Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

AN EXPLORATORY STUDY OF PRE-SCHOOLER'S PERCEPTIONS AND UNDERSTANDING OF CONCEPTS TAUGHT IN THE "FEELING SPECIAL, FEELING SAFE" SEXUAL ABUSE PREVENTION PROGRAM

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

Kathryn McKenna Weir
1999

ABSTRACT

Child sexual abuse is a recognised problem worldwide. Education programs targeting school-aged children have been the main type of primary prevention of sexual abuse. Programs for pre-school aged children are a recent development with pre-schooler's developmental level posing a challenge. This study aimed to explore pre-schooler's understanding of the 'Feeling Special, Feeling Safe' program (FSFS) developed by the New Zealand Family Planning Association. It used both quantitative and qualitative research methods. The quantitative section used a between subjects design. Ninety-eight children from 8 Manawatu kindergartens completed an adapted version of the Children's Knowledge of Abuse Questionnaire Revision II (CKAQ-RII). The participant group (n=63, average age 4 yr. 7 mth.) completed the questionnaire after FSFS participation, and the control group (n=35, average age 4 yr. 6 mth.) before FSFS participation. Parents of children in the participant group completed a 6-item survey on how their child responded to FSFS, and their view of FSFS. In the qualitative section 8 participant group children were interviewed using a semi-structured interview format. It was hypothesised that participant group children would have more knowledge of prevention concepts than control group children would. This was supported by the results. The participant group scored significantly higher than the control group overall, and on items about appropriate responses and bullying. All children had difficulty identifying characteristics of strangers, understanding that a familiar person may perpetrate, and with the touch continuum concept. Parents generally viewed FSFS positively, although 13.5% observed negative behaviour changes stemming from the body ownership concept. Results are discussed in view of adaptations and extensions to FSFS and prevention programs for pre-schoolers in general that could aid children's learning and abuse prevention. FSFS was concluded to be a worthwhile prevention program for pre-school aged children.

ACKNOWLEDGMENTS

I would like to thank the following for their assistance in this research:

To Cheryl Woolley, my supervisor, for her encouragement and support, and for her contribution in all stages of the research.

To Ross Flett, who provided a second opinion in the design phase, and who gave crucial help in data analysis.

To Christine Moss and Aevryl Jestin, FPA Educators, who took the initiative to have the Feeling Special, Feeling Safe program evaluated. They provided valuable assistance in data collection. Their enthusiasm for and belief in the worth of the research were good motivational sources.

To the teachers at kindergartens who were involved in the study, thank you for your willingness and co-operation during the time I was in your kindergartens.

To the parents who permitted their children to be involved in the study, thank you for doing so. To the children who answered what may have seemed like endless questions, thank you for answering them seriously and for telling me what you thought.

Thank you to my family for their support at all stages of the project. Especially thank you to Andrew, for many helpful suggestions, for helping me to stay focused and countless other things you did to help me through this year.

Lastly, thank you to Stripey - you were the highlight of numerous kindergarten sessions, and brought a smile to many faces.

TABLE OF CONTENTS

ABSTRACT ii
ACKNOWLEDGEMENTS iii
LIST OF TABLES vii

CHAPTER 1
INTRODUCTION 9
Child sexual abuse defined 9
Epidemiology 11
Offenders/perpetrators 17
Effects of abuse 21

CHAPTER 2
PREVENTION OF CHILD SEXUAL ABUSE 26
Types of prevention 26
Education programs as a form of primary prevention 26
Research concerns about prevention programs 35
The Feeling Special, Feeling Safe Program 37
The present study 41

CHAPTER 3
METHOD 42
Participants 42
Measures 43
Procedure 48

CHAPTER 4
RESULTS: QUANTITATIVE FINDINGS 51
Children' Knowledge of Abuse Questionnaire revision II 51
Disclosures 57
Parent Questionnaire 57

CHAPTER 5
RESULTS: QUALITATIVE FINDINGS 61
Profiles of children who were interviewed 61
Children's perceptions of concepts taught in Feeling Special, Feeling Safe 63

CHAPTER 6
DISCUSSION 76
General findings 76
Limitations of the present study 81

CHAPTER 7
RECOMMENDATIONS & CONCLUSIONS 84
Revisions to Feeling Special, Feeling Safe (FSFS) 84
Extensions to FSFS 85
An alternative form of prevention 86
Networking 87

Future research ideas for FPA	87
CONCLUSION	88
Suggestions for future research	89
REFERENCES	90
APPENDIX A* Investigation of the Feeling Special, Feeling Safe Program Information Sheet For Teachers (Control Group)	98
APPENDIX B Investigation of the Feeling Special, Feeling Safe Program Information Sheet For Teachers (Participant Group)	100
APPENDIX C Investigation of the Feeling Special, Feeling Safe Program Teachers Consent Form And Confidentiality Agreement	102
APPENDIX D Investigation of the Feeling Special, Feeling Safe Program Information Sheet For Parents And Children (Control Group)	103
APPENDIX E Investigation of the Feeling Special, Feeling Safe Program Parent Consent Form (Control Group)	105
APPENDIX F Investigation of the Feeling Special, Feeling Safe Program Information Sheet For Parents and Children (Participant Group)	106
APPENDIX G Investigation of the Feeling Special, Feeling Safe Program Parent Consent Form (Participant Group)	108
APPENDIX H Investigation of the Feeling Special, Feeling Safe Program Parent Consent Form For Interview	109

* All correspondence with teachers and parents used Massey University letterhead.

APPENDIX I 110
Investigation of the Feeling Special, Feeling Safe Program
Information Sheet For Parents And Children
(Participant Group – For parents who may have literacy problems)

APPENDIX J 111
Investigation of the Feeling Special, Feeling Safe Program
Consent Form
(Participant Group – For parents who may have literacy problems)

APPENDIX K 112
Children's Knowledge of Abuse Questionnaire Revision II

APPENDIX L 115
Children's Knowledge of Abuse Questionnaire Revision II
First Adaptation

APPENDIX M 117
Children's Knowledge of Abuse Questionnaire Revision II
Second Adaptation (Version used for evaluation of FSFS)

APPENDIX N 121
Parent Questionnaire

APPENDIX O 123
Interview Format

APPENDIX P 125
Selection of Children's Drawings of What They Think A Stranger Looks Like

LIST OF TABLES

Page

Table 1: Characteristics Of High-Risk Children Identified By Finkelhor & Baron (1986) 15

Table 2: Results From Interviews With Child Sex Offenders On Their Target Victims 16

Table 3: Findings Of The Third National Incidence Study Of Percentage Of Abuse Committed By People Known To Child 18

Table 4: Factors Of Victim, Offender, Abuse Situation, And Case Evidence Related To Prosecution Of Offender For Child Sexual Abuse 18

Table 5: Type Of Sexual Acts Reported According To Offender's Age 20

Table 6: Outline Of The Feeling Special, Feeling Safe Program 38

Table 7: Percentage Of Participant And Control Group Children Who Responded Correctly To Each Item On The Children's Knowledge Of Abuse Questionnaire-Revision II 51

Table 8: Level Of Difficulty (LOD) Participant And Control Group Children Found For Each Children's Knowledge Of Abuse Questionnaire-Revision II Item 54

Table 9: Mean Score For Participant And Control Group Children In All Categories 56

Table 10: Correlations Between Age Of Child And SES Of Parent With Child's Scores On Full Questionnaire And Appropriate Touch Scale 56

Table 11: Aspects Of The Feeling Special, Feeling Safe Program That Children Enjoyed 58

Table 12:Aspects Of The Feeling Special, Feeling Safe Program That Children Did Not Enjoy 58

Table 13: Aspects Of The Feeling Special, Feeling Safe Program That Children Talked About At Home 58

Table 14: Changes In Child's Behaviour Since Participating In The Feeling Special, Feeling Safe Program As Observed By Parents 59

Table 15: Parts Of The Feeling Special, Feeling Safe Program That Parents Consider Deserve Recommendation 60

Chapter 1

INTRODUCTION

Child sexual abuse defined

The awareness of child sexual abuse has increased markedly since the 1970s. It has moved from a phenomenon that was thought to be nonexistent to being considered a social epidemic. Reflecting back on modern history it can be said that awareness of sexual abuse of children has moved through cycles of awareness and suppression. Current research on the prevalence of abuse is presently increasing awareness (Olafson, Corwin & Summit, 1993). Hopefully this time professionals and society will be courageous enough to maintain awareness and not complete the next stage of the awareness-suppression cycle.

The definition of child sexual abuse is the subject of much debate and a universal definition is yet to be established. A possible reason for this is that the awareness and interest in child sexual abuse spans a wide range of disciplines: medicine, law, social work, psychology, and sociology. There is no single definition that encompasses the requirements of each discipline. For example, law places an emphasis on precise abusive acts and the consequences for the child. This is a narrow definition dating from the 1970s. Sociology on the other hand, has a very broad emphasis and focuses on the act of maltreatment with the goal being to label and control social deviance (National Research Council, 1993).

Definitions of child sexual abuse include contact abuse or non-contact abuse. Contact abuse involves sexual contact between the victim and perpetrator. This could be in the form of fondling of breast or genitals, oral or anal sex, or vaginal intercourse. Non-contact abuse, as its name suggests, involves no physical contact between the victim and perpetrator. These instances include exhibition, photographing the child, exposing the child to pornography, and the like.

The National Center on Child Abuse and Neglect in the U.S.A. defines sexual abuse as: "Contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person when the perpetrator is in a position of power or control over the victim" (1978, p.2, cited in Thomas, Eckenrode & Garbarino, 1997).

This definition includes both contact and non-contact forms of abuse. It incorporates the misuse of power suggesting that sexual abuse may be an issue of violence rather than an issue of sex. In this definition the classifications of "child" and "adult" inadequately address the issue of peer and adolescent perpetrators.

Bagley (1995) argues from his research that abuse should be interpreted as an act that has a significant likelihood of resulting in harm. The operational definition covers acts ranging from physical contact with a child's unclothed genital area or breasts (including contact under clothing), through to the most physical acts of penetration. This contact is unwanted by the child or young person (someone who is yet to have

their seventeenth birthday). This definition by Bagley has an age limit for the victim, but not the perpetrator. It includes contact, but excludes non-contact abuse, and does allow for peer and adolescent perpetrators.

For the purposes of research, child sexual abuse can be operationally defined as unwanted sexual contact (genital touching and fondling through to penetration). The victim is considered to be a child according to the legal definition, and the perpetrator is someone in a position of relative power over the victim (e.g. parent, adult, babysitter, guardian, or older child). This definition given by Violato & Genuis (1993) is a standard research definition. A downfall of this definition is that it requires that the abuse is unwanted by the child. Even if the child does not object to the contact, it should be considered as inappropriate for the adult to touch a child in a sexual manner.

In New Zealand child sexual abuse is defined by the Children, Young Persons and Their Families Service (1997) as being any act(s) that result in the sexual exploitation of a child (aged 13 or under) or young person (aged 14-16), whether consensual or not. It may include, but is not restricted to: Non-contact abuse (exhibitionism, voyeurism, suggestive behaviour or comments, exposure to pornographic material); Contact abuse (touching breasts, genital/anal fondling, masturbation, oral sex, object, finger, or penile penetration of anus or vagina, encouraging child or young person to perform such acts on the perpetrator); Involvement of the child or young person in activities for the purposes of pornography or prostitution. The Family Planning Association (FPA), who delivers the "Feeling Special, Feeling Safe" abuse prevention program, uses this definition of abuse. The present study will investigate this program.

The examples outlined above illustrate how slight variations in definition cause discrepancies in research. For instance, the age limits of child and perpetrator are different in each definition and there is some disagreement as to the inclusion of non-contact abuse. However, these definitions agree that the sexual contact is unwanted by the victim, and that the perpetrator is in a place of power over the victim.

In the research of child sexual abuse, there remain a number of unanswered questions pertaining to how sexual abuse is defined. A reason for this is that the implications of the exclusion of one form or another is unacceptable to some groups of researchers and/or professionals working with those impacted by sexual abuse.

Peters, Wyatt, & Finkelhor (1986) identified three questions regarding the definition of sexual abuse, which are still unresolved. Firstly, is whether the definition should include non-contact abuse. The main arguments for inclusion are that exhibitionism is a criminal act, and that when sexual propositions come from an authority figure they have a significant psychological impact on the child. The main arguments against inclusion are that exhibitionism is often regarded as a nuisance, and that verbal propositions are not considered to be as harmful as acts that violate a child's body. The second issue is whether the definition should include peer perpetration as abusive. It is often difficult to determine whether sexual contact between peers is coerced and unwanted. Thirdly, is the issue of determining what relationships constitute sexual abuse on the basis of the age difference between the people involved. All definitions acknowledge an adult-child sexual relationship as abusive even when it is not coerced. Many definitions require the perpetrator to be 5 years older than the victim. This is in

line with the DSM-IV criteria for a diagnosis of pedophilia, which stipulates that the offender be at least 16 years old and at least 5 years older than the victim (Davidson & Neale, 1996).

Most studies give their own definition of abuse in an attempt to resolve definition issues when reporting on prevalence and incidence rates. They state the age of the victim to be considered a child. Usually this term refers to people under the age of 18 or 16, but can refer only to those under 12 or 14 years. To solve the problem of whether non-contact abuse should be included, researchers state prevalence rates for both contact and non-contact abuse. Definitions need to be considered when looking at prevalence statistics. In the present study, reference will be made to definitions of abuse when reporting prevalence rates when they are available.

Summary

Child sexual abuse is recognised as a social problem. There is variation between the definitions of abuse due to the numerous disciplines that are involved in the area. There is disagreement over the inclusion of non-contact abuse and the definition of a "child" and an "adult". There is agreement that the contact is unwanted by the victim and that the contact could harm the victim.

Epidemiology

In psychology, epidemiology refers to the study of the frequency and distribution of a disorder in a population (Davidson & Neale, 1996). Incidence and prevalence are two key epidemiological terms. They both refer to the frequency of a disorder or event happening in the population. Incidence refers to the number of new cases that occur in a set period, usually in a year. Prevalence refers to the proportion of a population that has the disorder or has experienced the event at a given point in time. Risk factor is another epidemiological term. It refers to a conditional variable, that if present, increases the likelihood of developing the disorder or experiencing the event.

The following section will discuss the epidemiology of child sexual abuse, beginning with incidence and prevalence, and concluding with risk factors.

Prevalence

In the 1980s, much research was done to investigate the prevalence rate of child sexual abuse. Peters et al (1986) reviewed 19 studies on the prevalence of child sexual abuse dating from the early 1940s through to the late 1970s. Across these studies prevalence for child sexual abuse was found to range from 6-62% for females and 3-31% for males. These differences could be attributed to definitions of child sexual abuse used in the studies. Studies that included non-contact abuse had higher prevalence rates than those with contact abuse only. Methodological factors such as sampling bias, indirectly targeting one portion of the population, method of data collection, and whether surveys or interviews are used to collect data, all influence prevalence rates.

The majority of child sexual abuse prevalence research has been done in the U.S.A. Finkelhor (1994) found that surveys of adults from a non-clinical population in 19 countries other than the U.S.A. and Canada have rates comparable to North American

research, which rates prevalence as being from 7-36% for women and 3-29% for men. These studies were using definitions of child sexual abuse that included contact abuse only.

It is recognised that child sexual abuse and particularly incest occurs worldwide and has occurred throughout history (DeMause, 1991). Finkelhor (1994) conducted a survey of prevalence studies from 21 countries, including the United States and Canada. He found that all studies had rates ranging from 7% to 36% for women and 3% to 29% for men. These studies were primarily from English-speaking and Northern-European countries.

There are studies emerging that have investigated the prevalence of abuse in select populations. For example, a sample of 582 (329 women and 253 men) South-western American Indian tribal members found that 49% of women and 14% of men were sexually abused as children. Intrafamilial child abuse accounted for 78% of reported cases (Robin et al, 1997).

Prevalence studies of abuse are starting to emerge from Asian countries. In a study of 616 Malaysian paramedical students, Singh, Yiing, & Nurani, (1996) found 8.3% of females and 2.1% of males surveyed admitted to having been sexually abused before the age of 18. This study defined sexual abuse as rape, sodomy, molestation, or exhibitionism. The authors noted these figures as being lower than those reported in industrialised countries, and attributed this difference to local sociocultural limitations in reporting abuse.

Prevalence rates in Australia and New Zealand are comparable to that of other countries. In a study of child sexual abuse prevalence in Australia, Goldman & Goldman (1988) surveyed 991 first year social science students about their sexual history during childhood and adolescence. They found that 22% reported some kind of sexual experience with an adult before age 13. Abuse was defined by the age discrepancy of the perpetrator and victim, and included any unwanted experience. In a more recent study, Goldman & Padayachi (1997) in a retrospective research design surveyed 427 undergraduate students in Queensland, Australia. Child sexual abuse was defined as unwanted sexual experiences before the age of 17. They found child sexual abuse prevalence rates of 45% for females and 19% for males. The most common types of sexual activities reported were exhibition of genitals, kissing, hugging, and fondling. Incest accounted for 19% of female victims and 9% of male victims. 45% of female victims and 31% of male victims reported attempted or completed intercourse.

New Zealand researchers have also investigated the prevalence rates of child sexual abuse. Fergusson, Lynskey, & Horwood (1996) examined the prevalence of child sexual abuse using data gathered during an 18-yr longitudinal study of a New Zealand birth cohort of 1,265 children. Information on child sexual abuse was obtained when the participants were 18 years old. Prevalence rates for any sexual abuse before age 16 were 17.3% for females and 3.4% for males. Rates of experiences involving intercourse were lower, at 5.6% for females and 1.4% for males. In Otago, Roman, Martin, & Morris (1997) investigated the prevalence of child sexual abuse in a study of child sexual abuse being a risk factor for teenage pregnancy. Child sexual abuse was

divided into three categories: total childhood sexual abuse (prevalence rate 32%); genital childhood sexual abuse (prevalence rate 19.7%); intercourse (prevalence rate 7.3% attempted 3.5% and completed 3.8%). These rates are for experiences occurring before age 16. Prevalence rates for experiences under 12 years were: total childhood sexual abuse 20.3%, genital childhood sexual abuse 13.2%, and for intercourse 3.8%. These rates were obtained from a sample of 1328 urban women under 65 years.

As mentioned, a large majority of prevalence research was done in the 1980s. Wyatt et al (1999) have conducted a study to compare the 1994 prevalence rate with that of 1984. Sexual abuse was defined as sexual body contact prior to age 18, with the perpetrator being 5 years older than the victim, or if the contact was not desired or forceful regardless of perpetrator age. A sample of 338 women between the ages of 18 and 36 were interviewed. This population was obtained by stratified probability sampling via random telephone dialing and is considered a reasonable representative of the population. Comparisons of prevalence rates across the decade show no significant differences. However, characteristics of abuse changed significantly across the decade. The 1994 sample reported more cases of severe abuse (attempted or completed oral sex, anal sex or rape, and digital penetration), more cases of abuse by a perpetrator under 25 years, and an increase in multiple incidents by the same perpetrator.

Although a relatively small sample of studies have been mentioned here, it is apparent the differences between prevalence rates depend on how the researchers defined child sexual abuse. Further difficulties with prevalence research include, i) variation in socio-economic status or age of respondents; ii) the response rate; iii) the methods of data collection, (e.g. interview or survey), and the number of questions asked about sexual abuse; iv) the age used to define childhood; and v) the accuracy of adults' memories or the willingness to report painful experiences (Peters et al, 1986, Leventhal, 1998).

The difficulty of gaining an accurate, reliable and realistic figure of the prevalence rate of child sexual abuse has been recognised by researchers for a number of years. Gorey & Leslie (1997) attempted to find a representative rate of prevalence. They reviewed a sample of 16 studies on the prevalence of recalled childhood sexual abuse experiences among adults over 18 years. The majority (14) of these studies were conducted in the USA, with the remaining two in Canada. The studies collected data from 1969 to 1991. The studies varied in their response rate from 25-98%. The operational definitions of abuse covered the full range of definitions, from very narrow (e.g. forced intercourse, less than 1 week duration of abuse) to much broader (e.g. ever having experienced exhibitionism, through to intercourse). The authors aggregated the data from all studies, and after controlling for response rate, definition of abuse and quality of the study, estimated the prevalence rate to be12-17% for females and 5-8% for males. This figure is similar to Finkelhor (1994a) who estimated 20% for females and 5-10% for males.

Most of the prevalence research has focused on females, yet males are also abused. It is recognised by researchers that abuse of males is under reported. Briggs and Hawkins (1995) say that to understand why male abuse is under reported we need to understand the relevance of male sex role conditioning. Firstly, to be a victim is in stark contrast to the western definition of masculinity. Males are conditioned to

believe that strength is the essence of manhood. Admitting to having been abused would be admitting weakness in that they had allowed themselves to be overpowered by another person. Instead of admitting that they were overpowered, males take responsibility for the abuse. Secondly, men are reluctant to disclose due to fears of being thought of as homosexual. This fear makes it even more difficult to disclose to male academic researchers. Thirdly, male victims who live in a highly sexualised environment view sexual activity as 'normal'. If males enjoyed any aspect of the contact, seduction process, or the relationship, they will not likely regard the experience as abusive.

Summary

While the exact prevalence is unknown, studies have shown that child sexual abuse is prevalent enough to constitute a social issue. These studies also justify research into the consequences and prevention of child sexual abuse, and a deeper understanding of why children are victims of such abuse or misuse.

Risk factors

Child sexual abuse is present in the majority of social and family circumstances. However, there are characteristics of some families that place the children at high risk. The secretive nature of abuse makes it difficult to identify the risk factors. Similarly, the common characteristics of the victims who have come to public attention may not apply to the vast number of victims who never report their abuse. In an attempt to identify risk factors associated with child sexual abuse, Finkelhor & Baron (1986) reviewed studies of the same aspect of child sexual abuse and found seven characteristics of high-risk children. These are outlined in Table 1.

Table1: Characteristics Of High-Risk Children Identified By Finkelhor & Baron (1986)

Characteristic	Additional Information
Female gender	This was found in studies that carefully defined child sexual abuse. Girls have received more attention in research of abuse than boys have, which has contributed to the misconception that males are not abused. This risk factor has been found, but with the recognition that abuse of boys is under reported.
Isolation from Peers	This may also be a result of abuse.
Preadolescent at Onset (age 8-12 years)	There was a lower prevalence for children under 6 or 7 years old, but it is easy for sexual abuse memories to be forgotten or repressed. This is especially so when the episode occurs to children who do not have a cognitive framework for interpreting the abuse, as with younger children.
Parental absence and unavailability	7 studies found higher vulnerability to sexual abuse among women who lived without their natural parents during some period of their childhood. Parental absence may be related to mothers working outside the home, or a parent who is ill or disabled. These circumstances place the child in the care of other people, such as a babysitter, who may abuse them.
Poor relationship with parent	Especially the child's relationship with their mother. This may be a result of abuse as well as a risk factor.
Conflict between parents	This may be a result of abuse. It may also be a risk factor. For example, the parent(s) give the child less supervision, which in turn gives them less protection from perpetrators. Also, parental conflict may contribute to emotional disturbances in the child, which in turn leads them to be more conspicuous or vulnerable to perpetrators, and more amenable to offers of friendship.
Presence of step-father	Possible reasons for step-fathers being a risk factor are: they may not be limited by the incest taboo against sexual contact with biological children; the child has contact with other adults, e.g. extended step-family, and step-father's friends, who they would otherwise have no contact with.

Subsequent studies also validate and extend on the work of Finkelhor & Baron. In a study on how victims of child sexual abuse perceive family functioning, Hulsey, Sexton & Nash (1992) found that victims recalled families that were isolative, rigidly ruled in an authoritarian style, and unable to foster the development of autonomy in family members. Another study has shown that abused children come from families with poor maternal mental health, lower maternal educational attainment, and lower family integration than families of non-abused children (Paradise, Rose, Sleeper, & Nathanson, 1994). Parental substance abuse is also a risk factor for abuse (Shah, Dail,

& Heinrichs, 1995). This may be due to family factors surrounding the substance use, or due to parental unavailability because of the effects of substance use.

Prior victimisation, or abuse, also places children at risk for further child sexual abuse. One study by Ray, Jackson, & Townsley (1991), found that children who had been abused within their family were at risk of abuse from someone outside their family. The indication given was that the family characteristics associated with intrafamilial abuse were associated with the occurrence of extra familial assault. In a study of 2,000 young people (aged 10-26 yrs), Boney-McCoy & Finkelhor (1995) found that prior victimisation acted as a risk factor for later child sexual abuse even when background variables were controlled for.

Fleming, Mullen, & Brammer (1997), with a community sample of women, found indicators of four variables that significantly associate with child sexual abuse. Social isolation and experiencing the death of a mother emerged as risk factors for abuse before age 12. After the age of 12, the risk factors were physical abuse and having a mentally ill mother. For girls who were abused by a family member, the significant risk factors were physical abuse, having no confidant, having no caring female adult, and having an alcoholic father. For girls who were abused by someone outside the family, significant risk factors were physical abuse, social isolation, mother's death, and having an alcoholic mother. These findings support those made by Finkelhor & Baron, especially parental absence/unavailability, and social isolation.

Interviews with offenders also indicate which children are potentially high risks. Elliott, Browne, & Kilcoyne (1995) interviewed 91 convicted male sex offenders. They found that offenders selected victims from outside their family based on their own personal preferences. Overall, the child who was most vulnerable, according to the offenders interviewed, had family problems, was alone, was non-confident, curious, pretty, "provocatively" dressed, trusting, and young or small. Table 2 shows offenders victim selection in more detail. These findings are complimentary to those found by Finkelhor & Baron.

Table 2: Results From Interviews With Child Sex Offenders On Their Target Victims.

	Yes (%)	No (%)	
Selection of Victim Based on:			
Pretty child	42	--	}
Way child dressed	27	--	}*
Being young or small	17	--	}
Innocent and trusting	13	--	}
Selection of Victim Influenced by:			
Child's lack of confidence and self-esteem	49	51	
"Special relationship with victim"	46	54	

*Denotes that categories are mutually exclusive and these figures total 100%

Although risk factors have been identified for child sexual abuse, they still remain risk factors not direct causes. A child may have present all mentioned risk factors, with the exception of prior abuse, and not be abused. Presence of risk factors does not indicate

presence of abuse. Research by Bergner, Delgado, & Graybill (1994) shows that risk factors are not predictors of abuse. They cross-validated Finkelhor's risk factor checklist and found that the factors employed individually and collectively did not strongly predict child sexual abuse. This study provides a cautionary note regarding the ability, or rather lack of ability, to predict child sexual abuse.

Summary

Sexual abuse is defined as actions of an adult, or person 5 years older than child/victim, who uses the child for his/her own sexual arousal. Problems with definitions include, age of child, type of abuse, and age of perpetrator. Prevalence rates are difficult to establish accurately due to methodological issues, such as response bias, small samples, and the definition of abuse. Meta-analysis studies attempt to account for such differences and have estimated prevalence rates to be approximately 20% for females, and 5-8% for males. Risk factors for child sexual abuse are being a female, being preadolescent, isolated from peers, having parents who are relatively unavailable, poor relationship with parents, and conflictual relationship between parents.

Looking at research findings as a whole, rather than at individual studies, shows that child sexual abuse is a social issue worthy of professional attention and public awareness. This is needed for the child victim, their families, and the offenders and their families. Child sexual abuse causes concern as it affects identity and ability to trust. Awareness of it causes us to look at our own sexuality and internal health, and possibly causes us to unconsciously look at people differently.

