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AN EVALUATION OF A PRESCHOOL CURRICULUM TO PREVENT THE SEXUAL ABUSE OF CHILDREN

By

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ABSTRACT

AN EVALUATION OF A PRESCHOOL CURRICULUM TO PREVENT THE SEXUAL ABUSE OF CHILDREN

By

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The effectiveness of teaching preschool children sexual abuse prevention concepts is unknown. In this study, 39 children (3-5 years old) from three day care centers were randomly placed in either a delayed treatment control, a no parent involvement, or a parent involvement condition. Children in the experimental conditions received the 5-day Grossmont Sexual Abuse Prevention Curriculum. All children were tested on two knowledge scales and a fear scale before the curriculum, directly after, and three months later. Results indicated that, when compared to the control group, children exposed to the curriculum were able to learn the sexual abuse prevention concepts and retain the knowledge for at least a three month period regardless of parent involvement. No significant increase in fear was noted in the children participating in the program. Consequently, the Grossmont curriculum appears successful at teaching preschool children sexual abuse prevention topics in a non-threatening manner.

For Dave

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Special thanks to Anne Bogat for her time, energy and valuable supervision in the project. I would also like to thank Marianne McGrath and Ray Frankmann for their support and guidance. Appreciation is also extendend to the Office for Young Children, my research assistants, and the parents, teachers and children who participated in this study.

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INTRODUCTION

The sexual abuse of children has existed throughout history. However, it has only been within the last one hundred years that laws have been enforced to protect children against this heinous crime (Brown, 1985). Currently, the National Center on Child Abuse and Neglect defines child sexual abuse as contacts or interactions between a child (under the age of eighteen) and an adult (or one significantly older than the child) in which the child is used for the sexual stimulation of the perpetrator or another person. Sexual abuse ranges from non-touching offenses such as exposure to offenses that involve physical contact such as fondling, oral/genital contact, vaginal and anal stimulation and penetration, incest, and the exploitation of children through pornography and prostitution (Downer, 1985).

Many common myths pervade current thinking concerning the sexual abuse of children. For example, sex offenders are generally thought of as "dirty, old men" unknown to the child. Also, victims are mostly considered to be adolescent females who provoke their own assaults, come mainly from low socio-economic status families, and lie about their sexual relations with adults. Assaults are also thought to occur in secluded areas at night. Finally, many individuals believe that sexual abuse is rarely kept a secret.

Contrary to myth, the incidence of sexual abuse suggests that high numbers of all children are sexually abused. The number of reported cases of sexual abuse has increased markedly within recent years. In 1976, the American Humane Association reported an estimate of 7,559 sexual abuse cases, whereas in 1983 the figure increased almost ten times to 71,961 reported cases. However, this increase may be a result of better reporting practice rather than an actual increase in the incidence of abuse. In Michigan, according to the Protective Services Management Information System, 4,025 documented cases of sexual abuse occurred in the fiscal year ending in September 30, 1986. Although these statistics are shocking, studies suggest that official reports do not reflect an accurate picture of the problem but only a vague underestimate.

Although numbers vary from study to study, all surveys report that high percentages of children experience sexual abuse. Russell (1983) found that out of a sample of 930 women living in San Francisco, 28 percent had experienced unwanted touching before the age of 14 and 38 percent before the age of 18. In a survey of 795 undergraduates at six East Coast colleges and universities, a total of 19 percent of the females and 9 percent of the males reported having a sexually abusive experience with an older person while still a minor (Finkelhor, 1978). Consequently, one in 3-4 girls and one in 6-10 boys will have been sexually abused by age

18 (Downer, 1985). Also, 70 to 90 percent of sexual abuse involves someone the child knows such as a family member, a neighbor, or a babysitter (American Humane Association, 1969).

Victims range from infants to older adolescents; more than one-third of the victims are 5 years old or younger. The abuse generally starts when the child is between 6 to 8 years old. Moreover, sexual abuse is seldom a one time experience. The average abusive relationship lasts an average of one to four years, and many last longer. Finally, children very rarely lie about being sexually abused; yet, a large majority of child sexual abuse incidents still go unreported by informed adults (Downer, 1985).

Much literature has explored the consequences of being sexually abused as a child. Unfortunately, the repercussions appear overwhelmingly negative and there are both long-and short-term effects. Fear, anger and hostility, guilt and shame, inappropriate sexual behavior, difficulty at school, truancy, running away, early marriage, early pregnancy, depression, and anxiety have all been cited in the literature as problems in children who have been sexually abused (American Humane Society, 1969; Friedrich, Urquiza, & Beillke, 1986; Gomez-Schwartz, Horowitz, & Sauzier, 1985). Adult women abused as children also report experiencing depression, anxiety, low self-esteem, isolation

and stigmatization, self-destructive behavior, and substance abuse problems (American Humane Society, 1969; Courtois, 1979; Sedney & Brooks, 1984).

However, not all victims report these negative experiences. Schultz (1973) believes that the greatest potential damage to a child is caused when s/he is used by the parents to prosecute the offender. He states that what does the harm is "society's need to have her (the victim) repeat the details of the offense several times, to police, prosecutors and to the jury, sometimes with the assulter present." In addition, the parents are said to contribute to the repercussions with their need to prove that their child was not responsible and hence that they are not "failures." The American Humane Association (1969) reports that when parents provide assurance and emotional security, the child victim may be able to escape serious emotional damage. However, due to the needs and deficiencies of many parents, tension is exacerbated upon disclosure of sexual abuse and added damage results to the child. Consequently, it is imperative that both potential victims and parents become aware of the severity of problems involved with sexual abuse.

By increasing the awareness and removing the silence and mystery surrounding the sexual abuse of children, some children may be able to prevent sexual assault, others may be able to stop abuse from progressing, and others may be

able to get help if they are victimized. Plummer (1986b) defines sexual abuse prevention as an active intervention plan that has the ultimate goal of avoiding negative outcome. In this case, the long term goal is the elimination of sexual abuse and the short term goal is to reduce the chances of abuse by intervening in the "preconditions" in which abuse occurs. Consequently, by informing children about sexual abuse and ways to prevent it, children can be empowered to help avoid their own victimization.

Children are targets for abuse due to powerlessness resulting from their size, vulnerability, lack of resources, insufficient information, and lack of skills to protect themselves (Butler, 1986). Consequently, effective education is cited as the key to effective prevention of sexual abuse of children. Downer (1986) states that schools are the preferred location for reaching children who need help. Koblisky and Behana (1984) also suggest that early childhood educators play a critical role in the intervention and prevention of child sexual abuse. They posit that children need realistic information about sexual abuse so that they are not tricked or misled into abusive situations out of ignorance. Moreover, prevention education can 1) increase children's self-esteem and positive self-image, 2) provide children with the vocabulary and experience to talk about the assault and understand that they are not to blame,

3) decrease the child's isolation and increase support, 4) provide education in appropriate sexual behavior, and 5) increase response from legal, medical, and social service systems to the needs of children (Shaman 1986). Education also breaks individual and societal silence and denial, increases access to community resources for treatment and intervention, and decreases the level of public acceptance.

Consequently, starting in the late 1970's, standardized personal safety curricula for children have been developed. These programs include training on assertiveness, knowledge of appropriate and inappropriate touch, and the identification of adults who can help. Conte (1986) states that the negative risks of sexual abuse are clear; and consequently, programs that may help children prevent sexual abuse are definitely worth the effort. However, he and others have recognized that since such prevention programs are experimental they should be approached with caution and much attention should be placed on evaluating the effects of these programs in order to improve them and to identify their weaknesses.

Recently, evaluations of various personal safety curricula have been published. Most studies to date evaluate if an increase in knowledge concerning sexual abuse prevention is attained by the children as a result of participating in the program. Prevention programs that involve a single presentation as well as more extensive

programs have been reviewed. Also, children from various age groups have been examined. Although most studies have measured knowledge change, attempts have been made to measure behavioral outcomes in the children as well. In response to concerns recently voiced by several educators, research has examined potential negative effects in the children as a result of their participation in the program. Finally, attempts have also been made to determine what benefit parental involvement has on sexual abuse prevention programs.

By far, the majority of evaluations presently available examine if children's knowledge concerning sexual abuse increases as a result of participating in the program. In an evaluation of a single presentation prevention program, Saslawsky and Wurtele (1986) looked at the effectiveness of the film "Touch" when viewed by children in kindergarten, 1st, 5th, and 6th grades. Sixty-seven children were randomly assigned to either a treatment or a control group. Measures given after the intervention assessed children's knowledge about sexual abuse (PSQ) and verbal and behavioral responses to potentially abusive encounters (WIST). The authors found that when compared to the control group, children viewing the film demonstrated significantly greater knowledge and skills concerning sexual abuse which was maintained at a three month follow up. The older children achieved significantly higher scores when compared to the younger

children. However, the authors failed to obtain baseline scores prior to the children viewing the film, so the amount of knowledge learned is questionable.

In a similar evaluation of a single presentation, Wolfe, MacPherson, Blount, and Wolfe (1986) randomly assigned 290 children from fourth and fifth grades to either an experimental group which viewed two 5-minute skits and participated in a discussion or to a no-treatment control group. Relative to the control group, the children receiving the program showed an overall increase in knowledge of ways to prevent sexual abuse. However, issues relating to adults exposing themselves to children, self-blame, being believed by adults, and realistic portrayal of the perpetrator were not clearly understood at post testing. The authors recommended that repeated exposure to treatment may be more beneficial in producing effective results for the children. Unfortunately, the lack of a pretest limits confidence in the findings.

The evaluations of single exposure sexual abuse prevention programs have not been adequate and the Wolfe et al. (1986) study suggests that they may have limited effectiveness. Other studies have attempted to evaluate programs employing more extensive curriculum. Ray (1985) compared two groups of third grade children who viewed a slide show along with the movie "Who Do You Tell?" Half of the classrooms viewed an additional film "Better Safe Than

Sorry II" two weeks later. Children were evaluated on their knowledge of sexual abuse prior to, one month, and six months following the program. Analyses indicated that all children significantly increased their knowledge of sexual abuse for at least six months. Also, those children receiving the additional segment indicated a higher retention level than those viewing only the first slide show. Although this evaluation adds support for a more extensive program, the study is flawed because there was no control group and subjects were not randomly assigned to the two interventions.

