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**AN INVESTIGATION OF THE ABILITY OF
ELEMENTARY SCHOOL-AGED CHILDREN TO LEARN
CHILD SEXUAL ABUSE PREVENTION CONCEPTS**

By

**Leslie Maureen Tutty
M.A., University of Saskatchewan, 1977**

**DISSERTATION
Submitted to the Faculty of Social Work
in partial fulfilment of the requirements
for the Doctor of Social Work degree
Wilfrid Laurier University
1991**

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ISBN 0-315-65126-1

Abstract

The current research was designed to investigate a wide range of variables which could affect the ability of elementary school children to learn and to remember child sexual abuse prevention concepts. The major questions posed for the study were: how much do the children know about child sexual abuse before participating in a prevention program, do children learn the prevention concepts after participating in the program and do they remember the concepts over time (five months). Age was considered a critical variable, so three age groups were delineated: Grades 1, 3 and 6. A smaller sample of kindergarten children were also tested, but the results with this age-group are considered exploratory.

No research has yet investigated the influence of parental variables on a child learning and remembering prevention concepts. The current study looked at how parents' participation or nonparticipation in the prevention program may affect the scores of the children and the long term retention of material. Whether parents attended prevention previews and therefore were able to reinforce prevention concepts at home was hypothesized as important in the long term integration of such information. Finally, the accuracy of a parent's perception of their child's understanding of prevention concepts was thought to be an important variable in whether parents would reinforce the learning of these concepts by discussion or by providing supplementary materials.

In total, 400 children from the different age groups were included in the final data set. These children were assessed with the Children's Abuse Questionnaire (C.A.Q.) an instrument developed by the author consisting of 40 items addressing the broad range of prevention concepts discussed in the literature. A subset of 23 items from the C.A.Q., the PlayQ, consists of items directly addressed by the play, "Touching". Some children were tested before the program and afterward, some were not given a pretest but were tested only after the play. Other children were tested within the same time frame as those previously mentioned, but without having seen the play. All available children were tested again five months after the last assessment to investigate whether they remembered the prevention concepts over time.

The statistical analysis indicated that children who participated in the prevention program scored significantly higher on both the PlayQ and the C.A.Q. than children who did not see "Touching". There were significant differences between all age groups with kindergarten children scoring at about 57%, Grade 1 in the 65% range, Grade 3 in the 80% range and Grade 6 in the 90% range after having seen the play. After five months, the children who participated in the program did not forget the concepts, and, if anything, scored somewhat better than on the posttest analysis. However, one of the control groups also made unexpectedly significant increases in their scores over five months.

Teachers (N=32) reported few negative reactions on the part of their students in the classrooms. They commented that students were initiating appropriate discussion about the play and its concepts, and that they had observed children being more assertive with peers who were trying to bully them.

Parent reports (N=284) indicated few negative responses on the part of the

children who participated in the prevention program. Overwhelmingly, the majority of parents reported changes in their children which they saw as positive, including talking about the play and appearing more confident. Parents scored an average of 71% on the short knowledge questionnaire. They tended to underestimate the incidence and seriousness of sexual abuse. Parents of young children were likely to overestimate their child's knowledge of core prevention concepts. In terms of parental perception of their child's responses, the more knowledgeable parents more accurately predicted their child's response to key questions when age was taken into consideration. There was a significant relationship between the child's level of knowledge of prevention concepts and their parent's ability to predict how they would answer key questions, whether the parents knowledge about abuse was high or not. Sensitivity and understanding of one's child's beliefs and responses appears, then, to be a more important relationship to a child's level of knowledge than the parent's knowledge level.

In summary, the research results support the effectiveness of the play in teaching abuse prevention concepts to children, however, they also highlight the fact that some concepts are difficult for younger children to learn. The necessity for repetition of the concepts both in discussion of the materials and in the opportunity to view the presentation more than once is discussed. The importance of inviting parents to participate in prevention programs with their children is underscored.

Acknowledgements

I wish to thank my Dissertation Committee, Dr. Anne Westhues, Chair, Dr. Gary Cameron, Dean Shankar Yelaja, and Dr. Robert Gebotys for their willingness to read and to provide helpful comments on this material. The quality of this document was greatly enhanced by their ideas and support.

Thanks also to my children, Jason and Evan, who helped in the development of the Child Abuse Questionnaire and in previewing several child sexual abuse prevention programs. Thanks to my husband, Michael Rothery, for his support and for his sense of humour which helped me to retain mine.

This research was conducted under the auspices of the Centre for Social Welfare Studies, Faculty of Social Work, Wilfrid Laurier University. As the Centre's director, Dr. Gary Cameron provided much-appreciated consultation and administrative support throughout the research process.

The research would not have proceeded were it not for the help of the representatives of the Hamilton School Boards who arranged for access to the schools included in the research: Ilze Dreimanis from the Wentworth County Board of Education, Robert Peet and Phil de Francesco, from the Hamilton-Wentworth Roman Catholic Separate School Board, and Joseph Yurkiw from the Board of Education of the City of Hamilton. Their assistance in helping me to arrange the testing was invaluable.

The Community Child Abuse Council of Hamilton-Wentworth, especially Mark Ewer, Chairman, supported the research. Jessica Davenport originated the idea of evaluating the program and Darlene Sykes, the "Touching" Co-ordinator, helped to facilitate many aspects of the research. Thanks are also gratefully extended to the principals and teachers of the schools involved: St. Mary's Elementary School, Dundas Central, Blessed Kateri Separate School, Comley Public School, St. Mary Margaret Separate, Verne Ames Public, Grange Elementary, and St. Annes Separate School. Thank you for so graciously accommodating our needs and for coping with the interruptions. Your help made the research proceed very smoothly both for us and for the children who participated.

Several M.S.W. students from the Faculty of Social Work at Wilfrid Laurier assisted the author in conducting the research. Special thanks are extended to Susan Cadell and Sue McKenzie-Mohr, my faithful assistants. Thanks also to Trish Bidgood, Veronica Leybourne, Strath Davis, Sheila Waterman, Nicole Chevalier, and Margot Hopkins who tested many of the children. A special thanks to Chris Daly for emergency support.

A \$6000 research grant from the Ministry of Community and Social Services provided funding for the evaluation. Thanks to the Ministry for enabling the project to proceed.

Finally, to all the children and to their parents who participated in the research: thank you for your willingness to help us learn more about this critical topic.

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Introduction

Rix Rogers (1990a), in his position as Special Advisor to the Minister of National Health and Welfare on Child Sexual Abuse in Canada, recently published a set of recommendations for "long-range directions of federal initiatives regarding child sexual abuse" (1990a, p.11). Preparation of the report involved two years of consultation across Canada, with community groups, victims, and professionals involved in treating sexual abuse. Before embarking on the project, Rogers had acknowledged that sexual abuse was of serious concern. But, he remarked:

I assumed that these were isolated incidents and that sexual abuse was not widely prevalent in society... What I found, as a result of extensive consultations across Canada, is that the incidence of child sexual abuse is widespread, although still largely hidden, and that the problem permeates every segment of society and all communities. (Rogers, 1990a, p.11)

He commented further:

I have been shocked by the anguish and pain of so many victims and adult survivors. I have also come to realize that this problem is so pervasive that any child could be a victim of sexual abuse, including my own children and grandchildren. (Rogers, 1990a, p.11)

The research presented in this dissertation investigates the efficacy of child sexual abuse prevention programs, one potentially powerful intervention to prevent or to shortcut the misery of children's sexual victimization. The critical analysis and the research findings are presented with the same spirit of urgency and concern as that conveyed in Rix Roger's report.

Although child sexual abuse is a problem which has occurred throughout history

(Rush, 1980), it is only within the past decade that the public has begun to recognize the seriousness of the issue. This is primarily due to the persistence of women's groups in expounding about the problem and to the publication of national prevalence studies which have demonstrated that the extent of the problem far surpassed the public perception. In response to this acknowledgement, victims who were previously not believed when they disclosed abuse have been vindicated and treatment facilities have expanded. Another positive initiative has been the development of child sexual abuse prevention programs.

Although their creation is recent, the growth of these programs is truly phenomenal. They have evolved in most communities in Canada and the United States, mainly in the form of child-directed, school-based programs. The goal of these programs is to teach children information, attitudes and skills which could help them to avoid or to know how to respond if they found themselves in an abusive situation.

This dissertation describes the theoretical underpinnings of child sexual abuse prevention programs and critically examines the often implicit assumptions in their content. In order to provide a rationale for the utilization of child abuse prevention programs, the problem of the sexual abuse of children is described in terms of characteristics of the victims and the offenders. The special family dynamics of incestuous abuse are outlined, and the impact of abuse on victims in both the short- and the long-term is delineated. The history of prevention programs is described, with particular attention paid to the role of social work in the development and implementation of child abuse prevention programs and to the special problems involved in testing their efficacy.

A framework for describing different types of prevention programs in the area of

child sexual abuse is presented, distinguishing programs whose purposes are primary, secondary or tertiary prevention. Reasons for the primary use of child-directed programs are explained.

The assumptions underlying child-directed sexual abuse prevention programs are discussed. The major issues are in regard to child development, gender, and culture, and whether the clinical assumptions which were translated into the content of the programs actually make sense. Ethical issues which arise because of the implementation of school-based primary prevention programs are described. These include teaching children about sexual abuse without concurrent sex education programs, the risk of frightening some children at the expense of protecting the small proportion of children who may be abused, the questionable effectiveness of the programs on children who may be trapped in an ongoing incestuous relationships and the systemic damage which may occur to a child after disclosing abuse because of lack of treatment facilities.

The research on the effectiveness of child sexual abuse prevention programs is reviewed. While a small body of research on the programs' effectiveness has accumulated since 1981, the results do not yet clearly suggest that children of all ages can learn the prevention concepts and that these are remembered over time.

The research described in this dissertation was designed to address several of the gaps discovered in the earlier research. A large sample of children (N=400) from three different age groups (Grades 1, 3 and 6) participated in the research. In addition to testing these children before seeing the program and afterwards, a longitudinal component, testing the children once again after five months had passed, was added. An item analysis allowed for the identification of concepts which proved more difficult for younger children to learn.

Finally, the research investigated the relationship between parental knowledge of abuse concepts and their perception of their child's knowledge level on the retention of the child's knowledge of prevention concepts, an area not previously studied. Reports from 284 parents of the children in the study provided this look at the impact of parental knowledge on their child's learning and retention of prevention concepts.

The awareness of the high incidence of sexual abuse of children has prompted the rapid development and implementation of sexual abuse prevention programs, with little critical analysis of the assumptions implicit in the programs. Such an analysis is long overdue and is crucial background to the study of the effectiveness of child sexual abuse prevention programs. Child-directed sexual abuse prevention programs are widely available. Given the lack of definitive proof that young children learn and remember the prevention concepts taught, or that the programs are appropriate for all age-groups of elementary school-aged children, this research is seen as an essential addition to that conducted thus far.

Chapter One: The Sexual Abuse of Children

In order to justify prevention as an important intervention to address the issue of the sexual abuse of children, it is necessary to understand the extent of the problem as well as the consequences of being a victim of sexual abuse. This chapter will outline prevalence studies which suggest that child sexual abuse is widespread, and will describe the short- and long-term sequelae. A rationale for prevention as a prime intervention strategy for this condition will be developed.

Extent of the Problem

The magnitude of the problem of child sexual abuse became highlighted in Canada with both the publication of the Report of the Committee of Sexual Offenses Against Children and Youth (Badgley, 1984) and, more recently, Rix Rogers' report (1990a). The Badgley Commission report, based on a national probability sample of people who responded to a questionnaire (N=2008), concluded that approximately one in two females and one in three males in Canada had been victims of some form of unwanted sexual act at some time during their lives. About four in five of these incidents first occurred when the person was under 18 years of age, the majority between age 12 - 18 years (p. 175). It appears that three in four victims were girls and that one in four was a boy (p. 198). Perpetrators were primarily male (98%) (p. 215).

Victims described a variety of offenses, ranging from unwanted exposure (14.3%), threatened unwanted sexual contact (7.8%), unwanted touch of sexual body parts (18.1%), and attempted or completed sexual assault (16.3%) (p. 182). The majority of offenses were committed by people known to the victim: almost 25% were family members, 58% were friends or acquaintances and only 18% of the offenses were

committed by strangers (p. 217). Children were more than three times as likely to be molested by someone they knew as by a stranger, vastly different from the public stereotype of who will molest a child. The research also revealed myths about the location of the abuse (in over 48.5% of cases the child was abused in her own home or in the home of the offender, rather than the stereotypical location of public washrooms (0.8%) or movie houses (0.8%) (p. 202), and the time of day when the abuse occurs (55% of the crimes were committed in the morning or afternoon rather than at night) (Badgley, p. 200). In sum, the public's perception of what constitutes a typical sexual assault differs from the depictions revealed by the statistics in almost all instances.

Overwhelmingly the victims of sexual abuse in Badgley's study had not sought assistance. The reasons most often cited for not seeking help included feeling that the matter was too personal or sensitive, and feeling too ashamed of what had happened (p. 189).

Although Rix Rogers' report has added no new statistics beyond those presented by Badgley, he commented that the 1984 prevalence figures were "confirmed by experts during the consultation process of the Special Advisor, by the increase in disclosures by victims and adult survivors over the last five years" (1990b, p.13). Other Canadian (Corsini-Munt, 1980; Stephens, Grinnell & Krysik, 1988; Bagley, 1989) and American studies (Finkelhor, 1979; Finkelhor, 1984; Finkelhor, Hotaling, Lewis & Smith, 1990; Russell, 1984) have agreed with Badgley's general conclusions, although the average age of victims ranged from 9 to 11 years of age at disclosure in most studies, somewhat younger than in Badgley's reported sample. These prevalence studies have found higher percentages of family members who were perpetrators, typically around 40-50% (e.g. Stephens, Grinnell, & Krysik, 1988).

To describe these statistics in more meaningful terms, Bagley (1985) speculated that, using a more conservative estimate than was utilized in the Badgley commission report, 5% of all females would experience abuse by their 16th birthday. Even so:

Every elementary school in Canada would...have two or three who were currently being sexually assaulted. In addition, we estimated that about five times that number (increasing as the average age of the student increases) would still be suffering trauma as the result of past sexual abuse. None of the individuals in this estimate would have received any assistance from formal helping agencies for the sexual abuse or its long term effects (p. 71).

Roger's report (1990a) highlighted the fact that, while the extent of the sexual abuse of children remains of critical concern, many of the Badgley Commission recommendations such as improving the criminal justice process in prosecuting offenders, and preventing the revictimization of victims by the system, have not yet been implemented.

Methodological Difficulties in Prevalence Research

Prevalence studies in child sexual abuse attempt to estimate the "proportion of a population that has been sexually abused in the course of their childhood" as contrasted with incidence studies which "estimate the number of new cases occurring in a given time period" (Peters, Wyatt, & Finkelhor, 1986). Since both types of research will be reported in this chapter, a look at the methodological constraints on the interpretation of such statistics will be helpful to the reader.

Once one begins to compare studies on the prevalence of sexual abuse there is a wide range of seemingly contradictory findings. For example the prevalence of sexual

abuse for children before the age of 18 ranges from 11% and less (Kercher & McShane, 1984), 15-19% (Finkelhor, 1979; 1984), to over 50% (Russell, 1984; Wyatt, 1985). These findings do not necessarily contradict each other when one looks more closely at the definition of abuse utilized, the age ranges included, and the methodology used to collect the data.

Firstly, the differential definitions of child sexual abuse utilized in the literature have made comparisons between studies difficult (Wyatt & Peters, 1986; Painter, 1986). Some prevalence studies include non-contact abuse (exhibitionism, involvement with pornography) while others label a child's experience as abusive only when the child has been touched in some manner. Since sexual experimentation between children of approximately the same age occurs naturally, it has been difficult to classify incidents in which the perpetrator was another child. Finkelhor (1984) provides one of the clearest and more widely-used definitions of sexual abuse:

Sexual encounters of children under age 13 with persons at least 5 years older than themselves and encounters of children 13-16 with persons at least 10 years older. Sexual encounters could be intercourse, oral genital contact, fondling, or an encounter with an exhibitionist. (p. 23)

Other authors, however, believe that the use of force or coercion between peers of approximately the same age should also be defined as sexual abuse (Russell, 1984; Haugaard & Tilly, 1988), particularly during adolescence.

Several research projects were designed specifically to identify which definitional and methodological factors influence prevalence results (Wyatt & Peters, 1986a, 1986b; Haugaard & Emery, 1989). The following results were found: clinical samples contain the highest rates of abuse, with higher percentages of younger victims and abuse involving

penetration (Haugaard & Emory, 1989); the exclusion of non-contact in the definition of abuse decreases the prevalence rates substantially; use of an age discrepancy between victim and perpetrator (as in Finkelhor's definition) accounts for some, but not all the major inconsistencies in prevalence rates (Wyatt & Peters, 1986a). The use of college students as a population to generate prevalence statistics, has resulted in conflicting opinions. Wyatt and Peters (1986) concluded that the use of this population did not affect rates; however, it was clear from looking at other studies that prevalence rates in college samples were much lower (e.g. Finkelhor, 1979) than research using community samples (Wyatt, 1985; Russell, 1984; Bagley, 1989). This discrepancy might be attributed to the hypothesis that abused children can develop difficulties in school as a result of the abuse, and so would not be as likely to attend higher educational facilities. Further, the use of college samples clearly limits the generalizability of the results (Haugaard & Emery, 1989).

Much of the data on child sexual abuse has been collected in retrospective studies. These are limited by an individual's memory, especially since memory for the preschool years is often weak. Given new evidence which suggests that many victims of sexual abuse repress any memories of the assault (Sgroi & Bunk, 1988), retrospective studies likely underestimate the extent of the problem.

The most significant difference in prevalence rates was attributable to two aspects of data collection: the use of face-to-face interviews, and the use of specific versus general questions about various forms of abuse. Two studies (Russell, 1984; Wyatt, 1985) utilized interviewers carefully matched by ethnicity. The interviews were not time-limited, lasting from 1 to 8 hours which allowed for the development of strong rapport between interviewer and participant. This resulted in high rates of disclosure which may not have otherwise occurred. The use of specific questions regarding various kinds of sexual

abuse also resulted in higher prevalence rates than open-ended questions requiring recall about abuse in general. People have different personal definitions of abuse, thus, having the interviewer ask about specific behaviours which were considered abusive, seemed both to widen the participant's view of abuse and to prompt memory, subsequently resulting in higher rates of reporting.

Although there are differences in the prevalence rates reported in the literature, there is no question that the problem of child sexual abuse is of significant concern. Readers must, therefore, note the methodology and definitions used in each research report in order to put prevalence rates into perspective. The adoption of a definition of abuse as without physical contact, and one which considers an age difference between perpetrator and victim as critical, will result in substantially lower incidence rates, but ones which are more meaningful.

A final thought about prevalence rates: in recent years there have been dramatic increases in the number of reported cases because of growing public awareness about the problem of sexual abuse. Some authors (Bagley, 1985, 1989; Russell, 1986; Timnick, 1985) who found higher prevalence rates in younger women have speculated that these could also reflect actual increases in the incidence of sexual abuse. They speculate that this might be due to the presence of more high risk families (high divorce rates and the introduction of non-related males into the household), a loosening of sexual norms regarding children, and the "sexual revolution of the 60's (Timnick, 1985). A recent national prevalence study in the United States (Finkelhor, Hotaling, Lewis & Smith, 1990) found "significantly lower rates of abuse for women over 60 and significantly higher rates for women 40 to 49...with a similar nonsignificant trend apparent for men" (p.26). These figures suggest the existence of historical trends, although the authors point out that

there were no such cohort differences in evidence in the Badgley commission report (1984). Rix Rogers commented that substantial increase in disclosures of abuse may be "reflect the changing social reality in Canada, such as increased family stress and breakdown" (1990a, p.19) in addition to the growing public awareness of the problem. Such speculations that the incidence of sexual abuse has been increasing, not merely that more cases are being reported, remain unconfirmed at this point, but merit further investigation.

Despite the discrepancies among studies because of the definition of sexual abuse utilized, the composition of the population from whom the prevalence rates were collected, and the age-range of the children included, it is clear that the sexual exploitation of children is a serious concern in our society.

The Impact of Sexual Abuse

Because of the variety of situations involved in sexual assault, victims are not all affected in the same way or to the same extent. Some children appear to be profoundly affected by sexual abuse, others show mild or transitory symptoms, while still others appear not to have been affected (Conte & Schuerman, 1987).

Initial symptoms may include physical trauma, venereal disease, sexualized acting out with peers, night terrors, bedwetting, self-injurious behaviour (de Young, 1982), low self-esteem, fear, anxiety, a drop in school performance, aggressive behaviour (Dube & Hebert, 1988). Such lists of such symptoms are often provided during training courses to social workers, teachers, and parents as possible signs of sexual abuse. However, these lists must be used with extreme caution since only a few of the individual symptoms are pathognomonic (clearly characteristic) of sexual abuse; specifically

physical trauma, especially in the genital area, venereal disease and sexualized behaviour. The other symptoms can be seen in many other childhood emotional disorders. Children may demonstrate their distress at having been sexually abused in very individualistic ways. Practitioners must be willing to ask questions or to provide materials such as anatomically correct dolls which provide a child with permission to discuss possible abuse, since masked presentations rather than disclosures are the norm (Mian, Wehrspann, Klajner-Diamond, Lebaron & Winder, 1986; Hunter, Kilstrom & Loda, 1985).

Several variables have been considered important in determining the impact on the child: the relationship between the child and the offender, the duration and frequency of the abuse, the type of sexual activity involved in the molestation and whether injury occurred, the use of force and aggression, the child's age and developmental level, and parental reaction to a disclosure (Elwell & Ephross, 1987; Sanford, 1980).

Browne and Finkelhor (1986) reviewed research on the impact of these variables. In considering the relationship between the child and the offender, a consistent finding was that greater trauma is involved when the perpetrator is a father or father figure. They report contradictory findings regarding the significance of the duration and frequency of the abuse, with authors such as Russell (1986), Bagley and Ramsay (1986), and Freidrich, Uguiza and Beilke (1986) finding that duration and frequency predicted considerably more trauma. Other researchers (Finkelhor, 1979; Courtois, 1979) found no such relationship. This confusion may be due to the confounding of duration of abuse with other factors such as age of onset, relationship between offender and victim and the nature of the sexual activity.

Experiences involving genital contact were found to have more serious effects

(Bagley & Ramsay, 1986; Russell, 1986). Elwell and Ephross (1987) discovered that physical injury, the use of force and vaginal or anal penetration resulted in significantly more trauma for victims. The use of force was associated with increased trauma in several studies (Finkelhor, 1979; Freidrich et al., 1986; Fromuth, 1986; Russell, 1986).

Whether younger children or older children react to sexual abuse with more trauma, was a variable about which there was considerable dissent. Some authors speculated that very young children do not understand what is being asked of them, and so would not be as traumatized as an older child might be. Others predicted that younger children would be more traumatized because of their impressionability. The age variable is confounded with others such as relationship to the offender, given that younger children are more at risk from family members. Browne and Finkelhor concluded that "studies tend to show little clear relationship between the age of onset and trauma...If there is a trend, it is for abuse at younger ages to be more traumatic" (1986, p. 74).

Gomes-Schwartz, Horowitz, and Sauzier (1985), in a study not included in Browne and Finkelhor's review, investigated the presence of symptomatology in a group of 112 preschool, school-age, and adolescent children who were victims of sexual abuse. The children showed different patterns of symptoms such that the preschool and adolescent groups demonstrated few signs of serious disturbance in comparison to the school-aged children. Over 45% of the latter group showed severe symptoms either in angry, destructive behaviour or by internalized anxieties. The children who had been sexually abused showed more signs of emotional harm than would be expected given the norms for children in the general population. The fact that the adolescent group showed little severe psychopathology was surprising, but may have reflected a sampling bias. Adolescents who had responded with aggressive behaviours were likely excluded from

the sample by virtue of having been apprehended by child welfare or criminal justice authorities rather than being brought for treatment to a mental health facility.

Gruber and Jones (1981) suggested that, given the disruptive family environments and low socio-economic backgrounds of many of the participants in the correlational research, the disorders may have occurred regardless of the sexual abuse. This valid criticism can be addressed by better research design such as work which matches economic and family factors while comparing those who have been sexually abused to those who have suffered another form of family abuse, compared to no-symptom participants. Fromuth (1986) used a group of female college students to examine the long-term consequences of sexual abuse. In addition to answering a victimization questionnaire, the students also completed a Parent Supportiveness Questionnaire. Although child sexual abuse was significantly related to symptomatology, most of these relationships (except for some significant sexual problems) disappeared when parental supportiveness was controlled, suggesting that family background is of great importance. However, it is also questionable whether these results can be generalized to an abused population since the study used young college women, and most of the sexually abused group had only one sexual contact, which was rarely severe abuse.

On the other hand, Bagley and McDonald (1984) compared groups of women, who had been removed as children from their homes by child protective services, some because of sexual abuse, others because of physical abuse and neglect. Their multiple regression analysis:

"showed that early sexual abuse explained more of the variance in adult adjustment than either physical abuse and neglect, or maternal separation. It is concluded that, subject to limitations in the sample, early sexual abuse within the

family has severe long-term implications for mental health in adulthood unless appropriate therapeutic intervention is offered."

Both the studies by Fromuth (1986) and Bagley and McDonald (1984) demonstrate ways in which the effects of family background could be controlled in studies of initial and long term adjustment to abuse.

The fact that children do not manifest symptomatology at the time of testing does not necessarily mean they would not develop difficulties later in life. Research has suggested that the effects of childhood sexual victimization can be severe and long-lasting, even into adulthood (Bagley & Young, 1990; Jehu & Gazan, 1983; Browne & Finkelhor, 1986). One of the methodological problems in much of the research on sexual abuse victims is that these children are typically tested only at one point in their lives. Further long-term studies are needed to identify differential responses of sexually abused children as they mature, especially since some authors dispute the suggestion that these disorders can be blamed on childhood sexual abuse, which in many cases occurred years before the symptomatic behaviour appeared. While a causal relationship between specific conditions and a history of childhood sexual abuse cannot be proved, the accumulation of research documenting such relationships is nevertheless impressive. This is not to imply that all victims of sexual abuse develop problems, but that in these particular diagnostic groups, many have reported that they were sexually abused as children.

The final variable reviewed by Browne and Finkelhor (1986), parental reaction to the disclosure of sexual abuse, led to some unexpected findings. Two studies (Tufts, 1984; Anderson et al., 1981, both cited in Browne & Finkelhor) confirmed that negative parental reaction, such as punishment or anger, resulted in increased behavioral

problems as might be expected. However, the findings also concluded that parents responding in a supportive way did not necessarily ameliorate the trauma. Further investigation of the influence of parental response is recommended, as several authors (Adams-Tucker, 1981; Fromuth, 1986) believe that parental support is critical to a child's perception of the abusive event.

Agency Responses to Child Sexual Abuse

A variety of agencies under the auspices of child welfare, mental health, and women's organizations, may ultimately be approached for assistance by victims of sexual abuse. These agencies are not, in many instances, aware that sexual abuse was a precipitating problem, or, if professionals are aware of the abuse, they may see it as simply one of a myriad of concerns. It will be useful to examine the faces of child sexual abuse which are shown to different agencies.

Child Welfare Agencies: Child protection agencies are those most likely to be involved with victims where sexual abuse is the obvious presenting problem. In addition to direct referrals for sexual abuse, however, child protection personnel are also responsible for children whose problems do not immediately appear related to sexual abuse. For example, large numbers of juvenile runaways have been found to be victims of sexual assault. McCormack, Janus, and Burgess (1986) studied 147 runaway adolescents in Toronto and found that 73% of the females and 38% of the males had a prior history of sexual abuse before leaving home. A comparison with runaway females who had not been sexually abused suggested that the sexual abuse, not the running behaviour in itself, accounted for delinquent behaviour especially prostitution and substance abuse. A more recent study (Stiffman, 1989) found that about half of 291

youths who sought shelter reported a history of sexual or physical abuse. Juvenile prostitutes, some as young as 9 or 10 years of age, (Silbert & Pines, 1981; James & Meyerding, 1977) are another child welfare population in which a high percentage have reportedly previously suffered sexual abuse.

Finally, women who physically abuse their own children (Goodwin, McCarthy & DiVasto, 1981; Cantwell, 1981; Finkelhor & Browne, 1986), and mothers whose daughters have been incest victims (Krieger, 1986), both groups of which are consequently involved with child protection authorities, have reported high rates of childhood sexual victimization.

Mental Health Agencies: Other women and children develop symptoms which would more typically be dealt with by mental health professionals. Such long-term effects of abuse are thought to include chronically poor mental health such as depression, anxiety, and suicidal ideation (Bagley, 1985; Bagley & Ramsay, 1985; Browne & Finkelhor, 1986; Goodwin, 1981; Jehu & Gazan, 1983). Briere and Runtz (1986) compared two groups of women who requested help at a Winnipeg crisis clinic. Former sexual abuse victims were considerably more likely to have made at least one suicide attempt in the past (55%) than non-abused women (23%), and were significantly more likely to be suicidal at intake to the crisis clinic. Further analysis suggested that suicide attempts before the age of 13 were specifically associated with sexual abuse. Gold (1986) compared two non-clinical groups of women, also in Winnipeg. Women who had been abused as children had significantly higher levels of depression, psychological distress and sexual problems, and lower self-esteem than a non-abused control group.

Women and adolescents who were sexually abused as children may also exhibit symptoms including self-mutilation, splitting (seeing other people as either entirely good

or entirely bad), and extreme difficulties in interpersonal relationships (Ellenson, 1985; Westen, Ludolph, Misle, Ruffins, & Block, 1990), which are critical to a diagnosis of the borderline personality disorder. A study (Wheeler & Walton, 1987) comparing two groups of women seeking therapy, one group with a history of childhood sexual abuse, the other without, found the groups had distinctive patterns of symptomatology. The incest survivor's group had significantly elevated scores on symptomatology scales associated with borderline personality. Other authors have suggested that a multiple personality disorder is associated with a childhood history of sexual abuse, especially after a brutal incestuous assault (Saltman & Soloman, 1982; Kluft, Braun & Sachs, 1984; Coons, 1986).

Sexual dysfunction is yet another presenting problem for which adult survivors often seek therapy (Maltz & Holman, 1987; Rowe & Savage, 1988). Briere and Runtz (1988) and Meiselman (1978) claim that 45 to 87% of women incest survivors have identified serious sexual difficulty in their adult conjugal relationships.

Sexual abuse has been considered by many authors (Blake-White & Kline, 1985; Craine, Henson, Colliver, & MacLean, 1988; Briere & Runtz, 1988; Edwards & Donaldson, 1989) to fit within the DSM III-R (American Psychiatric Association, 1987) definition of post-traumatic stress syndrome. This diagnosis acknowledges that effects from a past traumatic event may appear years after the actual occurrence of the stressful event. Practitioners have documented a large number of adult women who seek mental health counselling for a variety of problems related to their adult functioning, and discover, only during the course of treatment, that they were incestuously abused as children. They had often entirely repressed any memory of the events (Blake-White & Kline, 1985; Sgroi & Bunk, 1988; Poston & Lison, 1989).

Most mental health professionals have not, until recently, been trained to ask

about a history of sexual abuse. They typically assume that patients would volunteer such information once a trusting relationship was formed between client and worker. Recent research has suggested that many, if not most, women mental health patients do not voluntarily disclose their childhood abuse (Gelinas, 1983). In some cases they are embarrassed; in others, their memories have been totally repressed. For example, in a random sample of 105 hospitalized female psychiatric patients (Craine et al., 1988), 51% were found to have a history of child or adolescent sexual abuse. Hospital staff were unaware of this history in the majority of these cases.

This calls for some serious rethinking, not only of the training of mental health professionals, but of how we look at psychiatrically labelled disorders. The diagnosis of borderline personality disorder is a good example. It has attracted much interest in psychiatric circles in the past decade, partially because these clients are difficult to help, often behaving in a self-destructive manner and forming strong, ambivalent ties with their therapists. The work of Ellenson (1985) and Wheeler and Walton (1987) suggest that we must look carefully at whether women who have been diagnosed as borderline personality might, instead, have been sexually abused as children and would therefore be more amenable to treatment with a focus on the childhood abuse (Gelinas, 1983; Sgroi & Bunk, 1988).

Women's Organizations: Still other adult survivors of sexual abuse seek help at shelters for battered women and rape crisis centres. Truesdell, McNeil and Deschner (1986) found that a large proportion of women whose husbands battered them had been sexually abused in childhood and that their children may be current victims of sexual abuse. Women with a childhood history of sexual abuse are also said to be more vulnerable to further sexual victimization in the form of multiple offenders or rape. For

example, in a comparison of 341 adult sexual assault victims (Miller, Moeller, Kaufman, Devasto, Pathak, & Christy, 1978), 18% of repeat rape victims had a history of incest as compared to 4% of those reporting rape for the first time. Russell's San Francisco study (1986) of 930 women found that between 33% and 68% of those abused as children (depending on the severity of childhood abuse) had been raped, as compared to 17% among women who had never been sexually abused.

The fact that a childhood history of sexual abuse manifests itself in vastly different symptoms, at various stages of the life cycle, presented to a variety of members of the helping professions who may or may not be aware of its significance, has contributed to the misconception that sexual abuse is a relatively rare phenomenon and that it has little impact.

Intrafamilial Sexual Abuse

Since a large proportion of child sexual abuse takes place within the family, it will be useful to examine the special dynamics of familial incest (including abuse by step-parents) which differentiate the abuse from that perpetrated by an individual who is not a relative or a family member. It is sometimes difficult to estimate the extent of intrafamilial abuse since many statistics do not distinguish between intra- and extrafamilial abuse. In the discussion of sexual abuse, however, incest is typically dealt with separately from non-familial abuse both because of the special relationship between the offender and the victim and because the consequences are generally more serious. While sexual abuse by a stranger or a familiar adult may be a one-time event, incestuous sexual activity more typically becomes long-term, often lasting for years (Herman, 1981; Poston & Lison, 1988). Once incestuous activity has begun, it tends to continue unless the child

makes a disclosure. In Judith Herman's study (1981), for example, not one incestuous relationship was ended by a father.

Although most studies document 10 to 12 years as the average age at which abuse is disclosed, the sexual abuse had often begun years previously. Children tend to be incestuously abused at a younger age than in non-familial abuse. Victims of sexual abuse under the age of six are more likely to be abused by family members than any other perpetrator (Mian, Wehrspann, Klajner-Diamond, Lebaron & Winder, 1986). Because of easy access of the perpetrator to the child, the abuse may progress from fondling to intercourse in more instances (Phelan, 1986). As the relationship between a relative and a child, particularly that of a father or step-father and daughter, is crucial in determining the formation of trust in the world, violation of that trust through inappropriate sexual activity is believed to seriously interfere in a child's ability to form relationships with peers. As an adult, this violation potentially has a negative effect on marital relationships, including sexual relations, and may also interfere in a woman's ability to feel close to her own children. An intergenerational pattern of sexual abuse has been theorized by Krieger (1986), whereby the cycle of incest may be perpetuated. This research identified that over 55% of the daughters in their sample who were involved in incestuous relationships with their fathers or other male family members, had mothers who had been incestuously molested as children.

It is difficult for most people to understand how intrafamilial sexual abuse could develop. At the present time, father-daughter incest has been the most commonly studied, although there is increasing interest in the dynamics of sibling abuse (Smith & Israel, 1987). However, since there has been little research on the effects of sexual abuse by a sibling, the following comments refer almost entirely to father-daughter incestuous

abuse. Several authors have suggested family characteristics which precede the abuse and which preclude its disclosure. Thorman (1983) cites the power structure as being highly concentrated in the father in families where incest occurs. Summit and Kryso (1978) have labelled the most common family type endogamous incest and describe it as developing as "a surprisingly subtle distortion of normal family relationships. Although impulse control is diminished, the offenders are individuals who are not notably impulsive and who may appear quite well-adjusted and well-functioning within other areas of their lives." (p. 117). The families tend to be socially isolated; however, it is not clear whether the social isolation is inherent or is an attempt to control the child's outside contacts once the incestuous activity has been initiated. The marital relationship is conflicted and sexual relations are either absent or unsatisfactory, although this dynamic should not be used to blame the wife for the sexual abuse (Bagley & King, 1990).

One daughter, often the oldest, may assume many housekeeping and emotional caretaking roles for the family. She may also become a peacemaker who can appease the father when he is upset. Mothers in such families are in powerless positions, often because of illness, and the daughter, who typically feels distant from her mother, is elevated by her father to a special position, thus becoming alienated from her mother and other siblings (Herman, 1981). The daughter perceives the relationship with her father as her only source of affection, so as the loving, fatherly touches become progressively more intimate, the daughter rarely initially protests.

The family dynamics create a powerful bind for such children. Once the daughters begin to protest they are threatened with dreadful consequences if they disclose the sexual abuse: the mother would have a nervous breakdown if she knew; the family would break up; the dad would be sent to jail; the child put in foster care. These threats are all

the more powerful because they are perfectly plausible outcomes of disclosing sexual abuse. Most daughters eventually leave the family to escape the abuse, often by running away as adolescents or by finding a boyfriend to act as a male protector. If there are younger sisters in the families, these then may become the target of the father, if they have not already (Herman, 1981).

Summit and Kryso (1978) suggest further family patterns which may describe other families where incest occurs. They developed a continuum of sexual involvement, with one end consisting of behaviours which most would identify as variations of normal behaviour, such as incidental sexual contact where parents attempt to cope indirectly with erotic interest or dependency needs toward their children. An example is a mother who sleeps with her son into adolescence where, although the intent was not overtly sexual, the result may be sexual stimulation. At the opposite extreme of the continuum are behaviours which are flagrantly bizarre and often aggressive. In this category of perverse or pornographic incest fit sexual behaviours which go well beyond the limits of acceptable social practice, such as enlisting children in group sexual activities. Endogamous incest, the family pattern described previously, falls in the middle of the continuum.

Several authors are beginning to question the appropriateness of identifying family patterns in relation to the development of incest. Sturkie (1986) described examples in which the perpetrator had access to a variety of sexual outlets, but still abused his children. Similarly, Conte (1986) reviewed studies which implied that the endogamous family structure may not be as relevant to the development of incest as was previously thought. He found that many fathers continued having sexual relationships with their wives, or with children outside the family, in addition to sexually exploiting their own daughter. This is contrary to the traditional explanation of an incestuous fathers'

behaviour as having been caused by the absence of other sexual outlets. Abel, Mittelman, Becker, Cunningham-Rathner and Lucas (cited in Wolf, Conte, & Engel-Meinig, 1988) found that 44% of the incest offenders in their treatment program had other female victims outside the family. Faller (1988) found that there were often multiple victims in the same family (59.6%) and Phelan (1986) discovered that 50% of 46 biological fathers in treatment for incest in her study had abused more than one daughter. In such examples, each daughter was usually unaware that another sibling was also being abused (Armstrong, 1988; Poston & Lison, 1988). Faller (1988) described a process mentioned by a number of families in her study whereby a stepfather courted both his wife-to-be and her daughter simultaneously. These research and anecdotal findings suggest that the endogamous model may not explain incestuous abuse as well as has previously been accepted and that the perpetrator may be more of a paedophile or pansexual than has been acknowledged.