Offenders/perpetrators

The stereotype of the sex offender is one of an unkempt, middle aged to elderly man, who hangs around public toilets and parks waiting to pounce on an unsuspecting victim. If the stereotype were reality, detecting sex offenders would be a task achievable by any child or adult. Unfortunately, in reality, the only sex offender to fit this stereotype is the one that is in people's minds. Perhaps this is a form of coping – of avoiding the thought that their loved ones may be abused or may abuse. It may also be a form of justification for our attempt at prevention - telling our children repetitively not to talk to strangers, and to hurry home from school along the most visible route. In reality, there is no way of determining who is or is not a sex offender, based on looks alone, or even on initial impression. Sex offenders are normal people, and this mask of normalcy is what helps offenders gain access to children, and prevents those who receive children's disclosures from believing them (Wallis, 1995).

Research shows that between 70-80% of sexual abuse occurs within affinity systems – systems close to the child, where the child knows members. These take the form of nuclear families, extended families, friends, and neighbours (Heath & Irvine, 1988). The Third National Incidence Study conducted in the United States (cited in Thomas, Eckenrode, & Garbarino, 1997) found that 84-94% of abuse was committed by people known to the child. See Table 3 for further details.

Table 3: Findings Of The Third National Incidence Study Of Percentage Of Abuse Committed By People Known To Child.

Relationship of perpetrator to child	Percentage of perpetrators	
Biological parents	25	*
Step-parents and parent substitutes	25	
Other people known to child (e.g. family friends, baby sitters, teachers)	34-44	
Strangers	6-16	**

*Often more damaging than contact with a stranger, as it cannot be dealt with directly as for stranger.
**Often the more violent and sensational cases (Thomas et al, 1997).

Much research on sex offenders has been done using convicted sex offenders as participants. These people may differ from sex offenders who are not convicted and still in the community. Brewer, Rowe, & Brewer (1997) explored how various factors regarding victim, offender, abuse situation, and case evidence were related to prosecution decisions in child sexual abuse cases. Their findings, outlined in Table 4 show that there is a swing toward the prosecution of stranger as offender, and recently reported abuse.

Table 4: Factors Of Victim, Offender, Abuse Situation, And Case Evidence Related To Prosecution Of Offender For Child Sexual Abuse.

	Most likely to lead to prosecution	Less likely to lead to prosecution.	Least likely to lead to prosecution
Case evidence	Medical evidence of abuse, especially when serious abuse involved. Recently reported abuse	Less recently reported abuse.	
Offender	Multiple offences Stranger to the victim	Single offence Offender an acquaintance, stepparent, or extended relation to the victim.	Offender a biological, or nuclear family relation to victim.
Victim	Older victim	Younger victim	

Most offenders are male, although a small proportion is female. An estimate of female offences is derived from a number of general population studies by Finkelhor (1984). He estimates that a female perpetrates 5% of abuse involving girls and 20% of abuse involving boys. The typical offender is male, and thus male offenders have been the focus of research. This is similar to the research on child sexual abuse: the female is the typical victim, so has been the research focus. However, research is beginning to broaden its scope and is incorporating male victims and female offenders into the span of sexual abuse.

It is recognised that sexual offences by women are under-reported. Hetherton (1999) states that the main reason for this is that women have been idealized by society and this has led to the minimization of child sexual abuse by females. It is the social assumption that child sexual abuse is a problem perpetrated by men. Following on from this assumption is that women's child directed sexual behaviour is usually subtle and gentle, and so must be something other than abusive. Also professionals are vulnerable to the popular assumptions about child abuse. Professionals either may not regard a clients' disclosure of abuse from a female as abusive, or they may not believe the client as they have succumbed to the opinion that women do not act abusively towards children (Hetherton, 1999).

Lawson (1993) writes that abuse by females is subtler than abuse by males. Abuse by females may involve no contact, but have destructive consequences for the male later in life, such as in a relationship. Lawson (1993) proposes a model of maternal sexual abuse that includes categories of subtle, seductive, perverse, overt, and sadistic maternal sexual abuse (these categories can apply to male and female perpetrators). This would provide a model for future research.

Adolescent Offenders

Some offenders begin sexually abusing children when they are adolescents. In Elliott et al's (1995) study of 91 sex offenders, one third were under the age of 16 when they were first attracted to children. All of these men committed their first offence within 1 to 3 years after the initial attraction. In one study, of 235 alleged offenders, 16.6% were 16 years or younger, and 6.4% between 16 and 19 years. The researchers, Allard-Dansereau, Haley, Hamane & Bernard-Bonnin (1997), found that young offenders engaged in more genital/genital and genital/anal acts than older offenders. Young offenders were also more likely to abuse older victims. Table 5 gives more detail.

Table 5: Type Of Sexual Acts Reported According To Offender's Age

Types of Sexual Acts	Offenders <19 yrs	Offender ≥ 19 yrs	Offender Unknown Age	Total
No Clear History	5%	12%	42%*	19%
Fondling	11%	17%	9%	14%
Oral/Genital and/or Digital/Object Contact	18%	39%	27%	32%
Genital/Anal and/or Genital/Genital Contact	65%	31%	21%	34%

*p<. 05.

Sibling Offenders

There has been little research done on the incidence and other aspects of sibling abuse. This is possibly because the word 'incest' conjures up the idea of parent-child abuse rather than sibling-sibling abuse. A recent study, Wiehe (1997) attempted to begin to resolve the undetected problem of sibling abuse. One hundred and fifty people (134 females and 16 males) responded to advertisements in newspapers and newsletters of professional associations, and notices to organizations working in the field of family violence. The advertisement asked that individuals who had been physically, emotionally, or sexually abused by a sibling while growing up to write and ask for a questionnaire. The questionnaire included open and closed questions about their memories of the abuse, their typical experience, reactions, parents' reaction, and effects of the abuse on their current life. Of the respondents, 67% indicated that a sibling while growing up had sexually abused them. Of those who responded, sexual abuse was the most frequently reported form of sibling abuse. Thirty-three percent indicated they had been physically or emotionally abused. Sexual abuse did not always occur in isolation. Three percent indicated that they had been both physically and sexually abused, 11% said they had been both emotionally and sexually abused, and 37% reported experiencing physical, emotional, and sexual abuse.

While this study gives an indication of sibling abuse, it does have some methodological flaws. It used a biased sample. The participants were voluntary and had to make an effort to obtain the questionnaire. Only those who were motivated, and who were on the way of coming to terms with their experiences would have participated. The study indirectly targeted victims who were relatively readjusted and on the path to healing. Also only those who admitted the abuse participated. Women may feel embarrassed or ashamed of sibling abuse, and be likely to blame themselves. For these women, completing the questionnaire would be for them like admitting blame, and so they would be likely to avoid it.

Summary

Research shows that offenders are from all walks of life, and include male and female, adult and adolescent. Most abuse is intrafamilial occurring parent to child and sibling to sibling.

Effects of abuse

It is without doubt that an experience of sexual abuse is traumatic for the child involved, and that the trauma has rippling effects throughout the rest of the child's life. For some the ripples are small, yet for others the ripples are so large they never recover. From an experience of child sexual abuse, as with any experience in life, the key element that influences the person's subsequent development is what they learn from it (Smith, 1999). Child sexual abuse victims frequently report feelings of worthlessness, inferiority, and difficulty trusting. The sexual abuse has impacted significantly on their identity and their core sense of self (Parkinson, 1997).

Short term effects

Any incident of abuse is a significant factor in a child's life. Their behaviour will show that they have been abused, even if they do not disclose. Below are listed warning signs that may be indicators of abuse.

Physical indicators of abuse:
Sexually transmitted diseases
Pregnancy
Vaginal discharge, bleeding
Lacerations, bruising, inflammation, infections, pain in genitalia
Bowel problems, enuresis, encopresis, anuresis, dysuria
Abdominal pain
Fatigue, lower energy and appetite

Psychological/Behavioural indicators:
Sexually acting out
General anxieties, tension
Sleep disorders
Aggression/anger
Alcohol, drug abuse
Bedwetting
Developmental regression/delay
School problems
Avoidance of physical contact
Fear of dying/physical abnormality
Anxiety during physical examination
Running away
Depression
Suicidal behaviour
Persistent fears
Loss of appetite/over eating
(Chalin & Lewittes, 1991).

In very young children behaviour is often the primary indicator. During the toddler and pre-school years children have a very limited knowledge of sex. If a child of this age begins acting sexually, it is cause for concern – they may be replaying their sexual

abuse experience. In children aged 3-5, sexualised behaviour and internalising problem behaviours are common (Mian, Marton & LeBaron, 1996). Examples of sexualised play include, acting out intercourse with dolls or teddies, rubbing up against other children or adults, a detailed knowledge of sexual acts. Internalised behaviour includes withdrawal, depression, loss of appetite, lack of interest in favourite activities, and child may be tearful.

Children can be very confused by the abuse and can experience mixed feelings about it. Wyre (1996, cited in Parkinson, 1997) illustrates the confusions experienced by an 8-year-old female victim in the following excerpt from a police interview.

"She put her hands sort of down below saying, 'It felt nice here'; she pointed to her tummy and said, 'I feel sick here'. She pointed to her heart and said, 'I feel guilty here'; she pointed to her head and said, 'I don't understand it here'."
(Parkinson, 1997. P 64)

Child sexual abuse is a traumatic experience. Victims may develop Post-traumatic stress disorder as a result of their experience. In a study of 109 abused children aged 8-12 years, 50% were diagnosed as having PTSD, with sexually abused boys having the highest rate (Dykman et al, 1997).

Long term effects

When people have been abused in childhood, they often carry the effects into adolescence and adulthood. This is noted in the definition of abuse – that the event causes harm. For an event to be considered abusive in court, there must be evidence that the event has harmful consequences for the victim. Behaviour problems are typical consequences of abuse, which are exhibited in later childhood. Promiscuity is one consequence of abuse exhibited in adolescence, and relational problems and sexual difficulties in adulthood.

Late Childhood – behaviour problems

In a case controlled study of 68 children interviewed 5 years after presentation of abuse, it was found that abused children were more disturbed that their controls. Compared to the control group they were more depressed or unhappy, had lower self-esteem, and higher levels of anxiety. Sexually abused children had significantly higher levels of severely disturbed behaviour including bingeing, self-injury, and suicide attempts. These ongoing problems may be an indication of false beliefs about self and the sexual abuse experience (Swanston, Tebbutt, O'Toole & Oates, 1997). These results are supported and elaborated upon in a study by the same authors. After a five-year period following abuse, examination of children on self-esteem, depression, and behavioural measures, no pattern for change was found. Some children improved, and others deteriorated. The only variable associated with functioning after five years was further contact with the abuser. This was significantly associated with depression and lower self-esteem (Tebbutt, Swanston, Oates, & O'Toole, 1997).

Adolescence - promiscuity

Child sexual abuse has a significant impact on a young person's sexual identity and sexual behaviour. An outworking of this is for the adolescent to become promiscuous.

Research in this area has mainly concentrated on females. Fergusson, Horwood & Lynskey (1997) examined the extent to which child sexual abuse was associated with increased rates or sexual risk taking behaviours and sexual revictimisation during adolescence. They interviewed 520 New Zealand born women. Those who reported child sexual abuse, and particularly abuse involving intercourse, had higher rates of sexual risk taking behaviour and revictimisation. Sexual risk taking behaviour included early onset consensual sexual activity, multiple partners, and unprotected intercourse. This resulted in higher levels of teenage pregnancy and sexually transmitted diseases. Luster & Small (1997) surveyed 10,868 adolescent females. Approximately 10% of the females sampled had experienced child sexual abuse. Victims of abuse had had more sexual partners during the past year (2.3) than their peers who had never been abused (0.5).

The purpose of promiscuous behaviour is related to the adolescents' identity. The number of partners or sexual experiences may be used as a measure of own self worth. Women also use sex as a weapon against men, placing themselves in situations where they have perceived control (Tice, Hall, Beresford, Quinones, & Hall, 1989). When a person is hungry for love, 'bad' love is better than none at all.

For males, promiscuity with females as partners is a way of expressing their manhood. If they have intercourse with a woman, then they must be a man, and the more women they intercourse with, the more manly they are. This is especially so if they have been involved in abusive homosexual acts.

Adulthood – relational difficulties, sexual dysfunction

The effects of child sexual abuse often continue into adulthood. Research shows that people who have experienced sexual abuse in childhood grow up to be disturbed adults. The child sexual abuse experience negatively impacts self-esteem and mental well-being (Brayden et al, 1995). It also can lead to sexual dysfunction or disturbance and difficulty relating to others in both males and females (Beitchman et al, 1992). This may be a consequence of a lack of trust, fear of intimacy, or feelings of repulsion associated with intercourse, even in a marriage or long-term relationship. In this case, the childhood abuse has left the adult with an inhibition toward their own, and their partners, sexuality. A literature review of the effect of child sexual abuse on males found that reported characteristics of adult survivors of abuse include sexual preoccupation, gender identity confusion, difficulty establishing relationships and repression (Black & de Blassie, 1993).

Childhood sexual abuse has also been found to impact on parenting especially in the style of discipline used. Banyard (1997) found that female adult survivors of sexual abuse used physical punishment strategies more often than non-abused controls.

Other effects

Continuation of cycle of abuse

Some people who have been abused as children become offenders in adolescence or adulthood. In an Australian study, Briggs & Hawkins (1996) interviewed 84 convicted male offenders and 95 non-offender comparison participants. All the non-offenders and 93% of offenders had experienced childhood sexual abuse. Prisoners were more

accepting of the abuse than non-offenders. They did not consider it as aberrant behaviour, but thought it was commonplace, inevitable, and a normal part of childhood. It was possible to see that prisoners did not consider some events as abusive, when to an outsider they would readily be classified as abusive. This was especially so where the sexual acts occurred in context of a relationship that includes affection and attention. This factor is important when trying to understand the replication of abuse across generations.

Mental health

Findings show that a greater number of sexually abused adolescents than non-abused adolescents report mental health problems. Categories of particular note are: emotional problems, aggressive/criminal behaviours, addiction-risk behaviours, and suicidality. Sexually abused boys often experience more emotional and behavioural problems, including suicidality than girls (Garenfski & Diekstra, 1997).

In a case-control study examining the relationship between child sexual abuse and depression, Cheasty, Clare & Collins (1998) found a positive association between severe abuse and depression in adulthood. Severe abuse meaning penetration or attempted penetration. However, child sexual abuse does not cause depression, rather it is a potential risk factor. In this study, 37% of women who were depressed had experienced sexual abuse before age 16. Also, 23% of non-depressed women in this sample reported experiences of childhood sexual abuse. This is a further indication that abuse is not causal of depression.

Substance use

Research also shows that childhood sexual abuse can be a risk factor for drug and alcohol problems in later life. Research has found that an experience of childhood sexual abuse can lead to drinking problems at a young age, usually in adolescence (Moncrieff et al, 1996; Jarvis, Copeland, & Walton, 1998). Using drugs may be a way of coping with the pain and feelings of confusion associated with abuse. This does not imply that those with substance related problems have been abused; only that abuse may be a factor that contributed to initiating the substance dependence or misuse.

Eating Disorders

Child sexual abuse may play a role in how a woman views her body size. Research has shown that child sexual abuse is associated with body image distortion, especially if the woman is predisposed to problematic eating habits (Byram, Wagner, & Waller, 1995).

Experiences of childhood sexual abuse may be a risk factor for eating disorders, particularly bulimia and obesity, and particularly for females (Bulik, Sullivan, & Rorty, 1989; Felitti, 1993; Miller, McCluskey-Fawcett, & Irving, 1993). One aspect of eating disorders is strong dislike or repulsion of one's body. The feelings of being dirty or disgusting associated with abuse give reason for self-hatred. Eating disorders may develop as a form of protection against future abuse. A dynamic example of this protection is the reasoning: "If I'm ugly, then I won't be attractive and therefore will not be abused" (McCarthy & Thomson, 1996).

Chronic Pain

Childhood experiences of abuse may lead to chronic pain in adulthood. Often individuals with chronic pain problems present significant disparity between their complaints and medical evidence for a physical cause. It may be that these individuals have experienced abuse in childhood, including sexual abuse, which is unresolved. The pain and feelings associated with the abuse find an outlet in physical symptoms due to repression of memory or emotion (Roy, 1998). Therapeutic unraveling of the abuse may result in pain resolution.

Protective Factors

Although child sexual abuse is a traumatic experience and can lead to long-term consequences as discussed above, it is not a guarantee for dysfunction in later life. Some individuals who have been abused as children grow up to be healthy adults, to be happily attached to their significant others, and to be good parents. The child sexual abuse experience for them has left a scar rather than the gaping wound of those who continue to experience the more negative consequences of abuse.

Research has identified factors that protect against the development of difficulties in later life. These are called protective factors. In a study of approximately 100 young adult New Zealanders who had experienced child sexual abuse, Lynskey & Fergusson (1997), found that one quarter did not meet criteria for any adjustment difficulty. The remaining three quarters were found to be at risk for depression, anxiety, conduct disorder, substance abuse/dependence, post sexual abuse trauma, and attempted suicide. The protective factors were found to be having high parental care or support in childhood, and being friends with peers who were not delinquents or substance users.

Coffey et al (1996) tested 192 women who had been sexually abused as children and found that psychological distress experienced during adulthood was mediated by feelings of self-blame. Women who blamed themselves for the abuse experienced more psychological distress than those who blamed the perpetrator or someone other than himself or herself.

From this research it would seem that protective factors are external and internal to the victim. External in being surrounded by a supportive family and good friends, and internal in having the cognitive framework of correct blame attribution.

Summary

Child sexual abuse is a significant and disruptive event in a person's life. Short-term effects include physical indicators of abuse such as injured genitals, enuresis, and behavioural indicators, such as withdrawal or sexualised behaviour. Long-term effects include promiscuity in adolescence, difficulty with relationships in adulthood, and mental health problems. Child sexual abuse can also be a risk factor for substance problems and eating disorders. External protective factors include a supportive family environment. Internal protective factors include correct attribution of blame.

Chapter 2

PREVENTION OF CHILD SEXUAL ABUSE

Types of prevention

Prevention attempts to reduce the incidence of a disorder or event and its possible harmful effects. Primary, secondary and tertiary are three forms of prevention distinguished by Caplan (1964, cited in Davidson & Neale, 1996). Primary prevention refers to prevention efforts that try to reduce the incidence of new cases of a disease or condition. Primary prevention targets the general public. Education programs are an example of primary prevention. Included in the scope of primary prevention are the policies and procedures in place at schools and groups working with children and young people. These outline actions that will be taken in the course of abuse or suspected abuse. The 1991-3 Civic Crèche Trial in Christchurch (Bander, 1997) highlighted the importance of having clear guidelines in place. The Ministry of Education published a set of guidelines for early education services outlining how to form sound policies and procedures, and how to physically set up an early childhood center to keep children and workers safe from abuse (Ministry of Education, 1993).

Secondary prevention consists of efforts to detect problems in the early stages of development and to intervene to prevent problems developing into chronic disabilities. At risk groups are one target of secondary prevention. Crisis intervention work and 24-hour services such as Parent Line are examples of secondary prevention.

Tertiary prevention provides services for people who have a given condition or disease. The intent of tertiary prevention is to minimize the impact and negative consequences of the condition. (Pietrzak et al, 1990; Davidson & Neale, 1996).

Education programs as a form of primary prevention

Educational programs for children are the most common form of sexual abuse prevention that has been developed so far. They have arisen out of the increased social awareness of the prevalence of sexual abuse. Finkelhor and Strapko (1992) call educational prevention programs for children the "great social experiment of the 1980s" due to their widespread adoption without systematic evaluation or evidence that they do indeed prevent abuse.

Sexual abuse prevention programs have been developed for use with children from early education centers to secondary school, with the majority of programs for primary school aged children. In the United States over 500 abuse prevention programs have been developed, with the majority initiated between 1980-1985 (Kohl, 1993). In New Zealand the police deliver age appropriate modules of the Keeping Ourselves Safe Program in schools to children aged 5 to 17 (New Zealand Police & the Ministry of Education, 1994). The Family Planning Association (FPA) delivers the Feeling Special, Feeling Safe program (FSFS) to pre-school children.

Abuse prevention concepts

The prevention programs teach a range of concepts. Kohl (1993) surveyed 126 prevention programs in the United States and found that all programs taught a variety of concepts and skills. The most commonly taught concepts were about self-esteem, that saying "no" is ok, and about appropriate/inappropriate touch. The most commonly taught skills were establishing support systems, resisting sexual abuse, and recognising or avoiding sexual abuse.

Tutty (1995) has identified 10 concepts that are central to prevention programs. A well-developed prevention program will teach the following concepts:

Body Ownership

The concept of body ownership emphasises that the child is in charge of their body. Children have the right to say "no" to unwanted touching.

Good versus Bad Touch

Programs introduce children to the concept of the touch continuum. This concept covers types of touching that feel good and bad, and touches that go from feeling good to feeling bad. It also includes information that some touches are confusing and that children may have difficulty deciding if the touch is good or bad. Children are taught to identify the touch based on how it makes them feel.

Private Parts

The term 'private parts' refers to genitals and breast areas. Children are taught the anatomically correct names for these body parts. By the time a child is 5 years old they have learned that talking about genitals is dirty and rude behaviour. When children are taught the correct names for their genitals it tells them that these body parts are acceptable, clean, and not items of shame (Briggs, 1993). Also, knowledge of correct terminology may help children who have been abused to disclose the abuse (Wurtele, 1993).

No secrets

A perpetrator may coerce a child into not disclosing abuse by convincing the child that the experience is a secret only they share and that cannot be told. Prevention programs teach that some secrets can be told. Some spend time discussing the difference between a secret and a surprise. Children are given permission to tell a secret even if they have promised not to. Permission to tell is a crucial concept of abuse prevention education as secrecy is a defining characteristic of abusive behaviour perpetrated by familiar people.

Identification of Strangers

Young children tend to conceptualise strangers as looking mean or different from familiar people, and that they will be able to identify strangers due to their appearance. Consequently, it is important to teach children that a stranger is a person they do not know, even if the person says they know the child or the child's parents.

Tricks

Most programs give examples of adults or older children playing a trick on the child to entice them to accompany them. Tricks used are offers of sweets, requests for help to find lost animals, and messages that this person will take the child to their parents.

Permission to tell

In virtually all prevention programs children are instructed to tell an adult of any unwanted touching, or contact with others that the child is uncomfortable about. Children are further instructed to keep telling other adults if the first adult does not believe them.

Touching by Familiar People

Most prevention programs emphasize that familiar people, including relatives and family friends, may touch children inappropriately.

Fault and Blame

Children must be taught that they are not to blame for sexual abuse.

Boys' Risk of Sexual Abuse

Information on child sexual abuse has focused on girls as being the victims. However, it is now clear from prevalence research that boys are also victims of abuse. Programs teach that girls and boys are at risk of abuse.

Research with convicted perpetrators indicates the concepts that are important for abuse prevention. Research by Kaufman, Harbeck-Weber, and Rudy (1994) asked 47 convicted perpetrators to rate the efficacy of various prevention strategies on a Likert-type scale. The participants rated all strategies as equally important. Child strategies included: not letting people touch private parts, not keeping secrets from parents, information about appropriate and inappropriate touch, and strategies to use if in an abusive situation, such as running away and screaming. Elliot et al (1995) interviewed 91 perpetrators asking them about suggestions they had for preventing child abuse. They thought children should be aware of the concepts considered important in the Kaufman et al (1994) study, and additionally that children should be taught strategies to be generally safe, such as not walking alone and avoiding secluded places. They had further ideas on prevention, such as help lines for offenders and children to phone for information, and suggestions that security in public places should be increased.

Summary

Education programs for children are the most common form of primary sexual abuse prevention, and have been delivered to children since the 1980s. The concepts characteristic of abuse prevention programs are: body ownership, types of touch, private parts, secrets, identification of strangers, tricks, permission to tell, perpetration by a familiar person, fault and blame, and risk of abuse. Research with convicted offenders also found that these concepts were important for abuse prevention.

Effectiveness of prevention programs

Effectiveness of prevention programs refers to the recipients' knowledge of prevention concepts. The effectiveness of prevention programs ability to prevent abuse is unknown. The majority of programs were developed in the 1980s and the evaluation of these programs followed shortly after. The following will outline research into children's ability to learn prevention concepts, and possible side effects of the prevention programs.

Children's ability to learn prevention concepts

The majority of education programs have been developed for school-aged children. Research on the effectiveness of prevention programs for school-aged children indicates that children do increase their knowledge of prevention concepts after program participation. The findings of recent studies from various countries indicate that learning does occur. In a Dutch study Rispens, Aleman & Goudena (1997) conducted a meta-analysis of 16 evaluation studies of school-based prevention programs. The studies had to include a participant and control group to be included in the analysis. Their meta-analysis found that programs were immediately effective (overall effect-size of near .80) but that retention decreased over time (follow-up effect size of .62) although children knew more at follow-up than they had at pre-test. Meta-analysis revealed three moderator variables: type of program, age and socio-economic status (SES). Programs that gave explicit training in self-protection skills were more effective than those that taught concepts of prevention. Children younger than 5.5 years initially benefited the most, but had the lowest retention rate. A similar pattern emerged with SES with children from lower SES initially benefiting the most and having the lowest retention rate.

Oldfield, Hays & Megel (1996) evaluated the effectiveness of the USA program "Project Trust" in a post-test only control group design. The participants were 1,269 children enrolled in grades 1-6 (control group n=611, participant group n=658). They found children who had participated in the program scored higher than the control group overall on the Children's Knowledge of Abuse Questionnaire Revised. The participant group also scored higher on concepts considered difficult: saying "no" to an authority figure, making appropriate judgments regarding keeping and telling secrets, and that trusted adults may perpetrate. Average knowledge increased with grade level with the participant group scoring higher than the control group at each grade level

Tutty (1997) evaluated the effectiveness of the Canadian program "Who do you tell" in a pre/post test control group design study. Children from grades 1-6 participated in the study, they were randomly assigned to participate in the program (n=117) or in a wait list control. Tutty (1997) found that there was an interaction between grade and condition. This suggests that children of different grade levels who participated in the program consistently increased their knowledge to a greater extent than their age-matched control. This shows that children of all ages increase their knowledge of prevention concepts taught by prevention programs. Tutty (1997) also found that control group scores increased at post-test as a result of the pre-test measure, the Children's Knowledge of Abuse Questionnaire Revised.

In Australasian research Briggs & Hawkins (1994) evaluated New Zealand's Keeping Ourselves Safe Program. They found that primary school children made short-term gains in skills and knowledge associated with self-protection as a result of participating in the program. A year later, 117 of the original 225 participants were followed up and had gone on to gain further knowledge and skills. The program is designed for delivery every 2 years, and assessment after the second administration suggests that repetition leads to even further knowledge gains. This suggests that the Keeping Ourselves Safe program is an effective tool at increasing children's awareness of abuse prevention concepts. This study found children of low SES to be at increased risk. They scored significantly lower than children of middle SES on knowledge and skills (awareness of rejecting unwanted touching, knowing that rude secrets can be told, and confident that they could stop and report "rude" behaviour). After using the program and at follow-up one year later they had gained less than middle class children. This is a concern and needs to be addressed in further research and program development.

It is agreed that knowledge of prevention concepts increases with age, and that younger children understand fewer concepts than older children. Tutty (1994) in an evaluation of the Canadian program Touching, found that first grade children had great difficulty identifying characteristics of strangers, saying "no" to an authority figure, and with the concept that a familiar person may perpetrate. Gabriels (1995) in an evaluation of the Keeping Ourselves Safe program found that New Zealand children equivalent to first grade also had great difficulty identifying characteristics of strangers and the concept that a familiar person may perpetrate. New Zealand children also found the idea that boys are at risk of abuse very difficult.

