


# Child Sexual Abuse Prevention: Parental Discussion, Protective Practices and Attitudes

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## Abstract

Understanding parental practices and attitudes regarding child sexual abuse (CSA) prevention could be used to improve CSA prevention, but little information is available. In this study, we summarise survey data collected from 248 Australian and UK parents (87% female) with at least one child aged 6-11 years ( $M = 8.6$ ,  $SD = 1.8$ ). This is the first study to quantify parental use of protective practices, other than prevention education, which may guard against CSA. Parental media mediation, which may safeguard against online dangers, was another unique focus of this study. Participants reported their discussion of sensitive topics with their children including CSA; behaviors that may reduce the incidence of CSA (e.g., monitoring, supervision, delegation of care and checking-in with the child); mediation of their child's media use; and attitudes towards CSA prevention education. Parents reported discussing sexual abuse less than other sensitive topics such as abduction dangers, drugs, and death but more than issues surrounding puberty, sex and pornography. Parents reported using high levels of protective behaviours, however some

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areas of concern were revealed. Of concern was the low-moderate level of parental media mediation, with substantial numbers of children potentially exposed to online risks such as using devices unsupervised in bedrooms or chatting to individuals unknown to their parents and not having their devices checked for concerning content. Almost all parents were supportive of CSA prevention education and felt they should provide this education. However, two-thirds of parents thought CSA education may be associated with harms for the child and two-thirds of parents believed children could prevent their own abuse. Reported results will aid in our understanding of which areas of parenting could be strengthened to create safer environments for children. This research has particularly highlighted the need for parents to be more protective around their children's access to online devices.

### **Keywords**

child sexual abuse, protective behaviours, parents, prevention, media mediation, education

## **Child Sexual Abuse Prevention: Parental Discussion, Protective Practices and Attitudes**

Child sexual abuse (CSA) continues to be a significant global problem, with short and long-term adverse consequences for individuals, families and communities (Blanco et al., 2015; Hailes et al., 2019). Parents are crucial protagonists both in the prevention of CSA (Mendelson & Letourneau, 2015; Rudolph et al., 2018a) and in the support of the child victim post-disclosure (Gewirtz-Meydan, 2020). Yet, more needs to be known about parents' attitudes and protective practices, to harness their potential, and tailor programmes to assist them in their protective and supportive roles. Due to the increase in young children's time spent online and the risks associated with cyber-grooming, sexual solicitation, and exploitation (Greene-Colozzi et al., 2020; Helweg-Larsen et al., 2011), parental surveillance surrounding technology use should also be better understood. The current paper presents the results of a survey of Australian and UK parents with at least one child aged 6–11 years, shedding light on their: self-reported discussion of sensitive topics including CSA; use of protective practices that may reduce the incidence of CSA (monitoring, supervision, delegation of care and checking-in with the child); mediation of media use; and attitudes towards CSA prevention education.

### ***Parent–Child Discussion of CSA Concepts as Prevention***

Increasing children's CSA knowledge and self-protective skills is thought to shield children from experiencing sexual abuse by enabling them to resist

sexual advances and report incidences to safe adults (see Walsh et al., 2018 for a review). Correspondingly, parental protective capacity is usually measured by the extent to which they have educated their children about CSA prevention (Jin et al., 2019; Prikhidko & Kenny, 2021). However, despite nearly four decades of campaigning and awareness enhancement, parents continue to report that they do not provide their children with comprehensive CSA education (Prikhidko & Kenny, 2021; Rudolph & Zimmer-Gembeck, 2018b). Although comparison of reported statistics is difficult due to variability in how sexual abuse prevention education is defined, the age of the focal child/ren and the specific features of communication between parents and children, the majority of previous studies suggest that about 50% of parents report discussing sexual abuse with their children. Some recent results are presented here. In a Tanzanian study, a little under half (46.1%) of parents reported that they had told their child/ren (aged  $\leq 18$ ) not to let someone touch their genitals (Mlekwa et al., 2016). In our previous report from the current data, just over half (52%) of Australian and UK parents reported that they had told their child (aged 6–11) that an adult/older person might try to touch the child on their genitals and what to do about it (61%, Rudolph et al., 2018b). About half of a sample of Chinese parents told their children (aged 3–6) if sexual abuse happens, parents or other trusted adults should be told (48.0%) and that if someone wants to see or touch their private parts, they should definitely say ‘No’ and leave at once (61.0%, Zhang et al., 2020). Finally, a little over half (58%) of US parents (mean age of youngest child = 6) in the most recent study reported telling their child what to do if someone is trying to make them keep touching their private parts a secret and to leave a situation where someone is trying to touch their private parts (56%, Prikhidko & Kenny, 2021). In contrast to the majority of studies, much higher rates of parental CSA discussion (85% and over) have been reported in research from Nigeria (Ige & Fawole, 2011), Jordan (Alzoubi et al., 2018) and Saudi Arabia (AlRammah et al., 2019). These results are surprising, and suggest methodological anomalies, particularly as discussion of sexual topics is considered taboo in Muslim majority countries and conversations about sexual abuse are often avoided or discouraged (Haboush & Alyan, 2013; Katz et al., 2020).

