

**AN EXPLORATORY STUDY OF HOW DEVELOPMENTAL
ISSUES MAY IMPINGE ON THE IMPLEMENTATION OF
THE 'KEEPING OURSELVES SAFE' PROGRAMME**

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ABSTRACT

Child sexual abuse has increasingly been recognised as a multi-faceted social problem. So far efforts to deal with this problem have mainly focussed on helping children recognise sexual abuse and teaching them skills to avert or stop sexual misbehaviour. Child sexual abuse prevention programmes are most frequently presented through schools because this approach provides easy access to children over an extended period of time. The Keeping Ourselves Safe Programme (KOS) is a prevention programme that has been specifically designed for use with New Zealand children. Empirical studies have shown that the degree to which children are able to benefit from participation in prevention programmes such as KOS, is influenced by the manner in which prevention concepts are presented and by children's cognitive and affective levels of development. So far it is not clear how children of different ages integrate prevention concepts. The aim of the present study was to explore children's perceptions and interpretations of the safety concepts presented to them through the KOS programme by combining both quantitative and qualitative methodologies. Ninety-six children completed the Child Knowledge of Abuse Questionnaire - Revised II (CKAQ-RII). In addition twelve of them were recruited to take part in an in depth follow-up interview. Results support previous findings indicating that children's knowledge of factors surrounding sexual abuse increase with age. Furthermore, children have more difficulty incorporating an understanding of concepts surrounding sexual abuse than developing preventive skills. Formulations that posed problems included the ability to recognise inappropriate behaviour in adults, the concept of 'strangers' and the notion that a person known to the child might try to abuse them. The majority of students were able to use preventive strategies such as 'saying no' and 'telling a person you trust' appropriately in 'what if' problem solving exercises. Results suggest that it is important to use a clearly defined concrete approach involving role-plays and other behavioural techniques with six and seven year old children, without simultaneously introducing abstract concepts. Older children were able to deal with more abstract material. Limitations of the present study and suggestions for future research are discussed.

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TABLE OF CONTENTS

		Page
	Abstract	ii
	Acknowledgments	iii
	Table of Contents	iv
	List of Tables	vii
1	INTRODUCTION	1
	Defining child sexual abuse	2
	Prevalence	3
	Gender differences	5
	Summary	6
	Consequences	6
	A model of child sexual abuse	9
	Summary	10
2	PREVENTION OF CHILD SEXUAL ABUSE	11
	Child abuse safety programmes	11
	Prevention issues	13
	Children's ability to discriminate different kinds of touch	14
	Sexual abuse by people known to the child	15
	Strangers	16
	Main criteria for prevention programmes	16
	Developmental issues	17
	Offender characteristics	18
	School based prevention programmes	19
	Keeping Ourselves Safe: a personal safety programme	20
	Summary	24

3	THE PRESENT STUDY	25
	Aims	25
	Method	27
	Participants	27
	Measures	28
	The Child Knowledge of Abuse Questionnaire-R II (CKAQ-RII)	28
	- Pilot study	29
	Interview Format	30
	Procedure	31
	Data collection	31
	Analysis of interviews	33
4	RESULTS	34
5	QUALITATIVE FINDINGS	39
	Profiles of children who were interviewed	39
	Keeping Ourselves Safe: Children's perceptions	42
	Defining sexual abuse	42
	Children's responses to perceived unsafe situations involving strangers	46
	Children's conceptualisation of 'strangers'	47
	Abuse by people known to the child	50
	Responses to unsafe situations with familiar people	51
	Saying no	53
	Taking evasive action	55
	People you can trust	55
	Secrets	58
	Summary	61

6	DISCUSSION	6 2
	Limitations of the present study	62
	General findings and relevant literature	64
	Children's ability to recognise sexual abuse	65
	Prevention strategies	67
	People you can trust	68
	Strangers	68
	Properties of the CKAQ-RII	69
	CONCLUSIONS AND RECOMMENDATIONS	7 0
	Summary	72
	REFERENCES	7 3
	Appendix A - CKAQ-RII (Adapted version)	81
	Appendix B - CKAQ-RII (Original version)	85
	Appendix C - Interview format	88
	Appendix D - Parent Information Sheet	90
	Appendix E - Parent Consent Form	91
	Appendix F - Child Consent Form	92

