

# Victimization Prevention Programs for Children: A Follow-Up

## ABSTRACT

**Objective.** This study examined whether victimization prevention instruction in school has any impact on children's behavior in situations of real victimization threat.

**Methods.** Telephone interviews were conducted in 1992 with a nationally representative sample of youths aged 10 to 16 and their caretakers, and the experience of 1457 of these children was followed up more than a year later.

**Results.** Exposure to a more comprehensive prevention program was not associated with reduced incidence of victimization, injury, or upset. However, some of the exposure conditions were associated with an increased likelihood that the children would disclose victimizations, an increased likelihood that they would see themselves as having successfully protected themselves, and a decreased likelihood that they would blame themselves for the episode. Exposed children acquired some knowledge about sexual abuse and, when actually confronted by a threat, an ability to do the things they had been taught. A nonsignificant trend was also noted toward increased injury for exposed children during sexual assaults.

**Conclusion.** These mixed findings suggest that prevention educators need to plan programs based on realistic goals for what can be accomplished. (*Am J Public Health.* 1995;85:1684-1689)

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## Introduction

It has been increasingly recognized that children suffer higher rates of crime and sexual victimization than adults,<sup>1,2</sup> and that these experiences have marked, corrosive effects on their mental health and development, both in the short term<sup>3,4</sup> and into adulthood.<sup>5,6</sup> Communities have responded by implementing programs, particularly in schools, aimed at helping children avoid and report such victimizations.<sup>7,8</sup> A 1990 survey of 440 randomly selected elementary school districts throughout the country found that 85% offered such instruction; in 64%, such instruction was mandated.<sup>9</sup>

The school programs used to educate children about victimization vary widely in their content, but most contain certain core concepts: alerting children to the frequency and nature of the problem, teaching them some skills to avoid threatening encounters, encouraging them to tell an adult about such episodes, and assuring them that such incidents are not their own fault.

Attempts to evaluate these programs have concentrated primarily on whether the children learn and retain the concepts,<sup>10</sup> which they seem to do, although older children fare better than children in preschool and early elementary grades, and some of the learning decays over time. But unfortunately, and in part because of ethical and methodological problems, little research has looked at the real-world effectiveness of these programs.<sup>11,12</sup>

The present study attempted to find out, through a longitudinal design, whether children with school-based prevention programs avoided victimization or responded differently to actual victimization encounters.

## Methods

### Study Design and Sample

This study interviewed by telephone a nationally representative sample of young people and their caretakers in two waves to gather information on program exposure and victimization experiences. In the first wave, 2000 young people between the ages of 10 and 16 were contacted and interviewed through random-digit dialing using an area probability sample of all households with telephones in the United States (about 95% of the noninstitutionalized population). The participation rates for the original survey were 88% of the adults approached and 82% of the children in the households where an interview with an adult was completed. Nonparticipation was slightly greater among households with younger children (aged 10 and 11) and with parents who believed violence was not a problem in their community. The details of this study are described elsewhere.<sup>12</sup>

The households were recontacted by telephone for a follow-up (Time 2) interview between 8 and 24 months after the initial (Time 1) interview, with the average delay being 15 months. This delay was long enough to allow a substantial number of children to suffer a victimization attempt, but short enough so that the effects of an exposure to training prior to Time 1 might still be observable. Interviews were

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conducted from September 1993 to May 1994, with 78% obtained in the first 4 months. There was no association between month of interview and the variables used in this analysis. Five hundred twenty (26%) of the original children were unavailable for reinterview; this included 360 who we were unable to locate and 160 who refused to be reinterviewed (115 parents denied permission and 45 children declined to participate). Sample attrition was more likely to come from lower-educated and minority (Black and Hispanic) households, from families that had experienced a move in the year prior to Time 1, from households in which children were not living with both natural parents, and from children who had experienced a previous completed sexual victimization. Sample attrition was not related to prevention program exposure.

Twenty-three cases had to be dropped from the analysis because of incomplete data. The demographic information on the remaining 772 boys and 685 girls who participated at both times is shown in Table 1. Compared with the US Census, this sample showed an underrepresentation of minority and low-income children.

