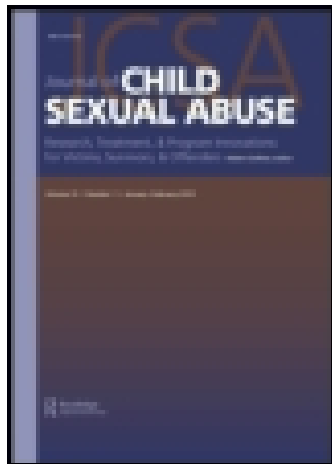


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PREVENTION ISSUES AND RESEARCH

The History of Child Sexual Abuse Prevention: A Practitioner's Perspective

Carol A. Plummer

ABSTRACT. This article examines the history and current condition of child sexual abuse prevention efforts in the United States, emphasizing the perspective of those engaged in developing and working in such programs. The author argues that child sexual abuse prevention programs had built-in challenges given the topical area as well as the rapid growth of such programs combined with a paucity of resources and, initially, research, to support and inform its growth. Common criticisms of child sexual abuse prevention programs are examined and alternative explanations are postulated to explain certain weaknesses of programs. Finally, the author challenges researchers to broaden their research of sexual abuse prevention efforts beyond single population, single vari-

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able (such as knowledge gain) designs to understand more fully what is currently being done nationally to prevent the sexual abuse of children. Additionally, clear broad-based support for prevention in the wider field of child abuse is encouraged to build on the successes of prevention efforts. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpressinc.com]

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Although the welfare of children has been of concern in the United States for many years, the prevalence of child sexual abuse was not public knowledge until the late 1970s. Unlike problems that could be readily seen, the sexual abuse of children was a “secret” obscured by families and even by the internal confusion and shame of victims. Thus, responding to child sexual abuse required unique interventions not necessarily applicable to other child problems, for example, physical abuse and neglect. Because of emerging research on the magnitude of child sexual abuse (Finkelhor, 1979; Russell, 1981) and its impact on the lives of victims (Burgess, Groth, Holmstrom, & Sgroi, 1978; U.S. Department of Health and Human Services, 1980), both community awareness and federal guidelines prompted the development of prevention efforts. As a result, programs were created in the late 1970s using a variety of approaches to prevent child sexual abuse. Central to these interventions was a new and untested idea that children should be educated about sexual abuse and ways to avoid it, because adults are not always able to provide complete supervision and protection for children. The direct education of children about sexual abuse continues to be the most controversial aspect of the programs, with questions about education’s effectiveness and the possible negative impact of addressing sensitive topics with children.

Increased awareness of sexual abuse also rapidly expanded efforts to prevent it, particularly in the 1980s. For example, a curriculum developed by the Committee for Children in Seattle was implemented in 3000 schools by 1985. At about the same time, a sexual abuse prevention play entitled “Touch,” produced by Illusion Theater in Minneapolis, had reached 450,000 people in 35 states with “nearly every performance eliciting a disclosure of sexual abuse by a child in

the audience” (O’Brien, 1985). By 1988, the Children’s Self-Help Project in San Francisco had already trained over 35,000 children with their curriculum and reached 7000 parents and 3000 school personnel with educational programs (Tobin & Farley, 1988). Donnelly’s study (1991) from the National Committee for the Prevention of Child Abuse found that 61% of elementary schools offer some type of child abuse prevention to children, with 12% of these programs being added in just the two previous years. Another survey of 440 elementary schools found that 85% had child sexual abuse prevention programs in 1990 (Daro, 1994).

While the numbers of children reached were arguably in the millions over the past two decades of prevention programming, the fast pace of program development and expansion also created some difficulties. Program delivery far outpaced evaluation of impact or the publication of theory regarding program development. Once research began to appear in the professional literature, studies were noted to suffer from numerous shortcomings (Finkelhor & Strapko, 1992).

