

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

A thesis presented in partial fulfilment of the
requirements for the degree of Master of Arts in
Psychology at Massey University

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1995

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.

ACKNOWLEDGMENTS

I would like to express my thanks to all the people who have helped to make this thesis possible:

To Cheryl Woolley, my supervisor, for her enthusiasm, guidance and support throughout this last year. Your help was very much appreciated. I would also like to thank John Spicer for his assistance with the statistical analysis.

To Lynn Jenner for providing the initial inspiration for the topic investigated, as well as for her valuable input especially during the planning stages of this thesis.

To Fiona for her many useful suggestions and for all the time she spent proofreading this work. Also a big thank you to Jan for her practical and moral support throughout this last year.

To Mr John Filbee of the Palmerston North Police for the time and effort he put into establishing contact with schools and providing me with up to date information on the Keeping Ourselves Safe programme.

To the principal and staff of the participating school for making time in their busy schedule to allow me to conduct this study. Also a big thank you to all the children who took part in this project and who were happy to share their thoughts with me. Without you this study would not have been possible.

Lastly and most importantly, I would very much like to thank my family. To Nigel for believing in my abilities and supporting me in a thousand different ways. To Micah and Tanzi who were very understanding and patient while I was 'busy'. Also, to my family in the Netherlands who encouraged and supported me from a distance with faxes, cards and phone-calls.

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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.

Chapter 2

PREVENTION OF CHILD SEXUAL ABUSE

This chapter discusses the main aims of child abuse prevention programmes as found in the literature and includes a brief description of key prevention concepts. This is followed by a description of Keeping Ourselves Safe (KOS), a New Zealand prevention programme. The chapter concludes with a presentation of the aims and objectives of the present study.

Child abuse safety programmes

The increasing recognition that a large number of children have been sexually abused and numerous reports of the negative sequelae of abuse have led to a proliferation of child-directed preventative programmes (Carroll et al., 1992; MacMillan et al., 1994; Miller-Perrin & Wurtele, 1988; Reppucci & Haugaard, 1990; Tutty, 1992). The first programmes began to appear in the late 1970s. By 1983, efforts to teach children safety strategies had become the fastest growing component in the area of child sexual abuse prevention in the United States (Finkelhor, 1986). New Zealand authorities, concerned about the high incidence of reported child abuse cases in this country, began to look for a suitable programme in the mid 1980s (Briggs, 1991a). Teaching children safety concepts to help them avoid victimisation has been the preferred option to deal with the issue of childhood sexual abuse for over a decade.

As mentioned in the previous chapter, children are frequently reluctant to disclose abuse. Only a small percentage of victims come to the attention of professionals. Many more are never identified (Finkelhor, 1987). One of the reasons that safety programmes have such a wide appeal as an approach to child abuse prevention is their potential to reach large numbers of children in a relatively cost-efficient way (Finkelhor, 1986; Tharinger et al., 1988).

The Four Pre-conditions of Sexual Abuse model proposes that the aim of preventative programmes is to equip children with the necessary skills to avoid abuse occurring [primary prevention], and to provide an opportunity for children who are being abused to recognise what is happening to them and to disclose their victimisation in a safe environment [secondary prevention] (Finkelhor, 1986; Miller-Perrin & Wurtele, 1988; Reppucci & Haugaard, 1990; Tharinger et al., 1988). However, while numerous studies have demonstrated that interventions can be effective in increasing knowledge and prevention skills in children, there is no empirical evidence which supports the notion that the actual number of sexual abuse offences taking place is reduced (Berrick & Barth, 1992; Daro & McCurdy, 1994; Finkelhor, Asdigian, & Dziuba-

Leatherman, 1995; Kolko, Moser, & Hughes, 1989; Kolko, Moser, Litz, & Hughes, 1987; MacMillan et al., 1994).

A recurring criticism of the child abuse prevention movement is that programmes have been developed without proper consideration of the conceptual assumptions upon which they are based and without empirical validation of their effectiveness once adopted (Finkelhor, 1987; Miller-Perrin & Wurtele, 1988; Reppucci & Haugaard, 1990; Tharinger et al., 1988). Programme developers have used anecdotal clinical reports and knowledge gleaned from prevalence studies to select concepts and skills thought to be necessary to avoid victimisation (Budín & Johnson, 1989; Conte, Rosen, & Saperstein, 1986; Finkelhor, 1986; Haugaard & Reppucci, 1988; Tharinger et al., 1988). In other words, concepts and skills taught in the majority of programmes have been selected on the basis of what adults believe would be useful concepts to teach children, rather than on scientific evidence. The following key concepts are commonly taught across prevention programmes:

- 1) The concept of touch is frequently used to explain sexual abuse. Children are taught about 'good', 'bad' and 'confusing' touch and are instructed to 'trust their feelings' regarding whether a touch is good or bad. It is also explained that certain body parts are private and should not be touched by anybody, except for medical reasons.
- 2) Familiar people might touch children in a sexual way.
- 3) Body ownership. Children are told that they have control over their own bodies and are entitled to say 'no' if somebody touches them in a way they do not like.
- 4) Body knowledge. Some programmes teach students the anatomically correct names for body parts thereby providing children with sexual terminology they can use when they wish to report unwanted touch. Other programmes use euphemisms such as 'private parts' or 'the areas covered by your swimsuit'.
- 5) Secrets. Keeping abusive behaviours secret is of paramount importance to perpetrators. Therefore, instructing children about the difference between 'good' and 'bad' secrets is a prime objective of most prevention programmes.
- 6) Abuse is not the child's fault. Children are taught that if they do experience sexual abuse it is always the perpetrator who is responsible, never the child.
- 7) Permission to tell. Children are instructed to tell somebody if they have been touched in a sexual way, or if something has happened that makes them feel uncomfortable. They are also told to keep on telling until they are believed.
- 8) Strangers. Many children perceive 'strangers' as strange looking or threatening people. Providing children with a more realistic view of strangers is another aim of prevention programmes.

Several studies have attempted to validate some of these concepts over the last five years (Briggs, 1991a; Briggs & Hawkins, 1994b; Budin & Johnson, 1989; Finkelhor, Asdigian, et al., 1995; Finkelhor & Dziuba-Leatherman, 1995).

While it has been suggested that knowledge of all or some of the above concepts might have helped children avoid victimisation (Finkelhor, 1986) others have argued that this approach is far too simplistic and is based on untested assumptions (Reppucci & Haugaard, 1990; Tharinger et al., 1988). For example, the assumption that safety skills, such as saying 'no' are effective across abusive situations might well be unfounded as child molestation has many different forms (Reppucci & Haugaard, 1990; Sang, 1994). Finkelhor, Asdigian, et al., (1995) conducted a large scale survey of children aged 10 to 16 in an attempt to assess the effectiveness of prevention programmes. The authors found that children who had participated in a school or home based prevention programme were more knowledgeable about abuse issues and were aware of self-protection strategies. Participants experienced an increased sense of efficacy even though they were unable to avoid victimisation and were more likely to suffer injuries during an assault than youngsters who had not received prevention instruction (Finkelhor, Asdigian, et al., 1995). The increased risk of physical harm and the inability of victims to avoid victimisation suggests that 'saying no' was not a useful strategy for children in this sample. Finkelhor, Asdigian, et al.'s (1995) results refute previous findings that children might blame themselves if they are unsuccessful in avoiding an abusive situation (Sang, 1994; Tharinger et al., 1988).

Prevention issues

A survey with incarcerated child molesters revealed that they considered their victims' telling someone about the abuse and saying no the most likely deterrents. Perpetrators indicated that the perceived risk of disclosure would inhibit their abusive behaviour towards potential victims (Budin & Johnson, 1989; Conte et al., 1989). Other reports suggest that abusers think they would ignore a child's refusal although they did agree that the threat of being reported would be the strongest deterrent to abusive behaviour (Conte et al., 1989). Berliner and Conte (1990) interviewed 23 children who had experienced abuse. These children believed that early disclosure would have stopped the abuse. However, the same children believed that 'saying no' would not have made a difference and might even have resulted in further harm. This assumption was confirmed by Finkelhor, Asdigian, et al.'s (1995) finding that children who employed recommended safety strategies when trying to avert sexual assault, suffered more physical harm than children who did not.

The majority of perpetrators use a 'grooming process' to gain a child's cooperation before initiating any sexual behaviours rather than physical force (Berliner & Conte, 1990; Budin & Johnson, 1989; Carroll et al., 1992). Favouritism, kindness and covert attempts to isolate the

victim from social support are commonly used strategies (Carroll et al., 1992; Christiansen & Blake, 1990). Conte (1986, as cited in Briggs, 1993) has described how 'grooming' can be a planned lengthy process of seduction. During this time the offender tries to develop a trusting relationship with the child, sometimes including the parents, and pays special attention to the child's likes and dislikes. The fact that most children are abused by a familiar person who deliberately sets out to manipulate the child and his/her environment indicates the complexities of teaching children to recognise an abusive situation.

Children's ability to discriminate different kinds of touch

Teaching children to identify different kinds of touch has been a popular approach to convey what constitutes sexual abuse (Blumberg, Chadwick, Fogarty, Speth, & Chadwick, 1991; Carroll et al., 1992; Reppucci & Haugaard, 1990; Tutty, 1994). Some programmes teach pupils to identify good, bad and confusing touch depending on how each touch makes them feel. Good touches include hugs and pats, bad touches are usually associated with pain and make the child feel bad, while confusing touches may cause mixed up feelings (Blumberg et al., 1991; Carroll et al., 1992; Tutty, 1993a). Other programmes try to teach children to discriminate good versus bad touch by giving specific instructions on which areas of the body should not be touched unless the child has asked for help (Blumberg et al., 1991).

Blumberg et al., (1991) found that children had difficulty distinguishing appropriate touch. They compared the effects of two interventions aimed at developing children's ability to distinguish appropriate touch. Each intervention used different modes of presentation. One intervention was based on situational role plays, including modelling, rehearsal and discussions. The role-play programme taught children that sexual abuse is:

An older person touching you in your private place [opening between your legs] when you do not need help, in a way you do not like. This kind of touching is not only touching in your private place by an older person, but could be licking, kissing, or putting something inside those two openings between your legs. It could also be an older person wanting you to do these things to them or it could be someone taking their clothes off and touching themselves while you watch or taking pictures of you without your clothes" (STOPI, 1984, as cited in Blumberg et al., 1991, pp. 18-19).

The second intervention also introduced the concept of different kinds of touch but used a more abstract mode of presentation, dependent on children's age (i.e. a teddy bear, film, and puppets). Children were taught to differentiate good, bad and confusing touch by listening to their feelings. The following definition was presented to these children:

Sometimes touches don't make us feel good. Sometimes they mix us up or confuse us. It's the kind of touch where you don't know what to do. It doesn't feel good but it doesn't

hurt. You sort of get the feeling in your stomach and if that feeling could talk, it would say "uh-oh" (Hallisey, 1987, as cited in Blumberg et al., 1991, p. 19).

Children who were given an explicit definition of sexual abuse, and who participated in a role-play based programme performed significantly better on a touch discrimination task than children who were taught to differentiate between different kind of touch based on their emotional response to an activity (Blumberg et al., 1991).

Kraizer (1986) has suggested several other reasons why children might experience difficulty understanding the concept of appropriate/inappropriate touch. During the 'grooming process' perpetrating adults usually start by touching children in 'good' non-sexual ways. By using a procedure similar to systematic desensitization touch gradually becomes more and more sexual. It is very difficult for the victim to recognise the progression from 'good' to 'bad' or 'confusing' touch, especially if the perpetrator is a trusted person. A further factor which is frequently overlooked is that some sexual touches might actually feel good to the child, especially if they are part of an otherwise affectionate relationship. Therefore, the child may not be able to recognise the situation as abusive (Carroll et al., 1992; Kraizer, 1986; Tutty, 1993a).

In summary, programmes which provide an explicit definition of sexual touching and which give children concrete rules for judging the appropriateness of a touch have been found to be more successful than programmes which ask children to label their feelings first (Blumberg et al., 1991; Wurtele et al., 1989, as cited in Carroll et al., 1992). This supports Conte, Rosen, Saperstein and Shermack's 1985 finding (as cited in Tutty, 1994) that young children have difficulty integrating concepts which are presented in an abstract rather than in a concrete specific manner.

Sexual abuse by people known to the child

The notion that a person known and trusted by the child might try to touch them inappropriately is one of the hardest concepts to teach children. Young children (below the age of seven) have difficulty reconciling the thought that a 'good' person might give them a 'bad' or 'confusing' touch. This concept seems to be incongruent with their cognitive level of development (DeYoung, 1988). Briggs (1991a) evaluated the responses of five to eight year old children who had participated in a Keeping Ourselves Safe (KOS) a personal safety programme, to a range of safety questions and found that children viewed their parents as safe people who would protect them. Even parents who had been reported to the authorities for abusing were seen as safe by their offspring. While Briggs (1991a) has reported children's views on safety issues it is not clear how children decide whom they can trust and why they consider particular people safe.

Strangers

The message given by many parents and by the media that strangers are dangerous and should be avoided and feared appears to have a strong influence on children's expectations. Briggs and Hawkins (1993) record that five to eight year old Australian children who had never participated in a child protection programme, believed that strangers wear black masks and clothing, break into houses and carry children away in old black cars. Strangers were always thought to be male. Children believed that they would instantly recognise a stranger if they saw one, even though none of the interviewees claimed to have seen a stranger except on television.

In a study involving New Zealand and Australian children Briggs (1991a, 1991b) found that many of the children lacked a clear understanding of the concept 'stranger', even after participation in a preventative programme such as KOS or Protective Behaviours (PB). Tully (1994) found that younger children had difficulty understanding questions relating to strangers but proposed that low scores were due to the nature of the prevention programme (a dramatic play) presented to the children, rather than to the nature of the concept. Briggs' results suggest that children can be taught sound safety strategies for handling potentially unsafe situations such as getting lost in a store. A clear relationship was found between children's ability to safely handle imaginary situations involving strangers and the quality of teaching children had received during the programme. A twelve month follow-up by Briggs and Hawkins (1994b) revealed that the children's perceptions about strangers had not changed; they were still unrealistic.

Main criteria for prevention programmes

There is an assumption that sexual abuse prevention programmes need to meet the following criteria to be effective, and that children who have met these criteria are less likely to be victimised (Carroll et al., 1992; Finkelhor, 1987; Reppucci & Haugaard, 1990).

- 1) The programme should teach what sexual abuse is so that children can recognise unsafe situations. "The success of sexual abuse prevention programs partially rests on their ability to teach children how to identify potentially abusive situations. If children do not know that certain kinds of touches are inappropriate, they will not engage in the appropriate preventive responses" (Carroll et al., 1992, p. 337).
- 2) The programme should provide children with a plan of action they can use whenever they find themselves in an abusive situation.
- 3) Children need to be taught protective behaviours they can employ to keep themselves safe (i.e. tell someone they trust about the incident that worried them) as well as possess the required language skills to report incidents.

High quality programmes with the greatest scope for success tend to incorporate these three points and present them in an age-appropriate manner. A child's ability to gain optimal benefits from a prevention programme is dependent on several factors including his or her cognitive and emotional level of development. As has been pointed out by Reppucci and Haugaard (1990): "A prevention program that does not provide age-appropriate, concrete instructions on how to act in an abusive situation, or a program that gives good instruction on how to act but does not help the child identify abusive situations in an age-appropriate fashion, may be of little value to the child" (p. 563).

Developmental issues

The impact of children's developmental level on their ability to learn safety concepts has become a salient topic in the literature on abuse prevention. A number of studies have indicated that a child's cognitive and emotional level of development may have a significant effect on his or her ability to integrate and utilise prevention concepts (Berrick, 1991; Blumberg et al., 1991; Briggs & Hawkins, 1993; Reppucci & Haugaard, 1990; Tutty, 1994). Research has shown that age is a relevant factor since older children consistently obtain higher knowledge scores and appear to learn more following participation in a prevention programme than do younger children (Conte et al., 1985 as cited in Tutty, 1994; Daro & McCurdy, 1994; Hazzard, Webb, Kleemeier, Angert, & Pohl, 1991; Tutty, 1994). Younger children in particular, seem to find it very difficult to synthesise ideas that are exceptions to the way in which they view the world. The notion that sometimes it is OK to say 'no' to an adult, the idea that not all secrets need to be kept, that people known to the child might be abusive, and the difference between good and bad touches are particularly difficult concepts for younger children to understand (Tutty, 1994).

Authors frequently cite Piaget's theory of cognitive and affective development in an attempt to explain why children seem to have difficulty grasping certain prevention concepts (Berrick, 1991; Blumberg et al., 1991; Briggs & Hawkins, 1993; DeYoung, 1988; Tutty, 1994). Piaget conceptualised development as a continuous process which can be divided into four stages, sensori-motor (0-2 years), preoperational (2-7 years), concrete operations (7-11 years) and the stage of formal operations (>11). Piaget theorised that each developmental stage has its own qualitatively different approach to solving problems and gaining knowledge (Wadsworth, 1989).

Developmental theory proposes that children in the preoperational stage tend to make moral judgements based on the **consequences** of an action or event, rather than on the basis of intent (De Young, 1988; Wadsworth, 1989). A child at a preoperational level of development would judge any touch which felt nice or which produced rewards as 'good', while a touch which resulted in 'negative consequences' such as pain, would be considered bad (DeYoung, 1988). Also, children of this age seem to have difficulty integrating information presented to them in an

abstract manner and respond best to clear and concrete instructions they can follow (Conte et al., 1985, as cited in Tutty, 1994). This suggests that children in the preoperational stage of development lack the ability to interpret good or bad touch on the basis of how it makes them feel.