### Instrumentation

**School-based program exposure and content.** The goal of the study was to assess how the prevention instruction that school-age children are currently receiving in school affects their behavior in situations of real threat. At both Time 1 and Time 2, the following question was asked: "Lots of schools these days teach kids about how to avoid becoming a victim of different kinds of crime, including sexual abuse. Does your school ever do this?" If the answer was yes, additional information was sought about the content of the program. Based on the answers, programs were divided by a median split into those that were *more comprehensive* and *less comprehensive*. Programs were classified as more comprehensive if they contained at least 9 of the following 12 components generally recommended by prevention educators: content about sexual abuse, bullies, good and bad touch, confusing touch, and incest; guidance as to screaming and yelling to attract attention when threatened by an adult and to telling an adult about the abuse; reassurance that abuse is never the child's fault; a chance to practice avoidance techniques in class; information to take home about the prevention training; a meeting for parents; and repetition of the material

with the child over more than a single day. (For more details on program content, see Finkelhor and Dziuba-Leatherman.<sup>13</sup>)

**Knowledge about sexual abuse.** Because many of the programs focus on sexual abuse in particular, all children were administered a 13-item measure of knowledge in this area.<sup>12</sup> Sample items included the following two statements: "Sexual abuse only happens to girls," and "Most people who sexually abuse kids are strangers." A scale with possible scores ranging from 0 to 15 was created from responses to these items, as well as from the answer to the question, "How well do you understand what is meant by the term 'sexual abuse or child molestation'?" (very well = 2; somewhat well = 1; not too well = 0).

**Victimizations.** This study defined victimizations broadly to encompass attempted as well as actual physical violence and sexual coercion against children, including peer assaults, family assaults, physical child abuse, and sexual abuse. At Time 2, children were asked 12 separate questions about possible types of victimizations, such as sexual abuse. (For question wording, see Finkelhor and Dziuba-Leatherman.<sup>1</sup>) A child saying yes to any victimization question was asked a detailed set of questions about the episode, including facts about who the perpetrator was, what the perpetrator did, what the child did to protect him or herself, what injuries occurred, and what disclosures the child made. Integration of these incident details with the victimization question enabled episodes to be categorized by victimization type. Attempted and completed episodes were combined for analysis because prevention instruction is intended to apply to both. Twenty-eight percent of the youth experienced at least one victimization in the interim between Time 1 and Time 2: nonfamily assaults were experienced by 14%; parental assaults, 4%; nonparent family assaults, 3%; sexual assaults, 6%; and nonsexual genital assaults, 8%. In the case of multiple victimizations, the information used in the current analysis pertains to the most recent episode.

**Self-protection strategies.** The children who reported a victimization or attempted victimization were asked about a series of possible actions they might have taken to try to protect themselves, such as doing what the attacker wanted, fighting back, or running away. A scale of "preferred strategies" was made on the basis of three actions commonly recommended by prevention education programs—

**TABLE 1—Demographic Characteristics of Time 2 Sample Children (n = 1457)**

	%
<b>Child characteristics</b>	
Child's sex	
Male	53
Female	47
Child's age	
10–14 y	58
15–18 y	42
Child's race	
White	84
Black	8
Hispanic	5
Other	3
Type of school	
Public	88
Parochial	7
Private	4
Home	1
<b>Household/family characteristics</b>	
Adult respondent's relationship to child	
Biological parent	93
Stepparent	4
Other	3
Parental structure	
Two biological parents	73
One biological parent/one stepparent	11
One biological parent only	13
Other	3
Marital status	
Married	84
Divorced	9
Other	7
Parent education	
Less than high school	6
High school graduate	32
Some college	30
College graduate	16
Postcollege	16
Employment status (head of household)	
Employed full time	81
Employed part time	7
Other	12
Household income	
Below \$20 000	14
\$20 000–\$50 000	50
More than \$50 000	36
Type of metro area	
Large city	13
City suburb	21
Town	42
Rural	24
Census region	
Northeast	18
Midwest	31
South	36
West	15