Evaluations of school-based programs show that children of all primary-school levels are able to learn prevention concepts, but that this knowledge decreases over time. Knowledge of concepts increases with age and with higher SES. Attention needs to be paid to young children and low SES children to aid their learning. Briggs & Hawkins (1994) study shows the importance of repetition as children had the greatest knowledge gains when the program was repeated at 2 yearly intervals.

A number of programs have been developed for pre-school aged children. Research into the evaluation of pre-schooler's knowledge of abuse prevention concepts is not as developed as research into school-aged children's knowledge. Studies with sound methodology have found that pre-school children are able to learn prevention concepts. However, as with school-aged children, programs with a behavioural approach that provide children the opportunity to practice skills are more effective in facilitating children's learning of concepts.

Research by Berrick & Barth (1992) reviewed studies published between 1981 and 1991 that evaluated programs for pre-schoolers, school-aged children and high schoolers. A meta-analysis shows that children of all ages, including pre-schoolers, could improve their scores on child abuse knowledge measures. Nemerofsky, Carran, & Rosenberg's (1994) study expands on this. They examined whether pre-school aged children can be taught sexual abuse prevention skills and concepts, and whether any variation in performance varies as a function of the age of the child. They engaged a pre-post test design with 1,044 pre-school children (aged 3-6) who participated in the prevention program, and 295 children in a control prevention program. Results show

that all children who participated in the prevention program demonstrated greater knowledge of prevention skills and concepts that their age-matched controls. Also, knowledge increased with age: four, five, and six year olds had significantly greater knowledge than three year olds, and six year olds had greater knowledge than four` year olds. Other researchers (Nibert et al (1989); Nibert, Cooper, & Ford (1989); Ratto & Bogat (1990)) have found that pre-school children are able to learn abuse prevention concepts.

Rispens et al (1997) found that behavioural skills training were the most effective form of education program for school-aged children. This type of program is also the most effective for pre-school aged children. Wurtele, Marrs & Miller-Perrin (1987) tested the prediction that a participant modeling program would result in superior skill acquisition than a symbolic modeling program. Twenty-six pre-schoolers were assigned to either of the two programs. The participant modeling program taught self-protection skills through the participants actively modeling the presenter and rehearsing the skills. The symbolic modeling program taught the same skills, but children watched while they were modeled by the presenter, and did not practice the skills themselves. Results showed that participant modeling was superior to symbolic modeling, suggesting that active rehearsal be included in prevention programs. The effectiveness of behavioural skills training (participant modeling) was supported by further research (Wurtele, 1990; Wurtele & Owens, 1997).

In recent research there is a debate about whether knowledge of prevention concepts is hierarchical. Hulsey, Kerkman, & Pinon (1997) examined what pre-school children (n=32, aged 42-60 months) could understand from a video-based sexual abuse prevention program. After watching the video children were given video vignettes about realistic situations and asked to respond. This was to test their understanding and ability to apply prevention concepts taught in the video prevention program. Results show that children watched 50% of the video, and comprehended 60% of what they watched. Hulsey et al (1997) found that visual attention predicted comprehension and that comprehension of simple concepts predicted comprehension of more advanced concepts, suggesting that knowledge of prevention concepts is hierarchal.

Research by Liang, Bogat & McGrath (1993) attempted to validate empirically distinct prevention skills and whether children comprehend these skills in the order they are presented in prevention programs. The skills were: 'recognition' of good and bad touch, 'say no' i.e. refuse the perpetrator, 'go' leave the situation, 'tell-who' go and find an adult, and 'tell-what' accurately disclose the abuse. Results found that the 117 pre-school children who participated were able to comprehend prevention concepts, but have suggested that this knowledge may not be hierarchical. Children were able to understand 'say no', 'go', 'tell who' and 'tell what', even if they could not comprehend 'recognition'. The concept of 'recognition' is usually taught as the foundational concept of prevention programs, and is considered a pre-requisite for understanding subsequent concepts. This research suggests that this may not be the case, and encourages future research in this area. Future research will also help researchers and program developers understand what concepts to teach and the order to teach them in that will be developmentally appropriate for pre-school children.

Pre-school aged children are able to learn prevention concepts, especially if given the opportunity to actively engage in the program and rehearse the skills themselves. Recent research has suggested that the concepts do not necessarily need to be taught in a hierarchical way (Liang et al, 1993). Future research could investigate the order concepts can be taught to children and be comprehended by them.

Side effects of prevention programs

Researchers (Finkelhor & Strapko, 1992; Melton, 1992) are concerned that prevention programs may have negative side effects on children. Children may be unduly frightened by programs and inhibited in their sexual development by feeling guilty about any touching normal for children, e.g. playing doctor. There is particular concern about the effects of teaching, at least by implication, that children are at risk of being abused by their fathers, uncles and other relatives. Do we really want to live in a society where this proposition is true? Ultimately, what do we want children to learn? Little research has been conducted in this area, but even what has been done indicates that some side effects do occur.

Finkelhor & Dziuba-Leatherman (1995) in the National Youth Victimization Prevention Study (in USA) telephone interviewed a representative sample of 2000 children aged 10-16 years and their caretakers about the children's experiences with child abuse prevention programs. Approximately two-thirds of the sample had participated in a prevention program. Utilisation of skills learnt is considered a positive side effect. Children who were more likely to utilise skills had participated in programs that gave them the opportunity to practice skills, prompted discussion between child and parent(s), and provided information on how to deal with bullies. Some children did report a negative side effect of increased fear of adults and being more worried about abuse. However, children who were more scared by the content of programs were more likely to have given positive feedback about the program and to have used the skills taught. This suggests that the level of worry and fear resulting from the programs was appropriate to the topic of sexual abuse.

Research by Taal & Edelaar (1997) evaluated the Dutch program "Right to Security" and found children experienced short and long term side effects after participating in this program. Positive short-term effects were that youngest children (age 8) were more appreciative of physical contact. Negative short-term effects consisted of the youngest and oldest (age 12) children feeling less in control of an abusive interaction, and the youngest children viewing a refusal as less feasible than before participation. Positive long-term side effects were that children thought refusal as more feasible and younger children were less socially anxious. Negative long-term side effect was that oldest children developed feelings of discomfort about being touched, although this may be confounded by the onset of puberty. A downfall of this study is that long-term effects were collected only 6 weeks after program completion. Follow up at a later interval of at least 3-6 months would have given a fuller indication of long-term effects.

Parents are a good source of information on how children respond to prevention programs. Program evaluations could ask parents a series of questions about children's responses to the program, including any changes in behaviour or if the child has expressed increased fear. Tutty (1997) found that 2.5% of parents in her sample

of 126 reported a negative change in their child's behaviour: saying 'no' more often to parental requests, and being worried about something scary happening. Most parents (98.3%) reported that their child responded positively to the program. This included talking about the program and sexual topics, standing-up to bullies, increased confidence, and talking about being wary of strangers.

From this research we can see that some children experience negative side effects from participating in prevention programs. Future research needs to look at what makes these children different. The long-term impact on sexuality is another area that research has yet to address. However, the longitudinal research needed to examine this is costly and time consuming.

Summary

Education prevention programs are effective in terms of increasing children's knowledge of abuse prevention concepts. All aged children are able to learn prevention concepts, although knowledge increases with age. Children find skills the easiest concepts to learn, and learn concepts best when given the opportunity to rehearse skills. Programs with a behavioural approach are preferred for this reason. Some children experience positive or negative side effects from program participation. The side effect of prevention programs is an aspect that future research needs to further address.

Issues with education programs for pre-school aged children

The main issue with prevention programs for pre-school children is the child's developmental level. It has been argued that prevention programs with pre-school children are ineffective as the child is unable to learn all concepts due to developmental limitations. The other side to this argument is that prevention programs at pre-school level set the foundations for learning at later ages, and that they provide children an opportunity to disclose abuse (Finkelhor & Strapko, 1992).

Berrick (1989) reviewed research in this area and found that overall in each study reviewed, children demonstrate marginal gains in most areas, but that their mean scores remain low even after exposure to programs. Berrick (1989) argues that prevention programs in their current state are developmentally inappropriate for the pre-school child. Programs have used various mediums such as puppets, songs, and stories to maintain children's attention and keep them interested, recognising that pre-school children have short attention spans. However, they have neglected that for pre-school children words do not always translate into meaning until the child experientially perceives them. Prevention programs give little opportunity for children to use personal experience for learning. Children can learn songs and chants and repeat them correctly, but this does not indicate that they understand the concept or the meaning of the song.

A further concern of Berrick (1989) is the abstract nature of many of the concepts (safe, secrets, touch continuum). At pre-school level children are at Piaget's preoperational stage of development and their thought is restricted to concrete perception. Abstract thought develops during formal operations at ages 11 or 12. Thus the extent of pre-school children's understanding of abstract ideas is limited. In examining the concept

of secrets: a child understands the concept through the concrete action of whispering in another's ear. Yet the content of the secret, and how it should be treated are possibly too advanced for the pre-school child. Children have difficulty differentiating the secret into either the 'good' or 'bad' categories.

The touch continuum is another concept pre-schoolers find difficult. They are familiar with the happy/sad and good/bad extremes of the continuum as these are relatively concrete. The concept becomes difficult when the child tries to understand the sensations experienced in the middle of the continuum. Children have difficulty describing feelings that are confused and mixed up. They conceptualise a feeling as being either happy or sad, not a mixture of both. Thus one feeling is mutually exclusive of the other (Berrick, 1989).

Pre-school children's perception of authority impacts their understanding of prevention concepts. Damon (1980, cited in Tutty, 1995 and Bogat & McGrath, 1993) found distinctive age differences between 4 – 11 year old children in their responses to stories about social dilemmas involving the choice to comply with an authority figure. Four-year old children regarded authority as internal and identified with the authorities' wishes as it they were their own. It is not until age 9 that a child considers obedience to authority as voluntary.

Bogat and McGrath (1993) found that pre-school children were able to recognise limits to adults requests to engage in sexual behaviour, and that their understanding deepened with program participation. The study used an abusive and benign situation to gauge children's responses to authority figures. However, the authority figure used in the situations differed. The abusive situation used a neighbour attempting to touch a child's private parts by bribery. In the benign situation, the authority figure was a parent who requested the child pick up their toys. Children responded that the neighbour was 'not allowed to do that' and that it was 'the wrong thing to do'. They responded that they would obey the parent on the basis that it was their parent and a grown-up. The study would be more useful if a person of equal authority was used in both situations. A child may respond differently if it was their parent, or another person in recognised authority over them such as a teacher or babysitter, who wanted to touch them.

Pre-school children are limited by their moral development as well as their cognitive development. The pre-school child determines morality based on the consequences of the behaviour in question not by the intention of the actor. They tend to make dichotomous judgments, seeing behaviour as right or wrong and then attributing that characteristic to the actor. Thus children judge someone who provides a good outcome, such as lollies, as being a good person (de Young, 1988, cited in Tutty, 1995). This characteristic of pre-school children has repercussions in their understanding of prevention concepts, particularly the touch continuum. Children do not make the same value judgments about touches that adults do. For example, pre-schoolers may not consider an adult gently fondling a child to be inappropriate, especially if performed by a trusted and therefore good adult. They may even find such touching to be enjoyable as their body is programmed to find it as such. An adult, however, will generally view this as an inappropriate touch (Melton, 1992). Children may also view this type of touching as appropriate due to their moral development.

Gentle genital fondling by a trusted adult does not initially appear to have negative consequences, and if done by a trusted adult the child will consider it to be normal. Children will also have difficulty considering a painful touch to be inappropriate if done by a trusted adult, as if a trusted adult does it, it must be appropriate (Tutty, 1995).

The pre-schooler's developmental level presents a challenge for teaching prevention concepts. This does not mean that prevention programs for pre-schoolers are obsolete, only that they need revision to be developmentally appropriate for pre-schoolers. Berrick (1989) suggests reducing the number of concepts taught in prevention programs, and presenting remaining concepts concretely, repetitively, and in mediums attractive to pre-schoolers. Also, more research needs to be conducted to investigate the learning processes of pre-school children. At present we are limited, possibly not by children's developmental level, but by our understanding of that level.

Summary

The pre-school child's developmental level makes it difficult for them to learn all prevention concepts. They will have difficulty with abstract concepts, such as the touch continuum, due to their cognitive development. Other concepts that will be difficult for the pre-school child, due to their moral development, is that a familiar person may perpetrate and saying "no" to an authority figure. Prevention programs for pre-school children need to be at their developmental level to have maximum effectiveness.

Research concerns about prevention programs

Researchers are concerned about the effectiveness of prevention programs and that they have been adopted without systematic evaluation. They are concerned about negative side effects, and are asking for alternative forms of prevention that do not focus on the victim as the person to prevent the abuse (Finkelhor & Strapko, 1992; Melton, 1992; Reppucci, Land & Haugaard, 1998). Melton (1992) considers that it is improbable that education programs for children will prevent abuse, and that the focus on the behaviour of the child to prevent abuse is unjust. Reppucci et al (1998) have reviewed the research investigating the effectiveness of prevention programs and have identified 7 key assumptions made by the programs and outlined research recommendations for each. The assumptions and recommendations are as follows.

Assumption 1: There is a link between children's knowledge and behaviour so that increasing knowledge about preventing sexual abuse will increase children's use of prevention strategies. This assumption has yet to be thoroughly tested. The link between knowledge and behaviour should be investigated. Ethically appropriate ways to research this could be using vignettes, role-play situations and mock runs of incidents that test children's application of knowledge, such as a stranger requesting help.

Assumption 2: It is known what types of knowledge and skills will decrease a child's susceptibility to abuse and these are being taught. Development and evaluation of prevention programs needs to be sensitive to recipients' developmental level. A

primary focus of this research area is basic understanding of how decision-making and action-taking processes are developed and used across levels of development. Without these evaluations there is a risk of developing programs that make adults feel better without protecting children.

Assumption 3: Children can be empowered to prevent themselves from being sexually abused. The specific effectiveness and possible negative consequences of empowerment strategies need to be tested. Also prevention programs that target parents and others should be developed and their effectiveness compared to child-targeted empowerment-based programs.

Assumption 4: Prevention programs do not have negative effects, or positive effects make negative effects insignificant. The research in this area needs to investigate the negative effects of prevention programs on children and families. Additionally, investigation of the effects of prevention programs on sexuality warrants investigation.

Assumption 5: Parental involvement is valuable but not a crucial component of child abuse prevention programs. Research could consider programs that focus on parents and other adults rather than solely focusing on educating children about abuse prevention. Programs for parents need to be broader than just teaching parents how to teach their children about prevention, and could encompass how parents can evaluate situations, and read their child's behavioural cues.

Assumption 6:The existing programs have achieved primary prevention. As yet no evidence exists that suggests that the primary prevention of abuse has been achieved with young children, nor is there evidence to support the notion that programs deter perpetrators because of fear of detection. Longitudinal studies using a large sample and tracking both the participant group and control groups over 5-10 years will indicate how effective the programs are at abuse prevention.

Assumption 7: Prevention programs' primary goal of abuse detection has been achieved. A large-scale systematic investigation should be undertaken to investigate the impact of prevention programs on the percentage of disclosures, confirmation of abuse, impact of the disclosure on child and family, and the changes resulting from the disclosure. Finkelhor and Strapko (1992) suggest that the word 'disclosure' be added to the name of current prevention programs due to their role in abuse detection.

These research recommendations indicate where abuse prevention programs need improvement and where holes in our awareness of prevention need to be filled. Reppucci et al (1998) are not arguing that prevention programs are worthless, only that their worth is unknown. They do, however, suggest that child education programs alone are insufficient to prevent child abuse. The recommendations suggest that child abuse prevention needs to expand its scope to include parents, potential perpetrators, and other adults. Child-focused programs are one aspect of abuse prevention, and they should not be considered as the only aspect.

Most research on child abuse prevention has come from clinical, social and developmental perspectives. These have provided much information on the prevalence and effects of abuse, but are narrow in that their focus is on the victim and perpetrator.

Holman and Stokols (1994) call for an environmental approach to future abuse prevention research. They argue that the contextual circumstances of abuse and its consequences need to be identified to further understand sexual abuse. They argue that the role of sociocultural and physical environmental factors that moderate the occurrence and long-term consequences of abuse need to be identified to provide a fuller understanding of the problem. The current models used to explain the long-term effects of abuse are missing any awareness of how the sociophysical environment influences the etiology, experience, and developmental consequences of abuse. An environmental psychological perspective could provide information on how the temporal patterns of a household and environmental design of family residences influence opportunities for sexual abuse. This is a new area of research that warrants further consideration, and could lead to a fuller understanding of sexual abuse from the victim and offender's perspective, as well as the perspective of their families.

Summary

Researchers are concerned that prevention programs have been adopted without systematic evaluation. Future research in this area needs to test whether the assumptions made by prevention programs are correct.

The Feeling Special, Feeling Safe Program

The New Zealand Family Planning Association (FPA) has developed the Feeling Special, Feeling Safe Program (FSFS) for use with children in early childhood education centers. FSFS is based on the Feeling Safe Kit produced by the Child Alert Trust (Corrin, 1990). FPA have presented FSFS to early childhood centers in the Manawatu since 1991. They have generally had a positive response from parents, teachers and children to FSFS. The program is a voluntary part of early childhood education and early education centers ask FPA to present the program.

FSFS begins with a parent information evening. In this session parents are given information about aspects of abuse. This includes a hand out of signs and symptoms, where parents can go to if they are concerned about a child or adult, concepts that are taught in the program, and examples of 'what if' scenarios to play with their children. In the second part of the session the educators demonstrate the more sensitive parts of the program for parents. This is to give parents an indication of what their children will be taught in FSFS. This has a twofold purpose: so that parents can have an informed opinion of FSFS before agreeing for their child to participate, and so they are able to inform their child of the correct interpretation of an aspect of FSFS in case their child has missed or misunderstood a concept.

FSFS is presented to children in six sessions over a three-week time frame. Each session is approximately 45 minutes long with teaching and activity time. FSFS attempts to be child friendly and uses mediums children enjoy, such as songs, stories, puppets, and big teddy bears, to teach concepts. Table 6 outlines the objective, concepts and teaching methods for each session (Family Planning Association, 1998).

Table 6: Outline Of The Feeling Special, Feeling Safe Program

Session	Concepts	Medium	Comments
1: Special and Safe	Body Ownership Concept Permission to tell an adult	Pictures of faces to illustrate people are unique. Body Song# to teach body ownership concept Worry Song# to teach about worries and permission to tell concept.	A worry is when you feel scared or lonely and you're not sure what to do.
		Teddy bears to illustrate feeling of safety. People You Feel Safe With Song encourages children to think of people they feel safe with	Children hug the child size bears and can identify this as feeling safe. Being hugged is usually a safe feeling and is using an example from the child's life experience to teach a concept. It is also hands on experiential learning.
		Activity: child to draw a picture of themselves and a grown-up they feel safe with.	Begins to establish children' support network, and help them to identify someone they could talk to if they had been in an abusive situation
2: Special Private Places	Anatomical names of genitals	Teddy bears: Ted (male bear) comes to kindy in pajamas. He is dressed with discussion as to what is under his undies: penis and bottom. Bess (female bear) has vagina and bottom under her undies, and as she's a girl will develop breasts when older. Activity: clothe pictures of naked children with stylised genitalia. Children are asked the names of their private parts.	Children are taught that private means it's just for them and no body needs to touch it unless they've got a good reason. Talk about when it is ok for someone to touch their private places: doctor, need help keeping clean. Children are asked what names they use for genitals. Educators respond with "that's right, some people call it that. We call it a…"
3: The	Tricks	Story: Older boy tricks	Emphasizes that it is ok

Mean Trick	Boys Risk of Abuse Saying "no" to an authority figure Fault and Blame	character Joe into an unwanted touching situation. Puppets: Older boy bribes puppet Suzie into an unwanted touching situation. No Yell* – part of 3 stage strategy of No-Go-Tell. Activity: Children draw pictures of safe people who don't live at home.	to say "no" to a big kid or a grown-up if child feels frightened or worried, that it is not Joe or Suzie's fault – the big kid shouldn't have done it. Provides opportunity for children to be loud and assertive. Helps children to extend their network of support people.
4: 'Yes' feelings and 'no' feelings	Secrets Permission to tell	Oval sad face to illustrate 'no' feeling, and happy face to illustrate 'yes' feeling. A 'no' feeling makes us feel sad or worried inside, and a 'yes' feeling is a happy-all-over feeling. Game: pictures of children in various situations where they are happy or sad. Children asked to indicate with thumbs up for 'yes' and thumbs down for 'no' what kind of feeling they think the picture shows. Secrets: a secret is something that you don't tell. 'Yes' secrets e.g. surprise for birthday give a 'yes' feeling and can be kept. 'No' secrets give a 'no' feeling and can be told. Activity: Children draw a 'yes' feeling face on one side of card circle on stick and a 'no' feeling face on the reverse.	Children are asked to give examples of what makes them feel happy and sad, and these are used to define 'yes' and 'no' feelings. This is repeated when talking about secrets.
5: Peter's Secret.	Familiar adults may perpetrate	Book: What's Wrong With Bottoms?	

	Secrets Saying "no" to authority figure	Activity: Children draw themselves in bed with either a 'yes' or 'no' feeling face.	
6: Someone You Don't Know	Strangers	Stranger is a person you don't know. Puppet: Female stranger tries to pick Manu up from school. Activity: Children asked for a way to keep body safe (questions are used to prompt) and given a badge as a reward.	If a stranger wants child to take child somewhere, child to say 'no' and tell safe grown-up. Children are encouraged to tell caregivers if they are going somewhere. Teachers facilitate giving of badges.

#Sung at every session. *In every subsequent session

FSFS teaches all the concepts considered important for prevention programs, with the exception of the touch continuum. This concept is referred to indirectly in the discussions about 'yes' and 'no' feelings. Examples of appropriate and inappropriate touching are given throughout the program. In session one a hug from a grown-up the child feels safe with is an appropriate touch. In session two touching of private parts for health and hygiene reasons is an appropriate touch. The mean tricks in session 3 and Peter's secret in session 5 are examples of inappropriate touching. The information on 'yes' and 'no' feelings tells children repetitively that if someone does something that gives them a 'no' feeling or a worry, they are to tell a grown-up they feel safe with. This applies to unwanted touching and bullying, and any life situation the child may encounter.

FSFS is careful not to gender stereotype. It portrays both boys and girls in the role of victims and male and females in the role of offender. In the puppet shows, both male and female puppets show assertiveness, anger, sadness, fear, and tears.

Presenters are careful to use non-command mode language such as "it's a good idea to..." "It's ok to....". They do not use command language such as "you should never...." "Do not....". Using non-command mode language does not give children added responsibility, and increased guilt if the occasion should arise that they were unable to follow the given instructions. For example, when talking about strangers, presenters say, "If someone you don't know wants you to go away with them you *could* say "no" and tell a safe grown-up" (FPA, 1998, FSFS session 6). If the child is forced to go with a stranger, and they had been instructed to *never* go with strangers, they are burdened by their perceived disobedience and responsibility for the event.

Summary

FSFS is a 6-session sexual abuse prevention program for pre-school children. It uses puppets, song, stories, teddy bears, and activities as teaching mediums. FSFS encourages parent participation and has a parent information evening before each program.

The present study

The present study aims to evaluate the FSFS program, and investigate whether children are able to learn the concepts taught, what concepts they find the most and least difficult, and to explore what children understand the concepts to mean. It uses a between subjects design, and qualitative and quantitative methodologies. It is hypothesized that children who have participated in the program will have more knowledge of prevention concepts than children who have not participated in the program.

Chapter 3

METHOD

Participants

Participants in the present study were from 8 kindergartens in the Manawatu. Seven kindergartens were state owned, and one was privately owned. The Feeling Special, Feeling Safe Program ran in all kindergartens.

Parent information letters and consent forms were sent to 225 parents of children at 5 kindergartens involved in the participant group. This was done via the kindergarten's system for delivering mail to parents. The author attended the Parent Information Sessions run by FPA before each program to inform parents about the study and to answer any questions. This provided further opportunity for participant recruitment.

The response rate for the participant group was 35% with 80 parents returning the consent forms. Of the parents who returned the consent form, 90% (n=72) agreed their child could participate in the study. The number of children who then participated in the study was 64 or 88% of the children of parents who had consented. The remaining 11% (n=8) did not participate as they were either absent from kindergarten on all days of data collection (5.5%, n=4) or refused to complete the questionnaire (5.5%, n=4).

The 64 children (37 girls, and 27 boys) who composed the participant group were all children from morning kindergarten. They ranged in age from 3 yrs 11 months to 5 years. The average age was 4 yrs 7 months.

Some demographical information was collected. Parents were asked to give the ethnic group they identified with and their household income. Most parents (92.3%, n=60) gave this information. Three (4.6%) had an income under $15,000, 11 (16.9%) between $16-25,000, 13 (20.0%) between $26-35,000, 12 (18.5%) between $36-45,000, and 21 (32.3%) had an income more than $46,000. For ethnic identity, the majority of parents and their children identified themselves as European (83.1%, n=54). Other ethnic groups represented in this sample were Maori/European (4.6%, n=5), Maori (4.6%, n=3) and 4.6% (n=3) identified with other ethnic groups, which included Canadian/Israeli, Arabic, and Algerian.

Recruitment of the control group was as for the participant group. Parent information letters and consent forms were sent via the kindergarten mail delivery system to 128 parents over 3 kindergartens. Again this was done via the kindergarten's mail delivery system. The researcher attended the Parent Information Sessions run for parents by the FPA. In the case of the control group this session was run two weeks prior to commencement of the program to give the author the opportunity to talk to parents, and to provide a recruitment opportunity.

The response rate for the control group was 36.8% (n=54). Of the parents who returned the consent form, 87% (n=47) agreed for their child to participate in the study. The number of children who then participated in the study was 35 or 74.5% of children whose parents had consented to their participation. The remaining 25.5% (n=12) did not participate as they were either absent from kindergarten on all days of data collection (4.2%, n=2), did not complete the questionnaire (8.5%, n=4), or were under 4 years old (12.8%, n=6).

The 35 children (20 girls and 15 boys) who composed the control group were all children from morning kindergarten or the equivalent age. One kindergarten had children who attended for the whole day, and so those who were under 4 years were excluded from the study. The control group ranged in age from 4 yrs 1 month to 4 yrs 11 months. The average age was 4 yrs 6 months.

Most parents (88.6%, n=31) of children in the control group completed all demographic details. For household income, 2.8% (n=1) had an income between $16-25,000, 40.0% (n=14) between $26-35,000, 8.6% (n=3) between $36-45,000, and 37.1% (n=13) had an income over $46,000. Most 88.5% (n=31) stated European as their ethnicity, 5.7% (n=2) as Maori, and 2.8% (n=1) as New Zealand/Japanese, and 2.8% (n=1) as Cook Island/Maori/European.

Measures

Children's Knowledge of Abuse Questionnaire-Revision II

The CKAQ-RII (Appendix K) is a 33 item self-report questionnaire. It was designed by Tutty to measure children's level of knowledge about important beliefs and facts about child abuse that are taught in prevention programs. It measures children's knowledge of strangers and contains the concept that a familiar person may perpetrate. It also measures children's knowledge of skills that may prevent abuse, such as "it's ok to say 'no' and move away if someone touches you in a way you don't like". It was designed for children aged six to twelve years (Tutty, 1995).

The CKAQ was originally 40 items long. These items had an internal consistency of .90 using K-R 20. Temporal stability was established at r=.76 at one month. Item to total correlations were all positive and ranged from .606 to .033. It correlated strongly (.92) with similar measures, namely the 13-item Personal Safety Questionnaire by Saslawsky & Wurtele (Tutty, 1995).