Around the age of seven or eight children begin to develop autonomy of reasoning which, according to developmental theory, indicates that they have reached a concrete operational level of development. During this time children begin to show an ability to make their own moral evaluations and start to judge situations on their merit rather than blindly accepting externally imposed rules (Wadsworth, 1989).

Offender characteristics

The most consistent characteristic of people who sexually abuse children is that the vast majority are male (Dube & Hebert, 1988; Finkelhor, 1986; McGregor, 1994) although it has been argued that female offending has consistently been underreported (Allen, 1990; Kalders & Inkster, 1995). The old myth that child molesters are strangers who try to pick up unsuspecting children has been well and truly refuted (Alter-Reid et al., 1986; Budin & Johnson, 1989; Conte et al., 1989; Conte & Schuerman, 1987; Dube & Hebert, 1988; Finkelhor & Dziuba-Leatherman, 1994). Only a small percentage of offenders select children they do not know as victims (Budin & Johnson, 1989; Conte et al., 1989). Australian police statistics for 1984 indicated that 94% of reported cases of sexual abuse involved a person known and trusted by the victim (Briggs, 1991a). In a New Zealand study Anderson et al., (1993, as cited in McGregor, 1994) found that 85% of victims knew their abusers before any sexual contact took place.

Other research findings also support the notion that abusers are usually known by their victims. Interviews with adult men who had recently completed a community based treatment programme for sexual offenders found that the majority knew their victims before the abuse started and that they "report targeting children for victimisation, systematically conditioning them to accept increasing sexual physical contact, and exploiting the children's needs in order to maintain them as available victims" (Berliner & Conte, 1990 p. 38). A survey of inmates convicted for sexual offences against children revealed very similar behaviours. The majority of these men knew their victims prior to the first episode of abuse (Budin & Johnson, 1989).

Perpetrators who look for victims outside their own environment tend to frequent public places such as parks and sports grounds where they try to accost unaccompanied or socially isolated children (Budin & Johnson, 1989). Studies on methods employed by offenders to establish contact reveal quite a different pattern from the stereotypical stranger who tries to bribe a child with lollies to go for a ride in the car with him. Budin and Johnson (1989) found that non-incestuous offenders were more likely to offer sweets and use other children to gain access to

potential victims than incestuous subjects but even then this group only constituted a minority. Child molesters commonly use a carefully planned, unthreatening approach, in which they try to develop a trusting relationship with a child before initiating sexual contact (Budin & Johnson, 1989).

Several researchers have investigated methods employed by offenders to select and 'groom' a child for future abuse. Perpetrators assert that in order to avoid detection, they consciously select children who have a low potential for reporting sexual advances because of psychological state (an unhappy child), family circumstances (one-parent family), or age (Briggs, 1993; Conte et al., 1989). These findings are congruent with preconditions three and four of Finkelhor's model of sexual abuse (see Chapter 1, p. 9-10).

School based prevention programmes

Teachers are increasingly seen as key figures in teaching prevention programmes as well as useful resource people for children who wish to disclose abuse. It has been suggested that schools are in an ideal situation to offer ongoing preventive care for children as part of their curriculum (Hazzard et al., 1990; Tutty, 1992). Schools already have an educational role and have access to large numbers of children over an extended period of time. Primary school children make up a high risk group; onset of abuse usually occurs when a child is of primary school age, between the ages of 5 and 12 (Hazzard, Kleemeier, & Webb, 1990). The fact that the majority of perpetrators are part of a victim's family or extended family may make disclosure difficult for a child. A classroom teacher is often the next most trusted and available adult a child can turn to. Research indicates that first disclosure of abuse frequently involves an available teacher (Hazzard et al., 1990).

Keeping Ourselves Safe: a personal safety programme

Keeping Ourselves Safe (KOS), is a national school-based personal safety programme, which has been specifically designed to be age and culturally appropriate for New Zealand children. It was developed by the New Zealand Police and the Department of Education in response to concerns about high rates of sexual abuse in the community and evidence that the majority of children are abused by people they know rather than the mythical 'dangerous stranger' (Briggs, 1991a).

Before deciding to design their own programme, New Zealand authorities examined several international programmes, including 'Protective Behaviours' (PB) an American safety programme which was adopted as core curriculum by the Australian Education Authorities. Protective Behaviours sets out to teach assertiveness skills to children so that they can recognise, avoid/reject and report abusive behaviour. PB was rejected on the grounds that it was culturally inappropriate, too vague and too complicated to be understood by young children in New Zealand (Briggs, 1991a).

The Keeping Ourselves Safe program consists of five age appropriate teaching units, catering for children between the ages of 5 and 17. The aim of the five units is to provide resource kits which give teachers clear guidelines for preparing and running the programme. Kits include comprehensive manuals, posters, audio- and video-tapes, plus supplementary resources and materials for parents and teachers. Each manual provides general information on child abuse and encourages teachers to discuss topics with each other. A structured outline for presenting topics to the children and sample questions for discussion are included. The programme uses anatomically correct names for body parts rather than euphemisms such as 'private parts' or 'the area covered by your swimsuit'. The Keeping Ourselves Safe manual acknowledges that some teachers might have been victims of abuse themselves and discusses ways in which an individual might choose to respond should this situation arise. Guidelines are provided for monitoring changes in children's behaviours as well as for evaluating teaching style.

A brief description of the first two modules will follow. Information on the remaining three modules will not be discussed because these were not presented to the participants in the present study. The first unit, 'Knowing What To Do', was designed for use with Year 1 to Year 3 students (New Entrants to Standard 1) and includes the following topics: understanding feelings, different kinds of touching and people you can trust (New Zealand Police & the Ministry of Education, 1994). The second module, 'Getting Help' includes information on 'keeping myself safe', 'helping other children', 'confusing touch' and 'getting help'. This module is recommended for use with Year 4-6 children (Standard 2-4) (New Zealand Police & Department

of Education, 1987b). Each unit starts with general safety issues familiar to most children, such as being home alone. This is followed by teaching safety skills involving other people and by dealing with abusive situations. The latter are presented in the form of a story. Discussion is encouraged to allow children the opportunity to help find solutions to the problems faced by the character in the story. Solutions are further reinforced by role-plays and generalised to similar situations with the help of 'what if' problem solving scenarios. All the story and video situations have positive endings.

Most of the literature on child abuse prevention programmes seems to assume that, in order to be effective, programmes need to teach children what sexual abuse is. Programmes are based on the premise that children have to be able to recognise an unsafe situation before they can respond appropriately to avoid or stop abuse (Briggs & Hawkins, 1993; Carroll et al., 1992; Finkelhor, 1987; Reppucci & Haugaard, 1990; Tharinger et al., 1988).

KOS defines sexual abuse as unwanted touching. Children are taught to use their feelings to help them differentiate between 'touching they like' and 'unwanted touching'. The latter includes 'touching which children want to stop' and 'confusing touching'. KOS stresses that the decision as to whether a touch is acceptable or not is made by the child. This is based on the assumption that children will be left open to abuse if they have to rely on adults to instruct them as to what is appropriate and what is not (New Zealand Police & Department of Education, 1987b). The KOS manual recommends following the unit on touch with a section in which children are taught the anatomically correct names of body parts and the concept of body ownership. Finally children are instructed that some parts of their body are private to them and should not be touched by others, unless there is an acceptable reason such as a need for medical attention. Teachers are encouraged to discuss a range of touch concepts rather than focus on hand touching only (New Zealand Police & Department of Education, 1987b; New Zealand Police & The Ministry of Education, 1994).

Several authors have suggested that teaching children strategies they can use in potentially abusive situations is one of the main criteria that should be met by a prevention programme (Briggs, 1991a; Reppucci & Haugaard, 1990). KOS manuals contain suggestions for a variety of activities, which have as objective to teach children to say 'no' in unsafe situations and to tell an adult they trust about any incident that worries or confuses them (Ministry of Education & The New Zealand Police, 1994; New Zealand Police & The Department of Education, 1987b). The manuals stress the importance of involving parents in these activities as children need parental support if they want to successfully implement their newly learned skills.

The surge of preventive materials that has flooded the market over the last ten years has led to a situation where teachers are regularly presented with pre-packaged curriculum materials that have not been adequately evaluated and that lack appropriate guidelines for their implementation (Trudell & Whatley, 1988). Instructions often fail to discuss dilemmas such as lack of peer support, teacher fear and prejudices, plus the possibility that teachers themselves have been victims of abuse in the past. Research has clearly indicated that for a programme to be effective it should not only consist of appropriate teaching materials but should also make adequate provision for teacher training (Briggs, 1991a; Briggs & Hawkins, 1994a).

The developers of Keeping Ourselves Safe (KOS) have tried to address some of the issues that have plagued overseas programmes such as inadequate training for providers and lack of support services. The New Zealand Police provides a nation-wide support network of law-related education officers. One of the roles of these specially trained police-officers is to introduce KOS to schools, teachers and parents. The education officer trains and supports a school programme coordinator who in turn trains and supports other school staff involved in the delivery of KOS (Briggs & Hawkins, 1994b). In-service training is provided for teachers who participate in the programme.

Several studies have indicated that the effectiveness of child sexual abuse prevention programmes is greatly enhanced by involving parents in programme implementation (Briggs, 1991a, 1991b; Briggs & Hawkins, 1994b). Wurtele, Kast, and Melzer (1992) found that parental involvement significantly improved safety skills learned by a sample of preschool children. These findings can not be generalised to other age-groups although there are indications that parental instruction might be effective for other age groups as well. Finkelhor, Asdigian, et al. (1995) reported that children who had been taught safety skills by their parents and who had faced actual threats of abuse were less likely to be victimised than children who had only participated in a school based programme. The above sample included children between the ages of ten and sixteen.

Many parents wish to be involved in teaching safety concepts but may not possess sufficient skill and knowledge about risk factors to teach their children effectively (Binder & McNiel, 1987; Briggs, 1991a, 1991b; Elrod & Rubin, 1993; Miller-Perrin & Wurtele, 1988). It is not uncommon for parents to assume that their children are not at risk of abuse (Briggs, 1991b). Briggs (1991a) noted that a considerable number of children claimed they had attempted to report worrying incidents to teachers and parents without success. Children believed they would be punished for reporting 'rude' behaviour and for revealing adults' secrets. It was their conviction that parents and other adults 'stick together' and would not listen to them (Briggs, 1991a). Briggs' subjects stated that adults made fun of their protests and that therefore it was easier to take evasive

action or put up with unwanted behaviour, rather than object. These findings clearly indicate the importance of educating parents about sexual abuse issues and involving them in the programme so that families are able to communicate about safety skills clearly and more comfortably (Briggs, 1991a). Children are unlikely to report sexual encounters and other events unless they know from experience that it is safe to do so.

The designers of the KOS programme encourage parental involvement in several ways.

- 1) Parents are invited to attend an information evening at their child's school. A short video is shown during this evening which explains the programme to the parents. Ample opportunity is provided to ask questions and discuss areas of concern with teachers and the attending police officer.
- 2) Pamphlets are distributed informing parents about the aims and content of the KOS programme, (New Zealand Police & Department of Education, 1987a) and about sexual abuse of children (New Zealand Police & Department of Education, 1987c) . The latter includes a brief description of sexual abuse and actions that can be taken to either reduce the risk of abuse or advice on how to respond to a disclosure. Parents are informed that children are more likely to be molested by a person known to the child rather than by a stranger. Signs that may be associated with suspected abuse, such as physical complaints, mood changes and changes in behaviour are also discussed.
- 3) Children are given a homework book which informs parents on a regular basis about topics that have been covered at school. Follow-up suggestions are included to test and reinforce the child's learning and to encourage open family discussions about ways that children can protect themselves from abuse (Briggs & Hawkins, 1994a; New Zealand Police & The Ministry of Education, 1994).

The main aim of KOS is to teach children concepts and strategies they can use to avoid victimisation. KOS includes a range of situations which cover general safety issues at home and at school, as well as possible sexual situations (Briggs & Hawkins, 1994a; New Zealand Police & the Ministry of Education, 1994). The programme provides clear guidelines plus appropriate resource materials for teachers to facilitate the presentation of the more sensitive components. The structure of the programme is one aspect which reflects the efforts made by its developers to learn from overseas experience. Protective Behaviours (PB) uses similar problem solving techniques to KOS but does not provide teaching materials. Briggs and Hawkins (1994b) found that without access to adequate resource materials teachers had a tendency to avoid introducing safety issues related to sexual abuse and focused on topics such as safety at school instead.

Summary

The main aims of child abuse prevention programmes have been reviewed and a brief description of key prevention concepts included. Some of the developmental influences thought to impinge on children's ability to learn prevention concepts were discussed as were offender characteristics relevant to child sexual abuse prevention. It was concluded that it is vital for programme designers to incorporate information obtained from offender studies to maximise programme effectiveness.

Chapter 3

THE PRESENT STUDY

AIMS

Briggs and Hawkins (1994a) have investigated the effectiveness of the Keeping Ourselves Safe (KOS) programme in teaching safety concepts to New Zealand children between the ages of five and eight. Among other topics, children's beliefs about strangers and their ability to stay safe in unfamiliar situations were explored. However, children's understanding of inappropriate touch by people known to them was not adequately investigated. Prior research involving the KOS programme has not indicated how well children learn some of the more difficult concepts such as identifying different kinds of touch and accepting that people known to them might be abusive.

Empirical evidence shows that age has a significant effect on children's ability to learn prevention concepts (Daro & McCurdy, 1994; Hazzard et al., 1991; Tutty, 1994). Previous research involving the KOS programme was restricted to children of a narrow age band (5 - 8 years) and similar developmental level (Briggs, 1991a; Briggs & Hawkins, 1994a). The present study aims to investigate how different stages of cognitive and affective development might influence learning of prevention concepts in children of primary school age. A cross cultural comparison of response patterns in New Zealand and Canadian children of primary school age will also be attempted. The present study is exploratory with the aim of observing and exploring trends by combining both a qualitative and quantitative approach.

One of the strengths of qualitative data is that they can provide insight into the meaning people place on processes and events in their lives, as well as revealing assumptions, presuppositions and perceptions (Miles & Huberman, 1994). In addition, qualitative data "are useful when one needs to supplement, validate, explain, illuminate, or reinterpret quantitative data gathered from the same setting" (Miles & Huberman, 1994, p. 10). Rossman and Wilson (1984, 1991, as cited in Miles & Huberman, 1994) suggest several reasons why it is helpful to combine a qualitative and quantitative approach. A two pronged approach may provide more in depth detail, allow corroboration of findings via triangulation and may provide new or fresh insight into the field of child sexual abuse prevention. Triangulation provides a means of verifying and validating findings by "seeking information from multiple data sources, multiple methods, and multiple prior theories or interpretations, and assessing convergence" (Stiles, 1990, p. 30).

The Child Knowledge of Abuse Questionnaire (CKAQ-RII) will be used to determine which concepts pose difficulty for New Zealand children before and after participation in the KOS

programme in a partial replication of a study conducted by Tutty (1994). Patterns observed following administration of the CKAQ-R11 will be further explored in interviews with a small sample of children of different ages drawn from the original sample. It is anticipated that a qualitative analysis of the children's own stories and explanations will provide insights into the way they construct meaning from the concepts presented to them during participation in the KOS programme.

A key objective of the present study is to explore children's perceptions and interpretations of the safety concepts presented to them through the Keeping Ourselves Safe (KOS) programme, in an attempt to qualitatively evaluate the depth of their understanding and the nature of their reasoning about the topic. Prior research has almost exclusively focused on quantitative differences in knowledge and skill levels before and after participation in a preventative programme, in children of different age groups. No reports of qualitative evaluations were found in the literature by this author. Yet, as has been pointed out by Wadsworth, (1989) "It is the exploration of the children's reasoning, not merely their answers, that reveals their level of understanding" (p. 124).

Increased awareness of the quality of understanding at different developmental levels might aid educators and parents to communicate more effectively and in a way which is consistent with children's ability to comprehend. More knowledge in this area can also provide ways in which teaching materials can be adapted to maximise their effectiveness for children at different developmental stages (Wurtele & Miller, 1987).

METHOD

Participants

Participants were 96 children who had recently completed a child sexual abuse preventing Ourselves Safe (KOS). The children were pupils at a primary school in Palmerston North which was located in a predominantly white middle class area. The majority of students described their ethnic identity as European (78%), 5.2% identified themselves as Maori or Maori/European, 4.2% as Asian, 2.1% as Pacific Islander and 8.3% as other. Pupils who were unsure of their ethnic identity were guided by teachers supervising the data collection.

Information sheets and Parent Consent forms were sent home with approximately 77% (N = 192) of the school's population. Year 1 students and pupils whose parents declined permission for participation in the KOS programme were excluded from the present study.

Initially only 22% of children returned permission slips signed by their parents or guardians consenting to the child filling out a questionnaire and being available for an interview. Twelve students, two from each class, were selected from this pool by the school principal on the basis of perceived average ability and developmental level to participate in a more in depth follow up interview. This method of selection was similar to that used by Briggs (1991a). Following a reminder notice by the principal, a further 28% received permission to complete the questionnaire only.

