



100
755
THS

19965907



This is to certify that the
thesis entitled

THE EVALUATION OF A PERSONAL SAFETY
CURRICULUM FOR PRESCHOOLERS
presented by

Theresa Anderson-Varney

has been accepted towards fulfillment
of the requirements for

MASTER OF ARTS degree in PSYCHOLOGY

SA Bogat
Major professor

Date 2-17-88



RETURNING MATERIALS:
Place in book drop to
remove this checkout from
your record. FINES will
be charged if book is
returned after the date
stamped below.

300 A 261
FEB 21 1989

FEB 22 1989
FEB 23 1989

FEB 26 1989

THE EVALUATION OF A PERSONAL SAFETY CURRICULUM FOR PRESCHOOLERS

By

Theresa Joan Anderson-Varney

A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

MASTER OF ARTS

Department of Psychology

1988

512-3771

ABSTRACT

THE EVALUATION OF A PERSONAL SAFETY CURRICULUM FOR PRESCHOOLERS

By

Theresa Joan Anderson-Varney

This study evaluated the effectiveness of a personal safety curriculum, the Grossmont College Child Sexual Abuse Prevention Program for Preschoolers, designed to teach children self-protection skills in an attempt to prevent sexual abuse. Twenty-five four year old children in two daycare centers were assigned to either treatment or control conditions depending on the daycare center they were attending. Each child was individually interviewed using a questionnaire meant to assess children's knowledge about sexual abuse, in addition to a measure designed to elicit self-report of verbal and behavioral responses to potentially abusive situations. Also utilized was an instrument meant to determine if such a program causes fear in children. Children who experienced the program demonstrated greater knowledge about sexual abuse. In addition, their personal safety skills were enhanced when compared to controls. The hypothesis stating that there would be no difference in scores on the fear measure between treatment and control subjects was also supported.

ACKNOWLEDGEMENTS

I would like to take this opportunity to thank Anne Bogat for her help with this project. I would also like to thank Bill Davidson and Bob Caldwell for their input. The individual who has shared the struggle to the greatest degree is my friend and colleague Sharon Bradt. Special thanks to her for her patience and support.

TABLE OF CONTENTS

INTRODUCTION.....	1-23
METHOD.....	24-26
PROCEDURE.....	26-27
RESULTS.....	28, 31
DISCUSSION.....	36-42
REFERENCES.....	43-46
FOOTNOTES.....	47
APPENDIX A Consent Forms.....	48-51
APPENDIX B Personal Safety Questionnaire.....	52-54
APPENDIX C "What If" Situations Test.....	55-60
APPENDIX D Fear Assessment Questionnaire.....	61

LIST OF TABLES

Table 1	
Analysis of Covariance for Condition Effects on the PSQ.....	29
Table 2	
Analysis of Covariance for Condition Effects on the WIST.....	30
Table 3	
Analysis of Covariance for Condition Effects on the Fear Measure.....	32
Table 4	
Correlation Matrix for All Measures.....	33
Table 5	
Means and Standard Deviations for All Measures Utilized Experimental Group.....	34
Table 6	
Means and Standard Deviations for All Measures Utilized Control Group.....	35

INTRODUCTION

Child sexual abuse is defined as contact or interaction between a child and an adult or older person when the child is being used for the sexual stimulation of either the perpetrator or another person. "Child" refers to a boy or girl under 18 years of age. The perpetrator need not be an adult, as long as the perpetrator is significantly older than the victim and/or in a position of power over the victim. Child sexual abuse includes a wide range of sexual activity ranging from "non-violent," non-touching offenses such as exposure to offenses that do involve physical contact, and sometimes the use of violent physical force (such as oral, genital, or anal stimulation and penetration), incest, and exploitation of children through pornography and prostitution (Committee for Children, 1984).

Until 1985, the American Humane Association (AHA), under contract from the government, served as a clearinghouse for statistics on child abuse and neglect gathered by individual states. Most of the states collect certain basic statistics on child abuse and neglect from their child protective agencies using a standardized form and report at least summary statistics to the AHA. The AHA then extrapolates national estimates from these reports. Data from 1976 through 1983 indicates that the number of reported cases has continued to increase markedly in each year. In 1976, the estimate of sexual abuse cases reported by the AHA was 7,559, by 1983 this figure had risen to 71,961.

Studies of the prevalence of child sexual abuse in the general population suggest that official reports do not reflect an accurate picture of the problem. In order to ascertain a more realistic rate of

sexual abuse, researchers have begun to survey the victims. At least 15 of these studies have been conducted in the last decade alone. Many of these studies have surveyed college students.

In a sample from six New England colleges and universities, Finkelhor (1979) found 19% of females and 9% of males were victimized as children or adolescents (N=796). Fritz, Stoll, and Wagner (1981) found that 8% of females and 5% of males in a student sample of 952 had been victimized. Another sample of 482 women students in undergraduate psychology courses at Auburn University found 22% had been abused (Fromuth, 1983). Seidner and Calhoun (1984) sampled 595 female and 490 male undergraduates at the University of Georgia. They found 11% of females and 5% of males had had sexual experiences with older partners prior to the age of 18.

The community samples include a 1980 random survey of 1054 Texas driver's license holders. This study found 3% of males and 12% of females experienced sexual abuse during childhood (Kercher, 1980). A 1983 random sample of 930 San Franciscan women found 28% had experienced unwanted touching before the age of 14. Twelve per cent of these women had been victimized by a relative. When attempted and completed forcible rapes plus all forms of unwanted contact by relatives between the ages of 14 and 17 were included, the figure for sexual abuse before the age of 18 rose to 38%. In a multistage stratified probability sample drawn by the Institute for Social Science Research, equal numbers of Afro-American and white women, ages 18 to 36, in Los Angeles County were recruited and interviewed. The trained interviewers asked questions pertaining to sexual history including sexual victimization. Sexual abuse prior to age 18 had been experienced by 57% of the Afro-American women and 67% of the

white women (62% overall). The percentage of abused women who reported more than one abuse incident was 52% among Afro-American women as compared to 48% among white women (Wyatt, 1985). Neither of these ethnic differences was statistically significant. Another random survey of 415 women and 403 men in Central Minnesota found 13% of women and 3% of men had experienced forced unwanted sexual activity by an adult prior to age 18 (Murphy, 1985).

Taken as a whole, these surveys indicate that child sexual abuse is not an uncommon experience. Regardless of population, studies consistently suggest that a high percentage of children will experience abuse. The question is what happens to children who have this experience.

Empirical studies suggest that children often suffer both short-term and long-term negative effects from sexual abuse. Short-term or initial effects of sexual abuse are those reactions that occur within two years of the termination of abuse (Finkelhor, 1984). Long-term effects date from two years after the occurrence of abuse.

The most common short-term effect reported in empirical studies is fear. However, exact proportions vary from a high of 83% reported by DeFrancis (1969) to 40% in the Anderson, Bach, and Griffith (1981) study. Gomes-Schwartz, Horowitz and Sauzier (1985) found that 45% of the 7 to 13 year olds had severe fears, compared to 13% of the 4 to 6 year olds. Thirty-six percent of the 14 to 18 years olds had elevated scores on "ambivalent hostility," or the fear of being harmed.

Friedrich, Urquiza, and Beilke (1986) studied 61 sexually abused females who were referred by either a local sexual assault center for evaluation or the outpatient department of a local hospital. The researchers reported that 46% of their subjects had significantly elevated

scores on behaviors described as fearful, inhibited, depressed and overcontrolled and 39% had elevated scores on aggressive, antisocial, and undercontrolled behavior. Only 2% of a normal sample would be expected to have elevated scores in either of these areas. Younger children (up to age 5) demonstrated a tendency to score high for feeling fearful, inhibited, depressed, and overcontrolled, and older children (ages 6 through 12) were more likely to have elevated scores for feelings that were aggressive, antisocial, and undercontrolled.

Another short-term effect in children is a reaction of anger and/or hostility. Gomes-Schwartz, Horowitz, and Sauzier (1985) found that 45% to 50% of the 7 to 13 year olds showed substantially elevated scores on measures of aggression and antisocial behavior, as did 35% on the measure of hostility directed outward. Of 4 to 6 year olds, 13% to 17% scored above the norms on aggression and antisocial behavior; 25% of the 4 to 6 year olds and 23% of the adolescents had elevated scores on hostility directed outward. In his study of court cases, DeFrancis (1969) noted that 55% of the children showed behavioral disturbances, such as active defiance, disruptive behavior within the family and quarreling or fighting with siblings and classmates.

Other frequently observed reactions to child sexual abuse are guilt and shame. DeFrancis (1969) reported that 64% of his sample expressed guilt, although it was related more to the problems created by disclosure than about the abuse itself. Anderson et al. (1981) reported guilt reactions and feelings of depression in 25% of victims.

It is also thought that sexual abuse has an effect on self-esteem, but this effect has not yet been established by empirical studies. However, DeFrancis (1969) did report 58% of victims expressed feelings of inferiority

or lack of worth as a result of the abuse. On the other hand, Gomes-Schwartz et al. (1985) found no evidence that sexually abused children of any age had consistently lower self-esteem when compared to a normal population of children.