Some research has also highlighted the inconsistencies and discrepancies in parental reports of what they know about CSA, their beliefs regarding prevention and their actual educative practices (Chen & Chen, 2005; Mlekwa et al., 2016; Rudolph & Zimmer-Gembeck, 2018b). Specifically, despite knowing that perpetrators are usually known to the child, parents focused on the dangers of strangers (Rudolph et al., 2018b; Rudolph & Zimmer-Gembeck, 2018b; Walsh & Brandon, 2012). Furthermore, despite thinking CSA education was important, parents did not give their children comprehensive prevention messages (Chen et al., 2007; Chen & Chen, 2005; Mlekwa et al., 2016; Rudolph & Zimmer-Gembeck, 2018b; Zhang et al., 2020).

Little is known about why parents report reluctance to discuss CSA, and why such inconsistencies in knowledge and behaviour exist, but speculation has included the role played by the difficulty of speaking about sensitive topics in general. In the first study to examine parental discussion of sexual abuse (Finkelhor, 1984), 521 U.S. parents of children aged 6–14 listed sexual abuse as more difficult to talk about than all other sensitive topics presented to them, except for birth control. Discussion topics from most to least discussed were as follows: death, kidnapping, pregnancy and birth, drugs, mental illness, homosexuality, sexual intercourse, suicide, abortion, sexual abuse and birth control. In the current study, we asked parents whether they had discussed sexual abuse (self-defined) with their preadolescent child and compared this to the discussion of other sensitive topics. This is the first study since Finkelhor (1984) to compare the rate of parental discussion of sexual abuse with discussion of other sensitive topics. In previous research parents have also reported that their decision to speak with their children about sexual abuse has been influenced by factors such as their child being too young and them not having sufficient information about the topic and how best to impart these messages to their children (Hunt & Walsh, 2011).

### ***Protective Parenting Practices***

Research has demonstrated that certain family features (such as marital conflict, domestic violence, non-nuclear family structure and social isolation) and parenting practices (such as neglect, hostility and maltreatment, low attachment and parental care/affection, lack of communication and supervision/monitoring) put children at greater risk of CSA (see Assink et al., 2019; Rudolph & Zimmer-Gembeck, 2018a for reviews). Furthermore, new research with adolescents in Finland demonstrates that parental monitoring, especially of their children's relationships, is important in the prevention of sexual abuse (Felson et al., 2021). With this in mind, it is encouraging that there have been recent dialogues, recommendations and campaigns highlighting the protective potential of safer home environments and positive parenting (Darkness to Light, 2021; Mendelson & Letourneau, 2015; Rudolph et al., 2018a, 2018b; Smallbone et al., 2008).

Not much is known about what parents do, aside from education, to keep their children safe, with only three (qualitative) extant studies. This research demonstrates that parents use a variety of strategies that they perceive will keep their children safer, such as close, loving parent-child relationships, supervision, monitoring, "being there," involvement, vigilance, communication, building self-esteem, watching for signs of abuse, and decisions about contact/care by others and limiting activities that the parents felt presented a risk (Babatsikos & Miles, 2015; Collins, 1996; Rudolph & Zimmer-Gembeck, 2018b). Survey methods were used in the present study to describe the

proportion of parents who reported use of protective parenting practices identified in these past studies including monitoring, supervision, delegation of care, and checking in with their child.

### *Parental Mediation of Media*

Children and young people spend considerable amounts of time online, leaving them vulnerable to sexual grooming, solicitation, and exploitation, with girls at more risk than boys (Greene-Colozzi et al., 2020; Helweg-Larsen et al., 2011; Noll et al., 2013). A recent retrospective study with adults from the US reported that 25% of respondents chatted to adults that they did not know whilst they were minors and 17% of the study participants were sexually solicited by adult strangers. Nine percent of the total 1133 participants reported meeting the stranger in person while they were underage and a majority of these meetings (68%) resulted in sexual intercourse (Greene-Colozzi et al., 2020). Similarly, Koçtürk and Yüksel (2018) reported that 71% of offline meetings between minors (aged 9–18) who attended a child protection centre, and an online adult contact, resulted in sexual intercourse. Furthermore, 19% of boys and 36% of girls aged 14–17 in a large Danish study ( $n = 3707$ ) reported online sexual victimisation, including being sexually solicited by an unknown person and being offered money or gifts in exchange for sexual activities (Helweg-Larsen et al., 2011). Young people themselves may not find these virtual sexual interactions exploitative, highlighting the need for adult monitoring and guidance. For example, although almost a quarter (22%) of teens aged 14–17 in a German study ( $n = 2238$ ) reported online sexual interactions with adults, only a fraction (10%) of these were perceived as negative (Sklenarova et al., 2018).

Most social networking sites popular with children and adolescents are age restricted with limits of 13 (e.g. Snapchat, Instagram, TikTok, Viber, Skype and Facebook) or 16 (e.g. WhatsApp). Although these ages are above the age of the focal children in our sample, it is known that substantial numbers of underage children use these platforms by circumventing age restrictions. For example, two pan European studies with children similar in age to the current study (9–12), spanning 25 countries ( $n = 25,142$ ; Livingstone et al., 2013) and seven countries ( $n = 3565$ ; Barbovschi et al., 2015), found 38%–43% of children reported having a social media profile. Furthermore, a large ( $n = 31,109$ ) study conducted in the United Arab Emirates found children under 10 years old were spending an average of over 3.5 hours a day on social media (Badri et al., 2017). Despite social networking platforms having privacy policies, these are seldom enforced and the sites (especially Snapchat which instantly ‘deletes’ content once it is viewed) are rife with interactions (such as sexual grooming, cyberbullying and harassment) and content (such as pro anorexia or self-injury) that are harmful to underage children (Barr, 2016; Memon et al., 2018; Sanderson & Weathers, 2020).

