

**PARENTAL ATTITUDES TOWARD PRESCHOOL
EDUCATION ABOUT CHILD SEXUAL ABUSE**

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PARENTAL ATTITUDES TOWARD PRESCHOOL
EDUCATION ABOUT CHILD SEXUAL ABUSE

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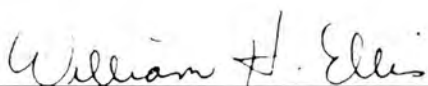
by
Phyllis Campbell Parrott
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To the Graduate and Research Council:

I am submitting herewith a Research Paper written by Phyllis Campbell Parrott entitled "Parental Attitudes Toward Preschool Education About Child Sexual Abuse." I have examined the final copy of this paper for form and content, and I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a concentration in agency counseling.


Major Professor

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CHAPTER 1

Introduction

Effects of Child Sexual Abuse

In the past, there has been considerable interest focused toward helping the battered and neglected child. Only in the past 10 years, especially the last 5 years, have there been increased efforts to help the sexually abused child (Luther & Price, 1980). This is understandable since sexual abuse is not as readily visible as bruises, lacerations, broken bones, dirty appearance, and inappropriate clothing. For many years, people assumed that child sexual abuse was a minor occurrence (Roscoe, 1984).

The reporting of child sexual abuse has become an almost daily occurrence. Some estimates are that between 100,000 and 500,000 children will be molested this year (Watson, Lubenow, Greenburg, King, & Junkin, 1984; Schonfield, 1984). Reported cases of abuse probably represent only nine percent of all children that are sexually abused each year (Herman, 1985). Since there is no reliable reporting system of child sexual abuse victims, the exact figures of reported cases are difficult to ascertain (Sanford, 1980). It is estimated that between 60-90% of the victims are girls, and 97% of the reported cases reveal men to be the molesters (Sanford, 1980). Other figures

suggest that one in every three girls and one in every six boys will be molested prior to age 14 (Herman, 1985).

Many people have a difficult time imagining that adults could exploit children sexually since most adults do not view children as sex objects (Roscoe, 1984). Professionals and parents are distressed to learn that adults related to and trusted by children make up the majority of perpetrators. Eighty percent of the abusers are fathers, stepparents, or live-in boyfriends acting as surrogate fathers (Luther & Price, 1980). Strangers constitute a small percentage of offenders with the majority of offenders being known to the victims (Berlinger & Barbieri, 1984; Colao & Hosansky, 1983; McCuen, 1985).

The hundreds of adults who continue to suffer from the effects of having been sexually abused as children confirm the life-altering devastation of child molestation. One author estimates that 20% of all psychiatric patients she sees were once victims of incest (Forward & Buck, 1978). Incestuous relationships in particular create disorganized development in childhood resulting in adults with many unresolved conflicts (Sanford, 1980). Charlotte Allen (1980), a 38-year-old divorced mother, is an example of an incest victim who nearly lost her sanity and was suicidal due to emotional problems related to sexual victimization as a child. She continues to be consumed with numerous fears such as fear of the dark, fear of

being alone, and fear of "a man with a knife" who is nonexistent. Police have noted an increase in the number of young runaways, both male and female, who are trying to escape from sexually abusive situations (Roscoe, 1984). A large proportion of drug addicts and prostitutes have been sexually abused (Finkelhor, 1979).

Most cases of sexual abuse result primarily in psychological problems, but physical abuse does occur and can be life-threatening (Finkelhor, 1979). Some of the serious physical problems related to child sexual abuse are rectal fissures, vaginal lacerations, and even death by asphyxiation (Rush, 1981). The chief cause of death in sexually abused infants and children in New York City each year is rectal hemorrhage (Kempe & Kempe, 1984).

Finkelhor and Brown (1985) have identified four "traumagenic dynamics" as the core of psychological injury inflicted by child sexual abuse. Any of these four may be identified in other types of trauma, but all four are found in victims of sexual abuse. Stigmatization distorts children's sense of their own value and worth, while powerlessness distorts their sense of control over their lives. Betrayal occurs because someone trusted has harmed the child, and sexualization results in children using sexual behavior to manipulate others due to rewards of affection, attention, and gifts for a child's sexual compliance. The extent of damage to victims relates to whether the abuse occurred inside or outside the

the family, whether penetration occurred, whether or not force was used, and relates to the age of the child. All can result in serious trauma.

Child sexual abuse is the least popular diagnosis in the medical profession. In spite of the increased awareness of this type of abuse, there is a reluctance to report it. Health care personnel resist considering sexual abuse when children are diagnosed with venereal disease, urinary tract infections, and rectal lacerations, resulting in painful bowel movements. Some estimates are that the incidence is actually ten times more than reported due to the professional's resistance to facing the possibility that a child has been sexually assaulted (Sgroi, 1975). Child sexual abuse is a reportable offense in every state in the union (Luther & Price, 1980). It was recently publicized that the federal rape law has been modernized and now includes offenses involving sexual abuse of children 12-16 years old and at least four years younger than the offender. These acts are now federal offenses (New Federal, May 13, 1986). The public is taking child sexual abuse seriously.

Prevention Through Education

Current thinking is that educating children about sexual abuse is the best hope of preventing this type of assault (MacFarlane, Jenstrom, & Jones, 1980; Herman, 1981). Children need to learn how to identify a potential problem before they are touched, and need to know how

to deal with an authority figure who asks them to behave in a manner that makes them feel uncomfortable. Children have been taught to obey adults and view them as authority figures with great power. In interviewing perpetrators, a recurring response was that the children never refused the abusers. Molesters felt that children who did not refuse were implying a degree of cooperation (Burgess, Groth, Holmstrom, & Sgroi, 1978). Any resistance on the child's part will often discourage the molester. Child molesters are usually not aggressive rapists, but are regular people undistinguishable from others by outward appearance. However, many parents think they are protecting their children by teaching them to be wary of strangers and conspicuous individuals (Sanford, 1980). Teaching children assertive skills and how to say "no" are important aspects of education.

Offenders usually want approval and affection from children and seek their cooperation (Fortune, 1983). They coerce children through bribes of toys, candy, gifts, and affection. Some offenders may even love the child while using the child to fulfill the adult's sexual needs (Finkelhor, 1979). Younger children are more vulnerable, because they are not yet aware of social taboos associated with sexual behavior (Roscoe, 1984). Being known by the child facilitates the relationship, because in many cases, the offender is an individual the child likes and wants to please. Molesters encourage children to

keep the contact a secret. Since perpetrators meet nonsexual feelings of importance, power, dominance, and admiration by exploiting children sexually, breaking the secrecy that is the power of the perpetrator can be accomplished by teaching children that some secrets should be told. Parents also warn children about getting into automobiles with strangers or going into public places alone such as theaters and restrooms, yet the home is the most common place for abuse to occur (Sanford, 1980). According to most researchers in the area, children must be taught what is appropriate behavior between children and adults, what is the difference between a good and a bad secret, how to be assertive and say "no," and to whom they can turn for help. Teaching children when they can say "no" is one of the most effective means of prevention (Hilu, 1961; Herman, 1981).

The most common age for child sexual abuse to begin is around nine years of age (Daugherty, 1984). Estimates are that 25-38% of all girls will be sexually assaulted prior to eighteen years of age, and that 85% of the cases will involve someone the child knows and trusts. One-third of the reported cases involve children five years old or younger (Schonfield, 1984).

As early as 1968, it was felt that children as young as three should be cautioned about inappropriate touching. Three is the age most children begin asking about their bodies and those of the people around them (Levine, 1968).

Researchers continue to believe that sexual abuse prevention programs should be available to children as young as preschool (Schonfield, 1984; Kempe & Kempe, 1984; Bartlett, 1986). There are many excellent preschool programs for teaching children about child sexual abuse in a nonthreatening way. Bartlett (1986) describes one such program entitled "Funny Tummy Feelings," which is held in Asheville's Health Center in Asheville, North Carolina, and focuses on the various emotions children feel in relation to various situations. Assertiveness skills and names of individuals children can call on for help are also taught. Preschoolers respond to puppet shows and tend to tell the puppets sensitive information that they might fear telling an adult. Taylor (1978) emphasizes that education about sexual abuse should be geared for the child's cognitive age in order for it to be effective. She further states that younger children also respond well to "what if" games. Visual aids that involve the senses of seeing, hearing, feeling, and often smelling and tasting, greatly enhance learning in preschool-aged children. Television shows, puppets, role play, and pictures are examples of learning techniques found to be effective with preschoolers. Broadhurst (1984) believes that educators are in a position of preventing both primary (before the fact) and secondary (after the fact) child sexual abuse. Secondary prevention is particularly important in younger children since sexual abuse of preschoolers

tends to be limited to fondling, exhibition, and masturbation, with penetration occurring when children are near puberty. Younger children are unaware of social attitudes toward sexual behavior and tend to suffer less serious consequences with early intervention and expert treatment (Kempe & Kempe, 1984; Finkelhor & Brown, 1985). Current research indicates that preschool education concerning child sexual abuse is clearly an appropriate means of prevention (Schonfield, 1984).

