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Exhibit

Male Body Image Self-Consciousness Scale

Instructions: Please read each item carefully and then CIRCLE the most appropriate response UNDER each statement. The term partner refers to someone with whom you are romantically or sexually intimate.

The response format is:

1 = Strongly Disagree
2 = Disagree
3 = Don’t Know
4 = Agree
5 = Strongly Agree

1. During sex, I would worry that my partner would think my chest is not muscular enough.
2. During sexual activity, it would be difficult not to think about how unattractive my body is.
3. During sex, I would worry that my partner would think my stomach is not muscular enough.
4. I would feel anxious receiving a full-body massage from a partner.
5. The first time I have sex with a new partner, I would worry that my partner would get turned off by seeing my body without clothes.
6. I would feel nervous if a partner were to explore my body before or after having sex.
7. I would worry about the length of my erect penis during physically intimate situations.
8. During sex, I would prefer to be on the bottom so that my stomach appears flat.
9. The worst part of having sex is being nude in front of another person.
10. I would feel embarrassed about the size of my testicles if a partner were to see them.
11. I would have difficulty taking a shower or a bath with a partner.
12. During sexual activity, I would be concerned about how my body looks to a partner.
13. If a partner were to put a hand on my buttocks I would think, “My partner can feel my fat.”
14. During sexually intimate situations, I would be concerned that my partner thinks I am too fat.
15. I could only feel comfortable enough to have sex if it were dark so that my partner could not clearly see my body.
16. If a partner were to see me nude I would be concerned about the overall muscularity of the body.
17. The idea of having sex without any covers over my body causes me anxiety.

The 5-point scale is repeated after each item.

Questionnaire on Young Children’s Sexual Learning

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Sexual development and sexual learning are ongoing processes from womb to tomb. One reason that the sexual learning and development of young children is very important is because it is the foundation for becoming a sexually healthy adult (Early Childhood Sexuality Education Task Force, 1995). Frayser (1994) noted “the bulk of evolutionary, developmental, and cross-cultural evidence demonstrating that children are sexual beings, whose exploration of sexual knowledge and play, is an integral part of their development as fully functioning human beings” (p. 210). Unfortunately, there is a dearth of research-based information and understanding regarding typical sexual development and sexual expression of young children. This has led to a great deal of denial, misunderstanding, and discomfort about this topic among adults who personally or professionally interact with

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children (Davies, Glaser, & Kossoff, 2000). Adults’ attitudes affect how they respond to children’s sexual expressions, for example in a punitive or accepting manner (Davies et al., 2000). Without normative data about children’s typical sexual expression and behaviors, adults might either overreact and pathologize typical behavior as deviant or underreact and minimize behavior that might indicate an underlying concern or problem (Sandnabba, Santtila, Wannas, & Krook, 2003). Therefore, it is important to collect data regarding knowledge, attitudes, and comfort levels related to young children’s sexual development and learning from various adults (e.g., preschool teachers, daycare workers, health professionals, parents) who interact with children.

The Questionnaire on Young Children’s Sexual Learning was developed to assess the knowledge, attitudes/beliefs, and degree of comfort of adult caretakers regarding young children’s (infants to preschoolers) sexual development and learning. It has served as a useful tool in assessing the effectiveness of the Healthy Foundations professional development workshop. Healthy Foundations is a nationwide initiative that includes a variety of resources designed to teach early childhood educators how to form a positive foundation for young children’s growth toward healthy adult sexuality (Brick, Montfort, & Blume, 1993; Montfort, Brick, & Blume, 1993). The initiative includes a one-day workshop designed for adults who deal with young children in settings such as preschools, daycare centers, and community agencies. The goals of the workshop include helping adults to become more knowledgeable about childhood sexual development and learning, to develop more positive attitudes and beliefs in these areas, and to become more comfortable and competent in dealing with these areas with young children and their families. The questionnaire also could be used in other educational, research, or clinical settings to determine the knowledge, attitudes/beliefs, or comfort levels of professionals, parents, students, or other groups of adults regarding young children’s sexual development and learning. The terminology referring to the adult caretaker may be changed from “teacher” to “participant,” for example to make the items more appropriate for the group. Use with adults of differing backgrounds in various settings would help to further establish the psychometric properties and norms for the scales.

**Description**

The Questionnaire on Young Children’s Sexual Learning is composed of three separate scales. The Knowledge About Young Children’s Sexual Learning Scale consists of 21 true-or-false statements designed to assess knowledge about young children’s sexual development and learning. The Attitudes/Beliefs About Young Children’s Sexual Learning Scale contains 28 statements to which a respondent indicates on a 5-point Likert scale his or her attitudes and beliefs about sexual development and how young children should learn about various aspects of sexuality. The Comort With Young Children’s Sexual Learning Scale lists 10 topics that adults typically need to discuss or deal with when interacting with young children. Respondents indicate their comfort level with these topics on a 4-point Likert-type scale.

