

Sexual Abuse Prevention Education in Australian Primary Schools: A National Survey of Programs

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Abstract

In the 2017 final report of the Australia's Royal Commission Into Institutional Responses to Child Sexual Abuse, recommendations noted the importance of school-based prevention efforts to create child-safe communities. In this study, we report on a national evaluation of the nature and availability of child sexual abuse prevention programs delivered in Australian primary schools. A survey instrument, anchored in empirical evidence, was distributed to all providers of child sexual abuse prevention programs in Australian primary schools serving children aged 4 to 13 years. Respondents were program coordinators or facilitators who provided data on 35 school-based child sexual abuse prevention programs that reached 631,720 children (approximately 26% of the Australian primary school student population) in 1 year. On average, each program reached 18,049 children in a calendar year (ranging from 200 to 80,000 children). Median child age for program exposure was 8 years. However, program duration was poorly reported so it was difficult to establish what program dosage was received. Most programs

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(80%–94%) covered specific item content, “always or often,” for 13 important areas of content, including five of seven items that had the strongest evidence of effectiveness, derived from a recent Cochrane Review (e.g., distinguishing appropriate and inappropriate touching). Programs less frequently addressed such content as safety in using technology and perpetrator strategies (e.g., grooming). The findings provide important information about the scope and nature of child sexual abuse prevention programs, and baseline data against which future program advancements can be tracked.

Keywords

child sexual abuse, child abuse prevention, personal safety, body safety, protective behaviors

Introduction

This research comes at an important time when public awareness and concern about child sexual abuse is heightened. This interest stems not only from awareness on new prevention needs associated with Internet exposures but also from an awakening to current and past child sexual abuse in institutions (Commission to Inquire Into Child Abuse, 2009; Commonwealth of Australia, 2017; John Jay College of Criminal Justice, 2004). In January 2013, the Australian government appointed a Royal Commission to inquire into the problem of widespread child sexual abuse in Australian institutions, including schools and religious organizations. Royal Commissions are the highest form of government inquiry to examine matters of major public concern. The Australian Royal Commission handed down its final report in December 2017 (Commonwealth of Australia, 2017). Its central recommendations related to primary (universal) prevention as the optimal way to stop perpetration and victimization, and school-based prevention efforts were identified as a core component in a new national strategy to prevent, identify, and respond to child sexual abuse.

This research investigates the nature and availability of all primary (elementary) school-based sexual abuse prevention programs in use across Australia. Documenting what programs exist, and how they are delivered, will provide a baseline against which the development of enhanced school-based prevention efforts can be assessed. At the time this study was conducted, very little was known about the numbers and profiles of children exposed to prevention programs; the content of existing programs, their methods, and use of resources; the extent to which programs reflect what is currently known about the characteristics of effective programs; and the implementation issues in delivering

these programs in schools. In response to Australia's Royal Commission, optimizing the capacity and effectiveness of school-based child sexual abuse prevention programs-in-use is now essential and necessary, and, ideally, the quality of programs should be measurable, auditable, and transparent. Hence, this study also provides an essential methodology for tracking school-based prevention program quality and delivery over time.

Programs within schools are potentially one of the best resources for primary prevention of child sexual abuse perpetration and victimization. However, international evidence on the nature, availability, and effectiveness of such programs is not extensive. Systematic reviews and meta-analyses assessing program effectiveness indicate that children exposed to school-based sexual abuse prevention programs show improvements in knowledge and self-protective skills, that this knowledge is sustained over time, and that program participation may promote disclosures about child sexual abuse without increasing anxiety or fear (Davis & Gidycz, 2000; Rispens, Aleman, & Goudena, 1997; Walsh, Zwi, Woolfenden, & Shlonsky, 2015). However, there are only a few comparative reviews of programs-in-use, that is, programs used in schools at a particular point in time. All have been conducted in the United States (Barth, Derezotes, & Danforth, 1991; Kohl, 1993; Lanning & Massey-Stokes, 2006; Lanning, Robinson, & Ballard, 1999; Plummer, 2001). Kohl (1993) identified 576 programs-in-use across the United States. Plummer (2001) collected data across eight states and identified 87 programs-in-use. The remaining studies examined programs delivered in public (Lanning et al., 1999) and nonpublic schools in Texas (Lanning & Massey-Stokes, 2006), and high schools in California (Barth et al., 1991). To our knowledge, no comparative studies have been conducted outside the United States, despite school-based programs being identified globally as a key mechanism for universal prevention (Council of Europe, 2010; World Health Organization, 2016).

