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Child Sexual Abuse Prevention Opportunities:

Parenting, Programs and the Reduction of Risk

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Published in *Child Maltreatment*. DOI: 10.1177/1077559517729479

Partial support for this review was provided by the Australian Research Council, LP13010030.

We wish to thank Kerryann Walsh for her extensive comments on this paper.

Abstract

To date child sexual abuse (CSA) prevention has relied largely on child-focused education, teaching children how to identify, avoid and disclose sexual abuse. The purpose of this paper is to explore how prevention opportunities can include parents in new and innovative ways. We propose that parents can 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 children's self-efficacy, competence, well-being and self-esteem, which the balance of evidence suggests will help them become less likely targets for abuse and more able to respond appropriately and disclose abuse if it occurs. In this paper, we first describe why teaching young children about CSA protective behaviors might not be sufficient for prevention. We then narratively review the existing research on parents and prevention, and the parenting and family circumstances that may increase a child's risk of experiencing sexual abuse. Finally, we make a number of recommendations for future approaches to prevention that may better inform and involve parents and other adult protectors in preventing CSA.

Child Sexual Abuse Prevention Opportunities:

Parenting, Programs and the Reduction of Risk

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, Plummer, & Davis, 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, Marshall, & Wortley, 2008; Wurtele, 2009). Although there have been some discussions about extending CSA prevention efforts by strengthening adult and community protection (Letourneau, Nietert, & Rheingold, 2016; Melton, 2014), including more innovative ways to target potential offenders (Beier et al., 2009; Letourneau, Schaeffer, Bradshaw, & Feder, 2017), efforts continue to focus largely on enhancing children's knowledge and behavioral skills to recognize, avoid, and report sexual victimization (Mendelson, & Letourneau, 2015; Wurtele, 2009). The purpose of the current article is to demonstrate the need to broaden the focus of CSA prevention from the education of children to the strengthening of protective parenting. With this aim, we first describe why teaching young children about CSA risk and protective behaviors might not be sufficient for prevention. We then narratively review the existing research on parents and prevention, and the parenting and family circumstances that may increase a child's risk of experiencing sexual abuse. Finally, we make a number of recommendations for future approaches to prevention that may better inform and involve parents and other adult protectors in preventing CSA.

Towards a Diversified Approach to CSA Prevention

CSA prevention programs, 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, Zwi, Woolfenden, & Shlonsky, 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 behaviors (Prescott et al., 2010; Reppucci, Jones, & Cook, 1994; Wurtele, 2009). However, whether taught by parents, teachers or CSA education specialists, there are three limitations to this prevention approach: i) the effectiveness of information in helping children avoid abuse, ii) the capacity of children to understand and enact prevention strategies and iii) the unintended outcomes for children of CSA education. Taken together, these three limitations reinforce the need for a diversified approach to CSA prevention, including a greater emphasis on community capacity building, especially the involvement of parents in new and innovative ways.

The effectiveness of CSA prevention programs for young children. Although school-based CSA prevention programs, 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). In fact, some studies have shown that children exposed to school-based CSA prevention programs were not able to prevent sexual victimization attempts (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995; Ko & Cosden, 2001; Pelcovitz et al., 1992). Further, there is a paucity of research on parents as educators. 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.

The capacity of children to understand and enact prevention strategies. Education for young children about CSA and protective behaviors 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) psychologically counter the 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 abuse by someone they may like. The qualitative terms used in CSA prevention by campaigns such as Darkness to Light and Stop It Now (e.g., secret/unwanted touches, uncomfortable/yucky feelings, 'warning signs') may be difficult for some children to interpret, especially children who have, or are, experiencing abuse (Kraizer, 1986). Some reports from victims suggest that the touch or contact that they experienced was not universally negative, that some children initiated contact with the abuser and report being 'in love' with him/her, that some victims report their needs for warmth and affirmation were met by the abuser, and that some children did not report the experience to be traumatic at the time of the abuse (Berliner & Conte, 1990; Clancy, 2009; Rind, Tromovitch & Bauserman, 1998; Roller, Martsolf, Draucker & Ross, 2009; Russell, 1999). To add to the complexity, CSA victims are often told by the perpetrator that the touch is positive, an expression of love and affection, preparation for adulthood or a normal part of caretaking (Berliner & Conte, 1990; Roller et al., 2009; Smallbone & Wortley, 2000). Further, physical force and violence are not usually used in gaining a victim's compliance, making it even harder to recognize the victimization (Leclerc, Wortley, & Smallbone, 2011).

There are developmental issues to be considered when targeting children for CSA prevention. For example, research has found that children under 8 years of age have difficulty understanding the concept of a good person doing something bad (Harter, 1977; Kraizer, 1986). Tutty (1994) demonstrated these difficulties in her research, with children aged 6 to 7 years struggling to learn the concept that someone in their family might attempt to touch their private parts. In this same study, children also found it difficult to grasp other important CSA prevention concepts involving ambiguity, such as the concept that secrets do not always have to be kept, and that adults do not always have to be obeyed. In a follow up study by Tutty (2000), the concepts most affected by development regarded strangers and saying no to an authority figure. Children in this study had difficulty with some prevention concepts, even after participating in a prevention program, including the idea that familiar adults might touch children's private parts. Another study found that recognising the feelings associated with being safe and unsafe was too complex for 5- to 8-year-olds (Briggs and Hawkins, 1994), and Liang, Bogat and McGrath (1993) found the youngest children (3-4) had the most difficulty with the discrimination involved in identifying an abusive situation.

Unintended outcomes of CSA education for young children. CSA education may have unintended outcomes for young children. The psychological effects of telling a child that they may be the targets of abuse, especially at the hands of family members and loved ones, should be considered; "no matter how sensitively this is presented this is a disturbing message delivered at a time in children's lives when it is important to have a sense of trust that parents and caregivers will nurture and protect them" (Berrick & Gilbert, 1991, p. 110).

