

8

**AN EVALUATION OF A SCHOOL BASED PREVENTION PROGRAM:  
EDUCATING CHILDREN ABOUT SEXUAL ABUSE**

---

**MARIBEL TORRES**

To the Graduate Council:

I am submitting herewith a thesis written by Maribel Torres entitled "An Evaluation of a School Based Prevention Program: Educating Children About Sexual Abuse." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Psychology, and a concentration in Community Mental Health Counseling.

  
\_\_\_\_\_  
Dr. Maureen McCarthy, Major Professor

We have read this thesis  
and recommend its acceptance:

  
\_\_\_\_\_  
Second Committee Member

  
\_\_\_\_\_  
Third Committee Member

Accepted for the Council:

  
\_\_\_\_\_  
Dean of The Graduate School

STATEMENT OF PERMISSION TO USE

In presenting this thesis in partial fulfillment of the requirements for a Master of Arts degree at Austin Peay State University, I agree that the Library shall make it available to borrowers under rules of the Library. Brief quotations from this thesis are allowable without special permission, provided that accurate acknowledgment of the source is made.

Permission for extensive quotation from or reproduction of this thesis may be granted by my major professor, or in her absence, by the Head of Interlibrary Services when, in the opinion of either, the proposed use of the material is for scholarly purposes. Any copying or use of the material in this thesis for financial gain shall not be allowed without my written permission.

Signature

Margaret Jones

Date

10/17/96

AN EVALUATION OF A SCHOOL BASED PREVENTION PROGRAM:  
EDUCATING CHILDREN ABOUT SEXUAL ABUSE

A Thesis  
Presented for the  
Master of Arts  
Degree  
Austin Peay State University

Maribel Torres  
December 1996

## ACKNOWLEDGMENTS

I would like to thank my major professor, Dr. Maureen McCarthy, for her assistance and patience in completing this project. I would also like to thank my committee members, Dr. Jean Lewis and Dr. Garland Blair for their valuable input.

I would also like to thank Dr. Sylvia Nassar-McMillan for her guidance and dedication at the onset of this project.

Finally, I would like to thank my family and friends who gave their support and encouragement throughout each step.

## ABSTRACT

The purpose of this study was to determine the effectiveness of a child abuse prevention program in increasing children's knowledge about sexual abuse and personal safety skills. Twenty-four children were pre-tested using the "What If Situations Test" (WIST) and participated in the "Empower Children" Program developed by the Rape and Sexual Abuse Center of Davidson County. Children were subsequently post-tested using the WIST. Pre-test and post-test scores showed that the sexual abuse prevention program was effective in teaching children about sexual abuse. The children were better able to recognize abuse, knew how to respond in potentially abusive situations, and were able to remember and report key concepts.

# TABLE OF CONTENTS

CHAPTER	PAGE
1. INTRODUCTION . . . . .	1
2. LITERATURE REVIEW . . . . .	3
History of Prevention Programs . . . . .	3
Types of Prevention Programs . . . . .	4
Modes of Presentation . . . . .	5
Printed Material . . . . .	5
Theatrical Performance . . . . .	6
Lecture/Discussion . . . . .	6
Audiovisual Materials . . . . .	7
Length of Programs . . . . .	7
Program Effectiveness . . . . .	7
Purpose of Research . . . . .	10
3. METHOD . . . . .	11
Subjects . . . . .	11
Instrument . . . . .	11
Procedure . . . . .	12
Results . . . . .	13
4. DISCUSSION. . . . .	17
LIST OF REFERENCES . . . . .	20
APPENDIXES . . . . .	26
A. Research Consent Form . . . . .	27
B. What If Situations Test (WIST). . . . .	28
C. Session Outline . . . . .	32
D. Safety Plan . . . . .	35
E. Human Subjects Form . . . . .	36

## CHAPTER 1

National attention has been focused on the area of child sexual abuse in recent decades. In 1986, the National Incidence Studies (NIS), sponsored by the U.S. Department of Health and Human Services, reported that 25.2 children per 1,000 nationwide experience abuse or neglect (Peterson, 1993). These individuals were more often victimized by known perpetrators such as relatives, family acquaintances, or other trusted individuals (Carroll, Miltenberger, & O'Neill, 1992). Another recent estimate revealed that over one million children have been sexually abused before reaching their eighteenth birthday (Olsen & Widom, 1993). Individuals who have been abused are typically described as having characteristics such as fear, anxiety, depression, anger, aggression and sexually inappropriate behaviors (Finkelhor, 1990). Finkelhor also found a frequent pattern of long term effects among individuals. This includes depression, interpersonal difficulties, substance abuse, delinquency and revictimization.

Due to the large numbers of children being victimized and the concern to prevent such abuse, the government passed the federal Child Sexual Abuse Prevention Act (CAPTA) in 1974 (Olsen & Widom, 1993). This act was created for the purpose of preventing and treating child sexual abuse and neglect through funds set aside for research. However, as the reported abuse has continued to increase, the need for

more funding and respective programs has become quite evident. The next chapter will detail the efforts made to educate children on sexual abuse.