Research Context

Australia has a population of 24 million, of which approximately 19% or 4.5 million are children aged 0 to 14 years (Australian Bureau of Statistics [ABS], 2015). There are eight jurisdictions (six states and two territories) in a federated national system of government. Each jurisdiction provides public education in primary (elementary) and secondary (high) school. School education begins with a preparatory or kindergarten year, followed by six primary grade levels (Years 1-6) and six secondary grade levels (Years 7-12), delivered by government and nongovernment schools (i.e., Catholic and independent), serving 65% and 35% of school-aged children, respectively (ABS, 2015). In

2009, a national curriculum was introduced, which established expectations for what students should be taught across eight learning areas: English, Mathematics, Science, Health and Physical Education (HPE), Humanities and Social Sciences, The Arts, Technologies, and Languages. Child sexual abuse prevention education is located within the *Australian Curriculum: Health and Physical Education (F-10)* under focus areas related to *safety and relationships and sexuality* (ACARA, 2015; Walsh et al., 2013). However, the extent to which this focus is actually addressed in practice across Australia has remained largely unknown.

Current Study

To provide evidence on what school-based programs exist and how they are delivered, we report descriptive data as a “state of the nation” baseline assessment about the nature and availability of child sexual abuse prevention programs offered in Australian primary (elementary) schools surveyed prior to the Royal Commission’s inquiry. The research questions addressed in this study are the following:

Research Question 1: What is the extent of availability of sexual abuse prevention programs in schools, across Australia?

Research Question 2: What are the most commonly used programs and their core features?

Research Question 3: What specific content, teaching strategies, and resources are used in programs?

Research Question 4: What supports for program delivery do program providers perceive to be important?

Research Question 5: What are the major challenges faced by providers in implementing programs?

We focused on programs for primary (elementary) school-aged children because child sexual abuse prevention education tends to be located in primary school curricula (Walsh et al., 2013), whereas dating and interpersonal violence programs are more commonly taught in middle and secondary (high) schools (De La Rue, Polanin, Espelage, & Piggot, 2014; Fellmeth, Heffernan, Nurse, Habibula, & Sethi, 2013). The age of greatest vulnerability for child sexual abuse generally is in the range of 5 to 12 years of age (Finkelhor & Baron, 1986), and 10 to 14 years for institutional child sexual abuse (Bromfield, Hirte, Octoman, & Katz, 2017). To embed a public health and primary prevention approach, programs should be taught prior to, and during, the known risk period.

Method

In this research, known as the “Making Prevention Matter” study, we conducted an online survey using a total population sampling frame (Levy & Lemeshow, 2008). We aimed to collect data from *all* child sexual abuse prevention programs offered across primary schools in Australia. Data were collected from August 2011 to May 2012. We recruited representatives from organizations delivering child sexual abuse prevention programs that met the following criteria: (a) offered in primary schools for children in years P-7 (i.e., children aged approximately 4-5 years to 12 years); (b) available at school sites during or outside of school hours; and (c) delivered by facilitators/presenters who visited the school, and/or school staff. We excluded clinical treatment programs and individual/family counseling or therapy programs.

Survey Design

While similar surveys have been conducted in the United States (e.g., Barth et al., 1991; Kohl, 1993; Lanning & Massey-Stokes, 2006; Lanning et al., 1999; Plummer, 2001), a new survey instrument was designed in three stages in an effort to develop a comprehensive and contemporary approach anchored firmly in empirical evidence.

1. Guidelines for comprehensive and transparent reporting of interventions were examined, including Item 5 of the *Consolidated Standards for Reporting Trials* (CONSORT) and the extension statements (Boutron, Moher, Altman, Schulz, & Ravaud, 2008; Schulz, Altman, Moher, & CONSORT Group, 2010), as well as the *Cochrane Handbook* (Section 7.3.4; Higgins & Green, 2008). We extracted a set of intervention characteristics and wrote questionnaire items to reflect these. Since this study was completed, an international consortium of researchers developed the *Template for Intervention Description and Replication* (TIDieR) checklist and guide (Hoffman et al., 2014), which expands the CONSORT statement (Item 5) and identifies 12 minimum items for reporting intervention characteristics sufficient to ensure replication. For completeness, post hoc, we mapped questionnaire components from the current study to the TIDieR checklist to confirm all relevant items were covered.
2. Lists of items related to program content, teaching strategies, and resources that are commonly found in school-based education programs for prevention of child sexual abuse were extracted from systematic and narrative reviews of research (Davis & Gidycz, 2000;

Duane & Carr, 2002; Finkelhor, 2007; Rispen et al., 1997; Topping & Barron, 2009), and program guidelines (National Center for Missing and Exploited Children [NCMEC], 1999). We cross-referenced these items with intervention characteristics identified in a Cochrane review (Walsh et al., 2015) as features of programs with the strongest and most recent evidence of effectiveness. We use superscript letters to indicate these items in the tables presented below.