**Response Mode and Timing**

On the Knowledge About Young Children’s Sexual Learning Scale, respondents choose the answer to each statement that best reflects their level of knowledge from 1 = Definitely True, 2 = Probably True, 3 = Probably False, 4 = Definitely False, 5 = Don’t Know. This scale requires no more than 10 minutes to complete.

On The Comfort With Young Children’s Sexual Learning Scale, respondents indicate their comfort level in interacting with young children about each sexual topic from 1 = Very Uncomfortable, 2 = Somewhat Uncomfortable, 3 = Somewhat Comfortable, 4 = Very Comfortable. Respondents can complete this scale in less than 5 minutes.

**Scoring**

One point is given for every correct answer on the Knowledge About Young Children’s Sexual Learning Scale. Following are the correct answers for each item: definitely true, Items 1, 2, 3, 6, 8, 13, 16, 18; definitely false, Items 4, 5, 7, 9, 10, 11, 12, 14, 15, 17, 19, 20, 21. All other responses are counted as 0. Thus, the highest knowledge score would be 21. In a study of 183 participants attending eight different Healthy Foundations programs around the country, the average preworkshop knowledge score was 10 (Brick & Koch, 1996).

Scores on the Attitudes/Beliefs about Young Children’s Sexual Learning Scale may range from 28, indicating the most negative or nonsupportive attitudes/beliefs, to 140, indicating the most positive and supportive attitudes toward young children’s sexual learning. The following items need to be reverse scored: Items 3, 7, 10, 11, 12, 13, 15, 16, 19, 24, 25, 27, 28. The study of Healthy Foundations program participants found their preworkshop attitudes to be slightly negative to ambivalent (M = 78; Brick & Koch, 1996).

On the Comort With Young Children’s Sexual Learning Scale, scores may range from 10, indicating the highest level of comfort, to 40, indicating the lowest level of comfort. Preworshop comfort scores for a sample of Healthy Foundations program participants indicated that overall they felt somewhat comfortable in interacting with young children about various sexual topics (M = 17.6; Brick &
Reliability
Internal reliability for each of the three scales, using Cronbach’s alpha coefficient, was established with a nationwide sample of 183 Healthy Foundations participants (Brick & Koch, 1996). The alpha coefficients follow: for the Knowledge About Young Children’s Sexual Learning Scale, .46; for the Attitudes/Beliefs About Young Children’s Sexual Learning Scale, .92; for the Comfort With Young Children’s Sexual Learning Scale, .93. Weak questions on the knowledge scale have been revised since that time.

Validity
The content validity for the three scales was determined through an extensive review of the literature on children’s sexual development and learning. Initial items were constructed through collaboration of the researchers with the staff at the Family Life Education Center. Items were then reviewed and content validity was established by a panel of experts that included practicing preschool teachers and professionals in the field of sexology. Because some researchers have found knowledge and attitudinal differences among various types of professionals who work with children, including child psychologists, teachers, 4-H leaders, and medical students (Haugaard, 1996; Heiman, Leiblum, Equilin, & Pallitto, 1998), it is recommended that these scales be used with a variety of professionals and the results compared.

Other Information
Information about the Healthy Foundations Program Learning may be obtained from Peggy Brick, Center for Family Life Education, Planned Parenthood of Greater Northern New Jersey, Hackensack, NJ.

References


12. A person’s body image does not begin to form until 4 years of age.
13. Children can be taught that it is O.K. to masturbate in private but not in public.
14. Young children understand human sexuality best when it is taught using plants and other animals as the examples rather than talking about people.
15. Adult responses to a child’s sexual behavior have little effect upon how “good” or “bad” children think sex is.
16. Before answering a child’s question about sexuality, you should try to find out what the child thinks.
17. When answering a child’s questions about sexuality, you should only provide information and not deal with their feelings or attitudes.
18. Before responding to a child’s sexuality-related behavior, you should try to find out what meaning this behavior has to the child.
19. The most effective method for dealing with sexuality-related behavior in children is to ignore the behavior.
20. It is too upsetting for preschoolers to tell them how babies are actually born.
21. Young children that have received age-appropriate sexuality education are more likely to be sexually exploited and abused.

II. Attitudes/Beliefs About Young Children’s Sexual Learning Scale

Please circle the number which best represents your feelings or ideas toward the following statements.