## Literature Review

History of Prevention Programs

Recently, sexual abuse prevention programs have been implemented within schools, churches, day care centers, and educational programs such as HeadStart. School based prevention programs began in the 1970's and were mainly developed and funded by community organizations and justice agencies (Kohl, 1993). Until recently, prevention programs were directed at focusing primarily on the dangers of advances made by strangers, or what is more commonly known as "stranger danger" (Saslawsky & Wurtele, 1986). However, as the authors have noted, approximately 15-20 percent of the reported cases are perpetrated by strangers. Thus, this angle of identifying only strangers as abusers provides limited benefits. Current prevention programs target abuse by known offenders.

School based programs have been the most widely recognized and utilized. This emphasis on school based programs is partially due to the ease of incorporating prevention training into the regular routines of the school day (Conte, Rosen, & Saperstein, 1986). These programs have been the most widely criticized because school administrators often ignore important considerations (Pelcovitz, Adler, Kaplan, Packman, & Krieger, 1992; Tharinger, Krivacska, Laye-McDonough, Jamison, Vincent, & Hedlund, 1988; Trudell & Whatley, 1988). Tharinger and his colleagues (1988) point

out that prevention programs developed for children should be only one of a combination of efforts created to prevent and treat this problem, and that school personnel must be aware of the strengths, limitations, and unintended consequences of the programs. Programs should also be developmentally appropriate for the age of the school group.

Critics also question whether children should be expected to participate in efforts to prevent their own abuse (Conte et al, 1986; Tharinger et al, 1988; Trudell & Whatley, 1988). Conte and colleagues (1986) urge professionals to recognize that the use of prevention materials should be viewed as a temporary effort to help children resist abuse until "social and environmental conditions which cause and support this abuse can be changed" (p.153).

#### Types of Prevention Programs

Three types of prevention programs have been identified for teaching children how to prevent and identify sexual abuse (Heflar, 1987). The first is primary prevention which is designed to prevent or reduce the incidence of new cases of child abuse. Primary prevention provides training to targeted populations before the actual harm occurs. Secondary prevention programs involve early detection of parenting problems and provides training to ensure that the parents are given the necessary skills to prevent the abuse from continuing. Tertiary prevention, is designed for children who have already been identified as abuse victims with the

goal of teaching them the necessary skills to prevent the abuse from reoccurring. The premise or goal behind these programs is to "teach children to recognize the inappropriateness of the adult's behavior, resist the inducement, react quickly to remove themselves from the situation and then tell someone of the incident" (Saslowsky & Wurtele, 1986, p.237).

### Modes of Presentation

There are several methods typically involved in child sexual abuse prevention programs that are used in teaching children about sexual abuse (Caroll et al, 1992; Conte et al, 1986; Krivacska, 1986). Most programs incorporate a variety of the concepts as well as the media used to communicate them. Those methods will be described in more detail.

Printed Material. A number of printed materials on preventing child sexual abuse are commercially available. One such program is entitled Red Flag, Green Flag Prevention Book, which is a 28 page coloring book with captions describing a range of touches dealing with aggressive, sexual, and appropriate interpersonal touching (Miltenberger & Thiesse-Duffy, 1988; Miltenberger, Thiesse-Duffy, Suda, Kozack, & Bruellman, 1990). Other materials include various coloring books for children, and books to be read to or with the children (Wurtele, 1987).

Theatrical Performance. Several organizations employ traveling troupes of professionals and actresses who make dramatic presentations within a classroom setting. Touching, by Michael Adkin, was developed while working with the Toy Towne Troupers, a professional theatre group for children (Tutty, 1992; Tutty, 1994). The play revolves around Alex who is androgynous both in appearance and behavior. While in the park, Alex encounters individuals who touch him/her in uncomfortable ways. Mimi Mime helps Alex to protect himself/herself by holding up signs to him/her (and the audience), teaching children to use their intuition of appropriate or inappropriate touches. Although this method is the most entertaining for children, it is the most costly.

Lecture/Discussion. Other prevention programs involve adults providing information about sexual abuse to small groups of children. The Behavioral Skills Training Program (BST) is a five day program designed to teach children personal safety skills from a behavioral perspective (Wurtele, 1993a). Children practice discriminating between appropriate and inappropriate touches of the genitals and are taught the appropriate verbal (e.g., say "NO") and motoric responses (e.g., try to get away, tell someone) to protect their bodies in the inappropriate situations. The program also teaches children that some secrets should not be kept. Explanations are given showing the difference

between surprises (e.g., preparing for a surprise party) and having to keep a secret when someone touches a private part of one's body.

Audiovisual Material. Audiovisual media is another effective method to teach children about sexual abuse. The video, Feeling Yes, Feeling No, is used to inform and educate children about what they can do to prevent abuse from happening to them (Hazzard, 1993; Hazzard, Webb, Kleemier, Angert, & Pohl, 1991; Sigurdson, Strang, & Doig, 1987). The video includes children of different ethnic and cultural backgrounds which becomes quite useful when working with diverse populations.

#### Length of Programs

Program lengths may vary from a single session lasting one half-hour to multiple sessions spanning several days (Conte et al, 1986). Variation in program length may be due to the function and the goal of the program (Wurtele, 1987). Programs spanning several days are used to teach assertiveness and general personal safety skills. Shorter programs are used to teach children to protect themselves from potential molesters. Shorter sessions also are typically used for younger, school aged children due to their short attention span.