Plummer (1984) evaluated a three day program involving fifth grade children which included discussion and viewing the film "No More Secrets." Assessments indicate that the children significantly increased their knowledge and attitudes concerning sexual abuse from pretest to posttest. However, when reassessed three and eight months later, a substantial loss of information is noted; children tend to revert back to their old ways of thinking about child abusers. Criticisms of Plummer's study include lack of a randomly assigned control group. Downer (1984) also evaluated a curriculum (Talking About Touching) for a group of 70 fourth grade children and compared them to 15 students who did not receive the program. Pre-post analysis showed a significant increase in knowledge for the trained students. Downer also noted that students receiving the program tended

to demonstrate more competence in assertiveness skills including voice tone and body language. She recommends that more instruction time be devoted to active skill building techniques with the use of role play. However, the results are questionable since subjects were not randomly assigned to groups.

Several additional studies provide marginal support for a more active approach to teaching children sexual abuse prevention versus the passive approaches such as viewing films and promoting discussions. Conte, Rosen, Saperstein, and Shermack (1985) randomly assigned young children (4-5 years of age) and school age children (6-10 years of age) from a day care center to either a sexual abuse prevention program in which assertiveness training was stressed or a waitlist control. After pre-post testing, children in the experimental group who received three days of training indicated a significant increase in knowledge of prevention concepts. However, only half of the concepts presented were actually learned by children. Similar to Saslawsky and Wurtele's (1986) study, older children learned more than younger children. Also, abstract concepts (e.g., the difference between physical abuse and sexual abuse) were more difficult to learn for both younger and older children than specific concepts (e.g., stand tall and yell no.)

Pursuing the idea that active participation is more beneficial than passive learning when teaching children

sexual abuse prevention, Wurtele, Saslawsky, Miller, Marrs, and Britcher (1987b) randomly placed 71 children from two grade groups (k & 1st and 5th & 6th) in one of three conditions 1) viewing the film "Touch" alone, 2) participating in a Behavioral Skills Training (BST) program, 3) a combination of 1 and 2, or 4) a no-treatment control. When compared to the no-treatment control, the BST program alone or in combination with the film was more effective than the film alone in teaching children about sexual abuse prevention. Also, consistent with past research, older children performed significantly better than the younger children. In a subsequent study, Wurtele, Marrs, and Miller-Perrin (1987a) assessed 26 kindergarten children on expanded versions of the PSQ and WIST. The children were randomly assigned to either a Participant Modeling group or a Symbolic Modeling group. However, no control group was used. The pre-post analysis suggests that, for younger children, personal safety skills were taught significantly more effectively through participant modeling. These results suggest that a cognitive approach may have limited utility, especially with younger children. Also, when asked how much the children enjoyed their respective programs, each group indicated high levels of enjoyment.

In sum, research suggests that single exposure programs only provide a marginal increase in knowledge gain concerning sexual abuse prevention (Wolfe et al., 1986).

Studies evaluating more extensive programs report a substantial increase in knowledge in children after exposure to the program (Conte et al., 1985; Downer, 1984; Plummer 1984; Ray, 1985). However, some loss of knowledge over time has been noted (Plummer, 1984). Older children reported learning substantially more information than younger children (Conte et al., 1985; Saslawsky & Wurtele, 1986; Wurtele et al. 1987b); and active education seems to be superior to passive education (Conte et al., 1985; Downer, 1984; Wurtele et al., 1987a,b).

Recently, Leventhal (1987) discussed the current problems with evaluation research of sexual abuse prevention programs. He states that the ultimate goal of any program to prevent sexual abuse is to teach behaviors so that in a potentially abusive situation the child will act in an appropriate manner by saying no and telling a responsible adult. However, to date, most evaluations do not look at behavioral change as much as a knowledge gain. He feels that innovative strategies that measure direct outcomes are necessary. Also, he states that researchers should thoroughly investigate the possibility that adverse effects might occur in some children exposed to the intervention. He concludes that researchers need creative strategies to learn the most effective ways to teach children and help them prepare to translate knowledge into behavior so that action is available when necessary.

Poche, Brouwer, and Swearingen (1981) attempted to look at the behavioral effects of self-protection training on three preschool children. Prior to training, none of the children responded appropriately to confederates' lures. However, the researchers found that within one week of training all of the children were able to display appropriate responses to the confederates. Unfortunately, with such a small sample and lack of appropriate controls, generalizability is questionable. More recently, Fryer, Kraizer, and Miyoshi (1987a) randomly assigned 44 kindergarten, first, and second grade students to either an experimental or a control group. The experimental group received the Children Need to Know Personal Safety Training Program which consisted of 8, 20-minute presentations educating children about sexual abuse. Pre-post testing involved staging a simulation of a potential sexual abuse situation. Following training, the experimental group performed significantly better during the simulations than the control group. That is, children who participated in the program were less likely to leave a safe environment when approached by a stranger. In addition, intelligence test scores were not predictive of success. However, children with a high pretest measure of self-esteem and who attained greater knowledge of sexual abuse prevention were more likely to perform appropriately in the simulations. In a follow up study six months later, these children were

again able to perform successfully in the simulation. (Fryer, Kraizer, & Miyoshi, 1987a). However, the ethicality of using confederates with children to simulate a potential sexually abusive encounter has been questioned (Conte, 1987). Also, one child was reported as having experienced extreme anxiety as a result of participating in the study.

The concern of whether sexual abuse prevention programs produce anxiety in children has not received much attention in the literature. Only one published study has attempted to measure any potential negative effects of an intervention. Garbarino (1987) examined how second, fourth, and six grade children responded to a special issue of a Spiderman comic about sexual abuse. From post-test-only assessments, it is evident that children in each grade comprehended a majority of the information. However, 35 percent of the girls and 17 percent of the boys in the 2nd and 6th grades as well as 50 percent of the 4th grade children reported feeling worried or scared. No pre-test was conducted and no control group was employed so it is unclear whether fear actually increased as a result of reading the comic. However, unalarmed by the childrens' responses, the author concludes that, with the evidence to date, the Spiderman comic provides a low-cost approach to reach millions of children.

As mentioned earlier, parental involvement is seen as vitally important in the prevention of child abuse. For

example, damage to the child can be intensified by the parent responding incorrectly to a disclosure of sexual abuse. Plummer (1986a) states that "parents are the most powerful allies of a prevention program (p. 77)." Brassard, Tyler, & Kehle (1983) also posit that for maximum effectiveness, prevention programs should be presented to both children and parents. However, only a few evaluations have attempted to examine the effects of parental involvement in sexual abuse prevention programs.

Swan, Press, and Briggs (1985) evaluated the effects of a 30-minute play entitled "Bubbylonian Encounters" viewed by 63 children in grades 2 to 5, a group of 56 parents of the children, and 224 professionals and parents. Forty-four randomly assigned children received a pretest, viewed the play, and took a post test. A second group of 19 children viewed the play and took a post test. Results showed evidence that the children did learn prevention concepts and that their reactions to the play were generally positive. Also, two-thirds of the parents reported liking the play and half of the parents reported sharing information with their children. None of the parents reported negative effects in their children as a result of viewing the play. The authors conclude that for a sexual abuse program to be truly effective it is imperative that adults also be knowledgeable. However, only percentages of responses on attitudes toward the program were reported and no

manipulation or control comparisons were made leaving in question the actual effect of parental involvement.

Looking more closely at the effects of parent participation, Hill and Jason (1987) evaluated a prevention program conducted for 58 children between the ages of 3 to 5. Half of the children were randomly assigned to a child-parent group and half to a parent-alone group. Both groups received a two-hour parent workshop. The results indicate that children in both the parent-alone and parent-child intervention groups improved significantly in pre-post testing of knowledge concerning sexual abuse. The authors conclude that parental involvement and interest may have a significant impact on the program. However, no randomly assigned control group was used leaving the findings in doubt.

Although some research has evaluated sexual abuse prevention programs, much is still in question. With many studies using small sample sizes, lack of controls, insufficient follow up, poor assessment techniques, and lack of random assignment, evaluations of the effectiveness of sexual abuse prevention programs is, to a large degree, unknown. Also, with very limited research available, the negative effects of the prevention programs and the contributions of parental involvement are still in question. In a recent article, Kraizer (1986) criticizes the current surge in prevention projects that do not adequately consider

the overall needs of children. She posits that there is a large possibility that children may become more fearful, mistrustful, and insecure after these prevention programs. Also, she states that many of these programs are created from concepts and beliefs that make sense to adults but may be misunderstood by children. Conte, Rosen, and Saperstein (1986) also suggest that research is necessary to delineate the children's ability to learn and understand the terms used in the various sexual abuse prevention programs.

Recently, emphasis has been placed on teaching prevention skills to preschool age children. However, little research has been done to evaluate the effects of these programs (Conte et al, 1985; Hill & Jason, 1987; Poche et al; 1981). Of the 13 evaluation studies of sexual abuse curriculum only 3 have examined the influence of these programs on preschoolers. Although many writers advocate better prevention approaches for preschool and day care centers, others (e.g., Adams, 1986) caution that prevention programs for preschoolers have the potential to frighten children and children may over generalize the concepts.

The current study evaluates the Grossmont College Child Sexual Abuse Prevention Program. The program consists of three components: Teacher training, Parent Education meeting, and a five day children's curriculum for the classroom. The children's curriculum teaches children to protect themselves from sexual exploitation. The program

provides information and self protective skills that reduce children's vulnerability to abuse. Children learn to distinguish appropriate from 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 the touch. The information is taught through the use of books, a puppet show, discussion, activities, and role play. The parent education meeting informs parents about sexual abuse and provides them with strategies to use with their children to protect them from sexual abuse. The parents also learn suggestions for coping with sexual abuse should it occur.

