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Research article

Assessing parental understanding of sexualized behavior in children and adolescents



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ABSTRACT

The current study assessed parents' ability to identify normal, concerning and harmful sexualized behaviors in children and adolescents, as well as the parents' ability to identify and select an appropriate level of intervention. The influence of a parent's relationship with the victim or the perpetrator on the level of action taken was also examined. A cross-sectional survey incorporating a randomized experimental vignette condition determined that parents ($N = 244$) were not able to consistently identify sexualized behaviors accurately, and they provided lower-than-recommended levels of intervention responses. Parents were best able to identify and respond to behaviors considered normal and age-appropriate, but had greater difficulty with behaviors considered concerning or harmful. Parents were significantly less able to accurately identify and respond to behaviors exhibited by very young children (in the 0–4 year-old age-bracket). In three vignette comparisons, no significant difference in the level of intervention responses was found between parents who viewed the victim as their own child and parents who viewed the perpetrator as their child; while parents who viewed both the victim and perpetrator as being their children (siblings) reported lower intervention response levels. Because a lack of accurate knowledge around risks and indicators of child sexual abuse negatively affects the ability to prevent and detect abuse, the results have implications for a shift from a forensic model of child protection towards a public health model, which emphasizes parent and community education.

1. Introduction

This study, based in Australia, was designed to assess parents' ability to identify normal, concerning and harmful sexualised behaviors in children and adolescents, as well as the ability of parents to identify and select an appropriate level of intervention with reference to a guide to sexual behaviors ([Family Planning Queensland, 2012](#)). This information will be important for the future development of parent-focussed child sexual abuse prevention work.

1.1. The extent of child sexual abuse and current prevention efforts

[Stoltenborgh, van Uzeboom, Euser, and Bakermans-Kraneburg \(2011\)](#) conducted a meta-analysis of child sexual abuse (CSA) prevalence data from 217 publications including 331 independent samples with a total of 9,911,748 participants. The results

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confirmed the extent of the global problem, with overall CSA prevalence estimated at 127/1000 in self-report studies. Self-reported CSA was more common among females (180/1000) than among male participants (76/1000). Internationally, the highest rate identified for the abuse of girls was in Australia (215/1000) and for boys, in Africa (193/1000). These figures correspond with other recent epidemiological studies of global CSA prevalence (Baccino & Martrille, 2016; Losada, 2012).

School-based programs are the most widely used strategy for the prevention of CSA (Walsh, Zwi, Woolfenden, & Shlonsky, 2015). In their Cochrane review, Walsh et al. (2015) found evidence of improvements in protective behaviors and knowledge among children exposed to school-based programs. They also found that children's knowledge did not deteriorate over time, that program participation did not generate increased child anxiety, and that the odds of disclosure may increase as a result of program participation. They noted that whether there are long-term program benefits in terms of reducing the incidence or prevalence of CSA is not yet known.

The traditional approach to the prevention of child abuse can be described as a forensic model. While it directs efforts toward gaining evidence of abuse and supporting those at risk to identify and report incidents of CSA, it tends to rely on equipping children to help themselves. An alternative and broader public health approach provides a more comprehensive effort focused on preventing abuse and reducing the risk of reoffending. Hawkins (2013) has argued that community and parenting prevention programs are needed to supplement school-based programs that leave the onus on the child to prevent and report abuse. The need to shift from a forensic model to a public health model has been illustrated by Bolen (2003) who stated that children cannot be given adequate skills to protect themselves due to the pervasiveness of abuse, the multiplicity of offenders and the variety of approaches used by abusers. Tabachnick, McCartan, and Panaro (2016) argued that a move from a reactive victim/offender paradigm towards what they called a more proactive and comprehensive public health prevention model would be a fundamental change.

The public health model focusses on achieving change by aiming prevention efforts at three levels: primary, secondary, and tertiary (Volet, Courvoisier, & Aebi, 2011). Primary prevention strategies target whole populations through activities which can be aimed at preventing children from being victimised and also preventing people from committing abuse. While school-based programs have traditionally been the preferred method of delivering primary prevention education through a focus on educating and raising-awareness in children (de Vries Robbe, Mann, Maruna, & Thornton, 2014); as the first educators of children, parents are in a unique position to foster primary prevention of CSA. A particular advantage of targeting parents is that they often have the ability to limit the access of potential perpetrators to their children. They are also the primary caregivers and responsible for protection. Children are most likely to turn to (non-offending) parents when distressed or experiencing possible abuse.

The US Centers for Disease Control and Prevention (2004) defines secondary prevention as a response which addresses the immediate consequences and aims to prevent additional harm. Secondary prevention strategies aim to reduce the risk of sexual abuse among specific groups considered to be at greater risk of committing abuse, being victimised, or within specific settings where the risk of CSA may be high (Van Horn et al., 2015). While limited research appears to have directly focused on secondary prevention efforts towards children, several authors have proposed that primary prevention school-based programs may reap secondary prevention benefits (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995; Hazzard, Webb, Kleemeier, Angert, & Pohl, 1991). As with primary prevention efforts, if equipped with the necessary knowledge and skills to respond effectively, parents are well positioned to engage in secondary prevention. Education of parents may help them to aid secondary prevention efforts by identifying child victims, responding to disclosures and offering support and remediation to children who are engaging in sexually abusive or reactive behaviors, thus preventing further harm.

Parents and teachers do not automatically develop the ability to identify abuse as a result of their close relationship and regular interaction with children. One recent study revealed that over half of teachers in Spain had never received any type of training in CSA education and that the majority were not familiar with methods of identifying CSA (Márquez-Flores, Márquez-Hernández, & Granados-Gámez, 2016). Clearly, education efforts aimed at both parents and teachers are necessary for successful secondary prevention to take place.

Tertiary level initiatives are targeted at abusers, victims, families, and communities where children have been known to have been abused. These efforts are used when sexual abuse has already occurred and target known individuals such as those with convictions for committing a sexual offense. Strategies to reduce reoccurrence include forensic sexual offender treatment programs, incarceration, and strategies aimed at preventing re-victimisation (Friendship, Mann, & Beech, 2003; Van Horn et al., 2015). Sex offender registries have been designed to allow government authorities to keep track of the residence and activities of sex offenders, including those who have completed their criminal sentence. The Australian National Child Offender Register (ANCOR) is a web-based system used in all jurisdictions in Australia that is only accessible by authorised members of the police. In contrast, the United States sex offender registry is accessible by members of the public, and some states have community notification programs whereby local residents are informed when a convicted sex-offender moves into the local area. Horowitz (2015) has argued that the US registries have been ineffective in terms of reducing the prevalence of CSA.

An Australian example of education efforts utilising the public health model comes from Family Planning Queensland. Their work in the area of child safety includes the publication of a "Traffic Lights" guide to sexual behavior, a brochure used as a way to quickly identify, understand and respond to child sexual behaviors and an app for iPad and Android tablets. The brochure is also packaged with a DVD training program that provides a guide for professionals to identify, understand and respond to sexual behaviors in school settings. This resource uses the Traffic Lights framework (Child at Risk Assessment Unit, 2000) to identify sexual behaviors as Green, Orange, or Red, distinguishing between healthy behaviors, behaviors that may cause concern and behaviors that may cause harm.

Whilst literature and training programs such as the Traffic Lights guide provide guidelines for identifying and responding to sexual behaviors in children, O'Brien (2008) warned that fixed definitions and definitive lists carry the risk of pathologizing childhood sexuality by determining guidelines that are overly stringent in regards to which behaviors are appropriate for which age-

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