Research shows that some children may experience fear, anxiety and confusion about touches after a prevention program (for reviews see 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 behaviors (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). Although the authors of both studies claim these results should not be interpreted as unduly negative, these statistics cannot go unnoticed. Unfortunately this research is dated and more research is needed on the effect of contemporary protection messages. Although one recent protective behaviors evaluation reported no adverse anxiety post-program, a general measure of anxiety was used rather than asking participants (or significant others) of the possible side effects of the program (Dale et al., 2016).

The effects of educating young children about the dangers of CSA may have wider reaching personal and social consequences than previously considered. It has been accepted for some time that trust is a public good, a crucial ingredient in human social interaction and an essential basis for the development of tolerance, fairness and other-oriented care and acceptance (Nishikawa & Stolle, 2012; Rotter, 1980). In fact, some contend that a society's survival is incumbent on the development of trust among its members (Rotter, 1980). On an individual level, trust has been found to play a crucial role in children's psychosocial adjustment, relationships, moral development, and mental health (Erikson, 1963; Malti et al., 2013;

Rotenberg, 1995; Rotter, 1980). For example, children with optimal levels of trust beliefs (i.e., beliefs that people refrain from causing emotional harm), are more able to comprehend complex mental states and intricate social situations (Rotenberg, Petrocchi, Lecciso, & Marchetti, 2015), are more accepted by their peer group, less aggressive, more engaged and less distressed in peer group relations (Malti et al., 2013; Rotenberg et al., 2014), and are more helpful and co-operative, and less lonely (Rotenberg et al., 2014).

Despite its importance, there has been a decline in generalised trust and social capital in Western democracies, especially Britain, the United States and Australia in the last 40 years (Cappella, 2002; Nishikawa & Stolle, 2012). Parents are paramount in the development of children's trust (Erikson, 1963; Rotenberg, 1995). Where once parents and children were aligned in their levels of trust, social scientists first observed in the 1960s and 70s that children were much more wary and less trusting than their parents (Cappella, 2002; Nishikawa & Stolle, 2012). In fact, many parents now actively "try to deeply restrict the trust of their children" (Nishikawa & Stolle, 2012, p. 140). Nishikawa and colleagues (2012) hypothesize that this decrease in social trust may be partly due to the distrust that parents foster in their children when they caution them about the danger other adults may pose.

Programs for older age groups. CSA programs targeting older age groups (i.e. 8-16) although not as widely used, or evaluated, as those for elementary age children (Barron & Topping, 2013; Fryda & Hulme, 2015), with the majority of education programs for this age group focusing more on peer sexual victimisation and date/statutory rape (Caset & Lindhorst, 2009). It is possible that older children are able to understand more sophisticated concepts compared to younger children (Ko & Cosden, 2001; Tutty, 1994), but more research is needed to confirm this. High school children seem to already have a high level of self-protection

knowledge, with evaluations finding program ceiling effects (Barron & Topping, 2013; Murphy, Bennett, & Kottke, 2016; Telljohann, Everett, & Price, 1997), leading Barron and Topping (2013) to question the appropriateness of CSA education programs for this age group. It possible that adolescents may be more able to negotiate the interpersonal complexities and identify the nuances of an abusive situation/relationship and react appropriately, and it is also possible that high schoolers may experience less negative emotional reactions to information about CSA, however, these assertions are yet to be tested.

Opportunities for a Diversified Approach to Prevention

Finkelhor (1984) identified four pre-conditions that must be present for CSA to occur. The first is a perpetrator motivated to sexually abuse a child. The second is the perpetrator's ability to overcome personal internal inhibitions towards such abuse. Third, the perpetrator must be able to overcome the external barriers to committing CSA (such as parental supervision, strong parent/child relationship). The fourth precondition is that the perpetrator must be able 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, CSA prevention education programs, regardless of whether they are aimed at children or parents, attempt to address only precondition four – teaching children about the dangers of CSA to assist them 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, Smallbone & Wortley, 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). In fact, according to Leclerc and colleagues (2011), it is possible that a person may exploit such a situation when it presents itself, without any premeditated intention.

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 will 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).

Parental Involvement in CSA Prevention

CSA prevention researchers and advocates have long promoted the crucial role parents/caregivers can play in keeping children safe from CSA (Berrick & Gilbert, 1991; Kraizer, 1986; Prescott et al., 2010; Wurtele, 2009; Wortley & Smallbone, 2006). Although a comprehensive description of the aims of all existing parent-education programs is beyond the scope of this paper, it is clear from a general review of the literature that most programs to date have focused on teaching parents how to discuss CSA risks and protection strategies with their children (Reppucci et al., 1994; Wurtele, 2009). Most parents are, indeed, in a good position to discuss CSA risks with their children. However, the most significant parental contribution may be their capacity to prevent abuse from occurring by creating safer environments for their children and by helping their children to feel secure and confident so that they are less likely to be targets for sexual offenders. It is encouraging that some major CSA prevention campaigns seem to be moving away from a child-targeted approach and are embracing the idea that parents could hold the key to prevention through active and involved parenting. For example, Darkness to Light's 5 Steps to Protecting our Children has the heading "Child sexual abuse is an adult issue," with the first two steps (before educating children) being educating parents followed by parents minimizing the opportunity for CSA to occur (http://www.d2l.org/education/5-steps/).

Parent-child discussion of CSA concepts as prevention. To date 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). A parent is deemed effective at protection if he or she has spoken about specific abusive behaviors 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, Kvaternick and

Franklin, 1992). However, designing parent-based prevention in this way rests on the same assumptions as education programs for children (i.e., that it is possible for children to recognize and avoid abuse and disclose after it occurs). 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 and 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.

More than 30 years ago, Finkelhor (1984) found 29% of parents had talked to their children about CSA. Inspection of the content of these discussions revealed that parents warned children mainly about strangers, cars and sweets, with only 23% mentioning that someone might try to touch the child's genitals. A small minority of parents told their child that the abuser might be a family member (6%) or an adult known to the child (15%). In a study a few years later (Binder & McNeil, 1987), 22% of parents reported discussing sexual abuse with their children 'a great deal' and 36% 'a little bit.' More details of their discussions were not reported.