A lack of parental monitoring of media use (referred to in the literature as parental mediation) places children at greater risk of experiencing online sexual solicitation and exploitation (Greene-Colozzi et al., 2020; Helweg-Larsen et al., 2011; Marcum et al., 2010; Wolak et al., 2008). In one study, parental mediation of online activities significantly decreased the risk of online sexual victimisation, while the adolescent's knowledge of safe internet use did not (Helweg-Larsen et al., 2011). Furthermore, parental monitoring (in general and of media use) has been shown to have protective effects on child and adolescent sexual behaviour, such as early initiation of sexual intercourse, risky sexual behaviour, aggressive sexual behaviour, permissive sexual attitudes, pornography use and sexting (Landry et al., 2017; Romo et al., 2017; Sieverding et al., 2005; Tomić et al., 2018).

Despite the ubiquitous nature of children and young people's online interactions and their role in sexual exploitation and abuse, research into parental mediation of young children's media use as part of a sexual abuse prevention strategy is limited. The parents in this study were asked the extent to which they engaged media mediation strategies such as the use of filtering software, checking their child's devices and knowing whom their child chats to online.

### *Parental Attitudes to CSA Prevention Education*

Research with parents suggest that most parents surveyed in Australia (Walsh et al., 2012), the US (Elrod & Rubin, 1993; Wurtele et al., 2008) and China (Guo et al., 2019; Zhang et al., 2020) are supportive of school- and-preschool-based education programmes and most parents are keen to educate their children about personal safety behaviours (Jin et al., 2019; Salloum et al., 2020; Walsh & Brandon, 2012). Of interest to CSA prevention is whether parents believe education is effective and whether they perceive there are any harms associated with it, as this may affect their use of CSA education as a prevention tool. Only one study has addressed this question (Rudolph & Zimmer-Gembeck, 2018b), finding half of the 24 Australian parents interviewed thought that CSA education was the most effective prevention method, with some reporting doubts about its effectiveness and most expressing concerns about its use. The present study is the first to quantify parents' attitudes towards CSA education.

### *The Present Study*

Despite calls to include parents in CSA prevention, research is lacking as to how parents attempt to protect their children, and their attitudes to CSA prevention education. In order to move research forward in this area and to guide future CSA prevention work, more needs to be known about parents' protective behaviours both off and online, their discussions of CSA with their

children and their feelings about CSA education that may impact on their use of this prevention tool. In this study we quantitatively summarised the responses of a sample of UK and Australian parents of preadolescents (aged 6–11) on these issues. The aims were to examine the extent to which parents: discussed CSA relative to other sensitive topics (such as death and safe sex) with their children; used parenting behaviours expected to be protective against CSA (such as monitoring, supervision, delegation of care and checking-in with their child); and mediated their child's use of media (such as the use of filtering software, checking devices and knowing online contacts). Parents' attitudes towards CSA education were also quantified. This included, for example, whether parents expected that children could identify CSA and prevent sexual victimisation, whether parents believed children should be provided with CSA prevention education, and parents' perceptions regarding any potential harms associated with CSA education.

## Method

### *Participants and Procedure*

Participants were 248 parents (217 female) of at least one child aged between 6 and 11 years, living in Australia (81%) or the UK (19%). The focal children were 132 girls and 108 boys, with a mean age of 8.6 years ( $SD = 1.8$  years). The largest parental age group represented was the 40–50-year-old group (47%), with most participants aged between 30 and 50. Most participants were married or co-habiting (87%), with 10% divorced or separated. Ninety-four percent identified as white/Caucasian, 5% as Asian and 1% as First Nations People. The majority of participants had tertiary education: postgraduate (30%), undergraduate (29%), some university study (15%), with the following incomes reported: under AU\$\$/£50,000 (15%), AU\$\$/£50,000 to AU\$\$/£100,000 (35%), AU\$\$/£100,000 to AU\$\$/£150,000 (30%) and over AU\$\$/£150,000 (20%) (note that at each level, AU\$ reflects a lower income than £ when each are converted to US\$).

Approximately two-thirds (67%) of participants reported some exposure (direct or indirect) to sexual abuse. Fifty-six (23.3%) participants reported direct exposure (they were victims in childhood). Participants also reported indirect CSA exposure via the focal child (7; 2.9%), a partner or family member (100; 42%), a friend or acquaintance (80; 33.3%) or a child known to them (34; 14%). Sixty-seven (28%) knew someone who had been accused of sexual abuse.

A series of independent group *t*-tests identified some differences between the UK and Australian parents. Australian parents were more likely to have been the victim of CSA  $t(226.49) = 3.6, p < .001$ , have a child who has experienced CSA  $t(192) = 2.5, p < .05$  or know an alleged perpetrator

$t(156.68) = 2.1, p < .05$ . The higher rate of CSA experienced by Australian participants compared to British participants is not surprising, given the higher rate of CSA found in Australia relative to Europe in previous research (Stoltenborgh et al., 2011).

Parents from Australia also reported more discussion of CSA  $t(82.74) = 5.1, p < .001$ , which could reflect more general awareness of CSA in Australia compared to the UK (i.e. Australia's multiple Government inquiries, public awareness campaigns such as 'Day for Daniel', and prominent advocates such as the recent Australian of the year). Parents from the UK and Australia did not differ on their discussion of sensitive topics or protective behaviours use; however, UK parents reported engaging in more media mediation  $t(177) = 3.2, p < .005$ .

