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**'Parents lack crucial  
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# Partnering with Parents to Prevent Childhood Sexual Abuse

Although research demonstrates that child-focused sexual abuse prevention programmes can teach children personal safety knowledge and skills, childhood sexual abuse (CSA) prevention programmes that involve parents have a number of distinct advantages. The more knowledge parents have about CSA, the greater likelihood they can create safer environments for their children and thus prevent the occurrence of sexual exploitation. Research has demonstrated that parents lack crucial information about CSA and can benefit from even brief educational efforts. This paper will identify potential barriers to participation and offer practical suggestions for enhancing both recruitment and retention rates. Recommendations for parent education programmes are offered, including improving parents' confidence and skills in educating their children about CSA, providing them with parent-friendly materials to use and developing Internet applications. Copyright © 2010 John Wiley & Sons, Ltd.

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Childhood sexual abuse (CSA) is a significant public health problem (Satcher, 2001). Although estimates vary depending on the participant sample and definition of sexual abuse used, studies conducted internationally confirm that CSA is a widespread problem. According to a recent meta-analysis of CSA prevalence studies conducted in 65 countries, one in five women and one in 12 men report suffering some form of sexual abuse before the age of 18 (Pereda *et al.*, 2009). Sexual victimisation can result in a broad array of difficulties, including emotional disorders (e.g. depression, anxiety), cognitive disturbances (e.g. poor concentration, dissociation), academic problems, physical problems (e.g. sexually transmitted diseases, teenage pregnancy), acting-out behaviours (e.g. prostitution, running away from home) and interpersonal difficulties (Berliner and Elliott, 2002; Kilpatrick *et al.*, 2003; Noll *et al.*, 2003; Paolucci *et al.*, 2001; Roberts *et al.*, 2004; Tyler, 2002). CSA also affects fami-

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lies, communities and entire societies. In the United States (US), CSA victims account for more than half of all individuals who receive mental health counselling or therapy (Cohen and Miller, 1998). Based on the magnitude of the problem and its association with a range of health problems, CSA has been identified as a significant public health problem by the US Centers for Disease Control and Prevention (Hammond, 2003), and its prevention has been listed as a public health priority by the World Health Organization (Krug *et al.*, 2002).

A public health approach to preventing the occurrence of CSA advocates a focus on primary prevention strategies directed toward the public at large. The aim of primary prevention is to prevent abuse before it occurs and this can be done by educating children, parents and the community at large about CSA (Anderson *et al.*, 2004). The main focus of primary prevention has been child-focused, classroom-based educational programmes aimed at teaching children to recognise, resist and report sexual victimisation. There is a solid body of research showing that children can learn personal safety knowledge and skills. In his recent evaluation of child-focused educational programmes, Finkelhor (2007) concluded that 'it is worth providing children with high-quality prevention-education programs' (p. 644), but urged that other prevention strategies be undertaken. Only a few prevention interventions have been aimed at the community. Stop It Now!'s media campaign has shown promise for improving the public's knowledge and influencing attitudes about CSA (Chasen-Taber and Tabachnick, 1999). In contrast, Darkness to Light's media campaign was found to be minimally effective in Rheingold *et al.* (2007). Clearly, interventions that complement both child-focused educational efforts and media campaign approaches would benefit the CSA prevention field. This paper reviews parent-focused prevention work in the area of CSA and recommends new strategies for tackling the problem from a public health perspective.

### Partnering with Parents

There has been a long-standing call to involve parents in CSA prevention efforts (e.g. Elrod and Rubin, 1993; Reppucci *et al.*, 1994). There are several potential advantages to forming a 'prevention partnership' (Wurtele and Miller-Perrin, 1992) with parents. For example, such efforts may indirectly affect the success of child-focused programmes provided in schools. The impact of prevention lessons at school depends on the support of parents at home, both to clarify concepts and to help children apply their new knowledge in daily life. Indeed, several researchers have found that children who participated in a school-based

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CSA prevention programme discussed abuse and prevention concepts with their parents following programme presentation (Binder and McNeil, 1987; Hébert *et al.*, 2001). Parents can also be enlisted to provide more direct support as adjunct teachers of personal safety. When parents are trained to be prevention educators, their children receive repeated exposure to prevention information in the natural environment, thus providing rehearsal and ample practice to supplement school-based prevention efforts. Encouraging parents of preschool-aged children to discuss this topic at home may help prevent abuse which begins at an early age, before the children have an opportunity to participate in a school-based programme. Additionally, because of their frequent contact with children, parents are in an excellent position to aid secondary prevention efforts by identifying child victims and responding to disclosures. Discussing CSA with a parent might make it easier for a child to disclose to that parent if abuse has occurred, or occurs in the future. Involving parents in the educational process may help decrease the secrecy surrounding the topic of CSA and stimulate parent-child discussions about sexuality in general (Wurtele *et al.*, 1992a, 1992b). A major advantage of targeting parents is that they often have the ability to limit the access of potential perpetrators to their children. According to a public health model, by creating safer environments for their children, parents can eliminate interactions with perpetrators and thus prevent the occurrence of sexual exploitation.

#### **Review of Parent-focused Prevention Efforts**

Preliminary research provides support for parental involvement in personal safety education. Several surveys of parents have shown that the majority of parents strongly support the education of children on this topic and that parents are receptive to learning more about CSA. Results from these surveys also clearly show that they have much to learn about CSA.