The present evaluation attempted to remedy some of the problems in the earlier studies. The evaluation of the curriculum included pre-post assessment of randomly assigned preschool children to an experimental or a no-treatment control group in order to determine if the curriculum conveys concepts in a manner in which children 3-5 years of age can understand and retain for at least a three month period. The follow-up assessment is necessary since prior research suggests that, although children may learn the concepts initially, they are unable to maintain the information for extended periods of time (Plummer 1984.) In response to Leventhal's (1987) criticisms, assessment includes both knowledge-based responses as well as behavioral-type responses. Also, since only one study has

attempted to measure adverse effects of the prevention programs (Garbarino, 1987) and none have assessed this problem for younger children, the evaluation also measured if the Grossmont curriculum created increased fear in the preschoolers. Finally, since parental involvement has been cited as having a critical effect in the prevention of sexual abuse, particularly with younger children (Adams, 1986; American Humane Society, 1969; Brassard et al., 1983; Plummer, 1986a;) and with little research available that effectively measures the affects of parental involvement (Hill & Jason 1987; Swan et al., 1985), the current study compared the knowledge of children whose parents have participated in the program to those whose parents have not participated. Also, parents involved in the program were interviewed concerning their attitudes towards the program to determine what effects these factors have on the children's ability to perform in the program.

The following hypotheses were investigated:

I. An overall significant difference will be obtained when comparing children's knowledge scores on the PSQ and WIST for those children with parent involvement, without parent involvement, and in the delayed treatment control condition.

II. Those children who participated in the curriculum (children with and without parent involvement) will attain higher scores on the PSQ and WIST relative to the delayed

treatment control group.

III. Children's knowledge scores on the PSQ and WIST will be significantly higher for those children with parent involvement when compared to those children's scores whose parents were not involved.

IV. No difference will be found for scores on the fear scale for either those children with parent involvement, those children without parent involvement, or for the control group.

V. Hypotheses I-IV will be maintained at a three month follow-up evaluation.

METHOD

Subjects

Out of a possible 48 children from three day care centers in the greater Lansing area, 43 children received parental permission to participate in the study. These 43 children were randomly placed in one of two experimental groups (parent involvement (n=12) or no parent involvement (n=9)) or a delayed treatment control group (n=22). Thirty-nine of these children completed the pre- and post-testing as well as the three month follow-up testing. Four children did not complete post testing or follow-up testing: one child moved, two refused to complete the testing, and one child was unavailable. The resulting conditions included 10 children in the parent involvement group, nine children in the no parent involvement group, and 20 children in the delayed treatment control group. The children's ages were between 37 and 62 months with a mean of 53.8 months; there were 19 (44%) girls and 24 (56%) boys. Thirty-five (81%) of the children were White, five (12%) were Black, two (5%) were Asian, and one (2%) was Hispanic. There were no significant demographic differences between the original 43 children and the 39 who fully participated in the study. See Table 1 in Appendix J for the number, gender, and mean age of the participants in each condition.

Materials

Personal Safety Questionnaire (PSQ) (Wurtele, Marrs, & Miller-Perrin, 1987a). This questionnaire (see Appendix A) consists of 14 items assessing the child's knowledge about sexual abuse. The child responds either yes, no, or I don't know to 5 practice items and 14 personal safety questions (e.g. Would you tell a grown-up if someone touched your private parts?). The child receives a point for each correct response up to a total of 14 points. The scale has an internal consistency reliability (Kuder-Richardson formula 20, Saslawsky & Wurtele, 1987a) of .83 and takes approximately 10 minutes to administer. A Cronbach's Alpha of .63 was determined for the pretesting of the 43 children in this study.

"What If" Situation Test (WIST) (Wurtele, Marrs, & Miller-Perrin 1987a). This assessment (see Appendix B) begins with two practice questions describing safety situations a child might encounter and asks how s/he would respond. Three vignettes are then presented that describe potential sexual abuse encounters and one vignette describes a positive touching encounter with an adult. The three vignettes include: 1) changed touch (appropriate touch turned inappropriate), 2) touch of others coerced through bribery, and 3) touch of child coerced through bribery. The child is asked to recognize inappropriate situations, describe appropriate behavioral responses, and discuss who

to talk to about the situation (e.g. Let's pretend you are having fun wrestling with a make believe friend, and all of a sudden your friend starts grabbing and feeling your private parts? What would you say to your make believe friend?). The child may receive up to 8 points for each vignette for a maximum total of 32 points. The questionnaire takes approximately 10 minutes to administer. For scores on the four vignettes, a Cronbach's alpha of .70 has been reported (Saslawsky & Wurtele, 1987a). 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 bad touch vignette was omitted from the original assessment to make the questionnaire less negative and shorter to administer. A Cronbach's Alpha of .84 was determined at pretesting (n=43). For the five interviewers involved in this study, an interrater reliability for scoring the responses was .97.

Fear Scale (Anderson-Varney, 1987). This is an eight-item questionnaire (see Appendix C) developed to examine fear in young children. Children respond either "very scared," "a little scared," or "not scared" in response to questions concerning common fears of children and fears concerning personal safety (e.g. How scared do you feel about someone you don't know talking to you?). The questionnaire takes approximately 5 minutes to administer and has scores ranging from 0-16 points. Anderson-Varney

(1987) reported a Cronbach's alpha score of .80 for this questionnaire. In this study, at pretesting, a Cronbach's alpha of .50 was determined for the original 43 children. The lower internal consistency found for this sample of children may be the result of interviewer effects. It was possible to calculate alphas for three interviewers: .53 (n=15), .75 (n=6), .60 (n=10). Two interviewers had insufficient sample sizes to calculate a reliability score.

Parent-Child Workbook. This measure (see Appendix D) was developed by the researcher to check for parent-child involvement at home during the week of the curriculum. The workbook contains 5 separate pages each consisting of a picture to be colored and 3-4 sexual abuse prevention questions to be answered by the child with the parents' help. Each page corresponds to the lesson given at the preschool on a particular day and takes approximately 10-15 minutes to complete. If the workbook was returned completed, the child was considered to be in the parent involvement condition. If it was not completed, the child was considered to be in the no parent involvement condition. Of the 11 parents given workbooks, six returned the workbooks completed.

Parent Interview. Developed by the researcher, the parent interview (see Appendix E) distinguishes which parents participated in the parent education meeting and follows with a series of 13 questions surveying the parents'

feelings and attitudes concerning the parent education meeting as well as their children's involvement in the program. Six questions on this scale measure the parents' attitudes toward sexual abuse. The questions are rated on either a four-point Likert scale or yes/no. A Cronbach's alpha of .65 was determined for this scale (n=11). To check for knowledge concerning child sexual abuse, parents were asked to respond true or false to a series of 7 statements. An alpha was unable to be determined due to insufficient variance. The parents were also asked to report any negative effects displayed by their children as a result of the program as well as asked to make comments or suggestions about their experience in the program. Finally, parents were asked to report their occupations and education levels. An index of social position was calculated for each parent (Hollingshead, 1957).

Procedure

Letters of invitation were sent to 102 day care centers in the greater Lansing area (See Appendix F). Ten centers expressed interest in the sexual abuse prevention program and five centers volunteered to participate. Two of the five centers later dropped out: one due to organizational problems and the other because of parental opposition to the program. Consequently, three day care centers participated in the program. Parental consent for the children's involvement in the project was attained through a take home

consent form (See Appendix G). Of those children allowed to participate in the project, half of the children in each day care center were randomly placed in a no-treatment control condition and half of the children received the prevention curriculum.

Two of the three day care centers were randomly selected to participate in a parent education meeting (see Appendix G). At one of the three centers, the education meeting was held for parents of children in the parent involvement group prior to the beginning of the program and following the pretesting of the children. At another center, by request of the day care center, the parent eduacation meeting was held for all interested parents prior to pretesting. Those parents in the control condition (n=3) were asked to abstain from talking with their children about sexual abuse until after the program was completed. A sign-in roster was available to note those parents attending the meetings. Out of the original 23 parents, from the parent involvement condition, invited to the meeting, nine parents (39%) attended. Also, during these meetings, the parent-child workbook was distributed and explained to those parents in the parent involvement condition. For those parents not attending the meetings and in the parent involvement condition, a parent-child workbook as well as information concerning sexual abuse was sent to their home through the day care center. All parents were instructed to

return the books to the day care center once they were completed. A teacher training meeting was held prior to pretesting at each of the daycare centers (see Appendix H).

The week prior to the program each child was assessed on the PSQ, WIST, and the Fear Scale. The interviewers included myself and four trained female college students who were unaware of the treatment conditions and the experimental hypotheses. Interviews took place in private areas of the child care centers and were no longer than twenty minutes. Verbal consent from the child was obtained before the interview began. Interrater reliability (.99) was obtained prior to initial interviewing using 3 videotapes of interviews with preschoolers. The experimental group of preschoolers then obtained instruction during the week long Grossmont College Child Sexual Abuse Prevention Program described earlier while the control group was involved in an activity not related to the topic of sexual abuse. During the week following the program, the children in both conditions were again assessed on the same measures that were administered at pretesting. Follow-up interviews of the children on the same measures occurred three months later.

Following the program, the parent-child workbooks were collected; those parents who did not return workbooks were telephoned to encourage compliance. One member of the research team contacted the parents in the parent

involvement condition by telephone and the parent interview was given. Following the completion of the program, the children in the control group received the curriculum.

RESULTS

The three experimental conditions in this study were: (1) No Parent Involvement, children who received the curriculum but whose parents were not involved in the program (n=13) (2) Parent Involvement, children who received the curriculum and whose parents participated in the program (n=6) (3) Control, children who did not receive the curriculum and whose parents were not involved in the program (n=20).

