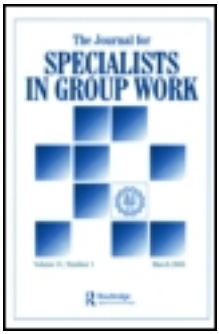
This article was downloaded by: [University of Patras]
On: 27 October 2013, At: 15:41
Publisher: Routledge
Informa Ltd Registered in England and Wales Registered Number: 1072954
Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



The Journal for Specialists in Group Work

Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/usgw20

Child Sexual Abuse Prevention: Psychoeducational Groups for Preschoolers and Their Parents

Maureen C. Kenny [a]

[a] Florida International University ,

Published online: 20 Jan 2009.

To cite this article: Maureen C. Kenny (2009) Child Sexual Abuse Prevention: Psychoeducational Groups for Preschoolers and Their Parents, The Journal for Specialists in Group Work, 34:1, 24-42, DOI: 10.1080/01933920802600824

To link to this article: http://dx.doi.org/10.1080/01933920802600824

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan,

sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at http://www.tandfonline.com/page/terms-and-conditions

Downloaded by [University of Patras] at 15:41 27 October 2013

Downloaded by [University of Patras] at 15:41 27 October 2013

PRACTICE

Child Sexual Abuse Prevention: Psychoeducational Groups for Preschoolers and Their Parents

Maureen C. Kenny
Florida International University

Teaching parents and their young children about ways to avoid harm can be accomplished with much success in a group setting. Parents as Teachers of Safety (PaTS) is a multi-family educational group which instructs families on environmental and personal body safety rules, with an emphasis on improving knowledge and skills related to sexual abuse prevention. This article reviews the process of the group, feedback from the group leaders, and outcomes related to both the child and parent participants. Recruitment and retention issues are described in order to assist in implementation of similar programs in the future.

Keywords: *abuse prevention; group counseling; psychoeducational groups; safety*

This article seeks to educate readers about a primary prevention group aimed at educating both preschool children and their parents about childhood sexual abuse. To this end, the article will begin by discussing the need for such prevention measures, then familiarize the reader with this group, Parents as Teachers of Safety (PaTS), its content and goals, and review some of the gains made by the families who participated in these groups. Strategies for implementation and recruitment are discussed. Finally, suggestions for future group work in this area are made.

Child sexual abuse (CSA) has been identified as a significant public health challenge in the United States by the Centers for Disease Control and Prevention, and its prevention has been listed as a priority concern (Hammond, 2003; Satcher, 2001). Given the epidemic proportions of childhood sexual abuse, primary prevention programs are

Maureen C. Kenny is an associate professor at the Department of Educational and Psychological Studies, College of Education, Florida International University. This research was supported in part by grants from the Children's Trust of Miami, Florida. Correspondence concerning this article should be addressed to Maureen C. Kenny, Department of Educational and Psychological Studies, Florida International University, University Park Campus, College of Education, ZEB 214, Miami, FL 33199. E-mail: kennym@fiu.edu

THE JOURNAL FOR SPECIALISTS IN GROUP WORK, Vol. 34 No. 1, March 2009, 24–42
DOI: 10.1080/01933920802600824
© 2009 ASGW

Downloaded by [University of Patras] at 15:41 27 October 2013

being implemented with the aim of preventing abuse before it occurs by educating children, parents, and the community at large about CSA (Anderson, Mangels, & Langsam, 2004). Most programs target children and have been evaluated and found to be very effective in teaching children body parts and prevention skills/behaviors (Berrick & Barth, 1992; Boyle & Lutzker, 2005; Hébert, Lavoie, Piche, & Poitras, 2001; Rispens, Aleman, & Goudena, 1997; Wurtele & Owens, 1997). The majority of these studies were conducted in the 1990s and there has not been much recent research. The most effective curricula are those that are experiential and involve more than one meeting time (Krazier, 1996). Teaching children personal safety skills (Runyon, Basilio, Van Hasselt, & Hersen, 1998) or abuse-response skills (Deblinger & Runyon, 2000) increases their awareness, knowledge, and comfort level with disclosing inappropriate sexual advances. However, the need to involve parents along with their children in sexual abuse education has been emphasized by many experts in this area (e.g., Elrod & Rubin, 1993; Reppucci, Jones, & Cook, 1994; Wurtele & Miller-Perrin, 1992). Empirical evidence demonstrates that parents can be effective teachers of sexual abuse information to their young children (e.g., Wurtele, Currier, Gillispie, & Franklin, 1991; Wurtele, Gillispie, Currier, & Franklin, 1992; Wurtele, Kast, & Melzer, 1992).

Most parents express a concern about sexual abuse but lack adequate knowledge and skills to converse with their children on this topic (Wurtele, Kvaternick & Franklin, 1992). Research has shown that nearly half of all parents discuss sexual abuse with their children, but do not have any materials to aid in this discussion (e.g., books, videos, puppets) (Tutty, 1997; Wurtele et al., 1992). When parents are involved in prevention efforts, they gain knowledge about CSA and techniques to assist their children in many ways. For example, parents can practice communication skills and test children on their knowledge at home in their natural environment. Encouraging parents of young children to discuss this topic at home may help prevent early abuse which can occur before the children have an opportunity to participate in a school-based program. In addition, because of their unique relationship with children, parents are in a position to aid secondary prevention efforts by identifying child victims and responding to disclosures. Further, involving parents in the educational process may help decrease the secrecy surrounding the topic of CSA. Given the body of research demonstrating the long term negative effects of sexual abuse on victims (see Hughes et al., 1998; Johnson, 2004; Mullen & Fleming, 1998), prevention and early intervention are particularly important.

