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Is It Appropriate for the Preschool Child?

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Child sexual abuse is a growing concern for children of all ages. Whether in day care or at home, recent studies have shown that children in their preschool years and younger are falling victim to sexual assaults (Finkelhor, Williams, Burns, & Kalinowski, 1988). One response to this problem has been to call upon prevention specialists from the community to train children in preschool programs. Workshops designed to teach young children how to prevent their own abuse now blanket the United States. In California, the Child Abuse Prevention and Training Act (AB 2443) provides for prevention training in all public schools. Specifically, the bill mandates that all children have the opportunity to receive "comprehensive and effective primary prevention education . . . four times in their school career, including once in preschool, elementary school, junior high school, and senior high school." That state currently serves approximately 45,000 preschool children each year. The annual cost for the entire program is $10.4 million. But sexual abuse prevention training for preschoolers is no easy matter. Despite the money and effort being spent in the area, the question remains: What can 3- to 5-year-olds learn to protect themselves from sexual abuse?

Preschool children do not think as adults do, or even as older children. Their thought has been characterized as egocentric. Visually, the child "cannot anticipate how an object will look from another point of view or even realize that it will look any different" (Baldwin, 1967, p. 244). This limitation in perceptual knowledge is also extended beyond the visual to the social. The young child assumes that everyone thinks as she does. Thus, her empathic abilities develop, albeit slowly, during this period (Bengtsson & Johnson, 1987). While the preschoolers' cognitive development is quite limited at this early age, her moral and physical development are also restricted. The limitation this poses with regard to prevention training programs is quite serious (deYoung, 1988; Gilbert, Duerr Berrick, LeProhn, & Nyman, in press). Given their distinctive characteristics, there is still a great deal known about how young children perceive their surroundings, and what environments are best for learning.

Preschool children learn experientially through exploration, manipulation, repetition, action, and interaction (Bredekamp, 1987; Kamii, 1985; Kohlberg & Mayer, 1972). Individual and small group experiences are the optimal arrangements for learning at this stage. Retention of new concepts by preschoolers requires gradual introduction and regular exposure. Yet, some adults who are concerned about the safety of their children try to accelerate that learning process. These adults will advance ideas that do not match the child's developmental level. A recent position paper by the National Association for the Education of Young Children stated their view in writing:

Concerned adults, who want children to succeed, apply adult education standards to the curriculum for young children and pressure early childhood programs to demonstrate that children are 'really learning.' (NAEYC, 1986, p. 20)

Elkind has also written about what he regards as the "miseducation" of children (Elkind, 1987). He advocates early childhood education that is in step with young children's physical, cognitive, and emotional development. This is a sensible standard against which to assess programs that teach preschoolers how to fend off sexual assaults.

Research and Child Abuse Prevention

Over the past few years a great number of studies have been conducted examining child abuse prevention programs for older

children, usually 8 to 11 years old.[1] Quite recently, however, a smattering of studies have examined the impacts of programs upon preschoolers. While distinctive instrumentation has been used in each study, program outcomes for preschoolers are comparable. Children in each study demonstrate marginal knowledge gains in most areas. Where learning is demonstrated, however, children's mean scores still remain quite low after their exposure to the programs. For instance, in a study of 84 preschoolers, Borkin and Frank (1986) gave children a posttest following their participation in a prevention program. They asked children: "What should you do if someone tries to touch you in a way that doesn't feel good?" Four percent of the 3-year-olds and 43% of the 4- and 5-year-olds spontaneously offered one of the safety rules offered through the program. However, due to the limitations in the study design, it is not possible to determine what proportion of the children who responded correctly had gained their knowledge from the program. Whatever learning may have taken place, a full two-thirds of the children were unable to absorb the lesson.

Another study included 40 preschool and school-age children. Here, Conte, Rosen, Saperstein, and Shermack (1985) found that the experimental group demonstrated a statistically significant increase in correct responses to his questionnaire. Yet children still failed to get almost 50% of the concepts taught by the program; all preschool children performed worse than the older children in the study.

In Seattle, the Talking About Touching program was evaluated by Liddell, Young, and Yamagishi (1988). The 20-lesson curriculum was offered to 183 preschoolers participating in the study. Results from the study correspond to findings elsewhere. On average, children achieved a mean score of approximately 47% on a small test ranging from 0 to 13 points. What is especially interesting about this evaluation is children's moderate scores after participation in an enhanced program, one which lasted twenty times longer than the average.

