

# PREVENTION OF CHILD SEXUAL ABUSE

## Are We Doing Enough?

**KIMBERLY RENK**

*University of Central Florida*

**LAURA LILJEQUIST**

*Murray State University*

**ARI STEINBERG**

*University of South Florida*

**GEORGETTA BOSCO**

*Northside Mental Health Center*

**VICKY PHARES**

*University of South Florida*

---

*In response to an increase in public awareness and interest in the problem of child sexual abuse, programs have been developed to promote the awareness, prevention, and treatment of sexual abuse. These programs have been varied in scope, focus, and effectiveness. This article reviews the child sexual abuse literature, with particular emphasis on efforts aimed at the prevention of child sexual abuse. Prevention efforts targeting potential victims as well as parents, teachers, and offenders, are reviewed and evaluated. Overall, there is not enough adequate work being done to prevent child sexual abuse. More efforts need to address child sexual abuse prevention by targeting adults who can help children avoid such an experience and adults who may perpetrate against children. Suggestions about future preventive endeavors, based on this review, are offered.*

---

**Key words:** *child sexual abuse, prevention*

CHILD SEXUAL ABUSE has been reported to be widespread, with approximately 12% of children being abused sexually per year in the United States (U.S. Department of Health and Human Services, 2000). This figure indicates that more than a half-million children are abused sexually each year (Finkelhor & Dziuba-

Leatherman, 1994). Unfortunately, there has not been a universally accepted definition of sexual abuse and there has been a lack of specificity in the investigation of symptoms and severity levels of child sexual abuse. This lack of uniformity has made it difficult to interpret and to compare findings from different studies (Black &

### KEY POINTS OF THE REVIEW

- Prevention efforts have focused primarily on educating children about sexual abuse. Overall, the results of research concerning children's knowledge about sexual abuse following such prevention efforts have been favorable.
- Prevention efforts have targeted parent populations as well. Results suggest that such prevention efforts can be effective in teaching parents to be educators concerning personal safety and sexual abuse.
- Although surveys have demonstrated that teachers are undereducated in the area of child sexual abuse, research concerning prevention efforts directed toward teachers has demonstrated that teachers have felt that such programs have been insufficient in both quantity and quality.
- In an effort to reach offenders through prevention efforts, media campaigns targeting the general population have been shown to be effective in increasing public awareness about sexual abuse, as well as in identifying those who are currently abusing and in encouraging them to seek help.

DeBlassie, 1993; Lawson, 1993; Leahy, 1991; Sheldrick, 1991). Several findings seem to be apparent across studies, however. For example, it is evident that children of all ages, socioeconomic statuses, and ethnic and racial groups are abused sexually (e.g., Finkelhor, 1993). Furthermore, child sexual abuse is associated with a wide variety of symptomatic and pathological behaviors among survivors, including a variety of internalizing and externalizing behavior problems (e.g., Kendall-Tackett, Williams, & Finkelhor, 1993; Leahy, 1991). In recognition of the potential negative short- and long-term consequences of child sexual abuse, many intervention strategies have been proposed and studied. The most effective way to limit the negative consequences of abuse is through prevention.

Based on a public health model, prevention can occur at any of the following three different levels with regard to sexual abuse: primary, secondary, and tertiary (McMahon, 2000). Primary prevention methods focus on the community in general, attempting to prevent abuse before it actually occurs. These efforts may be directed at potential sex offenders, sending the message that child sexual abuse is illegal and urging po-

tential offenders to seek help. Secondary prevention methods, those that focus on individuals who are at risk, attempt either to prevent abuse before it occurs or to identify and intervene early enough to minimize its harmful effects. Different risk factors for sexual abuse have been identified, including a history of maltreatment and substance abuse (Becker & Reilly, 1999) and can be used to identify at-risk populations. In addition, secondary prevention aspects of prevention programs often encourage disclosure of abuse by child victims so that they can receive support and therapeutic services and make attempts to improve adult responses to such disclosures (Wurtele, 1998). Tertiary methods include treatment for survivors of abuse to minimize any long-term negative consequences of the abuse. Tertiary prevention efforts also target the abuser's deviant sexual behavior in an attempt to prevent future occurrences of sexual abuse by individuals already identified as offenders.

Although prevention has traditionally been viewed within the public health model described above, other contexts for viewing prevention may also be helpful. One such model is that provided by Bronfenbrenner (1977), who viewed the child's environment as a series of nested and interconnected structures. In this ecological model, the child is at the center of the sphere of influence. The most immediate connections with the child, the *Microsystem*, consist of the child's relationships with his or her immediate environment, which can be composed of family members, school personnel, and peers. The next level of the model, the *Mesosystem*, is composed of the interrelationships among the child's various *Microsystems*, such as interrelationships among family members. These levels of Bronfenbrenner's (1977) model are widely addressed in the work that has been completed thus far in the area of child sexual abuse prevention through interventions conducted with children, their families, and their teachers. The *Mesosystem* level is surrounded by the *Exosystem*, which represents the social settings that may affect the child indirectly, such as community resources and support services. This level of Bronfenbrenner's model has been addressed indirectly by exami-

nations of the availability of prevention programs, prevention programs that examine the reporting of child sexual abuse following program presentations, and the systems that handle these reports. Finally, the Macrosystem is composed of the cultural context in which all other systems are embedded and governs the ideology behind how children should be treated and what they should be taught. This level of Bronfenbrenner's model addresses widespread prevention efforts to target potential abusers and to change the way in which individuals view sexual abuse. Targeting prevention efforts at each of these levels will be important when addressing the occurrence of child sexual abuse.

As Daro (1994) pointed out, the majority of prevention efforts in the area of child sexual abuse have focused on educating children about how to protect themselves against such

**Placing the burden of preventing abuse squarely on the shoulders of children, who should have only to worry about growing and learning, has not been effective in reducing rates of sexual abuse. Although these types of interventions may help potential victims lower their risk of victimization, they should be supplemented with interventions focused on potential perpetrators as it is these individuals who are truly responsible for sexual abuse.**

abuse. These efforts can be classified as primary prevention, or as occurring at the Microsystem level, as they attempt to reduce the incidence of new cases by strengthening potential victims against sexual assault (Daro, 1996). This approach differs from the earlier prevention efforts in the area of child physical abuse and child neglect. These earlier efforts included more diverse strategies, such as public awareness campaigns, support programs for parents, and parenting education programs, and attempted to reach the adult abuser (Daro, 1996). These efforts appear to operate across multiple levels of Bronfenbrenner's (1977) model. The divergence in these pathways to prevention is troubling on several levels. Limiting the focus of prevention efforts necessarily reduces their effectiveness. Furthermore, placing the burden of preventing abuse squarely on the shoulders of

children, who should have only to worry about growing and learning, has not been effective in reducing rates of sexual abuse. Although these types of interventions may help potential victims lower their risk of victimization, they should be supplemented with interventions focused on potential perpetrators as it is these individuals who are truly responsible for sexual abuse (McMahon, 2000). This article will review the empirical support for prevention efforts, demonstrating that avenues of child sexual abuse prevention should be strengthened. Instead of focusing on all relevant correlates of sexual abuse, such as pornography, this review will only deal with subject matter related directly to prevention efforts.