3. Research reviews identifying components of effective behavioral change interventions were considered (e.g., Nation et al., 2003). From these reviews, we identified several potential barriers and supports to program delivery in schools (i.e., implementation challenges) and developed questionnaire items to test the relevance of these to school-based child sexual abuse prevention programs.

The questionnaire items devised in these three stages were pretested. Content validity was improved with feedback received from two experts with content area and program delivery expertise. In addition, four research students (without content area or program delivery expertise) provided feedback on item readability and comprehension, leading to further minor modifications.

The final questionnaire had six sections: (a) sociodemographic information on the respondents; (b) program description and delivery details; (c) program staffing and coordination; (d) program content, strategies, and resources used; (e) program background, evaluation, and monitoring; and (f) barriers and supports for program implementation in schools. Response options for survey questions included a mix of Likert-type rating scales, multiple-choice, checklists, and open-ended responses. The full questionnaire is available from the authors. Estimated time for questionnaire completion was 45 to 75 min.

Respondent Recruitment and Procedures

The Queensland University of Technology Human Research Ethics Committee provided ethical approval to conduct the study (Approval Number 1100000367). Four strategies were used to identify and recruit organizations delivering programs across Australia. First, a list of 181 programs published in the *National Audit of Child Abuse Prevention Programs* in Australia (Tomison & Poole, 2000) was reviewed. From this list, we excluded adult-focused programs and secondary (high) school programs. We verified program currency via Internet searches and identified those no longer offered. Second, we added other programs to the list

identified from searches of Australian electronic program registries, clearinghouses, and databases (e.g., A+Education, Australian Institute of Criminology, Australian Institute of Family Studies Promising Practices Profiles, Australian Research Alliance for Children and Youth, KidsMatter Programs Guide, Response Ability) and search engines (e.g., Google). Third, we employed a snowball identification strategy by contacting the identified provider organizations and asked them about other current program providers. Fourth, we advertised the survey via relevant newsletters and email distribution lists and asked program providers to contact the research coordinator.

Information about the survey was sent by email to a total of 60 potentially eligible organizations. An incentive for participation was offered (Aus\$50 grocery voucher) to each organization for questionnaire completion. Each organization was asked to nominate a key respondent best qualified to complete the questionnaire and to supply their details via return email. This was typically a program coordinator (defined as the person whose work involved overseeing and/or managing program delivery) and/or a program facilitator (defined as the person whose work involved direct contact with children during program delivery). These staff received standardized study information, provided informed written consent, and were directed to the online survey via an email link.

From the survey home page, respondents completed four screening items to confirm their organization's eligibility for participation based on how the program was delivered: (a) in primary schools for children in any grades from Prep to Year 7 (i.e., children aged approximately 5-12 years), (b) during school hours, (c) by school staff and/or by program staff visiting schools, and (d) the program was *not* a clinical treatment program, or individual/family counseling or therapy service.

After the initial dispatch of information about the online survey to identified program providers, reminder messages (email and/or phone) were sent after 3 weeks had elapsed and at 3 weekly intervals thereafter. Five participants requested paper copies of the survey as they did not have Internet access. These surveys were sent and returned by post.

Data Analysis

The *Making Prevention Matter Programs Survey* was administered online using KeySurvey (WorldAPP, 2011). Electronic survey data were downloaded from KeySurvey into SPSS 21, and descriptive statistics were generated for all items. Open-ended questionnaire responses were analyzed thematically (Schreier, 2012).

Results

In total, 52 survey responses were received (response rate of 86%). Seventeen surveys were excluded from analyses due to being duplicates (resulting from a technical problem with the survey platform; $n = 8$), ineligible adult-focused programs (e.g., teacher programs; $n = 5$), or incomplete ($n = 4$).

Respondents provided information on 35 different school-based child sexual abuse prevention programs, comprising 31 unique programs. Five respondents from the same organization reported on the same program—one respondent from the main office and four others from satellite locations. Because there were slight differences in the program offerings in the satellite locations, for some results, we report data on 35 programs, and where there were no differences, we report data on the 31 unique programs.

