evaluated the effectiveness of the program *Learn to BE SAFE with Emmy and Friends* (LSEF) across 15 classrooms and five primary schools. Findings for the PSQ indicated that parents are happy that their children participated in LSEF. Children demonstrated more protective behaviours for up to 18 months after completing LSEF. In response to a question, for example, “Do you notice changes in your child’s behaviour since they completed LSEF?”, one parent stated: “... I feel more confident about him [her son] being aware of what is safe behaviour [sic] and appropriate” (p. 376). Children’s protective behaviours, identified by analysing *Parent Protective Behaviours Checklist* data, significantly increased between pre-intervention and post-intervention. These findings parallel the *Observed Protective Behaviours Test*. The *Teacher Satisfaction Questionnaire* indicated that information presented by LSEF is age-appropriate, clear and relevant for children. The Application of the *Protective Behaviours Test* and the *Protective Behaviours Questionnaire* showed that children learn how to choose safer responses after completing the program. Key themes, which emerged from qualitative analyses of the *Facilitator Training Questionnaire* include that the materials were organised and readily accessible and that participating children readily engaged with LSEF.

As emphasised by Walsh et al (2015), Finkelhor (2007) and a large number of child protection advocates, programs that seek to prevent child sexual abuse should not imply that children are responsible for protecting themselves from abuse or that they are even able to do so once they have the information and skills provided by such programs. Child sexual abuse prevention programs for children does not replace adults’ responsibility to protect children from maltreatment which must be prioritised utilising a plethora of other means, including education programs for adults responsible for the care and protection of children.

Teacher Education

Children who are being sexually abused by a family member, someone close to the family, or even a stranger, may be most likely to approach a teacher for help.

Due to their accessibility and expertise in child development, teachers are likely to intervene and respond to the needs of alleged victims of sexual abuse (Kleemier, Webb, Hazzard & Pohl, 1988). In their study conducted in the USA, Kleemier et al. (1988) note that general teacher training does not always adequately prepare teachers to deal with children who have been sexually victimised.

In a study examining professionals’ knowledge of child abuse, Hazzard and Rump (1986) report that teachers are less knowledgeable about child abuse than paediatricians and other mental health practitioners. Levin (1983) identifies that teachers’ lack knowledge regarding the behavioural indicators of child sexual abuse. Approximately 34 percent of teachers reported suspected cases of child abuse, compared with only five percent of sexual abuse cases. The

finding parallels with the fact that teachers are reluctant to report instances of child abuse (Kleemier et al., 1988, Levin, 1983).

There is clearly a need for teachers to be equipped with adequate information so they can prevent instances of abuse at the tertiary level, when children have disclosed that they have been abused.

Kleemier et al. (1988) suggests that teacher education has the potential to prevent child abuse and give teachers the tools to intervene earlier. Briggs and Hawkins (1994) report that children who are taught abuse prevention strategies by committed teachers are better at identifying and responding to a range of unsafe situations. Appropriately qualified and trained facilitators may therefore be effective at delivering child abuse prevention programs, which include aspects of safe/ unsafe touching, identification of abuse and dealing with family and school-yard violence (Waddell, 1994). Researchers (Lippett, 1990; McGrath & Gordon, 1991; Melican, 1994) identify that Brigg's and Hawkins' teacher training program can be successfully adapted across different settings, which is why their program has influenced the development of other safety programs.

Parent Education

Programs directed at children and professionals have undoubtedly become increasingly popular in Australia and internationally over the past three decades. However, the role of parent education has also been highlighted as an important component in the prevention of child abuse, especially child sexual abuse. Parent education program seek to inform parents about the content of the programs being provided for children, as well as to provide information regarding the topic at hand and the role they can play in keeping children safe. Parent education programs can provide information regarding detection and intervention in suspected cases of abuse, connecting to social support systems, reporting procedures and parenting skills (Duerr Berrick, 1988). The basic aim of such parent education programs has been to encourage parents to initiate discussion about personal safety related topics with their children, including unsafe touching of private parts, and therefore to overcome the secrecy of the topic (Elrod & Rubin, 1993; Finkelhor, 1984; Tutty, 1993; Wurtele, 1993).

Briggs and Hawkins (1994) highlighted the important role that parents may play in children's acquisition and retention of the abuse prevention concepts and skills taught in prevention programs for children. Their evaluation of New Zealand's "Keeping Ourselves safe" program found that of the 252 children aged between 5 and 8 years, parental participation was the critical factor in both the knowledge and skill gains made by the children and in their long term retention.

Partnerships with Preschools and Early Learning Centres (ELCs) As A Promising Child Abuse Prevention Strategy

In his 2017 presentation regarding the efficacy of child abuse prevention strategies, “founding father” of child abuse prevention, Professor David Finkelhor concluded that partnerships between program delivery services and early education and preschools are one of the most potentially effective approaches to child abuse prevention. Finkelhor (2017) emphasised that the most effective programs will be integrative and comprehensive models.

CAPS has therefore dedicated significant resources to the development of positive partnerships between the SCSF program and Early Childhood Centres and Preschools in the prevention of child maltreatment and the promotion of safe, healthy, connected and thriving families.

The Aim of this Study

As is evident from the above, child maltreatment, including child sexual abuse, is a significant problem facing the international community, including the Australian community (Pereda, Guilera, Forns & Gomez-Benito, 2009., Goldman & Goldman, 1988). The purpose of CAPS' SCSF is to prevent all forms of child abuse, including sexual abuse, by providing children with the necessary knowledge, skills and capabilities to avoid potentially abusive/ unsafe situations and/or to get help sooner if they do experience abuse, and by providing adults with the information and skills they need to better protect the children in their care.

The aim of this study is therefore to evaluate the efficacy of the SCSF program as it was implemented in Early Learning Centres and Preschools across Sydney in 2016. Specifically, the study aims to investigate:

1. Differences in children's knowledge and skills pertaining to key personal safety concepts before (pre) and after (post) participating in the SCSF program.
2. Early Learning Educators' perceived value of the SCSF Professional Development program.
3. Parents' and caregivers' perceived value of the SCSF Parent Information Night.

Research Design

The evaluation was divided into two components, first, evaluation of the adult program components (i.e., Early Educator Professional Development Workshop and Parent Information Night) and pre and post test assessment of preschool aged children's knowledge of six key personal safety concepts.

Evaluation data was collected from early educators after participation in the Early Educator Professional Development Workshop (the first component of the SCSF program to be implemented). Evaluation data was collected from parents participating in the Parent Information Night (the second component of the SCSF to be implemented). Pre test data was collected from the participating children prior to the implementation of the first SCSF session, and post test data was collected from participating children at the conclusion of the final SCSF session. Further data was collected from participating children at the conclusion of the SCSF Booster session. See Table 1 overleaf.