### **PREVENTION EFFORTS TARGETING CHILDREN: THE MICROSYS-TEM**

At present, the attempts at prevention have focused primarily on educating children about sexual abuse. Although the programs may differ with respect to the number of sessions employed, the length of the intervention program, the occupation of the trainer, and the audiovisual materials used, the general topics and concepts taught are usually similar across all programs. Most prevention programs are school-based and focus on teaching personal safety to children (Daro, 1994). In particular, programs usually focus on how children can protect themselves from sexual assault and what they should do if they experience actual or potential abuse (Daro & McCurdy, 1994). In fact, approximately 75% of the sexual abuse programs examined by Tharinger and colleagues (1988) included information about the touch continuum, and most of these programs used empowerment as their base. Some researchers have also advocated for the inclusion of sexual education information in these programs, with interventions including a safety education component (e.g., Martorella & Portugues, 1998; Tharinger et al., 1988). The goals of such programs are to improve children's abilities to recognize inappropriate touch by adults and to empower them to take steps to report the abuse. A number of attempts have been made to evaluate the efficacy of these school-based prevention

programs. In general, these evaluations operationalize the effectiveness of these programs as how well the children learned the material presented. As a result, approximately 90% of these prevention programs include some evaluation procedure (Kohl, 1993), usually examining the difference between pretest and posttest scores as a measure of the children's ability to learn, comprehend, and retain the material. In addition, most of the evaluations examine the extent to which children retain this knowledge over time, with follow-up administrations at a later date. Evaluations have also examined the possible negative effects of sexual abuse prevention programs, such as creating fear and anxiety in children. Several examples of prevention programs and their evaluations are provided below.

Conte, Rosen, Saperstein, and Shermack (1985) evaluated a child sexual abuse prevention program developed by the Cook County Illinois Sheriff's Office. This program was presented over a 3-day period by deputy sheriffs trained in sexual abuse prevention. In comparison to a control group, whose members received no training, children who received the prevention program increased their knowledge and skills concerning sexual abuse prevention significantly. Although children of all ages showed a significant improvement at posttest, older children (aged 6 to 10 years) showed greater increases in knowledge. Overall, children involved in the prevention program only increased their knowledge to slightly more than 50% of the concepts taught, as compared to 28% at pretest.

Swan, Press, and Briggs (1985) also evaluated the effectiveness of a 30-minute play about a variety of sexual offenders (including family members), "Bubbylonian Encounter," with second- through fifth-graders. They also examined the reactions of parents and professionals to the play, as well as their opinions on its effectiveness as a teaching tool for sexual abuse prevention. As a result of extremely high accuracy at pretest, in which 92% of the children identified correct "touch," no significant improvements were found. The majority of children liked the play (65%), with only a small proportion (4%) reporting that they did not enjoy the play at all.

Approximately 75% of the parents who attended the play felt positively about their child attending the play, and none of the parents had a negative reaction.

In his evaluation of children's responses to a special issue of a Spiderman comic dealing with sexual abuse, Garbarino (1987) examined the possible negative effects of prevention education on second-, fourth-, and sixth-graders. Following this intervention, approximately 80% of the sexual abuse questions were answered correctly by children at all grade levels. Garbarino found that girls in the second and sixth grades reported feeling more worried or scared than boys in these grades. Among the fourth-graders, boys and girls were equally likely to report that the comic made them feel worried or scared and did so at greater levels than children in either of the other two grade levels. Although some of the evaluations have found no indication of increased fear as a result of the prevention programs, the results of this prevention evaluation suggest that increased fear remains a possibility.

Binder and McNeil (1987) evaluated a sexual abuse prevention program based on the Child Assault Prevention Program that was used throughout California and Ohio. This program involved parent and teacher training, as well as a children's program that used role-play to teach self-assertion and self-protection skills. Children's knowledge regarding strategies for coping with potential abuse situations increased significantly after the program. Neither teachers nor parents reported increased emotional distress as a result of the program, and children reported feeling safer and better able to protect themselves as a result of the program. This finding suggested a positive result for participants, but it is difficult to assess these results fully due to the lack of a control group. Teachers' and parents' reports certainly could have been influenced by their knowledge of the children's participation.

Fryer, Kraizer, and Miyoshi (1987b) attempted to use role-play techniques to reduce children's susceptibility to stranger abduction. Children in kindergarten, first grade, and second grade were alerted to misconceptions concerning their personal safety and were taught

simple, concrete rules in relation to strangers, such as: (a) stay an arm's reach away, (b) don't talk or answer questions, (c) don't take any-

**Individual attention may be necessary for a small percentage of children who do not appear to profit from such prevention programs. As demonstrated in the first study, it appears that prevention programs can both instruct and reinforce the necessary skills for resisting stranger abduction and, ultimately, abuse.**

thing, and (d) don't go anywhere. They were also taught via role-play how to apply these rules in situations when they were not with a caretaker adult. In an effort to measure the results of the program behaviorally, each child was sent from class to run an errand both the day before and the day after the program. During the errand, each child was faced with the opportunity to leave the school with a research assistant that served as a male

stranger needing help carrying something from his car.

At pretest, 10 of the 21 control group children (47.6%) and 13 of the 23 experimental group children (56.5%) agreed to leave with the stranger. At posttest, again, 10 of the 21 control group children (47.6%) agreed to leave with the stranger, whereas only 5 of the 23 children (21.7%) who had received the prevention program agreed to leave with the stranger. None of the original 10 children from the experimental group who passed at pretest failed at posttest. Those children who failed the pretest but passed the posttest scored significantly higher on the self-esteem and knowledge attitude measures at posttest. In addition, these two variables predicted 12 out of the 13 (92.3%) outcomes correctly for children in the experimental group who failed the first simulation. Overall, it appears that the prevention program served to maintain and reinforce appropriate coping behavior concerning stranger abduction and personal safety, especially for those children with high self-esteem and increased knowledge at posttest.

A follow-up study was conducted by Fryer, Kraizer, and Miyoshi (1987a) using the same simulated stranger abduction technique after all children had been through the role-play

based instruction. There were only 2 failures out of the 29 children (6.9%) who participated in the final simulation. The fact that the 2 children who failed the third simulation had also failed the two previous simulations suggests that individual attention may be necessary for a small percentage of children who do not appear to profit from such prevention programs. As demonstrated in the first study, it appears that prevention programs can both instruct and reinforce the necessary skills for resisting stranger abduction and, ultimately, abuse.

A study conducted by Ratto and Bogat (1990) evaluated the effectiveness of a sexual abuse education program (Grossmont College Child Sexual Abuse Prevention Program) for preschool children. The prevention program consisted of the use of picture books, a puppet show, discussion, and role-play concerning appropriate and inappropriate touch, assertiveness, and reporting abuse. Children who received the prevention training displayed increased sexual abuse knowledge and were able to maintain this knowledge at follow-up. No differences were found between the prevention group and a control group with respect to their sexual abuse knowledge at posttest or follow-up, however.

Similarly equivocal results were obtained by Hazzard, Webb, Kleemeier, and Angert (1991), who evaluated the "Feeling Yes, Feeling No" sexual abuse prevention curriculum. This curriculum adopts a multimedia approach (videotapes, group discussions, role-plays, homework, and Spiderman comic books on sexual abuse) and focuses on cognitive, affective, and behavioral aspects of prevention. Results indicated that the treatment group performed significantly better than a control group at posttest and maintained these gains at follow-up. At posttest and follow-up, treatment children had significantly higher Safety Discrimination scores than control children, but there were no differences in Prevention Skills scores. There were also no significant differences in anxiety levels of children across the treatment and control groups, suggesting that the program had no harmful effects. A 1-year follow-up, conducted with 103 of the third- and fourth-graders who were in the original prevention program, re-

vealed a slight increase in knowledge about sexual abuse prevention since the original 6-week follow-up. With regard to the encouragement of children reporting abuse, 1.5% of the 526 children in the study reported ongoing sexual abuse and 3.8% reported past sexual abuse.

