

## Chapter #12

### 'SAFE-TOUCHES' SEXUAL ABUSE PREVENTION: A PILOT STUDY ON CHILDREN, TEACHERS AND PARENTS

Tinia Apergi<sup>1</sup>, Eva-Manolia Syngelaki<sup>2</sup>, & Chrysanthi Nega<sup>2</sup>

*Psychology Department, The American College of Greece-Deree College & ELIZA-Society for the Prevention of Cruelty to Children (Greece)*

<sup>1</sup> *Psy.D.*

<sup>2</sup> *Ph.D.*

#### ABSTRACT

In recent years, many school-based prevention programs have been developed in response to the worrying prevalence rates and serious consequences of child sexual abuse. In Greece one out of six children are victims of sexual abuse before the age of 18 years and schools do not offer abuse prevention programs. This study presents a three-folded prevention program addressing all stakeholders: children, teachers and parents. A sample of 467 primary school students in grades 1-3, participated in the Safe Touches program, a classroom based curriculum, and outcomes were assessed by the Children Knowledge of Abuse Questionnaire-RIII. Children in 2<sup>nd</sup> and 3<sup>rd</sup> grade attained significantly greater increases on the inappropriate touch knowledge from pre- to post-test than children in 1<sup>st</sup> grade. For teachers ( $n=75$ ) and parents ( $n=110$ ) a 2-hours training seminar was delivered. Concepts covered in the seminars were recognition of signs, psychological consequences, legislation and reporting procedures. Teachers and parents reported an increase in the knowledge, attitudes and practices of Child Sexual Abuse (CSA) concepts. Overall, the program proved effective in enhancing children's knowledge and prevention skills, as well as building awareness in parents and teachers. Future research should focus on behavior changes as an outcome measure, and examination of longer-term retention of knowledge gains.

*Keywords:* CSA prevention intervention, children, teachers, parents.

#### 1. INTRODUCTION

Child sexual abuse (CSA) is a worldwide phenomenon that occurs across cultures, countries and social classes and continues to affect millions of children each year. Although reliable estimates are very difficult to obtain, retrospective studies indicate that a significant number of adults have been victimized as children (Pereda, Guilera, Forns, & Gomez-Benito, 2009). Moreover, despite large prevention efforts, international prevalence rates for CSA continue to be high ranging from 8% to 31% for women and 7% to 16% for men (Barth, Bermetz, Heim, Trelle, & Tonia, 2013). Finally, incidence studies in poor and developing countries around the world are either absent or very poorly designed making it difficult to estimate the number of victims and the extend of the phenomenon (Veneema, Thornton, & Corley, 2015). Literature suggests that the majority of sexual abuse incidents happen to children in the prepubertal age group (Finkelhor, Hotaling, Lewis, & Smith, 1990). Sexually abused children are at risk for developing a variety of disorders and the effects of CSA are both short- and long-term influencing the psychosocial and cognitive development of the individual and their interpersonal functioning as adults. Moreover, it increases the risk for future revictimization (Collin-Vézina, De La Sablonnière-Griffin, Palmer, & Milne, 2015; Dube et. al, 2005, van Roode, Dickson, Herbison, & Paul, 2009).

## 2. BACKGROUND

The incidence of sexual abuse and its related problems has prompted professionals to implement prevention and intervention programs to address CSA. Although programs on physical abuse and neglect have focused on identifying high-risk situations and working with victims and offenders, sexual abuse prevention programs are mostly psycho-educational and are designed to address all potential child victims (Daigneault, Vezina-Gagnon, Bourgeois, Esposito, & Hebert, 2017; Davis, & Gidycz, 2000; Geeraert, Van den Noortgate, Grietens, & Onghena, 2004).