#### Program Effectiveness

Results of various studies demonstrate that groups of children can be taught sexual abuse concepts and can learn

appropriate self-protective responses through prevention programs (Conte et al, 1985; Hazzard et al 1991; Sigurdson et al 1987; Wurtele, 1990; Wurtele, Saslawsky, Miller-Perrin, Marrs, & Britcher, 1986). Results of one study (Conte et al, 1985) indicate that participation in the training was successful in increasing the children's knowledge about prevention concepts. The children (ages 4-10) were encouraged to examine responses to various kinds of touching, to initiate and reinforce assertive behavior and to identify potential support systems available. Children in the training group increased their knowledge while children in the control group demonstrated a nonsignificant increase in their knowledge.

Another study evaluated the "Feeling Yes, Feeling No" program and revealed that children were very responsive to the video and that the program was a valuable tool in helping children develop self-protection skills (Sigurdson et al, 1987). Two classes in grades 4,5 and 6 (ages 9-13) participated in the program. Approximately 28.5 percent of the students expressed a greater degree of self ownership and control after participating in the program.

A similar study assessed learned child preventive skills (Hazzard et al, 1991). Twenty-one elementary schools volunteered to participate in the prevention program and evaluation. The study revealed that the children who participated in the program had a significant increase in

prevention related knowledge, as compared to control children, and maintained these gains at six week follow up.

The effects of age on the ability of children to learn sexual abuse prevention concepts has yielded differing results (Conte et al, 1985; Nemerofsky, Carran, & Rosenberg, 1994; Tutty, 1994; Wurtele et al, 1986). Older children have a stronger base of knowledge of prevention concepts both before and after the program (Wurtele et al, 1986). These researchers speculate that the higher scores of the older children result from the fact that children in the fifth and sixth grades have better planning ability, more developed verbal skills, and possibly more exposure to the topic through the media and discussions with family and friends.

Despite these findings, it has been shown that children as young as kindergarten-age can be taught skills to prevent sexual abuse. Children who participated in a study by Harvey, Forehand, Brown and Holmes (1988) demonstrated greater knowledge about what constitutes sexual abuse and about safety rules concerning sexual abuse, and greater skills in handling sexual abuse situations. Another study demonstrated that preschool age children could learn and retain child sexual abuse prevention concepts (Nemerofsky et al, 1994). These studies provide support for the

implementation of sexual abuse prevention programs with preschool children.

### Purpose of Research

This study addressed whether or not participation in a prevention program improved children's knowledge about sexual abuse. For the purpose of this study, sexual abuse will be defined as "contact or interaction between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person" (Albers, 1991; Saslawsky, & Wurtele, 1986). The question of interest for the present study is did children learn as a result of the program.

This study is important because it will help those individuals involved in the care of children to make informed decisions about the effectiveness of the program as measured by the increase in participants' knowledge. This newly developed program has not yet been administered nor has it been empirically tested; thus, the need for the current study.

## Method

The hypothesis guiding this study is that children who participate in a sexual abuse prevention program will have significantly increased knowledge regarding sexual abuse. This evaluation was intended to determine whether or not the program was successful in teaching children certain basic prevention concepts. As a preliminary indication of program success, children's learning of concepts was tested.

Subjects

Subjects for the evaluation were 24 children (13 girls and 11 boys; 100 percent Black) attending a summer program with the Montgomery County Parks and Recreation department. These children ranged in age from 4 to 9 years and came from low-income families living in government housing. Parental consent was obtained before the assessment (Appendix A).

Instrument

What If Situations Test. The WIST (Wurtele, 1993b) contains descriptions of six brief hypothetical situations; three vignettes describe a bigger person making an appropriate request to touch the child's private parts (e.g., physician wanting to touch the child's injured private parts), and three describe inappropriate-touch requests (e.g., a man in the park wanting to touch the child's private parts). After each vignette, children are asked (a) "Would it be OK for (person in vignette) to (do activity requested)?;" (b) "What would you say to (person in vignette)?;" (c) "What

would you do?;" (d) "Would you tell anyone (about the situation)?", if so, "Who would you tell?;" and (e) "What would you say to (person named in d)?" (Appendix B).

According to the scoring guidelines for the WIST, responses to each of the skill questions (e.g., "What would you say?"; "What would you do?"; "Who would you tell?"; and "What would you say to resource person?") receive 0 to 2 points. Scores for each personal safety skill are summed across the three inappropriate vignettes (Questions #3, #4, #5) to yield a Total Specific Skill Score (e.g., maximum possible score for each skill is 6; two points per vignette x 3 vignettes). To measure children's overall personal safety skill level, the sum of the responses to the SAY, DO, TELL and REPORT questions (maximum = 8 points per vignette) are combined across the three inappropriate vignettes for maximum Total Skill Score of 24. Test-retest reliability for this instrument is .89 (Wurtele, 1993b). No other information on validity or inter-reliability was cited.

### Procedure

Children were individually pre-tested by this researcher using the WIST and then participated in a non-threatening curriculum entitled "Empower Children" (Appendix C, D), conducted by a prevention specialist from the Rape and Sexual Abuse Center. This primary prevention program was used to educate the children about abuse and domestic violence, body ownership and private zones, appropriate and

inappropriate touches (e.g., fun touch, hurt touch, and secret touch), assertiveness training, and availability of safe responses (Rape and Sexual Abuse Center of Davidson County, personal communication, October 17, 1995). Developmental issues were addressed to ensure that the concepts were appropriate for the childrens ages. The personal safety curriculum consisted of four sessions lasting approximately two hours over a four day period. On the final day, role plays of appropriate responses were required of the children to demonstrate the skills that they had learned. They then were individually post-tested by this researcher using the WIST.