Sixty-two preschoolers participated in a study by Prange and Atkinson (1988). Children were divided into experimental and control groups and were administered a 13-item pretest. The posttest was given less than two weeks following the program and children showed statistically significant gains on several items. Nonetheless, children's mean scores remained very low on virtually

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[1]See Finkelhor, D., & Strapko, N. (in press). Sexual abuse prevention education: A review of evaluation studies. In D.J. Willis, E.W. Holder, & M. Rosenberg (Eds.). *Child abuse prevention.* New York: Wiley. This literature review described evaluation results of over 25 studies conducted in the period between 1984 and 1987.

all items. The early posttest also precludes examination of children's knowledge retention over time.

A recent study of one of the more established programs in the nation, the CAP program, (Nibert, Cooper, Fitch, & Ford, 1988), examined 116 children both pre- and posttest. The study's authors found statistically significant changes in children's scores one week following a CAP presentation. Yet the authors caution that the control group made equal gains on posttest in many areas, and suggest that the instrument may have been a greater learning tool than the program itself.

Finally, Gilbert et al. (1988) studied the effects of seven different programs on 118 preschool children. Given a pretest one week prior to the program and a posttest six weeks following, their findings reveal little to no impact of the programs upon children's learning.

This growing body of literature suggests the limited value of child abuse prevention programs for young children. Yet the programs persist and assume great popularity in many areas of the country. What accounts for the limited effects of the programs? And what hinders the preschool child's understanding of the program content?

Children's Prevention Instruction

The strength of the workshops is in their means of program delivery: short (15 minute) workshops which use props and varied activities to capture children's attention. Turning to program content, however, one sees contradictions in learning theory and educational practice. The conceptual content of the programs centers upon a number of ideas which are introduced to children over a span of one to three days[2].

Children are first instructed that they have personal rights (to be safe, strong, and free) that should never be taken away. Through the recognition of these rights they will be empowered to alter an abusive situation. Then they are told how to distinguish between different kinds of touching (by trusting intuition or following rules); what the touches are (good, bad, and mixed-up); and how to respond to them. Children are given a number of skills to use once the touch distinction has been made: saying "no," running away,

[2]The following description represents a content analysis of most programs delivered in California. Other models used nationally may differ in their approach somewhat. Further, the author recognizes innovations in some programs where classroom teachers are trained to deliver a curriculum over an extended period of time. This article addresses only the one-shot approach so prevalent in many communities.

standing an arm's distance away, or using self-defense skills (which include kicking the shin, or stomping on the instep). Then they are instructed to report the incident by telling a parent, teacher, or friend. Children are introduced to the concept of private parts (which include the breast, penis, and vagina). They are also told that touching private parts often involves secrets (bad secrets as opposed to good secrets) which must be told even if the teller has demanded silence. And finally, if any of these things should happen, children are instructed not to feel guilty.

How Do Children Learn?

In designing prevention curricula, the providers have been well-attuned to some of the inherent limitations of preschoolers. They recognize, for example, that the attention span of a three-year-old is more limited than the older child. Similarly, the young child will rarely attend to a task in which she has no interest (Elkind, 1976). Prevention workshops include lively plays complete with songs, puppets, rhymes, and pictures. This diversity of activity was conceived to attract and hold the transient attention of these youngsters.

Yet young children also heavily rely on personal experience as a learning tool (Maier, 1969). Words do not always translate into meaning until they are experientially perceived by the child. It is possible to drill children to remember words or phrases, or to teach them rhymes and simple songs. However, their responses to these drills may not reflect a true understanding of the information conveyed. Thus, the child's repetition of words and tunes should not be misinterpreted as indicators of clear comprehension. A three-year-old child learns an approximation to the folk song, "Frere Jacques." But does she realize that the song is actually in French? And does the child have an understanding of what French is? In fact, the use of songs in the prevention curricula is an excellent means of holding children's attention. But in learning the songs the children do not necessarily appreciate their meaning.

Limitations to Children's Learning

The review of concepts reveals that multiple ideas are presented to the child. Further, in many cases, some or all of the concepts are entirely unfamiliar. From age two and one half to three and one half, the child's vocabulary increases from approximately 400 words to 1000 words (Gardner, 1982). While this is an expo-

nential leap in a short time span, the preschooler still has a very limited vocabulary. Over the course of 15 to 45 minutes, the prevention curricula introduce over a dozen new words or concepts, few of which the child will likely integrate.