To test hypothesis I, a one way Analysis of Covariance (ANCOVA) was computed to determine if an overall significant difference exists for the means on the PSQ and WIST for the different treatment effects (see Table 2 in Appendix J). To account for the individual differences of the children's knowledge before being exposed to the program, the pretest score was used as the covariate (see Table 3 in Appendix J for pretest means and standard deviations). The results of these ANCOVAS are presented in Table 4 in Appendix J. A significant overall difference at post testing was found for the comparison between the control, parent involvement group, and no parent involvement group on the PSQ [$F(2,35) = 19.52$, $p<.001$]. Further ANCOVA tests were used to determine if the children who received the program and if the children whose parents participated attained higher scores on the PSQ and WIST compared to the control condition (Hypotheses II

and III). These tests showed that the parent versus no parent conditions were not significantly different on the PSQ [$F(1,35) = 1.81$], but the combined parent and no parent groups versus the control condition were significantly different [$F(1,35) = 30.45$, $p<.001$]. The adjusted mean for the combined parent and no parent involvement conditions (12.39) was greater than the adjusted mean for the control condition (10.08). To further test for hypothesis I, an ANCOVA, with pretest scores used as the covariates, was also used to examine treatment effects on the WIST. No differences were found between the three conditions [$F(1,35) = .09$].

To test for hypothesis V: Were hypotheses I, II, and III maintained at a three month follow up?, an ANCOVA was again used with the pretest scores as the covariate. Tables 5 and 6 in Appendix J display means, standard deviations, and the results of the ANCOVA tests for each of the conditions at the three month follow-up. On the PSQ, a significant overall difference at follow-up was found for the comparisons between the control, the parent involvement group, and the no parent involvement group [$F(2,35) = 9.95$, $p<.001$]. Further ANCOVA tests showed that the no parent involvement condition was significantly different than the parent involvement condition at follow-up on the PSQ [$F(1,35) = 4.67$, $p<.04$) and the parent and no parent conditions combined were also significantly different at

follow-up from the control condition [$F(1,35) = 10.12$, $p<.003$]. The adjusted mean of the no parent involvement condition (12.41) was greater than the mean of the parent involvement condition (10.86), and the adjusted mean for the parent and no parent involvement combined conditions (11.92) was also greater than the adjusted mean for the control condition (10.10). Further ANCOVA testing of hypothesis V, with the pretest score as the covariate, indicated no differences between the three conditions at follow-up on the WIST [$F(1,35)=1.36$].

In testing for hypothesis IV, to determine if there was a difference in fear scores between the treatment conditions, an ANCOVA was also used, again using pretest scores as the covariate. For the Fear Scale, marginal overall significance at post testing was found between the three conditions [$F(2,35) = 2.86$, $p<.07$]. Looking at more specific ANCOVA comparisons, a marginal difference was found on the Fear Scale between the parent and no parent conditions [$F(1,35) = 2.72$, $p<.11$], and no difference was found between the parent and no parent combined conditions versus the control [$F(1,35) = 1.50$]. The adjusted mean for the no parent involvement condition (7.92) was greater than the adjusted mean for the parent involvement condition (5.30). An ANCOVA test, with pretest scores as the covariate, was used to determine differences between conditions on the three-month follow-up. No differences

between the three conditions were found [F(2,35)=1.11]

Individual item differences were examined to determine what questions appeared the most difficult for the children. A comparison of pre and post test frequencies for the combined parent and no parent conditions was used. For the PSQ (see Table 7 in Appendix J), all items show some increase in knowledge yet items 5, 6, and 9 appear to be the most difficult questions for the children. These increases were also maintained at the three-month follow-up testing. On the WIST (see Table 8 in Appendix J), items 5, 14, and 19, which ask the child to disclose the pretend sexual abuse, show virtually no improvement at post testing but did improve slightly at follow-up. Improvement is noted, however, on the WIST questions which ask what the child would do if in a potentially abusive situation (items 1, 3, 11, and 16). This increase was also maintained at follow-up. On the fear scale (see Table 9 in Appendix J), items 4, 5, and 8 which specifically discuss personal safety indicate the highest increase in fear at both post testing and at the three-month follow-up.

Pearson product-moment correlations were computed between change scores from pre to post testing on the PSQ, WIST, and the Fear Scale and the variables of the child's age, sex, race, the Mother's and Father's Social Index score, and the Parent Attitude Scale (see Table 10 in Appendix J). A significant correlation was found between

differences on the Fear Scale and Father's Social Index score (r=.55, p<.05). There was also a positive correlation between change scores on the PSQ and the Fear Scale (r=.62, p<.01). Marginal significance was found for the correlations between the differences on the WIST and Father's Social Index (r=.49, p<.08), and between the differences on the Fear Scale and age of the child (r=.31, p<.10).

Pearson product-moment correlations were also determined to find the relationship at pretesting for the scores on the PSQ, WIST, and the Fear Scale and the variables for child's age, sex, race, and Mother's and Father's Social Index and the Attitude Scale (see Table 11 in Appendix J). A significant correlation was found for the PSQ and WIST (r=.56, p<.01) and for the age of the child and the WIST pretest score (r=.31, p<.05).

DISCUSSION

Those children exposed to the sexual abuse prevention program demonstrated a significant increase in knowledge on the Personal Safety Questionnaire compared to those children in the control condition. This supports prior research indicating that preschoolers are able to increase their knowledge concerning sexual abuse prevention after being exposed to a prevention curriculum (Conte et al., 1985; Hill & Jason, 1987; & Poche et al., 1981.) This increase was maintained at follow-up testing indicating that preschool children are able to remember sexual abuse prevention concepts for at least three months. Although no significant differences were found between the conditions on the What if Situation Test, some increase in knowledge for the experimental groups was indicated from an analysis of the trends in the frequencies--especially for items pertaining to saying no to bad touch and leaving the situation. This effect was also shown at follow-up testing. However, at posttesting, virtually no increase is noted for questions concerning disclosing sexual abuse, yet the children's ability to disclose did increase slightly at follow-up. These trends in the PSQ and WIST may suggest that, although children cognitively understand the concepts involved in sexual abuse prevention, they are not as adept at utilizing the information in pretend situations. Consequently, it may

be beneficial to incorporate more behavioral learning into the curriculum. Another explanation for these results may be that preschool children do not have the verbal skills needed to disclose sexual abuse. Support for this idea is the significant positive correlation between pretest scores on the WIST and the age of the child which suggests that as children increase in age their performance on the WIST also increases.

It is important to note, however, that WIST scores of children in the control conditions tended to increase at the same rate as those in the experimental conditions. This trend may have been a result of a contamination in the design. For instance, at one day care center a parent meeting was held for all interested parents, including those whose children were in the control condition. Consequently, information may have been transmitted to the children in the control group even though parents were requested to refrain from talking to their children until after follow up. Also, since in the experimental design children from the same day care classrooms were randomly assigned, control children may have overheard some of the prevention concepts from the presentations or later from other children. This contamination effect demonstrates how difficult it is to execute true experimental design research within the community where controlling for extraneous variable is difficult.

Demographics such as age, sex, and race appeared to have little relationship to pre-post differences on the WIST or the PSQ. However, a significant correlation between the child's age and his/her WIST score indicates that how well a child performs on the WIST is related to the age of the child. Consequently, since in this study little improvement was noted on WIST, this may be an indication that the questionnaire is more appropriate for older children. One possible problem may be that the vignettes used in this questionnaire are too complex for the children to remember. In addition, since the WIST was the last questionnaire in the interview, the children may have been fatigued and thus performed more poorly.

A significant relationship was also found for the pretest scores on the PSQ and the WIST indicating that as scores on one test increase scores on the other test will also increase. This finding suggests that these two questionnaires may be measuring many of the same concepts. However, if they are similar in what they are measuring then it is difficult to explain why a significant increase was noted on the PSQ but not on the WIST.

Support was also found for hypothesis IV indicating no significant increase in fear after the children had been exposed to the curriculum. This lack of significance was also maintained at the three month follow-up. This does not support Garbarino's (1987) findings indicating that children

become frightened after being exposed to sexual abuse prevention concepts. These conflicting results may be due to the difference in the age of the children surveyed: Garbarino's subjects were 8-11 year old children. More important, however, is the difference in prevention material presented to the children. The Spiderman comic used in Garbarino's study was given to the children unsupervised and without appropriate discussion. Also, this study suffers from several design flaws such as a lack of pretesting and no control group. Unlike the Spiderman comic, the topics in the Grossmont Curriculum do appear to be presented to the children in a non threatening manner. However, a slight increase in the percentages of the "very scared" responses indicate that the three questions on the Fear Scale that deal with personal safety did tend to increase at post testing and at the three month follow-up for those children in both the parent and no parent involvement conditions. Since the increase was not large enough to obtain significance and only occurred for questions concerning strangers and sexual abuse, this finding indicates that a "healthy" amount, instead of an overall significant increase, of fear regarding sexual abuse may have been instilled in the children.

Lending counter support for hypothesis IV, a significant relationship was found between changes in the fear scale and changes in the PSQ indicating that as

knowledge of sexual abuse increases the scores on the fear scale also increase. Yet, this relationship does support the trend found in the data suggesting that there was a slight increase in fear in the children after being exposed to the curriculum. Also, the marginal significance found for age and the change in fear score suggests that as the age of the child increases the score on the fear scale will also increase. This relationship suggests that research looking at fear increase among older children, as a result of a sexual abuse prevention program, may be more likely to find a significant increase (Garbarino, 1987). However, the lack of a clear significant increase in fear in this study suggests that younger children appear to show little distress as a result of exposure to the information.

None of the parents interviewed noted any negative effects in their children as a result of participating in the program. In addition, no teachers reported negative effects in any children either during the presentation or following the program. All of the teachers and parents interviewed reported overall positive responses to the program. They state that the program promoted discussion in the home and classroom about personal safety in a very mature manner. One teacher reports hearing children role play personal safety issues during free play. A parent stated, surprisingly, that her child enjoyed learning about "private parts" the most. Another parent reported that her

child recited the complete puppet show presentation to her. Finally, one parent noted that, following the program, his child told him to leave the room as she undressed. Consequently, these results imply that teaching sexual abuse prevention concepts to preschool children has an overall positive effect.