Physical symptoms suggesting anxiety and distress are found in both clinical reports and empirical literature. In a study of child victims of intrafamilial sexual abuse, Peters (1976) reported that 31% had difficulty sleeping and 20% experienced eating disturbances. Anderson et al. (1981), in their chart review of female adolescent victims, found that 17% had experienced sleep disturbances and 5% to 7% showed changes in eating habits after the abuse.

Inappropriate sexual behavior in child victims has been confirmed by two studies (Tufts, 1984; Friedrich et al., 1986). The Tufts (1984) study reported 27% of preschoolers scored significantly above clinical and general population norms on a sexual behavior scale that included having had sexual relations, open masturbation, excessive sexual curiosity, and frequent exposure of the genitals. High levels of disturbance on the sexual behavior measure were also found in the 7 to 13 year old age group with 36% scoring above normal when compared to norms for either general or clinical school-age populations. Friedrich et al. (1986) evaluated 3 to 12 year olds and found 70% of males and 44% of females scored at least one standard deviation above a normal population of that age group on a scale measuring sexual problems. Sexual problems were more common among the older boys and the younger girls.

Other effects of child sexual abuse found in the literature include difficulties at school, truancy, running away, and early marriages by adolescent victims. Meiselman (1978) reported that 50% of incest victims in her sample had left home before the age of 18, compared with 20% of

women in a comparison group of nonvictimized female patients. Younger children often went to a relative, while older daughters ran away or eloped, sometimes entering into early marriages to escape the abuse. Herman (1981) interviewed 40 patients in therapy who had been victims of father-daughter incest, and compared their reports with those from a group of 20 therapy clients who had seductive, but not incestuous fathers. Of the incest victims, 33% attempted to run away as adolescents, compared to 5% of the comparison group. In Peter's (1976) study, 10% of the child victims quit school, although all of his subjects were under the age of 12 at the time. Anderson et al. (1981) found problems at school, including truancy, or quitting school, in 20% of their sample. Further, DeFrancis (1969) reported that 11% of child victims in his study became pregnant as a result of the abuse.

The empirical literature, then, suggests the presence of fear, anxiety, depression, anger and hostility, and inappropriate sexual behavior. Running away, school problems and truancy are also found in some portion of the victim population. However, due to the lack of standardized measures and satisfactory comparison groups, it is not certain that all child victims experience these problems. At this point, it is known that at least some of the victims will experience some of these aftereffects of sexual abuse.

Turning to long-term effects of sexual abuse, the literature most commonly reports elevated levels of depression among adults abused as children. Bagley and Ramsay (1986) in a random sample of 387 women, found that subjects with a history of child sexual abuse had higher depression scores than did nonabused women (17% versus 9%). Peters (1984), in a random sample of 119 women, found that sexual abuse with

physical contact was associated with a higher incidence of depression and a greater number of depressive episodes over time, and that women who had been sexually abused were more likely to have been hospitalized for depression than were nonvictims.

The link between child sexual abuse and depression has been confirmed in other samples as well. Sedney and Brooks (1984), in a study of 301 college women, found a greater likelihood for subjects with childhood sexual experiences to report symptoms of depression (65% versus 43% of the control group) and to have been hospitalized for depression (18% of the childhood sexual experiences group versus 4% of the control group). These results are consistent with those found in a carefully controlled survey of 278 undergraduate women by Briere and Runtz (1985) who found that sexual abuse victims had more depressive symptoms during the 12 months prior to the study than did nonabused subjects.

Studies with both clinical and nonclinical samples have shown that victims of child sexual abuse are more self-destructive than their nonabused counterparts. In an extensive study of 153 "walk-ins" to a community health counseling center, Briere (1984) found that 51% of the sexual abuse victims, versus 34% of nonabused clients, had a history of suicide attempts. Also, 31% of victims, compared to 19% of nonabused clients, displayed a desire to hurt themselves. In their community study, Bagley and Ramsay (1986), found an association between childhood sexual abuse and suicidal ideation or deliberate attempts at self-harm. Among college students, Sedney and Brooks (1984) found that 39% of those with child sexual abuse experiences thought of hurting themselves and 16% had made at least one suicide attempt compared to 16% and 6%, respectively, of the nonabused comparison group.

Some attention has been given to somatic problems as a long-term effect of childhood sexual abuse. Briere and Runtz (1985) observed symptoms of anxiety and tension: 54% of sexual abuse victims were currently experiencing anxiety attacks compared to 28% of nonvictims, 54% reported nightmares versus 23% of nonvictims, and 72% had difficulty sleeping as compared with 55% of nonvictims. In their college sample, Sedney and Brooks (1984) reported 59% of the victims were nervous and anxious compared to 41% of nonvictims, 41% reported extreme tension versus 29% of the controls, and 51% had trouble sleeping compared to 29% of controls. Bagley and Ramsay (1986), in their community sample, found 19% of their subjects who had experienced sexual abuse reported symptoms indicating somatic anxiety compared to 9% of nonabused subjects. Briere and Runtz (1985) found sexual abuse victims in the clinic setting reported symptoms of disassociation and "spaciness" (42% versus 22%), as well as "out of body experiences" (21% versus 8%), and feeling that things were unreal (33% versus 11%). Briere and Runtz postulate that disassociation is a strategy that victims use to escape from the unpleasant sensations of the abuse experiences and this later becomes an autonomous symptom.

The notion that sexual abuse victims continue to feel isolated and stigmatized as adults also has some support in the empirical literature, although these findings are only reported for clinical populations. In Briere's (1984) study, 64% reported feelings of isolation, compared to 49% of the controls. In the case of incest victims, the figures are higher: Herman (1981) reported that all of the women who had experienced father-daughter incest in her clinical sample had a sense of being branded, marked, or stigmatized by the abuse. In Courtois' (1979) sample

of incest victims, 73% reported they still had feelings of isolation and alienation.

Although low self-esteem was not confirmed as a short-term effect, some evidence indicates it may be a long-term effect. Bagley and Ramsay (1985) found that women with very poor self-esteem were nearly four times as likely to report a history of child sexual abuse as a comparison group. There is a much greater incidence of low self-esteem among clinical samples of incest victims. Eighty-seven percent of a community sample reported that their sense of self had been moderately to severely affected by the experience of sexual abuse from a family member (Courtois, 1979). In her clinical sample, Herman (1981) found 60% of incest victims reported a "predominantly negative self-image," compared to 10% of the comparison group with seductive but not incestuous fathers.

A wide variety of interpersonal problems are reported by women who have been sexually victimized as children. These include difficulty in relating to both women and men, conflicts with their parents, and discomfort in responding to their own children. DeYoung (1982) reported that 79% of incest victims had predominantly hostile feelings toward their mothers, and 52% were hostile toward the abuser. Meiselman (1978) found that 60% of the incest victims in her psychotherapy sample disliked their mothers and 40% continued to experience strong negative feelings toward their fathers. Herman (1981) also noted that the rage of incest victims in her sample was often directed toward the mother, and observed that the victims seemed to regard all women, including themselves, with contempt.

Victims also reported difficulty trusting others. Feelings included reactions of fear, hostility, and a sense of betrayal. Briere (1984)

noted fear of men in 48% of his clinical subjects, compared to 15% of nonvictims. He also reported fear of women in 12%, compared to 4% of those not sexually abused. It seems that incest victims are especially likely to experience difficulty in close relationships. Of the victims in Meiselman's (1978) study, 64% compared to 40% of the control group complained of conflict with or fear of their husbands or sex partners, and 39% of the sample had never married. These results are supported by findings from Courtois's (1979) sample, in which 79% of the incest victims experienced moderate or severe problems in relating to men, and 40% had never married.

One empirical study supports the contention that childhood sexual abuse also affects later parenting. Good, McCarthy and DiVasto (1981) found that 24% of mothers in the child abusing families they studied reported incest experiences in their childhoods, compared to 3% of a nonabusive control group. These mothers maintained an emotional and physical distance from their own children, therefore potentially setting the stage for abuse. The authors suggest that difficulty in parenting results when closeness and affection are endowed with a sexual meaning.

Research also suggests that childhood sexual abuse may make women more vulnerable for later sexual victimization. Russell (1986), in her probability sample of 930 women, found that between 33% and 68% of the sexual abuse victims (depending on the seriousness of the abuse suffered) were subsequently raped, compared to an incidence of rape of 17% for women who were not child victims. Fromuth (1983) also found evidence that women who had been sexually abused before the age of 13 were especially likely to later become victims of nonconsensual sexual experiences. Miller, Moeller, Kaufman, DiVasto, Fitzsimmons, Pather and

Christy (1978) compared women who had been raped on more than one occasion to those who were reporting a first-time rape. Researchers found that 18% of the repeat victims had incest histories, compared to only 4% of the first-time victims.

Victims of child sexual abuse also seem more likely to be abused by husbands or other adult partners. Russell (1986) found that between 38% and 48% of the women who had been abused as children had physically violent husbands, compared to 17% of women who had not been victims. Also, between 40% and 62% of the women who had been abused as children had later been sexually assaulted by their husbands, compared to 21% of nonvictims. Similarly, Briere (1984) noted that 49% of his clinical sexual abuse sample reported being battered in adult relationships compared to 18% of the nonvictim group.