LIST OF TABLES

	Page
Table 1: Mean and Mean Percentage Scores of Correct Responses on CKAQ-R11 (33-items) by age	34
Table 2: Mean proportion of correct responses for the CKAQ-R (24 items) and Appropriate Touch (Appr.Touch) subscales and combined scores as reflected in CKAQ-R11 score for Grade 1 (aged 6-7), Grade 3 (aged 8-9) and Grade 6 (aged 10-11).	35
Table 3: Percentage of correct responses by grade (Gr.), for CKAQ-R items that Grade 1 children found very difficult (0 - 40% of correct responses).	36
Table 4: Percentage of correct responses, by grade (Gr.), for CKAQ-R items that Grade 1 children found difficult (45 - 70% correct responses).	37
Table 5: Percentage of correct responses, by grade (Gr.), for CKAQ-R items that Grade 1 children found relatively easy (% correct responses > 75).	38

Please note the following correction on page 34, Table 1:

'Mean%'	should be the heading for column four.
'SD'	should be the heading for column five.

Chapter 1

INTRODUCTION

This introductory chapter aims to provide an overview of those aspects of child sexual abuse considered relevant to the present study. As the literature on the topic is extensive, a complete review would be beyond the scope of this study. A psychosocial model of child sexual abuse which has received widespread acceptance will be presented as an introduction to a preventive approach to the problem.

The last few decades have seen a growing awareness of childhood sexual abuse as a pervasive social problem. Research on the incidence of abuse has contributed significantly to the recognition that sexual abuse of children is relatively common and can happen in any family and in all segments of society (Briggs, 1993; Finkelhor, 1986; Haugaard & Reppucci, 1988; McGregor, 1994; Saphira, 1993). These findings have been contrary to earlier assumptions that abuse rarely occurred and usually involved chance encounters with disturbed individuals (Haugaard & Reppucci, 1988). Professional and academic interest in child sexual abuse issues is reflected in a large body of literature that has developed on the subject, especially in the last fifteen years (Haugaard & Reppucci, 1988).

Publication of numerous cases of child molestation has alerted the general public to the pervasiveness of child sexual abuse (Reppucci & Haugaard, 1990), while extensive media coverage in the form of documentaries and television reports has increased societal knowledge of child sexual abuse issues (Finkelhor, 1986; Reppucci & Haugaard, 1990). The American documentary 'Scared Silent' screened on New Zealand television in 1992 and 1993, covering all areas of child abuse, including sexual victimisation. The second screening included material based on New Zealand families. Both broadcasts generated considerable public interest suggesting a new sensitivity to and awareness of sexual abuse issues in New Zealand (Petherbridge & Anderson, 1993).

Although the literature on child sexual abuse is extensive, there are many questions that remain unanswered. As Finkelhor (1986) has pointed out, research into this important area has been hampered by the fact that child sexual abuse falls within the domain of several disciplines, thereby posing communication problems. Professionals tend to focus on material published in their own field. Therefore existing findings do not tend to become integrated although attempts have been made to bridge this gap (Conte, 1982; Finkelhor, 1986; Haugaard & Reppucci, 1988).

Defining child sexual abuse

The label *child sexual abuse* first appeared in the federal Child Abuse Prevention and Treatment Act of 1974 (Haugaard & Reppucci, 1988). The term is widely used in the literature suggesting an implicit agreement about its meaning. However, as has been pointed out by Haugaard and Reppucci (1988), a whole range of definitions exists among professional groups, as well as within individual disciplines. It is highly unlikely that a definition can be developed which would be appropriate across all fields. Child sexual abuse is a complex problem which can be viewed simultaneously from a medical, criminal, behavioural and social perspective (Conte, 1990). It is important to be aware of differences in meaning in order to facilitate clear communication between interested parties (Haugaard & Reppucci, 1988). For example, in a discussion about implications of abuse, outcomes might vary considerably depending on the nature of the abuse. It would be necessary to clarify if the definition refers to contact abuse only (i.e. intercourse, oral/anal sex, fondling of child's genitals) or if it also includes non-contact abuse such as exhibitionism.