In an effort to improve preschoolers' comprehension of sexual abuse concepts, Pinon, Hulse, and Woodland (1999) used a video-based intervention program. Because of the limited effectiveness of previous video-based interventions with preschoolers (e.g., Berrick & Gilbert, 1991), repetition of the "Feeling Yes, Feeling No" videotapes was used in one condition when children failed to communicate their understanding of the video that was viewed. Overall, results of this study indicated that repetition of program segments improved children's comprehension, even for the most difficult content areas (Pinon et al., 1999). As a result, immediate repetition of materials used in sexual abuse prevention programs may help children comprehend the information they missed during the first presentation of the materials. In addition, Pinon and colleagues expressed that children must first understand basic concepts involved in sexual abuse prior to being able to comprehend more complex prevention concepts, suggesting that graduated presentations of materials should be incorporated into sexual abuse prevention programs.

Wurtele and Owens (1997) investigated the effectiveness of a Behavioral Skills Training program in comparison to a control program. This program teaches children personal safety skills from a behavioral perspective by using stories about children in different types of situations with various people, distinguishing between appropriate and inappropriate touch requests, and physical responses to situations involving inappropriate requests. The results of the study indicated that children who participated in the Behavioral Skills Training demonstrated greater knowledge about sexual abuse and improved in their skills of recognizing, resisting, and reporting inappropriate touch requests (Wurtele & Owens, 1997). As a result, Wurtele and Owens concluded that young children, regardless of age and gender, can benefit from such

behaviorally oriented personal safety programs when they are developmentally appropriate.

A further study conducted by Tutty (2000) assigned children randomly to the "Who Do You Tell" sexual abuse prevention program, which teaches the prevention concepts of permission to say no and gives information about kinds of touches with discussion, pictures, short videos, and role-plays, or a wait-list control group. At pretest, younger and older children had the most difficulty with items concerning inappropriate touch. Following participation in the prevention program, children across all developmental levels examined had higher overall levels of knowledge of inappropriate and appropriate touches than children in the wait-list group. Children who participated in the prevention program also learned more information about secrets, permission to tell, and permission to say no to adults at certain times. For a large portion of the items examined (45.5%), younger children had more difficulty than older children, especially with regard to items about strangers and saying no to authority figures. As a result of these findings, Tutty (2000) suggested that it may be beneficial to design programs differently for younger children.

Overall, the evaluations of sexual abuse prevention programs suggest some increased knowledge for those children involved in such programs. These conclusions are supported by the results of meta-analytic studies (Davis & Gidycz, 2000; Rispen, Aleman, & Goudena, 1997), which indicate that overall, children participating in prevention programs perform better on outcome measures than control children. Unfortunately, the extent to which this knowledge will influence children's behaviors and how long this knowledge will be retained remains unclear. In fact, Gilbert (1989) suggested that children experience a substantial decay in the

**Overall, children participating in prevention programs perform better on outcome measures than control children. Unfortunately, the extent to which this knowledge will influence children's behaviors and how long this knowledge will be retained remains unclear.**

**Teachers have close and ongoing contact with young children and play a large role in providing children with knowledge concerning safety awareness. As a result, given the proper education, teachers can provide children with information concerning sexual abuse and self-protection skills. Teachers may also be trained to notice changes in a child's behavior or attitudes and to detect possible abuse. Similar to parents, teachers are often unaware and undereducated in the area of child sexual abuse.**

amount of information they can recall a month or more after participation in prevention programs. Furthermore, these types of prevention programs may only be related to increased knowledge for older children, with younger children having more difficulty understanding prevention curricula containing concepts that are beyond the capacity of their cognitive development (Gilbert, 1989). Although there has been some concern that sexual abuse prevention programs may produce harmful effects (Gilbert, 1989), it appears that such negative effects generally do not occur (Roberts & Miltenberger, 1999). They also imply that rather than having a negative emotional effect on children, these programs tend to empower children and give them a sense of control and mastery.

Although some form of child-focused education is important, several improvements can be made in these types of programs to maximize positive outcomes. First, children should be provided with behavioral rehearsal of prevention efforts (Daro & McCurdy, 1994). Second, these types of programs should take a developmental perspective in their delivery of information, with stimulating presentations to young children so that their attention is maintained (Daro & McCurdy, 1994). Programs can also include more general concepts, such as assertiveness training, so the benefits of the programs generalize to everyday situations as well as abusive situations (Daro & McCurdy, 1994). Furthermore, children should be encouraged to tell someone if they are touched in a way that makes them uneasy (Daro & McCurdy, 1994). Pro-

grams would also be beneficial if they were better incorporated into regular school curricula and practiced over a longer period of time (Daro & McCurdy, 1994). Finally, Gilbert (1989) suggested that resources for prevention programs, particularly those in preschool programs, would be used more constructively if focused toward parents, teachers, and adult caretakers. Some of these efforts with parents and teachers are discussed below.

### **PREVENTION EFFORTS TARGETING PARENTS: THE MICROSYSTEM AND MESOSYSTEM**

Prevention efforts directed toward parents have attempted to educate them about the facts concerning child sexual abuse (Kolko, 1988; Wurtele, Kast, & Melzer, 1992). With this knowledge, parents are better able to discuss sexual abuse with their children, detect those children who have become victims, and, hopefully, improve their reactions to children's disclosures of abuse. By involving parents in the educational process, the secrecy associated with sexual abuse may decrease. Furthermore, conversations concerning sexuality, in general, may increase. Parents are also more likely to be sensitive to their children's individual needs as well as their learning level. By receiving this education within the home from their parents, children are learning in a natural setting. Furthermore, they are more likely to receive repeated exposure to this information, thereby maintaining their level of knowledge. Within such a supportive atmosphere, children may also feel more secure and confident in their decision to reveal sexual abuse to family members.

Wurtele and colleagues (1992) compared parents and teachers as instructors of a personal safety program to preschoolers. The results revealed that, regardless of condition, children that received training improved in their knowledge of appropriate touch and personal safety significantly. The children taught by their parents alone were better able to recognize inappropriate touch requests and to respond with higher levels of personal safety skills compared to those taught solely by their teacher. These gains were maintained at a 5-month follow-up. The results of this study suggest that parents can

be effective educators concerning personal safety and sexual abuse.

Unfortunately, in reality, parents initiate very little discussion about the facts concerning sexual abuse. A study conducted by Finkelhor (1984) revealed the inadequacies of parents in informing their children of possible sexual abuse. The responses of parents of children aged 6 to 14 years revealed that only 29% of the parents stated that they had discussions with their children specifically concerning sexual abuse. In addition, most of the discussions failed to cover all of the important aspects of sexual abuse: only 53% of the discussions included information that the offender might possibly be someone known to the child, and only 22% revealed that the offender might be a family member. Most parents also believed the best age to discuss sexual abuse was at age 9 years, although most of these parents had themselves been victims of sexual abuse at an earlier age. More recent studies (Tutty, 1993; Wurtele, Kvaternick, & Franklin, 1992) found a higher percentage of parents discussing sexual abuse with their children (62% and 59%, respectively). Parents may underestimate the prevalence and seriousness of sexual abuse and overestimate their children's knowledge of sexual abuse, however (Tutty, 1993).

Elrod and Rubin (1993) found similar results in a more recent study concerning parental involvement in sexual abuse prevention education. According to their results, parents' knowledge concerning child sexual abuse was minimal, with parents earning an average score of 41% correct. Almost all of the parents (99%) reported that they had learned about sexual abuse through the media, as opposed to pamphlets (27%) and other sources (26%), such as friends, parent education programs, teachers, and social services. Both fathers and mothers rated themselves (92%) and their spouses (91%) as the preferred educators of their children, with professionals, teachers, and doctors as the third, fourth, and fifth choices, respectively. Although parents believe themselves to be the best educators for their children, they may provide their children with inadequate information. More than 50% of the parents planned to discuss some of the least threatening topics with their chil-

dren (e.g., don't talk to strangers, practicing self defense, saying no to adults), but only 25% planned to discuss all of the topics involved. In addition, most of the parents did not intend to discuss some of the more emotionally disturbing or threatening topics with their children (e.g., abusers can be family members or friends, sexual abuse is quite pervasive, and abuse may be attempted with the child). As a result, it is likely that children will receive partial or inaccurate information that may not be the most important and relevant to the prevention of sexual abuse.