#### *Parental Knowledge about CSA*

Several surveys have found that parents lack crucial information about CSA and often adhere to many common myths. For example, several studies have found that parents underestimate the prevalence of CSA (Elrod and Rubin, 1993; Olsen and Kalbfleish, 1999; Tutty, 1993). Others have found that parents are unaware that boys can be sexually victimised (Chen and Chen, 2005; Chen *et al.*, 2007; Elrod and Rubin, 1993; Tang and Yan, 2004). Parents of preschool-aged children often believe that their children are at

low risk for sexual exploitation (Collins, 1996; Reppucci *et al.*, 1994; Tang and Yan, 2004), even though children are especially vulnerable to sexual abuse during the preschool years. Few parents surveyed in China knew that children are most likely to be sexually abused by people familiar to them (Chen and Chen, 2005; Chen *et al.*, 2007). These parents also doubted that children could be believed when they reported abuse. In addition, parents in Chen *et al.* (2007) were largely unaware that females could be sexual perpetrators.

Other researchers have queried parents about their knowledge of CSA symptoms. Berrick (1988) asked parents, 'What might make you think a child had been sexually abused?' and found that parents volunteered an average of 1.89 indicators, which were often generalised responses (e.g. 'I'd just know by the way he acts'). Fontes *et al.* (2001) asked focus-group participants, 'How could you tell if a child was being abused sexually?' and found the primary indicator mentioned was fear of and withdrawal from the abuser. Calvert and Munsie-Benson (1999) found that the majority of adults surveyed in a rural community thought that abused children would display 'obvious behavioral changes' and would 'have physical signs in all cases'. In fact, several studies done in the US, Canada and China have found that the majority of adults believe that CSA results in physical injuries (Chen and Chen, 2005; Chen *et al.*, 2007; Tang and Yan, 2004; Tutty, 1993), perhaps due to their belief that sexual abusers use physical force or aggression to initiate the sexual relationship (Fuselier *et al.*, 2002). Yet few sexual abuse cases involve physical force, and relatively few sexually abused children show any physical signs (Heger *et al.*, 2002). More recently, Pullins and Jones (2006) found that parents recruited from a paediatric clinic in the US had very limited knowledge of common symptoms of CSA, particularly of symptoms most specific to CSA (i.e. unusual sexual knowledge, unusual sexual behaviour or medical symptoms). In addition, few parents knew about the symptoms which might raise concern about sexual abuse in adolescents (e.g. earlier and more frequent sexual intercourse, older sexual partners and more sexual partners).

Only a small percentage of children who are sexually victimised report the abuse themselves. Children fail to disclose for many reasons – pressure for secrecy, fears they will not be believed, threats of harm, etc. Another reason why many cases go undetected is that parents (and many professionals) are not aware of the signs and symptoms associated with abuse, making it difficult to accurately identify CSA cases and implement proper intervention to terminate the abuse and protect child victims. As seen in the literature reviewed above, parents need such information. The majority of adults surveyed believed that CSA resulted

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**'Few parents include family members, relatives, teenagers or trusted acquaintances in the list of potential perpetrators'**

**'Parents rarely tell their children to tell more than one person'**

in physical injuries to victims. Such a narrow conception of CSA may lead to delayed identification and recognition of abuse not involving overt physical signs. Clearly, information concerning CSA symptoms should be included in parent-focused prevention programmes.

#### *What Parents Tell Their Children about Sexual Abuse*

Although many parents want to discuss CSA with their young children and report that they do cover this topic (79% in Deblinger *et al.*, 2010; 62% in Tutty, 1993; 59% in Wurtele *et al.*, 1992c), what they are telling their children appears to be affected by a lack of knowledge about CSA and adherence to various misconceptions. For example, parents often describe child molesters as 'dirty old men' (Morison and Greene, 1992) or, most frequently, as 'strangers' (Berrick, 1988; Calvert and Munsie-Benson, 1999; Chen and Chen, 2005; Deblinger *et al.*, 2010; Tutty, 1997; Wurtele *et al.*, 1992c). Few parents include family members, relatives, teenagers or trusted acquaintances in the list of potential perpetrators – despite the fact that these are the most likely perpetrators of sexual abuse (Finkelhor, 2008). Parents are also likely to warn children about being lured into a car by strangers, yet very few parents mention the possibility that an abuser might use tricks or threats, pressure them to keep the activity a secret, try to take pictures or videos of the child and/or ask the child to touch their genitals – all common behaviours of sexual perpetrators. Perhaps parents continue to describe perpetrators as strangers due to greater media attention on sensational cases of stranger abduction. Although stranger abduction is of great concern to parents, it is not reflective of the majority of CSA cases. In summary, parents continue to warn children against being lured into cars by strangers, while ignoring the more common perpetrators and likely grooming tactics employed by abusers. Parents are failing to convey an accurate picture of CSA and neglecting to share critical information that may help children recognise, resist and report a sexual offender and/or a sexually abusive situation.