Traumatogenic Responses to Sexual Abuse

One of the most useful conceptualizations of the impact of child sexual abuse which is applicable to both intra- and extrafamilial sexual abuse, ignores the development of specific dysfunctions and focuses instead on the meaning of different elements in the abusive situation. Finkelhor and Browne (1985) developed their model of traumatogenic responses to sexual abuse to take into consideration not only the physical and emotional responses to the assault itself, but the stigmatization resulting from the realization of what has been done to victims, and the unintended consequences of the system's intervention should the abuse be disclosed. The first dynamic, traumatic sexualization, refers to "conditions in sexual abuse under which a child's sexuality is shaped in developmentally

inappropriate and interpersonally dysfunctional ways" (Finkelhor, 1987b, p.355). Secondly, when children eventually discover the nature of the abusive behaviour and that they have been betrayed or manipulated by someone that they thought could be trusted (this applies to other close relationships besides relatives) they usually experience further trauma. Stigmatization, the third dynamic, "refers to the negative messages about the self - evilness, shamefulness, guilt - that are communicated to the child around the experience" (Finkelhor, 1987b, p. 357). Victims may hear these messages directly from the abuser, or will interpret that the behaviour is shameful from the furtiveness and secrecy surrounding the sexual activity. At some point victims will likely discover, if they did not already know, that sexual abuse is regarded as deviant behaviour by society. Support for the concept that stigmatization increases the trauma to children comes from the research of Elwell and Ephross (1987) who found that the involvement of family friends and neighbours, insensitive handling by police, having to repeatedly tell the story to professionals, and facing an impending court case, all increased the trauma for victims.

Finkelhor and Browne's fourth traumatogenic dynamic is powerlessness. Two major components are that "(1) a child's will, wishes, and sense of efficacy are repeatedly overruled and frustrated and (2) a child experiences the threat of injury or annihilation" (Finkelhor, 1987b, p. 357). This refers to a child's inability to circumvent abuse, particularly ongoing abuse, because of cultural rules to obey adult's wishes. As well, most perpetrators are larger and stronger than their victims.

This theoretical framework is helpful in that it acknowledges the complexity of the issues around sexual abuse, including the fact that sexuality is only one area of functioning which can be adversely affected. Another implication is that the effects of the

abuse can be felt long after abuse has stopped, for example, in the realization that one has been betrayed. A common experience for past victims is discovering that they are behaving seductively. Their behaviour, reinforced from the past abusive experience, is often perceived as overtly sexual; however, they are usually unaware of the impression that they give, never having learned other ways of expressing affection (Cantwell, 1981; Yates, 1982). This leaves past victims extremely vulnerable to further sexual victimization (Russell, 1986). The traumatogenic theory therefore acknowledges not only intrapersonal difficulties, but suggests how interpersonal problems might also evolve from an abusive experience.

The Offenders

Children become sexual abuse victims in different ways. As mentioned earlier, in about 80% of cases the perpetrator is someone already known to the child. Some abusers use nonviolent strategies such as enticement or entrapment (Sgroi & Bunk, 1988). With enticement, the child is offered a reward for cooperation; whereas, with entrapment strategies, the child feels obliged to cooperate in exchange for such necessities as food, housing or being protected. In contrast, other children may be forced to co-operate either through threats of violence or because of physical abuse concurrent with the sexual abuse. In most cases the victims are told to keep the activity a secret, either implicitly or directly. Sometimes the perpetrator threatens to tell on the victim; in other instances, threats of harm to the child or to other family members are made. The secrecy is an integral part of the abusive process and makes it possible for the perpetrator to return and to repeat the offence.

Sexual offenders tend to be young: many perpetrators begin assaulting children

as adolescents, 80% commit their first offence by age 30, virtually all by age 40, (Groth, 1978). The number of adolescent offenders appears to be increasing in Canada. Rogers (1990a) reported that one quarter of all child sexual abuse offenders were adolescents. All perpetrators are predisposed to repeat the offence, often putting considerable thought and planning into forming a trusting relationship with a particular child (Conte, Wolf & Smith, 1989). It has been estimated that the average non-incarcerated molester of female children will abuse 51.8 victims; while the average molester of boys will abuse 150.2 victims (Abel, Becker, Mittelman, & Cunningham, 1986, cited in Knopp, 1986).

The most commonly used model for distinguishing between different forms of abusers is that of Groth and Birnbaum (1979). They first differentiate child molesters from child rapists. Molesters use enticement, negotiation, entrapment, and mild coercion to involve a child in sexual behaviour; whereas rapists use force and assault. Groth (1978) divided child molesters into two further categories: fixated offenders and regressed offenders. Fixated offenders have never developed an adult sexual pattern and tend to be social isolates, identifying with the child in their sexual activities - the true paedophile. They typically have accepted the fact that their sexual orientation is towards children. Regressed offenders have a strong adult sexual preference, and may even be married, but under stress, such as marital difficulty or substance abuse, are drawn to sex with children. They deny a strong sexual orientation to children by rationalizing their behaviour on the basis of special circumstances, or by attributing mature characteristics to the child, such as seeing the victim as the aggressor and as experiencing orgasm.

Groth and Birnbaum (1979) categorized child rapists into three groups: angry, power-seeking, and sadistic. Walker, Bonner and Kaufman (1988) describe these categories:

some rapists who attack children may do so because of displaced anger in which the child victim becomes the object of rage that has developed out of other sources. The power rapist uses force because of a desire to control and dominate another individual. Choice of a young child makes successful exertion of power more likely; therefore, a young person becomes an extremely attractive target. Sadistic rapists are the most dangerous of all in that they experience a high degree of sexual satisfaction and arousal (in some cases it is only under such circumstances that they experience sexual excitement) through inflicting pain on another individual during sexual interaction. Fortunately, there are fewer rapists than molesters of children, and sadistic rapists represent only a small percentage of all rapists. (p. 106)

Sadistic offenders are the ones parents most often fear, and about whom they may warn their children. Still, less than ten percent of the reported cases of sexual abuse involved overt violence (Jaffee, Dynneson, & ten Bensel, 1975).

Offenders are a diverse group. Some have significant problems including psychopathology and substance abuse; however, the "pathology may be relatively unrelated to the sexual abuse, as in cases of schizophrenia, antisocial personality, drug abuse...In other offenders the pathology may be an integral part of the abusive behaviour, as in cases of sexual sadism, rape, chronic child molestation and paedophilia" (Walker et al., 1988, p. 125).

There is currently an argument about the definition of paedophilia (Araji & Finkelhor, 1986). A narrow definition uses the term in reference to persons having an enduring and exclusive sexual interest in children. A broader definition suggests that paedophilia is any sexual contact with or interest in a child, no matter how transitory the

behaviour. The latter, a behavioral definition, acknowledges that, in a manner identical to child molesters, many incest perpetrators show a significantly high arousal to children in laboratory testing where penile response is measured (Abel, Becker, Murphy, & Flanagan, 1981). This is a new technique and results are inconclusive as yet. Nevertheless, whether all people who molest children can be considered paedophile has implications for treatment, since a stable sexual orientation towards children is thought to be more difficult to change than a regressive attraction towards children.

A Rationale for Prevention Programs in Sexual Abuse

The research and theory presented in this chapter are virtually all from the past decade; much of the integrative thinking is from the past several years. The focus on child sexual abuse, unlike other social problems, such as wife battering and physical child abuse, which have tended to resurface every two decades or so, is new to most people. Its acknowledgement has created a major shift in service provision. Family service agencies around the country are receiving requests for new treatment modalities such as incest survivor's groups, and treatment for very young sexually abused children. The education and training of most practising mental health and child protection workers has not prepared them to identify sexual abuse without a voluntary disclosure from the victim. It is distressing to consider how many children and adults have gone for help without receiving the treatment needed, because we did not know to ask about sexual abuse. Dissemination of the information regarding initial and long term effects of child sexual abuse must be integrated into the training of social workers and other mental health professionals. Training for professionals is, however, only a small solution to a significant social problem, and one that is helpful only after the occurrence of the abuse.

Although improving the availability and the accessibility of treatment facilities is important, it must be remembered that treatment is expensive. Daro (1988) compared the cost-effectiveness of child sexual abuse treatment and child sexual abuse prevention programs. The most cost-effective treatment approach for child sexual abuse involving family members was a "combination of family and group counselling for the victim, the victim's family, the perpetrator, and the perpetrator's spouse" (1988, p. 197). Given the intensive nature of the therapeutic intervention necessary, with possible additional costs of foster home placement for children, it was clear that the costs of treatment are high. Daro concluded that prevention services, particularly if linked to already existing institutions such as schools, are obviously more cost-effective.

Given the scope of the problem, with prevalence statistics suggesting that one-third to one-half of children will be sexually approached in some form during their lifetime (Badgley, 1984), it is clear that larger scale solutions are necessary. Common sense dictates that, if parents and children were aware of the risk of sexual abuse, they would take steps to prevent its occurrence. If children were aware of how to respond to unwanted advances by recognizing coercion as a seduction ploy, they, too, would be better able to respond in ways which would shortcut undue effects. Prevention is the most logical intervention.

Chapter Two: Prevention Programs

Primary Prevention: A Cynic's Definition

Primary prevention deals with problems that don't exist, with people who don't want to be bothered, with methods that probably haven't been demonstrated to be efficacious, in problems that are multidisciplinary, multifaceted, and multigenerational, involving complex longitudinal research designs for which clear-cut results are expected immediately for political and economic reasons unrelated to the task in question. (Bloom, 1981, p.8)

In order to understand the various formats and research foci possible when developing child sexual abuse prevention programs, it will be helpful to first look at the broader rationale for prevention programs in general, different forms of prevention programs, and the unique difficulties associated with designing research to test that a particular problem has not developed. The contribution of social workers in developing and supporting prevention programs, particularly in the area of child abuse, will also be briefly discussed in this chapter.

Although the field of prevention has been closely identified with the development of community psychology, social workers have long been interested in prevention (Bloom, 1981; Borkin & Siegel, 1983; Bowker, 1983; Nobel, 1981). In 1978, the Council On Social Work Education initiated the development of a sourcebook for curriculum development in the area of prevention (Nobel, 1981). Included was the statement: "It is essential to train future social work practitioners for the planning and delivery of mental health services in primary prevention if the profession is to play a significant role in this new mental health revolution" (p. vi). Staulcup (1983) more recently has suggested that prevention has entered the mainstream of social work.

Typologies of Prevention Programs

Prevention programs were developed to obstruct the development of conditions which are detrimental to one's health, both physical and mental, rather than utilizing all one's resources in treating these conditions after their onset. Two broad goals are inherent in prevention: enhancing psychological health and forestalling the development of psychological problems (Cowen, 1983). The key methods of implementing prevention programs include education, competency promotion, community organization/systems intervention, and natural caregiving (Albee & Gullotta, 1986).

Prevention programs have become common in the field of mental health, and more recently in child welfare. One way in which prevention programs are unique is that interdisciplinary teams are often involved in their implementation. Because many programs are directed at school-aged children, teachers as well as psychologists, social workers and other mental health professionals are involved. These programs require personnel who have community development skills to facilitate the necessary interagency co-operation.

Although several systems for differentiating types of prevention programs have been developed, there remains considerable disagreement about what actually constitutes prevention. The first major distinction and most commonly-used typology was Caplan's (1964) model of **primary, secondary, and tertiary** prevention. This original model was a medical one, with primary prevention defined as steps taken to prevent the occurrence of a disease, secondary prevention as early treatment of the disease once it has occurred, and tertiary prevention as the attempt to minimize the long-term effects of the disease (Kessler & Albee, 1975). Whether the medical model fits when describing psychosocial phenomena is the underlying basis of much of the subsequent confusion

and argument regarding prevention programs. This is partly because medicine is more apt to identify cause - effect relationships and therefore can more easily target prevention activities. Other writers have found the primary/secondary/tertiary typology confusing since both secondary and tertiary efforts take place after the condition which was the focus of prevention activities actually occurred. Rowland (cited in Albee & Gullotta, 1986) suggested renaming the terms prevention, early treatment, treatment and rehabilitation to clarify their meaning. However, Rickel and LaRue (1987) state that using the term rehabilitation as synonymous with tertiary prevention is misleading, because rehabilitation "focuses on reducing the severity of a mental disorder in an individual rather than in a population" (p. 25). An example of tertiary prevention with a focus on a population is working with autistic children in their home schools rather than in residential settings.

For most authors, the requirement that individuals are not already experiencing significant psychological problems is essential to the concept of prevention. This variable is the one which most often results in an intervention being mislabelled prevention (Felner, Jason, Moritsugu, & Farber, 1983; Cowen, 1983; Price, Cowen, Lorion, & Ramos-McKay, 1989). The question of when a mental health condition actually begins has added to this confusion, since at times there are justifiable reasons for being unable to define when the onset occurs. In such cases, several authors (Albee & Gullotta, 1986; Offord, 1987) argue that primary prevention may blend into early intervention.

The critiques of Caplan's typology have resulted in a wide-spread current view that primary prevention is the only "true" form of prevention (Albee & Gullotta, 1986). Other authors also consider programs for early identification and intervention, which are secondary in nature, as legitimate prevention activities (Bowker, 1983). This is especially true in social work, where clientele have often already been identified as either high risk,

or as having a specific problem.

Differentiating various forms of primary prevention programs provides a sense of the scope these programs may take. Rutter (1982), for example, organized primary prevention programs on the basis of various causative influences, including individual predisposition (e.g. heredity), ecological predisposition (e.g. home environment, school), opportunities and situations (e.g. the availability of drugs or special classrooms for children with disabilities) and current circumstances (e.g. stresses such as parental divorce). This model is attractive as it suggests that there are various intervention targets for any particular problem which one hopes to prevent. However, the causes of mental health and social problems are rarely unidimensional, and are often contentious. In the prevention of physical child abuse, for example, one group may argue that poverty and lack of resources is the cause of the problem, another that the parents lack the skills to handle their children. One's view of the problem defines the content and focus of the prevention program. Different views about causality will lead to prevention programs with vastly different formats. In the above example, the first group may develop a prevention program based on providing jobs or job training to ensure financial security for disadvantaged parents, while the second group might provide parenting skills to the same parents. Both programs may ultimately prove helpful in preventing child abuse, despite their different assumptions and goals.

Sanford (1972) divided primary prevention into specific programs (directed to a particular disorder) or nonspecific programs (directed to bringing about changes, either in the host or in the environment, that are presumed to have value over and above their impact on any disorder). He suggested that nonspecific primary prevention efforts are preferable to specific interventions, because such nonspecific attempts would, in all

likelihood, result in improvements for other disorders. Direct links between the occurrence of specific behaviours and the formation of specific mental health disorders have rarely been proved, with the exception of medical sequelae such as psychiatric complications from syphilis and vitamin deficiencies, and organic brain syndrome caused by lead poisoning from house paint (Lamb, 1985). Lamb (1985) commented, however, that in the area of mental health:

"Most, if not all, successful primary prevention activities have been aimed at specific diseases. In contrast to physical health there is no evidence that so called general mental health may be promoted or strengthened, and thus that resistance to mental illness can be increased by preventive activities" (p.222).

Nonspecific interventions are more difficult to evaluate because measurement tools often focus on specific constructs rather than providing a broader perspective.

Three types of primary prevention are often cited as important (Rae-Grant, 1979; Roberts & Peterson, 1984; Offord, 1982, 1987). Community-wide programs are those where the target group consists of everyone living in a specific area. The school and the community at large are the most common target populations. Secondly, milestone programs are those where screening for particular problems occurs at appropriate developmental stages. Finally, high risk programs are those where groups which are particularly high risk for the development of a specific disorder would be involved in a prevention program. Examples include programs for children whose parents are divorcing, and educational enrichment for children from poor families. One criticism of the use of programs for high risk populations has been the possibility that stigmatization might occur because of the labelling process necessary to define the sub-population.

Bowker (1983) labelled a common activity for social workers, intervention after a

stressful life event with the aim of preventing the occurrence of a further, different mental disorder, as reactive primary prevention. This may be contrasted to activities which are typically viewed as primary prevention, described by Bowker as proactive primary prevention. Because reactive efforts do not eliminate the original stressful events, they may not be considered by some to be primary prevention.

Yet another distinction between primary prevention programs has been proposed by Danish, Smyer, and Novak (cited in Lorion, 1983a). While the goal of many prevention programs is to eliminate the causes of dysfunction, others, called enhancement programs, intend to promote health through the development of positive competencies. Enhancement programs seek to improve the quality of life in general rather targeting specific mental health problems, and bear some resemblance to Sanford's nonspecific programs. Examples of commonly utilized enhancement programs are assertiveness and problem-solving programs for school-aged children and marital enhancement workshops for engaged couples. Lorion claims that enhancement programs are currently valued above other forms of prevention activities (1983a, p.257).

Another criticism of primary prevention, advanced by Rappoport (1981), is that an empowerment model is preferable to offering prevention programs in the same manner as traditional mental health services, with the professional as expert and the client often feeling in a one-down position. This is a valid argument; however, it does not necessarily contradict the spirit of the many prevention models which focus on the enhancement of competencies, and facilitate the provision of information about resources and services so that individuals may help themselves rather than relying on mental health professionals (Felner et al., 1983; Bond & Wagner, 1988).

It should be clear from the above discussion that primary prevention activities for

any given problem area may take a wide variety of foci. It is also true that, for most of the problem areas which have been addressed by prevention programs, the relationship between the cause and the proposed prevention tactic are theoretical. For example, we don't know whether marital breakdown is caused by poor communication, yet many premarital prevention programs teach communication skills. The focus is the best-guess of the professional who developed the program. Criticizing this speculation, Lorion (1983a) has suggested that "in the absence of knowledge of a disorder's causes and/or of the individual, familial, and environmental conditions for its manifestations, the initiation of a primary prevention programs appears premature" (p. 257). If one adhered to this standard in practice, neither prevention nor treatment activities could continue. Nevertheless, Lorion's statement underscores the importance of clarity in defining what one hopes to achieve with a prevention program, and of subsequently researching whether those objectives have been met.

Methodological Issues in Evaluating Prevention Programs

Because prevention programs are aimed at preventing a particular problem from developing in the future, they are especially difficult to evaluate. If the prevention strategy is successful, the problem will not develop; but neither can one say, with any certainty, that the problem would have necessarily developed. J. Kelly (1971, 1984) called for a flexibility of spirit in the design of research in the community so that rigid requirements of laboratory research will not preclude study in the natural environment. Among the adaptations necessary is a need to assess the direct, indirect, and side effects of interventions. As Kelly noted, "the intriguing feature about prevention research is that outcomes of the preventive intervention may not only be different than what was

expected, but may be indirect" (1984, p.16).

Rosenberg and Reppucci (1985) listed three common methodological difficulties in prevention research: the lack of appropriate comparison groups, poor choice of outcome measures, and the failure to measure proximal program objectives and distal program objectives (Heller, Price, & Sher, 1980). Let's examine each of these problems briefly. Many program evaluations consist only of testing after the prevention program, or, only slightly better, before and after testing (pre-post designs). Without appropriate control or comparison groups, one can infer little about the meaning of the results, because there is no way of comparing the experimental group to people in the general population. This fits with the second consideration since many instruments utilized in evaluation are developed to measure a specific program, therefore, they are tied too closely to the content and the objectives of that specific program for generalizations to be made. Many researchers neglect to examine the reliability and validity of their newly-developed measures.

A third concern refers to whether the outcomes measured are proximal or distal. Proximal programmatic objectives are those which develop directly from the prevention program such as new attitudes, knowledge and behaviour. Distal prevention goals are not achieved immediately, but should theoretically be measurable at some later time if the program is successful. Thus, a program with a proximal objective of teaching parenting skills to teenagers might eventually achieve the distal goal of reducing the incidence of child abuse. Rosenberg and Reppucci (1985) argue that many programs do not document these goals, nor do they link the proximal to the distal.

Other problems include choosing proximal objectives which will have little effect on distal goals, or programs which result in important outcomes which were unexpected

and therefore not measured (Jason, Thompson, & Rose, 1986). Another phenomenon which must be anticipated by prevention researchers is sleeper effects. The major examples are from education in examining the effectiveness of preschool intervention programs with young children. The initial gains made by the children appeared to be lost after the programs ceased, until subsequent follow-up years later, identified important effects such as reductions in the number of children in special classes and increases in school performance (Darlington, Royce, Snipper, Murray & Lazar, 1980, cited in Offord, 1987). Obviously, follow-up is required in most evaluations of prevention programs since the distal goals are often long-term.

Given the serious nature of these research difficulties, one might wonder whether any prevention activities have been demonstrated to be preventative. Price, Cowen, Lorion and Ramos-McKay (1989) were part of a task force whose goal was to identify effective model prevention programs. They reviewed 14 exemplar programs from across the United States, concluding that "prevention efforts can be effective and that, while still scarce, new and promising programs continue to emerge. Additional research support can accelerate that process" (p. 57). Another collection of exemplar research studies was published by The Ontario Ministry of Community and Social Services (1984). The Ministry chose evaluations of eight primary prevention programs in children's services which were seen as adhering to an enhancement prevention model, and which demonstrated a high degree of community involvement, in addition to their research merit. It appears, therefore, that it is possible to design good research on prevention programs, despite the difficulties previously discussed.

Prevention programs have recently emerged as significant interventions for a wide variety of concerns. Although it is more difficult to evaluate the effectiveness of prevention

programs, it is nonetheless essential. Clarifying the type of prevention program and both distal and proximal goals will assist in the construction of appropriate and more powerful research designs.

Social Work and Child Abuse Prevention Programs

Before narrowing the focus to child sexual abuse prevention programs, it is important to discuss the role played by social work in the development of child abuse prevention programs and to delineate the differences between those programs which are more specifically directed to issues of physical abuse and neglect, and those developed to address issues of child sexual abuse. This section will not provide an in-depth review of child abuse prevention programs, but will offer examples of some of the most commonly utilized formats.

The unique contribution of social workers to prevention has been primarily in the area of child abuse programs, both those directed to children and to parents. It may not be immediately apparent to some that child abuse prevention programs have stemmed directly from social work practice, because the programs are not necessarily implemented by practitioners, but by educators, volunteers, and paraprofessionals. Nevertheless, the core material utilized in prevention programs developed initially from treating children who had not escaped abuse and their abusers. In treatment, one hopes to undo the damage of the abusive incident and to provide skills to avoid further abuse. Prevention programs provide the same skills and information to children and parents in the general or high risk populations before abuse can occur, in the hope that either the abuse can be avoided altogether or that the effects will be less detrimental. Since many of the programs are educational in nature and can be implemented less expensively by other professionals

or volunteers, clinicians may not have a major role in the implementation of the programs, although they provide essential backup for disclosures of abuse which may arise as a result of being involved in the prevention program, and in training for the program presenters.

Until recently, the literature has not clearly distinguished between child abuse and child sexual abuse. Although both types of abuse represent a misuse of adult power over children, in physical abuse either parent may perpetrate the abuse; while in sexual abuse, 85% to 95% of the offenders are male, frequently fathers or step-fathers. Other non-parental adults including relatives, trusted adults, and strangers are also perpetrators of sexual abuse (Walker, Bonner, & Kaufman, 1988). Child sexual abuse appears to be spread more widely across socioeconomic lines, as opposed to child abuse which is primarily identified in lower socioeconomic groups (Finkelhor, 1985). In physical abuse, there may be outwardly visible evidence of injury; whereas in sexual abuse, with the exception of pregnancy or sexually transmitted diseases, there are typically no outward signs to substantiate the abuse (Hunter, Kilstrom, & Loda, 1985). Finally, as stated so concisely by Walker et al., "sexual abusers enjoy what they are doing; physical abusers seldom do" (1988, p.103).

Although physical and sexual child abuse may occur in the same family, and physical threats may be used to coerce the victim into submitting to sexual advances, it is preferable to view these forms of abuse as separate phenomena. Thus one would not necessarily expect prevention models for sexual abuse to parallel the type of programs used for physical abuse and neglect. For example, Rosenberg and Reppucci (1985) and Wolfe (1987a, 1987b), in reviewing various child abuse prevention programs, identified three major categories: competency enhancement, public awareness campaigns, and

family support programs for high risk parents. Competency enhancement programs provide information and training about parenting skills either to the general public or to high risk groups (Golub, Espinosa, Damon, & Card, 1987). Other programs utilize media campaigns or crisis telephone lines (Pierce & Pierce, 1985a) in an attempt to prevent the onset of abusive behaviour or to provide early intervention (Cohn, 1982). Finally, support programs target high risk groups of parents and then provide support services such as health visitors and parent aides (Gray, Cutler, Dean, & Kempe, 1977; Armstrong, 1981). Child sexual abuse prevention programs do not easily fit into these categories, although these elements can be seen in some forms of child sexual abuse prevention programs.

The distinction between child abuse and child sexual abuse also becomes somewhat problematic when reading the prevention literature because many child sexual abuse programs are described as simply child abuse programs. This was often adopted deliberately in an effort to placate parents who may feel uncomfortable about any discussion of sexuality. There are clear differences between the most commonly utilized formats of child abuse prevention programs as compared to child sexual abuse prevention programs. One major difference is that child abuse programs are more often focused on parents, the perpetrators (Wolfe, 1987), whereas the major focus for child sexual abuse prevention programs has been on children, the potential victims. Further distinctions will become clearer in the next chapter which provides a framework for looking at the variety of programs which address the prevention of child sexual abuse.

Chapter Three: A Framework for Sexual Abuse Prevention

Many prevention programs have been developed in the past decade in response to the realization of the number of children at risk of sexual abuse and that the short- and long-term consequences of such abuse are severe. Different programs have been directed at a range of audiences: children, parents, teachers, and a host of mental health and child welfare professionals. It is to the point where, if one speaks of sexual abuse prevention, some professionals will assume one is speaking about child-directed school-based programs; others will envision programs to inform social workers or teachers about methods to detect abuses and how to report to the appropriate child protection authorities; and still others will contemplate treatment programs for victims or adult survivors.

Clearly it is time to organize the variety of child sexual abuse prevention programs into a framework so that the full range of options can be considered. This chapter presents such a framework. A variety of programs are described, some of which were designed specifically to prevent child sexual abuse, and others which, although developed for other purposes, have the potential to be preventative. Also described is the recent debate surrounding the appropriateness of focusing prevention efforts on children, the most widespread audience, versus other target groups, such as offenders and parents. A rationale supporting the continued use of child-directed prevention programs is presented.

The following framework of the range of child sexual abuse prevention concepts utilizes Finkelhor's model of the four preconditions necessary for sexual abuse to occur (1984):

1. A potential offender needed to have some motivation to abuse a child sexually.

2. The potential offender had to overcome internal inhibitions to act on that motivation.

3. The potential offender had to overcome external impediments to committing sexual abuse.

4. The potential offender or some other factor had to undermine or overcome a child's possible resistance to the sexual abuse. (p. 54)

Prevention models which fit each of these preconditions can be identified. If, as Finkelhor proposed, all four preconditions are necessary for abuse to occur, then intervention directed to any one of the preconditions may constitute prevention.

The first two preconditions refer directly to characteristics of the offender. The third and fourth preconditions, although stated in reference to the perpetrator, seem more amenable to prevention strategies since they refer to conditions which can be controlled by individuals other than the offender, such as parents, neighbours or the children themselves. For example, external impediments to the perpetrator's access to a child might refer to elements such as the presence of other people who could protect the child. Similarly, the fourth precondition might be prevented by teaching a child that she does not always have to do as adults demand of her if she feels uncomfortable. One can identify efforts in primary, secondary and tertiary prevention under each of the four preconditions (See Table 1).

Precondition One: To identify possible preventative interventions for the first precondition, the motivation to sexually abuse a child, one can examine research on the formation of sexual identity. Authors such as Groth (1978) have suggested that most child molesters are immature and have not had access to appropriate information regarding acceptable adult sexual activities. Some writers (Calderone, 1978; Cohn, 1986; Gilgun & Gordon, 1985; Reibel, 1980) believe that sex education and the use of appropriate erotica could prevent a fixation on children as sexual partners.

It is hoped that victims who disclose abuse will receive treatment, one goal of which is to prevent the victim becoming a perpetrator in future. Male victims who do not disclose abuse and who are not treated may be at even greater risk of abusing other victims. Groth (1979) found that over one third of 348 male offenders in his study

Table 1: Sexual Abuse Prevention Options Framework

| Finkelhor's Precondition | Primary Prevention | Secondary Prevention | Tertiary Prevention |
|---------------------------|--|---|--|
| 1. Offender's Motivation | -sex education | -treatment for child victims who might become perpetrators | -aversion therapy -satiation -medication |
| 2. Offender's Inhibitions | -public awareness advertisements -legal deterrents -ban child pornography | -treatment for child victims who might become perpetrators -child-directed sexual abuse prevention programs to stimulate disclosures | -cognitive restructuring -relapse prevention -covert sensitization |
| 3. External Impediments | -parent programs | -target information to high risk groups- step families, single parent families -professional training for early identification of abuse i.e. teachers, doctors | -treatment or support groups for parents of abused children after disclosure |
| 4. Child's Resistance | -child-directed programs -public awareness ads -self-esteem workshops -informal sources - books, videos, television -challenging traditional male-female stereotypes | -child-directed programs to stimulate disclosures -child telephone "hot-lines" -routine questioning about abuse in child welfare, mental health agencies -routine paediatric genital examination | -treatment for victims |

reported having been sexually victimized as children. A recent follow-up study of 143 sexually abused children found that over 10% became adolescent perpetrators (Powell, 1988). Another recent study identified young girls who perpetrated sexual abuse on other children in the same manner in which they themselves had previously been victimized

(Cavanagh Johnson, 1989). It is not yet known why some victims become perpetrators and others do not; however the development of secondary prevention programs to identify victims (Sebold, 1988) or to encourage them to disclose sexual abuse may, as Swift (1979) has suggested, be a vital link in the protection of future generations of children.

A tertiary prevention strategy aimed at identified perpetrators is behaviour modification techniques which are designed to eliminate deviant sexual arousal, thereby preventing stimulation at the sight of children. Such techniques include aversive therapy (R. Kelly, 1982), and satiation (Walker, Bonner, & Kaufman, 1988). Medical approaches include the use of medications, such as Depo Provera, which act to temporarily reduce the sex drive of the individual. Although medication use is controversial, offenders often welcome such intervention as they feel at the mercy of their own sexual urges (Walker et al., 1988).

Precondition Two: To prevent the second precondition, overcoming internal inhibitions on the part of the offender, one can examine the effectiveness of legal deterrents and public awareness messages which clarify the illegality of sexually abusing children. Cohn (1986) proposes that the major responsibility for prevention should be placed on potential perpetrators rather than on the victims through the use of media messages such as "child sexual abuse is a crime", and "children get hurt when you sexually abuse them" (p. 561). Smith and Conte (1986) described another example: a billboard in downtown Seattle proclaimed "Using kids for prostitution is child abuse and it is a felony". This message was repeated on local television stations.

Child pornography, used by some offenders as both stimulation, and to rationalize the idea that children enjoy sexual activities, victimizes children at two levels. Children are

shown pornography to convince them that the activities portrayed are fun and exciting as well as an acceptable means of expressing affection (Tyler & Stone, 1985). Secondly, the children photographed in the materials have been exploited for the production of the materials. The fact that the materials are available and the manner in which the children are portrayed as enjoying their experience also provides permission to the viewer to act on paedophilic desires. Many countries, including Canada, have called for a ban of child pornography as a primary prevention strategy to address both the exploitation of further children and to provide a clear message to offenders about the illegality of sexually using children (Tyler & Stone, 1985).

Similar to the secondary prevention of the first precondition, programs aimed at treating victims, particularly young males, may prevent them from victimizing other children. Early introduction to sexual activity often sexualizes otherwise normal relationships with peers. In one study comparing sexually abused to physically abused and to other children referred to a mental health clinic for reasons other than abuse (Gale, Thompson & Moran, 1988), the symptom which most clearly differentiated the sexually abused group was inappropriate sexual behaviour. Recent research (Cantwell, 1988; Cavanagh Johnson, 1988) has described young victims introducing other children, often siblings (Smith & Israel, 1987), to the sexual behaviour to which they were subjected. These young "perpetrators" ranged in age from four to thirteen. Intervention to prevent young victims from abusing other children has been suggested previously (Swift, 1979), but infrequently implemented, one exception being the program for child perpetrators described by Cavanagh Johnson (1988) based in Los Angeles. One problem with this prevention approach remains the fact that most perpetrators, even child perpetrators, are male, and males are significantly less likely to report sexual abuse (Badgley, 1984; Briere,

Evaaris, Runtz & Wall, 1988). As a result, this population is less likely to be available for treatment activities which could help deter future abuse. Child-directed sexual abuse prevention programs have also been shown to stimulate disclosures (Herring, 1984; Dawson, 1986) thus helping in the early identification of young victims/potential offenders, although their aim is more typically primary prevention.

Tertiary prevention of the second precondition is exemplified by treatment activities for offenders aimed at developing internal inhibitions rather than at changing the sexual orientation of the offender. The techniques are primarily behavioral and include cognitive restructuring, anger and stress management, relapse prevention therapy (Pithers, Kashima, Cumming, & Beal, 1988), and covert sensitization (Walker, Bonner & Kaufman, 1988). Most programs use combinations of these techniques in addition to more generally utilized behavioral treatments such as social skills training, assertiveness training and sex education. It is very difficult to evaluate the success of these programs as self-reports cannot be taken at face value in a population where non-compliance would result in further criminal prosecution.

Precondition Three: Primary prevention efforts focusing on the external impediments to abuse are typically addressed by parent education prevention programs and by alerting the community and key professional groups such as teachers, physicians, and day care providers to the risks and danger signals of sexual abuse. One block to the acknowledgement that sexual abuse is of serious concern has been the fact that, until recently, it was regarded as a rare occurrence. Prevention programs attempt to debunk such myths and to alert caretakers to situations which might be risky, or to symptoms with which victims could be identified.

Mothers, in particular, are thought to be critical in the protection of children from

abuse. Finkelhor (1984) has put forth this view:

Of course there has been criticism that mothers have been blamed too frequently for abuse. This criticism has some validity... But findings related to the importance of mothers in protecting children appear too regularly to be dismissed as sexism. There is growing evidence that when mothers are incapacitated in some way, children are more vulnerable to abuse (pp. 58-59).

Such circumstances as illness, death, divorce or psychosis of a mother can lead to children suffering abuse. Mothers who are physically or emotionally abused by their husbands may also be psychologically unavailable. In Herman's (1981) study of victims of father-daughter incest, 55% of the mothers had periodic disabling illnesses for which they were hospitalized at times, or they lived as invalids at home. Since mothers are the parent most likely to attend parent education programs in child sexual abuse (Finkelhor & Araji, 1983), they are a logical audience.

It has been suggested that secondary prevention efforts that target external impediments to sexual abuse could focus on several groups of parents whose children have been identified as high-risk. Recent research by Conte, Wolf and Smith (1989) illustrated the subtle and sophisticated behaviour of offenders in both choosing their victims and desensitizing them to touch through progressively more intimate contact. The knowledge that perpetrators target vulnerable children, such as those with alcoholic or divorced parents, is useful in identifying high risk groups for special programs. Children in step-families are five times more likely to be sexually abused according to Finkelhor (1984). Mothers who fit into these subgroups may benefit from special sexual abuse prevention programs.

Early identification of victims is thought to potentially short-cut the prolonged

emotional impact on victims. Teachers can play an important role in such secondary prevention given the large amount of time they interact with children. Several evaluations (Volpe, 1981; Hazzard, 1984; McGrath, Cappelli, Wiseman, Khalil, & Allen, 1987; McIntyre, 1987; Kleemeier, Webb, & Hazzard, 1988) suggest that teacher training programs effectively improve the ability of teachers to identify signs of possible abuse and to deal with disclosures.

An example of a tertiary prevention program which addresses the third precondition is treatment for parents whose children have been discovered to be victims of sexual abuse. Parents are likely to have very strong reactions to disclosures whether the perpetrator is a stranger or a family member. Dealing with their own feelings in separate sessions from their child, either through the support of a counsellor (Sanford, 1980), or in a parent's group - for example Parents United (Giarretto, 1981) - may be beneficial. Many practitioners believe that a supportive parental stance is critical in helping a child recover from abuse (Adams-Tucker, 1981).

Precondition Four: The fourth precondition, overcoming a child's resistance, is the major target for the prevention program models most commonly utilized today. Child-directed sexual abuse primary prevention programs have become the mainstay of the prevention movement's efforts to respond to the alarming rates of sexual abuse of children. Various programs are directed towards children of all ages, in the hope that teaching them to recognize potentially abusive situations and how to respond to inappropriate behaviours, will decrease the incidence of abuse and prompt early intervention for those who have been abused in the past. The format, core concepts and assumptions underlying child-directed programs will be discussed in the next chapter.

In addition to these specific programs, several non-specific programs have been

suggested as preventive. Self-esteem has been recognized as important in being able to say no to unwanted touch (Fryer, Kerns Kraiser & Miyoshi, 1987). General programs with a focus on self-esteem may help children to apply the skills learned in an assault prevention program more easily.

Many writers, especially feminists (Rush, 1980; Herman, 1981; Butler, 1986), believe that sexual assault has been "made possible by a deep-rooted value climate which allows males to regard females, and especially powerless females, as suitable objects for all kinds of exploitation" (Bagley, 1984). Similarly, but from a male point of view, Porter (1986) has suggested that young male victims of sexual abuse have been neglected because of differential sex-role expectations of males and females. Both positions suggest that education which promotes a non-sexist ideology could have an impact upon the sexual exploitation of both women and children of either sex (Maher, 1987).

Secondary prevention programs which address the fourth precondition include telephone hot lines (Pierce & Pierce, 1985a; Ney, Johnston, & Herron, 1985) which are thought to provide a more comfortable way to ask for advice about possible abusive situations or to make a disclosure. Routine questioning regarding abuse in all mental health and child protection agencies would constitute another form of early identification. Medical doctors have suggested that routine history-taking with questions about past and current abuse, as well as paediatric screening of all children in the form of routine genital examinations (Cantwell, 1981; Seidel, Elvik, Berkowitz, & Day, 1986) would be helpful in the early identification of sexual abuse victims. Finally, although not considered the primary objective, child-directed prevention programs often stimulate disclosures from children who have been abused. One study (Dolan, 1984) documented a significant

increase in disclosures in one Texas county, after the implementation of a prevention program in comparison to another county in which no program had been offered.

Examples of tertiary prevention for the fourth precondition include treatment for children who have been abused mainly utilizing a variety of groups for victims (Gagliano, 1987), individual play therapy (Walker & Bolkovatz, 1988), art therapy (Naitove, 1982) and family therapy (Friedman, 1988). Usually combinations of treatments are offered (Trepper & Barrett, 1986) as a multi-modal approach is seen as necessary, particularly in cases of intrafamilial abuse.

In summary, there are numerous audiences and formats with which to deliver child sexual abuse prevention programs. Each of these approaches has merit. There has developed, however, a major emphasis on children as the prime audience for sexual abuse prevention programs. Since this focus has become contentious, the next section will describe the key issues in the debate about who should be the focus of sexual abuse prevention.