The 40-item questionnaire was adapted to give the CKAQ-RI. A factor analysis was performed on the 40-itemed CKAQ, which resulted in the 24-item CKAQ-RI. The psychometric properties of CKAQ-RI show an internal consistency of alpha level at .87, indicating strong reliability. Item to total correlations were all above .3. Test-retest reliability was .88. These psychometric properties provide some support for the construct validity of the measure (Tutty, 1995).

The 24-item CKAQ-RI then developed to the CKAQ-RII. This latest version includes a nine-item Appropriate Touch scale. This includes such issues that a doctor may need

to see a child's private places, and that if lost in a shop it is ok to ask a shop assistant or security guard for help even if they are strangers. This scale was developed in response to parental concern that programs focus on inappropriate touch and that this may lead to their child being unable to recognise appropriate touch (Tutty, 1995). The Appropriate Touch Scale has yet to be validated (Tutty, 1997).

Research has indicated that the measure is sensitive to change in knowledge levels. It was able to pick up children's increase in knowledge following attendance at a prevention program, and can differentiate between a control and participant group. These findings suggest that it is suitable as a pre-test and post-test measure, and is suitable for within and between subject designs (Tutty, 1995). Note however, that the measure was developed in Canada and the reported psychometric properties are based on Canadian samples. The measure has yet to be validated with samples from other countries including New Zealand.

The CKAQ was designed to cover a range of issues from the familiar (for example, to be cautious with strangers) to common misperceptions (for example, that a familiar person may perpetrate). This range is necessary to adequately test the effects of the prevention program and to prevent the possibility of all children scoring very well. The measure begins with items that children will be familiar with, such as strangers and assertiveness with peers. These are placed at the beginning to help children become comfortable with the questionnaire. Items related to sexual abuse are placed towards the end (Tutty, 1994, Tutty 1997).

The CKAQ-RII was chosen for the present study, as it was the most suitable. It has sound psychometric properties and measures a broad range of concepts taught in prevention programs. It uses examples of abusive situations that are at the same level of explicity as those in FSFS. The "What If Situations Test" (WIST) by Wurtele, Hughes & Owens (1998) has been used with pre-school children, but covers a narrower range of concepts than CKAQ-RII. It uses vignettes of potentially abusive situations that are more explicit that those used in FSFS. In the interest of testing a broad range of concepts and using a measure that parents would be fairly comfortable with, it was decided that CKAQ-RII was more suitable than the WIST. Gabriels (1995) used the CKAQ-RII in the evaluation of the New Zealand Police's Keeping Ourselves Safe prevention program. Using the same measure enables comparison of findings from both studies.

Pilot study - development of CKAQ-RII Adaptation I

The CKAQ-RII was developed for use with 6 to 12 year old children. It was expected that some of the language and sentence structures used in the measure would pose a problem for four year old children. To address this issue a pilot study was conducted with a boy who had just had his fifth birthday to establish items that young children may find difficult. The boy was asked to comment on the language of each question and to tell the author when a word or phrase did not make sense. This provided valuable information about the items that needed adapting to be more developmentally appropriate.

Item 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' was changed to 'Most kids like to get a kiss from

their parents at bedtime. Would this be a good touch'. The pilot study participant thought that the original version of the question was too long and complicated.

Item 17 'You can trust you feelings about whether a touch is good or bad'. The wording 'trust your feelings' was said to be too hard. This item was changed to be: 'Can you tell whether a touch is a good or a bad touch'. The pilot study participant thought this wording was easier to understand.

Item 19 'If a mean kid at school orders you to do something you had better do it' was changed to 'If a mean kid at kindy tells you to do something, had you better do it?'. The pilot study participant had difficulty with the word 'order'. Also children would identify with this situation at kindy rather than at school as they do not yet attend school. The word 'kindy' was substituted for 'school'.

The pilot study participant had difficulty with the words 'contest' and 'congratulate' in Item 28. This item was changed from:
'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'
To: 'If you drew the best picture at your kindy and a neighbour you liked gave you a quick hug to say well done, would it be a good touch'.

The other change to CKAQ-RII was used in Gabriels (1995) study and that was to reword true/false statements into questions that could be answered yes or no. This changed wording order. For example:
Item 1 'You always have to keep secrets' was changed to 'Do you always have to keep secrets?'

The measure was also made culturally appropriate to New Zealand children. This involved changing some terminology:
Item 11: 'candy' was replaced by 'lolly'
Item 33: 'shopping mall' was replaced by 'shop' and 'shop assistant' replaced 'sales clerk'

The term private place was replaced with correct terms for genitals, that is, penis and vagina.

The CKAQ-RII Adaptation I is the original CKAQ-RII with the above changes.

Development of CKAQ-RII Adaptation II

The Family Planning Association Research Committee (FPARC) and Education Service Manager felt that the adapted version of CKAQ-RII was still too complex to use with four year old children. They requested that the measure be further adapted.

The author responded to this request. The CKAQ-RII Adaptation II (Appendix M) has simpler sentence structure than the original CKAQ-RII. Items are presented in more of a scenario type format with the question being stated last. The word 'imagine' is used to help children to picture the scenario, and then the question relating to the scenario is asked. For example, Item 9 is reworked from:

'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'
To: 'Imagine someone fell off their bike and hurt their penis or vagina. Would it be ok for a doctor or nurse to look under their clothes?'

The words 'confusing' and 'confused' used in the original version were considered difficult words for children of this age. To help them to understand to concept, the phrase 'mixed up' was placed alongside 'confusing' on item 16 and 'confused' on item 30. 'Mixed up' is used in FSFS to describe how it feels to be confused.

The FPARC was particularly concerned about items with double negatives used in items 10 and 25. They were concerned children would not understand the question and that this would penalise their ability to demonstrate their knowledge. They were both reworked to adjust this possible bias towards children responding incorrectly on these questions. Item 10 was reworked from:
'If someone touches you in a way you don't like, should you not tell anyone'
To: 'Imagine if someone touches you in a way you don't like. Should you not tell, or should you tell?'
Item 25 was reworked from:
'Boys don't have to worry about someone touching their penis'
To: "Do boys have to worry about someone touching their penis?'
This gives children the opportunity to demonstrate their knowledge without being penalised if they do not have the cognitive development to untangle the question.

The original instruction sheet that describes types of touching and private places was replaced. A different instruction sheet was used for the participant and control groups (Appendix M). The participant group instruction sheet introduced the questionnaire administrator, informed the child that they would be asked questions about keeping their body safe, and asked if they were willing to help the questionnaire administrator. The control group instruction sheet differed slightly and included information on private places. These were referred to as the parts of the body that are 'under your undies', or if the child gave a name for their genitals this was used in the appropriate items. Participant group children learned genital names in FSFS, and the author did not want to use the correct names with control group children, as it may have been the first time these children had heard the correct names. It was thought that parents would prefer their child's first introduction to correct genital terminology to come from themselves or in a more formal setting such as FSFS.

The changes made to CKAQ-RII were examined by a Senior Lecturer in Clinical Child Psychology who considered them to be both developmentally appropriate and still addressing the original question.

These changes formed the CKAQ-RII Adaptation II. The FPARC were happy with the changes made, and thought that the measure was more developmentally friendly for four year olds. However, a concern of the author was that the changes made would adversely effect the reliability of the measure. The author contacted leading researchers in the field of program evaluations to see if they knew of any new measures that had been developed for pre-school children. There were no new measures, and so the author used the adapted CKAQ-RII.

Parent questionnaire

The parent questionnaire (Appendix N) was a postal survey completed by parents two weeks after program completion and was used to indicate how children responded to the program. It used a similar format to surveys used in other research (see Nibert, Cooper & Ford (1989); Finkelhor & Dziuba-Leatherman (1995); and Tutty (1997)). Questions included whether the child had talked about the program at home with their parents, if parents had noticed any behaviour changes, and if parents would recommend FSFS to others.

Interview format

A semi-structured interview format, using a mixture of open and closed questions was used for the qualitative part of the present study (Appendix O). The interviews aimed to give children an opportunity to express in their own words their ideas and opinions about concepts taught in FSFS. A large focus of the interview was on concepts that previous research has indicated that children find difficult, namely characteristics of strangers, and that a familiar person may perpetrate (Tutty, 1994; Oldfield et al, 1996).

Children were interviewed individually and each interview was audio taped. Before each interview began a few minutes were spent building rapport with the child. In this time they were shown how the audiotape worked and had the opportunity to record their voice and play it back. They were also introduced to Stripey, the puppet. It was explained to children that the author needed their help to find out what kids their age knew about keeping their bodies safe. The interview began with a general discussion of children's overall impression of FSFS and the aspects they particularly enjoyed.

The middle part of the interview focused on prevention concepts such as grown-ups, safe people, secrets, 'yes' and 'no' feelings, and types of touches children thought were good and bad. Children were given a range of 'what if' scenarios involving either themselves or one of their friends. They were asked what their friend should do, and then what they would do in the situation.

The last part of the interview covered more difficult concepts. Children were asked about whether a nice person could do bad things, and asked to explain the reasoning behind their answers. A discussion of characteristics of strangers followed this, with children being asked to draw a picture of what they thought a stranger looked like.

The interview concluded with a discussion of questions the child found easy and not so easy, and whether there was anything else the child wanted to talk about that was not covered. The interview ended with children giving themselves a stamp.

Every effort was made to ensure that children were comfortable and happy. They could end the interview at any time they wished. Drawing materials, books and puzzles were readily available if the child wanted a break. At regular intervals the author checked that the child was happy to continue with the interview. Children could also interact with Stripey, the puppet. It was considered important for children to enjoy the interview and leave it feeling good about themselves.

Procedure

The first stage involved in the present study was to obtain approval from Massey University Human Ethics Committee (MUHEC) and the FPARC. MUHEC stipulated that parents of the participant group were to have separate consent forms for the questionnaire and the interview. The FPARC were concerned that the adapted CKAQ-IIR was not child friendly, and requested that it be further adapted to be more suitable for children of this age. Both bodies gave approval when these changes were made.

FPA educators made initial contact with the participating kindergartens and information about the program was given at the same time. An information pack (See Appendix A-C) was then sent to kindergartens that showed interest in being involved in the study. The author then met with teachers at the Teacher Meeting that is run by FPA before commencement of the program. This meeting was used to build a working rapport with teachers, and to clarify any points of confusion about the study.

Parents were initially introduced to the study by an information sheet (see Appendix D-G) that was sent home via the kindergarten mail system. One kindergarten asked that the information sheet be re-written in simpler language as a large number of parents had literacy difficulties (See Appendix I and J). The author attended the Parent Information Session run by FPA before commencement of the program. This gave parents an opportunity to meet the author, hear more about the study, and to ask any questions. The Parent Information Session was held in the week prior to program commencement for the participant group, and in the 2 weeks prior for the control group. This was to give the author time to collect control group data before the program started. Parents who attended this session could hand their consent forms to the author after the session. Other parents who did not attend this session returned their consent forms to kindergarten teachers. These were held in a secure place for the author to collect.

The author attended all sessions of FSFS as it was presented to the participant group. This was to observe the program and children's responses to it, and to be familiar with children before data collection. It also gave the researcher an opportunity to further talk with parents about the study. The author and FPA educators spent a morning session at all kindergartens in the control group. This time involved reading stories, singing, and introducing children to Stripey the puppet. This time was used to familiarise children with the author and FPA educators before time of data collection.

The researcher met with teachers prior to data collection to let them know which children would be involved in the study. This was to help ensure that only children who had parental consent would be administered the questionnaire, and so the author would be informed of any children who might have difficulty with the questionnaire for whatever reason. The author was concerned that children who did not live with their mother may be upset by reference to 'mum' in one of the questions. This time with teachers provided an opportunity to discuss these concerns to ensure that the questionnaire would not cause any child to be unduly upset. Also at this time the

author and teachers selected children who were developmentally typical four year olds to participate in the interview. Parents of these children were then given a second consent form (see Appendix H).

Data collection

Participant group data was collected within two weeks of program completion in June to September of 1999. Children were individually administered the CKAQ-RII by either the author or FPA educators within one week of program completion. FPA educators helped in data collection, as there was insufficient time for the author to solely administer the questionnaire to all children. The author conducted a training session for FPA educators so they were competent questionnaire administrators, and to ensure that administration was standardised. Time to complete the CKAQ-IIR ranged between 15-30 minutes. Children were given an opportunity to draw pictures or play with toys and puzzles if they were becoming distracted.

The second stage of participant group data collection consisted of in-depth interviews. Interviews were conducted in the second week after program completion and took place from June to September of 1999. The interviews were audio recorded for later analysis. The researcher took time to explain to the child how the tape recorder worked. Children were able to stop and listen to the tape at their request. Interviews ranged in length from 20 to 40 minutes, and ended when the child had answered all the questions or did not want to continue.

Control group data was collected during the week prior to program commencement in October of 1999. Children were familiar with the researcher and FPA educators from the session spent with children before data collection and seemed to enjoy participating in the study.

During all contact with children every effort was made to make them feel comfortable and safe. The author and FPA educators spent time chatting to children to establish rapport before administering the questionnaire. Children were told we were trying to find out what kids their age knew about keeping their body safe, and were treated as experts in the area. Children could decline to take part in the study and could stop at any time they wished.

All contact with children was in the kindergarten in view of other adults and children. Other children were able to come and go as they pleased, but were asked to be quiet or play elsewhere if they were too noisy or distracting. Drawing materials, and puzzles were available to children at all times if they wished to use them. In the interview children were encouraged to interact with Stripey, the puppet, if they were more comfortable talking to him than the author.

Children's input was acknowledged by giving them a stamp to put on their hand or wherever they wanted to put it.

On completion of the study a summary of the findings was presented to FPA, FPA's funding agency, and teachers from kindergartens where FSFS is delivered. A two-page summary of findings was given to participating kindergartens and to parents who had requested a summary of findings on the consent form.

Summary

This chapter has given demographic details about the participants. It has outlined the measures used and the development of these measures. The procedure used to carry out the study has also been outlined.

Chapter 4

RESULTS: QUANTITATIVE FINDINGS

Children's Knowledge of Abuse Questionnaire Revision II

The results show a trend that overall the participant group scored higher on the CKAQ-RII than the control group. Sixty-three four year old (M=4yr 7 mth, sd=3.3mth) children were in the participant group and 35 four year old children (M=4 yr 6 mth, sd=3.8 mth) were in the control group. The sample was mainly European (85.8%) and lower middle class (mode=$26-35,000). Descriptive and inferential statistics were used in data analysis. An alpha level of .05 was used for all statistical tests.

Table 7 shows the percentage of children who responded correctly to each item on the Children's Knowledge of Abuse Questionnaire Revision II.

Table 7: Percentage Of Participant And Control Group Children Who Responded Correctly To Each Item On The Children's Knowledge Of Abuse Questionnaire- Revision II.

Item	Correct response	Partpnt. Group (%)	Control Group (%)	Total (%)
1. Do you always have to keep secrets?	No	82.5	28.6	63.3
2. Is it ok for someone you like to hug you?	Yes	88.9	88.6	88.8
3. Is a stranger someone you don't know?	Yes	41.3	37.1	39.8
4. Most kids like to get a kiss from their parents at bedtime. Would this be a good touch?	Yes	88.9	91.4	89.8
5. Is it sometimes ok to say "no" to a grown-up?	Yes	61.9	40.0	54.1
6. Imagine someone has touched you in a way you don't like. Is it ok for you to say "no" and move away?	Yes	79.4	60.0	72.4
7. Do strangers look mean?	No	25.4	28.5	26.5
8. Normally we like hugs and tickles. Can they turn into bad touches if they go on too long?	Yes	65.1	57.1	62.2
9. Imagine someone fell off their bike and hurt their penis or vagina. Would it be ok for a doctor or nurse to look under their clothes?	Yes	65.1	51.4	60.2
10. Imagine if someone touches you in a way you don't like. Should you not tell, or should you tell?	Tell	93.6	57.1	80.6

11. Imagine your friend says he won't be your friend any more if you don't give him your last lolly. Should you give it to him?	No	57.1	28.5	46.9
12. Imagine someone touches you in a way you don't like. Is it your fault?	No	90.5	80.0	86.7
13. Imagine you don't like how someone is touching you. Is it ok to say "no"?	Yes	82.5	77.1	80.6
14. Do strangers look like ordinary people?	Yes	50.8	65.7	56.1
15. If a grown-up tells you to do something, do you always have to do it?	No	58.7	22.9	45.9
16. Are there some touches that can start out feeling good and then feel mixed up or confusing?	Yes	46.0	48.6	46.9
17. Can you tell whether a touch is a good or a bad touch?	Yes	23.8	25.7	24.5
18. Is it ok to have a hug from a grown-up you like?	Yes	96.8	85.7	92.9
19. Imagine a mean kid at kindy tells you to do something. Had you better do it?	No	74.6	37.1	61.2
20. Can even someone you like touch you in a way that feels bad?	Yes	31.7	45.7	39.8
21. You've done really well at kindy. A teacher you like gives you a pat on the back. Is this a good touch?	Yes	82.5	94.3	86.73
22. Do you have to let grown-ups touch you whether you like it or not?	No	79.4	51.4	70.4
23. Imagine someone touches you in a way that does not feel good. Should you keep telling until someone believes you?	Yes	81.0	65.7	75.5
24. Could someone in your family sometimes touch you in a way you don't like?	Yes	30.2	51.4	37.8
25. Do boys have to worry about someone touching their penis?	Yes	39.7	34.3	37.8
26. Imagine you're walking down the street with your mum. She starts talking to a neighbour you haven't met before. Is it ok for you to talk with them too?	Yes	46.0	80.0	58.2
27. Imagine a friend's dad asks you to help him find their lost cat. Should you go right away with him and help?	No	39.7	20.0	32.6
28. Imagine you drew the best picture at kindy. A neighbour you liked gave you a quick hug to say well done. Is this a good touch?	Yes	77.8	82.8	79.6

29. Most people are strangers and most strangers are nice?	Yes	58.7	60.0	59.2
30. Imagine someone wanted to touch you bottom in a way that makes you feel mixed up or confused. Could someone who's related to you want to do that?	Yes	6.3	22.9	12.2
31. Imagine your babysitter tells you to take off all your clothes when it isn't bedtime. Do you have to?	No	85.7	42.9	70.4
32. Imagine someone walks in while you're having a bath. You feel uncomfortable. Should you just keep quiet?	No	41.3	25.7	35.7
33. Imagine you get lost in a shop. Is it ok to ask a shop assistant or security guard for help, even if they are strangers?	Yes	61.9	80.0	68.4

An item analysis of the CKAQ-RII was conducted to investigate whether participant and control group children had the same level of difficulty with each item. Tutty (1994) and Gabriels (1995) divided the questionnaire into three categories based on the percentage of correct responses of 6-7 year old children. Categories consisted of very difficult items: 0-40% correct; difficult items: 45-70% correct, and relatively easy items: 75% or above correct. The present study employed the same method. Table 8 presents the level of difficulty the participant and control group had with each item.

Table 8: Level Of Difficulty (LOD) Participant And Control Group Children Found For Each Children's Knowledge Of Abuse Questionnaire-Revision II Item.

Item	Participant Group (LOD)	Control Group (LOD)
1. Do you always have to keep secrets?	RE	VD
2. Is it ok for someone you like to hug you?	RE	RE
3. Is a stranger someone you don't know?	VD*	VD
4. Most kids like to get a kiss from their parents at bedtime. Would this be a good touch?	RE	RE
5. Is it sometimes ok to say "no" to a grown-up?	D	VD
6. Imagine someone has touched you in a way you don't like. Is it ok for you to say "no" and move away?	RE	D
7. Do strangers look mean?	VD	VD
8. Normally we like hugs and tickles. Can they turn into bad touches if they go on too long?	D	D
9. Imagine someone fell off their bike and hurt their penis or vagina. Would it be ok for a doctor or nurse to look under their clothes?	D	D
10. Imagine if someone touches you in a way you don't like. Should you not tell, or should you tell?	RE	D
11. Imagine your friend says he won't be your friend any more if you don't give him your last lolly. Should you give it to him?	D	VD
12. Imagine someone touches you in a way you don't like. Is it your fault?	RE	RE
13. Imagine you don't like how someone is touching you. Is it ok to say "no"?	RE	RE
14. Do strangers look like ordinary people?	D	D
15. If a grown-up tells you to do something, do you always have to do it?	D	VD
16. Are there some touches that can start out feeling good and then feel mixed up or confusing?	D	D
17. Can you tell whether a touch is a good or a bad touch?	VD	VD
18. Is it ok to have a hug from a grown-up you like?	RE	RE
19. Imagine a mean kid at kindy tells you to do something. Had you better do it?	RE	VD
20. Can even someone you like touch you in a way that feels bad?	VD	D
21. You've done really well at kindy. A teacher you like gives you a pat on the back. Is this a good touch?	RE	RE
22. Do you have to let grown-ups touch you whether you like it or not?	RE	D
23. Imagine someone touches you in a way that does not feel good. Should you keep telling until someone believes you?	RE	D

24. Could someone in your family sometimes touch you in a way you don't like?	VD	D
25. Do boys have to worry about someone touching their penis?	VD	VD
26. Imagine you're walking down the street with your mum. She starts talking to a neighbour you haven't met before. Is it ok for you to talk with them too?	D	RE
27. Imagine a friend's dad asks you to help him find their lost cat. Should you go right away with him and help?	VD	VD
28. Imagine you drew the best picture at kindy. A neighbour you liked gave you a quick hug to say well done. Is this a good touch?	RE	RE
29. Most people are strangers and most strangers are nice?	D	D
30. Imagine someone wanted to touch you bottom in a way that makes you feel mixed up or confused. Could someone who's related to you want to do that?	VD	VD
31. Imagine your babysitter tells you to take off all your clothes when it isn't bedtime. Do you have to?	RE	VD*
32. Imagine someone walks in while you're having a bath. You feel uncomfortable. Should you just keep quiet?	VD*	VD
33. Imagine you get lost in a shop. Is it ok to ask a shop assistant or security guard for help, even if they are strangers?	D	RE

*Item between 40-45% correct response.
VD=Very Difficult, D=Difficult, and RE=Relatively Easy

Reliability

The reliability of the CKAQ-RII overall was 0.47 (Kuder-Richardson reliabilities) which is unacceptable (George & Mallery, 1995). On the item-total correlation items 7, 15, 22, 26 and 32 had negative correlations. When these were removed from the analysis the reliability increased to 0.64. This is questionable but is approaching acceptable reliability range of .70 (George & Mallery, 1995). The item-total correlations of the other items ranged from .01 (item 33) to .60 (item 23). The Appropriate Touch Scale had an initial unacceptable reliability of 0.48. Items 8 and 26 had negative item-total correlations, and when were removed from analysis, the reliability increased to 0.62, which is questionable (George & Mallery, 1995). Where stated items 7, 8, 15, 22, 26, and 32 are removed from analysis.

Participant and control group differences

The questionnaire has two scales, The Appropriate Touch Scale (9 items), and the Inappropriate Touch Scale (remaining items). The Inappropriate Touch scale was further divided into categories of items relating to a particular concept. This was in order to investigate whether children who had participated in the program had gained knowledge in one particular concept area, and to further investigate concepts considered difficult for young children: These categories were appropriate response

(items: 1, 5, 6, 10, 13, 23); strangers (items: 3, 14, 29); bullying (items 11, 19); touch continuum (items: 16, 17); touch by familiar people (items: 20, 24, 30, 31). Oldfield et al (1996) also did a similar analysis. The present study does not replicate his analysis due to some ambiguity regarding exactly which items he used.

Independent T-tests were conducted to test whether there was a significant difference between the participant and control group on each of these categories. The items removed in reliability analysis were excluded from T-test calculations. The participant group scored significantly higher than the control group on the questionnaire overall ($t(96)=2.88$, $p=.005$) and on categories on the appropriate response concept ($t(96)=4.7$, $p=.000$) and bully concept ($t(96)=4.36$, $p=.000$). It is interesting to note that these items measure skills rather than beliefs and attitudes about child abuse. Table 9 shows the mean and standard deviation of participant and control groups scores over each of the categories included in the questionnaire, and whether differences are significant.

Table 9: Mean Score For Participant And Control Group Children In All Categories

Category	Participant group M (SD)	Control Group M (SD)	P value
Total	18.00(3.47)	15.80(3.88)	0.005
Appropriate touch	5.75(1.33)	5.74 (1.40)	0.991
Strangers	1.52 (.93)	1.69 (.99)	0.423
Appropriate response	4.78 (1.39)	3.29 (1.67)	0.000
Bully	1.32 (.64)	0.66 (.84)	0.000
Family	1.54 (.78)	1.071 (.86)	0.308
Touch	0.76 (.71)	0.80 (.88)	0.812

Relationship between scores and demographics

Parents' income (SES) and child's age were correlated with total score and Appropriate Touch Scale, to see if they had any effect on score (all items were included). None of the correlations were significant, indicating that parent income and child's age do not impact on child's ability to learn prevention concepts. Values are shown in Table 10.

Table 10: Correlations Between Age Of Child And SES Of Parent With Child's Scores On Full Questionnaire And Appropriate Touch Scale.

	Age r(p)	SES r (p)
Full Questionnaire	.080, p=.226	-.120, p=.129
Appropriate Touch Scale	.111, p=.148	-.062, p=.280

It was also found that gender does not impact on CKAQ-RII scores. An Independent T-test found no significant difference between the scores of boys and girls on the CKAQ-RII ($t(96)=1.14$, $p=.243$) or on the Appropriate Touch Scale ($t(96)=1.55$, $p=.125$).

Ethnicity was another demographic variable collected. The majority of the sample identified as European. The author considered it inappropriate to place other groups represented into one group to use in analysis. Therefore ethnicity was not examined.

Summary

This section has presented findings from the adapted version of the CKAQ-RII, its subscale, and items about the same prevention concept. Findings show that the reliability of the adapted version of CKAQ-RII is questionable. Analyses of findings have shown that children who participated in FSFS have significantly more knowledge of abuse prevention concepts than children who have not participated. In particular knowledge of appropriate responses and bullying was increased by FSFS participation. However, knowledge did not increase over every concept. All children had difficulty with concepts that a familiar person may perpetrate, and characteristics of strangers.

Disclosures

Two disclosures were made in the course of data collection. Females made both, and the perpetrator in each case was the girl's older brother. Disclosures were recorded and forwarded to FPA educators and head kindergarten teachers according to the established protocol.

Parent Questionnaire

A postal questionnaire was distributed to parents who had children at kindergartens included in the participant group. Out of the 225 that were sent out 52 were returned giving a response rate of 23.1%. Mothers mainly completed the Parent questionnaires (n=47, 90.4%), out of the remaining 5, 4 (7.7%) were completed by both parents, and a grandmother completed 1. The questionnaire consisted of 6 questions, and aimed to briefly gauge how parents thought their child reacted to the program, and to indicate any side effects of the program.[1]

Parts of the program that were enjoyed by children

Parents responded that 'yes' their child had enjoyed the program (n=47, 90.4%). Table 11 shows which parts of FSFS children found particularly enjoyable. A small number of parents (n=5, 9.6%) did not respond that their child had enjoyed the program. One parent did not respond to this question, 2 (3.8%) said that their child felt threatened when talked to by presenters at the end, one said that their child would rather have been playing, and one said their child was neutral, showed neither enthusiasm nor reluctance for the program. Table 12 shows aspects of the program that some children did not enjoy.

[1] See Appendix N for exact questions of the Parent Questionnaire

Table 11: Aspects Of The Feeling Special, Feeling Safe Program That Children Enjoyed

Aspect of the program	Number of children whose parents stated child enjoyed it
Puppets	44 (84.6%)
Teddies	4 (7.7%)
Badges	5 (9.6%)
Songs	18 (43.6%)
Stories	5 (9.6%)
Activities	8 (15.4%
Other*	5 (9.6%)

*Other included learning about their body, being listened to, being taught things, the presenters, and Bess's birthday.

