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Toward Prevention of Childhood Sexual Abuse: Preschoolers' Knowledge of Genital Body Parts

Maureen C. Kenny, Florida International University, USA
Sandy K. Wurtele, University of Colorado, Colorado Springs, USA

Abstract: This study examined preschool children's knowledge of their genital and non-genital body parts. Results indicated that almost all preschool children knew the correct terms for their non-genital body parts, but few knew the correct terminology for their genitals. The importance of this skill in preventing childhood sexual abuse is discussed.

Childhood sexual abuse (CSA) is a serious public health problem. Although definitions vary state by state and in various research programs, CSA is generally defined as sexual contact between a child (under the age of 18) with a person who is at least 5 years older. According to the American Psychological Association (2001), a central characteristic of any abuse is the dominant position of the adult that allows him or her to force or coerce the child into sexual activity. Child sexual abuse may include fondling a child's genitals, masturbation, oral-genital contact, digital penetration, and vaginal and anal intercourse. However, it is not solely restricted to physical contact; such abuse could include non-contact abuse, such as exposure, voyeurism, and child pornography. With close to 100,000 confirmed cases of CSA in the United States during 2005 (U.S. Department of Health and Human Services, 2007), efforts to prevent CSA are needed. One public health approach to the prevention of CSA offers child-focused personal safety education programs, usually implemented in schools and preschools. The primary focus of most school-based personal safety programs is to strengthen a child's ability to recognize and resist assault (primary prevention), although they often have a secondary prevention focus as well. The secondary prevention objective is to encourage victims to disclose abuse and to improve adults' responses to these disclosures so that children can receive early intervention and protection to reduce the negative consequences of sexual exploitation (Wurtele, 1998).

Successful disclosure of abusive incidents relies partly on the child's ability to describe inappropriate activities involving the genitals and to correctly label the genitals. When children disclose CSA using incorrect or idiosyncratic terminology (e.g., "She touched my monkey," or "He kissed my muffin"), they may not be understood and are thus unlikely to receive a positive, supportive response to their disclosure. In contrast, disclosure using correct terminology is more likely to be understood, resulting in a more positive outcome for a child—e.g., by ending the abusive situation and obtaining therapeutic assistance for the child (Kenny, Thakkar-Kolen, Ryan, Runyon, & Capri, 2008). Furthermore, children who lack sexual knowledge may be more vulnerable to sexual abuse. Some sexual offenders avoid children who know the correct names for their genitals because this suggests these children have been educated about body safety and sexuality (Elliot, Browne, & Kilcoyne, 1995). One convicted offender (who had assaulted 75 children by the time he was stopped) reported that when children knew the correct terms for their different body parts, he would leave them alone (Sprengelmeyer & Vaughan, 2000).

Along with facilitating disclosure, teaching proper names for all body parts helps children develop a healthy, positive body image (Wurtele, 1993; Wurtele, Melzer, & Kast, 1992). As Honig (2000) states, it gives children "naming power" (p. 17) just as they have the power to

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name other things in their environment (i.e., toys, books, and characters). This knowledge also provides the necessary foundation for subsequent sex education. Indeed, several experts have recommended that parents teach their young children the correct names for the genitals (American Academy of Pediatrics, 2007; Honig, 2000; Krazier, 1996; Wurtele, 2003).

Do parents follow these recommendations? Surveys conducted in the early 1990s found that few young children knew the correct terminology for genitals (Gordon, Schroder, & Abrams, 1990; Wurtele, 1993; Wurtele et al., 1992). In Gordon et al. (1990), 30% of the 4-year-olds interviewed knew *penis*, 27% knew *breast*, but only 10% knew *vagina*. In Wurtele et al. (1992), although almost all the young children (4 and 5-year-olds) knew the correct terminology for non-genital body parts, very few knew the anatomically correct terms for genitals; only 6% knew penis, 8% knew breast, and 3% knew vagina. Similar results were obtained by Wurtele (1993), where 10% of preschoolers knew penis, 6% knew breasts, and 7% knew vagina. The first goal of this study was to determine if today's children are more knowledgeable about genital terminology. As recent surveys suggest, parents seem willing to talk to their children about CSA, with the majority (63%) reporting that they have taught their children the anatomically correct terms for the genitals (Deblinger, Thakkar-Kolar, Berry, & Schroeder, 2007). Thus, we predicted that more children in the current study would know correct terms for their genitals compared to children in earlier studies. Consistent with previous research (Wurtele, 1993; Wurtele et al., 1992), we also hypothesized that children would know more correct names for their non-genital than genital body parts.