This study forms part of a larger study investigating parents and CSA prevention. Approval for the study was granted by the university Human Research Ethics Committee (Ref No: 2015/861). Participants completed an online survey which was open from July to November 2016, answering the items regarding one of their children aged 6–11 years. Recruitment took place via multiple channels. Online flyers were posted by 40 primary schools in Australia and the UK, on two parenting websites, in a parenting magazine (with an Australian distribution) and a recruitment email was sent to staff at an Australian university. Upon completion, participants were included in a prize draw to win one of three \$100AUD/£50 shopping vouchers.

## Measures

*Parents' discussion with their children:* Parents reported whether they had discussed a range of topics with their children and their degree of comfort with these discussions (1 = *never*, 2 = *yes, but I felt uncomfortable with the discussion*, and 3 = *yes, and I felt at ease with the discussion*). The topics were presented as a list of 13 items: sexual abuse (self-defined by participants), abduction dangers (2 items), body ownership, online dangers (2 items), puberty/wet dreams/menstruation, pornography, homosexuality, drugs/alcohol consumption, conception/abortion/safe sex, bullying and domestic violence/suicide/death.

*Protective Parenting Practices:* Creation of these items was based on existing parenting measures (e.g. Parental Knowledge Scale, Parental Monitoring Instrument and Alabama Parenting Questionnaire), the literature on CSA risk factors and the behaviours perceived protective by parents in previous research. No item specifically mentioned CSA or its prevention. A total of 18 items were used to measure: monitoring (7 items; e.g. 'I monitor my child's interaction/play with adults', 'I check the level of supervision at my child's activities such as playdates, parties, and regular activities'), supervision (2 items; 'I have had to leave my child at home without adult



supervision', 'There have been times when I did not know where my child was or who they were with'), checking-in (7 items; e.g. 'I ask my child how he/she is feeling on a regular basis', 'I talk to my child about what happened at planned activities') and delegation of care (2 items; e.g. 'My child is looked after by babysitters', 'It has been necessary for my child to be put to bed by people other than his/her parents'). Responses were measured on a 5-point Likert-type scale from 1 (*never/almost never*) to 5 (*always/almost always*). Four items were reverse scored and all items were summed to obtain a total CSA protective behaviours score ranging from 18 to 90 with a higher score reflecting greater parental use of protective behaviours.

*Parental Mediation of Media:* Parents were asked about the degree to which they monitored their children's online behaviours with eight items (e.g. 'I use software to block certain websites', 'I know, by name, who my child chats to online, including while gaming') measured on a 5 point Likert-type scale (1 = *never/almost never*, 5 = *always/almost always*). Parents answered the cyber safety questions only after confirming that their child had access to a device ( $n = 184$ ), with participants whose child did not use a device at all skipping these questions. One item was reverse scored and all items were summed to obtain a total cyber protective behaviours score ranging from 8 to 40 with a higher score reflecting greater parental technology monitoring.

*Attitudes to CSA Education:* Parents were asked about their attitudes towards CSA prevention education in a series of seven items. Two items consisted of a multiple-choice format in which parents could tick as many as applied: 'As a sexual abuse prevention method, should your child be taught how to: a. Identify sexual abuse (e.g. someone touching your child's genitals), b. Avoid sexual abuse (e.g. say 'no,' run), c. Disclose sexual abuse (e.g. tell a trusted adult), d. None of these' and 'Who should teach your child these skills? a. Teachers, b. Professionals visiting the school, c. Parents, d. No-one'. The remaining five items required a binary Yes/No response and included questions such as 'Do you think children taught about sexual abuse will be able to prevent their own abuse?' and 'Do you think there are any negative consequences to telling children, aged between 6 and 11, about sexual abuse (e.g. that someone may touch them sexually or act sexually with them in some way)?'

## Results

### *Parental Discussion of CSA and Sensitive Topics*

The extent to which parents discussed CSA and sensitive topics with their preadolescent children is shown in [Table 1](#). Parents were more likely to discuss abduction dangers, bullying, body ownership, online dangers, homosexuality, domestic violence/death/suicide, and drugs/problematic alcohol use than sexual abuse, puberty/wet dreams/menstruation, conception/

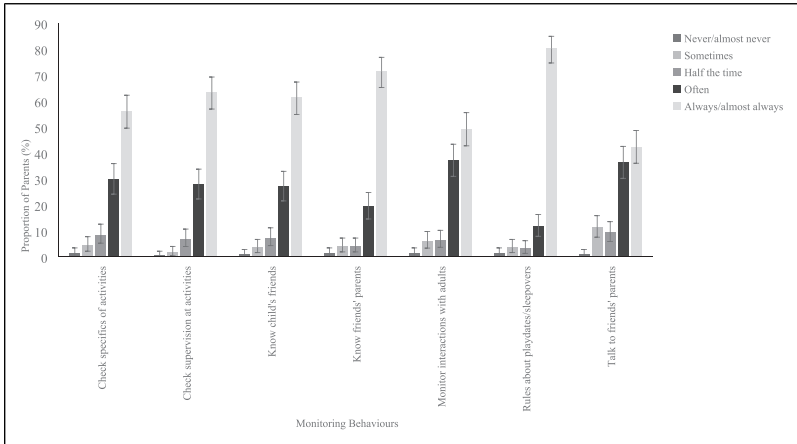
**Table 1.** Proportion of Parents Reporting Discussion of CSA and Other Sensitive Topics ( $N = 248$ ).