Apparent gender differences in participation of parents in sexual abuse education programs also impair the effectiveness of such programs. Elrod and Rubin (1993) found significant gender differences in parental involvement, such that mothers were more involved than fathers in sexual abuse education concerning their children. More specifically, fathers were less likely than mothers to respond positively to any referral source or to attend any prevention programs. In addition, they also planned to discuss fewer topics with their children than did mothers. Currently, most of the programs on sexual abuse have focused on teaching children and mothers, and, unfortunately, have not equally targeted fathers to participate. With an issue such as child sexual abuse, given that the majority of perpetrators are men, it is clearly a men's issue as well as a women's and children's issue.

An encouraging finding from a recent pilot study suggests that, if parents are given specific instruction in how to talk to their children about sexual abuse, they will more often follow through and discuss sexual abuse with their children (Burgess & Wurtele, 1998). In this recent study, parents were assigned randomly to attend a child sexual abuse prevention workshop viewed a video ("What Do I Say Now?") that showed an adult model discussing sexual abuse and responding to a child's disclosure of sexual abuse. As compared to controls, parents who viewed the video were more likely to report that they felt capable of discussing the topic with their children, that they intended to do so, and that they had actually discussed sexual abuse with their children when questioned at a 2- to 8-week follow-up. Such programs may



help combat the earlier-cited findings that indicate parents have good intentions with respect to discussing sexual abuse with their children, but often fail to implement them.

### **PREVENTION EFFORTS TARGETING TEACHERS: THE MICROSISTEM, MESOSISTEM, AND EXOSISTEM**

An additional population that has been targeted in the prevention of child sexual abuse is professionals, such as teachers, who have daily contact with children. Teachers have close and ongoing contact with young children and play a large role in providing children with knowledge concerning safety awareness. As a result, given the proper education, teachers can provide children with information concerning sexual abuse and self-protection skills. Teachers may also be trained to notice changes in a child's behavior or attitudes and to detect possible abuse. Similar to parents, teachers are often unaware and undereducated in the area of child sexual abuse. According to one survey of Illinois teachers, 81% reported receiving no child abuse information during college and 66% had not received any training during their in-school training program. These teachers also reported an inability to recognize physical abuse (21%), emotional abuse (19%), physical neglect (30%), and sexual abuse (76%; McIntyre, 1987). In a survey of Atlanta teachers, Hazzard (1984) revealed that 68% of the respondents had only received 3 or fewer hours of child abuse education during training.

Using the National Teacher Survey created by the National Center on Child Abuse Prevention Research, Abrahams, Casey, and Daro (1992) assessed teacher knowledge, attitudes, and beliefs concerning child abuse and prevention. Approximately 49% of the teachers reported that their schools provided in-service workshops about child abuse and neglect. Very little emphasis was placed on intervention skills (11%), as opposed to identification of victims (88%) and reporting procedures (78%). Overall, teachers tended to feel that the programs offered were insufficient in both quantity and quality. Nevertheless, teachers reported that child assault programs were valuable to chil-

dren (97%) and that they would be more than willing to implement these programs in their classrooms (65%). Of those teachers who were hesitant to teach such programs (35%), their biggest concern was their lack of knowledge.

### **PREVENTION EFFORTS TARGETING POTENTIAL OFFENDERS: THE EXOSISTEM AND MACROSISTEM**

There are fewer reports in the literature of prevention efforts that target potential offenders. This finding is puzzling, as it is the offender who determines whether abuse takes place (Gilgun & Gordon, 1985). Offenders share many commonalities: their gender is most often male, they are frequently ignorant about sexuality, and they tend to abuse during times of increased stress. These commonalities point to possible arenas for preventive efforts. The observation that most offenders are male suggests a societal problem in the differential socialization of the sexes with respect to issues of sex and power (Gilgun & Gordon, 1985; Rubin Williams, 1983). That offenders are often ignorant about sexuality implies a need for better sex education (Cohn, 1986; Tutty, 1991). Finally, alleviating stress could incorporate community and economic interventions, as well as parenting programs (Hay & Jones, 1994). Despite the enormity of the task, it should not be discarded because two-thirds (67%) of offenders have reported that stress precipitated their abuse of children (Elliott, Browne, & Kilcoyne, 1995). Many of the offender prevention methods that follow have not yet been implemented and evaluated systematically. Rather, these methods appear as recommendations, suggestions, and future directions for preventive efforts.

Many authors have stated that societal sexism is, in large part, to blame for the level of sexual abuse in the United States (Cohn, Finkelhor, & Holmes, 1985; Gilgun & Gordon, 1985; Rubin Williams, 1983). These authors argue that male and female children receive different messages about sexual behavior and power. Preventive strategies must, therefore, target avenues of differential socialization messages, including the family, community, and mass media. According to Cohn and colleagues (1985), society tolerates

very restricted means of men meeting their emotional needs. Furthermore, men are encouraged to be the sexual initiator, sometimes seen as a sexual aggressor or sexual predator. Finally, these authors stated that men have a socially sanctioned exemption from parenting and routine child care activities. Research has demonstrated that fathers who are involved in routine child care of their daughters, from the time the girls are quite young, are less likely to later abuse their daughters sexually (Parker & Parker, 1986). So, by advocating that fathers take an active role in child rearing, a historically female task, prevention of sexual abuse is fostered.

Some researchers argue that sex education holds the most promise as a vehicle for influencing the development of healthy sexual behaviors and attitudes (Cohn, 1986; Cohn et al., 1985; Gilgun & Gordon, 1985). Somewhere in their development, sexual offenders developed abusive sexual attitudes, beliefs, or behaviors. Tutty (1991) affirmed that to decrease potential offenders' motivation to abuse, we must impact the development of their sexual identity. Incorporating messages about healthy, normal sexual behavior into the existing sex education programs is crucial. Too often, programs shy away from important information about practices such as masturbation and sexual fantasies (Gilgun & Gordon, 1985). Healthy sexuality must be addressed, particularly that which creates a level of comfort with sexual topics. Communication is enhanced when shame, guilt, and fear are removed. Open communication would permit early detection of children who are experiencing sexual disturbances (Cohn et al., 1985). Once such practices are adopted, careful evaluation of the effectiveness of these approaches is warranted.

Admittedly, reducing societal sexism and improving sex education are ambitious goals. More readily implemented and more widely employed strategies to date are those of the criminal justice system. Although these efforts can only influence offenders who have already been identified through victim disclosure and criminal conviction, all states criminalize sexual exploitation of children. Prosecution can be viewed as one form of prevention as perpetra-

tors are contained physically and unable to further abuse children for their period of incarceration (Myers, 1996). New criminal justice efforts to protect children in the community include mandatory registration of convicted sex offenders (Lieb, 1996). Although most states require that offenders provide local law enforcement with addresses and vehicle identification, some further require blood and saliva samples, and others permit the release of information about convicted sex offenders to community members via television and computer Web sites (Myers, 1996). A further attempt at community protection was pioneered in Washington where "violent sexual predators" being released from prison could be subject to an involuntary civil commitment. This law was adopted by several other states and eventually challenged in Kansas. In a U.S. Supreme Court decision, the law was upheld, providing for the continued confinement in mental institutions of sex offenders following their release from prison (*Kansas v. Hendricks*, 1997). Clearly, the legislative system is reacting to the need to prevent children from being abused sexually, but the extent to which legislation can solve this problem is questionable. It has been reported that community notification does not reduce recidivism but does lead to quicker rearrests when the offenders commit additional abusive acts (Myers, 1996). Unfortunately, in an attempt to protect children and prevent abuse, sex offenders may be pushed into such a marginalized existence that they are forced to live in the shadows (and continue to abuse) rather than become rehabilitated members of the community.