In 1992, 62% of a Canadian sample of parents reported telling their children about sexual abuse, but again, the specific details of the discussions were not reported (Tutty, 1993). In the same year, 59% of a U.S. sample of parents reported that they had discussed CSA with their pre-schooler. Fifty-two percent of parents told their children that someone might try to touch their genitals and 50% taught their children to tell a parent if this happens. Parents said they warned their children about strangers (53%), but fewer talked about known adults (36%), relatives (21%), parents (12%) or siblings (11%) (Wurtele et al., 1992). Two studies from China found

59% (Chen & Chen, 2005) and 66% (Chen, Dunne, & Han, 2007) of parents told their children that others should not touch their private parts.

In a more recent U.S. study, 64% of parents reported that they had told their child that someone might try to touch the child's genitals (Deblinger et al., 2010). Parents mostly warned their children about strangers (73%), and to a lesser degree about known adults (50%), relatives (34%), parents (21%) and siblings (19%). In the most recent study we could locate (Walsh et al., 2012), two-thirds of Australian mothers sampled reported they had discussed CSA with their children, however the most addressed themes were those relating to body integrity (the child's self-determination regarding access to their bodies), with only 41% of the total sample of parents telling their children when it is ok and not ok to have their private parts touched and 27% of parents telling their child that the potential abuser could be someone the child knows or likes.

In summary, across the studies conducted to date significant proportion of parents (59% in the latest study: Walsh et al., 2012) report that they do *not* tell their children about the specifics of sexual abuse and, an even larger proportion (73% in the same study), report that they do *not* tell their children that the people responsible for sexual abuse may be known and liked adults. One option that would move research forward would be to consider parents' views and determine whether or not they are making a conscious decision to *not* tell their children about CSA. It would also be important to assess parents' protective capabilities using different terms of reference, such as positive parenting practices and supportive home environments. It may be that parents who do not provide direct information about CSA risk to their children are not ineffective protectors, who lack the information and/or confidence to discuss sexual abuse with their children. Instead, it is a theoretical possibility that they may be choosing to engage in some protective behaviors at the same time as they do *not* discuss CSA risks with their children,

allowing their children to trust and feel that their worlds are safe while still putting in place other protective strategies that do not involve direct conversations with their children.

Parental protective strategies other than discussion of CSA. Only two studies have explored parental protective behaviors, other than communicating with children directly about CSA risks (Babatsikos & Miles, 2015; Collins, 1996). In a qualitative interview study, Collins (1996) found her sample of 24 U.S. parents reported that they used a variety of strategies to keep their children safe from CSA. Parents felt that children without a close relationship with their parents were at greater risk of abuse, and talked of developing a strong relationship with their child in order to allow their child to feel comfortable confiding in them, to prevent their child falling under the influence of others, and to build the child's confidence. A lack of supervision was also seen as a risk factor and almost all parents made mention of watching their children. Limiting of activities such as overnight stays was also seen as important, as was taking an interest in the child's life and ritual questioning about their child's day, activities, concerns and feelings. Parents also provided education, investigated and monitored child care options, looked for signs of abuse. In another qualitative interview study, 28 Australian parents consistently mentioned the significance of communication with their children. They talked of the importance of open communication in building loving and supportive relationships, creating trust, aiding in the monitoring of situations and problems, allowing the detection of negative incidents, helping to identify solutions, in boundary setting and in the protection of their children. Parents also worked to decrease their child's risk of abuse by investigating and monitoring social settings (such as sporting groups, playdates/sleepovers), assessing the comfort levels of children whilst in social situations and being suspicious of adults (especially males) who children do not want to be around or who are too physically affectionate (Babatsikos & Miles, 2015). These two studies

demonstrate that parents use a variety of protective practices (e.g., supervision, monitoring 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 are only 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 parenting behaviors, 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 are associated with greater CSA risk (Kim, Noll, Putnam, & Trickett, 2007; Pérez-Fuentes et al., 2013). Knowledge of these risk factors can guide and inform the development of parent-focused CSA prevention education programs.

Family characteristics and parenting experienced by CSA survivors. A long list of family features and parenting practices are associated with an increased risk of CSA, including parental absence (Leifer, Kilbane, & Kalick, 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, Lynskey & Horwood, 1996; Paveza, 1988); the presence of a stepfather (Paveza, 1988; Russell, 1999), physical abuse (Fleming, Mullen, & Bammer, 1997; Kim et al., 2007), neglect (Finkelhor, Moore, Hamby, & Straus, 1997), marital conflict (Paveza, 1988), marital violence (McCloskey & Bailey, 2000; Ramirez, Pinzon-Rondon & Botero, 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, Hoffman., & Livingston, 2011), and single biological-parent households (Finkelhor et al, 1997; Russell, 1999)

In a cross-sectional survey of 34,000 adults in the USA (Pérez-Fuentes et al., 2013), greater risk of CSA was associated with having experienced physical abuse and neglect, having had an absent parent or one with a substance use disorder, and witnessing domestic violence. Likewise, a large retrospective study of Finnish adults (Laaksonen et al., 2011), found similar associations with CSA; risks were the absence of biological parents, physical abuse, emotional abuse, neglect, and parental problem drinking. Many of these risks point towards parenting and/or family circumstances in which the supervision of children by parents is compromised, enabling unsupervised access to children by other adults. Highlighting this are the statistics reported from a forensic sexual assault centre in the UK. For children aged over 13 years, the greatest risks were the child's personal use of alcohol or drugs, and their participation in previous consensual sexual intercourse. Although the nature of the results do not allow for determination of causality, almost 90% of cases were 'acute' rather than historical incidences of sexual abuse, suggesting that children who use alcohol or drugs and those that are sexually active may be at greater risk of sexual abuse (Davies & Jones, 2013).