Table 1: Research Design: Order of Program Implementation and Data Collection

<p>Early Childhood Educators</p> <p>Professional Development for Early Childhood Educators</p> <p>Evaluation Form</p>					
	<p>Parents/Carers</p> <p>Parent Information Night</p> <p>Evaluation Form</p>				
		<p>Children</p> <p>Pre Test</p> <p>Program for Children</p>	<p>Children</p> <p>Post Test</p>	<p>Children</p> <p>Booster Program</p>	<p>Children</p> <p>Post test</p>

Timeline

The Researcher and various Program Facilitators collected the data used for this evaluation report between 1st November 2017 (Young Achievers ELC data was included in this study as it was funded by Liverpool Council for 2017-2018 period) and 1st February 2019 (Post test data was collected from child participants from Barnados Auburn EIC due to facilitator/researcher illness in late 2018). The Researcher began analysing data in January 2019 and completed all of his analyses by February 2019.

Ethical Considerations

The research approach and data collection processes were underpinned by the ethical principles of informed consent, confidentiality and transparency. The research was conducted following the National Health and Medical Research Council's (NHMRC's) National Statement on Ethical Conduct in Human Research (2007). Participants provided their informed consent and completed all evaluation forms voluntarily. No payment or incentives were provided to people to encourage them to complete evaluation forms.

No individuals were identified for any reporting purposes. CAPS's explanation statement and consent form may be found, respectively at Appendices B and C.

Design Limitations

Limitations in research and evaluation designs are common, and such limitations are acknowledged with the current design. Evaluation literature reinforces the difficulty in developing and selecting measures that overcome biases associated with responding positively to questions. Larsen (1979) discusses the difficulty in obtaining anything other than high perceptions of satisfaction with services that may not be true and objective ratings. Previous research has also pointed to the challenges, particularly when data is collected as part of an evaluation project. For example: "Is satisfaction connected with the actual quality of the service or more with the mental health of service users?" (Mah et al. 2006). To overcome these limitations, completion of the evaluation form was voluntary, anonymous and participants were encouraged to provide constructive and even negative feedback. In relation to the children's program component, collecting data from pre-literate participants (i.e., preschool aged children) precludes the use of measures that involve pen/paper data collection, as a result, verbal administration was required. The collection of such data in a group setting was not ideal but was undertaken due to time constraints. Furthermore, the research design would have been enhanced by the use of a control group. Further discussion of the research design limitations is included in the Discussion.

Methodology

Participants

Data collected was from approximately 799 children, aged 3 – 6 years attending one of 21 Early Learning Centres (ELCs) and/or Preschools in the metropolitan suburbs of Sydney who participated in the SCSF program. Data was not collected from participants attending Playgroups (six Playgroups in total). Data was collected in late 2017, throughout 2018 and early 2019.

Data was also collected from 1144 early childhood educators from the same ELCs and/or Preschools in the metropolitan suburbs of Sydney who participated in the SCSF Professional Development workshop. This data was collected throughout the same time period.

Data was also collected from 50 parents and caregivers from the same ELCs and/or Preschools in the suburbs of Sydney who participated in the SCSF Parent Information Night. This data was collected throughout the same time period.

Measures

Adult Education Components

Adult participants (early childhood educators and parents/caregivers) were asked to complete a CAPS Evaluation form at the completion of the respective program in order to evaluate the perceived value and effectiveness of these program components. The Evaluation form consists of nine key questions for respondents regarding their satisfaction level based on their experience of the respective program/s. The questions focus on the value of the service, the skill of the facilitator and the usefulness of the service. The Evaluation form also provides the opportunity for participants' descriptive feedback on what they saw as the strengths and weaknesses of the program, recommendations for improvement and any other feedback they may have. Specifically, the Evaluation Form includes the following measures:

- Relevance of the service
- Usefulness of the content
- Organisation of the service
- Knowledge of the CAPS facilitator
- Effectiveness of the facilitator's communication
- Ability of the facilitator to answer the participant's question/s
- New knowledge gained to help with parenting
- New knowledge gained regarding services and resources in the community for children and families
- Increased confidence in parenting

The Evaluation items are scaled on a 5-point Likert scale as follows:

1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree

Participants rated each item according to the scale above.

The Evaluation form also provides a space for free comment by participants. The qualitative data was categorised and analysed according to two sub-types: Context and Feelings portrayed by participants. See Table 2 overleaf.

Table 2: Categorisation of Qualitative Feedback by Participants

Context
Comment/s made about the facilitator/s
Comment/s made about the program
Comment/s made about the facilitator/s and the program
Suggestion/s for improvement
Comment/s are ambiguous
No comment was provided
Participant indicated that he/she did not have a comment
Feelings portrayed by participants
Ambiguous
Negative
Neutral/balanced
Positive
No comment was provided
Participant indicated that he/she did not have a comment

A copy of the CAPS Evaluation form is included in Appendix 1 for reference.

Program for Children

The children’s knowledge of key personal safety concepts were measured by their responses to six questions including the following:

1. What is one type of “yes” feeling?
2. What is one way your body might tell you that you are feeling unsafe?
3. What is one example/type of unsafe situation?
4. What is one type of safe touch?
5. What is a safety rule you can use if someone is making you feel unsafe?
6. Who are two different people you can talk to if you are feeling unsafe?

These questions were verbally administered to the children in a group setting prior to the program beginning (“pre test”). The primary facilitator posed each question and the secondary facilitator observed and recorded the responses for each child. Responses were recorded as either “Correct”, “Incorrect” or “Undetermined”.

The following section provides an overview of the results.

Results

The results are presented in order of program implementation:

1. Professional Development workshop for Early Childhood Professionals
2. Parent Information Night
3. Program for Children

ADULT EDUCATION EVALUATION RESULTS

Descriptive Statistics

The data from evaluation forms were analysed for each individual item and for the following three categories: “service standards”, “facilitator standards” and “usefulness of service”. The percentages for participant ratings were then calculated and are presented for each category for early educators and parents/carers, respectively.

Data was transformed into those three categories (“affirmative”, “neutral” and “negative”) before conducting analyses and reporting on the following findings. An “affirmative” outcome indicates that participants scored either “1” or “2” on the measure. A “neutral” outcome indicates that participants scored “3” on the measure. A “negative” outcome indicates that participants scored either “4” or “5” on the measure. No negative outcomes were identified in either dataset.