**TABLE 2—Correlates of Exposure to More Comprehensive School-Based Prevention Programs at Time 1 (T1) and Time 2 (T2): All Victimization (n = 407)**

	No Program (n = 277)	T1 Only (n = 65)	T2 Only (n = 47)	T1 and T2 (n = 18)	F or $\chi^2$
<b>Knowledge score<sup>a</sup></b>					
Mean	13.96	14.09	13.91	14.19	
Beta		.03	.04	.06***	F (9, 1430) = 31.55****
95% CI (beta)		(-.01, .07)	(-.001, .08)	(.02, .10)	
<b>No. preferred strategies used</b>					
Mean	1.11	1.27	1.37	1.67	
Beta		.05	.09**	.11**	F (11, 363) = 4.42****
95% CI (beta)		(-.05, .13)	(.01, .17)	(.03, .19)	
<b>Completed as % of all attempted and completed T2 incidents</b>					
%	58	60	45	67	
Adjusted odds		1.13	.57	1.46	$\chi^2$ (8) = 5.64
95% CI (odds)		(.76, 2.38)	(.36, 1.30)	(.63, 4.82)	
<b>Injury</b>					
%	24	23	26	22	
Adjusted odds		.91	1.20	.93	$\chi^2$ (8) = 4.62
95% CI (odds)		(.56, 2.12)	(.69, 2.99)	(.35, 3.52)	
<b>Disclosure</b>					
%	68	83	89	78	
Adjusted odds		2.18**	3.90***	1.46	$\chi^2$ (9) = 28.06****
95% CI (odds)		(1.27, 5.31)	(1.73, 12.46)	(.54, 5.57)	
<b>Perceived protective efficacy</b>					
Mean	1.98	2.15	2.40	2.50	
Beta		.06	.16***	.11**	F (11, 365) = 2.30***
95% CI (beta)		(-.02, .15)	(.07, .25)	(.02, .19)	
<b>Self-blame</b>					
Mean	1.51	1.34	1.35	1.22	
Beta		-.10**	-.03	-.06	F (11, 361) = 2.05**
95% CI (beta)		(-.19, -.01)	(-.12, .06)	(-.15, .03)	

Note. The exposure groups were as follows: no program, n = 921; T1 only, n = 174; T2 only, n = 233; T1 and T2, n = 96; 33 missing cases). CI = confidence interval. All P values are one-tailed.

<sup>a</sup>The knowledge score analysis was performed on data from all T2 respondents.

\*P < .10; \*\*P < .05; \*\*\*P < .01; \*\*\*\*P < .001.

insisting to be left alone (enacted by 70%), yelling/screaming (24%), and threatening to tell (25%)—assigning 1 point for each strategy the child reported using.

*Self-perceived efficacy.* To gauge whether children felt a sense of efficacy in coping with their confrontations, we asked those who had been victimized whether they thought that any of the things they did (1) helped to protect them, (2) kept them from getting worse, and/or (3) kept them from getting injured. A scale (0 to 3) was then created by assigning 1 point for each positive response (Cronbach's alpha = .71).

*Injury, disclosure, self-blame.* Several other questions relating to the incident were used individually as possible indicators of program effectiveness: whether the child "suffered any injuries, like cuts and bruises," as a result of the episode; whether the child disclosed the episode to

someone; and whether the child judged the episode to be mostly (3), partly (2), or not at all (1) his or her fault (labeled self-blame).

To prevent recollections about prevention training from influencing the children's accounts, information about all victimization experiences as well as the test of knowledge about victimization were obtained prior to asking about parent or school-based prevention instruction and its content.

#### Statistical Analysis

The sample used for the primary analyses consisted of those children who had experienced a postprogram victimization between the initial interview and the follow-up (Time 1 and Time 2) (n = 414). Program exposure was grouped into three types: exposure to programs only in the year prior to Time 1 (Time 1 exposure), exposure to programs only in the interim

between Time 1 and Time 2 (Time 2 exposure), and exposure to programs during both time intervals (joint or Time 1/Time 2 exposure).