Empirical support is also found for an association between child sexual abuse and later substance abuse. Peters (1984), found that 17% of the victimized women had symptoms of alcohol abuse versus 4% of nonvictimized women, and 27% abused at least one type of drug compared to 17% of nonvictimized women. Herman (1981) reported that 35% of the women with incestuous fathers in her clinical sample abused drugs and alcohol, compared to 5% of the women with seductive fathers. Briere (1984) found that 27% of the childhood sexual abuse victims in his sample had a history of alcoholism compared with 11% of nonvictims. Also, 21% had a history of alcoholism compared with 2% of nonvictims. On the other hand, the Sedney and Brooks (1984) college sample reported a low incidence of substance abuse and no significant differences between groups.

Empirical studies confirm many of the short-term and long-term

effects of child sexual abuse discussed in the clinical literature. Although researchers utilized many different instruments in their attempts to determine what effects child sexual abuse has on individuals both as children and adults, the results seem to be replicated again and again. Even the problem of conflicting definitions seems to recede when the research is brought together. Conclusions emerge in spite of methodological problems. Children who experience abuse are likely to be fearful, anxious, depressed, angry, hostile and exhibit inappropriate sexual behavior. Some portion of the victims may run away, have problems at school and be truants. Adult women victimized as children are more likely to manifest depression, self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, a tendency toward revictimization and substance abuse problems.

The research indicates that child sexual abuse must be recognized as a serious problem of childhood that can affect many aspects of the child's adult life as well. It makes sense, then, to protect children from this crime. One way to keep children safe is to provide them with information that will help them to become less vulnerable to sexual exploitation. Their ignorance concerning what is normal, their inexperience, and their inability to understand the dynamics of sexuality contribute to their vulnerability. Children's knowledge of resources is often limited. They can be coerced by threats of withdrawal of resources such as family affection, food, money and shelter. Children often lack awareness of other adults who can help them with problems.

Increased awareness of children's risk of sexual victimization has resulted in growing efforts toward prevention. The rationale for prevention is based on a number of facts about child sexual abuse.

First, a large percentage of all children are at risk for sexual abuse. Second, in spite of recent advances in the availability of treatment services to victims of child sexual abuse, it is clear that most child victims of sexual abuse will not be identified let alone provided with service. Third, and most importantly, the evidence suggests that children do not reveal their victimization, and when they do, families are still unlikely to seek help (Finkelhor, 1984). Because of these three factors, treatment programs will only serve a small proportion of children needing services. Preventing the problem before it begins is critical.

Burgess and Holmstrom (1978) recommended that information on sexual assault be given to children within the context of general safety education. The preparation of school personnel is also suggested because they will be needed by the child for support and advocacy. The authors favored coordination of efforts by parents, schools, and community agencies.

The tactics used by offenders are another source of important information on prevention of sexual abuse. Offenders in treatment with the Sex Offender Program at the Connecticut Correction Institute suggested that parents establish trust and communication with their children. They also recommended teaching children self-protection skills and sex education (Sanford, 1980). The offenders often perceive the child victim as a willing participant. If children resist or cry, most offenders stop and seek a more passive child (Sanford, 1980). Other techniques used by children to avoid sexual activity with an adult have included delaying tactics, aggression toward the offender, and pretending to be ill (Burgess and Holmstrom, 1978).

These approaches adopt the view that children have the right to information, self-protective skills, and control over physical contact or behavior that may be physically or emotionally harmful to them. They also convey to children a sense of adult support, access to protection and information resources, and that complaints about adult behaviors will be considered believable. Schools as well as parents, routinely provide children with information about safety and self-protection (e.g., Fire Prevention Week, Dental Health Week, and bicycle safety instruction). The need for children to obtain sexual self-protection skills are at least as great as their need for information in these other health and safety areas.

Recently, several standardized personal safety curricula for children have been developed. Though differing in format, most of these programs share common assumptions about the knowledge and actions a child may use to prevent victimization. They include assertiveness, knowledge of appropriate and inappropriate touch, and identification and reliance upon adults who can help children with problems (Conte, Rosen & Saperstein, 1986). To date only a few evaluations of these programs have been conducted.

In an early study, Poche, Brouwer and Swearingen (1981) taught self-protective behaviors to three preschool children in order to protect them from abduction. Prior to training, the children showed susceptibility to lures of adults. After training, the children displayed a substantial improvement in self-protective skills. The children's self-protective skills also seemed to generalize to new adults and locations. In addition to the obvious ethical problems of placing a child in a seemingly dangerous situation, the small number of subjects

makes generalization impossible. In 1984, Ray evaluated the effectiveness of a workbook-based sex abuse prevention education program with third graders. The children successfully learned concepts of child abuse prevention when pretest scores were compared with posttest scores on a short test of questions about sexual abuse. This knowledge seemed to be maintained four weeks later at a follow-up retest. However, children had difficulty understanding that sexual abuse may be perpetrated by someone they know and that it could happen to boys as well as girls.

Plummer (1984) evaluated the effectiveness of a three-day program with fifth graders in a midwestern public school. The program was a curriculum using the touch continuum to discuss the variety of touches people experience as well as the film "No More Secrets." The students were evaluated with a 23 question instrument assessing their knowledge of and attitudes toward sexual abuse at four points: (1) prior to the program, (2) immediately following the program, (3) two months later, and (4) eight months later. The prepoint and immediate postpoint comparisons suggested that children had significantly increased their knowledge and attitudes about sexual abuse as a result of the program. Particular gains were shown regarding knowledge that child abusers could often be people known to them and that boys are frequent victims. Unfortunately, there appeared to be a substantial loss of learning over time, especially at the eight-month follow-up. Children seemed to revert to their original notions that child abusers are primarily people they do not know. However, this study suffered from several methodological flaws. First, the effectiveness of the program cannot be adequately evaluated because a randomly assigned control group was not used.

Second, only one school, one age group, and one geographic location was studied. This makes it impossible to generalize results to the larger population of children.

Downer (1985) evaluated the elementary school curriculum, Talking About Touching, which was developed by the Seattle-based Committee for Children and is used extensively around the country. A brief interview and questionnaire about sexual abuse was administered before the program and three weeks after the end of the program. A group of 70 fourth graders who received training (15 to 20 minutes per day for two to three weeks) was compared with 15 untrained students, using a 20-item multiple choice questionnaire. Pre-post analysis indicated that the trained students did significantly better, particularly on questions showing knowledge of how to get help. Fifteen of the trained children and 13 of the untrained children were also tested in an interview using puppets and incomplete stories. The interview performance of the trained children confirmed the findings from the knowledge test. The students were able to demonstrate "assertive" verbal responses to threatening situations, but they were judged not entirely convincing in their tone of voice and body language. However, internal validity is a problem in this study because not all students and school districts were randomly selected. Generalizability is difficult due to the small sample size (N=28) and must be limited to comparable students of between nine and ten years of age.

Conte, Rosen, Saperstein, and Shermack (1985) assessed the effectiveness of a sexual abuse prevention program with 40 children aged 4 to 10 years, enrolled in after-school programs in a Chicago suburb. Children randomly assigned to training and wait-list control

groups were interviewed the week before and the week after the prevention training. The program was presented on three consecutive days for one hour each day and included instruction about various kinds of touching, assertive behavior, and role-plays, as well as showing the film "Better Safe Than Sorry." The children who received the training were found to have learned many prevention concepts and retained them for at least a week after training. Older children learned significantly more than the younger children. However, children seemed to learn only slightly more than half of the concepts the program was trying to teach and, therefore, many misconceptions remained after the training.

Toal (1985) evaluated a Child Safety and Protection Training project conducted in California that included 432 students from 13 schools. Three forms of training were utilized with the fourth, fifth and sixth graders. The programs were: the Child Assault Prevention Project program, the "No More Secrets" program and the Personal Protection Workshop. The children evaluated by way of a Child Safety Preparedness Test that was administered three to four weeks after the training, and again five weeks later. The preliminary results suggested that children with training did better than the untrained children; there were no consistent differences among the three programs. The evaluation also suggested that children who had reported being victims of assault seemed to be the least prepared to avoid future assaults.

Swan, Press, and Briggs (1985) evaluated a play designed to entertain and educate children about the differences between appropriate and inappropriate touching and that sexual abuse can occur within a family. Children are actively involved in the play which includes a fast-moving script, humor, and audience participation. The play was

evaluated in several different ways over a years time. Three separate populations were tested in this study: urban elementary school students, rural parents of elementary school students, and mental health professionals and parents. The children's group included 63 school children, 30 boys and 33 girls from 8 to 11 years of age, attending a Catholic, urban school in a midwestern state. Children were randomly assigned to one of two experimental conditions. In condition one, 44 children received a pretest, viewed the play, and then took the posttest. In condition two, 19 children viewed the play and took the posttest. The results indicated that children who were pretested were able to identify nonsexual touch and sexual assault as depicted by videotaped vignettes. In an effort to evaluate negative effects, both parents and children were asked about the children's reaction to the play. Only 7% of the children did not like it, and only 5% of parents said their children had shown negative reactions to it. The major methodological flaw found in this study is that no control group was available.

Recently, Saslawsky and Wurtele (1986) evaluated the effectiveness of the film "Touch" which is meant to teach personal safety skills to children in kindergarten through sixth grade. Both younger and older children seemed to increase their knowledge about personal safety skills. However, because no pretest was given it is impossible to determine whether the children already had the knowledge or gained it from the program.