The Choice of Child-Directed Prevention Programs

Overwhelmingly, child-directed, mainly school-based programs, have become the format of choice for attempts to prevent further child sexual abuse. In Canada, Dube, Heger, Johnson and Hebert (1988) found that such prevention programs exist across the country. A recent survey in the United States found that over 25% of all public schools provided prevention for at least one grade level (Daro, 1988, p. 137). One clear advantage of school-based programs is that it is relatively simple to provide prevention to an entire population of children of a particular age-group through the schools. Another advantage is that many school-based programs address more than one prevention

audience. As primary prevention, they are directed towards children, parents, and teachers, and, as secondary prevention, they encourage victims to disclose abuse so that treatment may be forthcoming. For some victims, treatment may prevent their becoming perpetrators; while for other victims it may prevent the development of more serious sequelae to the sexual abuse such as post traumatic stress syndrome (Krener, 1985).

The focus of child-directed programs on the potential victims of sexual abuse, has, as was mentioned previously, been contentious. Some authors question why we are "burdening" our children with the responsibility to stop abuse rather than placing responsibility where it belongs - on the offender (Cohn, 1986; Swift, 1979). Others feel uncomfortable with the sexual aspects of sexual abuse, fearing that providing children with information about sexuality will destroy their innocence. Finally, some question whether it should not be the responsibility of parents to teach such concepts to children, rather than the school system. These are appropriate concerns and require careful consideration.

First, why do we not place more emphasis on the perpetrator through the forms of prevention discussed under the first two preconditions, such as media campaigns stressing the illegality of the abuse, sexual education for all children, and encouraging victims to disclose abuse? Such strategies are potentially important and deserve implementation, but it would be naive to believe that exclusive reliance of programs directed at offenders would solve the problem of preventing sexual abuse. Most perpetrators are aware that their activities are illegal, so it is only when children begin to disclose more easily and when courts prosecute sexual abuse more successfully, that this strategy can act as a deterrent. Sexual offenders rarely ask for help to stop their sexual behaviour (Groth, 1978) and when they do it is usually only after they have been

caught. It would seem that relying on treatment strategies to cure perpetrators, and thereby stop sexual abuse is unrealistic.

Smith and Conte (1986) asked convicted child offenders whether a media message might have successfully prevented their offenses. The offenders reported that "a message would only make an impact just before or just after their first offense" (1986, p.2). Even if the perpetrators can be believed, this is a very narrow time-period in which to target prevention efforts, and, as the authors conclude, not a prevention tool which could be reasonably expected to stop a developing offender.

The one prevention strategy aimed at perpetrators which does have special merit is encouraging male victims to disclose, and then providing treatment which is also preventive in nature. Of course not all male victims will become perpetrators (Finkelhor, 1987a), but statistics which suggest that a majority of sex offenders were themselves molested (Groth & Birnbaum, 1979) provide strong evidence for treatment of young sexual abuse victims as a prevention strategy. Child-directed prevention programs are the most logical medium to address this concern.

As a second option, why not simply encourage parents to talk to their children about sexual abuse? Finkelhor (1982) conducted research to find out in more detail what parents tell their children about sexual abuse. Interviews were conducted with 521 Boston parents screened for the presence of a child between age 6 to 14. Of this group, only 29% claimed that they had talked to their children about sexual abuse directly; however, an additional 31% felt they had spoken to their children in a more indirect way about sexual abuse (mostly in terms of kidnapping and strangers). Even among the 29% who spoke more openly about sexual abuse, the fact that relatives and familiar adults are the persons most likely to molest children was the most serious omission in the discussion

(parents may not have been aware of this dynamic). The age at which parents were more apt to speak to their children, at about age nine, is late when one considers that this is approximately the average age for disclosures of abuse which often had been initiated several years previously.

In regard to gender, "both sons and daughters were talked to (or perhaps we should say, ignored) in roughly equal proportions." (Finkelhor, 1982, p. 6) Despite the fact that parents considered the subject of great concern, they also found it extremely difficult to discuss. Even topics such as suicide and sexual intercourse were rated as less difficult to broach with their children. Parents believed that their particular child was at little risk. Considering that media attention has focused largely on the danger of strangers, it is not surprising that parents emphasize this type of abuse in their discussions with children on this topic. It may be that parents do not really understand that children are at more risk from familiar adults. Finkelhor's study did not test parental knowledge so it is not clear that all the parents who talked to their children about sexual abuse had accurate information. Finkelhor's research should be updated, given the increasing media focus on sexual abuse since 1982. However, his study clarifies the fact that parents find sexual abuse a very difficult topic to discuss with their children.

Parent training programs may be helpful in encouraging parents to talk about sexual abuse, particularly by supplying models of what to say. Several evaluations of parent training programs were discovered in this literature review. Duerr Berrick (1988), for example, evaluated one parent training program and found disappointing results. Only one-third of these parents of preschoolers took the opportunity to attend the program and the parents learned little about the prevalence of sexual abuse, indicators of abuse, or appropriate responses to disclosure.

Painter (1988) looked at how effectively parents responded to a prevention program for preschoolers, but her design was more sophisticated, comparing the effects of two different, but readily available video programs, "Feeling Yes, Feeling No", and "Strong Kids, Safe Kids" and whether a discussion group conducted by a sexual abuse expert increased the efficacy of either video. She was able to randomly assign about 300 parents to six conditions: no treatment control, video 1, video 2, video 1 plus discussion, video 2 plus discussion, and a discussion with no video group. Her results showed that the discussion added significantly to parents' knowledge, attitudes and potentially appropriate responses in a hypothetical abuse situation. Interestingly the "Feeling Yes, Feeling No" video was superior to the other video in that parents subsequently felt more comfortable discussing sexual abuse with their children. Painter's findings suggest that once parents can be encouraged to attend a program, some formats may be more appropriate than others. Her research does not address the issue of how to motivate parents so that they will attend the training programs in the first place.

Some adults are concerned about exposing children to information about sexuality, although school-based programs have been generally tactful in their descriptions of sexually sensitive topics (Finkelhor & Araji, 1983). Nonetheless, young children are more sexually knowledgeable than most adults believe, and their family upbringing leads to the development of attitudes, knowledge, and rules about sexual behaviour while they are still preschoolers (Stitt, 1980; Sgroi, 1988).

Finally, why are some individuals so wary about providing children with information and skills which might be used for their own protection such as those offered in child-directed programs? Critics complain about the burden and the weight of responsibility placed upon young children. Some even accuse the prevention programs

of victim blaming, in claiming that they make the child responsible for her own protection. Supporters speak of empowering children and of providing them with the knowledge that they need to realistically cope in their world.

The dilemma has been usefully portrayed as protection versus empowerment (Butler, 1986), yet it seems that both ends of the dichotomy are necessary. If children are taught effective ways to protect themselves not only will they be more self-sufficient, but their self-esteem will be enhanced. At the same time, parents and professionals must remain vigilant about the problem of child sexual abuse. Empowerment of children does not imply handing over the responsibility to protect them.

Proper evaluation of child-directed programs would help to clarify this issue. If it can be demonstrated that the programs effectively teach children skills which are useful in avoiding sexual assault, without promoting increased anxiety or worry about positive, appropriate touch, then perhaps we can stop worrying about imposing inappropriate responsibility on our children.

Conclusion

Although more needs to be offered in each of the prevention areas described in the framework, the availability and success of parent programs has been disappointing and represents a significant gap in the provision of comprehensive prevention programming. Since attitudes regarding sexuality and, hence, sexual abuse are first developed in the home, ignoring the influence of parents and concentrating solely on teaching children may well be a mistake. Many of the core prevention concepts taught to children involve personal boundaries including the right to say no to adults and that you don't always have to do what adults tell you, rules which are primarily learned

through family interaction. So far, little is known about how prevention programs can influence an arena which is heavily influenced by family norms and beliefs.

The ease of offering programs to children in school settings has precluded energy being channelled into developing more parent programs. This is not to say that such programs are not offered, for some of the best school-based prevention programs also offer parents the opportunity to attend either a preview or to accompany their child. Nevertheless, a common experience is that it is difficult to entice parents to attend. As mentioned earlier, Duerr Berrick (1988), in evaluating a program developed for the parents of preschoolers, found that only one-third of the parents took the opportunity to attend. Those who attended learned little about the prevalence of sexual abuse, indicators of abuse or appropriate responses to a disclosure of abuse--the essential concepts such a program is designed to convey. The original problem of how to encourage parents to take advantage of the programs remains unsolved.

The opportunities for professionals and the public to increase their awareness of the dynamics of sexual abuse are many. The more that is known about the problem, the more likely individuals can recognize and prevent further victimization of countless children. The implementation of child-directed programs provides the hope that the next generation of adults may be knowledgeable about child sexual abuse, and comfortable enough to provide better protection for their own children. Nevertheless, child sexual abuse is severe and wide-spread enough to warrant a multi-modal and concerted effort utilizing programs from the full range of prevention options.

Chapter Four: Child-Directed Sexual Abuse Prevention Programs

Although a variety of child-directed sexual abuse prevention programs have been developed in both Canada and the United States, the content conveyed in the programs is generally consistent. The core prevention concepts presented include the distinction between good, bad and confusing touches, trusting one's feelings, and the right to have a say about others touching one's body. Many programs discuss secrets, emphasizing that it is important to tell a trusted adult if someone asks a child to keep a secret that feels uncomfortable. This is included because children who have been sexually abused are often told by the offender that the abuse was a secret and, therefore, that they must not tell anyone. Children are given permission to say no to adults in some circumstances and are told that if they are touched inappropriately that they should get away if possible and, once again, to tell a trusted adult. Disclosing abuse, both past and present, is one of the most important concepts taught in the programs and is underscored by mentioning that, if a child discloses and is not believed, she should keep on telling until someone believes her. Finally, children are taught that even grown-ups they know (including relatives or family members) might touch them in a way they do not like and that, even in those cases, it is important to disclose the abuse (Conte, Rosen, Saperstein, & Shermack, 1985).

Several other core concepts are not included in some programs in the fear that parents or other groups might be offended. For example, some programs explicitly label sexual body parts in the hope that, by learning the anatomically correct names, a child would have a vocabulary to describe abuse if it was occurring. Programs also vary in the extent to which they clarify that boys as well as girls are at risk of abuse. Since our cultural stereotype is that only girls are sexually abused, some prevention programs use

both male and female child characters in their presentation. Others use an androgenous character, most often portrayed by an actress, in order to convey the fact that boys are also at risk. It is not known whether this strategy is as effective, since children in the audience are usually aware that the character is actually female.

In addition to information about possible abusers and coercive tactics, children are also told that, if abuse occurs, it is not their fault, but that it is the adult's responsibility. Such responses address the stigmatization element of Finkelhor and Browne's (1985) traumatogenic responses to sexual abuse. By encouraging children to disclose abuse, programs also attempt to shortcut the feeling of powerlessness, another traumatogenic dynamic. This is important, since the programs do not simply aim to prevent the assaultive incident, but also to prevent further trauma, as proposed by Finkelhor and Browne.

Variations also occur in the format of the programs (whether puppet show, play, or poster series) and the explicitness of the material (does the program mostly describe touching rather than sexual touching). Some programs emphasize strangers as perpetrators rather than explaining the possibility that a trusted grown-up could be abusive. The length of the programs vary (from one hour performances with no follow-up discussion to extensive curricula). Some programs offer the children the opportunity to practise the appropriate skills (saying no, identifying who one could tell if abuse occurs). Despite these structural and plot variations, the programs are strikingly similar in the messages presented.

The History of Child Sexual Abuse Prevention Programs

The emergence of child sexual abuse as a separate and distinct area of interest

from physical child abuse began in the early 1970's. The groundwork for sexual abuse prevention programs was laid with the increasing acknowledgement of the prevalence of child sexual abuse and requests for treatment in the latter part of the decade.

In the United States, child sexual abuse prevention programs were developed by three major groups: first, rape crisis counsellors whose concern about the negative effects of rape, including further victimization by the legal system, expanded to children whose sexual abuse paralleled the dynamics of rape; secondly, local social service agencies or police departments who were already offering safety programs in many schools; and third, concerned educators and parents (Finkelhor & Araji, 1983).

As early as 1975, several rape crisis centres had developed prevention programs aimed at adolescents. The Child Abuse Prevention Program (CAPP) in Columbus, Ohio was one of the first to address an audience of pre-adolescents (Plummer, 1986). The emergence of a major prevention concept for child sexual abuse, the touch continuum, has been credited to Cordelia Anderson (formerly Kent) who was working for the Hennepin County (Minnesota) District Attorney's Office in 1977. Anderson was asked to develop a program to teach school children, the community, and professionals about sexual abuse. She identified the concept of different kinds of touching which feel good, bad or confusing as the most easily understood and relevant to young children's experience (Anderson, 1986). The concept has been widely utilized in sexual abuse prevention programs.

The Illusion Theatre Company worked in conjunction with Anderson to develop a play, "Touch", which included key prevention concepts, but which was humorous and entertaining enough to capture the attention of young children. Dramatic presentations remain a major component of many programs. Other well known productions include

"Bubblonian Encounter" (Scott, undated), and "Little Bear" (Yost & Schertz, 1986). Because of the demand for and the expense of mounting live theatre productions, several of the better-known plays have been videotaped. Live theatre has several advantages over video presentations in that live theatre is usually more exciting, and actors can adapt their style to different audiences. Many of the plays include sections where the actors interact with children in the audience, making the concepts more personally relevant.

Other influential individuals in the development of child sexual abuse prevention programs include Linda Sanford (1980), and Caren Adams and Jennifer Fay, authors of several of the first widely available books to parents about sexual abuse, and Kee MacFarlane, who provided funding from the National Centre on Child Abuse and Neglect for early programs (Plummer, 1986a). By 1985, the National Clearinghouse for Prevention Programs in the United States listed about 40 plays, between 400-500 curricula, and hundreds of colouring books on the topic of sexual abuse (Plummer, 1986a).

Social work practitioners have had a key place in the development and implementation of child sexual prevention programs. Many of the prevention concepts were derived from clinical intervention with sexually abused children. Social workers have typically provided training for school-based programs so that school personnel become comfortable discussing abuse and know how to report disclosures. When disclosures occur, they are reported to the appropriate child protection authorities for further social work investigation.

In Canada, preliminary work researching the extent of the problem of sexual abuse, and the development of suggestions regarding the creation of prevention programming began in British Columbia between 1979 and 1980 under the auspices of the United Way of the Lower Mainland (MacLeod & Wachtel, 1984). Two educational

programs were developed from these initiatives: The C.A.R.E. curriculum for elementary school children (C.A.R.E., 1982), and the theatrical production, "Feeling Yes, Feeling No", developed by the Green Thumb Players, which has since been filmed and widely distributed in Canada by the National Film Board. Other established Canadian programs include the Metropolitan Toronto Special Committee on Child Abuse's play, "A Journey to Amu", with corresponding curriculum (Herring, 1984); the Calgary "Who Do You Tell" film and program; and "Talk About It" from Citizens Concerned About Crime in London, Ontario. Dube, Heger, Johnson, & Hebert (1988) recently published a guide to Canadian sexual abuse prevention programs listing 30 programs across Canada. Some of the programs developed their own curriculum, and others borrowed major portions from earlier Canadian or American programs.

New programs are constantly being developed, rather than utilizing available, well-established programs. At times, this is because established programs are too expensive, or the focus of a particular production may be different from what the community wishes - that is, too narrowly or too broadly focused. Many programs consist only of one-time presentations with no supplementary materials (Vernon & Hill, 1988). Most communities want to participate in the development of materials in this sensitive area. Kraiser (1986) recently voiced concern over this insistence on individualization rather than utilizing programs which have been well-developed and researched. This phenomenon is so widespread, however, that it may be better to provide research guidelines so that communities can evaluate their new programs, rather than to expect that communities will not want to develop their own curriculum. The enormous growth and development of programs can be seen in reviews of the available prevention materials such as Finkelhor and Araji (1983); Fay, Gregorio, Kerr, and Robbins (1983); Clark (1985); Byers

(1986); and Schroeder, Gordon, and McConnell (1986).

Three Styles of Child-Directed Sexual Abuse Prevention Programs

Different styles of prevention program have emerged, depending on the amount of interagency collaboration and the setting of the program: program-only, school-based curriculum, and the integrated approach.

In the program-only format, a play, book, or video-tape has been developed to convey the core prevention concepts. The program may be presented by parents who purchase the materials for use with their children, or by a community agency such as a sexual assault centre, which may regularly offer the opportunity to view the program in a community forum or by visiting school classes. One advantage of the program-only format is that those who present the program are often professionals who know the material well and are comfortable with the topic area. The program may be presented more uniformly, without idiosyncratic material added by teaching staff. This is important because Conte, Rosen, Shermack, and Saperstein (1985) found that even trained staff tended to emphasize stranger-danger more than was intended by the program. An advantage of inviting a program into a school is that the program often provide their own professional staff to discuss the ideas with the children in the audience afterwards, thus relieving teachers of the responsibility to handle disclosures and to discuss potentially embarrassing material. Teachers are often extremely reticent about taking a major role in these programs (McKay, 1985), and feel that such duties are beyond the scope of their jobs.

A major disadvantage of the program-only format is that use of the program is voluntary. This means that, for purposes of primary prevention, only some of the

population of children in an area may have access to the program. Those who invite or purchase the program are likely already sensitized to the issue of child sexual abuse, and may have previously provided some information to their students or children. Those most likely to need the information, individuals who know little about the problem of child sexual abuse, are least likely to be aware of the materials. Another disadvantage is that the resources of the agency providing the prevention program may be such that only limited performances can be offered. With the use of external programs which visit various schools the teachers may or may not be trained to handle disclosures. Finally, parents may or may not have the opportunity to attend the program.

In the second model, the school-based curriculum, a school system integrates sexual abuse prevention concepts directly into its curriculum, often in health or family life education classes. Teachers present the material and are expected to assume responsibility for leading role-plays, and answering questions from the children about sexual abuse.

Burns and Barber (1987) have suggested several reasons why schools or daycares provide a particularly appropriate setting for teaching about sexual abuse. First of all, children spend a great deal of time at school, creating ongoing contact between teacher and children which enables teachers to detect changes in behaviour or emotional or behavioral problems, some of which may be related to abuse. Schools already have a functioning relationship with the families of their pupils. School personnel, including teachers and school counsellors, are in a unique position to assist abused children (Paisley, 1987; Holmes, 1987; Meyers & Parsons, 1987) and, in most provinces in Canada, professionals, including educators, have a legal responsibility to report suspected abuse (Burns & Barber, 1987). Schools are a natural environment for

prevention programs, providing the opportunity to address entire populations of children with an approach which fits with the purpose of the institution - an informational format (Bloom, 1987). Some authors have speculated that children will more likely disclose to familiar presenters, such as teachers; however, training is especially important in this model, as teachers, like most of the population, often feel uncomfortable discussing sexual topics with children.

Another advantage of this approach is that sexual abuse prevention concepts may be integrated with other relevant topics, such as normal sexuality and self-esteem, in a more comprehensive manner and in a more appropriate context than in the program-only style. Teachers are usually provided with information to identify possible victims and to report disclosures. A disadvantage of the school-based curriculum, as was mentioned previously, is that some teachers may feel that the topic area is beyond what they should be expected to teach. Despite having a prepared curriculum, teachers may feel uncomfortable about presenting the material, an attitude which likely to be communicated to the students. Another disadvantage is that in some school-based curricula, the information is only presented to children in higher grades (Grades 7 and 8, for example), at a point beyond which they are useful for many children. Finally, in some programs the curriculum on sexual abuse is not mandatory, and so may be left out entirely.

The third style of program, the integrated approach, is a combination of the program-only and the school-based approach. These programs represent a collaboration of professional and community groups in developing and presenting a child sexual abuse prevention program. Typically, program staff present the prevention program within the school system and are responsible for leading post-program discussions. However, there may be supplementary materials for the teachers to utilize in follow-up discussion in their

classrooms and, as a result, teacher training is a major component of some of these programs. Because of the broader community base of the groups and agencies which collaborated to develop the programs, it is more likely that parent previews will be offered, thus reaching another appropriate prevention audience. These parents may ultimately reinforce their children's learning and retention of the core prevention concepts. One major disadvantage of an integrated approach is that such collaboration is time-consuming and requires considerable co-operation. Such a program is more difficult to initially organize; however, the result is a prevention program which targets its message to larger segments of the community.

A Theoretical Model For Child Sexual Abuse Prevention Programs

Essentially child-directed prevention programs attempt to change attitudes in the hope that behaviour will be affected at a later point in time. This can be readily identified in many child-directed prevention programs on subjects such as the prevention of smoking, teenage pregnancy and, more recently, AIDS. The common feature in child sexual abuse prevention programs is an attempt to change the attitudes and beliefs of children about dealing with coercive behaviour (the proximal goal), which will ultimately achieve the distal goal of changing their behaviour if they find themselves in a potentially abusive situation. The process has been variously described by other authors as empowering (Tharinger, Krivacska, Laye-McDonough, Jamison, Vincent & Hedlund, 1988) and emphasizing children's rights, an important concept among community mental health professionals (Koocher, 1976) which also fits with the intent of child abuse prevention programs. Neither concept explains the process as well as the more basic theory of persuasion and attitude change.

There is a large body of literature on persuasion and attitude change. One theory of attitude change, which fits particularly well with the information-based, educational focus of most child-directed sexual abuse prevention programs, is the Yale approach (Hovland, 1953; McGuire, 1981), the underlying assumptions of which focus on rationality and information processing. In this approach:

Attitudes (the affective component) are influenced or changed by altering the opinions or beliefs (the cognitive or knowledge component) that people have....It is further assumed that the learning of new information will change beliefs. (Zimbardo, Ebbeson, Maslach, 1977, p. 57).

In the Yale model, four types of processes affect the extent to which a person will be persuaded by a communication: attention, comprehension, acceptance and retention (Zimbardo et al., 1977). If the information is not presented in such a way that it is attended to, no matter how logical the message is it will not change attitudes. This explains the wide-spread use of stories, plays and puppet shows in prevention programs directed to children. The information is embedded in the story in order to capture the children's attention, so that the substantive content of the message can be communicated. One inherent danger in such an approach is that the entertainment medium may interfere with the goals of prevention if the message is presented in too abstract a form for the children to grasp properly.

Secondly, once children pay attention to the program, they must be able to comprehend the concepts. For example, if an elementary school program utilizes material with vocabulary too difficult for children in the youngest grades to understand, the program will obviously be of value only to the oldest students. Looking at the many developmental changes in elementary school children from the beginning of kindergarten

to the end of Grade 6 suggests that it may be difficult to develop programs which are suitable for the entire age range of elementary school children.

A third process, acceptance, implies that, not only must children pay attention to, and understand a concept, but they must also be persuaded that the concept makes sense. Finally, the children must be able to remember the concepts over time. Without such long term retention, attitudes will likely revert to the previously held beliefs about a subject.

Although not part of the Yale model, it is hoped that, as a result of changing attitudes and beliefs, individuals will subsequently change their behaviour. McGuire (1968b) sees this as a further condition for testing whether attitude change has taken place. While this is clearly the end goal of prevention programs, it is a distal goal that is not necessarily easy to test, as has been previously discussed. Some researchers have suggested that this step is unnecessary since they believe that behaviour change is usually consistent with attitude change. In their review of methodologically sound studies, Azren and Fishbein (1977) concluded that there is indeed a positive relationship between attitudes and behaviour. This point, however, remains contentious and should ultimately be addressed in the investigation of the effectiveness of prevention programs.

If one accepts the premise that prevention programs are designed to change attitudes, the amount of change expected as a result of attending a program may be less than if the goal was to increase factual knowledge about sexual abuse. If a prevention program simply provided information, such as facts about geography or history, one would expect that children who had paid attention would make substantial gains in knowledge. Although some of the information conveyed in prevention programs appear to be merely factual, such as the concept that a child is at more risk from being abused

by a trusted adult than by a stranger, these ideas run counter to the beliefs about who can be trusted conveyed by parents and educators. These ideas are therefore more usefully conceptualized as attitudes or belief, than as facts. Attitudes are relatively stable constructs and the changes observed in an evaluation would likely not be of the same magnitude as would be expected with factual understanding. As described earlier, the information conveyed in child abuse prevention programs tries to change well-established social rules such as how children should relate to adults. Consequently, one might expect significant, but not necessarily large changes in the amount of knowledge learned by children attending such programs, as has been noted in past research (Saslowsky & Wurtele, 1986).

Assumptions Underlying Sexual Abuse Prevention Programs

Child sexual abuse prevention programs developed rapidly based upon the only information available at the time, clinical experience with children who had been sexually abused. There are a number of assumptions implicit in the programs which bear investigation, from two points of view. First of all, can assumptions derived from practice be translated into prevention concepts in a meaningful way? Secondly, there has been a considerable amount of new research into the dynamics of sexual abuse since the late 1970's, and the early assumptions may not have been validated by this research. The assumptions to be investigated include issues of gender, developmental ability to integrate prevention concepts, cultural issues, and questions about the content of the programs.

Gender Issues: Given the significantly higher proportion of girls who disclose sexual abuse, one might question whether males are an appropriate audience for sexual

abuse prevention programs at all. Many authors suggest, however, that there is a bias towards boys not disclosing abuse because of a gender expectation of self-reliance. In North America, boys are socialized to be aggressive in order to protect themselves, and having to admit that one has been victimized may cast one's masculinity into doubt. In cases where boys are assaulted by a male, the typical perpetrator (Finkelhor, 1984), the added stigma of implied homosexuality may stop a disclosure. Therapists with experience in treating boys who have been sexually abused describe them as spending considerable time in anxiously attempting to convince peers that they are not gay (Sebold, 1987). In the unusual circumstance where the perpetrator is female, disclosure may be even more unlikely because of a myth that the seduction of a youth is a positive experience for the victim (Nasjleti, 1980). Badgley (1984) found in a Canadian national population survey that, of persons who had been sexually assaulted for the first time as children, about one in four (28.2%) were male (p. 197). He also found that female "victims were more than twice as likely (28.8 per cent) as male victims (11.1 per cent) to have sought assistance" (p. 187). Risin and Koss (1988), in an approximately representative sample of 6,159 U.S. male college students, found that 7.3% had an abusive sexual experience before the age of 14. Only 18.8% of those who were abused told anyone about the incident. This brings into serious question the validity of the incidence statistics for boys. More recent surveys suggest that the most commonly reported statistic of 10% of reported cases being male (e.g. Badgley, 1984) is an underestimate (16% in Reinhart, 1987; 33% in Swift, 1979).

In studies examining the characteristics of boys with reported sexual abuse, the average age of the abused boys seems to be younger than for abused girls: 7.2 years in Spencer and Dunklee (1986); 7.8 years as compared to 9.2 for girls in Rimsza and Niggemann (1982); 7.9 years in Showers, Farber, Josephs, Oshins, and Johnson (1983);

8.6 years for boys as compared to 10.6 for girls in Pierce and Pierce (1985b); 9.7 compared to 10.2 years for girls in Ellerstein and Canavan (1980). Spencer and Dunklee (1986) found two incidence peaks, one in boys younger than 5 years, another in boys aged 9 to 12 years. Reinhart (1987) found that, in each of the four racial groups (Caucasian, Black, Hispanic and others) he was studying the peak number of reports of sexual abuse was in the 3-5 age group.

The form of abuse most typically reported is oral-genital contact (47% in Showers et al., 1983) however, anal intercourse, either completed or attempted, is not uncommon (41% in Showers et al., 1983). Repeated abuse was reported in 38% of the victims in Showers et al. (1983), and in 33% of victims in Rimsza and Niggemann (1982). Adolescents and young adults were the most likely perpetrators (57% in Showers et al. 1983; Risin & Koss, 1988).

The relationship of the perpetrator to the victim differs from study to study. Of 140 validated cases of boys being molested in Spencer and Dunklee's study (1986), the perpetrators were relatives 85% of the time. Similarly, Pierce and Pierce (1985b) reported that 50% of the boys in his study were molested by parents or stepparents; whereas in Reinhart's study (1987) of 189 boys, 38% were related, as were 37% in Showers et al's. study (1983). Pierce (1987) has suggested that there exists a double taboo when reporting male-male incest, making it even less likely to be reported. Banning (1989) has recently argued that a similar prejudice exists in acknowledging that incidents of mother-son incest may occur more frequently than has been previously believed. The frequency of incestuous relationships in the few studies which have documented sexual abuse of boys is surprisingly high. Showers et al. (1983) found in their study that boys under five years were more frequently abused by a family member or a familiar adult; whereas, boys

12 years and older were more often assaulted by strangers.

When boys are sexually victimized, it appears that the long term sequelae are as serious as for girl victims. Bruckner and Johnson (1987), from the Calgary Sexual Assault Centre, reported that, since 1982, they have experienced a dramatic increase in the number of adult males requesting assistance in dealing with their childhood sexual abuse experience. Briere, Evans, Runtz, and Wall (1988) studied men and women clients at a community mental health clinic in Winnipeg, half of whom had been abused as children. The consequences of child sexual molestation were indicated by significantly more severe symptomatology and a greater number of suicide attempts. The effects on the men were as severe as for the women who were abused despite the fact that the women were generally abused for longer and in a more severe manner (for example, penetration as opposed to fondling).

Most sexual abuse prevention programs address the sexual abuse of boys specifically by clarifying that boys are at risk of being sexually abused. Nevertheless, as more males report abuse, some authors speculate that the incidence of the sexual abuse of boys may, in fact, be almost equal to that of girls (Porter, 1984, cited in Knopp, 1986). The challenge of the myth that only girls are sexually victimized is seen as one of the more important elements of the prevention programs.

Whereas victims who disclose abuse may receive treatment, which can potentially prevent the victim becoming a perpetrator in future, male victims who do not disclose abuse and who are not treated may be at even greater risk of abusing other victims (Rogers & Terry, 1984). Therefore, the descriptions of a child's right not to have to tolerate unwanted advances as discussed in most sexual abuse prevention programs may be reaching an important audience in those boys who have not reported their abuse.

The information on the extent of abuse of boys suggests that it would be important to investigate gender response differences when evaluating prevention programs. Items such as whether boys agree that they should tell a trusted adult if sexually assaulted should be scrutinized for differences in the impact of the program on boys versus girls.

Developmental Issues: Many authors recommend developmentally appropriate sexual abuse prevention programs for children; however, few explain exactly how they would proceed. In some programs, this entails omitting sensitive topics such as incest until early adolescence, long past the point when the programs could have been helpful to most victims. At other times, the issue of the developmental appropriateness of these programs has been raised to question the provision of sexual abuse prevention programs to very young children. Questions have been raised about whether very young children are likely victims, and whether they can integrate the necessary prevention concepts.

Preschoolers and Sexual Abuse Prevention: Young children, including preschoolers, are a population at particular risk for sexual abuse. Reporting the average age of abuse (most often around 10 years) has been found to obscure important information about particularly vulnerable ages. When broken into more discreet age ranges, Eckenrode, Munsch, Powers, and Doris (1988) found peaks in reports of abuse at two ages, 4 and 13. In 1984 in Los Angeles County, the most prevalent age for reported sexual abuse cases was four years (MacFarlane, 1986). Estimates suggest that as much as 25 to 33% of child sexual abuse occurs before the age of seven (De Jong, Hervada, & Emmett, 1983; Finkelhor, 1984). A recent study with a clinical sample of 115 children (Faller, 1988) found that the age of onset of the abuse was five years or younger for over half the victims.

To illustrate the numbers of Canadian preschoolers who have been sexually abused, staff from the Sexual Abuse Team at the Hospital for Sick Children in Toronto collected information about cases involving children six years of age and younger over a two year period from 1981 to 1983 (Mian, Wehrspann, Klajner-Diamond, Lebaron, & Winder, 1986). Their data indicate that these 125 cases of young children represented 33% of the total number of referrals, ranging in age from infancy to 18 years old. Of the 125 children 6 years of age and under, 80 (or 64%) were preschoolers under five years old. The group of preschoolers was found to be 1.7 times more likely to be abused by a family member when compared to older children.

Recent findings suggest that the average age at which children are abused may be decreasing. Lube and Hebert (1988) in a Montreal study, found that of 511 cases of sexual abuse in children under 12 years of age, the average age of females was 6.8 (N=437, 85%) and males was 7.4 (N=74). Cupoli and Sewell (1988) found that, of the 1059 sexually abused children under 17 years of age who were identified in an emergency room in a Florida hospital, 42% were six years or younger. The nature of the sexual contact was severe, with penetration occurring in 71% of the assaults. An unusually high number of these assaults (58.1%) were by perpetrators who were known to the child but were not family members.

A final source of concern regarding the sexual abuse of preschoolers has been raised by incidents in the United States of daycare providers taking advantage of their charges (Finkelhor, Williams, Burns, & Kalinowski, 1988; Russell & Clifford, 1987; Stephens, 1988). Although acknowledging that sexual abuse at day care centres is a reality, Finkelhor et al.(1988) conclude that children are at more risk of abuse in their own homes.

These statistics suggest that preschoolers are a group at considerable risk of sexual abuse, and, that they are the least likely to be able to protect themselves or to make disclosures. The figures can be assumed to be underestimates when it is considered that, of all children, preschoolers are the least likely to report abuse because of poor language development and a lack of knowledge that sexual touching is not appropriate (Waterman & Lusk, 1986). In addition, many estimates of the extent of sexual abuse derive from surveys of adults recounting incidents from their childhood, and the preschool years are the least likely to be remembered. Finally, it is acknowledged by most experts in the field that sexual abuse is consistently under-reported, suggesting that the statistics regarding the occurrence of sexual abuse of preschoolers are likely to be substantial underestimates of actual incidence levels.

Sexual abuse prevention programs have been developed especially for preschoolers; however, as mentioned previously, it has not been established whether these children have the developmental capability to understand some of the key prevention concepts. De Young (1988) questions whether preschoolers can understand complex issues such as the distinction between good and bad touch. Furman (1987) reported that some preschoolers are shown programs originally created for older audiences with inexperienced presenters and graphic illustrations. The results of those efforts were reports that some children were frightened, and others were discovered newly engaging in mutual sex play. Children under six typically have fears of monsters, ghosts and other more realistic dangers such as robbers and fires. Unlike older children, who have learned to feel more comfortable in the world, preschoolers may react with fear to knowing that kidnappers and child molesters exist and may try to hurt them. Programs must present this information in a very sensitive manner. Adams (1986) has suggested

that "prevention programs need to balance their approach with more statements that the majority of adults would not hurt them in any way" (p.105). Finally, is it conceivable that preschoolers can comprehend that a trusted family member might attempt to abuse them, and that this is wrong?

Preschoolers are at serious risk of being sexually abused, and the possibility that teaching personal safety skills could prevent further victimization compels child abuse experts to support the presentation of programs for this age group. Finkelhor, Williams, Burns, and Kalinowski (1988) suggest the use of prevention programs directed to preschoolers which emphasize disclosing abuse despite having been threatened. In Canada, one preschool program, The Safe and Happy Personal Safety Kit, has been distributed to over 10,000 day care centres across the country, funded by Health and Welfare Canada (Tutty, 1988). However, given the conflicting evidence on the effectiveness of these programs, it is vital to continue studying whether preschoolers can integrate such information, and whether negative side-effects such as fearfulness occur.

Several areas are important to consider in evaluating the developmental issues related to child sexual abuse prevention. These are cognitive development, moral development and the relationship of authority figures.

Cognitive Development: To address cognitive concerns, prevention programs should not simply replicate material which was understood by older children and present this to younger age-groups. As suggested by the research of Conte et al. (1985), young children do not integrate abstract material well. They need concrete information with lots of familiar examples, at an appropriately simple linguistic level. The use of visual cues will enhance the verbal presentation and can help to restrict the amount of talking necessary, since preschoolers' retention of verbal material is limited. Programs should be short, with

repetition an essential factor.

Relationship of Authority and Moral Development: Damon (1977, cited in Musson, Conger, Kagan & Huston, 1984) studied children between the ages of four and eleven to discover how they responded to stories about social dilemmas which involved the choice to comply with an authority figure. Distinctive responses based on age were delineated. The four year old children did not regard authority as external, but identified with the authorities' wishes as if they were their own. Children aged five and six perceived an authority figure as having an inherent right to be obeyed because of larger size, power, strength or status. At approximately age eight, a more reciprocal relationship with authority became apparent. The authority figure then deserved obedience because of past, present, or future assistance to the child. By age nine, children believe obedience to authority is essentially voluntary; by age eleven or twelve, the authority relationship is seen as fully cooperative. The stages resemble the separation/individuation phenomenon at a different level, moral rather than physical. The implications of this research for prevention concepts are very interesting and suggest why many younger children do not disclose abuse. When the authority is one's parent, the prohibition may be even stronger. Most young children have experience with physical punishment from those they love and trust most in the world, their parents. Would a young child view physical discomfort in the genital area much differently from being hit on the buttocks as the consequence for some wrong-doing?

Children's ideas about the functioning of authority figures are congruent with their conceptions about morality. Piaget (1963, cited in de Young, 1988) found that children under seven years, in the preoperational stage of moral development, determined morality on the basis of the consequences of the behaviour in question, not by the

intention of the actor. They tended to make dichotomous judgements - seeing behaviour as either right or wrong. The child attributes the characteristics of the behaviour to the actor (de Young, 1988). Thus a person who provides a good outcome, such as buying candy, is judged a good person. Very young children will similarly have difficulty judging the subtleties involved in the good touch/bad touch continuum. Touch such as gentle fondling will likely not be interpreted as bad touch, especially if performed by a trusted, and therefore, a good adult. Children can be expected to have difficulty with the concept of confusing touch, since it requires a flexibility of thinking which is inconsistent with their level of moral judgement (de Young, 1988).

Kohlberg expanded on Piaget's theories, making finer distinctions between levels to create his theory of moral development. In his Stage One, heteronomous morality, a child perceives what is right as "to avoid breaking rules backed by punishment, obedience for its own sake, and avoiding physical damage to persons and property" (1972, cited in Musson et al., 1984). The reason for doing what is right is to avoid punishment. Kohlberg's theories have been challenged recently by studies which indicate that young children have a more sophisticated view of moral issues than previously thought, and that they can distinguish moral issues (right and wrong) from social conventions (what is usually done in our society) (Weston & Turiei, 1980). However, Kohlberg's findings are congruent with the idea that children do not necessarily perceiving sexual abuse as wrong if perpetrated by a trusted authority figure. If so, such concepts may be difficult to teach young children in preschool sexual abuse prevention programs.

Krugman (1985) has suggested that, in the absence of research confirming that preschoolers have the ability to learn prevention concepts, adults, both parents and child-

care personnel, are the more appropriate audience for the information. Given the apparent lack of interest, or the discomfort, which results in poor attendance at parent programs, another key area for planning and research is to establish more productive ways to encourage parents to attend.

Cultural Assumptions: There are two important issues with respect to culture and its relationship to sexual abuse prevention programs. The first is whether programs which have been developed for mainstream North American culture are appropriate for ethnic groups which have a strong identification with their original cultural heritage (etic, or between cultures). The second issue is whether the information provided by most sexual abuse prevention programs is consistent with the values of different segments of the population (emic, or within one culture). The sociocultural implications of child sexual abuse have rarely been documented. Cross-cultural research focusing on sexual abuse is rare; however, some relevant concepts can be generated from research on physical child abuse and neglect.

As Korbin (1979) commented "beliefs about children impact upon socialization practices and in turn upon child abuse and neglect" (p. 11). The value that a community places upon its children for their contribution to the family and the value placed on children simply for their own sake as individuals are factors in how they will be treated. Korbin argues that in Western countries, at this particular point in time, children are seen as low in priority. Their worth may well have an impact on whether they are seen as appropriate targets for sexual abuse.