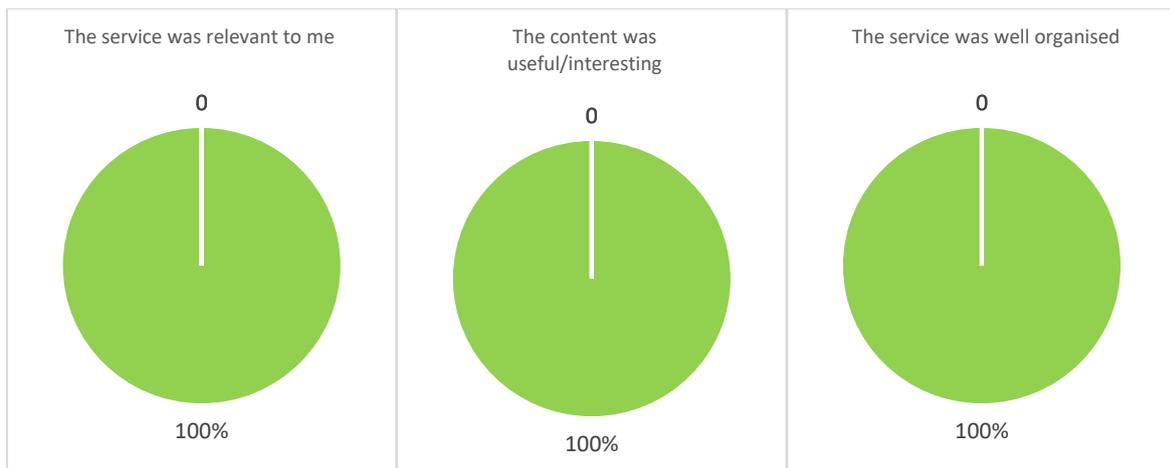
PROFESSIONAL DEVELOPMENT WORKSHOP FOR EARLY CHILDHOOD EDUCATORS

Table 3: Evaluation Feedback Scores from Early Childhood Educators 2018.

Early Childhood Educators N = 114	Rating 1 or 2 Strongly Agree or Agree (N)	Rating 1 or 2 Strongly Agree or Agree (%)	Rating 3 Neutral (N)	Rating 3 Neutral (%)	Rating 1 or 2 Disagree or Strongly Disagree (N)	Rating 1 or 2 Disagree or Strongly Disagree (%)
Item 1	114	100%	0	0	0	0
Item 2	114	100%	0	0	0	0
Item 3	114	100%	0	0	0	0
Item 4	114	100%	0	0	0	0
Item 5	114	100%	0	0	0	0
Item 6	114	100%	0	0	0	0
Item 7	112	98.2%	2	1.8%	0	0
Item 8	113	99.1%	1	0.9%	0	0
Item 9	112	98.2%	2	1.8%	0	0

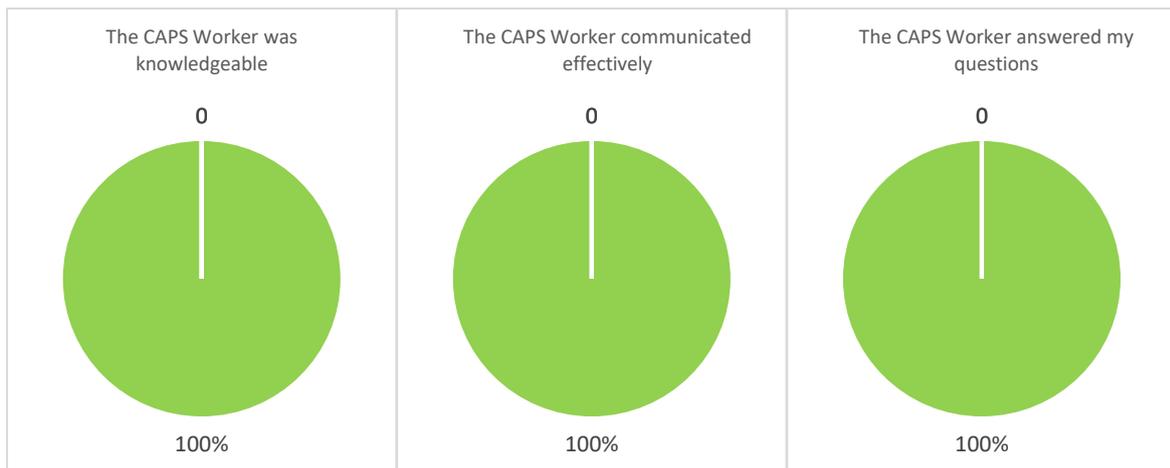
The results of the feedback collected from Early Childhood Educators reveal 100% of the early childhood educator participants scored the session highly (1 or 2 on the Feedback form) for almost all items (items 1, 2, 3, 4, 5, and 6). A very modest proportion of participants rated the session in a neutral score on items 7 (1.8%), 8 (0.9%) and 9 (1.8%). No participant provided a negative rating (4 or 5). The results for each evaluation item are presented in the graphs below.

Graphs 1 – 3: Feedback from Early Childhood Educators, Items 1 – 3 (Value of Service).



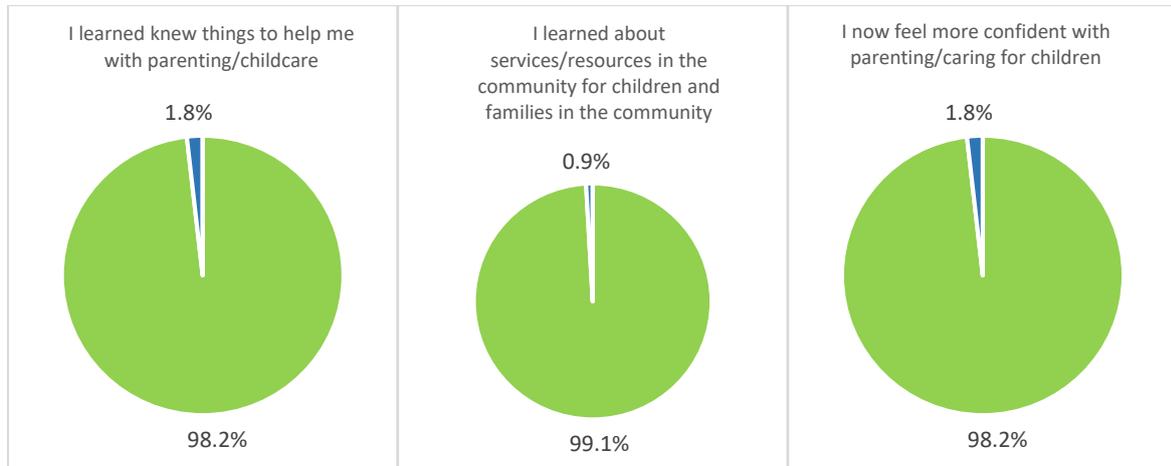
■ Affirmative ■ Neutral ■ Negative
N=114

Graphs 4 – 6: Feedback from Early Childhood Educators, Items 4 – 6 (Facilitator).



■ Affirmative ■ Neutral ■ Negative
N=114

Graphs 7 – 9: Feedback from Early Childhood Educators, Items 5 – 7 (Skills, Confidence and Resources).



■ Affirmative ■ Neutral ■ Negative
N=114

The results of this evaluation suggest that the Professional Development for Early Childhood Educators component of the SCSF program is relevant, flexible and well organised. The evaluation revealed that the majority of the Early Educators surveyed learned new information and skills concerning protecting their children from abuse and harm and that they believed their knowledge and confidence in better protecting the child/ren in their care had improved as a result of taking part in the SCSF professional development workshop. The findings revealed many factors that were important to participants, particularly the skills, expertise, communication and engagement of the facilitator. The results from the quantitative data were supported by written feedback from the participants.

