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

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 when parents were 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 awareness of official-child risk. Parents higher in positive parenting believed their children to be at less CS risk. Parents who appraised higher own-child risk reported less positive parenting practices and were less likely to participate in monitoring and 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 behaviors (American Academy of Pediatrics, 2018). Nevertheless, many parents do not discuss these concepts with their children. For example, the proportion 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, Zimmern-Gembeck, Shantey, & Hawkins, 2017).

Several reasons for parents’ reluctance to discuss a topic have been postulated: an inability or unwillingness to address topics of a sensitive nature, especially regarding sexuality (Davies et al., 2013), insufficient knowledge (Walsh, Brandon, & Chirio, 2012); a lack of confidence or low self-efficacy (Wuillec, 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 that have not been previously examined in recent 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; Kos & 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 risk known factors for CSA, it is surprising that no research has been conducted to examine what parents who do not discuss CSA are doing. Thus, the first aim of this study was to examine whether parents who report more use of parenting behaviours that are considered positive for children, also report discussing CSA with their children. The second aim was to understand whether parents’ discussion of CSA is associated with other parental discussion facilitators such as parents’ greater willingness to discuss sensitive topics, greater parental knowledge of CSA, higher general parenting self-efficacy, and specific CSA efficacy regarding CSA prevention, and an appraisal of children’s 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. Parents were mostly married or co-habiting (87%) and identified predominately as white (94%). The educational level and annual household income reported by the participants were higher than the Australian and UK averages. Twenty-three percent of parents reported being victims of CSA and 6% reported that their children had been 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 genital/private parts,” “that an adult/older person might show them ‘nude’ pictures”).

Discussion about body integrity was measured with two items: “your body belongs to you” and “private parts are not to be seen or touched by others,” Cronbach’s α = .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 α = .87.

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

Monitoring was measured with 6 items from the Parental Knowledge scale (Statin & Kerr, 2000), 5 items from the Parental Monitoring Instrument (Kos & Cosden, 2001). Cronbach’s α = .83.

Involvement was measured with 7 items from the Alabama Parenting Questionnaire (Shelton, Frick, & Wooten, 1996) and 5 items (e.g. “I do things to make you laugh at school.”). Cronbach’s α = .82.

Communication was measured with 10 items from the Parent-Child Communication subscale of the Pittsburgh Youth Study (Loeber, Farrington, Stouthamer-Loeber, & Van Kammen, 1995) and 9 items (e.g. “I have some quiet time to talk to my child every day”). Cronbach’s α = .80.

Parents’ CSA knowledge was measured with an adapted and abbreviated version of the Parental Knowledge Questionnaire (PKQ; Tutt, 1993) (e.g. If a child has been sexually abused there will be physical evidence in __ cases. “a. all almost all” b. “About half,” c. “Hardly any” d. “No.”). Cronbach’s α = .87.

Parental self-efficacy was measured with 10 items from the Parenting Sense of Competence Scale (PSOC; Johnson & Mash, 1989). Cronbach’s α = .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 α = .86.

Parental risk appraisals. General appraisal was measured with the question: “I believe all children are at risk of sexual abuse.” Specific risk appraisal was measured 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

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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 potential risks associated with CSA. These results align with the findings of Myhill et al. (2003b), which showed associations between CSA knowledge and self-efficacy, and CSA self-protective self-efficacy and CSA-specific self-efficacy (r = .36, p > .01).

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 in children were related to parent communication about CSA. Parents who scored higher on positive parenting were also more likely to discuss sensitive topics. However, parental CSA knowledge 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, which may indicate that parents with more knowledge of 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 feel their own personal self-efficacy was related to discussion. Parental capacity, however, was significantly correlated with CSA-specific self-efficacy, which was related to perceived child risk.

Positive CSA risk was associated with discussion about CSA in general (r = 21, p < .01), body integrity (r = 20, p < .01), but not abduction. CSA knowledge was significantly correlated with discussion of CSA risk (r = .26, p < .01), and discussion of risk of CSA risk (r = .24, p < .01). Monitoring was significantly positively correlated with discussions about body integrity (r = .17, p < .01).

Correlation 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

Sensitively discussing CSA was positively correlated with discussion of CSA risk (r = .43, p < .01), body integrity (r = .29, p < .01) and abduction (r = .29, p < .01).

Neither general parenting self-efficacy nor CSA-specific self-efficacy was 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 about abduction was negatively associated with positive parenting, or any of the individual parenting practices. This is perhaps because most parents report feeling uncomfortable discussing the danger of ‘strangers’ with their children (Finkelhor, 1984).