In an effort to compare the effectiveness of various educational approaches for teaching personal safety skills to children, Wurtele et al. (1986) evaluated the film "Touch" and a Behavioral Skills Training program (BST) in which modeling, behavioral rehearsal, and social

reinforcement were utilized to teach personal safety skills. The subjects were 71 children from two grade groups (kindergarten and first grade, fifth and sixth grades). When compared with the control presentation, the BST program, alone or in combination with the film, was more effective than the film alone in teaching information about sexual abuse. Posttreatment group comparisons suggested the superiority of the BST program for enhancing personal safety skills. It was also found that older children did better than younger children. The three month follow-up showed that gains made directly after treatment were maintained.

There has been some concern about whether sexual abuse prevention programs produce anxiety and estrangement from adults among young participants. Garbarino (1985) examined the reaction of elementary school children to a special Spiderman comic book dealing with sexual abuse. A week after receiving the comic, second, fourth, and sixth graders were interviewed to judge their level of comprehension and their emotional responses. Most children comprehended the message contained in the comic: 85% of second graders, 86% of fourth graders, and 96% of sixth. However, 50% of the fourth graders and 25% of the second and sixth graders reported feeling "worried" or "scared." These findings are the first to measure negative effects. However, because no pretest was conducted, it is not possible to determine whether or not the children held these fears prior to reading the comic.

Recently, Garbarino (1987) utilized the Spiderman comic with second, fourth, and sixth graders in Pennsylvania. Thirty-six boys and 37 girls participated in the study. Interviewers reported that the girls seemed uncomfortable with the idea of reading a Spiderman comic because

Spiderman is a male-oriented character. Children were asked ten multiple choice questions about the comic (6 related to sex abuse and 4 about minor details of the situation). The results suggested that children understood the message; this was evidenced by the fact that even 2nd graders answered more than 80% of the 6 sexual abuse questions correctly. For 6th graders the figure was more than 90%. Only in 4th grade was there evidence of less than 80% correct answers among the girls (76% for girls vs. 95% for boys).

In order to determine if the comic worried or scared the children, they were asked several direct questions: "Did it make you feel worried? Did it make you feel scared?" In 2nd and 6th grade, girls reported feeling worried or scared more than boys (35% vs. 17% in 2nd grade and 30% vs. 17% in 6th grade). In fourth grade, boys and girls were equally likely to say that the comic made them feel worried or scared. Most children said they felt worried or scared because it made them realize "it" could happen to them.

The most obvious problem with these two studies is the lack of a pretest. The children who participated in the Garbarino (1987) study were asked if anyone had ever spoken with them about sexual abuse. The majority responded affirmatively with most saying that they had been told to tell their parents if someone made sexual advances toward them. There is no way to know how much new knowledge was gained from the comic or how fearful the children were prior to reading it. These studies also lacked control groups and each was conducted in only one school.

In an attempt to consider self-concept as part of an evaluation, Hill and Jason (unpublished manuscript) evaluated a school-based child sexual abuse primary prevention program with 58 black children between

the ages of three and five in Chicago. All children were interviewed before and after program implementation. The interview included a self-concept measure and a sexual abuse questionnaire. The results indicated significant gains in knowledge about sexual abuse from pretest to posttest. There were no significant differences on the self-concept scale. However, because no control group was utilized, effectiveness remains in question. Generalization may be limited due to the use of only black children in one daycare center in one city in the midwest.

In an effort to evaluate the relationship between proximate measures and actual behavioral changes attributable to intervention, Fryer, Kratzer, and Miyoshi (1987) tested two groups of children enrolled in kindergarten and first and second grades in an inner city elementary school for their risk of stranger abduction. A simulation was utilized in which a member of the research team asked the child to accompany him to his car to help bring some things into the school. The control group did better than the children participating in the training. However, following the training, the experimental group did much better than the control group. A six month follow-up with 30 of the original 44 children was conducted. Each child was asked to accompany a stranger to his car to bring in some equipment for the gymnasium. The training program was presented again to all control group children and to the four children in the experimental group who had failed the second simulation. The experimental group children who had passed received no further instruction. Results suggested that the intervention was effective. There were two failures among the 29 (6.9% failure rate) children who took part in the final simulation. Prior to any intervention, 23 of the 44 children failed (52.3% failure rate). It should also be noted that

all of the children who passed the final simulation immediately after the intervention in the previous year passed the final simulation. This means that they remembered the information for six months with no loss of learning.

Although this study was well conducted, generalization is a problem because only one elementary school in one city was employed. Also, Conte (1987) raised the issue of possible risk to the subjects. As in the Poche, Brouwer and Swearingen (1981) study, the actual risk to children who are placed in simulated abuse situations to see how they respond is unknown. Negative effects could reach far beyond the scope of the study. Conte suggested that such simulations may teach children that approach by strangers is not dangerous. The possibility of sensitizing children to such danger must be considered in future research. Also, the researchers did not evaluate possible feelings of fear or anxiety that may have been present in the children.

Whether or not sexual abuse prevention programs have the desired effect remains to be seen. Due to the limited number of evaluations conducted and the methodological flaws found, sound conclusions cannot be drawn. Most studies have found that training programs can help children learn about sexual abuse. It appears that the idea that abuse can come from acquaintances is a difficult concept for children to maintain over time, possibly because it requires children to hold the cognitively dissonant values that people you know can be both good and bad. Most studies have not considered possible negative effects resulting from sexual abuse prevention programs. In addition, previous research has done little to evaluate programs targeted at preschoolers. In fact, it is only recently that curricula have been developed for this

group. Future research has the responsibility of assessing both positive and negative effects of prevention programs that are directed at all age groups of children.

The present study evaluated the effectiveness and possible negative effects of a child sexual abuse prevention curriculum for preschoolers. Daycare centers in Grand Rapids and Lansing were contacted by the Director of the Program for Young Children in each city. In Grand Rapids and outlying areas a total of 79 daycare centers were contacted and asked to participate in this study. A total of 35 centers were contacted in Lansing. In both cities it became evident that there was a great deal of opposition to such a program, even though both control and experimental subjects would have the opportunity to experience the program. Control subjects were to take part in the curriculum after completion of this project. The initial plan was to utilize 8 daycare centers (4 in Lansing and 4 in Grand Rapids) randomly assigning half to control condition and half to the experimental condition. As more and more centers refused to participate, it became obvious that it would not be possible to obtain consent from 8 centers. In fact, we were unable to arrange participation from any daycare centers in Grand Rapids and only two in Lansing. This once well-designed project had become a two group quasi-experimental design. Randomization was not possible because only one school agreed to participate in the curriculum, the other daycare center agreed to two interview dates and had no intention of implementing the curriculum.

Hypotheses

H1: From time 1 (pre) to time 2 (post), children in the experimental group will show greater knowledge of personal safety than control subjects.

H2: From time 1 (pre) to time 2 (post), children in the experimental group will be better able to say no to unwanted touches than will control subjects.

H3: From time 1 (pre) to time 2 (post), there will be no difference between experimental and control subjects on the fear measure.

METHOD

Subjects

Subjects were 25 preschoolers (all 4 years of age) who attended two daycare programs in Lansing, Michigan. The total number of preschool students enrolled at the time of contact was 21 (7 girls, 14 boys) at the first daycare center (experimental group), and 20 (5 girls, 15 boys) at the second (control group). Only children with parental consent took part in the study; therefore the final number of subjects was 25; 15 (3 girls, 12 boys) experimental and 10 (1 girl, 9 boys) control subjects.

Materials

All measures were given to the children at both pretest and posttest interviews.

The Personal Safety Questionnaire (PSQ) (Saslowsky and Wurtele, 1986) is a 15 item questionnaire developed to assess children's knowledge about sexual abuse. Children answer Yes, No, or I'm Not Sure in response to two practice questions about stranger and fire safety and 15 personal safety questions. The PSQ takes about 10 minutes to administer and scores range from 0-15. The scale has an internal consistency reliability (Kuder-Richardson) of .78 and one-week test-retest reliability of .64 (Saslowsky and Wurtele, 1986). (See Appendix B for a copy of this scale).

The "What If" Situations Test (WIST) (Saslowsky and Wurtele, 1986) is an individually administered instrument that begins with a description

of two nonthreatening situations. The child is instructed to imagine him/herself in that situation and is then asked to describe how s/he would respond. Three vignettes describing potential encounters with adults who make sexual advances are then read to the child: "changed" touch (appropriate touch turned inappropriate), touch coerced through bribery to touch others, and bribery to touch the child. After each vignette the child is asked a standard list of questions to determine the degree to which s/he is able to recognize the inappropriateness of the touch situation; refuse the advance by making appropriate, assertive, and persistent verbal responses to the offender; describe a behavioral response that would remove her/him from the situation; and list the names of contact persons to tell about the inappropriate touch incident. The WIST takes approximately 10 minutes to administer and scores range from 0-32 (a child can earn 8 points for each vignette). Cronbach's alpha for the present study is .86. Some minor changes were made in the wording of the WIST for use with preschool children but the meaning of the questions remained unchanged. Also, one negative vignette was removed to make the instrument more positive for young children (the original measure contained four negative vignettes). Interrater reliability for coding the child's descriptions (calculated as the number of agreements divided by the sum of agreements and disagreements) was .99.¹

Four additional scales were drawn from the WIST in order to determine if other measures were present. These included: (1) questions relating to a child's ability to list adults who would be helpful to her/him, alpha score is .77, (2) questions pertaining to a child's ability to give informative disclosure to an adult, alpha score .75, (3) questions relating to a child's ability to remove him/herself from the situation,

alpha score .73, and (4) questions included in the negative vignettes only, alpha score .93. The correlations for these subscales ranged from .80 to .95. Therefore an Analysis of Covariance was conducted for the entire scale only (See Appendix C for a copy of this scale and the scoring code book).