QUALITATIVE FEEDBACK

Positive Feedback

A great service, well worth the resources to keep children safe. I think we need to continue to educate young children as the royal commission into institutional child sexual abuse showed the horrific life long trauma experienced by victims.

Thoroughly enjoyed the presentation presented by Dr. Michaelson. Our families @ Young Achievers found the presentation informative. Always delightful to have Dr. Michaelson at our Centre.

No suggestions but I thoroughly enjoyed today's training. I have gained awareness on what signs to look for.

Really well spoken and very easy to understand. Very relevant information. Answered all questions.

Very interesting and more info has made me aware especially the statistics.

Found it very beneficial and supporting in knowing how to identify and support children in any dangerous situation.

Thank you. Very informative. Great DVD and presentation with passion. A great message that needs to keep on being passed on.

Helli is fantastic - lovely, calm nature - perfect for balancing the heavy information from the session. Thanks!

I got so much out of tonight. Dr. Reina is a wonderful speaker that is so passionate about all topics - would love to have her come here again.

This should be mandatory not a voluntary seminar. Dr Reina is an absolute brilliant human being and the world needs more people like her. I would like to do more of this topic in the future.

Neutral Feedback

Thank you.

Constructive Feedback and Recommendations

A wonderful educational opportunity on keeping children safe from harm for us as educators and our parents. (We) need to get this program running in primary schools.

I found it very interesting. Provided excellent information and can play a major role in a child's development. The only suggestion that I have is to engage more parents as this seminar can provide fundamentals for a child's (safe) wellbeing.

Useful information and presentation was really interesting. I would like to know more about children who display perpetrator behaviour and how I could deal with them as an educator.

Maybe cover also the carer/parental guilt once disclosure has been made.

In the future it will be great to advise participants about the topic in depth or intense of the top so we can come prepared - thank you.

Thank you, it's very useful and important topic. My suggestions - make it (a) full day with real stories and how you solve it & what you do in each case. Thanks.

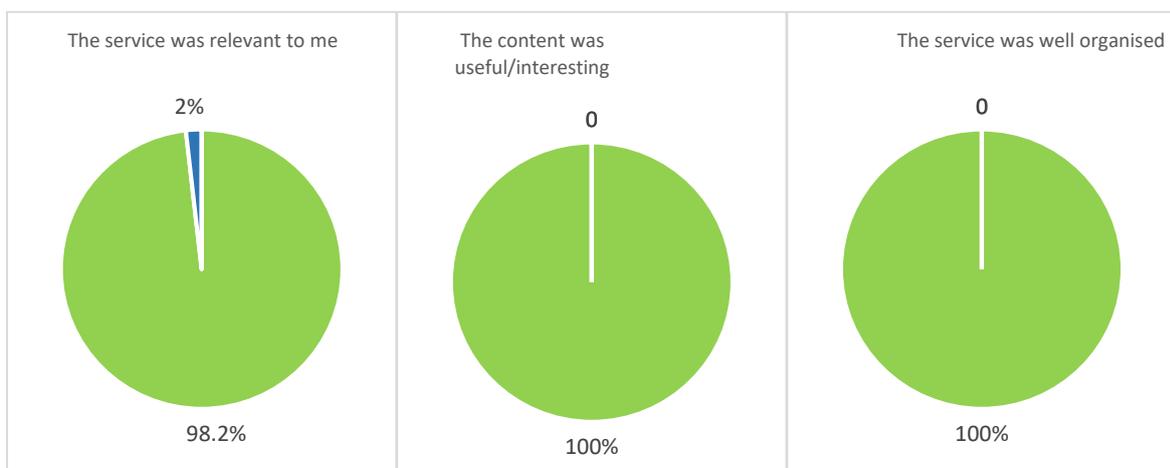
PARENT INFORMATION NIGHT FOR PARENTS AND CARERS OF CHILDREN

Table 4: Evaluation Feedback Scores from Parents/Carers 2018.

Parents N = 50	Rating 1 or 2 Strongly Agree or Agree (N)	Rating 1 or 2 Strongly Agree or Agree (%)	Rating 3 Neutral (N)	Rating 3 Neutral (%)	Rating 4 or 5 Disagree or Strongly Disagree (N)	Rating 4 or 5 Disagree or Strongly Disagree (%)
Item 1	49	98%	1	2%	0	0
Item 2	50	100%	0	0	0	0
Item 3	50	100%	0	0	0	0
Item 4	50	100%	0	0	0	0
Item 5	50	100%	0	0	0	0
Item 6	50	100%	0	0	0	0
Item 7	49	98%	1	2%	0	0
Item 8	49	98%	1	2%	0	0
Item 9	49	98%	1	2%	0	0

The results of the feedback collected from participating parents and carers revealed 100% of participants scored the session highly (1 or 2 on the Feedback form) on items 2, 3, 4, 5 and 6. A very modest proportion of participants rated the session with a neutral score on items 1 (2%), 7 (2%), 8 (2%), and 9 (2%). No participant provided a negative rating (4 or 5). The results are presented for each evaluation item in the graphs below.

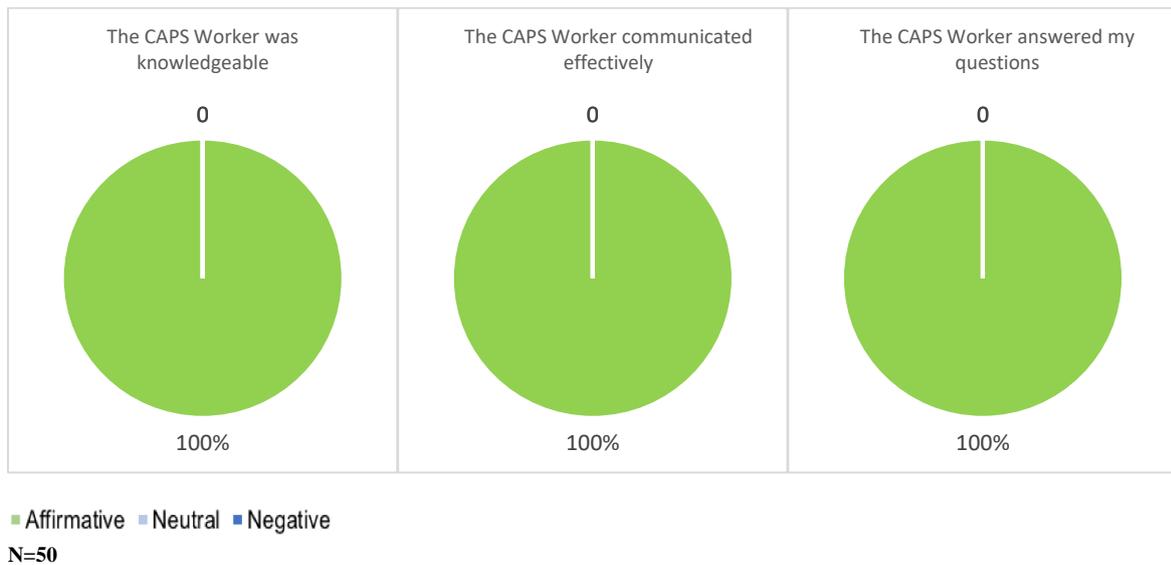
Graphs 10 – 12: Feedback from Parents/Carers, Items 1 – 3 (Value of Service).



