

Child Sexual Abuse Prevention Opportunities: Parenting, Programs and the Reduction of Risk

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Abstract

Due to the high incidence, and detrimental mental health consequences, of child sexual abuse (CSA), effective prevention remains at the forefront of public and mental health research, prevention and intervention agendas.

The purpose of this research was to explore how prevention opportunities can move beyond parental-led education of children about CSA risks and protective behaviours, to include parents in new and innovative ways.

It is proposed that parents can play a significant role as protectors of children via two pathways:

- i) directly, through the strong external barriers afforded by supervision, monitoring and involvement and, ii) indirectly, by promoting children's competence, emotional well-being and self-esteem.

Introduction

Child sexual abuse (CSA) is known to occur due to the complex interaction of individual and contextual factors, requiring “an entire spectrum of necessary prevention strategies applied over time” (Prescott et al., 2010, p. 3). Therefore, to be most effective at reducing the rate of child sexual abuse, the CSA prevention field needs to focus on prevention initiatives targeting multiple levels of a child’s ecology, namely potential offenders and protectors (parents, educators, medical personnel, faith leaders and community members) (Smallbone et al., 2008; Wurtele, 2009).

There have been some discussions about extending CSA prevention efforts by strengthening adult and community protection (Letourneau et al., 2016; Melton, 2014), including more innovative ways to target potential offenders (Beier et al., 2009; Letourneau et al., 2017). However, efforts continue to focus largely on enhancing children's knowledge and behavioural skills to recognize, avoid, and report sexual victimization (Mendelson, & Letourneau, 2015; Wurtele, 2009).

CSA prevention programs (CSAPPs), teaching children how to recognize, avoid and disclose abuse, are typically provided to children in school settings, in the earliest grades of primary (elementary) school (Walsh et al., 2015; Wurtele, 2009). Programs involving parents have had the same aim, with parents taught how to educate their children about CSA risks and appropriate protective behaviours (Prescott et al., 2010; Reppucci et al., 1994; Wurtele, 2009). However, whether taught by parents, teachers or CSA education specialists, there are limitations to this prevention approach.

Although school-based CSAPPs, targeting children aged 4 – 8, have been found to increase children’s knowledge of CSA concepts and strengthen their intended responses, it is not known whether children can transfer this knowledge, or the information given to them by parents, into protecting themselves from actual threats of CSA, or appropriately disclosing when it occurs (for reviews see Topping & Barron, 2009; Walsh et al., 2015). Also, There is a paucity of research on parents as educators, and the effectiveness of parental communication with children about the dangers of sexual abuse and appropriate protective strategies (similar to those conveyed in programs) in reducing the incidence of CSA for those children, needs to be further explored.

Questions about Child-Focused CSA Prevention

1. Is providing information to young children effective for avoiding abuse? We do not know. It is still unclear whether providing information to children is effective (Kaufman et al., 2002; Topping & Barron, 2009; Zwi et al., 2008). Furthermore, there is no agreement as to what constitutes effectiveness (Zeuthen & Hagelskjer, 2013), and evaluations can involve measuring: knowledge through questionnaires or interviews, skills through hypothetical scenarios, behavioural responses to simulated situations or disclosure rates. Regardless of which of these are measured, the effectiveness of CSA programs can only ever be ascertained through ‘proxy’ (Wurtele, 1987) or ‘proximal’ (Tutty, 1992) means, “presumed to be predictive of skills in the actual situation” (MacMillan et al., 1994, p. 870). Some studies have shown that children exposed to school-based CSAPPs were not able to prevent sexual victimization attempts (Finkelhor et al., 1995; Finkelhor et al., 2014; Ko & Cosden, 2001; Pelcovitz et al., 1992).