Due to the limitations of retrospective research, some of the strongest evidence of the risk factors associated with CSA is found in longitudinal studies. A study following 1000 New Zealand children from birth to 16 years found young people who reported CSA at age 16 were more likely to have experienced parental separation or divorce, step-parenting, high levels of conflict between their parents, low parent-child attachment and bonding, parental alcohol and illicit drug use, and parental criminal activities. A regression model suggested five risk factors were predictive of risk of CSA: being female, higher levels of marital conflict, lower parent-child attachment, higher paternal overprotection and parental alcoholism. Those children in the highest quintile of risk distribution (i.e., female, high marital conflict, low attachment, fatherly

overprotection and alcoholism) experienced rates of CSA 14.3 times the rates of children in the lowest quintile (Fergusson, Lynskey, & Horwood, 1996).

Another prospective longitudinal study, from the U.S, found sexual abuse was significantly related to young maternal age at birth of child, maternal death, harsh punishment, maternal sociopathy, negative life events, presence of a stepfather and the child being the result of an unwanted pregnancy. The occurrence of abuse increased substantially with increases in the number of risk factors present for a particular child, with risk increasing from 1% with no risk factors present, to 33% when four or more risk factors were present (Brown, Cohen, Johnson and Salzinger, 1998).

Parenting and CSA survivors. Having a mother with a history of CSA may be a significant factor associated with increased offspring CSA risk, but the mechanism for this effect is complex (Fallen, 1989; Kim et al., 2007; McCloskey & Bailey, 2000). Mothers with a history of CSA very rarely present as perpetrators of CSA, but for some CSA-surviving mothers, their attachment histories, psychological vulnerabilities, and intimate relationship trajectories/ circumstances may impact on their parenting practices and increase the their children's vulnerability to CSA (Kim et al., 2007; Leifer et al., 2004; McCloskey & Bailey, 2000; Roberts, O'Connor, Dunn & Golding, 2004; Testa et al., 2011).

Despite the reported associations between sexual abuse risk and abuse-surviving mothers, the picture of how, and indeed if, a mother's sexual abuse history may place children at risk of CSA is still very uncertain. In addition, there is a paucity of research exploring whether treatment for mothers' CSA reduces or otherwise impacts on the risks for their children. Neither Kim, Trickett and Putnam (2010) nor Zuravin and Fontanella (1999) found evidence to support the hypothesis that maternal sexual abuse is a significant risk factor, when it was considered

along with other childhood adversities, such as other forms of child maltreatment. However, CSA surviving mothers have been found to use more physical punishment and have low views of themselves as parents (Banyard, 1997) and experience certain parenting and relationship difficulties (Roberts et al., 2004) even when controlling for other adverse childhood experiences,

In a compelling study comparing four groups of mothers and their children (non-sexually abused mothers with non-sexually abused children, non-sexually abused mothers with sexually abused children, sexually abused mothers with non-sexually abused children and sexually abused mothers with sexually abused children), negative parenting practices were linked to CSA, but sexual abuse history per se did not seem to be responsible. Regardless of mothers' CSA history, sexually abused children in this study had mothers who were experiencing emotional, psychological and relational difficulties that may have impacted on their parenting and exposed their children to CSA risk (Leifer et al., 2004).

Summary. Although there is some indication that sexual abuse rates are declining in the USA (Finkelhor & Jones, 2006), it continues to be a significant public health concern, with long-lasting effects for individuals, families and societies. Despite some persistent concerns regarding the effectiveness and possible side effects of child-focused interventions, these continue to be utilised. Research on family demographic status, parenting practices, and offspring CSA exposure has identified certain contextual features and parents' behaviors (e.g., drug and alcohol abuse, parental absence, physical or mental ill health, criminality, divorce/separation, conflict and step-families) and parenting practices (e.g., low parental warmth, insecure attachment, communication difficulties, harsh parenting practices, low involvement and supervision), that can increase the risk of a child experiencing sexual abuse. Such knowledge may assist in shifting prevention from an over-reliance on child education to involving parents in new and innovative

ways by guiding the development of parenting programs that enhance the parenting practices protective against CSA and mitigate the behaviors that may increase a child's risk of CSA exposure. Parents can play a crucial role as protectors of their children via two pathways: i) directly, by strengthening external barriers through parent supervision, monitoring, involvement and communication, and ii) indirectly, by promoting their child's competence, well-being and self-esteem which may make them less likely targets for abuse and more able to respond appropriately to abuse and disclose when it occurs.

Recommendations and Implications

Consideration of the literature to date suggests that parenting plays a crucial role in keeping children safe from victimization. Although certain familial features and parental circumstances are significant risk factors for CSA, parenting practices may be the most effective target of intervention efforts for several reasons. First, proactive and involved parenting with appropriate levels of monitoring can create safer environments in which there are fewer opportunities for children to be approached sexually, groomed or victimized (Leclerc et al., 2011; Smallbone et al., 2008). A secure and loving parent-child relationship may also increase the likelihood of disclosure. Second, an extensive body of literature has identified parenting practices as central to child outcomes (see Mendelson & Letourneau, 2015) suggesting that involved, caring and communicative parenting, and strong familial relationships, can improve children's well-being and confidence, which may make them less likely targets for CSA (Elliot et al., 1995; Finkelhor, 1984). Lastly, due to parents' proximity to CSA exposure and their role as gatekeepers regarding who frequents their home and who their child spends time alone with, targeting parenting practices such as supervision/ monitoring and involvement could have a crucial impact on CSA risk (Mendelson & Letourneau, 2015). This, however, does not mean to

undermine the importance of addressing other risk factors, such as alcohol misuse and family conflict or violence.

Despite some acknowledgement in the CSA prevention field that parental protection goes beyond parent-child discussion of sexual abuse, to include parenting styles and practices, this notion is not yet reflected in most prevention research or initiatives (Mendelson & Letourneau 2015; Smallbone et al., 2008; Wurtele, 2009). Significant opportunities exist for the development of programs that address the two pathways and for research to assess measurable outcomes that can validate the pathways as having an impact on the prevention of CSA.