When parents are asked what they tell their children to do if someone tries to sexually abuse them, common responses include telling their children to assertively say 'no', try to get away and tell a parent about the situation (Deblinger *et al.*, 2010; Wurtele *et al.*, 1992c). Two-thirds of parents in two studies (Deblinger *et al.*, 2010; Wurtele *et al.*, 1992c) told their children to 'fight back', even though this action could endanger a child and is not recommended by prevention experts. Parents rarely tell their children to tell more than one person if they are abused. Sometimes children are not understood (or believed) the first time they tell.

It is important to encourage children to keep telling other adults until the abuse stops. Clearly, parents need to provide children with clear directions on how to handle potential sexual advances, including emphasising the importance of disclosure.

Surveys have consistently shown that the majority of parents want to educate their children about CSA, but many parents are reluctant to do so. Research on the characteristics of non-discussers has revealed that female caregivers are more likely to discuss sexual abuse with their children compared with male caregivers (Chen *et al.*, 2007; Deblinger *et al.*, 2010; Elrod and Rubin, 1993; Wurtele *et al.*, 1992c), and have also reported a greater intention to participate in CSA prevention programmes (Tang and Yan, 2004). Parental education and age were not found to be significant predictors of discussion in some studies (Chen *et al.*, 2007; Deblinger *et al.*, 2010), whereas Wurtele *et al.* (1992c) found that parents who discussed CSA with their children had completed more education than non-discussers. Parents' personal experience with sexual abuse, either their own experience or that of an acquaintance, seems related to their willingness to discuss CSA prevention concepts (Chasen-Taber and Tabachnick, 1999; Wurtele *et al.*, 1992c). Indeed, the highest rate of parent-child discussion was reported among parents with a history of CSA in the Deblinger *et al.* (2010) study.

Researchers have asked parents what makes it difficult for them to talk about CSA with their children. A lack of knowledge, vocabulary and materials were identified as deterrents by several parents in Wurtele *et al.* (1992c). Likewise, few parents report using books, games or videos as a means of educating their children about CSA (Tutty, 1997; Wurtele *et al.*, 2008). Almost all of the parents in the Elrod and Rubin study (1993) reported getting their information about CSA from the media – an often inaccurate source. The belief that their children are at low risk for being abused has been another reason identified by researchers for parents' failure to discuss CSA (Collins, 1996; Elrod and Rubin, 1993; Reppucci *et al.*, 1994; Tang and Yan, 2004; Tutty, 1993). Parents often believe that their children are too young to understand the topic (Wurtele *et al.*, 1992c, 2008). Some parents express concern that the topic might frighten their children (Deblinger *et al.*, 2010), or lead to their children knowing 'too much about sex' (Chen and Chen, 2005; Chen *et al.*, 2007). Lack of confidence in their ability to discuss CSA with their children was a major deterrent mentioned by parents in several studies (Campis *et al.*, 1989; Porch and Petretic-Jackson, 1986; Wurtele *et al.*, 2008). There appears to be a large demand for enhancing parents' confidence and skills in educating their children about sexual abuse and providing them with parent-friendly materials to do so.

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**'The highest rate of parent-child discussion was reported among parents with a history of CSA'**

**'Parents often believe that their children are too young to understand the topic'**

**'Parents can be effective instructors for their young children by teaching their children to recognise, resist and report CSA'**

**'These children were better at recognising inappropriate touch requests'**

**'Regardless of the advantages, few parents teach their children correct genital names'**

#### *Parents as Teachers of Personal Safety Skills*

With a few exceptions (e.g. Miltenberger and Thiesse-Duffy, 1988; Miltenberger *et al.*, 1990), research suggests that parents can be effective instructors for their young children by teaching their children to recognise, resist and report CSA (Wurtele *et al.*, 1991, 1992a, 1992b). For example, Wurtele and colleagues (1992b) compared preschool children's knowledge about personal safety skills after being taught by their parents, teachers, or a combination of parents and teachers. Parents were provided with the same programme (the Body Safety Training programme; Wurtele, 2007) that was taught at school by the teachers. The parent programme included a script, stories about children in both innocuous and potentially dangerous situations with various people (e.g. baby-sitters, relatives), pictures to accompany the stories, instructions to praise and encourage correct responses, and stickers to apply to a 'Token Time' page when children successfully achieved the knowledge and skill objectives. Research assistants maintained telephone contact with the parents to answer questions, enhance motivation and ensure compliance. Results showed that children who received training from their parent(s) showed greater gains in certain areas than children who received training from their teachers. Specifically, these children were better at recognising inappropriate touch requests and also achieved higher skill scores than children taught by their teachers.

#### *Parents as Teachers of Sexuality Education*

An important component of a CSA prevention programme is teaching children the correct terminology for their genitals. Not only does this skill improve a child's ability to successfully disclose abuse, but it may also decrease the child's risk of victimisation, as perpetrators view a knowledgeable child as a less likely target (Elliot *et al.*, 1995). One convicted offender (who had assaulted 75 children before he was caught) told an interviewer that when children knew the correct terms for their genitals, he would leave them alone (Sprenelmeyer and Vaughn, 2000). Teaching children the correct names for their genitals provides the necessary foundation for subsequent sexuality education and also helps children develop a positive body image (American Academy of Pediatrics, 2007; Honig, 2000; Krazier, 1996; Wurtele, 1993; Wurtele *et al.*, 1992d).