The Fear Assessment Questionnaire is an 8 item questionnaire developed by this researcher to examine fear in children. Children answer either Very Scared, A Little Scared, or Not Scared in response to questions concerning common fears found in children. These fears include several pertaining to personal safety. This instrument takes about 5 minutes to administer with scores ranging from 0-16. Cronbach's alpha is .80 (See Appendix D for a copy of this scale).

Procedure

The Grossmont College Child Sexual Abuse Prevention Program for Preschoolers includes Teacher Training, a Parent Education Meeting, and a five day Children's Curriculum for the Classroom. The Children's Curriculum focuses on teaching children self-protective skills that reduce vulnerability to abuse. Children learn to determine appropriate and inappropriate touch, to assert their rights to say "no" to touches that are uncomfortable or inappropriate, and to tell someone if they are uncomfortable about a touch. The five-day program (20 minutes per day) actively involves the children and culminates with a puppet presentation on the fifth day.

Subjects were assigned to experimental or control conditions depending on the daycare center they were attending. Due to the limited number of daycare centers willing to participate and the fact that only one of these was willing to implement the curriculum, it was necessary

to proceed with one school assigned to the experimental condition and one to the control condition.

Parental consent was obtained through individual contact with parents (by the daycare center director) at the daycare center (See Appendix A for a copy of the consent form).

Each child was individually interviewed prior to implementation of the curriculum and again after the experimental group experienced the curriculum. The interviews were conducted by this researcher or a trained assistant. The interviews lasted from 15 to 25 minutes and were conducted in the gym of one school and in the back of the church at the other.

After completion of the data gathering, children were given the opportunity to ask questions and/or discuss the material with the interviewer.

Interviewers were graduate and upper-level undergraduate students at Michigan State University. All interviewers took part in four hours of training in how to administer the measures prior to the beginning of the interviews.

RESULTS

The Analysis of Covariance (ANCOVA) was utilized in this study in order to eliminate possible pretest differences between the two groups. Because subjects were not randomly assigned to experimental and control groups it was not possible to be certain that they were equivalent at prepoint. Pretest scores were used as covariates.

Hypothesis 1. It was predicted that from time 1 (pre) to time 2 (post), children in the experimental group would show greater knowledge of personal safety than control subjects, as measured by scores on the Personal Safety Questionnaire (PSQ). The analysis of covariance resulted in a significant effect for Condition [$F(1,22)=4.86, p<.038$]. Children in the experimental group (Time 1, $\underline{M}=10.80$; Time 2, $\underline{M}=13.20$) had greater knowledge of personal safety at both time points than control subjects (Time 1, $\underline{M}=7.40$; Time 2, $\underline{M}=9.90$). Table 1 includes the breakdown of these results.

Hypothesis 2. It was postulated that from time 1 (pre) to time 2 (post), children in the experimental group would be better able to say no to unwanted touches than would control subjects, as measured by scores on the "What If" Situations Test. The analysis of covariance indicated a significant Condition effect [$F(1,22)=18.98, p<.001$]. Children in the experimental group (Time 1, $\underline{M}=19.27$; Time 2, $\underline{M}=25.60$) were better able to say no to unwanted touches than control subjects (Time 1, $\underline{M}=9.50$; Time 2, $\underline{M}=9.60$). Table 2 contains these results.

Table 4 includes the correlation matrix for all measures utilized in this study, including the subscales of the "What If" Situations Test. The strong positive correlations found between the WIST and each of the four subscales suggests that they all measure the same construct. Table 5

Table 1

Analysis of Covariance for Condition Effects on the PSQ

	Sum of Squares	df	Mean Square	F
Main Effects				
Condition	18.95	1	18.95	4.86*
Residual	85.67	22	3.89	

* $p < .038$

Table 2

Analysis of Covariance for Condition Effects on the WIST

	Sum of Squares	df	Mean Square	F
Main Effects				
Condition	637.77	1	637.77	18.98*
Residual	738.89	22	33.58	

* $p < .001$

contains the means and standard deviations for all measures for the experimental group and Table 6 includes this information for the control group.

Hypothesis 3. It was predicted that from time 1 (pre) to time 2 (post), there would be no difference in scores on the Fear Assessment Questionnaire between control and experimental subjects. This hypothesis was supported. The analysis of covariance did not reach significance for Condition [$F(1,22)=.63$]. The scores on the Fear Assessment Questionnaire indicated no difference between children in the experimental group (Time 1, $\underline{M}=10.07$; Time 2, $\underline{M}=10.40$) and children in the control group (Time 1, $\underline{M}=10.30$; Time 2, $\underline{M}=11.60$). Table 3 contains these results.

Table 3

Analysis of Covariance for Condition Effects on the Fear Measure

	Sum of Squares	df	Mean Square	F
Main Effects				
Condition	4.03	1	4.03	.63
Residual	139.87	22	6.36	

Table 4

Correlation Matrix for All Measures

	PSQ	FEAR	WIST
PSQ		.08	.59
FEAR			.00
WIST			

Table 5

Means and Standard Deviations for All Measures Utilized

EXPERIMENTAL GROUP

Time 1

Experimental Group

<u>Measure</u>	<u>Mean</u>	<u>Standard Deviation</u>
PSQ	10.80	2.16
FEAR	10.07	4.04
WIST	19.27	8.92

Time 2

PSQ	13.20	1.68
FEAR	10.40	4.14
WIST	25.60	5.96

Table 6

Means and Standard Deviations for All Measures Utilized

CONTROL GROUP

Time 1

<u>Measure</u>	<u>Mean</u>	<u>Standard Deviation</u>
PSQ	7.40	2.07
FEAR	10.30	4.99
WIST	9.50	5.02

Time 2

PSQ	9.90	1.45
FEAR	11.60	3.75
WIST	9.60	7.43



DISCUSSION

The Grossmont College Child Sexual Abuse Prevention Program for Preschoolers purports to teach children appropriate self-protective responses in an effort to prevent child sexual abuse. The present study evaluated this program's effectiveness in that regard. It was predicted that children in the experimental group would show greater knowledge of personal safety than control subjects, as measured by scores on the Personal Safety Questionnaire (PSQ); this hypothesis was supported. Also, the results, as indicated by scores on the WIST, supported the ability of the program to teach children the appropriate verbal responses to make in potentially dangerous situations. Mean scores suggested that children in the experimental group were better able to say no to unwanted touches than control subjects at both prepoint and postpoint interviews.

The program did not cause more fear in children nor did it lessen any initial fears they may have had. This was evidenced by scores on the Fear Assessment Questionnaire. This measure was developed for this study in order to consider the possibility that programs of this nature may produce anxiety and estrangement from adults among young participants. This is one of the first studies to consider such negative effects.

Several limitations inherent in this study must be discussed. First, the small number of same age participants greatly limits generalizability. Secondly, because only two schools were willing to participate in this project, randomization was not possible. One school was willing to implement the curriculum, the other was not. In addition, only two

schools in one midwestern city were evaluated, again limiting generalizability. Another limitation is that this study assessed children's knowledge of sexual abuse and elicited verbal reports of what these children claim they would say and do if confronted by a potential abuser. Ethically, it seems unacceptable to place children in potentially dangerous situations in order to determine whether or not these skills are transferred to real-life situations, although several studies of this nature have been conducted (Poche et al., 1981, Fryer, Kraizer, & Miyoshi, 1987). Finally, this study evaluated only one approach to teaching personal safety skills. It is important for future research to compare different educational approaches to sexual abuse. However, teaching children to be aware that being sexually stimulated by an adult is inappropriate and providing them with skills necessary to extricate themselves from a potentially dangerous situation seems to be an appropriate beginning.

Although this study has a great many limitations, it is helpful in adding to our knowledge about evaluations of sexual abuse prevention programs with preschoolers. The participants seemed to have the ability to gain important protective skills from the program. Also, the program did not scare the children.