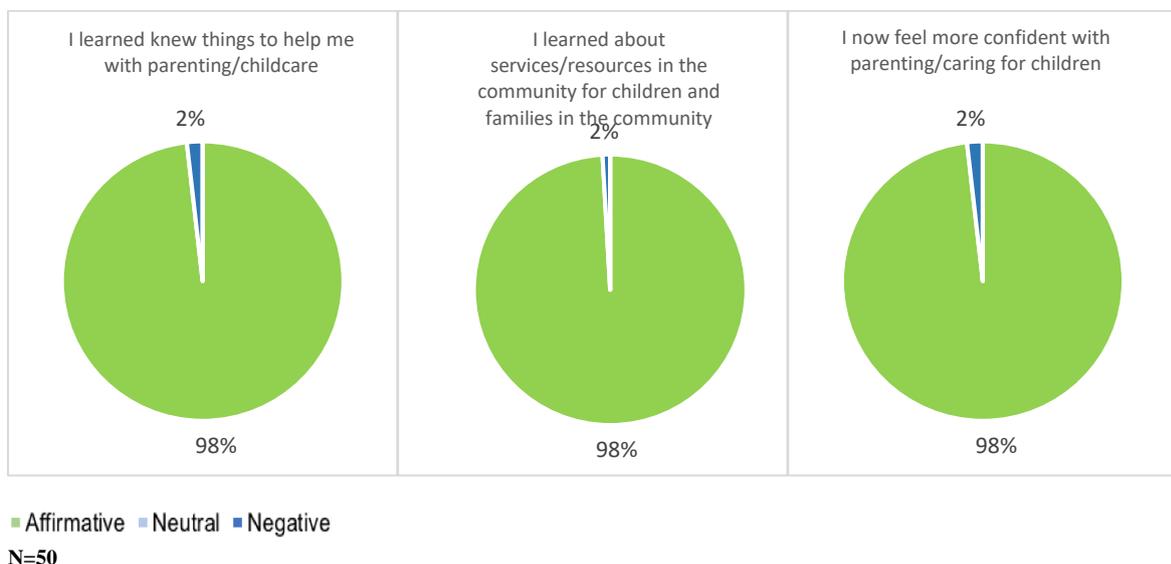
■ Affirmative ■ Neutral ■ Negative

N=50

Graphs 13 – 15: Feedback from Parents/Carers, Items 4 – 6 (Facilitator).



Graphs 16 – 18: Feedback from Parents and Carers, Items 5 – 7 (Skills, Confidence and Resources).



The results of this evaluation suggest that the Parent Information Night component of the SCSF program was perceived as being relevant, flexible and well organised. The results revealed that the majority of parent/carer participants surveyed learned new information and skills concerning protecting their children from abuse and harm and that they believed their knowledge and confidence in better protecting their child/ren had improved as a result of taking part in the SCSF program. The findings revealed many factors that were important to participants, particularly the skills, expertise, communication and engagement of the facilitator. These findings are also reflected in the qualitative data / written feedback from the participants (see below).

QUALITATIVE FEEDBACK

Positive Feedback

Very quality knowledge provided - all enquiry is answered very well. Thank you.

I enjoyed the group. Love to learn anything new ... Thank you.

It was a really informative and great session to attend. Thanks and heartily appreciated.

Great seminar, very hopeful, facilitator was awesome and answered all our questions. Thank you.

Very informative & helpful in learning how to start the conversation.

Very clear and helpful. Thank you.

Great & very informative!

This very good program and very important.

Neutral Feedback

Thank you for providing conversation starters.

CAPS worker was very clear and informative.

Constructive Feedback and Recommendations

Could this program be teach in schools?

Child abuse is far too common. Would be great if reporting child abuse, and the techniques of talking about it was an ad.

PROGRAM FOR CHILDREN

Descriptive Statistics

The data for the children who participated in the original SCSF were analysed quantitatively by using descriptive methods in Microsoft Excel. The pre-test data were separated from the post-test data for the original SCSF Program for 2017 (with the exception of data collected from Young achievers ELC in Liverpool which was collected in late 2017 for funding and reporting purposes) and then for the period 2018. Post-test data for the Booster Program was not analysed for the current report.

To ensure that pre-test and post-test data could be validly compared, data were excluded from those analyses for those early learning centres that had either missing pre-test or missing post-test data for the children who participated in the original SCSF Program.

Data were also excluded for one early learning centre where only one child participated in the original SCSF Program and when one or more session/s of the program was/were missed.

Further, early learning centres were matched by date for the pre-test and for the post-test conditions for the original SCSF Program. Early learning centres were organised by group for both programs to ensure that multiple cohorts of children could be easily identified and then compared reliably. The total number of “correct,” “incorrect” and “don’t know/undetermined” responses for each early learning centre were calculated using the inbuilt formulae available in Excel. The proportions of those three response categories were then calculated for 2018.

The figures for the “incorrect responses” presented in the graphs and in the charts were calculated by combining the data for the categories “incorrect” and “don’t know/undetermined.” The figures for the correct responses were directly extracted from earlier findings for both the original SCSF Program and for the Booster Program. The graphs for questions 1–6 asked to the children and for the combined graph were created using the in-built features in Excel and the percentages for the correct responses were presented for the following three groups: The original SCSF Program pre-test condition, the original SCSF Program post-test condition, and the SCSF Booster Program.