Prevention programs employ a variety of strategies to disseminate information and train children to protect themselves and avoid becoming victims of sexual abuse. Prevention involves primary, secondary and tertiary community wide models. Primary models involve direct approaches of teaching children and indirect approaches of teaching others, with the goal to prevent problems from occurring in the first place. Secondary models target individuals at-risk, whereas tertiary models aim at reducing the effects of a problem that is already causing harm (Walker, & Shinn, 2002). Primary prevention programs are mostly designed for preschool and elementary school children with the goal of increasing knowledge and teaching them skills to protect themselves. The inclusion of teachers and parents in prevention efforts is essential so that they can acquire and deliver information about CSA and take an active role to prevent occurrences (Randolph, & Gold, 1994). Although parents' involvement is indicated as very important by most, participation rates tend to be very low and few programs offer concurrent workshops for parents and/or teachers while very few provide send-home material to engage parents (Plummer, 2001; Tutty, 1993; Wurtele, Moreno, & Kenny, 2008).

Primary and secondary efforts can reach a large number of people in a cost-effective way and are thus preferred as a CSA prevention model. Reviews of primary prevention programs have yielded mixed results with respect to changing children's behavior but have been overall effective in increasing knowledge about personal safety. In addition, there is very little data on the ability of children to retain information overtime and even less on resulting behavioral changes after being exposed to CSA prevention psychoeducation (Finkelhor, 2007; Gibson, & Leitenberg, 2000; Hebert, Lavoie, Piche, & Poitras, 2001; Kenny, 2010; Topping, & Barron, 2009). There have been fewer efforts to implement and evaluate prevention programs for parents and teachers. Results indicate an increase in knowledge about CSA but are again mixed with respect to changes in willingness to report an incident of suspected abuse. Studies report that parents focus more on general concepts, such as "stranger danger" and rely primarily on common myths about victim and perpetrator profiles. In addition, they lack knowledge of signs and symptoms as well as the psychological consequences of CSA. (Chen, & Chen, 2005; Chen, Dunne & Han, 2007; Finkelhor 1984; Pullins, & Jones, 2006; Tang, & Yan 2004; Tutty, 1993).

Child sexual abuse rates in Greece commensurate with worldwide prevalence trends. One out of six children is victim of at least one incident of sexual abuse during their childhood years (Petroulaki, Tsirigoti, Zarokosta, & Nikolaidis, 2013). However, attempts to raise public awareness in the country are limited. Furthermore, because of the wider economic crisis in Greece, there is a lack of appropriate services and the available resources have been dramatically reduced. Despite the progress made so far at an international level, Greece is lagging significantly in initiatives to prevent CSA. There is a lack of primary prevention programs regarding CSA in Greek elementary schools and there is no national registry for reporting and recording sexual abuse cases, making any intervention and prevention efforts difficult to materialize. The present study arose from the need to

implement and evaluate a primary prevention program for children aged 6-9, build awareness and provide a more comprehensive primary prevention program, where all key stakeholders were included: that is children, teachers and parents.

Primary prevention includes school-based sexual abuse prevention programs. The school is an area that offers the conditions favoring the development of skills and abilities to prevent sexual violence. School settings have been proven effective at teaching safety concepts and increasing sexual abuse disclosures in children (Finkelhor, 2007; Topping, & Barron, 2009). An additional advantage of school-based programs is the promotion of awareness among teachers and parents that could lead to an increase in their confidence in identification of incidents. Teachers, as key members of the school community, can play an important role in the prevention and treatment of the phenomenon of CSA. Moreover, as a training institution, school can help open a dialogue between parents and children (Zwi et al., 2007).

One of the school-based programs which has proven effective in teaching safety tools to children as young as kindergarten level is the 'Safe Touches' curriculum. This program was designed and implemented by the New York Society for the Prevention of Cruelty to Children (NYSPCC) and has had excellent results (Pulido et al., 2015). Based on its effectiveness and the population it addresses it was chosen to be implemented and evaluated in Greece. The purpose of the current study was threefold: implement a school based sexual abuse prevention program in children aged 6-9 years in a Greek population and education system, provide psychoeducational training for parents; and provide psychoeducational training for teachers.