Topic	Proportion of Participants, %			
	Never	Yes but Uncomfortable	Yes and Comfortable	Total Yes
Never to go with anyone unless it has been arranged with a parent	1.2	1.6	97.2	98.8
Bullying	5.2	1.6	93.1	94.7
Body ownership – “your body belongs to you”	9.7	1.6	88.7	90.3
Adult/older person might try to tempt, grab or lure child away	16.5	6.5	77.0	83.5
Inappropriate content on the internet	19.0	7.3	73.8	81.1
Homosexuality	28.6	5.2	66.1	71.3
Domestic violence, death or suicide	30.2	11.3	58.5	69.8
People using fake identities on the internet to befriend children	30.2	3.6	66.1	69.7
Drugs or problem/underage alcohol consumption	35.9	4.0	60.1	64.1
Sexual abuse	44.4	10.9	44.8	55.7
Puberty, wet dreams or menstruation	48.0	7.7	44.4	52.1
Conception, abortion or safe sex	65.3	6.0	28.6	34.6
Pornography	69.8	9.7	20.6	30.3

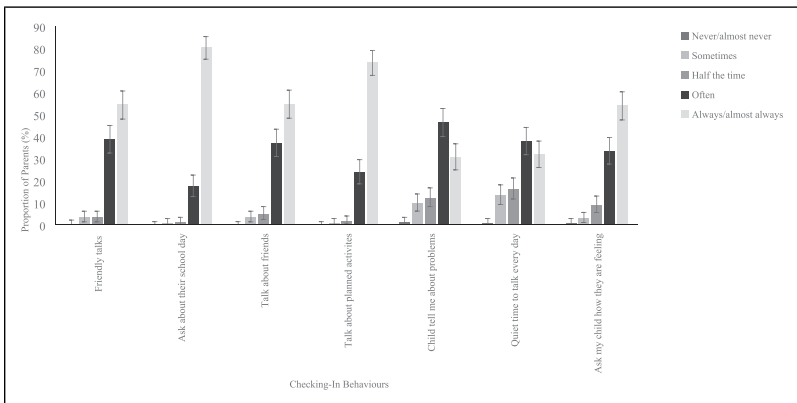
abortion/safe sex and pornography. A Pearson's correlation test found parental discussion of sexual abuse was significantly positively correlated with focal child age ( $r = .20, p = .001$ ).

### Parental Protective Practices

Parents reported a high level of protective practices (monitoring, supervision, delegation of care, checking-in with their child) with a mean score of 79.9 ( $SD = 6.6$ ) out of 90 and a range of 60–90. Almost two-thirds (62%) of parents scored  $\geq 80$  and only 9% scored  $\leq 70$ . To gain a deeper understanding of parental protective practices, the following section presents the results of specific behaviours within these domains.



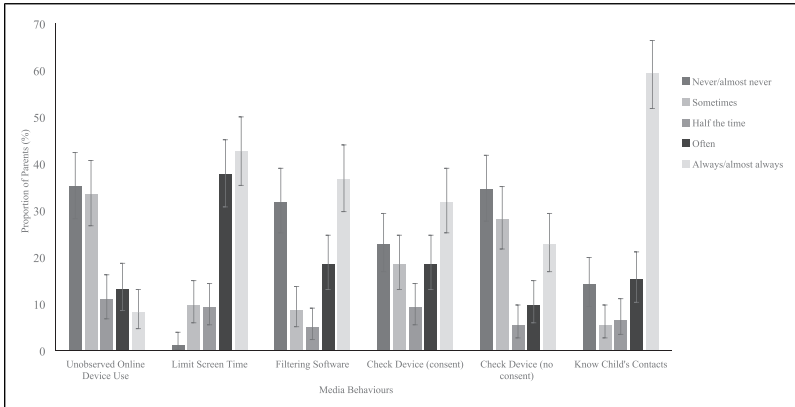
**Figure 1.** Percentage of parents reporting on various frequencies of parental monitoring behaviour (N = 248)



**Figure 2.** Percentage of parents reporting on various frequencies of parental checking-in behaviour (N = 248)

*Monitoring:* As shown in Figure 1, high proportions of parents endorsed monitoring behaviours *always/almost always* or *often* for: knowing their child’s friends and knowing their parents, having strict rules regarding playdates, checking the specifics and the level of supervision at planned activities like playdates, parties or regular activities and monitoring the interaction whilst their child was with another adult.

*Supervision:* A large majority of parents (78%, 95%CI [73%, 83%]) reported that they ‘*never or almost never*’ left their child at home without adult supervision or did not know where their child was or who they were with



**Figure 3.** Percentage of parents reporting on various frequencies of media mediation behaviour ( $N = 186$ ).

(90%, 95%CI [85%, 93%]) but 17% (95%CI [13%, 23%]) and 8% (95%CI [5%, 12%]), respectively, did this ‘sometimes’.

*Delegation of Care:* Forty-five percent (95%CI [39%, 52%]) of parents reported that their child was ‘never or almost never’ put to bed by people other than their parents and a further 52% (95%CI [45%, 58%]) said this ‘sometimes’ happened. Many parents (62%, 95%CI [55%, 68%]) indicated they ‘never or almost never’ relied on babysitters, with 35% (95%CI [29%, 41%]) reporting this happened ‘sometimes’.