Korbin (1980) also looked at the cultural relativity of many behaviours in relation to child abuse. For example, in comparing ethnic groups, different areas of children's bodies are permissible to touch or are taboo (Blackman, 1980). Similarly, there are no

unitary or internationally valid standards for rearing children. In fact, for many cultures, the North American practices of putting babies on strict feeding schedules and isolating children in their own rooms at night would be considered maltreatment (Korbin, 1982).

Few studies have compared the prevalence of sexual abuse among various subcultures. Wyatt (1985) found no differences between the prevalence of child sexual abuse in an Afro-American probability sample (N=126) as compared to a white American probability sample (N=128). Similarly, Russell (1984) found no statistical differences in prevalence rates among white, Latina, black, and Asian women in her California study, although the number of ethnic women from each group was not large. However, when Kelly and McCurry Scott (1986) compared ethnic subgroups, they concluded that the results were still too contradictory to make any generalizations about ethnicity and sexual abuse. More research in this area is clearly indicated.

One cannot assume that the information drawing on mainstream North American values is appropriate for minority ethnic groups. Canadian or American standards of morality do not necessarily fit with the needs of other ethnic groups and their adoption may create situations where children anger their parents by challenging cultural values. For example, in cultures where obedience to parental wishes is important and formalized, it might be dangerous to teach a child to protest being touched against her/his wishes. Some cultures equate sexual ignorance with sexual innocence, which may be prized (Kelly & McCurry Scott, 1986). These groups are likely to reject sexuality and sexual abuse prevention programs. How does one deal with this type of cultural difference?

Cohn (1982b) has suggested that, although treatment strategies for child abuse in various cultural and ethnic groups might be similar, prevention activities must take into account the unique values, norms, and socialization patterns of that culture. Prevention

programs must emphasize the positive aspects of the culture. Garbarino and Ebata (1983) propose that the population to whom the prevention program is addressed may vary from group to group depending on the routes of influence applicable to each culture. For example, elders may be a more influential group in one culture; whereas, peers may be the most appropriate target in another.

Child abuse prevention programs were developed in North America with a contemporary North American cultural base. There are variations in values even within the mainstream North American population, which might present difficulties when mass-marketing a child sexual abuse prevention ideas. Many of the concepts taught do not necessarily fit the subgroups of our own society and may be directly counter to attitudes and behaviours taught in many traditional cultures. For example, children are taught that they have the right to say no if touched by an adult in a way that feels uncomfortable, yet spanking is still practised as a disciplinary method in most North American homes. Children know that saying no when being spanked will only result in further discipline. One American prevention program (Shewmaker, 1988) informed grade five students that "No one has the right to touch you if you don't want to be touched", but then qualified this statement with the explanation that "parents and school administrators can discipline by paddling and this is not referred to as bad touch" (p. 318). Such incongruities of values would likely create difficulties for young children.

Cohn (1982b) has suggested that intercultural differences may be greater than cross-cultural ones, especially when socioeconomic levels are taken into consideration. Only one research article on child sexual abuse prevention programs considered socioeconomic variables in its analysis, finding smaller knowledge gains in children from lower socioeconomic levels (Nelson, cited in Dube et al., 1988). These results are

confounded by the fact that children from lower socioeconomic levels also tend to have more difficulty with school performance.

LoPiccolo and Heiman (1978) describe the evolution of thought about sexuality in our own culture, from the early Twentieth century view of sexual conduct as sinful to the current view of sexual competence as a required ability. It is difficult to look at our own culture and perceive the context within which we view sexuality and the family. Different subsections of our own culture still have very different values about sexuality and how it should be presented in educational programs. For example, in the United States some states have legislation preventing sex education without parental permission. It is likely that parents in such states may react strongly against the introduction of child sexual abuse prevention programs.

Assumptions in the Content of the Programs

Since much of the content of the sexual abuse prevention programs developed from experience in the treatment of sexual abuse, it is not certain how well these ideas may apply to prevention. This section will examine several of the core concepts in order to speculate on their appropriateness for prevention programs.

Saying no to an offender will stop the abuse: This idea stems from case histories where a child taking a strong stance, yelling or running away, has successfully aborted an attempt at molestation. Whether this technique will work or not is speculation, since the area has not been studied. Two factors may be of prime importance: the type of offender and whether the child has previously submitted to the sexual abuse. Anecdotes from practice suggest that some children successfully abort assault attempts by saying no, particularly if this is the perpetrator's first attempt at abusing them (Armstrong, 1987).

However, one must also be aware of research which has shown that threats of some form of punitive coercion were used by the perpetrator to force the abuse in over half the reported cases (Faller, 1988). Clearly saying no to a perpetrator who is willing to threaten a child will have little impact. Gilgun (cited in Gilgun & Gordon, 1985) found that some children who have received training to protect themselves from sex offenders have still been abused. It is often not possible for a child to prevent being sexually assaulted. Gilgun and Gordon (1985) state that "actions of children may protect them from some potential offenders, but who makes the decision about whether sexual events will occur is not the child" (p. 47). The fact that saying no may be enough to discourage some abusers could be taught, but with the proviso that sometimes a child cannot prevent being abused, and that telling someone as soon as possible is the appropriate response.

Abused children, whose self esteem may already be low, may feel worse about the past incident after viewing an abuse prevention program if they did not follow the suggested procedure of saying no or telling one's parents or another trusted adult. Suggested revisions in some programs Anderson (1986) and Tyler and Brassard (1986) stress that sometimes there is nothing one can do to escape being abused.

Children will disclose sexual abuse if encouraged to do so: One of the major hopes in child sexual prevention programming is that children will disclose abuse rather than keeping it a secret. If disclosures are made, the longevity of the abuse will be aborted, and children may be offered treatment to short-cut the impact of the assault. As mentioned previously, Badgley (1984) found that few of the Canadians in a national study who admitted to having been sexually assaulted reported the offence. In medical settings, masked presentations, where there is no obvious initial reason to suspect sexual abuse, are the rule rather than the exception. Hunter, Kilstrom, and Loda (1985) found that of 81

cases of confirmed sexual abuse in a general hospital setting, 62% of the children presented with masked symptoms to emergency room personnel, compared to only 38% of cases where the abuse had been disclosed. Finkelhor (1986) estimated that only one out of every five cases is being reported.

Faller's (1988) research found the longer a child waited to report the abuse the more likely it was that there was a close relationship between the victim and the offender. Obviously then, intrafamilial sexual abuse is the least likely to be reported. Daughters increased their reporting as they grew older, particularly at puberty when, the author speculates, the abusing father demands sexual intercourse. However, since numerous cases of intrafamilial abuse involve intercourse before puberty, a more likely explanation is that a child at the age of ten to twelve is more able to understand the consequences of the abuse and to protect herself through disclosure.

Other research has suggested that often the problem is not that the abuse was not reported, but that the child was not believed, or if believed, was ignored. While Sirles and Franke (1989) found that the majority of mothers do believe their children (78%), mothers were less likely to believe their child if the child had also been physically abused, was an adolescent, or if the perpetrator was alcoholic or a step-father as opposed to a natural father. Children also disclose in ways not understood by adults, such as one daughter who complained to her mother about the games her father played with her before bedtime. Her mother did not understand the implications of her daughter's conversation and did not seek clarification.

Parental reaction to disclosure of incestuous abuse may depend on whether the offender is a member of the nuclear or the extended family. If the perpetrator is a father, or step-father, for example, then a child's disclosure of incestuous activity is usually

devastating for the mother, if believed. Many children report trying to disclose sexual abuse to their mother and being disbelieved, misunderstood, or ignored. Some authors have speculated why this phenomenon occurs. Aside from important family dynamics in intrafamilial abuse such as loyalty, and self-blame, both of which would inhibit disclosure, most children learn early in their lives that sexual behaviour in any form is private, shameful, and not to be discussed (Sgroi, Bunk, & Wabrek, 1988). This suggests that, in some cases, prevention programs aimed at parents may be as important as those aimed at children, so that parents become more aware of the possibility that their own child could be abused and may attempt to disclose in indirect ways.

If sexual abuse prevention programs result in children disclosing abuse then they will assist in the early treatment of victims and the identification of perpetrators who may abuse more victims. It is not known whether children who are incestuously abused will be any more likely to disclose.

Good touch/bad touch is a simple concept: As mentioned previously, the good touch/bad touch continuum (Anderson, 1986) has been widely utilized by sexual abuse prevention programs. It is a useful, but not a simple concept, which teaches that touches are identified as good, bad or confusing, by how the child feels and thinks about the touch, not by the kind of touch or where it is placed on a child's body. It is the child's reaction to the touch which determines whether it is good, bad or confusing. Thus a kiss from someone a child does not like would be a bad touch if the child felt uncomfortable about it. This is important because we do not ultimately want to teach children that all touches in the genital area, for example, are bad (Conte, Rosen & Saperstein, 1986). Confusing touches are those where it is difficult for a child to decide whether it feels good or bad. This may be because the touch starts out feeling good, but changes. An example

of a confusing touch is a hug which began as a good touch, but went on too long, resulting in the child feeling uncomfortable. The concept of confusing touch is particularly important since many perpetrators often begin fondling children in acceptable ways, slowly changing this to more intimate touches. Also, abused children may have ambivalent feelings about their sexual abuse: some incest survivors report that the sexual touching at times felt physically pleasurable, but that emotionally they felt extremely upset about the contact. The fact that a child felt some pleasure has at times lead her to unfairly blame herself for the abuse.

The concepts involved in the touch continuum are complex and it is not clear how well younger children can make such subtle distinctions. The continuum has been borrowed by many programs, some of which have reduced it to a dichotomy with only good and bad touch. This, unfortunately, does not convey the complexity of issues involved in coercive abuse. Programs need to carefully evaluate how they teach children about abusive sexual touches as compared to non-abusive sexual touch. Researching how children understand the touch continuum is indicated.

Children are told that perpetrators are sent to jail: Some programs suggest that the offenders' actions are against the law (which is true) and that they will be arrested for what they have done (which may or may not be true). This area is a delicate one because children must not be led to assume that offenders will be punished by law, given the few cases taken to court and the paucity of cases which result in a jail sentence. In the case of intrafamilial abuse, however, believing that the offender may be sent to jail could potentially inhibit disclosures from victims. It assumes that victims will take a punitive stance against the offender rather than the ambivalent feelings for offenders usually reflected in case histories of incestuous abuse.

Ethical Issues

The topic of child sexual abuse raises many ethical issues for program presenters, researchers, and child welfare and mental health practitioners. The following section delineates some of the more important ethical issues in the provision of prevention programs in child sexual abuse.

1. Is it wise to provide information about sexual abuse before providing a view of normal sexuality for our children. Many programs do not explicitly refer to correct anatomical body parts or to sexual activities. This developed in anticipation of parents' and teachers' discomfort discussing sexual material, and has been criticized by such authors as Finkelhor and Araji (1983). Not only are correct terms avoided, which might prove important to children when describing their experience with an abuser during a disclosure, but more importantly, children are given the message that sexual parts and sexuality are topics about which to be embarrassed and to avoid. Proponents of many child abuse prevention programs have chosen to downplay teaching sexual content, because to do so would have been politically dangerous in locations where parents have been vocal about their opposition to sexual education programs. As a result many programs refer to the private parts or private zones or the area under ones' bathing suit, rather than using anatomically correct names. Given young children's difficulty understanding abstract concepts, using non-specific terminology might confuse younger children. After all, belly-buttons are also covered by bathing suits.

Other programs may be more explicit and describe sexual behaviour and sexual body parts. It is often the case that children involved in the prevention programs may have had no education in normal sexuality. Although research has suggested that most children do not become fearful after sexual prevention programs (Nibert, Cooper & Ford,

1989; Wurtele & Miller-Perrin, 1987) it is a negatively framed introduction to human sexuality. Once again, what is not said may be at least as important as what is said. It is important to re-evaluate the appropriate time to introduce concepts of normal sexuality to children and to advocate for sex education programs as precursors to exposure to sexual abuse prevention programs.

2. A feeling of suspiciousness about parents and alternatively about teachers and day-care providers often develops with the introduction of a prevention program, especially with the provision of what for most people is new information - that sexual abuse perpetrators are most likely known to the victim and that 40% are family members. These suspicions may result in strained communication between school and home, as well as in parents and teachers feeling uncomfortable about touching their students, lest the child misinterpret the touch as sexual. This anxiety is unfortunate if, because of a very small percentage of parents who may be abusing their children, the rest are alienated from what could be an essential role in helping their child learn the prevention concepts and in reinforcing the ideas at home once the program is over.

3. When researching sexual abuse programs, investigators must be sensitive to the fact that there will likely be victims of abuse included in their sample (Conte, 1987). This calls for several precautions. Due to the sensitive nature of the subject matter, not only parental consent, but consent from the child should be obtained. The child should also be given explicit permission to withdraw from the study if desired (Kinard, 1985; Bradley & Lindsay, 1987). Researchers must become aware of the procedures for reporting abuse within the institution in which they are working and researchers must be trained to respond sensitively and appropriately to a child should a disclosure occur or should a child become upset because of the research process.

4. There are essentially two populations of children which sexual abuse prevention programs will affect: the majority of children who have not been abused, but who might be approached in the future, and those children who have been abused in the past or are currently being sexually abused. Children who have been abused often disclose or redescribe their abuse after involvement in a prevention program. For example, after a program for elementary school children in Toronto, eleven disclosures were made in the five weeks afterward compared to none in the preceding three weeks (Herring, 1983). Similarly Dawson (1986), in the Woodstock area in Ontario, reported eight disclosures after such a program. The disclosures were an unintended, but not necessarily unwanted, side effect.

It is not clear, however, what effects the programs have on children who have been abused. Their experiences may differ depending on whether they have disclosed the abuse or not, or whether the abuse was in the past, or is current. It is possible that the programs could create crises for children who have been abused previously. Some children who have not previously made disclosures may, for the first time, realize that they have or are being abused by someone they trusted. This, in itself, may be a traumatic realization for the child, who may not have been aware that the behaviour was considered wrong by societal standards. They may feel different from other children, knowing that they have experienced a situation that most of their classmates will not. As mentioned previously, Finkelhor and Browne (1985) suggest that such feelings of betrayal constitute one of four traumatogenic dynamics which represent the core of the psychological injury inflicted by abuse. Most abused children will come to these realizations on their own at some time in their lives, but there remains the possibility that a prevention program may be seen at a time when it is more emotionally difficult to

discover that they have been betrayed.

On the positive side, the resources which are a part of most prevention programs, including social work assistance, may enable an abused child who discloses to receive treatment for the trauma at an early stage in her/his development. As mentioned previously, most sexual abuse prevention programs clearly present information to counteract stigmatization, another of Finkelhor and Browne's (1985) traumatogenic dynamics. Being clear about the adult perpetrator's responsibility for abuse may prevent the guilt and shame which often become engrained in victims.

Another question is whether the information provided in the program may be helpful to the abused child in preventing further abuse. McDonough and Love (1987) described molest proofing victims groups in a Toronto sexual abuse treatment program, where the activities and information were provided in small group format for six to eight weeks, a more intensive intervention than most school-based prevention programs. The authors concluded that these groups provided "limited insurance against further sexual abuse" (p. 230). This is clearly an important focus for future research.

5. It is not known how the programs impact upon children who may be currently trapped in incestuous relationships. Most programs are clear that an abuser could be a family member, and that the proper response if approached is to tell a trusted adult; however, it is unknown whether such instructions can overrule the powerful dynamics in the family relationship in order to allow a child to disclose. Summit (1983) stated that "most ongoing sexual abuse is never disclosed, at least not outside the immediate family... Disclosure is an outgrowth either of overwhelming family conflict, incidental discovery by a third party, or sensitive outreach and community education by child protective agencies" (p. 156). The statistics on disclosures after child sexual abuse

prevention programs are not typically broken down by whether the abuse was extrafamilial or intrafamilial; however, this information would be useful in the evaluation of whether different prevention program strategies should be designed to address intrafamilial sexual abuse. Peggy Mayes (personal communication, 1989), co-founder of a family systems treatment program in Calgary for the victims of incestuous abuse, remarked that many of the children in treatment at their agency had seen a prevention program or message which they attributed as one of the sources which prompted their ultimate disclosure.

The negative systemic effects of intervention in child sexual abuse cases have been documented (Tyler & Brassard, 1984). The consequences for the victim of reporting the abuse may be dire, including possible removal into care by a child protection agency, facing the disbelief and recriminations of family members, a possible court case and the sentencing of a relative to a prison term. In many cases, parents subsequently divorce, families may be obliged to receive welfare because the breadwinner is in jail, and the victim may experience deleterious effects when testifying in court (Tyler & Brassard, 1984; Pine, 1987). Suicide by the perpetrator is not uncommon (Morrison, 1988; Wild, 1988) and few children would not feel personally responsible for the death of a close family member as a result of their disclosure to child welfare authorities. Suicide attempts on the part of mothers and the victims, themselves, after disclosure are not uncommon (Goodwin, 1981). In one study of adolescent victims "all subjects deplored the current criminal investigatory approach - a few said they would not have reported or would have lied when questioned had they known what would follow" (Topper, 1979).

Although the argument here is not that the consequences of disclosing sexual abuse are worse than the consequences of remaining in a long-term abusive relationship,

it is important to evaluate how well the child protection strategies are working, especially when implementing a sexual abuse prevention program. Is it ethical, then, in a locality where provision of services are inadequate due to overly-large caseloads and lack of treatment providers (Armstrong, 1988; Faller, 1985; Ray & Deitzel, 1985) to suggest that children report sexual abuse, without first informing them of what will occur afterwards? If the children were informed of the consequences of telling, would they still report the abuse? Perhaps sexual abuse prevention programs could be modified to include information about what would likely occur after a disclosure is made. This would have to be done knowing that it could potentially prevent some children from reporting abuse, similar to the manner in which widespread media coverage of the mistreatment of rape victims has affected many women's inclination to press charges. It is difficult to envision how informed consent could be integrated into prevention programs, however, the challenge is well-worth accepting.

Summary and Conclusions

There are no easy solutions to these dilemmas, however awareness of possible ethical problems and contentious program content is critical. Remembering that the programs have been available for, at most, a decade, allows for a certain forgiveness for some of the dilemmas. However, given the universality with which such programs have been applied, it is crucial that these dilemmas be researched and resolved as quickly as possible. Issues related to the content taught in some prevention programs and the appropriateness of its inclusion for presentation to young elementary school-aged children have a central place in this dissertation research and will be discussed further.

Chapter Five: Critique of the Research on Child Sexual Abuse Prevention Programs

A core of research on the effectiveness of the school-based child sexual abuse prevention programs (Appendix A) has developed since 1981, with the publication of approximately 25 studies of varying methodological merit. Although not an extensive body of work, the research has addressed initial concerns about child abuse prevention programs suggesting that elementary school children can learn some of the core prevention concepts after participation in a program. This chapter will summarize the methodological problems associated with this research and will survey the responses of the various research projects in regard to major questions about the programs' efficacy. Finally, improvements for future research will be suggested.

Methodological Problems In Child Sexual Abuse Prevention Research

Several recurring methodological problems in the available research on sexual abuse prevention programs have resulted in an inability to wholeheartedly endorse the use of the programs on the part of some (Wurtele, 1987), and an outright rejection of the programs on the part of others (Reppucci & Haugaard, 1989). The research has been hampered by a paucity of psychometrically sound instruments, small sample sizes, and relatively little use of appropriate control or comparison groups. A discussion of each of these problems will both clarify the difficulty in extrapolating clear findings from the review of the research and will present the rationale for the development and the design of the current dissertation research.

Most of the research instruments utilized in past research have been very short, from 7 to 13 items. Given the complexity of some of the prevention concepts, it is doubtful that such brief measures could adequately assess whether children understood

the ideas. Only five of the questionnaires were investigated for their psychometric properties: a 13 item "Personal Safety Questionnaire", and the "What If Situations Test" (Saslowsky & Wurtele, 1986; Wurtele, Marrs, & Miller-Perrin, 1987), a 29 item "Personal Safety Questionnaire" (Sigurdson, Strang, & Doig, 1987), a 9-item instrument composed of knowledge and opinions, experience and action questions (Kolko, Moser, Litz, & Hughes, 1987), a 13-item knowledge questionnaire (Binder & McNeil, 1987).

Sample sizes were small in several studies. Miltenberger and Thiesse-Duffy (1988) included thirteen four/five year old children in one group and eleven six/seven year old children in another group, for a total of twenty-two participants. Poche, Brouwer and Swearington (1981) trained three preschool-aged children intensively with behavioural techniques. In another study, the loss of participants (initial N=103, posttest N=11) precluded interpreting results (Christian, Dryer, Schumm, & Coulson, 1988).

Aside from eight studies which utilized control groups (Conte, Rosen, Saperstein & Shermack, 1985; Downer, 1984; Fryer, Kraiser & Miyoshi, 1987; Kolko, Moser, Litz & Hughes, 1987; Nelson, 1981, cited in Dube, 1988; Saslowsky & Wurtele, 1986; Volpe, 1984; Wolfe, MacPherson, Blount, & Wolfe, 1986), few of the research studies were well enough designed to yield definitive results. Several studies performed no statistical analysis on results, looking only at the proportion of correct responses for each item (Dawson, 1986; Herring, 1983; Olson, 1985), despite the fact that the questionnaires could have been analyzed using inferential statistics. Similarly, some studies performed analyses on changes on individual items only (Christian et al., 1988; Kolko et al., 1987; Plummer, 1983; Sigurdson et al., 1987; Wolfe et al., 1986), despite the fact that total scores comparing pre- and post- results could easily have been obtained. One might suspect that the fact that such totals were not reported was because the difference

between pre- and post- scores was not significant. Volpe (1984), using a posttest-only design, with a control group and a large sample size (experimental N = 298; control group N = 315), was the only researcher who reported finding no improvement after a program. Although Wurtele, Saslawsky, Miller, Marrs, and Britcher (1986) found that children who saw a prevention film did not score any better than control group children at posttest, the scores of children in the experimental group were significantly greater than the control group participants at a three month follow-up testing. It may be that finding non-significant pre-post differences is not exceptional, but has been obscured by the manner in which data analyses were performed.

In addition to the above design considerations, the choice of outcome criterion has been criticized by several authors because the typical outcome measure is knowledge gain of the core prevention concepts rather than behavioural change as measured in simulations (Fryer, Kraisør, & Miyoshi, 1987; Reppucci & Haugaard, 1989). However, using the model of proximal objectives and distal goals as presented in the chapter on prevention programs, learning the prevention concepts is a key proximal objective, and clearly one of the initial steps in ensuring that a program is working effectively. Whether a child can then utilize the knowledge and skills taught by the program if actually in an abusive situation is certainly the key distal objective in child sexual abuse prevention programs, but presents several problems to researchers. Firstly, asking children to respond to simulated situations, where a "stranger" approaches children and asks them to accompany him/her, has been criticized on ethical grounds as potentially desensitizing children to the occurrence of such events (Levanthal, 1987). Secondly, although several studies have effectively used stranger simulation techniques (Fryer et al., 1987; Poche et al., 1981), it is more difficult and ethically problematic to

utilize such simulation techniques to demonstrate that the programs would help children reject advances from familiar adults, the most common perpetrators.

Haugaard and Reppucci (1988) dismiss the applicability of child sexual abuse programs for primary prevention purposes with their statement: "No evidence, not even one published case example, indicates that primary prevention has ever been achieved" (p.332). However, Kolko et al. (1987) did just that in their evaluation of the "Red Flag/Green Flag" Program. The children were asked three questions regarding whether and how often they had been touched inappropriately by an adult, or invited to play secret games in the past two months. The questions were asked both before, two months and six months after participating in the prevention program. The children were asked how they had responded to such events and whether they had made a disclosure. The authors found that 22 children of 319 involved in the study had experienced some form of inappropriate sexual touching in the two months following the program. More children from the two schools which received the prevention program told the researchers of having such an experience - twenty as compared to only two children in the control school. The majority of these children had reported the incident to an adult (including the two from the control group). Response rates were similar for the 6 month follow-up, although no control group members said that they had been approached. The higher number of reports of abusive situations from children who had received the program may indicate that they recognized and took permission from the program to disclose incidents which they previously might have ignored.

Asking children whether a program was helpful in aborting attempted sexual assault is an interesting, but controversial idea, since any disclosures which had not previously been formally made would have to be reported to child welfare authorities. If

co-operation can be obtained from parents and sponsoring organizations, then including such questions would constitute an important addition to evaluations of prevention programs.

As previously mentioned, before the distal goals of prevention can be discerned, the proximal goals must be adequately assessed. Although the research on the effectiveness of child-directed sexual abuse prevention programs, taken as a whole, supports the view that children learn the prevention concepts, there are still questions about which child populations learn the concepts most effectively, which need to be considered before focusing on distal goals. We may not be able to assess this long-term objective for some time. For the present time, research must focus on the proximal objectives, continuing to evaluate whether children learn the information and attitudes provided in the programs and testing whether they can generalize the utility of the knowledge to situations not directly demonstrated in the programs.

The Core Research Questions

It will be useful to look at the pattern of results for the key questions typically asked in the research on child sexual prevention programs. If a number of studies report similar findings to specific questions, one can feel more confident about the results, despite the methodological weaknesses of individual studies. Several key questions have been addressed: how much do children know before seeing a program; how much do children learn as a result of seeing a prevention program; do children remember the information over time; how does age affect the ability of children to integrate the information; are there any unwanted side-effects such as fearfulness or sexual acting-out that could be attributed to participation in a prevention program; are there gender

differences in response to the programs?

1. How much do children know before seeing a program: Conte, Rosen, Saperstein and Shermack (1985) demonstrated that school children were not well informed about child abuse concepts before seeing a program (average scores were 28% of items correctly answered). In several other studies a ceiling effect, where prescores were already very high, particularly with very short questionnaires, has limited the interpretation of the results (Ray & Deitzel, 1984; Swan, Press & Briggs, 1985; Wolfe et al., 1986). While Reppucci and Haugaard (1989) saw this as evidence that children already know many of the concepts, this is more likely a reflection of scales which are too short and ask simplistic questions and, as a result, do not adequately address the complex issues taught in sexual abuse programs. Given that the number of messages and programs on sexual abuse has grown enormously in the past several years, it remains important to pretest children, particularly when comparing different age-groups, since initial knowledge levels may well be improving over time.

2. How much do children learn as a result of participating in a prevention program: Many of the studies found that elementary school students score significantly better on evaluation questionnaires after seeing a prevention program, when compared to students who have not been exposed to the material (Downer, 1984; Garbarino, 1987; Kolko, Mcser, Litz, & Hughes, 1987; Sigurdson, Strang & Doig, 1987; Swan, Press & Briggs, 1985; Scott, undated; Wolfe et al., 1986; Wurtele, Saslawsky, Miller, Marrs & Britcher, 1986). Most programs demonstrated an increase in the knowledge base of those children who took part, with average scores in the 50 to 95% range on various evaluation instruments. Only one study (Volpe, 1984) reported finding no significant improvement.

The research which employed strong post-only or pre/post designs with control groups found statistically significant improvements in knowledge in children after seeing a prevention program (Conte et al., 1985; Downer, 1984; Fryer et al., 1987; Saslawsky and Wurtele, 1986; Wolf et al., 1986). Unfortunately, several of these used very small numbers of participants per group - Conte et al.(1985): 10 children per group; Downer (1984): 15 children in the control group; Saslawsky and Wurtele (1986): 16 per group - bringing into question the appropriateness of the statistical analyses used. In the Saslawsky and Wurtele (1986) study, the resulting significant difference between the control and experimental groups was two points on a 13 point scale, and the Wolfe et al. study (1986) found that the statistically significantly higher performance of the experimental group on their 7-point scale was never more than 1 point higher than that of the control group, raising the question of how to practically interpret such small gains. As described earlier, one possible explanation for this small increase is that prevention questionnaires are measuring attitudes rather than knowledge. One expects factual information to be learned fairly readily and with relative ease. Attitudes are much more difficult to change, and this might be reflected in a small as compared to a large increase in scores. Another possible interpretation of the small increases is that some segments of the population tested are learning the material and improving their scores while another segment may not be learning the concepts (Sigurdson et al., 1987). Additional secondary analysis of such data is necessary to discover what characterizes those who learn the concepts compared to those who do not. The programs are typically short - about a half-hour to an hour in length - so one might also question how significant an impact such a brief intervention could have. A final possible explanation for these results is that the programs do not work as effectively as developers had hoped, and that children may be

learning only some of the prevention concepts. If this is the case, the programs could be redesigned to more effectively transmit the concepts which children were not integrating.

While results from these well-designed studies support the hypothesis that children learn the prevention concepts after participating in a program, most scholars in the area of child sexual abuse prevention have called for further, better designed research (Finkelhor, 1986; Wurtele, 1987; Daro, 1988).

3. Long term retention: Several studies have demonstrated that information learned by kindergarten children who had seen a prevention program was maintained over three months (Saslowsky & Wurtele, 1986), and after six months (Ray & Deitzel, 1985; Fryer et al., 1987; Kolko et al., 1987). Other research has suggested that certain concepts and attitudes, which children remembered after the initial presentation of a prevention program, tended to be forgotten or confused after eight months had passed (Plummer, 1984). Some of the items, such as, "It's OK to tell secrets", "even people you know might want to touch you in ways that feel uncomfortable", are not typically reinforced in our society. Even though children may learn these concepts after being involved in a prevention program, the ideas may later be actively discouraged by parents and other adults or, at least not discussed. This may explain why these ideas are forgotten more readily than other information such as rules regarding being cautious around strangers. Only 5 of the 23 research studies surveyed performed a follow-up analysis longer than 2 months, indicating a pressing need for research looking at the long-term retention of concepts.

4. Do children of different ages integrate the material to the same extent? The question of how age affects the ability of children to learn sexual abuse prevention concepts has not yet been clearly answered. Conte et al. (1985), Saslowsky and Wurtele

(1985), and Garbarino (1987) found, not unexpectedly, that older children obtained the highest scores on a measure of learning concepts after participating in prevention programs. In other studies, there were large gaps in age between the two groups, for example, comparing Grade 1 with Grade 6 students. Such a gap does not allow for understanding about the learning of the students in the middle grades. It is not possible to discover whether there is a gradual increase in scores as children progress in age, or whether children start understanding the majority of the concepts at a particular stage in their development?

The younger the child, the more apparent difficulty they have in understanding the concepts. For example, in a puppet presentation to three, four and five year old children, Borkin and Frank (1986) found that only 50% of the four and five year old children were able to recall the safety rules presented, while only one three year old could remember any of the rules. Conte et al. (1985) suspected that the reason that the kindergarten and Grade 1 children in their study remembered so few of the prevention concepts is that younger children find it more difficult to learn abstract ideas. Therefore the more prevention materials parallel real life experiences and refer to concrete situations with which the children can identify, the more likely it is that younger children will understand the concepts.

These findings suggest that young preschoolers are less likely to be able to benefit from programs; for example, while four and five year old children seem to remember some of the material, they do not appear to integrate it as well as children in Grades 2 to 6. This poses an important question for curriculum planners since it is not presently clear at what grade in school to introduce prevention concepts. On the other hand, statistics indicate that abuse happens to younger children more often than

previously contemplated. Finkelhor (1984) has suggested that one-quarter of all incidents of sexual abuse are perpetrated on children under the age of seven years. Therefore, it is important to provide prevention materials to kindergarten and Grade 1 children if the information presented can be understood and utilized by these younger age-groups.

5. Are there unintended side-effects as a result of participating in a prevention program: There has been concern expressed that abuse prevention materials may frighten some children. At least two studies (Nibert, Cooper & Ford, 1989; Wurtele & Miller-Perrin, 1987) specifically studied possible adverse reactions and demonstrated that neither preschool nor kindergarten-aged children show fearfulness or other negative reactions after viewing an abuse prevention program. Other evaluations of prevention programs have included questions to parents and/or teachers regarding whether they had noticed reactions on the part of their children. Only small proportions of parents noted negative emotional reactions, with the majority either noting no response (Miltenberger et al., 1988; Swan et al., 1985), or actual improvements in behaviour or anxiety levels (Binder & McNeil, 1987). In addition to assessing whether children become worried or anxious as a result of being in a prevention program, research should also address whether children became over-vigilant about being assertive or react negatively to touches that were previously considered acceptable, such as pats on the back (Leventhal, 1987). These reactions could demonstrate misunderstanding of the prevention concepts in the same way that anxiety would.

Garbarino (1987) found that 80% of the Grade 4 class receiving a special Spiderman comic book on sexual abuse, whose parents had read the comic with them, answered yes to a question: "Did it make you feel worried?". In contrast, 50% of the children whose parents did not read the comic with them did not worry. In interpreting

the high overall rates of worry reported by the children in this study, it is important to clarify that the procedure utilized of simply handing prevention materials to children to take home is very different from the format of most child-directed sexual abuse prevention programs. Firstly, the comics were distributed with no class discussion or formal opportunity to ask questions. Secondly, parents were not given the opportunity to preview materials, nor were teachers trained to respond to questions. While it is valuable to know that a one-shot program produces considerable anxiety, especially among grade 4 students (about 30% of Grades 2 and 6 students reported worrying), these results should not be generalized to other more formal prevention programs. New programs must be evaluated to ensure that their goals are being accomplished with no unwanted side-effects.

6. Gender Effects: Volpe (1984), Downer (1984) and Garbarino (1987) found no effects due to gender, however, Sigurdson, Strang, and Doig (1987) found that for eight questions only girls made significant gains in knowledge. Given these conflicting results, gender should remain a factor in evaluation studies of prevention programs.

Suggestions For Future Research

This critique of the available research suggests several ways in which research could be improved. There is a need for new, psychometrically sound, instruments which can be used to test children's learning. As mentioned previously, most of the measures utilized had not been psychometrically investigated, and most were simply too short to demonstrate the learning of such complex ideas. Few instruments included any check of the validity of the responses or possible response sets. Some of the measures were closely tied to specific programs such that it would be difficult for children who had not

seen that particular program to understand what was being asked in the questionnaire (for example, Sigurdson, Strang & Doig, 1987).

No one has yet investigated the effects of age in a systematic manner, with the exception of Conte et al. (1985) whose sample was very small, and Saslawsky and Wurtele (1986) who looked at kindergarten and Grade 1 as compared to Grades 5 and 6, with no middle comparison group from Grade 3. Given the immense changes in development in children from kindergarten to Grade 3 to Grade 6, it is important to survey the middle grades as well as the youngest and oldest elementary school students. Most other child sexual abuse prevention research used older elementary school children in Grades 4 to 6; however, since one of the major practical questions today is how old do children have to be to integrate abuse prevention concepts, further research with younger children is indicated. Another need is for research looking at the long-term retention of concepts.

This body of research has encompassed barely ten years and must be viewed as providing suggestive rather than definitive support for the programs for elementary school children. Preschool programs remain questionably effective (Daro, 1988, Finkelhor, 1986). Both elementary school and preschool programs require further study especially with comparisons of different prevention formats and programs.

This and other reviews of the research literature on the effectiveness of school-based child abuse prevention programs (Wurtele, 1987) suggest that elementary school-aged children are able to learn and to remember at least half of the prevention concepts taught. However, given the nature of some of these concepts, it is questionable whether children in the lowest grades can integrate ideas which may not fit with their developmental level or which may differ from their family customs. Trudell and Whatley

(1988) have suggested that further research is strongly indicated to address "whether young children are capable of grasping the subtle and complex concepts around sexual abuse prevention" (p. 107).

Chapter Six: Rationale for the Current Study

The present study was developed to incorporate the key questions on the effectiveness of child sexual abuse prevention programs into one research study, in order to correct some of the gaps in understanding and the methodological flaws evident in past research. It assesses the effectiveness of the Hamilton-Wentworth Child Abuse Prevention Program Touching, for 400 school children from the three Hamilton-Wentworth School Boards in the 1988-1989 curriculum year. The study provided the opportunity to develop a new research instrument to measure learning of prevention concepts. This instrument was constructed and psychometrically investigated so that it could potentially be used by other programs which might evaluate programs for this age-group. Several variables, including age, were tested in a more systematic manner than in earlier studies. The current evaluation utilized a larger sample size than previous research and incorporated a five month follow-up as well as appropriate control groups.

The key questions from previous research on the effectiveness of a prevention program in teaching children, as discussed in Chapter Five, were incorporated into the current research. These question include: what prevention concepts do children know before participating in a prevention program; how much do children learn after participating in a prevention program; how well do children retain these concepts after a five month time period has elapsed; how does the age of the child affect the amount and kind of information learned; are there gender differences in learning the material; are there unanticipated side effects as a result of participating in a prevention program?

In addition to addressing these questions, the research investigates the influence of parents on their child's learning of prevention concepts, a previously un-researched area. Family systems theory (Hoffman, 1981) suggests that one must look at children in

the context of their most important significant others, in the case of a young child, her/his parents. Parents play a key role in the development of attitudes. Parental knowledge of both the importance of child sexual abuse as an issue, and of the myths about sexual abuse (such as who sexually abuses children and how prevalent sexual abuse really is), is considered an essential factor in influencing whether parents will reinforce their child's learning at home. This research looks at the extent of parental knowledge of child abuse concepts and whether a willingness to preview or to provide information and prevention materials affects how well their child consequently learns and retains the prevention concepts.

We know very little about what parents tell their children about sexual abuse, if they are talked to at all. In the only study on record regarding this subject, Finkelhor (1983) asked over 500 randomly contacted parents in Boston whether they had talked to their elementary school aged children about sexual abuse, in addition to other sensitive topics. At that time, seven years ago, only 29% of the parents had discussed sexual abuse with their children. The parents believed that their own child was at little risk. If this feeling is common, it may explain why it is so difficult to persuade parents to attend prevention programs. Parents may not be knowledgeable about the wide-spread nature of abuse or, if they are knowledgeable, may firmly believe that their child is safe.

It is not known whether, with the recent media attention to the problem of sexual abuse, more parents are talking to their children about abuse. But simply talking to one's child about abuse is not the key issue; one must ensure that the information is accurate. Finkelhor's 1983 study did not test the accuracy of the information conveyed by the parents and no subsequent studies have identified what parents know about sexual abuse and whether they are conveying this information to their children. Parents who talk

to their children, but simply convey myths about sexual abuse are not adequately preparing their child.

The present interest in studying parental variables was also sparked by some unexpected and tangential findings in Garbarino's (1987) research on the effectiveness of providing the Spiderman comic-book on child sexual abuse to groups of elementary school children. The children who read the book with their parents were more likely to worry than those who simply read the book to themselves. The parents had not had the opportunity to preview the materials and to learn about prevention concepts themselves. A possible interpretation of the research results is that the parents who read the material with their children may have unknowingly transmitted their own anxiety about the topic area to their children, who were then themselves more likely to worry. Extrapolating this to other, more formal child sexual abuse prevention programs, the extent to which parents are prepared to involve themselves in a program by previewing a presentation may be an important consideration in how well children learn and remember the prevention concepts. Finally, how accurately parents perceive their child's level of knowledge of the prevention concepts will affect whether they might encourage further discussion of the concepts at home, thus reinforcing their child's learning.

The specific questions to be addressed in this study with respect to parental influence on their child's learning of prevention concepts are: have the parents of children in the study provided sexual abuse information to their children prior to the child's involvement in the prevention program; are parents worried about their child's involvement in the prevention program, and, if so, does this affect the child's short and long-term retention of the concepts; How much do parents know about child sexual abuse and is this related to their own child's knowledge; how closely does a parent's

perception of their child's knowledge of prevention concepts fit with the child's actual understanding of these concepts?

