

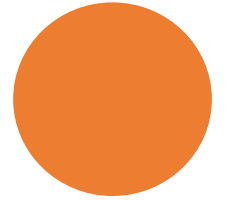
# Preventing Childhood Sexual Abuse: Enlisting Parents in Education

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FLORIDA INTERNATIONAL UNIVERSITY

- Completed my doctoral degree in clinical psychology in 1994
- Licensed as a psychologist
- Professor, Counseling, Florida International University
- Teach graduate courses in counseling, adult psychopathology, ethical issues
- Research focus on child maltreatment
  - Prevention of childhood sexual abuse



# No conflicts of interest



# Child Sexual Abuse (CSA)

- Sexual contact between a child (<18 yrs) and a person who is at least 5 years older
- Generally involves coercion by the dominant, older individual
- Contact and non-contact forms





**1 IN  
10**

CHILDREN WILL BE  
SEXUALLY ABUSED  
BY AGE 18

**42M**

THERE ARE 42  
MILLION  
SURVIVORS OF  
CHILD SEXUAL  
ABUSE IN THE US

**90%**

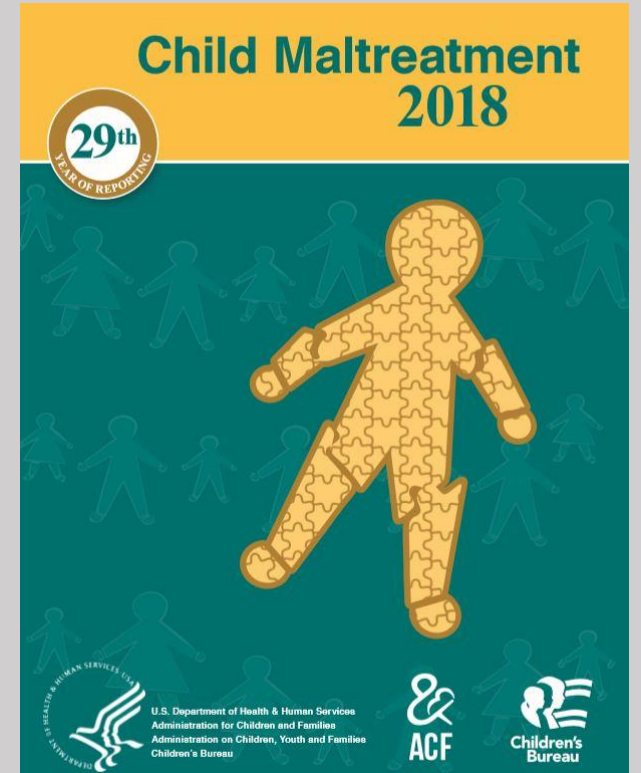
90% OF ABUSED  
CHILDREN KNOW  
THEIR ABUSER

**DARKNESS TO LIGHT®**

TWO DECADES OF PREVENTING CHILD SEXUAL ABUSE

47,460

**VICTIMS**



# Who are the victims?

- Highest risk appears to be those **aged 7 to 13** years (MacLennan, 1993; U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2020).
- Approximately 30% of victims report sexual abuse experiences occurring **before age 9** (Darkness to Light, 2001-2005; Vogeltanz, et al., 1999; Wyatt et al., 1999)
- The majority of victims are **female**.

# Sexual offenders are...

- Ordinary people
- Outstanding citizens
- Dirty old men
- Poor
- Not religious
- Homosexual
- Mentally ill
- Unemployed
- Teenagers
- Men only
- Unshaven, unkempt
- Well educated
- Married with children and have an active sex life
- Generally known to children
- Charming
- Easily identifiable
- Strangers who steal children away



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## Who is vulnerable?