### **3. METHODS**

#### **3.1. Participants**

Four hundred sixty-seven elementary school-aged children from three grade levels (1<sup>st</sup> grade  $n=159$ , 2<sup>nd</sup> grade  $n=149$ , 3<sup>rd</sup> grade  $n=149$ ) participated in the study. The sample consisted of 235 boys and 232 girls. The children were attending a private elementary school serving a largely middle-class population in a southern suburb of Athens. Only students with parental consent participated in the study. Students with diagnosed physical, emotional and / or cognitive difficulties were allowed to participate in the intervention, but the obtained measurements were not included in the data analysis.

Seventy nine teachers of the participating school attended a teachers' training seminar. The sample consisted of teachers from all grades of the school (1<sup>st</sup> through 6<sup>th</sup> grade) and completed a knowledge questionnaire before and after the seminar.

All parents of children were invited to a parent education seminar held in the school after the completion of the intervention on their children. A total of 110 parents attended the meeting and completed knowledge and attitudes questionnaires before and immediately after the seminar. The mean age of parents was 42.6 years ( $SD.=5.33$ ); 23.6% were fathers and 76.4% were mothers.

#### **3.2. Measures**

*Children:* The effectiveness of the child prevention intervention was evaluated using the Greek version of the Children Knowledge for Abuse Questionnaire (CKAQ-RIII; Tutty, 1995). It is a reliable and valid tool that measures the level of children's knowledge on the concepts of sexual abuse and prevention skills. The CKAQ consists of 33 questions with response choices of "true", "false" or "do not know". One point was assigned for a correct

answer whereas no points were assigned for either incorrect or *I do not know* response. Higher scores reflect greater level of knowledge of the concept of sexual abuse. The questionnaire comprises of two subscales of Inappropriate and Appropriate Touch. Inappropriate Touch subscale (24 items) covers the major elements that most CSA programs are focused on, namely recognition of different touches, situations, strangers, and acquisition of self-protective skills. In CKAQ-RIII a 9-item subscale of Appropriate Touch was developed where identification of more complicated situations was introduced, like seeing a child's private parts in the context of a doctor's appointment, or in the case of the child to ask for help when lost. Psychometric properties exist only for the ITS which revealed strong internal consistency ( $\alpha=.87$ ) and test-retest reliability ( $\alpha=.88$ ).

The translation and cultural adaptation of the questionnaire was conducted in accordance with the international standards of the World Health Organization (WHO / Research Tools [http://www.who.int/substance\\_abuse/research\\_tools/translation/en/](http://www.who.int/substance_abuse/research_tools/translation/en/)). Specifically, the standard "forward-backward" two-phase procedure was applied to translate the questionnaire from English to Greek. Both translations were made independently by a scientific group of mental health professionals. The research team resolved and reach consensus on the discrepancies that resulted from the reverse translation. The final form of the CKAQ questionnaire was given to 10 children, aged 5-9 years old, which confirmed that the Greek version of the questionnaire is clear and comprehensible.

*Teachers:* A two-hour teacher training seminar was delivered to all teachers of the participating school. The training seminar included training concepts on child sexual abuse and prevention, appropriate sexual development, recognition of signs and symptoms, psychological consequences, as well as legislation and reporting procedures. A description of the "Safe Touches" program was also presented.

To assess teachers' knowledge about child sexual abuse, a 20 item "true-false" questionnaire was administered (Goldman, 2007). The questionnaire mainly measured teachers' knowledge and understanding on CSA concepts, as well as competency in reporting. Teachers completed the knowledge questionnaire before and after the training seminar.

*Parents:* A two-hour parent training seminar was delivered to parents of participating students in grades 1-3 of the school. Parents' presentation was developed based on the original NYSPCC material addressing concepts of child sexual abuse, appropriate sexual development, recognition of signs and symptoms, and talking to children about abuse. The questionnaires distributed to parents included general demographics, CSA prevention knowledge, CSA attitudes, and CSA indications.

