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The effects of Positive Action and the Sexual Abuse Prevention program on sexually abused students' behavior, social skills, and self-esteem

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The Effects of Positive Action and The Sexual Abuse Prevention

Program On Sexually Abused Students Behavior,

Social Skills, and Self-Esteem

by
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ABSTRACT

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The Effects of Positive Action and the Sexual Abuse Prevention Program on sexually abused students behavior, social skills and self-esteem.
Thesis Advisor: Dr. S. Jay Kuder
Special Education Graduate Program

This study was designed to examine the effects of the Positive Action Program and the Sexual Abuse Prevention Program on sexually abused students behavior, social skills, and self-esteem. Four classrooms of multiple handicapped elementary aged students in Burlington County Special Services District were selected, giving a sample of forty-four. Each week pupils received four lesson, for twenty minutes each of instruction in the two programs. Prior to program implementation in the Fall and again in the Spring students rated their social skills development, behavior problems, and self-esteem.

Results indicated that the programs in the course of only a six month period did improve but there was no substantive changes in these areas. The study does clearly establish that sexually abused students are aware of weaknesses in the areas of social skill development, behavior problems, and lack of self-esteem. This study also established that the two treatment programs evaluated did not harm sexually abused students in these areas. The experienced Special Education Teachers and Social Workers who implemented Positive Action and The Sexually Abused Prevention Program all felt the education efforts such as these are enjoyable to the students, and given sufficient time. likely to produce positive results.

ABSTRACT

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The Effects of Positive Action and Sexually Abuse
Prevention Program on sexually abused students behavior,
social skills, and self-esteem.
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In a study group of forty-four elementary aged students, twelve of which have been sexually abused, two programs were instituted - Positive Action and the Sexual Abuse Prevention Program. Minimal growth was established in the areas of behavior, social skills, and self-esteem for the sexually abused student. There was no differences of positive growth when compared to a group of non-sexually abused students.

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Chapter 1

Introduction

According to most experts, many local educational systems today are in trouble (Schrenzel, 1994). The task is twofold - how to best educate our children while at the same time serving their holistic needs. Schools must not only deal with the complex task of education, but must also intervene with students at risk for child and sexual abuse, family dysfunction, divorce and other social ills which besiege the family and influence the child's readiness to learn. While the primary purpose of the school is to educate, it is also the institution of first intervention - generating social service and counseling referrals, often before mandated service providers intercede.

The educator, when properly armed with much needed information and strategies, can be a major force in helping to prevent and lessen the effects of one problem, child sexual abuse. An educator can contribute significantly to the prevention and treatment of sexual abuse when properly informed. The damage from sexual abuse can be lessened or sometimes prevented by caring, supportive and open adults who deal with the issue realistically.

Statement of Problem

Sexually abused students, unless they are given some kind of extensive therapy, are unlikely to develop appropriate social skills. Therefore, it becomes the job of a Special Education program to employ a curriculum that includes regular programs which will teach the children what they find difficult to do - handle social situations appropriately. Presently, there are now on the market a variety of programs which provide teachers with an organized and sequential system for teaching sexually abused students these vital social skills. Two such social skill training programs currently in use at Burlington County Special Services School District are the Positive Action and Sexual Abuse Prevention Program. The Positive Action Program deals self-concept and that by acting in positive ways, we feel good about ourselves. The Sexual Abuse Prevention Program provides a variety of instructional techniques. Different models use drawings, puppets shows, contests, dress-up and improvisation, videotapes, songs, worksheets, and stories to deliver their lessons. Specifically, this study will investigate the effects of two programs, Positive Action and Sexual Abuse Prevention, on elementary age students. The two programs will be compared looking for outcomes that will measure improvements if any in self concept, self-esteem, and behavior. I will asses the programs by using The Piers-Harris Children's self-concept Scale and The Social Skills Rating System.

Research Questions

The research questions I will be investigating are as follows:

1. How does the behavior, social skills and self-esteem level of the sexually abused student compare to non sexually abused populations?

2. Does the Sexual Abuse Prevention Program and Positive Action Program help students improve social skills, self-esteem and behavior ?

Hypothesis

The students who participate in the Positive Action Program and Sexual Abuse Prevention Program will improve social skills, self-esteem, and behavior.

PURPOSE OF THE STUDY

The purpose of this study is to provide sexual abused students with two separate programs in the affective education domin, and determine how effective these programs are in generating changes in student's social skills. Several strategies are currently advocated by Researchers, Clinicians and Sex Educators to use with their students with positive outcomes. In Chapter Two I will provide an overview of sexual abuse. I will provide the educator with information on signs of sexual abuse and various strategies to use. These strategies have been used to identify and prevent sexual abuse. I will also provide educational techniques that will help the student that has been sexually abused in the past. In Chapter Three I will provide the design of my study. Chapter Four will include my analysis of data, and Chapter Five will provide the reader with my conclusion.

Chapter 2

Review of the Literature

The Sexually Abused Child: Definition

The primary focus of this thesis is social skill development and prevention training for the sexually abused elementary aged child. Therefore, it is important that we first discuss the population that will be dealt with in its practice.