- Children who....
  - Are not taught about body safety
  - Are not getting enough love and attention
  - Keep secrets
  - Don't know genital names
  - Don't feel good about themselves
  - Are expected to obey authority without exceptions
  - Are lonely, isolated, no one to confide in



# Children whose parents...

- Are uninformed about CSA and don't talk about body safety
- Aren't involved with their children and are absent physically or emotionally
- Deny CSA happens
- Don't take time to listen to children or don't believe them
- Do not carefully supervise them
- Run authoritarian homes
- Don't allow children privacy when dressing or bathing



## The problem of childhood sexual abuse

- Secret
- Many children don't understand what is happening
- Threats of harm by abuser



## Disclosure of sexual abuse

- Only 4% told someone about the abuse immediately
- 13% had told someone a year after the abuse started.
- More than half (54%) took more than 10 years to tell
- Nearly a third (31%) took over 20 years.
- The average time was 16.3 years.

*(N=119 women who sought help for childhood sexual abuse) Read, McGregor, Coggan & Thomas (2006) Mental Health Services and Sexual Abuse: The Need for Staff Training, Journal of Trauma & Dissociation, 7:1, 33-50,*

# Long Term Consequences of Sexual Abuse

- Behavioral and emotional difficulties.
- The following is a list of the most commonly observed difficulties reported by abused children and adults who suffered childhood abuse:

- Depression
- Anxiety
- Low self-esteem
- Substance abuse
- Eating disorders
- Intimate partner violence



- But many children show incredible *resilience* and display few if any symptoms (approx. 30%)





## School Based Prevention Programs

- School Based
  - Little to no parent involvement
  - Range of sessions/contact hours
  - Types of presentation (video, lecture, theatre)

# Public Service Messages





Although prevention efforts targeting adults in the community and school-aged children have been somewhat successful, there is a clear gap in the current prevention efforts: **Parents**.



Parents are encouraged to educate their children about the specific risks of sexual abuse:

- someone may try to touch the child's genitals
- the identity of possible perpetrators (e.g., family members and known adults)
- Proper names for genitals
- what to do if the child feels at risk of abuse

*(American Academy of Pediatrics, 2015; Darkness to Light, n.d.)*



CSA prevention experts agree that parents should be involved in education.

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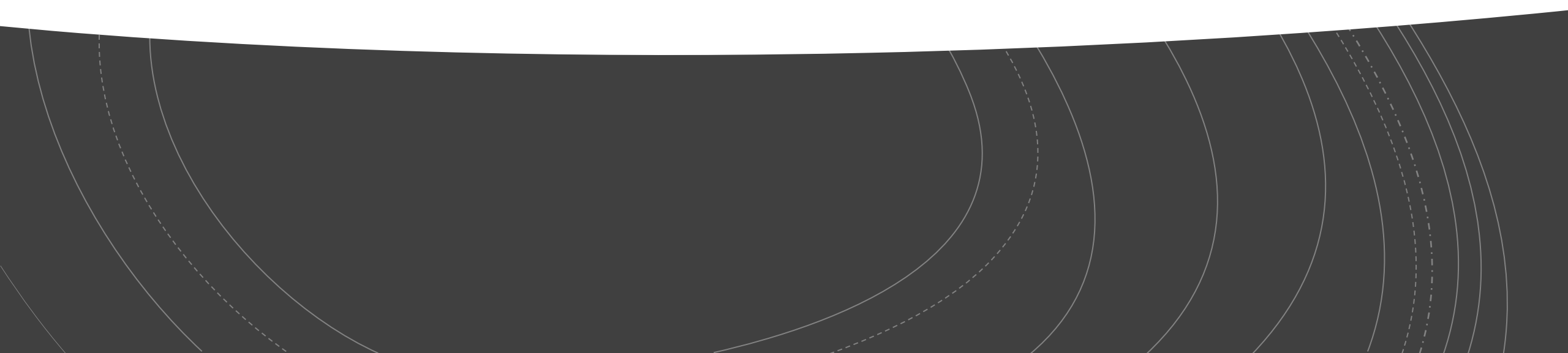


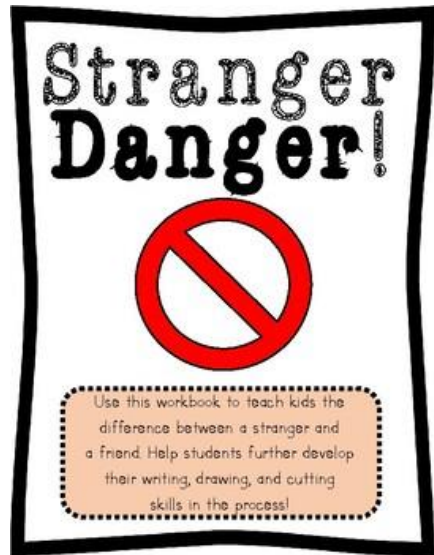
- Many studies have confirmed parents' difficulty in discussing CSA.

