

Chapter 1

Safe Touches: Creating a School Community to Prevent Child Sexual Abuse



Mary L. Pulido

1.1 Overview of The New York Society for the Prevention of Cruelty to Children

Founded in 1875, The New York Society for the Prevention of Cruelty to Children (NYSPCC) was the first child protection agency in the world. The NYSPCC developed the basic tenets of child protection laws in the United States and has worked tirelessly for the past 142 years to improve the safety of children. Guided by its mission—to respond to the complex needs of abused and neglected children, and those involved in their care, by providing best-practice counseling, legal, and educational services—The NYSPCC has served over two million children.

Today, The NYSPCC remains steadfast in assisting high-risk children and families and currently emphasizes programs aimed at the prevention of child maltreatment and the lessening of its harmful effects. Programs include a mixture of preventive and treatment services.

I. *Intervention/Treatment*

- Counseling for children—The Trauma Recovery Program helps children to recover from experiences of physical abuse, sexual abuse, family violence, traumatic grief, or parental neglect through mental health services for them and their caregivers.
- Strengthen and rebuild families—The Therapeutic Supervised Visitation Program serves families who are referred to The NYSPCC when a family court judge determines that a parent cannot be left unsupervised with their children due to safety concerns. This program promotes healthy parenting

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skills through supervised visits between parents and children, one-on-one coaching, and parent education workshops.

- Counseling for child welfare professionals—Crisis Debriefing counseling supports child protective staff at the NYC Administration for Children’s Services (ACS) and other child welfare agencies following incidents of child fatality, violence in the field, and during times of bereavement.

II. *Prevention/Education*

- Education for children—The NYSPCC brings its *Safe Touches* child sexual abuse prevention workshops to children in grades kindergarten through 12 in NYC schools.
- Training for organizations and professionals—The NYSPCC Training Institute educates child welfare professionals, teachers, the corporate sector, community organizations, and parent groups. Topics include child abuse prevention, identifying and reporting child abuse and neglect, best-practice models of service provision, and managing secondary traumatic stress.
- Advocacy and raising public awareness—The NYSPCC takes an active role, both as an individual agency and in coalition with others, to educate the general public and support legislation that will improve the protection of children from abuse and neglect.
- Research and evaluation—The NYSPCC conducts rigorous research and evaluation to inform best practices both within the agency and in the broader child welfare field.

Programs are offered at multiple sites, including The NYSPCC’s main office in Lower Manhattan, NYC public schools, foster care, and other social service agencies. Bilingual services (English and Spanish) are provided to families 7 days and 3 evenings per week to accommodate working parents and meet the ever-increasing demand for its programs. The NYSPCC does not charge families for direct program services, and no family in need is ever turned away. In 2016, The NYSPCC served over 10,000 children, parents, caregivers, and professionals.

1.1.1 The Need for Child Sexual Abuse Prevention Programs

Child sexual abuse is a chronic, underreported tragedy in the United States. Studies cited by Prevent Child Abuse America estimate that at least 20% of American women and 5–16% of American men experienced some form of sexual abuse as children (Finkelhor, 1994). Victims of child sexual abuse experience a myriad of physical and mental health problems that often persist through adulthood. More than two decades of research has linked child sexual abuse to increased rates of pregnancy, promiscuity, low self-esteem, obesity, anxiety, depression, anger, aggression, post-traumatic stress, dissociation, hallucinations, sexual difficulties, self-injurious behaviors, substance abuse, coronary artery disease, and permanent

changes in neurobiological functioning (Finkelhor, 1990; Neumann, Houskamp, Pollock, & Briere, 1996; Noll, Zeller, Trickett, & Putnam, 2007; Putnam, 2003).

The NYSPCC stresses to the public that CSA can occur in all populations, in all socioeconomic and educational levels, and across all racial and cultural groups. It is often perpetrated by someone the child knows and is comfortable with, such as a family member or another trusted adult. The inability of children to recognize abuse; the fear and anxiety of reporting abuse when children do recognize it; and the prevalence of internet solicitation of children reflect an ever-growing need to teach children how to identify and report sexual abuse. Children need to be educated about their bodies and feelings and should be able to distinguish between touches that are safe and those that are not safe in order to reduce the incidence and effects of this devastating type of abuse.