Theoretical Framework

Child sexual abuse prevention programs are based on the concept of empowerment (Sanford, 1980; Tharinger, Krivacska, Laye McDonough, Jamison, Vincent & Hedlund, 1988) as applied through social learning theory (Rotter, 1982). Social learning theory "focuses on the behaviour patterns that people develop in response to environmental contingencies" (Atkinson, Atkinson, Smith & Hilgard, 1985, p.320). Thus, children will learn behaviours and beliefs that are reinforced by the important individuals and the societal norms with which they grow up. Challenging such ingrained behaviours and beliefs is considered empowering, because, by providing information and skills, an individual may become able to protect her/himself in the event that s/he is involved in an abusive situation.

Since behaviour change as a result of participating in a prevention program, is considered a distal goal, and one which has been described, previously, as difficult to measure, this research will focus on another important element of social learning theory - changes in cognition: specifically, whether the information and attitudes of the children who participate in a child sexual abuse prevention program are changed. As discussed in Chapter Five, the Yale model of attitude change fits well with the educational approach utilized by most prevention programs on child sexual abuse. This model can also be used to conceptualize portions of the focus of the current research. The four components of the model are attention, comprehension, acceptance and retention. Attention, the first component will not be measured directly. It will be assumed that the play was sufficiently

interesting to hold the attention of the children, based on teacher reports and the author's experience witnessing children's responsiveness to the play. Rather, the study focuses on the possible age-differences in comprehension, acceptance and retention of the core prevention concepts as measured by responses to the knowledge questionnaire constructed for the research. Comprehension and acceptance would ideally be tested separately; however, for the purposes of this study, a child's correct response to questions on the Child Abuse Questionnaire will be interpreted as reflecting both understanding of the concept and acceptance. Future research checking the congruence of children's understanding and acceptance of the prevention concepts would be a valuable addition to this body of research.

Behaviour change, added by McGuire (1968) as an important distal objective if the first four proximal goals are met, will not be addressed in this study. The rationale for this is that there are important gaps in the research on the above-mentioned proximal goals, which should preferably be studied first.

The Program "Touching"

In an attempt to address the wide-spread nature of the sexual abuse of children, the Badgley Commission Report (1984) recommended that a national program of public education be developed in Canada focusing on the needs of young children and youth in relation to the prevention of sexual offenses (p.193). No such program has been developed. This is understandable when one considers that the programs fall under the mandate of several different institutions and governmental levels. The implementation of sexual abuse prevention programs usually results from co-operation from several sectors, including education, social services, and mental health services. However, in Ontario, at

least at the present time, each school board is responsible for the decision whether to implement prevention programs and, if so, which curricula should be utilized. The result of this lack of a co-ordinated effort is that many localities, including the Waterloo Region, have no sexual abuse prevention program in the schools.

Although a national program has not been forthcoming, during the past few years, many communities have developed sexual abuse prevention programs for presentation at the elementary school level. The city of Hamilton is in a unique position, being the site of a particularly sensational child abuse trial in the mid 1980's (Marron, 1988), with allegations of satanic rites and murder, as well as validated incidences of sexual abuse. The population has consequently become extremely sensitized to the issue of child sexual abuse. Members of both the Children's Aid Society and the Catholic Children's Aid and other community representatives formed a Child Abuse Council for the Hamilton-Wentworth district. In the past, they have supported several prevention activities for small, selected groups in the schools, such as a puppet show about sexual abuse. They decided that a more comprehensive program, with a classroom curriculum, which would be adopted by all three of the school boards in Hamilton and district, was necessary. A prevention program that had been developed in a city that was nearby was available, but it was considered rather expensive and demanded strict adherence to the play script. The Child Abuse Council decided to mount its own program instead, sending out tenders to local playwrights for the development of a dramatic presentation for elementary school children, which would become part of a more extensive family violence prevention program to be developed at a later date.

Michael Adkin's outline for a play, "Touching", was chosen, and the script was further developed in conjunction with the Toy Towne Troupers, a local professional

theatre group for children. The play concerns a child named Alex, who is appropriately androgynous in appearance and behaviour, and who, while playing in a park, encounters a number of individuals who touch him/her in uncomfortable ways. She/he is helped to understand how to protect her/himself by a mime, who holds up signs to Alex (and to the audience) which question whether each touch is good or bad. A friendly bag-lady also helps to resolve each of the preceding situations. Alex receives a "Bill of Body Rights", which clarifies the rights of a child in respect to unwanted touch. The play was pretested over a period of several months, with professional, parent, and child audiences. In the meantime, supplementary materials were being developed including discussion topics and role plays which could be used by teachers subsequent to the play's performance.

School presentations of the play began in October, 1988 and it has since been seen by students from almost all elementary schools from the three School Boards in the Hamilton-Wentworth district in the 1988-89 school year. The prevention program is comprehensive, with materials not only for children, but for teachers and parents as well. The teacher training component consists of discussions of the core elements of the play and information ensuring that teachers know the procedures for dealing with disclosures of abuse from any children should these occur. Also, opportunities for parents to attend either a preview of the play or a discussion of the material in the program were provided, an important component often neglected by child abuse prevention programs. After the performance, trained volunteers deal with questions from the audience and any disclosures which might be forthcoming are handled by the volunteer or through procedures already in place in each school. Supplementary materials were prepared for use by teachers in the classrooms after the children viewed *Touching*. These consisted

of a set of study cards depicting scenes and characters from the play which are intended to stimulate classroom discussion. The materials allow the children to ask questions and provide repetition and reinforcement of the key prevention concepts, many of which may be novel to the children. The program provides a good example of an integrated child-directed sexual abuse prevention program and the opportunity to utilize such a program in this dissertation research was fortuitous.

Research Questions, Variables and Hypotheses

The methodological suggestions for future research on child sexual abuse prevention program research were determinant factors in the design of the present study. The design chosen was quasi-experimental with non-random assignment of children to different age, treatment, and comparison groups. The research gathered information from a large number of elementary school children (N = 400).

The independent variable was participation or non-participation in the prevention program Touching. The dependent variables included:

1. Knowledge of child abuse prevention principles (as measured by scores on the Children's Abuse Questionnaire),
2. Emotional or behavioral reactions to the program (as measured by parental report on the Parent Questionnaire I, and teacher perceptions from the Teacher Questionnaire)
3. Parental provision of other child sexual abuse prevention materials (as measured by parental report on the Parent Questionnaire I, and child response to a question about other programs during administration of the Child Abuse Questionnaire),
4. Parent's level of anxiety about their child's participation in the prevention program (self-report on Parent Questionnaire I),
5. Parent's knowledge about child sexual abuse (as measured by Parent Questionnaire II),

6. Parent's perception of their child's knowledge of sexual abuse prevention concepts (as measured by Parent Questionnaire II).

The important intervening variables were:

1. Age of the child, and
2. Gender of the child.

The specific research questions and hypotheses addressed included:

1. What child abuse prevention concepts do the children know before being involved in a prevention program? It is hypothesized that all children will have some prior knowledge of prevention concepts and that this knowledge will not be significantly different for children in either the experimental or control conditions.
2. How much do children learn after participating in a prevention program? It is hypothesized that children who have participated in the prevention program will score significantly higher on the Child Abuse Questionnaire and on the PlayQ after the program than those children who did not participate.
3. How well do children remember the concepts after five months have passed? It is hypothesized that children who participated in the prevention program will retain most of their knowledge after five months have passed.
4. How does the age of the child affect the number of and the kind of prevention concepts learned? It is hypothesized that age is an important factor in the integration of child abuse prevention concepts such that older children will learn significantly more concepts and will be able to remember them over time, as compared to younger children.
5. Does the gender of the child affect the number and the kind of concepts learned? It is hypothesized that there will not be a difference in scores on the basis of gender.
6. Are there any unanticipated side effects as a result of being involved in the prevention program? Such side effects might include unnecessary worry or anxiety that one is at risk of abuse or over-reacting to positive touches. It is hypothesized that there will not be a significant number of side-effects noted for children who participated in the prevention program.
7. Have parents provided sexual abuse prevention information to their children prior to the child's involvement in the school-based program? It is hypothesized that children whose parents provided them with information prior to their seeing the program will score significantly better on knowledge of child abuse prevention concepts.

8. Are parents worried about their child's involvement in the prevention program, and if so, does this affect the child's short and long term retention of the concepts? Children whose parents were worried about their participating in the program will remember fewer concepts at five month follow-up than those children whose parents were not worried.

9. Does a parent's knowledge of child sexual abuse affect their child's learning and remembering of child abuse prevention concepts? It is hypothesized that children whose parents know more about sexual abuse will score better on the Children's Abuse Questionnaire initially and at five month follow-up than children whose parents know less about sexual abuse concepts.

10. How closely does a parent's perception of their child's knowledge of prevention concepts fit with the child's actual understanding of these concepts? It is hypothesized that parents may overestimate their child's understanding of prevention concepts, particularly for younger children. It is further hypothesized that a parent who has more accurate knowledge of child abuse prevention concepts will more accurately predict their child's responses to items from the Children's Abuse Questionnaire.

Chapter Seven: Research Design And Methodology

The children in the experimental conditions participated in the prevention program Touching. As previously mentioned, supplementary teaching materials were available in most of the schools involved in the research. The use of these materials was at the teacher's discretion, thus some children received reinforcement of the prevention concepts while others did not. Information about the extent of additional teaching received by children was collected from each teacher and was considered in the analysis of the results.

A Children's Abuse Questionnaire was constructed for the present study to be administered to children aged five to twelve. Responses to this measure were used to evaluate the major research questions identified previously. Other important information was gathered through the use of a Parent Questionnaire, which was answered two weeks after the children saw the play, and a Teacher Questionnaire that clarified whether teachers noticed any responses on the part of their students to the program and to what extent the supplementary classroom materials were utilized.

Design of the Research

The core of the research is a Solomon Four Group design, a nonequivalent pretest-posttest control group design (Campbell & Stanley, 1963). The five month follow-up component was added to the basic four group design because of the importance of ascertaining that the prevention concepts can be remembered over time. The research is quasi-experimental since subjects could not be randomly assigned to conditions. Although, in total, 501 children were initially involved in the research, the final number of

participants included in the final data set was 400 children, each of whom was tested two or three times. Children were tested in one of four conditions:

CONDITION 1: Experimental Pre/Post. These children were tested before they viewed the play, two weeks afterward, and five months after. The pretest scores provide a measure of how much the children knew of the key prevention concepts before viewing the play, and thus the amount of change in their knowledge after seeing the prevention program can be calculated. Similarly, by comparing the two week posttest scores and the five month posttest scores, the amount of information lost or maintained after five months has passed can be calculated.

PRETEST PLAY 2 WK POSTTEST 5 MO FOLLOW

CONDITION 2: Experimental Posttest Only. Children in this condition were not given the pretest, but were tested two weeks after viewing the play, and five months afterward. Not giving this group the pretest allows testing for the effect that merely responding to the pretest might have on the children. It may be argued, for example, that the pretest might sensitize students to the issues presented in the play, thereby becoming essentially part of the treatment, or having a treatment-like effect in and of itself. To test this possibility, the responses of children who did not take the pretest were statistically compared to those of children who answered the pretest.

PLAY 2 WK POSTTEST 5 MO FOLLOW

CONDITION 3: Control Group with Pre/Post testing. These children did not initially see the play. They were tested once during the same time period as the children in the two experimental groups were tested, and again, one month later. Since they did not see the play, it would be expected that either their pretest versus posttest scores would not increase, or that if there was an increase that this would not be of the same magnitude as the increase in the children who participated in the prevention program. Although as a pure control group these children should have been tested once more without seeing the play, in the interests of gathering further information about the effects of the play on the knowledge of prevention principles, it was decided to test these children after they had seen the prevention program rather than before. Therefore, immediately before the final posttest testing at five months, the Condition Three children saw the play. Thus the five month posttest scores in this group reflect responses to the prevention program.

PRETEST POSTTEST PLAY 5 MO FOLLOW

CONDITION 4: Control Post Only. These children did not see the play until after the research was over, constituting, in effect, a waiting list control group. Since the Hamilton School Boards were committed to providing the prevention program to virtually all children in the Hamilton-Wentworth School District, these children were provided access to the prevention program at a later date. In terms of their participation in the research, the children were pretested at the same time as the other groups and again five months afterward without having viewed the play. The inclusion of this group in the study allows for control of history-maturation. Since they did not receive the treatment, their scores would not be expected to increase

over time. Changes might occur, however, if maturation influenced responses to the measures or if a common historical event affected all the participants in the research study.

POSTTEST

5 MO FOLLOW

An overview of manner in which all four conditions were tested is presented in Figure 1, which also demonstrates the time frame adhered to in the testing of the participants.

Figure 1: A Schematic Overview of the Design of the Study

| | | | | |
|-------------------|---------|------|-----------|-------------|
| Pretest/Post | PRETEST | PLAY | POST | 5 MO FOLLOW |
| Posttest Only | | PLAY | POST | 5 MO FOLLOW |
| Control Pre/Post | PRETEST | | POST PLAY | 5 MO FOLLOW |
| Control Post Only | | | POST | 5 MO FOLLOW |

Although the Solomon Four Group design is complex and requires a large number of participants, it has clear advantages in controlling for threats to the internal validity of the research that would not have been possible with a simpler design. First, when testing students over a period of time, increases in scores might result from maturation rather than from participation in the program. The inclusion of the comparison groups which did not initially receive the treatment program controls for this possibility. Secondly, testing effects may be masked as treatment effects in a one group, pre-post design with no control group. In such a case "two administrations of a test or survey may differ simply

as a function of the respondent's increased familiarity with the tool at the second administration" (Posavac & Carey, 1980, p.188). With the addition of the control group in the current study which was tested pre and post, this effect, if present, could be detected. Thirdly, the effect of history, "any specific effect which occurs between pretest and posttest that affects the people in the program" (Posavac & Carey, 1980, p.184), would also affect experimental and control groups equally, so that this effect would, likewise, be controlled for by the design. A final advantage of a Solomon Four Group design is that one can test for the possibility of the pretest sensitizing groups to the treatment, thereby allowing for a more accurate assessment of the effects of the pretest alone, the treatment alone, and the interaction of pretesting and treatment (Udinsky, Osterlind & Lynch, 1981). According to Spector (1981), the Solomon Four Group design is "quite powerful and sees too little application in the social sciences" (p. 60).

The design was suitable for answering the major questions posed in the research. For example, the amount of knowledge children possess before participating in a prevention program was of interest because of the underlying assumption that children have not previously been taught such concepts. Although earlier studies had suggested 25% to 50% correct scores on knowledge tests at pretest depending on the age of the child, it must not be assumed that similar rates would necessarily occur when testing with a new, more in-depth instrument and a different geographic population of children. Therefore, the pretesting of some of the children was considered essential. Similarly, since few long-term studies on the retention of prevention concepts have been undertaken, the five month follow-up comparisons of each condition allowed for the testing of whether children who saw the play forgot certain aspects of the material after a relatively long period of time had passed.

Another major variable which was assessed utilizing the research design is the differential effect of age on learning prevention concepts. Three different grade levels were tested in each of the four research conditions: Grades 1, 3, and 6. A group of kindergarten children (N= 12) were also included in each condition, but given the small number of kindergarten participants, results pertaining to this group must be regarded as exploratory.

Figure 2: Assignment of Participants to Conditions (N=400)

| | Kind. | Gr. One | Gr. Three | Gr.Six |
|------------------|-------|---------|-----------|--------|
| Pretest/Post | N= 12 | N=29 | N=30 | N=29 |
| Posttest Only | N= 12 | N=29 | N=30 | N=29 |
| Control Pre/Post | N= 12 | N=29 | N=30 | N=29 |
| Post Only | N= 12 | N=29 | N=30 | N=29 |

Participants

Testing of the children began in October, 1988, and was completed in June, 1989, involving approximately 1250 administrations of the Children's Abuse Questionnaire. In total, 501 children from eight schools were tested. The population in the study consisted of children from all three school boards in the Hamilton-Wentworth school district--the Public Board, the Separate Board and the Public Board responsible for rural schools. A total of eight schools were sampled for participants, two schools for each of the treatment and the comparison group conditions. The school boards were responsible for selecting schools in which the principal and staff were willing to accommodate the research.

A description of the research project and a parental permission form were sent to parents of children in the appropriate grades in the schools selected by School Board representatives. Children were then randomly selected, when possible, from those who returned permission slips, until a group of students slightly larger than necessary for each particular condition was obtained (to control for loss of sample in follow-up). In some schools, virtually all children with returned permission forms were tested; while in other schools, a number of children were not tested. The response rate was highly dependent on the age of the child. On average, about half of the children in Grades 1 and kindergarten were given parental permission to participate; while in Grades 3 and 6 from 75% to 100% of the students were allowed to take part in the research. This may be because parents were reluctant to directly expose their young children to a discussion of sexual abuse.

Because age was considered a key variable in the study, and because it was expected that children of different ages would respond differentially to the Children's Abuse Questionnaire, it was deemed necessary to have equal numbers of children from the four separate grades in each condition for the data analysis. As mentioned previously, the complete data set contained different numbers of children in each experimental condition since extra children had been tested to control for attrition of subjects. An imbalance in the number of children per condition also resulted because fewer children in the control schools were given permission to participate in the study, and because older children were more likely to have been granted parental permission. Therefore, in order to create equal numbers of children of the same age in each condition with the largest possible number of children from each grade, 12 kindergarten (48 in total), 29 Grade 1 (116 in total), 30 Grade 3 (120 in total) and 29 Grade 6 participants (116 in total)

were included in each condition for the overall statistical analysis. The final data set contained full information from 400 children.

To create this data set, children's responses were excluded from the analysis if they had moved away from the school (13), were ill or absent from the play or from testing (14), had seen the play "Touching" in another setting (2), had requested that the testing stop (7), their parents withdrew permission (2), or their parents had reported that the child's understanding of the English language was poor (5). In Condition Three, where children saw the play before five-month follow-up testing, one Grade 6 classroom was particularly problematic. The play had to be re-scheduled and subsequently conflicted with a track meet in which five Grade 6 students participated, rather than seeing the play. This resulted in an unfortunate imbalance in the number of Grade 6 students in this condition.

Two special needs students wanted to participate in the testing but needed extra assistance. One of these was a Grade 6 student with Down's Syndrome who completed the questionnaire with help from her classroom aide; however, since the aide was rewording and interpreting questions for her, the standardized procedures used with other children were not maintained. The other student was a Grade 3 boy who had difficulty concentrating in the larger group. During individual testing, he mentioned that he had difficulty hearing. Since group administrations were used for both Grade 3 and Grade 6 students, the results for these two individual administrations were not utilized. In addition to not utilizing test scores for the above reasons, the five students whose pretest scores were 100% were dropped from the sample, since this represented a ceiling effect and their scores could not improve after participation in the play.

In order to further delimit the number of students in each condition, the type of prior information on abuse prevention concepts was used as a criterion to eliminate students from the groups with extra participants, so that the final four groups had roughly equal proportions of participants with no information as compared to those with previous prevention program experience. This matching procedure was chosen since simply dropping the scores of all those who had previous information would have resulted in the loss of at least one-quarter of the students with greater elimination of students from the higher grades. As prior experience in some participants is no longer unusual, the effect of this variable was instead investigated statistically and will be discussed in the next chapter.

Instrumentation

Relevant information was gathered from questionnaires developed for three types of respondents: the children, their parents, and their teachers.

The Children's Abuse Questionnaire: Although several instruments which measure children's knowledge gain after participation in a sexual abuse prevention program have been published in the literature, these were not considered sufficiently comprehensive for use in the present research.

Therefore, the Child Abuse Questionnaire (C.A.Q., see Appendix B), was developed by the author to assess how well the children learned the sexual abuse prevention concepts. An extensive review of child abuse prevention programs and research provided information for the construction of items. The C.A.Q. was designed to measure the amount of information learned regarding important **beliefs** and **facts** about child abuse, such as "strangers look like ordinary people" and "even someone you know

might try to touch you in ways you don't like". Also measured is knowledge of **skills** which could potentially prevent abuse such as "it's OK to say 'no' and move away if someone touches you in a way you don't like", and "if someone touches you in a way you don't like, you should tell a grown-up you trust".

The C.A.Q. was constructed so that children with no previous exposure to prevention materials could understand the questions. The instructions provide a very basic description of the good, bad, and confusing touch, since, without this information, the questions would not have made sense to a child with no previous exposure to prevention concepts. This process allowed the testing of children prior to viewing the prevention program. It must be noted, however, that the information contained in the instructions constitutes a mini-lecture on prevention and might influence the children's scores on subsequent usage of the measure. The importance of utilizing the present design in which the effects of a pretest can be calculated is therefore underscored.

The C.A.Q. was designed to cover a range of difficulty in issues from simple, possibly familiar, information (for example, the need for cautiousness with strangers), to common misconceptions (for example, the idea that children are more at risk of being sexually abused by strangers). Such a range of difficulty in items is important, both in order to adequately test the effects of the program and to prevent the possibility of all children scoring very well, an occurrence which would allow little room for improvement after seeing the play. Some of the questionnaires used in past research were very short, and children who had no previous exposure to prevention materials scored extremely well on the pretest, rendering the instrument useless for the purposes intended (for example, see Swan, Press, & Briggs, 1985).

The C.A.Q. begins with general items about assertiveness with peers, non-sexual touch and attitudes regarding strangers. These areas are relatively familiar to children and were intended to establish a comfortable response to the questionnaire. Items related to sexual abuse and to the possibility that familiar people may touch children in confusing or uncomfortable ways were situated toward the end of the measure.

A final aspect of the C.A.Q. is the inclusion of items about positive touch. A major concern of teachers and parents regarding child abuse prevention materials is that children may become very self-conscious about touching and being touched. In response, some adults have stopped giving positive touches in case these might be misinterpreted as sexual advances, an unfortunate, unintended, side-effect of many programs (Anderson, 1986). The prevention program in this research explicitly encourages the giving and receiving of appropriate positive touches. Therefore, it was important to ascertain whether this distinction was understood by the children, first, through an analysis of information from the Parent Questionnaire (described in the next section).

Most previous studies were designed for children in Grade 2 or higher (Downer, 1984; Kolko et al., 1987; Plummer, 1984; Sigurdson et al., 1987; Swan et al., 1985; Wolfe et al., 1986). Only four of the studies reviewed utilized children in kindergarten and Grade 1 (Conte et al., 1985; Fryer et al., 1987; Herring, 1983; and Wurtele et al., 1986). In each of these instances the same instrument was used for all participants; however, to compensate for the younger children's lack of reading ability at the appropriate level, the questionnaire was verbally administered to each child individually. A similar procedure was used in the current study, that is, individually administering the Children's Abuse Questionnaire to kindergarten and Grade 1 children, while administering the same

questionnaire to the older children in groups. This approach to testing the younger children was time-consuming, requiring approximately 10 to 15 minutes per kindergarten/Grade 1 child as compared to twenty five minutes per classroom of older children. Nevertheless, utilizing the same questionnaire for older and younger children allows for across-age comparisons on the research questions of interest.

In order to ensure that the C.A.Q. and the test administration procedures were appropriate for use with the age-groups intended, the original 35 item measure was pretested on approximately 30 children from a Hamilton school in June, 1988. The kindergarten/Grade 1 students averaged in the 50% range, consistent with the results of the research reviewed involving students in this age group prior to viewing prevention materials. The Grade 3 and Grade 6 students answered more questions correctly, averaging 85%; however, the range of correct answers was from 50 to 90%. Since older students would be more likely to have been exposed to abuse prevention materials in some form, the higher average scores were not surprising. Nevertheless, in the interest of preventing a ceiling effect, it was decided as a result of the pretest to add items for the older children that would test understanding of more subtle ways in which they might be approached or abused. Several items similar to those used by Sigurdson et al. (1987) to which Grades 4 to 6 children had responded more correctly after exposure to a prevention program were rewritten to fit the style of the C.A.Q. and added to the measure.

The fact that a significant proportion of students from the Hamilton school involved in the pretest were of different ethnic backgrounds, many not speaking English well, suggested a potential problem for the current study. The C.A.Q. was designed for students with a good command of the English language because of subtleties in the

wording of some items. While testing the response of children from different ethnic backgrounds is an important research question, it was considered beyond the scope of the present study. Therefore schools were chosen where a majority of students had no difficulty understanding English. If a child with difficulty understanding English obtained parental permission to participate in the research, the child was excused from testing (only two children were excluded because of a language difficulty; a further five children's test results were not utilized because their parents noted that they experienced some difficulty with understanding English).

Psychometric Properties of the C.A.Q.: The psychometric properties of the C.A.Q. were investigated utilizing scores collected from children ($N = 300$) before they had seen the prevention program. The test-retest reliability of the C.A.Q. was evaluated using scores from the control group ($N = 110$) which was tested twice, a month apart. The one month test-retest reliability of the C.A.Q. is $r = .76$. Seibel (1968) states "it is generally accepted that...reliabilities in the 70's or low 80's are adequate for most purposes that involve using summaries of test scores as information about groups" (p. 271-2).

In addition to completing the C.A.Q., a sample of children ($N = 113$) were given the Personal Safety Questionnaire (Saslowsky & Wurtele, 1985), a measure with tested, but rather low reliability (one-week test-retest $r = .64$; internal consistency KR-20 $r = .78$). This instrument was considered too simple and too short for use in the present study. The correlation between the Personal Safety Questionnaire and the C.A.Q. was $r = .92$, suggesting a strong relationship between the two measures, which provides evidence of the convergent validity of the C.A.Q.

The internal consistency of the C.A.Q. is $r = .90$ using the Kuder-Richardson formula (K.R. 20), the special form of coefficient alpha for tests with dichotomous responses (Nunnally, 1978). The coefficient was calculated from pretest C.A.Q. scores from the Grades 1, 3 and 6 students (N=332).

A factor analysis on C.A.Q. scores showed that all items loaded on the first factor with correlations ranging from .53 to .93. This factor accounted for 62 percent of the total variance, providing additional evidence of the construct validity of the C.A.Q. (Bostwick & Kyle, 1988). In summary, the psychometric investigation of the C.A.Q. suggests that it is a highly valid instrument with good reliability. It is therefore appropriate for use in the present study.

The PlayQ: The C.A.Q. encompasses the scope of the issues covered in the literature on child abuse prevention programs including those addressed in the play "Touching". Since programs do not necessarily address all important prevention concepts because of considerations of appropriateness for the intended audience and time constraints, a subset of C.A.Q. items, the "PlayQ" (see Appendix C), which dealt directly with issues stressed by the play "Touching" was created for use in the evaluation of this particular program. Darlene Sykes, the Co-ordinator of the prevention program, was asked to list the C.A.Q. items which were directly addressed in the play, those which were dealt with indirectly, and those which were not addressed. Thus a score on the PlayQ, composed of C.A.Q. items directly related to material presented in the play "Touching", was calculated and utilized in further analyses. Twenty three C.A.Q. items were included in this score. Items were consistent for all grade levels of children. When the two scales were ultimately compared statistically, the PlayQ scores correlated highly with the C.A.Q. scores at pretest ($r = .97$, $N = 300$), posttest ($r = .97$, $N = 400$) and at follow-

up ($r = .97$, $N = 400$) and most of the results utilizing the scales separately reported virtually identical findings.

The C.A.Q. items not addressed by the play, and therefore excluded from the PlayQ, appeared to be of two types. First of all, more extensive information about strangers such as "strangers look like ordinary people", and "you can always tell who's a stranger, they look mean", were not included. Much of the literature and films available to young children relate specifically to cautiousness about strangers. Although the play "Touching" conveyed some ideas about how to deal with strangers, the concept that it is people with whom one is familiar who are most likely to be abusive or exploitive received more emphasis. Secondly, the C.A.Q. contains several items that describe situations which could potentially become abusive but which were not portrayed in "Touching". The correct response to these items involved knowledge of the same assertiveness skills taught in the play, and the ability to generalize the appropriate use of the skills to other situations. For example, saying no when one feels uncomfortable in situations with adults can be generalized to situations where it may be appropriate to say no to peers, an area not dealt with in "Touching". The items related to being assertive with peers were, therefore, not included in the PlayQ.

The results of the analysis of the PlayQ scores were examined first. The next analysis looked at the broader range of prevention concepts as measured by the total score on the Children's Abuse Questionnaire. Looking at these two scores separately might indicate, for example, that while younger children relate only to questions taken directly from the play, that older students can extrapolate and generalize to other situations. This would be valuable information for program personnel and could

potentially suggest some additions or revisions to the play or to the supplementary materials.

The Parent Questionnaire: The Parent Questionnaire I (see Appendix D) was distributed to children after they had answered the C.A.Q. The children were asked to deliver the Parent Questionnaire home to their parents who would complete it and either send it back to school with their child or mail it back if a stamped, addressed envelope was provided. This questionnaire asked about selected behavioral and emotional changes of the children after seeing the play (N=284). Basic demographic information about each child's ethnicity, the primary language spoken in the home, and an estimate of socioeconomic status (based on job classification) was also collected through this measure.

In Parent Questionnaire II (Appendix E), parents were asked to anticipate how their child would answer 10 core items from the C.A.Q., yielding a parent perception variable which could eventually be correlated with the actual responses made by each child (N = 195). This parent/child congruency variable will provide a measure of the extent to which parents know how well their child understands the core prevention concepts.

A final variable from the Parent Questionnaire II was constructed from parents' responses to 9 questions regarding their knowledge of the incidence of child sexual abuse, the characteristics of the offenders, and of the victims (Appendix F). This information is important since many parents claim to provide their child with knowledge about child abuse, but it has not been established that parents' information is accurate.

The response rate to the Parent Questionnaire I was 68% (N = 284), over 50% of the parents of the total number of children who participated in the research, and 46% (N = 192) for Parent Questionnaire II.

Teacher's Questionnaire: Teachers are in a unique position to observe the responses of their students after participation in a child abuse prevention program. A Teacher's Questionnaire (see Appendix G) was developed to collect further information about responses to the program, both positive and negative, from this important source.

The Teacher's Questionnaire also gathered information on the extent to which teachers made use of the Teacher's supplementary materials for classroom discussion. Research has demonstrated that children who participate in exercises to practise the skills suggested in prevention programs score higher on measures of knowledge of prevention principles (Wurtele, Marrs, & Miller-Perrin, 1987). Several sections in the "Teachers Guide: A Supplement to the Child Abuse Prevention Play Touching" suggest exercises such as role playing and assertiveness training for children in older grades. Since the intention was for teachers to use these materials as time permitted, different children may have received more practice than others. Thus, children who merely saw the play, might score less well on the Children's Abuse Questionnaire than children who had spent considerable additional time in class with materials from the Teacher's Guide. In order to adequately assess all facets of the prevention program, the teachers from the classrooms included in the research were asked to designate specifically which supplementary materials they had utilized in their classrooms. The questionnaire was designed to be completed two weeks after the children saw the play.

Information was gathered from 30 of the 34 teachers whose classes were utilized for the research (response rate = 88%). Two of the teachers who did not respond had been ill during the play and for some time afterwards and information on their student's response to the materials was, therefore, not available.

Ethical Issues

The research was reviewed by the Wilfrid Laurier University Ethics Review Committee using SSHRC Guidelines for research with human subjects. Several revisions were subsequently made to the format of the study. The proposal was also screened by research committees in each of the three Hamilton-Wentworth School Boards and permission was obtained to proceed with the study.

Parents were asked to provide written permission for their child to participate in the research (Appendix H). Permission to withdraw from the research was also given verbally to every child in the study at the beginning of each testing administration. Several children asked to stop testing and one administration was stopped by the researchers because of observed behavioral difficulties of the child. Interestingly, most of the children who asked to stop were in the control group, and thus had not had prior exposure to the prevention materials. This probably made responding to the C.A.Q. difficult and somewhat discouraging. Another child was withdrawn from the study due to a parent's concern about the content of the questionnaire.

Confidentiality was provided to participants since names were not written on answer sheets. However, because the study was longitudinal in nature, an identification number was assigned to each child so that responses across time could be compared and so that parental questionnaires could be matched with child responses. Parents and school personnel were given the opportunity to receive a summary of the results of the research.

Limitations of the Research

The research design is quasi-experimental with no random assignment of children to conditions. The implication of this is that one cannot clearly "make a causal connection between the participation in the program and improvement in scores" (Posavac & Carey, 1980, p. 231). The possibility exists that an influence other than the program may have led to the observed improvement. However, since random assignment was not an option, a quasi-experimental approach was necessary.

A possible bias is inherent in the sampling procedures. Although the entire population of students in each school was included in the prevention program, participation in the research was through self-selection on the basis of parental consent. Thus the characteristics of parents who allowed their children to participate in the research may have been different from the characteristics of those parents who did not. It was not possible to estimate the effects of such bias in the research, although one can speculate that parents who are more comfortable with the idea of their child participating in a prevention program may have been more willing to allow their child to participate in the research. This would imply that one must be somewhat cautious in generalizing the research results to the total population of Hamilton-Wentworth students, since the students may not be entirely representative of that population.

A further limitation is that parental response to the Parent Questionnaire was voluntary, and, while many parents were willing to allow their child to participate in the research, not all were prepared to answer the Parent Questionnaire. While a 64% response rate to a mailed survey is reasonably good, once again, the self-selection of parent participants may be a factor affecting these results. Generalizing the results of the

Parent Questionnaire to other parents in the Hamilton-Wentworth must, therefore, similarly be made with caution.

The present research focused only on the question of whether children can learn prevention concepts as a result of participating in a prevention program. Similar research in the past has been criticized because it does not address whether children who know information can translate this knowledge into relevant behaviour should an abusive situation occur (Fryer et al., 1987). The decision to focus the current research on the proximal goals of comprehension, acceptance and retention, rather than on the distal goal of behaviour change, was considered appropriate since learning is a prerequisite to being able to apply information. Given the gaps identified in the research described previously, more systematic study about children's learning of prevention concepts was seen as a necessary first step in assessing whether sexual abuse prevention concepts are potentially useful in preventing abuse, before attempting the next step of identifying whether children can put this knowledge into practice.

Power of the Research Design

In addition to describing the rationale for the research design, the statistical power of the experiment deserves mention. Lipsey (1990) has discussed three components which are important in identifying whether an experiment will be powerful enough to detect the hypothesized results. First of all, theory should provide a reason to expect that the treatment will have an effect based both on prior research and on a subjective examination of the strength of treatment deemed necessary in order that the treatment would have the desired effect. In the study of the effectiveness of child-directed sexual abuse prevention programs, past research has consistently demonstrated small, but

significant differences. Given the nature of child abuse prevention programs, especially the fact that they are typically presented only once, that the programs are short (from half an hour to an hour in length) and only sometimes with additional discussion or practice, one might wonder how reasonable it is to expect a large effect from participation. Lipsey mentions that most psychotherapeutic experiences consisting of many hours of counselling sessions consistently demonstrate only small differences, if any, in comparison to control groups. Similarly, the brief nature of the present intervention would not likely lead to large changes.

A second variable in determining statistical power is the reliability and validity of the measures. As described previously, the psychometric properties of the Children's Abuse Questionnaire suggest that it is suitably reliable and valid for the purposes of the current research. Finally, Lipsey recommended a discussion of the expected effect size given the nature of the theoretical constructs and the size of the sample. In the current study, with 100 participants in each of the four research conditions, the research is capable of detecting a medium size effect. This implies that both large effects and medium effects due to participation in the prevention program would be reflected in any significant statistical findings, but if the program's effect was small, this design would not have the sensitivity to detect such an effect. Since past research with much smaller samples has reported significant findings, it is assumed that the current design will be sufficiently sensitive. To summarize the components of power, the current study should be more statistically powerful than previously cited research.

Chapter Eight: The Children's Response to Touching

The testing of the 501 children who originally participated in the research, and gathering the information from their parents and teachers, took place during the 1988-1989 school year. The results of the subsequent data analysis are presented in the order in which the research questions were formerly listed.

The first step in assessing the impact of the Touching program was to establish the level of knowledge of prevention concepts of children in the Hamilton-Wentworth region prior to their participation in the prevention program. This was appraised in two ways: 1. finding out if children had access to similar prevention materials, and 2. pretesting a number of children using the Children's Abuse Questionnaire.

Children's Initial Experience With Prevention Materials

Given the recent proliferation of materials designed to teach children about sexual abuse, the author asked participants in the study whether they "had seen any show, on television or video, or read any books which tried to teach children about this kind of touching?" If they answered yes, they were asked to give the name of the particular show or book. This question was repeated with each subsequent testing.

Since none of the children had seen the play "Touching" at the point of being administered the pretest of the C.A.Q., the results from the three conditions that were tested before the play were combined for this analysis. Of the children in kindergarten (N=60), 55% had no previous information about abuse (10% were mistakenly not asked this question by the research assistant). In Grade 1, 72% of the children (N=132) had no previous information (5% were not asked). In Grade 3, 41% of 151 children had no previous information (14% were not asked the question). Finally in Grade 6, only 27% of

the students (N= 158) responded that they had no previous information about child abuse (3% were not asked the question). Clearly the older children were much more likely to have had access to other sources of information regarding child abuse prevention principles. While five children each in kindergarten and in Grade 1 reported that they had seen specific materials about child abuse prevention, three times that many children from Grades 3 and 6 reported such access.

Asking about alternative sources of information proved to be particularly important since special episodes of several television series which dealt with sexual abuse prevention were broadcast during the 1988-1989 school year, most notably "Webster", "Degrassi High", "Mr. Belvedere" and "Different Strokes". The show most widely viewed by study participants was "Webster", which was aired in the week preceding the testing of the first group of students and shown again in April before the five month follow-up testing. Luckily, this meant that all study participants had the possibility of viewing the show before being tested. In total, 53 students, distributed across all experimental conditions, had seen Webster before being administered the pretest. Another 37 students could identify specific materials which they had read or viewed that were related to child abuse or to being careful around strangers, including the videos "Strong Kids, Safe Kids", and "Winnie the Pooh: Too Smart For Strangers", and the book, "Its O.K. to Say No".

The number of children in the research who had seen any of the television shows, had participated in a formal program, or who had read specific books is listed in Table 2 under the heading Program. Those children who reported that they had no prior experience were combined into a group with those who responded vaguely to the question of whether they had seen or read anything. In some cases, it was obvious that children had misunderstood the question, responding yes in regard to any movie or

television show which contained explicit sexual content. Therefore, it was decided to consider only those children who could name or give a clear identifying feature from a book or show on abuse prevention as having seen a prevention program. It was hypothesized that the number of children with prior exposure to prevention materials would be similar across the four conditions.