One unaddressed shortcoming is a discontinuity in the perspectives of the practitioners who developed and implemented such programs and the researchers and academics who wrote about and critiqued their efforts. Practitioners frequently are so preoccupied with developing, sustaining, funding or evaluating the programs they create and nurture, that they do not give voice to their experience in the professional literature. This article, in part, aims to fill this gap by providing an “insider’s view” of the history of efforts to prevent sexual abuse and the societal forces that contributed to its growth and problems. In addition to relying on the author’s personal experience of nearly 20 years in the field, this article presents findings from unpublished surveys of prevention leaders, materials published in non-academic literature (e.g., curriculum guides), and personal communication with sexual abuse prevention advocates.

THE BEGINNING OF CHILD SEXUAL ABUSE PREVENTION

As stated above, sexual abuse prevention efforts are only 20 years old. The Child Abuse Prevention and Treatment Act of 1974 funded new research and programs to educate about and respond to the problems of child abuse. This legislation also expanded reporting laws of

states to make them eligible for funding from the new National Center on Child Abuse and Neglect (NCCAN). Abuse reports then increased by about 150% between the mid-1970s and the early 1980s (Berrick & Gilbert, 1991). Child sexual abuse prevention programs developed as a result of this increased awareness and began operating in a few locales in 1977-78.

The earliest child-focused sexual abuse prevention efforts began in such diverse settings as a County Attorney's Office (Hennepin Co., Minnesota, 1977), a Rape Crisis Center (Child Assault Prevention Program in Columbus, Ohio, 1977), and a Mental Health Center (Didi Hirsch in Los Angeles, 1976). Some programs were adaptations of what had been learned from rape prevention. Using child development consultants, program developers adapted content and presentations to audiences of teens or even younger audiences. Some programs developed from "focus groups," such as those conducted by Cordelia Anderson in Minnesota who talked with children about what they knew and what they wanted to know about sexual abuse. All six of the NCCAN federally funded programs, instituted in 1980, piloted their materials and approaches and did not simply use their "best guesses," as some critics contend. Leaders involved multi-disciplinary teams as advisory groups or task forces in appropriate consideration of all factors of program development.

This increased interest in the plight of children was profoundly impacted by a variety of factors, according to a telephone survey of 45 sexual abuse prevention leaders completed in 1991. When asked what forces contributed most to the development of prevention efforts for sexual abuse, the most frequent responses were: (1) Major sexual abuse cases locally; (2) Media attention to the topic; (3) The sexual assault movement; (4) Victims speaking out about abuse; (5) The women's liberation movement; and (6) Increased reporting, due in large part to mandatory reporting of abuse (Riestenberg, 1997).

The convergence of reporting laws, rape crisis responses, child welfare concerns, among other factors, made the time for child sexual abuse prevention right. Reports from prevention leaders nationwide show that there was an almost simultaneous emergence of the idea to target the problem of child sexual abuse by, in part, giving children information (although incest was initially seen as too controversial to include in some programs) (Riestenberg, 1997). This strategy was developed by people unaware of one another in Washington, Califor-

nia, Minnesota, and Ohio. In 1980 the federal government first legitimized the importance of child sexual abuse prevention by allocating monies through the National Center on Child Abuse and Neglect (NCCAN) to target children directly (along with their parents, teachers, and other significant adults) with prevention approaches. This NCCAN initiative helped to organize those practitioners already developing the new ideas in isolation, spurring creative collaboration at national conferences and meetings. As will be explicated further below, the idea to focus on child education about abuse came about not only from prevention advocates, as is often presumed in the literature, but from federal guidelines.

A comprehensive history of sexual abuse prevention programs has not been published to date. However, in a 1991 unpublished paper, Anderson and Conte (1991) document some of the history of prevention efforts. They cite major influences and precursors to sexual abuse prevention as including the fields of Mental Health, Human Sexuality, Public Health, Law Enforcement, the Civil and Gay Rights Movements, The Women's Movement, the Anti-Rape Movement, and the Child Abuse and Neglect Field. These overlap substantially with the influences cited by leaders surveyed by Riestenberg.