2. Do young children understand and are they able to enact prevention strategies? It may be an unrealistic expectation. Some claim that it is unrealistic to expect children to protect themselves against sexual abuse (Berrick & Gilbert, 1991; Daro, 1994; Kaufman et al., 2002; Melton, 1992; Reppucci et al., 2005). Education for young children about CSA and protective behaviours is based on the assumptions that children are able to: (a) identify the nuances of an abusive or exploitative encounter, touch, relationship, or situation; (b) counter the social, psychological and physical manipulations or threats of an abuser; (c) challenge the authority of an adult; (d) forego affection, attention and/or material incentives that may be provided by the abuser, and; (e) be willing to report someone they potentially care about, possibly with the knowledge that there will be consequences for the abuser, and potentially the victim themselves and their family. Some studies have demonstrated that children find it difficult to learn important prevention concepts, such as: that familiar adults or family members might touch their private parts; that secrets do not always have to be kept; that adults do not always have to be obeyed; saying no to an authority figure; recognising the feelings associated with being safe and unsafe; disclosure, and identifying an abusive situation (Briggs & Hawkins, 1994; Liang et al., 1993; Turry, 1994).

3. Are there unintended outcomes for young children? There is some risk for negative consequences. The possible negative effects of telling a child that he or she may be the target of abuse, especially at the hands of family members and loved ones, should be considered. Research shows that some children may experience fear, anxiety and confusion about touches after a prevention program (Topping & Barron, 2009; Walsh et al., 2015; Zwi et al., 2008). Three studies in one review reported increased fearfulness of strangers (13-25%), increased dependency behaviours (13%) and having adverse reactions such as bed-wetting, nightmares, crying and school refusal (5%) (Zwi et al., 2008). Parents in one study reported that their children were more wary of touches (23%) and strangers (6%). Similarly, teachers reported that students were more anxious (16%) and found the lessons dealing with private parts and being touched by a relative upsetting (6%). Significantly, 10% of children themselves reported being upset by aspects of the program (MacIntyre & Carr, 1999). Over half of children in a large telephone survey reported being worried about being abused after participating in a CSA program (53%), 9% worried about being abused by a family member, and 20% were scared by adults (Finkelhor & Dziuba-Leatherman, 1995). There may also be wider personal and social consequences, with Nishikawa and colleagues (2012) hypothesising that the decrease in social trust, observed in Western democracies over the last 40 years, may be partly due to the distrust that parents foster in their children when they caution them about the danger other adults may pose.

Taken together, the answers to these three questions reinforce the need for a diversified approach to CSA prevention, including a greater emphasis on community capacity building, especially the involvement of parents and other adults in new and innovative ways.

Parental Involvement in CSA Prevention

Researchers have measured parents' ability to protect their children from sexual abuse by the extent to which they have discussed CSA with their children (Deblinger et al., 2010; Walsh et al., 2012). In general, a parent is deemed effective at protection if he or she has spoken about specific abusive behaviours, such as inappropriate touching, perpetrator identities (that they may be loved or known adults) and what to do in an abuse situation (Deblinger et al., 2010; Walsh et al., 2012; Wurtele et al., 1992). However, emphasising this approach to parent-based prevention rests on the same assumptions as education programs for young children. Also, there is no empirical research that has assessed the effectiveness of parental discussion as a way to thwart potential victimizations and prevent CSA, or determine whether parents telling their children about the specifics of abuse and the identity of possible perpetrators causes unintended harms such as a lack of trust, and fear/wariness of touch in normal encounters. Moreover, despite attempts by CSA prevention campaigns to encourage parents to inform their children about CSA risks and prevention strategies, research over the last 30 years shows that parents continue to be hesitant to do so.

Only two studies have explored parental protective behaviours other than communicating with children directly about CSA risks (Babatsikos & Miles, 2015; Collins, 1996). Parents reported using a variety of protective practices (e.g., relationship building, supervision, monitoring, open communication and involvement) to create the external barriers that may keep their children safe from CSA, of which direct discussions of abuse prevention in the home was a small part.

Parenting Practices and CSA Risk

To broaden CSA prevention from the dominant focus on the education of children (by parents, teachers or professionals) to the inclusion of parents, it is instructive to consider the parenting practices that are associated with CSA risk. The main findings in the literature suggest there are characteristics, especially related to family structure and parenting practices, that place children at increased risk of experiencing CSA (Kim et al., 2007; Pérez-Fuentes et al., 2013). Knowledge of these risk factors can guide and inform the development of parent-focused CSA prevention education programs.