Parental Attitudes about Sex Education

In undertaking any discussion of sex education outside the home, it is important that parents be involved. The success of any sex education program depends on the attitudes of the parents (Erickson, McEvoy, Colucci, 1984; Kempe & Kempe, 1984). In the early 1900's, sex education began as a venereal disease issue with any mention of sexual matters being considered obscene and/or pornographic. By the beginning of World War I, medical and educational leaders became supportive of sex education in the schools. In 1914, the National Education Association (NEA) resolved that sex hygiene should be taught in the public schools, but parents opposed this move due to fears of unbridled hedonism (Brown, 1981). Parents further resented the emphasis on venereal disease. By the 1940's, even though sex education in the schools continued to be a controversial issue, the majority of parents were in favor of it, although parents still tended to equate sex education with promoting

sexual activity (Furstenburg, Moore, & Peterson, 1985). Some parents gave their approval for sex education, then reversed their stand once the programs began. The most common complaint was that children were given sex education too advanced for their ages. By the 1960's, sex education in the schools was viewed by some parents as a Communist plot, since several of the board members of the Sex Information and Education Council of the United States (SIECUS) were suspected of Communist Party affiliations. SIECUS is the most recognized authority and guide for sex education in the public schools due to its national organization (Lenz, 1972).

Sex education has not been offered in the first and second grades but has been limited to talks with pubescent children about male and female anatomy and physiology. Topics covering reproduction, petting, masturbation, and abortion were sensitive topics for many parents (Powers & Baskin, 1969). Teachers as well as parents felt uncomfortable discussing childbirth. Many parents had difficulty discussing sex with their children due to their own upbringing and their lack of vocabulary. Many were concerned that they would misinform and permanently damage their children (Child Study Association, 1969). Browning and Lewis (1973) stated that it may be easier to obtain an abortion in the U.S. than to obtain sex education in the schools. Even though the medical profession and church groups support sex education in the schools,

the general public continues to retain puritanical ideas and notions concerning the effects on children's behavior. Browning & Lewis (1971) stated that many parents tend to forget that children are receiving sex misinformation from their peers and do not understand that sex education involves knowledge, not a call to action. Although preschool education about sexual abuse is considered an effective tool in the prevention of such abuse, many parents continue to be fearful due to myths associated with teaching children about sexual abuse (Herman, 1985). Parents tend to become emotionally upset over anything regarding "sex" or "sexual" as part of their child's curriculum. Many of their objections are due to their own lack of knowledge concerning child sexual abuse, so that education of the parents tends to increase acceptance of programs for their children (Powers & Baskin, 1969). Church studies have shown that parental involvement in program planning results in the inclusion of more and better information (Powell & Jorgensen, 1985).

One of the myths parents believe is that children taught to be assertive will become disobedient and challenge parental authority. Some fear that information about human sexuality is too advanced for preschoolers to incorporate into their experience. Others are concerned that such education could create unnecessary fears about being exploited and could even inhibit the normal affection between child and parent. Some parents feel their role

as primary source of personal safety teaching is being usurped by schools (Schonfield, 1984). Introduction of a new term such as "touching" eliminates the emotions parents associate with the word "sex." Researchers continue to emphasize that sex education should begin at the preschool level (Stewart, 1972; Schonfield, 1984).

Parental Attitude Study

Two computer searches failed to reveal any parental attitude studies on teaching preschoolers about child sexual abuse. Only one published study of parental attitudes toward child sexual abuse, conducted by David Finkelhor in Boston, Massachusetts in 1981, could be located by other means. Most knowledge of sexual abuse has come from clinical cases and reported cases. The Finkelhor study was an attempt to survey the population at large in order to gather information about the incidence of sexual abuse. The study focused on parents, since parents may abuse their children, may hear reports of abuse from their children, and can teach their children about child sexual abuse (Finkelhor, 1984). The Finkelhor study was concerned also with factors that might prevent parents from reporting sexual abuse and with finding out what information parents were giving their children about the problem of sexual abuse. Many of the questions had never been asked before, such as "what do parents consider sexual abuse." In addition, the survey sought to determine what myths were circulating and how much sexual abuse

parents had heard about that had occurred to their own or to other children they knew. The Finkelhor study revealed that 89% of the parents supported the idea of providing education about child sexual abuse in the schools. These parents considered sexual abuse a serious problem and were open to ideas and suggestions on how to prevent such abuse.

Statement of the Problem

A review of the literature suggests that there is little data regarding parental attitudes toward child sexual abuse and child sex education. The present study was undertaken to further investigate parental knowledge of child sexual abuse and parental attitudes toward preschool education for children about child sexual abuse. In addition, the survey will collect demographic data from parent respondents in order to analyze the relationship of these variables to the results. The data resulting from the present survey will be compared with the results of Finkelhor's study of parents in Boston five years ago.

CHAPTER 2

Methodology

The Sample

Permission was obtained from the directors of two preschools in Hopkinsville, Kentucky, to distribute questionnaires to parents of their students. Both preschool programs are geared for children who are either three or four years old when school begins in the fall. Approximately 61% of the children enrolled in the two preschools surveyed came from families with incomes ranging \$30,000 or more, with 4% coming from families with less than \$5,000, and 35% coming from families whose income ranges between \$9,000-25,000. One preschool facility is an independent preschool, leasing the lower level of a Methodist Church; the other is a church-run school. Parents' ages range from 26-49 years with the modal age being 28 and a mean age of 32.2 years. There were 20 male respondents and 36 female respondents for a total of 56. Only three parents were single and all three were female. Eighty-eight percent of the parents had some college; 34% of the parents had graduate degrees. Ninety percent were Protestant, and 91% were the biological parents of the children enrolled in the schools.

The Instrument

The questionnaire was adapted from a more comprehensive

instrument used by David Finkelhor in a parental attitude study conducted in Boston, Massachusetts, in March, 1981 (Finkelhor, 1984). The adapted questionnaire consisted of three parts and requested a total of 94 responses. The first section asked for general background information about the parent who completed the form. This information included questions concerning the parent's educational level, income level, whether the parent was an adoptive, biological, or stepparent, and whether the parent had been sexually abused as a child. The second part of the instrument concentrated on the parent's knowledge of sexual abuse of children, since one's knowledge influences one's attitudes. There were 21 questions concerning the ages or sexes of abused children, as well as questions to determine what parents thought about different ways of handling incidents of abuse. Parents also were asked to identify acts they consider to be child sexual abuse. The third part concentrated on parents' feelings about teaching young children how to handle attempts of abuse and how to determine what behavior between children and adults might not be appropriate. Parents were also questioned about their attitudes toward teaching preschoolers how to prevent child sexual abuse. A copy of the questionnaire and the cover letter to the parents, along with a copy of the consent forms signed by preschool directors and respondents, is included in the Appendix.

The Procedure

Questionnaires and consent forms were distributed

to 157 parents with envelopes attached to each for use in returning them. There were numbers in the upper left and right corners of the front page of the questionnaire. Each respondent was instructed to tear off the right corner in the event that individual later desired to withdraw from the study. There were no other identifying marks on the questionnaires in order to protect the identity of the respondents. Questionnaires and consent forms were returned in separate sealed envelopes to teachers at each school who collected them in larger, separate manila envelopes. There were 56 questionnaires and consent forms returned, resulting in a participation rate of 36%. Several parents commented that the questionnaire was quite long, and they did not have the time to fill it out. A response rate of over 30% is considered adequate (Alreck & Settle, 1985). When individuals are responsible for returning questionnaires to a researcher, it is not uncommon for response rates to be only about 5-10%. One may expect respondents to be individuals who have an interest in the topic.

CHAPTER 3

Results

Data from all questionnaires were tallied and percentages were computed. Findings from the Hopkinsville, Kentucky, study were then compared with comparable findings from the parental attitude study conducted in Boston, Massachusetts, in 1981 (Finkelhor, 1984).

The Finkelhor study was performed using trained interviewers who conducted interviews lasting about one hour. Seven hundred households were contacted with 521 parents agreeing to be interviewed for a response rate of 74%. As was previously mentioned, 157 questionnaires were distributed to Hopkinsville parents; 56 were returned for a response rate of 36%. Parents in the Hopkinsville survey were younger than those in the Boston study as one might expect since only parents of preschoolers were studied. The median age was 35 with a low age limit of 26 and the upper age being 49. (A space for age was inadvertently omitted from the questionnaire, but the preschool teachers checked their records and relayed age information to the researcher.) The Boston study was conducted on parents of children ages 6-14 living in the home. The ages of these parents were a little older than those in the Hopkinsville study with a median age of 38; 8% of the sample was under 30 and 7% was 50 or older.

The Hopkinsville study found that 96% of the parents were married compared to 80% married in the Boston study. The 20% that were single parents in the Boston study were women, as were the 4% who were single parents in the Hopkinsville study. Both the Boston study and the Hopkinsville survey consisted of parents of whom 36% were fathers and 64% were mothers. Both studies had a skewed sex ratio.