Table 5:

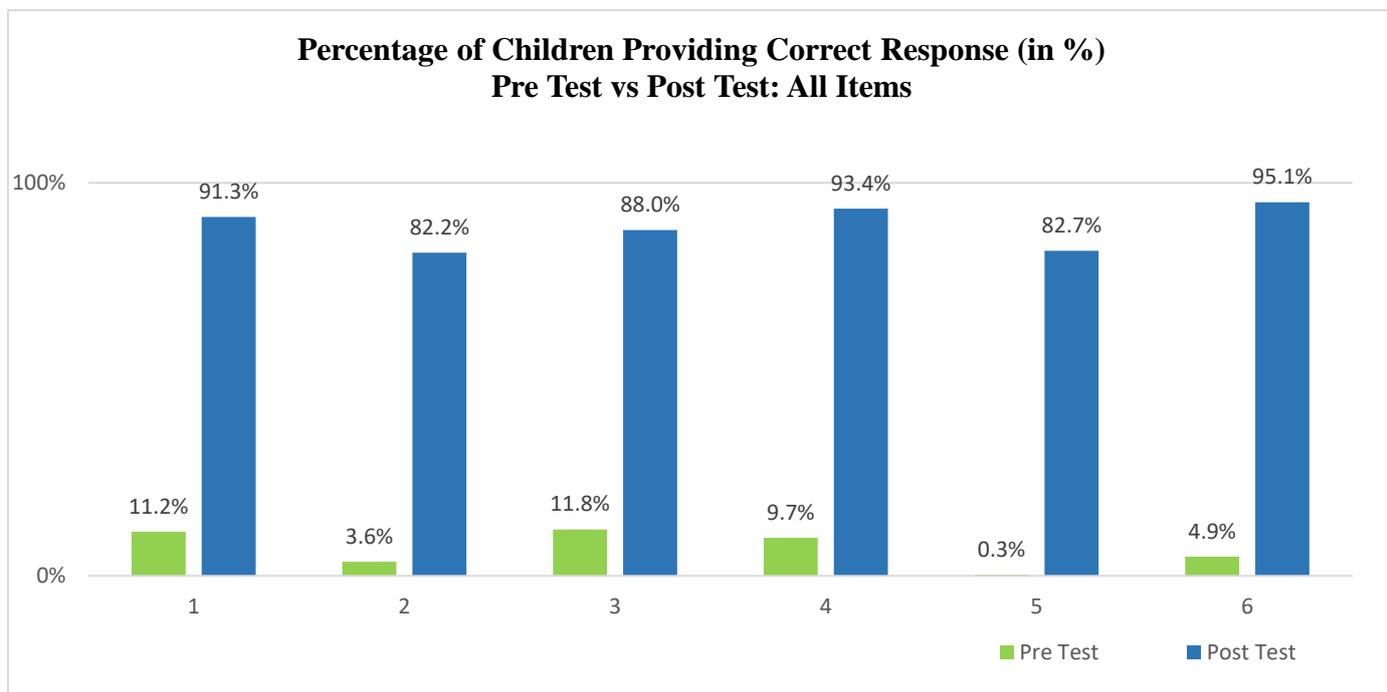
Children’s Pre and Post Test scores on 6 Key Personal Safety Concepts:

Mean Correct vs Incorrect/Don’t Know Answers in Percentage (2018)

Pre Test N=799 Item	Mean Correct %	Mean Incorrect/Don’t Know %	Post Test N=551 Item	Mean Correct %	Mean Incorrect/Don’t Know %
1	11.2%	88.8%	1	91.3%	8.7%
2	3.6%	96.4%	2	82.2%	17.8%
3	11.8%	88.2%	3	88%	12%
4	9.7%	90.3%	4	93.4%	6.6%
5	0.3%	99.7%	5	82.7%	17.3%
6	4.9%	95.1%	6	95.2%	4.8%

The results reveal that the percentage of children correctly answering questions relating to the six key concepts of personal safety concepts increased substantially as a result of participating program. The gains are evident on all six items. The percentage of children providing the correct response on Item 1 increased from 11.2% (pre test) to 91.3% (post test). On Item 2 the percentage of children providing the correct response increased from 11.8% (pre test) to 82.2% (post test). The percentage of children providing the correct response to Item 3 increased from 11.8% (pre test) to 88% (post test) and for Item 4 the increase was from 9.7% (pre test) to 93.4%. On items 5 and 6 respectively, the percentage of children providing the correct response increased from 0.3% (pre test) to 82.7% post test, and 4.9% (pre test) to 95.1% (post test).

Bar Chart 1: Percentages of children who gave Correct, Incorrect or Undetermined answers for the six key personal safety items, at Pre Test and Post Test in 2018.

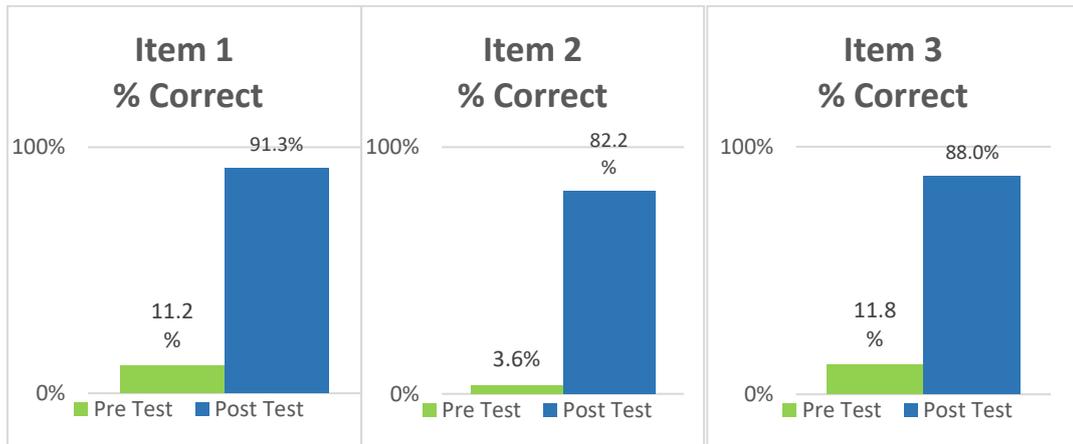


Pre Test N = 799 Post Test N = 551

The results reveal that the percentage of children correctly answering questions relating to the six key concepts of personal safety concepts increased substantially as a result of participating program. The gains are evident on all six items for the pre and post test results. The differences in percentage of correct responses from pre test to post test ranged from 76.2% to 90.3%.

Specifically, the results indicated the following percentage increases: “What is one type of “yes” feeling?” (+80.1%), “What is one way your body might tell you that you are feeling unsafe?” (+78.6%), “What is one example/type of unsafe situation?” (+76.2%), “What is one type of safe touch?” (+83.7%), “What is a safety rule you can use of someone is making you feel unsafe?” (+82.4%), and “Who are two different people you can talk to if you are feeling unsafe?” (+90.3%). The results for each specific item are presented in Graphs 20 – 25 below.

Graphs 19 – 21: Percentage of children providing the correct response to each item (1 – 3) at Pre Test and Post Test (2018).



Pre Test N = 799 Post Test N = 551

Item 1: “What is one type of “yes” feeling?”

Item 2: “What is one way your body might tell you that you are feeling unsafe?”