What this means is that many child sexual abuse prevention advocates viewed their work within a larger context of other prevention efforts, professional fields, and social justice "movements." It is probable that child sexual abuse prevention was impacted both positively and negatively by its affiliation with such issues. That is, in many ways each of these arenas (issues related to "children," "sex," "abuse," and "prevention") have often been regarded as controversial and sometimes even faced opposition. Because prevention leaders represent various fields, they have been influenced by multiple social forces concurrent with or preceding the development of child sexual abuse prevention efforts, a fact that has offered real breadth to prevention ventures.

THE ROLE OF PUBLIC POLICY

As noted above, in addition to the influence of grassroots movements for social justice, equality, or ending violence, the child sexual abuse prevention movement was propelled forward by federal and state policies. On the federal level, demonstration programs were

funded to develop effective treatment programs for families where incest had occurred. Research to examine the prevalence and incidence of the problem of sexual abuse was supported. In 1980, when the National Center on Child Abuse and Neglect funded five programs specifically to develop prevention programs for child sexual abuse, the forms of these demonstration projects were as varied as were the audiences targeted. One program developed a high-quality film for use with elementary students. Another targeted junior high students in a southern state. Several used theater to educate children in school settings from elementary through adolescent ages. One focused on work with preschoolers who were primarily Hispanic and developed programs in Spanish. A Midwest program worked largely in conservative rural areas, whereas other programs were in multicultural settings in large urban areas (Riestenberg, 1997). When evaluations of each program were completed in 1982 and 1983, there had already been a political shift and dissemination of findings for possible replication was ignored. Further, throughout the Reagan years there was a general dismantling of many social programs, and child abuse programs were not exempt from these cuts. In recent years the National Center on Child Abuse and Neglect had to struggle for its independent survival when reauthorization bills came up every three years. It has recently been disbanded, though many of its functions are now accomplished through the Office of Child Abuse and Neglect.

On the state level, changes also prompted rises and falls in prevention activity. States passed mandatory child abuse reporting laws. While the reports of physical abuse and neglect far outnumbered those for sexual abuse, reports of sexual abuse increased at rapid rates in the 1980s. These reports prompted decisions to "do something" about the problem, and prevention was catapulted forward as one effort to respond. In 1984, the New York State Board of Education mandated child sexual abuse prevention in grades K-6 in all schools in their state (Anderson & Conte, 1991). The same year, California's Child Abuse Prevention Training Act mandated prevention programs addressing all types of abuse for children in preschool through grade twelve. Attached to that bill was funding of 44 million dollars over four years and the development of two training centers. In 1985, 85 primary prevention programs received funds from this source (Berrick & Gilbert, 1991). At the same time, mandatory reporting and criminal prosecutions prompted backlash reactions. This included the founding of

VOCAL, Victims of Child Abuse Laws, in 1984 in Minnesota. VOCAL is comprised of individuals who claim to be falsely accused of abuse. One of the organization's first actions was to picket prevention programs.

Another response to child abuse prevention needs at a state level was legislation to found Children's Trust Funds. The first one was started in Michigan in 1980 by Ray Helfer, and by 1990 Children's Trust Funds had been developed in all but one state. Funding for such programs is varied but includes check-off boxes on state tax forms and increased fees for marriage licenses or birth certificates. These state level efforts are unique in their emphasis on only supporting prevention programs. As an illustration of their extent, in 1989 28 million dollars was spent collectively by Children's Trust Funds nationwide. While a significant source of support for child abuse prevention programs, that amount can be contrasted to the \$11 million per year that was at one time slated to fund prevention programs in only one state, California. Clearly, prevention programs are impacted when federal or state dollars are increased or decreased.