Parents in the Hopkinsville study were 90% Protestant, 5% Catholic, and 5% other or no religion. Respondents from the Boston area were 56% Catholic, 26% Protestant, 9% Jewish, and 7% were other or no religion. Both samples were typical of the geographic areas.

Family incomes from the Hopkinsville sample revealed that 6% made \$11,000 or less, while 45% made \$35,000 or more. Data from the Boston study showed that 16% of the sample made \$10,000 or less, while 25% made \$35,000 or more. The parents in the Hopkinsville sample were from slightly higher income levels than those in the Boston sample. Studies have revealed that education, ethnicity, religion, and race do not make a difference in rates of victimization. However, lower income families report higher incidences of female victimization while higher income families report lower rates (Kempe & Kempe, 1984).

The Hopkinsville study results indicated that 75% of the parents were employed full-time and 4% were employed at least part-time. Seventeen percent were homemakers while 2%

were unemployed and another 2% were students. Seventy-two percent of the Boston sample were employed, 3% were unemployed, and the remainder were homemakers.

In terms of education, the Hopkinsville data showed that only 2% had not completed high school, 10% had a high school diploma and/or technical education, 43% had some college or a college degree, and 45% had some graduate school or a graduate degree. The Boston respondents were not as well educated; 12% had not completed high school, 33% had earned a high school diploma, 33% had some college or a college degree, and 15% had completed some graduate school or had earned a graduate degree. Finkelhor (1979) believes that the mother's educational level makes more difference than that of the father due to the fact that poorly educated mothers are implicated in all father-daughter incest. These mothers appear to be weak, passive, and dominated by the fathers. Poorly educated mothers lack effective coping and self-protective skills, so it is thought that they are unable to transmit such skills to their daughters.

Ninety-one percent of the Hopkinsville parents were biological parents of the children, while 9% were adoptive parents. The Boston study did not report findings of this type, and such findings did not appear to have any bearing on responses in the Hopkinsville survey.

Parents in both studies were asked if they had ever been sexually abused as children. Five percent of the

females in the Hopkinsville study answered "yes," while 15% of the Boston mothers and 6% of the Boston fathers answered "yes." Since there were fewer men in the Boston study, the adjusted percentage would be 26% fathers who were abused as boys. This could indicate that sexual abuse of boys may have been underreported in the past. Some treatment programs have noted that up to a third of their cases are abused boys (Finkelhor, 1984).

Because parents are the most important sources of information from which children can learn, both studies questioned parents about their knowledge of sexual abuse. In the past, there have been many myths and misconceptions associated with child sexual abuse, and these were explored in both studies. Parents were asked who they thought was abusing a child whenever they saw the phrase "sexually abused by an adult." Sixty-five percent of the Hopkinsville parents thought the perpetrators were male, 2% answered female, 31% thought both female and male, while 2% of the parents did not know. The Boston respondents believed offenders to be primarily men; only 20% estimated the perpetrator to be female. Research reveals that over 90% of abusers are men, and that abusing women are generally accomplices to men. Women rarely turn to children for sexual gratification (Finkelhor, 1984).

When asked what kind of sexual activity they thought of when they saw the phrase "sexually abused by an adult," 9% of the Hopkinsville parents thought of intercourse,

23% thought of some other kind of sexual activity, and 68% thought of both. Sixty-three percent of the Boston parents thought of some activity other than intercourse, indicating that a large portion had heard of specific incidents of abuse (Finkelhor, 1984).

The majority of studies have shown that strangers make up a minority of persons who abuse children, yet 50% of the Boston parents believed strangers were abusers, 22% mentioned relatives, and 28% thought of someone the child knew. The Hopkinsville parents had more varied responses. Twenty-nine percent thought the abuser was a relative, 27% thought of someone the child knew, and 16% thought of strangers. Nine percent stated that they did not know, and 14% stated that both relatives and strangers came to mind. Five percent chose not to respond to this question.

Parents were asked if they remembered reading about, seeing, or hearing a discussion about the problem of sexual abuse. Ninety-three percent of the Boston respondents stated they had, while 96% of the Hopkinsville subjects said "yes." Television was the most popular source for having seen or heard of sexual abuse with 90% of the Boston parents and 84% of the Hopkinsville parents mentioning television as a source. Newspapers were reported by 85% of the Boston parents and 63% of the Hopkinsville parents as a source of information. Magazines were reported by 43% of Boston parents and 46% of the Hopkinsville parents.

Place of work was a response for 39% of the Boston parents and 25% of the Hopkinsville parents. Radio was a source for 48% of the Boston parents but only 18% of the Hopkinsville parents. Parents could choose more than one source.

In an attempt to find out how prevalent parents think sexual abuse of children is, parents were asked to guess the number of girls and boys they thought have been sexually abused. Eighteen percent of the Hopkinsville parents did not guess at the number of girl victims, and 23% did not guess at the number of boy victims. Eighteen percent believed that 1 in 4 or more girls were victims, 34% estimated 1 in 10, 21% guessed 1 in 100, and 9% thought 1 in 500 or less were victims. Thirteen percent of the Hopkinsville parents thought that 1 in 4 or more boys were victims, 20% believed that 1 in 10 were victims, 30% guessed 1 in 100, and 14% believed that 1 in 500 or less were abused. Nineteen percent of the Boston parents believed that 1 in 4 or more girls were victims with 30% guessing 1 in 10, 30% believing 1 in 100, and 21% estimating 1 in 100 or less. Parents from both studies believed that sexual abuse of both boys and girls was not a rare occurrence. Even though parents' estimates of the frequency of abuse in girls were underestimates, surveys demonstrate that abuse in girls occurs in well over 1 in 10 (Finkelhor, 1979). When asked to guess at the number of abusers that were women, Hopkinsville parents' median estimate was 5% while Boston parents' median estimate was higher at 20%. As stated earlier,

surveys of victimization have revealed that over 90% of abusers are men with women abusers frequently being accomplices to men.

Sixty-three percent of the Hopkinsville respondents and 35% of the Boston parents believed strangers were abusers some to most of the time. Sixty-four percent of Hopkinsville parents and 22% of the Boston parents believed parents to be offenders. "Stepparents" was marked by 91% of Hopkinsville parents while only 28% of the Boston parents marked "stepparents." Seventy-three percent of Hopkinsville respondents believed abuse occurred by older siblings compared to only 3% of the Boston respondents. "Other relatives" was checked by 80% of the Hopkinsville respondents but only by 3% of the Boston parents. Surveys indicate that the majority of abuse does occur by parents and stepparents, indicating that Hopkinsville parents have a little more knowledge in this area than do Boston parents. However, it should be recognized that the Boston study occurred in 1981, and that a great deal of information on child sexual abuse has been publicized in the past five years and that the Hopkinsville group is better educated.

One of the many myths associated with child sexual abuse is that abusers are mentally ill. Eighty-six percent of Hopkinsville parents and 62% of the Boston parents believed that offenders are mentally ill. However, offenders are not usually sick or bizarre. They are individuals

exhibiting a variety of sociological, familial, and individual factors creating pressures leading to sexual abuse (Finkelhor, Gelles, Hotaling, & Strass, 1983). Seventy-five percent of the Hopkinsville parents and 22% of the Boston parents believed individuals abused children because they were isolated and lonely. Twenty-five percent of Hopkinsville parents and 10% of the Boston parents believed that lack of adult sexual activity could be a reason for child sexual abuse. When asked if the abuser read sex books, 41% of the Hopkinsville parents and 14% of the Boston parents believed this could be true. Fifty-four percent of the Hopkinsville respondents and 25% of the Boston parents believed abusers did not think it was wrong to molest children. One myth is that homosexuals usually molest children, yet less than half the Hopkinsville parents (46%) and only 11% of the Boston parents agreed with this statement. Alcohol was indicated to be related to child molestation by 41% of the Hopkinsville parents and by 12% of the Boston parents. When asked to guess at the number of abusers who are elderly, Hopkinsville and Boston parents indicated that elderly persons would rarely sexually abuse children. Over 63% of the Hopkinsville parents thought that 10% or less of the abusers were elderly. Eleven percent of the Hopkinsville parents and 2% of the Boston parents credited senility as a cause of abuse.

Sixty-one percent of the Hopkinsville parents and

41% of the Boston parents believe force was used. However, unlike rape, most abusers entice children into sexual relationships through rewards or by misrepresenting moral standards.

When asked "how often do you think children are making up stories," 16% of the Hopkinsville parents had no response, with 5% responding "don't know." Sixty-eight percent believed children rarely or almost never would lie about sexual abuse. Only 11% believed children sometimes lie, while 14% of the Boston parents thought children might invent a story. Many professionals believe that children do not lie about sexual abuse (Fortune, 1983). Ninety-five percent of both the Hopkinsville and the Boston parents believed that children rarely or almost never acted in a sexy way. Parents tended not to blame children for the abusive relationship.