To emphasize the importance of parenting as a whole, it is recommended that CSA protective behaviors not be taught in isolation, but rather become an integral part of existing, evidence-based parenting programs. Hence, one mechanism for addressing the first pathway is to develop and embed a CSA module into mainstream parenting programs. Such a module could teach parents better recognition of offender tactics and modus operandi (such as grooming behaviors and isolating techniques), potentially risky situations (such as a non-parent performing bedtime or other intimate tasks), warning signs (such as an adult singling out one child for special attention, privileges, gifts or attention) and the identity of possible perpetrators (including partners, older children/adolescents, and step and foster siblings). The module could teach parents about healthy boundaries and privacy protocols (in particular regarding non-biological members of the household and older children); specific safeguarding techniques, such as dropping in unannounced when a child is spending time alone with an adult or older child, safer use of babysitters; talking to older children about appropriate and inappropriate behavior with younger children; and recognizing problematic or concerning sexual behaviors (Mendelson & Letourneau, 2015). It could also teach parents the link between positive parenting and CSA risk,

reinforcing monitoring, involvement, warmth and communication, as not just significant to child well-being across social and emotional domains, but as important CSA prevention strategies. An example would be to add an extra lesson into a Circle of Security™ (Powell, Cooper, Hoffman, Marvin, 2013) program that integrates the above prevention concepts into the conceptualization of parents being the hands on the circle, being bigger, stronger, wiser, kind, and learning to understand the needs of their child from a CSA prevention perspective.

One mechanism for addressing the second pathway could be to utilize existing parenting programs that promote positive parenting practices to reduce CSA risk for children, via the enhancement of parent-child relations that are more positive and warm, as well as providing parents with the skills to set appropriate limits, monitor effectively, provide a sense of security, and openly communicate with their children. Programs that focus on enhancing these parenting skills have been found to be efficacious for improving positive parent-child interactions, child well-being, and a range of other outcomes among families (e.g., *Triple P- Positive Parenting Program (PPP):* Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009. *Parent-Child Interaction Therapy (PCIT):* Chaffin et al., 2004. *Circle of Security:* Mercer, 2015). Significantly, PPP and PCIT have both been shown to be effective in the reduction of physical abuse and neglect (Chaffin et al., 2004; Prinz et al., 2009), which, due to the link between the incidence of sexual abuse and other forms of child maltreatment, suggests that these parenting programs may also result in a reduction in CSA. The outcomes of these programs have not yet been directly linked with preventing CSA, and the literature would benefit from future studies that directly measure outcomes that could assess this link.

If the above pathways were appropriately evaluated and demonstrated to be effective, parenting programs offered through, or mandated by, child safety or health services could

contain a CSA protection component. Such an amalgamated parenting program could also be offered to parents attending community organizations such as drug and alcohol, mental health, domestic violence and disability services, or to young or vulnerable pregnant women during their ante-natal care. Providing these programs to at-risk populations such as these in a targeted way is important for prevention, however the ultimate aim would be for all parents to benefit from a parenting programs with an imbedded CSA module. The population-based prevention of a child maltreatment trial in the US demonstrates how this can be achieved (Prinz et al., 2009). A large proportion of parents could be reached through mass media campaigns and public service announcements. Parents utilize the media as a major source of their information about CSA (Elrod & Rubin, 1993) and some success has been reported with CSA media campaigns (Chasan-Taber & Tabachnick, 1999; Rheingold et al., 2007). In addition, requiring public schools to send home information packs at regular intervals in a child's schooling, and including CSA education in antenatal information packs given to expectant parents may also reach a large number of parents. Although information dissemination is not as effective as comprehensive training programs, research suggests that such campaigns can enact behavior change (Sanders, Montgomery, & Brechman-Toussaint, 2000; Wakefield, Loken, & Hornik, 2010).

Evaluation of these add-on CSA programs should occur together with evaluation of the parenting programs. Due to what is known about risk factors, it can be inferred that parents who display improvements in parenting practices such as communication, involvement and monitoring may decrease their child's CSA risk, but this is yet to be directly demonstrated. Changes in parental knowledge and parental understanding of the risks, and the effects of their parenting, can be measured and research on health behavior modification suggests that behavior can change through increases in knowledge (Sanders et al., 2000; Wakefield et al., 2010).

Possible long-term follow-up could give an indication of whether the risks of CSA have been reduced, yet it may be difficult to isolate the add-on component in these investigations.

A caveat regarding parents as protectors. A limitation of including parents in CSA prevention as outlined in this paper is the occurrence of abuse at the hands of parents. The rates of sexual abuse by mothers or mother-figures is low (for example, 0.8%; Australian Bureau of Statistics, 2004). When considering male caregivers, the incidence of sexual abuse by biological fathers has been reported to be between 2% and 13%, however reported rates of abuse by step-fathers and mothers' partners is much higher, between 20 and 30% (Sariola & Uutela, 1996; Wyatt, Loeb, Solis & Carmona, 1999; Finkelhor, Hotaling, Lewis & Smith, 1990; U.S Department of Health and Human Services, 2005; Russell, 1983; Ketring & Feinauer, 1999). With this in mind, working with parents in preventing CSA perpetrated by non-caregivers and assisting mothers to reduce the risks presented by non-biological care-givers, could assist in the prevention of a substantial majority of CSA incidents.

Conclusion

CSA is a complex, multi-faceted problem, with many adverse consequences for victims and their families. Most practitioners and researchers agree that the over-reliance on child-focused interventions to date has restricted the potential effectiveness of CSA prevention. CSA education programs rest on assumptions about children that may limit their effectiveness at protecting children in abuse scenarios.

Although advocated from the inception of sexual abuse prevention, the involvement of parents has not been fully realized. Parents are encouraged to discuss sexual abuse protection with their children, however, research into the effectiveness of this approach is lacking. Despite mounting evidence of the role of parenting in CSA risk, its inclusion in prevention is scarce.