*Checking-In:* As shown in Figure 2, the majority of parents talked to their child *always/almost always* or *often* about their feelings, their friends, their day at school and planned activities/playdates.

### Parental Mediation of Media

Parents reported a using moderate levels of media mediation with a mean score of 27.04 ( $SD = 6.4$ ) out of 40 and a range of 10–40. Just over one-third (37%) of parents scored  $\geq 30$  or above and  $\leq 18\%$  scoring 20/40 or less.

As shown in Figure 3, about one-third of parents indicated that their child *never or almost never* used an online device in an area where they could not be observed, such as in a bedroom, and that they *always/almost always* used filtering software to limit their child’s access to adult content. In terms of checking their child’s internet history, conversations and/or contacts, a substantial minority of parents did not check the child’s device, with or without the child’s consent. Just under two-thirds of parents reported knowing their child’s online contacts by name, with less than half of parents limiting their child’s screen time *always/almost always*.

## Parents Views about CSA Education

The majority of parents indicated that they believed children were able to identify sexual abuse (71%, 95%CI [64%, 76%]) and prevent their own abuse following CSA education (63%, 95%CI [55%, 70%]). Regarding CSA prevention education, parents thought that children should be taught to identify (91%, 95%CI [87%, 94%]), avoid (92%, 95%CI [88%, 95%]) and disclose (93%, 95%CI [89%, 96%]) CSA. Only about 5% (95%CI [3%, 9%]) of parents thought children should not be taught any of these components of CSA prevention education.

Specifically, 73% (95%CI [67%, 77%]) of parents thought children should be taught that an adult/older person might try to touch their genitals, 85% (95%CI [80%, 89%]) thought children should be taught what to do about it and 72% (95%CI [66%, 78%]) thought that children should be taught that friends or family may be the perpetrators. Most participants reported they believed parents (96%, 95%CI [93%, 98%]), professionals (75%, 95%CI [69%, 80%]) and teachers (63%, 95%CI [57%, 70%]) should teach children about CSA. CSA prevention education was thought to have negative consequences by two-thirds (66%, 95%CI [58%, 73%]) of parents, and 50% (95%CI [40%, 60%]) thought that telling children that the perpetrator may be a family member would have negative consequences.

## Discussion

This research involved surveying a sample of 248 Australian and UK parents with at least one preadolescent child aged 6–11. The current paper presents the participants' reports on several variables important in the prevention of CSA: parent–child discussion of sensitive topics including CSA; use of CSA protective behaviours (including monitoring, supervision, delegation of care, and checking-in with the child); mediation of media use; and attitudes towards CSA education.

### *Discussion of Sensitive Topics and CSA*

Just over half (55.7%) of the parents in this study reported they had discussed sexual abuse with the focal child. This finding is congruent with other recent research in which approximately 45–65% of sampled parents reported giving sexual abuse warnings (e.g. 'if someone wants to see or touch your private parts, you should definitely say "No" and leave at once;' Mlekwa et al., 2016; Prikhidko & Kenny, 2021; Zhang et al., 2020). This rate is 26% higher than found by Finkelhor in 1984 and remains surprisingly low given the increased publicity of CSA in the mass media and awareness of CSA in the general public (Weathered, 2015). Uniquely, this study assessed participants' comfort levels.

Research shows that parents find conversations with their children about sex and sexuality difficult and uncomfortable (Malacane & Beckmeyer, 2016; Morawska et al., 2015), therefore, it is not surprising that one in six parents who had discussed CSA felt uncomfortable discussing this with their children. As we did not ask parents the reasons for their discomfort, we can only speculate that perhaps the source of their discomfort, as identified by Malacane and Beckmeyer (2016), included perceptions of their own limited knowledge and judgement of their children's readiness for information. Indeed, our analyses showed that child age was positively correlated with CSA discussion.

It has been assumed that parents do not talk to their children about CSA because it is a taboo topic. The parents in the current sample spoke to their child about abduction dangers, bullying, body ownership, internet dangers, homosexuality, domestic violence/suicide/death and drugs/problem alcohol consumption at greater rates than they addressed the topic of sexual abuse. However, they were more likely to talk about sexual abuse than puberty/wet dreams/menstruation, conception/abortion/safe sex, or pornography. Study results were compared to Finkelhor's (1984) sample, although the topics presented, and the age of the children being studied, were not identical. Close to a third of parents in our study spoke to their children about conception/abortion/safe sex, which is similar to the 1984 sample where 33% spoke about abortion and 26% spoke about birth control. Death was a topic discussed by most parents (92%) in 1984, but not suicide (36%). In comparison, almost 70% of the parents in the current sample spoke about domestic violence, death or suicide. Discussion of homosexuality likely reflects societal change, with an increase of 27%. Talk about abduction was roughly similar with 87% of 1984 participants discussing kidnapping and 83% of the present (2016) parents warning their children that 'an adult/older person might try to tempt, grab or lure child away'. Interestingly, discussion of drugs decreased from 81% to 64%. Our sample of parents tended to speak about sexual abuse before other sexual topics, including puberty. This could be due to parents' increased awareness of CSA and the recommendations for them to speak to their children early about the topic. An alternative explanation is that perhaps parents have become more conservative regarding conversations about sexual matters. Unfortunately, we did not ask this sample about discussion of 'sexual intercourse' or 'sex' so this would require further research.