THE PROBLEM WITH RAPID GROWTH

While practitioners may advocate prevention interventions, most are aware that prevention programs have both problems and critics. One problem was the rapid growth of prevention programs which created more public awareness of sexual abuse. The results of increased awareness placed extra demands on the service delivery system including reporting, investigating, and intervening, including treatment. It was hardly surprising that prevention programs would therefore be examined carefully because of their potential for social change and the fact that so many people were impacted. The controversies surrounding sexual abuse prevention were also more public, unlike treatment details or interpretations made by therapists with a single individual behind closed doors. While still very young and fledgling as a field, child sexual abuse prevention programs were being publicly asked all the difficult questions facing our society about this problem. Further, programs were asked to produce evidence of their successes almost simultaneously with their inception. However, few or no resources were allocated for evaluation of most programs, let alone for truly high-quality comprehensive programs. Thus, even

before becoming firmly established as a legitimate intervention, prevention had critics from within and from outside the child abuse field, and often faced outright opposition.

The criticisms of prevention had a major impact, perhaps being translated mistakenly from researchers' questions (can children benefit?; will they become fearful?) to findings in the eyes of the public. As early as the mid- to late eighties, practitioners were recognizing that the public support for prevention was cooling. Many practitioners believe this was in part due to two patterns observed in the media. Newer issues (school violence, AIDS education, etc.) were being raised and the media had exhausted their interest in sexual abuse, being always in search of something newer and more exciting. Secondly, when the media did cover sexual abuse, stories were more likely to talk about problems with prevention, reporting, false allegations, etc., than about the aspects previously covered in the late seventies or early eighties (the need for prevention, the harm of abuse, etc.).

THEORIES BEHIND PREVENTION PROGRAMS

Although prevention programs were criticized for developing haphazardly, in fact they had concrete theoretical bases for programs. These were necessary to establish credibility for this new "field." Some programs (such as Child Assault Prevention out of Columbus, Ohio) had an explicitly feminist base, with self-defense as a program component, and "child assault" seen as another patriarchal outcome of a dominant/submissive paradigm (Cooper, 1991). Other programs borrowed directly from the public health domain, citing the agent (perpetrator), host (child), and environment (social, physical, and psychological factors) and a variety of ways to intervene with this social "disease" (Tobin & Farley, 1988). Still others used new theory developed by David Finkelhor and colleagues from the Family Research Laboratory in New Hampshire. They created a format for understanding child sexual abuse as being possible only when there were certain predisposing factors in the perpetrator, a lack of internal and external controls on this individual, and access to a child. This provided yet another conceptual framework for designing prevention interventions (Plummer, 1997).

As programs developed, theory expanded to include much more

than what to tell children. As Donnelly (1991) wrote, programs “increasingly moved beyond the simple ‘no, go, tell’ messages to focus on development of self-esteem, conflict resolution skills, adult-child and peer-peer relations as tools in self-protection.” Some programs encouraged offender prevention messages, teaching parenting teens about protecting their children, facility design changes, and policies for screening employees at day care centers. The theories were consistent with those used for other prevention efforts that focused on risk reduction and health promotion, such as self-esteem building and cognitive problem-solving strategies. In fact, sexual abuse prevention programs often were integrated with broader topics that included coping with bullies, avoiding gang involvement, understanding sexual harassment, and nonviolent training. Efforts were made to instill barriers to sexual abuse with a variety of populations rather than expecting children to single-handedly prevent their own victimization (Committee for Children, 1988; Cooper, 1991; Plummer, 1997; Tobin & Farley, 1988). In fact, most practitioners report their programs never focused exclusively on teaching children to protect themselves, although this has been a major criticism lodged against programs.

THE GOALS OF PREVENTION

While stopping the sexual abuse of children was an over-reaching goal of all programs, objectives toward reaching that goal took a variety of forms and programs set different subgoals. No programs claimed that by intervening with children, parents, or professionals that child sexual abuse would be entirely stopped.