To move forward, we need i) more evidence of the effectiveness of current interventions in preventing CSA, ii) to better understand parents behaviors related to CSA protection, and iii) to design and evaluate new innovative approaches to reducing the risk of CSA, including approaches that focus on parenting as protection.

References

Babatsikos, G, & Miles, D. (2015). How parents manage the risk of child sexual abuse: A grounded theory. *Journal of Child Sexual Abuse, 24*, 55. doi:10.1080/10538712.2015.981352

Beier, K., Ahlers, C., Goecker, D., Neutze, J., Mundt, I., Hupp, E., & Schaefer, G. (2009). Can pedophiles be reached for primary prevention of child sexual abuse? First results of the Berlin Prevention Project Dunkelfeld (PPD). *Journal of Forensic Psychiatry & Psychology, 20*, 851-867. doi:10.1080/14789940903174188

Berliner, L., & Conte, J. R. (1990). The process of victimization: The victims' perspective. *Child Abuse & Neglect, 14*, 29-40. doi:10.1016/0145-2134(90)90078-8

Berrick, J. D., & Gilbert, N. (1991). *With the best of intentions: The child sexual abuse prevention movement*. New York: Guilford Publications.

Binder, R. L., & McNiel, D. E. (1987). Evaluation of a school-based sexual abuse prevention program: Cognitive and emotional effects. *Child Abuse & Neglect, 11*, 497-506. doi:10.1016/0145-2134(87)90075-5

Briggs, F., & Hawkins, R. M. F. (1994). Follow up study of children of 5-8 years using child protection programmes in Australia and New Zealand. *Early Child Development and Care, 100*, 111-117. doi:10.1080/0300443941000108

Brown, J., Cohen, P., Johnson, J. G., & Salzinger, S. (1998). A longitudinal analysis of risk factors for child maltreatment: Findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. *Child Abuse & Neglect, 22*, 1065-1078. doi:10.1016/S0145-2134(98)00087-8

Cappella, J. N. (2002). Cynicism and social trust in the new media environment. *Journal of Communication, 52*, 229-241. doi:10.1093/joc/52.1.229

Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balachova, T., Jackson, S., Lensgraf, J., Bonner, B. L. (2004). Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology, 72*, 500-510. doi:10.1037/0022-006X.72.3.500

Chasan-Taber, L., & Tabachnick, J. (1999). Evaluation of a child sexual abuse prevention program. *Sexual Abuse: A Journal of Research and Treatment, 11*, 279-292. doi:10.1177/107906329901100404

Chen, J. Q., & Chen, D. G. (2005). Awareness of child sexual abuse prevention education among parents of grade 3 elementary school pupils in Fuxin City, China. *Health Education Research, 20*, 540-547. doi:10.1093/her/cyh012

Chen, J., Dunne, M. P., & Han, P. (2007). Prevention of child sexual abuse in china: Knowledge, attitudes, and communication practices of parents of elementary school children. *Child Abuse & Neglect, 31*, 747-755. doi:10.1016/j.chiabu.2006.12.013

Cohen, L. E., & Felson, M. (1979). Social change and crime rate trends: A routine activity approach. *American Sociological Review, 44*, 588-608.

Collins, M. (1996). Parents' perceptions of the risk of child sexual abuse and their protective behaviors: Findings from a qualitative study. *Child Maltreatment, 1*, 53-64. doi:10.1177/1077559596001001006

Dale, R., Shanley, D. C., Zimmer-Gembeck, M. J., Lines, K., Pickering, K., & White, C. (2016). Empowering and protecting children by enhancing knowledge, skills and well-being: A randomized trial of learn to BE SAFE with emmy. Child Abuse & Neglect, 51, 368-378. doi:10.1016/j.chiabu.2015.07.016

Davies, E. A., & Jones, A. C. (2013). Risk factors in child sexual abuse. *Journal of Forensic and Legal Medicine, 20*, 146. doi:10.1016/j.jflm.2012.06.005

Deblinger, E., Thakkar-Kolar, R. R., Berry, E. J., & Schroeder, C. M. (2010). Caregivers' efforts to educate their children about child sexual abuse: A replication study. *Child Maltreatment, 15*, 91-100. doi:10.1177/1077559509337408

Elliott, M., Browne, K., & Kilcoyne, J. (1995). Child sexual abuse prevention: What offenders tell us. *Child Abuse & Neglect, 19*, 579-594. doi:10.1016/0145-2134(95)00017-3

Elrod, J. M., & Rubin, R. H. (1993). Parental involvement in sexual abuse prevention education. *Child Abuse & Neglect, 17*, 527-538. doi:10.1016/0145-2134(93)90027-3

Erikson, E. H. (1963). *Childhood and society*. New York: Norton and Company.

Faller, K. C. (1989). Why sexual abuse? An exploration of the intergenerational hypothesis. *Child Abuse & Neglect, 13*, 543-548. doi:10.1016/0145-2134(89)90058-6

Fergusson, D. M., Lynskey, M. T., & Horwood, L. J. (1996). Childhood sexual abuse and psychiatric disorder in young adulthood: I. prevalence of sexual abuse and factors associated with sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry, 35*, 1355-1364. doi:10.1097/00004583-199610000-00023

Finkelhor, D. (1984). *Child sexual abuse: New theory and research*. New York: Free Press.