Providing information on CSA to parents and children must begin early in the child's life. Although children can be victimized at any age, the group at highest risk appears to be those aged 7 to 13 years

(MacLennan, 1993; U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2008). Research demonstrates that approximately 30% of victims report sexual abuse experiences occurring before age nine (Darkness to Light, 2001–2005; Vogeltanz et al., 1999; Wyatt et al., 1999). Some parents and professionals believe that preschool children are too young to be taught safety skills, but this is not supported by research (see review by Davis & Gidycz, 2000). At a minimum, preschool children need information about the private parts of their body, differences between boys and girls, and basic information in order to develop sexual abuse prevention skills (Silovksy, 2005). Prevention programs should begin at an early age and preschool may be the most opportune time to begin such interventions. The program reviewed below represents, to my knowledge, the first attempt to deliver a conjoint parent and child group educational experience.

Downloaded by [University of Patras] at 15:41 27 October 2013

PARENTS AS TEACHERS OF SAFETY

The *PaTS* prevention program consisted of simultaneous child and parent groups. The child group utilized the *Talking About Touching* curriculum (Committee for Children, 1996, 2001). This curriculum consists of photo lesson cards, books, songs, a safety-step poster, and videos. Each of the 16 lessons lasts about 15–30 minutes and teaches children simple rules to guide them toward safe decision making. The author added a lesson on correct names of the genitals. This lesson was included in the *PaTS* program as it is believed to be an important component in preventing child sexual abuse (Boyle & Lutzker, 2005). For the parents, the author created a 16 lesson program (Kenny, 2007) which addressed the same topics included in the *Talking about Touching* curriculum (i.e., gun safety, fire safety, personal safety), but the information was presented in a more advanced manner. Parents were given statistics, facts and handouts related to each topic and then discussion would ensue guided by the group leaders. The material for the parent curriculum came from a variety of books related to CSA prevention as well as activities the author developed for this purpose. Parents were shown the same videos and taught the same songs as the children but also saw an additional video that deals with the topic of CSA ("*What Do I Say Now?*", Borch, 1996).

This approach utilized a psychoeducational group model. The major theoretical approaches which are apparent in these groups are the behavioral approach of Skinner (1953) and social learning theory (Bandura, 1986), where reinforcement for positive behavior (i.e., skills learned) was emphasized and social learning took place in observing the group leaders and other participants model desirable behaviors.

There is evidence demonstrating that behavioral techniques are effective in assisting children in learning prevention concepts and so behavioral principles, particularly those related to theories of reinforcement were used (Wurtele & Owens, 1997). Additionally, a necessary element of learning prevention skills is continuous reinforcement of the concepts at home by parents (Boyle & Lutzker, 2005; Cox, 1998; Deblinger, Stauffer, & Steer, 2001; Wurtele et al., 1992). Silovsky (2005) states, "Behavior changes in preschool children may be dependent on the caregivers' cueing and supporting use of the skills between sessions" (p. 258). Thus, the involvement of parents in a simultaneous psychoeducational group experience seemed critical to the success of this program. PaTS contained structure, was issue specific and leader directed (Niemann, 2002). Further, these groups provided new information, developed new skills, and were short-term.

This short-term psychoeducational group experience for children focuses on prevention through knowledge enhancement (Association for Specialists in Group Work, 2000), and consists of two parts. The first part focuses on general safety; the second on CSA and personal safety skills. Each session had a particular topic (see Table 1 for session contents). The later sessions were devoted to CSA in an effort to allow group participants time to become comfortable with the group process and one another before addressing more sensitive material. Each lesson contained both a review of previous information (achieved through the use of questioning by the group leader), presentation of new information related to environmental hazards and CSA, and opportunities for practice to help the children develop preventative skills and increase communication with their parents (Niemann, 2002).

Table 1 Content of Each Session of PaTS

Session 1: Learning Car Safety
Session 2: Learning Traffic Safety
Session 3: Learning Fire Safety
Session 4: Learning Gun Safety—Never Playing With Guns
Session 5: Getting Found
Session 6: The Always Ask First Rule—Getting Permission Before Going with Someone
Session 7: The Always Ask First Rule—Getting Permission Before Accepting Gifts
Session 8: Getting and Giving Okay Touches
Session 9: Dealing with Not Okay Touches
Session 10: Saying "No" to Unwanted Touches
Session 11: Learning the Touching Rule
Session 12: Learning the Safety Steps
Session 13 and 14: The Touching Rule
Session 15: Sam's Story—Reinforcement of the Safety Steps
Session 16: Graduation: Review of Concepts and Celebration

Downloaded by [University of Patras] at 15:41 27 October 2013

RECRUITMENT OF GROUP PARTICIPANTS AND INFORMED CONSENT

Directors of preschool and daycare centers were approached about participation in the program through phone or mail contact. Sites were chosen randomly based on lists of preschools obtained from the National Association for the Education of Young Children (NAEYC, 2007) in a county in south Florida. There was no cost for participation and parents who completed the entire program with their children were given a stipend of up to $100 cash. During family night orientations, families were recruited by providing them with information on the program and then registering them. Due to the fact that there was an evaluation component to this project and findings would be reported in the literature, this study required and obtained university Institutional Review Board approval.