Based on my experience at The NYSPCC, most parents do not have conversations with their children as regularly as they should about protection and child safety. Children—or, at least, those who have been counseled in our Trauma Recovery Program—often did not disclose CSA for at least a year after the incident occurred; for some, the time until disclosure was longer. This means that in addition to the trauma endured by the child, the perpetrator of the abuse may not have been held accountable and may still be abusing other children. Additionally, I also have the privilege of speaking to many adult survivors who have joined with our efforts to help promote *Safe Touches*. Many survivors have expressed that they wished there was a program like *Safe Touches* when they were children so that they would have known what to do when they were approached and how to protect themselves.

1.1.2 Responding to NYC Schools

High-profile stories of CSA, including allegations made against teachers and other staff in NYC schools, and religious communities protecting authority figures who have allegedly abused children have underscored the need for education of children, teachers, staff, and parents.

The NYSPCC has a history of building relationships with the New York City public school system. When there is a crisis regarding CSA, The NYSPCC meets with and provide appropriate training to the guidance counselors, the teachers, the principal, and the parents. The NYSPCC is very responsive to their requests and tailored our program to their needs. In New York City, the Citywide Coordinator for Child Abuse and Neglect Prevention in the NYC Department of Education is responsible for overseeing all child abuse prevention for the public school system. We formed an alliance with the staff so that whenever there is an incident for which they needed our help, they were able to call us. This office reported to the chancellor's office. This prior working relationship also assisted us when we were ready to launch the National Institutes of Health (NIH) research project, as they knew our

work and were familiar with our clinicians; we had provided workshops to children, teachers, and parent associations after incidents of child sexual abuse.

In response to the prevalence of this horrific, underreported crime, The NYSPCC has developed a range of child protection, education, and administrative review services for NYC public, private, and charter schools, including:

- Age-appropriate child sexual abuse prevention training for students in grades K–12.
- Child abuse identification and reporting procedures training for faculty and staff.
- Reviews of schools' current policies and procedures regarding child protective issues and recommendations for amendments or additions that would strengthen these services.
- Educational lectures and workshops for parents and caregivers on issues related to child safety.

1.2 The *Safe Touches* Workshop

The NYSPCC's *Safe Touches* child sexual abuse prevention program is in high demand in New York City. Using appealing, culturally diverse puppets, The NYSPCC clinicians perform skits that help children to recognize sexual abuse and understand what they can do to protect themselves. We use puppets because they can command children's attention and are an effective tool to communicate difficult topics to children: because they are characters, not people, puppets provide an ideal medium for discussing the sensitive issue of child sexual abuse. Puppets engender a world in which children can recognize themselves and identify with the characters, and so once they have entered the world the puppets create, children begin to absorb the key information. Puppets can express what children think and feel, and so children are drawn into the drama but are not threatened by or fearful of it.

Topics covered include how to recognize the differences between safe and not safe touches, what to do if they ever feel at risk, and how to identify whom to tell if they ever experience a not safe touch. We also use the puppets to explain that abuse is never a child's fault and that most of the adults in their lives will protect them. The children play an active role during the workshop by offering suggestions to the puppets about actions they can take to keep their bodies safe and whom they can go to for help if they have been in a not safe situation. Children are also encouraged to ask questions and voice concerns. In fact, each workshop concludes with a discussion period, giving children the opportunity to make comments and ask questions.

The NYSPCC offers the *Safe Touches* program throughout New York City. To date, we have reached approximately 22,000 children (Fig. 1.1).



Fig. 1.1 The puppets

1.2.1 Key Learning Concepts

Key concepts covered in the workshop include the private parts of the body, the difference between safe and not safe touches, secrets versus surprises, and the ideas that not safe touches can be given by someone the child knows, the child should keep telling an adult until believed, and the child is not to blame for receiving a not safe touch. We also reinforce that not safe touches can happen to boys as well as girls. Facilitators guide the children in making a list of what to do if they experience a not safe touch, as well as in practicing the assertive language skills needed to express discomfort, and how to tell a trusted adult if they have received a not safe touch. The clinicians help the children to make a list of adults that they can tell and emphasize that the children must keep telling until they are believed, as the first person they tell may not be listening or may not believe them.