Table 2: Prior Experience of Participants (Reported by Child)

| | Not Asked | Nothing | Program |
|--|------------------|-------------------------|------------------------|
| <u>Condition One: Exp. Pre/Post</u> | | | |
| Kindergarten | 2 | 9 (90%) | 1 (10%) |
| Grade One | 1 | 28 (100%) | 0 |
| Grade Three | 4 | 18 (69%) | 8 (31%) |
| Grade Six | 0 | 21 (72%) | 8 (27%) |
| Total | 7 | 76 (81.7%) | 17 (18.2%) |
| <u>Condition Two: Exp. Post</u> | | | |
| Kindergarten | 0 | 10 (83%) | 2 (17%) |
| Grade One | 4 | 25 (100%) | 0 |
| Grade Three | 5 | 19 (76%) | 6 (24%) |
| Grade Six | 1 | 24 (86%) | 4 (14%) |
| Total | 10 | 78 (86.7%) | 12 (13.3%) |
| <u>Condition Three: Control Pre/Post</u> | | | |
| Kindergarten | 2 | 10 (100%) | 0 |
| Grade One | 1 | 25 (89%) | 3 (11%) |
| Grade Three | 7 | 17 (74%) | 12 (41%) |
| Grade Six | 0 | 17 (58%) | 12 (41%) |
| Total | 10 | 64 (71%) | 26 (28.9%) |
| <u>Condition Four: Control Post Only</u> | | | |
| Kindergarten | 1 | 8 (73%) | 3 (27%) |
| Grade One | 0 | 28 (97%) | 1 (3%) |
| Grade Three | 0 | 22 (73%) | 8 (27%) |
| Grade Six | 2 | 15 (56%) | 12 (44%) |
| Total | 3 | 73 (75.3%) | 24 (24.7%) |
| <u>TOTAL</u> | <u>30</u> | <u>291 (78%)</u> | <u>79 (22%)</u> |

A significant difference was found (chi-square = 7.6, $df=3$, $p<.05$) between the two experimental conditions and the two control conditions, with the control groups having higher amounts of prior exposure to prevention materials. Much of this difference is attributable to higher levels of knowledge among Grade 6 students (chi-square = 13.85, $df=3$, $p=.003$) with 58% and 44% of Grade 6 students in Conditions Three and Four having previous exposure as compared to the two experimental conditions where 27% and 14% of the students respectively had previous experience.

In order to determine whether prior exposure to prevention materials influenced the scores on the pretest (it was hypothesized that this would affect the pretest scores), a multiple regression analysis was performed on the C.A.Q pretest scores with this variable as a predictor, controlling for the effects of age ($F = 1.068$, $df= 1,159$, $p<.30$). The results indicated that those children who reported previous experience with other prevention materials did not perform significantly better on the Children's Abuse Questionnaire than children who had no prior exposure. This suggests that this variable did not unduly influence the pretest scores, and also brings into question the effectiveness of such informal programs (for example, television shows) as useful prevention formats.

What Children Knew of Prevention Concepts Before Seeing Touching

The scores of the entire group of children who answered the C.A.Q. before seeing the prevention program were combined in order to look at the average knowledge base of the children in the study before they participated in the prevention program (see Table 3). PlayQ scores are presented both as a raw score total out of a possible 23 points, and as percentages. Since kindergarten and Grade 1 children answered only 35 questions on

the C.A.Q., while Grade 3 and 6 students responded to all 40 items, the C.A.Q. scores are presented as percentages so that the grade levels could be easily compared. As can be seen by inspecting the respective percentages on the PlayQ and the C.A.Q. scores at pretest, there was little difference between these scores.

Table 3: Proportion of Correct Answers on Pretest Scores for Combined Conditions

| | <u>PlayQ</u> | | | | <u>C.A.Q. Percent</u> | |
|--------------|--------------|-------------|-------------|----------------|-----------------------|-------------|
| | <u>N</u> | <u>Mean</u> | <u>S.D.</u> | <u>Percent</u> | <u>Mean</u> | <u>S.D.</u> |
| Kindergarten | 47 | 13.06 | 3.0 | 56.8% | 55.5 | 11.31 |
| Grade 1 | 99 | 14.32 | 3.4 | 62.2% | 60.98 | 13.28 |
| Grade 3 | 113 | 18.26 | 3.7 | 79.4% | 76.35 | 13.84 |
| Grade 6 | 120 | 20.83 | 2.9 | 90.6% | 87.33 | 11.72 |

There were significant differences between each grade on the pretests of both the PlayQ (Table 4) and the C.A.Q. (see Table 5). As the analysis of variance was significant, a Bonferroni multiple comparison procedure (Wilkinson, 1987) was utilized to identify the grades that were significantly different. The results indicated significant differences between each grade. The kindergarten children obtained the lowest scores (on average

Table 4: PlayQ Differences Between Grade Levels at Pretest

| <u>Source</u> | <u>DF</u> | <u>MeanSquare</u> | <u>F-Ratio</u> | <u>Prob.</u> |
|---------------|-----------|-------------------|----------------|--------------|
| Grade | 3 | 521.9 | 47.1 | .000*** |
| Error | 196 | 11.08 | | |

Table 5: C.A.Q. Differences Between Grade Levels at Pretest

| <u>Source</u> | <u>DF</u> | <u>MeanSquare</u> | <u>F-Ratio</u> | <u>Prob.</u> |
|---------------|-----------|-------------------|----------------|--------------|
| Grade | 3 | 8839.4 | 55.27 | .000*** |
| Error | 196 | 159.9 | | |

only a little more than half of the questions were answered correctly); the Grade 1 students scored significantly higher; the Grade 3 students scored significantly higher again; and finally, the Grade 6 students obtained the highest scores. Age is, therefore, a critical variable in knowledge of child abuse prevention concepts, even before participating in a child sexual abuse prevention program. Grade Level accounted for more than 41 percent of the total variance in the PlayQ scores (Squared Multiple R= .42) and over 45 percent of the total variance of the C.A.Q. scores (Squared Multiple R= .46) at pretest.

The PlayQ and the C.A.Q. scores obtained by the children before seeing the prevention program were higher than scores reported by earlier studies such as Conte et al. (1985) which reported averages in the 28% range. Although this distinction is not necessarily interpretable, because different tests were used; nevertheless, the higher knowledge base of the current group of participants may reflect the growing concern and media coverage about child sexual abuse. Many parents in this study reported that they had spoken to their children about potential abuse and had provided prevention materials. Certainly children are being exposed to more prevention concepts through television media advertisements and shows about sexual abuse. Nevertheless, it is clear that the youngest children, those in kindergarten and Grade 1, knew only a little more than half of the key prevention concepts before participating in Touching.

Analysis of the Effectiveness of Touching as Measured by the PlayQ Scores

The first analysis examined changes in the PlayQ scores, the 23 selected items of the C.A.Q. that were directly addressed by the play "Touching", after children in the experimental groups had participated in the prevention program. If the play successfully teaches children the abuse prevention concepts, the PlayQ posttest scores of children who had seen the play should improve significantly more than the scores of those children who had not yet seen the play. As can be seen from Table 6, the average scores of children who had not seen the play, but received the pretest, improved between testings. This suggests that the testing, in itself, may have prompted some participants

Table 6: Total PlayQ Scores in All Conditions

| | <u>Time 1: PlayQ</u> Mean (S.D) % | | <u>Time 2: PlayQ</u> Mean (S.D.) % | <u>Time 3: PlayQ</u> Mean (S.D.)% |
|-----------------------------|--------------------------------------|------|---------------------------------------|--------------------------------------|
| Exp--Pre/Post N=100 | 17.4 (4.0) 75.6% | PLAY | 18.5 (4.1) 80.4% | 18.9 (4.1) 82.2% |
| Exp--Post Only N=100 | --- | PLAY | 18.3 (3.9) 79.5% | 18.5 (4.1) 80.4% |
| Control--Pre/Post N=100 | 16.7 (4.7) 72.6% | | 17.0 (4.6) 73.9% | 19.1 (3.7) 83.0% |
| Control--Post Only N=100 | --- | | 17.7 (4.3) 77.0% | 18.9 (4.2) 82.2% |

to think about the issue of child abuse, or to ask questions of their parents or teachers. In order to demonstrate that the play had an impact, the children who saw the play must have improved their scores significantly more than those children who simply received the pretest.

The analysis of these scores is somewhat complex. The core of the analysis is the comparison of various conditions before seeing the play as compared to after seeing the play. The analysis of the five-month follow-up scores will be therefore be addressed in a later section. The procedures utilized for analyzing the core Solomon Four group design, the comparison of the changes in pretests and posttests between all four conditions, were suggested by Spector (1981), and Kerlinger (1986). First, the average pretest scores in each of the two conditions which received pretesting (Condition One and Three) were compared using a t-test to ensure that there were no significant differences between these two groups on this measure before the introduction of the prevention program. This procedure is to establish that the groups are from the same population--that their pretest scores are essentially the same. The t-test was not significant ($t = 1.061$, $df = 198$, $p < .29$), indicating that the two groups did not differ in their knowledge levels before seeing the play.

Next, the posttest PlayQ scores in each of the four conditions were compared using a 2X2 factorial analysis of variance. This analysis compared the PlayQ scores on two dimensions: whether the condition was an experimental group or a control group, and whether the participants had received a pretest or not (See Table 7).

Table 7: 2X2 Table of Mean Posttest PlayQ Scores

| | <u>Pretest</u> | <u>No Pretest</u> |
|---------------------|----------------|-------------------|
| <u>Experimental</u> | 18.5 (4.1) | 18.3 (3.9) |
| <u>Control</u> | 17.0 (4.6) | 17.7 (4.3) |

The analysis addresses these questions: was there a difference between groups that saw the play and those that did not, with respect to posttest scores; did taking the

pretest affect posttest scores; and was there an interaction whereby differences between the experimental and control groups varied according to whether participants did or did not receive the posttest? As can be seen in Table 8, there was a significant main effect for condition (experimental versus control); however, there was no significant effect of pretesting, nor was there an interaction between the pretesting and experimental condition. Thus, the pretest did not sensitize participants so that they scored better on the posttest, a desirable finding which allows for further comparison of the four conditions since those which were pretested did not have an unfair advantage.

Table 8: 2X2 Factorial Analysis of Posttest PlayQ Scores

| <u>Source</u> | <u>DF</u> | <u>Mean Square</u> | <u>F-Ratio</u> | <u>Prob.</u> |
|-------------------|-----------|--------------------|----------------|--------------|
| Condition | 1 | 113.5 | 6.31 | 0.01** |
| Pretest | 1 | 8.64 | 0.48 | 0.49 |
| Condition*Pretest | 1 | 25.1 | 1.4 | 0.236 |
| Error | 394 | 17.97 | | |

The significant main effect for condition (experimental versus control) demonstrates that those students who participated in the prevention program scored significantly higher on the posttest PlayQ than those students who did not receive the prevention program, regardless of whether students had answered the pretest or not. The participants who saw the play "Touching" significantly increased their knowledge on the PlayQ items - those items directly addressed by the play - in comparison to students in the control groups. This is so, even though the differences between the average scores, as listed in Table 6, do not appear large. The size of increase obtained (one or two points on the 23 point scale) is consistent with the other well-designed research on abuse prevention programs which similarly found significant, but small knowledge gains

(Saslowsky & Wurtele, 1986; Wurtele et al., 1987). The implications of this will be discussed in a later chapter.

Also noteworthy, was the fact that the participants in Condition Three, the pre/post control group, on average, actually increased in their PlayQ scores over the one-month period without having viewed the play, although this was not consistent across grades. Despite the fact that the average score in Condition Three increased, the scores of participants in Condition One, the experimental pre/post group, increased significantly more. This would suggest that simply responding to the Children's Abuse Questionnaire resulted in a slight improvement on the second administration, but not to the extent that it could be described as sensitizing the students to the measure. Since the introduction to the questionnaire includes a mini-lecture on different kinds of touches, without which students would not understand some of the C.A.Q. questions, a small increase in scores is not surprising.

The Effect of Grade On PlayQ Scores

The possibility of differences among the age groups on the PlayQ scores (see Table 9) was examined through including the variable grade in a 2X2X4 factorial analysis of variance experimental condition versus control, pretest versus no pretest, grade level) on the posttest PlayQ scores.

The results of the 2X2X4 analysis of variance (Table 10) show a significant effect for grade level, in addition to the significant effect for condition (experimental versus control). The older children knew more prevention concepts at pretest and at posttest as compared to the younger children. Although children of all ages increased their scores from pretest to posttest, each grade increased an average of only about one or two PlayQ items.

Table 9: Total PlayQ Scores by Grade Level

| | <u>Time 1 :PlayQ</u> | <u>Time 2: PlayQ</u> | <u>Time 3:PlayQ</u> |
|---|----------------------|----------------------|---------------------|
| | Mean (S.D.) | Mean (S.D.) | Mean (S.D.) |
| Condition One: Exp--Pre/Post | | | |
| Kind. (N=12) | 12.4 (2.7) | 13.1 (2.7) | 13.4 (4.9) N=11 |
| Gr. One (N=29) | 14.9 (2.9) | 15.7 (3.2) | 16.6 (2.9) |
| Gr. Three (N=30) | 18.1 (3.0) | PLAY 19.9 (2.7) | 20.1 (3.0) |
| Gr. Six (N=29) | 21.1 (1.9) | 22.0 (1.8) | 22.1 (1.8) |
| Condition Two: Exp--Post Only | | | |
| Kind. (N=12) | --- | 12.3 (4.3) | 12.5 (4.1) |
| Gr. One (N=29) | --- | 16.3 (3.0) | 16.6 (4.1) |
| Gr. Three (N=30) | --- | PLAY 19.0 (3.2) | 19.9 (3.0) |
| Gr. Six (N=29) | --- | 21.4 (1.9) | 20.9 (3.0) |
| Condition Three: Control--Pre/Post | | | |
| Kind. (N=12) | 13.3 (3.3) | 13.0 (2.8) | 15.2 (3.8) N=11 |
| Gr. One (N=29) | 13.5 (3.3) | 13.8 (3.8) | 16.7 (3.4) |
| Gr. Three (N=30) | 18.9 (4.1) | 18.3 (3.4) | PLAY 20.4 (2.7) |
| Gr. Six (N=29) | 19.1 (4.1) | 20.1 (4.1) | 21.7 (1.7) N=27 |
| Condition Four: Control--Post Only | | | |
| Kind. (N=12) | --- | 12.1 (2.9) | 13.3 (2.1) |
| Grade One (N=29) | --- | 15.3 (3.4) | 17.0 (4.0) |
| Grade Three (N=30) | --- | 18.4 (4.0) | 19.4 (4.0) |
| Grade Six | --- | 21.2 (2.9) | 22.4 (1.2) N=28 |

Table 10: Condition X Pretest X Grade Level on Posttest PlayQ Scores

| <u>Source</u> | <u>DF</u> | <u>Mean Square</u> | <u>F-Ratio</u> | <u>Prob.</u> |
|-------------------------|-----------|--------------------|----------------|--------------|
| Grade | 3 | 1148.46 | 111.41 | 0.000 *** |
| Condition | 1 | 75.46 | 7.321 | 0.007 ** |
| Pretest | 1 | 0.04 | 0.004 | 0.95 |
| Grade*Condition | 3 | 5.22 | 0.51 | 0.68 |
| Grade*Pretest | 3 | 14.43 | 1.4 | 0.24 |
| Condition*Pretest | 1 | 14.97 | 1.5 | 0.23 |
| Grade*Condition*Pretest | 3 | 2.41 | 0.24 | 0.87 |
| Error | 384 | 10.31 | | |

There were no interactions between any variables, demonstrating that the grade and condition effects did not depend on whether participants had the pretest or not, and that the grade differences were consistent across conditions.

This analysis is also consistent with the earlier analysis of the impact of grade level on the pretest PlayQ scores, demonstrating further that age is a critical variable in the amount of information learned by children after (as well as before) participation in the prevention program. The fact that this distinction holds true, whether the children participated in the program or not, was seen in past research which found differences between children of different ages (Conte et al., 1986; Saslawsky & Wurtele, 1985, Wurtele et al., 1986). The pattern of the increases is such that, as children grow older, they gradually learn more of the prevention concepts. This suggests that developmental factors influence the learning of the concepts, and that the children are interpreting the play "Touching" differently depending on their age. As Conte et al. (1985) have previously suggested, younger children will have more difficulty with abuse prevention programs where the concepts are taught abstractly. The implications of this phenomenon will be discussed more fully in a later section.

Students in each grade were compared separately in order to examine their response to being in each experimental condition. Because there were only 12 children in each group of kindergarten students, this age-group was not analyzed individually. First, t-tests on the pretest PlayQ score for each grade were conducted to ensure there were no significant differences between the two conditions which received pretests. As can be seen by Table 11 there were no significant differences between the t-tests for Grade 1 PlayQ scores and Grade 3 C.A.Q. and PlayQ scores. In these grades, the

posttest scores could be compared using the 2X2 ANOVA (experiment versus control; pretest or no pretest) that was utilized for previous PlayQ comparison.

This analysis found a significant difference between experimental and control conditions for the Grade 1 students on the PlayQ. The Grade 3 classes approached, but did not reach, statistical significance on either the PlayQ or the C.A.Q.

For those grades where a significant t-test was obtained between the pretest scores (Grade 1 C.A.Q. and the Grade 6 C.A.Q. and PlayQ scores), the two conditions answering the pretest could still be compared using an analysis of covariance with the

Table 11: Grade Differences for Both PlayQ and C.A.Q.

| | t-test Cond. 1 and 3 | 2X2 ANOVA All 4 Cond. | ANCOVA Cond. 1 & 3 |
|----------------|---------------------------------|--|-----------------------------------|
| Grade 1 PlayQ | t = 1.64, df=56 p = .11 NS | F=5.60,df=1,112 p<.02* no interactions | ----- |
| Grade 1 C.A.Q. | t = 2.24, df=56 p = .029* | ----- | F=0.87,df=1,55 p<.36 NS |
| Grade 3 PlayQ | t = -.79, df=58 p = .43 NS | F=3.14,df=1,116 p<.079 no interactions | ----- |
| Grade 3 C.A.Q. | t = -.38, df=58 p = .12 NS | F=2.46,df=1,116 p<.12 no interactions | ----- |
| Grade 6 PlayQ | t = 2.40, df=56 p = .02* | ----- | F=0.51,df=1,55 p<.48 NS |
| Grade 6 C.A.Q. | t = 3.031, df=56 p = .004** | ----- | F=0.91,df=1,55 p<.764 NS |

pretest PlayQ score as covariate, and thereby make comparisons for this smaller subset of students. While this analysis takes into consideration the pretest differences between the two groups, a disadvantage was that students from the other two conditions could not be included in the analysis. Utilizing this analysis, no significant differences were found for the Grade 1 C.A.Q. or the Grade 6 students.

To summarize this rather complex analysis of the differences between grades, the clearest finding shows significant improvement for the Grade 1 students who participated in Touching on the PlayQ. Differences approached significance for the Grade 3 students. One could not conclude that the Grade 6 students made significant gains in their scores after having participated in the prevention program.

Gender and PlayQ Scores

Whether the gender of the child affected responses to the prevention program was analyzed using multiple regression on the posttest PlayQ and C.A.Q. scores, partialing out the effects of grade, condition, and pretest scores. This analysis demonstrated no differences between sexes either on the PlayQ ($F=0.023$, $df=1, 171$, $p<.87$) or the C.A.Q. ($F=0.052$, $df=1, 171$, $p<.82$). Thus, it appears that the content of the play "Touching" was understandable and acceptable to children of either gender.

The Analysis of the Follow-Up PlayQ Scores

The children were asked again, at the time of the follow-up testing, whether they had seen or read anything further that was intended to teach them what to do if they were touched in ways which were uncomfortable (Table 12).

Once again, the most commonly cited source of further information was the "Webster" show, which 57 children reported having seen since the last time they had been tested (for some children, it was the second time that they had viewed this particular television program). This information must be considered as an extraneous variable when examining the five month follow-up scores, since almost one-third of each group had access to this other source of information about abuse prevention concepts.

Table 12: Further Sources of Information Prior to Follow-up Testing

| | <u>Nothing Further</u> | <u>More Information</u> |
|------------------------|------------------------|-------------------------|
| Experimental Pre/Post | 61% | 40% |
| Experimental Post Only | 65% | 35% |
| Control Pre/Post | 77% | 25% |
| Control Post Only | 68% | 32% |

In analyzing the extent of children's knowledge after five months had passed, it was possible to compare all four conditions by computing an analysis of covariance on the two conditions which received a pretest, and using the posttest means as adjusted by the pretest scores in a repeated measures analysis of post and follow-up PlayQ scores. This procedure was suggested by Spector (1981). An analysis of covariance using the pretest from Condition One and Three demonstrated that the pretest score, the covariate, was significantly related to the posttest score ($F = 285, df = 1, 196, p < .000$). In other words, the pretest scores were correlated with the posttest scores, a significant relationship that is typically found when utilizing the same measure for both pretest and posttest (Posavac & Carey, 1980). Thus, adjusting the posttest on the basis of the pretest

scores, and utilizing this adjustment in a repeated measures analysis of variance to examine the follow-up scores was considered an appropriate procedure.

It was not expected that the student's scores would improve further after five months had passed. The follow-up component was added to investigate whether children maintained or forgot abuse prevention concepts over time. It was expected that follow-up scores would remain essentially unchanged, neither declining or increasing. An inspection of the mean scores for each condition (see Table 6) reflects the fact that the scores remained constant for Condition One and Condition Two, both of which had seen the play five months previously. The mean scores did not decrease at follow-up in comparison to the posttest PlayQ scores, thus indicating that participants in the prevention program did not forget the child abuse prevention concepts after five months had passed. It should be noted that eight cases were missing from the follow-up data set (N = 392).

As can be seen from Table 13, the results of the repeated measures analysis of PlayQ scores indicated no between subjects effect for condition--meaning that there were

Table 13: Repeated Measures Analysis of PlayQ Scores at Follow-Up

| <u>Source</u> | <u>DF</u> | <u>Mean Square</u> | <u>F-Ratio</u> | <u>Probability</u> |
|-------------------------|-----------|--------------------|----------------|--------------------|
| <u>Between Subjects</u> | | | | |
| Condition | 3 | 14.13 | 0.532 | 0.66 |
| Subjects w. groups | 389 | 26.53 | | |
| <u>Within Subjects</u> | | | | |
| Trial | 1 | 181.87 | 46.33 | 0.000*** |
| Condition*Trial | 3 | 31.65 | 8.062 | 0.000*** |
| Trial* | | | | |
| Subjects w. groups | 389 | 3.92 | | |

no significant differences between the average PlayQ scores of any of the four conditions at follow-up. The within subject variables examine differences in the same individual at

two points in time. The significant F-ratios on trial and on the interaction between condition and trial in the within subject analysis reflect the fact that both Condition Three (which saw the play just prior to the follow-up testing) and Condition Four increased their average PlayQ scores significantly at follow-up.

The finding that Condition Four, the control group which was tested once, and then again in five months, showed a significant increase in average PlayQ scores without having participated in the prevention program, was unexpected. In comparison to Condition Three, the group which participated in the prevention program before the final testing, the average posttest/follow-up increase in scores of the Condition Four group was not as large, but neither were the average follow-up scores significantly different ($F=0.307$, $df=1,192$, $p<.58$). The fact that the Condition Four group is indistinguishable from the other three conditions that received the treatment at follow-up is puzzling. One possible explanation of this result is that the prevention program is not the cause of the student's increased scores in the experimental conditions since the control group changed just as much over time. Nevertheless, the long-term follow-up analysis is of less importance in attributing changes to the treatment than the initial pre-post analysis because there is an increased potential for the occurrence of extraneous events which might affect the follow-up scores over five months. Another possibility is that, although the pretest did not significantly affect the posttest scores on the PlayQ after only one month, there may have been an impact over the longer five-month term. The pretest may, in effect, have stimulated children to search for the correct answers to those questions that they answered incorrectly, by asking others, including parents, or by paying special attention should they come across such information. This phenomenon has been previously noted in some experiments on attitudes in which novel or unusual material was

presented to participants. It must be remembered, also, that almost one-third of the participants in this condition saw the "Webster" television show about child abuse before they responded to the final test. This could partially explain the increase in PlayQ scores at follow-up.

The Response of Condition Three to Touching

In order to gather more information about students' responses to the prevention program, Condition Three, originally a control group, was retested at follow-up after they had participated in the Touching prevention program. The amount of change in Condition Three, in which the students participated in the prevention program two weeks before the final testing, was also investigated by comparing these scores with Condition One scores. Both groups were tested three times, with pretest as well as posttest and follow-up; therefore, the appropriate analysis is repeated measures analysis of co-variance, with the pretest as co-variate. This analysis (Table 14) shows that the Condition Three students increased their scores significantly as compared to the scores of the students in Condition One who had participated in the prevention program five months earlier and whose scores were not expected to change ($F=17.53$, $df=1,193$, $p<.000$).

Table 14: Analysis of Covariance of Follow-up PlayQ Scores of Condition Three

| <u>Source</u> | <u>DF</u> | <u>Mean Square</u> | <u>F-Ratio</u> | <u>Probability</u> |
|-------------------------|-----------|--------------------|----------------|--------------------|
| <u>Between Subjects</u> | | | | |
| Condition | 1 | 12.08 | 1.017 | 0.31 |
| Error | 193 | 11.88 | | |
| <u>Within Subjects</u> | | | | |
| Condition | 1 | 61.39 | 17.53 | .000*** |
| Covariate (PlayQ) | 1 | 30.03 | 8.58 | .004** |

Thus the students in Condition Three significantly increased their knowledge of prevention concepts after participating in the Touching program in a similar manner to the significant improvement in PlayQ scores in Condition One before and after seeing the play "Touching".

Analysis of C.A.Q. Scores

The procedures used for analyzing the total scores on the Children's Abuse Questionnaire (see Table 15) are identical to those for the analysis of the PlayQ scores. Since the PlayQ was composed of slightly more than half of the items in the C.A.Q., it was not expected that the results would be radically different from the previous analyses.

Table 15: Total C.A.Q. Mean Percentage Scores All Conditions

| | <u>Time 1: CAQ %</u> Mean (S.D.) | | <u>Time 2: CAQ %</u> Mean (S.D.) | <u>Time 3: CAQ %</u> Mean (S.D.) |
|--------------------------|-------------------------------------|------|-------------------------------------|-------------------------------------|
| Exp--Pre/Post | | | | |
| Overall | 74.0 (15.6) | PLAY | 78.2 (16.8) | 79.2 (16.9) N=98 |
| Exp--Post Only | | | | |
| Overall | --- | PLAY | 75.7 (16.2) | 77.6 (17.5) |
| Control--Pre/Post | | | | |
| Overall | 69.7 (18.2) | PLAY | 72.1 (18.7) | 79.8 (15.9) N=97 |
| Control--Post | | | | |
| Overall | --- | | 73.3 (17.2) | 79.5 (16.9) N=99 |

In fact, the C.A.Q. scores correlated highly with the PlayQ scores at pretest ($r = .97$, $N=300$), posttest ($r=.97$, $N=400$) and at follow-up ($r = .97$, $N=400$). Any subsequent

differences between analyses using the total C.A.Q. as opposed to the subset PlayQ scores might reflect the fact that the PlayQ items were directly addressed in the play. The extra items in the C.A.Q. were not directly addressed in the play, but were examples of situations or concepts which paralleled or could be generalized from those presented in Touching.

The average pretest score in the two conditions (Conditions One and Three) which received pretesting were compared using a t-test to ensure that there were no statistically significant differences in response to this measure before the introduction of the prevention program. The t-test was not statistically significant ($t = 1.802$, $df = 198$, $p < .073$), although this score approaches the .05 level that is used in this research as the critical statistical level. The author decided to continue with the analysis, despite the fact that the t-test approached significance. This suggests the possibility that the scores reflect differences from two populations. Nevertheless, some researchers recommend proceeding with the analysis and noting trends, even when a significant difference is found between the pretest scores of different groups (Fitz-Gibbon & Morris, 1987).

Next, a 2X2 factorial analysis of variance on the posttest C.A.Q. scores (see Table 16) (experimental versus control condition: pretest or no pretest) was conducted to identify: whether the participants in the experimental groups scored significantly better than participants in the Control group after having seen the play; whether answering the pretest sensitized participants so that they scored better on the posttest than those who did not receive the pretest; and whether there was an interaction between the condition and answering the pretest.

As can be seen from Table 17, there was a significant main effect for Condition (experiment versus control) but no significant effect for either pretesting or an interaction

Table 16: 2X2 Table of Posttest C.A.Q. Mean Scores

| | <u>Pretest</u> | <u>No Pretest</u> |
|---------------------|----------------|-------------------|
| <u>Experimental</u> | 78.2 | 75.7 |
| <u>Control</u> | 72.1 | 73.3 |

between pretesting and experimental condition in an identical manner to the results in the PlayQ analysis.

Table 17: 2X2 Factorial Analysis of Posttest C.A.Q. Scores

| <u>Source</u> | <u>DF</u> | <u>Mean Square</u> | <u>F-Ratio</u> | <u>Probability</u> |
|---------------|-----------|--------------------|----------------|--------------------|
| Experiment | 1 | 1771.1 | 6.23 | 0.013* |
| Pretest | 1 | 1.29 | 0.005 | 0.94 |
| Exp*Pretest | 1 | 363.8 | 1.275 | 0.26 |
| Error | 394 | 284.5 | | |

N=398

Thus the participants in the experimental groups scored significantly better than the participants in the control groups on total C.A.Q. scores after having been involved in the prevention program.

The Pre/Post C.A.Q. Change Scores

It is difficult to get a sense of how individual's scores changed when provided only with mean scores. To develop a better picture of how children were changing in the experimental and the control groups, the gain scores from pretest to posttest were calculated by subtracting the C.A.Q. posttest score from the pretest score for each grade.

The results can be seen in Table 18.

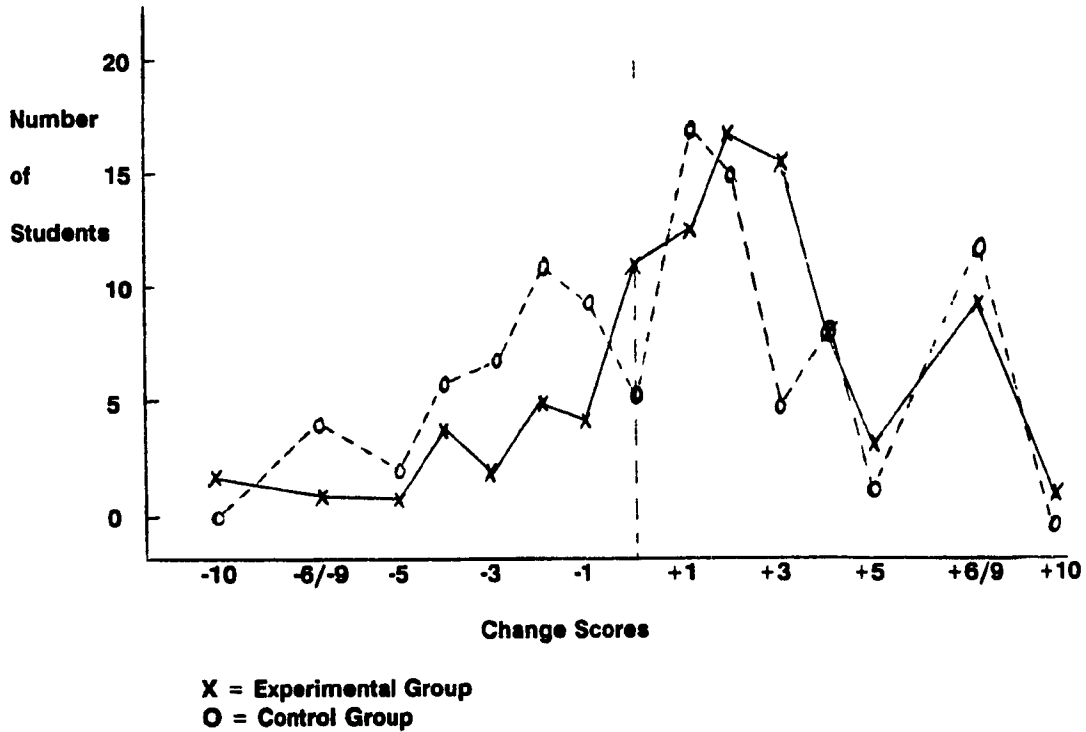
A look at the totals for the experimental group (Condition One) as compared to the control group reveals that more participants in the control group lost points at posttest. Specifically, 31% of the children in the experimental group did not improve or lost C.A.Q. points at the posttest, as compared to 43% of the children in the control group. Another point of interest is that a number of children in the control group improved their score on the second testing. This relationship is clearly shown in Figure Three. Also interesting, is the fact that scores of students in the control group form what

Table 18: Pre-Post Gain Scores for the C.A.Q by Grade

| | <u>-10/-6</u> | <u>-5/-4</u> | <u>-3/-2</u> | <u>-1</u> | <u>0</u> | <u>+1</u> | <u>+2/3</u> | <u>+4/5</u> | <u>+6/10</u> |
|--------------------|---------------|--------------|--------------|-----------|----------|-----------|-------------|-------------|--------------|
| <u>Condition 1</u> | | | | | | | | | |
| Kind. | 0 | 2 | 3 | 1 | 0 | 0 | 4 | 1 | 1 |
| Gr. 1 | 1 | 1 | 3 | 3 | 6 | 4 | 4 | 2 | 5 |
| Gr. 3 | 1 | 1 | 2 | 1 | 2 | 1 | 10 | 7 | 4 |
| Gr. 6 | 1 | 0 | 0 | 0 | 3 | 8 | 14 | 1 | 2 |
| <u>TOTAL</u> | 3 | 4 | 8 | 5 | 11 | 13 | 32 | 11 | 12 |
| <u>Condition 3</u> | | | | | | | | | |
| Kind. | 0 | 2 | 4 | 0 | 1 | 1 | 1 | 2 | 1 |
| Gr. 1 | 1 | 3 | 6 | 2 | 2 | 4 | 2 | 1 | 8 |
| Gr. 3 | 2 | 2 | 5 | 5 | 2 | 4 | 8 | 1 | 1 |
| Gr. 6 | 1 | 0 | 2 | 2 | 1 | 4 | 9 | 6 | 4 |
| <u>TOTAL</u> | 4 | 7 | 17 | 9 | 6 | 17 | 20 | 10 | 14 |

appears to be a normal curve until the point at which students improved their score by six points. The number of students in the control group who improved their score by six points is actually slightly higher than the number of students who saw the play who improved their scores by this amount. This likely reflects a process whereby some control group participants, uncomfortable with not knowing the answers to some areas on the C.A.Q., took steps to discover the correct response. However, since the process did not

Figure Three: Graph of C.A.Q. Change Scores



occur with all students in the control condition, it would not be regarded as sensitizing all students who were administered the pretest.

The Effect of Grade On C.A.Q. Scores

The possibility of differences among the age groups on the C.A.Q scores was examined through including the variable "grade" in a 2X2X4 factorial analysis of variance (experimental condition or not, pretest or not, grade level) on the posttest C.A.Q. scores. The mean C.A.Q. scores by grade are listed in Table 19.

The results (Table 20) show a significant effect for grade level, in addition to the significant effect for participation in the experimental program. There were no interactions between any variables, showing that the grade and experimental effects did not depend

on whether participants had answered the pretest or not, and that the grade differences were consistent across conditions.

Table 19: C.A.Q. Mean Scores by Grade Level

| | <u>Time 1: CAQ%</u> Mean (S.D.) | <u>Time 2: CAQ%</u> Mean (S.D.) | <u>Time 3: CAQ%</u> Mean (S.D.) |
|-------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Experimental–Pre/Post | | | |
| Kind. (N=12) | 54.0 (8.4) | 56.7 (9.2) | 57.9 (18.2) N=11 |
| Gr. One (N=29) | 63.7 (11.3) | 66.7 (12.7) | 69.9 (11.9) |
| Gr. Three (N=30) | 77.3 (11.3) | PLAY 82.9 (11.4) | 83.6 (12.3) N=29 |
| Gr. Six (N=29) | 89.1 (6.9) | 93.7 (7.5) | 92.2 (9.2) |
| Experimental–Post Only | | | |
| Kind. (N=12) | --- | 56.4 (16.1) | 55.5 (15.1) |
| Gr. One (N=29) | --- | 67.3 (12.4) | 70.3 (15.7) |
| Gr. Three (N=30) | --- | PLAY 78.3 (12.9) | 82.7 (13.2) |
| Gr. Six (N=29) | --- | 89.3 (8.5) | 89.0 (11.6) |
| Control Pre/Post | | | |
| Kind. (N=12) | 54.8 (11.9) | 54.8 (10.4) | 60.3 (13.4) N=11 |
| Gr. One (N=29) | 56.7 (12.8) | 59.8 (14.1) | 68.8 (13.7) |
| Gr. Three (N=30) | 78.6 (15.7) | 78.1 (15.1) | PLAY 87.1 (10.2) |
| Gr. Six (N=29) | 79.7 (15.4) | 85.4 (15.9) | 91.4 (7.1) N=27 |
| Control Post Only | | | |
| Kind. (N=12) | --- | 52.9 (11.5) | 57.4 (7.6) |
| Gr. One (N=29) | --- | 64.9 (12.7) | 72.4 (15.6) |
| Gr. Three (N=30) | --- | 75.6 (14.3) | 81.6 (15.1) |
| Gr. Six (N=29) | --- | 87.9 (11.9) | 94.2 (4.9) N=28 |

The high scores and the restricted standard deviations in the Grade 6 students, particularly at follow-up, suggest a ceiling effect at this point in time. This implies that many of the Grade 6 students answered all the C.A.Q. questions correctly at follow-up, whereas, on average, they were not as knowledgeable at the pre- and post-program assessments. The ceiling effect makes it difficult to compare Grade 6 students in different conditions at follow-up, since so many students were correctly answering most of the C.A.Q. questions.

Table 20: Condition X Pretest X Grade Level for C.A.Q. Scores

| <u>Source</u> | <u>DF</u> | <u>Mean Square</u> | <u>F-Ratio</u> | <u>Probability</u> |
|-----------------------------|-----------|--------------------|----------------|--------------------|
| Grade | 3 | 18652.75 | 116.93 | 0.000 *** |
| Condition | 1 | 1391.89 | 8.73 | 0.003 ** |
| Pretest | 1 | 41.95 | 0.263 | 0.608 |
| Grade*Condition | 3 | 15.13 | 0.095 | 0.963 |
| Grade*Pretest | 3 | 208.98 | 1.3 | 0.27 |
| Condition*Pretest | 1 | 194.1 | 1.22 | 0.271 |
| Grade*Condition *Pretest | 3 | 60.42 | 0.38 | 0.77 |
| Error | 384 | 159.52 | | |

Analysis of Follow-Up C.A.Q. Scores

The repeated measures analysis of the follow-up C.A.Q. scores, utilizing the adjusted C.A.Q. scores at posttest in the analysis (see Table 21) was not significant ($F = 0.638$ $df = 1, 391$, $p < .59$) indicating no substantial differences between the four conditions at follow-up testing after five months had passed. If anything, participants generally scored slightly better at the follow-up testing, thus refuting the suspicion that children

Table 21: Repeated Measures Analysis of Follow-Up C.A.Q. Scores

| <u>Source</u> | <u>DF</u> | <u>Mean Square</u> | <u>F-Ratio</u> | <u>Probability</u> |
|---------------------------------|-----------|--------------------|----------------|--------------------|
| <u>Between Subjects</u> | | | | |
| Condition | 3 | 298.88 | 0.64 | 0.59 |
| Subjects w. Groups | 391 | 468.52 | | |
| <u>Within Subjects</u> | | | | |
| Trial | 1 | 3177.3 | 55.45 | 0.000*** |
| Condition*Trial | 3 | 438.88 | 7.66 | 0.000*** |
| Trial*Subjects within Groups | 391 | 57.3 | | |

forget some information over time. The significant interaction between trial and condition simply reflects the fact that Condition Three improved after having received the treatment and that Condition Four made substantial changes unexpectedly. This pattern of the scores was identical to that of the PlayQ scores, where Condition Three, which had recently participated in the prevention program, demonstrated a significant increase in C.A.Q. score. This raised the average Condition Three score to the level of knowledge of Conditions One and Two which had participated in the program five months earlier. Also similar to the analysis of PlayQ scores was the unexpected finding that Condition Four, the posttest only control group increased its overall score despite having had no exposure to the prevention materials. The explanations suggested previously in the discussion of the follow-up PlayQ scores also apply to the C.A.Q. analysis. For example, the fact that one-third of the students in this condition reported that they had seen the "Webster" episode on child sexual abuse may explain this increase. The fact that parents knew their children would not be seeing the play "Touching", may have resulted in their preparing their children more fully for participation in the research by talking to them about prevention concepts.