*(Deblinger et al., 2010; Rudolph, Zimmer-Gembeck, Shanley, Walsh et al., 2018; Walsh et al., 2012).*

- Most children have not had any education about abuse.  
*(Mendelson & Letourneau, 2015; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2017; Wurtele, 2010)*

Finkelhor (1984) reported that parents were more comfortable talking about a range of other sensitive topics (death, kidnapping, pregnancy and birth, drugs, mental illness, homosexuality, sexual intercourse, suicide, and abortion) than they were about discussing sexual abuse.





- Many parents continue to warn their children about strangers.
- While, most perpetrators are known to child and family.

# Stranger Danger

# Stranger Danger

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- Perhaps because most parents report feeling comfortable discussing the danger of “strangers” with their children.
- Abduction has historically been the main concern of parents and the one they are most willing to talk about (Briggs, 1988; Finkelhor, 1984; Wurtele et al., 1992).



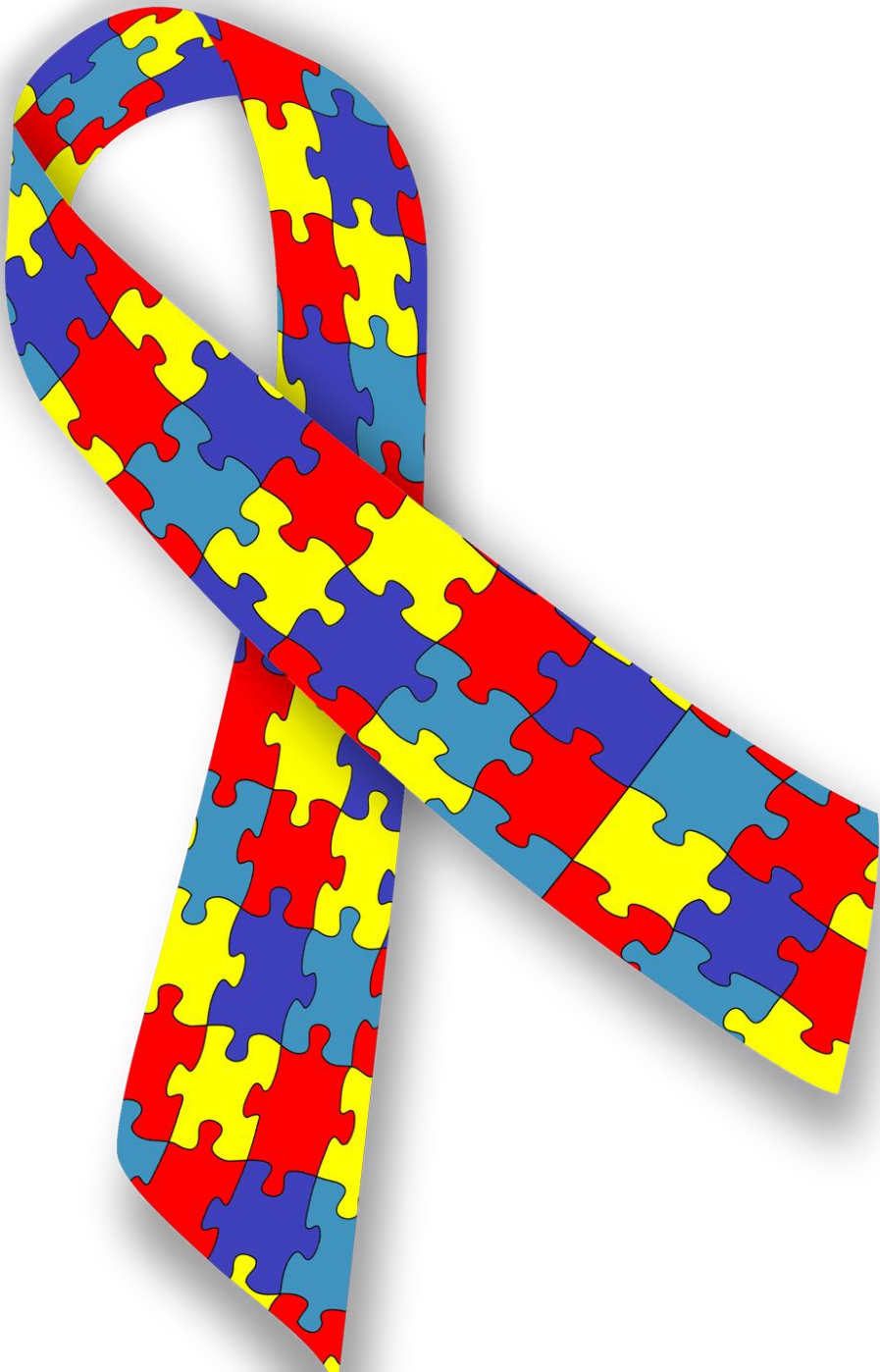
Child sexual abuse (CSA) prevention researchers have proposed several reasons for parents' reluctance to discuss CSA protection.