We use posters of children in bathing suits to help the children to identify what parts of the body are private.

The following is a scene from our train the trainers curriculum where children learn the private parts of their body. We emphasize that they should trust their feelings and, if a touch makes them feel confused, “icky,” scared, sad, or just uncomfortable, that they need to act on it and tell an adult.

Private Parts Script

Characters: Facilitators A and B

(Facilitator A and B speak directly to the children. Only posters are used in this scene.)

Facilitator A:

One thing that makes us special is that we all own our bodies. Your body is your own special property. No one should touch you on the private parts of your body or

ask you to touch them on their private parts in a way that makes you feel not safe, funny, or confused on the inside.

The private parts are the parts of our body that are covered by a bathing suit.

Let's play a guessing game to see if you can identify the private parts of the body on these posters we have brought with us.

(Facilitators take out posters of a girl and boy dressed in bathing suits.) Now, let's play the game!

Facilitator B:

Is the hair a private part? No. Can you tell me why?

Is between the legs a private part? Yes. Can you tell me why?

Is the chest a private part? *(The chest may be confusing for the children as the answer is different for boys and girls. If it is causing confusion, hold the posters separately, first asking about the girl and then the boy.)* Even though the chest is not a private part for boys, your body is your own private property and you get to decide what is comfortable for you.

Is your foot a private part? No.

Let's try one more; is the bottom a private part? Yes.

Remember, no one should touch you on the private parts of your body. It can make you feel not safe, funny, or confused inside.

1.3 National Institutes of Health Research Study on *Safe Touches*

I applied for an NIH grant because, like most social workers in the child protection field, I have witnessed firsthand the devastation caused by child sexual abuse. As the head of a child advocacy center in the Bronx of New York City during the 1990s, I promoted workshops using puppets, coloring books, and skits to help arm children with knowledge that may support them in thwarting a perpetrator of CSA. The schools usually embraced these workshops, particularly as they were free of charge, conducted by clinicians, and helped schools meet the educational curriculum demands of teaching child sexual abuse prevention concepts to children. There was always a nagging question at the back of my mind, though: "Do the children understand and learn the concepts in the curriculum?" At The NYSPCC, I had the opportunity to test whether or not children truly grasped the concepts, and so we applied to the NIH and were able to conduct a randomized control trial in the New York City public schools from 2012 through 2014.

Two articles were recently published on the research, one in the *American Journal of Public Health*, "Knowledge Gains Following a Child Sexual Abuse Prevention Program Among Urban Students: A Cluster-Randomized Evaluation" (Pulido et al., 2015), and one in the *APSAC Advisor*, "*Safe Touches: A Child Sexual Abuse Prevention Program Offers Promising Results Among Multi-Racial Children*" (Pulido, Tully, & Holloway, 2015).

1.3.1 Study Significance and Aims

CSA prevention efforts have largely consisted of school-based programs. Almost 90% of elementary school districts in the United States offer prevention training (Gibson & Leitenberg, 2000) with over 85% having conducted programs in the past year. About two-thirds of American children have had some exposure to these programs. Despite the prevalence of these programs, there is a dearth of rigorous research evaluating their efficacy. While most studies have been limited by a lack of randomization and control groups, the few randomized trials generally found increased knowledge of CSA prevention concepts in children who received interventions (Oldfield, Hays, & Megel, 1996; Tutty, 1997, 2000). Most studies, however, included only White, middle-class children. An international meta-analysis of randomized controlled trials (RCTs), or quasi-RCTs, found that children who participated in a school-based CSA program were seven times more likely to show self-protective behavior in simulated situations than children who did not attend a program (Zwi et al., 2007). Overall, most studies did not adhere to the intent-to-treat principle, failed to account for nonindependence of students within classrooms, and used small samples that were racially homogeneous.

Our goal was to rigorously evaluate the CSA prevention program *Safe Touches: Personal Safety Training for Children* within a lower-income multiracial population using the Children's Knowledge of Abuse Questionnaire (CKAQ) as an outcome measure. We hypothesized that there would be significant changes on the inappropriate touch scale on the CKAQ from pretest to posttest for the intervention group compared to a control group. We built on previous research by using a large, racially and ethnically diverse, low-socioeconomic status (SES) urban sample within the context of a cluster randomized design. We also wanted to test short-term retention of the *Safe Touches* concepts. A final aim was to assess the fidelity of the implementation.