Beyond word recognition and usage, practical skills are also introduced to the child. Standing an arm's distance from strangers or using self-defense are offered as specific techniques for use in hypothetical circumstances. Yet preschoolers are just mastering physical accomplishments such as dressing and feeding themselves, and may find it difficult to additionally learn techniques that are not reinforced by regular practice.

And how practical are some of these skills? There is strong debate over the value of self-defense techniques for young children. Self-defense demonstrations may escape the notice of a distracted preschooler. However, if the child has grasped the meaning of the lesson, the skills may be used under inappropriate circumstances. While the programs instruct children to use the maneuvers only when in danger, these skills may well be translated onto the playground. For a three-year-old, an altercation with a peer may connote sufficient danger for the use of self-defense techniques. Additionally, teaching self-defense skills may provide children with a false sense of confidence. That confidence in vanquishing a person three times their size will be shattered when they come up against any adult with real intent. Nibert's study (1988) brings this concern to a head. He points out young children's reliance on self-defense techniques as a means of combatting a variety of threatening circumstances. After exposure to the CAP program, children's primary responses to one or more of the interview questions was to hit or kick a bully, a stranger, or a known abuser.

A further concern is the nature of some of the concepts. Although some of the practical techniques offered (e.g., say "no," run away) are concrete in their application, over half of the concepts are rather abstract (e.g., safe, strong, free, secrets). Piaget's description of the preoperational child is that her thinking is restricted to her concrete perception (Piaget, 1967). Abstract thought develops much later (ages 11 or 12), during formal operations (Piaget, 1926/1960a; 1927/1960b). Thus, the extent of the child's abstract understanding is markedly limited at this age (Garbarino & Stott, in press). Examining the notion of *secrets*, specifically, one sees that the child's perception of that concept is bounded by her cognitive development. Thus, the child understands the concept through the concrete action (Donaldson, 1979), the act of whispering in the ear of another. The content of the secret as well as what one does with a secret are both highly abstract ideas, too advanced for the

preschooler. Further, young children are not only puzzled by the conceptual domain of secrets, but they are confused by the differentiation into good and bad categories.

A study of preschoolers' responses to prevention programming in California examined children's understanding of secrets (Gilbert et al., 1988). Results showed that before receiving a prevention program in their preschool, 11% of children from the study sample were able to identify a secret. Six weeks following the program, the percentage had increased by only one percentage point. Further, when asked to describe a good secret, preschoolers' common response was: "Good secrets are secrets that aren't bad." Children could not identify the characteristics which might connote a good or bad secret. It may be that the fundamental concept itself was beyond their cognitive boundary.

The notion of the touch continuum also appears too advanced for young children (deYoung, 1988). The extremes of the continuum (good/bad; happy/sad) seem to be understood by children before they are even exposed to a prevention workshop. But the concept becomes highly abstract as a child tries to understand the sensations experienced at the center of the continuum. Using an example from the study cited above, children were encouraged to describe mixed-up or confused feelings when shown pictures of bunnies in different situations. Children's responses illustrated their concrete thinking. Given a picture of a rabbit being bathed, children's typical replies were:

> If he was in the warm water and he was in the cold water.

> If the water was warm and cold. Kind of warmish–coldish.

Throughout the study sample, children referred to emotions or hypothetical situations as concrete based and understood.

Safe, Strong & Free

Other abstract concepts are not only introduced to children through the programs, but are the principles upon which many curricula are fundamentally based. In each workshop, a certain amount of time is spent reviewing children's rights. Those rights are often classified as "rights to be safe, strong, and free" (CAP, 1983). If preschool children are confused by the idea of secrets, the concept of children's rights either confounds them more deeply, or drifts past their understanding. The true meaning of safety for the

preschooler is defined by the adults in their world and is not tangibly useful for the youngster. Adults are expected to provide their children with a safe environment, protecting them from harm. From providing car seats, to choosing nonflammable pajamas, adults define the parameters of safety for young children.

Strength is another difficult concept. Because the young child's thinking is concrete, she will naturally perceive the notion of strength in relation to its physical outcome. Strength connotes managing a chin-up on the bars, hiking to the top of a hill, or pushing another person with force. The internal, personal strength that the programs try to convey lies in the conceptual domain beyond the young child's understanding. By introducing this concept, the best that might be understood could have the worst implications for children. If, during the workshop, children do grasp the concept of strength, they may only hear it through their concrete perception. What the child may hear is that it is acceptable to overpower others; that children have a license to hurt.