Often education was cited as the major initial goal. For example, practitioners argued that children could be educated, have attitudes altered, or learn new skills by watching plays, having interactive sessions in a several-week curriculum in their classroom, observing puppet plays at the daycare, or receiving coloring books about Spiderman. In addition to the children targeted, most programs also incorporated parent education, public awareness, and teacher training components.

It could be argued that the intensity of public feeling about sexual abuse, similar to the crisis generated with the onset of AIDS awareness, created a wildfire of prevention. While many efforts were quality programs with built-in evaluations, others clearly were hastily de-

signed, underfunded, or too broad in scope. Again, the rapid growth of prevention programs created inevitable problems, yet as with many prevention efforts, studies of long term effects could only be accomplished if sexual abuse prevention was given adequate time and resources to do the job. As with Head Start, which initially was highly criticized, it is possible that the overall impact could not be determined in the short term.

CRITICISM OF CHILD SEXUAL ABUSE PREVENTION PROGRAMS

Fears of the topic of child sexual abuse, denial of the extent of the problem, legitimate criticisms of prevention strategies, and opposition to preventing abuse are all components of the critique of sexual abuse prevention. The sources of concern about prevention's impact were numerous: parents, professional colleagues, school personnel, competing prevention ideologies or programs, and organized groups such as VOCAL (Victims of Child Abuse Laws) and the False Memory Syndrome Foundation (FMSF). The concerns were somewhat different from each group.

Parents had reasonable fears about how programs would impact their children's perceptions of the world (fear of strangers or of touch) and the loss of innocence in their children. Some parents hesitated to talk to their children about abuse and hoped professionals would. Others feared what would be said and how it may impact on family life or their child's development. Some denied their children could be at risk and others feared being discovered as being abusive. While overwhelmingly supporting programs about sexual abuse, they were also impacted by shifts in the media messages which emphasized false reports or potentially negative unintended consequences of the programs. Still others may have felt a false sense of security that their child was "vaccinated against abuse" and that their continued vigilance would be less necessary because of their child's skills.

Practitioners report that professional colleagues had concerns primarily related to the efficacy of prevention aimed at children. They cited lack of proof of effectiveness, the possibility of unanticipated consequences, unsophisticated programs making broad claims, a lack of quality control, and programs not keeping pace with research findings. Most of these critics challenged programs to be evaluated and to

improve. Many providing constructive criticism supported the idea of child abuse prevention efforts, including messages being given to youth, but only in an age-appropriate manner. For example, Krivacska (1992) warns against teaching about an aberrant form of sexual expression without providing a context of normal sexual development. He criticizes the "vague references" to private parts with less than half of prevention programs using correct anatomical terms. This underlines the point that child sexual abuse prevention efforts, due to their close identification with a number of controversial issues, have built-in difficulties. Since the late seventies, practitioners have had debates about the affiliation of abuse prevention with sex education. Safety programs are often acceptable where sex education is not. However, sexual abuse prevention proponents are concerned with health promotion as well as risk reduction. In use of the "touch continuum," a concept widely used to describe the range of feelings possible from a range of touch experiences, Anderson (Anderson & Conte, 1991) stressed the balance between needs for nurturing and pleasurable touch and the right to know about and resist unwanted touch. "Just say no" to sex was never the message of sexual abuse prevention.

Use of terminology was also widely debated during early program development. Most proponents preferred the use of correct anatomical terms, as Krivacska (1992) recommended. However, many deemed that where parents preferred "private parts," a more generic reference, it was better to have the basic message communicated than to rigidly demand adherence to guidelines, especially in communities that were attempting to "own" the program by adapting it to their own standards of cultural, religious, or community values.

Social workers, psychologists, academics, and educators have stated that sexual abuse prevention should not be the only exposure to sexuality so that abuse is not associated with all sexual feelings or expression. Trudell and Whatley (1988) have argued convincingly that young children could learn from sexual abuse prevention programs that "sexuality is essentially secretive, negative, and even dangerous." However, in communities that still refuse sex education, those hoping to begin sexual abuse prevention are often limited in options for presenting their concepts and may not be allowed to access school settings if they do not comply. The balancing of concerns, in this example

as in other situations, has been required of practitioners to both ensure quality but also deal with current needs and desires of the community.