Survey respondents were organizational representatives with roles as program coordinators or facilitators, or a combined coordination and facilitation role. Respondents were predominately female (88%), aged 35 to 54 years (72%), with postsecondary educational qualifications (bachelor or postgraduate degrees, 70%). Qualifications covered a wide range of disciplinary fields, including education and teaching, social work, youth work, psychology, counseling, health, and policing (77%). More than half were employed full-time in the program (58%), and 78% had more than 5 years' experience in the field of child protection education.

Program Availability and Coverage

Respondents reported that the primary school programs provided by their organizations were mostly available across all primary grades (65%), although some were offered only in the lower (23%) or upper grades (13%; see Table 1). The median age for program exposure was 8 years. As summarized in Table 1, most programs also provided information sheets or resource booklets for parents and teachers. Organizations delivering the program ranged from those who operated Australia-wide to those working in a specific geographic area, with programs offered to metropolitan, regional, and remote population areas. All organizations were not-for-profit and reported a mix of government, community, and philanthropic funding to provide these programs. Only three organizations (10%) charged a fee for service.

Respondents were asked to estimate how many children took part in their programs across the previous year. In the school year immediately preceding the survey (i.e., January-December 2011), the 35 programs reached a total of 631,720 children, which equates to approximately 26% of the Australian primary school student population.¹ On average, each of the 35 programs reached

Table 1. Program Features ($n = 31$ Unique Programs).

Program Features	<i>n</i>	%
Program grade levels		
Program grade levels		
Lower primary (Grades P-3)	7	23
Upper primary (Grades 4-7)	4	13
Both lower and upper primary (Grades P-7)	20	65
Program information		
For parents (e.g., information sheet, handbook)	26	84
For teachers (e.g., information sheet, resource booklet)	26	84
Unavailable/unknown	5	16
Program delivery (states/territories)		
Nationwide (all states/territories)	7	23
Multiple states/territories	8	26
One state/territory	7	23
One region within state/territory	6	19
Online	1	3
Not reported/unknown	2	7
Program delivery (regions)		
Metropolitan areas	23	74
Regional areas	25	81
Remote areas	20	65
Not reported/unknown	3	10

18,049 children in the calendar year, ranging from 200 to 80,000 children. In all, 12 programs served less than 1,000 children per year.

Program Design and Features of Delivery

Respondents were asked whether their program had been modeled or based on any specific program model. Of the 31 unique programs, there was no information on program design influences for two programs. Respondents from 10 programs (32%) indicated they were “self-designed.” The other 19 programs (61%) can be described as hybrid designs, either modified or a direct replication, of published models. Nine programs (29%) emphasized the *Protective Behaviours*² model (Flandreau-West, 1984) as the major influence on program design. Seven programs (23%) drew on the *Protective Behaviours* model, in combination with other published models including *Good Touch Bad Touch*³ (Anderson, 1986; Anderson, Morris, & Robins, 1979), *Keeping Ourselves Safe* (New Zealand Police, 1987), *Let's Prevent Abuse* (PACER Center, 1985),

Safe Child Program (Kraizer, 1991), The Block ® Parent Program (The Block ® Program of Canada Inc, 1986), as well as “relationship and sexuality education” (a generic term, not a program name).

Data on program duration were poorly reported with no data reported for half of the programs (55%; $n = 17$), making it difficult to estimate program dosage. Of the 14 programs providing program duration data, six (19%) had less than five direct sessions with children, and eight (26%) had five or more sessions with children. Program manuals had been developed by the majority of programs (87%; $n = 27$), and most respondents (87%; $n = 27$) indicated that programs could be modified to suit specific groups such as children with disability or children whose first language was not English. Only half the programs (55%; $n = 17$) assessed children’s learning of program content or objectives.

In terms of evaluation activities, one third of programs had established reference groups (36%; $n = 11$), and some form of program evaluation was reported by half of the programs (55%; $n = 17$). However, only one program was shown to have been rigorously evaluated using a quasi-experimental method (Michaelson, 2001). Subsequent to the data collection period, we are aware that one other program has been evaluated in a fully experimental randomized controlled trial (White, Shanley, Zimmer-Gembeck, Lines, Walsh, & Hawkins, 2016; White, Shanley, Zimmer-Gembeck, Walsh, Hawkins, & Lines, 2018; White, Shanley, Zimmer-Gembeck, Walsh, Hawkins, Lines, & Webb, 2018).