In summary, the analyses of PlayQ and C.A.Q. scores demonstrate that children who participated in the Hamilton/Wentworth Community Child Abuse Prevention Program learned the prevention concepts taught. The age (grade) of the child made a significant difference with older children having a stronger base of knowledge of prevention concepts both before and after seeing the play.

Item Analysis

In addition to the statistical analysis of the knowledge gained by the children after the prevention program, the children's responses to individual items were of interest and

have rarely been studied. One potential finding might be that, even though children learn most of the prevention concepts, some specific items were less likely to be integrated, or were learned only by a particular age-group. Therefore, all items were inspected by grade-level, to discover the extent to which children responded correctly at pretest, and whether there was an increase in correct answers by grade after the prevention program.

Upon examination of the responses at pretest (before any of the children had participated in the prevention program), it was clear that some concepts were not widely known by some age-groups, while other items were answered correctly by a large percentage of all grades. As can be seen from Table 22, there were several items which proved difficult for children in Grades 1 and kindergarten, including "If a grown-up tells you to do something you always have to do it", and "Even someone in your family might want to touch your private parts in a way that feels confusing". Another group of items were answered correctly by almost three quarters of the children before they had seen the prevention program. Interestingly, these items include such important prevention concepts as telling if someone touches you in a way you don't like, and that it is not your fault if someone touches you in a way you don't like. The percentage of items answered correctly after the play was compared by inspection to those which were correctly answered before the play by each grade level, to see which items increased after participation in the play.

The kindergarten children were as likely to score more poorly on some items after the play as they were to score better on others. Thus, although there was an overall improvement in their total score of kindergarten participants, this reflected the averaging of some misconceptions as well as better understanding in some areas. It would not be

fair to necessarily attribute these fluctuations to the effectiveness of the play: some of the

Table 22: PlayQ Item Knowledge At Pretest by Grade

| | Percentage Answering Correctly | | | |
|--|---------------------------------------|------------|------------|------------|
| | Kind. | Gr1 | Gr3 | Gr6 |
| Very Difficult Items | | | | |
| 18. If a grown-up tells you to do something you always have to do it. | 23% | 30% | 45% | 93% |
| 34. Even someone in your family might want to touch you private parts in a way that feels confusing. | 23% | 24% | 60% | 70% |
| Difficult Items | | | | |
| 5. Sometimes its OK to say "no" to a grown-up. | 49% | 52% | 92% | 95% |
| 7. Its OK to say "no" and move away if someone touches you in a way you don't like. | 44% | 55% | 89% | 100% |
| 12. Sometimes its OK not to keep promises. | 44% | 49% | 48% | 88% |
| Easy Items | | | | |
| 2. Its OK for someone you like to hug you. | 86% | 92% | 97% | 99% |
| 15. If someone touches you in a way you don't like its your own fault. | 70% | 75% | 91% | 99% |
| 16. If you don't like how someone is touching you, its OK to say "no". | 72% | 77% | 91% | 100% |
| 24. If someone touches you in a way that is confusing you should tell a grown-up you trust. | 77% | 85% | 84% | 93% |
| 25. If someone touches you in a way that does not feel good you should keep on telling until someone believes you. | 67% | 79% | 79% | 94% |
| 29. Its your fault if someone touches your private parts in a way you don't like. | 79% | 80% | 81% | 99% |
| 33. If someone asks to touch your private parts and says its a secret, then you can't tell. | 70% | 77% | 79% | 90% |
| 35. Its OK to have a hug from a grown-up you like. | 88% | 86% | 83% | 91% |

variance may be in response to the testing situation and to responding to the C.A.Q. in itself. While some of the kindergarten students clearly understood the play and its concepts, others appeared puzzled by the content of even those questions derived directly from the play. The kindergarten children were the least comfortable in accompanying the research assistants for the testing procedure and although most would not acknowledge difficulty understanding specific items, some appeared confused by the content of several test items. Therefore, the results for these young children must be interpreted cautiously, not only because their numbers are small, but because it is not clear whether the problem is difficulty understanding the play, coping with the testing situation, or understanding the test items.

As was seen in Table 22, while some items were particularly difficult for the younger children, others were easily answered by all age-groups. An increase in the total C.A.Q. or PlayQ score of students after the play could have resulted from either an improved response to easy items or to more difficult concepts. It was, therefore, of interest to identify which items changed the most substantially.

Of the items which proved to be difficult at pretest, the following changes were noted:

- "If a grown-up tells you to do something you always have to do it." At pretest 77% of kindergarten students and 76% of the Grade 1 students answered this item incorrectly. After the play, an additional 13% of the kindergarten children answered this item incorrectly; however, the Grade 1 students improved by 7% and the Grade 3 students improved by 13%. This remained a very difficult item for the younger children.

- "Even someone in your family might want to touch your private parts in a way that feels confusing." At pretest, 77% of kindergarten children and 61% of Grade 1 children answered this incorrectly, as compared to 33% of Grade 3 and 19% of Grade 6 students. After the program, the kindergarten children improved their score by 25%, the Grade 1 students by 8% and the Grade 6 students by 5%. The scores of the Grade 3 students decreased by 8%. This item was one of the most improved overall after the play, with an increase in score of 11% across grade levels.

- "Its OK to say "no" and move away if you don't like how someone is touching you." The Grade 1 students increased their score by 15%, such that 70% answered this item correctly after the play.

- "Sometimes its OK not to keep promises." The Grade 3 students improved by 13%, increasing the number who correctly responded to this item to 62%.

Other items which were not as initially difficult, also improved after the play:

- "You always have to keep secrets." Grade 1 children increased their scores by 23% (to 75% correct); Grade 3 students improved by 14% (to 89% correct).

- "Some touches start out feeling good, then turn confusing." Grade 1 increased their scores by 16% on this item.

- "You can trust your feeling about whether a touch is good or bad." Grade 1 children increased their score the most on this item (by 13% to a total of 78% correct), but kindergarten and Grade 3 students also increased their scores (by 8% to a total of 59% correct and by 7% to a total of 94% correct respectively).

- "Sometimes someone in your family might touch you in a way you don't like." This item showed increases among Grade 3 students (11% to 66% correct), Grade 1 and kindergarten students (5% each to 64% and 45% respectively).

Several of the items on which all grades scored relatively well at pretest demonstrated further increased scores after the prevention program:

- "If someone touches you in a way that does not feel good you should keep on telling until someone believes you." The Grade 1 students improved by 12% (to 81% after the play) and the Grade 3 students improved by 14% (to 93% answering correctly after the play).

- "It's your fault if someone touches your private parts in a way you don't like." Grade 3 students improved their score by 11% (to 92% after the play) and the Grade 1 children by 5% (to 85% after the play). Kindergarten students, on the other hand, decreased their score by 19% (from 70 before the play to 51% answering correctly after the play).

- "It's OK to have a hug from a grown-up you like." Both Grades 1 and 3 increased scores, 5% and 7% respectively (91% and 90% after the play).

One item, "Only strangers would try to touch kids private parts in a way that feels bad." was the only item on which there was a substantial lowering of score for older children: Grade 1 students went down by 14% and Grade 3 children by 6% after the play. This does not fit with the increase in scores on another item, "Sometimes someone in your family might touch you in a way you don't like". It is not clear why this discrepancy occurred; the question may be worded in a confusing manner for younger children, or, while some children understood the concept better after the play, other children may have become more confused.

Also of interest is identifying those items which did not change over time. Very difficult items which did not improve were: "If a friend's dad asks you to help find their lost cat its O.K. to go with him and help" and "You can always tell who's a stranger - they look mean." Difficult items which did not change were: "Even someone you like can touch you in a way that feels bad." and "If your friend wants you to watch T.V. but you want to play a game, you had better do what your friend wants." Easy items which did not change included "Its O.K. to tell a stranger your name", "If someone hits you with a stick you should tell your parents", "If a person you don't know wants you to show them the way to the nearest store, its OK to go with him", and "If your friend says he won't be your friend any more if you don't give him your last piece of candy, then you should give it to him". Notably only the last item mentioned was directly addressed by Touching and included in the PlayQ. It makes sense that areas not specifically focused on in the play would not likely change over time. This result adds some validity to the idea of separating the PlayQ items from the C.A.Q. total.

To summarize the previous findings, improvements in item scores were particularly notable for Grade 1 and 3 children. The Grade 6 students, on the whole, scored consistently well on items. The children in kindergarten were as likely to lose points as they were to increase their score. The Touching manual (Sykes, 1990) states that the play is intended for children aged five to twelve; however, individual schools chose to make the program available to the kindergarten classes. Because the testing situation was novel for many of them, and the test in itself may have been confusing for children as young as five, this lack of consistency may not necessarily indicate that the play 'Touching' is not appropriate for this age level; however, given the consistently poorer performance by the kindergarten children, the appropriateness of the program for this

age-group should be re-examined. Even though, in this research, the kindergarten children improved their scores on items regarding trusting one's own feelings, they lost almost 20% on two items: "If someone touches you in a way you don't like its your own fault" and "It's your fault if someone touches your private parts in a way that you don't like". They lost a further 10% on "If you don't like how someone is touching you its OK to say 'no'". On the other hand, some of the kindergarten children were able to integrate the information. Several parents commented about how well their kindergarten-aged child liked the play and were able to understand the information.

It is expecting a great deal for one prevention program to effectively address the learning styles and developmental issues of the entire range of elementary school-aged children from six to twelve or thirteen years of age. Certainly, researchers in the field of child abuse prevention (Conte et al., 1985) have commented on the need for the provision of specific, concrete information for four and five year old children.

The Use of Supplementary Materials

The differential use of the supplementary materials for teachers may have affected the response to the Children's Abuse Questionnaire. The evaluation commenced at a time when the teacher's kit was in the initial stages of being distributed to schools. The kit was available in only three of the six schools in the study that participated in the prevention program. However, in some of these schools, only one kit was available, severely restricting the teachers' opportunities to utilize the materials. Teachers had the option of using all or part of the kit and children received different amounts of information reviewing the play's major concepts.

The author was able to compare a limited sample of the total posttest scores of participants in the research, on the basis of whether they received supplementary information or not. Of the schools which saw the play and which received the pretest, one had access to the kit; another did not. Of the schools that were tested only after they had viewed *Touching*, one utilized the kit widely, another did not. Only one of four kindergarten classes, and two of eight Grade 1 classes were presented material from the teacher's kit. Some of the Grade 3 classes (3 of 8) and Grade 6 classes (3 of 5) were provided with supplementary information.

These schools were compared using a 2X2 analysis of variance based on whether the students were provided supplementary information or not and whether they received the pretest or not. Unfortunately, the only age-group for which this comparison was possible was the Grade 3 students. The results (see Table 23) indicate that receiving the supplementary materials did not significantly increase the posttest scores on the Children's Abuse Questionnaire. There was, however, an interaction between the Pretest and Supplementary materials variables, with those participants who received the pretest of the C.A.Q. in addition to the supplementary materials scoring significantly higher than those participants who received the supplementary materials without having been pretested ($F=4.292$, $df= 1,72$. $p<.04^*$). The pretesting may have alerted the children to questions to which they did not know the answer, leaving them curious. The further

Table 23: The Effect of Supplementary Materials on Posttest C.A.Q. Scores

| <u>Source</u> | <u>DF</u> | <u>Mean-Square</u> | <u>F-Ratio</u> | <u>Probability</u> |
|---------------|-----------|--------------------|----------------|--------------------|
| Pretest | 1 | 63.55 | 0.449 | 0.505 |
| Supplementary | 1 | 149.76 | 1.058 | 0.307 |
| Pretest*Supp. | 1 | 607.35 | 4.292 | 0.042* |
| Error | 72 | 141.51 | | |

repetition of the concepts in the play and in the presentation of the supplementary materials seems to have improved the likelihood that the concepts were learned.

Parental Observations of Children's Response to the Prevention Program: Of the 158 parents whose children had seen the play and who responded to the Parent Questionnaire, 97 responded to a series of questions regarding specific behavioral and emotional changes after having seen the play "Touching" (See Table 24). Parents reported whether they saw a particular reaction as positive or negative. Some parents merely noted the occurrence of a behaviour without clarifying whether they perceived it as positive or negative. A number of parents (N= 61) neglected to respond to this question, perhaps because they noted no changes.

Only 7 of the parents who responded to this series of questions (7.2%) noted negative changes in their children after participation in the prevention program. Most commonly mentioned were that children said no more often in response to parental requests or that their child was constantly seeking attention. Even in regard to changes that would typically be seen as negative, some parents reported feeling relieved that, for example, their child seemed more aware of the possibility of being abused, that they appeared less unrealistically self-sufficient, or that they seemed worried that something scary might happen to them.

Two girls, one in kindergarten and the other from Grade 6, accounted for 17 of the 26 negative behavioral changes cited. The parents of both of these students admitted that they were somewhat worried about their child participating in the program even before the play. The extreme nature of these children's reactions is not explainable by the information gathered in the evaluation from the school or parents. One potential

Table 24: Changes in Feelings and Behaviour Noted by Parents

| | Seen as Positive | Noted | Seen as Negative |
|--|------------------|-------|------------------|
| Primarily Negative Signs | | | |
| Looks nervous about hugs and kisses from family | 1 | -- | 3 |
| Says "no" more often to parental requests | 2 | 4 | 4 |
| Constantly seeks attention | 1 | 3 | 4 |
| Cries Easily | -- | 3 | 2 |
| Wets the bed | -- | 2 | 1 |
| Has Nightmares | -- | 2 | 2 |
| Seems worried about something scary happening | 3 | 4 | 3 |
| Primarily Positive Signs | | | |
| Seems More Confident | 7 | 12 | 1 |
| Talks to you about being careful with strangers | 40 | 23 | 1 |
| Brings up sexual topics in conversation | 11 | 10 | 3 |
| Has stood up to children trying to bully him/her | 7 | 12 | 1 |
| Has talked to you about play | 51 | 45 | 1 |

explanation is that the parent misunderstood the instructions when filling out the questionnaire, meaning instead to indicate that these behaviours did not occur. Another possibility is that these children may themselves have experienced abuse. Alternatively,

these children may respond generally in an anxious manner to many situations compared to their peers. In light of the possibility of similar reactions on the part of other students, it is recommended (if such procedures are not already in place) that parents should be instructed to inform the school regarding any concerns that they might have about their child's response to the prevention program. The other parents who noted negative behavioral responses reported only one for each child. The fact that so few parents reported negative reactions, and that many more noted positive responses, suggests that the program is providing its message in a non-threatening manner.

The positive changes noted most frequently were that a large number of the children talked to their parents about the play or about the need to be careful with strangers. Some children introduced a discussion about sexuality and other children were observed talking more assertively about handling other children who behaved like bullies at school.

The reporting of so few negative responses by the parents who responded to this question parallels the results of several research studies in the United States that found infrequent negative reactions to similar child abuse prevention programs (Nibert, Cooper & Ford, 1989; Wurtele & Miller-Perrin, 1987). It is hoped that these findings provide reassurance for those parents and professionals who are concerned that children might find child abuse prevention programs stressful. Some parents wrote general comments about their child's reaction to the program. These are recorded in Appendix I.

Past or Present Incidents of Abuse

The parents of four children noted that their children had previously been abused sexually. Two parents reported that their children, one a five year old boy, the other a five

year old girl, had told them of incidents of which they had not been aware since seeing the play. Both incidents involved inappropriate sexual behaviour involving other children of approximately the same age or slightly older.

Teacher Observations

Thirty of a possible thirty-four teachers whose students participated in the prevention program answered the Teacher Questionnaire regarding behavioral changes that they had noticed in conjunction with the program. Teachers noted whether a particular behaviour occurred, whether the behaviour was noted in individual students or in groups of students, and whether the behaviour was positive (marked as +) or negative (marked as -). As can be seen from Table 25, many of the responses were positive and came about in group discussions. Negative responses included students teasing and acting silly, most likely because they were embarrassed over references to sexual material. The Grade 3 students were most likely to respond in a silly manner in discussions of the play. Many teachers reported their general impressions of the effect of the program on the students in their classes. These comments are listed in Appendix J.

Teachers are in a unique position to observe the responses of children to prevention programs; however, they are rarely asked their impressions. The responses of the teachers in the current study parallel the observations of parents that, although a minority of children reacted with behaviour which might be considered inappropriate, by far the majority of children responded positively. Most commonly noted by the teachers were that children initiated conversations about the play, being careful with strangers, and

Table 25: Teacher Observations of Children's Behaviour

| | Kind. | Gr. 1 | Gr. 3 | Gr. 6 |
|---|----------------------|----------------------------------|---------------------------------|-----------------------------------|
| Talked about being careful with strangers | 3+ (grp) | 3+ (grp) 5/6+ (ind) | 2+ (grp) | 1+ (grp) |
| Sexual Topics in Conversation | -- | 2+ (grp) 1+ (ind) 1- (ind) | 1+ (grp) | 1+ (grp) 8+ (ind) |
| Inappropriate Sexual Teasing | -- | 2- (ind) | 1- (ind) | -- |
| More Confident | 1+ (grp) | 2+ (grp) | 1+ (grp) | 1+ (grp) |
| Stood up to Bullies | 2+ (ind) 5+ (ind) | 3+ 1+ 2+ | 1+ (grp) 1 (ind) 1+ (ind) | 3+ (ind) |
| Talked about Play | 2+ (grp) | 2+ (grp) 3/4 (ind) | 2+ (grp) 4+ (ind) | 1+ (grp) 10+ (ind) 5+ (ind) |
| Seemed Worried | -- | -- | -- | -- |
| Acted silly in discussion of play | -- | 2- (ind) | 3 (ind) 3- (ind) 6 (ind) | -- |

sexuality. Although silliness and teasing were noted in a few groups (in Grades 1 and 3), the children's questions and comments provided many opportunities for the teachers to reinforce the play's messages.

Chapter Nine: The Influence of Parents On Children's Learning

Parents have been virtually ignored in looking at children's responsiveness to child-directed sexual abuse prevention programs, except to provide information on behavioural or emotional changes which might be attributed to a program. As Patricia Minuchin (1985) has suggested to developmental psychologists, we might learn a lot by looking at young children not simply as individuals, but by viewing them in the context of their most important social system, the family. In this chapter, parental and family variables which could have affected the children's learning of prevention concepts are described.

Demographic Characteristics of Families

The city of Hamilton, Ontario has a diverse population. It is home to many new immigrants and multicultural groups and is heavily industrial, with large steel and automotive plants. It also houses a major Canadian university and a large medical complex. Information about several demographic characteristics of the families who allowed their children to participate in the research was collected by means of the Parent Questionnaire. The 284 parents who responded were approximately equally distributed over the four research conditions.

The characteristics of particular interest to the present study were job type (see Table 4), whether the family members had been born in Canada, and whether there was another language spoken in the home. It was hoped that these characteristics would be spread evenly among the treatment conditions to avoid the possibility of the population variable interacting with the treatment effect.

In terms of job type, there was consistency regarding whether the work was full-time or part-time across conditions, so this characteristic was not included in Table 25. From 98 to 100% of fathers worked full-time. Of those mothers who worked, 53% worked full time in the two experimental conditions; while 60-63% worked full time in the two control conditions.

Table 25: Parent's Work

| | <u>Father's Work</u> | <u>Mother's Work</u> |
|--|----------------------|----------------------|
| Condition One: Experimental Pre/Post | | |
| Total N | 47 | 30 |
| Professional/Business | 17 (36%) | 16 (53%) |
| Skilled/Trade | 20 (43%) | 1 (3%) |
| Service/Unskilled | 10 (22%) | 13 (43%) |
| Condition Two: Experimental Post Only | | |
| Total N | 38 | 27 |
| Professional/Business | 13 (34%) | 13 (48%) |
| Skilled/Trade | 21 (55%) | 2 (7%) |
| Service/Unskilled | 4 (10%) | 12 (44%) |
| Condition Three: Control Pre/Post | | |
| Total N | 30 | 19 |
| Professional/Business | 6 (20%) | 11 (58%) |
| Skilled/Trade | 18 (60%) | 2 (10%) |
| Service/Unskilled | 6 (20%) | 6 (31%) |
| Condition Four: Control Post Only | | |
| Total N | 43 | 32 |
| Professional/Business | 22 (52%) | 9 (28%) |
| Skilled/Trade | 16 (37%) | 2 (6%) |
| Service/Unskilled | 5 (11%) | 19 (59%) |

There were, initially, some differences in the various research condition samples based on job characteristics. Condition Three, the control pre/post group contained the least number of fathers working in the professional/business category (only 20 percent) as compared to the other groups. Condition Four, the control post only condition, in

contrast, had the highest number of fathers working in professional/business positions (52%). These apparent discrepancies between the four conditions on the basis of fathers' job type did not, however, reach statistical significance (chi-square = 9.19, $df=6$, $p < .16$), nor were there differences on the basis of mothers' type of work (chi-square = 6.82, $df=6$, $p < .34$).

The ethnic characteristics of the parents are listed in Table 26. Ethnic variables have not been considered in past research, nor are they a central factor in the present

Table 26: Ethnicity of Family Members

| | |
|--|-------------|
| Condition One: Experimental Pre/Post | |
| Total N | 61 families |
| Father born in Canada | 41 (67%) |
| Mother born in Canada | 47 (77%) |
| Child born in Canada | 50 (98%) |
| Another language spoken in home | 9 (17%) |
| Condition Two: Experimental Post Only | |
| Total N | 79 families |
| Father born in Canada | 48 (61%) |
| Mother born in Canada | 56 (70%) |
| Child born in Canada | 62 (97%) |
| Another language spoken in home | 23 (34%) |
| Condition Three: Control Pre/Post | |
| Total N | 67 families |
| Father born in Canada | 44 (66%) |
| Mother born in Canada | 46 (68%) |
| Child born in Canada | 56 (91%) |
| Another language spoken in home | 18 (29%) |
| Condition Four: Control Post Only | |
| Total N | 65 families |
| Father born in Canada | 44 (85%) |
| Mother born in Canada | 60 (92%) |
| Child born in Canada | 62 (100%) |
| Another language spoken in home | 6 (10%) |

study. Nevertheless, cultural beliefs and attitudes have an impact upon child-rearing practices, and consequently on child abuse and neglect (Korbin, 1979). Child sexual abuse prevention programs have been developed for the middle-class North American population and their appropriateness for other cultural groups in their present form has not yet been determined. In the current study, the parents were asked whether they and their child were born in Canada, and whether a language other than English was spoken in the home. A total of nineteen languages were spoken in the homes of research participants. Mentioned most often were Italian (18 homes) and Spanish (7 homes). Other languages included German, Filipino, Polish, Greek, and Chinese. Looking at ethnicity was deemed necessary given the multicultural nature of Hamilton's population and was intended solely as a check to ensure that families with a strong non-Canadian ethnic identity would be distributed evenly among the experimental conditions.

Once again, the parents in Condition Four appeared somewhat different from the parents in the other conditions as the proportion of parents born in Canada was considerably higher (85-92% as compared to 60-77% range), and fewer families spoke a second language.

These differences translated into statistical significance on the basis of a second language being spoken in the home (chi-square = 13.48, $df=3$, $p=.004$), on the proportion of fathers of Canadian birth (chi-square = 10.58, $df=3$, $p=.014$) and on the proportion of mothers of Canadian birth (chi-square = 12.61, $df=3$, $p=.005$). These discrepancies between characteristics of the various treatment condition could have resulted in some of the differences noted in the children's responses to the prevention program (particularly in Condition Four which unexpectedly made significant increases

in their scores although they did not see the play "Touching"). These factors will be considered when interpreting the research results.

Parental Provision Of Information On Child Sexual Abuse

In addition to asking the children who participated in the study whether they had seen any abuse prevention materials, their parents were asked whether they had provided books or videos about child abuse concepts. Of the 284 parents who responded to the questionnaire, about one-quarter said that they had provided their children with additional information about sexual abuse through books, video programs or other materials. Of this total, eight parents reported that their child had previously attended child abuse prevention programs through their school, their day care centre, or their Beaver activity group. Another 60 parents had provided or knew that their children had seen materials specifically about child sexual abuse (see Table 27). Three programs were mentioned frequently: a book, "It's O.K. To Say No" (noted by 16 parents); and two videos, "Winnie The Pooh: Too Smart For Strangers" (12 parents) and "Strong Kids, Safe Kids" (9 parents). Books and colouring books were the most commonly utilized materials (40 parents). Video taped presentations were mentioned by 26 parents, and another 6 mentioned special television shows such as "Webster" and "After School Specials". Six parents had purchased one of several games available for children that are intended to teach prevention concepts, with a particular emphasis on being careful around strangers. Notably, almost one-third of the parents who had provided specific prevention materials to their children had provided more than one program (N = 17). Several of these parents had provided as many as four separate information sources about child abuse prevention. It appears that once parents become comfortable with the idea of addressing

the issue of child abuse with their children, that many embrace the task with enthusiasm. As can be seen in Table 27, the parents of children in the conditions that did not receive a pretest (Conditions Two and Four) were more likely to have provided prevention materials. In total, less than one-quarter of parents had provided specific information to their children regarding sexual abuse.

Table 27: Parental Provision of Prevention Materials

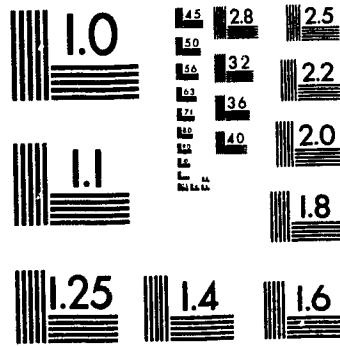
| CONDITION | Program |
|------------------------|----------|
| Experimental Pre/Post | 8 (13%) |
| Experimental Post only | 22 (28%) |
| Control Pre/Post | 10 (15%) |
| Control Post only | 17 (26%) |

Since the parental provision of such programs might have affected the scores of the children at pretest, this variable was included in a multiple regression analysis to identify whether children who received such information were more likely to score well on the Children's Abuse Questionnaire, while controlling for the effects of age. The results ($F = 5.47$, $df=1,159$, $p < .02$) demonstrate that the children whose parents provided prevention materials scored significantly better on the Children's Abuse Questionnaire at pretest, than those who had no access to such information. Since this multiple regression suggests that the parental provision of prevention materials to children affects their subsequent pretest scores, it is unfortunate that this characteristic was not distributed more equally across conditions in the research. Luckily, the percentage of children whose parents provided them with information is small (14%) and will not affect children in conditions where a pretest score was collected, since the pretest controls for previous

3

of/de

3



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
(ANSI and ISO TEST CHART No 2)

knowledge. This is more of a concern in conditions which were not pretested since any effects of the prior knowledge is irretrievably combined with treatment effects.

In terms of less formal methods of communicating to their child about abuse, virtually all of the parents who responded to the Parent Questionnaire had talked to their child about being careful with strangers (N=275). Two hundred and fifty-three parents had talked to their children about not going with grown-ups whom they know, unless they have parental permission. Finally, 174 parents (62% of those who responded to the Parent Questionnaire) reported that they had talked to their children about sexual abuse.

These results can be compared to Finkelhor's 1983 study, where 500 parents in Boston were asked how many had talked to their children about child sexual abuse. At that time, less than one-quarter of the parents had done so. The considerably higher percentage of Hamilton parents who reportedly had talked with their children may reflect a general increase in public knowledge and concern about child abuse over the past five years, or, it might reflect the fact that Hamilton was the scene of a highly publicized case of child sexual abuse which sensitized parents in the community to the issue. Another possible explanation for the high rate of parental discussion may be that, as a result of the Community Child Abuse Council introducing a child abuse prevention program, parents may have decided to talk to their children about the topic before the play "Touching" was presented.

The parents of 68 of the children who participated in the research attended a preview of the play "Touching". Only 22% of the parents who attended the preview had provided information to their children about child abuse prevention concepts, indicating that the parent previews were not simply "preaching to the converted"--teaching the prevention concepts to parents who were already aware of their importance and had

previously taken steps to educate their children. Parents who have previewed the play are likely to be better prepared to answer any questions that their children might ask about the play and to believe a disclosure of abuse from their child should one occur.

Parental Worry About their Child's Participation

One of the concerns about introducing child abuse prevention programs to a community has been that parents would worry beforehand that their child might be frightened or upset after participating. Parents in the current study were asked to describe their feelings about the prevention program before their child participated (see Table 28).

Table 28: Parental Response to Program

| | |
|---|-----------|
| -Felt very good about the program | 119 (70%) |
| -Liked idea/ Somewhat worried about my child's response | 43 (25%) |
| -Had strong reservations but allowed my child to see play | 6 (4%) |

These indicate strong support from parents for the prevention program. Although some were anxious about their child participating, none of the parents involved in the research felt so strongly that they refused to allow their child to participate. Twenty-five percent (43) of the parents in this study reported that although they liked the idea of a prevention program, they were somewhat concerned about how their child would respond. Only 6 parents (4%) reported strong reservations about their child participating. The parents worried about girls (32) about twice as much as boys (15), and about children in Grade 1 (15) and Grade 3 (16) twice as much as for students in Grade 6 (8). Only seven parents in total noted behaviour about which they were concerned after their child had participated in the prevention program. Three of these parents had not been

worried before the program; four had. There thus appears to be no important relationship between parents worrying beforehand and consequently noting worrisome behaviour on the part of their child.

Parental Knowledge

The information that parents convey to their children about child sexual abuse may not be particularly factual. There are many myths about sexual abuse which prevention programs attempt to challenge. Many parents, for example, still believe that their child is more at risk of abuse from strangers, whereas statistics demonstrate that 80-90 percent of abuse is perpetrated by adults in positions of trust with children (Finkelhor, 1984). The prevalence of such misconceptions suggests that the parents' previews of the play "Touching" are a valuable preventive component in themselves.

The parents responded to a short knowledge scale about the prevalence of sexual abuse and the most likely perpetrators. The highest possible score on this scale was 18 points. Results indicated that the average score of the 186 parents who responded was 71 percent with a standard deviation of 13 percent. The range of scores was from 22% to 94%. The average amount of knowledge was consistent whether the parents had older or younger children. On questions of prevalence and incidence, over two-thirds of the parents underestimated the risk of abuse responding that only one in ten women or men will be abused at some time in their life (as compared to the Badgley Report conclusions of one in two women, and one of three men). Parents tended to believe that the average age of disclosing abuse was twelve years rather than the more accurate response of ten years, and they believed that physical evidence is obtainable in most abuse cases. Thus, in five key areas, the incidence and the seriousness of sexual abuse was underestimated.

On a positive note, almost all of the parents think that children who disclose abuse can be believed "almost all the time", that children are at most risk of abuse in their own home, and that familiar adults are the most likely perpetrators. These were previously three of the more common misconceptions about child sexual abuse, and it is gratifying to see a shift to more accurate attitudes.

Parental Predictions of Children's Responses

The accuracy of parents' predictions of how their child would respond to ten selected questions from the Child Abuse Questionnaire was also assessed by the Parent Questionnaire. The ability of parents to predict how their child would respond to specific items regarding abuse prevention was significantly dependent upon the age of the child ($F=22.45$, $df=3,187$, $p<.000$). Parents with children in kindergarten were the least likely to accurately predict their child's responses, parents of children in Grade 6 were the most accurate. Interestingly, parents of the younger children in kindergarten and Grade 1 were more than twice as likely to predict that they would correctly answer prevention items when, in fact, their child's response was incorrect. For example, the item which parents misjudged most often was "You can always tell who's a stranger-they look mean". Most parents assumed that their child would respond that strangers don't look mean; however, many children responded that this statement was true, consistent with the television stereotype of a stranger.

The parents of young children are therefore overestimating the extent to which children understand abuse prevention concepts. These findings are similar to a recent Guelph study on safety skills (Yarmey & Rosenstein, 1988) where parents also overestimated their five year old child's ability to remember their name, address, and

phone number in case they were lost. The consequence of the misperception that their child already understands sexual abuse prevention concepts is that parents may well become complacent about the need for providing prevention information, or attending a prevention program themselves.

The Relationship of Parental Knowledge and Parental Perception

Is parental knowledge linked to a parent's ability to predict their child's response to child abuse prevention items? A multiple regression was used to predict the extent to which parental knowledge influenced a parents' perception of their child's responses, in addition to age which had previously been found to be significantly related. The regression found that parental knowledge ($p < .016$) and age ($p < .000$) are significantly related to a parent's predictive ability. The regression formula accounted for 24% of the variance. This implies that the more a parent knows about the basic facts regarding sexual abuse, the more accurately she can predict how her child will respond to question about child sexual abuse attitudes, when age is taken into consideration.

A second question of interest was whether a child's knowledge of sexual abuse prevention principles (after seeing a prevention program) is affected by parental knowledge or parental ability to predict responses on an abuse knowledge measure? Again for this analysis, the age of the child was included in the regression equation since it was previously found that age was an important variable in a child's knowledge level. The results showed that, although parental knowledge was not related to how well the child scored on the C.A.Q. at follow-up, parental perception of their child's knowledge was significantly related ($p < .000$), as was age ($p < .000$). This regression equation accounted for 56.6% of the variance in the child's knowledge level. The implications of

this finding are interesting for they suggest that it is not whether parents have more factual information about sexual abuse, nor whether they attend a parent preview (which was found to have no relationship to their prediction of how their child responded to selected items on the Children's Abuse Questionnaire, $p < .34$), but how closely they connect with their child in being able to predict responses. Rather than a linear model of parental knowledge leading to child knowledge, parental knowledge influences how well a parent can predict their child responses, it is the ability to predict their child's responses which is related to how well their child understands prevention concepts. The quality of the parent/child relationship appears to be the important variable, rather than whether parents are knowledgeable about abuse.

Conclusions

Children's learning of sexual abuse prevention concepts has not previously been viewed from a systemic perspective. Considering the parents' attitudes towards the program and own knowledge as inter-related to their child's learning is a novel view of the effectiveness of these prevention programs.

Chapter Ten: Discussion and Practice Implications

This research was designed to address some of the key questions left unanswered from previous research on child abuse prevention programs as well as exploring a new area of study, the influence of parental and family variables on a child's learning of prevention concepts. As the statistical analysis of the results was highly technical, it will be useful to reiterate these findings as they relate to the research questions of interest.

How much do children know about child abuse prevention concepts before being involved in a program? The statistical results regarding the amount of prior exposure to prevention materials of children included in the research showed that only one-third of the children had such previous experience typically provided either by their parents, or through television, video presentations or library books. The older children were more likely to have had prior information about child abuse. While 61 parents mentioned appropriate videos or books about child abuse that they had provided to their children, this group represented only about one-third of the sample of parents who responded to the Parent Questionnaire. Although more information is generally available, and more parents are taking the opportunity to teach their children about child abuse prevention principles, it is clear that the Hamilton-Wentworth Child Abuse Prevention Program was the first introduction to this type of information for the majority of the children, most particularly those in Grade One.

Interestingly, while the children's reports of experience with television programs or books on prevention concepts did not result in significantly higher scores on the pretest of the Children's Abuse Questionnaire, the parents' provision of prevention materials did result in a significant difference on pretest scores, when age was taken into

consideration. The parents tended to provide specially prepared materials (videos, books and games) whereas the children mainly reported seeing a single television episode on child abuse. Whether the sources the children saw, mainly television shows, were not sufficiently clear or whether another intervening variable was responsible for this finding cannot be ascertained. Perhaps the parents were more likely to speak directly to their child about issues of abuse and to address the issues repeatedly, in such a way that their children learned the concepts better. Clearly, however, information on the provision of alternative prevention material should continue to be collected in future research.

Having pretest information on the participants was extremely useful in evaluating the posttest changes. Interpreting the results for Condition Two, the group which simply received the posttest after participating in Touching, would have been much simpler had pretest information been collected on this group as well, despite the design rationale for not doing so. Until we know more generally about child abuse prevention, having pretest information when evaluating a prevention program is invaluable.

Research on children's knowledge of abuse prevention concepts is still in its infancy and we do not know whether characteristics such as ethnicity or religious persuasion may have an impact on children's understanding and acceptance of such concepts. The two conditions which were pretested (Conditions One and Three) had average pretest C.A.Q. scores (but not PlayQ scores) which were different to a degree that approached statistical significance. It may be that these two groups are from essentially different populations on some variables. From examining the characteristics of the participants in these two conditions collected in the present study, Condition Three had fewer fathers working in professional or business jobs when compared to Condition One (20% versus 36%). Similarly a larger proportion of the Grade 6 students had access

to alternate prevention programs prior to seeing the play. It may be that one of these two characteristics influenced the pretest scores of the children, or another unmeasured variable may be responsible for the differences between these groups. More research is needed on the level of understanding of prevention concepts of diverse populations of children.

How much do children learn after participating in a prevention program? The core analysis of the evaluation of the program *Touching* was the Solomon Four Group Design comparison of the two experimental conditions (one receiving a pretest, the other not) and the two control conditions which did not see the program until much later (one of which received the pretest, the other which did not). The result of this analysis indicated that children increased their learning of the prevention concepts addressed by the play "*Touching*" at a significantly greater level than those children of similar ages who did not view the play. This was true both for the PlayQ scores, consisting of issues that were directly addressed in the program, and the total C.A.Q. scores which reflected ideas that could be generalized from the major prevention concepts. Age, however, was a key variable, with kindergarten children demonstrating some confusion about some important concepts, and with many Grade 6 students demonstrating high knowledge levels even before participating in the prevention program. These considerations will be discussed in more detail in the next section.

When examining the average improvement between the pre- and posttests for those in the experimental conditions one might wonder why these differences, while statistically significant, were relatively small. The finding of small, but statistically significant improvements after a prevention program, as mentioned earlier, was consistent with the well-designed research projects that were previously reviewed (Saslowsky &

Wurtele, 1986; Wurtele et al., 1987). The fact that the effect is small is compatible with the idea that prevention programs are not simply conveying information (in which case one might expect to see a much greater increase), but are teaching new attitudes about how to respond to other people; for example, whether it is appropriate to be assertive with peers and adults. Attitudes represent long-held patterns of beliefs (Kahle, 1984) which have been reinforced numerous times by the family and culture and, thus, are more difficult to change than knowledge or information.

In many ways it is reasonable to expect a modest amount of learning from a play which was presented only once, especially since the supplementary materials were not routinely utilized. Since repetition of information is important for most learning, it is clearly necessary for materials which are likely to be novel. These results suggest that the prevention program should be presented more than once to each school, perhaps annually or biannually for children in the lower elementary school grades. As demonstrated by the item analysis, children of different ages tended to learn different concepts, so the content of the play is likely to remain interesting for several years.

There were some significant differences in ethnicity among the four conditions, with children in Condition Four having fewer fathers and mothers who were born outside of Canada, and fewer families in which a second language was spoken in the home. Although these variables might have affected children's knowledge levels of prevention concepts, the design of the current study controlled this to some extent. Ethnicity is a factor which should be pursued more directly in further research on child sexual abuse prevention programs. Children from other cultural backgrounds may interpret the concepts much differently and parents from various ethnic groups may resist direct

attempts to involve them in parent programs, suggesting the need to develop culturally sensitive approaches.