Regardless of the advantages, few parents teach their children correct genital names. Wurtele and colleagues (1992d) tested four- and five-year-old children and found that almost all knew the correct terminology for non-genital body parts, but very

few knew the anatomically correct terms for genitals; six per cent knew penis, eight per cent knew breasts and only three per cent knew vagina/vulva. These results were replicated in the Wurtele (1993) study, where ten per cent of preschoolers knew penis, six per cent knew breasts and seven per cent knew vagina/vulva. In these two studies, parents were asked to teach their children the correct terms for their genitals. In both studies, children taught by their parents significantly improved in their correct labelling of breasts, vagina/vulva, penis and buttocks. Being taught correct genital terminology appeared to positively affect children's attitudes toward their own sexuality.

More recently, Kenny and Wurtele (2008) evaluated both Spanish- and English-speaking children and found that ten per cent knew penis, six per cent knew breasts and seven per cent knew the correct term for vagina/vulva, whereas 89 per cent knew the correct names for non-genital body parts. Further analysis demonstrated that significantly more English-speaking children knew correct terms for breasts, vagina/vulva and penis compared to Spanish-speaking children, but there were no significant between-group differences on correct names for non-genital body parts. This study provides preliminary data supporting the notion of cultural differences in parents' comfort levels with teaching children proper genital terminology. CSA prevention programmes can convey to parents the advantages of teaching the correct genital names to their children and also address cultural barriers to these discussions, including possible embarrassment about and cultural pressure against using the correct genital terms.

#### *What Parents Learn from Workshops*

Many school-based prevention programmes invite parents to attend an educational workshop while their children participate in a child-focused CSA prevention programme. To evaluate one such dual child/parent programme, Kolko *et al.* (1987) asked 276 parents and 41 control parents to complete questionnaires before and after their children participated in the 'Red Flag/Green Flag' programme. The two-hour parent meeting introduced parents to the classroom programme, and also provided background information about CSA. Post-testing was done two months later, and a six-month follow-up was performed as well. Parents who attended the meetings demonstrated greater improvements in knowledge about the programme goals, and also reported at the six-month follow-up that there was more positive communication in the home about CSA. However, there were no significant between-group differences in parents' awareness of the seriousness of sexual abuse or in their general knowledge of the subject.

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**'Parents who attended meetings were as likely to discuss CSA prevention with their children as those who did not attend'**

**'The self-efficacy message reinforced parents' ability to educate their children about sexual abuse'**

Berrick (1988) also reported disappointing results from parent educational meetings. Seven different parent workshops, hosted by preschools in California, were evaluated using pre- and post-test interviews with 94 parents. Only 39 parents (34% of the 116 parents pre-tested) actually attended the meetings. Attendance at the educational meetings had little impact on parents' perceptions of the prevalence of sexual abuse or perpetrator identity, although parental knowledge was reasonably accurate on these two variables before they attended the workshop. At post-test, parents were not able to identify indicators of sexual abuse, nor did they learn how to handle a disclosure of abuse. Results also indicated that parents who attended meetings were as likely to discuss CSA prevention with their children as those who did not attend. The author concluded, 'It is difficult to see the particular benefits parent meetings offer in terms of child abuse prevention' (Berrick, 1988, p. 551). Methodological limitations of the study (small sample due to low attendance, use of non-standardised assessment procedures, combining of seven workshops with very diverse content) suggest such a conclusion is premature, as supported by later research.

In Ireland, MacIntyre and Carr (1999) evaluated the Stay Safe programme. A three-hour meeting was held with parents before the in-class presentation for children. Parents were educated about the definition of sexual abuse, myths regarding sexual abuse, possible indicators of abuse and how to get help when children disclose sexual abuse. Significant increases in scores were found for eight of the 38 items, reflecting an increase in parents' beliefs about children's disclosure, knowledge about help-seeking and attitudes toward prevention programmes.

#### *Effects of Workshops on Parents' Intentions and Behaviours*

Other researchers evaluated stand-alone parent educational workshops. For example, Campis and colleagues (1989) recruited 165 mothers of elementary school-aged children to read educational materials and then complete a questionnaire asking about their intentions to present the information to their children. The strongest intentions to inform their children about sexual abuse came from parents who had read material designed to enhance their self-efficacy beliefs. The self-efficacy message reinforced parents' ability to educate their children about sexual abuse and emphasised that they were the best people to effectively discuss this topic in a constructive and non-threatening manner. These researchers proposed that future efforts in the area of sexual abuse prevention may be most efficient if self-efficacy beliefs are specifically targeted for intervention.

In a subsequent investigation of parental self-efficacy beliefs, Burgess and Wurtele (1998) randomly assigned 45 parents of preschool-aged children to participate in either a CSA prevention workshop (watching a commercially produced CSA educational video plus discussion) or a workshop on home safety (safety video plus discussion). Parents who had participated in the CSA workshop reported significantly greater intentions to talk to their children about CSA, compared to the control group. At follow-up, these parents also reported having had significantly more discussions about CSA with their children compared with the control parents. As predicted, parents' self-efficacy beliefs were significantly related to intentions, and intentions predicted parent-child communications. Although based on a small sample, this pilot study suggests that a workshop format targeting parental self-efficacy beliefs may hold promise.