One of the problems with the fear scale appears to be the low internal consistency which may make the results discussed above questionable. However, the alpha does increase when accounting for the different interviewers. Consequently, this suggests that who does the interviewing affects how the children will respond to the questions. It may be that those interviewers who appear more frightening to the children, whether it be due to appearance or voice tone, tend to elicit higher levels of fear on each of the items. Also, different interviewers may transmit some of their anxiety about the topic. Therefore, when using the fear scale it is important to have the same interviewer for the pre- and post-testing and to standardize the administration as much as possible.

No support was found for hypothesis IV suggesting that the children in the parent involvement condition do not have a greater increase in knowledge of sexual abuse prevention than the children whose parents did not participate. But, contrary to the hypothesis, at follow-up testing, the no parent involvement condition had significantly higher scores

on the PSQ than the parent involvement condition. The major problem with these results originates from the fact that out of the original 12 parents invited to participate only six parents fully participated in the parent involvement condition. First of all, less than half of the parents attended the parent education meeting. Excuses for those parents not attending included prior commitments, work, too busy, out of town, sick child, and feeling already knowledgeable about the topic. Secondly, even though information concerning sexual abuse and the parent-child workbook was sent home to those parents in the condition who did not attend the meeting, only one out of those five parents completed the workbook with their child. However, all the parents who attended the meeting did complete the workbook. Consequently, with such a small sample, the results are difficult to interpret. In the future, precaution should be taken to assure participation from the parents by calling to remind them to attend the parent meeting and to complete the workbook.

No significant relationship was found between the parent's score on the attitude scale and the child's increase in knowledge of sexual abuse prevention. Again, this correlation which included only 10 attitude scores from the parent involvement group made it difficult to obtain significance. However, from the self report data, parents seemed to feel comfortable dealing with topics of a sexual

nature with their children. Also, 11 out of 12 of the parents received all of the points possible on the knowledge scale and the other parent only incorrectly answered one of the items. Therefore, the parents seem knowledgeable concerning the common myths surrounding the sexual abuse of children. However, with such a small range in scores, identifying a relationship between parental knowledge and the child's increase of knowledge of sexual abuse prevention was not likely.

Mother's Social Index had no relationship to pre and post test score changes on the three assessments. Consequently, this suggests that the socioeconomic status of the child's mother has no relationship to the child's ability to understand or fear sexual abuse prevention concepts. This finding may be due to the way in which Mother's Social Index was calculated. From the Hollingshead scale, women who are homemakers receive a very low score which is quite unrepresentative of the sample since those mothers who stayed home were from families of higher social status. On the other hand, Father's Social Index, which is probably more representative of the true social index of the family, revealed a significant correlation for differences on the Fear Scale suggesting that as Father's Social Index increases the child's fear also increased. This relationship may be a spurious correlation related to the fact that the older children in the study tended to have

fathers with higher Social Index scores. In addition, Father's Social Index was also marginally correlated to changes on the children's WIST scores indicating that the higher the Father's Social Index the higher the increase in children's WIST score. This may be due to higher verbal ability within these families which enhances their performance on the WIST. Even though there was no clear relationship between parent participation and the child's knowledge increase, there does appear to be some relationship in the family situation and ability to understand and accept sexual abuse prevention concepts. However, caution should be used when interpreting any of the above mentioned correlations due to the small sample size of each of the cases. Also, none of these relationships were indicated from correlations with pretest scores.

Considering the fact that three separate day care centers from three different areas in the community were utilized in this study (one located in an urban downtown area, another in the suburbs of a college community, and another in a small rural town) the findings are quite generalizable. However, there are limitations to generalizing from this study. Much difficulty was encountered in obtaining day care centers willing to participate which may have restricted the sample involved. From the original list of approximately 100 day care centers in the area only 10 expressed interest in the program.

Among those ten, half expressed interest in participating in the program. Yet, even after obtaining permission from day care directors and preschool teachers more resistance was encountered from the parents. At one day care center, a set of parents, very disturbed by the thought of teaching their "young and naive children" the concepts of "private parts" and "good versus bad touch," threatened to take their children out of the center if the program was implemented as scheduled. Consequently, for financial reasons, the center dropped out of study even though over half of the parents had signed consent forms. At another center, organizational problems caused the center to drop out of the program at the last minute since consent from the board of directors was not obtained. Therefore, the centers that remained in the study may not be a representative sample since those parents and administrators who permitted their children to participate in the study were most likely those individuals who felt comfortable with the topic of sexual abuse and who had already had prior contact and knowledge concerning the issues. The high ceiling effect obtained in much of the pretesting may be another indication that those children who participated were from an informed sample and not representative of the population.

During the course of this study, no children reported any incidents of sexual abuse. The lack of disclosure is difficult to understand considering the prevalence of sexual

abuse. Possibly due to the nature of the consent form involved with the research, those children who have been molested were not allowed to participate in the study in order to maintain the "secret."

In conclusion, consistent with past research, preschool age children are able to learn sexual abuse prevention concepts after being introduced to the 5-day Grossmont Curriculum, regardless of parent involvement, and were able to maintain the information for at least a three month period. However, not all of the concepts appear to be understood. Future research is necessary to pinpoint what concepts children are able to understand and utilize and what they are not able to comprehend. The issue of whether or not preschool age children can understand disclosure is an important question not completely answered from this study. Research is also needed to examine the questionnaires used in this study, especially the WIST, to determine how appropriate these assessments are for preschool age children. Since a relationship was found between age of the child and knowledge of sexual abuse prevention, it may be interesting for future research to focus on differing ages of young children to determine what, developmentally, children at each age are capable of understanding. In addition, the question of whether children are able to transfer knowledge learned in the curriculum to stop abuse from occurring was not addressed in this study. By using

more behaviorally oriented assessment techniques, future research can measure children's actions and not just their responses to questions. The effect of parent involvement was not adequately assessed in this study due to the small sample size. Further research is warranted in this area since the family is an essential component in the prevention of child sexual abuse. Also, design problems in this study should be reworked so as to minimize contamination effects. For example, by randomly assigning a sufficient number of day care centers to the various experimental conditions a clearer treatment effect may be possible.

In response to much concern about the negative effects of these programs on children, no significant fear increase was noted. However, there did appear to be a trend in the data indicating a slight increase in fear at posttesting for those children who participated in the program, but this finding did not hold up at the three month follow-up. So consequently, research is still need to determine the potential negative effects of these types of curriculum. For this study, however, a general overall positive feeling was expressed by those parents, teachers, and children participating in the study indicating that the Grossmont Sexual Abuse Prevention Program was a beneficial experience for those involved.

The prevalence of sexual abuse among children is phenomenal, and prevention programs are critical in

attempting to stop this injustice. In light of the recent controversy in the field (Repucci, 1988), this study lends support to the fact that, under rigorous experimental conditions, the Grossmont Sexual Abuse Prevention Curriculum is able to teach preschool age children prevention concepts with no significant increase in fear. If children can be exposed to effective programs such as the Grossmont, they will have the knowledge that it takes to protect themselves.

APPENDICES

APPENDIX A

PERSONAL SAFETY QUESTIONNAIRE

Evaluation of a Personal Safety Curriculum

Direction 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. If you don't want to answer the questions or if you want to stop just tell me.

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 a 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 B

"WHAT IF" SITUATION TEST

"What If" Situation 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?

_____ (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 a make believe 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 credit given for Changed Touch) No=0

"What would you say to the make believe friend?

_____

_____

"Let's pretend the make believe 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)

"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 Discl.=1

_____Uninform. Discl. =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

_____ Inapprop. =0 Answer

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

_____ Yes=0

_____ No=2

****

Bribe to Touch Others

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

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

"What would you say to the make believe babysitter?"

_____

_____

"Let's pretend the make believe baby-sitter wouldn't stop; what would you say next?"

_____ Direct Reject.=2

_____ Evasion =1

No Change =0

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

_____ Effect. Escape=2

_____ Vague Escape =1

Do Nothing =0

"Would you tell anyone about it? Or would you keep this a 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)?

_____ Inform. Discl.=1

_____ Uninform. Dis.=0

****

Bribe to Touch Child

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

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

"What would you say to the man?"

_____

_____

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

_____ Direct Reject.=2

_____ Evasion =2

No Change =0

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

_____ Effect. 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 you say to (person(s) named above?"

_____ Inform. Discl.=1

_____ Uninform Disc.=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."

APPENDIX C

FEAR SCALE

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

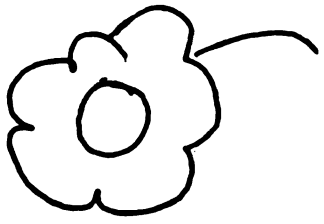
---

8. Someone asking you to touch their private parts?

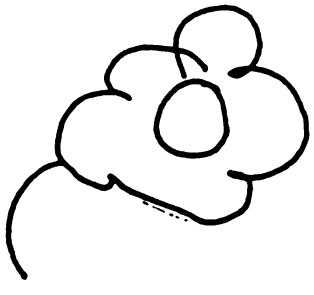
   Very Scared A Little Scared Not Scared