1.3.2 Primary Outcome Measure: The Children's Knowledge of Abuse Questionnaire

The main dependent measure used for evaluation in this study was the Children's Knowledge of Abuse Questionnaire Revision III (Tutty, 1992). The CKAQ is a validated measure of children's knowledge about CSA concepts and prevention skills and is comprised of two subscales: the inappropriate touch scale (ITS), which measures children's recognition of unsafe situations and people, and the appropriate touch scale (ATS), which measures children's recognition of safe situations and people. The measure consists of 33 items scored "true," "false," or "I don't know," with higher scores reflecting greater knowledge. The CKAQ is among the most widely used outcome measures in CSA prevention research and has been used in

urban, multicultural samples (Baker, Gleason, Naai, Mitchell, & Trecker, 2013; Daigneault, Hebert, McDuff, & Frappier, 2012).

Examples of the questions that are on the CKAQ are as follows: “You always have to keep secrets”; “It’s OK for someone you like to hug you”; “Sometimes it’s OK to say ‘no’ to a grown-up”; and “If someone touches you in a way you don’t like, you should tell someone you trust.”

Fidelity monitoring tools were created by the research team. Tracking and reporting implementation fidelity is necessary to the integrity of CSA prevention program replication, but it is lacking within the literature. Thus, three checklists were created for this work that included quantitative and qualitative items: the Workshop Implementation Checklist, the Teacher Follow-Up Checklist, and the Data Collection Checklist. The Workshop Implementation Checklist measured fidelity of *Safe Touches* workshop delivery and documented the extent to which all components of the workshop were administered consistently and according to protocol. Assent and CKAQ administration fidelity were tracked using the Data Collection Checklist and were completed by research staff following each CKAQ administration session. The Teacher Follow-Up Checklist was created to track child disclosures, concerning statements, and adverse events occurring subsequent to the day of the *Safe Touches* workshop.

Recruitment for this study took place in public elementary schools in New York City. Schools were eligible for inclusion if 25% or less of the student body were White, if there were two second or third grade classrooms that were not exclusively special education, and if 75% or more of the students received free lunch. Following outreach to 101 eligible schools, 6 schools agreed to participate in the study. A cluster randomized trial design was used, whereby matched pairs of classrooms within schools were stratified according to grade level and then randomly assigned to intervention or control groups within a stratum. Children in these selected classrooms were eligible for participation if they were at least 7 years of age and had not participated in the *Safe Touches* program in the past. Exclusion criteria included any major physical, cognitive, or emotional impairment that would affect the child’s ability to participate in the workshop or to respond to the surveys. Of the 890 eligible children (427 second graders and 453 third graders), 528 children returned parental informed consents. Of these, 492 children in 38 classes assented to be in the study. Thus, 492 second and third graders were enrolled and randomly assigned at the class level to either intervention or control groups.

Research activities took place at three separate time points over a 5-week period at each school. A delayed intervention study design allowed for the collection of data from control participants at times analogous to those of the intervention participants. With this approach, all children would receive the benefit of the *Safe Touches* program, which fulfilled the NYC Department of Education mandate that all children receive personal safety training.

Figure 1.2 displays the timeline of how the study was conducted in the school system.

The CKAQ was administered to all students to provide a pretest baseline 1 week prior to the delivery of the *Safe Touches* program. One week after this baseline test,