In case of any report of an abuse situation, a team of DHS workers were available on standby to participate in investigation, support and emergency treatment of the child.

### Results

The WIST produced four subtest scores and a summary score. The following section will provide descriptive data for the four subtests (SAY, DO, TELL, REPORT). The first subtest labeled SAY assessed whether or not the child would say anything to the perpetrator (verbally rejecting the perpetrator). After the program, the mean score and standard deviation for this subtest was 5.54 and 0.86 respectively.

The second subtest labeled DO assessed whether or not the child would physically escape the situation. After the

program, the mean and standard deviation was 5.71 and 0.85 respectively. Both of the means for SAY and DO reflect common findings throughout the literature (Binder and McNeil, 1987; Hazzard et al, 1991; Liang, Bogat and McGrath, 1993). Liang et al (1993) found that children generally have had repeated exposure to the SAY NO and DO concepts prior to participating in the sexual abuse programs. Children are taught early on to "say no" to any stranger making inappropriate requests and to leave the situation. Although not specifically asked, the children in this study probably had some previous exposure to these concepts and did not find them difficult to comprehend.

The third subtest labeled TELL assessed whether or not the child would report the inappropriate sexual advances to someone. The subtest produced a post-test mean score and standard deviation of 4.96 and 1.21 respectively.

The final subtest labeled REPORT assessed whether or not the child could make an informative disclosure to the person they said they would tell. The mean score and standard deviation for this subtest was 3.96 and 1.48 respectively. The children were able to increase their scores for these two skills but they had greater difficulty as compared to the SAY and DO skills. Conte et al (1986) evaluated this concern and found that children have difficulty understanding cognitive based behaviors and are unable to effectively change this behavior. The children in this study had diffi-

culty comprehending the necessity to tell someone about the abuse or the ability to adequately verbalize what occurred. In the future, using more techniques such as modeling of desired behavior, guided rehearsal and role plays may produce more change in the children's behavior.

Table 1 contains the means (and standard deviations) for the four personal safety skills (SAY, DO, TELL, REPORT). For each skill, the children increased their knowledge about sexual abuse and were better able to identify the appropriate responses after participating in the program.

Table 1.

Means (and standard deviations) for Specific Skill Scores at Pre-test and Post-test

<u>Prevention Skill</u>	Measurement Period			
	Pre-test		Post-test	
	Mean	SD	Mean	SD
What would you say? (range 0-6)	3.67	1.67	5.54	0.86
What would you do? (range 0-6)	4.30	1.72	5.71	0.85
Who would you tell? (range 0-6)	2.92	1.64	4.96	1.21
What would you report? (range 0-6)	2.13	1.53	3.96	1.48
WIST Total Skill (range 0-24)	13.04	3.86	20.16	2.15

Table 1 also contains the mean scores and standard deviation of the WIST Total Skill (summary score). The Total Skill level was obtained by adding the individual scores for the three safety skills: SAY, DO, TELL, REPORT (range 0 to 24).

Pre and post-test analysis of the summary scores was conducted using a related samples t-test. This test was chosen because of its effectiveness to assess the magnitude of differences between the pre-test and post-test scores. As predicted, a significant increase was found in the overall level of knowledge about sexual abuse. The effect of the program was found to be statistically significant,  $t(1, 24) = -4.489, p < .01$ .

## CHAPTER 4

### Discussion

One assumption behind child sexual abuse prevention programs is that many children do not know what sexual abuse is (Wurtele, 1993). Pre-test data for this study clearly support this assumption. Several of the children were unable to recognize the inappropriate-touch requests, and few subjects thought they should report this secret touching. At pre-testing, few children said they would tell anyone about someone trying to touch or look at their genitals. Even fewer knew how to report. These findings underscore young childrens' possible vulnerability to sexual abuse.

Wurtele (1993) also indicated that children can be taught knowledge and skills that may be useful in preventing or escaping abuse. The hypothesis evaluated whether or not children who participate in a sexual abuse prevention program would have significantly increased knowledge about sexual abuse. The hypothesis was clearly supported in the present study, as post-test data revealed that the children improved significantly in their abilities to recognize abuse, knew how to respond in potentially abusive situations, and remember and report key concepts.

Present results suggest that children can benefit from personal safety programs (in terms of knowledge and skill gains). The children in this study were taught to trust and act on their negative feelings in sexually abusive situa-

tions. Also, after the program, the children expressed a greater willingness to tell a parent or teacher in the event a child became a victim of abuse. This is an important outcome of the program since telling an adult about childhood sexual abuse may lead to the interruption of an abusive situation and decreased self-blame in children who become victims of abuse (Binder & McNeil, 1987).

Several limitations are inherent in this study. One limitation involves the assessment of the children's gained knowledge. The measurement only takes into account the child's verbal self-report. Due to ethical constraints, however, it would be impossible to put children into a situation to determine what they would actually do if confronted by a perpetrator.