One of the common misconceptions concerning sexual abuse is that young children are fairly immune to abuse, when in reality, most sexual abuse occurs before adolescence. Seventy-three percent of the Hopkinsville parents and over 50% of the Boston parents believed sexual abuse occurred prior to age 11. Over 50% of the Hopkinsville parents and 25% of the Boston parents believed abuse occurred before age 8. The peak ages for child sexual abuse to occur are between 8 and 12 (Finkelhor, 1984). Only 27% of the Hopkinsville parents recognized that children ages five and under have a serious risk of being

Because so few victims feel able to report their abuse, respondents were questioned whether they thought children would tell parents in order to see if parents recognized this problem. Parents assuming that children would tell them are likely to feel a false sense of complacency toward sexual abuse. The majority of the Hopkinsville parents thought that less than half (50%) of the victimized girls would tell, and that less than 25% or more of the victimized boys would tell their parents. Boston parents thought that 39% of girl victims and 33% of boy victims would tell parents. These numbers are close to those found in actual studies (Finkelhor, 1984). Parents tend to be aware that children keep sexual abuse a secret in many instances.

Parents were asked if they would report a child sexual abuse situation. Ninety-three percent of the Hopkinsville and 93% of the Boston parents stated that they would. They were then asked to whom they would report it first. Twenty-seven percent of the Hopkinsville parents would report to a child-abuse hotline; 25% would report to a relative; 19% would report to the police; 18% would report to a child welfare agency; 2% would report to a mental health center; and the remaining 9% stated they would report to "other." Eighty percent of the Boston parents would report abuse to a child abuse hotline; 52% would report to a child welfare agency; 39% would report to a mental health agency; and 30%

would report to the police. Many respondents chose more than one. Research has shown that many well-intentioned informers do not report abuse due to doubts that the abuse is occurring, fear of being viewed as an informer, and due to the hope that someone else knows about the abuse and will report it (Finkelhor, 1984). The fact that so many respondents from both studies were inclined to report it suggests that they believe it to be the right thing to do.

Researchers are interested in what might prevent individuals from reporting incidents of abuse. Nine percent of the Hopkinsville parents stated that they did not know where to report it; 7% feared retaliation from the child's family; 5% stated that they preferred to handle it themselves; and only 2% felt it was not serious enough to report. Not wanting to interfere with another's business was cited by 44% of the Boston parents, while 47% preferred to handle it themselves; 44% did not know where to report it; 30% believed there might be retaliation; and 9% believed it was not serious enough to report. Research shows that the most common reason parents give for not reporting in real life is that they could not be certain abuse was occurring. This uncertainty was eliminated by stating in the question that the abuse was positively occurring (Finkelhor, 1984).

Respondents were questioned on what action should

be taken when the father is found to be the abuser. Sixty-eight percent of the Hopkinsville parents and 51% of the Boston parents felt it best to remove the father from the home. Thirty-five percent of the Boston parents preferred to keep the family together, as opposed to 9% of the Hopkinsville parents. Only 4% of the Hopkinsville parents and 15% of the Boston parents felt it best to remove the child. Nineteen percent of the Hopkinsville parents did not know what action to take.

People tend to disagree about what actions are sexual abuse. How individuals behave is influenced by what they think constitutes sexual abuse and how serious they think it was. It was interesting to note that men saw all acts of abuse as slightly less serious than did women. Eighty-seven percent of all parents believed that touching a child's sex organs was abuse while 2% were not sure. Ninety-six percent of the Hopkinsville parents felt that displaying one's sex organs to a child was definite or probable abuse with 4% not sure. Undressing or attempting to undress a child was definite to probable abuse by 88% of the Hopkinsville parents; 12% of the parents were not sure. Having intercourse was rated as definite abuse by 98% of the Hopkinsville parents, while 2% thought it probable abuse. Attempting to have intercourse with a child was rated definite abuse by 94% of the Hopkinsville parents and probable abuse by 4% with 2% being unsure.

Making sexual remarks to the child was rated definite abuse by 48%, probable abuse by 41%, with 7% being unsure. Requesting the child do sexual things was rated definite abuse by 84% of the Hopkinsville parents, probable abuse by 12%, probably not abuse by 2%, and 2% were not sure. Fondling a child through the clothes was rated definite abuse by 94%, probable abuse by 4%, with 2% not certain. Touching one's mouth to the child's sex organs was definite abuse by 94% and probable abuse by 4%, with 2% being unsure. Ninety-eight percent of the Hopkinsville parents felt that having the child touch other person's sex organs with the child's mouth was definite abuse with 2% not sure. The aforementioned vignettes were rated as sexually abusive by the Boston parents on a scale of 1 to 10 with a mean score of 7.5. Sixty percent of the ratings were 8, 9, or 10 (Finkelhor, 1984).

The Hopkinsville study was concerned with attitudes toward teaching preschoolers about child sexual abuse. A section of the questionnaire addressed this issue. Eighty-four percent of the Hopkinsville parents believed that educating preschoolers can help stop sexual abuse, with 9% disagreeing, and 7% being neutral. None of the parents felt that children ever entice adults into sexual relationships. However, 10% of the Hopkinsville parents disagreed that adults were always responsible in sexual relationships with children, while 88% agreed, and 2% remained neutral. Ninety-five percent of the

parents in the Hopkinsville study disagreed that having sexual experiences as a child is not so bad with 5% remaining neutral. Seventy-five percent of the Hopkinsville parents disagreed that educating preschoolers could usurp the normal parent-child relationship; 7% agreed that it could; 14% were neutral; and 4% questioned the word "usurp." Parents in the Hopkinsville survey were also asked if they preferred a school program on safety that included a unit on touching; 82% agreed, 9% disagreed, and 9% were unsure. Asked if they preferred terms other than correct anatomical terms, 34% agreed, 51% disagreed, and 13% were undecided. Eighty percent of the parents preferred to view any program before giving approval for their child to participate, while 7% disagreed, and 13% were unsure. Sixty-four percent preferred the word "touching" to the word "sex" when talking with preschoolers, while 16% disagreed, and 20% were unsure. All of the Hopkinsville parents agreed that they would like to know the symptoms of sexual abuse. Parents also felt that children should be taught a list of individuals to whom they can turn for help. The questions on preschool education were not included on the questionnaire for the parents in the Boston study since their children's ages ranged from 6-14. Boston parents did indicate that they supported sexual abuse education in the schools.

MacFarlane, Jenstrom, and Jones (1980) found that talking with children about sexual abuse is a very sensitive

matter. Professionals recognize that parents have the advantage and opportunity to teach children how to prevent sexual abuse, especially preschoolers who have contact with few other adults. Parents in both the Hopkinsville and the Boston study were questioned on whether they had ever talked with their children about several sensitive topics. All of the Hopkinsville parents and 92% of the Boston parents had discussed death. Only 11% of the Hopkinsville parents and 36% of the Boston parents had discussed suicide, while 33% of the Hopkinsville parents and 81% of the Boston parents had discussed drugs. Thirty-three percent of the Hopkinsville parents and 66% of the Boston parents had discussed mental illness, and 5% of the Hopkinsville parents and 44% of the Boston parents had discussed homosexuality. Seventy-five percent of the Hopkinsville parents and 84% of the Boston parents had discussed pregnancy and birth. Eighty-four percent of the Hopkinsville parents and 87% of the Boston parents had discussed kidnapping. Sexual abuse had been discussed by 70% of the Hopkinsville parents, but only 29% of the Boston subjects had discussed this. With the exception of sexual abuse, more Boston parents had discussed sensitive subjects with their children. It is understandable that children ages 6-14 would be more likely to comprehend such information. Recent reports of suspected cases of child sexual abuse, involving preschoolers in the Hopkinsville area, may account for the increased number

of parents in the Hopkinsville study who had discussed sexual abuse with their children. Also researchers have found that parents commonly talk about kidnapping, thinking they are warning children about sexual abuse because that is part of what is on the parent's mind, but they never mention it specifically to the child (Finkelhor, 1984).

Parents were asked how the subject of child abuse came up. Forty-three percent of the Hopkinsville parents and 51% of the Boston parents said that the media influenced them. Thirty-two percent of the Hopkinsville parents and 70% of the Boston parents decided it was time to discuss sexual abuse, while 19% of the Boston parents were concerned because the child was being left alone. None of the Hopkinsville parents had this concern, probably due to having children too young to be left unattended.

Parents were questioned on what sorts of warnings they had given their children. Fifty-five percent of the Hopkinsville parents had warned their children about being tempted with rewards, while 68% had warned their children about someone trying to get the child into a car. Forty-eight percent had warned children about someone trying to touch their sex organs, and 18% had warned children about someone trying to exhibit his/her sex organs. Sixty-three percent of the parents had warned their children about someone trying to take them away. There are no figures on the Boston parents for

a comparison. Flagler (1986) states that the warnings we give children may not be sufficient.