In 2002, Hébert *et al.* compared 55 parents who had participated in a parent educational workshop (The ESPACE programme in Canada, which is known as the CAP programme in the US) to 217 parents who were invited but did not attend the prevention workshop. The two-hour parent workshop, held at the school on a week night, covered the following topics: factors related to children's vulnerability; incidence and prevalence rates of abuse; signs and symptoms of abuse; how to handle disclosures of abuse; and available resources in the community. Parents who attended the meeting obtained a higher knowledge score than parents who did not attend. Attendees were more likely to know that CSA rarely involves physical evidence or penetration, that children from all socioeconomic backgrounds are sexually abused and that a child who is sexually abused by a parent often loves the parent. In response to a hypothetical disclosure of sexual abuse, parents who attended the workshop suggested more appropriate interventions compared to non-attending parents, including contacting a specialised agency in the community. In contrast, non-attending parents more often mentioned notifying the victim's parents or the abuser's employer in response to a disclosure of CSA. Although the workshop was rated as valuable by the parents and appeared to benefit the parents in terms of knowledge gains, the authors qualified their results due to the low attendance rate (only 20% of parents invited actually participated).

Wurtele *et al.* (2008) recently evaluated a three-hour educational workshop (Parenting Safe Children) designed to inform parents about CSA, promote parent-child communication about the topic of CSA and help parents create safer environments for their children. One hundred and thirty-five parents completed an electronic pre-test survey, and 47 parents (35% of total) completed the one-month post-workshop survey. The questionnaire was designed to measure their adherence to CSA-related myths,

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their beliefs about the severity of CSA and their children's vulnerability to abuse, their CSA-related preventive behaviours, and their vulnerability, severity, self-efficacy and response-efficacy beliefs (components of Protection Motivation Theory; Rogers, 1983). Parents' scores on the CSA Myth Scale (Collings, 1997) significantly declined from pre-test to post-test, their ratings of the severity of CSA and their children's vulnerability significantly increased, as did their self-efficacy scores. Parents significantly increased their knowledge about the characteristics of perpetrators, and parents were more likely to agree with the safety recommendations of the presenter (e.g. that children be allowed to refuse forced affection, family members be allowed privacy in the home). Parents also reported increased parent-child communication about CSA. The small sample size and selectivity limit the generalisability of the findings. The sample consisted of mostly affluent, white, college-educated parents. Also, all parents paid a fee to attend, making this a study of highly motivated parents. Results cannot be generalised to less motivated or lower income/less educated parents. Additional research is needed to include a more diverse sample of parents from other ethnicities, educational levels and income levels. In addition, the effects of the parent workshop on children's knowledge and skill levels were not determined.

Recently, Kenny (in press) presented results of the first dual parent/child prevention programme with ethnically diverse parents. One hundred and twenty-one preschool-aged children participated in the Talking About Touching programme (Committee for Children, 1996, 2001) while their parents ( $n = 97$ ) met in small groups with facilitators to learn about general safety and CSA prevention. The groups met twice a week (1 hour per session) for 16 sessions. Children were pre-tested and post-tested, and results indicated that children made gains in all areas (increased knowledge of car, gun, traffic and fire safety, along with improved ability to distinguish between appropriate and inappropriate touches). Parents also reported significantly improved relationships with their children and increased communication about safety. This programme demonstrated that simultaneously targeting both parents and their children can be an effective means of educating children about personal safety. The sample consisted of lower- to middle-income, ethnically diverse families, who demonstrated a commitment to the dual parent-child workshop format (94% of the families attended at least half of the sessions). Methodological concerns (lack of a control group, absence of measures of parents' knowledge of sexual abuse and raters who were not blind to the time of testing) limit the extent to which the results can be generalised, but the heterogeneity of the sample and the unique parent-child dual focus were strengths of the design.

In summary, parents who have attended CSA prevention programmes have shown gains in knowledge about CSA and these parents are more likely to discuss CSA with their children. In spite of the many advantages of parent involvement in CSA prevention programmes, the actual participation of parents in one-time educational workshops has been low. In the next section, potential barriers to parental involvement will be described, and suggestions for reducing or eliminating barriers and enhancing participation will be offered.

### **Barriers to Parental Involvement**

Recruiting and retaining parents for CSA prevention and educational programmes have been significant challenges for researchers and educators. For example, Tutty (1997) invited parents to an informational meeting to describe the school-based programme *Who Do You Tell?* but only 21 per cent of parents attended (although all had consented for their children to participate). Likewise, Hébert *et al.* (2001) found that only 20 per cent of parents attended their informational session, and Berrick (1988) reported a slightly higher rate of parent attendance (34%). In Wurtele *et al.* (2008), only 35 per cent of parents completed post-workshop surveys. In an exploration of Chinese adults' intentions to participate in community CSA prevention programmes, only 24 per cent indicated definite intentions to participate (Tang and Yan, 2004). Clearly, programme evaluators have had considerable difficulty recruiting parents to attend CSA prevention programmes, even for a one-time informational meeting. These findings point to the importance of attending to factors that may motivate adults to participate in these programmes, along with identifying potential barriers to participation. When there are low participation rates at parent programmes, evaluation researchers are limited in generalising their results to the general population. Given that only one CSA prevention programme has utilised multiple sessions (i.e. Kenny, in press), retention has not been recognised as an issue for family-based CSA interventions. However, significant attrition over time can impact a study's statistical strength, by decreasing sample size or reducing statistical power. In this section, we will offer practical suggestions for enhancing both recruitment and retention rates. These suggestions are based on the authors' experiences, discussions with other prevention researchers and contributions from the literature on family-based preventive interventions.