APPENDIX D

PARENT-CHILD WORKBOOK



PARENT - CHILD WORKBOOK



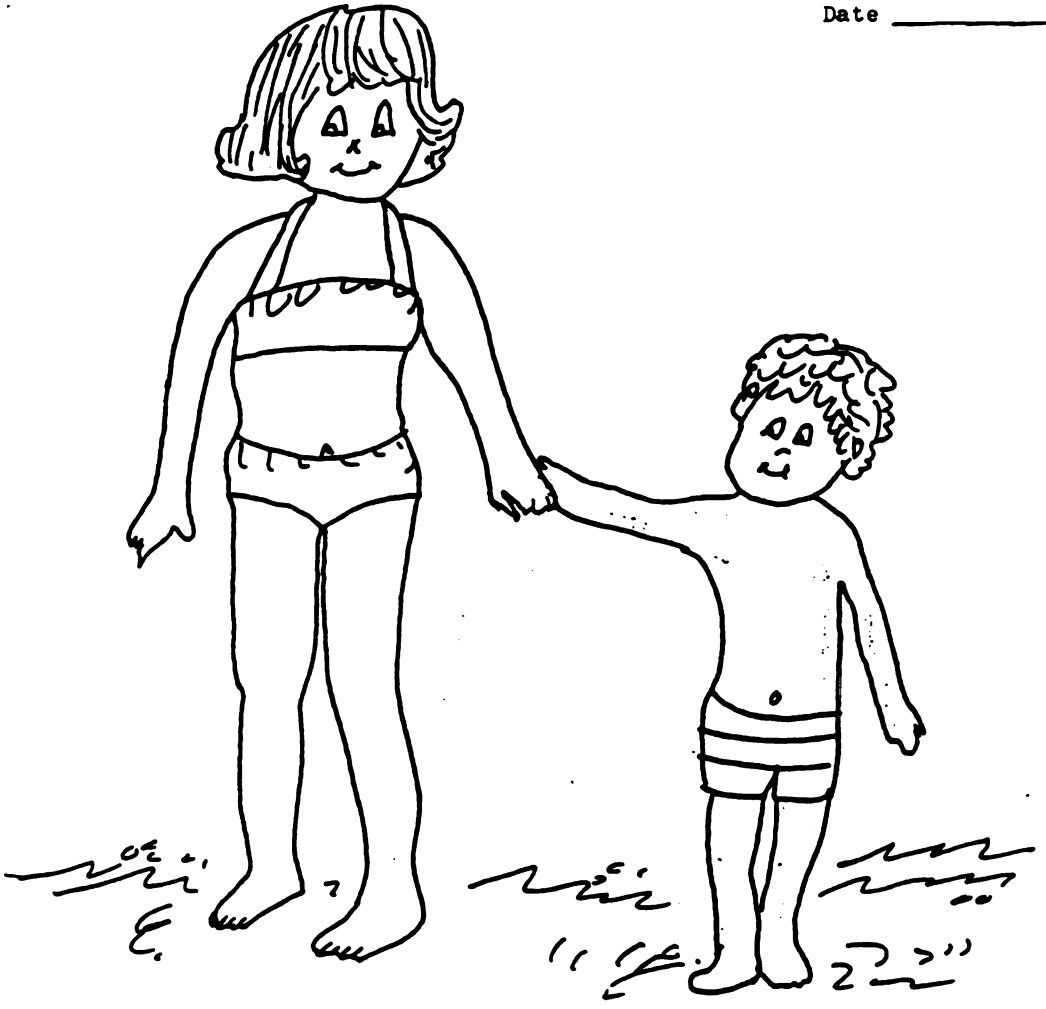
Dear Parents,

Please spend approximately 10-15 minutes each night working on the following pages of this workbook. One page per night.

First, discuss with your children what they learned that day in their daycare class about personal safety. Next, have them color the picture for that lesson. Finally, ask them the questions at the bottom of the page. Please record their answers next to the questions and note any additional comments concerning your child's responses on the back of the page.

After you have completed the book, please return it to the daycare center. If any problems arise please call either Rosemarie Ratto #351-2598 or Anne Bogat #(313)663-5969. Thank you for your cooperation.

Date _____



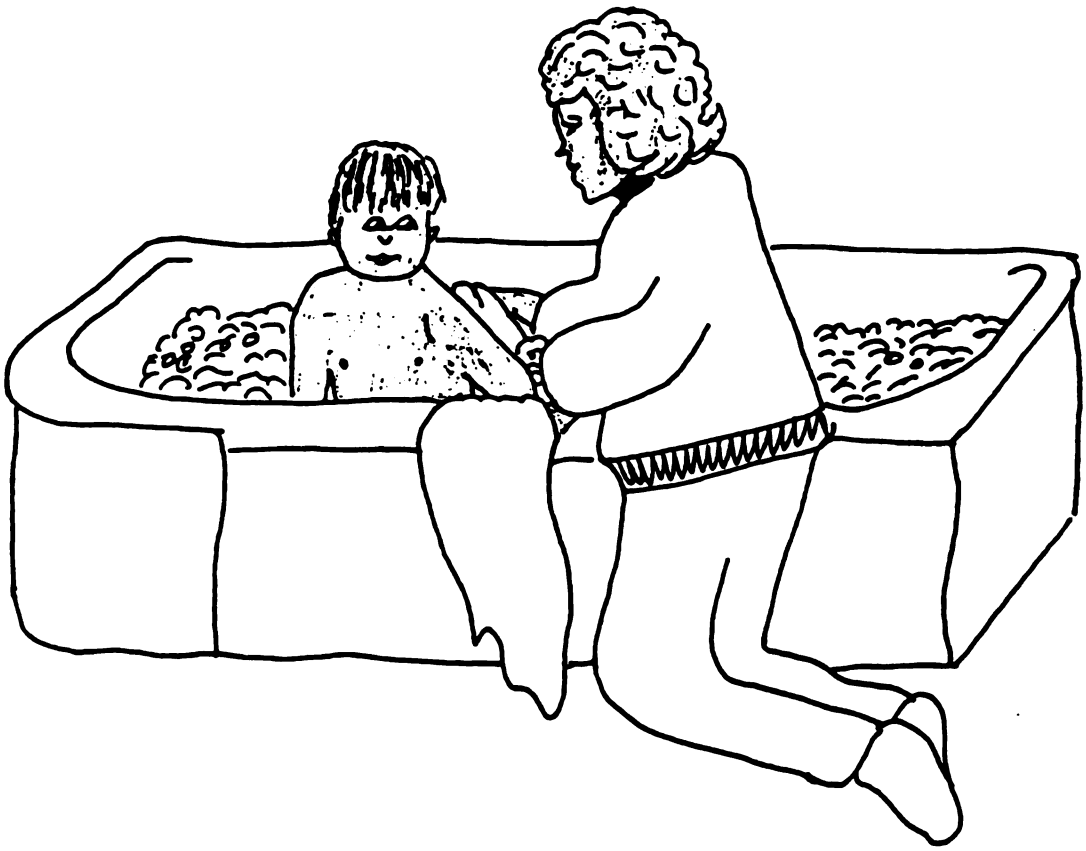
1. Point to the private parts of the girl and boy in this picture.
   Does the child correctly identify all private parts? Yes No

2. What are some kinds of touches that you like?

3. Is it alright to say no to touches that you don't like?

Please note any additional comments concerning your child's responses on the back of this page.

Date _____

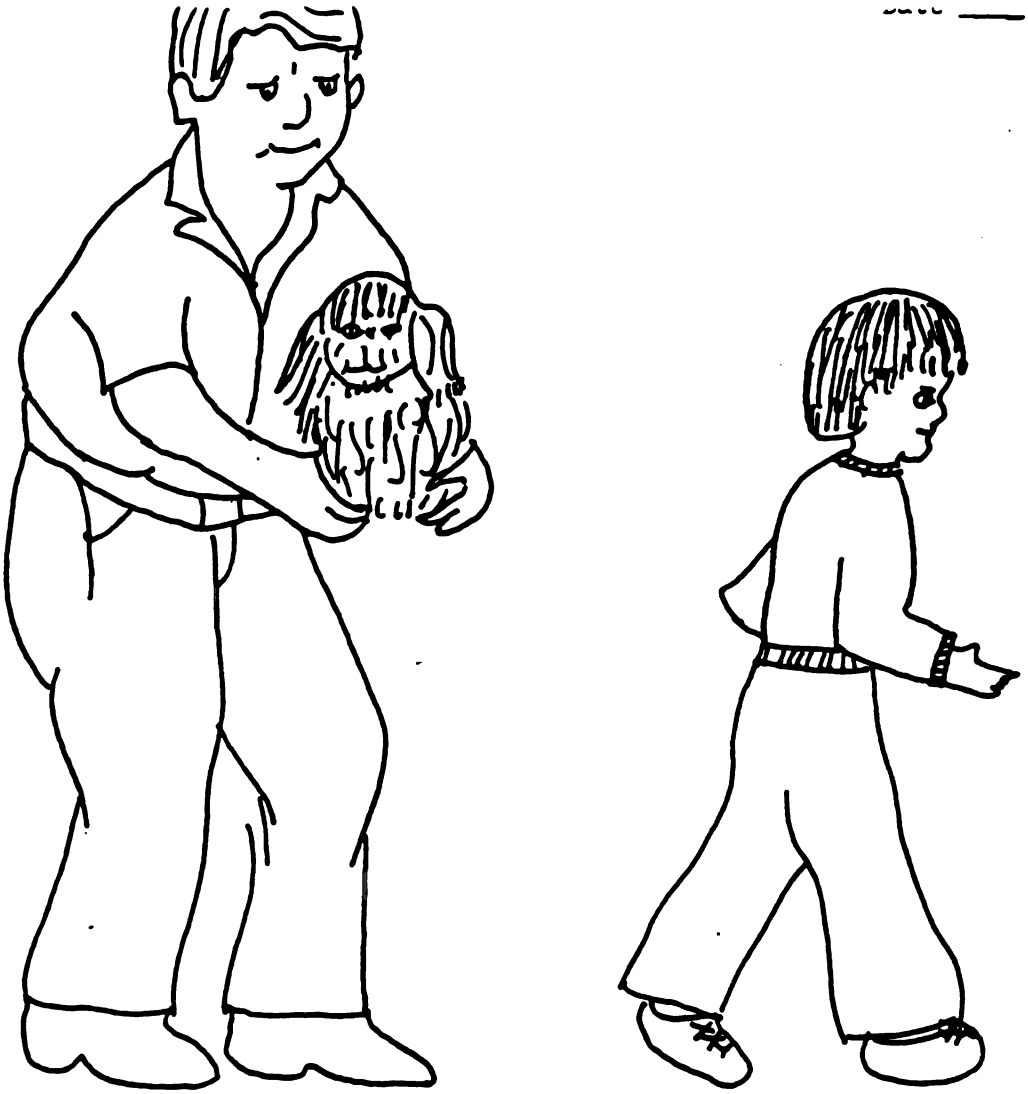


1. What are some times when grown-ups might need to touch your private parts?

2. Why is it O.K. for grown-ups to touch your private parts then?

3. Is it O.K. for grown-ups or bigger kids to ask you to touch the private parts of their body?

Please note any additional comments concerning your child's responses on the back of this page.