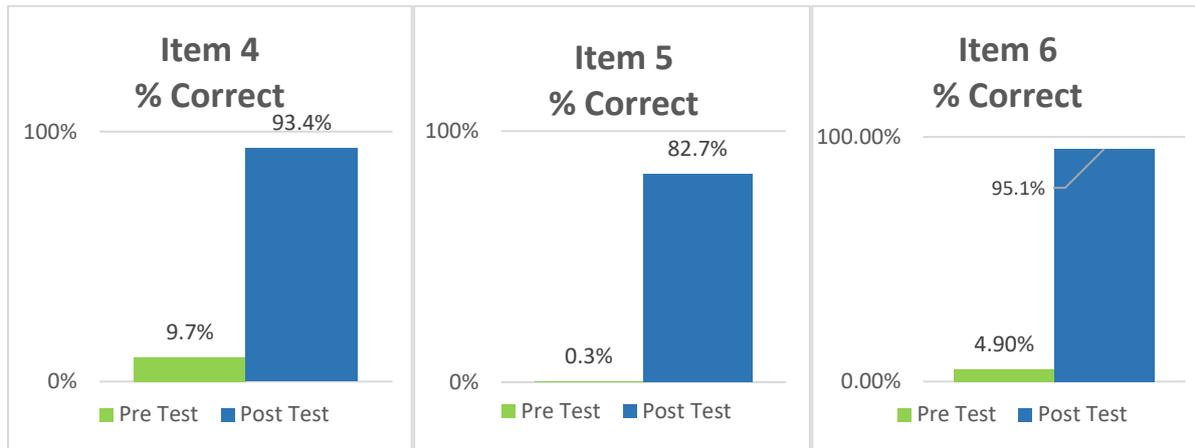
Item 3: “What is one example/type of unsafe situation?”

The results for Item 1 reveal that a small percentage of child participants were able to identify a positive feeling (“What is one type of “yes” feeling?”) prior to taking part in the SCSF program (11.2%). After taking part in the program, the percentage of child participants able to do so increased to 91.3%.

The results for Item 2 reveal that a small percentage of children were able to identify at least one early warning sign (“What is one way your body might tell you that you are feeling unsafe?”) prior to participating in the SCSF program (3.6%). At the conclusion of the program this increased to 82.2%.

The results for Item 3 indicate that 11.8% of child participants were able to identify an unsafe situation (“What is one example/type of unsafe situation?”) before taking part in the SCSF program. At post test, the percentage of children who were able to do so increased to 88%.

Graphs 22 – 24: Percentage of children providing the correct response to each item (4 – 6) at Pre Test and Post Test (2018).



Pre Test N = 799 Post Test N = 551

Item 4: “What is one type of safe touch?”

Item 5: “What is a safety rule you can use if someone is making you feel unsafe?”

Item 6: “Who are two different people you can talk to if you are feeling unsafe?”

The results for Item 4 indicate that children participating in the SCSF program were better able to identify safe touches (“What is one type of safe touch?”) as a result of the program. At pre test, 9.7% of children answered correctly, while at post test this percentage increased to 93.4%.

The results for Item 5 reveal a similar pattern. Children participating in the SCSF program were better able to identify a safety rule they could use if someone was making them feel unsafe (“What is a safety rule you can use if someone is making you feel unsafe?”) as a result of the program. At pre test, 0.3% of children answered correctly, while at post test this percentage increased to 82.7%.

The results for Item 6 indicate that the percentage of children able to identify at least two trusted adults whom they could approach for help (“Who are two different people you can talk to if you are feeling unsafe?”) increased as a result of taking part in the SCSF program. At pre test the percentage of children able to do so was 4.9%. At post test the percentage increased to 95.1%.

Discussion of Results

Adult Education Components

The results of the evaluation of CAPS's Safe Children, Safe Families (SCSF) programs for early educators and parents/carers in NSW suggests that the vast majority of educators, parents and carers found participating in the SCSF program to be informative and valuable. Specifically, the results of the evaluation suggest that the adult education components of the SCSF program are relevant, flexible and well organised.

The evaluation revealed that the vast majority of adult participants surveyed reported the Professional Development Workshop (for early educators) and Parent Information Night (for parents) to be relevant, useful, and organised. They also found the facilitator/s to be knowledgeable and able to communicate effectively, and able to respond effectively to participants' questions. Participants found the presentations to be successful in providing them with new knowledge to assist them with parenting or caregiving and new knowledge regarding services and resources in the community for children and families.

In addition, the vast majority of participants indicated that the presentation increased their confidence in parenting/caregiving. The quantitative results from the evaluation are reflected in the qualitative feedback which indicates that many of the participants appreciated the presentation and specifically, that they learned new information regarding child maltreatment, including child sexual abuse in particular.

In addition, the qualitative feedback indicates that participants learnt new skills concerning protecting children from abuse and harm and that they believed their knowledge and confidence in better protecting their child/ren had improved as a result of taking part in the SCSF program. For example:

I feel that this in-service aided my understanding of abuse within the children. This will give me courage and understanding when a child approaches me.

Although this topic isn't easy to talk about, I felt that the speaker made me feel comfortable that if I was approached by a child I have a better understanding and can identify the signs with more confidence. It was nice to attend a refresher on this particular topic.

I'm just very thankful that I heard this topic. It helps me to understand. I learnt no matter how busy I am when I'm a parent I should have time for my children.

Even though it is my preschool son's days off, I'll be bringing him to the program because this is such an important topic to our family.

Have used the resources before. I learned about how to communicate with children about feelings.

The Value of Adult Child Abuse Prevention Education

Child abuse prevention education for adults who are significant in the lives of children is vitally important because children require the protection of responsible adults in order to keep them safe and to respond appropriately and effectively if needed.

Early Childhood Educators

Child abuse prevention programs targeted at professionals who work with children, including young children in early learning and pre-school settings play a potentially vital role in creating a safer community for children (Kleemier et al., 1988; Briggs & Hawkins, 1994). Partnerships between child abuse prevention education providers and early childhood and pre-school settings are potentially one of the most effective strategies in this goal (Finkelhor, 2017). Such programs enable professionals to program better fulfil their professional responsibilities as professional notifiers by increasing their awareness, knowledge and skills regarding child protection matters. In addition, such programs provide early educators with the knowledge and skills needed to incorporate and reinforce key child protection and personal safety messages to children in their environment. Furthermore, such programs provide early educators and associated professionals with the information and skills needed to respond most appropriately and effectively if a child discloses abuse and/or extra family support is needed.

The results of the evaluation of the SCSF Early Educator Workshop suggest that the value of this component of the program is significant. While the evaluation results are undoubtedly positive, the investigation was limited by the self-report evaluation design of the evaluation. Future research would benefit from utilising a pre, post and follow up assessment of early educator participants' actual knowledge and skill gains, including the use of a validated assessment tool. Future research would also benefit from short, medium and long term follow up with participants as to whether or not they utilise any knowledge or skill gains in their practice.

Parents/Carers

The role of parent education has also been highlighted as an important component in the prevention of child abuse, especially child sexual abuse. Parent education programs such as the Parent Information Night (PIN) component of the SCSF program aim to provide parents with information about the problem of child maltreatment in general and child sexual abuse specifically. Such programs also give parents an overview of the content of the programs being provided for children, as well as highlighting the role they can play in keeping children safe. Parent education programs can provide information regarding detection and intervention in suspected cases of abuse, connecting to social support systems, reporting procedures and parenting skills (Duerr Berrick, 1988).