Child sexual abuse is sexual contact between a child and an adult for the sexual gratification of the offender. It includes physical contact, such as handling of the child's or offenders genitals, breast, oral sex, or actual penetration of the child's vagina or rectum. It can include non-physical contact such as forcing a child to look at the offenders genitals, exposure of a child in a sexually explicate manner, voyeurism or exploiting a child through pornography or prostitution. Sexual abuse is always forced even though force is almost always subtle rather than being an obvious physical attack. Force can be psychological: examples are bribery, taking advantage of children dependence and lack of knowledge, threatening them with harm or withdrawal of love, and threatening they will be blamed or that their families will be hurt. Force is always involved in sexual abuse because children clearly lack the power and authority of adults. The abuser is someone the child trusts. In 85% of all reported cases the offender is a relative and even a parent (Daldin 1991). Anyone in a position of authority and with access to children can abuse them. Abuse is not often a signal incident, but instead a gradual increase of inappropriate behavior that develops over time. Child sexual abuse

can happen to anyone: to rich and poor: to Whites, Blacks, Asians, Native Americans, Christians, Jew, and Buddhists; it can happen to boys and to girls, to the gifted and the disabled.

Characteristics of the Abused Child

Children with low self-esteem or who are lonely or hungry for affection are often sought out by offenders. Since children are small and often compliant, the authority and persuasive powers of abusers are generally sufficient to establish sexual contact. Although some incest victims suffer from physical trauma, most researchers agree that the psychological damage done to victims is far greater (Faller, 1992). For very young children the stress of having a secret from one or more parents, rather than guilt over the activity itself, may result in the child's revealing the abuse to other adults.

Although the potential for sexual abuse crosses all ethnic and socioeconomic boundaries, there are certain societal and individual characteristics that are disproportionately represented in families with one or more sexually victimized children. These characteristics are not to be construed as having cause-and-effect relationship by can be useful in assessing the degree of risk experienced by a particular child, especially when the educator has some reason to suspect abuse.

Probably the most frequently cited correlate to sexual abuse is the child's living with a stepfather (Finkelhor, 1991). Finkelhor reported that girls with a stepfather living in their home were five times more likely to be abused by the stepfather than were girls raised by their biological fathers. Not only were the stepdaughters at risk from their stepfather, but they also reported a higher than average incidence of sexual abuse at the hands of friends of their stepfather or friends of their mothers. Daughters of single mothers who are actively dating and bringing home male friends seem to be at increased

risk. In Finfelhor's risk assessment study next to having a stepfather, the most powerful predictor of victimization was the level of sexual repressive mothers who scolded or punished daughter for asking sex questions, masturbating or looking at sexual pictures were more likely to be molested than were daughters of mothers whose attitudes towards sexuality were less retroactive. Sadly children and adolescents with either physical or mental disabilities are statistically several times more likely to be sexual assaulted or abused than are youth without disabilities. The higher incidence of sexual abuse among these children has been attributed to their social naiveté, low self-esteem, and dependence on caregivers (Faller, 1992). In one study of blind females over 50% reported having a sexual experiences (Welbourne, Lifschitz, Selvin, & Green, 1993).

Income and social status were also found to be related to likelihood of abuse. Collage girls form lower-income families reported a two-thirds higher incidence of abuse than girls from middle socioeconomic backgrounds (Finkelhor, 1991). Any professional involved with education of students who have been sexually abused will notice that these students will exhibit diverse problems including: (a) low self-esteem (b) poor social skills (c) loss of trust (d) altered body image (e) anger (f) depression and self destructive behaviors (g) guilty feelings and feeling responsible for the abuse.

Low self-esteem

Students in the situation of sexual abuse are likely to suffer from low self-esteem, which is at once a prerequisite for involvement in the sexually abusive family; and a consequence of participation in the sexually abusive situation. Treatment of low self-esteem involves sensitizing the student to those aspects of their lives where they do function well. In addition, they are helped to engage in activities which have a positive effect on self-esteem and to develop mastery over the sexual abuse. The educator must

not only recognize but reinforce area's of positive functioning.

Reasoner (1991) defined self-esteem as the feeling of self-respect that includes five characteristics: a sense of security, identity or self-concept, belonging, purpose, and personal competence. Reasoner feels that self-esteem may be built within a child through training, a process in his program, Building self-esteem.

Coppersmith (1992) viewed self-esteem as a judgment of worthiness that is expressed by the attitudes the child holds towards the self. It is a subjective experience conveyed to others by words and actions. Coppersmith notes that his definition centers on the relatively enduring estimate of general self-esteem rather than on specific and transitory changes in evaluation.

A key finding of the Final Report of the California Task Force to Promote self-esteem and Personal and Social Responsibility (California State Department of Education, 1990) was that self-esteem is a kind of social vaccine that innoculates children against a number of social ills, including poor social skills and low achievement. The task force sees the family as an incubator of self-esteem and the most crucial social unit in a child's life and development. The parents' high self-esteem is essential for providing a healthy environment for the child. The classroom is likewise seen as a key environment. People who have high self-esteem themselves are less likely to exhibit maladaptive behavior, according to the task force.

Coopersmith (1992) indicated that his review of various studies supported the conclusions that feelings of confidence and self-respect are as important in school performance as they are in other areas of life. He states that from the vantage of studies

in building self-esteem, "it also seems that a partnership between parents and schools is not only desirable but necessary if a child's self-esteem is to be maintained at a positive level" (p.1).

Some programs focus directly on the development of self-esteem. In Toward a State of Esteem, the (California Task Force to Promote Self-esteem and Social Responsibility, 1990) linked many schools and social problems to a state of low self-esteem. The task force listed four key principles of self-esteem as follows:

1. "**Appreciating our worth and importance**" involves accepting ourselves, setting realistic expectations, forgiving ourselves and others, taking risks, trusting and expressing feelings. It also rests on appreciating our creativity, our minds, our bodies, and our spiritual beings.

2. "**Appreciating the and importance of others**" means affirming each person's unique worth, giving personal attention, and demonstrating respect, acceptance, and support. This principle also means setting realistic expectations, providing a sensible structure, forgiving others, taking risks, appreciating the benefits of a multicultural society, accepting emotional expressions, and negotiating rather than being abusive.