After reviewing the many limitations found in this study, several questions remained. Why were we limited to two schools? Why was the number of children so small? Why did we not venture into other communities with this project? When this project was first proposed by the Department of Social Services in Lansing, we planned to work in several cities (Grand Rapids and Lansing). The number of daycare centers was to be at least eight (4 control and 4 experimental). However, as time passed and the Directors of the Programs for Young Children in Grand Rapids and

Lansing began to contact schools in their area, it became evident that a problem existed. The directors of the daycare centers had many excuses for not taking part in this study. Some felt they had no problem in their school with sexual abuse, others did not have the time to teach their staff the curriculum, and others did not feel that their teachers had the necessary skills to teach such a program. Many excuses were forthcoming with the ultimate result being that no schools in Grand Rapids agreed to participate and only two in Lansing. Very quickly this once sizable study became almost too small to proceed. Although both Program Directors had originally felt that their communities were open to such a project and even anxious to be part of it, this was not the case. It seems possible that sexual abuse is still a topic that some would rather not face. It has been suggested that a major consideration in terms of school acceptance of such programs is parental approval. However, in this case, we were not able to obtain school approval let alone parental approval. This problem may have been avoided if we had been more aware of the reticence of the community to utilize a personal safety curriculum. It has been suggested that successful prevention programs do a great deal of work to create the proper climate for gaining entry into a community. This includes developing a group of influential people who support the use of the program and who can lobby on its behalf (Finkelhor, 1984).

Studies of the effectiveness of sexual abuse prevention are multiplying rapidly. To date most evaluations have utilized questionnaires that tested the knowledge and the attitudes of children about sexual abuse. This approach needs to be refined and supplemented.

Most importantly, sophisticated, valid and reliable instruments need to be developed. We are in the first phase of this process. The many

evaluations that are being conducted around the country should afford appropriate measures, but only time and a great deal of effort on the part of dedicated researchers can make that happen.

However, tests of attitudes and knowledge are not enough; we must remember that the real purpose of these programs is to prevent sexual abuse. The ultimate test of prevention education is whether or not children with training are less likely to be abused. This suggests research designs that follow children for several years after training to see if they are abused at rates different from their untrained counterparts. The research conducted so far, which raises questions about the long-term retention of prevention concepts (Plummer, 1984), should advise us that long-term studies are really the true test.

Another focus for the future must be on possible negative effects. Questions have been raised about whether or not prevention programs might have such adverse effects as undermining parental authority, making children afraid of adults or giving children negative messages about touching and sex. It may be important to survey parents and teachers to determine if they notice concerns and fears in children that were not present prior to training. It is also important to consider the effects of training on children's sexual attitudes and knowledge. For example, prevention concepts have been used to simplify and make comprehensible the notion of abuse, but do these simplifications create a potential for misunderstandings of a new kind? The Touch Continuum teaches children to identify and reject touch that makes them feel bad or confused. Undoubtedly most sexual abuse does feel bad or confusing. But, there may be some situations in which sexual abuse does not feel bad or confusing, at least in the beginning; sexual abuse, or at least the affection and

attention that comes with it, may actually feel good. Will children trained with the Touch Concepts be able to identify this?

From the other side, there is touch that may feel bad, but be good; for example, many things doctors do to children. The Grossmont Program makes an exception for doctors, but this nuance may be lost to some children. Or, possibly, parents may indoctrinate children with the message that sometimes people do things that feel bad, but that are good and important. Parents may give this message to children in order to gain their cooperation with doctors. This message may contradict the benefits of a child's training in the Touch Continuum.

These criticisms are minor when compared with the contributions of sexual abuse prevention programs. Prevention education cannot realistically be expected to prepare children for all possible situations. This is why children need to receive ongoing education about sexual abuse from a variety of sources, each of which can emphasize a somewhat different point.

Finally, future research must move beyond program evaluation altogether. Other research approaches may provide a great deal of information on prevention. One approach is to study attitudes, background knowledge, and behavior of children who have been sexually victimized for clues about how to avoid abuse. The content of most current prevention programs was developed through clinical work with abused children and knowledge of the histories they recounted (Finkelhor, 1984). However, no one has done a systematic analysis of such children, their knowledge, and their accounts of abuse for a better understanding of what the most important prevention steps might be. How many children actually did not know that what the abuser was doing was wrong? How many were afraid of

being physically harmed? How many believed that if they told the secret something bad would happen to them or someone they loved? Finkelhor (1984) suggested comparing a group of victimized children with a group who were approached but escaped and told. It may be that the avoiders had more knowledge about abuse and more awareness about their rights. But it may be possible that the avoiders were different in some other way that we are not currently aware.

Another approach that may provide important information is to study the abusers themselves. Careful study of the molesters might reveal additional factors that prevention educators should take into account. Most molesters have had the experience of choosing which child to abuse. Direct questioning of abusers about what considerations led them to choose one child over another could supply essential information that could then be taught to children. Sanford (1980) did some work with molesters and it has proven to be very helpful in the development of prevention programs.

Another possible approach is to study parent-child interaction. Almost all professionals agree that parents are in the position to be the most effective prevention educators (Finkelhor, 1984). Studying programs directed at parents may be more helpful than studying school-based programs. What do parents who have been educated about sexual abuse tell children that is different from information given by parents who have not been educated? What do children gain from these conversations? Finkelhor (1984) suggests that comparison of what parents say they told children with what children say they heard. It would be helpful to observe conversations about sexual abuse in laboratory settings to obtain an objective perspective on this communication.

Sexual abuse prevention is becoming more and more prevalent in this country. The content of sexual abuse prevention programs not only offer the possibility of preventing sexual abuse, but also give children more knowledge and confidence in coping with many situations. Whether or not these programs have the desired effect remains to be seen. Careful, methodologically sound evaluations are necessary. Questions have been raised about whether or not this kind of education really protects children from abuse, and whether or not there are unintended consequences such as fear and worry in children. Future researchers will have to address these concerns in addition to considering other approaches to preventing sexual abuse. The result will be a better understanding of the problem of sexual abuse and better ways of reducing its toll on children.



REFERENCES

REFERENCES

- American Humane Association. (1984). National Study on Child Neglect and Abuse Reporting. Denver, CO: Author.
- Anderson, S. C., Bach, C. M., & Griffith, S. (1981). Psychosocial sequelae in intrafamilial victims of sexual assault and abuse. Paper presented at the Third International Conference on Child Abuse and Neglect, Amsterdam, The Netherlands.
- Bagley, C., & Ramsay, R. (1986). Disrupted childhood and vulnerability to sexual assault: Long-term sequels with implications for counseling. Paper presented at the Conference on Counselling the Sexual Abuse Survivor, Winnipeg, Canada.
- Briere, J. (1984, April). The long-term effects of childhood sexual abuse: Defining a post-sexual-abuse syndrome. Paper presented at the Third National Conference on Sexual Victimization of Children, Washington, D. C.
- Briere, J., & Runtz, M. (1985). Symptomatology associated with prior sexual abuse in a non-clinical sample. Paper presented at the annual meeting of the American Psychological Association, Los Angeles.
- Burgess, A. W., & Holmstrom, L. L. (1978). Accessory to sex: Pressure, sex and secrecy. In Burgess et al., (Eds.). Sexual Assault of Children and Adolescents, pp. 300-355.
- Committee for Children. (1984). Prevention of child sexual abuse: A trainers manual. Seattle, Washington: Author.
- Conte, J. (1987). Ethical issues in evaluation of prevention programs. Child Abuse & Neglect, 11, 171-172.
- Conte, J. R., Rosen, C., Saperstein, L., & Shermack, R. (1985). An evaluation of a program to prevent sexual victimization of young children. Child Abuse & Neglect, 9, 319-328.
- Conte, J. R., Rosen, C., Saperstein, L. (1986). An analysis of programs to prevent the sexual victimization of children. Journal of Primary Prevention, 6, 258-263.
- Courtois, C. (1979). The incest experience and its aftermath. Victimology: An International Journal, 4, 337-347.

- DeFrancis, V. (1969). Protecting the Child Victim of Sex Crimes Committed by Adults. Denver, CO: American Humane Association.
- deYoung, M. (1984). Sexual Victimization of Children. Jefferson, NC: McFarland.
- Downer, A. (1985). The Development and Testing of an Evaluation Instrument for Assessing the Effectiveness of a Child Sexual Abuse Prevention Curriculum: Talking About Touching. Seattle, WA: Committee for Children.
- Finkelhor, D. (1979). Sexually Victimized Children. New York: Free Press.
- Finkelhor, D. (1984). Child Sexual Abuse: New Theory & Research. New York: Free Press.
- Friedrich, W. N., Urquiza, A. J., & Beilke, R. (1986). Behavioral problems in sexually abused young children. Journal of Pediatric Psychology, 11, 47-57.
- Fritz, G. S., Stoll, K., & Wagner, N. A. (1981). A comparison of males and females who were sexually molested as children. Journal of Sex and Marital Therapy, 7, 54-59.
- Fromuth, M. E. (1983). The Long Term Psychological Impact of Childhood Sexual Abuse. Unpublished doctoral dissertation, Auburn University.
- Fryer, G. E., Kraizer, S. K., & Miyoshi, T. (1987). Measuring actual reduction of risk to child abuse: A new approach. Child Abuse & Neglect, 11, 173-179.
- Fryer, G. E., Kraizer, S. K., & Miyoshi, T. (1987a). Measuring children's retention of skills to resist stranger abduction: Use of the simulation technique. Child Abuse & Neglect, 11, 181-185.
- Garbarino, J. (1985). How do children respond to sexual abuse prevention? The case of Spiderman. National Committee for the Prevention of Child Abuse, (NCPCA), Chicago.
- Garbarino, J. (1987). Children's response to a sexual abuse prevention program: A study of the Spiderman comic. Child Abuse & Neglect, 11, 143-148.
- Good, J., McCarthy, T., & DiVasto, P. (1981). Physical and sexual abuse of the children of adult incest victims. In J. good (Ed.). Sexual Abuse: Incest Victims and Their Families (pp. 101-156). Boston: John Wright-PSC.
- Gomes-Schwartz, B., Horowitz, J., & Sauzier, M. (1985). Severity of emotional distress among sexually abused preschool, school-age and adolescent children. Hospital and Community Psychiatry, 36, 503-508.