Practitioners recognized that school personnel, including elected school boards, were gatekeepers since most universal programs were school-based. Administrative concerns included avoiding controversy, dealing with competing demands of many social concerns, the quality and time required for programs, the training needs for staff, and the responses of parents, teachers, and children. Many times, schools requested sexual abuse prevention programs to alter time schedules or curriculum content to meet the needs and policies of their school system. At the same time that there were some parents refusing to have their children participate, there were other parents clamoring for prevention programs in their children's classrooms.

Although not a major force in criticism of prevention, it is undeniable that programs were sometimes competitive and may have made untested claims about their program to gain a contract with a school or community. These programs may have held a competing philosophy or simply had financial self-interest. Prevention programs about other problems (drugs, pregnancy, gangs) also sometimes competed for precious time in the school, with each trying to convince schools that "their" problem was the most pressing.

Practitioners experienced some criticism as actually opposition to not only the particular approach to prevention of sexual abuse, but to the idea of prevention. These critics opposed even raising the issue of abuse, believing it would cause false and malicious allegations. Some downplayed the extent of or harm caused by child sexual abuse. Since certain of these groups are made up of those who have been accused of being abusive, it is likely that self-protection and a broader political agenda may also have motivated some opposition to prevention programs. This opposition represented those who supported not a fine-tuning of programs, but a wholesale dismantling of them.

RESEARCH ON CHILD SEXUAL ABUSE PREVENTION

There is by now a respectable body of research on child sexual abuse prevention, although the criticism that more is needed is supported by prevention practitioners. While a comprehensive review of the research is beyond the scope of this article, researchers are in agreement about a number of concerns that have been raised by critics. In consumer satis-

faction surveys of children, parents, and teachers, all groups have shown overwhelming support for sexual abuse prevention programming (Nibert, Cooper, & Ford, 1989; Pohl & Hazzard, 1988; Wurtele, Kvaternick, & Franklin, 1992). Clearly "providing prevention" (that you have stopped something from happening that never happened) is difficult at best. Some studies showed gains in knowledge (Berrick & Gilbert, 1991; Daro, 1994; Finkelhor & Strapko, 1992; Hazzard et al., 1991; Rispons, Aleman, & Goudena, 1997; Wurtele & Owens, 1997), changes in attitudes and, to some degree, improved skills (Fryer, Krazier, & Miyoshi, 1987; Hazzard et al., 1991). Most studies show few or no negative outcomes (Hazzard et al., 1991; Nibert et al., 1989; Woods & Dean, 1986; Wurtele & Miller-Perrin, 1992). Different approaches are needed for different populations of children (Bogat & McGrath, 1993; Finkelhor & Dziuba-Leatherman, 1995; Wurtele et al., 1992), and active learning with skill practice is most effective (Daro, 1994; Kolko, 1988). Follow-up is needed; one-shot deals are not enough (Kolko, 1988; Taal & Edelaar, 1997), and passing out a comic book is not an effective approach (Woods & Dean, 1986). While much still needs to be examined, the body of research has provided us with information for program revisions and guidance for new directions to explore.

Comprehensive multi-faceted programs appear to be best (Finkelhor & Dziuba-Leatherman, 1995; Whatley & Trudell, 1989), and more parent involvement is recommended (Elrod & Rubin, 1993; Wurtele & Owens, 1997). While some charge that "relatively few efforts have been made to involve parents" (Berrick & Gilbert, 1991), no evidence is given that this is true. In fact, most programs report parent education programs are offered, although often parents do not choose to attend. Studies of parents whose children attend programs have provided important information, however. Parents are more likely to discuss abuse with their child when there is a program at school. Most report positive outcomes for their children and it is rare that a parent reports the programs have created distress for their child. These research findings were welcomed by practitioners and were consistent with many of their experiences. Findings also drove program alterations and improvements.