A long list of family features and parenting practices have been identified as risk factors, including: parental absence (Leifer et al., 2004; Russell, 1999), maternal mental or physical illness (Finkelhor 1984; McCloskey & Bailey, 2000), parental alcohol and substance use (Leifer et al., 2004; McCloskey & Bailey, 2000), poor parent-child relationship (Fergusson et al., 1996; Paveza, 1988); the presence of a stepfather (Paveza, 1988; Russell, 1999), physical abuse (Fleming et al., 1997; Kim et al., 2007), neglect (Finkelhor et al., 1997), marital conflict (Paveza, 1988), marital violence (McCloskey & Bailey, 2000; Ramirez et al., 2011), low maternal attachment (Fergusson et al., 1996; Lewin & Bergin, 2001), lack of communication (Ramirez et al., 2011), lack of supervision/monitoring (Finkelhor et al., 1997; Testa et al., 2011), and single biological-parent households (Finkelhor et al., 1997; Russell, 1999).

This brief summary of CSA risk factors underscores the essential role adults, but particularly parents, can play in child sexual abuse prevention. Viewing parents as protectors places them at the centre of prevention, and adds to the argument that broadening the focus on prevention efforts to include parents, if not all adults, deserves increased attention.

Opportunities for a Diversified Approach to Prevention

Finkelhor (1984) identified four pre-conditions that must be present for CSA to occur: 1.a perpetrator motivated to sexually abuse a child, 2. the perpetrator’s inability to overcome personal internal inhibitions towards such abuse, 3. the perpetrator’s ability to overcome the external barriers to committing CSA (such as parental supervision, strong parent/child relationship) and 4. the perpetrator’s ability to overcome the child’s resistance. This integrative conceptualisation of the necessary preconditions for CSA demonstrates that a multifaceted prevention approach is required and identifies several opportunities for prevention. However, child CSA prevention education programs, regardless of whether they are aimed at children or parents, attempt to address only precondition four – teaching children to thwart abuse. The two prevention opportunities that we focus on here draw from Finkelhor's preconditions 3 and 4.

Regarding precondition 3 (external barriers), parents and caregivers, are in the best position to maintain strong external barriers that can prevent a perpetrator gaining access to children. Research with sexual offenders demonstrates that they benefit from, and exploit to their advantage, a lack of caregiver supervision. According to Cohen and Felson (1979) the absence of a capable guardian is a prerequisite for successful crime commission, and this is especially the case with CSA, in which an offender needs a certain amount of privacy with a child (Leclerc et al., 2015). Analyses of CSA offender modus operandi demonstrate that the ideal conditions for child sexual abuse to occur are a lack of adult supervision and a conducive environment, at all stages of the crime commission process; that is, during the accessing, grooming and abusing of the victim (Leclerc et al., 2011; Leclerc et al., 2015; Smallbone & Wortley, 2000).

Precondition 4 (victim resistance) can also be targeted through parental or other caregiver input. According to Finkelhor (1984), precondition 4 “means much more than a child who says ‘no’ to a potential abuser,” with “one large class of risk factors [being] anything that makes a child feel emotionally insecure, needy or unsupported” (p. 60). The idea of some children being more susceptible than others is supported by research conducted with offenders who acknowledge that they target children who are vulnerable and easy to manipulate (Berliner & Conte, 1990; Elliott et al., 1995; Finkelhor, 1984; Leclerc et al., 2011). Finkelhor goes on to explain that a lack of support, emotional deprivation, and poor relationships with caregivers, “erode a child’s ability to resist” (1984, p. 61).

Parents can, therefore, play a significant role as protectors of their children via two pathways: i) directly, through the strong external barriers afforded by parent supervision, monitoring and involvement and, ii) indirectly, by promoting their child's self-efficacy, competence, well-being and self-esteem, which on the balance of evidence, suggest they may be less likely targets for abuse (Berliner & Conte, 1990; Elliott et al., 1995; Leclerc et al., 2011) and more able to respond appropriately to abuse and disclose when it occurs (Finkelhor, 1984).