1. What is a stranger?

2. Do you have to talk to a stranger?

3. What can you do if you don't want to talk to a stranger?

4. What do you do if someone tries to trick or hurt you or touch your private parts?

Please note any additional comments concerning your child's responses on the back of this page.

1. What is a secret?

2. Is it O.K. to say no, go, and tell if you get a secret touch?

3. Who can you tell if someone is trying to play with the private parts of your body or if you get a touch that scares or hurts?

Please note any additional comments concerning your child'd responses on the back of this page.

Date _____

1. What do you do if someone tries to trick or hurt you or touch the private parts of your body?

2. What do you do if they won't stop?

3. What are some kinds of touches that you like?

Please note any additional comments concerning your child's responses on the back of this page.

APPENDIX E

PARENT INTERVIEW

Parent Interview

Hi, may I speak with _____. Hi, my name is _____ and I'm part of the research team that is evaluating the sexual abuse prevention program that your child took part in last week. As part of the evaluation, I would like to ask you some questions. Your answers will be completely anonymous. This should only take about 10 minutes.

Has your child been involved in a sexual abuse prevention program in the past?

Y N not sure

Did the parent participate in the Parent Education meeting?(Check the attendance roster)

Y N

If no, why did you not participate in the P.E.M.? (probe)

If yes, how much new information did you learn concerning child sexual abuse?

alot/ some/ very little/ none

Had you discussed sexual abuse with your child prior to the P.E.M.?

Y N

If yes, how many times had you discussed sexual abuse with your child?

single event/ several times/ many occasions

How comfortable do you feel discussing sexual abuse with your child?

very comfortable/ somewhat comfortable/
a little uncomfortable/ very uncomfortable

How comfortable do you feel with toilet training?

very comfortable/ somewhat comfortable/
a little uncomfortable/ very uncomfortable

Have you ever discussed where babies come from with your child?

Y N

How comfortable do you feel discussing this subject with your child?

very comfortable/ somewhat comfortable/
a little uncomfortable/ very uncomfortable

How much do you think the program helped your child in learning how to prevent sexual abuse?

alot/ some/ very little/ none

Overall, how would you rate the P.E.M.?

excellent/ good/ fair/ poor

Overall, how would you rate your child's response to the curriculum?

excellent/ good/ fair/ poor

Did you notice any negative effects (increased fear, anxiety) in your child as a result of being exposed to the program? Y N

If yes, what effects have you observed?

True or False?

1. _____Sexual molestation is usually a single, violent event.
2. _____Sexual molestation of children usually begins in the teenage years.
3. _____Many child victims are molested by a family member or another person known to the child.
4. _____If parents react badly when sexual abuse if discovered, the child may be emotionally harmed.
5. _____Children rarely make up stories about participating in sexual activities with adults.
6. _____It is more likely that a child will indirectly tell someone s/he has been sexually abuse than directly talk about what happened.
7. _____Child sexual abuse happens at about the same rate in all kinds of neighborhoods and in all parts of the country.

Occupation of Mother (specific position):

Occupation of Father (specific position):

Highest level of education completed by Mother:

Highest level of education completed by Father:

Do you have any further suggestions or comments about you or your child's participation in the program?

Thank you very much for your time and cooperation. Please remember to return the parent-child workbook to your daycare center if you have not already done so. If you have any further questions or concerns, please call Rosemarie Ratto #351-2598.

APPENDIX F

LETTER OF INVITATION

As you are probably know, one in four girls and one in six boys will be sexually abused prior to the age of 18. In response to these alarming statistics, I would like to invite your child care program to participate in a project which implements and evaluates the Grossmont College Child Sexual Abuse Prevention Program. The project is being coordinated by the Office for Young Children and by Michigan State University. There will be no cost to your center.

The curriculum is especially designed to teach young children how to protect themselves from sexual exploitation through the use of books, discussion, activities, role play, and a puppet show. The curriculum includes 5, 20-minute presentations along with a parent education meeting. Your own teachers may teach the curriculum or, if desired, a teacher will be provided. The evaluation of the program will consist of a 25 minute individual interview with each of the children one week prior to the program, the week following the program, and three months later. All interviews will be trained and supervised college students.

The Grossmont Program has been used extensively in California and is now being used locally. Our previous experience indicates a large majority of parents and child care programs support the program.

The program will be offered in late Fall and Winter. If you are interested in participating please call 353-8690, before September 15, 1987, and leave a message for Dr. Bogat or Rose Ratto. We will be contacting your center in early Fall. Thank you for you time and cooperation.

Sincerely,

Rosemarie Ratto
Graduate Student

G. Anne Bogat, Ph.D.
Assistant Professor

APPENDIX G

CONSENT FORM

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 identify "private parts," 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 information 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, shortly after the program is completed, and 3 months later. 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. The questions will ask children to identify appropriate and inappropriate touch and to state what they would say and do in various pretend situations. This evaluation will help us to determine how valuable this program is to preschoolers. We can 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 and that my child must also give his/her verbal permission.

3. I understand that either myself or my child may discontinue my child's participation in the evaluation 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 except if my child reports possible sexual abuse. In which case, the researcher will notify both myself and the preschool teacher immediately. 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 two times 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 Rosemarie Ratto (351-2598) and Dr. Anne Bogat (353-8690) at Michigan State University.

Name of Child_____Birthdate_____

Signature of Parent/Guardian_____

Date_____

APPENDIX H

PARENT EDUCATION MEETING OUTLINE

Parent Education Meeting Outline

I. Definition of Sexual Abuse

Contacts or interactions between a child (under the age of 18) and an adult (or one significantly older than the child) in which the child is used for the sexual stimulation of the perpetrator or another person. Sexual abuse ranges from non-touching offenses such as exposure to offenses that involve physical contact such as fondling, oral/genital contact, vaginal and anal stimulation and penetration, incest, and exploitation of children through pornography and prostitution.

II. Prevalence

1 out of every 4 girls
1 out of every 6 boys

Begins early (possibly in infancy) and continues for many years

Serious long term psychological effects
- substance abuse
- serious depression
- self-destructive behavior
- low-self esteem
- isolation

III. Common Myths

-Abusers are not strangers
-75-85% are people the child knows

-Abusers are not always adults
-they may be teenagers

-Abusers are not "weird/crazy" people
-they are very normal in appearance

-Sexual abuse is rarely a violent attack
-it is mostly carried out with bribes or threats

-Abuse is not just intercourse
-much involves fondling

-Abuse doesn't necessarily happen in public places
-most commonly abuse occurs in the child's home

-The child never provokes sexual abuse

-the responsibility is always on the adult

IV. Indications of abuse

-unusual knowledge about sex
-unusual seductive behavior
-fear being alone with specific people
-pain around genitals

V. Prevention Strategies

Teach children to be assertive about their own bodies and that they have the right to say no to an unwanted touch.

Children need to understand:

-private parts of body
-good touch vs. bad touch
-right to say no to bad touch
-to keep saying no
-talk to a safe person
-stranger and people they know
-secrets

VI. Disclosure

-stay calm
-find a quiet, private place to talk
-believe them
-reassure the child it is not his/her fault
-make sure the child knows you will keep them safe
-tell them what you will do

VII. Resources

-C.P.S. Handout
-Parent Resources Handout
-National organizations
-List of books

VIII. Question and Answer

APPENDIX I

TEACHER TRAINING

Teacher Training Outline

I. Important points

-Stress safety

-Stay clam while teaching
 -don't over react

-Stress role play
 -participant learning
 -active

-Target shy children

-Be aware of any children who may be frightened
 -inquire about fear
 -have them sit next to you
 -if necessary, remove them from participation

II. Lesson 1

-Private parts

-Introduce with concept of safety

-Read book slowly
 -ask questions
 -comment in your own words

-Have each child identify their private parts
 -use doll if desired

-Have each child say what they would do if someone touched their private parts
-Additional activities
 -color picture identifying private parts
 -optional

III. Lesson 2

-Review private parts and saying no
 -role play with each child

-Review safe touch
 -role play with each child

-Talk about feelings
 -good vs. bad

IV. Lesson 3

-Puppet Show

-Longer than other lessons

-Emp. on strangers

-Active participation

-Stress saying no, leaving, and telling someone

V. Lesson 4

-Review saying no, leaving, and telling someone

-Review definition of stranger

-Discuss different types of secrets

VI. Lesson 5

Review-use puppets so kids can remember

-Before ending children should know:
  -strangers
  -secrets
  -private parts
  -good touch vs. bad touch
  -what to do

VII. Disclosure

-Give handout on disclosure
 -emp. staying calm
-Review indications of abuse
-Inform about C.P.S.

VIII. Question and Answer

APPENDIX J

TABLES

Table 1

Number, Gender, and Mean Age of Participants in the Control, Parent Involvement, No Parent Involvement, and Parent and No Parent Combined Conditions

Condition	n	gender	mean age
Control	20	6 girls 14 boys	56.0
No Parent Involvement	13	7 girls 6 boys	56.9
Parent Involvement	6	5 girls 1 boy	49.3
Parent & No Parent Combined	19	12 girls 7 boys	54.5

Table 2

Observed and Adjusted Means for Post Test Scores on the PSQ, WIST, and Fear Scales for the Control, Parent Involvement, No Parent Involvement, and the Parent and No Parent Combined Conditions

	Means	
	Observed	Adjusted
PSQ		
Control	10.30	10.08
Parent Involvement	11.83	11.86
No Parent Involvement	12.46	12.64
Parent and No Parent	12.21	12.39
WIST		
Control	14.15	15.87
Parent Involvement	18.50	16.07
No Parent Involvement	15.23	15.93
Fear Scale		
Control	5.60	5.35
Parent Involvement	5.33	5.36
No Parent Involvement	7.69	7.92
Parent and No Parent	7.00	7.11

Table 3

Means and Standard Deviations for the Pretest Scores on the PSQ, WIST, and Fear Scale for the Parent Involvement, No Parent Involvement, and Control Groups.