One remarkable example of a prevention program's responsiveness to research findings occurred in 1985 when Alice Ray, Executive Director of Committee for Children, instituted a curriculum recall for all those using their preschool curriculum. Since findings showed

preschoolers' difficulty in "sensing" when touch was negative, the materials were changed to objective rule-based criteria for reporting unwanted touch. All outdated materials were replaced free of charge to those who had purchased them (Ray, 1998).

THE BIG PICTURE: IMPEDIMENTS TO CHILD SEXUAL ABUSE PREVENTION

If having a solid research base of support was the only impediment to prevention, most barriers to such work would be gone. Over the past 20 years, child sexual abuse prevention has experienced strong public support. Now, there is some reason to believe that fewer prevention efforts are being implemented, at least in some parts of the U. S., and that concerns about prevention have created barriers to program success.

Evidence for a possible decline in prevention activity includes less positive media coverage, decreased funding at both federal and state levels, mistaken generalizations that problems with preschool programs extend to all education of children about abuse, and the actual closing of many programs (California programs are the most obvious example). Further, at national child abuse conferences, even those focused on sexual abuse, practitioners complain that fewer workshops about prevention are offered and prevention keynotes (prominent in the 1980s) have virtually disappeared. The one organization developed to network prevention advocates, the Association of Sexual Abuse Prevention Professionals (ASAP), which had hundreds attending their five international conferences from 1986 to 1994, has disbanded due to lack of leadership and organizational capacity. Their Prevention Institutes and leadership retreats provided critical updates and support for both new and experienced leadership. When California state funding was cut, the invaluable leadership of the Northern and Southern Training Centers, which trained prevention practitioners, also stopped their sexual abuse prevention national conferences, held annually from 1985-1989.

While underinformed writers state that the complexity of abuse "appears not to be appreciated by many of those involved in the prevention programs currently in existence," faulting the "one or two shot presentations" which leave the child solely responsible for self-protection (Reppucci & Haugaard, 1988), it may not be practitioners

who are approaching things simplistically. There is no evidence that programs were ill-conceived, harmful, or without goals and impact. Nor is it proven fact that the intentions attributed to “many of those involved” were anything but the best guesses of certain researchers. Critics who argue for increased research are only echoing a message expressed first by prevention advocates in the early 1980s. The simplistic view may be that it is how the programs aimed at children were conceived and implemented that has determined the level of criticism, rather than broader social, economic, and political shifts. It may be that prevention has been, in fact, too successful in creating social change by its broad educational impact, and thus created a strong societal backlash to awareness of and responses to sexual abuse.

LEARNING FROM THE PAST

From a practitioner’s perspective, child sexual abuse prevention has made great progress in the past 20 years, although the rapid growth of programs created built-in problems. These included a lag in evaluation and research, hastily developed piecemeal approaches at times, and a lack of networks for programs which resulted in “reinventing the wheel” as well as difficulty in keeping abreast of new developments. Inherent controversies existed primarily because of the topics addressed and the social context of those topics. There is no evidence that programs ever suggested children single-handedly prevent their own victimization; in fact, from the earliest years leaders argued for comprehensive programs that included parent, teacher, and community efforts. There is no evidence that programs disregarded issues of learning theory, child development, or sex education; multi-disciplinary teams guided program and curriculum development. Still, many sexual abuse prevention efforts suffered from too much breadth and not enough depth and a one-size-fits-all approach, especially in areas where funds for developing multiple programs were not available. At the same time, efforts were made to organize and educate prevention professionals based on research and, in general, the preliminary research findings regarding prevention look encouraging. While the efficacy of educating children directly is not settled, all seem to agree that no child-focused intervention will be sufficient, although it may be necessary given the unique dynamics of sexual abuse.