Parents' perceptions about child sexual abuse myths and stereotypes were assessed with the CSA Myth Scale (Collings, 1997). The scale consisted of 10 items with a 3-point Likert-type format of "agree", "disagree" and "unsure" response options. The tool has acceptable internal consistency (Cronbach's  $\alpha .764$ ) and test-retest reliability ( $r=.874$ ), as well as good convergent and discriminant validity. Parents' attitudes towards CSA prevention education were measured using a 5 items scale where response choices were either "agree" or "disagree" (Chen, & Chen, 2005). The scale has a good Cronbach's  $\alpha$  of .81. Finally, the Assessment of Sexual Abuse in Children was used to evaluate parents' ability to recognize symptoms and signs of sexual abuse in children (Salvagni, & Wagner, 2006). The scale consisted of 5 items in which correct responses were measured with a maximum score of 5. (Cronbach's  $\alpha =.85$ ).

The aforementioned tools were administered to parents twice, before and after the training seminar, to evaluate changes in the scores of the assessment scales. To ensure confidentiality, all participants (children, parents, teachers) generated a unique identifier to match pretest and posttest questionnaires.

All scales distributed to parents and teachers were translated in Greek and translated back to English by independent translators, to ensure consistency in meaning. The research team made minor adjustments to the Greek versions of the parent and teacher questionnaires to make their meaning as clear as possible.

### **3.3. Intervention**

“Safe Touches: Personal Safety Training for Children” is a school-based sexual abuse prevention program implemented in grades K-3. Safe Touches curriculum has been developed by the New York Society for the Prevention of Cruelty to Children (NYSPCC) since 2007 (Pulido et al., 2015). The curriculum has been adapted and translated to the Greek population and education system.

A 50-minute in-class interactive workshop was delivered to children in grades 1-3 with puppets employing role-play scenarios to assist children in learning and practicing concepts of body safety. During the workshop, children were guided to practice body safety language skills and list potential adults to tell in case of a not-safe touch. At the end of the workshop, children were also provided with an age-appropriate activity book that included exercises and reiteration of the material presented in class. Children were given the handbook to take home to work with their families.

The main concepts covered in the workshop included the parts of the body that are considered private, the difference between safe and not-safe touches, what to do if they do not feel safe and are confused. They were also taught that abuse is never the child's fault, that not safe touches can happen to girls and boys by someone they know and love, and were educated on who to tell if they receive a not safe touch.

The workshops were delivered by trained mental health professionals in collaboration with graduate counseling psychology students.

Students in grades 1-3 completed the Greek version of CKAQ before the intervention (pre-test) and one week later (post-test), immediately after the intervention. The administration of the questionnaire was delivered orally, either individually or in pairs of students and lasted approximately 15-20 minutes.

### **3.4. Ethical issues**

The study was granted ethical approval by the Institutional Review Board of the American College of Greece. Informed written consent (and child oral assent) were obtained from school management, teachers and parents, according to guidelines of the American Psychological Association.