Downloaded by [University of Patras] at 15:41 27 October 2013

PROGRAM STRUCTURE

The groups met for one hour, twice a week for 8 weeks, for a total of 16 hours. The groups typically began at the close of the school day in an effort to make attendance convenient for parents who were arriving to pick up their children. Typically in the child group, a bathroom break would be taken, snack would be provided and there would be time for free play. During free play, session topics were intertwined with related activities; for example, art materials related to the session's topic were provided. During this time, group leaders adopted the style of a non-directive play therapist (Landreth, 1991). They responded to the children in short statements, reflecting on the thematic content of their play or their emotional states while displaying a caring, genuine regard for the children.

GROUP MEMBERS AND SCREENING

Groups consisted of no fewer than 10 and no more than 15 participants. This size was chosen to maximize cohesiveness and member satisfaction (Gladding, 2008). In a 17 month period, 114 parents/caretakers and their 122 children participated in 11 groups. The majority of parents/caretakers were mothers (94 percent) ranging in age from 24 to 48 years. Parent-reported ethnicity of the children was as follows: Hispanic 71 percent, White (non-Hispanic) 23 percent, African Caribbean (Haitian) 3 percent, Asian 2 percent, and African American 1 percent. Child participants were almost equally divided

between boys (53 percent) and girls (47 percent). The majority of parents (67 percent) reported English as their primary language; the remainder were Spanish speakers. The groups were conducted in either Spanish or English based on the group consensus. The majority of parents had either completed or attended college (78 percent).

As this was a primary prevention program, any interested family with children in the age range of 3 to 5 years (including children with disabilities) were granted enrollment. Given that this was a psychoeducational group, the selection of group members was not a critical task (Gladding, 2008). There was no formal screening process other than getting a commitment from the family to participate and determining that the children were of appropriate age.

According to England and Connors (2004), educational groups can have closed membership, thus groups were closed after the third meeting. Given the nature of the curriculum, families joining after this time would not have learned some valuable foundational information, and their presence might prove disruptive to the other group members. Three sessions were chosen as the cut-off in order to give parents/children a chance to join who may not have been present during the first week of groups (i.e., sick, vacation, absence).

Downloaded by [University of Patras] at 15:41 27 October 2013

GROUP LEADERS

There were three group leaders per group (two child co-leaders and one parent leader). All group leaders held a minimum of a master's degree in counseling or a related field and had been employed as counselors for approximately five years in mental health or school settings and several were licensed. They were skilled in working with young children in the framework of a flexible, educational and therapeutic approach.

Training on the curriculum was provided to the group leaders and consisted of a full-day (8 hours) of instruction by a nationally known psychologist who is an expert in the area of child abuse treatment. This psychologist has years of experience conducting similar prevention and education groups with parents and young children as well as providing individual and family therapy to victims of CSA. The author served as the program director and did not facilitate any groups, but provided supervision to leaders and continuous training in the form of staff meetings.

The group leaders had thorough knowledge of the program content and format, ensuring their comfort level with the material. The leaders rotated facilitation of the parent and child groups, so that all of them were familiar with the curriculum and able to assist in either

group if necessary. As is common in other psychoeducational groups, the leaders were in charge of disseminating information and managing the group (Gladding, 2008). They functioned to keep the group focused on the topic or job at hand and were directive in their approach. Group leaders sought to be caring toward the group members and were open to their concerns and issues. They tried to elicit feelings from the group members regarding the different topics, but also balanced this by making sure each member had adequate time to express themselves. Group leaders gave feedback to both the children and the parents with regard to their progress in learning the material and offered suggestions for improvement (Gladding, 2008). To ensure fidelity to the curriculum, leaders were occasionally observed by the program director (on a random basis with no advance notice) and were also required to submit a brief note for the group when reporting weekly attendance. This note reviewed the groups' progress and responsiveness to material.

Downloaded by [University of Patras] at 15:41 27 October 2013

SELECTED CONTENT DETAILS AND PROCESS

The numerous goals of the program related to acquiring information by the children and parents. Below is a description of how some of the key concepts were addressed with both the children and parents. Almost all sessions with the children used the planned curriculum which included structured activities, topical books, lesson photo cards, puppets, role plays, posters, coloring books, and video and audio material (songs), all of which are recommended child interventions (Ragg & Webb, 1992). A variety of activities were used to facilitate parent education in an enjoyable and engaging manner, including interactive teaching, modeling, scripting, role playing, reinforcement of appropriate responses, provision of information via group discussion, and take-home educational letters (Silovsky, 2005). In addition, as the group was not solely didactic, there was interaction among the group members in terms of sharing how they were implementing these safety rules at home as well as their feelings regarding some of the topics and ability to change their beliefs and behavior.

General Safety Rules

Children are taught the concept of safety rules and always wearing a seatbelt, through the use of cards, puppets and a song about booster seats. They role play getting in a car seat and buckling up. For traffic safety, the children are given coloring pages related to safe and unsafe situations and read vignettes by the group counselors to which they

must respond. Children are also taught these traffic rules through role play and practice with group leaders. In addition, children are introduced to saying "No" in order to avoid breaking a safety rule. For all general safety topics (car, traffic, etc.), parents are given information, e.g., on the types of car seats for each age, statistics about traffic accidents and are encouraged to share their experiences with the group. For gun safety, children are taught if they see a gun to "Stop, Don't Touch, Leave the Area and Tell an Adult." The safety rule is reinforced with children through role play and practice of saying "no." A video from the National Rifle Association (NRA), *Eddie Eagle*, is shown to the parents and children together to reinforce the safety steps when finding a gun.