3. "**Affirming accountability for ourselves**" requires taking responsibility for our decisions and actions, being a person of integrity, understanding and affirming our values, attending to our physical health, and taking responsibility for our actions.

4. "Affirming our responsibility toward others" means respecting the dignity of being human, encouraging independence, creating a sense of belonging, developing basic skills, providing physical support and safety, fostering a democratic environment, recognizing the balance between freedom and responsibility, balancing cooperation and competition, and serving humanity.

Social Skills

Deficits in social skills are distinguishing characteristics of sexually abused individuals. Social skill deficiencies may be the most critical deterrent to adult adjustment for the sexually abused youth. The recognition of social competency is no an easy task. Most people feel that they know what socially acceptable people act like, but a clear definition is difficult to find. As (Argyle, 1992) observed, it is easier to describe the lack of social competency. Generally, social competence refers to successful functioning in one's environment. To be socially successful, a person must learn how to meet a majority of their social needs in ways that are acceptable to other persons in the environment. It is this combination of individual needs and social acceptability that determines social competence. Social skills, then, are the specific behaviors that are necessary to achieve social competency in a wide variety of situations and settings.

The importance of adequate social skills develop among children and adolescents has been emphasized as an essential development achievement that may critically influence their later social, emotional, and academic adjustment. Research has linked social skills deficits to academic under achievement, delinquency, poor self-concept, truancy, and a variety of other maladaptive behaviors. Moreover, the success or failure of mainstreaming disturbed pupils into regular classes appears to be related to their social competence (Dodge and Murphy, 1984). Grecian (1991) has shown that mainstreamed

behaviorally disordered students interact infrequently and, to a large extent, negatively with non-handicapped pupils, and that emotionally disturbed students are poorly accepted by their non-handicapped peers. Unfortunately, children with inadequate interpersonal skills do not generally outgrow their social deficits; on the contrary they are likely to develop more adjustment problems.

Further research has shown that social competence deficits are one of the primary patterns of problem behavior that bring pupils into school-based programs for the behaviorally disordered. Disturbed adolescents have been characterized as socially input, unable to develop satisfactory peer relationships, less socially accepted, and more depressed (Cullinen and Schloss, 1992). The above research seems to clearly indicate that social skill deficiencies in behaviorally disordered adolescents affect most facets of their lives, from making friends, to being successful in school and in the workplace.

Deficits in social skills are distinguishing characteristic of behaviorally disordered individuals. Social skill deficiencies may be the most critical deterrent to adult adjustment for behaviorally disordered youth. (Kaufman, 1994) defines behaviorally disordered children as those who are chronically and markedly respond to their environment in socially unacceptable ways. Thus, the main distinguishing characteristic of behaviorally disordered persons is deficits in social skill performance.

The recognition of social competency is not an easy task. Most people feel that they know what socially acceptable people act like, but a clear definition is difficult to find. As (Argyle, 1992) observed, it is easier to describe the lack of social competency. Generally, social competence refers to successful functioning in one's environment. It is this combination of individual needs and social acceptability that determines social

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competence. Social skills, then, are the specific behaviors that are necessary to achieve social competency in a wide variety of situations bad settings (Neel, 1994).

Although there are several views as to what social skills are and how they fit into the prevailing definitions of social competency on a child's life. School maladjustment, early dropout, delinquency, and sexually abused children, have been related to poor social skills. Many children with behavior problems feel isolated and rejected, have an increased tendency to commit suicide, and generally report a lack of friends. Unsuccessful employment histories and persistent psychological problems in adulthood have also been consistent problems with these children (Neel, 1994). This was supported by the research done by (Schloss, Wood, and Kiehl, 1994), who found that social skill deficits have been associated with juvenile delinquency, bad conduct discharges form the military and psychiatric hospitalization. Their research also demonstrated that employment supervisors consider social competencies such as initiating contact with the supervisor to be more important than specific occupational skills. It is clear that children who lack social skills have a real and persistent problem. Without direction and continuous intervention, the problem will not go away. The notion that the problem will go away as children grow up is just not true (Nell, 1994).

Historically, the role of providing students with functional academic skills has been seen as the primary goal of America's educational system. Despite almost unanimous agreement that schools are a major socializing institution, formal social skills training has traditionally received little emphasis in the school curriculum. However, an increasing interest in social skills training has permeated the field of education during the past 15-20 years. A number of educators have postulated that the enactment of the Education For All Handicapped Children Act of 1975 (P.L. 94-142) with its provision for

education of all handicapped children in the least restrictive environment has contributed to the growth of interest in social skills training. Surely, the increase in problematic behavior within the regular school population and empirical evidence that childhood social behavior is predictive of late school achievement and poor adult mental health could serve as justification for teaching social skills to all children. The need for training appropriate social/behavioral repertoires to children with emotional disturbances and behavior disorders is more critical (Muscott, 1988).

The literature review indicated that the problem of self-esteem, and social skills were of concern and relevant for this practicum. Self-esteem and social skills are key ingredients in any sound educational program, and has special significance for emotionally disturbed youngsters. Similarly, social skills were a kind of "hidden" curriculum: which, if not attended to, could, severely impact the student's learning experience and self-esteem.

Loss of Trust

The most fundamental trauma that can result from sexual abuse is damage to the student's ability to form trusting relationships. What has undermined this trust is exploitation by someone who should have been the child's protector, nurturer, and teacher. Often the student does not understand what they are becoming involved in when the sexual abuse begins. As they come to comprehend the meaning of the sexual abuse, the impact is quiet devastating. Trust is further undermined when the perpetrator involves the student in a conspiracy of silence. When the abuse does come to light, the perpetrator usually lies and attempts to get others to believe that the student is lying.