Forty-three boys (45%) and 53 girls (55%) ranging in age from 5 to 11 years completed the Children's Knowledge of Abuse Questionnaire (R-II) within a few days of finishing the KOS programme. Children had been taught the Junior Primary (Year 1-3) and the Middle Primary (Year 4-6) modules of the KOS programme over a two week period.

Selected students were interviewed approximately one week after they had completed the Child Knowledge of Abuse Questionnaire and ranged in age from 6.1 years to 10.7 years. Five of the students were female, and seven of the students were male.

Measures

Participants completed an adapted version of the Child Knowledge of Abuse Questionnaire-Revised II (Tutty, 1993b; see Appendix A). Minor modifications were made in an effort to make the instrument more culturally appropriate for use with New Zealand children. These modifications are described below.

The Child Knowledge of Abuse Questionnaire-Revised II (CKAQ-RII)

The CKAQ-RII (Appendix B) is a 33-item self-report measure which was designed by Tutty to evaluate knowledge levels of key sexual abuse prevention concepts in children between the ages of six and twelve. The instrument was designed to measure "the amount of information learned regarding important **beliefs** and **facts** about child abuse, such as 'strangers look like ordinary people' as well as 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" (Tutty, 1993b p. 9). Items consist of closed questions which follow a true-false format.

The Child Knowledge of Abuse Questionnaire (CKAQ) was developed in several stages. The first instrument consisted of 35 items. Following an analysis of response patterns to individual items Tutty reduced the number of items to 24 creating the CKAQ-R. The CKAQ-RII is identical to this earlier version of the measure, except for the addition of a new nine-item subscale which was designed to evaluate children's knowledge of 'appropriate touch'. This subscale has not been validated as yet. According to Tutty (1993b) the new scale was constructed in response to concerns expressed by parents and professionals that one of the negative outcomes of prevention programmes might be the inability of children to distinguish between appropriate and inappropriate touch (Blumberg et al., 1991; Reppucci & Haugaard, 1990).

CKAQ-R scores have been found to be reliable over a time interval of one month ($r = .88$), while an internal consistency value of $r = .87$ using the Kuder-Richardson formula indicates good internal reliability of the measure (MacMillan et al., 1994; Tutty, 1993b). A correlation of $r = .92$ between the CKAQ and the Personal Safety Questionnaire has been reported (Tutty, 1993b). However, no follow-up information about the convergent validity of the CKAQ-R has been described. Previous research has indicated that the CKAQ-R is sensitive to change in knowledge levels following exposure to a sexual abuse preventative programme and was able to differentiate programme participants from a control group. These findings provide some support for the construct validity of the instrument (Tutty, 1993b). This author has provided an initial set of norms for age and gender based on a sample of 332 children (Tutty, 1993b). The CKAQ-R was developed in Canada and reported norms and psychometric properties are based on Canadian samples only.

The CKAQ-RII includes items covering key concepts commonly used by a wide range of preventative programmes and is recommended as a general measure for assessing changes in knowledge level following a preventative programme. The instrument is claimed to be sensitive enough to detect developmental differences and is less likely to reach a ceiling effect than some of the shorter instruments available (Tutty, 1993b).

This is due to the fact that items cover a range of situations and vary considerably in degree of difficulty allowing sufficient room to assess increases in knowledge without reaching a ceiling effect.

The CKAQ-RII is suitable as a pre and posttest (Tutty, 1993b). Brief instructions are provided with the test to ensure that the measure makes sense to children who have never been exposed to prevention concepts. The instructions include a short description of different kinds of touch plus an explanation of the term "private parts", and are read to participants before they complete the measure (Appendix B). Tutty (1993b) investigated the possibility that these instructions introduce a bias by providing a 'mini-lecture' on prevention concepts before administering a pretest but found no significant difference on post-test scores of children who had been pretested and children who had not.

The instrument sets out to establish a comfortable response set by starting off with items which are assumed to be familiar to most children. Topics include assertiveness with peers, attitudes towards strangers and non-sexual touch. Items referring to sexual abuse and the notion of inappropriate touch by a person known to the child are placed towards the end of the questionnaire (Tutty, 1994).

Pilot study.

During initial meetings to discuss the project it quickly became evident that school staff felt that the CKAQ-RII was not culturally appropriate for use with New Zealand children. Despite discussions about the disadvantages of modifying the measure, teachers believed that some of the content and part of the format of the Canadian version needed to be modified. A small pilot study with a ten year old girl and an eleven year old boy confirmed that some of the items might be confusing, especially for younger children. Both children were encouraged to comment about individual items as they were completing the questionnaire. Information gained was used to help modify the CKAQ-RII but was not included as data.

The following changes were made to the CKAQ-RII:

The original statements were changed to questions by placing 'do you think that' before each item. Consequently, rather than indicating 'true' or 'false' children were asked to respond 'yes' or 'no' to each item.

The response space was moved from the left to the right hand side of each item in the questionnaire and was changed from a simple line to square response boxes commonly used in New Zealand schools (Appendixes A and B).

The description of different kinds of touch and the explanation of the term private parts were eliminated from the instruction sheet and questionnaire. The term private parts was replaced by anatomically correct names such as penis, vagina and vulva.

In addition, some terminology was changed:

Question 11: 'candy' was replaced by 'lolly'.

Question 33: 'sales clerk' was replaced by 'shop assistant'.

Interview Format

A semi-structured interview format, consisting of a mixture of open-ended and closed questions, was used for the second part of the study (Appendix C). The main focus of the interview was on concepts indicated as problematic for children by previous research (Briggs & Hawkins, 1993; Tutty, 1994). The aim of the interview was to qualitatively explore children's understanding and perceptions of these concepts. As has been pointed out by Kraizer (1986) there can be a vast difference between what adults think they say and what children hear.

Pilot interviews were conducted with an eleven year old boy (P1) and a ten year old girl (P2). Their responses were analysed by a Senior Lecturer in Clinical Child Psychology and by the author, and were used to further develop the interview questions.

Before recording the interview several minutes were spent building rapport. It was explained to the children that the interview was related to the questionnaire on keeping safe they had completed the previous week and that "you can help me find out what kids your age know about Keeping Yourself Safe". The beginning of the interview was concerned with each child's overall impression of the KOS programme. Participants were encouraged to talk freely about activities they found the most interesting, and new things they had discovered.

The middle part of the interview focused on preventative concepts such as 'strangers', 'secrets', 'saying no', and 'trusting feelings'. Participants were encouraged to answer questions related to a number of 'what if' scenarios ranging from familiar situations to potentially abusive situations. It was of paramount importance that children felt as comfortable as possible throughout the interview. Therefore several approaches were used including 'what if' questions; 'best friend' questions and questions asking the child what s/he would do in certain situations.

The last part of the interview moved away from abuse issues. The aim was to wind down the interview by using a 'what if' scenario about handling a medical emergency which required the child to make a 111 call. In addition participants were encouraged to comment on the interview. They were asked which questions they thought were tricky or easy, and things they felt were important that were not discussed. It was considered important that children leave the interview with a feeling of competence and high self-esteem.

Procedure

The researcher sought and obtained approval for the present study from the Human Ethics Committee at Massey University. The committee stipulated that the method of data collection be finalised in consultation with the school principal.

Initial contact with the participating school was established through the Law Related Education Officer of the New Zealand Police in Palmerston North. This officer is responsible for distributing the Keeping Ourselves Safe programme to schools as well as liaising with schools and parents.

After several meetings with the principal and a senior teacher an agreement was reached about the most suitable format for data collection. It was agreed that teachers would supervise the children while they completed the questionnaire, and that the CKAQ-RII would be administered as a post-test only. A decision to exclude Year 1 students was based on several factors. Some of the teachers felt that five year old children lacked the maturity to cope with the questionnaire and/or interview. Tutty (1993b) recommends administering the CKAQ-RII individually or in small groups to young children. Therefore including 5 year old pupils would have required an additional time commitment of teachers. The Child Knowledge of Abuse Questionnaire was designed to be used with children between the ages of 6 and 12, which equates to children of primary school age in Canada (Tutty, 1993b). It was thus decided to maintain chronological age rather than educational level for purposes of cross cultural comparison.

A Parent Information sheet (Appendix D) and a Parent Consent form (Appendix E) were sent home with Year 2 to Year 6 pupils whose care givers had approved their children's involvement in the Keeping Ourselves Safe programme (N = 192).

Data collection

The first stage of data collection took place in June 1995, within one week of participants completing the KOS programme. The CKAQ-RII was administered to students who had received permission to participate in the study. Students were divided into three groups (6 - 7; 8 - 9 and 9-11 years old) by school staff. The CKAQ-RII was then administered verbally to each group by

an allocated teacher. Reading out the instructions and questions ensured comparable results between children of various age-groups and children of different reading ability (Tutty, 1993b). Children who had difficulty completing the CKAQ-RII independently received individual assistance. Teachers were given detailed instructions on how to administer the measure to ensure that results would be comparable across the different age groups. Time to complete the measure varied from approximately 15 minutes for the older children to 30 minutes for the youngest ones. Children were informed that they did not have to take part in the study if they did not wish to.

The second stage of the data collection consisted of in depth interviews which were conducted in June 1995 at the children's school. Students were introduced to the researcher by a person known to them, i.e. the principal, a teacher or one of the office staff, and were told that their parents had given permission for the interview on the condition that the child was happy to take part in the study. After initial contact had been established the researcher briefly explained the purpose of the study and encouraged the child to ask questions. Pupils signed a Child Consent form (Appendix F) before commencement of the interview.

Participants were told that they could terminate the interview at any time and that they did not have to answer any particular questions if they did not wish to. Care was taken to ensure that children were not distressed by the process. Questions were interspersed with brief chats about topics salient to the student. The interviewer checked at different times during each session that the child still felt comfortable about continuing and closely observed nonverbal cues such as body language and apparent degree of interest in the process.

Children were provided with paper and some colouring pencils to help them feel more at ease. Sessions were recorded on audio-tape with the help of a small tape-recorder placed near the child. At the start of the interview pupils were given the opportunity to play back the tape and listen to their own voice. This was also intended to build rapport and encouraged children's active participation.

The majority of interviews lasted approximately 30 minutes although some lasted up to 45 minutes. Shortage of space made it necessary to move to different rooms for some of the interviews. School staff took care that interviews were conducted in a fairly open setting (i.e. a staffroom, the sickbay or the library), apparently to discourage the notion of secrets and thereby further reinforcing concepts taught in the KOS programme .

One of the aims of the present study was to explore children's understanding of concepts taught in the Keeping Ourselves Safe programme. In an attempt to achieve this objective children were encouraged to generate their own answers to open-ended questions and imaginary situations. Children were consulted as experts on "what kids know about keeping themselves safe". They were told that their answers might help clarify safety issues for other children, as well as give adults some insight into what kids think and know so that these adults can become more effective in teaching other children.

As an acknowledgment of each child's contribution and as a token of appreciation a selection of stationery items was presented from which s/he was allowed to choose one item at the end of the interview.

On completion of the study, a summary outlining the main findings was presented to the school, as well as to those parents who had indicated on their consent form that they wished to receive feedback.

Analysis of interviews

The interviews were transcribed verbatim by the researcher. Each tape was listened to several times to elicit verbal cues such as unease and other vocal expressions not conveyed by the content of the transcribed text. Tapes were transcribed soon after the interviews were conducted to ensure that the researcher still recalled process details of each session.

Chapter 4

RESULTS

This section describes the results of the CKAQ-RII and the CKAQ-R measurements. Reliability statistics are presented for the CKAQ-RII as well as its two components, the CKAQ-R and the "Appropriate Touch" subscale. One of the aims of this study was to provide a cross cultural comparison of New Zealand and Canadian children's responses to the CKAQ-RII. Elimination of the CKAQ-RII pretest and the unavailability of Canadian posttest data on the CKAQ-R and the CKAQ-RII means that no direct cross cultural comparison can be provided. However, some trends in response patterns across grades will be discussed. An alpha level of .05 was used for all statistical tests.

The results show an overall trend which indicates that percentage of correct responses increases with age. Table 1 shows the mean score, per age group, on the Child Knowledge of Abuse Questionnaire Revised-II (CKAQ-RII). Mean percentages and standard deviations (SDs) of correct responses are also included.

Table 1: Mean and Mean Percentage Scores of Correct Responses on CKAQ-RII (33-items) by age

Age	N	Mean	Mean %	SD
05	01	16.00	48.48	---
06	18	19.56	59.26	12.35
07	13	23.38	70.86	10.96
08	17	22.41	67.91	13.43
09	29	24.72	74.92	14.82
10	16	25.69	77.84	11.90
11	02	23.50	71.21	2.14
Total sample	96	23.21	70.33	14.33

Children were assigned to one of three discrete age groups to facilitate a cross-cultural comparison of New Zealand and Canadian children's response patterns to the CKAQ-RII. Allocation to respective grades is based on the Canadian school system whereby Grade 1 consists of 6 - 7 year old children, Grade 3's are aged 8 - 9, and Grade 6 consists of 11 - 12 year olds who are the most senior primary school pupils.

Differences in school systems do not allow a direct comparison between senior cohorts, Grade 6 (aged 11-12) and New Zealand Year 6 students (aged 10-11), as New Zealand students reach senior status one year earlier than Canadian children. Although New Zealand students assigned to the Grade 6 group were chronologically one year younger than their Canadian counterparts, a tentative comparison between the two groups will be attempted as both groups occupy the same niche in their respective school systems.

Table 2 shows the mean percentage of correct responses for the CKAQ-RII by grade. Separate mean scores for the 24-item CKAQ-R and the 9-item subscale on appropriate touch are also presented.

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-RII score for Grade 1 (aged 6-7), Grade 3 (aged 8-9) and Grade 6 (aged 10-11).

	N	CKAQ-R		SubScale Appr. Touch		CKAQ RII	
		Mean %	SD	Mean %	SD	Mean %	SD
Grade 1	31	59.54	13.74	76.34	16.91	64.13	12.98
Grade 3	46	71.92	17.13	73.43	21.27	72.33	14.58
Grade 6	18	77.55	11.71	75.93	17.98	77.10	11.40
Total	95	68.95	16.53	74.85	19.19	70.56	14.22

Cronbach's alpha, a measure of internal consistency, was calculated as .84 for the CKAQ-RII. The measure showed evidence of high reliability despite the fact that only a small sample without missing data was available ($N = 18$). Separate calculations of the Cronbach's alpha for the CKAQ-R and the Appropriate Touch subscale yielded alphas of .85 and .50 respectively. It is generally considered that an alpha of .7 or higher is required to ensure that a measure has an acceptable degree of reliability (George & Mallery, 1995). Therefore further analyses in this section will be based on the 24-item CKAQ-R scores only and the Appropriate Touch subscale will be excluded.

An analysis of variance with factors Grade and Gender yielded a significant main effect for grade $F(2,94) = 9.421$, $p < .0001$, but not for gender. The analysis of variance did not show an interaction effect between grade and gender ($p = .845$). The Bartlett-Box and Cochran's C were used to test for homogeneity of variance and indicated that variance did not differ significantly among the three groups. As recommended by Cramer (1994, p. 137) independent one-tailed t-tests were employed to determine whether the hypothesized difference in mean score

between grades was confirmed. The difference in mean scores for the Grade 1 and Grade 3 groups was found to be significant ($t = -3.36$, $df = 75$, $p < .0005$). No significant difference was found between mean scores for Grade 3 and 6. However, mean scores for Grade 1 and Grade 6 groups showed a statistically significant difference ($t = -4.66$, $df = 47$, $p < .0001$). Children in Grade 3 and 6 gained significantly higher scores on the Child Knowledge of Abuse Questionnaire- Revised than grade 1 children.

An item analysis of the CKAQ-R was conducted to investigate the possibility that children from various agegroups responded in different ways to individual concepts tested. Questionnaire items were divided into three categories dependent on the percentage of correct responses of Grade 1 children following the KOS programme. Categories were based on a method employed by Tutty (1994) and consisted of very difficult items: 0 - 40% correct; difficult items: 45 - 70% correct and relatively easy items: 75% or above correct.

Table 3 presents percentage of correct responses per grade for items that Grade 1 children found very difficult (0 - 40% correct). As expected, younger children scored consistently lower on most items than older children across the three categories. The fourth item "Do you think that boys don't have to worry about someone touching their penis?" indicates an unusual response pattern with children of all three age groups scoring 28-29%. A reliability analysis showed that the item-total correlation of this particular item was very low (.0522) which indicates that its relationship with other items of the measure is weak. The item-total correlations of the remaining four items ranged from .4204 to .6565. It is interesting to note that all 5 items measure **beliefs** about child abuse rather than **skills**.

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).

Items	Gr. 1 (N =31)	Gr. 3 (N=46)	Gr. 6 (N=18)
1) Do you think that a stranger is someone you don't know, even if they say they know you?	10%	26%	39%
2) Do you think that you can always tell who's a stranger - they look mean?	32%	37%	56%
3) Do you think that even someone you like could touch you in a way that feels bad?	32%	72%	78%
4) Do you think that boys don't have to worry about someone touching their penis?	29%	28%	28%
5) Do you think that someone you know, even a relative, might want to touch your bottom in a way that feels confusing?	6%	33%	28%

Percentage of correct responses for items that Grade 1 children found difficult (45 - 70% correct) are presented in Table 4 for each grade. Item six "Do you think that if a friend's dad asks you to help him find their lost cat you should go right away with him and help?" shows an unusual response pattern because Grade 6 children obtained the lowest score out of the three categories. The trend across items shows an increase in percentage of correct responses by grade, not a reduction. Reliability analysis indicates satisfactory item-total correlations for items presented in Table 4 and 5.

