

Parental Discussion of Child Sexual Abuse: Is it associated with the Parenting Practices of Involvement, Monitoring and General Communication?

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Abstract

We investigated whether parents who reported more positive parenting practices (i.e., monitoring, involvement, and communication) reported more discussion of child sexual abuse (CSA) with their children. . Parents from Australia and the UK (N = 248), with children aged 6 to 11 years, completed an online survey. About half of parents reported directly discussing CSA, whereas 35% reported telling their children that CSA perpetrators may be family members. Rates of discussion were higher for other CSA-related topics such as body integrity and abduction. Correlational analyses showed that parents who reported speaking to their children about CSA also reported more positive parenting practices, more discussion of other sensitive topics, and assessed CSA risk for children (in general) to be higher. Discussion of CSA risk was not associated with parents' CSA knowledge, confidence or appraisal of own-child risk. Parents higher in positive parenting believed their children to be at less CSA risk. Parents who appraised higher own-child risk reported less positive parenting practices and were less confident about their parenting and their ability to protect their children from CSA. The findings are the first to report on the associations of parenting practices with parents' CSA discussion with their children.

Introduction

Parents are encouraged to educate their children about the specific risks of child sexual abuse (CSA), the identity of possible perpetrators and protective behaviours (American Academy of Pediatrics, 2015). Given these efforts it is noteworthy that many parents do not discuss these concepts with their children. For example, the proportions of parents who warn their children about the possibility of someone touching the child’s genitals has ranged from 23% to 64% (for a review see Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2017).

Several reasons for parents’ reluctance to discuss CSA have been postulated: an inability or unwillingness to address topics of a sensitive nature, especially regarding sexuality (Davis et al., 2013), insufficient knowledge (Walsh, Brandon, & Chirio, 2012); a lack of confidence or low self-efficacy (Wurtele, 2008); or an assessment that children are at low risk (Reppucci et al., 1994). However, it may be the case that parents who do not discuss CSA with their children are using other protective strategies, such as engaging in more monitoring, being more involved, and communicating more effectively have not been examined in previous research.

Parental CSA protection is usually measured in terms of parental capacity and willingness to discuss CSA with their children (Deblinger et al., 2010; Walsh et al., 2012). Although research shows that children can learn CSA prevention concepts (Walsh et al., 2015), research to date has not been able to determine if an increase in children’s CSA knowledge is able to protect them in an abusive scenario (Finkelhor et al., 1995 & 2014; Ko & Cosden, 2001; Pelcovitz et al., 1992). Similarly, links between parental-led CSA education and actual protection from CSA are yet to be explored. Measuring parental protection in this way rests on the assumption that parental discussion about CSA will protect children from abuse, or at least aid children to report past or current abuse. Due to the large numbers of parents who report *not* discussing CSA with their children, and the absence of an evidenced link between such education and protection, it is important to consider other ways that parents may be protective.

Given that low levels of parental monitoring, involvement and communication are known risk factors for CSA, it is surprising that no research has considered whether such general parenting practices are associated with parents' discussion of CSA with their children. Thus, after describing rates of CSA discussion, the first aim of the present study was to examine whether parents who report more use of parenting behaviours that are considered positive for children, also report discussing with their children. The second aim was to understand whether parents' discussion of CSA is associated with certain ‘discussion facilitators’ such as parents' greater willingness to discuss sensitive topics; greater parental knowledge of CSA; higher general parenting self-efficacy, and specific self-efficacy regarding CSA prevention; and an appraisal of children in general, and their child specifically, as being at risk of CSA.

Method

Participants

Participants were 217 mothers and 23 fathers, aged 20 to 59, living in Australia (81%) or the UK (19%), with at least one child aged 6-11 in their care. Participants were mostly married or co-habitating (87%) and identified predominately as white Caucasian (94%). The educational level and annual incomes reported by the participants were higher than the Australian and UK averages. Twenty-three percent of parents reported being victims of CSA and 3% reported that their children had been the victims of CSA. Participants responded to an online questionnaire.

Measures

Discussion about CSA risk was measured with 11 items which included specific abusive behaviours, protective behaviours and the identity of perpetrators (e.g. “*that an adult/older person might touch him/her on their genitals/private parts,*” “*that an adult/older person might show them 'rude' pictures*”), Cronbach’s $\alpha = .94$.