A concept borrowed from criminology, deterrence, would attempt to increase potential offenders' inhibition and decrease their likelihood of committing sexual abuse (Cohn et al., 1985). Public messages could state that sexual abuse is a crime and describe the legal penalties for sexual abuse (Cohn et al., 1985; Tutty, 1991). Messages of personal responsibility that debunk cognitive distortions that children are seductive or solicit their own abuse are equally important (Melton, 1992). Media campaigns have been shown to be effective, at least in increasing general public awareness, and could deliver such messages (McDevitt, 1996). One of

the more intriguing efforts in the area of primary prevention targeting potential and current offenders is being implemented in Vermont in a public health campaign called "Stop It Now" (Henry & Tabachnick, 1997). This intervention included a media campaign targeting

**This single-minded pursuit of school-based sexual abuse prevention programs has diverted attention from the more appropriate target of prevention programs: potential offenders and the cultural system in which they operate. Allocating research monies almost exclusively for child-oriented programs that focus on potential victims ignores the need to place responsibility for abuse with the abusers.**

adults, a communication strategy that provided information to agencies working with families at risk and a toll-free helpline for adults in abusive situations, and a systems change strategy designed to educate community leaders. This project boasted more than 100 calls to the confidential helpline in the first year, with at least five abusers turning themselves in to authorities. Chasan-Taber and Tabachnick (1999) further indicated that the intervention was related to a shift in public awareness and knowledge over a 2-year period.

### SEXUAL ABUSE PREVENTION THUS FAR

According to Finkelhor's model of sexual abuse, certain preconditions must be met before abuse can occur: the offender must be motivated to abuse, he or she must overcome both internal and external inhibitions, and the victim must be unable to resist the attempted abuse (Finkelhor, 1984). Thus far, efforts at sexual abuse prevention have focused almost exclusively on the last—teaching children to recognize and resist sexual abuse. Many authors have condemned this narrow focus, which targets prevention at only the most basic level (the Microsystem, according to Bronfenbrenner, 1977), on a number of grounds. Researchers have begun to document that comprehensive multifaceted programs hold the most promise for the prevention of sexual abuse (e.g., Finkelhor & Dziuba-Leatherman, 1995). For example, Trudell and Whatley (1988) argued that

this single-minded pursuit of school-based sexual abuse prevention programs has diverted attention from the more appropriate target of prevention programs: potential offenders and the cultural system in which they operate. Allocating research monies almost exclusively for child-oriented programs that focus on potential victims ignores the need to place responsibility for abuse with the abusers.

Given the few (or no) resources allocated for high-quality comprehensive programs and for the evaluation of these programs (Plummer, 1999), it will be vitally important to determine where these resources can be used most effectively. With regard to psychological disorders, Reiss and Price (1996) pointed out the importance of using prevention interventions to modify both the individual and the environment, as characteristics of the individual and the environment may become related over time or characteristics of the individual may be modified by the environment over time. These assumptions may also hold true in the case of sexual abuse. Preventive interventions require their own empirically based theories about the timing of interventions during windows of opportunity in development and when the intervention will have the greatest impact prior to the indelible impact of risk factors. Preventive interventions may be most useful during times of transition (Reiss & Price, 1996) and when they are relatively inexpensive, acceptable to the communities in which they are to be implemented, and are likely to reach and influence those at risk (Kellam & Rebok, 1992). As a result, efforts need to be made to include prevention programs for victims, their families, and offenders (Mercy, 1999). The profession of psychology unfortunately has a long history of overlooking adult responsibility. As reported by Rubin Williams (1983), Freud discounted his clients' reports of incestuous relations and instead attributed these reports to childhood fantasies, which provided further support for his theory of psychosexual development (i.e., sexual desire of the opposite-sex parent during the phallic stage). Particular efforts should be focused on identifying indicators pertinent to the development of sexual abuse and sexual abusers (e.g., Foxhall, 2000). By targeting prevention efforts in

this manner, the child will benefit from a cascade of protection across all levels of their current environment.

Before dismissing school-based prevention programs that target children on purely philosophical grounds, it is important to evaluate critically the results of these programs. Overall, practitioners need more information about what is considered to be the "best practice" with regard to the prevention of child sexual abuse (Plummer, 1999). A number of programs have reported positive effects in terms of increasing children's knowledge on program topics (e.g., Finkelhor, Asdigian, & Dziuba-Leatherman, 1995). Some participants in school-based prevention programs reported that they employed strategies they were taught (Finkelhor & Dziuba-Leatherman, 1995). Younger children demonstrated less learning on all skills, however (Liang, Bogat, & McGrath, 1993). It is not evident in the research that increased knowledge translates to actual behavior change, nor is there clear documentation of reduced incidence of sexual abuse among participants in these programs. This pattern is, in part, due to the nature of the measures used to assess program success.

Some researchers have reported a failure in the generalizability of program principles (Melton, 1992). This limitation is to be expected as the target audience is most often elementary school-aged children who do not yet demonstrate the cognitive capacity of abstraction. It is unlikely, therefore, that children will be able to abstract general principles that can later be modified in different situations. Other shortcomings reported in the literature include that programs are administered in the same way to children of different ages, with no tailoring to the developmental level of the children (Miller-Perrin & Wurtele, 1988). Programs frequently avoid use of proper anatomical terminology, making it difficult for children to describe their experience adequately (Gilgun & Gordon, 1985; Miller-Perrin & Wurtele, 1988). The issue that "bad" touch may be physically pleasurable is absent as well. Often, sexual abuse prevention programs occur prior to formal sex education, framing the child's first exposure to sexual matters with the message that sex is bad, wrong, or

illegal (Pelcovitz, Adler, Kaplan, Packman, & Krieger, 1992; Trudell & Whatley, 1988).

One clear advantage of school-based prevention programs is that they are able to reach a significant number of children. This fact is appealing in that professionals adopting these programs, due to collective outrage over the atrocity of sexual abuse of children, feel that they can contribute to the eradication of this problem. Neatly packaged programs appear deceptively easy in terms of implementation, which appears to require little training (Trudell & Whatley, 1988). The programs have largely been developed on "good intentions and face validity" (Pelcovitz et al., 1992). Although most research concerning prevention programs reports that they have few negative consequences, there is some evidence that school-based programs may have some unintended negative consequences. Finkelhor and Dziuba-Leatherman (1995) reported increased levels of fear and anxiety among children following a number of school-based sexual abuse prevention programs. They further indicated that among children who reported using the strategies taught in their school program, there was a higher rate of injury during attempted assaults. Teaching resistance to children who are smaller and weaker than the offenders may increase their chances of physical injury. Only a minority of offenders (26%) reported that they would discontinue their abuse if the child used some form of resistance (Elliott et al., 1995). In another study of sex offenders, some abusers indicated that they would increase threats if a child resisted, suggesting that teaching resistance may place some children at increased risk of harm (Budin & Johnson, 1989). If a perpetrator is indeed discouraged, or scared off by a child's resistance, and then goes on to abuse another child, the incidence of sexual abuse has not been reduced and, therefore, prevention has failed.