Table 4: Percentage of correct responses, by grade (Gr.), for CKAQ-R items that Grade 1 children found difficult (45 - 70% correct responses).

Items	Gr. 1 (N=31)	Gr. 3 (N=46)	Gr. 6 (N=18)
1) Do you think that if someone touches you in a way you don't like, you should not tell anyone?	58%	85%	94%
2) Do you think that if a grown-up tells you to do something you always have to do it?	55%	74%	78%
3) Do you think that you can trust your feelings about whether a touch is good or bad?	59%	61%	72%
4) Do you think that you have to let grown-ups touch you whether you like it or not?	68%	87%	94%
5) Do you think that sometimes someone in your family might touch you in a way you don't like?	65%	59%	67%
6) Do you think that if a friend's dad asks you to help him find their lost cat you should go right away with him and help?	55%	76%	44%
7) Do you think that if someone walks in while you are having a bath, and you feel uncomfortable, you should just keep quiet?	45%	78%	83%

Table 5 presents items which were correctly endorsed by at least 75% of Grade 1 children following participation in the KOS programme. Several items reached a ceiling effect for the Grade 6 cohort with all children reaching a correct response rate of 100%. The vast majority of children in all three grades correctly endorsed items requiring a rejection of inappropriate behaviour in others. Grade 1 children appear to have relative little difficulty with items requiring **skill** rather than **attitude**.

Table 5: Percentage of correct responses, by grade (Gr.), for CKAQ-R items that Grade 1 children found relatively easy (% correct responses > 75).

Items	Gr. 1 (N=31)	Gr. 3 (N=46)	Gr. 6 (N=18)
1) Do you think that you always have to keep secrets?	77%	91%	89%
2) Do you think that sometimes it's OK to say 'no' to a grown-up?	90%	87%	100%
3) Do you think that it's OK to say 'no' and move away if someone touches you in a way you don't like?	84%	96%	100%
4) Do you think that if your friend says he won't be your friend anymore if you don't give him your last lolly, then you should give it to him?	84%	78%	89%
5) Do you think that if someone touches you in a way you don't like, it's your own fault?	90%	91%	100%
6) Do you think that if you don't like how someone is touching you, its OK to say 'no'?	87%	93%	100%
7) Do you think that if a mean kid at school orders you to do something you had better do it?	87%	87%	83%
8) Do you think that if someone touches you in a way that does not feel good you should keep telling until someone believes you?	77%	85%	94%
9) Do you think that if your baby-sitter tells you to take off all your clothes but it's not time to get undressed for bed, you have to do it?	94%	96%	95%

Summary

This chapter has presented results derived from children's responses on the CKAQ-R11 as well as reliability statistics for the CKAQ-R11 and its two subscales: CKAQ-R and appropriate touch. In addition to completing the questionnaire, twelve children took part in interviews which were transcribed and analysed. Findings based on data obtained during these interviews will be reported in the following chapter.

Chapter 5

QUALITATIVE FINDINGS

This chapter presents profiles of twelve children who were interviewed followed by an overview of the most salient points relevant to the present study that emerged during the meetings. The interviews produced a wealth of information, a complete analysis of which is well beyond the scope of the present study. It is the intention of the author to present material which is not included in the present study in future publications. Most of the data in this chapter will be displayed as quotes, which illustrate children's reasoning and understanding of a variety of concepts. Age (in years and months) plus gender are noted with each statement. At times it has been necessary to include quotes that are similar in content in order to illustrate children's reasoning at different developmental stages. For ease of reporting data some interpretations have been juxtaposed with children's responses.

Profiles of children who were interviewed

Children were given identification numbers to ensure confidentiality. All children were of average ability except P 11 and P 12 who were considered able students by the school principal. Age is indicated in years and months for each pupil.

P 1 was a Maori boy, aged 10.3 years. He presented as a confident and pleasant boy who spoke in a clear voice and expressed himself well. P 1 was in his final year at primary school and was a student in a composite class of year 5 and 6 students. He enjoyed drawing during the interview.

P 2 was a 10.6 year old Pakeha girl. She was also a senior student in a Year 5 - 6 composite class. P 2 was quite chatty and seemed comfortable and relaxed throughout the interview. She drew a house with a big happy face during our session together. She mentioned that she took part in a preventative programme called 'Dare' when she was about 8.

P 3 was a 6.11 year old Pakeha girl and a Year 3 student. P 3 was a happy-looking child who seemed to feel very secure in her own world. She talked fairly slowly and softly, using a 'conspiratorial' tone of voice at different times during the interview ie. when we talked about secrets. P 3 spent most of the session drawing. She drew a detailed picture of herself with a big smiley face with the names of all the people around her that she feels she can trust.

P 4 was a quiet Pakeha boy, aged 7.4 years, who was in his third year at Primary school. P 4 appeared comfortable and relaxed with the process of the interview but seemed less confident

about the content. Many of his replies consisted of key-words or phrases rather than full sentences. Several of his replies were given in the form of a question, as if he wanted to check that his responses were correct. His manner of speech was soft but clear.

P 5 was the youngest student interviewed. He had only recently turned six. P 5 presented as a very shy but pleasant Pakeha boy who at first seemed hesitant to make eye contact. It was my impression that he was not used to having long conversations with adults. P 5 was a student in a third year class. He had a soft husky voice and spoke with a slight accent which was difficult to understand at times. P 5's attention started to wander during the second half of the interview. During this time we could clearly hear a number of students who were busy in the library next door. Also, a special needs teacher started working in the same room as the interview took place.

P 6 was a 6.11 year old Pakeha girl. She was a student in a Year 3 class and presented as a quietly spoken, rather shy child. She had a fairly slow and deliberate way of talking. Her voice was soft which made it difficult to understand her at times. She had a habit of replying to questions by shaking her head to indicate 'yes' or 'no' rather than giving a verbal response. At times she appeared to have difficulty understanding what was being asked, yet she was eager to try and reply to the best of her ability. P 6 enjoyed drawing during the interview.

P 7 was a 9.8 year old Pakeha girl. She presented as a confident child who appeared at ease throughout the interview. She talked freely and seemed comfortable answering questions. P 7 sat upright, with her arms folded a lot of the time, similar to a 'listening position' in class. Despite this her posture was relaxed. Paper and a few coloured pencils were available throughout the interview but were only used for a few minutes.

P 8 was a 6.10 year old Pakeha boy. He presented as a very genuine but quite serious young boy. He thought deeply about questions before replying. According to his teacher he enjoys acting. During the interview P 8 took on different voices to answer questions. He seemed to enjoy role-playing 'what if' scenarios. P 8 did not show any interest in drawing during the interview. He sat at a desk with his arms folded most of the time. The only time P 8 appeared uncomfortable during our session was when he was unsure about the 'right' answer. He would become restless and start moving around in his chair with a worried look on his face. It appeared to be very important to him to feel that he knew the answers and to be seen as competent. This occurred several times during the interview.

P 9 was a lively 8.0 year old Pakeha boy. He talked in a fairly loud and clear voice. P 9 replied promptly to questions and often came up with elaborate stories to illustrate his point. He was an

animated story teller. My questions triggered memories on several occasions which he promptly shared. P 9 was physically quite active, although not restless. He moved his body a lot to illustrate his point but did not appear fidgety. P 9 talked a lot about 'strangers that try to get you in their car'. He drew a picture of a car during the interview.

P 10 was a 9 year old, part Maori boy who had just celebrated his 9th birthday. P 10 was in a composite class of Year 4 and 5 children. He presented as a pleasant and confident boy who made a lot of eye contact. He spoke clearly and seemed at ease throughout the interview. It was my impression that he is used to a lot of interaction with adults. He did not show any interest in drawing during the interview.

P 11 was a 9.9 year old Pakeha girl. She was a student in a composite Year 5 - 6 class and was described as an able student by the school principal. She presented as a confident, but quietly spoken child. P 11 was quite content sitting in the library with me (I checked this on several occasions) but did not show a lot of interest in the interview. She told me in the beginning of our session that she did not find the KOS programme very interesting and that she had forgotten most of it already. She chuckled at different times during the interview when she told me how fast she forgets things because she is so busy thinking about other things.

P 12 was a 10 1/2 year old Pakeha boy. He was a senior student in a composite class of Year 5 and 6 children. The principal described him as an able student. P 12 presented as a bright and articulate boy with a good sense of humour. He seemed at ease throughout the interview. With certain questions he felt unsure about the correct response. This did not seem to bother him; he took his time thinking about it and then replied. He seemed to enjoy the interview as well as the challenge of thinking about different situations and his probable responses.

Keeping Ourselves Safe: Children's perceptions

The KOS manual "Knowing what to do" (New Zealand Police & The Ministry of Education, 1994) states that KOS is a prevention programme which "aims to develop personal-safety-skills to protect children from being abused" (p. 9). One of the goals of the present study was to explore children's own thoughts and perceptions about what they felt they learned from the KOS programme. The following section describes children's comments about what they think sexual abuse is.

Defining sexual abuse

The most comprehensive description of sexual abuse was given by a ten year old, senior boy (P1). P1 used the term 'molesting' several times during the interview. When asked what he meant by this he explained:

"Somebody is touching you in a bad way¹ touching you in your private parts and kissing you and all that ... and you don't really like it".

KOS provides information on kinds of touch to help children recognise sexual abuse, and recommends that children use their feelings to help them discriminate between good and bad touch. Children are also taught that certain places on their body are private and should not be touched by others unless there is a valid reason. During the interview children were invited to share their thoughts about an item on the questionnaire which attempts to assess their understanding of the concept good and bad touch: 'Do you think that you can trust your feelings about whether a touch is good or bad?' (see Table 4, p. 37). The data suggests that most children constructed their own meaning out of the information they had been presented with. Only one child (P 6), a six year old girl, was unable to explain how she determines if a touch is good or bad.

Several students in the current study based their judgement of the nature of physical contact on its consequences. They expressed the belief that physical sensations of pleasure or pain indicate if a touch is good or bad.

"If they hurt you then you know it is a bad touch" P 5 (6.1/M).

This same child felt that you can tell if something is a good touch: *"cause it doesn't hurt"*.

¹Ellipsis points denote a pause in midsentence rather than an omission of material.

"When a dog slobbers all over you it is a bad touch and good touches are when your mum kisses you when you have been away for a long time" P 8 (6.10/M).

When asked if people could give children bad touches P 8 (6.10/M) replied:

"Yes, like hitting you ... strangling you".

These comments illustrate some of the difficulty young children experience in understanding prevention concepts. According to developmental theory most six year old children judge the nature of an action by its consequence (Wadsworth, 1989). P 8's comments illustrate this when he stated that *"punching is a bad touch .. touching softly is a good touch"*. When prompted by the interviewer this boy remembered the rule that certain parts of his body, such as *"your bottom?"* should not be touched. P 8's tone of voice was questioning when he said this. His next comment revealed a possible reason for his uncertainty *"but like your mum and dad....?"*. Followed by:

"But if dad hits you with a soccer ball that would be all right but if someone else hits you with a soccerball that is different".

It seems that P 8 has tried to construct meaning out of the KOS instructions by creating a new rule which defines the actions of parents as 'always acceptable, even if it hurts'. The comments made by this six year old boy seem to support the notion that children of his age lack an ability for abstract thought and view rules as fixed and permanent.

Several older children associated inappropriate touch with pain as well. P 4 (7.4/M) mentioned that children are allowed to say 'no' to an adult *"if they are hurting you"*. This belief was shared by P 7 (9.8/F) who said that it is acceptable to say no: *"If they are sort of hurting you but you keep saying no"*. P 10 (9.0/M) explained that he would say 'no' if *"they are touching you in a place where you don't like"* or *"if they are smacking you for no reason"*.

P 10 (9.0/M) connected inappropriate touch with pain, but added that his response would depend on how he felt about the contact as well.

"You can tell if it hurts or not then if you don't like it" P 10 (9.0/M).

P 9 (8.0/M) believed that he can trust his feelings about whether a touch is good or bad. But rather than base his judgement on his emotional response to a touch, P 9 seemed to focus on the way sensory messages are relayed to the brain.

"Each time if somebody touches you, you can feel it because you've got feelings because you got feelings all through your body so you know you can feel it and it goes straight up to your mind and it goes up into your brain... and then it makes you think: 'Oh, that's not a good touch, it is a bad touch'".

P 9 (8.0/M) described a bad touch as *"a punch, a hit, a kick"* and a good touch as:

"A hug, a pat on the back, a pat on the shoulder".

Other students based their decision if a touch is appropriate, on the place of the touch.

"A good touch in a good place".

"When someone touches you on a sore" [bad touch]² P 3 (6.11/F).

"If they touch you in a place they're not supposed to and they say don't tell anyone"

P 10 (9.0/M).

None of the six and seven year old children said that they would rely on their feelings to tell them if a touch was good or bad. Older children (>8 years of age) on the other hand, stated that their own feelings would help them differentiate between the two.

"I know whether a touch is good or bad because it is a touch I don't like ... and a touch that is good is a touch that I do like .. like a pat on the head or something" P1 (10.3/M).

"You can tell that you don't like it and then you know that it is a bad touch kind of thing" P2 (10.6/F).

"Your feelings are the things that tell you really if it is bad or not. They'd tell you because you can feel it. You can feel while you're doing the thing ... and you can trust your feelings because you know they are a part of you" P 7 (9.8/F).

"If somebody does something ... like they touch you in a way you don't like and you don't like it ... and they think you should like it and stuff ... then your own feelings would be all right" P 11 (9.9/F).

² The use of square brackets within quotes indicates additional material which is either identification of an unspecified referent/pronoun, or contextual material which is necessary for meaning.

"Bad touches are like things you don't really like, pinkies and stuff like that. Good touches is stuff like hugs and kisses from your mum and dad". [Confusing touches] "they are when you know suddenly they are touching you in a way that you don't know whether it is good or bad"
P 12 (10.7/M).

P 12 related that "a secret sign" inside himself would warn him if he was approached in an abusive manner and would tell him that "I don't like it....I want it to stop".

The KOS programme focusses on kinds of touch as a main indicator of abuse, although other examples, including non-contact abuse are mentioned as well. The following example of non-contact abuse was mentioned during one of the interviews:

"Showing rude photos" P 2 (10.6/F).

Tharinger et al. (1988) noted the importance of presenting the concept of sexual abuse in a meaningful way. In the following example it seems that P 11 (9.9/F) was aware that adults might request something that is improper but when asked what this might be she was unsure. P 11 mentioned that it would be all right to refuse an adult's request:

"If they tell you to do something you didn't want to do".

When asked to expand on this thought she said:

"I don't know ... if they told you to do something dangerous .. which they should be doing themselves".

Several other children also seemed confused about the kind of behaviours that could take place. For example:

"Strangers can like lead us away and do things like that kind of thing" P 2 (10.6/F).

"If they say come in my car I'll take you somewhere nice ... but it might not be anything .. it might be just something" P 3 (6.11/F).

"Like smacks is in a way that [an unwanted touch] ... because you've probably done something to deserve it, but usually there is some other ways" P 7 (9.8/F).

The above quotes suggest that young children (< 7 years of age) tend to base their judgement of the nature of a touch on its outcome, while older children (> 8 years of age) appear to be increasingly guided by their own inner norms. The data suggests that participants learned that sexual abuse usually involves 'bad' or unwanted touching. However, most students seemed to lack a concrete understanding, fitting their developmental level, of what this touching might involve.

Children's responses to perceived unsafe situations involving strangers

The KOS manual reiterates the point that most children are abused by familiar people and specifically states that this is the reason why 'stranger danger' is not emphasised in the recommended activities (New Zealand Police & The Ministry of Education, 1994). Yet, when asked about the kind of things they had learned while doing the KOS programme, most of the children volunteered information concerning 'strangers'. A common misconception was that danger is mainly associated with strangers who try to lead you away, take you in their car and/or give you lollies. P 4, a seven year old boy, explained what he learned about keeping himself safe:

"If a stranger comes up to you and you don't know him ... or her and they say come to my car you say no".

P 6 (6.11/F) said that she had found out about:

"Not talking to strangersdon't talk to people if you don't know themdon't go for rides in their car if you don't know them".

Most of the children were emphatic that they would not talk to strangers and that they would 'say no' to anybody offering them a ride in a car or a lolly.

"If somebody hopped out of their car then says would you like a lolly and come in my car you should say 'no'" P 3 (6.11/F).

"We learned that you say no if ... ummm people come up to you and you don't know them"
P 4 (7.4/M).

"You are not supposed to talk to strangers or go into someone else's car unless you know that person" P 7 (9.8/F).

All the interviewees were adamant they would never accept lollies from a stranger. P 7 (9.8/F) stated that it is important that:

"You don't take any lollies from them [strangers] because they could look like something but they might not be that".

When asked what she meant by this she explained:

"They could have bought some lollies but then add some chemicals in them".