Note: percentage total >100 as parents said their child enjoyed numerous aspects of the program.

Table 12: Aspects Of The Feeling Special, Feeling Safe Program That Children Did Not Enjoy

Aspect of Program	Number of children whose parents stated child did not enjoy it
Songs	2 (3.8%)
Stories	1 (1.9%)
Activities	3 (5.8%)

Parts of the program that children have talked about at home

Most parents (92.3%, n=48) stated that their child had talked about aspects of the Feeling Special, Feeing Safe program at home. Table 13 shows aspects that children mentioned at home, as noted by their parents. The most commonly discussed aspects were private places and safe grown-ups.

Table 13: Aspects Of The Feeling Special, Feeling Safe Program That Children Talked About At Home

Aspect of program	Number of parents who stated their children had talked about aspect[2]
Private places	14 (26.9%)
Safe grown-ups/people feel safe with	13 (25.0%)
Worries	9 (17.3%)
No-Go-Tell Sequence	9 (17.3%)
Boss of Body	7 (13.5%)
Being Special	6 (5.8%)
Puppets	6 (11.5%)
Yes & 'no' feelings	5 (9.6%)
Strangers	4 (7.7%)
The Mean Trick	3 (5.8%)
Bears	2 (3.8%)
Activities	2 (3.8%)

[2] Percentages will total more than 100 as some parents have indicated that their child Talked about more than one aspect of the program at home.

Behaviour changes of children since participating in the program

A number of parents (46%, n=24) indicated that their child's behaviour had changed since participating in Feeling Special, Feeling Safe. These changes were both positive and negative. A number of parents (13.5%, n=7) stated that the change in behaviour had become a problem. Table 14 shows changes in child's behaviour as observed by parents.

Table 14: Changes In Child Behaviour Since Participating In The Feeling Special, Feeling Safe Program As Observed By Parents.

Behaviour change	Number of parents who reported this	Change has become a problem
More open/communicative	9 (17.3%)	
More self-conscious	5 (9.6%)	2 (3.8%)
More assertive	3 (5.8%)	1 (1.9%)
Bossier	2 (3.8%)	2 (3.8%)
Acts as if own boss	2 (3.8%)	2 (3.8%)
Stranger awareness	1 (1.9%)	
Concern for others	1 (1.9%)	
Nightmares[3]	1 (1.9%)	1 (1.9%)

Did participation in the Feeling Special, Feeling Safe program help parent-child communication?

Some parents (52%, n=27) stated that participating in the Feeling Special, Feeling Safe program had helped them to communicate better with their child. Some parents further elaborated, and stated how the program had helped communication. Parents said it had helped communication as it provided an example of language to use when talking about sexual abuse with their child (13.5%, n=7), the program made it easier to talk about the issue (9.6%, n=5), and it helped the child to understand previous conversations about the topic (3.8%, n=2).

Not all parents found that participation in the program had helped them to communicate with their child. A number of parents (38.5%, n=20) said no, it had not helped, 5.8% (n=3) left the question blank, and 3.7% (n=2) were unsure as to the program had helped communication as at time of completing the questionnaire.

Concern that child may be abused in future

All parents stated that their child had not expressed any concern that they may be sexually abused in the future. However, some parents (7.8%, n=4) commented that their child had mentioned that they did not want to be sexually abused, and that their child had talked about what they would do and say if they were ever in an abusive situation.

[3] This child's mother said that the timing of the nightmares might be coincidental.

Recommendation of program to others

Parents were asked whether they would recommend the program to others, and if so what deserved recommendation. If they would not recommend the program, they were asked to give reasons.

Most parents (90.4%, n=47) stated that they would recommend the program to others, and had a positive view of it and its worth for children of this age. Table 15 shows the parts of the program that parents thought deserved special recommendation.

Table 15: Parts Of Feeling Special, Feeling Safe That Parents Consider Deserve Recommendation

Part of program	Number of parents who recommended this
Non-threatening approach	9 (17.3%)
Private places	3 (5.8%)
Tool for parents to use now and later	3 (5.8%)
Worries	2 (3.8%)
Safe people	2 (3.8%)
Strangers	2 (3.8%)
No-Go-Tell sequence	2 (3.8%)
'Yes' and 'no' feelings	1 (1.9%)
Appropriate level for kindergarten children	1 (1.9%)
Child is boss of their body	1 (1.9%)
Parent Information session	1 (1.9%)

A small number of parents (3.8%, n=2) would not recommend the program to others. The reasons being that they thought kindergarten aged children were too young to learn about sexual abuse. Another reason given by one parent (1.9%) was that they were concerned that the boss of body concept would undermine caregiver authority and so they would not recommend the program. One parent (1.9%) was unsure as to the merit of the program for children of this age for the above reasons. A further 2 parents (3.8%) did not complete this question.

Summary:

This section has presented the findings of the parent questionnaire. On the whole children enjoyed the program, especially the various teaching mediums. Most children had talked about some aspect of the program at home. Program participation did not result in a behaviour change in most children. Approximately half the parents who completed the questionnaire found that the program had helped them to communicate with their child. No child expressed concern of future abuse, and most parents would recommend the program to others.

Chapter 5

RESULTS: QUALITATIVE FINDINGS

This chapter presents the qualitative findings. It gives a brief profile of each child interviewed, and presents information most relevant to the present study. The interviews with children provided a wealth of information. It is beyond the scope of the present study to engage in a thorough analysis, although the author intends to present additional material in future publications. Findings are commonly displayed in quotations with analysis placed alongside.[4]

At times children talked about episodes of inappropriate sexual touching in the course of answering questions. The possibility of abuse was eliminated by the tone of voice children used. Examples were stated boldly and matter-of-fact, without any fear or guilt. Also the examples given were the same as those used in FSFS program, and were often stated word for word.

One child made a disclosure of attempted abuse. This was relayed to the head teacher, who then was responsible for taking appropriate action in accordance with kindergarten policy. MUHEC and FPARC agreed upon this procedure during the proposal stage of the research.

Profiles of children who were interviewed

Children were given a code number to ensure their anonymity and confidentiality. The age of each child is indicated in years and months. The researcher interviewed 12 children in total, however only 8 children answered the majority of the questions orally. The other four children either did not talk, giving a nod or shake of their head as a response, or talked, but not about anything related to the question. Consequently, only eight interviews were included in the analysis.

P1 was a 4 y 6 m old European girl. She was very chatty, and her teachers described her as a typical four-year old who enjoyed interaction with others. She interacted with Stripey, the puppet, and with the author, preferring to play with Stripey and talk to me. She used many facial expressions and frequently moved her limbs. She appeared to enjoy talking, although she tended to talk from tangents and was easily distracted. P1 needed multiple repetitions of questions before she answered them and lost concentration mid way through the interview.

P2 was a 4 y 9 m old European boy. He was very thoughtful and had a definite style of speaking. He appeared to answer questions before he thoroughly thought of the answer, as he often changed his response mid way through a word or sentence. Once P2 had answered the question he readily talked about events in his daily life. P2

---

[4] All quotes are of children's exact wording, including stutters, repeated words, and incorrect grammar. { } Is a quote from the interviewer. [ ] Puts the quote in context. Ellipsis points (...) denotes omission of material that is irrelevant to the quotation and ellipsis points (....) denotes omission of material including a sentence that is irrelevant to the quotation.

happily skipped to the interview room and enjoyed the interview, especially hearing his voice on the tape recorder.

P3 was a 4 y 8 m old European male. He spoke in a shy quiet style, yet did not hesitate to answer questions he knew, or to state when he did not know something. He answered the questions thoroughly and gave additional information about his answers. P3 needed little prompting, and came across as being confident despite his shy manner of speech. He remained focused in the interview and said that he enjoyed talking to Stripey and the author.

P4 was a 4 y 9 m old European boy. His teachers described him as being typical for his age. During the 15-minute interview he drew 7 pictures. Unfortunately he was preoccupied with a young girl in the kindergarten and wanted to stay out of her sight. This lead to many interruptions to check her whereabouts and that she could not see him. P4's preoccupation may also account for his brief answers and reluctance to discuss questions, so the interview was a shorter one. However, he did say he enjoyed the interview and drawing pictures.

P5 was a 4 y 5 m old European girl. Her teachers described her as being vocal and able, yet not atypical. She had an animated way of talking: her words were quickly spoken and often ran together, and her face and voice were expressive. She appeared to be definite in her opinions as she answered questions quickly. P5 was very chatty during the interview and talked about her grandparents and numerous Simpson's episodes. She did not interact with Stripey, apart from the initial greeting, and was confident interacting with the author.

P6 was a 4 y 9 m old European girl. She came across as being thoughtful and serious. She had a cold at the time of the interview, which made talking difficult at times. She answered closed questions with a solemn nod or shake of her head. On request she answered orally with a firm yes or no. Her answers to open questions were concise, and she was comfortable to state that she did not know some of the answers. She enjoyed the program because "they teached you stuff" and seemed to enjoy the interview. P6 seemed quite happy talking to the author, and did not interact with Stripey.

P7 was a 4 y 11 m old European girl. Her teachers described her as being quiet, but articulate. She approached the interview in a courteous and polite manner, and answered the questions seriously. P7 enjoyed interacting with Stripey and the author, and said that she enjoyed the interview.

P8 was a 4 y 7 m old European boy. His teachers described him as typical for his age. P8 was very animated in the interview and was happy to answer the questions, although his answers were very brief. He was more interested in what his friends were doing on the mat than the interview, and was impatient to join them. The interview was a shorter one as a result.

Children's perceptions of concepts taught in Feeling Special, Feeling Safe

Secrets

Previous research by Briggs and Hawkins (1994) found that children believed that they would be punished if they reported 'rude' behaviour, or if they told a secret. Children in the current study displayed knowledge as to what constitutes a secret, and what secrets can be told or not told.

Children were asked what they thought a secret was. The responses given varied between accurate definitions of a secret, and how the child would respond if someone told them to keep a 'no' secret. A 'no' secret is a term used in the program to describe a secret that would make someone feel sad, scared, or worried. A 'yes' secret describes a secret that would make someone feel happy, excited, or that would be a surprise. Children were instructed that they did not have to keep a 'no' secret, but they were to tell a safe grown-up, and that they could keep a 'yes' secret if they wanted.

P5 and P6 gave definitions of a secret:

> *"Which you don't tell anyone"*
> (P5, 4 y 5 m, F)
> *"Um something that you don't tell"*
> (P6, 4 y 9 m, F)

P3 and P4 gave an example of an appropriate response to a 'no' secret as their answer to what they thought was a secret:

> *"No in a loud voice and run home and tell your dad"*
> (P3, 4 y 8 m, M)
> *"Umm no Um you don't have to keep"*
> (P4, 4 y 9 m, M)

P7 and P8 gave information on what secrets to tell and what secrets to keep as their response to what they though was a secret:

> *"Well if it's the prize for your birthday ya um keep it... if it's a naughty secret you don't keep it"*
> (P8, 4 y 7 m, M)
> *"If it's a 'no' feeling one you don't have to keep it you keep on telling...and if it's a 'yes' feeling you don't have to tell"*
> (P7, 4 y 11 m, F)

Children gave examples of what they thought would be a 'no' secret. A theme in these responses is that a no touch would be a bad touch, and may involve sexual touching. Children demonstrated that they understood that sexual touching by an adult is inappropriate.

> *"If he wanted to touch his pene* [penis] *that would be a 'no' secret"*
> (P1, 4 y 6 m, F)

"That they do something naughty"
(P3, 4 y 8 m, M)
"Um if someone told you something bad and they told you it's a secret"
(P6, 4 y 9 m, F)
"...If they want to touch your private places"
(P8, 4 y 7 m, M)

To further clarify children's understanding of secrets to tell and keep they were given scenarios of good and bad secrets and asked what they would do, and what their friend should do. Children were given the scenario that their dad had a big cake for their mum as a surprise. They were asked if they would tell. Children answered that they would not tell, as it was a happy or good secret, or a surprise.

"No it was a happy secret if if you have a present it will be a happy secret"
(P1, 4 y 6 m, F)
"You have to keep it or else they would know what it is"
(P4, 4 y 9 m, M)
"'Cos um it's um it would be a surprise and it would be a 'yes' feeling"
(P7, 4 y 11 m, F)

The second scenario involved a friend telling them that someone had touched them in a way they didn't like, and that this person said it was a secret. Children were asked what their friend should do. The response of every child was that the friend should tell a grown-up, usually their mum or dad, or nana. Children indicated that their friend should keep telling until they were heard even if this meant telling a different grown-up or waiting for another time.

"{What if you went to tell you dad and he was busy, what would you do then?} Go and tell go and tell them when they're organised"
(P3, 4 y 8 m, M)
"Tell their mum or dad but say dad was out to work and their mum was out to work too she was working as a teacher what so they had to tell and the granny was looking after them they would have to tell the granny so that would happen if they didn't have a mum or dad there"
(P5, 4 y 5 m, F)

Although these children had completed the Feeling Special, Feeling Safe Program, they still had not lost their trust for adults, nor did they fully comprehend the gravity of the situation in the scenario. P3 said that the friend should tell their mum or dad about the person touching them and saying it was a secret. He then goes on to show his trust for adults by stating that if his friend forgot the secret he should go and ask the offending person what it was.

"Tell them [mum or dad] *that it was a secret but if you can't remember the secret you go and ask them what the secret was then go back and tell on them"*

Children are then told that the person will hurt the friend if they tell, and asked what the friend should now do. Most children answered that the friend should tell a grown-up. However P1 said that the friend should not tell:

"No..... It might hurt you and might be lots of blood"

Although when the question was repeated, P1 said:
"Run away tell dad"

P5 and P8 had the idea of someone else intervening between the friend and the person. P8 had the idea of taking vengeance on the person, and P5 would go and tell the person not to do that to their friend. Both of these actions would be placing people in unsafe situations, yet they demonstrate that children understood that the persons' behaviour was inappropriate.

"[Friend could] *go and tell an adult who would beat up the mean person"*
(P8, 4 y 7 m, M)

"Umm say not the friend but the other person who was friends with the friend [i.e. the interviewee] *they should go and say don't do that to my friend that's naughty"*
(P5, 4 y 5 m, F)

The next addition to the scenario is that the person tells the friend that they will be sad or angry if the friend tells. Children are asked what the friend should do now. Most children say they would tell a grown-up. However P7 and P3 thought the friend should not tell.

"{What should your friend do?}
Hide
{So they wouldn't tell about that one}
No it wouldn't be nice"
(P7, 4 y 11 m, F)
"[Friend should] *not do anything....'Cos if they're bigger than me they won't do anything to me like 8 year olds and 10 year olds and 11 year olds"*
(P3, 4 y 8 m, M)

In the final stage of the scenario children are asked to give their response to the scenario. They are asked to imagine that this person had touched them in a way they didn't like, and so what would they do? Most children gave a response that incorporated aspects of the 'yell and tell' rule taught in the program, including that they would tell their mum or dad.

"Tell mum or dad"
(P1, 4 y 6 m, F)
"Um I'd tell my dad because he's the tickle monster and he will tickle them"
(P2, 4 y 9 m, M)
"Say "no" way tell my dad all about it"
(P4, 4 y 9 m, M)
"I'll say hands off go away and they go and tell mum and dad"
(P8, 4 y 7 m, M)

Although most children were confident in their response, P7 did not seem to know how to respond:

"{If it wasn't your friend, but was you, what would you do?}
I would just lie on my bed
.... {Oh ok, well what's one thing you could do?}
I could tell my sister if I could (mumble) lie down on the couch and watch TV
{Do you think your mum and dad might want to know if something like that had happened to you?}
Yes
{Do you think you'd tell them?}
Yes
{What would you tell them?}
As much as I could remember"

Grown-ups

Children were asked how they could tell if someone was a grown-up. In the program the term 'grown-up' applies only to adults and does not include adolescents. Children determined whether someone was a grown-up based on their size:

"'Cos 'cos they are bigger than us"
(P3, 4 y 8 m, M)
"They are a lot bigger than you and bigger than a teenager'
(P5, 4 y 5 m, F)

Safe people

The concept of safe people is foundational to the FSFS program. Children are encouraged to think of people they feel safe with, whom they trust, and to tell these people when they are worried, or feeling sad, or if they have a secret that makes them feel sad or worried. Children could readily identify safe people. They were usually the child's parents, grandparents, or kindergarten teachers. Children had difficulty explaining how they determined why the person was safe.

Children used the behaviour of the person to determine their degree of 'safeness'. If the person's behaviour was good and did not harm the child, the child considered the person to be safe. This could be if the person would help the child, or was good to other children.

Some children judged whether a person was safe based on whether the person would help them in a time of trouble, or when the child asked for help. P1 and P7 both named their mum and dad as people who were safe. When asked how they knew their parents were safe people they replied:

> *"Because they might save me if I fall over something"*
> (P1, 4 y 6 m, F)
> *"If I was outside and my mother was there I could have told if if she would do something for me"*
> (P7, 4 y 11 m, F)

P8 thought someone was a safe person based on where he or she lived, and how he or she behaved:

> *"If they live at your house or if they have children that's good and their mum's good to them that's how you know that they're good"*
> (P3, 4 y 8 m, M)

Children also used their feelings as an indication of whether as person was safe. P5 said she knew who a safe person was because she felt "good" in their company.

Other children determined who safe people were on the basis of their relationship to the child. P6 named her mummy, daddy and nana as safe people. When asked how she knew they were safe people, she answered:

> *"'Cos they're my mummy and daddy"*
> (P6, 4 y 9 m, F)

Her tone of voice communicated that as they were her parents of course they were safe, and they could not be otherwise.

Touch by familiar people

The FSFS program uses the book 'What's wrong with bottoms' to introduce the concept that familiar adults and relatives may involve the child in an abusive touching situation. In the story his Uncle who has lived with the family since Peter was very young abuses Peter. The story outlines the boy's reactions and feelings of confusion about his uncle's actions. The situation is resolved: the boy tells his mum who reassures him he has done the right thing in telling her and that it is not his fault. The uncle has to go away and learn that he is not allowed to touch young children in that way.

Children were asked if someone they knew could touch them in a way they did not like. This was a difficult question for most children, and they seemed bewildered by it, as if they had not considered it before. Their responses indicate that they did not consider that a person known to them, whom they liked, could do something 'bad' on the basis that the person was nice, so could not do something bad. With this type of reasoning, it is clear how abuse after a grooming period may confuse children.

Responses by children show their almost implicit trust in adults. P1, P3 and P8 answered that someone they knew would not touch them in a way they did not like because:

> *"I wouldn't like it"*
> (P1, 4 y 6 m, F)
> *"Cos friendly"* [Because nice people are friendly and so could not do something bad]
> (P3, 4 y 8 m, M)
> *"'Cos they're nice'*
> (P8, 4 y 7 m, M)

Other children answered that people they knew could touch them in a way they did not like. P5 thought that people known to her were able to touch her in a way she did not like. Her reasoning showed her trust in adults, and understanding that touching by familiar people is inappropriate:

> *"Sometimes but not always....* [Talked about her sister at day care]
> *{So can nice people do bad things?}*
> *I um not usually but sometimes*
> *{Why wouldn't they usually?}*
> *Um because they know not to"*
> (P5, 4 y 5 m, F)

P6 also thought that people known to her, and nice people might touch her in a way she did not like. She reasoned that it would be a consequence of their life experience:

> *"'Cos they're people be mean to them"*
> (P6, 4 y 9 m, F)

'Yes' and 'no' feelings

The FSFS program uses 'yes' feelings and 'no' feelings to encompass a range of feelings. A 'yes' feeling refers to positive feelings such as happiness or excitement. A 'no' feeling refers to negative feelings such as sadness, anger, or fear. In the program children are asked to give examples of events that would give them a 'yes' or 'no' feeling. By using examples given by children it is children who define the terms.

In the interview children are asked about events that would give them a 'yes' and a 'no' feeling, and how they would feel in the event. Answers show that children understand the difference between the feelings. They can identify each one, yet they cannot articulate how the feelings are different

Children gave various events that would give them a 'yes' or a 'no' feeling, and the events were appropriate to the category. Children would have a 'yes' feeling about surprises, birthdays, and holidays, and a 'no' feeling about being hurt.
Children gave the following as examples of what would give them a 'yes' feeling:

> *"If they give me a new prize for my birthday it will be a happy feeling"*

(P1, 4 y 6 m, F)
"When someone gives me a treat.... When I go on the boat.... Having cuddles"
(P2, 4 y 9 m, M)

Children identified positive feelings with 'yes' feelings:

"Happy"
(P2, 4 y 9 m, M)
"[A 'yes' feeling is] *something that makes you feel good* [it feels good] *when it makes you feel happy"*
(P5, 4 y 5 m, F)
"Safe"
(P6, 4 y 9 m, F)

Children gave the following as examples of what would give them a 'no' feeling:

"If I fall off my bike in a hole it might hurt my legs"
(P1, 4 y 6 m, F)
"Bad things {what are they?} When someone play some mean" [i.e. when someone plays a mean trick on him, or is mean to him when playing]
(P2, 4 y 9 m, M)
"Um if I fell over and scraped my leg.... [Someone] open up my thing that I eat" [someone eats his lunch]
(P4, 4 y 9 m, M)
"If someone hits you you have a 'no' feeling"
(P6, 4 y 9 m, F)

Children identified negative feelings with 'no' feelings:

"Sad"
(P2, 4 y 9 m, M)
"Angry or sad"
(P3, 4 y 8 m, M)

Children said that they were able to tell the difference between a 'yes' and a 'no' feeling, yet they were unable to clearly articulate how they could distinguish between the feelings. P6 said she could tell the difference between the two:

"Because one is sad and because one is happy [and you feel] *happy inside and bad inside"*
(P6, 4 y 9 m, F)

P7 (4 y 11m, F) could distinguish between a 'yes' and 'no' feeling based on the type of event:

"If it's a surprise it's a 'yes' feeling"

However, she seemed to think 'yes' and 'no' feelings only applied to surprises:

> "*{Can you tell a 'no' feeling?} Yes if it's not a if you tell a surprise*"
> (P7, 4 y 11 m, F)

While these examples are appropriate for 'yes' and 'no' feelings, P7 was unable to think of any other examples. It is difficult to gauge the depth of her understanding based on these responses.

P8 did not seem to recognise the terms 'yes' and 'no' feelings. However he was able to identify feelings he experienced and when he had experienced them, which were in line with other children's examples of 'yes' and 'no' feelings:

> "*When I have a happy feeling I'm happy if I have a grumpy feeling I'm grumpy*"
> "If it was my birthday I would be happy then" (P8, 4 y 7 m, M)

Types of touching

The touch continuum is a difficult prevention concept for children to comprehend (Oldfield et al, 1996). Children see a touch as being either good or bad. The consequence of the touch determines the touch type: a touch is bad if it hurts, and good if it does not hurt (Tutty, 1994).

Children were asked what they considered to be a bad touch. Answers varied, and included examples of inappropriate sexual touching. Intrafamilial abuse was not considered for these children as all examples of sexual touching were from the FSFS program, and were repeated almost word for word.

Children gave touches involving injury, or distaste as a form of bad touching. This is evidence that it is the consequence of the touch that determines its type.

> "*Uhah if anybody pulls me over I wouldn't like it.... and if someone touched my plaster*"
> (P1, 4 y 6 m, F)
> "*When they pinch you in the bum and that (mumble).... I fell over and hurt my knee*"
> (P4, 4 y 9 m, M)
> "*When someone hits you (cough) when someone pinches you*"
> (P6, 4 y 9 m, F)
> "*If they touched me with water on their hands it would be yucky*"
> (P7, 4 y 11 m, F)

Some children gave examples of actions or events they would not like as examples of bad touching. However, these have negative consequences, and so the same type of reasoning is engaged.

> "*Mean ones.... Mean tricks.... If they said they had a dog*" [In FSFS a big kid plays a mean trick on the character Joe. The big kid invites Joe to his house to see his puppy. When Joe arrives, the big kid

wants to look at Joe's penis. The puppy was only a ploy to get Joe alone. P2 has used this from FSFS as an example of a bad touch]
(P2, 4 y 9 m, M)
"Touches which make you feel scared and you shouldn't do.... If someone was coming to take you away and never put you back into your own house"
(P5, 4 y 5 m, F)
"Well if some people be mean to you that's mean touches.... Sad ones are when your mum or dad tell you off"
(P8, 4 y 7 m, M)

P3 did not give an example of what he considered a bad touch. Instead he indicated what he would do if someone touched him in a way he did not like.

Children were asked what would be a good touch, or what kind of touches they liked. A number of children stated that a good touch would be anything that was not the bad touch, thus making good and bad touches dichotomous.

Bad touch: *"if anybody pulls me over"*
Good touch *"If no one did pull me over"*
(P1, 4 y 6 m, F)
Bad touch: *"If they touched me with water on their hands it would be yucky"*
Good touch: *"The ones where you've got dry hands.... When they haven't been in the water"*
(P7, 4 y 11 m, F)

Some children (P4, P5 and P6) gave examples of actual touches that they liked these included cuddles and hugs.

P8 talked about events that he liked rather than actual touches:

"Well days after kindy we we're going on holiday and then I'm still on holiday at two motels and one week I'll go to the beach and have some fish and chips and that's real special to me"

The FSFS program does not directly distinguish between a good and a bad touch. It does state that a child's private places are just for them and nobody is supposed to touch them without a good reason. This implies that genital touching without a good reason would be a bad touch. The FSFS program focuses on feelings. Children are encouraged to use their feelings to discern if a touch is good or bad. Bad touches such as hitting and punching are given as examples of things that would give a child a 'no' feeling. Good touches such as hugs and cuddles are used to illustrate the concept of how it feels to be safe with someone. Children's answers to what they think is a good touch, may demonstrate that they have not clearly comprehended the concept of 'yes' and 'no' feelings. The examples some children gave were things that would give them a yes or 'no' feeling rather than a touch they liked or disliked.

Children's conceptualisation of strangers

Children provided some valuable insights into their conceptualisation of strangers. They showed that they each had grasped some aspects of the concept: that strangers looked like ordinary people, that strangers could be mean or nice, and that children are to be wary of them.

The FSFS program defines a stranger as a person who the child does not know. Definitions of strangers that children gave were in accordance with the definition given in FSFS program:

> *"When I don't know them"*
> (P2, 4 y 9 m, M)
> *"Someone which you don't know"*
> (P5, 4 y 5 m, F)
> *"A person you don't know"*
> (P6, 4 y 9 m, F)

Children demonstrated knowledge of characteristics of strangers; yet they had difficulty in its application. When asked if they had ever seen a stranger, only two children said that they had, all other children interviewed answered that they had not.

> *"Yes but I do go and tell my mother if she's around somewhere"*
> (P7, 4 y 11 m, F)

P8 was the only child interviewed who demonstrated a somewhat accurate understanding of the presence of strangers in the world:

> *"{Who do you think a stranger is?}*
> *Stranger is some of these kids' mums at kindy they're strangers and people next door to my house around the neighbourhood are strangers'*
> (P8, 4 y 7 m, M)

Children interviewed generally agreed that strangers looked like ordinary people. However, some children disagreed and thought strangers looked different.

> "[Strangers look] *strange and like someone you've never seen"*
> (P5, 4 y 5 m, F)
> *"No* [strangers] *look bad"*
> (P2, 4 y 9 m, M)

Children thought strangers were accountable for criminal and dangerous activities, such as theft and kidnapping.