Program Content, Teaching Strategies, and Resources

Data were collected on program content (i.e., curriculum), methods (i.e., teaching strategies or pedagogies), and resources used to support program delivery. Respondents reported how often their programs covered 19 evidence-based program content areas, including seven items identified in a Cochrane Review to be program elements for which there was the strongest evidence of effectiveness (Walsh et al., 2015). Frequency was rated on a 4-point scale (always, often, sometimes, never), with the “always” and “often” categories collapsed during analysis to distinguish across items and improve meaningfulness in interpretation (Klockars & Yamagishi, 1988). Table 2 summarizes the responses and reveals two key findings. First, the majority of programs (80%-94%) *always or often* covered 13 of the 19 items, including five of the seven items with strongest evidence of effectiveness. However, approximately one third of programs “never” covered content on the correct anatomical terms for private parts, safety in use of technology, and that abusive touch may sometimes feel nice, and 26% “never” covered perpetrator strategies (e.g., grooming).

Table 2. Program Content and Teaching Strategies Used in a National Sample of Child Sexual Abuse Prevention Programs (*n* = 35 Programs).

Program Content and Teaching Strategies	% Rating Always/Often	% Rating Sometimes	% Rating Never
Content			
Always tell a trusted adult ^a	94	3	3
It's OK to say "No" to touch	91	9	—
Identifying feelings	91	—	9
How to identify a trusted adult ^a	89	3	9
Children's bodies belong to them ^a	89	3	9
Offenders may be people they know/trust	86	9	6
Children are not to blame ^a	86	6	9
Identifying the body's warning signs	86	3	11
Distinguishing appropriate/inappropriate touch ^a	86	—	14
How to recognize abusive situations	83	11	6
Adults can sometimes act inappropriately	80	17	3
The "no, go, tell" sequence	80	11	9
Both boys and girls can be abused	80	9	11
Types of secrets and/or surprises ^a	78	11	11
Abuse can involve touch and nontouch experiences	75	14	11
Correct anatomical terms for private parts ^a	57	9	34
Safety with technology	54	14	31
Perpetrator strategies (e.g., grooming)	51	23	26
Abusive touch may sometimes feel nice	51	14	34
Teaching strategies			
Repetition of key messages ^a	97	—	3
Active participation	97	—	3
Demonstrating prevention strategies ^a	89	11	—
Practice of prevention skills by children ^a	86	14	—
Building messages across year levels	74	11	14
Group discussions ^a	74	17	9
Formal lectures	17	23	60

^aItems were identified as having evidence of efficacy in child sexual abuse prevention (see Walsh et al., 2015).

Respondents rated how often seven teaching strategies were used during program delivery (never, sometimes, often, always), and "always and often" were collapsed. These items listed the teaching strategies typically found in

Table 3. Program Resources Used in a National Sample of Child Sexual Abuse Prevention Programs ($n = 35$ Programs).

Resources	% Rating Always/Often	% Rating Sometimes	% Rating Never
Workbook/worksheets	86	11	3
Games/picture cards/posters	71	11	17
Photos/drawings	71	14	14
Story/picture books/comics	66	14	20
Theater/play/demonstration ^a	57	20	23
Puppets/characters	43	26	31
Multimedia/computer-based instruction	40	31	29
Video/DVD ^a	40	31	29
Homework ^b	21	50	29
Anatomically correct dolls ^b	12	21	68

^aItems were identified as having evidence of efficacy in child sexual abuse prevention (see Walsh et al., 2015).

^bItems were missing responses for one program.

behavioral skills training programs for children in different risk situations, such as gun safety (Miltenberger et al., 2005) and abduction prevention (Johnson et al., 2005). It also included four teaching strategies identified as having important effects. Most programs “always or often” covered six of the seven items (74%-97%), as presented in Table 2.

Program resources were conceptualized as elements or props that could ensure programs were developmentally appropriate and reinforced program concepts. Data from 35 programs were analyzed on how often 10 resources were used in the program (see Table 3), again collapsing the “always” and “often” categories. Workbooks and worksheets were the most commonly used resource (86%). A high proportion of programs “always or often” used games and posters, photos and drawings, stories, and picture books.

Implementation Supports and Challenges

Ratings on the importance of various supports for implementation, as well as implementation challenges, were available for all 35 programs. Respondents were initially presented with a list of possible school personnel and were asked to indicate who would typically initiate program delivery, that is, who would take steps to engage the external agency to provide the program within the school. The most commonly reported initiators were school leaders/administration (76%), classroom teachers (62%), school counselors/guidance officers (52%), and parent groups (41%).