Child molesters who select victims outside of their own family are most likely to offer edible treats or toys to gain a child's trust (Briggs, 1993). Comments made by children in the present study revealed a belief, shared by all respondents, that the reason children should not accept sweets from strangers is because there might be something wrong with the lollies. None of the children suggested that lollies can be used as a bribe. It appears that these children have attempted to give meaning to a rule they do not fully comprehend. Therefore it seems probable that they would see no valid reason for refusing a non-edible gift from a person they do not know .

"They ask you ... they asked me ... if I would take a berry but I knew the berry was poison" P 6 (6.11/F).

"Like if a stranger says I'll give you a lollipop if you come in my car ... you should ... you shouldn't go in their car ... only if you know them cause what if they gave you the lollipop and it was poison" P 8 (6.10/M).

"The lollies could be poison" P 12 (10.7/M).

Children's conceptualisation of 'strangers'

The interviews revealed some interesting insights into children's perception of strangers. Results of the quantitative aspect of this study, presented in the previous chapter, show that two of the items which proved to be particularly difficult for Grade 1 children relate to children's perception of the concept strangers (see Table 3, p. 36). Item one 'Do you think that a stranger is someone you don't know, even if they say they know you?' and item two 'Do you think that you can always tell who's a stranger - they look mean?' received relatively low scores from Grade 3 and Grade 6 students as well.

P 6, a six year old girl, explained that the KOS programme taught her about:

"Not talking to strangers" and "don't talk to people if you don't know them".

P 6 declared that she does not know what a stranger is and has never seen one. When asked what a stranger looks like she gave a reply similar to those reported in an Australian study by Briggs and Hawkins (1993):

"A stranger is all black ... dressed up in black and has a mask there and here" [indicating a mask covering her eyes].

P 3 (6.11/F) thought that she would not be able to recognise a stranger. Her expectation was that a stranger:

"Would have black all over them.....or they might disguise themselves to nice peoplethey might be bad".

Some children had an expectation that they would be able to identify a stranger because of his or her behaviour:

"Usually they [strangers] act quite strange" "usually you can tell if they act like mean because they are hanging around and stuff ... like when your parents go away they sort of walk towards you and just" P 2 (10.6/F).

Other children were aware that this was not necessarily the case. According to P 8 (6.10/M) a stranger may:

"Seem kind ... it doesn't mean that they are kind or not",

while P 3 (6.11/F) stated that a stranger is:

"A person that you don't knowthat do mean stuff to you but sometimes they don't be mean".

This same student also mentioned that strangers might: *"disguise themselves to nice people".*

Several children presumed that they could identify a stranger because strangers always try to trick or deceive children into believing that they should know them [i.e. a person that says they

know you when you do not is a stranger]. Therefore if a person tries to make you believe you know them then this person must be a stranger.

"You really can't tell [if a person is a stranger] till they come up to you and say that you know them ... but you know that you don't know them" P 1 (10.3/M).

"People that say you know them and they know you but you have never seen them before" P 12 (10.6/M).

"If you don't know someone ... don't say who are you cause they might say the person's name you don't know and they are not really that person" P 8 (6.10/M).

Briggs (1991a) found that children did not realise that a stranger is 'someone you don't know' until they reached the age of eight. Almost all of the children in the present study described a stranger as:

"A person that you don't know" P 3 (6.11/F) or "someone you haven't met before" P 11 (9.9/F).

"Probably a normal person, strangers can be anyone" P1 (10.3/M).

Most students over the age of eight demonstrated a clear understanding of the concept when asked if they had ever seen a stranger, P 8 (6.10) was the only student below the age of eight whose perception of strangers was realistic:

"I have seen about a hundred strangers ... at my mum's work ..my dad's work....shopping center" P 8 (6.10/M).

"Yeah, like when I've been to the shopsyou see lots of them" P 7 (9.8/F).

"You see them walking on footpaths, driving in cars ummmm in shops .." P 9 (8.0/M).

In answer to the same question, if she had ever seen a stranger P 3 (6.11) replied:

"No, but I have seen heaps of people I don't know".

P 4 (7.4) said that he had never seen a stranger because:

"I know everyone who I speak [to] ... or in the street ..[in which I live]".

When asked if they had ever seen a stranger two of the children related an incident they had witnessed or experienced in which a person unknown to them acted suspiciously. It seems that these experiences confirmed their belief that strangers act differently from 'normal' people. It is interesting to note that even though both children were senior students, they still seemed to believe that only people who behave suspiciously are strangers. These comments confirm Wadsworth's (1989) suggestion that children in a concrete operational stage of development in the first instance 'ground' reasoning in their own, available experience, rather than in general rules or theories.

"I sort of have met one [a stranger] this car kept on going past me, stopping ... turning around and going past ... the car came around the cul de sac and stopped outside our house ... and I ran inside" P 2 (10.6/F).

"I saw one in town he was on this motorbike and he picked this little girl up on the side of the street" P 10 (9.0/ M).

Comments made by younger children in particular, indicated that many students had unrealistic expectations of strangers leaving them vulnerable to molestation by 'kind' people who might not fit their stereotype.

Abuse by people known to the child

Table 3 (p. 37) shows that Grade 1 children had a low percentage score on item 3 'Do you think that even someone you like could touch you in a way that feels bad'. Grade 1 children scored significantly lower on this item (32% correct) than the two older groups (72% and 78% correct respectively). Only six percent of Grade 1 children correctly endorsed the 5th item, 'Do you think that someone you know, even a relative, might want to touch your bottom in a way that feels confusing?' compared with 33% of Grade 3 and 28% of Grade 6 children.

The interviews revealed three main lines of thought about the possibility that a familiar person might try to touch a child in a sexual manner. Some children accepted that somebody in their own family might try to touch them in an inappropriate way:

"Yes, that is possible because a relative could. Cause some people their parents do ... or their dads do it usually though" P 2 (10.6/F).

P 10, a nine year old boy, acknowledged that other children might experience sexual touching by family members or acquaintances but was adamant that:

"In our family no one would".

P 1 (10.3/M) gave his best friend, who told him about unwanted touching, the following advice:

"I would tell him to go and tell his mum ... or if it was his dad that was doing it or if it was his mum, go and tell his dad, or go tell the police or something, or somebody you trust really really heaps!"

P1's reply demonstrates knowledge of the possibility that a family member might be an abuser. Yet, when he was asked if he thought it possible that somebody in his own family might ever touch him in a way he did not like he confidently stated that "NO" this was not possible.

Other children were also emphatic that abuse could never happen in their families "No" P 5 (6.1/M).

A discussion of the possibility of intrafamilial abuse was omitted from some of the interviews with younger students, P 3, P 4 and P 8. This decision was partly based on how comfortable students appeared during the interview session and partly on their ability to describe and explain less threatening concepts.

Responses to unsafe situations with familiar people

One of the most difficult concepts to teach children is that a person they know and trust might try to touch them in a way they do not like. Some of the older interviewees who had confidently explained how they would deal with unsafe situations concerning strangers suddenly became hesitant when a situation involved relatives. Students were asked what they would do if a relative gave them 'a big wet sloppy kiss, right on their mouth and they did not like it'. P 1 (10.3/M) believed that he would have to accept it, even though the KOS programme specifically teaches children that: "Speaking up doesn't necessarily mean children will lose friends or hurt someone else's feelings, even a relative" (Ministry of Education & The New Zealand Police, 1994, p. 33). P 1 stated that:

"Suppose I'd really have to [accept it] because I'd hurt their feelings or something like that".

When asked what he could do about it if he wanted it to stop P 1 replied:

"I would tell her [imaginary aunt] I do not really like it that much ... and then she would probably ... and then I'd ask her if she understood".

Saying no and telling an adult you trust were frequently cited strategies for dealing with unwanted touch from family members by children of all ages. Children of all ages most frequently responded to the 'what if' scenarios by telling the adult responsible how they felt about the unwanted kiss:

"I'd say: 'don't, I don't like that!'" P 2 (10.6/F).

"Say I didn't like it" P 3 (6.11/F).

"I would say 'no thank you I don't like that right now'" and "'that's enough kisses now'" P 8 (6.10/M).

P 9 (8.0/M) said in a loud and determined voice *"STOP THAT, I DON'T LIKE IT!"*

"I could ask them not to do it again, and if they keep on doing it you could tell someone" P 12 (10.7/M).

When asked what they would do if the person ignored their request almost all of the children agreed that they would tell somebody.

"I would tell my mum" P 2 (10.6/F).

"Tell mum" P 6 (6.11/F).

"I could tell mum and dad and they would probably talk to my auntie or uncle" P 7 (9.8/F).

"Go along and tell a next door neighbour" P 9 (8.0/M).

"Tell the next door neighbour" "and if your mum ain't there you could ring up her ... go to the neighbour's house" P 10 (9.0/M).

P 8 (6.10/M) described how he would take evasive action to create a situation where he could go and tell somebody:

"Like say 'how about a game of hide and seek, you count and I hide' and then you go and tell your mum while he is counting".

P 5 (6.1/M) also decided that he would take evasive action, although he did not mention either of the two strategies described above. This six year old boy did not know what he could do to stop unwanted touching once it had started but said:

"If they come around again and ... hm I'd go up to my room". "If they come upstairs I'll lock my door" ... "hide".

Saying no

Saying 'no' was one of the most commonly proposed strategies and was generalised to all situations discussed in the interview. The nature of children's replies changed with age. P 6 (6.11/F), one of the youngest participants, recited the rules she had been taught for responding to strangers, even though she revealed that she did not know what a stranger is.

"Don't talk to people if you don't know them. Don't go for rides in their car if you don't know them. I don't eat it [berry] and I don't answer his question".

Statements of younger children indicated that they had adopted saying no as a universal and fixed rule, leaving no room for exceptions. Some of these children recited rules given to them by teachers and/or parents. Their replies suggest that they do not have a clear idea of when and where it might be appropriate to refuse an adult's request. The responses of these children is consistent with a preoperational stage of development as they lacked the ability to look beyond the immediate situation and because they did not show an awareness of the intentions of other people.

"If someone hopped out of their car then says would you like a lolly and come in my car you should say 'no'" P 3 (6.11/F).

"We learned that you say no if ... um ... people come up to you and you don't know them" P 4 (7.4/M).

"To say 'no' when someone is being mean to you" P 6 (6.11/F).

P 6 (6.11/F) stated that it is never acceptable to refuse an adult's request except:

"When they annoy you".

P 5 (6.1/M) confidently stated that sometimes it is all right to say no to an adult, but was unable to give one single example of when this might be. P 4 (7.4/M) on the other hand said that he didn't know if children were allowed to ever deny a request made by an adult but then hesitantly suggested that it is acceptable if:

"They are hurting you..."

Responses of older children on the other hand showed that even though they had accepted saying no as a strategy for avoiding abuse, they were able to accommodate exceptions to the rule. Students were able to think of hypothetical situations in which it would be appropriate to apply the rule and realised that intentions of people might differ depending on the circumstances. Older children's responses were congruent with a concrete operational level of cognitive and affective development (Wadsworth, 1989). P 2 (10.6/F) explained why she would turn down a friend's dad's request to help him find a lost cat:

"Cause he might be saying that just so that he can get you alone kind of thing",

and suggested an alternative scenario in which it would be safe to go with this person:

"It would be OK if like they asked if you wanted to go to the movies or something and his daughter was there with him. His daughter or some of her friends or anything" P 2 (10.6/F).

P 9 (8.0/M) gave a similar example:

"He [a stranger] can offer to let you take rides in his car but if you didn't know him you could say 'no, I don't want to', unless you know the person's son cause I done that once ... and it was raining ... they offered to take me home. One of the guys in the car was one of my friends and I hopped in and they took me home".

Taking evasive action

Several children explained that they would take evasive action if they thought they were in an unsafe situation:

"If somebody knocks at the door and say they know you but you do not know them you have never seen them before..... don't talk to them and that or make up an excuse that you are late or something say I've got to rush" P 1 (10.3/M).

"I'd say no because I've got to, like I'd make something up, like I've got to do this homework cause I've got this poster with a message and I've got to get it finished" P 2 (10.6/F).

"If they come around again and ... hmm I'd go up to my room". "If they come upstairs I'll lock my door" ... "hide" P 5 (6.1/M).

P 1 (10.3/M) explained what he would do if a person threatened him with physical violence if he told anybody about unwanted touching:

"I would just tell them ... OK, I'll keep your promise, but then later on I would go and tell someone that I really trust like my mum or the police or something like that".

People you can trust

The Keeping Ourselves Safe programme (KOS) introduces the topic 'people you can trust' by suggesting a range of classroom activities and discussion points which aim to teach children what it means to trust somebody. Children are taught to use people's behaviour as a basis for deciding whom they can trust and when (Ministry of Education & The New Zealand Police, 1994). They are instructed to focus on what a person does rather than on this person's role in their life or on their appearance. In addition children are taught strategies they can use whenever they are in need of help. One of the objectives is to help children recognise "when someone is genuinely helpful, and how to cope if someone responds in a way which frightens them" (Ministry of Education & The New Zealand Police, 1994, p. 47).

During the interview children were asked how they decide if they can trust a person. Several themes emerged. Children said that trusting a person depends on how long they have known somebody:

"You know you can trust a person because you have been with them a long time and like you know them really well and all of that" P 1 (10.3/M).

"If you know them really well, and you know you can trust them and you have trusted them for a long time ... somebody like your neighbour you know really well, or your mum or your baby-sitter, and you know you can trust them for you have known them for ages, that makes it really easy" P2 (10.6/F).

"If you know them a lot and you know they wouldn't trick you or anything" P 9 (8.0/M).

Six and seven year old children had difficulty explaining how they decide if they can trust a person. P 8 (6.10/M) was the only child in this age group who tried to verbalise his thoughts. He explained that he would only go with people:

"If you knew them quite a lot ... like if they are your next door neighbour ... or they are quite far away from you but they were still in Palmerston and you knew them more than anybody else ... like your mum and dad..... and if you know you can trust them" P 8 (6.10/M).

Yet, when asked how he would decide if he could trust somebody he did not know. The above quote suggests that familiarity is an important factor in the way P 8 relates to people. P 10 (9.0/M) also indicated that the degree to which you know a person is vital when deciding if you can trust them. He stated:

"You don't go to people's houses that you don't know who live there" P 10 (9.0/M).

Another theme revolved around the belief that family members and other relatives are trustworthy.

"I've been with them, my cousins and my family, for a long time and I know that I can trust them" P 1 (10.3/M).

"Well, I can trust them because they are in my family they are related" P 7 (9.8/F).

The importance some children place on family ties was reflected by two boys (P 8 and P 10) who both have family members overseas. They expressed concern that they would not recognise their own family and therefore treat them as strangers even though they felt they could trust them because they were family. P 7 (9.8/F) also mentioned relatives that she had not met but was a bit more cautious in placing her trust in them.

"There is a couple of people who live down South who are my aunties and uncles .. and I haven't seen them before ... if I were really stuck I would probably hmm ... go to them. So like... if I was visiting my auntie for the first time I would find out whether I like if I could trust her or not".

Only two children mentioned that their trust would be based on a person's behaviour. P 11 (9.9/F) declared that she trusts:

"People that are nice to you and that you are friends with",

and P 12 explained that he trusts people who respect his needs:

"If you are ready ... and they are not pressuring you ... I guess you can go to them then ... and if they ask you what's wrong ... and you felt ready they will say 'we will discuss it'",

and who believe him:

"They would probably understand you and listenif you don't trust them they could make up stories about you and not believe you" P 12 (10.7/M).

P 12 also mentioned that he would listen to his feelings before placing his trust in somebody.

"It is just ... you trust your feelings whether it is OK to go to them ... if your feelings say it is OK to go to them ... you know ... and if your feelings say 'no' you just wait a while".

Some participants seemed to have integrated the idea that in certain circumstances it is appropriate to trust strangers and accept their assistance.

"If you feel you hurt yourself and a person comes and says 'are you all right what happened to you' ... you don't have to go 'no I'm not allowed to talk to strangers' you can let them help you out" P 7 (9.8/F).

"If you fall off a bike and a stranger helps you and you know you're not supposed to talk to strangers you should let them help you" P 10 (9.0/M).

"It is OK for a doctor to look at you when you fall off your bikeyou might have a bit of a cut" P 8 (6.10/).

Secrets

Briggs and Hawkins (1994a) found that children believed they would be punished for reporting 'rude' behaviour and for revealing adult secrets. Most children in the current study appeared to feel comfortable with the idea of telling.

"I'd go to a teacher and I'd say the whole thing that had happened and what he [the abuser] said ... and I'd go and tell her to go and talk to him and say 'why did you do that?'" P 9 (8.0/M).

"She [an imaginary friend] should tell somebody" [she should tell] "her parents, and if they don't believe her go and tell somebody else who she thinks would believe her" P 11 (9.9/F).

"It's like, if someone touches you in a way you don't like and they say don't tell your mum. If you won't tell your mother I will buy you an ice cream or something ... but if you'd like to tell your mum it's all right to tell people" P 7 (9.8/F).

P 7 appeared confident about reporting unwanted behaviours. However, her response to a friend's situation in which her friend was being touched in a sexual manner was hesitant and uncertain. Her reply suggests that she is aware that a child molester can be a family member, even though this was not stipulated. P 7 seemed to experience dissonance between the belief that unwanted touching should be reported and a strong sense of family loyalty. When asked what she thinks her friend should do she replied:

"Well, it depends whether it be family who does itthe person [the offender] who did something to them it would be hard for them [her friend] to tell but then you sort of have to keep it [the abuse] a secret from some people" P 7 (9.8/F).