This array of manipulations from someone whom the child is supposed to trust is both bewildering and overwhelming.

Ameliorating loss of trust requires a range interventions. The general thrust requires a range of interventions to afford the student opportunities to form relationships, and have interactions with people who can be trusted. The teacher should be one of these. Therefore, it is very important that the educator be dependable and accepting of the student. Another important role for the educator is to assist other key people in the child's life in understanding the child's difficulty with trust and to aid them in being trustworthy adults.

Altered Body Image

Often children who have been sexually abused suffer an altered body image. They feel they are physically damaged, dirty, ruined, or no longer whole or perfect. They may develop a special abhorrence for their body parts. (Sgroi et al, 1982) called this the "damaged goods syndrome." Children that have been sexually abused are particularly likely to have feelings of being damaged when physical injury has resulted or when the sexual assault was forced. They may feel others can tell, merely by looking at them, that there is something wrong with them, and that they are different. At times children will treat their bodies in such a way that they do become damaged and dirty. Children may overeat and become obese or under eat and become emaciated. Both patterns have a dual purpose of causing the student to become "the freak she/he feels they are" and of making them less attractive to an abuser. Some children fail to bathe, do not practice good hygienic, and dress in sloppy or unattractive manner. For some children, the perception of themselves as damaged becomes a self-fulfilling prophecy. They come to behave as they see themselves, and others respond to them accordingly.

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Young children may express how damaged they feel in pictures or in play, and these media become opportunities for treatment. Patterns found in self drawings may include the child depicting themselves with legs part or with no arms or hands. They may also draw their private parts or other details of the genital area, or depict themselves as angry or sad. The educator can take a number approaches using the drawings as a medium for treatment. The educator may merely support the child in drawing efforts, believing that the child will, in drawing work through feelings.

Anger

Anger is another common response of victims to sexual abuse. The focus of the anger may be the perpetrator, the mother, or other caretaker who is viewed by the child as being unprotective. Sometimes the anger is fused with caring for the perpetrator. Sometimes the child is angry because they perceive they have been made to feel guilty.

The task of the educator is to help the child handle the anger so that it is constructive rather than destructive to the child's functioning. The child has every right to be angry at those who have wronged them, and it is far more constrictive and healthy for her to feel angry at those who wronged them than to accept responsibility for adult transgression. The child should be allowed to express anger.

There are many ways the child can be helped to express anger. With young children, especially when they are unable to express it directly the anger may be expressed in play. The educator in the situation not only encourages the child in this expression but also makes the connection for the child between the play and the experience.

Depression and Self Destructive Behaviors

Children that have been sexually abused may be depressed and self-destructive. Frequently these symptoms are manifest long before their underlying cause is known. Unfortunately, it is not uncommon for professionals to try to treat the depression and self-destructive behavior without an appreciation of why the student has these problems. Depression and self-destructive behavior are very much related to issues discuss thus far. Student's feelings of being damaged, their sense of anger, and sense of guilt. Depression may be masked by aggressive acting out behavior. It may also manifest itself in the form of somatic complaints, for example, stomach aches, and backaches.

Self-destructive behavior includes self-mutilation, drug and alcohol abuse, suicidal feelings, and suicide attempts. Self-mutilation may be on impulse or planned. Another common form of self-destructive behavior is chemical dependency. Children that have been sexual abused will frequently become involved in alcohol and drug use. Some of them recognize the substance as an effort to deal with their pain and depression.

Guilty Feelings and Feeling Responsible

Specialist in the treatment of sexual abuse identify guilt as one of the major reactions experienced by children who have been sexually abused. The guilt is many faceted. Some aspects are related to the child's altered body image, just discussed. Often the strategies of the perpetrator employs in co-opting the child are the ones which make them feel responsible for the abuse. For example, he may tell the child that they were so seductive that they could not resist. Alternatively, the victim may refuse certain sexual acts, and the perpetrator may twist that refuels by stating the sexual acts he is engaging in are the ones the child likes.

One of the most troubling sources of guilt the educator has to address is that which may arise from any physical pleasurable sensations. Further, from the accounts of some victims, they "switch off" during the abuse so they are not aware of any physical sensations. However, from many children the approach is gentle or seductive, and there is physical pleasure associated with the sexual interaction, in some cases including erections and orgasm. Pleasure is particularly likely to occur with children who do not understand the meaning of the behavior. Later they come to discover that the sexual interaction which felt good was really very bad, but they feel they must be bad since they liked it. Frequently, children have great difficulty acknowledging the pleasurable aspects of the sexual abuse.

The majority thrust for the educator is in addressing guilt feelings, and to place the responsibility were it legitimately lies with the perpetrator. The child did not sexually abuse the perpetrator, he sexually abused the child and must accept total responsibility for the consequences.

Signs of Sexual Abuse

There are changes in the child's behavior that might indicate sexual abuse. While many of the behavior changes may occur because of stress other than sexual abuse in the child's life, such changes can be important clues for the educator.

Changes in behavior can include:

* Reluctance fear of a certain person or of certain places, such as showers and washrooms.

* Clinging, anxious irritable behavior.

* Sudden self-consciousness about genitals.

* Fearful behavior toward examination of the mouth.

* Sudden interest in genitals of others, sexual acts, and terminology.

* Sexual behavior that's inappropriate for the age of the child.

* Acting out abusive behavior with toys, animals or people.

* Nightmares, bedwetting, fear of the dark, difficulty falling asleep, new fears.

* Drawings that are scary or use a lot of black and red.

* Vehement over-reaction when the child is questioned about whether he or she was touched.