Given the current diversity of the United States, it seems important to expand this research with more diverse samples. The purpose of this study was to determine whether children from English or Spanish speaking families vary in their knowledge of genital terminology. There is little known regarding parent-child discussions about CSA in Hispanic communities. There appears to be a taboo against discussing sex in many Hispanic cultures (Kenny & McEachern, 2000; Russell, 2004).) Hispanics are raised to avoid "talking dirty" (Fontes, 2005, p. 92) and many Hispanic women have not been taught the correct words to describe sexual acts. Further, several gaps exist in Hispanic mothers' discussions with their children about CSA (Lira, Koss, & Russo, 1999). Hispanic women who reported a history of childhood sexual abuse reported repressed sexual attitudes in their homes, with virtually no discussions of sex (Kenny & McEachern, 2007). Thus, we hypothesized that Spanish-speaking Hispanic children would have less knowledge about genital terminology compared with non-Spanish-speaking children.

Method

Participants

One hundred and twenty-eight three, four, and five-year-old children (*M age* = 3.8, *SD*= .7) served as participants (72 boys and 56 girls). Parent-reported ethnicity on the children was as follows: 68% Hispanic, 25% White non-Hispanic, and the remaining 7% were African American, Asian, Haitian, or "other." All children were enrolled in preschool or daycare centers in Miami, Florida.

All children were participants in a primary prevention program designed to teach children personal safety knowledge. Directors of preschools and daycare centers (i.e. public, private, faith-based, work-sponsored) were approached about participation in the program through phone calls and mailings. These sites were chosen randomly based on lists of preschools obtained from the National Association for the Education of Young Children (NAEYC) (NAEYC, 2007). However, there were no other exclusionary criteria. As this is a primary prevention program, any

interested family with children in the age range (including potentially children with disabilities) were granted enrollment.

As part of this program, all participants were administered several measures to obtain a baseline level of knowledge. To determine knowledge of genital terminology, children were asked to provide the names of various body parts on a drawing of a nude boy and girl (there were two drawings per gender; a front side and a back view) (Wurtele et al., 1992). This method of obtaining children's names for their genital body parts has been used in other research of this nature (Wurtele, 1993; Wurtele, Melzer, & Kast, 1992). A research assistant said to each child: "Now I'm going to point to different parts of their bodies, and I want you to tell me what the body part is called." The assistant then pointed (in order) to the eyes, feet, head, breasts and vagina, and penis and buttocks (on both the boy and girl). For genital body parts, children's responses were scored either 0 for incorrect or "don't know," 1 for slang, and 2 for either the term "private parts" or correct answers. For English-speaking participants, correct responses included: Eyes (eyes); Breasts (breasts, nipples, or chest); Feet (feet or toes); Vulva (vulva, vagina, gina); Penis (penis); Head (head); Buttocks (buttocks, butt, bottom, or behind) as well as the term "private parts" (for breasts, vagina, penis, or buttocks). For Spanish-speaking participants, correct responses included: Eyes (ojos); Breasts (senos); Feet (pies); Vulva (vagina, vulva); Penis (pene); Head (cabeza); Buttocks (nalgas) and the words "partes privadas" for breasts, vagina, penis, or buttocks. The Spanish genital terms were provided by the Medical Director of a Child Protection Team, a pediatrician who specializes in the assessment and treatment of child maltreatment.

Procedure

After registration had taken place and informed consent was completed by their parents, all children were assessed prior to participation in a CSA educational program. Research assistants assessed each child individually in the preschool or day care center during the day. The children were called from their classrooms and the assessments generally took place in an empty classroom, teachers' lounge, or in a quiet corner of the classroom. This measure took only a few minutes to complete but was part of a larger assessment of the children that took approximately 15 minutes to complete. Children were allowed to pick a "prize" from a small reward box after completing their assessment, regardless of their performance. Based on the participant's stated preference, 62% of the children were administered the test in English (55% Hispanic, 33% White, non-Hispanic, 22% included the other ethnic groups), with the remaining 38% in Spanish (all Hispanic).

Results

Inter-rater reliability was conducted for the scoring of correct responses. The responses obtained by one of the research assistants were given to the other assistant to code, and vice versa. For the non-genital body parts (eyes, feet, head), the interrater reliability was 100%. For the genital body parts, the interrater reliability was 91%. It is important to note that one rater coded all responses of "pipi/peepee" as correct, while the other coder rated those same responses as either as "slang" or "incorrect." This discrepancy in coding accounted for all disagreements between the coders; all other responses were coded in agreement between the two raters.

For the purposes of reporting results, we use the term "instrument language" to refer to the language in which the child was administered the test. There were no significant differences in age or gender by instrument language (English and Spanish).

Analysis of the data showed that 7% of the children knew the correct term for "vagina" (4% males, 9% females) and 10% knew the correct term for "penis" (10% males, 9% females).

Six percent of the sample knew “breasts” (7% males, 5% females) while 20% knew “buttocks” (21% males, 20% females). The majority (89%) of children knew the correct names for non-genital body parts.