Finkelhor (1987) suggests that "there is broad professional agreement in using the term sexual abuse to apply to sexual contact between a child and his/her father, stepfather, mother, stepmother, another older relative, teacher, or baby sitter, as well as sexual contact at the hands of any adult, known or unknown" (p. 233). This definition includes two categories of child abuse, intrafamilial sexual abuse or incest and extrafamilial sexual abuse.

Finkelhor's definition does not acknowledge the fact that a sizeable number of offenders are juveniles (Briggs, 1993; Dube & Hebert, 1988; Pierce & Pierce, 1987,1990). Watkins and Bentovim (1992) reviewed a range of studies on male sexual abuse and found that many perpetrators began offending as adolescents. A New Zealand study found that one in four perpetrators of child sexual abuse was aged eighteen or younger while approximately half of the total sample was younger than twenty-five (Anderson et al., 1993, as cited in McGregor, 1994).

The Keeping Ourselves Safe (KOS) programme refers to sexual abuse as "adults or older children involving young children in sexual activities they do not fully understand, and to which they are not able to give their informed consent" (New Zealand Police & The Ministry of Education, 1994, p. 6). This definition includes juvenile offenders and states that victims have not reached a developmental level at which they are able to give informed consent to sexual activities initiated by the offender. Experimentation between children of the same developmental cohort is excluded as long as no coercion takes place. The definition proposed by the KOS programme was viewed as the most appropriate for the present study.

Prevalence

Ever since large numbers of child abuse cases started appearing attempts have been made to assess the extent of the problem. Even though the number of reported cases has increased dramatically since the early 1980s, only a small proportion of cases is ever reported (Briggs, 1993; Finkelhor & Dziuba-Leatherman, 1994; Haugaard & Reppucci, 1988; Herrera & Carey, 1993). Watkins and Bentovim (1992) observe that underreporting of sexual abuse may be even more prevalent with male victims.

Victims, even when old enough to do so, are often reluctant to disclose abuse especially in cases of persistent incest. Disclosing family secrets can have far-reaching consequences for these children, including the loss of their family (Briggs, 1993). Offenders may use threats of abandonment or harm to family members to ensure the continued silence and cooperation of their victims (Berliner & Conte, 1990; Briggs, 1993; Budin & Johnson, 1989; Christiansen & Blake, 1990). Perpetrators frequently exploit children's need to feel loved and valued by treating them more favourably or by telling them they are special (Berliner & Conte, 1990; Christiansen & Blake, 1990; McGregor, 1994; Saphira, 1993). Consequently, children may remain silent because they wish to maintain certain aspects of their relationship with the offender.

A further reason for not disclosing may be that children feel personally responsible for the abuse (Briggs, 1993; Christiansen & Blake, 1990). It is common for survivors to experience deep feelings of guilt and shame, emotions which are not conducive to disclosure. Even though immediate reporting by children is still fairly uncommon, research indicates that adult survivors are now increasingly willing to disclose a history of childhood sexual abuse (Haugaard & Reppucci, 1988; Peters, Wyatt, & Finkelhor, 1986).

Fortunately, there are indications that society's attitude towards the issue is changing. Following a broadcast of a documentary on child abuse on New Zealand television, eight hundred people called a special nationwide helpline which was made available for six hours during and after the programme (Petherbridge & Anderson, 1993). Callers tried an average of ten times before they managed to get through to a phone counsellor. The majority of calls concerned children at risk of abuse, 58% of which referred to sexual abuse (Petherbridge & Anderson, 1993). New Zealand police statistics show that 50% of reported child abuse cases between 1986 and 1991 involved sexual abuse (New Zealand Police & The Ministry of Education, 1994), a proportion similar to that reported by Petherbridge and Anderson (1993).