How does the age of the child affect the amount and kind of information learned? Age was the most consistently significant variable throughout this evaluation, with clear differences found between the children in different grades. Only some of the schools from the three Hamilton-Wentworth School Boards offered the prevention program to children in kindergarten. These children performed least well, scoring little more on the pretest than what would be expected by chance, although their scores increased over the course of testing. The effectiveness of the play for children in kindergarten as suggested by their response to the Child Abuse Questionnaire is questionable. Both the author and the research assistants who assisted in testing the kindergarten children noticed a wide variability in their responses. While some had obviously understood key concepts, others seemed oblivious to the underlying messages of the play. Since younger children need a more concrete presentation of information than older children, the play simply may not have provided enough clarity for most five year old children. Even the one-year difference between the kindergarten and the Grade 1 children resulted in a significant increase in score on the PlayQ and the C.A.Q. In contrast, the Grade 6 students scored an average of from 79 to 89 per cent before they had seen the play, "Touching". Many of these students scored 90% or above, thus limiting the upper range that their scores could increase after seeing the program.

The gradual increase in knowledge of prevention principles as children grew older suggests that developmental variables may be responsible for the integration of some prevention concepts. As described in the literature review, one study on the relationship of authority and moral development (Damon, 1977, cited in Musson, Conger, Kagan &

Huston, 1984) found that children aged five and six perceive authority figures as having an "inherent right to be obeyed" because of larger size, power, strength, or status. Further, at approximately age eight, the children developed a more reciprocal relationship with authority. These ages correspond with the differences between the responses of Grade 1 and the Grade 3 students to the question of being able to say no to grown-ups. It may be that Grade 1 students are not capable of integrating information considered beyond their developmental level. However, the developmental literature does not suggest whether such a response can be changed through providing information and permission to say no. At any rate, seeing the play alone was insufficient to change the opinion of the Grade 1 children about whether they should say no to an adult.

In a similar example, three-quarters of the kindergarten and Grade 1 students answered that if a grown-up tells you to do something you always have to do it. The older Grade 3 and Grade 6 children understand that there are exceptions to this principle. In the development of basic trust, children need to believe that adults can be relied upon, and it is not until they are older that they are able to understand exceptions to this rule. Thus, for example, the item analysis discovered that there was an understandable reluctance on the part of younger children to believe that someone in one's family might touch your private parts in a way that is confusing. More students answered these items correctly after they participated in the prevention program, but younger children were the least likely to answer correctly. Whether further discussion and information through the utilization of the supplementary materials could effectively change such responses cannot be determined from the present research.

In looking at whether the age of the student affected an increase in their scores on particular items after the prevention program, improvements were the greatest in

Grade 1 and Grade 3 children. Items which demonstrated such increased learning included the fact that familiar people, even family members, might touch children in ways they do not like; that sometimes it's OK not to keep secrets; that it's OK to say no and to move away if you're touched in ways you don't like. These are several of the key prevention concepts taught in most child abuse prevention programs.

Despite the statistical increases in scores on the C.A.Q. and the PlayQ which suggest the effectiveness of the play "Touching" in teaching prevention concepts to children across age levels, there were concepts which children, particularly those in the younger grades did not learn. For example, the items "You have to let grown-ups touch you whether you like it or not"; "its not OK to say "no" to grown-ups"; "boys don't have to worry about someone touching their private parts", did not substantially change after the prevention program.

The major conclusion regarding age is that younger children have considerably more difficulty in extracting, understanding and believing some of the main prevention messages conveyed through the play. One potential way to address this finding, which is consistent with past research from different programs, is to ensure that children in the younger grades receive supplementary materials and that these materials are consistent with their developmental level. Repetition is essential in the learning process. These results may imply, alternatively, that young children will not learn attitudes which conflict with their developmental level until they mature. More research into the nature of prevention concepts and how young children integrate concepts which are exceptions to the beliefs that they hold about the world is clearly indicated.

In looking at the other end of the age-spectrum included in the study, one might question whether, if the Grade 6 students already know so many of the prevention

concepts, is it necessary to provide them with a prevention program at all? Notably, however, more than one-quarter of the Grade 6 students (27%) had no previous exposure to formal or informal prevention materials before they viewed "Touching". It must also be remembered that the C.A.Q. is a quantitative measure. Despite the fact that Grade 6 students may have provided the correct answer to questions before seeing the play, the quality of their understanding of the concepts may have improved in a manner not investigated by the current study. This is especially likely since many other easily-available sources of prevention information focus on strangers, rather than familiar adults, being the major source of worry for children. Television shows which present episodes where children have been abused may not present abuse prevention concepts with the same clarity as "Touching" because of time and plot considerations.

How well do children remember the concepts after five months have passed?

The follow-up component of the research was included primarily to ensure that children did not substantially forget prevention concepts with the passing of time. It was not expected that scores would improve, except in the Condition Three group which saw the play immediately before the final testing, and subsequently significantly improved their follow-up scores. In the other two experimental Conditions, children of all ages retained their learning of the prevention concepts over the five month period. This is an important finding. Few studies have measured long term effects over more than two months. For the younger children in particular, five months is a long time, and their forgetting some of the concepts would not have been surprising. Instead, scores increased slightly in most cases suggesting a solid integration of the prevention concepts.

Participants in Condition Four, which did not participate in the prevention program at all, unexpectedly and significantly increased their scores after five months had passed.

One could argue that, since the participants in this condition increased their average score to the extent that it was no longer significantly different from the three other conditions, all of which had participated in the prevention program, this suggests that the play is not effective. However, controlling for external factors over a five month period of time in a naturalistic setting is impossible. Kerlinger (1986) stated that "the longer the time interval, the greater the possibility that extraneous, unwanted sources of systematic variables will influence dependent variable measures" (p.296).

Several possible influences could have accounted for the control group changing. The pretest, which did not sensitize all of the children to the posttest over a month-long period, may have had a different effect over five months. Sensitizing occurs when participants are alerted to "issues, problems or events that they might not ordinarily notice" (Isaacs & Michael, 1971, p. 35) because of receiving a pretest. Thus, the children in Condition Four may have been stimulated to look for the answers to those questions that they did not know at the pretest and they had a fairly long period of time in which to do so. There were several television programs which were viewed by almost one-third of the children in this condition, which could have resulted in such an increase in scores. Alternatively, the fact that parents gave permission to their children to be in the control group of a research project about sexual abuse prevention, knowing that the program would not be available for many months, may have resulted in their taking steps to educate their children in abuse prevention principles. This process has been labelled compensatory equalization of treatment by Cook, Cook and Mark (1977) in their discussion of threats to the internal validity of an experiment. Another such threat, "compensatory rivalry", refers to the process whereby "members of a no-treatment control group sometimes learn that they are not receiving a treatment, but others are" (Cook et

al., 1977, p. 123). Children in several of the Condition Four classrooms had seen the play "Touching" at other schools, and may have discussed their experience and their learning with their classmates. There was considerable media coverage about the Touching program being provided to Hamilton-Wentworth elementary school children during the year. It is possible that the children themselves learned that they were not receiving the treatment and took steps to compensate. A final possible explanation which might account for the improvement in scores of this group over five months is that the parents of this group of children initially appeared different from the parents in the other condition. More parents worked in professional or business positions, and there were significantly fewer representatives from ethnic minorities. The distinctive characteristics of these parents might have resulted in a higher concern about abuse and, subsequently, in more discussion with their children.

This study was not designed to look in a comprehensive manner at the use of the supplementary materials. The initial testing took place when the kits were not always available for all schools. In a very small sample of four schools, however, the supplementary materials were used with only about half of the possible classes, with the Grade 3 children most likely to be given materials from the kit. Teachers in the Grade 1 and kindergarten classes were least likely to utilize the supplementary kits. It may be necessary to take special steps to encourage Grade 1 teachers to make use of the supplementary materials in order for the children to receive important reinforcement of the concepts taught in the play.

Are there unanticipated side effects as a result of participating in a prevention program? The majority of parents were pleased that the prevention program was being offered and they noted mainly positive reactions on the part of their children. The fact that

so few parents reported negative responses to the play, as evidenced by their children's behaviour, provides further affirmation of the effectiveness of the program.

While very few of the children were reported to have shown negative effects, children with a history of abuse, or those who may be more vulnerable because they are experiencing other problems, may react negatively. The fact that two children of 97 had parental reports of a rather dramatic and distressing nature which were attributed to participating in the prevention program suggests that specific instructions need to be provided in the future to parents regarding this possibility.

The teachers reported few negative reactions on the part of their students. Those cited related mostly to children responding with silliness or teasing when discussing the sexual content of some of the issues. Far more apparent from the teachers' remarks were positive observations about the children initiating conversations about the play, about sexual topics, and about being careful with strangers. Behaviorally, teachers noted that, even across grade levels, the children appeared to be more confident. Several incidents were noted where children stood up to bullies in class or on the playground. These behavioral indicators suggest that the play "Touching" had an impact on some children's assertiveness in terms of standing up for one's rights with peers.

Parental Variables

The results pertaining to parental variables were summarized in the previous chapter. There are three major implications stemming from the analysis of the impact of the parental and family variables. First, there was the unexpected importance of ethnicity as a factor related to how well these children responded to the prevention program. Although this was not one of the research questions delineated for the current study, the

fact that this relationship approached significance, suggests that further research on the impact of ethnicity on the efficacy of abuse prevention programs is required. Given the cultural differences described in Chapter Four, it may be that different ethnic groups must be approached differently, perhaps less directly.

Second, the age of the child was another key variable identified in respect to parental variables. Parents of young children were likely to seriously overestimate their child's understanding of prevention concepts. Young children have more difficulty understanding the prevention concepts, so effectively teaching prevention concepts to these young children is not as simple as was first believed. It seems important to stress to parents that their children will need repetition and support in order to learn the concepts and that parents must assume considerable responsibility in protecting their child from possible abuse.

Third, although the extent of parents' knowledge was related to the accuracy of their perception of their child's responses to selected prevention concepts, it was not related to their child's actual score on the measure of knowledge of child abuse prevention principles. This was a surprise, since one might naturally assume that the extent of a parents's knowledge about a subject would directly influence their child's knowledge. Instead, it was the sense that a parent has about how their child would answer that was related to their child's knowledge score, a relationship issue rather than a knowledge issue. The parents with more accurate perceptions had children who scored better on the knowledge test, even with age taken into consideration. This finding would, therefore, suggest the importance of including parents when providing prevention programs to children, not only in terms of presenting facts and figures, but in allowing for an experience which would encourage parent/child conversation on the topic. The fact

that there was a demonstrated relationship between children's knowledge levels and the parent's provision of formal prevention materials supports this conclusion. The materials introduced both the chance to talk to one's children about sexual abuse and also provided permission for the child to ask questions about this difficult topic. This hypothesis is further strengthened by the fact that the informal programs which children reported seeing, often without parental knowledge, did not significantly affect scores on the C.A.Q.

This research on parental variables is novel and needs replication. However, the findings are consistent with the earlier premise that, since the family is the training ground for attitudes about sexuality and sexual abuse, that parents would have an impact on their child's learning of prevention concepts. Therefore, whenever possible, parents should be invited to participate in their child's abuse prevention programs. To accomplish this end we need to experiment with ways to overcome parental resistance, especially that of fathers, to such invitations.

Instrumentation

The idea of developing a general instrument, the C.A.Q., from which a subset of items directly derived from a particular program, in the case of Touching, the PlayQ, was conceptually interesting, but did not prove useful in the statistical analysis of the children's learning. The high correlation between the C.A.Q. and the PlayQ suggests that the shorter measure would have been adequate as the sole gauge of the children's learning, thus rendering the analysis of the longer C.A.Q. unnecessary.

Similarly, while the psychometric properties of the C.A.Q. suggest that it is strongly valid and reliable, the fact that it correlated highly with the much shorter Personal

Safety Questionnaire (Saslowsky & Wurtele, 1985) again raises the question of whether the shorter measure may have adequately assessed the children's knowledge. Nevertheless, one of the questions of interest in this study was whether children could generalize core concepts taught in a program to similar situations, so using the longer scale in this research was valid.

Two other findings suggest that the use of the longer scale may not have been redundant. Asking the co-ordinator of Touching to rate C.A.Q. items as to whether they were directly, indirectly or not addressed at all by the program, provided important feedback for the developers of the play which might be considered in any revisions in the program. Secondly, in the item analysis of the C.A.Q., the items which children did not learn after participation in the play were almost exclusively those items which were not directly addressed in the play. Once again, this is potentially useful feedback for the program. Perhaps more importantly, it confirms the idea that children need concrete examples and that they do not necessarily generalize from one situation to the next. Programs must make an effort to clarify which concepts are vital to address directly, and must plan to provide opportunities to explore these ideas in the supplementary materials so that children may generalize to other relevant situations. The C.A.Q. is currently undergoing revision, and these findings will be useful in refining the measure.

Practice and Policy Implications

This dissertation research provides support for the use of child sexual abuse prevention programs for elementary school-aged children, given the qualifications previously suggested regarding kindergarten and Grade 6 students. Each introduction of the core prevention concepts to the children in this study, including administrations of the

C.A.Q., seemed to improve the knowledge level of at least some of the children. For example, a small number of children in the control group scored higher at posttest without having seen the play, as described in the results section. For these children, the ambiguity of not knowing the correct response to the questions may have prompted them to talk to their parents, or to other children or to seek out the answer on their own. Similarly, the Grade 3 students who were pretested, saw the play and received supplementary exposure to the concepts in their classroom, scored significantly higher than children who simply saw the play. It appears that such repeated discussion and re-introduction of concepts improves retention.

It should be remembered, however, that child-directed programs are most usefully seen as one portion of an integrated approach to sexual abuse prevention, as was discussed in Chapter Three. Training professionals to identify signs of abuse and to respond appropriately to disclosures, and working with parents to learn both the significance of the issue of sexual abuse, and, more importantly, to talk with their children about the topic, are critical corresponding aspects. Programs directed towards parents have been the least successful component of the prevention efforts currently utilized. This research suggests that it is important to involve parents, if only so that they feel more comfortable talking to their children. Given the past research which suggests that preschool programs for children are of questionable value, and given the current research which shows that kindergarten children react with confusion to some abuse prevention concepts, efforts and resources should be directed toward developing effective parent programs or finding ways to involve parents in established school-based programs. Finally, treatment for child victims may be the single best method of preventing the

development of new perpetrators, and such programs must be supported with sufficient funding.

The use of the Yale model of persuasion and attitude change as a theoretical framework appears appropriate. Children made gains in the three proximal goals tested: comprehension, acceptance and retention. Regarding the concepts taught in these programs as simply information allows one to expect that children can easily learn the concepts and that repetition of the programs is unnecessary. The results of this research confirm findings in other studies which discovered similar small, but significant, improvements in knowledge levels of prevention concepts for children who participated in prevention program. These results suggest that prevention programs are actually dealing with attitudes and beliefs about how to respond to others, traits which usually are not easily changed. Considering the relationship with parental variables, such as knowledge and perception, suggests that changing such attitudes requires a complex series of interventions, not a one-shot presentation.

Some prevention concepts are not easily learned, especially for the youngest children. Examination of some of the prevention concepts shows that some are beyond the developmental level of the children in the youngest grades, for example, the idea that in some circumstances it is permissible for a child to say no to an adult. It has been suggested by many authors, and more recently by Rix Rogers (1990b), that the sexual abuse prevention concepts should not be presented in a vacuum, but with other corollary course material, for example, with information on self-concept, assertiveness, and normal sexuality. This has substantial implications for the school system, already the key venue for many prevention programs. As was previously discussed in Chapter Four, teachers are increasingly feeling burdened with the responsibility of providing psychosocial

information to their students, while their educational load has in no way lessened. Using an integrated prevention approach, whereby the core of the program is taught by outside professionals who are knowledgeable and feel comfortable with the topics to be discussed, and where the teachers are provided training and materials for supplementary discussion, may be an important model for the provision of such extracurricular, but essential programs.

Directions For Further Research

As with any research project, these results create as many questions as they answer. The choice to look at variables such as age, and long-term retention of concepts, resulted in a quantitative study. A more qualitative approach looking into how and when children both comprehend and accept the core prevention concepts would be both interesting and valuable. The differential response of children of various ages to particular concepts warrants further, more in-depth study. This dissertation did not directly address the influence of ethnicity on a child's response in a systematized manner; however, the multiple regression results in the study suggest that coming from a family where parents were born in another country, or where another language is spoken in the home, may affect how much information the children initially know about the prevention concepts. This is important in our increasingly multicultural society, and there have been many programs developed for specific cultural groups. The Touching program is currently being revised for presentation to native Indian groups in the Hamilton-Wentworth area (Darlene Sykes, personal communication, 1989).

With the current trend for communities to develop their own prevention programs, research on these programs is extremely important, and should be encouraged,

especially when programs are supported by federal funding. The Touching program was exceptionally well organized with co-operation from child welfare agencies and all three education school boards in the area. This collaboration resulted in the presentation of concepts at levels of appropriate concreteness for the age-range of the population, and ensured the inclusion of the key prevention concepts. Further support for evaluating the effectiveness of these programs is warranted especially because of some of the conclusions of this research which demonstrate that characteristics such as the age of the child and the ethnicity of the family affect which prevention concepts will be learned.

Conclusion

Recently, critics of child sexual abuse prevention programs have been quick to point out the small, significant changes as evidence that the programs are not working (Reppucci & Haugaard, 1989). Viewing child sexual abuse prevention programs as changing attitudes rather than simply providing information is therefore important, since this more adequately conveys the complexity of the task. Rather than abandoning child-directed sexual abuse prevention programs, this dissertation suggests that the programs are working, but that children require repeated exposure to the ideas. In addition to expanding the opportunities for children to understand ideas conveyed by the programs, the research also suggests that opportunities for parents to attend the programs with their child are not simply an additional component, but may contribute significantly to a child's ability to learn and to remember prevention concepts.

Appendix A: Sexual Abuse Prevention Research

Sexual Abuse Prevention Research

| AUTHOR | N= | CONTROL/ FOLLOW-UP | # ITEMS | RESULTS |
|--|-------------------|------------------------------------|---|---|
| Poche, Brouwer & Swearington 1981 | 3 preschoolers | no multiple baseline | simulation | - improvement in skills after training of 90 minutes per child |
| Nelson 1981 cited in Dube | 680 Gr. 5 & 6 | yes (N=251) | 20 items | Post only. Exp. gr. scored better than control |
| Plummer 1983 | 69 Gr. 5 | no Follow: 2 and 8 months | 23 items Likert scale | Pre/post/2m o./ 8mo. -item by item analysis/ no total scores -significant losses in knowledge at 8 months |
| Volpe 1984 | 315 Gr. 5 & 6 | yes (N=298) | ICS Security Scale | Post only. No significant differences between Exp. and Control Groups. |
| Downer 1984 | 70 Gr. 4 | yes (N=15) | -20 item multiple choice questionnair e -24 item | Pre/post significant difference between Exp. & |

| | | | interview | Control group |
|---|--------------------------------------|-------------------------------|----------------------------|--|
| Herring 1984 | 529 Kind to Gr.6 | no | questionnaire interview | No statistical analysis -Frequency counts show children understood more concepts after program |
| Ray & Dietzel 1985 | 139 Gr. 3 | no Follow: 1 & 6 months | -12 items | Pre/post/1 mo./6mo/ -significant increase in scores |
| Conte, Rosen Saperstein & Shermack 1985 | 20 4 to 5yrs. 6 to 10 years | waiting list (N=20) | -17 items | Pre/post -significant difference between Exp. & Control group -younger children learned signific. less than older children -children went from 28% to 50% knowledge after program |

| | | | | |
|---------------------------------------|-------------------------------------|--------------------|--|--|
| Olson 1985 | no information | no information | parent satisfaction; pre-post questionnaire - no information | no data analysis |
| Swan, Press Briggs 1985 | 63 Gr. 2 to 5 | no | 5 video vignettes | Pre/post children did well on pretest-ceiling effect |
| Wolfe, MacPherson Blount & Wolfe 1986 | 214 Gr. 4 76 Gr. 5 | yes (N=145) | 7 items True/False | Post only -Signif. diff. between Exp. and Control Groups - Some high scores in Control Gr. |
| Dawson 1986 | 259 Gr. 3 | no | 18 items | No statistical analysis -Frequency count showed increase in personal knowledge |
| Borkin & Frank 1986 | 25 3 yrs. 30 4 yrs. 28 5 yrs. | no Follow: 4-6wks. | interview | Post only -3 yr. olds scored significantly lower than older children |

| | | | | |
|---|---------------------------|---------------------------------|--|--|
| Saslowsky Wurtele 1986 | 33 Kind-Gr.1 Gr.5-6 | yes (N=34) Follow: 3 mo. | Personal Safety Questionnaire, 13 items What If Situations Test | Pre/post/follow-up -Signif. higher scores for Exp. as compared to Control Group -Older children scored significantly better -3 mon. follow-up scores did not decrease |
| Sigurdson Strang & Doig 1987 | 137 Gr. 4,5 & 6 | no | Personal Safety Quest. II - 29 items | Pre/post -Analysis on individual items not total scores. -Some children did not change score at post. |
| Kolko, Moser Litz & Hughes 1987 | 298 Gr. 3 & 4 | yes (N=41) Follow: 6 mos. | 15 items | Pre/Post 2 mo./6 mo. -No total score analysis |
| Garbarino 1987 | 73 Gr. 2,4 & 6 | no | 10 multiple choice items | Post only -50 to 80% had previous knowledge -children scored from 76 to 98% |

| | | | | |
|---|-------------------------|---------------------------------|---|---|
| Fryer, Kraiser Miyoshi 1987 | 23 Kind, Gr.1 & 2 | yes (N=21) Follow: 6 mos. | -simulation -Harper Perceived Competency -Children Need to Know Knowledge Attitude Test | Pre/post/6 mos. Exp. children less likely to go with "stranger" -skills retained at follow-up |
| Binder & McNeil 1987 | 88 5 to 12 years | no | -13 items | Pre/post Signif increase in knowledge |
| Wurtele, Marrs, Miller-Perrin 1987 | 26 Kind. | no Follow: 6 wks | PSQ WIST | Pre/post/6 wks -compared 2 programs, one with a practice component -practice group yielded signif higher scores on WIST |
| Kenning 1987 | 415 Gr. 1 & 2 | no | 25 items interviews (N=25) | Pre/post Signif increase in scores |

Miltenberger
Thiesse-
Duffy
1988

13 (4-5 yr)
11 (6-7 yrs)

no
Follow: 2
mo.

set of 12
pictures/
interview

Pre/post/2
mo.
-Parent
training
program did
not increase
personal
safety
knowledge.
Skills
training
program did.
-
Maintenance
of gains
seen only in
older
children at 2
mos.

Christian,
Dwyer,
Schumm, &
Coulson,
1988

103 pretest
11 posttest
(large loss of
sample)

no
4-6 weeks
post

12 item

Parents
more
confident.
Large
sample loss.
Results
equivocal.

Appendix B: Children's Abuse Questionnaire

I.D. Number: _____ Age: _____ Boy or Girl _____

Please respond T for "True", F for "False", and DK for "Don't Know", to the following questions:

- ___ 1. You always have to keep secrets.
- ___ 2. It's OK for someone you like to hug you.
- ___ 3. If your friend wants you to watch T.V. but you want to play a game, you had better do what your friend wants.
- ___ 4. A stranger is someone you don't know, even if they say they know you.
- ___ 5. Sometimes it's OK to say "no" to a grown-up.
- ___ 6. It's OK to tell a stranger your name.
- ___ 7. It's OK to say "no" and move away if someone touches you in a way you don't like.
- ___ 8. You can always tell who's a stranger - they look mean.
- ___ 9. If a kid in the same grade as you at school tells you to get off the swing before you're done, you should tell him "no".
- ___ 10. If someone hits you with a stick you should tell your parents.
- ___ 11. Even hugs and tickles can turn into bad touches if they go on too long.
- ___ 12. Sometimes it's OK not to keep promises.
- ___ 13. If someone touches you in a way you don't like, you should not tell anyone.
- ___ 14. If your friend says he won't be your friend any more if you don't give him your last piece of candy, then you should give it to him.
- ___ 15. If someone touches you in a way you don't like, its your own fault.
- ___ 16. If you don't like how someone is touching you, its OK to say "no".
- ___ 17. Strangers look like ordinary people.
- ___ 18. If a grown-up tells you to do something you always have to do it.
- ___ 19. Some touches start out feeling good then turn confusing.

- 20. You can trust your feelings about whether a touch is good or bad.
- 21. If a mean kid at school orders you to do something you had better do it.
- 22. Even someone you like could touch you in a way that feels bad.
- 23. You have to let grown-ups touch you whether you like it or not.
- 24. If someone touches you in a way that is confusing, you should tell a grown-up you trust.
- 25. If someone touches you in a way that does not feel good you should keep on telling until someone believes you.
- 26. Sometimes doctors or parents need to see your private parts.
- 27. If a person you don't know wants you to show him the way to the nearest store it's OK to go with him.
- 28. Only strangers would try to touch children's private parts in a way that feels bad.
- 29. It's your fault if someone touches your private parts in a way that you don't like.
- 30. Sometimes someone in your family might touch you in a way you don't like.
- 31. Boys don't have to worry about someone touching their private parts.
- 32. If a friend's dad asks you to help him find their lost cat, you should go with him and help.
- 33. If someone asks you to touch their private parts, and then says its a secret, you can't tell.
- 34. Even someone in your family might want to touch your private parts in a way that feels confusing.
- 35. Its OK to have a hug from a grown-up you like.

Additional items for children in grades three and six:

- 36. If your baby-sitter tells you to take off all your clothes but its not time to get undressed for bed, you have to do it.

- 37. If someone wants to show you pictures in private to teach you about your body, you should leave.
- 38. If one of your parents or a relative tells you never to go for help to anyone but them, you should do as they say.
- 39. If someone gives you a back rub and then moves their hands to other parts of your body you can ask them to stop.
- 40. If a someone walks in while you are having a bath, and you feel uncomfortable, you should just keep quiet.

Instructions For Children's Abuse Questionnaire

My name is _____ and I work at Wilfrid Laurier University. I'm here today because I need your help in finding out what kids your age think about different kinds of touching.

Did you know that there are at least 3 different kinds of touches? Sometimes you feel good when someone touches you - those are good touches - like hugs and gentle pats on the back. Some touches feel bad - like pinches and bites. Even kisses from someone you don't like can be bad touches. You are the one who decides if someone is touching you with a good or a bad touch. Sometimes touches are confusing - that's when it's hard to decide if they are good or bad.

The other word I want to make sure you understand is private parts. Private parts are the areas of your bodies that your bathing suit covers. Sometimes its a bit embarrassing talking about penises, breasts and vaginas so everyone feels more comfortable talking about private parts.

I'm going to ask you questions about the different touches and private parts so I want to make sure that everyone understands. Any questions?

This is not a test for school: you won't get a mark on your report card based on how you do today. Please just answer the questions the way you think is right. Each of you has a questionnaire in front of you. I'm going to read the questions out loud and I'd like you to write "T" if you think the answer is True, "F" if you think the answer is False, and ? or "DK" if you are not sure.

Appendix C: The PlayQ

PlayQ Items

1. You always have to keep secrets.
2. It's OK for someone you like to hug you.
5. Sometimes it's OK to say "no" to a grown-up.
7. It's OK to say "no" and move away if someone touches you in a way you don't like.
11. Even hugs and tickles can turn into bad touches if they go on too long.
12. Sometimes it's OK not to keep promises.
13. If someone touches you in a way you don't like, you should not tell anyone.
14. If your friend says he won't be your friend any more if you don't give him your last piece of candy, then you should give it to him.
15. If someone touches you in a way you don't like, its your own fault.
16. If you don't like how someone is touching you, its OK to say "no".
18. If a grown-up tells you to do something you always have to do it.
19. Some touches start out feeling good then turn confusing.
20. You can trust your feelings about whether a touch is good or bad.
21. If a mean kid at school orders you to do something you had better do it.
23. You have to let grown-ups touch you whether you like it or not.
24. If someone touches you in a way that is confusing, you should tell a grown-up you trust.
25. If someone touches you in a way that does not feel good you should keep on telling until someone believes you.
28. Only strangers would try to touch children's private parts in a way that feels bad.
29. It's your fault if someone touches your private parts in a way that you don't like.
30. Sometimes someone in your family might touch you in a way you don't like.
32. If a friend's dad asks you to help him find their lost cat, you should go with him and help.

33. If someone asks you to touch their private parts, and then says its a secret, you can't tell.
34. Even someone in your family might want to touch your private parts in a way that feels confusing.
35. Its OK to have a hug from a grown-up you like.

Items which the play addresses indirectly (Not included in PlayQ):

3. If your friend wants you to watch T.V. but you want to play a game, you had better do what your friend wants.
4. A stranger is someone you don't know, even if they say they know you.
6. It's OK to tell a stranger your name.
8. You can always tell who's a stranger - they look mean.
9. If a kid in the same grade as you at school tells you to get off the swing before you're done, you should tell him "no".
10. If someone hits you with a stick you should tell your parents.
17. Strangers look like ordinary people.
22. Even someone you like could touch you in a way that feels bad.
27. If a person you don't know wants you to show him the way to the nearest store it's OK to go with him.
31. Boys don't have to worry about someone touching their private parts.
39. If someone gives you a back rub and then moves their hands to other parts of your body you can ask them to stop.
40. If a someone walks in while you are having a bath, and you feel uncomfortable, you should just keep quiet.

Items not addressed by play (Not included in PlayQ):

26. Sometimes doctors or parents need to see your private parts.
36. If your baby-sitter tells you to take off all your clothes but its not time to get undressed for bed, you have to do it.

37. If someone wants to show you pictures in private to teach you about your body, you should leave.
38. If one of your parents or a relative tells you never to go for help to anyone but them, you should do as they say.

Appendix D: Parent Questionnaire I

Several weeks ago at school your child saw a play, "Touching", about child abuse prevention. We want to test the usefulness of this program for your child, and so we are requesting your help in telling us how your child reacted to the play and to the classroom discussions. If you are willing to assist us please answer the following questions and return the questionnaire to school sealed in the envelope provided.

1. Before your child saw the play at school, had he/she had other information about child abuse: Please check any that apply.

_____ Yes, my child was in a different child abuse prevention program at school, day care, library, other. Please give name of program (if known), sponsor, where program was offered and how long ago your child attended.

_____ Yes, we showed them books, videos, or other material about child abuse at home. Please list names of books etc.

_____ Yes, we have talked to our child about these issues:

_____ to be careful of strangers.

_____ not to go with grown-ups they know, unless they have parental permission.

_____ sexual abuse.

_____ others. Please explain. _____

_____ No, we have not talked to our child about issues of abuse.

3. Were you able to attend a preview of the play, "Touching", which your child saw at school:

_____ Yes

_____ No

4. How did you feel about your child being involved in the program at school:

___ felt very good about the program.

___ liked the idea but felt somewhat worried about how my child would respond.

___ had strong reservations but allowed my child to see play.

___ other. Please describe: _____

5. Since your child saw the prevention program have you noticed any changes in behaviour or feelings which you think were caused by the play? **Please put a check-mark next to any of the behaviours or feelings listed below which has changed since the program. If there was a change please circle + or - to indicate whether you saw this as a positive or a negative change.**

___ + - talks to you about being careful with strangers

___ + - brings up sexual topics in conversation

___ + - looks nervous about getting hugs and kisses from family members

___ + - says "no" more often to parental requests

___ + - constantly seeks attention

___ + - cries easily

___ + - seems more confident

___ + - wets the bed

___ + - has nightmares

___ + - has stood up to children trying to bully him/her.

___ + - has talked to you about the play

___ + - seems worried about something scary happening to him/her

6. Since seeing the play, has your child told you of any incidents of inappropriate behaviour towards him/her of which you had not known before? Please explain.

Family Information: It would be helpful to have some information about the make-up of your family:

7. Is English the only language spoken in your home?

_____ yes _____ no

If no, what other languages are spoken? _____

Does your child have any difficulty understanding English?

_____ yes _____ no

8. Were you born in Canada?

Father of child: _____ yes _____ no

Mother of child: _____ yes _____ no

Child: _____ yes _____ no

Appendix E: Parent Perception Scale

Parent Questionnaire

WITHOUT ASKING YOUR CHILD how do you think **SHE OR HE** would answer the following questions? If you think she/he would say "True" put a "T" in the space; if she/he would answer "Not True" put "N.T." in the space, if you think she/he does not know, put "D.K." in the space.

- ___ 1. Sometimes its OK not to keep promises.
- ___ 2. If someone hits you with a stick you should tell your parents.
- ___ 3. If you don't like how someone is touching you its OK to say "no".
- ___ 4. Its OK to tell a stranger your name.
- ___ 5. You can always tell who's a stranger - they look mean.
- ___ 6. If your friend says he won't be your friend any more if you don't give him your last piece of candy, then you should give it to him.
- ___ 7. Even someone you like could touch you in a way that feels bad.
- ___ 8. If a person you don't know wants you to show him the way to the nearest store, its OK to go with him and help.
- ___ 9. If someone touches you in a way that is confusing, you should tell a grown-up you trust.
- ___ 10. Only strangers would try to touch children's private parts in a way that feels bad.

Appendix F: Parental Knowledge Scale

Please circle the number of the response which YOU believe IS CORRECT for the following questions:

1. Children are most likely to be sexually abused by?

- a. strangers
- b. baby-sitters
- c. familiar adults

2. According to a 1984 Canadian study, in their lifetime almost _____ Canadian girls and women will be sexually abused in some way?

- a. 1 in 100
- b. 1 in 10
- c. 1 in 2

3. According to a 1984 Canadian study, in their lifetime almost _____ Canadian boys and men will be sexually abused in some way?

- a. 1 in 100
- b. 1 in 10
- c. 1 in 4

4. Men sexually abuse children in

- a. 50% of cases
- b. 75% of cases
- c. 97% of cases

5. Children are an average of _____ years of age when they report being sexually abused.

- a. 10 years
- b. 12 years
- c. 14 years.

6. Children who report sexual abused can be believed

- a. about half the time
- b. about 75% of the time
- c. almost all the time

7. A person who has sexually abused a child will

- a. likely repeat the offense
- b. is about 50% likely to do so again
- c. will rarely repeat the offense

8. If a child has been sexually abused there will be physical evidence in

- a. almost all cases**
- b. hardly any cases**
- c. about half of cases**

9. A child will most likely be sexually abused in

- a. his/her own home**
- b. public washrooms**
- c. parks and movie theatres**

Appendix G: Teacher Questionnaire

Child Abuse Prevention Study

Sponsored By:

The Community Child Abuse Council of Hamilton/Wentworth

Teacher Questionnaire

School: _____

Child's Name: _____

1) Since this child participated in the Community Child Abuse Prevention Program at your child's elementary school, have you noticed any changes in their behaviour or emotional state which you believe are a result of their participation in the prevention program? Please put a check mark next to any of the behaviours or feeling listed below which have changed since the program.

- talked to you about being careful with strangers
- introduced sexual topics in conversation
- has teased another inappropriately using sexual content
- seems more confident
- has stood up to other children trying to bully him/her
- has spontaneously talked to you about the kit
- seems worried about something happening to him/her
- has acted silly in discussing the kit

Have you noted any other behaviour either individually with this child or in interaction with other children which you would attribute to the play?

Were there any disclosures of sexual abuse among the children who took part in the prevention program?

Appendix H: Parental Permission Forms

PERMISSION FORM

I agree that my child _____ can participate in the Child Abuse Prevention Study, sponsored by The Community Child Abuse Council of Hamilton/Wentworth.

I understand that all responses will be kept completely confidential and that I may withdraw my child's participation at any time.

Parent's Name: _____

Parent's Signature: _____

Date: _____

Please have your child return this permission form to his/her classroom teacher as soon as possible.

Appendix I: Parent's Comments on Touching

Parent's Comments on Touching

Positive Comments

-I feel the play is a good way to expose the children to the information they need to know. I also feel that parents need to discuss the topic at home.

-I believe it is important to continue the program, as the high figure in regards to incidents happening is getting far too high. You ask yourself the question "where's it going to end?" Its scary.

-My child missed the play due to a funeral for his grandmother. I wished the play could have been somewhere else.

- I feel it is important to teach children about the different forms of abuse so that they can be aware and hopefully able to prevent any occurrence.

-I think it is a good idea to have the program. You have qualified people giving the children important information at a level they can absorb. They don't seem scared or upset by this program. I think they have taken the information in and stored it away for future or present use.

-I think more programs should be in the schools to help the children become more aware of what they can do and where they can get the available help. A lot of kids don't realize to keep trying to get help if the first trusted adult they go to doesn't believe them.

-The program, I believe, is very good for the children. It makes them aware of the incidents that may come to them.

-Its a good start!

-Keep up the good work and thank you (3 parents).

-I think it is an excellent idea to educate our children about sexual abuse.

-I think its great that this is being shown at the school. It certainly makes the children more aware of things and will help them to tell someone if this should ever happen to them.

-My child came home and asked a lot of questions.

-A very good program. I'm very happy she was able to see the play. She's a bit shy talking about it, but she understood it. Good going. Keep it up!

- I think it is a good idea, so all these children that are abused know that there is help for them.

- Its a positive approach to reach the children at an early age.

-I was able to attend the parents presentation of the play and was very impressed with the material and the way it was presented. Keep up the good work!

Parental Comments Which Were Negative:

-My daughter thought the play was funny (i.e. she missed the point)

-Since the play my children have accused me of child abuse when I get mad and give them a smack. When my child said he was going to call the "hotline" I encouraged him to if he felt he was justified--it was his right. Of course I think he realised the difference between a smack and abuse.

-I hope that whoever is doing this play doesn't make all adults out to be bad. I don't want my child growing up paranoid of everything. I do feel that things like this should be left up to parents to teach their child. I know not all parents talk about abuse with their children but there are those of us who do educate their children. I do feel, however, that children should be made aware if someone touches them and they don't like it they have the right to say "no" and tell someone about it.

-I am in agreement with teaching children awareness. My son seemed mostly to focus on the point in the play where the girl touches the boy's penis and pulls her hand away in distaste. I'm not too sure what kind of messages that holds. I do know several friends of his thought that was "a gross part".

Appendix J : Teacher's Comments

Teacher's Comments about Children's Responses to the Play "Touching"

-the children liked the play. They liked the "funny parts" i.e. the clowning and the running parts (Kindergarten)

-They were very quiet about the play -- they wanted to discuss the characters and actors, but no questions with regard to the play's message. I thought the play was excellent and so did the parents. (Grade 1).

-from listening to and observing the children I would not say that there had been any noticeable degree of change either positively or negatively. (Grade 1)

-the children were a little more confident as a group -- however there were still several children who only listened and did not volunteer answers or opinions (Grade 1)

-have not noticed any of the above effects (Grade 3)

-haven't noticed any effects. (Grade 3)

-the children have become more aware of informing an adult when someone does something to them -- not just sexually but abusive physically too. They are also more willing to talk to the person that is bothering them.(Grade 3)

-they seemed to develop a more serious, mature attitude to the topic. Less giggling and silliness when private parts are mentioned (Grade 6).

-more willing to stick up for themselves and their rights.(Grade 6)

-I wonder whether physical abuse (i.e. beatings) by adults to children can be included in the prevention program somehow?

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