Positive Action

The purpose of this thesis is to examine the effects of The Positive Action and The Sexual Abuse Prevention Program on sexually abused students social skills, behaviors and self-esteem. Positive Action is a school climate program built around a scooped and sequenced self-concept enhancement curriculum. It covers grades K-8. The curriculum comprises of 139 unrelated lessons taught four times a week, and each lesson takes 20 minutes to teach.

At the core of Positive Action is the principle that the students feel good about themselves and do positive things. Students who understand this one simple concept are motivated to think, act, and feel in a positive way. Positive thoughts lead to positive actions which in turn lead to positive feelings, and finally positive thoughts about ourselves. Positive Action was developed to promote total wellness.

The primary goal of Positive Action is to enhance students self-concepts. Throughout Positive Action self-concepts are defined as the way we feel about ourselves when we act in positive ways (Allred, 1980).

At the core of Positive Action is the recognition that self-esteem is cyclical. Positive thoughts lead to positive actions, in which turn to positive feelings. This is a dynamic process which involves more than "positive thinking". People who like themselves and feel a sense of progress and personal growth enjoy life most of the time. Positive thoughts that go nowhere and do not lead to actions soon fade, and the positive cycle fails to materialize Allred (1980).

Positive Action improves an individuals self-confidence, ability to resist peer and adult pressure, ability to make positive choices, thinking skills and social skills. Students will be influenced by positive actions in three realms: the classroom, the school climate,

and the home. It means involving the students, staff members, and parents in the Positive Action Program. According to (Tucker, 1989), daily exposure to these concepts, with plenty of positive reinforcement supplied by students and staff, will, in time, result in improved self-concept, and more positive behaviors that are a ready acceptance of Positive Action lessons.

An example of a specific positive action might be "telling yourself the truth". Students will learn specific ways of dealing with themselves and their own true feelings. Respect (looking for good in themselves), friendliness (smiling and saying hello), kindness (helping others). The key is for the students to treat people the way they like to be treated and vise versa. With some analysis and practice, students quickly learn to treat people positively and then feel the positive behaviors in return (Allred, 1980).

Positive Action Outcomes

It has been documented that schools using The Positive Action Program are finding that by improving students self-esteem, positive action effectively improves behavior, self-esteem, and social skills Allred (1980). According to Tucker (1989), empirical data from across the country supports educators evaluations and documents the value of Positive Action Program. Studies available from the Positive Action office show the influence of positive action on self-concept, self-esteem, social skills, and behavior.

Sexual Abuse Prevention Program

In response to growing public and professional concern about child sexual abuse and other crimes against children Burlington County Special Services School District has began to develop and implement programs aimed at helping children to avoid and report sexual abuse and other victimization's. Such programs are not an entirely new concept, since many schools and organizations have long standing arrangements with local police and other public safety officials to teach children about personal safety. Burlington County Special School District has begun to place strong emphasis on it Sexual Abuse Prevention Program by putting into place innovative and intense techniques. It contains core concepts by helping children to recognize sexual abuse, teach them to say no or to otherwise avoid unwanted overtures, encouraging them to tell an adult about such episodes and assuring them that such incidents are never their fault.

This is Sexual Abuse Prevention Program that is being set up in Burlington County Special Services School District. Educators have began to inform children that they have the right to be safe from abuse and that they should tell if it happens. One of the goals of the educators is to help children resist abuse through education and to support any effort of an abused child to get the help he/she needs.

Through the prevention program's sessions children will be able to recall and retain the misadventures of the fictional children, John and Jackie, and they will be able to relate stories to what is or could happen to them. If the child has been sexually abused he/she may relate to the story about Jackie's visit with her uncle.

This is a comprehensive, personal safety program focusing on increasing the child's self-esteem and self-reliance skills. The program will include instruction on safety at play, settling differences without fighting, being a positive leader, dealing with strangers, drug awareness and resistance, saying "no" to unwanted touches, sharing

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concerns with someone you trust, and being in charge of your own body. The sessions are broken into six 1/2 sessions in each classroom for boys and girls preschool through 6th grade. The sessions will help be compliment with workshops for both parents and educators, books for use in out of the classroom, art sessions along with plays and puppet shows.

Sexual Abuse Prevention Program (Outcomes)

Among the few studies conducted on sexual abuse prevention training, a two year evaluation of seven programs in California contains the largest sample and the most detailed results. Testing of 118 children before and after participation in the courses, the study examined what these subjects learned about being touched, when not to keep secrets, and how to deal with strangers. The findings revealed that the children had a strong grasp of the connection between physical act of being touched and the emotions that it might generate; they also had an understanding of telling someone that they were touched in a way that made them feel uncomfortable. Finally they had a firm knowledge in dealing with strangers. The program has heighten children's sensitivity to negative touches.

Summary

The literature reviewed indicates distinguishing characters of sexually abused students include social skills, behavior and low self-esteem. Recently the need for formal social skills training as part of the curriculum for emotional disturbed students and most importantly sexually abused students has been recognized by educators as being vital for the overall well being of the youngster. The research examined these

training programs and their outcomes. The Positive Action and The Sexual Abuse Prevention Program were examined in detail.

The Positive Action Program concentrates on building good social skills, improving behavior and building self-esteem within the classroom setting. The Sexual Abuse Prevention Program concentrates on helping children recognize exploited situations, teach children they have the right to say "no" to unwanted touches, and to increase self-reliance.

Chapter 3

Design of Study

The purpose of this study is to provide sexually abused students with two separate programs during their regular school time and determine how effective these programs are in generating changes in students' social skills, self-esteem, and behavior.