Prevalence studies of sexual abuse attempt to establish the proportion of a population that has experienced abuse and are usually based on victims' self-reports (Peters et al., 1986). Reported rates vary according to what operational definitions are used by researchers. For example, studies including incidence of non-contact abuse predictably suggest significantly higher prevalence rates than studies which include contact abuse only (Haugaard & Reppucci, 1988). It is not always possible to compare findings across studies because researchers have used different definitions of sexual abuse as well as using a variety of methods of gathering data (Haugaard & Reppucci, 1988; Miller-Perrin & Wurtele, 1988; Peters et al., 1986).

Large scale surveys have indicated prevalence rates from approximately 10 to 60%, involving mainly female victims (Haugaard & Reppucci, 1988; Herrera & Carey, 1993; Russell, 1983, as cited in Carroll, Miltenberger, & O'Neill, 1992). Prevalence rates for face-to-face interviews varied from 6% (Burman, 1985, as cited in Peters et al., 1986) to 62% (Wyatt, 1985, as cited in Peters et al., 1986). Studies which reported high prevalence rates had used specially selected interviewers who were given extensive training to sensitise them to issues that might arise during interviews (Peters et al., 1986). In a New Zealand study Martin et al. (1991, as cited in New Zealand Police & the Ministry of Education, 1994) surveyed a random sample of Otago women and found that one in five women had experienced sexual abuse involving genital contact before they reached the age of sixteen.

Prevalence studies suggest that on average children are approximately ten years of age when they first disclose abuse (Haugaard & Reppucci, 1988; Tutty, 1994). These findings tend to obscure the fact that large numbers of children are abused at an earlier age (Briggs, 1991a; Tutty, 1994). One study found that more than 50% of participants were victimised before the age of five (Faller, 1988, as cited in Tutty, 1994). Young children in particular might find it difficult to disclose because they are unable to fully comprehend what has happened to them and because they do not possess the requisite language skills to report (Briggs, 1993; Kelly, Brant, & Waterman, 1993; Watkins & Bentovim, 1992).

Another factor which influences reported prevalence rates across studies is the operational definition for an abusive relationship. The majority of investigators define an abusive relationship as one in which there is a minimum age difference of 5 years, provided the victim is younger than 13 years of age (Fromuth, 1986, as cited in Haugaard & Reppucci, 1988; Herrera & Carey, 1993). These criteria are similar to the DSM-IV diagnostic criteria for paedophilia which specify that a paedophile should be at least 16 years of age and at least 5 years older than the child, who should generally be aged 13 years or younger (Kaplan, Sadock, & Grebb, 1994). Prevalence studies conducted by Fritz, Stoll, and Wagner (1981) and Russell (1984, both cited in Haugaard & Reppucci, 1988) did not specify an age differential.

Definitions of childhood vary considerably across studies as well. Some investigators place the upper age limit at the time of the first incident as pre-pubertal (Fritz et al., 1981, as cited in Haugaard & Reppucci, 1988) while others have placed it as high as 17 years of age (Lewis, 1985, Russell, 1983, Wyatt, 1985, all cited in Peters et al., 1986).

Gender differences

Most researchers assert that females are at higher risk of childhood abuse than males (Alter-Reid, Gibbs, Lachenmeyer, Sigal, & Massoth, 1986; Dube & Hebert, 1988; Finkelhor & Dziuba-Leatherman, 1994; McGregor, 1994). A review of studies concerned with child sexual abuse published between 1976 and 1986 found a female to male ratio of approximately four or five to one (Alter-Reid et al., 1986). More recent findings suggest that, in the United States, one in four girls and one in eight boys may become victims of sexual abuse before they reach the age of 18 years (Kaplan et al., 1994).