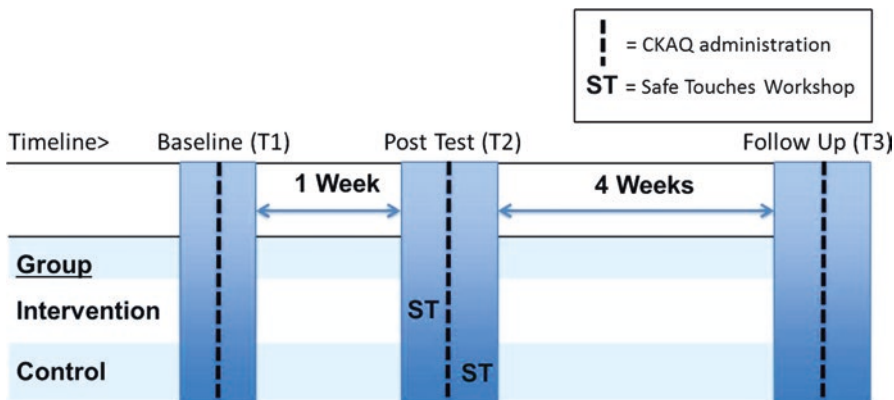


Fig. 1.2 Study timeline

the clinicians returned to the schools and provided the 50-minute interactive *Safe Touches* workshop for the children in the intervention groups. Meanwhile, children in the control groups participated in their normal classroom activities. At the end of this 50-minute period, all intervention and control group children completed the CKAQ for a second time (posttest 1). At this point, children in the control groups received the *Safe Touches* workshop. Four weeks later, all students completed the CKAQ for a third and final time (posttest 2) to assess for knowledge maintenance.

1.3.3 Results

The overall results of the implementation were decidedly positive. The intervention groups showed significantly greater improvement in knowledge of inappropriate touch than controls at posttest 1. Specifically, intervention group scores on the ITS increased by an average of 1.85 points from baseline to posttest 1. As expected, there was no significant change in ITS scores among children in the control group from baseline to posttest 1. Interestingly, a significant effect was also found in grade levels: intervention group children in second grade demonstrated significantly greater increases in their ITS scores relative to control groups, compared to intervention group children in third grade relative to control (Fig. 1.3).

One month after the children received the workshop, The NYSPCC returned and administered the CKAQ to all participants again. At the 4-week follow-up, children demonstrated retention of significant knowledge gains relative to baseline CKAQ scores (Fig. 1.4).

Teachers and school staff reported overwhelming satisfaction with the program and approval of the delivery of sensitive material and concepts to young children. The majority of children were actively engaged and interested in the presentation and participated in giving feedback to the questions posed by facilitators. Children

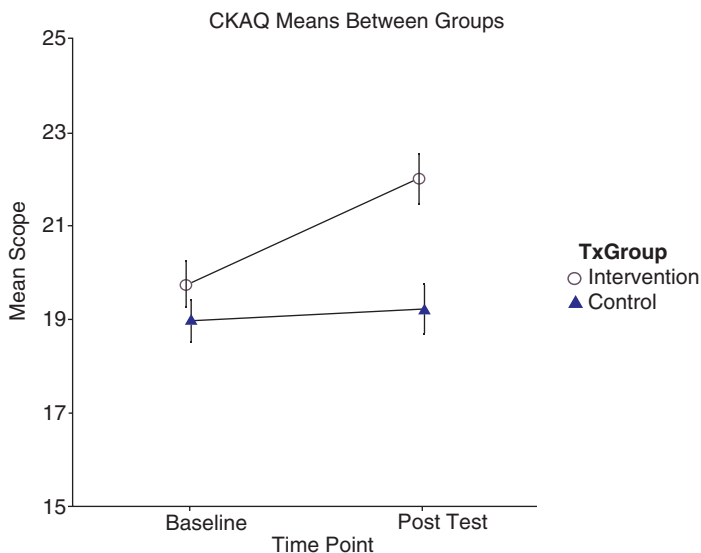


Fig. 1.3 Mean scores at baseline posttest for children in the intervention ($N = 195$) and control ($N = 242$) groups. At posttest, children in the intervention group had significantly greater CKAQ scores compared to control. (Source: www.nyspcc.org)

readily shouted out answers when given the opportunity, appeared to understand the concepts, and were able to verbalize important points, such as “it’s never the child’s fault” and “keep telling until someone believes you.” Taken together, the study results document the effectiveness and acceptance of *Safe Touches* for use with racially and ethnically diverse groups of children.

1.4 The NYSPCC: Building Safe School Communities

In keeping with the theme of this conference, I thought it was important to highlight our work in NYC following incidents of child sexual abuse. When there is an incident in the school system, The NYSPCC works with that school to help them put appropriate protocols and training in place to protect children and educate them about child sexual abuse prevention.