Sampling:

The subjects of this study consisted of four middle school classrooms that were chosen by myself. The subjects were chosen by researching the student profiles that are updated every school year. Student profiles contain information on educational, social, medical, and psychological backgrounds. I was able to find students that had been victims of sexually abuse in the past. I also met with each classroom Teacher to obtain additional information on each subject. There are twelve (12) subjects in the study. I will be comparing the twelve (12) subjects that have been identified as being sexually abused with the remaining thirty-two (32) students that have no known history of sexual

abuse. The students are currently enrolled in the Burlington County Special Services School District, a self contained public school for students with special needs. All classes were located at the main building on East Campus. The total number of student on the main campus us 847 with 230 of those students in East Campus.

Subjects:

The subjects in this study attend self-contained classes. All of the subjects are classified as emotionally disturbed. The subjects were primarily drawn from low socio-economic area's and a strong background of sexual abuse which was obtained from student profile and Teacher interviews. They include mixed ability levels academically, ranging from second grade to sixth grade levels. The age of the subjects range from six to twelve year of age. There are eight boys and four girls in the study consisting of eight (8) White and four (4) African American students. Students were placed in the classroom by the districts child study team.

Measures:

The dependent variables used in the study were the Piers-Harris self-esteem Inventory and The Social Skills Rating Scale. The Piers-Harris asked questions dealing with self-esteem, behavior and social skills. The test contains eighty (80) questions which are answered by the student by circling yes or no. The test is taken independently by the subject. The Piers-Harris Self concept Scale is chosen because of its high reliability and validity. The Social Skills Rating Scale asks students to rate themselves on behavior, social skills, and self-esteem. This test consists of thirty four (34) questions. The students take this test independently and respond to questions by answering never,

sometimes, and very often to frequency of feelings. The pre-test was given in October and all scores were based on standardized scores.

The independent variables in this study were to examine the growth of the abused children in the area's of social skills, behavior, and self-esteem. By comparing to the scores of non-abused children. This was done to describe the population and it will be used to examine differences among groups of dependent variables.

Research Methodology:

The Social Worker/Counselor involved in this study was trained by the head of the Child Study Team on how to properly issue the pre-tests for reliability purposes. The students and Teachers were asked to fill out the teachers addition of the social skills rating scale here, the Teachers rate their students on academic, social skills, and self-esteem, and behavioral competence like the students. This was done in October.

The inventory used in the study was the Positive Action and the Sexual Abuse Prevention Program. Which primarily concentrates on developing positive self-esteem in children. The subjects in this study began using these programs shortly after their pre-tests were completed in October. The students received instruction approximately four (4) periods a week or roughly two (2) hours. The post test will be given in late March. All scores will be recorded by the examiner.

Chapter 4

Analysis of Data

The purpose of this study was to provide students who have been sexually abused with two (2) programs. This study will determine how effective these programs are in generating changes in students' social skills, self-esteem and behavior.

As presented in Chapter 1 the following research questions are under investigation:

1. How do the social skills, self-esteem and behavior level of sexually abused s students compare to non-sexually abused populations ?

2. Does the <u>Sexual Abused Prevention Program</u> and <u>Positive Action Program</u> improve social skills, self-esteem and behavior in sexually abused students ?

Two education programs were provided to elementary aged sexually abused and non-sexually abused students throughout the 1995-1996 school year. <u>Positive Action</u> and the <u>Sexually Abused Prevention Program</u> was implemented during this term. During the term students participated in group activities designed to develop more appropriate social skills, self-esteem, and behavior. Sessions were held four (4) times per week for a total instructional time of two (2) hours. Baseline measures in the Fall of 1995 were followed by post-treatment measures in March 1996.

Students themselves rated pupil performance by means of the <u>Social Skills Rating System</u> and the Piers Harris self-esteem Inventory. Forty-four (44) pupils were enlisted

into the groups. Data was reported for a final size of forty-four (44) pupils from Burlington County Special Services, East Campus. Data was organized into a file called PWH-2 and analyzed by the examiner and Windows 95 statistic program. Measures of central tendency were computed for all ratings of behavior, social skills and self-esteem. In order to examine pre-treatment and post treatment differences at each overall Lowell, T-test for dependent examined via an intercorrelation matrix and appropriate T-tests.

Independent variables were as follows:

Variable Code Name	Description of Code
1. Program/Treatment	Positive Action and Sexual Abuse Prevention Program
2. Gender	Male or Female
3. Status	Sexually Abused or Non-Sexually Abused

Dependent Variables were as follows:

Variable Code Name	Description of Code
1. Beh. Pre	Social Skills Rating Scale rated by students to determine behavior.
2. Beh. Post	Social Skills Rating Scale rated by students to determine behavior.

3. Soc. Pre

Social Skills rating scale rated by
students to determine social
skill.

4. Soc. Post

Social Skills rating system to
determine Social Skills.

5. Self Pre

Piers-Harris self-esteem rated by
students to determine self-esteem.

6. Self Post

Piers-Harris Self Esteem rated by
students to determine self-esteem.

7. Tot. Pre

Social Skills rating scale and Piers
Harris Self Esteem test taken by
students to rate social skills,
behavior and self-esteem.

8. Tot Post

Social Skills Rating Scale and Piers
Harris self-esteem taken by students
to rate social skills behavior and self-
esteem.

Table one presents results from all eight variables in the form of raw scores and percentile scores for the sexually abused students. As can be seen from examination of the raw scores, minimal changes are seen from pre-program to post program ratings. An examination of the percentile scores shown. There are minimal to low increase changes in the percentile scores shown. Of particular interest are that the students show the greatest amount of improvement in the behavior rating scores.

Regarding self-esteem and social skills, scores indicate that neither has suffered nor has shown much change. Interestingly students ratings in the areas of behavior, social skills, and self-esteem all showed low percentile scores, indicating that the students realize that they have significant problems in these areas.