There were no significant differences between these two groups on non-genital body parts. Significantly more English-speaking children knew “breasts” (10%) compared to Spanish-speaking children (0%), X^2 (2, N=128) = 6.92, p = .03. For “vagina,” significantly more English-speaking children (11%) knew this body part compared to Spanish-speaking children (0%), X^2 (2, N=128) = 5.88, p. =.05. More English-speaking children reported “penis” as the correct response (16%) compared to the Spanish-speaking children (0%), X^2 (2, N=128) =8.76, p = .01. There were no significant between-group differences for knowledge of “buttocks” or non-genital body parts.

Discussion

Very few children (only 10%) in this sample knew the correct terms for penis, breasts, and vagina. Slightly more children (25%) knew the correct term for buttocks. As predicted, many more children knew the correct names for their non-genital body parts. It appears that parents are effectively teaching their children the names for non-genital body parts, but they seem to be leaving out genital terminology in their body education lessons. Contrary to our prediction, children in the current study did no better than children in surveys conducted in the early 1990s. In fact, identical knowledge levels for breasts (6%), vagina (7%), and penis (10%) were obtained by Wurtele (1993), although in that study, many more children knew the correct terms for buttocks (65%). These findings suggest that over a decade later, little progress has been made in parents’ efforts to teach their young children the correct terms for the genitals.

As predicted, there was a significant difference between the percentage of English-speaking children who knew the correct terms, compared to Spanish-speaking children. In fact, none of the Spanish-speaking children knew the correct terms for breasts, penis, or vagina. Informal discussions with parents of the children involved in the study indicated that Hispanic parents, especially those who spoke Spanish exclusively at home, seemed more resistant to teaching their children proper genital terminology. As use of a new language is one of the most important factors in acculturation (Bemak & Chung, 2003), it is likely that the Hispanic children who spoke Spanish came from homes that are less acculturated and thus more likely to maintain traditional Hispanic norms surrounding the discussion of sexuality. Using these terms seemed especially difficult for older Hispanic parents, and some younger Hispanic parents were concerned about asking grandparents and other caretakers to use these terms in their homes.

Prevention efforts targeting parents must address cultural barriers to sexual discussions. Some prevention experts have begun to offer suggestions for working with culturally diverse populations. “Respecting differences” is important (Tobin & Kessner, 2002, p. 44) when conducting a CSA program, including translating materials, using culturally relevant names in examples and role-plays, and using diverse personnel to teach the program. At least one group facilitator should be of the same cultural group as the target population (Fontes, 2005). Leaders need to effectively communicate to parents about the importance of teaching the correct genital names to their children and address cultural barriers to sexual discussions, including their possible embarrassment over using the incorrect genital terms. Delivering these programs to Hispanic parents should distinguish those acculturated Hispanics who can be treated as if they were Anglos, from those who require a different approach reflecting their adherence to Hispanic culture (Rogler, Malgady, Costantino, & Blumenthal, 1998).

Unfortunately, few CSA educational programs are available for use by culturally diverse parents. The Body Safety Training program (Wurtele, 2007) has been translated into Spanish for use by parents or teachers, and some components of the Talking About Touching program (Committee for Children, 1996, 2001) are available in Spanish. However, the majority of books and other tools are available only in English. CSA prevention programmers are encouraged to translate their materials into other languages and adapt the curricular material for use with diverse populations.

Given that children are especially vulnerable to sexual abuse during the preschool years, providing early education is essential. Incorporating information on the correct names for genital body parts could be easily included into early childhood curriculum that addresses body parts. Preschools are encouraged to add genital names to their lesson plans (Honig, 2000). Teachers should be encouraged to correct children who use incorrect, slang or idiosyncratic terminology for their genital parts. Studies have shown that when children are taught prevention concepts (including genital names) at home and with teachers, they learn more than those who are just taught in one place (Wurtlele, Kast & Melzer, 1992). Providing sexual knowledge and teaching children a healthy respect for their bodies is essential to healthy sexual development. School counselors can be instrumental in assisting teachers with addressing this material with young children. They can provide resources including books, videos and other aids that can be used in small group instruction.

Despite the continued threat of CSA in the U.S. and the proliferation of programs and materials available to teach children correct terminology for body parts, these results demonstrate that little has changed in children's knowledge in this area in the past 15 years. Although many parents take the time to teach their children body parts, few have incorporated genital terminology into these lessons. Spanish-speaking parents of Hispanic backgrounds, perhaps due to the norm of "sexual silence" or hesitation to discuss sex-related topics due to shame or embarrassment (Marin & Gomez, 1997), may require further education about the importance of these lessons, along with materials that are culturally appropriate and available in their language.

Future research should be conducted in focus group settings with parents of various cultural backgrounds to determine their stated barriers to teaching their children the correct names for their genitals. Pre and post testing of parents who have participated in CSA prevention programs could determine if their attitude toward this type of education changes based on knowledge they receive.

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