Parents were asked to describe persons about whom the children were instructed to be cautious. Seventy-five percent of the Hopkinsville parents and 97% of the Boston parents had warned their children of strangers. Sixteen percent of the Hopkinsville parents and 44% of the Boston parents had warned their children to watch for molesting by other children. Family members were mentioned by 21% of the Hopkinsville parents and 22% of the Boston parents, with 36% of the Hopkinsville parents and 53% of the Boston parents warning children about other adults known to their children. Parents were permitted to choose more than one selection.

Parents who have discussed sexual abuse were tallied separately on the following questions from parents who have not talked with their children. Sixteen percent of the Boston parents and 2% of the Hopkinsville parents who have talked with their children believed their child was too young to understand about sexual abuse, while 44% of the Boston parents and 46% of the Hopkinsville parents who have not discussed this felt their children were too young. Twenty-one percent of the Boston parents and 2% of the Hopkinsville parents who have talked with their children felt their child was in some danger of being abused, opposed to 55% of the Boston parents and 15% of the Hopkinsville parents who have not talked

with their children. Thirty-one percent of the Boston parents and 8% of the Hopkinsville parents who have talked with their children were concerned that the subject could be frightening to their children, as opposed to 56% of the Boston parents and 54% of the Hopkinsville parents who have not talked with their children. Sixty-one percent of the Boston parents and 85% of the Hopkinsville parents felt that sexual abuse is a sensitive topic to discuss with children, while 74% of the Boston parents and 77% of the Hopkinsville parents who have not talked with their children believed this to be a sensitive subject. Thirty-four percent of the Hopkinsville parents who have talked with their children felt that their children already understand about this topic, but none of the nontellers agreed with this statement. The Boston parents were not surveyed on this last statement.

Researchers are concerned with what prevents well-intentioned parents from talking with their children. Parents' backgrounds seemed to make little difference in who talked and who did not. Both studies revealed that victimized parents did talk to their children; 46% of the Boston parents and 100% of the Hopkinsville parents who had been abused themselves discussed child abuse with their children. Boston parents apparently are not as willing to talk with children about this sensitive subject as are the Hopkinsville parents; only 29% of the Boston parents compared to 70% of the Hopkinsville

parents discussed sexual abuse with their children.

Parents were surveyed on what was the most appropriate age to discuss sexual abuse with children. The majority of Hopkinsville parents believed ages 3-6 were the most appropriate with a peak age of 4 years (see Table 3). The mean age that Boston parents thought most appropriate was 9.1 years compared to a mean age of 3.3 years for the Hopkinsville parents. Again, the difference of 5 years between studies and the amount of recent publicity on child sexual assault may have influenced the results.

Parents were questioned on how they might feel if a child reported sexual abuse. Fifty-eight percent of the Hopkinsville parents disagreed that the child might be lying, while 15% agreed and 25% were neutral. Thirteen percent of the Boston parents felt the child might be lying. Ninety-eight percent of the Hopkinsville parents agreed that they would feel angry toward the perpetrator. Ninety-nine percent of the Boston parents agreed that they too would be angry. None of the Hopkinsville parents felt that they would feel upset toward the child, but 12% of the Boston parents felt that they would be annoyed with the child. Eighty-four percent of the Hopkinsville parents believed they would feel emotionally upset, as did 98% of the Boston parents. When asked if they had feared something like this could happen, 41% of the Hopkinsville parents agreed, as did 89% of the Boston parents. Seventy-three percent of the Hopkinsville

parents and 91% of the Boston parents believed they would feel they had failed to protect the child. Only 25% of the Hopkinsville parents and 38% of the Boston parents believed that they would be embarrassed if other people found out.

The final questions on the Hopkinsville questionnaire concerned the effects parents felt child sexual abuse might have on the child victim. Eighty-nine percent of the Hopkinsville respondents and 91% of the Boston parents were concerned that victims might fear sex as an adult. Ninety-four percent of Hopkinsville parents and 84% of the Boston parents were afraid a victim could develop school problems. Concerns of developing frigidity/impotence were expressed by 91% of the Hopkinsville parents and 56% of the Boston parents. Asked whether victims might become more involved with sex, 63% of the Hopkinsville parents and 50% of the Boston parents agreed. Seventy-seven percent of the Hopkinsville parents and 78% of the Boston parents were concerned that a victim would be teased by peers. Concerns that child victims might fear adults were expressed by 92% of the Hopkinsville parents and by 81% of the Boston parents. Twenty-five percent of the Hopkinsville parents were fearful their child could become homosexual, while 89% of these parents worried that their child would develop emotional problems. Ninety-four percent of the Boston parents were concerned that their children would become

emotionally upset, while 34% of the Boston parents feared their children could become homosexual.

The results of both studies indicated that parents are concerned about the seriousness of child sexual abuse regardless of age, race, sex, income level, educational level, or religion. Parents expressed interest in learning the symptoms of child sexual abuse and supported educating children on how to prevent such abuse. The Hopkinsville parents appeared aware that preschoolers are at risk, with the majority believing education should begin around age 4. Hopkinsville parents did indicate that they preferred to view any abuse program prior to permitting their child to participate.

CHAPTER 4

Conclusions and Discussion

The purpose of the study was to determine parental attitudes toward preschool education about child sexual abuse. Parents of children enrolled in two preschools in Hopkinsville, Kentucky, demonstrated knowledge about child sexual molestation and expressed a desire for preschool education about this topic as a means of prevention.

One must recognize that the Hopkinsville sample consisted of a select group of parents who are above average in education and income. It is reasonable to assume that the high level of knowledge about child sexual assault is related to the high educational levels of the respondents. In spite of the skewed sex ratio (over half the respondents were female), the responses tended to be very similar for both sexes.

The Hopkinsville sample appeared to understand that child sexual abuse consists of other acts as well as sexual intercourse. Sgroi (1985) states that abuse generally begins as exhibition and/or fondling, with intercourse beginning when children approach puberty. The literature states that 97% of all molesters are men (Sanford, 1980); over half the respondents recognized that the majority of perpetrators are male. Sanford further declares that at least 75% of the abusers are

individuals the children know. However, Hopkinsville respondents appeared reluctant to rule out strangers as probable offenders, although over half the parents recognized that molesters are generally individuals children know. Respondents expressed more concern about children being lured into cars and/or being kidnapped by strangers than about being abused sexually by individuals children know. Finkelhor (1984) wonders if parents talk about kidnapping, thinking that they are including information on sexual abuse, without actually giving attention to molestation at the hands of individuals the children know. Furthermore, the literature emphasizes that most sexual abuse occurs in the child's home (Sanford, 1980).

The news media appeared to have had an effect on the respondents' up-to-date views about child sexual assault and were credited as major influences on parents' decisions that it was time to talk with their children. Respondents feared that telling young children about sexual abuse was too frightening and too difficult for them to understand. The literature supports the finding that parents feel child sexual abuse to be a sensitive subject, whether they do or do not discuss this topic with their children (Colao & Hosansky, 1983).

Respondents felt that mental illness was the major cause of child sexual assault, but researchers have

found that perpetrators are not mentally ill, although abusers do not relate appropriately to other adults (Finkelhor, 1983; Fortune, 1983; Daugherty, 1984). Finkelhor (1984) believes that many parents say mental illness when actually referring to individuals in need of psychological treatment. Parents tend to be confused about what causes individuals to sexually abuse children. Sgroi (1985) has found that perpetrators do experience loneliness and isolation due to difficulties in relationships with other adults. She also has found that perpetrators do not feel that they are doing anything wrong. Hopkinsville responses supported Sgroi's research.

Parents were questioned about other factors related to child sexual assault. Alcoholism has been found to be an important factor in child sexual abuse (Luther & Price, 1980). Yet, Hopkinsville respondents placed only moderate importance on alcohol as a cause of abuse. Respondents did recognize that being elderly and/or senile is seldom a factor in child sexual abuse. One factor that many individuals believe cause perpetrators to sexually abuse children is that abusers are not sexually satisfied through activities with other adults. The literature states that few perpetrators are sexually frustrated, and Hopkinsville respondents seemed to recognize this fact (Fortune, 1983).

Hopkinsville parents were asked whether they thought

force was involved in abuse cases, whether children might lie about sexual abuse, and whether they thought children should be blamed for causing the abuse. Respondents tended to feel that abuse does involve violent physical assault, but research reveals that perpetrators rarely use force (Daugherty, 1984; Finkelhor, 1979). Hopkinsville respondents believe children rarely lie about sexual abuse, and that adults are responsible for sexual relationships with children. None of the respondents felt that children enticed adults. Suzanne Sgroi's research (1985) confirms that children rarely fabricate stories about sexual assaults, and that children should not be blamed for being victimized sexually by an adult.

Even though Hopkinsville respondents underestimated the numbers of sexually abused boys and girls, they all expressed the belief that sexual assault is serious and creates numerous psychological and physical problems. School problems, fear of adults, feelings of guilt and shame, and sexual problems are all confirmed in the literature (Roscoe, 1984; Finkelhor & Brown, 1985; Daugherty, 1984).