Table 4. Perceived Importance by Providers of Various Implementation Supports for the Delivery of Sexual Abuse Prevention Programs in Schools ($n = 34$ Programs^a).

Program Delivery Supports	% Rating Very Important/ Important	% Rating Somewhat Important	% Rating Not Important
Support from teaching staff	97	3	—
Belief that teaching child sexual abuse prevention is necessary	91	9	—
Time allocated in the regular school schedule	91	9	—
Child protection is compulsory in school curriculum	88	9	3
Support from parents	82	15	3
A “champion” in the school who advocates for child sexual abuse prevention	79	15	6
Support from school administration	77	18	6
Teachers participate in program delivery	74	15	12
School staff participate in training	74	3	24
High levels of awareness about child sexual abuse	65	35	—
History of being active in child sexual abuse prevention	50	24	27

^aMissing data on all items for one program.

Respondents rated the importance of 11 items that are important to successful program delivery in schools (not important, somewhat important, important, very important), and “very important” and “important” were collapsed. As shown in Table 4, items rated by more than 90% of respondents as being important for successful program delivery were support from teaching staff, beliefs that teaching child sexual abuse prevention was necessary, and time allocation in the regular school schedule. More than 80% of respondents also considered that addressing child protection should be compulsory in the school curriculum and that parental support was necessary for successful delivery of programs.

Finally, respondents rated the frequency with which eight common implementation challenges had been barriers in their program implementation (often, sometimes, never). As shown in Table 5, the most frequently reported challenge rated as “often” encountered was “insufficient time in the school schedule” (29%), although every item listed had been encountered “sometimes” at relatively high rates, ranging from 51% to 74%.

Table 5. Implementation Barriers and Challenges for the Delivery of Sexual Abuse Prevention Programs in Schools ($n = 35$ Programs).

Barriers to Program Delivery	% Rating Often	% Rating Sometimes	% Rating Never
Insufficient time in the school schedule	29	63	9
Lack of support for teacher training	17	51	31
Insufficient resources (e.g., rooms, equipment)	14	66	20
School reluctance to change their approaches	11	74	14
School reluctance to discuss sexual abuse with children	11	74	14
Administrators oppose child sexual abuse prevention	9	66	26
Parents oppose child sexual abuse prevention	9	66	26
Teachers oppose child sexual abuse prevention	9	63	29

Discussion

This research reports the first Australian national survey of primary (elementary) school-based education programs for prevention of child sexual abuse and, to our knowledge, also the first survey of programs-in-use conducted since the early 1990s (Kohl, 1993). The results are timely, given increased emphasis on the importance of school-based prevention as a recommendation in the Australia's Royal Commission into Institutional Responses to Child Sexual Abuse (2013-2017; Commonwealth of Australia, 2017). This study captured a point-in-time assessment on the nature and availability of primary school-based prevention efforts prior to the start of the Royal Commission and provides researchers and policy makers with a methodology for tracking program quality longitudinally.

Reach and Capacity of Programs

This research identified 35 child sexual abuse prevention programs, operating in schools, comprising 31 unique programs delivered by subject matter experts from nonprofit and community agencies in primary schools throughout Australia. Each program, on average, reached 18,000 children per annum; however, this range was wide with a substantial proportion of programs surveyed reaching only small numbers of children. Given the population of 4- to 13-year-old children at the time of the study, each program surveyed would need to reach approximately 80,000 children per program (or around 4 times the level of current service delivery) to provide universal coverage in primary schools. Clearly, some agencies serviced large numbers

of children (e.g., Ditto's Keep Safe Adventure Program⁴), but others were smaller enterprises. We are aware that since the time of the study, at least three programs have expanded their reach to additional states/territories or regions. Although there is considerable room for scale-up in terms of the number of children exposed to these programs, a caution before moving to scale is the crucial issue of program quality.

Although this study captured data on interventions by specialist agencies, we do not know the proportion of Australian children exposed to "curriculum-as-usual" that also addresses child sexual abuse prevention to the same extent as the specialist programs identified in this survey. However, studies on such curriculum utilization in the state of South Australia found selective and partial curriculum use in schools, avoidance of critical curriculum components, and teacher discomfort with teaching such content, despite receiving training (Johnson, 1994, 2008); this suggests that external agencies who specialize in school-based prevention programs may be in a better position to build quality programs.