In a survey of directors of CSA prevention programmes, Plummer (2001) found that 70 per cent of the respondents mentioned that they had encountered community resistance to

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**'Suggestions include providing child care while parents attend the workshop, and presenting workshops in other settings'**

prevention programmes or denial of the problem of sexual abuse. Parents who deny the reality of CSA, blame children for abuse, minimise negative effects of sexual abuse on children, or view children (including their own) as not vulnerable to sexual exploitation are less likely to participate in CSA prevention programmes. In contrast, when parents are aware of children's vulnerability to sexual victimisation and understand how prevalent the problem is, then participation rates increase. Thus, marketing materials need to raise adults' awareness of children's vulnerability to CSA and the prevalence of CSA within families and communities.

Some parents fear that participation in CSA prevention programmes will in some way harm their children, despite much research to the contrary. Marketing messages must dispel myths about negative side-effects of this instruction (see review by Wurtele, 2009). Other parents are concerned that CSA prevention programmes will result in their children learning 'too much about sex' (Chen and Chen, 2005; Chen *et al.*, 2007). For these parents, it may be best to integrate CSA prevention into a broader safety curriculum (i.e. covering gun, traffic, fire, water safety, etc.) – topics which are more universally appealing and palatable to parents.

Other studies suggest that low rates of CSA prevention participation may be due to lack of time or scheduling conflicts. Hébert and colleagues (2002) noted that parents often fail to attend due to scheduling difficulties or time constraints, and recommended offering workshops on more than one night, during the daytime or on the weekend. Other suggestions include providing child care while parents attend the workshop, and presenting workshops in other settings (work, community centres, etc.). Other possible venues include offering brown-bag lunches at the worksite, or having employer- or healthcare-sponsored workshops. Additional potential sites for groups of parents include their own homes, mom's clubs, parenting centres, medical establishments, libraries, faith-based institutions or other community agencies.

Marketing plays a key role in informing parents about the opportunity to participate in a prevention programme. Strategies can include repeated announcements about the programme, take-home letters and fliers, advertisements in newsletters, posters in schools and medical clinics, along with direct referral. Prinz and colleagues (2001; these researchers provide conduct disorder prevention programmes for parents) have found personalised recruitment to be more effective than generic or impersonal approaches. At a school site, letters from the principal, endorsing the programme and informing parents about the opportunity to participate, may help recruit parents. Endorsement of the programme by counsellors, doctors or teachers may also be effective in getting parents to attend educational programmes. Wurtele (2009)

recommends that healthcare professionals sponsor classes in CSA prevention.

To facilitate recruitment, Prinz *et al.* (2001) note that staff interaction with potential participants is critical. Programme staff who conduct recruitment should be knowledgeable about the programme, able to answer parents' questions, allay their fears and provide general information. Successful recruiters are gentle persuaders, effective communicators and possess the ability to respond to potential participants' concerns. During recruitment sessions, parents need to be given the opportunity to ask specific questions. It is also important to inform parents that the programme balances discussions about inappropriate touching with an emphasis on nurturing healthy touching (Plummer, 1997). At the end of a recruitment session, information should be left for parents to review and then a follow-up contact should be conducted.

Another potential barrier to recruitment may be accessibility for some culturally diverse families. Programme developers will want to make sure programmes are culturally relevant and provided in languages to make them accessible to all families. Prinz and colleagues (2001) discuss the consideration of using staff who are from the same communities as the participants. Particular attention should be paid to race and ethnicity of staff in an effort to quickly build rapport with participants. Fontes (2005) discusses how it may be easier for parents to bond with facilitators of a group if they share the same cultural background. Kenny (in press) utilised Spanish-speaking group leaders with a predominantly Hispanic sample of parents and found bilingual group leaders to be essential in getting these families to participate and discuss cultural issues related to CSA.

Several researchers have noted that fathers are less likely to attend prevention programmes (Elrod and Rubin, 1993; Tang and Yan, 2004; Tutty, 1993). In most programme evaluations, mothers constitute the majority of participants (e.g. 97% in Berrick, 1988; 95% in Kenny, in press; 94% in Wurtele *et al.*, 2008), whereas men are the vast majority of offenders in sexual abuse cases (Finkelhor *et al.*, 1990). Along with focusing on recruiting males, research is needed to address how to reach parents who may be sexual offenders. Parents who are potential or current perpetrators are most likely not to volunteer to attend these programmes and a parent with a family member or romantic partner who is an offender may not attend either. This possibility stresses the need for implementing universal primary prevention programmes in schools.