Parents overwhelmingly felt that they would report an act of abuse and stated that reports would be made almost equally to either a child abuse hotline or a relative. This indicates that parents have good intentions. However, research reveals that parents probably fail to report cases due to lack of positive proof that the abuse

is actually occurring (Finkelhor, 1984). Parents usually have only suspicions on which to act.

The majority of respondents believed that the father should be removed from the home rather than the child he abused. This corresponds to researchers' views that adults be made to feel responsible for the abuse by removing them from the home instead of removing the child (Berlinger & Barbeiri, 1984).

Most of the Hopkinsville respondents desire preschool education about sexual abuse and prefer to view any program prior to permitting their children to participate. All of the respondents expressed an interest in learning more about the symptoms of child sexual abuse and want their children taught about individuals to whom they can turn for help. It has been suggested that teachers of young children inform parents about the type of touching they offer the children as a means of educating and reassuring parents (Mazur & Pekor, 1985).

Parents indicated a desire for education about child sexual abuse for both their children and themselves. Respondents preferred that the dangers of child sexual molestation be incorporated into existing safety programs teaching children fire safety, traffic safety, and other personal safety techniques. The literature confirms that teaching children assertiveness skills, such as how to say "no" to an authority figure and that there are times children should not keep secrets, are important

parts of education programs (Fortune, 1983; Schonfield, 1984; Bartlett, 1986). Hopkinsville parents were not concerned that assertiveness would cause rebellion, and the majority of researchers state that professionals have found sexual abuse to be developmentally damaging to children, with intervention depending on education (Erickson, McEvoy, & Colucci, 1984).

Confronted with the growing evidence of the prevalence and severity of child sexual abuse, one recognizes that prevention is desirable. Due to the sound endorsement for education about this type of abuse, it would appear that education in schools would be appropriate. The overwhelming majority of Hopkinsville respondents believe this education should begin in preschoolers. The only comments received from respondents in this survey have involved an expression of interest in knowing the results. Based on the results of this study, it would seem that parents in the surveyed schools would support preschool education about child molestation.

Both of the surveyed preschools plan to initiate a personal safety curriculum when classes begin in the fall. It would be of interest if the reactions of the children, as well as those of the parents and teachers, were evaluated. Positive reactions could encourage other preschools to include education about child sexual abuse in their curriculums.

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TABLES

Parental Background Information

1. Marital Status			
	#M	#F	Total %
Married	20	34	96%
Never married	0	0	0
Separated, divorced, widowed	0	2	4%
Living with someone not married	0	0	0

2. Sex		
	#	% of Total (N=56)
Male	20	36%
Female	36	64%

3. Relationship to Child			
	#M	#F	Total %
Biological parent	17	34	91%
Adoptive	3	2	9%
Stepparent	0	0	0
Live-in parent	0	0	0

4. Educational Level			
	#M	#F	Total %
Some grade school	0	0	0
Completed grade school	0	0	0
Some high school	0	1	2%
Completed high school	2	1	5%
High school/some technical	1	2	5%
Some college	3	6	16%
College degree	6	9	27%
Some graduate	1	5	11%
Graduate degree	7	12	34%

5. Employment

	#M	#F	Total %
Unemployed			
Retired	0	1	2%
Disabled	0	0	0
Homemaker	0	0	0
Student	0	10	17%
Employed	0	1	2%
Other (part-time)	20	22	75%
	0	2	4%

6. Income Before Taxes

	#M	#F	Total %
None	0	1	2%
Less than \$5,000	0	1	2%
Less than \$7,000	0	0	0
Less than \$9,000	0	0	0
Less than \$11,000	0	1	2%
Less than \$13,000	0	2	4%
Less than \$15,000	0	2	4%
Less than \$17,000	2	1	5%
Less than \$19,000	0	2	4%
Less than \$25,000	2	3	8%
Less than \$30,000	5	4	16%
\$35,000 & over	9	16	45%

(Average income level approximately)

7. Religious Preference

	#M	#F	Total %
Catholic	1	2	5%
Jewish	0	0	0
Greek	0	0	0
Unitarian	0	0	0
Protestant	18	32	90%
Other	1	2	5%

8. Were you sexually abused as a child?	#M	#F	Total %
Yes	0	2	4%
No	22	34	96%

Table 2

Knowledge of Child Sexual Abuse and its Effects

1. When saw phrase "sexually abused by adult, were you thinking it was a male or female abusing the child?"			
	#M	#F	Total %
Male			
Female	11	25	65%
Both	1	0	2%
Don't know	7	10	31%
	1	1	2%
2. When you saw the phrase "sexually abused by adult" were you thinking it . . .			
	#M	#F	Total %
Intercourse	1	4	9%
Other kind of sexual activity	8	5	23%
Both	11	27	68%
Don't know	0	0	0
3. When you saw the phrase "sexually abused by adult" were you thinking . . .			
	#M	#F	Total %
Stranger	3	6	16%
Relative	5	11	29%
Someone known but not related	9	6	27%
Don't know	2	3	9%
Other	1	7	14%
(3 gave no response)		3	5%

4. Do you remember reading, seeing, or hearing about abuse the past year?

	#M	#F	Total %
Yes			
No	18	36	95%
Don't remember	1	0	2%
	1	0	2%

5. If so, where?

	#M	#F	Total %
T.V.	16	31	84%
Newspaper	12	23	63%
Magazine	6	20	46%
Radio	5	5	18%
Book	1	3	7%
Place of employment	5	9	25%

(Could have more than one response)

6. Parent's estimates of number sexually abused children

	Girl Victims	Boy Victims
1 in 4 or more	18%	13%
1 in 10	34%	20%
1 in 100	21%	30%
1 in 500 or less	9%	14%
(Did not guess at victims)	18%	23%

7. How many abusers estimated to be women?

	#M	#F	Total %
1%			
2%	2	3	9%
5%	1	1	4%
10%	2	3	9%
14%	6	6	22%
15%	0	1	2%
20%	0	1	2%
25%	0	2	4%
30%	1	8	16%
33%	1	1	4%
40%	0	3	5%
50%	4	1	56%
No response	1	2	5%
Median Estimate	2	4	11%
			5%

8. Parents' rating of most probable offenders.

	#M	#F	Total %
Stranger	13	22	63%
Parent	13	23	64%
Stepparent	19	32	91%
Older Sibling	7	34	73%
Other Relative	15	30	80%

(Could choose more than one)

9. Reasons why people sexually abuse children.

	#M	#F	Total %
Mental illness	17	31	86%
Loneliness & Isolation	12	30	75%
Not enough sex from partners	5	9	25%
Ideas from sex books	7	16	41%
Do not think this is wrong	10	20	54%
Homosexual	11	15	46%
Senility	2	4	11%
Alcoholism	10	13	41%

(Could choose more than one)

10. How many abusers are elderly?	#M	#F	Total %
10% or less			
20% or less	11	24	62%
25% or less	4	4	14%
35% or less	1	6	13%
50% or less	0	1	2%
No response	0	1	2%
	4	0	7%

11. How often is force used?	#M	#F	Total %
Often	2	5	13%
Sometimes	8	19	48%
Rarely	6	6	21%
Almost never	0	5	9%
Don't know	4	1	9%

12. How often are children lying?	#M	#F	Total %
Often	0	0	0
Sometimes	2	4	11%
Rarely	13	2	27%
Almost never	3	20	41%
Don't know	2	1	5%
9 had no response	0	9	16%

13. How often because the child acts sexy?	#M	#F	Total %
	0	0	0
Often	0	0	0
Sometimes	6	15	38%
Rarely	12	20	57%
Almost never	2	1	5%
Don't know			

14. What ages are children most likely to be abused?

Childrens' Age	% of Parents
3	7%
4	6%
5	14%
6	7%
7	9%
8	9%
9	5%
10	14%
11	2%
12	14%

(13% did not respond to this question)

15. Estimate of # of abused children.

	Girls	Boys (N=56)
1 in 4	18%	13%
1 in 10	34%	20%
1 in 100	21%	30%
1 in 500 or less	9%	14%
Don't know	18%	23%

16. What percent of girls tell?

	#M	#F	Total %
5% or less	2	3	9%
10% or less	4	6	18%
25% or less	3	6	16%
50% or less	7	14	37%
75% or less	3	6	16%
80-90%	1	1	4%

17. What percent of boy victims tell.

	#M	#F	Total %
5% or less			
10% or less	3	5	14%
25% or less	4	9	23%
50% or less	7	12	34%
75% or less	6	7	23%
80-90%	0	2	4%
	0	1	2%

18. Would you report abuse?

	#M	#F	Total %
Yes	18	34	93%
No	0	0	0
Don't know	2	2	7%

19. Where would report abuse?

	#M	#F	Total %
Police	3	8	19%
Relative	6	8	25%
Mental Health Agency	0	1	2%
Child Abuse Hotline	6	9	27%
Child Welfare Agency	3	7	18%
Other	2	3	9%