	Mean	SD
PSQ		
Control	9.75	2.55
Parent Involvement	9.33	2.25
No Parent Involvement	9.08	3.01
WIST		
Control	9.65	7.33
Parent Involvement	14.83	8.89
No Parent Involvement	10.92	6.97
Fear Scale		
Control	5.80	2.73
Parent Involvement	5.30	2.30
No Parent Involvement	4.90	3.54

Table 4

Analysis of Covariance for PSQ, WIST, and Fear Scale for Post Test Scores

Variable	SS	DF	MS	F	p
PSQ					
Error	48.28	35	1.38		
Condition	53.85	2	26.92	19.52	.001
Parent vs. No Parent	2.49	1	2.49	1.81	.187
Parent and No Parent vs. Control	42.00	1	42.00	30.45	.001
WIST					
Error	1246.02	35	35.60		
Condition	.17	2	.09	.00	.998
Fear Scale					
Error	344.11	35	9.83		
Condition	56.22	2	23.11	2.86	.071
Parent vs. No Parent	26.78	1	26,78	2.72	.108
Parent and No Parent vs. Control	14.78	1	14.78	1.50	.228

Table 5

Observed and Adjusted Means for 3-Month Follow-up Scores on the PSQ, WIST, and Fear Scales for the Control, Parent Involvement, No Parent Involvement, and Parent-No Parent Combined Conditions

	Means	
	Observed	Adjusted
PSQ		
Control	10.30	10.10
Parent Involvement	10.83	10.86
No Parent Involvement	12.23	12.41
Parent and No Parent	11.79	11.92
WIST		
Control	14.10	15.42
Parent Involvement	18.00	16.13
No Parent Involvement	18.92	19.46
Fear Scale		
Control	4.55	4.46
Parent Involvement	6.50	6.51
No Parent Involvement	5.92	6.01

Table 6

Analysis of Covariance for PSQ, WIST, and Fear Scale for 3-Month Follow Up

Variable	SS	DF	MS	F	p
PSQ					
Error	73.17	35	2.09		
Condition	41.60	2	20.80	9.95	.001
Parent vs. No Parent	9.75	1	9.75	4.67	.038
Parent and No Parent vs. Control	21.15	1	21.15	10.12	.003
WIST					
Error	1,706.86	35	48.77		
Condition	132.32	2	66.16	1.36	.271
Fear Scale					
Error	459.21	35	13.12		
Condition	29.19	2	14.60	1.11	.340

Table 7
Frequency of Responses on the PSQ for Individual Items

Question #		Frequency		
		Pre (n=20)	Post (n=19)	3-month (n=19)
1.	Correct	50.0%	94.7%	89.5%
	Incorrect	50.0%	5.3%	10.5%
2.	Correct	65.0%	84.2%	94.7%
	Incorrect	35.0%	68.3%	5.3%
3.	Correct	70.0%	89.5%	89.5%
	Incorrect	30.0%	10.5%	10.5%
4.	Correct	60.0%	84.2%	89.5%
	Incorrect	40.0%	15.8%	10.5%
5.	Correct	35.0%	73.7%	52.6%
	Incorrect	65.0%	26.3%	47.4%
6.	Correct	70.0%	78.9%	63.2%
	Incorrect	30.0%	21.1%	36.8%
7.	Correct	65.0%	89.5%	84.2%
	Incorrect	35.0%	10.5%	15.8%
8.	Correct	80.0%	89.5%	89.5%
	Incorrect	20.0%	10.5%	10.5%
9.	Correct	70.0%	78.9%	68.4%
	Incorrect	30.0%	21.1%	31.6%
10.	Correct	95.0%	100.0%	100.0%
	Incorrect	5.0%	0.0%	0.0%
11.	Correct	80.0%	94.7%	89.5%
	Incorrect	20.0%	5.3%	10.5%
12.	Correct	65.0%	89.5%	94.7%
	Incorrect	35.0%	10.5%	5.3%
13.	Correct	65.0%	95.8%	78.9%
	Incorrect	35.0%	4.2%	21.1%
14.	Correct	65.0%	94.7%	94.7%
	Incorrect	35.0%	5.3%	5.3%

Table 8
Frequency of Responses on the WIST for Individual Items

Question #		Frequency		
		Pre(n=20)	Post(n=19)	3-month(n=19)
1.	No	45.0%	26.3%	21.1%
	Yes	55.0%	73.7%	78.9%
2.	No Change	45.0%	31.6%	21.1%
	Evasion	5.0%	0.0%	10.5%
	Direct Rejection	50.0%	68.4%	68.4%
3.	Do Nothing/Stay	70.0%	47.4%	52.6%
	Vague Escape	5.0%	0.0%	5.3%
	Effective Escape	25.0%	52.6%	42.1%
4.	Tell no one	65.0%	52.6%	42.1%
	One person	15.0%	26.3%	15.8%
	Two or more	20.0%	21.1%	42.1%
5.	Uninformative Discl.	100.0%	94.7%	94.7%
	Informative Discl.	0.0%	5.3%	5.3%
6.	Yes	35.0%	21.1%	10.5%
	No	65.0%	78.9%	89.5%
7.	No	45.0%	31.6%	15.8%
	Yes	55.0%	68.4%	84.2%
8.	Inappropriate Answer	90.0%	63.2%	57.9%
	Appropriate Answer	10.0%	36.8%	42.1%
9.	Yes	50.0%	52.9%	36.8%
	No	50.0%	42.1%	63.2%
10.	No	40.0%	36.8%	21.1%
	Yes	60.0%	63.2%	78.9%
11.	No Change	65.0%	36.8%	31.6%
	Evasion	10.0%	0.0%	0.0%
	Direct Rejection	25.0%	63.2%	68.4%
12.	Do Nothing/Stay	60.0%	52.6%	63.2%
	Vague Escape	5.0%	5.3%	5.3%
	Effective Escape	35.0%	42.1%	31.6%

13.	Tell no one	70.0%	47.4%	47.4%
	One person	0.0%	15.8%	21.1%
	Two of more	30.0%	36.8%	31.6%
14.	Uninformative Discl.	100.0%	94.7%	78.9%
	Informative Discl.	0.0%	5.3%	21.1%
15.	No	30.0%	31.6%	5.3%
	Yes	70.0%	68.4%	94.7%
16.	No Change	45.0%	31.6%	15.8%
	Evasion	5.0%	0.0%	0.0%
	Direct Rejection	50.0%	68.4%	84.2%
17.	Effective Escape	50.0%	47.4%	52.6%
	Vague Escape	5.0%	0.0%	10.5%
	No Change	45.0%	52.6%	36.8%
18.	Tell no one	60.0%	47.4%	36.8%
	One person	5.0%	31.6%	10.5%
	Two or more	35.0%	21.1%	52.6%
19.	Uminformative Discl.	90.0%	73.7%	68.4%
	Informative Discl.	10.0%	26.3%	31.6%

Table 9

Frequency of Responses on the Fear Scale for Individual Items

Question #	Frequency		
	Pre(n=20)	Post(n=19)	3-month(n=19)
1. Not Scared	70.0%	52.6%	57.9%
A Little Scared	10.0%	15.8%	10.5%
Very Scared	20.0%	31.6%	31.6%
2. Not Scared	30.0%	36.8%	47.4%
A Little Scared	35.0%	15.8%	21.1%
Very Scared	35.0%	47.4%	31.6%
3. Not Scared	65.0%	63.2%	73.7%
A Little Scared	10.0%	10.5%	15.8%
Very Scared	25.0%	26.3%	10.5%
4. Not Scared	50.0%	31.6%	31.6%
A Little Scared	10.0%	10.5%	26.3%
Very Scared	40.0%	57.9%	42.1%
5. Not Scared	60.0%	42.1%	36.8%
A Little Scared	25.0%	21.1%	21.1%
Very Scared	15.0%	36.8%	42.1%
6. Not Scared	75.0%	84.2%	89.5%
A Little Scared	20.0%	5.3%	5.3%
Very Scared	5.0%	10.5%	5.3%
7. Not Scared	60.0%	36.8%	52.6%
A Little Scared	10.0%	15.8%	5.3%
Very Scared	30.0%	47.4%	42.1%
8. Not Scared	65.0%	52.6%	36.8%
A Little Scared	25.0%	10.5%	31.6%
Very Scared	10.0%	36.8%	31.6%

Table 10

Intercorrelations Between the Change Scores of the PSQ, WIST, and Fear Scale, Age, Sex, Race of the Child, Mother's and Father's Social Index, and the Attitude Scale

	PSQ	WIST	FEAR	Age	Sex	Race	M.SI	F.SI	ATT
PSQ (n=19)	-.02	.62**	.18	-.13	-.18	.07	.03	-.16	
WIST (n=19)		.12	.21	-.11	-.03	-.05	.49+	-.05	
Fear Scale (n=19)			.31+	-.16	-.06	.24	.55*	-.18	
Age (n=42)				-.12	-.31*	.34	.44+	.15	
Sex (n=43)					.06	-.42	-.15	-.14	
Race (n=43)						-.66**	-.44	.35	
Mother's S.I. (n=12)							.32	-.40+	
Father's S.I. (n=12)								-.24	
Attitude Scale (n=12)									

**p<.01
*p<.05
+p<.10

Table 11

Intercorrelations Between the Pretest Scores of the PSQ, WIST, and Fear Scale, Age, Sex, Race of Child, Mother's and Father's Social Index, and the Attitude Scale

	PSQ	WIST	FEAR	Age	Sex	Race	M.SI	F.SI	ATT
PSQ (n=41)		.56**	-.01	.18	-.04	-.09	-.10	-.08	.26
WIST (n=41)			.17	.31*	.07	-.16	.36	.12	-.31
Fear Scale (n=41)				-.23	.13	.14	.08	.10	-.35
Age (n=42)					-.12	-.31*	.34	.43+	.15
Sex (n=43)						.06	-.42+	-.15	-.14
Race (n=43)							-.66**	-.44+	.36
Mother's S.I. (n=12)								.32	-.40+
Father's S.I. (n=12)									-.24
Attitude Scale (n=12)									

** p<.01
* p<.05
+ p<.10

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REFERENCES

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