In dealing with the effects of Time 2 exposure, careful attention was paid to sequencing to ensure that program effects pertained only to programs that occurred *prior to* victimization episodes occurring in the Time 1 to Time 2 interval. Because of earlier analyses that showed no effects for the less comprehensive program exposure,<sup>12</sup> only the effects of more comprehensive exposure were analyzed. Children with less comprehensive programs were grouped with those who had no exposure. (Additional analyses revealed virtually identical results when children from the less comprehensive programs were excluded from the analysis.) Program effects on knowledge, self-protection strategies, self-perceived efficacy, and self-blame were analyzed with analysis of variance and

multiple regression. Program effects on disclosure, injury, and completed victimization were analyzed with logistic regression. In each multivariate equation, Time 1 only, Time 2 only, and joint program exposures were included in the same equation as dummy variables, with "no exposure" defining the residual category. Variables used as controls in multivariate analyses included sex, age, race, family structure, the educational level of the head of household, a measure of parent-child closeness, residence in a violent community (composite of parents' and children's perceptions),<sup>12</sup> the child's self-reported weight (an indicator of how easily the child could be overpowered), and the child's receipt of a failing grade in school (a measure of academic aptitude). These variables were either actually or potentially correlated with the dependent variable.

## Results

### Exposure to School-Based Prevention Education

Overall, 19% of children reported having received a more comprehensive school-based abuse or victimization prevention program in the year prior to the initial interview (Time 1). Of these, 11% had only this training (Time 1 exposure only) and 8% also received some comprehensive training in the interim between interviews (joint Time 1/Time 2 exposure). An additional 23% of the sample had no comprehensive exposure at Time 1 but received such training in the interim (Time 2 exposure only). In what follows, the remaining children (58%)—that is, those receiving no training or less comprehensive programs alone—are referred to as "no program children." An analysis of the demographic characteristics reveals that the Time 2-only exposure group and the joint exposure group contained significantly younger children, and that the joint exposure group also contained a significant overrepresentation of girls. Thus, sex and age were used as covariates in subsequent analyses.

### Impact of Exposure

Only children with the joint exposure (i.e., exposure both prior to Time 1 and prior to Time 2) showed greater knowledge than the no-program group; Time 1 exposure and Time 2 exposure, by themselves, were not associated with more knowledge (Table 2). The high number of correct responses to knowledge questions

**TABLE 3—Correlates of Exposure to More Comprehensive School-Based Prevention Programs at Time 1 (T1) and Time 2 (T2): Sexual Victimizations (n = 76)**

	No Program (n = 50)	T1 Only (n = 15)	Any T2 (n = 11)	F or $\chi^2$
<b>No. preferred strategies used</b>				
Mean	1.02	0.87	1.45	
Beta		.07	.24**	F (10, 60) = 5.51****
95% CI (beta)		(-.10, .24)	(.07, .41)	
<b>Completed as % of all attempted and completed T2 incidents</b>				
%	52	53	55	
Adjusted odds		1.29	1.14	$\chi^2$ (7) = 4.39
95% CI (odds)		(.44, 5.37)	(.32, 5.77)	
<b>Injury</b>				
%	6	0	18	
Adjusted odds		0.0002	2.28	$\chi^2$ (7) = 7.92
95% CI (odds)		... <sup>a</sup>	(.31, 23.51)	
<b>Disclosure</b>				
%	63	87	82	
Adjusted odds		7.77**	4.38*	$\chi^2$ (8) = 15.28**
95% CI (odds)		(1.39, 61.63)	(.82, 33.20)	
<b>Perceived protective efficacy</b>				
Mean	1.92	2.27	2.45	
Beta		.24**	.22**	F (10, 60) = 2.03**
95% CI (beta)		(.04, .45)	(.02, .43)	
<b>Self-blame</b>				
Mean	1.36	1.20	1.09	
Beta		-.10	-.20	F (9, 59) = 0.69
95% CI (beta)		(-.33, .13)	(-.42, .02)	

Note. CI = confidence interval. All P values are one-tailed.

<sup>a</sup>Confidence interval could not be calculated because there were no cases in this cell.

\*P < .10; \*\*P < .05; \*\*\*P < .01; \*\*\*\*P < .0001.