20. Reasons would not report abuse.

	#M	#F	Total %
Rather handle myself	3	0	5%
Not serious enough to report	1	0	2%
Don't know where to report it	3	2	9%
Don't want to butt into other's affairs	0	0	0
	0	4	7%
Fear retaliation by family	0	1	2%
Other	13	29	75%
No response			

21. If the abuser is the father?	#M	#F	Total %
Remove the child	1	1	4%
Remove the father	12	26	68%
Try to keep the family together	4	1	9%
Don't know	3	8	19%

22. Which activities are considered abuse?	#M	#F	Total %
Other person fondled child	19	36	98%
Other person touched child's sex organs	15	34	87%
Other person undressed child	16	33	88%
Intercourse with child	20	36	100%
Attempted intercourse	19	36	98%
Person made sexual remarks	16	34	89%
Person requested sexual things	19	35	96%
Person performed oral sex on child	18	36	98%
Child made to perform oral sex	19	36	98%
Other person exhibited sex organs	19	35	96%

Table 3

Parental Attitudes toward Preschool Education about Child
Sexual Abuse

1. Do you agree with the following?	#M	#F	Total %
Education helps stop abuse	17	30	84%
Learning assertiveness causes rebellion	2	1	5%
Some children entice adults	0	0	0
Adults are always responsible	15	34	88%
Sex as a child is not serious	0	0	0
Preschool education against abuse is not desirable	2	2	7%
No response	0	2	4%

(Could choose more than one response)

2. Do you agree with the following?	#M	#F	Total %
Prefer safety program that includes abuse	14	32	82%
Prefer use of "private parts" anatomical terms	4	15	34%
Prefer to view program beforehand	17	28	80%
Prefer "touching" to "sex"	7	29	64%
Would like to know symptoms of abuse	20	36	100%
Help	20	36	100%
No response	0	0	0

(Could choose more than one response)

3. Have you discussed the following with your children?	#M	#F	Total %
Death	20	36	100%
Suicide	1	5	11%
Drugs	1	18	33%
Mental Illness	2	17	33%
Homosexuality	0	3	5%
Pregnancy and Birth	7	35	75%
Kidnapping	14	33	84%
Sexual abuse	11	28	70%

4. How did subject of abuse
come up?

	#M	#F	Total %
Radio/paper			
Happened to another child	6	18	43%
Decided it was time	0	0	0
Had to leave child alone	5	13	32%
No response to question	0	0	0
	9	5	25%

5. Did you mention:

	#M	#F	Total %
Person tempting child with rewards	9	22	55%
Person luring child into car	10	28	68%
Person touching child's sex organs	6	21	48%
Person exhibiting sex organs to child	0	10	18%
Person trying to take child away	8	27	63%

(Could choose more than one response)

6. Did you caution to watch for:

	#M	#F	Total %
Strangers	12	30	75%
Other children	3	6	16%
Family members	1	11	21%
Other adults a child knows	4	16	36%
No response	0	3	5%

(Could choose more than one response)

7. Attitudes about talking about sexual abuse among tellers and nontellers.

	% Agreeing	
	Tellers*	Nontellers**
Child is too young	2%	46%
Child in no danger of abuse	2%	15%
Too frightening for child	8%	54%
Abuse is sensitive subject	85%	77%
Child already understands about this	34%	0
No response to question	0	4%

(Could choose more than one response)

*70% Tellers total (#41--11M, 30F)

**30% Nontellers total (#13--8M, 5F)

8. What is the most appropriate age to discuss child sexual abuse?

	Childs' Age	% of Parents
	2	2%
	3	13%
	4	21%
	5	16%
	6	16%
	7	4%
	8	2%
	9	2%

Mean Age = 3.3

9. Attitudes concerning a report your child was abused.

	#M	% Agreed	
		#F	Total %
Child could be lying	5	3	15%
Would be upset with person	20	35	98%
Would be upset with child	0	0	0
Would be emotionally upset	18	29	84%
Feared this could happen	8	15	41%
Felt had not protected the child	14	27	73%
Embarrassed if others found out	5	9	25%

(Could choose more than one response)

10. Parents' concerns about effects
of sexual abuse.

% Parents Agreed

Fear sex as adult	89%
Develop school problems	94%
Develop emotional problems	89%
Develop impotence/frigidity	91%
Become involved in sexual activity	63%
Become homosexual	25%
Be teased by peers	77%
Fear other adults	92%
No response to question	2%

(Could choose more than one response)

APPENDIX

INFORMED CONSENT STATEMENT

The purpose of this investigation is to determine parental attitudes concerning preschool education about child sexual abuse. Your responses are confidential. At no time will you be identified nor will anyone other than the investigators have access to your responses. The only potential hazard which may occur from participating in the research might be some mild emotional discomfort. The demographic information collected will be used only for purposes of analysis. Your participation is completely voluntary, and you are free to terminate your participation at any time by notifying the examiner of the number on your form, so that the form can be destroyed. The results of the project will be explained fully upon completion. Thank you for your cooperation.

I agree to participate in the present study being conducted under the supervision of Dr. Linda Rudolph of the Department of Psychology at Austin Peay State University. I have been informed in writing about the possible discomfort which may be involved. The investigator has offered to answer any further inquiries as I may have regarding the procedures. I understand that I am free to terminate my participation at any time and to have all data obtained from me withdrawn from the study and destroyed. Returning the completed questionnaire indicates that I agree to participate in the study.

DATE _____

NAME (please print)_____
SIGNATURE

Permission is granted to Phyllis Parrott, graduate student at Austin Peay State University, to distribute questionnaires for a parental attitude study concerning preschool education about child sexual abuse. The study will be conducted on a volunteer-only basis among consenting parents of preschoolers. Every effort will be made to protect the confidentiality of the respondents and subjects will be informed of their right to withdraw from the study at any time. Informed consent forms and unsigned questionnaires will be sealed in separate envelopes and will be collected in separate larger manila envelopes. Each questionnaire will have a number in the upper corners of the front page. The parents will be instructed to tear off one of the numbers to keep in the event they later decide to withdraw their questionnaire from the study. Parents may notify their child's teacher or the researcher of the number of the questionnaire that is to be destroyed.

Margaret L. Simonson

Director of First Methodist Preschool

Director of Wee World, Christian Heights Methodist Preschool

Sharon Parrott

Dear Parent,

This is a survey being conducted to fulfill requirements for a Master's Degree from Austin Peay State University under the supervision of Dr. Linda Rudolph. Your cooperation will be greatly appreciated.

As you know, raising children can sometimes be a tough job. Many parents have questions about what is the best way. This study is an attempt at gathering information that will be useful to other parents like you. One of parents' concerns in recent years has been the problem of child molestation. Parents want to protect their children and often are looking for better ways of doing this.

One of the purposes of this survey is to find out what you and other parents think about educating preschool-aged children about child sexual abuse. Since this is a sensitive subject and concerns sex, some of the questions may seem awkward or personal. You may not have given much thought to the topics of some of the questions. If some of the questions are too embarrassing or too personal or if you don't know the answers to some, that is o.k. These are normal reactions.

Please remember that your participation is voluntary and that you may withdraw from the study at any time. Please remove the number in the upper right hand corner of this page and keep it. If you decide to withdraw from the study, simply notify your child's teacher or the researcher (886-1606) of your number and the questionnaire will be destroyed. Envelopes have been provided for your use in returning signed consent forms and completed questionnaires separately. Your child's teacher will collect these sealed envelopes in separate larger manila envelopes to further insure your anonymity.

Parental Background Information

please check the appropriate response:

MARITAL STATUS:

☐ Married
☐ Never Married

☐ Separated, Divorced, or Widowed
☐ Living with someone but not married

SEX: ☐ Male

☐ Female

RELATIONSHIP TO CHILD/CHILDREN:

☐ Biological Parent
☐ Adoptive Parent

☐ Stepparent
☐ Live-In Parent

YOUR EDUCATIONAL LEVEL:

☐ Some Grade School
☐ Completed Grade School
☐ Some High School
☐ Completed High School
☐ High School and Some
☐ Technical School

☐ Some College
☐ College Degree
☐ Some Graduate
☐ Graduate Degree

YOUR EMPLOYMENT:

☐ Unemployed
☐ Retired
☐ Disabled
☐ Homemaker

☐ Student
☐ Employed
☐ Other _____

INCOME LEVEL BEFORE TAXES:

☐ None
☐ Less than \$5,000
☐ Less than \$7,000
☐ Less than \$9,000
☐ Less than \$11,000
☐ Less than \$13,000
☐ Less than \$15,000

☐ Less than \$17,000
☐ Less than \$19,000
☐ Less than \$25,000
☐ Less than \$30,000
☐ Less than \$35,000
☐ \$35,000 & over

RELIGIOUS PREFERENCE:

☐ Catholic
☐ Jewish
☐ Greek Orthodox

☐ Unitarian
☐ Other
☐ Protestant (denomination) _____

RACIAL BACKGROUND:

☐ White
☐ Black
☐ Spanish/Hispanic

☐ Asian
☐ Other _____

WERE YOU SEXUALLY ABUSED AS A CHILD: ☐ Yes ☐ No ☐ Not Sure

Knowledge of Child Sexual Abuse and Its Effects

1. When you saw the phrase "sexually abused by an adult" were you thinking it was a male or female who was abusing the child?