Downloaded by [University of Patras] at 15:41 27 October 2013

Communication Skills

Children are repeatedly asked their names, first and last, which is an important skill if they should need help. Children practice telling their name and role play with group leaders to identify "safe people" (i.e., store employees, police, teacher) who can assist them if they need help. A short story from *You can say "No"* (Boegehold, 1985) is used to reinforce this concept. An important part of communication is learning the safety rule to "Always ask your parents or the person in charge first if someone wants you to go somewhere with him or her." Children practice this rule with group leaders through role play with puppets and the use of large photo cards. The parent discussion involves the importance of using this rule even with people the children know and trust. Parents are encouraged to determine which people their children can go places with, and when they need to ask for permission. Behavioral guidance in talking to their children about CSA is given in order to increase parent-child communication.

Assertive Responses: Saying "No"

Child group leaders review with the children various ways to say "no," for example, "I don't like that" or "Please stop." They allow children to practice saying "no" to unwanted touches and model responses such as "Please don't touch me," "I don't want a hug/kiss," through role play with puppets. They are also taught a song "When I Say No" and the parents are given the lyrics to the song and encouraged to practice with their children. To further learn this concept, parents are engaged in a discussion on assisting their children with saying "no" to unwanted touches, even from someone they know. An important part of this concept is for parents to understand that their children have a right to say "no" to anyone when they body is touched.

The parents are shown a video, "*What Do I Say Now?*" (Borch, 1996), which demonstrates examples of discussing the touching rule with children as well as disclosure of sexual abuse by a child to a parent. The parent group leader facilitates discussion on the content of video.

Correct Names of Genital Body Parts

In the child group, sketches of boys and girls in bathing suits are used to ask the children to name various body parts. The group leader points to the head, eyes, shoulders and other body parts and the children take turns responding. Then the children are taught that the parts of their body covered by a bathing suit are considered private parts. They are shown anatomically correct sketches of children and taught the correct names for their genitals. This is reinforced through repetition and practice. Several books are used to reinforce this concept. For the parents, the group leaders often encountered resistance from the parents to teaching their children the correct names for their genitals. For example, when it came time in the group to discuss teaching children their genital part names, the group leader stressed the importance of this task. Following this, many parents discussed how this was handled in their family of origin. By listening to one another and supporting one another, many were able to move from initial resistance of the idea to acceptance of this skill. When parents were resistant to this concept, the counselors reviewed the importance of teaching the children the correct name, citing the recommendation of the American Academy of Pediatrics (2007) as well as literature related to sexual offenders avoiding children with knowledge of their genital names (Elliot, Browne, & Kilcoyne, 1995). For some parents, discussions related to culture and the "taboo" of sexual discussions were helpful in assisting them with this process.

Downloaded by [University of Patras] at 15:41 27 October 2013

Knowledge of CSA

In order for parents to learn the definition of CSA, identification of potential offenders, signs and symptoms of victimization, how to handle disclosure, and community resources, the parent group was developmental in nature. Initially, the leader would present the parents with information (facts, statistics). This allowed the parents to learn the information within the context of understanding their own opinion and processing the opinion of others (Gladding, 2008). Later parents would be presented with situations and asked how they would handle them or verbally tested on their knowledge (e.g., "Can a gymnastics coach be an offender?").

Downloaded by [University of Patras] at 15:41 27 October 2013

Appropriate and Inappropriate Touching

Children were first taught to identify their feelings related to different touches (e.g., hug, hit, caress). Then children were taught that no one should ever touch their private parts, except to keep them healthy and clean (e.g., mom changing underpants, doctor examining ill child). The use of the photo cards from *Talking About Touching* and a video *Joey Learns the Touching Rule* (Borch, 2001), was shown to both children and parents. Children are taught about okay touches and that they are good for your body. Verbal examples are given and children are asked to identify if they are okay touches. Child group leaders also role play with puppets okay and not okay touches and test the childrens' knowledge. The parent group begins discussion on increasing children's vocabulary to ensure that they have the verbal skills to handle a variety of touches. Parents are provided with guidelines about normal child sexual behavior including sexual play and masturbation. Problematic sexual behaviors are also examined and parents are given guidelines for handling such behavior. Myths related to sexual abuse (i.e., strangers as primary perpetrators) are examined.

Disclosure of Sexual Abuse

In order to assist children in learning about disclosure, two new concepts are introduced: Children should not keep secrets about touching and that it is never the child's fault if a touching rule is broken. These concepts are reinforced with a song, "Keep on Telling" which parents and children sing together. In this session, parents and children are again brought together for the reading of the book, *Sam's Story* (Committee for Children, 2001). This is a large print children's book which reinforces that children should use the safety steps if someone breaks the touching rule. The notion that children should never keep secrets about touching is emphasized. Both parents and children are taught the safety steps which include: (1) Say words that mean "No"; (2) Get away; and (3) Tell a grown-up. The parent group reviews the safety steps in regards to a person breaking the touching rule. Parents are encouraged to be supportive if a child informs them that they have been touched inappropriately and ways to handle this disclosure are reviewed. Parents are provided additional community resources that may be helpful if abuse takes place. The group leaders use role playing to help them practice how to use the safety steps. A poster with the safety steps is prominently displayed and reference is made to it throughout the group. Multiple people who are helpers (police, fireman, family members) are identified and their specific roles

and helping skills are discussed. Education about secrets is also provided by using language that children can comprehend.