The basic aim of such parent education programs has been to encourage parents to initiate discussion about personal safety related topics with their children (Elrod & Rubin, 1993; Finkelhor, 1984; Tutty, 1993; Wurtele, 1993).

Therefore, such programs serve to reduce the secrecy of the topic and empower parents and carers of children to be more confident in their own parenting skills relating to personal safety. In addition, child abuse prevention programs for parents/carers help them to be more alert to potential dangers facing children, more responsive to the needs of other children in the community, better able to educate and support other parents and carers in their own personal network and to be more responsible community members in relation to children's personal safety.

The results of the evaluation of the SCSF Parent Information Night also suggest that this component of the program is also very valuable. The evaluation results are also positive, however, this component of the investigation was also limited by the self-report evaluation design of the evaluation. Future research would benefit from utilising a pre, post and follow up assessment of parent/carer participants' actual knowledge and skill gains, including the use of a validated assessment tool. Short, medium and long term follow up assessments and interviews with participants as to whether or not they have utilised any knowledge or skill gains in their daily lives would also yield valuable information.

Program for Children

Data collected from the 386 pre-school-aged children suggests that participation in the SCSF program resulted in them becoming better at identifying a range of feelings, recognising early warning signs, differentiating between safe and unsafe situations, safe (and unsafe) touches, knowledge of safety rule/s that can be used if or when they are feeling unsafe and the identification of at least two trusted adults they could talk to if they were feeling unsafe. The percentage of children providing correct responses for all six of these key personal safety concepts increased markedly as a result of participating in the program, with percentage increases ranging from 76.2% - 90.3 %.

The personal safety concepts inherent in the above questions are thought not only to increase children's resistance to potentially unsafe or abusive situations but also to increase their resilience and well-being both at home and in their communities. However, further research is warranted before this conclusion can be asserted. Future studies should seek to determine whether school and preschool-based child abuse prevention programs actually result in children being able to avoid or report potentially abusive situations. It is evident that such a research goal is lofty given the methodological challenges involved. Potential avenues include designing and implementing more consistent and reliable methods for recording children's disclosures, linking data with child protection, hospital, and/or police records, and/or conducting short, medium and long term follow up intervals (Walsh et al, 2015). However, as noted by Walsh (2015), even these will not provide conclusive evidence of changes in the incidence of child sexual abuse, as it is a crime that is under-reported, under-identified and difficult to prove.

Nevertheless, the epidemic prevalence of child sexual abuse and the harmful impact of the crime on child-victims, families and society indicates that even if a proportion of children are spared abuse as a result, school and preschool-based prevention programs are worthy of supporting.

Conclusion and Recommendations

The past decade has seen significant advances in the development, implementation, and evaluation of child abuse prevention strategies undertaken in Australia. The present investigation aimed to evaluate CAPS Safe Children, Safe Families (SCSF) program for pre-school aged children, their early educators and their parents/carers. The results revealed that the adult education components of the SCSF program were rated as being to be relevant, useful, and organised. The quantitative results from the evaluation are reflected in the qualitative feedback which indicates that many of the participants appreciated the presentation and specifically, that they learned new information regarding child maltreatment, in particular about child sexual abuse. The qualitative feedback indicates that participants learnt new skills concerning protecting children from abuse and harm and that they believed their knowledge and confidence in better protecting their child/ren had improved as a result of taking part in the SCSF program.

The results of the evaluation of adult education components of the SCSF program are undoubtedly positive. However, the evaluation was limited by the self-report nature of this component of research. Further research is warranted to assess the impact of such education.

The results of the evaluation of the SCSF program for children suggest that participation in the SCSF program resulted in the child participants becoming better at identifying a range of feelings, recognising early warning signs, differentiating between safe and unsafe situations, safe (and unsafe) touches, knowledge of safety rule/s that can be used if or when they are feeling unsafe and the identification of at least two trusted adults they could talk to if they were feeling unsafe. The increases in the percentage of children providing correct responses for all six of these key personal safety concepts were substantial, ranging from 76% - 90%. The children's retention of key personal safety messages was maintained upon completion of the booster program and in four of the six items actually increased.

It is highly recommended that sufficient resources be allocated to this crucial area of child, family and community health. In addition to ensuring that all early education, child care centres, preschools and playgroups have access to this important education, it is also recommended that accessibility is enhanced by developing and implementing an online version of the program so that centres can access the program in an ongoing way, and also that rural and remote areas are also able to access this vital resource. Similarly, as highlighted by a number of participants in their feedback, the introduction of the Safe Children, Safe Families program in other settings, such as Primary School and Out of Hours (OOSH) settings, also holds a great deal of promise. Such recommendations are particularly pertinent in light of the findings and recommendations of the Royal Commission Into Institutional Child Sexual Abuse.

The results are indeed very promising but further research is warranted before firm conclusions can be made from this evaluation. For example, the use of a matched control group would result in a more empirically robust design. Individual assessment of the child participants' knowledge and skills would also enhance the evaluation design. The use of validated assessment measures would similarly strengthen the evaluation. For pre-literate children, the use of such assessment tools on electronic devices with pictorial items would potentially be effective. Short, medium and long term follow up of children's knowledge and skill gains, and their use of this knowledge and these skills would greatly enhance the evaluation.

In summary, it is suggested that future research would benefit from utilising a pre and post test design for all program components, the use of matched control groups for all program components, the use of validated measures in all program components (if available), follow up assessments at two, six and 12 month periods. Such research is highly recommended. In the interim, the results of the present evaluation are robust enough to suggest that children, families and the wider community can only benefit from the continued implementation and expansion of the Safe Children, Safe Families program in NSW and further afield.

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Appendices

Appendix 1: CAPS Evaluation Form

We value your feedback and suggestions.

What is/was the name of the program/group/service you participated in (e.g., Playgroup, Triple P seminar, Keeping Children Safe group, Tuning into Kids program, Family Support session, etc)?

What was the location (suburb) of the venue? _____

What was the Starting Date: _____

Please rate the Service:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The service was relevant to me	<input type="checkbox"/>				
The content was useful/interesting	<input type="checkbox"/>				
The service was well organised	<input type="checkbox"/>				
Please rate the Facilitator/Caseworker:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The CAPS worker was knowledgeable	<input type="checkbox"/>				
The CAPS worker communicated effectively	<input type="checkbox"/>				
The CAPS worker answered my questions	<input type="checkbox"/>				
Please rate the Usefulness of the service:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I learned new things to help me with parenting	<input type="checkbox"/>				
I learned about services/resources in the community for children and families	<input type="checkbox"/>				
I now feel more confident with parenting	<input type="checkbox"/>				

Please provide further comments and suggestions:

Thank you!