1.4.1 The NYSPCC Partnership with Horace Mann

The New York Society for the Prevention of Cruelty to Children was engaged by Horace Mann (HM) to provide a range of child protection, education, and review services. Under the partnership, which began in July 2012, The NYSPCC delivered

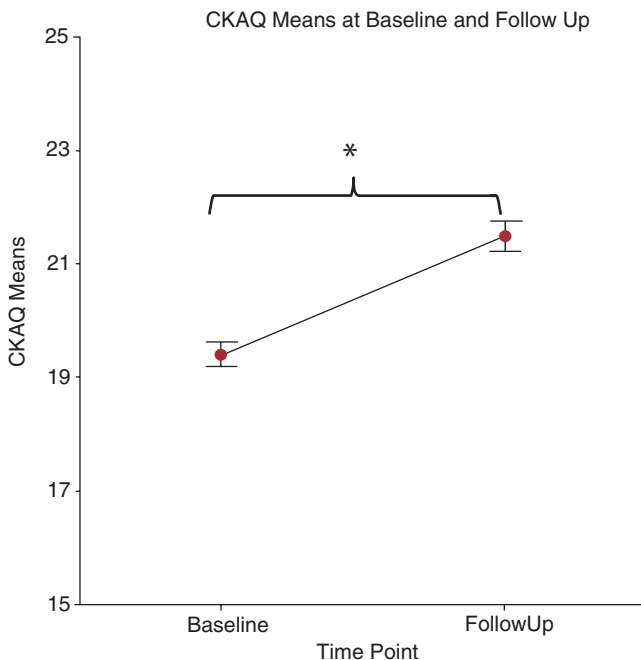


Fig. 1.4 At a 4-week follow-up, children demonstrated retention of significant knowledge gains relative to baseline CKAQ scores. Mean scores at baseline and follow-up for all children completing both assessments ($N = 411$). $*t(410) = -9.92, p < 0.001$. (Source: www.nyspcc.org)

child sexual abuse prevention training for the students; child abuse identification and reporting procedures training for the faculty and staff; and an administrative review and an assessment of current HM policies and procedures regarding child safety and child abuse and neglect reporting. An educational lecture series on topics concerning child abuse prevention and child safety was requested and held for the parents of current HM students. Services provided through The NYSPCC’s Training Institute were delivered to HM students, staff, and parents on the HM Riverdale campus or at the Nursery School in Manhattan.

The NYSPCC empathizes deeply with the survivors of past events at the school. The agency’s work does not involve that segment of the HM community and that dimension of the situation at the school. Our current work is extensive, but it is limited to the current student body, parents, faculty, and staff regarding events from July 2012 onward.

Working closely with the headmaster of HM, Tom Kelly, PhD, we provided comprehensive support for the school following the press reports of allegations of widespread child sexual abuse that had occurred decades earlier. This included a review of all policies and procedures that impact child safety, providing *Safe Touches* workshops for all children in kindergarten through third grade, CSA prevention training for all children in grades 4 through 12, training in identifying and reporting child

abuse and neglect for all faculty and staff, and presentations to the parents, the alumni association, and the board of directors. The NYSPCC has continued to return to campus each year to conduct refresher courses with the current student body, and all new staff take our child abuse identification and reporting course online. The goal is to build a safe school community to prevent child sexual abuse.

1.4.2 Curriculum for Students from Kindergarten to the Third Grade

Safe Touches was utilized to train students from kindergarten through the third grade. A video from our training curriculum highlights the “four safety tools” that we teach children to protect themselves from unwanted, not safe touches. The children really seem to grasp these concepts. The script from the video follows.

“The Four Safety Tools”

(Facilitator A will play Petunia and Facilitator B will play Uncle Herbert)

Facilitator B: Now we’re going to learn four safety tools that you can use to keep your body safe when someone tries to touch you on your private parts or asks you to touch them. Now, I am going to say and show you each of the safety tools, and I want you to repeat after me. Are you ready? Here we go:

1. Trust your feelings. *(Facilitators rub their tummy. Class repeats.)*
2. Try to say no. *(Facilitators put their hand out. Class repeats.)*
3. Try to walk away. *(Facilitators move their arms to gesture walking. Class repeats.)*
4. Tell an adult. *(Facilitators put their hands beside the mouth and move the body forward. Class repeats.)*

Now let’s do it one more time! *(Repeat four tools above.)* Now let’s watch another show. Watch very closely and remember your safety tools because it will be your job to help keep Petunia safe. Herbert is Petunia’s uncle. How old do you think Petunia should be? Think of an age between 5 and 10. Ok, Petunia is ____ (e.g., 6 years old).