Scale

1 = Strongly Agree; 2 = Agree; 3 = Uncertain; 4 = Disagree; 5 = Strongly Disagree

1. Preschool children can be sheltered from sexual messages in our society.
2. Biology is the main influence on a person’s sexual attitudes and behaviors.
3. Masturbation is natural and healthy for children.
4. Sexual information is too complex for most preschool children to understand.
5. Adults/teachers must be careful not to allow little boys to act too much like girls.
6. Sexual learning for young children is primarily about where babies come from.
7. It is fine for young children to be curious about sexual topics.
8. Children receive positive messages about sexuality when adults use cute nicknames for genitals.
9. Most preschool children are too young to be able to use the correct names for their genitals (like “penis,” “scrotum,” “vulva,” and “clitoris”).
10. It is O.K. for preschool children to realize that their genitals feel good when they touch them.
11. It is better to use nonsexist language (i.e., “firefighter” instead of “fireman”) with young children.
12. Children should feel positively about sexuality.
13. It is O.K. to allow children to touch their own genitals when their diapers or pants are being changed.
14. Teachers who have strong religious beliefs about sex should teach these to the children they care for.
15. It is important to begin discussing sexuality openly in early childhood.
16. Traditional gender role stereotypes discourage responsible sexual behaviors for both genders.
17. Anatomically detailed dolls or picture books promote unhealthy sexual curiosity in young children.
18. Talking about sexuality with young children encourages them to experiment.
19. Adults/teachers need to understand their own attitudes about sexual topics since these attitudes may influence their children.
20. Adults/teachers must be careful not to allow little girls to act too much like boys.
21. Seeing children of the other sex without clothes on encourages children to experiment with sexual behaviors.
22. Preschool programs should only deal with sexual information; dealing with sexual attitudes and values should be left up to parents.
23. Preschool teachers should refrain from affectionately touching their children.
24. Children have the right to choose who they want and do not want to touch their bodies.
25. A positive rather than a punitive approach is better when handling children’s sexuality-related behaviors (like sex play and masturbation).
26. An early childhood sexuality program is adequate if it only deals with preventing sexual abuse.
27. Children should be encouraged to ask their teachers questions about sexuality.
28. A sexually healthy adult demonstrates tolerance for people with different sexual values, lifestyles, and orientations.
III. Comfort With Young Children's Sexual Learning Scale

Please circle the number which best represents how comfortable you currently feel in interacting with young children about the following sexuality topics.

Scale
1 = Very Comfortable; 2 = Somewhat Comfortable; 3 = Somewhat Uncomfortable; 4 = Very Uncomfortable

1. Female and male roles and behavior.
2. Male and female body differences.
3. Names of genital or “sexual” body parts.
4. Being partially clothed (e.g., changing diapers, going topless, nude swimming, etc.).
5. Masturbation.
6. Sex play (e.g., “doctor,” “mommies & daddies”).
7. How babies are made (“get in”).
8. How babies are born (“get out”).
9. “Sexual” language use (e.g., “poopy-head,” “boobies”).
10. The privacy of their bodies (e.g. giving and receiving permission for touching).

* The appropriate scale follows each item.

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Sexual Coercion Scale
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Sexual coercion is a relatively common event in young women’s lives. The Sexual Coercion Scale (SCS; Aalsma, Zimet, Fortenberry, Blythe, & Orr, 2002) was developed in order to measure the occurrence of unwanted sexual behavior in adolescent and adult populations. Our definition of sexual coercion includes the use of pressure, threat, or force by one partner to obtain sex that is unwanted by the other partner (Blythe, Fortenberry, Temkit, Tu, & Orr, 2006). The SCS is a brief measure of sexual coercion that still retains multiple items in order to assess internal reliability as well as consistency of reporting. It is particularly important to have brief, multiple-item scales in studies in which a goal is to assess a wide range of sexual functioning and behavior items.

Description
The SCS consists of four items. Because we assessed a wide variety of sexual behaviors, we felt it was important to make a distinction between sexual coercion from other sexual behaviors, including childhood sexual abuse. One distinction between coercion and sexual abuse that was evident in focus groups with adolescents was age. Hence, our instructions for the scale include an age break because focus groups indicated sexual coercion was distinguished from childhood sexual abuse as being a more recent experience, occurring after age 12. This age break is also developmentally appropriate, as children at this age are beginning to engage in romantic and sexual partnerships. In addition, the instructions specifically instruct the participant that sexual coercion can occur within a romantic or sexual partnership. (“Unwanted” means any kind of sex that you didn’t agree to, even if it was with someone you knew.) The scale describes a wide variety of unwanted sexual experiences, including undesired sex. We wanted to include a range of power and relational imbalances, including overt physical threats as well as covert relational tactics. Given the age restriction and the reading difficulty, the SCS is most appropriate for adolescent and adult populations.

Response Mode and Timing
A 3-point Likert-type response format is utilized with this scale (1 = Never, 2 = Once, 3 = Two Times or More). The participant is asked to circle the correct descriptor.

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