☐ Male
☐ Female

☐ Both
☐ Don't Know

2. When you saw the phrase "sexually abused by an adult" were you thinking of an adult trying to have or having intercourse with the child or were you thinking of some other kind of sexual activity?

☐ Intercourse
☐ Other Kind of Sexual Activity

☐ Both
☐ Don't Know

3. When you saw the phrase "sexually abused by an adult" were you thinking the abuser was a stranger to the child or a relative or someone who knew the child but was not related to the child?

☐ Stranger
☐ Relative

☐ Someone who knew but was not related
☐ Don't know
☐ Other _____

4. In the past year do you remember reading about or seeing or hearing a discussion about the problem of sexual abuse?

☐ Yes
☐ No

☐ Don't Remember

If so, where did you see or hear this?

☐ T.V.
☐ Newspaper
☐ Magazine

☐ Radio
☐ Book
☐ Place of Work

5. Which category comes closest to the number of girls you think have been sexually abused?

☐ Most
☐ 1/4
☐ 1/2

☐ 1 in 10
☐ 1 in 100
☐ 1 in 1000
☐ Don't Know

6. Which category comes closest to the number of boys you think have been sexually abused?

☐ Most
☐ 1/4
☐ 1/2

☐ 1 in 10
☐ 1 in 100
☐ 1 in 1000
☐ Don't Know

7. How many abusers do you think are women (guess) _____

8. How often do you think sexual abuse occurs by the following?

	Most	Some	Rare	Almost Never	Never	Don't Know
Stranger	_____	_____	_____	_____	_____	_____
Parent	_____	_____	_____	_____	_____	_____
Stepparent	_____	_____	_____	_____	_____	_____
Older Sibling	_____	_____	_____	_____	_____	_____
Other Relative	_____	_____	_____	_____	_____	_____

9. How often do you think people do this to children because:

	Usually	Sometimes	Rarely	Almost Never	Don't Know
Abuser is mentally ill	_____	_____	_____	_____	_____
Abuser is lonely and isolated	_____	_____	_____	_____	_____
Abuser is not getting enough sex from adults	_____	_____	_____	_____	_____
Abuser reads sex books	_____	_____	_____	_____	_____
Abuser does not think this is wrong	_____	_____	_____	_____	_____
Abuser is homosexual	_____	_____	_____	_____	_____
Abuser is senile	_____	_____	_____	_____	_____
Abuser is alcoholic	_____	_____	_____	_____	_____

10. How many abusers would you say are elderly (guess) _____

11. How often do you believe physical force is used:

_____ Often _____ Rarely _____ Don't Know
_____ Sometimes _____ Almost Never

12. How often do you think children are making up stories:

_____ Often _____ Rarely _____ Don't Know
_____ Sometimes _____ Almost Never

13. How often do you think people do this because the child acts in a sexy way?
- ☐ Often
☐ Sometimes ☐ Rarely ☐ Don't Know
14. What ages do you think children are most likely to be abused?
(circle one) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
15. When sexual abuse is in girls, what % do you think tell their parents soon afterwards?
- Girls _____%
16. When the abused are boys what % do you think will soon tell their parents?
- Boys _____%
17. If you were the only person who knew of a child sexual abuse situation, would you report it to anyone?
- ☐ Yes ☐ No ☐ Don't Know
18. Who would you report it to first?
- | | |
|---|---|
| <input type="checkbox"/> Police | <input type="checkbox"/> Child Abuse Hotline |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Child Welfare Agency |
| <input type="checkbox"/> Mental Health Agency | <input type="checkbox"/> Other _____ |
19. If you would not report it, would the reason be: (Check one)
- ☐ Rather handle it by yourself
- ☐ It's not serious enough to report
- ☐ Don't know exactly where to report it
- ☐ Don't want to butt into others' affairs
- ☐ Fear retaliation by the child's family
- ☐ Other _____
20. Which action do you think most important when it is found that the perpetrator is the father? (Check one)
- ☐ Remove the child from the home
- ☐ Remove the father from the home
- ☐ Try to keep the family together
- ☐ Don't Know

21. Please rate the following on whether you think they are:

	Definitely Abuse	Probably Abuse	Not Sure	Probably Not Abuse	Definitely Not Abuse
Other person touched child's sex organs	_____	_____	_____	_____	_____
Other person showed his/her sex organs to child	_____	_____	_____	_____	_____
Other person undressed or tried to undress child	_____	_____	_____	_____	_____
Other person had intercourse with child	_____	_____	_____	_____	_____
Other person attempted to have intercourse with child	_____	_____	_____	_____	_____
Other person made sexual remarks to the child	_____	_____	_____	_____	_____
Other person requested child do sexual things	_____	_____	_____	_____	_____
Other person fondled child through child's clothing	_____	_____	_____	_____	_____
Other person touched his/her mouth to child's sex organs	_____	_____	_____	_____	_____
Other person had child touch other person's sex organs with child's mouth	_____	_____	_____	_____	_____

PART III

Parental Attitudes Toward Preschool Education About Child Sexual Abuse

Please rate the following statements with:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Teaching preschoolers can help stop this type of abuse	_____	_____	_____	_____	_____
2. Teaching preschoolers assertiveness with adults causes rebellion	_____	_____	_____	_____	_____
3. Some children entice adults into sexual relationships	_____	_____	_____	_____	_____
4. Adults are always responsible in sexual relationships with children	_____	_____	_____	_____	_____
5. Having sexual experiences as a child is not so bad	_____	_____	_____	_____	_____
6. Preschool education about sexual abuse can usurp the normal development of the child-parent relationship	_____	_____	_____	_____	_____

PLEASE CHECK THE APPROPRIATE SPACE:

	Agree	Disagree	Don't Know
1. I prefer a school program on safety that includes a unit on touching.	_____	_____	_____
2. I prefer use of terms "private parts" or "bathing suit areas" to correct anatomical terms.	_____	_____	_____
3. I prefer to view any program before giving approval for my child to participate.	_____	_____	_____
4. I prefer "touching" to the word "sex" when talking with children.	_____	_____	_____

5. I would like to know the symptoms of child sexual abuse.
6. Children should be taught a list of individuals to whom they can turn for help (parents, teachers, family members, police, etc.).

Agree Disagree Don't Know

PLEASE CHECK THE FOLLOWING:

1. Have you ever talked with your preschooler about:

Yes

No

Aren't Sure

Death

Suicide

Drugs

Mental Illness

Homosexuality

Pregnancy and Birth

Kidnapping

Sexual abuse

2. If you have discussed sexual abuse, how did the subject come up?

- _____ Story on radio/newspaper
- _____ Something happened to another child
- _____ Decided it was time to discuss this
- _____ Had to leave child alone

3. Did you make mention of:

- _____ A person tempting a child with rewards.
- _____ A person trying to get the child into a car.
- _____ A person touching the child's sex organs.
- _____ A person showing his/her sex organs to the child.
- _____ A person trying to take the child away.

4. Did you instruct the child to watch out for:

- _____ Strangers
- _____ Other Children
- _____ Family members
- _____ Other adults a child knows

- Your child is too young to understand sexual abuse.

Agree

Disagree

Your child is in no danger of abuse.

It might frighten the child unnecessarily if you warned about sexual abuse.

It is a difficult subject to discuss with children.

Your child already understands about this type of abuse.

6. The most appropriate age to discuss sexual abuse with children is _____.

7. Please check the appropriate column:

Strongly
Agree

Agree

Neutral

Disagree

Strongly
Disagree

A child who reports sexual abuse:

Might be lying

Would make you upset
with the person who
did it

Would make you upset
with the child for
causing trouble

Would make you
emotionally upset

You feared something
like this could happen

You would feel like you
had not protected your
child

You would be embarrassed
that other people might
find out


8. How concerned would you be that the following could be the results of abuse:

	Very Concerned	Mildly Concerned	Neutral	Slightly Unconcerned	Very Unconcerned
Fear sex as an adult	_____	_____	_____	_____	_____
School problems	_____	_____	_____	_____	_____
Emotional problems	_____	_____	_____	_____	_____
Develop frigidity/ impotence	_____	_____	_____	_____	_____
More involved in sex	_____	_____	_____	_____	_____
Become homosexual	_____	_____	_____	_____	_____
Teased by peers	_____	_____	_____	_____	_____
Fear of adults	_____	_____	_____	_____	_____

Thank you for participation in this study. A report will be made to your child's teacher at the completion of the study. Please fold your questionnaire and seal it in one of the envelopes separate from your signed consent form. Please return both your signed consent form and your questionnaire within 3 days. Don't forget to tear off one of the numbers on the front page in the event you decide to withdraw from the study.

Many thanks for your time and cooperation in this project. Please call me if you have any questions (886-1606).

Sincerely,


Phyllis Parrott