Beyond the potential unintended negative consequences to children, there are also dangerous, subtle messages being conveyed through reliance on this approach. Children may become confused about the seemingly mixed message that it is acceptable to say "no" to adults when adults do something the child does not like and the message that children should com-

ply with adult authority (Loiselle & Gaulin, 1995; Melton, 1992). Another mixed message is

**Another mixed message is even more potentially damaging. Children are told that no matter what, sexual abuse is never the child's fault. Yet, school-based prevention programs focus a lot of energy on teaching children how to avoid being victims and how to protect themselves from abusers. So, the unsuccessful child, or the child who has already been abused, may still feel responsible for the abuse because they did not prevent it.**

changing the behavior of offenders and potential perpetrators is impossible. Essentially, this focus says that it is hopeless to intervene with the population of offenders and potential offenders or to promote prevention efforts on a culturewide scale

**Offenders state that a loved and cared-for child is less likely to become a victim. This finding suggests that increased support for families during times of stress and transition is crucial. Furthermore, it highlights the need to increase efforts to bring the message of parent-child attachment to the public.**

even more potentially damaging. Children are told that no matter what, sexual abuse is never the child's fault. Yet, school-based prevention programs focus a lot of energy on teaching children how to avoid being victims and how to protect themselves from abusers. So, the unsuccessful child, or the child who has already been abused, may still feel responsible for the abuse because they did not prevent it (Pelcovitz et al., 1992).

There are also larger, arguably more dangerous, messages being communicated due to the overreliance on child-focused programs. One such message is that changing the behavior of offenders and potential perpetrators is impossible. Essentially, this focus says that it is hopeless to intervene with the population of offenders and potential offenders or to promote prevention efforts on a culturewide scale (i.e., the Macrosystem, Bronfenbrenner, 1977). A second trap has been to fall into the old habit of blaming the victim. Considerable energy has been expended to stop blaming battered spouses ("Why doesn't she just leave?") and rape victims ("If only she hadn't dressed so seductively, stayed out so late . . ."). Rubin Williams (1983) argued that images of the carnal girl-child in movies perpetuate the myth that children are capable of being seductive.

This image suggests that the child is in control and that the adult has no control. Although the latter may be true, the former certainly is not. Our society does not expect children to be responsible for other significant aspects of their own development. Adults are supposed to ensure children's education, proper nutrition, and shelter. If adults are expected to provide these crucial ingredients for healthy child development, why abdicate the responsibility to protect and keep children safe?

It is important to place the responsibility for preventing child sexual abuse where it belongs: with adults. One step is to use media messages that state clearly that it is always wrong to have sexual contact with children for an adult's pleasure. Such messages could have a culturewide effect and begin to change the manner in which individuals think about child sexual abuse at a Macrosystem level. Pathways and mechanisms for abusers to seek help voluntarily should be expanded, thus promoting prevention efforts at an Exosystem level. Attention must be paid to the outcome data of innovative programs such as the Vermont pilot project "Stop It Now" (Henry & Tabachnick, 1997). If future research reveals intervention efforts with potential abusers to be unsuccessful, there are still other documented methods available that do not depend on children preventing their own abuse. As Melton (1992) affirmed, it is well-known that removing safety hazards from the environment or shielding people from them in some way is more effective than trying to teach avoidance behavior. Appropriate adult targets for prevention are those who interact with children at the Microsystem and Mesosystem levels, such as parents and teachers. Parents (and teachers) can focus on talking to their children about sex (Miller-Perrin & Wurtele, 1988), learning how to detect signs of abuse in themselves and others around them (Cohn, 1986), and learning how to foster self-esteem in their children. Our heretofore hopeless stance may prove unjustified as there may be effective means of preventing the development of abusive sexual behaviors across all operating systems in a child's world.

Child sex offenders indicate repeatedly that they victimize children who are alone and vulnerable (Budin & Johnson, 1989; Conte, Wolf, &

Smith, 1989). Offenders state that a loved and cared-for child is less likely to become a victim. This finding suggests that increased support for families during times of stress and transition is crucial. Furthermore, it highlights the need to increase efforts to bring the message of parent-child attachment to the public. Other information about the modus operandi of both adolescent and adult sex offenders suggests that sexual abusers desensitize their intended victims by presenting and increasing sexualized talk and behavior gradually (Kaufman, Hilliker, & Daleiden, 1996; Kaufman et al., 1998). These studies also reveal that offenders may use positive, prosocial strategies, such as spending time with or giving gifts to their intended victims. It seems difficult to imagine how to teach a child to recognize when adults behaving in positive, prosocial ways are dangerous and when adults doing the very same behaviors are just nice people. Again, prevention efforts must be placed on training parents and caretakers to be vigilant, not on confusing children. Furthermore, training of parents and caretakers must include specific instruction in talking about sexual abuse with children and responding to disclosure of sexual abuse, as demonstrated in Burgess and Wurtele (1998).

Teachers and other professionals are also appropriate targets of future prevention programs. Several researchers have advocated for

other professionals, such as health care providers (e.g., Wurtele, 1999) and school psychologists (e.g., Tharinger et al., 1988), becoming trained and involved in identifying the occurrence of sexual abuse. Questions about sexual abuse should become a routine part of assessments in all clinical settings (Tutty, 1991). Teachers, parents, and professionals should be reminded frequently that the most important response when a child discloses abuse is support—Believe them (Elliott et al., 1995). Teachers should be given training in recognizing and reporting abuse. Administrators should support teachers' decisions to file such reports (Trudell & Whatley, 1988).

Are we doing enough to prevent child sexual abuse? No. We could be doing much more. The level of interest and attention to the prevention of child sexual abuse is impressive and reflects a commitment among professionals to address this harmful behavior and reduce the negative sequelae associated with abuse. To develop effective prevention programs, deficiencies in the understanding of child sexual abuse and the understanding of appropriate prevention programming efforts need to be grounded in empirical data (Mercy, 1999). It is time, however, that the focus be returned to those who are truly in control of the abuse—offenders—and those who can realistically protect children from abuse—other adults.

## IMPLICATIONS FOR PRACTICE, POLICY, AND RESEARCH

- Clinicians and researchers should not investigate prevention efforts targeted at children while excluding adults interacting with children. Children should not be given sole responsibility for protecting themselves against sexual abuse. Instead, such protection should be a communitywide effort.
- Parents and teachers should be encouraged to seek information about child sexual abuse even though they may not believe that a child they know is being abused sexually. To facilitate such efforts, more prevention programming should be provided at community centers, schools, churches, and other agencies in the community.
- Further research, with methodologically sound designs, should be conducted in an effort to identify more effective preventive interventions for children, families, and potential offenders who may become involved in sexually abusive situations. In particular, research efforts in prevention should focus on intervention specificity, or what types of interventions work for what types of children, family members, and potential offenders.