Petunia: Hi Uncle Herbert.

Herbert: Hey Petunia...why don’t you turn off the TV and come sit on my lap; I want to play a game with you.

Petunia: Okay, I love games.

Herbert: Well, this game is called the love game. I am going to tickle you on your stomach like I always do, and then I am going to put my hand under your shirt and touch your chest. Isn’t that nice?

Petunia: You want to touch my chest? Umm...I don’t know. *(Petunia looks uncomfortable, looks down, and scratches her head.)*

Herbert: If you play this game, I will buy you a new iPad!

Petunia: A new iPad?

Herbert: Yes, but it will be our secret; you can't tell anyone.

Petunia: I can't even tell Mommy?

Herbert: Not even Mommy...it's our secret. (*Herbert places hand on Petunia's chest.*)

Facilitator B: Freeze... Wow! How do you think Petunia feels? Do you think she feels sad? Do you think she feels confused? Why does she feel confused? (*Confusion is a common feeling among children who have been sexually abused. In your response, make sure to highlight the confusion children may feel. For example, "That's right, Petunia is probably feeling really confused because she loves her Uncle Herbert, but she does not like what he is doing."*) What kind of a touch do you think that was? Petunia has never heard the safety tools before. Do you think we can teach them to her to help keep her body safe? Now, together let's teach Petunia the safety tools. Are you ready?

1. Trust your feelings. (*Facilitators rub their tummy. Class repeats.*)
2. Try to say no. (*Facilitators put their hand out. Class repeats.*)
3. Try to walk away. (*Facilitators move their arms to gesture walking. Class repeats.*)
4. Tell an adult. (*Facilitators put their hands beside mouth and move body forward. Class repeats.*)

Facilitator B: Thank you for helping to teach Petunia the safety tools! Now that Petunia knows all the things that she can do to keep her body safe, let's see if she can use these safety tools to help keep her body safe. Let's see what happens when we do the scene again...

Petunia: Thanks class. Now I remember my safety tools. (*Herbert reappears.*)

Herbert: Well, this game is called the love game. I am going to tickle you on your stomach like I always do, and then I am going to put my hand under your shirt and touch your chest. Isn't that nice?

Petunia: You want to touch my chest? Umm...I don't know.

Herbert: If you play this game, I will buy you a new iPad!

Petunia: A new iPad?

Herbert: Yes, but it will be our secret, you can't tell anyone.

Petunia: I can't even tell Mommy?

Herbert: Not even Mommy...it's our secret. (*Places hand on Petunia's chest.*)

Petunia: Hmm... I have a funny feeling in my tummy. I'm feeling scared, confused, and not safe. I'm going to trust my feelings! No! I don't want to play that game! I'm going to "walk away" to my room now. I'm going to tell my Mommy and Daddy about this when they get home.

Facilitator B: Wow nice job you guys, you taught Petunia all four safety tools and she was able to keep her body safe! Remember that sometimes you may like or love the person, but you may not like the touch.

1.4.3 Curriculum for Children in the Fourth and Fifth Grade

The children at this age may be too old to be captivated by puppet shows, so an interactive, 50-minute workshop was developed for fourth and fifth graders that uses videos, presentation, and group discussion to engage children in learning about child sexual abuse, safe and not safe touches, issues surrounding secrecy, what to do and whom to tell if a child receives a not safe touch, and how they can keep their bodies safe. In one exercise, entitled “What If?,” children are asked questions by the facilitators to see if they would know what to do in questionable situations. Examples include “What if a neighbor asks you to come to his house for a cookie, but tells you not to tell your parents?” and “What if your teacher/uncle/priest gives you a not safe touch? Whom would you tell?”