Several other factors affected the generalizability of the results. The lack of parental consent affected the sample size which may have limited the effects of the program. Race also affected generalizability since all subjects in the study were African American. Finally, because the children were targeted by the Rape and Sexual Abuse Center, generalizability to other students or schools may be limited.

This study has documented that sexual abuse prevention programs can be both implemented and evaluated. Results of this study provide researchers with preliminary evaluation results which provide a basis for future assessment of

program effectiveness. Efforts should be made to talk with children after the program to determine if they have successfully learned what the program was trying to teach (Hazzard et al, 1991). Because many prevention trainers will not have contact with the children over an extended period of time, it has been recommended that trainers should prepare parents, teachers or other adults to continue talking to children about the concepts discussed during the program (Conte et al, 1985).

Future research should examine how long children retain the information learned in the programs. Secondly, research should evaluate which program components are the most helpful (e.g., role play, discussions, lecture, parent workshops). And finally, methods need to be developed which can assess children's skills without exposing them to unethical situations or relying on verbal report. In summary, the program was effective in providing children with the necessary skills to remove themselves from a potentially dangerous situation.

LIST OF REFERENCES

## References

Albers, E. (1991). Child sexual abuse programs: Recommendation for refinement and study. Child and Adolescent Social Work, 8(2), 119-125.

Binder, R.L., & McNeil, D.E. (1987). Evaluation of a school-based sexual abuse prevention program: Cognitive and emotional effects. Child Abuse and Neglect, 11, 497-506.

Carroll, L.A., Miltenberger, R.G., & O'Neill, H.K. (1992). A review and critique of research evaluating child sexual abuse prevention programs. Education and Treatment of Children, 15(4), 335-354.

Conte, J.R., Rosen, C., & Saperstein, L. (1986). An analysis of programs to prevent the sexual victimization of children. Journal of Primary Prevention, 6(3), 141-155.

Conte, J.R., Rosen, C., Saperstein, L., & Shermack, R. (1985). An evaluation of a program to prevent the sexual victimization of young children. Child Abuse and Neglect, 9, 319-328.

Finkelhor, D. (1990). Early and long term effects of child sexual abuse. Professional Psychology, 21(5), 325-330.

Harvey, D., Forehand, R., Brown, C., & Holmes, T. (1988). The prevention of sexual abuse: Examination of the effectiveness of a program with kindergarten-age children. Behavior Therapy, 19, 429-435.

Hazzard, A. (1993). Psychoeducational groups to teach children sexual abuse prevention skills. Journal of Child and Adolescent Group Therapy, 3(1), 13-23.

Hazzard, A., Webb, C., Kleemier, C., Angert, L., & Pohl, J. (1991). Child sexual abuse prevention: Evaluation and one year follow up. Child Abuse and Neglect, 15, 123-138.

Heflar, R.E. (1987). An overview of prevention. In Hefler, R.E. & Kempe, R.S. (Eds.), The Battered Child (4th Ed.). Chicago: University of Chicago Press, 429.

Kohl, J. (1993). School based child sexual abuse prevention programs. Journal of Family Violence, 8(2), 137-150.

Krivacska, J.J. (1992). Child sexual abuse prevention programs: The prevention of childhood sexuality? Journal of Child Sexual Abuse, 1(4), 83-112.

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

Miltenberger, R.G., & Thiesse-Duffy, E. (1988). Evaluation of home based programs for teaching personal safety skills to children. Journal of Applied Behavior Analysis, 21, 81-87.

Miltenberger, R.G., Thiesse-Duffy, E., Suda, K.T., Kozack, C., & Bruellman, J. (1990). Teaching prevention skills to children: The use of multiple measures to evaluate

parent versus expert instruction. Child and Family Behavior Therapy, 12(4), 65-87.

Nemerofsky, A.G., Carran, D., & Rosenberg, L.A. (1994). Age variation in performance among preschool children in a sexual abuse prevention program. Journal of Child Sexual Abuse, 3(1), 85-102.

Olsen, J. & Widom, C.S. (1993). Prevention of child abuse and neglect. Applied and Preventive Psychology, 2, 217-229.

Pelcovitz, D., Adler, N.A. Kaplan, S., Packman, L., & Krieger, R. (1992). The failure of a School-based child sexual abuse prevention program. Journal of American Academy of Child Adolescent Psychiatry, 31(5), 887-892.

Peterson, M.P. (1993). Physical and sexual abuse among school children: Prevalence and prevention. Educational Psychology Review, 5(1), 63-86.

Saslowsky, D.A., & Wurtele, S.K. (1986). Educating children about sexual abuse: Implications for pediatric intervention and possible prevention. Journal of Pediatric Psychology, 11(2), 235-245.

Sigurdson, E., Strang, M., & Doig, T. (1987). What do children know about preventing sexual assault? How can their awareness be increased? Canadian Journal of Psychiatry, 32, 551-557.

Tharinger, D.J., Krivacska, J.J. Laye-McDonough, M., Jamison, L., Vincent, G.G. & Hedlund, A.D. (1988). Preven-

tion of child sexual abuse: An analysis of issues, educational programs, and research findings. School Psychology Review, 17(4), 614-634.

Trudell, B., & Whatley, M.H. (1988). School sexual abuse prevention: Unintended consequences and dilemmas. Child Abuse and Neglect, 12, 103-113.

