

Engaging Parents and Caregivers in the Prevention of Child Sexual Abuse

Jennifer M Foster*

Department of Counselor Education and Counseling Psychology, Western Michigan University, 3102 Sangren Hall, Kalamazoo, USA

*Corresponding author: Jennifer M Foster, Assistant Professor, Department of Counselor Education and Counseling Psychology, Western Michigan University, 3102 Sangren Hall, Kalamazoo, MI 49008, USA, Tel: (269)3875115; E-mail: Jennifer.Foster@wmich.edu

Rec date: Mar 03, 2017; Acc date: Mar 24, 2017; Pub date: Mar 27, 2017

Copyright: © 2017 Foster JM. This is an open-access article distributed under the terms of the creative commons attribution license, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Engaging parents and caregivers in the prevention of child sexual abuse (CSA) is "a type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities". CSA includes contact and noncontact sexually abusive acts that are both overt and covert in nature.

Keywords: Engaging parents; ; Children; Criminal records

Short Communication

Although awareness about child sexual abuse (CSA) has increased, including: risk factors of victims and families [1,2], evidence-based treatments [3], and personal experiences of child victims [4], little is known about effective prevention. Moreover, most prevention efforts have solely targeted children and have neglected or only minimally involved parents and caregivers (hereafter referred to as parents) [5]. This is problematic as it places the burden of prevention predominately on children; whereas, it must be the responsibility of adults to protect children from sexual abuse [6].

Parents may be the most important group to target with CSA prevention training because they can provide developmentally appropriate education for their children through multiple conversations over time. Additionally, they determine who has access to their child and are often targeted by perpetrators to build a trusting relationship. Parents regularly teach their children about safety in other areas such as wearing a helmet while riding a bicycle, wearing a seatbelt in the car, and looking both ways before crossing the road; yet, safety from sexual abuse is rarely discussed. Parents need to know that current statistics indicate that 1 in 4 daughters and 1 in 6 sons experience sexual abuse before age 18 [7], which means that their children are more likely to be sexually abused than hit by a car while crossing the street [8].

Talking about CSA for many parents is a daunting task. The top five reasons for not discussing it include: "My child is too young to understand it" (32%), "I don't know how to explain it" (28%), "I don't have any materials to help me talk to my child about it" (26%), "The topic might frighten my child" (23%), and "I don't know enough about the topic" (21%) [9]. Prevention programs must be sensitive to parents' discomfort and address their concerns while simultaneously empowering them to take action [10]. Further, programs must be robust and teach: facts and myths about CSA including accurate information about perpetrators, how to communicate in developmentally appropriate ways with children about safety, and how to start conversations with other adults about CSA prevention.

Accurate information about CSA is a key component of parent education. Many parents believe myths about CSA such as perpetrators are typically adult men with criminal records who are unknown to the families. Yet, 90% to 97% of perpetrators are known and trusted by victims and their families, 36% are juveniles and the vast majority do not have criminal records [11-13]. By combatting myths, parents can increase their awareness of the risk of sexual abuse and better protect their children.

Prevention programs can provide practical tools, resources, and support for parents so that they increase their knowledge about CSA, have conversations with their children about body safety, and speak about prevention to others in their community. All parents need to talk to their children about safety. For parents to be successful, they need comprehensive training in specific strategies to protect their children.

Trainings for parents can be offered in a variety of modalities, which include: (a) community-based programs, (b) written CSA prevention materials, and (c) online trainings. Local trainings have the advantage of answering parent questions, interactive role-plays, and follow-up sessions. These can also be delivered in conjunction with school-based prevention initiatives for children, which may enhance their effectiveness [9]. "When parents are trained as prevention educators, their children receive repeated exposure to prevention information in the natural environment, thus providing a series of booster sessions to supplement other prevention efforts" [9]. Drawbacks to community programs are that they are often not well attended and they require someone with sufficient knowledge about prevention strategies to facilitate the training [14].