(maximum possible score was 15) suggests the presence of a possible ceiling effect.

There were also program effects on the use of "preferred protection strategies." Children who had a more comprehensive prevention program prior to Time 2 or prior to both Time 1 and Time 2 were more likely, when threatened with any victimization, to use these preferred self-protection strategies; however, this was not true for those with Time 1 exposure alone (Table 2). In the case of sexual victimizations as well (Table 3), statistically significant differences appeared for those with exposure at Time 2 but, again, not at Time 1. (For sexual victimizations, the joint exposure group was too small for separate analysis so it was merged with the Time 2-only group and called "any Time 2.")

However, despite more use of preferred strategies, there was no evidence of any decrease in actual victimization, as indicated by the percentage of threatened

victimizations that were actually completed. Children with more comprehensive program exposure at Time 1, Time 2, or both were not able to thwart any more victimizations in general (Table 2) or sexual victimizations in particular (Table 3).

Nor did exposure to comprehensive victimization prevention programs appear to reduce the likelihood of injury. In general, rates for injury in victimizations were roughly equivalent for all groups (Table 2), and in sexual victimizations there was actually a nonsignificantly higher rate of injury for the small number of children with a more comprehensive program at Time 2 (Table 3).

In contrast to program effects on the likelihood of victimization or injury, exposure to prevention education did have significant effects on the likelihood of disclosure. Both Time 1 and Time 2 training were associated with higher rates of disclosure for all victimizations. For sexual victimizations, Time 1 exposure

was significant and Time 2 was marginally significant.

There was also evidence that some of the children who had received more comprehensive prevention programs felt more efficacious in dealing with victimizations: that is, they felt that what they had done had helped protect them, kept them from getting injured, or kept the experience from being worse. Children with Time 2 or joint exposure had higher efficacy scores in reaction to general victimizations, and both Time 1 and Time 2 exposures were associated with higher efficacy scores for sexual victimization as well.

Some program effects were also apparent in regard to children's likelihood of blaming themselves for the victimization incidents. Overall, for victimizations in general, the children with Time 1 exposure had significantly less self-blame. In the case of sexual victimizations in particular, the differences were not significant.

## Discussion

The findings from this follow-up of children who had received more comprehensive victimization prevention education show mixed results. Prevention education was not associated with a reduced incidence of completed victimization or injury, two crucial and desired outcomes from prevention efforts. But it was associated with an increased likelihood that the children would disclose the victimizations, increased feelings that they had been successful in protecting themselves from more serious consequences, and decreased levels of self-blame. These relationships were not strong and not present for all exposure conditions, but they suggest the possibility of positive effects from the training. There was also evidence that the children acquired an ability to do some of the things they had been taught when actually confronted by a threat.

The results from this longitudinal analysis roughly parallel the findings from an earlier cross-sectional analysis.<sup>12</sup> However, they also suggest some possible weakening of program effects over time, at least insofar as the effects of Time 2 exposure were more consistent than the effects of Time 1 exposure. On three variables—knowledge, preferred strategy use, and perceived protective efficacy—Time 2 or joint effects were significant whereas Time 1 effects were not. Only for

self-blame was there evidence of Time 1 effect alone.

Such mixed findings should not be surprising. Educators and others analyzing child victimization have often had qualms about whether training could alter the actual risk for victimization.<sup>14</sup> Children are vulnerable to victimization partly because they are relatively small and weak and are exposed to many larger, older, and more potentially aggressive individuals,<sup>2</sup> factors that education cannot change. Victim-oriented strategies may be a relatively ineffective approach to preventing victimization; to reduce the actual levels of victimization, programs may need to intervene with offenders, as some current prevention efforts are trying to do.

But this does not mean that victim-oriented training is useless. Prevention education may have other effects that are important. For one, the programs' success in promoting disclosure of victimization has always appeared more self-evident to program trainers, and the current findings bear this out. However, since the programs have usually been presented as *prevention focused*, evidence of promoting disclosure has not always been treated as a sign of success. One implication of these findings is that educators may need to alter the way in which they characterize these programs, with disclosure promotion as a primary or at least equivalent goal of victimization prevention. In addition, the promotion of disclosure can, in fact, be seen as a form of prevention. Children who disclose may be more likely to receive support that can prevent some of the psychological effects of victimization. Such disclosure may also ultimately provide additional protection for them or protect other children from future victimization. All these effects might be the subject of future research.