A look at the history and current state of child sexual abuse prevention efforts is incomplete if it examines this topic in isolation or only focuses on curriculum revisions. While problems associated with the rapid growth of programs are clear, the current state of sexual abuse prevention is impacted by the social and political impact of broader society. Most research and writing has narrowly focused on single variables such as consumer satisfaction, children's learning, unanticipated consequences, or levels of parent support or involvement. Criticisms which may have been intended to improve programs often undercut a fledgling field still fighting to gain credibility. While research and concerns were addressed and integrated into programmatic revisions, much of the criticism was misinformed and based on faulty assumptions. But it is naive to assume that programs have been struggling or defunded due solely to terminology used with children or lack of rigorous evaluations. The larger story will be missed if our view is so myopic.

QUESTIONS AND CHALLENGES FROM A PRACTITIONER'S PERSPECTIVE

Today there are larger questions to face after 20 years of prevention efforts and over 10 years of organized opposition. Research questions are abundant and many remain largely unaddressed in the literature. It is unknown presently what the current state of prevention is regarding the health of programs, the numbers of people reached with prevention messages, or the amount spent nationwide on primary prevention of child sexual abuse. We do not know if there has been a continuation of prevention at past levels, further growth of programs, or decreased prevention efforts. It is also not clear what factors have impacted the growth or demise of various programs. Current public support for prevention is unknown, especially in light of critical appraisals, including unsupported claims of the backlash. Have program leaders responded to research with revisions, have programs been downsized, or are programs now more integrated into general health promotion curricula rather than having separate programs for each issue? Prevention practitioners need to know more about "best practice," including differential effects with different populations of children in different types of communities (i.e., in terms of numbers of sessions, parental involvement, booster ses-

sions, gender or cultural adaptations recommended). Researchers can help practitioners assess the field more by addressing these questions than by focusing only on the micro-perspective of what skills children learn at what age and if they utilize those skills. When prevention research is aimed primarily at that question, it reinforces the idea that prevention is solely what we instruct children to do to ensure their own safety. This narrow view of prevention is one we hope to dispel as practitioners.

A final question regards how the child abuse field itself assesses the overall benefit of sexual abuse prevention programs after 20 years. Given the current research findings, strong support for continuing and improving prevention interventions seems warranted. Yet much of the child abuse field walks the tightrope of giving lip service to supporting prevention, but acts almost as though prevention was tried once and found to be unsuccessful. An alternative perspective may be that child education alone is a weak intervention but prevention is still important, albeit with a different target group (older children, parents, professionals). Does the broader child abuse field endorse the allocation of resources to expand programs and undertake the revisions recommended by research findings? Practitioners think that revisions needed include developing more comprehensive interventions that take longer and incorporate adequate follow-up, certain content changes, and different emphases (especially with preschoolers). Currently, funding difficulties have resulted in some programs using exactly the same approaches and programs as 12 or more years ago because there is not time or money for the necessary evaluation and revision. To point out program weaknesses, common with new projects, and not allow time or resources for revisions prior to decreasing funding is unreasonable, particularly when lack of comprehensiveness is often the criticism. In reality, if prevention programs receive insufficient funding, this will result in more piecemeal and half-done efforts. If there has been a decrease in prevention interventions, the child abuse field needs to grapple with whether that is truly supported by the literature, and with what actions need to be taken to give prevention a chance to work, if not in the present form, then with attempts in new directions.

The million dollar question concerning the best way to prevent child sexual abuse is still unanswered. Practitioners need a wider range of questions to be examined by researchers. Practitioners also

want a clearer vote of support from the broader child abuse field. In particular, practitioners would benefit from therapists, Child Protective Service workers, educators, and other professionals strongly supporting prevention and advocating for stable and comprehensive programming, in recognition of what the research has already shown us about the value of prevention. Strong unified support would send a clear message that the child abuse field believes that prevention is an important and worthwhile investment.

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