- An inability or unwillingness to address topics of a sensitive nature, especially regarding sexuality (*Davis et al., 2013; Reppucci, Jones, & Cook, 1994*)
- Insufficient knowledge (*Tutty, 1993; Walsh, Brandon, & Chirio, 2012; Wurtele, 2008*)
- Lack of confidence or low self-efficacy (*Burgess & Wurtele, 1998; Walsh et al., 2012; Wurtele, 2008*)
- Belief that children are at low risk (*Collins, 1996; Elrod & Rubin, 1993; Reppucci, Jones, & Cook, 1994; Tutty, 1993*).

# What do parents tell their children...

- The proportions of parents who report that they warn their children (aged 3–12 years) about the possibility of someone touching the child's genitals has ranged from 23% to 64%
- Those that tell their children that their private parts should not be seen or touched by others has ranged from 41% to 66% (*for a review, see Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2017*).
- Parents in past studies have reported that children should not be directly taught that sexual abuse could happen to them or that known adults (particularly family members) could be perpetrators of abuse (*Elrod & Rubin, 1993; Wurtele, Kvaternick, & Franklin, 1992*).





# Parents of Children with Autism Spectrum Disorder

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- Children with disabilities at increased risk for CSA
  - Communication difficulties
  - Accustomed to relying on others for support
  - Poor understanding of boundaries
- 107 parents of children with ASD (3-18 years)
- Parents are concerned about the sexual victimization of their children with ASD.
- Some had spoken to their children about some aspects of sexuality education
- Most feel ill-equipped to handle such discussions.

Kenny, M., Crocco, C. & Long, H. (accepted 2020). Parents intentions to communicate about sexuality and child sexual abuse with their children with Autism Spectrum Disorder. *Sexuality and Disability*.



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# What Parents Can Do

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- In early childhood, parents can **teach their children the name of the genitals**, just as they teach their child names of other body parts. This teaches that the genitals, while private, are not so private that you can't talk about them.
- Parents can teach young children **about the privacy of body parts**, and that no one has the right to touch their bodies if they don't want that to happen. Children should also learn to respect the right to privacy of other people.
- Teach children early and often that there **are no secrets between children and their parents**, and that they should feel comfortable talking with their parent about anything -- good or bad, fun or sad, easy or difficult.
- Be **aware of adults who offer children special gifts** or toys, or adults who want to take your child on a "special outing" or to special events.
- Enroll your child in daycare and other programs that have a parent "open door" policy. Monitor and participate in activities whenever possible.
- As children age, create an environment at home in which **sexual topics can be discussed comfortably**. Use news items and publicized reports of child sexual abuse to start discussions of safety, and reiterate that children should always tell a parent about anyone who is taking advantage of them sexually.