### ***Protective Parenting Practices***

Research has demonstrated that some parenting practices such as poor parent-child relationships, maltreatment, low attachment and parental care/affection, lack of communication and supervision/monitoring put children at greater risk of sexual abuse (see Assink et al., 2019 for review and Rudolph & Zimmer-Gembeck, 2018a for a summary). However, the extent to which parents report

using parenting behaviours that may be protective against CSA is under-researched.

In the present study, parents reported a high degree of parenting behaviours which are known from previous research to provide safer environments for children including monitoring, supervision, delegation of care and checking-in with the child (Babatsikos & Miles, 2015; Collins, 1996; Rudolph & Zimmer-Gembeck, 2018b). For example, the majority of parents reported knowing the parents of their child's friends, having strict rules about play-dates, checking the specifics and level of supervision at planned activities, checking-in with their child afterwards, and limiting the amount of time that their child was home unsupervised, looked after by babysitters, or put to bed by adults other than the child's parents.

It is possible that the high degree of protective behaviours enacted by this sample is reflected in the low rate of reported sexual abuse of the focal children (<3%). There is evidence to suggest that poverty, overcrowding, young maternal age, parental unemployment, low levels of parental education and living in a violent community are risk factors of CSA (see Assink et al., 2019 for a review). Given the present sample's high income, education and age, it is possible that the focal children experienced less exposure to these risk factors and this may have been via their parents' use of more protective measures, such as greater monitoring and supervision, more effective checking-in with the child and less delegation of care.

However, when the data were considered closely, some areas of concern emerge. For example, one risk factor for CSA is leaving children at home unattended or a lack of oversight of the child's whereabouts (Finkelhor et al., 1997; Testa et al., 2011). Most parents endorsed *never or almost never*; however, considering the young age of the focal children (6–11 years), it is surprising that one in five parents left their child at home without an adult present *sometimes* and one in 10 did not know where their child was *sometimes* or *about half the time*. Similarly, as sexual abuse often occurs when non-biological parents perform intimate care routines, such as bedtime (Leclerc & Felson, 2016; Wortley & Smallbone, 2006), it is concerning to note that one in 14 children are put to bed by people other than his/her parents *always/almost always, often* or *about half the time*. Furthermore, the nature of sexual abuse requires perpetrators to have periods of time alone with a child, and the presence of 'a capable guardian' can prevent sexual victimisation (Leclerc & Wortley, 2013). There is reason for concern that approximately one in seven parents reported monitoring their child's time with other adults '*never or almost never, sometimes*' or only '*about half the time*'. Also, babysitters (especially adolescent males) have been shown to make up a substantial proportion of adolescent child sexual offenders (Leclerc & Felson, 2016; McKillop et al., 2015), and approximately one in 30 parents in this sample reported using babysitters '*always/almost always, often*' or '*about half the time*'.

Good parent-child relationships and communication are protective factors against CSA (Ramirez et al., 2011; Testa et al., 2011). However, in the current sample, some parents endorsed 'never or almost never,' 'sometimes' or 'about half the time' for important checking-in behaviours such as having regular quiet talks with their children, and discussing things such as their child's feelings and friends. Similarly, some parents reported that their child rarely spoke to them about their problems. These findings suggest that for some children, the communication they have with their parents and the degree of comfort they feel in expressing themselves to their parents, may be sub-optimal, which, when risk factors are considered, may place them at increased risk of CSA.

### *Parental Mediation of Media*

Children and adolescents spend significant amounts of time using personal devices and interacting on social networking platforms. Although there are many benefits of living in a connected world, dangers exist such as the risks of sexual solicitation and exploitation, and exposure to harmful content (Barr, 2016; Greene-Colozzi et al., 2020; Helweg-Larsen et al., 2011; Noll et al., 2013; Sanderson & Weathers, 2020). As research indicates that parental monitoring mitigates unsafe online activities and risky sexual behaviours (Marcum et al., 2010; Wolak et al., 2008), the present results are concerning. The current study found that more than six in 10 children (aged 6–11 years) used online devices to some extent in an area where they could not be supervised (e.g. bedrooms), consistent with previous research indicating the median age at which children were given a computer for their bedroom was 9 years (Dinleyici et al., 2016). Adding to the concern of unsupervised access to devices, six in 10 parents reported not using filtering software on their devices, which can limit their children's intentional access, or accidental exposure, to adult content. This is consistent with research from Slovakia in which only a third of parents of children aged three to eight used blocking software (Izrael et al., 2020), but falls substantially short of research from the United States in which 75% of youth (aged 10–17) reported some form of preventive software on the home computer (Ybarra et al., 2009). It may be the case the parents use more filtering software with older children or that youth were under the impression that they were being monitored by software, when in fact this was not the case.

Four in 10 children in the current sample were interacting with people whose identity was not known to their parents (i.e. their parents did not know their child's online contacts by name), and one in four children never had their devices checked and one in five had it checked only *sometimes*. These data suggest that large numbers of children may be at risk of engaging in unsafe online and offline behaviour as preteens or as they enter adolescence. As



children's access to internet-enabled mobile devices is a relatively new phenomenon, it is possible that parents are not as aware of the dangers inherent in unsupervised use, and need prompting to put safe-guarding practices in place to protect their children from risky online behaviours, sexual solicitation and exploitation by (known and unknown) adults, and potentially dangerous offline meetings (with both minors or adults). To address this, CSA prevention efforts must work harder to increase parental awareness around this issue and assist parents with the strategies to navigate this difficult and dynamic area of parenting.