P 1 was adamant that he would seek assistance from somebody he felt he could rely on but still expressed some concern about the way his parents might respond to a disclosure of abuse.

"If you got a really bad secret like somebody has been molesting you, and you've got it inside you and you are thinking to yourself ... shall I tell mum or shall I tell dad ... and what are they going to say..... are they going to say that I am naughty and stuff like that?" P1 (10.3/M).

P 1 displayed a good understanding of the need to tell a trusted person about any behaviours that confuse or worry him, and to keep telling until somebody listens.

"If she [his mother] didn't believe me I would keep on nagging her and telling her that it was really true until she finally believed me". "I could tell basically all the people I trust" P1 (10.3/M).

Other children also mentioned things they could do to make sure they are heard:

"Try and tell them [parents] when they are not doing anything and if they still not listen tell a different adult you trust" P 2 (10.6/F).

"She should tell somebody" ... "and if they don't believe her go and tell somebody else who she thinks would believe her" P 11 (9.9/F).

According to P 1 (10.3/M) threats of physical violence would not deter him from telling because:

"Probably everybody who does that [abuses children] would say that but if they [children] tell somebody who they really trust they won't let them get away with it ... they'd just be sent to jail".

P 6, a six year old girl, seemed doubtful about the kind of response she would receive if she told a secret. She mentioned two incidents from her own experience in which telling had negative consequences.

"My brother told me a secret ...um ... on my birthday my brother told me what he got me and mum and it was a surprise and he got told off". "Once my friend touched the guillotine and she told me not to tell the teacher but I did tell the teacher".

According to P 6, her mother had warned her against telling the teacher after this incident. At the time of the interview P 6 seemed unsure about which secrets should be kept and which secrets need to be told. Several 'what if' scenarios were discussed during the interview. P 6 seemed hesitant to use 'telling an adult' as an option, in any of the examples. Her advice to a friend who complains about being touched in a way she does not like was:

"Tell them I don't like it don't do it again". Followed by: "My mum said not to tell the teacher all the time because the teacher might think she is telling tales".

When asked what she would do if touched in a way she didn't like she replied:

"Run away and ignore them" P 6 (6.11/F).

The dilemma expressed by P 6 reiterates the importance of parental involvement in any child sexual abuse prevention programme. P 6 had not reached a level of cognitive development where she could cope with two different rules, one given by the school and the other by a parent. Establishing communication between school and home increases the likelihood that children are given consistent and concrete guidelines applicable to both settings.

Older children in the present study gave several reasons why they thought it important to report sexual misbehaviour. Unlike the six and seven year old children they were able to anticipate future behaviour of the offender, which is consistent with a concrete operation stage of development (Wadsworth, 1989).

"He could hurt heaps of other children" P 2 (10.6/F).

"He might keep on doing it ... and I want him to stop it!" P 9 (8.0/M).

"She should just ignore them [threats] cause it might be a chance they hurt someone else again" P 11 (9.9/F).

One of the younger children said:

"He shouldn't keep it a secret or else it could get worse" P 8 (6.10/M).

but did not show the same sophistication in understanding. P 8 was unable to suggest a safe solution to the imaginary abuse, and did not seem to realise that returning to the abuser might put him at further risk. P 8 elaborated on his statement by saying that a child who is threatened with violence if he attempts to disclose unwanted touching should:

"Go back [to the perpetrator] and... I should go back to him [the offender] and tell him that 'excuse me but I don't like it when you said you'd hurt me'".

P 8 was not the only child who believed that abusers would be fair-minded and open to reason. A nine year old girl recommended to a friend asking her advice about sexual touching that she should:

"Go up to the person and say 'no' and if they try to do it still they should walk away" P 7 (9.8/F).

P 7 gave a safer response, suggesting three different strategies, when asked what she would do in a similar situation.

"I'd tell my mum first of all ... and I would keep away from the person ... and if they come to me I would say: 'No, don't do it'" P 7 (9.8/F).

"Just tell them that it is wrong to get you to keep a secret that is bad" P 12 (10.7/M).

Summary

Children's own stories and explanations have been used to illustrate how developmental stages might influence the way in which prevention concepts are integrated. Children's understanding of what constitutes sexual abuse and their beliefs about high risk and safe people have been explored. Prevention skills such as saying no, keeping secrets and telling someone about unwanted touch were also discussed.

Chapter 6

DISCUSSION

This study set out to investigate how different stages of development might influence the ability to integrate prevention concepts presented in the Keeping Ourselves Safe (KOS) programme. Concepts that proved particularly difficult were identified and further explored through in depth interviews with a small group of children. This chapter begins by outlining the limitations of the present study. This is followed by a discussion of the major findings.

Limitations of the present study

One of the limitations of the present study was that participants did not constitute a representative sample, in socio-economic/cultural terms. Therefore the results may not generalise to other New Zealand children. Furthermore, only students who received permission from their parents took part in the study. Consequently only a small pool of children was available to be interviewed. It is possible that non-random selection of interviewees has influenced the results. For example, there might be differences between students who received permission and those who did not.

One criticism of the findings of the present study could well be that an overseas questionnaire was used to assess New Zealand children's knowledge levels of sexual abuse issues, especially since there is no psychometric data on the applicability of the CKAQ-RII in a cross-cultural context. Several adaptations were made to the CKAQ-RII in an attempt to make the questionnaire more culturally appropriate for use with New Zealand children (Appendix 1). It is important to note that modifications were superficial, not structural. The CKAQ-RII was not designed to be programme specific (Tutty, 1993b) and is based on the same concepts that are taught in the KOS programme. In view of the fact that no New Zealand measure was available, the CKAQ-RII was considered the most appropriate instrument for use in this study.

The present study was changed from a pretest/posttest comparison to a posttest design only because some of the teachers were concerned that administering the CKAQ-RII before the start of the KOS programme might "preteach" children and influence their attitude towards the KOS programme. Consequently it was not possible to ascertain knowledge levels prior to exposure to KOS or to determine differential learning across developmental groups following participation in the programme. The absence of pretest scores for the New Zealand sample meant that the intended cross-cultural comparison with Canadian children's response patterns had to be abandoned.

Some teachers objected to the CKAQ-RII instruction sheet and requested that descriptions of different kinds of touch and the definition of the term 'private parts' were eliminated. Tutty (1993b) states that the purpose of the instruction sheet is to ensure that children who have never participated in a safety programme are not disadvantaged because of unfamiliarity with basic prevention concepts. As all subjects had recently completed the KOS programme, which uses similar terminology to the CKAQ-RII, it was assumed that possible effects of the altered instructions was minimal. However, it may well be advisable to re-assess the suitability of the instruction sheet before using the adapted version as a pretest with New Zealand children.

A further limitation of the present study is that no follow up data is available to provide information on the stability of the findings. The measure was administered within one week of finishing the programme and children were interviewed within 7 to 10 days of completion of the programme. Previous research has indicated that children have difficulty retaining certain concepts over time and tend to revert to previous beliefs (Tutty, 1994). Follow-up at different time intervals (e.g. 1 & 3 years) is recommended for future research in order to assess children's ability to maintain knowledge gained during participation in the KOS programme.

Studies have shown that programmes taught by teachers (Downer, 1984, as cited in Conte et al., 1986) and by police officers (Conte, Rosen, Saperstein, & Shermack, 1983, as cited in Conte et al., 1986) varied from the information specified in a prevention programme. It was noted that the tendency to stress 'stranger danger' appeared to be particularly strong. KOS attempts to reduce the probability of unsuitable material being added inadvertently by providing teacher in-service training and peer support. However, the effectiveness of this method has not yet been evaluated. The mode and effectiveness of programme delivery by individual teachers was not assessed in the present study. Consequently some of the findings might be due to extra-curricular material being added, rather than the process of children's own thoughts and belief systems. However, the results of the present study are consistent with Briggs' finding (1991a) that even children who have participated in a child abuse prevention programme have been thoroughly indoctrinated about the dangers of mythical strangers.

General findings and relevant literature

The results of the present study support previous findings that children's knowledge of abuse concepts increases with age. Children showed an increase in percentage of correct responses for consecutive grades on the CKAQ-RII. A second trend observed in the present study was that children obtained higher scores on items related to **skills** compared to items assessing **attitudes** and **beliefs**. These findings are consistent with previous research and were further supported by qualitative analyses of data obtained during the interviews. No significant difference in response patterns for gender was found.

In a partial replication of research conducted by Tutty (1994), items of the CKAQ-RII were divided into three categories, dependent on their relative degree of difficulty as indicated by percentage of correct scores obtained by Grade 1 students. Even though a direct comparison between the present and Tutty's study is not possible because Tutty used an earlier version of the measure (CKAQ), a tentative comparison suggests that response patterns followed a similar trend in both samples. Children experienced most difficulty with items measuring conceptual learning such as the concept 'stranger', and the belief that familiar adults may attempt to abuse them. Items assessing skills such as saying no or telling a trusted adult about unwanted touch obtained high scores. The results support the notion that children experience considerably more difficulty learning concepts of sexual abuse than learning prevention skills. Although some authors have argued that it is not necessarily in the child's best interest to receive explicit information with the intention of increasing conceptual knowledge, (Kraizer, Fryer, & Miller, 1988) many others have stressed the importance of teaching children prevention concepts so they can recognise potentially abusive situations and respond in a safe manner (e.g. Briggs, 1991b; Carroll et al., 1992).

Children's responses to questionnaires and other self-report measures have formed the major criteria for assessing the effectiveness of prevention programmes. Yet empirical evidence suggests that test scores do not predict actual performance. Kraizer et al. (1988) used a behavioural method as well as a questionnaire to assess learning of sexual abuse concepts in five to seven year old children and found no significant correlation between children's actual behaviour and the number of correct scores on their questionnaires. Therefore, children's responses on either the CKAQ-RII or during the interview do not necessarily give a true indication of how they would behave in a real life situation. A qualitative analysis was used to provide insight into the way in which children construct meaning and integrate knowledge following participation in the KOS programme.

Children's ability to recognise sexual abuse

Children's responses to the CKAQ-RII provide information about their knowledge levels of sexual abuse prevention issues but do not indicate how they conceptualise sexual abuse and whether they are able to recognise inappropriate sexual behaviour. An analysis of comments made during the interview revealed that bad or unwanted touch was conceptualised in several ways. Children believed that the physical sensation or consequence of a touch, emotional response to a touch or place on their body which was touched were the best indicators for accepting or rejecting physical contact with others.

Six and seven year old children believed that good and bad touch can be differentiated on the basis of the physical consequences. Children specifically stated that a touch is bad "if they hurt you" and provided many examples to illustrate this point. Hitting, strangling, punching and kicking were quoted as examples of bad or unwanted touch. Good touch, on the other hand, was described as a soft touch, kissing, hugging and patting. None of the children in the above age group mentioned that they would use feelings to help them distinguish appropriate from inappropriate touch.

Responses of six and seven year old participants were consistent with those reported as typical for children in the preoperational stage of cognitive development. Children used the outcome of an action as an indicator of its appropriateness, and were not concerned with intentionality. Students' responses indicated that they lacked the ability to use clear guidelines, based on other criteria such as areas of the body that should not be touched, to help them distinguish between good and bad touch. Given these developmental factors it is questionable whether children in this age group can and should be taught to interpret the nature of a touch on the basis of their feelings. There is empirical support that a concrete approach such as behavioural skills training, is more effective in teaching children to discriminate good versus bad touch than programmes which require less active participation (Albers, 1991; Blumberg et al., 1991; Wurtele et al., 1986).

Older children (9 - 10 years of age) asserted that they use their feelings to help them discriminate good versus bad touch. They identified their feelings as an integral part of themselves and believed that they could rely on their own sense of right and wrong to help keep themselves safe. However, the expectation that unwanted touch is painful was also common among some of these children, although they qualified their statements by adding that how they felt about the experience was important as well. Their stance was summed up by a nine year old boy (P 10) who stated that you can identify an unwanted touch because:

"You can tell if it hurts or not ... then if you don't like it".

The finding that most children equate bad touch with pain or hurtful experiences, rather than sexual touching, might explain why children scored higher on item 3 of the CKAQ-R11 "Do you think that even someone you like could touch you in a way that feels bad" than on item 5 "Do you think that someone you know, even a relative, might want to touch your bottom in a way that feels confusing?" (see Table 3, p. 36). Developmental theory proposes that children place new knowledge within the context of existing experience. Therefore, if within the context of children's life experience bad touch equals pain, they might have conceptualised sexual abuse along a continuum of physical hurt. It appears that children are more likely to condone an item stating that a familiar person might touch them in a way that feels bad, if they believe bad refers to any painful experience including smacking, than they are willing to condone a more explicit example of possible sexual abuse such as item five. A third item (see Table 4, item 5, p. 37) which refers to unwanted touch by familiar people also received a relatively low correct response rate across grades. Low scores across grades and relatively little difference between grades on items that specifically referred to confusing or unwanted touch raises the following questions: How did children conceptualise sexual touching and were they aware that a familiar person might try to touch them in a sexual manner. The interviews revealed that the majority of children did not believe that abuse could happen in their own family, although some acknowledged that sexual behaviours could take place in the families of other children.

It is possible that the low percentage of correct responses on the above items is partially due to the fact that the manual for the younger children (Knowing what to do) mainly focuses on good and bad touch (New Zealand Police & The Ministry of Education, 1994). It is not until children reach Year 4, around the age of eight, that the KOS programme emphasises the concept of confusing touch (New Zealand Police & Department of Education, 1987b).

In general terms children seemed to have an expectation that they would be able to identify abuse, either through pain, uncomfortable feelings, or by the area of their body that was touched. Teaching children to interpret the nature of a touch based on how it feels can be misleading because sexual touching can take place in an otherwise loving relationship and can feel pleasant to the child (DeYoung, 1988). It might be almost impossible for children to recognise inappropriate sexual touching early on in the abusive process as long as they conceptualise sexual touch as something that is always unpleasant. KOS stresses that the decision to stop a touch should be made by the child based on how the contact makes them feel. Given the above mentioned issues it is questionable whether children have the sophistication to make those kind of decisions, especially since most children lack an appreciation of what sexual abuse involves.

A significant component of the KOS programme consists of behavioural training. Children are taught the necessary language to report sexual abuse (i.e. knowledge of the anatomically correct names of body parts) and are instructed that certain parts of their body are private and should not be touched by others. In addition they are instructed to report unwanted touching and to confidently say no in situations they find uncomfortable. Findings of the present study raises the question of whether combining behavioural training with a more abstract approach based on how a touch 'feels', may interfere with the learning of prevention concepts, most notably in younger children.

Some prevention programmes emphasise trusting ones feelings as being linked to a developing sense of identity and self-worth. The underlying rationale for this approach is the believe that children with higher self-esteem are less likely to be perceived as vulnerable by offenders. Therefore future studies could investigate effective ways of combining skills based training, which appears more effective in the short term with younger groups, along with strategies which indirectly aim to increase a child's sense of identity and self-esteem.

Prevention strategies

CKAQ-RII scores suggest that Grade 3 and Grade 6 children are more likely to tell a trusted adult about incidents that confuse or worry them than Grade 1 children. Forty-two percent of Grade 1 children still believed they should not tell anyone if someone touches them in a way they do not like (see Table 4, p. 37). In contrast, an analysis of the qualitative data revealed that the most commonly used prevention strategies in children of all ages were 'saying no' and 'telling someone you trust'. However, there appeared to be a qualitative difference in the way children of different age groups integrated information with which they had been presented. Six and seven year old participants had a tendency to automatically 'recite' rules they had been given "*I should tell someone I knew*" P 3 (6.11/F). Senior students' reasoning was more flexible and showed a deeper understanding of the reasons why it is important to report unwanted touching. "*I'd tell my mum ... and she'd most likely tell the police cause he could hurt heaps of other children*" P 2 (10.6). Results of the present study tend to support developmental theory in that children in the preoperational stage of development tend to accept and apply rules unquestioningly while children operating at a concrete operational stage begin to rely on their own inner morality instead. Consistent with this theory, young children seemed to benefit most from information presented in role plays. Their learning was predominantly behavioural. Senior students' responses indicated that they had also managed to successfully incorporate information presented in a more abstract manner (i.e. discussions on hypothetical situations).

Some children in the present study expressed concern about parental reactions to a possible disclosure of molestation, or to the telling of a secret. This finding reinforces the fact that parental education and involvement in any prevention programme is crucial if programmes are to be effective. Children have to feel confident that they can share things that concern them without fearing punishment or ridicule (Briggs, 1991b).

People you can trust

Research findings indicate that befriending a child and gaining his or her trust before initiating sexual contact, is a common theme in most sexually abusive relationships involving children (Berliner & Conte, 1990; Budin & Johnson, 1989; Conte et al., 1989; Warner-Kearney, 1987, as cited in Christiansen & Blake, 1990). Offenders may try to win children's trust by being friendly, spending time with them and by letting them think that they care for them and are interested in what they have to say. Child molesters typically 'groom' a child into accepting increasingly sexualised behaviours through a process of systematic desensitisation. This can make it very difficult for a child to recognise when behaviour is becoming abusive and may compromise the victim's ability to reject contact when he or she realises what is happening (Sang, 1994). Because children are most at risk from people they know and trust it is vital that an effective prevention programme provides children with adequate knowledge and skills to understand the limits of acceptable adult behaviour.