American Academy of Pediatrics, 2011

<https://www.aap.org/en-us/about-the-aap/aap-press-room/news-features-and-safety-tips/Pages/Parent-Tips-for-Preventing-and-Identifying-Child-Sexual-Abuse.aspx>

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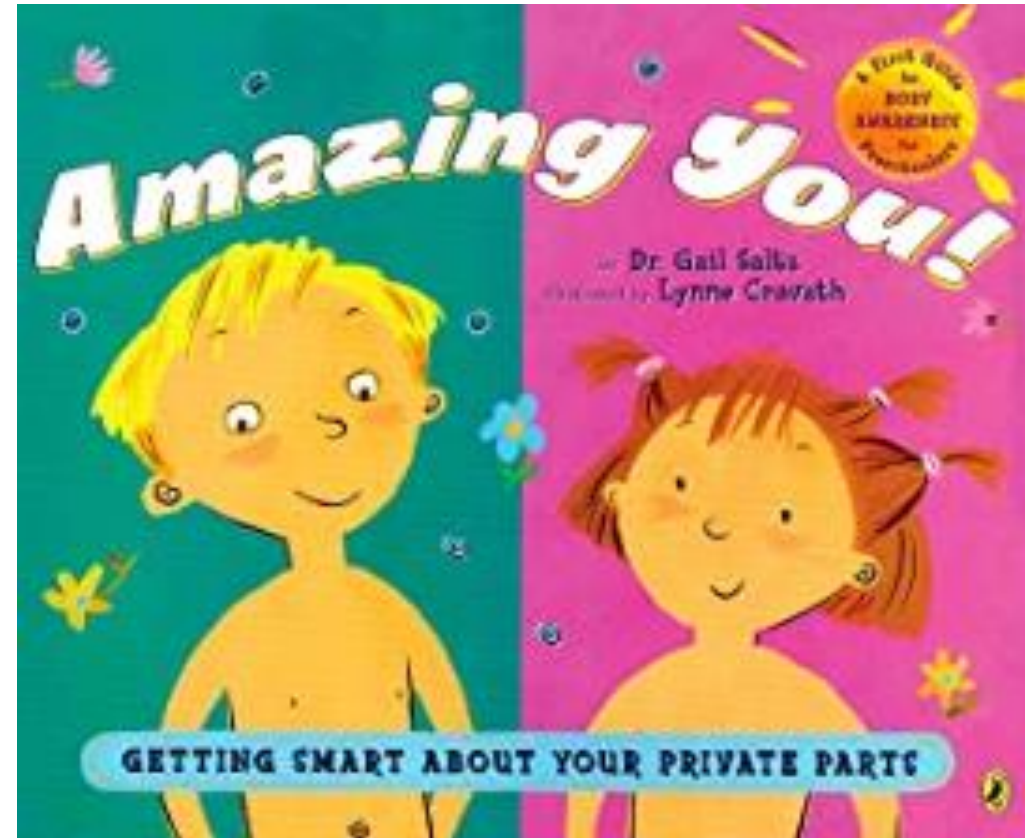


## Teaching Genital Names

# Research on Genital Names

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- Gordon (1990)
  - 30% knew penis
  - 27% knew breast
  - 10% knew vulva/vagina
- Wurtele et al. (1992)
  - Almost all 4 and 5 yr olds knew non-genital body parts
  - 6% knew penis
  - 8% knew breast
  - 3% knew vagina/vulva
- Wurtele (1993)
  - 10% of preschoolers knew penis
  - 6% knew breasts
  - 7% knew vagina/vulva



Kenny &  
Wurtele, 2008  
(N=128 preschoolers)

<b>Body Part</b>	<b>Correct/Private Part</b>	<b>Body Part</b>	<b>Correct/Private Part</b>
	<hr/>		<hr/>
Non-genital Names	%	Non- genital Names	%
	<hr/>		<hr/>
<b>Eyes</b>		<b>Head</b>	
Both languages	88.3	Both languages	89.8
English	87.5	English	92.5
Spanish	89.6	Spanish	85.4
<b>Feet</b>			
Both languages	89.8		
English	90.0		
Spanish	89.6		

Kenny &  
Wurtele, 2008  
(N=128 preschoolers)