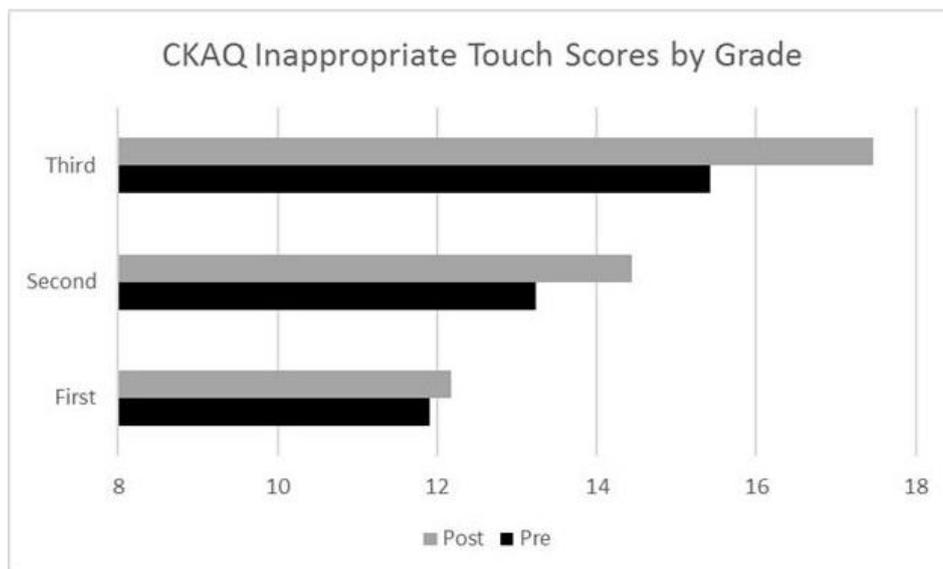
If during the delivery of the program an incident of abuse or neglect was suspected or disclosed, a standard protocol was initiated. A minimal facts interview with the child was conducted and the school principal was informed, following the Protocol Implementation Guide of Investigation, Diagnosis and Management of Child Abuse/Neglect for Professionals ([http://www.0-18.gr/downloads/protokollo-eyretirio-kakopoiisis/Guide%20to%20Protocol%20use\\_ICH\\_6.2015.pdf](http://www.0-18.gr/downloads/protokollo-eyretirio-kakopoiisis/Guide%20to%20Protocol%20use_ICH_6.2015.pdf)).

#### 4. RESULTS

*Children:* The internal consistency of the two subscales revealed strong Cronbach’s  $\alpha$  for the ITS ( $N=467$ ), ranging from .77 (post-testing) to .82 (pre-testing). However, the internal consistency on the 9-items of the ATS showed a rather weak Cronbach’s  $\alpha$ , with .49 to .63 for post and pre-testing, respectively, following previous literature where psychometric properties of the ATS is either very weak or non-reported.

A 2 x 2 x 3 mixed ANOVA was conducted to investigate the effects of gender (male vs. female), grade level (1st vs. 2nd vs. 3rd) and intereventiveness (pre vs. post-test), the latter being the within participants variable, on the Inappropriate Touches Subscale scores. Analyses revealed a significant effect of grade level on the overall CKAQ scores,  $F(2,427)=66.75$ ,  $p<.001$ ,  $\eta^2 =.24$ , with third graders exhibiting greater knowledge levels of sexual abuse concepts ( $M=16.45$ ,  $SD = 3.77$ ) than second ( $M=13.8$ ,  $SD=3.59$ ) and first graders ( $M=12.04$ ,  $SD=3.71$ ). There was also a significant effect of intervention effectiveness,  $F(1,427)=49.8$ ,  $p<.001$ ,  $\eta^2 = .104$ , showing benefits in knowledge following intervention as evident by differences in scores before ( $M=13.58$ ,  $SD =3.75$ ) and after the intervention ( $M=14.78$ ,  $SD =4.49$ ). A significant interaction between intervention effectiveness and grade level,  $F(2,427)=9.54$ ,  $p<.001$ ,  $\eta^2 = .043$ , indicated that only the second and third grade students benefitted from the intervention and showed increase in the CSA knowledge and prevention skills. However, knowledge scores remained the same before and after the intervention for first graders. The effect of gender and the remaining interactions failed to reach statistical significance and thus are not reported in detail (see Figure 1).

Figure 1.  
Mean Inappropriate Touch Subscale (ITS) scores at grades 1,2,3, before (pre) and after (post) the intervention.