Table Two provides statistics for the non-sexually abused student in all non-dependent variables. An examination of all scores shows that, similar to the sexually abused students, the ratings of all the variables also increase for the non-sexually abused student.

Table 1

Sexually Abused Child

Variable	Raw Score	Percentile
Beh. Pre	9.8 (118)	28% (336)
Beh. Post	11.2 (135)	37% (453)
Soc. Pre	7.8 (95)	17.2% (207)
Soc. Post	8.2 (99)	21% (257)
Self Pre	8.3 (100)	20% (239)
Self Post	9.5 (114)	25% (300)
Total Pre	45 (457)	33.5%
Total Post	49 (590)	40.1%

Table 2

The Non-Abused Child

Variable	Raw Score	Percentile
Be. Pre	9.5 (306)	25% 795
Be. Post	10.5 (339)	33% 1025
Soc. Pre	8.3 (268)	16% 523
Soc. Post	9.2 (293)	22% 717
Self Pre	7.7 247	13% 415
Self Post	8.0 257	16% 513
Total Pre	47.5 (1520)	34%
Total Post	50% (1620)	43%

CASE	TEST	AGE	GENDER	BEHAVIOR		SOCIAL SKILLS		SELF ESTEEM		TOTAL	
				PRE	POST	PRE	POST	PRE	POST	PRE	POST
1	1	11	2	50%	58%	20%	29%	29%	31%	56%	64%
2	1	10	2	31	36	6	10	20	31	58	64
3	1	10	1	50	80	7	10	20	29	50	56
4	1	10	2	50	58	7	10	16	29	31	43
5	1	10	1	31	50	7	16	10	16	28	39
6	1	9	1	29	31	10	10	16	16	25	31
7	2	8	1	16	16	16	20	16	16	35	43
8	2	8	2	16	36	16	29	5	5	2	6
9	2	9	1	20	29	20	20	20	31	22	25
10	2	10	2	31	36	29	36	29	29	28	31
11	2	10	1	5	7	29	36	29	36	43	52
12	2	9	1	7	16	29	31	29	31	25	31
13	1	9	1	7	10	10	16	7	10	35	43
14	2	11	1	50	58	20	20	10	10	47	50
15	2	10	2	20	31	7	31	29	31	16	28
16	2	10	1	16	16	10	10	7	5	28	19
17	2	11	1	16	16	16	31	10	16	19	35
18	2	11	1	58	80	16	20	7	6	31	39
19	2	9	1	31	50	16	10	10	10	54	56
20	2	8	2	16	29	20	20	10	16	28	35
21	2	10	1	10	31	10	20	16	20	52	64
22	2	10	2	20	50	10	16	16	16	47	62

percentile scores

CASE	TEST	AGE	GENDER	BEHAVIOR		SOCIAL SKILLS		SELF ESTEEM		TOTAL	
				PRE	POST	PRE	POST	PRE	POST	PRE	POST
23	2	9	1	20%	20%	29%	31%	31%	36%	31%	39%
24	2	11	1	31	31	36	50	29	29	56	60
25	2	10	1	7	16	31	36	20	29	56	60
26	2	9	1	5	7	16	16	16	20	28	31
27	2	10	2	20	29	29	31	16	16	19	28
28	2	11	2	20	31	36	50	10	7	58	54
29	2	9	1	16	29	36	50	20	10	31	39
30	1	9	1	36	58	10	10	7	10	25	35
31	1	10	1	31	58	10	16	7	10	28	35
32	1	10	1	20	31	16	16	10	10	56	58
33	1	9	2	16	29	7	7	7	7	43	47
34	1	11	1	16	16	20	20	16	20	47	52
35	1	10	2	16	20	16	20	7	10	31	43
36	1	10	2	31	31	16	29	16	10	31	43
37	1	10	1	58	58	10	20	10	10	35	47
38	1	11	1	16	16	7	10	7	16	16	28
39	1	11	1	16	20	20	29	7	29	28	52
40	1	9	2	29	31	16	16	10	29	31	43
41	1	10	1	31	36	7	16	16	16	31	35
42	1	11	1	29	29	5	20	10	10	16	25
43	1	11	1	20	29	5	10	5	20	19	39
44	1	10	1	31	50	10	20	16	29	28	43

PERCENTILE   SCORES

Please note that case numbers 1-12 on pages 32 & 33 indicate the sexually abused students as to gender, 1 = Male and 2= Female. Analyses of variance were conducted to examine possible differences among the treatment groups for sexually abused. This results corroborate the T-Test data already reported. In general there was little difference between the sexually abused and the non-sexually abused students scores.

Some important facts to note are that every student completed the Social Skills Rating Scale and the Piers Harris self-esteem Rating Scale. The pre and post test scores are based on the following:

In the area of behavior the student can receive a top score of sixteen (16)

In the area of social skills the top raw score would be a possible seventeen (17)

The top possible score in the area of self-esteem could be a fourteen (14)

There were two (2) other areas dealt with in the test that would affect the scores in some cases. That is the main reason behind breaking down into the three (3) main areas improving self-esteem, improving behavior, and increasing social skills discussed in this thesis. After reviewing the collection of data and completing my analysis it is important to state that many pre test and post test raw scores show that the students are aware of their weaknesses. Some of the highest scores collected in the areas of inappropriate behavior were those post test scores of the sexually abused students. This indicates that these students are aware that they do exhibit inappropriate behavior.

Some of the highest overall percentile scores were the scores of the sexually abused students. These students do seem to appear to be able to function with the "norm"" and are not that far off from the non-sexually abused students scores. In retrospect the lowest score received in the area of behavior was five (5) out of fifteen (15) by one of the sexually abused students.