STAGES OF GROUP DEVELOPMENT

The parent groups generally progressed through the following stages: beginning, norming, working and termination. The beginning stage of the groups was characterized by moderate member apprehension mainly aroused by the topic of CSA. The first few sessions were spent with group leaders and participants getting to know one another, and reviewing goals and rules of the group. The leaders set a positive tone for the group by being enthusiastic, keeping the group focused, drawing out members, and thwarting any efforts at negative behavior (Jacobs, Masson, & Harvill, 2002). The groups became cohesive quickly, as the sense of universality was present among parents: they were all working parents of preschool age children, living in the same neighborhood, sometimes working at the same place, and often shared a similar ethnic background. Early self-disclosure related to their families (ages of children participating, names of other children) helped to build a sense of cohesion.

The norming stage of most of the groups resulted in group members having a positive attitude toward the group and fellow members (Gladding, 2008). By this time in the groups, the structure had been set and certain expectations were in place (e.g., members arrived on time, reviewed previous week's material, shared their communication practice with child during the week). Contagion was often present when one parent would talk about a situation that she may have had in her family (i.e., fire, accident) and this would elicit a similar story from another parent. The groups had fun together (there was sometimes lots of laughter on certain topics), yet they worked hard to learn and to practice with their child/ren (Johnson & Johnson, 2006). Throughout this stage, parents supported one another, provided empathy, and increased their self-disclosure. In fact, three parents reported their own childhood experiences of sexual abuse. Group leaders allowed parents to share their experiences with the group and provided emotional support for them. The leaders were usually able to use aspects of these experiences to emphasize facts related to CSA (e.g., one parent was abused by a grandfather, which helped the discussion of offenders who are known to children). Parents also stated how these experiences led them to participate in the groups to ensure their children would not be victimized.

The working stage, although not as pronounced in psychoeducational groups (Gladding, 2008), consisted of the parents learning and

Downloaded by [University of Patras] at 15:41 27 October 2013

honing their communication skills with their children. Clearly, the topics that seemed to bring forth the most anxiety from parents were the sexual abuse ones. The most difficult task for most parents was teaching their children the correct names for their genitals, as many had already taught their children slang terms. Many parents struggled with initiating the conversation with their children about potential abusers and touching. The anxiety of some parents was evidenced by their changing the subject or not participating actively in the group at that time. Other parents dealt with this anxiety by listening to the leader and beginning to challenge their own ideas about their communication style with their children. Frequent role-playing was used, whereby one parent would take the role of a child, and the other parent would rehearse how to talk to the child about inappropriate touching and private parts. Modeling by the group leader, who would take the role of the parent, also occurred. Homework, noted to be a way to improve psychoeducational groups (Morgan, 2004), was often given in the form of practicing the communication skills at home with their children.

Group members were prepared for termination of the group from the outset. Recruitment materials explicitly stated the number of sessions and parents were reminded each week of how many sessions were left. During this final stage, group leaders assisted parents in identifying their gains and helping them make decisions about how they might incorporate what they learned into their daily lives. Group leaders encouraged parents to use member summarization verbally; additionally, parents were given the opportunity to provide written feedback on anonymous surveys. Parents were also engaged in rounds, whereby each parent got the opportunity to share some successes or continued struggles (Gladding, 2008). There was an instillation of hope with regard to changes in their children's behavior or knowledge. Some parents would mention how their child was much more talkative since the group began or how the child might be more knowledgeable about a certain topic. This gave other parents hope that their child might progress in a similar manner. Planning for the future was considered and group leaders helped parents rehearse how they might handle future situations regarding their child's safety (i.e., Internet use, visits to other childrens' homes, sleepovers, etc.). Overall, the termination phase was marked by positive reactions from the parents, gratitude for what they had learned, and satisfaction with the gains they and their children had made. In some groups, saying goodbye was difficult.

In sum, although the groups progressed through the various stages, there were a number of challenges to smooth facilitation. These will be examined in the next two sections.

Downloaded by [University of Patras] at 15:41 27 October 2013

ADDITIONAL CONSIDERATIONS OF GROUP WORK WITH PRESCHOOL FAMILIES

Much has been learned from this pilot program and a number of issues deserve mention. First, much effort and planning is required to recruit parents to participate in the program. Many parents report obstacles to participating including lack of child care for other children and involvement in evening extracurricular activities. Secondly, group leaders often had to address parents arriving late to sessions, talking on their cellular phones during group, and engaging in tangential discussions. Group leaders handled these situations by addressing the behavior, reviewing the group rules, and speaking to parents privately if the behavior persisted. It was essential for group leaders to be familiar with community resources that extended beyond those supplied to parents, for services parents requested or services that some children seemed to require. Finally, scheduling groups around holiday breaks and vacations, and preschool closings, particularly in the summertime, presented a challenge.

The child groups posed some unique issues. Preschool children require a great deal of structure and routine, therefore repetition of the material from the previous session each time enhanced learning and provided necessary structure. It seemed that activities that allowed movement and active participation were most successful. At times, providing the snack to children early in the session was necessary to reduce hunger, which in turn allowed the children to better focus and participate in the group activities. Although more costly, the use of co-therapists in the child group was necessary. This allows for flexibility, support, and shared leadership (Silovsky, 2005). In addition, if a group leader was absent, the other one facilitated the group to maintain continuity.