> *"If they get in our car it might steal everything and that wouldn't be a nice thing"*
> (P1, 4 y 6 m, F)

> *"They kill people"*
> (P1, 4 y 6 m, F)
> *"They take you to jail I jus know 'cos Ricky's dog 'cos a strangers took Ricky's dog when he 'cos when at the night he heard him go wooooo."* [P8 is using an example from his own experience to explain why he thinks strangers take people to jail. It seems that his friend's dog was gone one morning. P3 thought a stranger took the dog.]
> (P3, 4 y 8 m, M)

Most children thought that it was never ok to talk to a stranger. However, some children identified situations when it would be ok for them to talk to a stranger:

> *"Um if your mum knows her but you don't it's ok"*
> (P5, 4 y 5 m, F)
> *"If they're doing something to a fence or ripping something or stealing something"*
> (P7, 4 y 11 m, F)

Children thought that strangers could be either nice or mean people. When asked how they could distinguish if a stranger was nice or mean, children responded that the distinguishing feature would be the facial expression, clothing or accessories:

> *"If they turn into one they have a gold stick it would be a bad stranger"*
> (P1, 4 y 6 m, F)
> *"Look like army people"*
> (P2, 4 y 9 m, M)
> "[You can tell a mean stranger] *because their face is angry"*
> (P6, 4 y 9 m, F)
> *"If they have smiles or not smiles"*
> (P7, 4 y 11 m, F)

P3 volunteered information about strangers before being questioned about the concept. He was adamant that strangers were naughty and were not nice people. He had not seen a stranger, and thought that they lived at Kelly Tarltons. When asked how he would know if someone was a stranger he answered:

> *"Cos they look we don't even see them, so when they come out at night time and day time we don't* [see them as] *they sneak out"*
> (P3, 4 y 8 m, M)

Children drew pictures of what they thought a stranger would look like. The pictures showed that children knew strangers could be male or female, that they wore clothes, could have curly or straight hair, had two arms and legs, and that they generally looked like ordinary people. No child drew monsters or people dressed in black. P4 viewed strangers as looking different to other people. He thought strangers had bulging eyes, and drew them as such. The most descriptive set of pictures was drawn by P1. P1 drew 3 strangers, and each one looked different from the others in terms of dress,

hairstyle, size and gender. Appendix P has a selection of children's drawing of strangers.

Saying "no" to grown-ups

Saying "no" was taught throughout the FSFS program. Children were instructed that they could say "no" in a big loud voice if someone wanted them to do something that gave them a worry. (Worry defined as something that makes a child feel sad or scared). Children were instructed that they would say "no" to a grown-up or a big kid if they had a worry.

In the interview children were asked if it was ever ok for them to say "no" to a grown-up. Responses were a mixture of it was never ok, and it was sometimes ok. When children thought it was ok to say "no" to a grown-up they were asked to provide examples as to when it would be appropriate.

P1 initially thought that saying "no" to a grown-up

> *"Wouldn't be a nice thing"*
> (P1, f, 4 y 6 m)

When the question was repeated, she said:

> *"If they hit me I will say "no" to them"*
> (P1, f, 4 y 6 m)

Children thought it would be ok to say "no" to a grown-up in the following situations:

> *"When someone plays a mean trick on you"*
> (P2, 4 y 9 m, M)
> *"When they put hands down your pants and it's nearly bedtime"*
> (P3, 4 y 8 m, M)
> *"If they're making you feel worried* [it's ok to say "no"]. *It's not ok to say it* [say "no"] *if they've done something good"*
> (P5, 4 y 5 m, F)
> *"When my sister can't hear 'cos she'll growl at me"*
> (P7, 4 y 11 m, F)
> *"When a grown-up you don't know takes you somewhere you say "no"'*
> (P8, 4 y 7 m, M)

P2 understood that it if a grown-up asked him to do something he did not want to do, he would still do it if was an appropriate request, such as to complete a chore:

> *"I have to say yes since they if they ask me if mum and dad ask me to feed the chooks I will"*

Summary

The interviews provide valuable insight into children's perceptions of concepts taught in FSFS. Interviews show that children have some understanding of strangers, grown-ups, safe people, types of touches, 'yes' and 'no' feelings, and secrets. Children were able to recognise an inappropriate situation; yet were unable to clearly articulate how they deemed it to be inappropriate. For example children had difficulty defining how they distinguished between a 'yes' and a 'no' feeling, and how they determined whether a touch was good or bad. The interviews show that children have some understanding of all concepts, but that this understanding is as yet lacking in depth.

Chapter 6

DISCUSSION

General findings

The results supported the hypothesis that children who have participated in the program would have more knowledge of prevention concepts than children who have not participated in the program. Participant group children had increased knowledge of prevention concepts in general, and a particular increase in skills that may prevent abuse, such as not always keeping secrets, and saying "no" if touched unpleasantly. These findings support previous research, which also found that pre-school children are able to learn prevention concepts (Nibert et al, 1989, Ratto & Bogat, 1990, Berrick & Barth, 1992, Nemerofsky et al, 1994, Hulsey et al, 1997. and Wurtele & Owens, 1997).

Demographic characteristics did not impact on children's ability to learn. This program is appropriate for all 4 year olds, boys and girls, and socioeconomic groups. Previous research (Briggs & Hawkins, 1994; Rispens et al, 1997) has suggested that children of low SES have more difficulty learning concepts than children of higher SES groups. The present study found no indication of this, however, the dominant yearly income in the sample was $26-35, 000, which is not low in New Zealand.

Note that while the results suggest that children have some knowledge of abuse prevention concepts and skills, this knowledge does not automatically transfer into action. We do not know how children will react in an abusive situation, or if the skills they have learned will protect them from abuse. Below is a discussion of children's understandings of concepts taught in FSFS.

Secrets

This is identified as a difficult concept for children to learn (Tutty, 1994; Oldfield et al, 1996). Participant group children in this study found the concept relatively easy as 82.5% of participant group children correctly responded that they did not always have to keep secrets. Control group children, however, found this concept very difficult as 28.6% responded correctly. FSFS teaches that children do not have to keep a secret if it gives them a worry, regardless of who tells them to keep the secret. The difference between the participant and control group children on this concept suggests that FSFS has taught it effectively, although this has not been statistically verified.

Qualitative data suggests that children have a good understanding of secrets. They were readily able to accurately define a secret as: "*something that you don't tell*" (P6, 4 y 9m, F). They could also distinguish between the types of secrets to keep and tell. Children appropriately considered that if something was to be a surprise, such as birthday presents, it was a secret that could be kept.

FSFS teaches 'no' secrets are secrets that give you a worry and can be told to a safe grown-up. Children agreed that if something made them feel worried, it was a secret that could be told. Children gave examples of sexual touching between adult and child

for what would be a 'no' secret, suggesting that they had learned from the program that sexual touching between child and adult is inappropriate.

Research by Briggs & Hawkins (1994) found that children believed they would be punished for telling a secret. In the present study children were asked what they would do if an adult touched them in a way they did not like, and threatened to hurt them if their secret was told. All children interviewed said that they would tell a grown-up, and that if the grown-up was busy, to either wait until a more opportune time or tell another grown-up. Children in this study do not have the same fear of punishment for telling a secret as those in the Briggs & Hawkins (1994) study, suggesting that FSFS teaches this concept effectively.

Touch by familiar people

The concept that a familiar person may perpetrate was a very difficult concept for all children. The qualitative findings indicate that some children were bewildered by the concept and did not consider that a 'nice person could do bad things'. This is evidence of children's moral reasoning at their developmental level. Tutty (1994) states that children will have difficulty with this concept due to their moral development. At this stage children consider a nice person and a nice person doing something bad or not nice as mutually exclusive. A nice person, according to children, is incapable of a mean action on the basis that they are nice. One child in the present study gave this reasoning. Other children reasoned that someone they knew would not touch them in a way they did not like because, the child would dislike it, and the person was friendly so would not do it.

The reasoning by P1 (4 y 6 m, F) that someone they know would not touch them in a way they did not like because *"I wouldn't like it"* is interesting. It shows that she has identified her wishes and the wishes of the adult as being separate. In this reply her wishes are dominant over the adult's. Review by Tutty (1994) suggests that pre-school children do not yet differentiate between the wishes of an adult and their own. P1 indicates that she has achieved or is on the way to achieving this.

Two children thought that someone they knew could touch them in a way they disliked. P5 (4 y 5 m, F) indicated that someone she knew would usually not touch her in a way she disliked because *"they know not to"*. This reasoning could demonstrate that P5 understands that she is not to blame for another's actions, and that in an adult-child interaction; the adult is responsible for protecting the child.

P6 (4 y 9 m, F) shows wisdom beyond her age. She reasoned that someone known to her could touch her in a way she disliked as a consequence of their life experience of being the recipient of negative treatment from others. Her answer, *"'Cos ... people be mean to them"* indicates knowledge that abuse can be cyclic.

It is expected that children would have difficulty with this concept and, although it is a crucial concept to prevention programs (Reppucci, 1998), it is not a negative reflection of the worth of FSFS. On the contrary, children's difficulty with this concept may be viewed positively. It shows that FSFS does not elicit fear and distrust towards adults, which has been a concern regarding prevention programs. The reasoning displayed in the qualitative data, indicates that children are beginning to grasp that nice people are

capable of being mean, which suggests that children are old enough to be taught that familiar people may perpetrate.

'Yes' and 'No' Feelings

Children appeared to have a good grasp of 'yes' and 'no' feelings. They could readily give descriptions of each type of feeling and examples of events that would make them feel that way. Children most commonly cited physical actions, such as falling over and being hit, as what would give them a 'no' feeling. For a 'yes' feeling, surprises and treats were the most common examples. These both illustrate that pre-school children attribute a characteristic based on the consequence of an event. The examples given for 'yes' and 'no' feelings have a positive and negative consequence respectively, and the consequence determines the type of feeling.

Children understood the concept of 'yes' and 'no' feelings, but their understanding was shallow and lacking in depth. When asked if they could tell the difference between the two sorts of feelings, most children responded that they could, but could not articulate the process they used to distinguish between feelings. Only two children could describe how they distinguished between feelings, and even then, their reasoning was illogical or incomplete to adult thinking. P6 (4 y 9 m, F) said that the feelings felt different inside: "you feel happy inside and bad inside". However, she was unable to describe how these feelings felt. Note that this is a sophisticated concept, and even adults would have some difficulty describing their experience of different feelings. P7 (4 y 11m, F) used the type of event to distinguish between the feelings: "If it's a surprise it's a 'yes' feeling". She thought a 'no' feeling would be if someone told a surprise. P7 was unable to give any other examples of 'yes' and 'no' feelings.

Parents indicated on the parent questionnaire that they thought the concept of 'yes' and 'no' feelings was a worthwhile feature of FSFS. One parent noted that her son was using the language in his play, and doing so appropriately.

Talking about feelings with pre-school children is difficult, as it is abstract and not the pre-schooler's preferred concrete thinking. Given that children are able to describe and give examples of 'yes' and 'no' feelings indicates that FSFS has used an effective teaching style to introduce the concept to children. Children were able to relate it to their lives, and show that they can understand the concept at an acceptable level.

Types of touching

Children found CKAQ-RII items on the touch continuum very difficult. This was to be expected from the findings of previous research (Berrick, 1989; Tutty, 1994, Oldfield et al, 1996). In the interviews children were asked what they considered a bad touch. Children gave touches involving injury or distaste as examples of bad touches. This illustrates the reasoning of pre-school children: it is the consequence of the touch that determines its type. When asked what would be a good touch some children saw good and bad touches as dichotomous and answered that it would be anything that was not the bad touch. Children may have a touch that they really dislike, e.g. being touched with wet hands (P7, 4 y 11 m, F) or being pulled over (P1, 4 y 6 m, F) and any other touch is a good one in comparison.

FSFS does not directly teach about good and bad touching as 'yes' and 'no' feelings cover the concept. Children are instructed that if anything, including touch, gives them a 'no' feeling, they are to tell a trusted adult. However, when teaching about private places, the point is made that no one needs to see a child's private parts without a good reason. Stories and puppet shows infer that an adult or older child touching or viewing a child's genitals and requesting that child reciprocates is inappropriate. Children gave examples from the program of this type of event to illustrate what they considered a bad touch.

Stories used to illustrate inappropriate touch between adult/older child and child made a sizeable impact on children as they could still remember them in detail 2 weeks later. The story and mode of delivery can be considered effective teaching tools as the child remembers them for some time.

Strangers

In this study, as in others (Tutty, 1994; Gabriels, 1995; Oldfield et al, 1996), children found identifying characteristics of strangers very difficult. Approximately half of each the participant and control group children responded that they did not think a stranger was a person unknown to them, and a quarter of each group thought strangers looked mean. This indicates that stranger awareness is a concept that needs to be readdressed in programs targeting school-aged children.

The interview shows children have mixed views about strangers. Some children thought that strangers looked like ordinary people, others thought that they looked bad, or strange. Despite children having mixed opinions about a stranger's appearance, they all drew pictures of strangers that looked like ordinary people: male and female, short or long hair, tall and short, and so forth (see Appendix P). No child drew a picture of a person dressed entirely in black or with a mohawk, nor did children draw pictures of monsters. Their drawings show that they view strangers as looking like ordinary people.

A small number of children attributed strange characteristics to strangers. P3 (4 y 8 m, M), especially, had some alternative views of strangers. He thought they lived at Kelly Tarltons (large aquarium in Auckland), that they sneaked out unseen during the day and night, and that they were kidnappers and thieves. P1 (4 y 6 m, F) also thought strangers behaved criminally, stealing cars and murdering.

Children thought that strangers could be nice or mean, and they would be able to tell if a stranger was mean based on their appearance. Mean strangers, according to children interviewed, would have a gold stick, look like an army person, have an angry face, or have an unsmiling face.

Children had difficulty applying their knowledge of strangers, as the majority of children thought they had never seen a stranger. P8 (4 y 9 m, M) was the only child interviewed who was able to portray an accurate understanding of strangers. He said: " [A] *stranger is some of these kids' mums at kindy they're strangers and people next door to my house around the neighbourhood are strangers"*.

Children also had difficulty determining if and when it was ok to talk to a stranger. In the questionnaire 39.1% of participant group children and 20% of control group children thought that it was not ok to ask a stranger (shop assistant or security guard) for help when lost in a shop. In the interview only 2 children thought it was ok to talk to a stranger. The situations they gave were if the stranger is known to parent and child is with parent, and if the stranger is doing something inappropriate, like ripping or stealing something.

Saying "no" to an authority figure

Being able to say "no" to an authority figure is one concept that children learned well in FSFS. CKAQ-RII items on saying "no" to a grown-up and not always having to obey grown–ups are included in the appropriate response category. Participant group children scored significantly higher than control group children on this category and on the bullying category ($t(96)=4.74$, $p=.000$; $t(96)=4.36$, $p=.000$ respectively). These are items about saying "no" to an authority figure. This is an important prevention skill for children to learn (Tutty, 1995).

In the interviews children generally agreed that it was ok to say "no" to a grown-up and gave the following examples:

> *"When someone plays a mean trick on you"*
> (P2, 4 y 9 m, M)
>
> *"When they put hands down your pants and it's nearly bedtime"*
> [This happened to Peter in the story: 'What's Wrong With Bottoms?]
> (P3, 4 y 8 m, M)
>
> *"If they're making you feel worried"*
> (P5, 4 y 5 m, F)
>
> *"When a grown-up you don't know takes you somewhere you say "no""*
> (P8, 4 y 7 m, M)

Parents expressed concern that this aspect of the program may undermine caregiver's authority. Some parents noticed that their children were refusing to obey parental requests to do chores, eat dinner, and stating that they could say "no" to adults. This has a threefold explanation: one, it may be a side effect of the program; two, children may be assimilating their learning; and children were like this before participating in FSFS, but FSFS drew parents' attention to the behaviour.

Side effects

The majority of children (n=47, 90.4%) enjoyed FSFS. It did not appear to elicit undue fear of abuse as no child had expressed concern to their parents that they may be abused. Approximately half (n=27, 52%) of the parents thought that participating in the program had helped them to communicate with their child. Parents noticed positive and negative changes in their child's behaviour. A number of parents (n=9, 17.3%) noticed their child was more open and communicative since participating in the program. Other parents (n=7, 13.5%) noticed negative behaviour changes in their child, such as child being bossier (n=2, 3.8%), acting as if they were their own boss (n=2, 3.8%), and being more self-conscious (n=2, 3.8%). These are initial side effects

of the program, and it is beyond the scope of this study to thoroughly investigate long-term side effects of program participation.

Reliability of CKAQ-RII

The reliability statistics of the adapted version of CKAQ-RII were initially low. This may due to the items on the adapted questionnaire being markedly different from the original. The reliability of the original questionnaire may also be low if used with this group of children.

For a checklist questionnaire like the CKAQ-RII, reliability may be an inappropriate measure. It assumes that children are expected to know equal amounts about every concept. In this case the assumption is incorrect, as it is not expected that children will have equal knowledge of all concepts. The reliability figures show that all children have knowledge of some concepts, yet not necessarily all concepts. This is what would be expected given the developmental level of the children. However, the low reliability does impact negatively on the ability of the adapted version of the CKAQ-RII to correlate with other scales.

Limitations of present study

One of the limitations of the present study is that the sample was mainly European. There was poor representation of other ethnic identities. The results may not be able to be generalised to other New Zealand children, particularly children who live in areas with strong Maori and Pacific Island populations. It is, however, possible that the majority of children attending kindergartens in New Zealand are European, due to alternative pre-school education options adopted by other ethnic groups. This would fit the ethnic representation of the present sample. This study may therefore be representative of New Zealand kindergartens, but not New Zealand pre-schoolers as a whole. The study could be replicated in areas with less Europeans, or in pre-school centres for Maori and Pacific island children.

Only children who had parental permission participated in the study. This is another factor limiting how representative the sample is of the general pre-school population. There may be a difference between children who received permission and those who did not. A number of parents considered the questionnaire to be too explicit and so did not permit their child to participate. They were concerned about the use of correct terminology for genitals. FPA educators say that this a common concern that parents have about FSFS.

Parents had to give permission for their child to participate in the questionnaire and the interview. Some parents declined permission for their child to participate in the interview only and others declined permission to participate in both. This limited the selection of children for the interviews. The children who were interviewed may not have been the most developmentally typical for their age. In some kindergartens teachers had a small number of children to select from. They were more concerned about choosing a child who would be talkative and enjoy the interview rather than a child who was typical. Despite this difficulty, teachers were usually able to select a child of typical development, and if not, then a child slightly advanced for their age.

Teachers considered all children interviewed to be within the range typical for four year old children.

The use of the CKAQ-RII could be considered a limitation of the present study. It is a Canadian measure used to assess New Zealand children's knowledge of abuse concepts. Also, it was designed to be used with 6-12 year old children, yet was used to assess pre-school children. There is no psychometric data on the measure's ability to be applied cross-culturally, or with pre-school children. Also, no New Zealand norms are available. However, several adaptations were made to the measure to make it more appropriate for use with New Zealand pre-school children (Appendix L & M). These changes were not considered to change question content, only the sentence structure used to ask the question.

In spite of the limitations of using the CKAQ-RII, the present study found clear differences between children who had and had not participated in FSFS. The questionnaire measures key areas of abuse prevention education. Also in favour of the CKAQ-RII is the yes/no format, which made it easy to use with children who lack the psychological sophistication to give complex answers. Also, it does not have examples of abusive situations that children may interpret concretely, and then generalise any physical contact with adults to be abusive. Tutty's (1995) measure was considered superior as it does not cause harm or expose children to examples of personal interactions that may be innocent in every day life, but because of the example used is construed as abusive by the child.

Involving the FPA educators in questionnaire administration may have influenced the results. Ideally one person would have administered the questionnaire to all participants to eliminate any differences between questionnaire administrators. Also, FPA educators cannot be considered independent or unbiased, as they obviously wanted children to do well on the questionnaire. However, before data collection began, the author ensured that FPA educators were familiar with the questionnaire and that all administrators used the same format to ask the questions. Any areas of misunderstanding and queries were discussed and a set format agreed upon by the author and FPA educators.

The lack of follow-up data can be considered a further limitation to the present study. Consequently, there is no information available to show the stability of the findings. All participant group quantitative data was collected within one week of program completion, and qualitative data within two. Previous research has indicated that children's knowledge of concepts decreases over time (Rispens, et al, 1997) and that children tend to revert back to previous beliefs (Tutty, 1994). In order to assess children's ability to maintain knowledge gained in FSFS, follow up at different time intervals (6 months – 1 or 2 years) is recommended. This aspect can be addressed by future research. However, follow-up data may be confounded by children's developmental level. Within the time period of 6 months to 1 year children will have grown in their knowledge, experience of the world, and their understanding of themselves and others. The data may not be an accurate record of their recall of concepts taught in the prevention program.

Summary

This section has provided a discussion of findings and limitations of the present study. Findings show that participant group children have more knowledge of prevention concepts than control group children, especially on the concept of saying "no" to an authority figure. Children from both groups have similar knowledge about strangers, and the concept that a familiar person may perpetrate. These concepts may be baseline knowledge that most pre-school children will have. The discussion on the limitations of the present study highlights concerns about the ability to apply the findings to the wider New Zealand context due to sample size, the lack of ethnic and SES diversity, and methodological flaws.

Chapter 7

RECOMMENDATIONS & CONCLUSIONS:

Revisions to Feeling Special, Feeling Safe (FSFS)

Concept of body ownership

A number of parents (n=7, 13.5%) indicated in the parent questionnaire that they experienced problematic behaviour changes in their children. The underlying theme of these changes was that children believed that they were the "boss of their bodies". At four years of age children are under direct parental authority, and are completely dependent on their parents. It is untrue that they are the "boss of their bodies".

Teaching children that they are the "boss of their body" may place them in a more risky situation in their family environment. Parents who are already stressed, with perhaps little support, and who use physical forms of discipline, may be 'pushed over the edge' when their child exclaims they are their own boss and refuse to comply with parental requests of eating tea, putting toys away, or going to bed. The body ownership concept may possibly be putting children at undue risk of physical abuse.

In the interest of sexual abuse prevention, children do need to know that no one is allowed to touch their genitals without a good reason. The body ownership concept could be reworked to be the genital ownership concept. Children would be taught that they are the bosses of their "special private places".

Touch continuum

The touch continuum applies to the grooming process. The perpetrator begins with non-sexual touching such as placing their hand on the child's knee to see how they will react. If the child does not refuse, the perpetrator then moves onto the next step. This continues for a time, and the child becomes desensitised to sexual touching such as kissing or fondling. They may feel uncomfortable and confused and obliged to continue because they have a relationship with the perpetrator, and have already had so much contact. Children need to know that consenting to non-sexual touch 3 months ago is not a contract to sexual touch 3 months later. Teaching children that they can change their mind may help break the perceived contract. Whether it is appropriate to teach this to kindergarten aged children will have to be considered.

The necessity of this concept for children of this age needs to be reviewed. It is a necessary concept for abuse prevention but may be too abstract for pre-school aged children to understand due to their developmental level. If it is taught it needs to be done in a concrete way that clearly explains 'good' or 'bad' touch. Leaving it for children to decide on the appropriateness of a touch based on their intuition assumes that children have the same reasoning and preferences as adults. Children are not adults and at this age attribute characteristics based on the consequences of an event. If the touch is painful they will consider it a bad touch, and if it is pleasant or not painful, they will consider it a good touch. Also, at four years old, children do not usually view a nice person as being capable of doing bad things. They will regard

whatever a trusted person does as being good on the basis that it is done by someone they trust. This becomes tricky in the case of gentle genital fondling that is not painful and which children's bodies are programmed to enjoy. Adults will regard this as a bad or inappropriate touch, but children may not, especially if it does not have a negative consequence and is done by a trusted adult.

If this concept remains a part of FSFS, it needs to be extended. Children found it difficult to comprehend that some touches could start out feeling good, could then turn confusing, and then bad. The program has a couple of examples of children initially enjoying something (e.g. a swing, sitting on a man's lap) then disliking the activity or contact. Children need to have more examples of everyday activities that they initially enjoy and then not enjoy within the same period of activity. This will show children that pleasant things can turn unpleasant, and that they can change their minds.

Extensions to FSFS

Information booklet for parents:

The FPA run an Information evening for parents of children at the early childhood education center prior to FSFS commencing. Attendance at these sessions is low to moderate. To increase parents' knowledge and awareness of abuse, FPA could put together a small booklet containing the information presented at the parent information session. This could be made available to every parent and be included in the program fee. It would assure that every parent of children who participate in FSFS is aware of abuse, how to respond to it, and where to go for support. The booklet could also contain suggestions of how to keep children safe such as, bathing child before baby sitter arrives, interviewing babysitters, being familiar with child's friends and their parents, and taking children seriously if they show reluctance to visit someone.

Song book/tape

The songs are a popular aspect of FSFS. FPA could record the songs on a tape and or include them in a songbook. Songs are enjoyed by children, reinforce key concepts, and involve parents. At four years old children are developmentally very receptive to rhythm, dance, and movement. Singing and action songs are an ideal medium to use with pre-school children to reinforce and repeat concepts taught in abuse prevention programs.

Present program to other groups

The present study shows that pre-school aged children can learn some key prevention concepts. FSFS could be adapted for presentation at Maori and Pacific Island early childhood education centers. This would ideally involve training someone of the same ethnicity as the children to present the program. It could also be adapted to be suitable for children with special needs such as learning or intellectual difficulties. The program, or part of it, could be presented to children involved in community groups already established for children, for example: groups for children of alcoholic parents, or divorce recovery groups.

An alternative form of prevention

Educating children about safety strategies to employ in the event of abuse is one form of prevention. Another form of prevention is to educate parents and the community about abuse. The following are suggestions as to where FPA could be involved in this, based on the information and skills they have developed from coordinating FSFS and as educators.

Community education:

FPA could be involved in raising community awareness of abuse in the form of running community education evenings. This would be similar to parent information evenings, but be open to the whole community not just parents. It will need to be well advertised to encourage people to come, e.g. notices in doctor's waiting rooms, at schools, and community notices. The session needs to emphasise that sexual contact between child and adult is unacceptable. This means that the focus is twofold: to educate adults about what to do if they are sexually attracted to children, and where they can go for help; and on awareness of child abuse indicators.

The community education session could include information on how to talk to children about sex, healthy ways to encourage a child's sexual development and the development of a child's self-esteem. Providing this information will provide parents with a tool for talking about this difficult issue and help them to be more comfortable about doing so.

We know that children who are lacking confidence, who have a low self-esteem, and who are socially isolated can be at risk of abuse (Finkelhor & Baron, 1986). It is within adults' power to build children up and encourage them to develop to their full potential. Helping parents to communicate with their children and to be aware of them is one way of helping children to be less vulnerable. The positive attention of a parent shows children that they are valued and helps them to be confident and secure. If a child has affection at home, they do not need to look for it elsewhere. A happy child is therefore at less risk of abuse than an unhappy child. Parents have the power to determine their child's happiness to some degree. FPA could provide information on how to build a happy, secure and supportive family environment where children will be safe.

A further aspect of community education is suggesting ways for parents to evaluate the safety of situations. This could include teaching parents to evaluate external situations on the basis of the child's description rather than the child's evaluation of the situation. When parents evaluate the situation they are being proactive in keeping their child safe. Parents would be more objective than the child in their evaluation, as they are not as emotionally involved in the situation as their child. Parents are also more experienced in correctly interpreting a situation than their child.

The education evening could involve information on how parents can observe their children so they can protect them from babysitters, neighbours, and relatives, who may be abusive. This could involve teaching parents to look for indicators of anxiety, fear,

and reluctance in their child, and how to ask questions to permit the child to express their feelings and the possible reasons behind the feelings.