## REFERENCES

- Abrahams, N., Casey, K., & Daro, D. (1992). Teacher's knowledge, attitudes, and beliefs about child abuse and its prevention. *Child Abuse & Neglect, 16*, 229-238.
- Becker, J. V., & Reilly, D. W. (1999). Preventing sexual abuse and assault. *Sexual Abuse: A Journal of Research and Treatment, 11*, 267-278.
- Berrick, J., & Gilbert, N. (1991). *With the best of intentions: The child sexual abuse prevention movement*. New York: Guilford.
- Binder, R., & McNiel, D. (1987). Evaluation of a school-based sexual abuse prevention program: Cognitive and emotional effects. *Child Abuse & Neglect, 11*, 497-506.
- Black, C. A., & DeBlasse, R. R. (1993). Sexual abuse in male children and adolescents: Indicators, effects and treatments. *Adolescence, 28*, 123-133.
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 52*, 513-531.
- Budin, L., & Johnson, C. (1989). Sex abuse prevention programs: Offenders' attitudes about their efficacy. *Child Abuse & Neglect, 13*, 77-87.
- Burgess, E. S., & Wurtele, S. K. (1998). Enhancing parent-child communication about sexual abuse: A pilot study. *Child Abuse & Neglect, 22*, 1167-1175.
- Chasan-Taber, L., & Tabachnick, J. (1999). Evaluation of a child sexual abuse prevention program. *Sexual Abuse: A Journal of Research and Treatment, 11*, 279-292.
- Cohn, A. H. (1986). Preventing adults from becoming sexual molesters. *Child Abuse & Neglect, 10*, 559-562.
- Cohn, A., Finkelhor, D., & Holmes, C. (1985). *Preventing adults from becoming child sexual molesters*. Chicago: National Committee for Prevention of Child Abuse.
- Conte, J. R., Rosen, C., Saperstein, L., & Shermack, R. (1985). An evaluation of a program to prevent the sexual victimization of young children. *Child Abuse & Neglect, 9*, 319-328.
- Conte, J. R., Wolf, S., & Smith, T. (1989). What sexual offenders tell us: Prevention strategies. *Child Abuse & Neglect, 13*, 293-301.
- Daro, D. (1994). Prevention of child sexual abuse. *The Future of Children, 4*, 198-223.
- Daro, D. (1996). Preventing child abuse and neglect. In J. Briere, L. Berliner, et al. (Eds.), *The APSAC handbook on child maltreatment* (pp. 343-358). Thousand Oaks, CA: Sage.
- Daro, D., & McCurdy, K. (1994). Preventing child abuse and neglect: Programmatic interventions. *Child Welfare, 73*, 405-430.
- Davis, M. K., & Gidycz, C. A. (2000). Child sexual abuse prevention programs: A meta-analysis. *Journal of Clinical Child Psychology, 29*, 257-265.
- Elliott, M., Browne, K., & Kilcoyne, J. (1995). Child sexual abuse prevention: What offenders tell us. *Child Abuse & Neglect, 19*, 579-594.
- Elrod, J., & Rubin, R. (1993). Parental involvement in sexual abuse prevention education. *Child Abuse & Neglect, 17*, 527-538.
- Finkelhor, D. (1984). *Child sexual abuse: New theory and research*. New York: Free Press.
- Finkelhor, D. (1993). Epidemiological factors in the clinical identification of child sexual abuse. *Child Abuse & Neglect, 17*, 67-70.
- Finkelhor, D., Asdigian, N., & Dziuba-Leatherman, J. (1995). The effectiveness of victimization prevention instruction: An evaluation of children's responses to actual threats and assaults. *Child Abuse & Neglect, 19*, 141-153.
- Finkelhor, D., & Dziuba-Leatherman, J. (1994). Children as victims of violence: A national survey. *Pediatrics, 94*, 413-420.
- Finkelhor, D., & Dziuba-Leatherman, J. (1995). Victimization prevention programs: A national survey of children's exposure and reactions. *Child Abuse & Neglect, 19*, 129-139.
- Foxhall, K. (2000). Locking up child abusers is not enough, psychologist tells Congress. *Monitor on Psychology, 31*, 23.
- Fryer, G. E., Kraizer, S. K., & Miyoshi, T. (1987a). Measuring children's retention of skills to resist stranger abduction: Use of the simulation technique. *Child Abuse & Neglect, 11*, 181-185.
- Fryer, G. E., Kraizer, S. K., & Miyoshi, T. (1987b). Measuring actual reduction of risk to child abuse: A new approach. *Child Abuse & Neglect, 11*, 173-179.
- Garbarino, J. (1987). Children's response to a sexual abuse prevention program: A study of the Spiderman comic. *Child Abuse & Neglect, 11*, 143-148.
- Gilbert, N. (1989). Sexual abuse prevention training: Issues of state intervention. In J. Hudson & B. Galaway (Eds.), *The state as parent: International research perspectives on interventions with young persons*. Dordrecht, The Netherlands: Kluwer Academic.
- Gilgun, J., & Gordon, S. (1985). Sex education and the prevention of child sexual abuse. *Journal of Sex Education and Therapy, 11*, 46-52.
- Hay, T., & Jones, L. (1994). Societal interventions to prevent child abuse and neglect. *Child Welfare, 73*, 379-403.
- Hazzard, A. (1984). Training teachers to identify and intervene with abused children. *Journal of Clinical Child Psychology, 13*, 288-293.
- Hazzard, A., Webb, C., Kleemeier, C., & Angert, L. (1991). Child abuse prevention: Evaluation and one-year follow up. *Child Abuse & Neglect, 15*, 123-138.
- Henry, F., & Tabachnick, J. (1997). Stop It Now! Vermont: A new kind of public health campaign. Retrieved from [www.stopitnow.com/stopvt.html](http://www.stopitnow.com/stopvt.html)
- Kansas v. Hendricks, 117 S.Ct. 2072, 138 L.Ed.2d 501 (1997).
- Kaufman, K. L., Hilliker, D. R., & Daleiden, E. L. (1996). Subgroup differences in the modus operandi of adolescent sexual offenders. *Child Maltreatment, 1*, 17-24.
- Kaufman, K. L., Holmberg, J. K., Orts, K. A., McCrady, F. E., Rotzien, A. L., Daleiden, E. L., et al. (1998). Factors influencing sexual offenders' modus operandi: An examination of victim-offender relatedness and age. *Child Maltreatment, 3*, 349-361.
- Kellam, S. G., & Rebok, G. W. (1992). Building developmental and etiological theory through epidemiologi-