Future research, across Australian states, needs to identify what schools are doing with respect to the new requirement to address child sexual abuse prevention in the Australian Curriculum (Commonwealth of Australia, 2017) and how much reliance there is on the specialist agencies to support their role in meeting requirements of the *Personal, Social and Community Health* curriculum strand in areas related to *safety and relationships and sexuality* (ACARA, 2015).

Quality of Programs: Implementation Processes

Results from this survey indicated that there were common content, methods, and resources used across programs, although it was difficult to determine the "signature characteristics" of specific programs. Providers appeared to be implementing programs with content similar to that identified in reviews of effective programs (e.g., Davis & Gidycz, 2000; Duane & Carr, 2002; Finkelhor, 2007; Rispens et al., 1997; Topping & Barron, 2009; Walsh et al., 2015). Topics that could be most challenging to teach were less frequently covered (e.g., relating to identifying correct anatomical terms for private parts; safety with technology; and perpetrator strategies, such as grooming). In addition, many of the strategies and resources used to deliver the programs were also those with evidence of effectiveness. However, we could not establish in our initial survey methodology the extent to which implementation processes were essential to program outcomes (Domitrovich & Greenberg, 2000). Although several important implementation components were evident in programs, for example, the use of program manuals, most programs had not been rigorously evaluated. A stronger evidence base is still needed to

understand how important implementation components were present in these programs across local contexts, for example, in dosage, quality of delivery, adaptation, participant responsiveness and engagement, and program differentiation (Durlak & DuPre, 2008).

More than half the organizations participating in this survey identified that they delivered programs based on the *Protective Behaviours* model, or included elements from this model. The use of this particular program has been identified only in published literature from Australia (e.g., Briggs, 1991; Johnson, 1996; Tomison & Poole, 2000). Historically, the program was introduced to Australia in the early 1980s when a multidisciplinary taskforce, the Crime Prevention Education Consultancy Group, in the state of Victoria, reviewed a range of school-based child sexual abuse prevention programs, developed in the United States, and chose the *Protective Behaviors: Anti-Victim Training for Children, Adolescents and Adults* (Flandreau-West, 1984) for implementation. The program author visited Australia and trained volunteers to deliver this program and established a network of program trainers, many of whom were teachers (Johnson, 1996; Margetts, 2017). From this basis, this program has been widely adopted, and, also as indicated in this study, has been modified by numerous groups over time. To our knowledge, none of the *Protective Behaviours* program iterations have been subjected to rigorous evaluation or is listed on registries of effective programs.

Despite a basis in the *Protective Behaviours* model, the programs identified in this study had slightly different profiles and were delivered by different organizations. Apart from the obvious intellectual property issues arising from program replication, modification, and rebranding, this also creates problems for program integrity. Information available online suggests that some *Protective Behaviours* programs have a wider remit than the original program focus on child sexual abuse prevention, for example, addressing “empowerment, communication, self-esteem, resilience, social skills and other life skills” (KidsMatter, 2013; Margetts, 2017). This suggests “program drift,” a phenomenon in which programs may deviate from their original objectives as they adapt to the changing demands of program delivery (Chambers, Glasgow, & Stange, 2013, p. 2). For example, school-based programs for prevention of child sexual abuse may have needed to broaden their focus to ensure broader appeal and less controversy. This theory is supported by our findings on implementation barriers to program delivery, discussed below. The problem with this scenario is that we do not know whether the original *Protective Behaviours* program was effective in its original form. Owing to the widespread diffusion of programs based on this model, further investigation is urgently required to assess its impact, as well as the training systems necessary to ensure broad and effective program dissemination.

Supports for Program Delivery and Meeting Implementation Challenges

This study showed that the supports considered by program providers as most important for program delivery included support from teaching staff, beliefs that teaching about child sexual abuse prevention was necessary, and adequate time allocation in the regular school schedule. Such support and commitment from school decision makers appears vital for the delivery of school-based child sexual abuse prevention programs by not-for-profit organizations as is evident for other intervention programs (Pearson et al., 2015). Relationships between program providers and schools are integral to the quality of program implementation as relationships are established, nurtured, and sustained (Prochaska, Redding, & Evers, 2015). Although some (but not all) government school systems in Australia have policies recommending that child sexual abuse prevention programs are taught in schools (Walsh et al., 2013), it has been left to program providers to establish and maintain a “market” for their services. Thus, the collaborative advantage inherent in these important relationships is vulnerable when changes in staff at schools and program organizations occur, as well as in school policies.