1.4.4 Curriculum for Children in the Middle Division, Grades 6–8

For the middle division, two teaching formats were used. A 1-hour didactic lecture was held with each grade separately, and then the children were organized into smaller groups of 20–25 where this information could be processed and questions answered. The group lecture included video clips and covered facts and statistics on child sexual abuse, power dynamics, stages of the grooming process, reasons why youth might not disclose child sexual abuse, and the importance of telling an adult if it does happen. In the breakout groups, one of the activities was a “myth versus fact” activity that reinforced the key points of the lecture. Interestingly, the issue of “stranger danger” was a regular discussion item: students were surprised to learn that 90 percent of child sexual abuse is committed by someone the child knows and trusts.

1.4.5 Curriculum for Youth in the Upper Division, Grades 9–12

A similar format was used for the upper division, grades 9–12, with a 1-hour didactic lecture and then small breakout groups for 50 minutes. A variety of activities, vignettes, videos, contemporary media, and reflection tools were utilized. The high school students learned facts and statistics on victims and perpetrators, definitions of abuse, the cycle of abuse, and understanding why survivors of abuse often stay silent. Grooming techniques of perpetrators were discussed, as were the reasons why teens may have trouble saying “no” or getting out of inappropriate or nonconsensual sexual relationships with adults. The issue of legal consent comes up regularly when dealing with teens, especially in the context of consent with each other.

We use a video by Emmeline May and the Blue Seat Studios (2015) entitled “Consent—It’s Simple as Tea” as a conversation starter on this topic with the high school students.

Our partnership with HM includes annual training for the students and staff. As a way of giving back to the Bronx community, HM provides funding for The NYSPCC to deliver *Safe Touches* workshops to students from kindergarten through the third grade in the Bronx public school system. We reach approximately 3500 children a year.

1.5 *Safe Touches* Collaboration with the Country of Greece

The NYSPCC has partnered with the ELIZA Society for the Prevention of Cruelty to Children to support the development of a groundbreaking child sexual abuse prevention program in Greece. This work, which targets children from ages 5 through 9, is based on The NYSPCC’s *Safe Touches* program; it will first be implemented in Athens schools and ultimately expanded to more rural and remote Greek island locations. Work will be executed in three phases, with Phase I focusing on the adaptation of The NYSPCC’s *Safe Touches* program materials, training, and consultation for ELIZA staff and the initiation of a pilot study with kindergarten-aged children in Athens. Phases II and III will focus on expanding and scaling the intervention, data collection, and research dissemination.

This collaborative project stands at the forefront of child sexual abuse prevention work in Greece and will help to address a serious unmet need for education and awareness. According to ELIZA, one in six children in Greece is the victim of at least one incident of sexual abuse during childhood, and Greece’s systems and infrastructure to support victims of abuse are virtually nonexistent. There is a lack of primary sexual abuse prevention programs, no national registry for the reporting and recording of sexual abuse cases, and services for victims of abuse are limited, making intervention and prevention efforts even more challenging. This innovative partnership, funded by the Stavros Niarchos Foundation, is a huge step forward for child protection efforts in Greece, increasing awareness and education around child sexual abuse.

In April 2016, The NYSPCC traveled to Greece to conduct a “train the trainers” session with 20 psychologists and their interns on *Safe Touches*. The Greek Ministry of Education recently approved their request to launch *Safe Touches* in the public school system. ELIZA will also be conducting a research study using the CKAQ. Having translated the CKAQ into Greek, a pilot has already begun, and in May and June of 2016, 200 children in the kindergarten and the first grade were enrolled. ELIZA has conducted a preliminary data analysis and found that first graders are showing an increase in knowledge from pre- to posttest. The group plans to enroll 500 more children by the end of fall 2016 and has also translated the take-home children’s book *My Body Belongs to Me* into Greek, so that the parents could reinforce the concepts learned in the workshop with their children (Fig. 1.5).



Fig. 1.5 Take-home activity booklets

Throughout Phase I and the remainder of the project, The NYSPCC will serve as advisors, supporting and providing the ELIZA team with programmatic, clinical, research, and advocacy consultation as they adapt and pilot *Safe Touches* in Greece.

The NYSPCC’s next step is to obtain another research grant for *Safe Touches*. The NIH study showed that children understand the concepts and retain them in the short term; we plan to apply for funding for longitudinal studies to see if that translates into behavioral changes. We are also completing “train the trainers” instructional kits for the other child sexual abuse prevention modules for children in grades 4–12. We would also like to obtain funding to produce web-based applications for CSA prevention to reach even more children and parents.

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