If you look at all forty-four (44) scores in the areas of behavior, social skills, and self-esteem and total scores there were no significant increases (none were above a 10 point increase) but it is important to point out that with a sample size of forty-four (44) there were zero (0) cases of a decrease in overall percentile scores which shows while the two (2) programs did not help the sexually abused a great deal it also did not harm.

Chapter Five

Conclusion

Review of Hypothesis

This study examined two programs presented during the school year with the purpose of looking at how effective they were in generating changes in sexually abused students, self-esteem, social skills, and behavior. The two training programs examined in this study were the Sexually Abused Prevention Program and The Positive Action Program.

The Sexually Abused Prevention Program puts into place innovative and intense techniques. It contains core concepts by helping children to recognize sexual abuse, and to teach them to say no or to otherwise avoid unwanted overtures by encouraging them to tell an adult. this will assure them that incidents were never their fault.

The Positive Action Program focuses on enhancing students self-concept. At the core of Positive action is the recognition that self-esteem is cyclical; positive thoughts lead to positive actions, which in turn lead to positive feelings. Positive Action was designed to promote total wellness, competency and healthily life styles in individuals. Students develop personal potential, responsibility, understanding, social skills and techniques for creative problem solving. Several research questions were examined in this study:

1. How does the behavior, social skills, and self-esteem of the sexually abused student compare to the non-sexually abused population ?

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2. Does the Sexual Abuse Prevention Program and Positive Action Program

   help students improve social skills, self-esteem and behavior ?

Results

It is not clear from the results whether the hypothesis asking if The Sexually
Abused Prevention Program and The Positive Action Program improves behavior, social
skills, and self-esteem. Although the sexually abused students did improve, There was
no substantive differences found between the sexually abused students and the non-
sexually abused student. Most likely in retrospect we cannot expect large significant
differences in complex constructs like self-esteem, social skill development or behavior
improvement in such a short time for students so severely disturbed. The largest positive
outcome came in the are of behavior in the sexually abused child. May sexually abused
students exhibit behavior that is unacceptable in many school settings. Disruptive
behavior often leads to failing grades and other learning problems. I was glad to see the
largest area of growth in this area but the sexually abused child average percentile score
was 37%, which shows that their is plenty of room for improvement.

Regarding self-esteem and social skills there was practically no growth at all
from the scores that were very low to begin with. In the area of social skills for the
sexually abused student the change from 17% to 21% compared to 16% to 22% for the
non-abused student shows that The Positive Action Program and The Sexually Abused
Prevention Program was no more effective for the sexually abused student than the non-
sexually abused student. Looking at the self-esteem scores for the sexually abused (20%

pre to 25% post) and the non-sexually abused (13% pre to 16% post. This also shows that this treatment program is more beneficial to the sexually abused student than the non-sexually abused student. The only explanation I can see was the fact that most students fell into narrow age band from 10 - 12 years of age. We were dealing with a preadolescent population in terms of chronological age and overall maturity.

Specifically students social skills, behavior and self-esteem rose from the 33 percentile to the 40th percentile. The non-sexually abused student went from a 34th percentile to a 43rd percentile. The difference between 6% increase and 7% increase shows that the two treatment programs do not have any more impact on sexually abused students than no-sexually abused students.

Finally, this study explored the differences between sexually abused students and non-sexually abused students in the areas of inappropriate behavior, and improving social skills and self-esteem. From the percentile scores delivered from the raw scorce data it is rather evident that their was minimal improvements. By looking beyond just a "score" it is important to note their was no decrease in any of the areas. From this I would have to say that The Positive Action Program and The Sexual Abuse Prevention Program does not look like the answer in changing the behavior, increasing social skills or raising the child's self-esteem, these treatment programs certainly do not harm them in any of these areas.

Discussion of Limitations

Perhaps the most critical question pertaining to sexual abuse and prevention training is whether or not such training results in its ultimate goal. Do youngsters who receive such training's experience improved behavior, social skills and self-esteem ? The results of this study were inconclusive on this point. The results of this study were similar to those found by Asher and Oden (1987). In their study sexually abused students were coached on four social interaction concepts. The children received instruction, role played, and discussed how participate in activities, cooperate with peers, communicate clearly and support other in play settings. Social skills improved only slightly. The social skills of children in the treatment groups failed to improve on other measures. There were no behavior changes observed.

The results of this study were also similar to those results frond by LaGreca and Santagrossi (1980). They found no improvement in social skills as a result of social skill training and overall positive social behavior did not increase. One of the limitations in this study would be the short length of time that the study occurred. All four (4) teachers involved stated that they liked the program and they felt there was value to the programs. They also stated a majority of the students responded well and enjoyed both programs. I feel that he six (6) month time period that the study was conducted in was just not long enough to observe positive results. If I were to conduct this study again I would prefer a two year study. I would like to see of there were positive or long lasting effects. Another limitation in this study was that many of these students are classified emotionally disturbed. it was very hard to complete pre-test and post test on the days when all the

students were present. These types of students do display a problem with attendance and when I finally found a day when all students were present I felt as though some subjects may not have been in a "testing mood" that day therefore displaying an "I don't care" attitude.

Summary

This study was designed to examine the effects of Positive Action and The Sexually Abused Prevention Program on sexually abused students behavior, social skills, and self-esteem. Results indicate that students in these programs are in the course of six months did demonstrate some small gains in these areas. This study did clearly establish that sexually abused students are aware of their weakness and the scores clearly suggest that. The study also clearly established that these treatment programs do not harm sexually abused students in the area of behavior, social skills, and self-esteem. The experienced special education teachers and social workers who implemented Positive Action and The Sexually Abused Prevention Program. All felt that education efforts such as these are enjoyable to the students and given sufficient time, likely to produce positive results.

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