- Herman, J. (1981). Father-daughter incest. Cambridge, MA: Harvard University Press.
- Hill, J. L., & Jason, L. A. (1987). An evaluation of a school-based child sexual abuse primary prevention program. Unpublished manuscript, DePaul University.
- Kercher, G. (1980). Responding to Child Sexual Abuse. Huntsville, TX: Sam Houston University, Criminal Justice Center.
- Meiselman, K. (1978). Incest: A Psychological Study of Causes and Effects with Treatment Recommendations. San Francisco: Jossey-Bass.
- Miller, L., Moeller, D., Kaufman, A., Divasto, P., Fitzsimmons, P., Pather, D., & Christy, J. (1978). Recidivism among sexual assault victims. American Journal of Psychiatry, 135, 1103-1104.
- Murphy, J. E. (1985, June). Untitled news release. (Available from St. Cloud State University, St. Cloud, NM 56301).
- National Committee for Prevention of Child Abuse. (1986). NCPCA Summary Report: Spiderman and Power Pack Comic on the Prevention of Sexual Abuse. Chicago, IL: Author.
- Peters, J. J. (1976). Children who are victims of sexual assault and the psychology of offenders. American Journal of Psychotherapy, 30, 395-421.
- Peters, S. D. (1984). The Relationship Between Childhood Sexual Victimization and Adult Depression Among Afro-American and White Women. Unpublished doctoral dissertation, University of California at Los Angeles. (University Microfilms No. 84-28, 555).
- Plummer, C. (1984, August). Preventing Sexual Abuse and Later Psychological Problems. Paper presented at the Second National Conference for Family Violence Researchers, Durham, NH.
- Poche, C., Brouwer, R., & Swearingen, M. (1981). Teaching self-protection to young children. Journal of Applied-Behavior-Analysis, 14, 169-176.
- Ray, J., & Dietzel, M. (1985). Teaching child sexual abuse prevention. Unpublished manuscript.
- Russell, D. E. H. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. Child Abuse & Neglect, 7, 133-146.
- Sanford, L. T. (1980). The Silent Children: A Parent's Guide to the Prevention of Child Sexual Abuse. New York: McGraw-Hill.
- Saslowsky, D. A., & Wurtele, S. K. (1986). Teaching personal safety skills for potential prevention of sexual abuse: A comparison of treatments. Journal of Consulting & Clinical Psychology, 54, 688-692.

Sedney, M. A., & Brooks, B. (1984). Factors associated with a history of childhood sexual experience in a nonclinical female population. Journal of the American Academy of Child Psychiatry, 23, 215-218.

Seidner, A. L., & Calhoun, K. S. (1984, August). Childhood Sexual Abuse: Factors Related to Differential Adult Adjustment. Paper presented at the Second National Conference for Family Violence Researchers, Durham, NH.

Swan, H. L., Press, A. N., & Briggs, S. L. (1985). Child sexual abuse prevention. Does it work? Child Welfare, 64, 395-405.

Toal, S. D. (1985). Children's Safety and Protection Training Project: Three Interrelated Analyses. Stockton, CA: Toal Consultation Services (6333 Pacific Ave., Suite 261).

Tufts' New England Medical Center, Division of Child Psychiatry. (1984). Sexually Exploited Children: Service and Research Project. (Final report for the Office of Juvenile Justice and Delinquency Prevention). Washington, DC: U. S. Department of Justice.

Wurtele, S. K., Saslawsky, D. A., Miller, C. L., Marrs, S. R., & Britcher, J. C. (1987). Teaching personal safety skills for potential prevention of sexual abuse: A comparison of treatments. Manuscript submitted for publication, Washington State University.

Wyatt, G. E. (1985). The sexual abuse of Afro-American and White American women in childhood. Child Abuse & Neglect, 9, 507-519.

Footnotes

¹Two graduate students studying clinical psychology coded the answer sheets in order to determine interrater reliability. They used a scoring code book that I developed for this study. The authors did not have a scoring code book available at the time this study was conducted (See Appendix C for a copy of the scoring code book).

APPENDICES



APPENDIX A

CONSENT FORMS



CONSENT FORM

Evaluation of a Personal Safety Curriculum for Preschoolers

As you know, several Child Care Centers in your area will be conducting the Grossmont College Child Sexual Abuse Prevention Program. Although the Child Care Center your child attends will not implement the program immediately, the program will be presented in your Child Care Center in the near future. Children are already taught caution about fire, streets, and water. In the same manner, children will be taught to protect themselves from sexual exploitation. The program will provide information and self-protective skills to reduce children's vulnerability to abuse. Children will learn to determine appropriate and inappropriate touch, to assert their rights to say "no" to touches that are uncomfortable or inappropriate and to tell someone if they are uncomfortable about a touch. The Grossmont Program is a safety program and not a sex education curriculum. It does not provide any explicit information about human sexuality. The program will be presented by the Child Care Center's teachers in coordination with the Michigan Department of Social Services. In addition, as part of the program, a puppet program will be presented by a representative of the Grossmont Program. In order to determine how much of the information the children learn from the program, an evaluation of the program will also be conducted. This will be done by interviewing each child before the beginning of the program, and shortly after the program is completed. The children in the Child Care Center your child attends will be interviewed to determine how much they already know about personal safety. They will be interviewed again about three weeks later to see how much information they have retained. The interview will be conducted by the researcher named below or a trained assistant. The children will be told that we want to ask them some questions about personal safety and that they can say whatever they like. We will use puppets to act out situations about children's personal safety. This evaluation will help us to determine how valuable this program is to preschoolers. We can then make some recommendations in order to make it better and more useful for other children.

1. I understand the above evaluation process of the Grossmont College Child Sexual Abuse Prevention Program. An explanation of this project has been given to me and I understand what my child's participation will involve.
2. I understand my child's participation is optional.
3. I understand that I am free to discontinue my child's participation in this project at any time without penalty and that my child will still have the opportunity to participate in the Grossmont College Child Sexual Abuse Prevention Program.
4. I understand that all results of the study will be kept in strict confidence and all responses of my son or daughter will remain anonymous. Within these restrictions the results of the study will be made available to me at my request.

CONSENT FORM

Page 2

5. I understand that participation in the study does not guarantee any additional benefits to my child or to me.

I hereby give my approval to allow my child to be interviewed as part of the above project. I understand that this information will be used as part of a research project being conducted by Theresa Anderson-Varney, Michigan State University, telephone 616-642-6178.

Name of Child _____ Birthdate _____

Signature of Parent/Guardian _____ Date _____

CONSENT FORM

Evaluation of a Personal Safety Curriculum for Preschoolers

As you know, the Child Care Center your preschooler attends will be conducting the Grossmont College Child Sexual Abuse Prevention Program. Children are already taught safety rules about fire, streets, and water. In the same manner, children will be taught to protect themselves from sexual exploitation. The program will provide information and self-protective skills to reduce children's vulnerability to abuse. Children will learn to determine appropriate and uncomfortable or inappropriate touch, to assert their rights to say "no" to touches that are uncomfortable or inappropriate and to tell someone if they are uncomfortable about a touch. The Grossmont Program is a safety program and not a sex education curriculum. It does not provide any explicit information about human sexuality. The program will be presented by the Child Care Center's teachers in coordination with the Michigan Department of Social Services. In order to determine how much of the information the children learn from the program, an evaluation of the Program will be conducted. This will be done by interviewing each child before the beginning of the program, and shortly after the program is completed. The interview will be conducted by the researcher named below or a trained assistant. The children will be told that we want to ask them some questions about personal safety and that they can say whatever they like. This evaluation will help us to determine how valuable this program is to preschoolers. We can then make recommendations in order to make it better and more useful for other children.

1. I understand the above evaluation process of the Grossmont College Child Sexual Abuse Prevention Program. An explanation of this project has been given to me and I understand what my child's participation will involve.
2. I understand my child's participation is optional.
3. I understand that I am free to discontinue my child's participation in this project at any time without penalty and that my child will still have the opportunity to participate in the Grossmont College Child Sexual Abuse Prevention Program.
4. I understand that all results of the study will be kept in strict confidence and all responses of my son or daughter will remain anonymous. Within these restrictions the results of the study will be made available to me at my request.
5. I understand that participation in the study does not guarantee any additional benefits to my child or to me.

I hereby give my approval to allow my child to be interviewed before and after the personal safety program (Grossmont College Child Sexual Abuse Prevention Program) is presented to the children. I understand that this information will be used as part of a research project being conducted by Theresa Anderson-Varney, Michigan State University, telephone 616-642-6178.



CONSENT FORM

Page 2

Name of Child _____ Birthdate _____

Signature of Parent/Guardian _____

Date _____

APPENDIX B

PERSONAL SAFETY QUESTIONNAIRE

Evaluation of a Personal Safety Curriculum

Directions to the Interviewer: This interview is being conducted to determine the amount of knowledge the child has at this time. The only instance where the interview should be used to instruct the child is the explanation of private parts. For all other questions read them as written. Probe by repeating questions as written.