### *Parental Attitudes to CSA Prevention Education*

In recent years the CSA prevention field has acknowledged the problems with placing the onus of protection on to children themselves and have been concerned to avoid this connotation through re-conceptualising educational processes and working harder to include protectors in prevention. In view of this, it is concerning that almost two-thirds of parents thought that children taught prevention concepts will be able to prevent their own abuse. No research currently exists demonstrating that child-targeted CSA education is effective at helping children to avoid abuse, indeed research with victims, survivors, and offenders suggests self-protection in the context of CSA is extremely difficult and complex (Asdigian & Finkelhor, 1995; Hassan et al., 2015; Leclerc et al., 2011). In view of this it is possible that parents have a false sense of security, assuming their (educated) child is safer than they actually are.

Consistent with previous research (Elrod & Rubin, 1993; Walsh et al., 2012; Wurtele et al., 2008; Zhang et al., 2020), parents were overwhelmingly supportive of CSA education with over 90% endorsing that children should be taught how to identify, avoid and disclose sexual abuse. Also, almost all endorsed that parents should be the educators. Consistent with findings by Rudolph & Zimmer-Gembeck (2018b) however, considering responses across items highlighted some inconsistencies in parental attitudes and behaviours. Although almost 100% of parents thought they should educate their children, only 55% actually did. It is important to understand why this discrepancy is occurring. A possible explanation is that around two-thirds of parents thought there were negative consequences with telling children about CSA (although over 90% thought it should be done) and half of parents thought that there were negative consequences with telling children that family members could be perpetrators of CSA (although 74% thought that children should be taught this). Parents may also have doubts about the effectiveness of CSA education, with a third of parents believing that children are not able to identify sexual abuse. Clearly, parents are conflicted about what they think they should do and what they actually do. Research shows that the parental concerns about harms

and effectiveness reported here, and by Rudolph & Zimmer-Gembeck (2018b), are not totally unfounded (Finkelhor & Dziuba-Leatherman, 1995; Finkelhor et al., 2014; Pelcovitz et al., 1992; Topping & Barron, 2009). More rigorous research into the effectiveness and safety of child CSA education would help to alleviate parental concerns. Or, perhaps, as parental behaviours on this issue have not changed substantially despite decades of campaigning, it may be prudent to consider other ways in which to harness the protective potential of parents.

### *Limitations and Future Research*

This paper reports some unique findings which can move the CSA prevention field forward and improve CSA initiatives; however, some limitations of the research can be identified. CSA research with parents has mostly neglected fathers (Alzoubi et al., 2018; Walsh et al., 2012) and this study is no exception. Women usually sign up for research in greater numbers than men, and in this study 87% of the participants were mothers. Future research should prioritise recruiting fathers such as was done by Campbell (2019). Participants in the current study were not asked about their gender identification or sexual orientation, however future research into parental involvement in CSA prevention would benefit from attempting to understand the unique contributions and challenges faced by parents in the LGBTIQ+ community.

The sample was also unrepresentative in other ways, which may have been the result of advertising through universities and parenting magazines, such as the levels of university education (particularly postgraduate) and incomes exceeding the means in both Australian and the UK. Furthermore, the percentage of First Nation People participating in the study (1%) was lower than in the Australian population overall (3.3%; Australian Bureau of Statistics, 2020), but only slightly lower than the population of First Nation People in the city where the research was conducted and the recruiting university is based (1.7%).

Asking parents about their parenting practices is inevitably susceptible to socially desirable reporting and recall errors and supplementing parent report with child reports would help alleviate this problem in future research. Furthermore, the term 'sexual abuse' was not defined in the item reported on here and previous research has indicated that sexual abuse may be synonymous with abduction and/or body integrity for some parents (Finkelhor, 1984; Walsh et al., 2012).

Finally, as the present research did not address sample differences that could affect CSA discussions and protective parental behaviours, future research could examine whether parent characteristics and experiences (including CSA) could explain parent-child discourse about CSA and protective parenting techniques.

## Conclusions

The findings reported here are the result of a survey of 248 Australian (81%) and UK (19%) parents of children aged 6–11 years, in which participants reported on their: discussion of sensitive topics including CSA; use of practices which may be protective against CSA; mediation of media; and views on CSA prevention education. Overall parents reported using high levels of parenting practices that, when CSA risk factors are considered, may create safer environments for their children. However, a minority of parents also reported behaviours that may put their children at greater risk of CSA such as leaving their child at home without appropriate adult supervision, not knowing where their child was or who they were with, delegation of bedtime duties, unmonitored contact between children and other adults, and the use of babysitters. In general parents reported low to moderate levels of mediation of their child's use of media and time spent online. The majority of children are able to access the internet in areas where they cannot be observed (e.g. bedrooms) and are not monitored by parental control software, and only a minority of parents checked their child's internet history, conversations, and contacts (with or without their child's consent). Almost all parents indicated that they were keen to provide their children with CSA education; however, only about half of parents indicated that they had spoken to their children about sexual abuse. Some parents were concerned about the harms of telling children about CSA or about family members or known others being perpetrators. Research into parents' use of protective behaviours other than education is lacking and these results will aid in our understanding of which areas of parenting could be strengthened in order to create safer environments for children. This research has particularly highlighted the need for parents to be more protective around their children's access to online devices.

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