Running concurrent parent and child groups had advantages. Primarily, it seemed to facilitate attendance for both groups. Since parents had to come to the center to pick up their child, they would stay for the group. Attendance seemed to stabilize after the second or third week of the groups, and approximately 20% of the families were never absent. If a family did not attend two sessions in a row, they were contacted by the program coordinator, who inquired about their desire to continue in the program.

LESSONS LEARNED BY LEADERS

The group counselors were asked to share their experiences in facilitating the groups by responding to several questions on a survey

Downloaded by [University of Patras] at 15:41 27 October 2013

created by the author. Some of the commonly reported difficulties for parent group leaders included: (a) balancing the time of the group with the amount of information to share, (b) refocusing parents who spent time talking to one another and not focused on the group, (c) parents who presented as "all knowing" and in no need of assistance, (d) parents who talked too much and those who talked too little, and finally (e) attendance issues such as punctuality and missed sessions. The strategies the group leader employed to resolve some of these difficulties included: (a) posing specific questions to parents' strengths, (b) providing empathic responses, reassurance and motivation techniques, (c) calling on parents by name, and (d) redirecting the conversation.

The frequently encountered challenges in the child group were also delineated by the group leaders. These included: (a) behavioral difficulties, (b) rapidly shifting attention spans, (c) distractions in the environment, (d) impulsivity, (e) poor physical boundaries, (f) immaturity among the children, and (g) trying to address the material with children whose ages, cognitive abilities and attention spans varied. A few of the children seemed to be unaccustomed to learning and the structure of a group lesson. The group leaders would employ the use of stickers to reinforce participation or attention, but this was not always motivating for the children. On occasion they would ask a child to move closer to them or request that the parent attend the group and assist with keeping the child on task. In extreme situations when a child's behavior was interfering with the group, the parent would be asked to come and remove the child from the group for that session.

With regard to observing positive outcomes, all group leaders noted the bonding that takes place among parents and the feelings of empowerment that parents reported in being able to establish their own set of safety rules for their family. All group leaders described a feeling of satisfaction that came from working with the children and seeing their knowledge improve, and confidence and skills enhanced. Many group leaders shared their sense of reward as they watched the children excitedly sharing their knowledge with other children.

Group leaders cited many specific positive outcomes of the groups. They reported that the groups seemed to allow parents the space to discuss issues among themselves and share experiences. They further noted the support that parents gained from other parents and from sharing their personal experiences. Group leaders noted the distinct advantage of having both parents and children learn the same information and how critical this was to successful learning. Another noticeable advantage reported by group leaders, was that families can expand their social network though interactions with other families. This was observed as the families who previously had only

Downloaded by [University of Patras] at 15:41 27 October 2013

passed each other in the hallway while picking up or dropping off their children now learned more about one another and in some cases their interactions continued after the groups ended. At one site, the parents continued to meet on their own for a weekly support group.

OUTCOMES OF GROUP PARTICIPANTS

Consistent with best practices, several measures were used to assess the childrens' and parents' knowledge prior to and after the group sessions. There is evidence that children gained knowledge about sexual abuse (i.e., appropriate touching, inappropriate touching, attitudes toward sexuality) and learned skills in the area of recognition of sexually abusive touches (Kenny, 2008). Children's knowledge of general safety also improved after participating in the groups. Two measures employed to measure potential negative side effects for children, fear and sexual behaviors, showed no increases after the program and in fact, childrens' fear scores decreased over time. Parents rated their children as being more assertive in their behavior and being better able to communicate about sexual abuse than they were when the group started (see Kenny, 2008, for a more thorough description of the assessments and quantitative results of this study). Parents' satisfaction with the program was high and most indicated that the group sessions had helped them discuss various safety topics with their children including fire, traffic, guns, and personal safety. Parents indicated mostly positive responses including enjoying the program, learning a lot from the program, thinking about things they had not previously thought about, satisfaction with participating, and desiring to participate again in the future. Despite these noted gains, most of the measures used for evaluation were program-specific and their psychometric properties are not known, so these findings must be interpreted cautiously.

More sophisticated evaluation methods are needed for future assessment including assessments with adequate reliability and validity. The major limitation of this evaluation is the lack of a control group, which does not allow for the firm conclusion that the group process was responsible for changes in children's and parents' skills and knowledge. Thus, the extent to which the results can be generalized are limited but the heterogeneity of the sample and the unique parent-child dual focus were strengths of this group design. Another limitation is the uncertainty of which group components were responsible for affecting change. Future research should investigate the group components separately, utilize more qualitative measures to capture the process of the group, measure parental knowledge of

Downloaded by [University of Patras] at 15:41 27 October 2013

CSA and offenders and perform follow ups at various time intervals. Finally, it is not clear whether the children will utilize the skills learned in "real life" settings and evaluation involving in vivo testing would be necessary to determine this.

CONCLUSION

Many children will unfortunately be the victims of childhood sexual abuse prior to reaching their teenage years (U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2008). Primary prevention programs aimed at equipping children and parents with knowledge about this problem as well as ways to potentially stay safe are increasing. However, some parents remain ignorant of the issue, misinformed, or unsure of how to communicate with their child about CSA.