Education for new parents

FPA could work with established groups such as Plunket, or antenatal classes at the hospital to educate parents and children who are already born about how to negotiate reasonable intimacy with children and how to facilitate healthy development and self-esteem in children. Also, about how to develop open communication within a growing family, and how to read each other's cues. However, in a program such as this, it is important not to emphasize sexual abuse. Expectant parents are already anxious about giving birth and physically caring for their baby e.g. feeding and bathing. They are not in a place to respond to information about sexual abuse. This type of early intervention, while it is an alternative form of sexual abuse prevention, needs to be delivered with sensitivity. The focus would ideally be on information about how to raise a happy and healthy child, including ideas on parent-child communication at every stage of the child's' development. A program like this would be an alternative form of sexual abuse prevention: its focus is on strengthening the family rather than educating the child.

Networking

There are already groups and organisations that are active in preventing and dealing with child sexual abuse, such as Parentline, CYPFA. FPA could network with these groups to support them and provide additional information. FPA could also establish relationships with groups who work with children and with parents and be involved in implementing abuse prevention programs.

Future research ideas for FPA

In the field of education programs for pre-school children there has been little thought of the developmental capabilities of children at each age. Programs look fairly similar across the age spectrum, in that the same concepts are taught to all aged children regardless of their cognitive development. The author suggests examining the relevance of each concept for pre-school aged children, with particular attention to those concepts children found very difficult. These were that a familiar person might perpetrate, the touch continuum, and characteristics of strangers.

The author suggests reviewing the technique used to teach each concept, and ask the questions: Is this concrete? Is it something that can be defined? If any aspect of a concept is abstract it is highly likely that pre-school children will have great difficulty with it, and even if they are able to repeat the given definition, they will most likely forget it within a short time.

CONCLUSION

The main conclusion from the present study is that pre-school aged children are able to learn some important prevention concepts. They are most readily able to learn skills to use to keep themselves safe in an abusive or bullying situation. Children's knowledge that they are able to tell any secret and can move away and say "no" if touched in an unpleasant way are key prevention skills to have learned. Results indicate that understanding of difficult concepts, such as characteristics of strangers, and that a familiar person may perpetrate, is beginning to occur.

The Feeling Special, Feeling Safe Program is a worthwhile tool for teaching abuse prevention concepts to pre-school children and provides a sound foundation in abuse prevention concepts for school-based programs to build on further. On the whole it is developmentally appropriate and uses media and teaching strategies that are effective and appropriate to this age group. It provides children with the opportunity to rehearse the skills they have learned. The importance of this was illustrated by research by Wurtele et al (1987), Wurtele (1990) and Wurtele & Owens (1997). This is shown by children's knowledge and understanding of secrets, 'yes' and 'no' feelings, saying "no" to an authority figure, and ability to identify characteristics of strangers. Some children were able to give detailed descriptions of stories 2-3 weeks after they were initially heard.

The concepts taught in FSFS are preventative of abuse in themselves, as they combat the characteristics of children that make them vulnerable to perpetrators: low self-esteem, isolation, lack of assertiveness, undefined boundaries (Elliot et al, 1995). It builds children's self-esteem by beginning with the concept that they are special and unique. It begins to combat isolation by encouraging children to build relationships with trusted adults, especially their parents. Also, through the parent information evening adults are encouraged to continue loving and supporting their children. It builds and encourages assertiveness by giving children the opportunity to be verbally assertive in the No-Yell exercise, and by giving children permission to say "no" to an adult or older child if that person is making the child uneasy or worried. It helps children to establish personal boundaries regarding their bodies by teaching that children's private places are just for them, and emphasizing that no adult should touch them there without a good reason. This clearly communicates to children that any kind of genital touching between adult and child is not normal (other than adult touching a child for medical and hygiene reasons). This knowledge would prevent the continuation of any grooming process involving genital touch. Children who have participated in FSFS are clear that this is inappropriate and that they are to tell a trusted adult if it ever occurs.

FPA can be confident that their FSFS program does increase children's knowledge of abuse prevention concepts and teaches skills for children to use if they are in an abusive situation. It provides a valuable foundation for children's continued education in this area. The FSFS program is an effective tool in abuse prevention education. It can be developed for further abuse prevention and community education. This study has shown that children are able to learn some of all the concepts it teaches making it a worthwhile part of early childhood education.

Suggestions for future research

The present study has shown that pre-school children are able to learn sexual abuse prevention concepts. Future research could build on the present study by evaluating the FSFS program, or one similar, with an ethnic and SES diverse sample, and could further investigate the impact SES has on children's learning. Future research could investigate how multi-tiered prevention focusing on the community, parents, and children, impacts on abuse prevention and those who participate in the program. The side effects of prevention programs could also be investigated, especially to identify the difference between children who experience side effects and those who do not. Longitudinal research could investigate the long-term impacts of the program on the child. In particular it could focus on how prevention programs impact on a child's sense of trust, and development of their sexual identity. The CKAQ-RII could be further refined to use with pre-school aged children. Alternatively, another measure could be developed that is appropriate and safe to use with this age group.

The present study has implications for future program development. The teaching methods used in FSFS can be used in other prevention programs for children of this developmental age. The method of delivery makes it a particularly suitable tool for enhancing children's ability to learn prevention concepts that they might otherwise find very difficult.

REFERENCES

Allard-Dansereau, C., Haley, N., Hamane, M., & Bernard-Bonnin, A. (1997). Pattern of child sexual abuse by young aggressors. *Child Abuse & Neglect, 21*, 965-974.

Bagley, C. (1995). *Child Sexual Abuse and Mental Health in Adolescents and Adults: British and Canadian perspectives*. Brookfield: Avebury.

Bander, J. (1997). *A Mother's Story: The Civic Crèche Child Sex Trial*. Auckland: Howling At The Moon Productions Ltd.

Banyard, V.L. (1997) The impact of childhood sexual abuse and family functioning on four dimensions of women's later parenting. *Child Abuse & Neglect, 21*, 1095-107.

Beitchman, J.H., Zucker, K.J., Hood, J.E., da Costa, G.A., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect, Vol 16*, 101-18.

Bergner, R.M., Delago, L.K., & Graybill, D. (1994). Finkelhor's Risk factor Checklist: a cross-validation study. *Child Abuse & Neglect, 18*, 331-340.

Berrick, J.D. (1989). Sexual abuse prevention education: Is it appropriate for the pre-school child? *Children and Youth Services Review, 1*, 145-158.

Berrick, J.D., & Barth, R.P. (1992). Child sexual abuse prevention: Research review and recommendations. *Social Work Research & Abstracts, 28*, 6-15.

Briggs, F., & Hawkins, R.M.F. (1994). Follow-up data on the effectiveness of New Zealand's national school based child protection program. *Child Abuse & Neglect, 18*, 635-643.

Briggs, F. & Hawkins, R.M.F. (1996). A comparison of the childhood experiences of convicted male child molesters and men who were sexually abused in childhood and claimed to be nonoffenders. *Child Abuse & Neglect, 20*, 221-233.

Black, C.A., & DeBlassie, R.R. (1993). Sexual abuse in male children and adolescents: Indicators, effects, and treatments. *Adolescence. 28*, 123-133.

Bogat, G.A., & McGrath, M.P. (1993). Pre-schoolers' cognitions of authority, and its relationship to sexual abuse education. *Child Abuse & Neglect, 17*, 651-662.

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. (1995). Protecting boys from the risk of sexual abuse. *Early Child Development and Care, 110,* 19-32

Boney-McCoy, S., & Finkelhor, D. (1995). Prior victimization: A risk factor for child sexual abuse and for PTSD-Related symptomatology among sexually abused youth. *Child Abuse & Neglect, 19,* 1401-21.

Brayden, R.M. et al. (1995). Evidence for specific effects of childhood sexual abuse on mental well-being and physical self-esteem. *Child Abuse & Neglect, 19,* 1255-62.

Brewer, K.D., Rowe, D.M., & Brewer, D.D. (1997). Factors related to prosecution of child sexual abuse cases. *Journal of Child Sexual Abuse. 6, 91*-111.

Bulik, C.M., Sullivan, P.F., & Rorty, M. (1989). Childhood sexual abuse in women with bulimia. *Journal of Clinical Psychiatry. 50, 460*-4.

Byram, V., Wagner, H.L. & Waller, G. (1995). Sexual abuse and body image distortion. *Child Abuse & Neglect 19, 507-510.*

Chalin, C.G., & Lewittes, M. (1991). Medical assessment, treatment, and follow-up of sexually abused children. In Bagley, C.R., & Tomlinson, R.J. (1991). *Child Sexual Abuse: Critical perspectives on prevention, intervention, & treatment.* Toronto: Wall & Emerson, Inc.

Cheasty, M., Clare, A.W., & Collins, C. (1998). Relation between sexual abuse in childhood and adult depression: case-control study. *British Medical Journal. Vol 316,* 198-210.

Children, Young Persons & Their Families Service (1997). *Breaking the Cycle: An Interagency Guide to Child Abuse.* New Zealand: Children, Young Persons & Their Families Service.

Coffey, P. et al. (1996). Mediators of the long-term impact of child sexual abuse: perceived stigma, betrayal, powerlessness, and self-blame. *Child Abuse & Neglect, 20,* 447-55.

Corrin, R. (1990). *The Feeling Safe Kit.* New Zealand: Child Alert Trust.

Davidson, G.C., & Neale, J.M. (1996). *Abnormal Psychology (rev 6th ed.).* New York: John Wiley & Sons, Inc.

DeMause, L. (1991). The universality of incest. *Journal of Psychohistory. 19, 123-164.*

Dykman, R.A., McPherson, B., Ackerman, P.T., Newton, J.E.O., & Mooney, D.M. et al. (1997). Internalizing and externalizing characteristics of sexually and/or physically abused children. *Integrative Physiological & Behavioral Science. 32,* 62-83.

Elliott, M., Browne, K., & Kilcoyne, J. (1995). Child sexual abuse prevention: what offenders tell us. *Child Abuse & Neglect, 19,* 579-594.

Family Planning Association (1998). *Feeling Special, Feeling Safe: a sexual abuse prevention program for early childhood centers.* Palmerston North: Family Planning Association.

Felitti, V.J. (1993). Childhood sexual abuse, depression, and family dysfunction in adult obese patients: a case-control study. *Southern Medical Journal, 86, 732-6.*

Fergusson, D.M., Lynskey, M.T. & Horwood, L.J. (1996). Childhood Sexual Abuse and Psychiatric disorder in Young Adulthood: I. Prevalence of Sexual Abuse and Factors Associated with Sexual Abuse. *Journal of the American Academy of Child & Adolescent Psychiatry. 35,* 1355-1364.

Fergusson, D.M., Horwood, L.J., & Lynskey, M.T. (1997). Childhood sexual abuse, adolescent sexual behaviors and sexual revictimisation. *Child Abuse & Neglect, 21, 789*-803.

Finkelhor, D. (1984). *Child Sexual Abuse: New theory and research.* New York: Free Press.

Finkelhor, D. (1994). The International Epidemiology of Child Sexual Abuse. *Child Abuse & Neglect, 18,*409-17.

Finkelhor, D (1994a). Current information on the scope and nature of child sexual abuse. *The Future of Children, 4,* 31-35.

Finkelhor, D. & Baron, L. (1986). High-risk children. In Finkelhor, D. (1986). *A Sourcebook on Child Sexual Abuse.* Beverly Hills: Sage Publications, Inc.

Finkelhor, D., & Dziuba-Leatherman, J. (1995). Victimization prevention programs: A national survey of children's exposure and reactions. *Child Abuse & Neglect, 19,* 129-139.

Finkelhor, D., & Strapko, N. (1992). Sexual abuse prevention education: A review of evaluation studies. In D.J. Willis, E.W. Holden, & M. Rosenberg (Eds.). *Prevention of Child Maltreatment: Developmental and Ecological Perspectives.* New York: John Wiley & Sons.

Fleming, J., Mullen, P., & Brammer, G. (1997). A study of potential risk factors for sexual abuse in childhood. *Child Abuse & Neglect, 21,* 49-58.

Gabriels, T.C.M. (1995). *An Exploratory Study of how Developmental Issues May Impinge on the Implementation of the 'Keeping Ourselves Safe' Program.* Palmerston North: Massey University.

Garnefski, N. & Diekstra, R.F.W. (1997). Child sexual abuse and emotional and behavioral problems in adolescence: gender differences. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*, 323-9.

George, D. & Mallery, P. (1995). *SPSS/PC+ Step by Step: A simple guide and reference*. Belmont: Wadsworth Publishing Company.

Goldman R.J. & Goldman, J.D. (1988). The prevalence and nature of child sexual abuse in Australia. *Australian Journal of Sex, Marriage & Family, 9*, 94-106.

Goldman, J.D.G., & Padayachi, U.K. (1997). The Prevalence and Nature of Child Sexual Abuse in Queensland, Australia. *Child Abuse & Neglect, 21*,489-98.

Gorey, K.M. & Leslie, D.R. (1997). The prevalence of child sexual abuse: Integrative review adjustment for potential response and measurement issues. *Child Abuse & Neglect, 21*, 391-398.

Heath, K.C. & Irvine, D.W. (1998). *What educators need to know about child abuse.* Paper presented at the Annual Meeting of the Mid-South Educational Research Association (Louisville, KY, November 8-11, 1988).

Hetherton, J. (1999). The idealization of women: Its role in the minimization of child sexual abuse by females. *Child Abuse & Neglect, 23*, 161-174.

Holman, E.A., & Stokols, D. (1994). The environmental psychology of child sexual abuse. *Journal of Environmental Psychology, 14, 237-252.*

Hulsey, T.L., Kerkman, D.D., & Pinon, M.F. (1997). What it takes for pre-schoolers to learn sex abuse prevention concepts. *Early Education & Development, 8*, 187-202.

Hulsey, T.L., Sexton, M.C., & Nash, M.R. (1992). Perceptions of family functioning and the occurrence of childhood sexual abuse. *Bulletin of the Menninger Clinic, 56*, 438-50.

Jarvis, T.J., Copeland, J., & Walton, L. (1998). Exploring the nature of the relationship between child sexual abuse and substance use among women. *Addiction, 93*, 865-75.

Kaufman, K.L., Harbeck-Weber, C., & Rudy, L. (1994). Re-examining the efficacy on child sexual abuse prevention strategies: Victims' and offenders' attitudes. *Child Abuse & Neglect, 18*, 349-356.

Kohl, J. (1993). School-Based child sexual abuse prevention programs. *Journal of Family Violence, 8*, 137-150.

Laing, B., Bogat, G.A., & McGrath, M.P. (1993). Differential understanding of sexual abuse prevention concepts among pre-schoolers. *Child Abuse & Neglect, 17*, 641-650.

Lawson, C. (1993). Mother-son sexual abuse: rare or underreported? A critique of the research. *Child Abuse & Neglect, 17,* 261-269.

Leventhal, J.M. (1998). Epidemiology of Sexual Abuse of Children: Old Problems, New Directions. *Child Abuse & Neglect, 22,* 481-491.

Luster, T. & Small, S.A. (1997). Sexual abuse history and number of sex partners among female adolescents. *Family Planning Perspectives, 29,* 204-211.

Lynskey, M.T., & Fergusson, D.M. (1997). Factors protecting against the development of adjustment difficulties in young adults exposed to childhood sexual abuse. *Child Abuse & Neglect, 21,* 1177-1190.

McCarthy, A., & Thomson, M. (1996). *Anorexia & Bulimia: The hungry heart.* Auckland: Hodder Moa Beckett Publishers Limited.

Melton, G.B. (1992). The improbability of prevention of sexual abuse. In D.J. Willis, E.W. Holden, & M. Rosenberg (Eds.). *Prevention of Child Maltreatment: Developmental and Ecological Perspectives.* New York: John Wiley & Sons.

Mian, M., Marton, P., & Lebaron, D. (1996). The effects of sexual abuse on 3- to 5-year old girls. *Child Abuse & Neglect, 20,* 731-45.

Miller, D.A., McCluskey-Fawcett, K., & Irving, L.M. (1993). The relationship between childhood sexual abuse and subsequent onset of bulimia nervosa. *Child Abuse & Neglect, 17,* 305-14.

Ministry of Education (1993). *Prevent Child Abuse: Guidelines for early childhood education services.* Wellington: Learning Media, Ministry of Education.

Moncrieff, J., Drummond, D.D., Candy, B., Checinski, K., Farmer, R. (1996). Sexual abuse in people with alcohol problems. A study of the prevalence of sexual abuse and its relationship to drinking behavior. *British Journal of Psychiatry, 169,* 355-60.

National Research Council (1993). *Understanding Child Abuse and Neglect.* Panel on child abuse and neglect: Commission on Behavioral & Social Sciences & Education National Research Council. Washington DC: National Academy Press.

Nemerofsky, A.G., Carran, D.T., & Rosenberg, L.A. (1994). Age variation in performance among pre-school children in a sexual abuse prevention program. *Journal of Child Sexual Abuse, 3,* 85-102.

New Zealand Police & the Ministry of Education (1994). *Knowing What to Do (Rev. ed.)* Wellington: Learning Media, Ltd.

Nibert, D., Cooper, S. & Ford, J. (1989). Parent's observations of the effect of a sexual-abuse prevention program on pre-school children. *Child Welfare 68*, 539-46.

Nibert, D., Cooper, S., Ford, J., Fitch, L.K. et al (1989). The ability of young children to learn abuse prevention. *Response to the Victimization of Women & Children, 12*, 14-20.

Olafson, E., Corwin, D.L. & Summit, R.C. (1993). Modern history of child sexual abuse awareness: Cycles of discovery and suppression. *Child Abuse & Neglect, 17*, 7-24.

Oldfield, D., Hays, B.J., & Megel, M.E. (1996). Evaluation of the effectiveness of Project Trust: An elementary school-based victimization prevention strategy. *Child Abuse & Neglect, 20*, 821-832.

Paradise, J.E., Rose, L., Sleeper, L.A., & Nathanson, M. (1994). Behavior, family function, school performance, and predictors of persistent disturbance in sexually abused children. *Pediatrics. 93*, 452-459.

Parkinson, P. (1997). *Child Sexual Abuse and the Churches.* London: Hodder & Stoughton.

Peters, S.D., Wyatt, G.E., & Finkelhor, D. (1986). Prevalence. In Finkelhor, D. (1986). *A Sourcebook on Child Sexual Abuse*. Beverly Hills: Sage Publications, Inc.

Pietrzak, J., Ramler, M., Renner, T., Ford, L., & Gilbert, N. (1990). *Practical Program Evaluation: Examples form child abuse prevention.* Newbury Park: Sage Publications.

Ray, K.C., Jackson, J.L., & Townsley, R.M. (1991). Family environments of victims of intrafamilial and extra familial child sexual abuse. *Journal of Interpersonal Violence, 6*, 365-374.

Ratto, R., & Bogat, G.A. (1990). An evaluation of a pre-school curriculum to educated children in the prevention of sexual abuse. *Journal of Community Psychology, 18*, 289-297.

Reppucci, N.D., Land, D., & Haugaard, J.L. (1998). Child sexual abuse prevention programs that target young children. In P.K. Trickett & C.J. Schellenback (Eds.). *Violence Against Children in the Family and the Community.* Washington DC: American Psychological Association.

Rispens, J., Aleman, A., & Goudena, P.P. (1997). Prevention of child sexual abuse victimization: A meta-analysis of school programs. *Child Abuse & Neglect, 21*, 975-987.

Robin, R.W., Chester, B. Rasmussen, J.K., Jaranson, J.M., & Goldman, D. (1997) Prevalence, characteristics, and impact of childhood sexual abuse in a Southwestern American Indian tribe. *Child Abuse & Neglect, 21*, 769-787.

Romans, S.E., Martin, J.L. & Morris, E.M. (1997). Risk factors for adolescent pregnancy: how important is child sexual abuse? *New Zealand Medical Journal. 110*, 30-3.

Roy, R. (1998). *Childhood Abuse and Chronic Pain: A Curious Relationship?* Toronto: University of Toronto Press Incorporated.

Shah, R.Z., Dail, P.W., & Heinrichs, T. (1995). Familial influences upon the occurrence of childhood sexual abuse. *Journal of Child Sexual Abuse, 4*, 45-61.

Singh, H.S.S.A., Yiing, W.W. & Nurani, H.N.K. (1996). Prevalence of Childhood Sexual Abuse among Malaysian Paramedical Students. *Child Abuse & Neglect, 20*, 487-492.

Smith, A.P. (1999) Personal Communication.

Swanston, H.Y., Tebbutt, J.S., O'Toole, B.I., & Oates, R.K. (1997). Sexually abused children 5 years after presentation: a case-control study. *Pediatrics, 10*, 600-8.

Taal, M., & Edelaar, M. (1997). Positive and negative effects of a child abuse prevention program. *Child Abuse & Neglect, 21*, 399-410.

Tebbutt, J., Swanston, H., Oates, R.K., & O'Toole, B.I. (1997). Five years after child sexual abuse: Persisting dysfunction and problems of prediction. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*, 330-339.

Tice, L., Hall, R.C., Beresford, T.P., Quinones, J., & Hall, A.K. (1989). Sexual abuse in patients with eating disorders. *Psychiatric Medicine, 7*, 257-67.

Thomas, M., Eckenrode, J., & Garbarino, J. (1997). Family Sexual Abuse. In Garbarino, J., & Eckenrode, J. (1997). *Understanding Abusive Families: An Ecological Approach to Theory & Practice (2nd ed.)*. San Francisco: Jossey-Bass Inc.

Tutty, L. (1994). Developmental issues in young children's learning of sexual abuse prevention concepts. *Child Abuse & Neglect, 18*, 179-192

Tutty, L. (1995). The Revised Children's Knowledge of Abuse Questionnaire: Development of a measure of children's understanding of sexual abuse prevention concepts. *Social Work Research, 19*, 112-120.

Tutty, L. (1997). Child sexual abuse prevention programs: evaluating Who Do You Tell. *Child Abuse & Neglect, 21*, 869-881.

Violato, C. & Genius, M. (1993). Problems of research in male child sexual abuse: A review. *Journal of Child Sexual Abuse, 2*, 33-54.

Wallis, K.M. (1995) Perspectives on child molesters. In F. Briggs (Ed.), *From Victim to Offender: how child sexual abuse victims become offenders*. NSW Australia: Allen & Unwin Pty Ltd.

Wiehe, V.R. (1997). *Sibling Abuse: Hidden physical, emotional and sexual trauma (2nd ed.)*. Thousand Oaks: Sage Publications.

Wurtele, S.K. (1990). Teaching personal safety skills to four year old children: A behavioural approach. *Behavior Therapy, 21*, 25-32.

Wurtele, S.K. (1993). Enhancing children's sexual development through child sexual abuse prevention programs. *Journal of Sex Education and Therapy, 19*, 37-46.

Wurtele, S., Hughes, J., & Owens, J.S. (1998). An examination of the reliability of the "What If" Situations Test: A brief report. *Journal of Child Sexual Abuse, 7*, 41-52.

Wurtele, S.K., Marrs, S.R., & Miller-Perrin, C.L. (1987). Practice makes prefect? The role of participant modeling in sexual abuse prevention programs. *Journal of Consulting & Clinical Psychology, 55*, 599-602.

Wurtele, S.K. & Owens, J.S. (1997). Teaching personal safety skills to young children: An investigation of age and gender across five studies. *Child Abuse & Neglect, 21*, 805-814.

Wyatt, G.E., Loeb, T.B., Solis, B., Carmona, J.V., & Romero, G. (1999). The Prevalence and Circumstances of Child Sexual Abuse: Changes Across a Decade. *Child Abuse & Neglect, 23*, 45-60.

APPENDIX A

Investigation Of The Feeling Special, Feeling Safe Program

Information Sheet For Teachers
(Control Group)

My name is Kathryn Weir and I am completing a Master of Arts in psychology at Massey University. My supervisor is Cheryl Woolley who is a senior child and family psychologist based in the School of Psychology at Massey University.

I understand that in the near future the Family Planning Association will be running their Feeling Special, Feeling Safe program in your kindergarten. I am involved in evaluating the program. FPA have asked me to do this, as they are wanting to take the program further a field to other centers in New Zealand. I would like, if you are willing, to involve your kindergarten in the evaluation.

Let me tell you briefly how the study will run. There are two groups who will be involved in the evaluation, a participant group and a control group. If your kindergarten is running the program in the third term, then it will be in the participant group. If your kindergarten is running the program in the fourth term, then it will be in the control group. Your kindergarten will be in the control group. These two groups act as a comparison for each other. Both groups are asked to complete the same questionnaire, however, the participant group completes it after participating in the program, and the control group completes it before participating in the program.

The questionnaire asks children questions about prevention concepts that are covered in the program. It has been used in similar studies. Each child will be verbally administered the questionnaire by either FPA educators or myself.

To carry out the study, I do ask for your co-operation. If you are willing to be involved, then your co-operation in the following will be appreciated:
(i) That you pass on an information sheet to parents about the study with the material given by FPA about the program.
(ii) Parents are required to sign consent forms. I will need you to collect these for me and hold them in a safe place for me to collect them.
(iii)To administer the questionnaire, we will need a room in the kindergarten. We would prefer this to be separate from the other children, but a separate area will also be fine.
(iv) We would like to spend a day in your kindergarten before administering the questionnaire. This is so that the children are familiar with us. Is it convenient for this to be on ____________________________? We would like to sing some songs or tell a story, and 'hang out' with the children.

Both Massey University Human Ethics Committee, and the Family Planning Association Research Committee have approved the study and how it is being conducted.
Children can still participate in the program even if they are not involved in the study.

I hope this is clear. I have included a parent information sheet, which gives more details about the study. If you have any queries please contact me via the psychology office phone 06 3505799 extn 7098. Cheryl Woolley is also available on 06 3502076. If you are willing to be involved in the study, could you please complete the following form and return it to me via the FPA.

Thank you for your time.

Kind regards

Kathryn Weir
Researcher.

APPENDIX B

Investigation Of The Feeling Special, Feeling Safe Program

Information Sheet For Teachers
(Participant Group)

My name is Kathryn Weir and I am completing a Master of Arts in psychology at Massey University. My supervisor is Cheryl Woolley who is a senior child and family psychologist based in the School of Psychology at Massey University.

I understand that in the near future the Family Planning Association will be running their Feeling Special, Feeling Safe program in your kindergarten. I am involved in evaluating the program. FPA have asked me to do this, as they are wanting to take the program further a field to other centers in New Zealand. I would like, if you are willing, to involve your kindergarten in the evaluation.

Let me tell you briefly how the study will run. There are two groups who will be involved in the evaluation, a participant group and a control group. If your kindergarten is running the program in the third term, then it will be in the participant group. If your kindergarten is running the program in the fourth term, then it will be in the control group. Your kindergarten will be in the control group. These two groups act as a comparison for each other. Both groups are asked to complete the same questionnaire, however, the participant group completes it after participating in the program, and the control group completes it before participating in the program.

The questionnaire asks children questions about prevention concepts that are covered in the program. It has been used in similar studies. Each child will be verbally administered the questionnaire by either FPA educators or myself.

To carry out the study, I do ask for your co-operation. If you are willing to be involved, then your co-operation in the following will be appreciated:
(i) That you pass on an information sheet to parents about the study with the material given by FPA about the program.
(ii) Parents are required to sign consent forms. I will need you to collect these for me and hold them in a safe place for me to collect them.
(iii)To administer the questionnaire, we will need a room in the kindergarten. We would prefer this to be separate from the other children, but a separate area will also be fine.

For those involved in the participant group, I would also appreciate co-operation in the following:
(i) I would like to interview a small number of children to give them an opportunity to tell me in their own words what they perceive concepts to be. I would like your assistance in selecting children who are typical for their age in all areas of development.

(ii) I will give you a further consent form for parents to sign if their child has been selected. I would ask that you collect these and hold them for me in a safe place.
(iii) The interviews will be audio taped. I would like to conduct the interviews in a separate room, or area away from the main flow of children's activity.