Introduction: (to child) Hi, my name is _____. What is your name? I'm going to be asking you some questions. This isn't a test at all. You can say whatever you want to.

Practice Items:

- | | | | |
|---|-----|----|--------------|
| 1. Does it sometimes snow in winter? | Yes | No | I'm Not Sure |
| 2. Do you attend _____ Child Care Center? | Yes | No | I'm Not Sure |
| 3. Are you a girl/boy? | Yes | No | I'm Not Sure |

Now try two more questions for practice.

- | | | | |
|--|-----|----|--------------|
| A. If you are home alone, is it ok to open the door and let a stranger come into your house? | Yes | No | I'm Not Sure |
| B. Is it ok for kids to play with matches as long as no one finds out? | Yes | No | I'm Not Sure |

Good, you are ready to answer some questions about personal safety.

- C. Tell me what the word "Private Parts" means.

(Do not continue until the child understands "Private Parts")

- | | _____ Initially understood | _____ Explained to child | |
|--|----------------------------|--------------------------|--------------|
| 1. If a grown-up touches a kid's private parts, is it the kid's fault? | Yes | No | I'm Not Sure |
| 2. Do you have to let grown-ups touch you on your private parts? | Yes | No | I'm Not Sure |
| 3. If someone's trying to touch a kid's private parts, is it ok for the kid to ask for help? | Yes | No | I'm Not Sure |
| 4. Would you tell a grown-up if someone touched your private parts? | Yes | No | I'm Not Sure |

- | | | | |
|--|-----|----|--------------|
| 5. If you tell a grown-up that somebody tried to touch your private parts, and that grown-up doesn't help you, should you forget about it? | Yes | No | I'm Not Sure |
| 6. Are strangers the only people who might want to touch a kid's private parts? | Yes | No | I'm Not Sure |
| 7. If someone touched a kid's private parts and promised never to do it again, should the kid tell someone? | Yes | No | I'm Not Sure |
| 8. If a grown-up asks to see your private parts, should you get away from them right away? | Yes | No | I'm Not Sure |
| 9. Is it ok for a grown-up to touch your private parts if it feels good? | Yes | No | I'm Not Sure |
| 10. Is it ok for your mom or dad to give you a hug if you want one? | Yes | No | I'm Not Sure |
| 11. Would it be ok for your doctor to look at your private parts if you had an "owey" (hurt) there? | Yes | No | I'm Not Sure |
| 12. Is it right for grown-ups to make you touch or look at <u>their</u> private parts? | Yes | No | I'm Not Sure |
| 13. Is your teacher the boss of your private parts? | Yes | No | I'm Not Sure |
| 14. If your babysitter wants to look at your private parts, what would you say? | Yes | No | I'm Not Sure |

Explanation of Private Parts

Some parts of your body are called your private parts. Do you know where your private parts are? (Some may be confused, some may call them by slang terms.) Your private parts are the parts of your body that are covered by underpants or your bathing suit. Show me where on your body you wear a bathing suit. That's right. Is this a private part? (touch your arm) Why isn't this a private part? (Because it isn't covered by underpants or a bathing suit.) Is this a private part? (Indicate the front area of your body where a bathing suit might be.) Yes, that's right, because this part of my body is covered by underpants or a bathing suit. These are your private parts.

APPENDIX C

"WHAT IF" SITUATIONS TEST

"What If" Situations Test
(Interviewer Script)

Practice A. "Let's pretend you are on the playground at school and you fall down and cut yourself? What would you do?

(Feel free to discuss the child's answer with him/her)

Practice B. Let's pretend you were playing in the front yard of your house and a stranger drove up and asked you to get in the car with him, what would you say? What would you do?
_____ (Check here if child says would get in the car)

(Feel free to discuss the child's answer with him/her, accept what they say.)

Changed Touch "Let's pretend you are having fun wrestling with your friend, and all of a sudden your friend starts grabbing and feeling your private parts?"

"Is there anything wrong with this?" Yes =1
(If answer is No, skip to the next item, and No =0
no credit is given for Changed Touch)

"What would you say to your friend?"

"Let's pretend your friend wouldn't stop; what would you say next?"

Direct Rejection=2

Evasion =1

No Change =0

"What would you do/what action would you take?"

Effective Escape=2

Vague Escape =1

Do Nothing/Stay =0

"Would you tell anyone about it? or would you keep this a secret and not tell anyone?"
(If answer is secret, skip following 2 questions)

Bribe to
Touch
Child

"Let's pretend you were at a park playing and a man who you like says to you one day, "Take off your pants (name of child) so I can touch your private parts and then I'll buy you an ice cream cone."

"Is there anything wrong with this?"

(If the answer is No, skip to the next item,
and no credit is given for Bribe to Touch
Child)

Yes =1

No =0

"What would you say to the man?"

"What if the man wouldn't stop; what would you say next?"

_____ Direct Rejection=2

_____ Evasion =1

_____ No Change =0

"What would you do/what action would you take?"

_____ Effective Escape=2

_____ Vague Escape =1

_____ No Change =0

"Would you tell anyone about it?" Or would you keep this a secret and not tell anyone?"
(If answer is secret, skip following 2 questions)

"Who would you tell if this happened to you?"
(record persons mentioned, and prompt for additional contacts)

_____ Two or more =2

_____ One person =1

_____ "Tell No One" =0

"What would say to (person(s) named above?"

_____ Informative Disclosure =1

_____ Uninformative Disclosure =0

"Who would you tell if this were happening to you?"
 (Record persons mentioned, and prompt for additional
 contacts)

Two or more=2
 One person =1
 "Tell No One"=0

"What would you say to (person(s) named above?"

Informative
 Disclosure=1
 Uninformative
 Disclosure=0

Positive
 Touch

"Let's pretend you were riding your bike and you fell off and
 hurt your private parts and when you went home your parents
 wanted to look at them to make sure they were all right?"

"Is there anything wrong with this?" Yes =0
 (If answer is Yes, skip to the next item,
 and no credit is given for Positive Touch) No =2

"Would you let your parents do that?"

Yes =2
 No =0

"Why would it be ok for your parents to
 look at your private parts?"

Appropriate =2
 Answer
 Inappropriate=0
 Answer

"Would you need to tell anybody that your
 parents touched your private parts?"

Yes =0
 No =2

Bribe to "Let's pretend your babysitter promised you that you could
 Touch Others stay up late to watch your favorite TV show if you only touch
her private parts for a little while?"

"Is there anything wrong with this?" Yes =1
 (If answer is No, skip to the next item
 any no credit is given for Bribe to No =0
 Touch Others.)

"What would you say to your babysitter?"

"Let's pretend the babysitter wouldn't stop;
 what would you say next?" Direct Rejection=2

Evasion =1

No Change =0

"What would you do/what action would you
 take?"

Effective Escape=2

Vague Escape =1

Do Nothing/Stay =0

"Would you tell anyone about it? Or would
 you keep this secret?" (If answer is Secret,
 skip following 2 questions)

"Who would you tell if this were happening
 to you?" (record persons mentioned, and
 prompt for additional contacts)

Two or more =2

One person =1

"Tell No One" =0

"What would you say to (person(s) named above?"

Informative
 Disclosure =1

Uninformative
 Disclosure =0

"Since we have been talking about the ways people touch us, why don't we talk about a kind of touch you really like? I'd like you to remember that most people like to give and get touches they like. How do you like people to touch you? How about one you like to give?"

(Feel free to discuss and prompt answers and examples of good touch)

"Any questions?"

"I'd like to thank you for talking to me."

"What If" Situations Test Code Book

Definitions

- Direct Rejection (2 points) - to refuse in a straightforward manner; not vague, e.g., a direct answer. Examples, "No, I won't do that!", "No!", "Stop that now!".
- Evasion (1 point) - avoiding of something, question, excuse, tending to avoid, not straightforward. Examples, "Let's talk about something else." "I don't think so.", "Give me some ice cream first.", "Not now, maybe later."
- Effective Escape (2 points) - an escape that will produce a result; produces a definite result. Examples, "I'm going to go home and tell my mother!", "I'm going to my room now!", "I'd run to my mom!"
- Vague Escape (1 point) - no plan to get away, possibly avoidance. Examples, "I don't know, I guess I'd try to get away." "I want to play cards.", "Can I watch tv first?".

APPENDIX D

FEAR ASSESSMENT QUESTIONNAIRE

Fear Assessment

How scared do you feel about:

1. Getting into a fight when you are playing with friends?

Very Scared

A Little Scared

Not Scared

2. Falling off your bike?

Very Scared

A Little Scared

Not Scared

3. The dark at night?

Very Scared

A Little Scared

Not Scared

4. Someone you don't know talking to you?

Very Scared

A Little Scared

Not Scared

5. Someone asking you if they can touch your private parts?

Very Scared

A Little Scared

Not Scared

6. Being left at home with a sitter?

Very Scared

A Little Scared

Not Scared

7. Thunderstorms?

Very Scared

A Little Scared

Not Scared

8. Someone asking you to touch their private parts?

Very Scared

A Little Scared

Not Scared



MICHIGAN STATE UNIV. LIBRARIES



31293107735858