Discussion about body integrity was measured with two items: “*your body belongs to you*” and “*private parts are not ok to be seen or touched by others,*” Cronbach’s $\alpha = .76$.

Discussion about abduction was measured with two items: “*Someone may temp, lure or grab you*” and “*what to do if someone attempts to temp, lure or grab you,*” Cronbach’s $\alpha = .87$.

Discussion about sensitive topics was measured with nine items Topics included online dangers, puberty, pornography, homosexuality, drugs/alcohol, sex, bullying, domestic violence, suicide and death, Cronbach’s $\alpha = .82$.

Monitoring was measured with 6 items from the Parental Knowledge scale (Statin & Kerr, 2000), 5 items from the Parental Monitoring Instrument (Cottrell et al., 2007) and 7 new items (e.g. “*My child spends time at home without adult supervision*”). Cronbach’s $\alpha = .79$.

Involvement was measured with 7 items from the Alabama Parenting Questionnaire (Shelton, Frick, & Wootton, 1996) and 5 new items (e.g. “*I am satisfied with the relationship I have with my child*”). Cronbach’s $\alpha = .75$.

Communication was measured with 10 items from the Parent-Child Communication subscale of the Pittsburgh Youth Study (Loeber, Farrington, Stouthamer-Loeber, & Van Kammen, 1998) and 5 new items (e.g. “*I have some quiet time to talk to my child every day*”). Cronbach’s $\alpha = .80$.

Positive parenting scores were obtained by averaging total scores on the Monitoring, Involvement and Communication scales. Cronbach’s $\alpha = .87$.

Parents' CSA knowledge was measured with an adapted and abbreviated version of the Parental Knowledge Questionnaire (PKQ; Tutty, 1993) (e.g. *If a child has been sexually abused there will be physical evidence in ___ cases.*” a. “*almost all*”, b. “*About half,*” c. “*Hardly any*” d. “*no.*”).

Parental self-efficacy was measured with 10 items from the Parenting Sense of Competence Scale (PSOC: Johnson & Mash, 1989). Cronbach’s $\alpha = .80$.

Self-efficacy specific to CSA protection was measured with the modification of 7 PSOC items (e.g. “*I believe I have all the skills necessary to protect my children from sexual abuse*”). Cronbach's $\alpha = .86$.

Parental risk appraisals. General risk appraisal was measured with the question: “*I believe all children are at risk of sexual abuse.*” Specific risk appraisal was measure with the question: “*My child is less likely than other children to be sexually abused.*”

Parents' Discussion of CSA and Prevention Topics with Their Children

	Proportion of Participants, %		
	Never	Yes, but uncomfort	Yes, and comfort
Topic			
Sexual abuse	44.4	10.9	44.8
Adult/older person might touch child on genitals/private parts	48.4	10.5	41.1
What to do if this happens	41.9	7.3	50.8
Adult/older person may get child to touch someone else’s private parts	57.7	5.6	36.7
What to do if this happens	54.8	4.4	40.7
Adult/older person might should them ‘rude’ pictures	71.4	2.0	26.6
What to do if this happens	69.0	3.2	27.8
Adult/older person may talk to child in a sexual way or about sexual topics	70.2	3.6	25.8
What to do if this happens	70.6	4.0	25.4
That an adult/older person might try to temp, grab or lure child away	16.5	6.5	77.0
What to do if this happens	14.1	4.8	81.0
Never go with anyone unless arranged by a parent	1.2	1.6	97.2
Child’s private parts are not ok to be seen or touched by others	6.0	2.4	91.5
Body ownership – child’s body belongs to child	9.7	1.6	88.7
Perpetrator may be known to the child	60.5	6.0	33.5
Perpetrator may be a family member	64.9	5.6	29.4

Results

Associations between Parents' CSA, Body Integrity and Abduction Discussion and Parenting Practices

- Positive parenting was significantly positively correlated with discussion of CSA risk ($r = .21, p < .01$), body integrity ($r = .20, p < .01$), and sensitive topics ($r = .18, p < .01$), but not abduction.
- Involvement was significantly positively correlated with discussion of CSA risk ($r = .26, p < .01$), body integrity ($r = .20, p < .01$), and sensitive topics ($r = .13, p < .05$).
- Monitoring was significantly positively correlated with discussions about body integrity ($r = .17, p < .01$).
- Communication was significantly positively correlated with discussion of CSA risk ($r = .16, p < .05$), body integrity ($r = .18, p < .01$) and sensitive topics ($r = .23, p < .01$).