Both Massey University Human Ethics Committee, and the Family Planning Association Research Committee have approved the study and how it is being conducted.
Children can still participate in the program even if they are not involved in the study.

I hope this is clear. I have included a parent information sheet, which gives more details about the study. If you have any queries please contact me via the psychology office phone 06 3505799 extn 7098. Cheryl Woolley is also available on 06 3502076. If you are willing to be involved in the study, could you please complete the following form and return it to me via the FPA.

Thank you for your time.

Kind regards

Kathryn Weir
Researcher.

APPENDIX C

Investigation Of The Feeling Special, Feeling Safe Program

Teachers Consent Form And Confidentiality Agreement

I have read the information sheet and have the opportunity to discuss details of the study with Kathryn Weir. My questions have been answered to my satisfaction, and I understand I can ask further questions at any time.

I understand that our kindergarten can withdraw from the study at any time.

I agree/do not agree for our kindergarten to be involved in the study, and to co-operate with Kathryn Weir as outlined in the information sheet.

I agree/do not agree to keep what is said by children and parents during the course of the study confidential unless issues of safety occur, in which the appropriate kindergarten policy will be followed.

Signed: ____________________ Signed: ________________________

Name: ____________________ Name: ________________________

Signed: ____________________ Signed: ________________________

Name: ____________________ Name: ________________________

Signed: ____________________ Signed: ________________________

Name: ____________________ Name: ________________________

Date: ____________________

APPENDIX D

Investigation Of The Feeling Special, Feeling Safe Program

Information Sheet For Parents And Children (Control Group)

My name is Kathryn Weir and I am completing a Master of Arts degree in psychology at Massey University. My supervisor is Cheryl Woolley who is a senior child and family psychologist based at the School of Psychology at Massey University.

You may be aware that in a few months the Family Planning Association will be running their Feeling Special, Feeling Safe sexual abuse prevention program at your child's kindergarten. The Family Planning Association in Palmerston North has developed this program. It runs throughout the Manawatu region, and has been received positively by parents, teachers and children alike. At present, the Family Planning Association wants to take the program to other centers in New Zealand. However, before they do, they would like it evaluated.

I will be involved in evaluating the program. Part of the evaluation involves testing children's knowledge of sexual abuse prevention concepts before they take part in the program. To do this a questionnaire will be administered to your child by either the Family Planning Association educators or myself. This will take place at your child's kindergarten ________________.

The questionnaire asks children questions about abuse prevention concepts and has been used successfully in other studies similar to this one. We have already administered this questionnaire in other kindergartens and children seem to really enjoy it. We will be spending a morning at the kindergarten before we administer the questionnaire so that children are familiar with us.

Children will be given an explanation of the study and asked if they want to take part. It will be explained to your child that they can withdraw at any time. Your child can still attend the program even if they are not involved in the study.

All material will be anonymous. It will be stored in a secure place and be accessible only to my supervisor and myself. When the study is completed, all material will be destroyed.

It is likely that some participants will identify with an ethnic group that is not New Zealand European. Results will be analysed to see if there is a difference between ethnic groups.

The study and how it is carried out has been approved by Massey University ethics committee, and by the FPA research committee.

If you are willing for your child to participate in the study, please complete the enclosed consent form and return it to the kindergarten by the end of the week.

If you have any queries or questions, please feel free to contact me by leaving a message at the psychology department ph 3505799 and if you are calling after hours, please leave a message on the answer phone on extension 7098. Cheryl Woolley can also be contacted on 3502076.

Kind regards.

Kathryn Weir
Researcher

APPENDIX E

Investigation Of The Feeling Special, Feeling Safe Program

Parent Consent Form
(Control Group)

I have read the information sheet and have had the opportunity to discuss details of the study with Kathryn Weir. I have discussed the study with my child who has indicated s/he is willing to be involved. My questions have been answered to my satisfaction, and I understand I can ask further questions at any time.

I understand that my child can withdraw from the study at anytime.

I agree/do not agree to my child, ____________________ (child's name) participating in the questionnaire.

I would/would not like a copy of the findings of the study when completed.

Signed: ________________________ Signed: ________________________

Name: __________________________ Name: _________________________

Date: ___________________________

I also require some demographic information for statistical analysis. I would appreciate it if you would fill in the following items. This is confidential information.

Please give your child's date of birth: _______________

Please indicate the ethnic group you identify with: _______________

Please indicate the income bracket you are in:

Under $15,000	$16,000 - $25,000	$26,000 - 35,000
$36,000 - 45,000	$46,000 +	

Thank you for your time.

Kind regards

Kathryn Weir.

Peel & seal to top

APPENDIX F

Investigation Of The Feeling Special, Feeling Safe Program

Information Sheet For Parents And Children (Participant Group)

My name is Kathryn Weir and I am completing a Master of Arts in psychology at Massey University. My supervisor is Cheryl Woolley who is a senior child and family psychologist based in the School of Psychology at Massey University.

You may be aware that in the next few weeks the Family Planning Association will be running their Feeling Special, Feeling Safe sexual abuse prevention program at your child's kindergarten. The Family Planning Association in Palmerston North has developed this program. It runs throughout the Manawatu region and has been received positively by parents, teachers and children alike. At present, the Family Planning Association wants to take the program to other centers in New Zealand. However, before they do, they would like it evaluated.

I will be involved in the evaluation of the program. I am interested to find out how well children understand the concepts they are taught in the program. This will involve administering a questionnaire to you child. The questionnaire asks children about items they learnt in the program. Either the Family Planning Association educators or myself will ask your child the questions. This will take place at the kindergarten on__________________.

In addition, I would like to interview a small group of selected children so that they can tell me in their own words what they think some of the ideas in the program and the questionnaire mean. The interviews will be approximately 40 minutes in length and will take place at your child's kindergarten on __________________. They will also be tape recorded so I can later analyse them. These tapes will be kept in a secure place and only my supervisor and myself will have access to them.

Children will be given an explanation of the study and asked if they are willing to take part. It will be explained to your child that s/he can refuse to answer any questions and can withdraw from the study at any time.

No names will be used on any of the materials, and all materials will be destroyed when I have completed the study. This is to ensure anonymity and confidentiality to you and your child.

It is likely that some participants will identify with an ethnic group that is not New Zealand European. Results will be analysed to see if there is a difference between ethnic groups.

The Massey University Ethics Committee and the Family Planning Association have approved this study.

If you are happy for our child to be involved in the study please sign the attached consent form and return it to the kindergarten by the end of the week. Your child can still participate in the Feeling Special, Feeling Safe program even if they are not involved in the study.

Please feel free to contact me if you have any questions or queries. You can leave a message for me at the psychology department ph 3505799 and if you are phoning after hours please leave a message on the answer phone that is available by dialing extension 7098. Cheryl Woolley can also be contacted on 3502076.

Kind regards

Kathryn Weir

APPENDIX G

Investigation Of The Feeling Special, Feeling Safe Program

Parent Consent Form
(Participant Group)

I have read the information sheet and have had the opportunity to discuss details of the study with Kathryn Weir. I have discussed the study with my child who has indicated s/he is willing to be involved. My questions have been answered to my satisfaction, and I understand I can ask further questions at any time.

I understand that my child can withdraw from the study at any time.

I agree/do not agree to my child____________________(child's name) participating in the questionnaire.

I agree/do not agree to my child participating in the interview.

I would/would not like to receive a summary of the findings from the study when it is completed.

Signed:____________________ Signed: ________________

Name:____________________ Name: ________________

Date: ____________

I also require some demographic information for statistical analysis. I would appreciate it if you would fill in the following sections. This information is confidential.

Please give your child's date of birth: ____________

Please state which ethnic group you identify with: ________________

Please indicate your income bracket (circle)
Under $15,000 $16,000 - $25,000 $26,000 - $35,000
$36,000 -$45,000 $46,000 +

Thank you for your time.

Kind regards

Kathryn Weir

Peel & Seal to Top

APPENDIX H

Investigation Of The Feeling Special, Feeling Safe Program

Parent Consent Form For Interview

Thank you for indicating previously that you are willing for your child to participate in an interview about the Feeling Special, Feeling Safe Program. Your child has been selected to be interviewed. This interview will take place on ________________ at your child's kindergarten.

I will audiotape the interview so that I can later analyse it. The tapes will be kept secure, and all information is confidential. If you are willing for your child to be interviewed, please sign the form below and return it to your child's kindergarten as soon as possible.

Thank you for your time.

Kind regards,

Kathryn Weir

I agree/do not agree to my child participating in the interview.

I agree/do not agree to the interview being audio taped.

Signed: ____________________ Signed: ______________________

Name: ____________________ Name: ________________________

Date: ______________________

APPENDIX I

Investigation Of The Feeling Special, Feeling Safe Program

Information Sheet For Parents And Children
(Participant Group - For parents who may have literacy problems)

My name is Kathryn Weir and I am a student at Massey University. I am doing a Masters in psychology. As part of this I am looking at the Feeling Special, Feeling Safe Program that is run by the Family Planning Association.

The Feeling Special, Feeling Safe Program is running in your child's kindergarten over the next 3 weeks. I would like to ask children who have gone to the program some questions. These will be about ideas they have learnt in the program. This will be in the form of a questionnaire and will take place at your child's kindergarten on ____________________.

I would also like to spend some more time with a small number of children. This is so they can tell me in their own words what they think of some of the ideas in the program. This is in the form of an interview. The interview will be tape recorded so that I can listen to it closely later. This will take place on _____________.

All information that I collect will be nameless. This is to keep you and your child's information private.

I will analyse the information to find if there is a difference between girls and boys, younger and older children, and children from different ethnic backgrounds.

If you are happy for your child to be involved in the study, please complete the consent form that is with this letter. Please return the consent form to your child's kindergarten teacher. Your child can still go to Feeling Special, Feeling Safe even if they are not involved in the study.

If you have any questions, please leave a message for me at the psychology office at Massey (phone: 3505799, extension 7098). You could also ring Cheryl Woolley who is my supervisor. Her phone number is 350 2076.

Thank you for your time.

Yours sincerely,

Kathryn Weir

APPENDIX J

Investigation Of The Feeling Special, Feeling Safe Program

Consent Form
(Participant group - for parents who may have literacy problems)

I have read the information sheet. I have talked to my child about the study and s/he is happy to take part. I have asked Kathryn Weir any questions that I have, and know that I can ask more if I have them. I know that my child can stop being in the study whenever they want to.

I am happy/unhappy for my child___________________(child's name) to take part in Kathryn Weir's study.

I am happy/unhappy for my child to take part in the questionnaire.

I am happy/unhappy for my child to take part in the interview.

I would/would not like a copy of the results of the study.

Signed:________________________ Signed:________________________

Name:__________________________ Name:_________________________

Date:____________________________

I also need some additional information to use for statistics. This information will be kept private. Please fill in the following questions.

What is your child's date of birth? _________________

What ethnic group do you identify with? __________________

What is your yearly income? Please circle one.
Under $15, 000 $16,000 - 25,000 $26,000 - 35,000
$36,000 - 45,000 $46,000 +

Thank you for your time.

Kind regards

Kathryn Weir Peel & Seal to Top

APPENDIX K

Children's Knowledge Of Abuse Questionnaire Revision II

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 it's 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 gong 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 CKAQ 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 CKAQ takes approximately 10 to 15 minutes.

The scoring 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.

©Leslie M. Tutty
Faculty of Social Work
University of Calgary
2500 University Drive, N.W.
Calgary, Alberta, Canada T2N 1N4

CKAQ-Revision II

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, it's your own fault.

____13. If you don't like how someone is touching you, it's 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 out confusing.

____17. You can trust your feelings about whether a touch is good or bad.

____18. It's 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 should you 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 and 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 babysitter tells you to take off all your clothes but it's not time to get undressed for bed, you have to do it.

____32. If 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 L

Children's Knowledge of Abuse Questionnaire Revision II
(First Adaptation)

____ 1. Do you always have to keep secrets?

____ 2. Is it ok for someone you like to hug you?

____ 3. Is a stranger someone you don't know, even if they say they know you?

____ 4. Most kids like to get a kiss from their parents at bedtime. Would this be a good touch?

____ 5. Is it sometimes ok to say "no" to a grown-up?

____ 6 Is it Ok to say "no" and move away if someone touches you in a way you don't like.

____ 7. Can you always tell who's a stranger because they look mean?

____ 8. Can even hugs and tickles turn into bad touches if they go on too long?

____ 9. If you fell off your bike and hurt your vagina or penis, would it be ok for a doctor or nurse to look under your clothes?

____10. If someone touches you in a way you don't like, should you not tell anyone?

____11. If your friend says he won't be your friend any more if you don't give him your last lolly candy, then you should give it to him?

____12. If someone touches you in a way you don't like, is it your fault?

____13. If you don't like how someone is touching you, is it ok to say "no".

____14. Do strangers look like ordinary people?

____15. If a grown-up tells you to do something, do you always have to do it?

____16. Can some touches start out feeling good then turn feel mixed up or confusing.

____17. Can you tell whether a touch is a good or a bad touch?

____18. Is it ok to have a hug from a grown-up you like?

____19. If a mean kid at kindy tells you to do something, had you better do it?

____20. Can even someone you like touch you in a way that feels bad?

_____21. Is a pat on the back from a teacher you like after you've done a good job at kindy a good touch?

_____22. Do 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 should you keep 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 penis?

_____26. If you're walking down the street with your mum and she starts talking to a neighbour you have not met before, is it 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 drew the best picture at your kindy and a neighbour you liked gave you a quick hug to say well done would it be a good touch?

_____29. Most people are strangers and most strangers are nice?

_____30. Could someone you know, even a relative, want to touch your bottom in a way that makes you feel mixed up or confused?

_____31. If your babysitter tells you to take off all your clothes when it isn't bedtime, do you have to?

_____32. If someone walks in while you are having a bath, and you feel uncomfortable, should you just keep quiet?

_____33. If you get lost in a shop, is it ok to ask a shop assistant or a security guard for help, even if they are strangers?

APPENDIX M

Children's Knowledge of Abuse Questionnaire Revision II Second Adaptation (version used for evaluation of FSFS)

Participant Group Instructions

Hi there _______. How are you today? What have you been doing at kindy this morning?

I'm trying to find out what kids your age know about keeping their body safe. I thought you might have a few ideas about this. Would you like to help me? I have some boxes down the page. We're going to fill these in. I've got questions on the page, and when I ask you a question you just tell me what you think. If you think 'yes'' you say "yes", if you think 'no' you say "no", and if you don't know, you just "don't know". Does that make sense? Ok well, _______, shall we make a start:

Ask the questions.

At the end say, well, ___________, thank you for helping me. You have been a big help. Would you like a stamp? The child then puts on their stamp (or ten!).

Control Group Instructions

Hi there ___________. How are you today? What have you been doing at kindy today?

I'm trying to find out what kids your age know about keeping their body safe. I thought you would have a few ideas and so you'd be able to help me. We're going to be talking about how to keep all parts of our bodies safe, even the parts that are under our undies. Do you have a name for those parts of you body? (If child says yes, ask what they are called, and use in question 9 & 25. If child doesn't say anything, say: "well, what part of your body do you use to go to the toilet?" and use terminology given by the child. If a child doesn't respond, tell them that their bottom is under their undies. In the questionnaire, refer to penis and vagina as: "the parts of body that are under our undies").

Well, __________, I have some boxes on the page (show them the boxes) and we're going to fill them all in. I'll ask you a question about how to keep your body safe, and you just tell me what you think. If you think 'yes' say "yes", if you think 'no' say "no", and if you don't know, say "I don't know". Is that clear? Ok then, shall we start?

Ask questions.

At the end say "well, _________, thank you for helping me. You were a big help. Would you like a stamp? Give stamp to the child to put on their hand.

CKAQ-RII 2nd Adaptation

☐ 1. Do you always have to keep secrets?

☐ 2. Is it ok for someone you like to hug you?

☐ 3. Is a stranger someone you don't know?

☐ 4. Most kids like to get a kiss from their parents at bedtime. Would this be a good touch?

☐ 5. Is it sometimes ok to say "no" to a grown-up?

☐ 6. Imagine someone had touched you in a way you don't like. Is it ok for you to say "no" and move away?

☐ 7. Do strangers look mean?

☐ 8. Normally we like hugs and tickles. Can they turn into bad touches if they go on too long?

☐ 9. Imagine someone fell off their bike and hurt their penis or vagina. Would it be ok for a doctor or nurse to look under their clothes?

☐ 10. Imagine if someone touches you in a way you don't like. Should you not tell, or should you tell?

☐ 11. Imagine your friend says he won't be your friend any more if you don't give him your last lolly. Should you give it to him?

☐ 12. Imagine someone touches you in a way you don't like. Is it ok to say "no"?

☐ 13. Imagine you don't like how someone is touching you. Is it ok to say "no"?

☐ 14. Do strangers look like ordinary people?

☐ 15. If a grown-up tells you to do something, do you always have to do it?

☐ 16. Are there some touches that can start out feeling good and then feel mixed up or confusing?

☐ 17. Can you tell whether a touch is a good or a bad touch?

☐ 18. Is it ok to have a hug from a grown-up you like?

☐ 19. Imagine a mean kid at kindy tells you to do something. Had you better do it?

☐ 20. Can even someone you like touch you in a way that feels bad?

☐ 21. You've done really well at kindy. A teacher you like gives you a pat on the back. Is this a good touch?

☐ 22. Do you have to let grown-ups touch you whether you like it or not?

☐ 23. Imagine someone touches you in a way that does not feel good. Should you keep telling until someone believes you?

☐ 24. Could someone in your family sometimes touch you in a way you don't like?

☐ 25. Do boys have to worry about someone touching their penis?

☐ 26. Imagine you're walking down the street with your mum. She starts talking to a neighbour you haven't met before. Is it ok for you to talk with them too?

☐ 27. Imagine a friend's dad asks you to help him find their lost cat. Should you go right away with him and help?

☐ 28. Imagine you drew the best picture at kindy. A neighbour you liked gave you a quick hug to say well done. Is this a good touch?

☐ 29. Most people are strangers and most strangers are nice.

☐ 30. Imagine someone wanted to touch your bottom in a way that makes you feel mixed up or confused. Could someone who's related to you want to do that?

☐ 31. Imagine your baby sitter tells you to take off all your clothes when it isn't bedtime. Do you have to?

☐ 32. Imagine someone walks in while you're having a bath. You feel uncomfortable. Should you just keep quiet?

☐ 33. Imagine you get lost in a shop. Is it ok to ask a shop assistant or security guard for help, even if they're strangers?

APPENDIX N

Investigation Of The Feeling Special, Feeling Safe Program

Parent Questionnaire

Dear Parent,

As you may be aware I am investigating the Family Planning Association's Feeling Special, Feeling Safe program. Your child may have attended this program at kindergarten during the past 3 weeks. If they have, I'm sure you, as a parent, had had some indication of how they responded to the program, and what they may have learnt. Based on your observations, could you please answer the questions below, giving as much detail as possible. If you run out of room, please use another sheet of paper. This information is confidential. Please send the completed questionnaire to me using the attached freepost envelope. I'd appreciate it if you could send them before ____________(two weeks after program completion).

Thank you for your time and your co-operation.

Kind regards

Kathryn Weir

1. Did your child enjoy the Feeling Special, Feeling Safe Program? Yes/No? Give details of what they enjoyed/did not enjoy.

2. Since participating in the Feeling Special, Feeling Safe Program has your child talked about it with you? If so, what have they talked about?

3. Since participating in the Feeling Special, Feeling Safe Program have you noticed any changes in your child's' behaviour? If so, what changes have you noticed? Have these changes become a problem?

4. Have you found that participating in the Feeling Special, Feeling Safe Program has helped you to communicate with your child?

5. Has your child expressed concern that they may be sexually abused in the future?

6. Would you recommend the Feeling Special, Feeling Safe Program to others? Yes/No? If yes, which parts of it deserve recommendation? If no, please give reasons.

**** ***** ****

The following personal details are for statistical purposes only.
Age of your child: Yrs ___ Months___
Gender of your child: _______
Ethnicity of your child: _________
Your relationship to child: _________

Please complete and return in the envelope provided and mail by (date). Thank you.

APPENDIX O

Interview Format

Introduction

Introduce self and Stripey (puppet). Show child the tape recorder, and explain that they need to speak loudly for the microphone to pick up their voices. Play with the tape recorder - hear how voices sound on tape. When child is comfortable, tell them that during this time you will be talking about the Feeling Special, Feeling Safe Program, and the things that they learnt while at the program. The child can either talk to the interviewer, or the puppet.

Interview

I know you've been at Feeling Special, Feeling Safe with (names of FPA educators) can you tell me some of the things you have learnt? What was the most fun? Talk about what songs, stories, and puppet.... they liked. What new things did you learn?

Who are grown-ups?
How do you tell if someone is a grown-up? Is someone at school, intermediate, high school a grown-up?

Are there any grown-ups you feel safe with?
How do you feel when you're with them?

Can you tell me what you think a secret is?
Do you think you always have to keep secrets?
What ones do you think you tell?
If you had a 'no' secret who would you tell?

If your dad said he had a big cake for your mum as a surprise, would you tell?
What if your friend told you that someone had touched them in a way they didn't like and said it was a secret.
What do you think your friend should do?
What if this person said that they'd hurt your friend if your friend told? What should your friend do then?
What if this person said that they'd be sad or angry if your friend told? What should your friend do then?
What if it wasn't your friend, but was you. What would you do?
Pretend I am (name of person feel safe with) what would you tell me?

What kind of touches are good touches? What touches do you like?
What kind of touches are bad touches? What touches don't you like?

What would you do if someone touched you in a way you didn't like?

How do you feel inside when someone gives you a good touch?

How do you feel inside when someone touches you in a way you don't like?
Can you tell the difference between a good and a bad touch?
How might you tell if a touch is a good or a bad touch?

Can people you know touch you in a way that feels bad?
What would you do if that happened? And if that didn't work, what would you do then?

Is it ever ok to say "no" to a grown-up?
When is it ok? Why isn't it ok?

What do you think a stranger is?
Have you ever seen a stranger?
What are strangers like? Are they like ordinary people, or are they different?
Would you like to draw me a picture of what you think a stranger looks like?
Are strangers nice people?
How do you tell if they aren't?

As it comes up in the interview find out how the child decides whether a person can be trusted, and if they understand the difference between yes & 'no' feelings.

Does child know: Full name, address, and telephone number.

Conclusion:
Is there anything else you'd like to tell me that we haven't talked about?
I've really enjoyed our talk, and so has Stripey. Did you enjoy it?
What did you find easy to talk about?
Was there anything that was really hard?

Thank you for helping me. Would you like a stamp?

APPENDIX P

Selection of Children's Drawings of What They Think A Stranger Looks Like

Figure 1: Drawing of strangers by P1 (4 y 6 m, F)

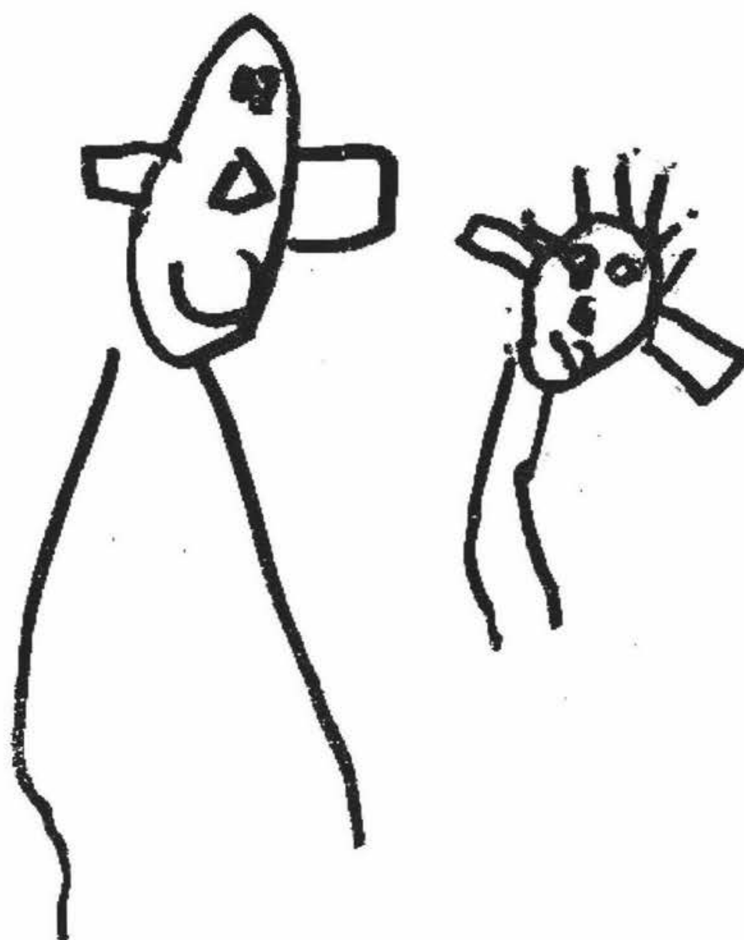

Figure 2: Drawing of strangers by P2 (4 y 9 m, M)

Figure 3: Drawing of a stranger by P3 (4 y 8 m, M)

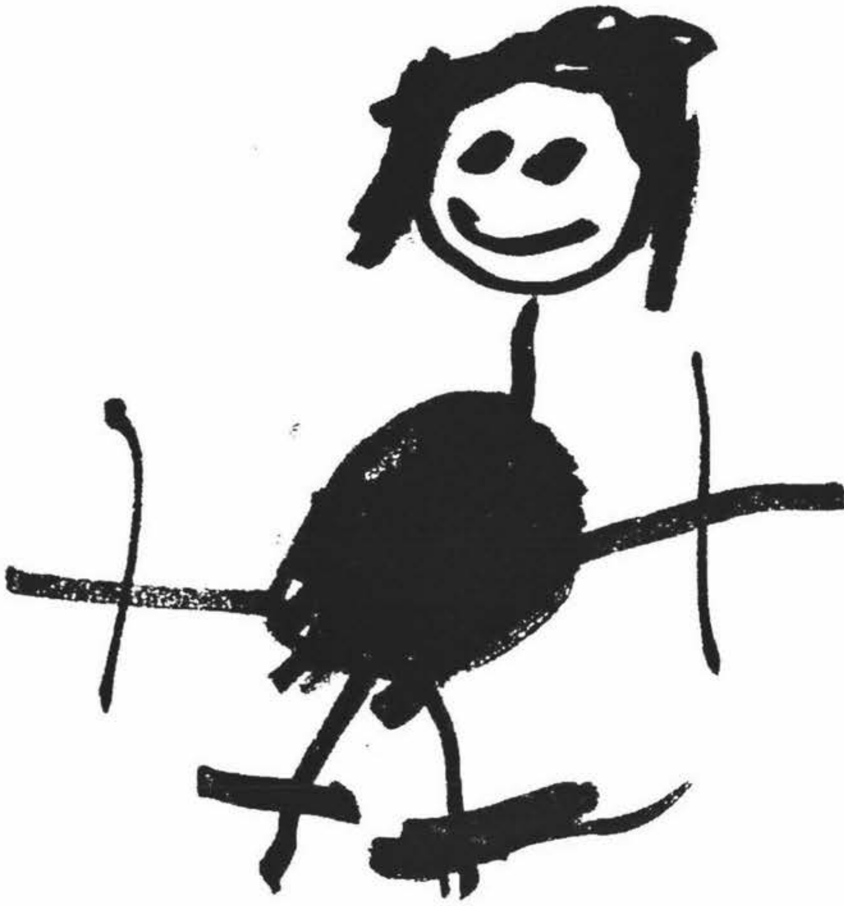

Figure 4: Drawing of a stranger by P6 (4 y 9 m, F)