Brochures, articles, and other written materials are an alternative to in person trainings. These materials are readily available to parents in hard copy format or online and have the advantage of allowing parents to read content on their own time. These materials can be distributed at pediatric practices, schools, religious organizations, and community agencies. One such example is the comprehensive curriculum "Caring for Kids: What Parents Need to Know about Child Sexual Abuse," which was designed by the Child Abuse Committee of the National Child Traumatic Stress Network, and is free online at http://www.nctsn.org/sites/default/files/assets/pdfs/caring_for_kids.pdf. Although these materials are convenient and accessible, there is a dearth of research on the percentage of parents that read prevention

materials. Furthermore, it is unknown if the readings result in heightened awareness about CSA prevention or increased protective strategies.

Lastly, online prevention trainings designed for parents are available for a fee. "Stewards of Children" is a two-hour online program that has been recognized by the U.S. Department of Health and Human Services and claims to be effective at enhancing participants' knowledge, attitudes, and behavior (<http://www.d2l.org/education/stewards-of-children/online/>). Another well-developed online training program is "Parenting Safe Children." The four-hour training created by Feather Berkower teaches prevention strategies through videos, readings, activities, and downloadable resources (<https://www.parentingsafechildren.com/index.php/online-workshop>). Although the modality makes online trainings convenient, the cost may be prohibitive for some families.

To date, there is a dearth of empirical literature on the efficacy of prevention programs aimed at parents, thus there is a need to investigate evidence-based approaches. Research could also compare the various modalities to determine the effectiveness of various types of training.

In conclusion, CSA prevention necessitates a multi-tiered, multi-modal community approach to reduce the rates of sexual victimization of children. Professional helpers must partner with parents to protect children from CSA. CSA prevention training empowers parents with knowledge and specific strategies that they can implement in their families. Parents can also be encouraged by professional helpers to join advocacy efforts aimed at improving children's safety in their communities through enhanced policies and practices in schools, religious institutions, and agencies that work with children.

References

1. U.S. Department of Health and Human Services (2013) Administration for children and families, administration on children, youth and families, children's bureau. *Child Maltreatment*.
2. Hassan M, Killion C, Lewin L, Totten V, Faye G (2015) Families' and victims' characteristics influencing child sexual abuse. *J Trauma Treat* 4: 023.
3. Sinanan AN (2015) Trauma and treatment of child sexual abuse. *J Trauma Treat* 4: 024.
4. Foster JA, Hagedorn WB (2014) A qualitative exploration of fear and safety with child victims of sexual abuse. *J Ment Health Couns* 36: 243-262.
5. Foster JM, Hagedorn WB (2014) Through the eyes of the wounded: A narrative analysis of children's sexual abuse experiences and recovery process. *J Child Sex Abus* 23: 538-557.
6. Wurtele SK (2009) Preventing sexual Abuse of children in the twenty-first century: Preparing for challenges and opportunities. *J Child Sex Abus* 18: 1-18.
7. National Association of Adult Survivors of Child Abuse (NAASCA) (2015) Accessed on: 22 March, 2017.
8. Wurtele SK, Moreno T, Kenny M (2008) Evaluation of a sexual abuse prevention workshop for parents of young children. *J Child Adol Trauma* 1: 331-340.
9. Zeuthen K, Hagelskjær M (2013) Prevention of child sexual abuse: Analysis and discussion of the field. *J Child Sex Abus* 22: 742-760.
10. Finkelhor D, Hammer H, Sedlak AJ (2008) Sexually assaulted children: National estimates and characteristics. Bureau of Justice Statistics, US Department of Justice. Accessed on: 22 March, 2017.
11. Finkelhor D, Shattuck A (2012) Characteristics of crimes against juveniles. Durham, NH: Crimes against Children Research Center.
12. Finkelhor D (2009) The prevention of child sexual abuse. *Future Child* 19: 169-194.
13. Hébert M, Lavoie F, Parent N (2002) An assessment of outcomes following parents' participation in a child abuse prevention program. *Violence Vict* 17: 355-372.