Associations between Parents' CSA, Body Integrity and Abduction Discussion and Possible Discussion Facilitators

- Sensitive topics discussion was positively correlated with discussion of CSA risk ($r = .43, p < .01$), body integrity ($r = .24, p < .01$) and abduction ($r = .29, p < .01$).
- CSA knowledge was not significantly correlated with discussion about CSA risk or body integrity, but was significantly negatively correlated with abduction discussion ($r = -.22, p < .01$).
- Neither general parenting self-efficacy nor CSA-specific self-efficacy was significantly correlated with any of the areas of discussion.
- Appraisal of general CSA risk (i.e., "all" children) was associated with more discussion of CSA risk ($r = .23, p < .01$), body integrity ($r = .28, p < .01$) and abduction ($r = .26, p < .01$).
- Appraisal of specific CSA risk (i.e., own child) was not significantly correlated with any of the topics of discussion.
- Specific risk appraisal was significantly negatively correlated with positive parenting ($r = -.17, p < .01$), general self-efficacy ($r = -.29, p < .01$) and CSA-specific self-efficacy ($r = -.36, p < .01$).
- Monitoring ($r = -.18, p < .01$) and communication ($r = -.19, p < .01$) were associated with a lower level of specific risk appraisal.

Discussion

Our aim was to investigate whether positive parenting practices were associated with parental discussion of CSA with their children. It was found that parents who reported more positive parenting practices (i.e., monitoring, involvement, and general communication), were more likely to discuss CSA and body integrity with their children. These results suggest that parents who reported more positive parenting practices are more aware of the prevention messages delivered by major CSA campaigns, and have incorporated them into their parenting, despite not reporting a greater amount of knowledge, or perceived risk of, sexual abuse. Interestingly, although results showed greater own-child specific risk appraisal was not associated with parents' greater CSA or body integrity discussion with their children, parents higher in positive parenting practices believed their children to be less at risk of CSA than other children. This suggests that parents who reported they were involved, monitored appropriately and communicated effectively, may feel more protective and believed this reduced their children’s risk of sexual abuse. This was reinforced by these parents also reporting higher CSA specific self-efficacy. Discussion of abduction dangers was not associated with positive parenting, or any of the individual parenting practices. This is perhaps because most parents report feeling comfortable discussing the danger of ‘strangers’ with their children (Finkelhor, 1984; Wurtele et al., 1992).

Analyses of other explanations for CSA discussion rates, including discussion of other sensitive topics, CSA knowledge, self-efficacy, and risk appraisal, revealed that only discussion of sensitive topics and perceived risk to children in general were related to parent communication about CSA, body integrity and abduction. Parents who scored higher on positive parenting were also more likely to discuss sensitive topics. However, parental knowledge of CSA was not significantly associated with communication about CSA or body integrity. Interestingly, parents with greater knowledge of CSA facts were less likely to warn their children about abduction. This may indicate that parents with more knowledge about CSA are aware that children are at much less risk of abduction by strangers, than grooming and sexual abuse by someone known to them, and therefore may not prioritize this topic. We found no significant association between parents' CSA discussion and parenting self-efficacy or CSA-specific self-efficacy. This may suggest that parents did not view discussion of CSA with their children as the only, or even the most important, protection strategy. However, the present results showed self-efficacy, of both types, was related to less perceived own-child risk, suggesting that parents who were confident in their parenting, and CSA protection capacities, believed that they may be reducing the risk of CSA for their own children thus reducing the need for discussion of specific CSA risks with them. Parents in the current study who felt that children in general were at greater risk of sexual abuse were more likely to talk to their children about CSA, body integrity and abduction. However, parents’ higher appraisal of their own child’s risk specifically was not associated with discussion about any of the three topics. Interestingly, parents with higher own-child risk appraisal used less positive parenting practices and were less confident about their parenting and their ability to protect their child from CSA. When monitoring, involvement and communication were considered in isolation, parents who perceived their child to be at less risk than other children, monitored more and engaged in better communication with their children.

The parents in this study confirmed that they preferred talking to their children about body integrity and private parts rather than specific abusive behaviours and the identity of perpetrators, consistent with previous findings (Deblinger et al., 2010; Walsh et al., 2012). More research is required to determine if this is an effective method of safeguarding children from sexual victimisation.