In addition to promoting disclosure, this research suggests that prevention education may also help children feel differently about victimizations, even though it may not prevent such incidents. Although there was no objective evidence of fewer completed incidents or less injury, children with the more comprehensive training did believe that the things they had done had prevented the episode from being more serious or harmful, and they were also less likely under some of the conditions to blame themselves. It can be argued that increasing this sense of efficacy and decreasing self-blame are extremely important outcomes. For example, other research has suggested that a sense of having had some control in the

face of threats is one of the most important moderators of trauma and predictors of recovery.<sup>15</sup> The current finding that program exposure is associated with feelings of efficacy may thus be taken as encouraging. But this too needs to be confirmed by research that looks at prevention education as a possible moderator of psychological effects.

Another piece of the mixed picture that needs to be considered is the possibility that prevention education could have some negative as well as positive effects. In the earlier cross-sectional analysis from the study, there was a disturbing nonsignificant trend for children with more comprehensive training to be more likely to suffer injuries in sexual victimization experiences, apparently because they were more likely to fight back.<sup>12</sup> In this longitudinal analysis, this vulnerability did not seem to continue, and, in fact, children with Time 1 prevention exposure actually experienced no injuries in the course of sexual victimizations. But once again, we have found a nonsignificant cross-sectional higher level of injury for children who received prevention training at Time 2 and who experienced sexual victimizations. Unfortunately, there is little information about the severity of the injuries to the sexually victimized children except that *none of them* involved bleeding or required medical attention. Although this may be a random statistical fluctuation, it flags something important for future investigation.

As one of the first efforts to look at the impact of prevention education on children's behavior in actual victimizing encounters, this study is of importance. However, it leaves a great deal to be desired, for the following reasons.

First, the findings of this study apply only to older children, age 10 and up. They do not resolve some of the most hotly debated controversies about victimization prevention education—namely, those that concern the effects of such education on young preschool and early elementary-age children.

Second, the prevention program variables in this study have no external validation. We had to rely on the children's own reports, which could have been quite distorted as to whether the children actually received a prevention program and how good that program was. One possible problem this creates is that correlated recall or response biases could explain some of the findings.

Third, all the findings from the study need to be interpreted with important

methodological caveats in mind. With regard, for instance, to a differential attrition from the cohort of the sexually abused children from Time 1, not only were these children at high risk for additional victimization, but they may also have been among those whose risk was most impervious to change through simple educational programs. Another caveat is the relatively weak significance of some of the findings.

A true experimental design is actually needed to better address the issues in this field. A high-quality prevention program whose content and administration can be closely monitored needs to be provided to randomly assigned groups of children, who would then be followed up with the kinds of interviewing of children done in the present study. Such a controlled study might also collect outcome measures independent of children, such as the numbers of disclosures made to teachers.

One persisting dilemma, however, concerns how to obtain the most complete and accurate inventory of children's subsequent victimizations, since it is well appreciated that many children fail to disclose especially the most sensitive and serious kinds of episodes, such as sexual victimization and family violence. One troubling possibility, consistent with the findings of this study, is that prevention education might differentially promote disclosure to *the study interviewers* in addition to other adults, in effect masking any actual reduction in victimization achieved by the programs. This suggests that more methodological research needs to be done on how to obtain disclosures about victimization from children as part of a program of research on the effectiveness of prevention education.

## Conclusions

If the findings of this study prove to be generalizable, prevention education may be more effective in helping children to disclose and react to the victimization than in avoiding it. Prevention educators need to plan and promote such programs with these realistic goals in mind. Meanwhile, policymakers and researchers need to explore whether even more comprehensive approaches that include a range of other targets—including parents, professionals, and potential offenders themselves—can have some impact in preventing the victimization in the first place. □

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