Tutty, L.M. (1992). The ability of elementary school children to learn child sexual abuse prevention concepts. Child Abuse and Neglect, 16, 369-384.

Tutty, L.M. (1994). Developmental issues in young children's learning of sexual abuse prevention concepts. Child Abuse and Neglect, 18(2), 179-192.

Wurtele, S.K. (1987). School based sexual abuse prevention programs: A review. Child Abuse and Neglect, 11, 483-495.

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

Wurtele, S.K. (1993a). Enhancing children's sexual development through child sexual abuse prevention programs. Journal of Sex Education and Therapy, 19(1), 37-46.

Wurtele, S.K. (1993b). The role of maintaining telephone contact with parents during the teaching of a personal safety program. Journal of Child Sexual Abuse, 2(1), 65-81.

Wurtele, S.K., Saslawsky, D.A., Miller-Perrin, C.L., Marrs, S.R. & Britcher, J.C. (1986). Teaching personal

safety skills for potential prevention of sexual abuse: A comparison of treatments. Journal of Consulting and Clinical Psychology, 54(5), 688-692.

APPENDIXES

## APPENDIX A

## Consent for Research Study

Title of Project: An evaluation of a school based  
prevention program: Teaching children  
about sexual abuse

Principal Investigator: Maribel Torres, APSU Graduate  
Student

Name of Child:

Name of Parent:

The pre-tests and post-tests on the school based personal safety program are intended to measure the amount of information learned about risk situations and safe responses to danger. It consists of 10-15 questions, asking children what they would do in violent or dangerous situations. The testing will be conducted by Maribel Torres, a Psychology graduate student from Austin Peay State University under the supervision of Maureen McCarthy, Ph.D., Assistant Professor.

With the parent's permission, children will be drawn from groups just before studying the personal safety program and will be given a short interview prior to the program and another brief interview after the program. Interviews are expected to take no more than 20 minutes.

There are no risks or inconveniences that are expected to ensue from the program. Possible benefits are an additional review of safety information. This study will give valuable information as to which programs are most effective in helping children learn about personal safety.

All information obtained for this study will be kept confidential, and the children's names are not used in reporting the results of the testing. The information will be available only to the investigator, research supervisor, and the Rape and Sexual Abuse Center personnel. However, because this research does involve issues of sexual abuse, any disclosures that may be made by a child will be reported to the appropriate authorities.

Any questions or concerns about the testing may be directed to Dr. McCarthy, Assistant Professor, APSU, (615) 648-7233, or Maribel Torres, (615) 648-7233. Any questions about the program may be directed to Billie Greene, MA/MS, Clinical Director RSAC, (615) 259-9066 or Brenda Scott, MS, Supervisor RSAC, (615) 259-9055.

I have read this consent form and understand the nature of this study and possible risks and benefits. I understand that I may withdraw my child at any time.

DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

APPENDIX B

What If Situations Test (WIST)

- I. What if you were riding your tricycle and you fell off and hurt your private parts. When you went home your mom or dad wanted to look at your private parts.
- A. Would it be OK for your mom or dad to look at your private parts? YES/NO/DK  
(If YES; go on to next vignette)  
(If DK, prompt once; if DK again, go on to next vignette)
- B. What would you say to your mom or dad?  
\_\_\_\_\_
- C. What would you do? \_\_\_\_\_  
\_\_\_\_\_
- D. Would you tell anyone that your mom or dad wanted to look at your private parts? YES/NO/DK  
(If No; go on to next vignette)  
(If DK; prompt once; if DK again, go on to next vignette)  
(If YES; "Who would you tell?" (prompt ONCE: Anyone else?"))
- E. What would you say to (first person named above)?  
\_\_\_\_\_
- II. What if after you fell off your tricycle and hurt your private parts, your mom or dad took you to the doctor. The doctor said, "I need to touch your private parts, (name of child)".
- A. Would it be OK for the doctor to touch your private parts? YES/NO/DK
- B. What would you say to the doctor? \_\_\_\_\_  
\_\_\_\_\_
- C. What would you do? \_\_\_\_\_  
\_\_\_\_\_
- D. Would you tell anyone that the doctor wanted to touch your private parts? YES/NO/DK  
(If NO: go on to next vignette)  
(If DK, prompt once; if DK again, go on to next vignette)  
(If YES; "Who would you tell?" (prompt ONCE: "Anyone else?")) \_\_\_\_\_

E. What would you say to (first person named above)?  
\_\_\_\_\_

III. What if a neighbor who is a big person who lives near you said to you, "Hey, (name of child), let's play a real fun game! You take off all your clothes and I'll take pictures of your private parts with my camera!"

A. Would it be OK for your neighbor to take pictures of your private parts?  
(If YES; go on to next vignette)  
(If DK, prompt once; if DK again, go on to next vignette)

B. What would you say to your neighbor? \_\_\_\_\_

C. W h a t w o u l d y o u d o ?  
\_\_\_\_\_

D. Would you tell anyone that your neighbor wanted to take pictures of your private parts? YES/NO/DK  
(If NO; go on to next vignette)  
(If DK, prompt once; if DK again, go on to next vignette)  
(If YES; "Who would you tell?") (prompt ONCE: Anyone else?) \_\_\_\_\_

E. What would you say to (first person named above)?  
\_\_\_\_\_

IV. What if you had a babysitter who said to you, "(name of child), I'll let you stay up late to watch your favorite TV show, if you touch MY private parts for a little while".