Children in the present study had recently completed the KOS programme which taught them to use people's behaviours as an indication of trustworthiness rather than their appearance or position in life. Results show that the majority of children did not apply the recommended guidelines in their responses to 'what if' scenarios in the interview. Only two children declared they would base their judgement on a person's behaviour. The remaining children believed they can trust people they have known for a long time, and people who are family. Grade 1 students were unable to explain how they decide who is trustworthy.

Strangers

Despite the fact that students had recently completed the KOS programme they still held many preconceived ideas about strangers. Strangers were thought to look and behave differently from 'normal' people. The younger children in particular believed that strangers look weird, are dressed in black and act mean. Many children thought that being offered a ride in the car by a stranger, or being offered lollies was the most likely unsafe scenario. Respondents had learned that they should refuse lollies from people they do not know but displayed no understanding of the reason behind this rule.

Results confirmed Briggs' (1991a) finding that most children over the age of eight have a clear understanding of the concept of a stranger being a person they have never met, although these students frequently mentioned stranger danger as well. Two senior children who had witnessed unusual behaviour in a person they did not know, were still convinced of the importance of unusual behaviour in identifying strangers. Many of the young children expressed beliefs about strangers that were quite unrealistic and would leave them vulnerable to abuse by 'kind' people.

Properties of the CKAQ-RII

The present study confirmed previous findings that the CKAQ-RII has good reliability, even though only a small sample without any missing data (all questions filled in) was available. Reliability of the Appropriate Touch subscale on the other hand was found to be very poor. The qualitative aspect of this study seems to support the validity of the measure. Even though it is not clear from the questionnaire whether children are able to discriminate good versus bad touch, scores do confirm the difficulty children experience in understanding concepts that they cannot relate to from direct experience. Scores also reflect children's knowledge levels of strategies they can use to avoid or stop an abusive situation, and skills they possess to prevent future occurrences.

Because the present study was exploratory and only used a small sample findings are not conclusive. However, a preliminary indication is that the CKAQ-RII is a suitable instrument for use with New Zealand children as long as the Appropriate Touch subscale is excluded.

CONCLUSIONS AND RECOMMENDATIONS

The present study confirmed that it is important to help children recognise inappropriate sexual behaviour, and to teach them strategies they can use to avoid and/or report such behaviours. The majority of children were aware that sexual abuse usually involves touching but lacked a clear understanding of what kind of touch this involve. The belief that a 'bad' touch always feels uncomfortable or makes you feel bad inside was found to be misleading. It is advisable to provide developmentally appropriate information with clearly defined instructions and examples to facilitate children's ability to conceptualise abuse and to reduce the incidence of common misconceptions about child sexual abuse. Few children believed that a known and trusted person might try to touch them in a sexual manner. The majority thought that only strangers or other people they did not know would ever try to trick or hurt them. Results suggest that participants have learned two important safety skills; saying no to unwanted contact, and telling a trusted adult about incidents that confuse or concern them, even if they are told by the perpetrator to keep the encounter a secret. Overall, children felt comfortable reporting threatening and abusive behaviours, although some concern was expressed that telling might result in negative consequences for themselves.

Developers of the KOS programme are commended for the efforts they have made to include parents in the implementation of the programme. Results from the present study and previous research findings clearly show that this effort is well justified.

It is recommended that future research be on a larger scale and include a representative sample so that it can be determined if observed effects are typical for New Zealand children. The majority of children in this study were of European descent and fell in the 6 to 11 age range. Research shows that younger children are also at considerable risk of sexual abuse (Briggs & Hawkins, 1993). Therefore it is recommended that future research will take the unique cultural mix of this country into account, as well as including preschoolers and Year 1 (5 year old) children.

Because only a post-test design was used, the present study was not able to determine the effect participation in the KOS programme had on children's knowledge levels of sexual abuse prevention concepts. It was also not possible to establish differential learning by age or by concepts. A pre and post test design could be used to investigate these areas. Tutty (1994) has found that children have difficulty maintaining certain newly learned prevention skills. Tutty's findings were confirmed by Briggs & Hawkins (1994a) who completed a 12-month follow up study of the KOS programme with a sample of five to eight year old children. Further follow-up studies of children who have participated in the KOS programme are recommended for two

reasons. Firstly to accommodate the fact that the KOS programme was revised in 1994 and secondly, by including children of all age groups it might be possible to ascertain how children's understanding changes following repeated exposure to the KOS programme.

The validity of the findings could be enhanced by monitoring the way in which material is presented and by assessing whether the programme presented to the children conforms to guidelines set out in the teaching manual. Inclusion of additional material might unduly frighten children or give them information that does not increase their safety. Also, schools, parents and children might have a false sense of security after participation in a programme that is assumed to be effective but in which the effectiveness may have been compromised due to poor presentation (Conte et al., 1986).

The present study has given an indication of children's knowledge levels and also some insights into the way in which children integrate prevention concepts. A logical next step would be to explore the impact participation in the KOS programme has on children's behaviours in real life abusive situations. Kraizer et al. (1988) used behavioural assessment to evaluate children's skills in avoiding an unsafe situation with a stranger. Children were approached by a stranger under strictly controlled conditions, and their responses were recorded. Finkelhor, Asdigian, et al. (1995) utilised a different approach. They conducted a telephone survey with a representative sample of young people to establish children's responses to abusive situations following participation in a prevention programme. New Zealand researchers are in a unique situation to replicate Finkelhor and colleagues' study especially since KOS is a nationally co-ordinated programme which is widely used. A replication of Finkelhor et al.'s study in New Zealand could usefully provide a wealth of information on the effectiveness of the KOS programme and target areas which require further development.

Combining a traditional quantitative survey via questionnaires with in depth qualitative follow-up interviews has provided additional insight into the particular thought processes which may be influencing children's decision making and choices at different ages.

Summary

It is important to refer back to Finkelhor's model of the etiology of child sexual abuse. Finkelhor has stated that abuse is not possible unless a perpetrator is motivated to abuse and is able to overcome internal inhibitions as well as selecting a vulnerable child. Lastly the offender has to overcome the child's resistance to being victimised. Child sexual abuse cannot take place until all four preconditions are met (Finkelhor, 1986). Finkelhor's model serves to remind us that teaching children to keep themselves safe, is at best only a partial solution to a multi-faceted problem.

"Ultimately all materials and programs should be viewed as temporary efforts to help children resist and escape abuse until such time as other activities can be successful in changing the conditions which cause and support sexual abuse of children" (Conte et al., 1986, p. 153).

REFERENCES

- Albers, E. (1991). Child sexual abuse programs: Recommendation for refinement and study. Child and Adolescent Social Work, *8*, 117-125.
- Allen, C.M. (1990). Women as perpetrators of child sexual abuse: Recognition barriers. In A.L. Horton, B.L. Johnson, L.M. Roundy, & D. Williams, (Eds.). The Incest perpetrator: A family member no one wants to treat. Newbury Park, California: Sage Publications.
- Alter-Reid, K., Gibbs, M.S., Lachenmeyer, J.R., Sigal, J., & Massoth, N.A. (1986). Sexual abuse of children: A review of the empirical findings. Clinical Psychology Review, *6*, 249-266.
- Araji, S., & Finkelhor, D. (1986). Abusers: A review of the research. In D. Finkelhor & Associates. A sourcebook on child sexual abuse. Beverly Hills, California: Sage Publications.
- Ballard, D.T., Blair, G.D., Devereaux, S., Valentine, L.K., Horton, A.L., & Johnson, B.L. (1990). A comparative profile of the incest perpetrator: Use of social skills. In A.L. Horton, B.L. Johnson, L.M. Roundy, & D. Williams, (Eds.). The Incest perpetrator: A family member no one wants to treat. Newbury Park, California: Sage Publications.
- Berliner, L., & Conte, J.R. (1990). The process of victimization: The victims' perspective. Child Abuse and Neglect, *14*, 29-40.
- Berrick, J.D. (1991). Sexual abuse prevention training for preschoolers: Implications for moral development. Children and Youth Services Review, *13*, 61-75.
- Berrick, J.D., & Barth, R.P. (1992). Child sexual abuse prevention: Research review and recommendations. Social Work Research and Abstracts, *28*, 6-15.
- Binder, R.L., McNiel, D.E. (1987). Evaluation of a school-based sexual abuse prevention program: Cognitive and emotional effects. Child Abuse and Neglect, *11*, 497-506.
- Blumberg, E.J., Chadwick, M.W., Fogarty, L.A., Speth, T.W., & Chadwick, D.L. (1991). The touch discrimination component of sexual abuse prevention training: Unanticipated positive consequences. Journal of Interpersonal violence, *6*, 12-28.

- Briggs, F. (1991a). Child protection programmes: Can they protect young children? Early Child Development and Care, 67, 61-72.
- Briggs, F. (1991b). Keeping Ourselves Safe: A personal safety curriculum examined. Set, 2, 1-4.
- Briggs, F. (1993). Why my child? Supporting the families of victims of child sexual abuse. Wellington, New Zealand: Bridget Williams Books Limited.
- Briggs, F. & Hawkins, R.M.F. (1993). Children's perceptions of personal safety issues and their vulnerability to molestation. Children Australia, 18, (3), 4-9.
- Briggs, F. & Hawkins, R.M.F. (1994a). Follow-up data on the effectiveness of New Zealand's national school based child protection program. Child Abuse and Neglect, 18, 635-643.
- Briggs, F. & Hawkins, R.M.F. (1994b). Follow up study of children of 5-8 years using child protection programmes in Australia and New Zealand. Early Child Development and Care, 100, 111-117.
- Browne, A., & Finkelhor, D. (1986). Initial and long-term effects: A review of the research. In D. Finkelhor & Associates. A sourcebook on child sexual abuse. Beverly Hills, California: Sage Publications.
- Budin, L.E., & Johnson, F. C. (1989). Sex abuse prevention programs: Offenders' attitudes about their efficacy. Child Abuse and Neglect, 13, 77-87.
- Carroll, L.A., Millenberger, R.G., & O'Neill, H.K. (1992). A review and critique of research evaluating child sexual abuse prevention programs. Education and Treatment of children, 15, 335-354.
- Christiansen, J.R. & Blake, R.H. (1990). The grooming process in father-daughter incest. In A.L. Horton, B.L. Johnson, L.M. Roundy, & D. Williams, (Eds.). The Incest perpetrator: A family member no one wants to treat. Newbury Park, California: Sage Publications.
- Conte, J.R. (1982). Sexual abuse of children: Enduring issues for social work. Social Work and Child Sexual Abuse, 1, 1-19.

- Conte, J.R. (1990). The incest offender: an overview and introduction. In A.L. Horton, B.L. Johnson, L.M. Roundy, & D. Williams, (Eds.). The Incest perpetrator: a family member no one wants to treat. Newbury Park, California: Sage Publications.
- Conte, J.R., Rosen, C., & Saperstein, L. (1986). An analysis of programs to prevent the sexual victimization of children. Journal of Primary Prevention, 6, 141-155.
- Conte, J.R., & Schuerman, J.R. (1987). The effects of sexual abuse on children: A multidimensional view. Journal of Interpersonal Violence, 2, 380-390.
- Conte, J.R., Wolf, S., & Smith, T. (1989). What sexual offenders tell us about prevention strategies. Child Abuse and Neglect, 13, 293-301.
- Cramer, D. (1994). Introducing statistics for social research: Step-by-step calculations and computer techniques using SPSS. London: Routledge.
- Daro, D., & McCurdy, K. (1994). Preventing child abuse and neglect: Programmatic interventions. Child Welfare, 68, 405-430.
- DeYoung, M. (1988). The good touch/bad touch dilemma. Child Welfare, 67, 60-68.
- Drauker, C.B. (1993). Counseling survivors of childhood sexual abuse. London: Sage.
- Dube, R., & Hebert, M. (1988). Sexual abuse of children under 12 years of age: A review of 511 cases. Child Abuse and Neglect, 12, 321-330.
- Elrod, J.M. & Rubin, R.H. (1993). Parental involvement in sexual abuse prevention education. Child Abuse and Neglect, 17, 527-538.
- Faller, K.C. (1990). Sexual abuse by paternal caretakers: A comparison of abusers who are biological fathers in intact families, stepfathers, and noncustodial fathers. In A.L. Horton, B.L. Johnson, L.M. Roundy, & D. Williams, (Eds.). The Incest perpetrator: A family member no one wants to treat. Newbury Park, California: Sage Publications.
- Finkelhor, D. (1986). Prevention: A review of programs and research. In D. Finkelhor & Associates. A sourcebook on child sexual abuse. Beverly Hills, California: Sage Publications.

- Finkelhor, D. (1987). The sexual abuse of children: Current research reviewed. Psychiatric Annals, 17, 233-241.
- Finkelhor, D., Asdigian, N., & Dziuba-Leatherman, J. (1995). The effectiveness of victimization prevention instruction: An evaluation of children's responses to actual threats and assaults. Child Abuse and Neglect, 19, 141-153.
- Finkelhor, D., & Dziuba-Leatherman, J. (1994). Children as victims of violence: A national survey. Pediatrics, 84, 413-420.
- Finkelhor, D., & Dziuba-Leatherman, J. (1995). Victimization prevention programs: A national survey of children's exposure and reactions. Child Abuse and Neglect, 19, 129-139.
- George, D. & Mallery, P. (1995). SPSS/PC+ Step by step: a simple guide and reference. Belmont: Wadsworth Publishing Company.
- Gilgun, J.F., & Connor, T.M. (1990). Isolation and the adult male perpetrator of child sexual abuse: clinical concerns. In A.L. Horton, B.L. Johnson, L.M. Roundy, & D. Williams, (Eds.). The Incest perpetrator: A family member no one wants to treat. Newbury Park, California: Sage Publications.
- Haugaard, J.J. & Reppucci, N.D. (1988). The sexual abuse of children: A comprehensive guide to current knowledge and intervention strategies. San Francisco: Jossey-Bass Publishers.
- Hazzard, A.P., Kleemeier, C.P., & Webb, C. (1990). Teacher versus expert presentations of sexual abuse prevention programs. Journal of Interpersonal Violence, 5, 23-36.
- Hazzard, A., Webb, C., Kleemeier, C., Angert, L., & Pohl, J. (1991). Child sexual abuse prevention: Evaluation and one-year follow-up. Child Abuse and Neglect, 15, 123-138.
- Herrera, M., Carey, K.T. (1993). Child sexual abuse: Issues and strategies for school psychologists. School Psychology International, 14, 69-81.
- Kalders, A., & Inkster, H. (1995). Female child sex offenders: A search for a model of assessment and treatment. Proceedings of the Annual Conference, Psychological Services, Department of Corrections.

- Kaplan, H.I., Sadock, B.J., & Grebb, J.A. (1994). Synopsis of psychiatry: Behavioral sciences clinical psychiatry (7th ed.). Baltimore: Williams & Wilkins.
- Kelly, S.J. (1989). Stress responses of children to sexual abuse and ritualistic abuse in day care centres. Journal of Interpersonal Violence, 4, 502-513.
- Kelly, S.J., Brant, R., & Waterman, J. (1993). Sexual abuse of children in day care centers. Child Abuse and Neglect, 17, 71-89.
- Kolko, D.J., Moser, J.T., & Hughes, J. (1989). Classroom training in sexual victimization awareness and prevention skills: An extension of the red flag/green flag people program. Journal of Family Violence, 4, 25-45.
- Kolko, D.J., Moser, J.T., Litz, J., & Hughes, J. (1987). Promoting awareness and prevention of child sexual victimization using the red flag/green flag program: An evaluation with follow up. Journal of Family Violence, 2, 11- 35.
- Kraizer, S.K., (1986). Rethinking prevention. Child Abuse and Neglect, 10, 259-261.
- Kraizer, S.K., Fryer, G.E., & Miller, M. (1988). Programming for preventing sexual abuse and abduction: What does it mean when it works? Child Welfare, 67, 69-78.
- MacMillan, H.L., MacMillan, J.H., Offord, D.R., Griffith, L., & MacMillan, A. (1994). Primary prevention of child sexual abuse: A critical review. Part II. Journal of Child Psychology and Psychiatry, 35, 857-876.
- McGregor, K. (1994). Warriors of truth: Adult survivors healing from childhood sexual abuse. Dunedin: University of Otago Press.
- Miles, M.B., & Huberman, A.M. (1994). Qualitative data analysis: An expanded sourcebook (2nd ed.). Thousand Oaks: Sage Publications.
- Miller-Perrin, C.L., & Wurtele, S.K. (1988). The child sexual abuse prevention movement: A critical analysis of primary and secondary approaches. Clinical Psychology Review, 8, 313-329.