Others have argued that the apparently lower incidence rate in males does not accurately reflect the number of male victims (Briggs, 1993; Watkins & Bentovim, 1992). It has been hypothesised that acknowledging abuse is not acceptable in male culture because males are taught to be active and in control of relationships (Chillicothe Correctional Institution, 1985, as cited in Budin & Johnson, 1989). Because most offenders are male, sexual abuse of boys often includes a homosexual element. Therefore boys may be reluctant to report abuse experiences due to cultural norms and concerns about their own sexual orientation (Briggs, 1993; Budin & Johnson, 1989; Saphira, 1993; Watkins & Bentovim, 1992). Finkelhor (1984, as cited in Briggs, 1993) reported strong feelings of shame and an unwillingness to discuss sexual abuse experiences in male victims. Sang (1994) suggested that boys may be reluctant to disclose abuse because they feel ashamed that they have not succeeded in resisting or avoiding the abuse. Boys in Sang's study agreed with the statement that: "If you're stupid enough to get caught that way and then don't fight hard enough to get away, you deserve it!" (p. 604).

Even though male victimisation might be underreported, empirical evidence does indicate that females are at greater risk of abuse than males (Finkelhor & Dziuba-Leatherman, 1994). Reports obtained from perpetrators about their patterns of offending show a significantly higher proportion of female victims. Conte, Wolf and Smith (1989) interviewed a sample of twenty child molesters who had abused a total of 146 victims. Twenty-three percent of the victims were male and seventy seven percent were female confirming previous findings of a four or five to one ratio (Alter-Reid et al., 1986). Around 30% of participants indicated sexual involvement with males. Budin and Johnson (1989), surveyed 72 convicted child sex offenders to assess their attitudes towards concepts commonly taught in safety programmes. Approximately one third of inmates (37.5%) declared that they had been sexually involved with young males, a finding similar to that

obtained by Conte et al. (1989). The majority of children victimised by this group of offenders were also female (Budin & Johnson, 1989).

There is much empirical support for Briggs' statement that "child sexual abuse is the most commonly denied crime in the world and few offenders are convicted" (Briggs, 1993, p. 27). A New Zealand study which investigated the prevalence of sexual abuse experiences in a group of New Zealand women found that only six percent of abuse was ever reported (Anderson, Martin, Muller, Romans & Herbison, 1993, as cited in McGregor, 1994).

Summary

As has been illustrated above it is not possible at this stage to reach a firm conclusion about the prevalence rate of sexual abuse in the general population, but there is widespread empirical support for the statement that "In spite of differences in the definitions and approaches used in prevalence studies, a growing body of research shows significant numbers of male and female children are abused" (New Zealand Police & The Ministry of Education, 1994, p. 5).

Consequences

Clinical and empirical reports have indicated that sexual abuse of children may have serious short and long term consequences (Browne & Finkelhor, 1986; Finkelhor, 1987; Kelly, 1989; Tutty, 1993). Children who have been abused can present with a wide range of emotional and psychiatric problems (Tharinger, Krivacska, Laye-McDonough, Jamison, Vincent, & Hedlund, 1988). Depression, anxiety, somatic complaints and phobias are common reactions to abuse and may persist into adulthood (Haugaard & Reppucci, 1988; Kelly et al., 1993; McGregor, 1994; Sigurdson, Strang, & Doig, 1987). However, it is important to note that a history of abuse does not necessarily mean that an individual is 'scarred for life'. Many survivors have managed to recover from the trauma they have experienced and are leading normal lives (Haugaard & Reppucci, 1988; McGregor, 1994).

Children may experience a wide range of fears and phobias as a consequence of abuse, although the latter are more common in teenagers and adults (Conte & Schuerman, 1987; Kelly, 1989; Saphira, 1993). Fear, panic attacks, obsessive cleanliness, sleep disturbances and nightmares represent some of the most commonly reported short and long term anxiety responses exhibited by survivors following sexual attack and trauma (Kelly et al., 1993; Saphira, 1993).

Survivors of sexual abuse are more likely to engage in self-abusive and destructive behaviours such as self-mutilation, suicide, eating disorders, prostitution and substance abuse, than control groups of subjects who have not been abused in childhood (Conte & Schuerman, 1987; Haugaard & Reppucci, 1988; McGregor, 1994; Saphira, 1993). For example, more than 86% of people residing at an Auckland drug rehabilitation centre had experienced child sexual abuse (Saphira, 1993). Briere (1984, as cited in Browne & Finkelhor, 1986) found that half of all the people who visited a community mental health centre had attempted suicide compared with one third of nonabused clients. Other researchers have drawn attention to the finding that a significant number of women who develop eating disorders have a history of sexual abuse in childhood (Oppenheimer, Palmer, & Brandon, 1984, as cited in Browne & Finkelhor, 1986).