A. Would it be OK for you to touch your babysitter's private parts? YES/NO/DK  
(If YES; go on to next vignette)  
(If DK, prompt once; if DK again, go on to next vignette)

B. What would you say to your babysitter?  
\_\_\_\_\_

C. What would you do? \_\_\_\_\_

D. Would you tell anyone that your babysitter wanted you to touch her private parts? YES/NO/DK  
(If NO: go on to next vignette)

(If DK, prompt once; if DK again, go on to next vignette)

(If YES: "Who would you tell?") (prompt ONCE: "Anyone else?") \_\_\_\_\_

E. What would you say to (first person named above)?  
\_\_\_\_\_

V. What if you were playing at the park and a man you like said to you, "Hey (name of child), I'll go buy you an ice cream cone if you take off your pants and let me touch your private parts."

A. Would it be OK for the man to touch your private parts? YES/NO/DK  
(If YES: go on to next vignette)  
(If DK, prompt once; if DK again, go on to next vignette)

B. What would you say to the man? \_\_\_\_\_

C. What would you do? \_\_\_\_\_

D. Would you tell anyone that the man wanted to touch your private parts? YES/NO/DK  
(If NO: go on to next vignette)  
(If YES: "Who would you tell?") (prompt ONCE: Anyone else?") \_\_\_\_\_

E. What would you say to (first person named above)?  
\_\_\_\_\_

VI. What if you had an owey on your private parts and it hurt real bad. Your mom or dad took you to the doctor's office. The nurse, who helps the doctor, wanted to touch your private parts to put medicine on them.

A. Would it be OK for the nurse to touch your private parts? YES/NO/DK  
(If YES: go on to next question)  
(If DK, prompt once; if DK again, go on to next question)

B. What would you say to the nurse?  
\_\_\_\_\_

C. What would you do?  
\_\_\_\_\_

- D. Would you tell anyone that the nurse wanted to touch your private parts? YES/NO/DK  
(If NO: go on to next question)  
(If DK, prompt once; if DK again, go on to next question)  
(If YES; "Who would you tell?") (prompt ONCE: Anyone else?) \_\_\_\_\_
- E. What would you say to (first person named above)?  
\_\_\_\_\_

## APPENDIX C

## SESSION ONE

- I. Introduction to program (K-5)
  - A. Subject matter
  - B. Length of each session
  - C. Duration of the entire program
  - D. Talk about the group rules
  - E. The Honk
  
- II. Get acquainted with the students and the setup of the group
  - A. get the names of each student in the class
  - B. For K-2, warm up
  - C. For 3-5, help students create a club setting
    1. get club name
    2. make rules for club and decide consequences if rules are not followed
    3. give them the option of playing the bug game or exploring emotions through facial expressions

## BREAK

- III. Personal Safety Rules
  - A. Definition of safety and rules
  - B. Importance of safety and the reason for rules
  - C. What happens when different rules are broken
    1. What if exercise
  - D. For K-2:
    1. Make sure they know their complete (birth) name, address, phone number, family members' complete (birth) names
    2. What to do if approached by someone that he or she does not know
    3. How to answer the door and the phone if they are ever home alone
    4. Knowledge of two emergency numbers: 911 and an adult friend they trust and can call/tell in case of emergency
    5. Talk about family rules
  - E. For 3-5: (add to above)
    1. Distinguish between societal rules (the law), safety rules and family rules
    2. Help them begin developing personal rules for living
    3. Begin talking about boundaries and body ownership and personal space

## SESSION TWO

- I. The Honk

- II. Review
  - A. For K-2, warm up
  - B. For 3-5, review the minutes of the last meeting
- III. Sexual abuse
  - A. K-2, begin exploring boundaries, parts of the body and personal space
    - 1. define private
    - 2. read books: PRIVATE ZONE or MY BODY IS PRIVATE
    - 3. practice boundary exercises
    - 4. talk about space invaders
  - B. 3-5, review personal space and boundaries
    - 1. practice boundary and space exercises
    - 2. talk about what to do when space is invaded

**BREAK**

- C. Breathing Exercises
  - 1. introduction to the body and the proper names for the different body parts
  - 2. read excerpts from A VERY TOUCHING BOOK

**BREAK**

- IV. Talk about touching for all grades
  - A. Fun, hurting and secret touching
  - B. For K-5 use WARM FUZZIES AND COLD PRICKLES
  - C. What to do about different kinds of touching
  - D. For 3-5, go more in depth about abuse and domestic violence

**SESSION THREE**

- I. The Honk
- II. Review
  - A. Warm up
  - B. 3-5, review touching and personal space and boundaries
- III. Dynamics
  - A. Talk about the difference between secrets and surprise
  - B. Talk about what happens when someone gives a strange touch
  - C. Who can we tell about it (review emergency people)
  - D. What about if it someone they know and love
  - E. Role play what to tell and how to tell an adult that someone is touching
  - F. What about if it is already happening to them or someone that they know

**SESSION FOUR**

## Graduation Celebration

Go over the things that we have learned and taught  
Do more rehearsing and role plays  
Pass out certificates

## APPENDIX D

## PERSONAL SAFETY PLAN FOR:

HERE IS A PICTURE OF MY BODY. IT BELONGS TO ME. I HAVE SOME PLACES CALLED PRIVATE PARTS. THEY ARE VERY SPECIAL. DRAW A PICTURE OF YOUR BODY HERE:

FRONT

BACK

NOW CIRCLE YOUR PRIVATE PARTS.