<b>Body Part</b>	<b>Correct/Private Part</b>	<b>Body Part</b>	<b>Correct/Private Part</b>
	<b>%</b>		<b>%</b>
<b>Breasts</b>		<b>Penis</b>	
Both languages	6.3	Both languages	10.2
English	10.0	English	16.3
Spanish	0	Spanish	0
<b>Vulva</b>		<b>Buttocks</b>	
Both languages	7.0	Both languages	20.3
English	11.3	English	22.5
Spanish	0	Spanish	16.7



*Slang Terms Offered  
for Genitalia  
(Kenny & Wurtele,  
2008)*

Breasts	Vagina	Penis	Buttocks
Boobies	Colita	Pee	Booty
Teta	Cuquita	Peepee	Bottom
Tetas	Peepee	Pipi	Bumbum
Teticas	Pichas		Butt
Titties	Pipi		Butts
	Pollita		Cola
			Culo
			Pompas
			Tush

# Mi Cuerpo es MIO



Un libro para enseñar  
a los niños pequeños cómo  
resistir el contacto incómodo

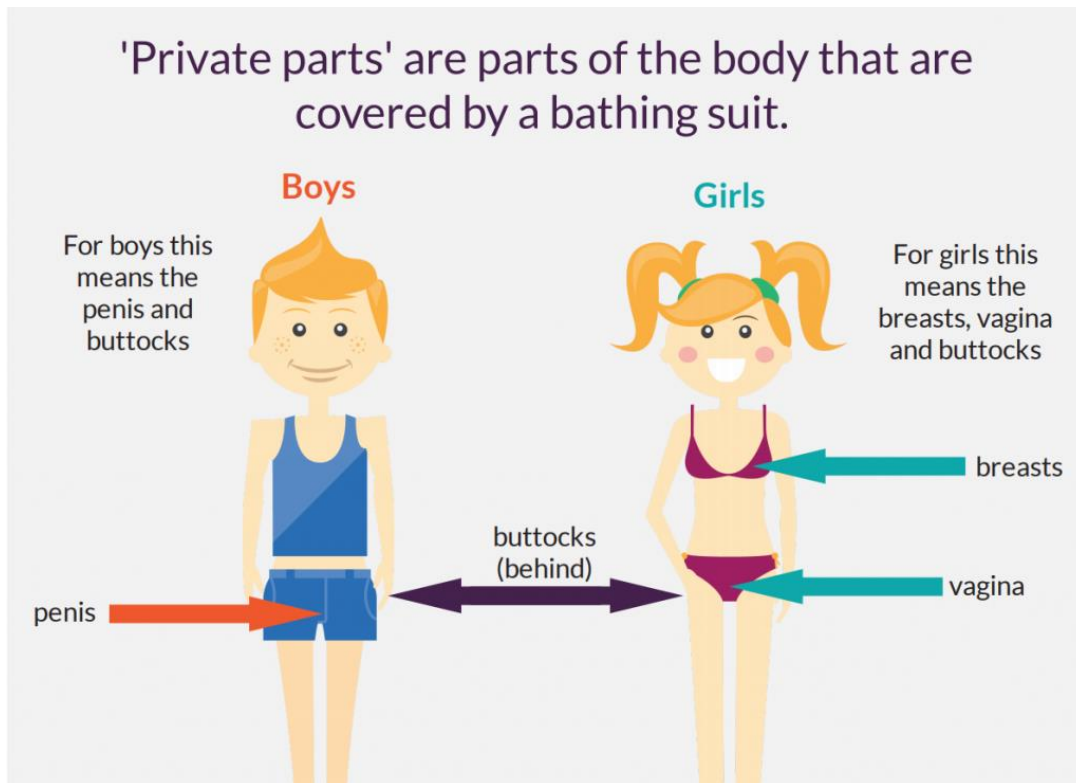
por Lory Freeman  
ilustraciones por Carol Deach

## Cultural Influences: Latinx

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- Sexually abused Latinos reported poor communication in home regarding sexual issues.
- Cultural taboo against sexual discussions
  - *(Kenny & McEachern, 2007)*
- Raised to avoid “talking dirty”
- Not taught the correct terms
- No discussion of sex related material
  - *(Fontes, 2005, 2007)*