A similar analysis was performed for the ATS and revealed only a significant interaction between intervention effectiveness and grade level,  $F(2,427)=4.07$ ,  $p=.018$ ,  $\eta^2=.019$ . Scores on the Appropriate Touches subscale were quite inconsistent with only third graders showing an increase in knowledge, whereas students of first and second grades exhibit a decrease in knowledge after the intervention. It must be noted that the intervention's effectiveness did not reach statistical significance, showing no knowledge gains before and after the intervention. This finding is consistent with previous research (Pulido et al., 2015). However, these results should be cautiously interpreted as the psychometric properties of the ATS were not that strong. One should also take into account that ATS questions were added to the questionnaire to avoid distorting children's concept of appropriate interactions, without measuring a specific construct (Tutty, 1995).

*Teachers:* Overall, teachers displayed an increase in knowledge as indicated by the difference in scores of the assessment scale delivered before ( $M=11.41$ ,  $SD=2.95$ ) and after ( $M=16.08$ ,  $SD=2.63$ ) the training seminar,  $t(72)=12.4$ ,  $p=.000$ ,  $d=1.67$ .

*Parents:* Overall, parents exhibited significant knowledge gains indicated by the differences in scores of the CSA Myth Scale before ( $M=28.9$ ,  $SD=1.14$ ) and after ( $M=29.48$ ,  $SD=1.58$ ) the seminar,  $t(102)=3.27$ ,  $p=.001$ ,  $d=0.40$ . Moreover, positive attitudes towards CSA school-based prevention programs were significantly increased following the training seminar, with post attitudes scores being higher ( $M=4.62$ ,  $SD=1.06$ ) than pre seminar scores ( $M=4.19$ ,  $SD=1.3$ ),  $t(109)=2.72$ ,  $p=.007$ ,  $d=0.36$ . On the other hand, parents' ability to recognize that a child has been sexually abused did not improve before ( $M=4.19$ ,  $SD=1.30$ ) and after the seminar ( $M=4.62$ ,  $SD=1.06$ ) shown by the scores obtained in the "Indications of CSA" questionnaire ( $p>.05$ ). Separate paired-samples t-tests were also performed for each indication, but failed to reach statistical significance (see Table 1). Analyses of the demographic data revealed non-significant effects of gender of the parent, gender of the child and the level of education of the parent on perceptions and attitudes ( $p>.05$ ), suggesting that independently of these factors, a training seminar can effectively educate parents on CSA concepts.

Table 1.  
Indications of CSA.

Signs and Symptoms	Correct responses N (%)	
	Pretesting	Posttesting
1. Sudden withdraw behavior	99 (91)	107 (97)
2. Unusual fear of being left alone	108 (98)	108 (98)
3. Abnormal interest in or curiosity about sex or genitals	106 (96)	106 (96)
4. Genital/anal injuries	72 (66)	97 (98)
5. Reluctance to undress	91 (83)	98 (92)

*Note:* Individual paired samples t-tests were not significant ( $p>.05$ ).

## 5. FUTURE RESEARCH DIRECTIONS

The Safe Touches program, as well as the training seminars for parents and teachers, were successful in increasing knowledge and awareness, regardless of their brief duration. Due to lack of resources in Greece, cost-effective school based prevention programs might be an optimal solution where lack of resources does not allow more lengthy and time-consuming prevention initiatives to materialize.

To this end, future research should explore the long-term retention of knowledge and skills in children who received the Safe Touches curriculum. Previous research has shown that knowledge gains were retained from two to five months after intervention, whereas skill gains were maintained from two to three months (Topping, & Barron, 2009). Additionally, the delivery of the Safe Touches program to a representative national sample would increase the generalizability of the findings. Further work would focus on broadening the sample to include schools of various socioeconomic statuses and diverse ethnic backgrounds, a context that better describes the current Greek demographics. Future studies, should also include behavioral intentions as an outcome measure for children where knowledge and self-protection skills are assessed through potentially risky situations that address topics covered in the prevention program. Even though, behavioral intentions have been proven effective in measuring knowledge on self-protection practices (Müller, Röder, & Fingerle, 2014), a meta analytic study raised serious concerns on whether behavioral intentions lead to behavioral changes (Webb, & Sheeran, 2006). Alternatively, program effectiveness in the prevention of sexual victimization can be measured by the number of incidents reported, over time. Gibson and Leitenberg (2000) provided preliminary evidence and found an association between school-based CSA prevention programs and decreased occurrences of CSA. Moreover, there have been some attempts to measure effectiveness by evaluating long term retention of knowledge as well as behavioral changes in children exposed to CSA prevention training curricula (Fryer, Kraized & Miyoshi; 1987a; 1987b; Zhang, et. al., 2013).