The most significant implementation challenge in this survey was insufficient time in the school schedule. The primary school curriculum in Australia has been described as “overcrowded” (Australian Primary Principals Association [APPA], 2014, p. 3), so there is likely to be greater resistance to teaching content that may be perceived as nonessential, controversial, sensitive, or that requires expertise that may be beyond the comfort levels of generalist primary school teachers. Child sexual abuse prevention education is located in the curriculum area of HPE (ACARA, 2015; Walsh et al., 2013), and this curriculum area is allocated 560 hr from Grades P to 6 (or 80 hr per year), amounting to 8 hr per year per focus area (ACARA, 2013; APPA, 2014). A program of five 1-hr lessons could fit within this scope. However, it is conceivable that its noncompulsory nature makes it vulnerable to omission.

Research Limitations

Because the study was cross-sectional in design, a study limitation is that the data received represent programs at one point in time, and it must be acknowledged that programs including their contents, methods, and resources may have been updated or changed since data were collected. Notwithstanding, we are confident that the sample is representative of all programs offered in Australian primary schools. If any programs were missed in the survey, these are likely to have been smaller programs offered in remote areas without

access to networks in which information about the study was distributed. We are aware of only one program that has been developed since data collection and is not represented in the data: *Keeping Kids Safe* (Daniel Morcombe Foundation, 2017).

The analyses in this article are primarily descriptive, not explanatory. Well-presented descriptive analysis can be an important part of the scientific process, especially for understudied and underdeveloped phenomena such as child sexual abuse prevention education. Understanding what even exists in the program landscape is an essential precursor to investigating what types of interventions might be needed to solve problems, and which specific interventions warrant testing in experimental research (Loeb et al., 2017). In this research, we were able to identify the nature and availability of child sexual abuse prevention programs delivered across Australian primary schools. These baseline data about Australian programs are intended to motivate and inform future research on the development of such programs and their quality, nationally and internationally.

In broadening understandings of what works for prevention, it is absolutely essential that children are exposed to high-quality programs to have the best opportunities of positive effects. Using a survey methodology, and the length and breadth of what could be tapped in a single survey, there were content limitations. A range of implementation factors, including understanding specific professional training and supports available to staff needed to be explored as well as how programs were adapted and evaluated in local contexts. Despite increasing emphasis on the importance of translating, adapting, and optimizing evidence-based programs in local contexts (Rhoades Cooper, Bumbarger, & Moore, 2013), this is not always easy to do. Further investigation is still required to build the evidence base for these programs to understand how core program components are delivered across diverse sites and adapted for local communities, schools, families, and children.

Conclusion

This study has provided new information about the scope and nature of school-based education programs for prevention of child sexual abuse across Australia. This research could provide a catalyst for researchers in other national contexts, similarly, to investigate the range, scope, type, and nature of programs currently on offer. A repeated use of this survey instrument could be informative to policy makers, as well as for program providers, to document the development of their program over time. There is also a need to increase evaluation activities by program providers so that they can monitor the integrity and fidelity of program delivery across local contexts. While

there was a range of program models in operation with diverse origins and elements, it is important that program providers are able to identify the core components of their programs, established by theory or preferably through research, and ensure that these elements are always implemented, across contexts and over time, to understand how their programs can demonstrate sustainable positive impacts on children's knowledge and learning.

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Author Contributions

K.W., D.B., and J.M.N. conceived and designed the study. K.W., L.B., D.B., and J.M.N. acquired the data. K.W., K.H., D.B., L.B., and J.M.N. analyzed and interpreted the data. D.B. and K.H. designed and conducted statistical analyses. K.W., D.B., and K.H. drafted the manuscript. All authors critically revised the manuscript for important intellectual content and approved it for submission.


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Notes

1. Participant responses to "Approximately how many children take part in the program during an average or typical year?" gave a total reach of 631,720, divided by 2,474,166, the "Estimated resident population data, by age and sex—at 30 June 2011," ages 5 to 13 years (Australian Bureau of Statistics [ABS], 2015).
2. The *Protective Behaviours* Program (Flandreau-West, 1984) originated in Wisconsin (USA) in the 1970s and was first introduced to Australia in the mid-1980s.

3. This is the colloquial title used to refer to the program *Touch*, originally developed by Illusion Theater, Minneapolis (USA).
4. At the time of the study, respondents estimated that Ditto's Keep Safe Adventure Program delivered by the not-for-profit organization, Bravehearts, reached 80,000 children. In the year from mid-2016 to 2017, the organization estimated they reached 125,817 children (Bravehearts, 2017).

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