When designing prevention programmes of longer duration, special considerations are needed to increase retention rates. Retention rates are affected by the quality of the relationship of the families to the programme staff, and also on the perceived

**'Successful recruiters are gentle persuaders, effective communicators'**

**'Another potential barrier to recruitment may be accessibility for some culturally diverse families'**

**'Fathers are less likely to attend prevention programmes'**

**'Programme staff need to provide support to families and build a positive relationship with the family'**

**'Parent educational sessions may need to be done at a variety of times and days of the week'**

value of the programme. Building a relationship with potential participants may be one way to engage them and increase their desire to participate. Programme staff need to provide support to families and build a positive relationship with the family, which encourages the family to attend and complete the programme. Punctuality in delivery of services as well as confidential communications (with noted exceptions for child abuse reporting) are viewed as important by participants. In general, attendance rates seem to decrease over the length of the programme (Reid *et al.*, 1999) and studies with parents demonstrate that it is common for about half of the parents recruited to participate in half (or fewer) of the parent sessions, particularly if there are more than seven sessions (Barrera *et al.*, 2002). Strategies for encouraging completion of a programme are usually necessary. If a programme contains a longitudinal focus, families should be adequately compensated for their time and potential inconvenience of completing paperwork or assessments (Prinz *et al.*, 2001). Programmes that are research based and include multiple assessments may pose a deterrent for some parents. The additional time necessary to complete assessments and instruments or make their child available for assessments may be too invasive. Incentives, such as financial or educational products (videos, books), can be used as milestone awards for parents who attend a certain number of sessions. If a family does not attend one or two sessions in a row, telephone contact with them (or e-mail) may be a good way to check in and determine their status with regards to participation or remind them of sessions. If there is a break in the regular schedule following holidays or long weekends, programme staff should call (or e-mail) and remind parents about the next session.

Scheduling of multiple parent educational sessions may need to be done at a variety of times and days of the week, to accommodate families' various schedules. Likewise, Fontes (2005) recommends that programme developers schedule programmes during times that are sensitive to parents' schedules, in places that are near participants' homes, and provide transportation and child care for other children as means of increasing attendance. Webster-Stratton (1998) recommends that parenting programmes be community based, offered through schools, and be delivered in a collaborative format in which parents, teachers and family social workers support each other. To enhance retention, Kenny (in press) provided a financial incentive to parents who attended at least half of the sessions, and Wurtele (1993) maintained telephone contact with parents while they taught a personal safety programme to their children. For parental convenience, Kenny (in press) scheduled parent and child educational meetings at child care sites during the times parents arrived to pick up their children.

### Recommendations for Parent-focused Prevention Efforts

Future CSA prevention efforts should include a combination of school- and home-based instruction. School-based programmes should be the first line of defence, with parent-focused prevention efforts as the next layer. At a minimum, school-based efforts should send home materials informing parents about the content of the programme(s). School-based programmes could also incorporate homework assignments for children to discuss a topic with their parents, descriptions of the lessons(s), and teaching tips to help parents reinforce and practice safety concepts and skills at home. Encouragingly, Plummer (2001) reported that about half of the 87 CSA prevention programmes she reviewed included some type of parental component, which consisted mostly of either take-home educational materials and/or follow-up materials. However, the effectiveness of these parent materials is unknown.

In terms of the content for dual parent/child or parent-focused efforts, there are several essential components to a comprehensive parent education programme. Most of the suggestions are based on the authors' experience and discussions with other prevention researchers, buttressed by CSA offender research literature. The following list should serve as a guide for those who are selecting a commercially available programme or developing their own customised programme:

- Define and describe sexual abuse (including both contact and non-contact forms).
- Provide information on prevalence and consequences.
- Describe perpetrators (including relationship to child, grooming behaviours, adolescent offenders).
- Describe characteristics of victims (examples should include both males and females of all races, ages, sizes and physical abilities/limitations).
- Describe signs and symptoms of abuse at different developmental stages.
- Describe how to handle disclosures (including the importance of believing a child, being supportive and reporting abuse).
- Provide information on abuse hotlines, call centres and community resources.
- Brainstorm possible modifications that parents can make in their home environments and parenting styles to reduce children's risk factors (e.g. teaching correct terms for genitals, teaching children body safety rules, not requiring children to demonstrate physical affection with loved ones, respecting personal boundaries and privacy, discouraging secret keeping, having open communication in the home).
- Inform parents about children's healthy sexual development, along with ways to detect and intervene with youths who show early signs of sexual interest in children.

**'School-based efforts should send home materials informing parents about the content of the programme(s)'**

**'There are several essential components to a comprehensive parent education programme'**



**'Parents can be encouraged to take advantage of "teachable moments"'**

**'Parents need much more information about how to identify "potential offenders"'**

**'Online resources can include chat rooms, support groups, list serves and message boards'**

In addition to these content areas, parents can be encouraged to take advantage of 'teachable moments' – those naturally occurring moments in day-to-day activities that lend themselves to reinforcement of material. Parents should also be encouraged to frequently review safety concepts with their children during regular parent-child interactions.

Parent-focused efforts should also inform parents about how the home environment could be made safer for their children. Given that 70–90 per cent of perpetrators are known to the child (Finkelhor, 2008), parents should be encouraged to carefully screen all caregivers, teach their children about respecting (yet not blindly obeying) authority figures, avoid putting children in situations where they are alone with authority figures, and discuss children's safety rules and expectations with authority figures. Single parents, and mothers in particular, should be cautioned about allowing romantic partners to spend unsupervised time alone with their children early in a relationship, as research has shown that some perpetrators target single-parent homes (Elliott *et al.*, 1995). Since it has also been shown that other perpetrators target children who lack confidence and self-esteem (Elliott *et al.*), parenting practices that facilitate parent-child attachment and foster children's self-esteem should be encouraged. Parents need much more information about how to identify potential offenders, the types of ploys and manipulations they use to gain the trust and acceptance of the parent(s), and how to talk to their children about this threat. Given the occurrence of online sexual solicitation of youth (Mitchell *et al.*, 2001), it is critical that parents be informed about safe Internet use and how to talk to their children about online safety.