Similarly, for parents and teachers, future research should focus on longer knowledge gains and attitudes changes. The long-term impact of training seminars can further be evaluated by monitoring the number of reports filed in the schools where the program was delivered. If the seminar was effective, then teachers' knowledge in recognizing CSA symptoms and in school's procedures would be immediately reflected in increased reporting of suspected abuse.

## **6. CONCLUSION/DISCUSSION**

The present study described the implementation and evaluation of an elementary school based prevention program implemented on children, parents and teachers. It provides a comprehensive, cost-effective and practical solution against CSA, effective at teaching safety concepts, and promoting awareness among children, teachers and parents.

Although the research methodology differs from the original employed by NYSPCC for the delivery of Safe Touches, the overall trends of the data remain comparable and in the same direction. Specifically, Pulido et al.'s (2015) study design employed intervention and control groups of children, whereas all student participants of the present study took part in the program, and outcome measures were assessed before and after the delivery of the program. Children exposed to the prevention program increased their knowledge and ability to distinguish between a safe and not safe touch, which should place them in a position to react promptly and proactively to possible inappropriate conduct by adults and prevent their victimization (Pulido et al., 2015). The results of the current study showed a significant increase in knowledge in second and third graders as compared to first graders. Even though there are studies of child sexual abuse prevention programs finding increased knowledge across first to third graders (Hebert et al., 2001), there are also studies showing greater knowledge gains in older children as compared to younger children (Blakey, & Thigben, 2015; Wurtele, Saslawsky, Miller, Marrs, & Britcher, 1986). According to a review of research studies on child sexual abuse prevention (Berrick, & Barth, 1992), first

graders might be misinterpreting information presented to them, and second and third graders could be understanding better explicit concepts taught in the program. Furthermore, older children might be presenting with more advanced verbal skills, and could have had more exposure to the concepts taught (Wurtele et al., 1986).

Similarly, both parents and teachers after a 2-hour training seminar increased their awareness, knowledge and attitudes on CSA concepts. The results are consistent with previous research demonstrating that parental involvement in CSA prevention education is helpful in strengthening children's self-protection skills and parent child communication on issues of CSA (Wurtele, Gillispie, Currier, & Franklin, 1992; Wurtele et. al, 2008). In this sample, parents advanced their knowledge about definition of abuse, gender differences on the risk of abuse, type of perpetrators, and prevalence. Moreover, their attitudes towards school CSA prevention education were also altered, understanding the value of such practices in the prevention of CSA. Parents also exhibited preexisting knowledge in the recognition of CSA indications, partly explaining the non-significant results obtained. Specifically, findings showed that a high percentage of parents could correctly recognize a range of signs and symptoms of CSA, including behavioral changes. Consistent with previous evidence, a number of key issues arising from current findings is the misconceptions and myths that parents have about CSA (for complete review see Babatsikos, 2010). Parents should be actively engaged in the primary prevention of CSA to decrease the risk of incidents to their children. This study has provided a better understanding concerning the level of CSA knowledge, attitudes and recognition of signs that parents have in Greece, in order to develop more effective prevention programs for parents. Especially since all parents, independently of their education level, ethnic background and socioeconomic status, experience a difficulty discussing with their children the topic of CSA (Babatsikos, 2010; Wurtele et al., 2008).

Likewise, teachers participating in the program showed significant increases in their knowledge and understanding of CSA prevention concepts and the process of mandatory reporting. Teachers' participation in such programs is an integral part of effective prevention efforts, especially in counties like Greece where teachers do not undergo any training to the topic, either during their compulsory university education or during their professional teaching life (Goldman, & Grimbeek, 2011; Randolph, & Gold, 1994).