Finkelhor, D., & Jones, L. (2006). Why have child maltreatment and child victimization declined? *Journal of Social Issues, 62*, 685-716. doi:10.1111/j.1540-4560.2006.00483.x

Finkelhor, D., Asdigian, N., & Dziuba-Leatherman, J. (1995). The effectiveness of victimization prevention instruction: An evaluation of children's responses to actual threats and assaults. *Child Abuse & Neglect, 19*, 141-153. doi:10.1016/0145-2134(94)00112-8

Finkelhor, D., Moore, D., Hamby, S. L., & Straus, M. A. (1997). Sexually abused children in a national survey of parents: Methodological issues. *Child Abuse & Neglect, 21*, 1-9. doi:10.1016/S0145-2134(96)00127-5

Fleming, J., Mullen, P., & Bammer, G. (1997). A study of potential risk factors for sexual abuse in childhood. Child Abuse and Neglect, 21, 49-58. doi:10.1016/S0145-2134(96)00126-3

Harter, S. (1977). A cognitive-developmental approach to children's expression of conflicting feelings and a technique to facilitate such expression in play therapy. *Journal of Consulting and Clinical Psychology, 45*, 417-432. doi:10.1037/0022-006X.45.3.417

Kim, K., Noll, J. G., Putnam, F. W., & Trickett, P. K. (2007). Psychosocial characteristics of nonoffending mothers of sexually abused girls: Findings from a prospective, multigenerational study. *Child Maltreatment, 12*, 338-351. doi:10.1177/1077559507305997

Kim, K., Trickett, P. K., & Putnam, F. W. (2010). Childhood experiences of sexual abuse and later parenting practices among non-offending mothers of sexually abused and comparison girls. *Child Abuse & Neglect, 34*, 610-622. doi:10.1016/j.chiabu.2010.01.007

Ko, S. F., & Cosden, M. A. (2001). Do elementary school-based child abuse prevention programs work? A high school follow-up. *Psychology in the Schools, 38*, 57-66. doi:10.1002/1520-6807(200101)38:1<57::AID-PITS6>3.0.CO;2-W

Kraizer, S. K. (1986). Rethinking prevention. *Child Abuse & Neglect, 10*, 259-261. doi:10.1016/0145-2134(86)90087-6

Laaksonen, T., Sariola, H., Johansson, A., Jern, P., Varjonen, M., von der Pahlen, B., Sandnabba, K., & Santtila, P. (2011). Changes in the prevalence of child sexual abuse, its risk factors, and their associations as a function of age cohort in a Finnish population sample. *Child Abuse & Neglect, 35*, 480-490. doi:10.1016/j.chiabu.2011.03.004

Leclerc, B., Wortley, R., & Smallbone, S. (2011). Getting into the script of adult child sex offenders and mapping out situational prevention measures. *Journal of Research in Crime and Delinquency, 48*, 209-237. doi:10.1177/0022427810391540

Leclerc, B., Smallbone, S., & Wortley, R. (2015). Prevention nearby: The influence of the presence of a potential guardian on the severity of child sexual abuse. *Sexual Abuse: A Journal of Research and Treatment, 27*,189-204 doi:10.1177/1079063213504594

Leifer, M., Kilbane, T., & Kalick, S. (2004). Vulnerability or resilience to intergenerational sexual abuse: The role of maternal factors. *Child Maltreatment, 9,* 78-91. doi:10.1177/1077559503261181

Letourneau, E. J., Nietert, P. J., & Rheingold, A. A. (2016). Initial assessment of stewards of children program effects on child sexual abuse reporting rates in selected South Carolina counties. *Child Maltreatment, 21*, 74-79. doi:10.1177/1077559515615232

Letourneau, E. J., Schaeffer, C. M., Bradshaw, C. P., & Feder, K. A. (2017).Preventing the onset of child sexual abuse by targeting young adolescents with universal prevention programming. *Child Maltreatment, 22*,107755951769243.doi:10.1177/107755951769243

Lewin, L., & Bergin, C. (2001). Attachment behaviors, depression, and anxiety in nonoffending mothers of child sexual abuse victims. *Child Maltreatment, 6*, 365-375. doi:10.1177/1077559501006004009

Liang, B., Bogat, G. A., & McGrath, M. P. (1993). Differential understanding of sexual abuse prevention concepts among preschoolers. *Child Abuse & Neglect, 17*, 641-650. doi:10.1016/0145-2134(93)90085-J

Malti, T., Averdijk, M., Ribeaud, D., Rotenberg, K. J., & Eisner, M. P. (2013). "Do you trust him?" Children's trust beliefs and developmental trajectories of aggressive behavior in an ethnically diverse sample. *Journal of Abnormal Child Psychology, 41*, 445-456. doi:10.1007/s10802-012-9687-7

Melton, G. B. (2014). Strong Communities for Children: A community-wide approach to prevention of child maltreatment. In *Handbook of child maltreatment* (pp. 329-339). Springer: Netherlands.

Mendelson, T., & Letourneau, E. J. (2015). Parent-focused prevention of child sexual abuse. *Prevention Science, 16*, 844-852. doi:10.1007/s11121-015-0553-z

Mercer, J. (2015). Examining circle of security: A review of research and theory. *Research on Social Work Practice, 25*, 382. Retrieved from http://rsw.sagepub.com/

Mccloskey, L. A., & Bailey, J. A. (2000). The intergenerational transmission of risk for child sexual abuse. *Journal of Interpersonal Violence, 15*, 1019-1035. doi:10.1177/088626000015010001

Nishikawa, L., & Stolle, D. (2012). Do Not Trust Strangers—How Parents Shape the Generalized Trust of Their Children. (pp. 133-171). *Trust: Comparative perspectives* (1st ed.) Boston: Brill.

Paveza, G. J. (1988). Risk factors in father-daughter child sexual abuse: A case-control study. *Journal of Interpersonal Violence, 3*, 290-306. doi:10.1177/088626088003003003

Pelcovitz, D., Adler, N. A., Kaplan, S., Packman, L., & Krieger, R. (1992). The failure of a school-based child sexual abuse prevention program. *Journal of the American Academy of Child & Adolescent Psychiatry, 31*, 887-892. doi:10.1097/00004583-199209000-00017

Pérez-Fuentes, G., Olfson, M., Villegas, L., Morcillo, C., Wang, S., & Blanco, C. (2013). Prevalence and correlates of child sexual abuse: A national study. *Comprehensive Psychiatry, 54*, 16-27. doi:10.1016/j.comppsych.2012.05.01

Prescott, D., Plummer, C., & Davis, G. (2010). *Recognition, response, and resolution: Historical responses to rape and child molestation. The Prevention of Sexual Violence: A Practitioner's Sourcebook*. Holyoke, MA: NEARI.

Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science, 10*, 1-12. doi:10.1007/s11121-009-0123-3

Ramirez, C., Pinzon-Rondon, A. M., & Botero, J. C. (2011). Contextual predictive factors of child sexual abuse: The role of parent-child interaction. *Child Abuse & Neglect, 35*, 1022-1031. doi:10.1016/j.chiabu.2011.10.004

Reppucci, N. D., Jones, L. M., & Cook, S. L. (1994). Involving parents in child sexual abuse prevention programs. *Journal of Child and Family Studies, 3*, 137-142.

Rheingold, A. A., Campbell, C., Self-Brown, S., de Arellano, M., Resnick, H., & Kilpatrick, D. (2007). Prevention of child sexual abuse: Evaluation of a community media campaign. *Child Maltreatment, 12*, 352-363. doi:10.1177/1077559507305994

Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin, 124*, 22-53. doi:10.1037/0033-2909.124.1.22

Roberts, R., O'Connor, T., Dunn, J., & Golding, J. (2004). The effects of child sexual abuse in later family life; mental health, parenting and adjustment of offspring. *Child Abuse & Neglect, 28*, 525-545. doi:10.1016/j.chiabu.2003.07.006

Roller, C., Martsolf, D. S., Draucker, C. B., & Ross, R. (2009). The sexuality of childhood sexual abuse survivors. *International Journal of Sexual Health, 21*, 49-60. doi:10.1080/10538712.2011.588188

Rotenberg, K. J. (1995). The socialisation of trust: Parents' and children's interpersonal trust. *International Journal of Behavioral Development, 18*, 713-726. doi:10.1177/016502549501800408

Rotenberg, K. J., Petrocchi, S., Lecciso, F., & Marchetti, A. (2015). The relation between children's trust beliefs and theory of mind abilities: Trust beliefs and theory of mind. *Infant and Child Development, 24*, 206-214. doi:10.1002/icd.1891

Rotenberg, K., Qualter, P., Holt, N., Harris, R., Henzi, P., & Barrett, L. (2014). When trust fails: The relation between children's trust beliefs in peers and their peer interactions in a natural setting. *Journal of Abnormal Child Psychology, 42*, 967-980. doi:10.1007/s10802-013-9835-8

Rotter, J. B. (1980). Interpersonal trust, trustworthiness, and gullibility. *American Psychologist, 35*, 1-7. doi:10.1037/0003-066X.35.1.1

Russell, D. E. H. (1999). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.

Sanders, M. R., Montgomery, D. T., & Brechman-Toussaint, M. L. (2000). The mass media and the prevention of child behavior problems. *The Journal of Child Psychology and Psychiatry and Allied Disciplines, 41*, 939-948. doi:10.1017/S0021963099006198

Smallbone, S., Marshall, W. L., & Wortley, R. (2008). *Preventing child sexual abuse: Evidence, policy and practice.* Devon;Portland: Willan Publishing. doi:10.4324/9781843925606

Smallbone, S. W., & Wortley, R. K., (2000). *Child sexual abuse in Queensland: Offender characteristics & modus operandi*. Queensland: Qld Crime Commission.

Testa, M., Hoffman, J. H., & Livingston, J. A. (2011). Intergenerational transmission of sexual victimization vulnerability as mediated via parenting. *Child Abuse & Neglect, 35*, 363-371. doi:10.1016/j.chiabu.2011.01.010

Topping, K. J., & Barron, I. G. (2009). School-based child sexual abuse prevention programs: A review of effectiveness. *Review of Educational Research, 79*, 431-463. doi:10.3102/0034654308325582

Tutty, L. (1993). The relationship of parental knowledge and children's learning of child sexual abuse prevention concepts. *Journal of Child Sexual Abuse, 2*, 83-103. Doi:10.1300/J070v02n01_06

Tutty, L. M. (1994). Developmental issues in young children's learning of sexual abuse prevention concepts. *Child Abuse & Neglect, 18*, 179-192. doi:10.1016/0145-2134(94)90119-8

Wakefield, M. A., Loken, B., & Hornik, R. C. (2010). Use of mass media campaigns to change health behaviour. The Lancet, 376, 1261-1271. doi:10.1016/S0140-6736(10)60809-4

Walsh, K., Brandon, L., & Chirio, L. (2012). Mother–child communication about sexual abuse prevention. *Journal of Child Sexual Abuse, 21*, 399-421. doi:10.1080/10538712.2012.675424

Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (2015). School-based education programmes for the prevention of child sexual abuse. *Evidence-Based Child Health: A Cochrane Review Journal, 4*, doi:10.1002/14651858.CD004380.pub3

Wortley, R., & Smallbone, S. (2006). *Situational prevention of child sexual abuse* (Vol. 19). Monsey, NY: Criminal Justice Press.

Wurtele, S. K. (2009). Preventing sexual abuse of children in the twenty-first century: Preparing for challenges and opportunities. *Journal of Child Sexual Abuse, 18*, 1-18. doi:10.1080/10538710802584650

Wurtele, S. K., Kvaternick, M., & Franklin, C. F. (1992). Sexual abuse prevention for preschoolers: A survey of parents' behaviors, attitudes, and beliefs. *Journal of Child Sexual Abuse, 1*, 113–128. doi:10.1300/J070v01n01_08

Zuravin, S. J., & Fontanella, C. (1999). Parenting behaviors and perceived parenting competence of child sexual abuse survivors. *Child Abuse & Neglect, 23*(7), 623-632. doi:10.1016/S0145-2134(99)00045-9

Zwi, K., Woolfenden, S., Wheeler, D., O'Brien, T., Tait, P., & Williams, K. (2008). Cochrane review: School-based education programmes for the prevention of child sexual abuse. *Evidence-Based Child Health: A Cochrane Review Journal, 3*, 603-634. doi:10.1002/ebch.264