PαTS provides psychoeducation in a parallel group format utilizing a psychoeducational approach for preschool children and their families. Serving as a primary prevention program, the program is successful in educating families about potential hazards in their environment, particularly child sexual abuse. This group achieved its goals of increasing communication between parent and child, imparting knowledge of CSA to parents and children, and behavioral guidance for parents in talking to their children. Children were able to express their feelings, learn assertive responses, increase their understanding of inappropriate touches and sexual abuse and learn disclosure skills.

While based on work with families within a certain geographical location, the results of this psychoeducational program clearly suggest its effectiveness in engaging and retaining families of preschool age children to address safety issues. However, further study is needed, including the use of a control group and measures with demonstrated reliability and validity. The positive findings of this program provide initial support for expanding these services to all families with preschool children. It is a fairly inexpensive primary prevention effort, and as with other group programs, it can reach a number of families without much expenditure of time or staff resources. However, considerable planning must go into continued offering of such a program. Recruitment and retention of families require creative marketing approaches. Additional considerations are employing competent, and possibly multi-lingual, staff who are able to easily converse about sensitive topics and have experience with both child and family group work. Continuous training and supervision of staff is a necessity to ensure fidelity to the curriculum.

Downloaded by [University of Patras] at 15:41 27 October 2013

PaTS is an example of a psychoeducational group, which provides a valuable resource to the community by teaching as many families as possible about child safety. This approach to educating parents and children is innovative in that most programs have either a child or parent focus, but rarely work with both populations simultaneously. Providing a simultaneous prevention program to ethnically diverse parents and children appears to be not only feasible and practical, but a promising way to give families the tools they need to avoid harm.

REFERENCES

American Academy of Pediatrics. (2007). Talking with your young child about sex. Retrieved October 3, 2007, from http://www.aap.org/publiced/BR_TalkSexChild.htm

Anderson, J. F., Mangels, N. J., & Langsam, A. (2004). Child sexual abuse: A public health issue. *Criminal Justice Studies*, *17*, 107–126.

Association for Specialists in Group Work. (2000). Association for specialists in group work: Professional standards for the training of group workers. *The Journal for Specialists in Group Work*, *25*, 327–342.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.

Berrick, J. D., & Barth, R. P. (1992). Child sexual abuse prevention: Research review and recommendations. *Social Work Research and Abstracts*, *28*(4), 6–15.

Boegehold, B. (1985). *You can say "No": A book about protecting yourself*. Racine, WI: Western Publishing Co.

Borch, P. (1996). *What do I say now?* [Motion picture]. (Available from Committee for Children, 568 First Avenue South, Suite 600, Seattle, WA, 98104-2804)

Borch, P. (2001). *Joey learns the touching rule* [Motion picture]. (Available from Committee for Children, 568 First Avenue South, Suite 600, Seattle, WA, 98104-2804)

Boyle, C., & Lutzker, J. (2005). Teaching young children to discriminate abusive from nonabusive situations using multiple exemplars in a modified discrete trial teaching format. *Journal of Family Violence*, *20*(2), 55–69.

Committee for Children. (1996; 2001). *Talking about touching*. Seattle, WA: Author.

Committee for Children. (2001). *Sam's story*. Seattle, WA: Author.

Cox, A. D. (1998). Preventing child abuse: A review of community-based projects II: Issues arising from reviews and future directions. *Child Abuse Review*, *7*, 30–43.

Darkness to Light. (2001–2005). Statistics surrounding child sexual abuse. Retrieved December 19, 2007, from http://www.darkness2light.org/KnowAbout/statistics_2.asp

Davis, M., & Gidycz, C. (2000). Child sexual abuse prevention programs: A meta-analysis. *Journal of Clinical Child Psychology*, *29*, 257–265.

Deblinger, E., & Runyon, M. K. (2000). Reducing the children's risk of sexual revicitimization. Paper presented at the meeting of the American Professional Society on Abused Children, Chicago, IL.

Deblinger, E., Stauffer, L., & Steer, R. (2001). Comparative efficacies of supportive and cognitive behavioral group therapies for children who were sexually abused and their nonoffending mothers. *Child Maltreatment*, *6*, 332–343.

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

Elrod, J. M., & Rubin, R. H. (1993). Parental involvement in sexual abuse prevention education. *Child Abuse & Neglect*, *17*, 527–538.

Downloaded by [University of Patras] at 15:41 27 October 2013

England, S., & Connors, K. (2004). Group work with sexually abused girls. In G. Greif & P. Ephross (Eds.), *Group work with populations at risk* (2nd ed., pp. 267–287). Oxford, UK: Oxford University Press.

Gladding, S. (2008). *Group work: A counseling specialty* (5th ed.). Upper Saddle River, NJ: Pearson/Prentice Hall.

Hammond, W. R. (2003). Public health and child maltreatment prevention: The role of the Centers for Disease Control and Prevention. *Child Maltreatment*, *8*(2), 81–83.

Hébert, M., Lavoie, F., Piche, C., & Poitras, M. (2001). Proximate effects of child sexual abuse prevention program in elementary school children. *Child Abuse & Neglect*, *25*, 505–522.

Hughes, K., Stephen, H., Difranco, A., Manning, L., van der Toorn, N., North, C., et al. (1998). *The health impacts on adult women of childhood sexual violence before the age of twelve years*. Ipswich, Queensland, Australia: Ipswich Sexual Assault Service.