Concerns about sexual orientation are common among male sexual abuse survivors (Draucker, 1993). It has been suggested that the reluctance of male victims to report and discuss their abuse may be due in part to their fears about homosexuality and concerns about their own sexuality (Watkins & Bentovim, 1992). However, there is no empirical evidence to suggest that sexual abuse influences future sexual orientation of victims (Saphira, 1993). Some young men have a tendency to attempt to reassert their masculinity by engaging in many heterosexual liaisons or by becoming sexually active at a young age (Saphira, 1993; Watkins & Bentovim, 1992).

A history of sexual abuse has been associated with impaired social functioning in children (Kelly, 1989) and problematic interpersonal relationships in adult survivors (Daro & McCurdy, 1992). Many researchers have noted that precocious sexual behaviour is relatively common in children who have been sexually abused (Browne & Finkelhor, 1986; Kelly et al., 1993; Saphira, 1993). Children may try to re-enact some of their experiences with playmates or younger siblings and suffer social isolation and ostracism as a result because their behaviour is not considered socially acceptable (Saphira, 1993). It has been suggested that adult survivors may experience difficulty with intimacy, remaining aloof or displaying dependency needs, in a belated effort to build up self-esteem (Mc Gregor, 1994).

A disturbing trend, which has been called the cycle of abuse, concerns the risk of today's victims becoming tomorrow's offenders. Research findings indicate that perpetrators tend to have a history of being victimised themselves (Pierce & Pierce, 1990; Watkins & Bentovim, 1992). Numerous studies provide support for the notion that a connection exists between childhood sexual abuse experiences and future offending. Pelto (1981) and Langevin (1983, both as cited in Ballard, Blair, Devereaux, Valentine, Horton, & Johnson, 1990) found that the incidence of sexual assault was significantly higher in groups of offenders than in control groups. A review of research on juvenile offenders confirmed that the majority of perpetrators were from

neglectful and abusive backgrounds (Davis & Leitenberg, 1987, as cited in Gilgun & Connor, 1990). However, Faller (1990) investigated characteristics of paternal abuse in a variety of family situations and found that approximately 25% of subjects did not have a history of sexual abuse. Thus it is important to note that even though many offenders have a history of sexual victimisation, others have not.

Several factors influence a child's vulnerability to the sequelae of sexual abuse. These include the nature of the abusive relationship, the child's age and the period of time in which abuse takes place before it is reported (Haugaard & Reppucci, 1988). As a general rule, children are most likely to experience serious long-term negative consequences if they are molested over a long period of time by a trusted adult who uses physical force. Other crucial factors include being disbelieved when trying to disclose the abuse and assaults by multiple offenders (Haugaard & Reppucci, 1988; McGregor, 1994).

Perpetrators usually try to establish a trusting relationship with a child before initiating any sexual activity, especially in cases of intrafamilial abuse (Christiansen & Blake, 1990; Conte et al., 1989). A betrayal of this trust can be one of the most damaging consequences of abuse, affecting a child's social and emotional development for years to come (McGregor, 1994). Trusting another human being again can be especially difficult in cases of chronic abuse (McGregor, 1994; Saphira, 1993). Some children, however, seem to lose their natural boundaries and appear to trust any adult who crosses their path. They may behave in a flirtatious and seductive way, or even in an overtly sexual manner. These children have learned to associate affection with sexual behaviour and are prime targets for abuse by other people in their environment. Both male and female survivors are more likely to become sexually active at a young age than their peers who have never experienced abuse (McGregor, 1994).