- New Zealand Police & Department of Education, (1987a). About the Keeping Ourselves Safe Programme: pamphlet for parents. Wellington: New Zealand Police, Department of Education.
- New Zealand Police, & Department of Education (1987b). Keeping Ourselves Safe: Getting help. Wellington: Learning Media Ltd.
- New Zealand Police & Department of Education, (1987c). Keeping Ourselves Safe, sexual abuse of children: pamphlet for parents. Wellington: New Zealand Police, Department of Education.
- New Zealand Police & the Ministry of Education (1994). Knowing what to do (Rev. ed.). Wellington: Learning Media Ltd.
- Peters, S.D., Wyatt, G.E., & Finkelhor, D. (1986). Prevalence. In D. Finkelhor and Associates (Eds.). A sourcebook on child sexual abuse. Beverly Hills, California: Sage Publications.
- Petherbridge, D. & Anderson, B. (1993). Child Abuse Helpline 0508 200 222: a CAPS - New Zealand project. Unpublished manuscript.
- Pierce, L.H. & Pierce, R.L. (1987). Incestuous victimization by juvenile sex offenders. Journal of Family Violence, 2, 351-364.
- Pierce, L.H. & Pierce, R.L. (1990). Adolescent/sibling incest perpetrators. In A.L. Horton, B.L. Johnson, L.M. Roundy, & D. Williams, (Eds.). The Incest perpetrator: A family member no one wants to treat. Newbury Park, California: Sage Publications.
- Ratto, R., & Bogat, G.A. (1990). An evaluation of a preschool curriculum to educate children in the prevention of sexual abuse. Journal of Community Psychology, 18, 289-297.
- Reppucci, N.D., & Haugaard, J.J. (1990). Prevention of child sexual abuse: Myth or reality. Annual progress in child psychiatry and child development, 561-581.
- Sang, D. (1994). "Just Say No" may not be enough to prevent child sexual abuse. Social Work, 39, 603-605.
- Saphire, M. (1993). For your child's sake: Understanding sexual abuse. Birkenhead, Auckland: Reed Books.

- Sigurdson, E., Strang, M., & Doig, T. (1987). What do children know about preventing sexual assault? How can their awareness be increased? Canadian Journal of Psychiatry, *32*, 551-557.
- Stiles, W.B. (1990). Narrative in Psychological research. (Visiting Fellowship Series No. 1). Palmerston North: Massey University, Psychology Department.
- Tharinger, D.J., Krivacska, J.J., Laye-McDonough, M., Jamison, L., Vincent, G.G. & Hedlund, A.D. (1988). Prevention of child sexual abuse: An analysis of issues, educational programs, and research findings. School Psychology Review, *17*, 614-634.
- Trudell, B., & Whatley, M.H. (1988). School sexual abuse prevention: Unintended consequences and dilemmas. Child Abuse and Neglect, *12*, 103-113.
- Tutty, L.M. (1992). The ability of elementary school children to learn child sexual abuse prevention concepts. Child Abuse and Neglect, *16*, 369-384.
- Tutty, L.M. (1993a). Parent's perceptions of their child's knowledge of sexual abuse prevention concepts. Journal of Child Sexual Abuse, *2*, 83-103.
- Tutty, L.M. (1993b). The Children's Knowledge of Abuse Questionnaire - Revised: the development of a measure of children's understanding of sexual abuse prevention concepts. Calgary, Alberta: Faculty of Social Work, University of Calgary.
- Tutty, L.M. (1994). Developmental issues in young children's learning of sexual abuse prevention concepts. Child Abuse and Neglect, *18*, 179-192.
- Wadsworth, B.J. (1989). Piaget's theory of cognitive and affective development (4th ed.). New York: Longman.
- Watkins, B., & Bentovim, A. (1992). Male children and adolescents as victims: A review of current knowledge. In G.C. Mezey & M.B. King (Eds.). Male victims of sexual assault. Oxford: Oxford University Press.
- Wurtele, S.K., Kast, L.C., & Melzer, A.M. (1992). Sexual abuse prevention education for young children: A comparison of teachers and parents as instructors. Child Abuse and Neglect, *16*, 865-876.

Wurtele, S.K., & Miller, C.L. (1987). Children's conceptions of sexual abuse. Journal of Clinical Child Psychology, 16, 184-191.

Wurtele, S.K., Saslawsky, D.A., Miller, C.L., Marrs, S.R., & Britcher, J.C. (1986). Teaching personal safety skills for potential prevention of sexual abuse: A comparison of treatments. Journal of Consulting and Clinical Psychology, 54, 688-692.

APPENDIX A

SUMMARY GUIDELINES FOR TEACHERS AND ADMINISTRATORS

I would like to thank you for finding the time to help me collect data for my thesis. As we have not had the opportunity to discuss procedures for conducting this research I would like to use this letter as a way of outlining the main points.

Administration:

To ensure uniformity of administration it is important that the questionnaire is presented in the same way to all the children taking part in this study. You, as teachers, can facilitate this process by:

- reading the instructions and questions out in a neutral voice
- not altering the instructions provided in any way

N.B. A verbal administration is recommended because the questionnaire will be used to compare younger and older children whose reading skills might be different.

Confidentiality:

We have an ethical obligation to ensure total confidentiality. It must be emphasized that no-one should have access to any of the information provided by the students. To ensure confidentiality it is necessary that:

- no names or other identifiers are written on the questionnaires
- completed questionnaires are put in sealed envelopes in view of the children
- envelopes are put in a safe place ready for collection

PLEASE READ THESE INSTRUCTIONS TO THE CHILDREN

I need your help in finding out what kids your age think about different kinds of touching.

I'm going to be asking you some questions about different kinds of touches. Please just answer the questions the way you think is correct. I'm going to read the questions out loud and I'd like you to write "Y" if you think the answer is Yes, "N" or if you think the answer is No, and ? if you are not sure.

Nobody will know what your answers are because they don't have your name on it and they will be put together with those of other kids.

When reading out items it might be helpful to end each question with "YES, NO, DON'T KNOW" in a neutral voice.

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

Ethnicity: (circle a number)

- | | |
|-------------|---------------------|
| 1. European | 4. Maori/European |
| 2. Maori | 5. Pacific Islander |
| 3. Asian | 6. Other |

Please respond "Y" for Yes, "N" for No and DK for "Don't know",
to the following questions.

- 1 Do you think that you always have to keep secrets?
- 2 Do you think that it's OK for someone you like to hug you?
- 3 Do you think that a stranger is someone you don't know, even if they say they know you?
- 4 Do you think that most kids like to get a kiss from their parents before they go to bed at night, so, for them, that would be a good touch.
- 5 Do you think that sometimes it's OK to say "no" to a grown-up?
- 6 Do you think that it's OK to say "no" and move away if someone touches you in a way you don't like?
- 7 Do you think that you can always tell who's a stranger - they look mean?
- 8 Do you think that even hugs and tickles can turn into bad touches if they go on too long?
- 9 Do you think that if you fell off your bike and hurt your vagina or penis, it would be OK for a doctor or nurse to look under your clothes?
- 10 Do you think that if someone touches you in a way you don't like, you should not tell anyone?
- 11 Do you think that if your friend says he won't be your friend anymore if you don't give him your last lollie, then you should give it to him.
- 12 Do you think that if someone touches you in a way you don't like, its your own fault.
- 13 Do you think that if you don't like how someone is touching you, its OK to say no?

- 4 Do you think that strangers look like ordinary people.
- 5 Do you think that if a grown-up tells you to do something you always have to do it?
- 6 Do you think that some touches start out feeling good then turn confusing?
- 17 Do you think that you can trust your feelings about whether a touch is good or bad?
- 18 Do you think that its OK to have a hug from a grown-up you like?
- 19 Do you think that if a mean kid at school orders you to do something you had better do it.
- 20 Do you think that even someone you like could touch you in a way that feels bad?
- 21 Do you think that a pat on the back from a teacher you like after you've done a good job at school is a good touch?
- 22 Do you think that you have to let grown-ups touch you whether you like it or not?
- 23 Do you think that if someone touches you in a way that does not feel good you should keep telling until someone believes you.
- 24 Do you think that sometimes someone in your family might touch you in a way you don't like?
- 25 Do you think that boys don't have to worry about someone touching their penis?
- 26 Do you think that if you're walking down the street with your mother and she starts talking to a neighbour you have not met before it's OK to talk with them too?
- 27 Do you think that if a friend's dad asks you to help him find their lost cat you should go right away with him and help.
- 28 Do you think that if you won a contest for drawing the best picture in your school and a neighbour you liked gave you a quick hug to congratulate you that would be a good touch?
- 29 Do you think that most people are strangers and most strangers are nice?

- 30 Do you think that someone you know, even a relative, might want to touch your bottom in a way that feels confusing?

- 31 Do you think that 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?

- 32 Do you think that if someone walks in while you are having a bath, and you feel uncomfortable, you should just keep quiet?

- 33 Do you think that if you get separated from your parents in a shopping mall, it's OK to ask a shop assistant or a security guard for help, even if they are strangers?

APPENDIX B
CHILDREN'S KNOWLEDGE OF ABUSE QUESTIONNAIRE

INSTRUCTIONS

My name is _____ and 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. Sometimes touches are confusing - that's when it's hard to decide if they are good or bad. But, you are the one to decide if a touch is good or bad, because you know how it feels for you.

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 be asking you some questions about different kinds of touches. 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 correct. 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" or "NT" if you think the answer is False or Not True, and ? or "DK" if you are not sure.

NOTE: A verbal administration is recommended especially if the C.K.A.Q. is being used in a comparison of younger and older children whose reading skills might be different. When reading out items it is helpful to end each statement with "IS THAT TRUE OR NOT TRUE?"

Administration of the C.K.A.Q. takes approximately 10 to 15 minutes.

The scoring key for the revised version includes two subscales: I for Inappropriate Touches and A for Appropriate Touches. The second subscale is new and has not as yet been validated.

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Faculty of Social Work,
University of Calgary,
[REDACTED]

CKAQ-Revision II¹

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. A stranger is someone you don't know, even if they say they know you.
- _____ 4. Most kids like to get a kiss from their parents before they go to bed at night, so, for them, that would be a good touch.
- _____ 5. Sometimes it's OK to say "no" to a grown-up.
- _____ 6. It's OK to say "no" and move away if someone touches you in a way you don't like.
- _____ 7. You can always tell who's a stranger - they look mean.
- _____ 8. Even hugs and tickles can turn into bad touches if they go on too long.
- _____ 9. If you fell off your bike and hurt your private parts, it would be OK for a doctor or nurse to look under your clothes.
- _____ 10. If someone touches you in a way you don't like, you should not tell anyone.
- _____ 11. 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.
- _____ 12. If someone touches you in a way you don't like, its your own fault.
- _____ 13. If you don't like how someone is touching you, its OK to say "no".
- _____ 14. Strangers look like ordinary people.
- _____ 15. If a grown-up tells you to do something you always have to do it.
- _____ 16. Some touches start out feeling good then turn confusing.
- _____ 17. You can trust your feelings about whether a touch is good or bad.

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- _____ 18. Its OK to have a hug from a grown-up you like.
- _____ 19. If a mean kid at school orders you to do something you had better do it.
- _____ 20. Even someone you like could touch you in a way that feels bad.
- _____ 21. A pat on the back from a teacher you like after you've done a good job at school is a good touch.
- _____ 22. You have to let grown-ups touch you whether you like it or not.
- _____ 23. If someone touches you in a way that does not feel good you should keep on telling until someone believes you.
- _____ 24. Sometimes someone in your family might touch you in a way you don't like.
- _____ 25. Boys don't have to worry about someone touching their private parts.
- _____ 26. If you're walking down the street with your mother she starts talking to a neighbour you have not met before, it's OK to talk with them too.
- _____ 27. If a friend's dad asks you to help him find their lost cat, you should go right away with him and help.
- _____ 28. If you won a contest for drawing the best picture in your school and a neighbour you liked gave you a quick hug to congratulate you, that would be a good touch.
- _____ 29. Most people are strangers and most strangers are nice.
- _____ 30. Someone you know, even a relative, might want to touch your private parts in a way that feels confusing.
- _____ 31. 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.
- _____ 32. If a someone walks in while you are having a bath, and you feel uncomfortable, you should just keep quiet.
- _____ 33. If you get separated from your parents in a shopping mall, it's OK to ask a sales clerk or a security guard for help, even if they are strangers.

APPENDIX C

Interview format

Introduction: including "you can help me find out what kids your age know about KOS"

Child Consent form

Your teacher told me that you have been doing some work about keeping yourselves safe. Can you tell me something about the kind of things you have learned?

- what was the most interesting?
- did you find out things you didn't know before? Like?

(Purpose: kid's main impressions about the program)

Do you know what a stranger is?

Have you ever seen a stranger?

How would you recognise a stranger if you saw one?

Do you know what a secret is? Do you always have to keep secrets? (Peer pressure?)

So what if your big sister/brother told you that she/he is baking a surprise birthday cake for your mum, would you tell?

What about if your best friend told you that she had taken some sweets from a shop what would you do?

What if your best friend told you that someone had touched him/her in a way s/he didn't like and this person had told him/her not to tell anybody, what do you think your friend should do?

What about if this person told her he would hurt her if she told?

What if this person said s/he would be sad/angry if you told, what would you do then?

Who would you tell? Is there anybody else you could tell?

What about if it was not a friend but it was you, what would you do?

Suppose that I was your (name of trusted person). What would you say to me?

Suppose that a grown-up you know, such as your aunty or uncle or your big brother or sister gave you a big, wet sloppy kiss right on your mouth.

Would you like that?

- If you didn't like it, what could you do about it?
- and if that didn't work?

Do you think that someone in your family might touch you in a way you do not like?

Is it OK to sometimes say "NO" to a grown-up?

No: Would there ever be a time when it would be OK to say no to a grown-up?

Yes: can you tell me about when do you think it would be OK to say "NO" what would you say?

Remember, one day last week you answered a whole lot of questions by putting Yes No or DK in little boxes. Do you remember doing that?

One of those questions was "do you think you can trust your feelings about whether a touch is good or bad? Can you remember what you put down for that question, Y, N or DK?

So, how do you think you can tell if a touch is a good touch or a bad touch?

(Kids might mention checklist here).

- do I feel OK about this
- would my family want me to do it?
- will I be able to get help?

- will someone who cares about me know where I am?

Do you think that if a friend's dad asked you to help him find their lost cat you should go right away with him and help? What about if a friend's mum asked you to come and help look for their cat?

As it comes up in the interview find out how the child decides if a person can be trusted or not?

Does the child know his/her full name? YES / NO / Given name only

The child knows: his/her full address	name of street but no number
district only	street & district but no number

Telephone number? YES / NO

- Any questions you found particularly hard. Different way of asking that would be easier?
- Any questions you hoped I would ask, that I did not? What were they?
- Anything you would like to tell me that we haven't talked about?

Have been a BIG help, thank you!

APPENDIX D

AN INVESTIGATION OF CHILDRENS' UNDERSTANDING OF CONCEPTS TAUGHT IN THE "KEEPING OURSELVES SAFE" PROGRAM

INFORMATION SHEET FOR PARENTS AND CHILDREN

My name is Toos Gabriels and I am completing an MA in Psychology. My supervisor is Cheryl Woolley, a senior child and family Psychologist, from the Psychology Department at Massey University.

As you might be aware your child's school runs a child protection program called "Keeping Ourselves Safe". This program has been developed by the Department of Education and the New Zealand Police and is widely used within New Zealand.

I am interested in finding out how well children understand some of the concepts that are taught in the Keeping Ourselves Safe program. To do this the class teacher will administer a short questionnaire at the end of the program, which will take the children about 10 to 15 minutes to complete. In addition I would like to interview a number of randomly selected children so that they can tell me in their own words what they think the ideas in the questionnaire mean.

The interviews will take no more than 30 to 40 minutes per child and will be recorded on audio tape for later analysis. The audio tapes will be kept in a secure place and will only be accessible to myself and to my supervisor. No names will be used on any of the materials. This is to ensure anonymity as well as confidentiality. All tapes will be destroyed after completion of the project.

Children will be given an explanation of the study and will be asked if they are willing to take part. It will be explained to your child that s/he can refuse to answer any particular questions, that involvement is voluntary and that s/he is free to withdraw from the study at any stage. If you are happy for your child to participate in this study please sign the enclosed consent form and return it to the school before the end of the week.

Please feel free to contact me if you have any questions or comments. You can leave a message for me at the Psychology Department Ph 3569099 or ring me at home Ph [REDACTED] Cheryl Woolley can be contacted at the Psychology Department Ph [REDACTED]

kind regards,

Toos Gabriels



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FACULTY OF
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DEPARTMENT OF
PSYCHOLOGY

AN INVESTIGATION OF CHILDRENS' UNDERSTANDING OF
CONCEPTS TAUGHT IN THE "KEEPING OURSELVES SAFE"
PROGRAM

PARENT CONSENT FORM

I have read the information sheet for this study and have had the opportunity to discuss details of the study with Toos Gabriels and with my child. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I understand that the procedure has been approved by the Human Ethics Committee of Massey University.

I also understand that I or my child are free to withdraw from the study at any time

I allow my childto participate in this study under the conditions set out on the Information Sheet.

I would/would not (delete one) like to receive a summary of the findings from the study when it is concluded.

Signed: _____

Signed: _____

Name: _____

Name: _____

Date: _____

Ms Toos Gabriels (researcher)

APPENDIX F



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FACULTY OF
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1998

DEPARTMENT OF
PSYCHOLOGY

AN INVESTIGATION OF CHILDRENS' UNDERSTANDING OF
CONCEPTS TAUGHT IN THE "KEEPING OURSELVES SAFE"
PROGRAM

A STUDY OF WHAT CHILDREN KNOW ABOUT KEEPING
THEMSELVES SAFE

CHILD CONSENT FORM

Toos has told me what this study is about and has given me the chance to ask questions about it.

I know that I don't have to talk to Toos if I don't want to, and that I can stop our talk anytime I want. I also know that I can ask questions at any time if I can't understand something.

I am happy to take part in this study.

Signature of Child Date.....

Signature of Researcher Date.....

Toos Gabriels