The notion of teaching freedom to a three-year-old is hard to imagine. Freedom is a concept that most adults struggle to define. Latency-age children may be able to define the concept as freedom from rules, authority, teachers, etc. But even in the period beyond latency, in formal operations, most adolescents and adults will be challenged to describe pure freedom. Given this framework, the prevention providers have expectations that children will grasp an abstract concept several stages beyond their developmental capacity.

What Can They Learn?

Although the child is concrete in her perception, her vision is not entirely restricted. During the preschool years, she gradually begins to perceive objects and actions not only objectively, but also in a representational fashion (Ault, 1977; Piaget, 1962). She pretends to drink from a cup, talk on the telephone, or animate dolls as people. This has a clear connection to the child's cognitive development, for internalizing observations and experiences through symbolic play, she is simultaneously assimilating them. The early symbolic thinking is also a stepping stone for later, more challenging tasks (e.g., reading and math). Because the young child is able to distance herself from some symbolic activities, the role plays used in the programs can be effective methods for teaching. Certainly as the child grows older and her symbolic representations of the world become even broader, she will be better able to play the pretend game, separate it out from reality, and understand it for its symbolic purpose.

A slightly advanced form of symbolic representation can be seen in one program's representation of the touch continuum (Patterson, 1986). There, red, yellow, and green lights are used to symbolize the different types of touching. Depending on their age and experience, some children may be in the process of learning the absolute meaning of red, yellow, or green. Others may have developed such that they can understand the symbolic significance of colors in relation to traffic safety. Those children may be able to grasp the transformed concept:

When we get a green light touch, we say Go! We want it to go on and on.

A red light touch makes us feel bad and to a red light touch we say *stop*.

The child's symbolic thought, however, will only go as far as her experience. Specifically, the reason why red, yellow, and green might be constructive symbols for children is because the traffic safety concepts have been mastered. Children run into problems when the symbols are beyond their personal experience. For example, one curriculum includes a "Heart," a "?," and a "No" touch (Tobin, Levinson, Russell, & Valdez, 1983). A look at the question-mark touch, in particular, raises serious questions for the preoperational child. In contrast, the older child has integrated symbolic thought to the extent that she can read letters and punctuation. That child will more easily understand the significance of a question mark; she may also make the symbolic leap to an understanding of a "? touch." But the preschool age child is just familiarizing herself with the alphabet and will struggle with the question mark. She has not even made the cognitive differentiation between a question and a statement in terms of communication. Clearly she has not developed a thoughtful category for punctuation.

One Dimensional to Multidimensional Thinking

Adults have the ability to consciously experience their environment with a multidimensional view. Yet the preoperational child is restricted in that she can mentally manipulate only one conceptual dimension at a time (Abound, 1985; Cowan, 1978). She does not perceive two characteristics simultaneously; nor does she allow additional experience to enhance her initial perception. Rather, the young child will fixate either on the quality or quantity of an object as it is immediately observed (Elkind, Anagnostopoulou, & Malone, 1970; Smith, 1979). The limitation this poses in terms of the

prevention curricula is that many of the concepts are presented with multi-dimensional features. Most curricula are full of these dichotomies:

Secrets can be "good" *or* "bad" (CAP, 1983);

"Safe touches are caring. They don't hurt our bodies or feelings", *and/or* "They can be given by someone you don't want them from" — regardless of how they feel (Beland, 1986);

"Unsafe touches hurt our bodies or feelings" *and/or* "they may not hurt our bodies or feelings, but are on our private parts" (Beland, 1986);

"You may want (a '?' touch) at first but then change your mind. *Or*, you may like the person who's doing the touching, but you may not like how the touch feels" (Tobin, et al., 1983);

People who abuse can be strangers *or* people we know (all curricula).

Not only are concepts two dimensional, but they include temporally separate aspects as well. Yellow touches will turn into red touches; tickling may become a molest. These temporal eventualities are representative of a two dimensional shift, far beyond the cognitive skills of the preoperational child.