- cally based preventive intervention trials. In J. McCord & R. E. Tremblay (Eds.), *Preventing antisocial behavior: Interventions from birth through adolescence* (pp. 162-195). New York: Guilford.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review & synthesis of recent empirical studies. *Psychology Bulletin, 113*, 164-180.
- Kohl, J. (1993). School-based child sexual abuse prevention programs. *Journal of Family Violence, 8*, 137-150.
- Kolko, D. J. (1988). Educational programs to promote awareness and prevention of child sexual victimization: A review and methodological critique. *Clinical Psychology Review, 8*, 195-209.
- Lawson, C. (1993). Mother-son sexual abuse: Rare or underreported? A critique of the research. *Child Abuse & Neglect, 17*, 261-269.
- Leahy, M. M. (1991). Child sexual abuse: Origin, dynamics, & treatment. *Journal of the American Academy of Psychoanalysis, 19*, 385-395.
- Liang, B., Bogat, G., & McGrath, M. (1993). Differential understanding of sexual abuse prevention concepts among preschoolers. *Child Abuse & Neglect, 17*, 641-650.
- Lieb, R. (1996). Community notification laws: "A step toward more effective solutions." *Journal of Interpersonal Violence, 11*, 298-300.
- Loiselle, C., & Gaulin, D. (1995). The *Care for Kids* initiative: Moving from child-focussed sexual abuse prevention education to early childhood sexuality education and adult responsibility for protection. *Canadian Journal of Human Sexuality, 4*, 84-88.
- Martorella, A. M., & Portugues, A. M. (1998). Prevention of sexual abuse in children with learning disabilities. *Child Abuse Review, 7*, 355-359.
- McDevitt, S. (1996). The impact of news media on child abuse reporting. *Child Abuse & Neglect, 20*, 261-274.
- McIntyre, T. C. (1987). Teacher awareness of child abuse and neglect. *Child Abuse & Neglect, 11*, 133-135.
- McMahon, P. M. (2000). The public health approach to the prevention of sexual violence. *Sexual Abuse: A Journal of Research and Treatment, 12*, 27-36.
- Melton, G. B. (1992). The improbability of prevention of sexual abuse. In D. J. Willis, W. E. Holden, & M. Rosenberg (Eds.), *Prevention of child maltreatment: Developmental and ecological perspectives* (pp. 168-189). New York: John Wiley.
- Mercy, J. A. (1999). Having new eyes: Viewing child sexual abuse as a public health problem. *Sexual Abuse: A Journal of Research and Treatment, 11*, 317-321.
- Miller-Perrin, C., & Wurtele, S. (1988). The child sexual abuse prevention movement: A critical analysis of primary and secondary approaches. *Clinical Psychology Review, 8*, 313-329.
- Myers, J.E.B. (1996). Societal self-defense: New laws to protect children from sexual abuse. *Child Abuse & Neglect, 20*, 255-258.
- Parker, H., & Parker, S. (1986). Father-daughter sexual abuse: A emerging perspective. *American Journal of Orthopsychiatry, 56*, 531-549.
- Pelcovitz, D., Adler, N., Kaplan, S., Packman, L., & Krieger, R. (1992). The failure of a school-based child sexual abuse prevention program. *Journal of the American Academy of Child and Adolescent Psychiatry, 31*, 887-892.
- Pinon, M. F., Hulseley, T. L., & Woodland, A. (1999). Improving preschoolers' comprehension of sex abuse prevention concepts through video repetition. *Journal of Child Sexual Abuse, 8*, 77-92.
- Plummer, C. A. (1999). The history of child sexual abuse prevention: A practitioner's perspective. *Journal of Child Sexual Abuse, 7*, 77-95.
- Ratto, R., & Bogat, G. A. (1990). An evaluation of a preschool curriculum to educate children in the prevention of sexual abuse. *Journal of Community Psychology, 18*, 289-297.
- Reiss, D., & Price, R. H. (1996). National research agenda for prevention research: The National Institute of Mental Health report. *American Psychologist, 51*, 1109-1115.
- Rispens, J., Aleman, A., & Goudena, P. P. (1997). Prevention of child sexual abuse victimization: A meta-analysis of school programs. *Child Abuse and Neglect, 21*, 975-987.
- Roberts, J. A., & Miltenberger, R. G. (1999). Emerging issues in the research on child sexual abuse prevention. *Education and Treatment of Children, 22*, 84-102.
- Rubin Williams, G. J. (1983). Responsible sexuality and the primary prevention of child abuse. In G. W. Albee, S. Gordon, & H. Leitenberg (Eds.), *Promoting sexual responsibility and preventing sexual problems* (pp. 251-272). Hanover, NH: University Press of New England.
- Sheldrick, C. (1991). Adult sequelae of child sexual abuse. *British Journal of Psychiatry, 158*, 55-62.
- Swan, H., Press, A., & Briggs, S. (1985). Child sexual abuse prevention: Does it work? *Child Welfare, 64*, 395-405.
- Tharinger, D. J., Krivacska, J. J., Laye-McDonough, M., Jamison, L., Vincent, G. G., & Hedlund, A. D. (1988). Prevention of child sexual abuse: An analysis of issues, educational programs, and research findings. *School Psychology Review, 17*, 614-634.
- Trudell, B., & Whatley, M. (1988). School sexual abuse prevention: Unintended consequences and dilemmas. *Child Abuse & Neglect, 12*, 103-113.
- Tutty, L. M. (1991). Child sexual abuse: A range of prevention options [Special issue]. *Journal of Child and Youth Care, 23*-41.
- Tutty, L. M. (1993). Parent's perceptions of their child's knowledge of sexual abuse prevention concepts. *Journal of Child Sexual Abuse, 2*, 83-103.
- Tutty, L. M. (2000). What children learn from sexual abuse prevention programs: Difficult concepts and developmental issues. *Research on Social Work Practice, 10*, 275-300.
- U.S. Department of Health and Human Services. (2000). *Child maltreatment 1998: Reports from the states to the national child abuse and neglect data system*. Washington, DC: Government Printing Office.
- Wurtele, S. K. (1998). School-based child sexual abuse prevention programs: Questions, answers, and more questions. In J. R. Lutzker (Ed.), *Handbook of child abuse*



*research and treatment: Issues in clinical child psychology* (pp. 501-516). New York: Plenum Press.

- Wurtele, S. K. (1999). Preventing child maltreatment: Multiple windows of opportunity in the health care system. *Children's Health Care, 28*, 151-165.
- Wurtele, S. K., Kast, L. C., & Melzer, A. M. (1992). Sexual abuse prevention education for young children: A comparison of teachers and parents as instructors. *Child Abuse & Neglect, 16*, 865-876.
- Wurtele, S. K., Kvaternick, M., & Franklin, C. F. (1992). Sexual abuse prevention for preschoolers: A survey of parents' behaviors, attitudes, and beliefs. *Journal of Child Sexual Abuse, 1*, 113-128.
- Wurtele, S. K., & Owens, J. S. (1997). Teaching personal safety skills to young children: An investigation of age and gender across five studies. *Child Abuse and Neglect, 21*, 805-814.

### SUGGESTED FUTURE READINGS

- Becker, J. V., Alpert, J. L., BigFoot, D. S., Bonner, B. L., Geddie, L. F., Henggler, S. W., Kaufman, K. L., & Walker, C. E. (1995). Empirical research on child abuse treatment: Report by the Child Abuse and Neglect Treatment Working Group, American Psychological Association. *Journal of Clinical Child Psychology, 24*, 23-46.
- Daro, D. (1996). Preventing child abuse and neglect. In J. Briere, L. Berliner, et al. (Eds.), *The APSAC handbook on child maltreatment* (pp. 343-358). Thousand Oaks, CA: Sage.
- Davis, M. K., & Gidycz, C. A. (2000). Child sexual abuse prevention programs: A meta-analysis. *Journal of Clinical Child Psychology, 29*, 257-265.
- Mercy, J. A. (1999). Having new eyes: Viewing child sexual abuse as a public health problem. *Sexual Abuse: A Journal of Research and Treatment, 11*, 317-321.



Kimberly Renk, Ph.D., earned her B.S. in psychology at the University of Illinois-Urbana-Champaign and her M.A. in clinical psychology at Illinois State University. She earned her Ph.D. in clinical psychology at the University of South Florida, after completing a predoctoral internship in clinical psychology at the Louisiana State University Health Sciences Center. She is currently an assistant professor of psychology at the University of Central Florida. Her current interests include parents' perceptions of their children's emotional and behavioral functioning and parent-child interactions. She and her graduate students are actively pursuing the study of these topics as part of her Family P.A.I.R.S. (Perceptions and Interaction Research Studies) Psychology Laboratory and her Young Child and Family Research Clinic at the University of Central Florida.



Laura Liljequist, Ph.D., received her B.A. in psychology from DePauw University. She received her M.A. and Ph.D. in clinical psychology from the University of South Florida. She completed her clinical internship and postdoctoral training at Medical College of Virginia's Virginia Treatment Center for Children. She then served as a visiting assistant professor at the University of South Florida for one year. She has been on faculty at Murray State University for 3 years, where she serves as director of clinical training and oversees the Psychological Center. She has research interests in psychometrics and assessment, and community-based prevention of childhood psychological disorders.



Ari Steinberg, M.A., completed her B.A. at Wellesley College, with a double major in psychology and sociology. She earned her M.A. in clinical psychology at the University of South Florida and is currently completing her Ph.D. in clinical psychology at the University of South Florida. She has just completed her predoctoral internship at the Institute of Living in Connecticut. She is currently working on her doctoral dissertation, which focuses on cognitive factors in eating disorders and body image.



Georgetta Bosco, M.A., earned her B.S. in psychology at the University of South Florida and her M.A. in counseling psychology at the University of West Florida. She is currently a registered mental health counselor intern at Northside Mental Health Center in Tampa, Florida, working with clients from the surrounding community who have diverse diagnostic profiles. Her current interests include working with adults who were sexually abused as children and continuing her training in psychology-related activities.



Vicky Phares, Ph.D., received her B.A. in psychology, with a women's studies specialization, from the University of California, Los Angeles. She received her Ph.D. in clinical psychology from the University of Vermont, with a clinical internship at the University of California, San Francisco. She was on faculty at the University of Connecticut for 2 years. She is currently the director of clinical training at the University of South Florida, where she has been on faculty for 9 years. Her research interests focus on the role of fathers in developmental psychopathology and assessment of children's emotional/behavioral problems. Her research has been funded by the National Institute of Mental Health and the University of South Florida Research and Creative Scholarship program.