Victims of abuse frequently experience a sense of guilt and shame which tend to intensify other abuse sequelae such as low self-esteem. Male victims and children who have been abused over a long period of time are especially vulnerable to feelings of guilt because they may believe that they should have been able to prevent or terminate the abuse (Christiansen & Blake, 1990; Draucker, 1993). Incest survivors in particular may experience confusion as an awareness of their own sexuality starts emerging. Some fathers verbally denigrate their victims by calling them 'whores' 'sluts' or 'bitches' as their daughters reach adolescence, exacerbating feelings of worthlessness and shame (Christiansen & Blake, 1990). Guilt seems to be based on a sense of responsibility for the abuse or in feeling responsible for the consequences of disclosure, feelings deliberately fostered by many perpetrating fathers (Christiansen & Blake, 1990).

Most children are abused before they reach puberty (Briggs, 1993; Finkelhor, 1987; McGregor, 1994; Saphira, 1993). Young children do not understand the implications of what has happened to them and may need to revisit different aspects of their abuse at various stages of their emotional development. Effects of past trauma may re-emerge most powerfully during adolescence and early adulthood (McGregor, 1994). A range of social, emotional and psychiatric problems are common among survivors and may last a life-time.

A model of child sexual abuse

Finkelhor's model of the etiology of child sexual abuse has been described as the "most helpful in promoting an understanding of what factors contribute to child sexual abuse, and influential in directing prevention efforts" (Tharinger et al., 1988, p. 616). The Four Preconditions Model of Sexual Abuse was developed in an effort to illustrate that it is always the offender who is responsible for initiating sexual activity with a child (Finkelhor, 1986). Development of the model followed an extensive review of all psychological and socio-cultural factors proposed as possible contributors to child sexual abuse (Tharinger et al., 1988). The model emphasises the need for a multi-factorial explanation and approach to child sexual abuse, including cultural, social, interpersonal and psychological factors (Araji & Finkelhor, 1986; Tharinger et al., 1988).

Finkelhor hypothesised that there are four preconditions that have to be met before sexual assaults can take place. The first two relate to the offender and refer to the offender's motivation to abuse, and to the fact that a prospective perpetrator must overcome internal inhibitions before s/he can act on that motivation. Thirdly, an offender has to be able to create an environment in which abuse can occur, for example select a child who lacks adequate supervision. The fourth pre-condition involves overcoming a child's resistance to abuse. Children may be vulnerable because of certain psychological and/or environmental factors. Also, children can become easy targets because they do not have sufficient knowledge about abusive situations, nor the skills to respond to them appropriately (Tharinger et al., 1988). The presence of risk factors within the child and/or the environment are irrelevant unless conditions one and two have been met. Therefore, all four preconditions must be present before abuse can occur (Finkelhor, 1986).

Finkelhor's model proposes that children's lack of power and lack of knowledge about sexual abuse issues are contributing factors in the etiology of child abuse. Therefore, the goal of preventive programmes has been to reduce or avoid abuse by strengthening children's ability to recognise and resist sexual behaviours directed at them (Daro & McCurdy, 1994; MacMillan, MacMillan, Offord, Griffith, & MacMillan, 1994; Tharinger et al., 1988). Critics have suggested that the strength of other factors might have been underestimated. "It is doubtful that providing

knowledge about sexual abuse and instruction about saying 'no' will counter the emotional insecurity, trusting relationship, possible coercion, and lack of knowledge about sexual thoughts, feelings, and behavior that are the experiences of many vulnerable children" (Tharinger et al., 1988, p. 618). Finkelhor's model helps us to keep sight of the fact that child sexual abuse is a multi-factorial social problem and that the responsibility for decreasing the incidence of abuse depends on many factors only one of which involves a child's ability to recognise and resist abuse.

Summary

The preceding discussion has attempted to give an overview of the main child sexual abuse issues relevant to the present study. The literature on prevalence rates was reviewed and problems inherent in defining the phenomenon of child sexual abuse were highlighted. The definition provided by the KOS programme was viewed as the most appropriate for the present study. The review of the reported effects showed that the cost of child sexual abuse is high and can manifest itself in a variety of ways. The impact of abuse may be mitigated or exacerbated by a range of factors including the nature and duration of the abuse, identity of the perpetrator and developmental age of the victim. Finkelhor's model of the etiology of child sexual abuse was examined as its preventative focus lends itself to the goals of the present study, which will be discussed in the following chapter.