Young children are similarly unable to make dispositional transitions with regard to character traits. Rholes and Ruble (1984) have examined children's understanding of the inconsistency of character disposition and action (i.e., children's understanding that the characteristic of Dad is not constant. Dad might also be a molester). Their work shows that preschoolers are not able to predict the behavior of others over time. In fact, the implications from their study show that a young child who is abused may not be able to predict that the same offense might occur in the future. That child who has never been abused will be equally stymied by her development to predict such an eventuality. If a four-year-old does not realize that an innocuous situation could become a threatening event, prevention specialists are faced with a serious problem.

In the California study of preschool prevention programming, children were tested for their ability to describe an active eventuality related to touching. Children were asked: "The big bunny is tickling the little bunny. What could happen to make the little bunny feel sad?" (Gilbert et al., 1988). Although the workshop presenters instruct children that tickling may turn into a molest, posttest responses did not reflect knowledge of this possibility. Moreover, children did not show knowledge of an affective or active eventuality on a variety of questions. The task of imagining a situation,

individual, or an affective state changing, is quite difficult for the young child.

Designing an Age-Appropriate Curriculum

What are the elements of an age-appropriate curriculum? Parents, teachers, and child care professionals are responsible for the health and safety of young children. They play a vital role providing safe, nurturing environments for young children. Therefore, adults should become involved in the ongoing education of abuse prevention techniques. But the techniques they may want to convey bear little resemblance to those in most of the current programs. The first step toward designing an age-appropriate curriculum involves paring down material to accomodate the limited abilities of the audience. Concepts must be distilled, re-worked, simply framed and experientially concrete (Ames & Ilg, 1976a, 1976b, 1979; Bredekamp, 1987; Donaldson, 1979; Elkind, 1987). The sheer number of concepts should be reduced if the children are to accommodate the material presented. Further, the pace at which new ideas are presented, and the expectation that children *should* learn these new ideas may need to be reconsidered. In the past decade a variety of professionals have echoed this sentiment by decrying the position of the hurried child in today's culture (Elkind, 1981; Keniston, 1977; Postman, 1982). If child abuse prevention education is to be a viable form of prevention, the education should be developmentally appropriate for these youngsters. Learning should be placed in a familiar and meaningful framework over an extended period of time. Given simpler concepts that are contextually relevant, young children may be able to grasp the message of child abuse prevention education. Additional study of this issue is certainly warranted.

Second, child sexual abuse can not be seen separately from other kinds of abuse. Hurting other people, taking away their rights, using violence, threats, or coercion are all unacceptable behaviors. Children need to learn that they can not be abusive to others nor can others behave in such a way toward them. Conscientious child care professionals and parents can teach children how to manage conflict and how to rely on a stable support system in handling a variety of problems.

Third, children can be encouraged to communicate with adults about their lives. Moving away from the touch continuum, children can relate all types of experiences to parents and teachers. Adults are then laid with the responsibility to make distinctions about what kind of touch a child receives in certain situations. The California

preschool study showed that on pretest, 50% of children knew they could tell an appropriate adult if anything happened to make them feel uncomfortable (Gilbert et al., 1988). After receiving the prevention program that number increased by 10%. It may be a natural occurrence for youngsters to call on adults when they need help. Education can encourage children's spontaneous inclinations.

Promoting children's dependence on adult care providers requires efforts to better equip those adults to respond to youngsters. Parents and child care professionals need to be prepared to listen, hear, and act if a child should disclose an abusive situation. Presently, prevention efforts focus on teaching children to tell. Little has been done to prepare adults to respond effectively once the abuse has been disclosed. Rather than emphasizing the young child's responsibility to tell an adult, adults can be taught to take an active role in asking questions of children and engaging them in conversation. Through their daily interaction, adults can watch for indicators and verbal cues that might signify abuse. Unless parents and teachers are trained to recognize the distinct possibility of abuse, they may unconsciously be less inclined to hear their child's cry for help.

Similarly, many prevention efforts focus on the child's capacity to judge external situations by an inner voice. Perhaps the challenge should be placed on adults. Trusting their own intuition, adults can be educated to protect the child should they feel uncomfortable about a neighbor, babysitter, or other care provider.

To criticize the first generation of child abuse prevention programs is not to argue that these efforts be discarded. Anxious to find a cure, it is easy to become frustrated with efforts that do not swiftly realize this end. Yet the field of prevention is itself quite young and in its own way is limited by its early development. The movement to insure children's rights and their safety will endure. Now that movement is challenged to develop in step with the children.

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