Jacobs, E., Masson, R., & Harvill, R. (2002). *Group counseling: Strategies and skills* (4th ed.). Pacific Grove, CA: Brooks Cole.

Johnson, C. F. (2004). Child sexual abuse. *The Lancet*, *364*(9432), 462–470.

Johnson, D. W., & Johnson, F. P. (2006). *Joining together: Group theory and group skills* (9th ed.). Boston: Allyn & Bacon.

Kenny, M. (2007). *Parents as teachers of safety: Parent manual*. Unpublished manuscript, Florida International University. Miami, Florida.

Kenny, M. (2008). Evaluation of a target-based childhood sexual abuse primary prevention program with diverse Hispanic families. Manuscript submitted for publication.

Krazier, S. (1996). *The safe child book: A commonsense approach to protecting children and teaching children to protect themselves*. New York: Fireside.

Landreth, G. (1991). *Play therapy: The art of the relationship*. Muncie, IN: Accelerated Development Inc.

MacLennan, B. W. (1993). Special issue: Group treatment after child and adolescent sexual abuse: Introduction. *Journal of Child and Adolescent Group Therapy*, *3*, 3–11.

Mullen, P., & Fleming, J. (1998). Long-term effects of child sexual abuse. *Issues in child abuse prevention* (9). Australia: National Child Protection Clearing House.

Morgan, R. (2004). Groups with offenders and mandated clients. In J. L. DeLucia-Waack, D. A. Gerrity, C. R. Kalodner, & M. T. Riva (Eds.), *Handbook of group counseling and psychotherapy* (pp. 388–400). Thousand Oaks, CA: Sage.

National Association for the Education of Young Children (NAEYC). (December 6, 2007). NAEYC Academy for Early Childhood Program Accreditation, NAEYC Accreditated Program Search. Retrieved December 10, 2007, from http:// www.naeyc.org/academy/search

Niemann, S. (2002). Guidance/psychoeducational groups. In D. Capuzzi & D. Gross (Eds.), *Introduction to group counseling* (3rd ed., pp. 265–290). Denver, CO: Love Publishing.

Ragg, D. M., & Webb, C. (1992). Group treatment for preschool child witness of spouse abuse. *Journal of Child and Youth Care*, *7*, 1–19.

Reppucci, N. D., Jones, L. M., & Cook, S. L. (1994). Involving parents in child sexual abuse prevention programs. *Journal of Child and Family Studies*, *3*, 137–142.

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

Runyon, M. K., Basilio, I., Van Hasselt, V. B., & Hersen, M. (1998). Child witness of interparental violence: Child and family treatment. In V. B. Van Hasselt & M. Hersen (Eds.), *Handbook of psychological treatment protocols for children and adolescents. The LEA series in personality and clinical psychology* (pp. 203–278). Mahwah, NJ: Lawrence Erlbaum Associates.

Downloaded by [University of Patras] at 15:41 27 October 2013

Satcher, D. (2001, July 9). The surgeon general's call to action to promote sexual health and responsible sexual behavior. Retrieved June 14, 2008, from http:www.surgeon-general.gov/library/sexualhealth/call.htm

Silovsky, J. (2005). Group therapy with children who have experienced maltreatment. In P. F. Talley (Ed.), *Handbook for the treatment of abused and neglected children* (pp. 231–265). New York: Haworth Press.

Skinner, B. F. (1953). *Science and human behavior*. NewYork: Macmillan.

Tutty, L. M. (1997). Child sexual abuse prevention programs: Evaluating who do you tell. *Child Abuse & Neglect*, *21*, 869–881.

U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2008). *Child maltreatment 2006*. Washington, D.C.: U.S. Government Printing Office.

Vogeltanz, N. D., Wilsnack, S. C., Harris, T. R., Wilsnack, R. W., Wonderlich, S. A., & Kristjanson, A. F. (1999). Prevalence and risk factors for childhood sexual abuse in women: National survey findings. *Child Abuse and Neglect*, *23*, 579–592.

Wurtele, S. K., Currier, L. O., Gillispie, E. I., & Franklin, C. F. (1991). The efficacy of a parent-implemented program for teaching preschoolers personal safety skills. *Behavior Therapy*, *21*, 25–32.

Wurtele, S. K., Gillispie, E. I., Currier, L. L., & Franklin, C. F. (1992a). A comparison of teachers vs. parents as instructors of a personal safety program for preschoolers. *Child Abuse & Neglect*, *16*, 127–137.

Wurtele, S. K., Kast, L., & Melzer, A. (1992). Sexual abuse: Prevention education for young children: A comparison of teachers and parents as instructors. *Child Abuse & Neglect*, *16*, 865–876.

Wurtele, S., Kvaternick, M., & Franklin, C. (1992). Sexual abuse prevention for preschoolers: A survey of parents' behaviors, attitudes, and beliefs. *Journal of Child Sexual Abuse*, *1*, 113–128.

Wurtele, S. K., & Miller-Perrin, C. L. (1992). *Preventing child sexual abuse: Sharing the responsibility*. Lincoln, NE: University of Nebraska Press.

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

Wyatt, G., Loeb, T. B., Solis, B., Carmona, J., & Romero, G. (1999). The prevalence and circumstances of child sexual abuse: Changes across a decade. *Child Abuse & Neglect*, *23*, 45–60.

Downloaded by [University of Patras] at 15:41 27 October 2013