NO ONE HAS A RIGHT TO TOUCH YOU IN YOUR PRIVATE PARTS, EXCEPT MAYBE A DOCTOR OR NURSE (IF YOUR PARENTS SAY IT'S OKAY).

PEOPLE I CAN TRUST AND TALK TO:

WRITE DOWN FOUR PEOPLE YOU CAN TALK TO IF YOU HAVE QUESTIONS ABOUT TOUCHING YOUR PRIVATE PARTS:

EXAMPLE: MY TEACHER

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

BECAUSE I AM A SPECIAL, ONE OF A KIND PERSON, I PROMISE I WILL TELL ONE OF THE PEOPLE I CAN TRUST IF SOMEONE TRIES TO TOUCH MY PRIVATE PARTS. IF THE FIRST PERSON DOESN'T DO ANYTHING, I WILL KEEP ON TELLING UNTIL SOMEONE DOES.

SIGN HERE \_\_\_\_\_

WITNESS \_\_\_\_\_

## APPENDIX E

## AUSTIN PEAY STATE UNIVERSITY

CHECKLIST FOR RESEARCH INVOLVING HUMAN SUBJECTS  
(Must be typed)

TITLE An evaluation of a school based prevention program: Teaching  
children about sexual abuse.

FUNDING SOURCE \_\_\_\_\_

PRINCIPAL INVESTIGATOR Maribel Torres DEPARTMENT Psychology

SPONSOR (if student research) Dr. Sylvia Nassar-McMillan

1. Give a brief description or outline of your research procedures as they related to the use of human subjects. This should include a description of the subjects themselves, instructions given to them, activities in which they engage, special incentives, and tests and questionnaires. If new or non-standard tests for questionnaires are used, copies should be attached to this form. NOTE: If the subjects are minors or "vulnerable" (children, prisoners, mentally or physically infirm, etc.).  
Fifty children, from the ages of 5-8, will be randomly selected from one of the four schools chosen to participate in the child abuse prevention program. Students were selected by the Rape and Sexual Abuse Center of Davidson County based on demographic risk factors and teacher input. The Rape and Sexual Abuse Center will hold a parent and teachers' meeting explaining the goals of the program and the procedures involved. The prevention curriculum entitled "Empower Children" will be administered by the center. The first session of the program will consist of the rules, boundaries and expectations of
2. Does this research entail possible risk to psychic, legal, physical, or social harm to the subjects? Please explain. What steps have been taken to minimize these risks? What provisions have been made to insure that appropriate facilities and professional attention necessary for the health and safety of the subjects are available and will be utilized?

There will be no risk of harm to the subjects by participating in this study. Once the sessions are completed, the children will be assigned a mentor from the Buddies of Nashville and will attend weekly support sessions to further discuss the topic, if appropriate. In case of any report of abuse situations, a team of DHS workers will standby to participate in investigation, support and emergency treatment of the child.

Page 2: CHECKLIST FOR RESEARCH INVOLVING HUMAN SUBJECTS

3. The potential benefits of this activity to the subjects and to mankind in general outweigh any possible risks. This opinion is justified by the following reasons:

This study will give information as to the program's effectiveness in helping children learn about personal safety.

4. Will legally effective, informed consent be obtained from all subjects or their legally authorized representative?

Informed consent will be obtained from the parents.

5. Will the confidentiality/anonymity of all subjects be maintained? How is this accomplished? (If not, has a formal release been obtained? Attach: (a) If data will be stored by electronic media, what steps will be taken to assure confidentiality/anonymity? (b) If data will be stored by non-electric media, what steps will be taken to assure confidentiality/anonymity?

The names of all participants will be kept separate from the data collected. Each subject will be assigned a numeric code and will be identified only by this code on the pre-test and post-test.

6. Do the data to be collected relate to illegal activities? If <sup>Continued</sup> yes, explain.

The data collected relates to the child's increased knowledge after participation in a personal safety program (e.g., sexual abuse).

7. Are all subjects protected from the future potentially harmful use of the data collected in this investigation? How is this accomplished?

The numeric code used for the pre-test- and post-test will be placed on the child's consent form. Once the post-test is complete, the code will be removed from this form. This code will be the only identification

I have read the Austin Peay State university Policies and Procedures on <sup>cont</sup> Human Research and agree to abide by them. I also agree to report to the Human Research Review Committee and significant and relevant changes in procedures and instruments as they relate to subjects.

Marilyn Jones  
Signature

3-20-96  
Date

Student research directed by faculty should be co-signed by faculty supervisor.

Art C. ...  
Signature

Continued

1. the subjects. The children will be administered pre and post tests entitled "What If Situations Test" (WIST) to determine the increase in knowledge about sexual abuse.
5. All information will remain confidential unless a subject discloses an incident of abuse. If this occurs, I am legally obligated to report the abuse to the appropriate authorities. This information is detailed in the parental consent form.
7. to the subject's answers and will not be linked to the child's name.