Web-based training and educational modules have untapped potential for educating parents about CSA. The Internet is frequently used by parents to access health-related information (D'Alessandro and Dosa, 2001) and adolescents are also likely to use the Web to obtain information about health-related issues, including sexuality (Borzekowski and Rickert, 2001). Compared to attending workshops, the Internet offers a confidential and more convenient way to get information about CSA. Some parents may be less threatened by accessing information on the Internet than by attending a programme. Additionally, the Internet can be a helpful supplement to existing programmes given its capacities and flexibility to be adapted to parents' needs. An online training programme would also be accessible to people from all geographical areas (McPherson *et al.*, 2005). Online resources can include chat rooms, support groups, list serves and message boards.

A Google search (conducted 12 June 2009) using the key words 'child sexual abuse' yielded 5 444 000 hits – an enormously

overwhelming place for parents to start. Although specific uses in the area of CSA education are not known, two sites (Stop It Now! at [www.stopitnow.com](http://www.stopitnow.com) and Darkness To Light at [www.darknesstolight.org](http://www.darknesstolight.org)) provide extensive information, tips and guidelines to parents about CSA, but not much more than one would find in informational brochures. D'Alessandro and Dosa (2001) caution that merely transferring handouts to the Internet does not take advantage of the Internet's unique interactive capabilities. Devising such a training and educational website requires creativity (McPherson *et al.*, 2005). Video clips could be displayed showing parent models demonstrating various skills and behaviours. Instruction should be self-paced, so that participants can move through the information at their own speed. A site could also contain knowledge-based questions for self-testing, where immediate feedback is provided to parents. Interviews with incarcerated sexual offenders, police officers, victims and parents would be helpful to include. Programme specialists would be wise to utilise the Internet as it is a popular, home-based technology that is visual and interactive (Pacifi *et al.*, 2006).

An Internet-based training site has been successfully used to educate teachers about child abuse signs, symptoms and reporting procedures (Kenny, 2007). Participants who completed the approximately one-hour online tutorial showed increases in knowledge (of CSA signs, symptoms and reporting procedures) at post-testing and feedback was positive regarding ease of use and comprehensiveness of the information provided. The tutorial contained interactive cases and test questions that provided immediate feedback to participants. There are obvious challenges to utilising the Internet for this purpose, including the 'digital divide' that exists between wealthy and poor homes (National Center for Education Statistics, 2001), the necessity for technological literacy and availability in multiple languages. Also, the information presented must be accurate and updated over time. However, these drawbacks should not be the basis for unilaterally discarding this effective form of educational instruction.

### Conclusion

The CSA epidemic has sparked educational and prevention efforts aimed at children, parents and communities. The majority of programmes target children as participants and are implemented in schools. Although most parents are in support of school-based prevention programmes, this review has shown that very few parents take advantage of presentations held in conjunction with these programmes. Most parents allow their children to participate, but few attend or access available information themselves.

**'Programme specialists would be wise to utilise the Internet'**

**'These drawbacks should not be the basis for unilaterally discarding this effective form of educational instruction'**

**'Parents remain an untapped resource with regard to their role in preventing CSA'**

**'We offer numerous suggestions to enhance parental participation, and encourage the development of online technology'**

Parents remain an untapped resource with regard to their role in preventing CSA.

As outlined in this review, partnering with parents to prevent CSA has many advantages. Parents can function as their child's partner in prevention by repeatedly practising and reviewing the content of school-based programmes at home. Parents can teach and reinforce personal safety rules at home. They can talk with their children about sexuality and personal boundaries. A major advantage of targeting parents is that they often have the ability to limit the access of potential perpetrators to their children. Educated parents can reduce other risk factors associated with CSA, and identify child victims and respond to disclosures.

Although the need for parent-focused prevention programmes is clear, this review has highlighted barriers to parental participation and recruitment. Barriers to participation include community resistance, denial or lack of awareness of the problem of CSA, beliefs that children (including their own) are not vulnerable to sexual exploitation and concerns about negative side-effects of instruction. Some parents have expressed concern that CSA prevention programmes will result in their children learning 'too much about sex' or result in other harmful effects, although this concern has not been substantiated in the literature. Other studies suggest that low rates of CSA prevention participation may be due to lack of time or scheduling conflicts. We offer numerous suggestions to enhance parental participation, and encourage the development of online technology in the form of Web-based training.

Encouragingly, substantiated cases of sexual abuse in the US have decreased an estimated 53 per cent since 1992 (Finkelhor and Jones, 2008). Although this decline cannot be definitely attributed to the CSA prevention movement (see Finkelhor and Jones, 2006, for other explanations), prevention efforts have most likely played a role. Conceivably, with more focus on including parents as an integral part of the prevention process, primary prevention efforts have the potential to prevent the sexual victimisation of children and to achieve the overall goal of eliminating this serious public health problem.

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