Overall, these results expand on previous findings (Chen, & Chen, 2005; Goldman, 2007) by not only measuring awareness, but also examining the effectiveness of a short-term informative training in parents and teachers. Additionally, the results of the prevention program supported the existing research literature that emphasizes the necessity of integration of such programs in health education programs in elementary schools. The current study provides a comprehensive approach in preventing sexual abuse in a school setting, involving individuals that can promote awareness and subsequently enhance intervention efforts.

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## ACKNOWLEDGEMENTS

This study was funded by Stavros Niarchos Foundation and conducted under the auspices/support of the ELIZA – Society for the Prevention of Cruelty to Children. We thank the advisory team of ELIZA, Katerina Lambrou, Electra Koutsoukou, and Afroditi Stathi who provided support and advice throughout this research project. Special thanks to the team of volunteers that helped in the dissemination of the workshop and the collection of data (Eva Paikopoulou, Christina Gangos, Irene Melengovits, Ety Varouch, Evaggelia Tsigoti, Marios Akoumianakis, Andromachi Katsarou, Stavroula-Eleni Evaggelinou, Penny Damdimopoulou, Elia Panopoulou, Anastasia Galani, Niovi Stoupi, Edela Kolitsi, Petros Paraskevopoulos, Anna Kazamias, Niki Liaskou, Maria Skaltsa, Nina Vavassori, Eleonora Assarioti). Finally, we are very grateful to the children, parents and teachers for their participation and the insight they have provided.

Sole responsibility for study design, interpretation of data, writing and submission of the chapter lies with the authors.

## AUTHORS INFORMATION

**Full name:** Dr. Tinia Apergi

**Institutional affiliation:** The American College of Greece, Deree College

**Institutional address:** 6 Gravias Street GR-153 42 Aghia Paraskevi Athens, Greece

**Email address:** tapergi@acg.edu

**Short biographical sketch:** Dr. Tinia Apergi is a senior clinical psychologist, who has worked as a clinical practitioner, professor and graduate training coordinator in the American College of Greece since 2004. Dr. Apergi joined the scientific board of ELIZA, Society for the Prevention of Cruelty to Children in 2015 bringing in her experience and expertise in family violence and child abuse and neglect assessment, treatment and prevention. Dr. Apergi works as a private practitioner with children, adolescents and adults, contributes as a consultant in school settings and presents workshops related to issues of domestic violence in various settings.

**Full name:** Dr. Chrysanthi Nega

**Institutional affiliation:** The American College of Greece, Deree College

**Institutional address:** 6 Gravias Street GR-153 42 Aghia Paraskevi Athens, Greece

**Email address:** cnega@acg.edu

**Short biographical sketch:** Dr. Nega is an assistant professor at the American College of Greece, graduate and undergraduate psychology programs, since 2002. Her strong research background in various methodologies has led her to a number of research opportunities and collaborations inside and outside of Greece. She has recently started to work on pedagogical research and has joint ELIZA as a senior research coordinator overseeing the research design and data analysis.

**Full name:** Dr. Eva-Manolia Syngelaki

**Institutional affiliation:** The American College of Greece, Deree College

**Institutional address:** 6 Gravias Street GR-153 42 Aghia Paraskevi Athens, Greece

**Email address:** esyngelaki@acg.edu

**Short biographical sketch:** Dr. Eva-Manolia Syngelaki is an adjunct professor at the American College of Greece, where she has been teaching at the undergraduate and graduate department since 2013. She has been extensively involved in the implementation of prevention programmes in school settings, where some of her primary duties were research, training and supervision of teachers. She has also considerable experience in conducting seminars and workshops for both mental health professionals and teachers. She has received certified psychotherapy training in Cognitive Behavioral Therapy and works as a private practitioner. She has jointed ELIZA as a scientific associate.