# Need to Teach Genital Name Terminology



- Successful disclosure of CSA depends on this
- Children who lack this knowledge may be at risk for abuse
- Helps children develop healthy, positive body image
- Provides foundation for later sexual education

- In early childhood, parents can teach their children the name of the genitals, just as they teach their child names of other body parts. This teaches that the genitals, while private, are not so private that you can't talk about them.
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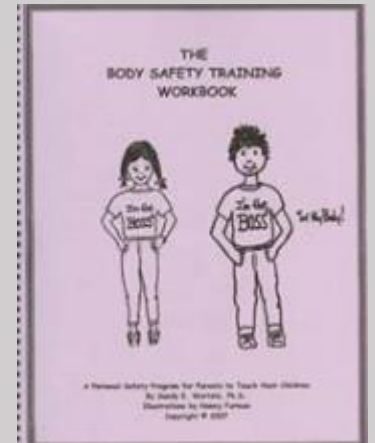
Children often keep abuse a secret, but talking openly about our bodies, sex, and boundaries can encourage children to share.

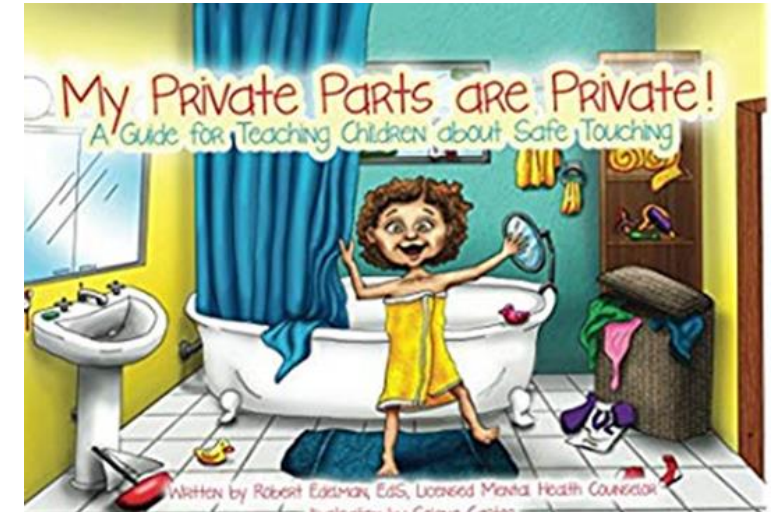
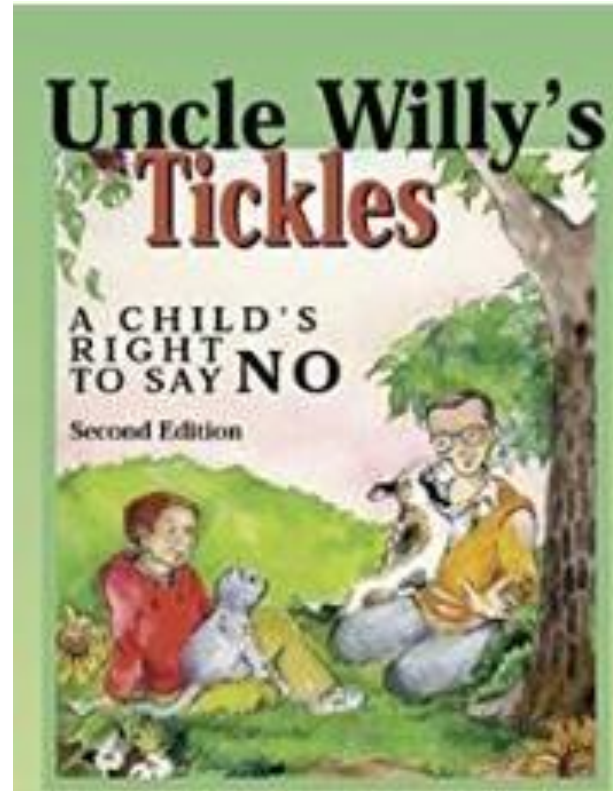


# Teaching Personal Safety

# Body Safety Training Lessons

1. Name, address, telephone, “Boss of Body”
  2. Poison, Fire, Firearms (Guns) Safety
  3. Alone at Home, Water Safety, Lost in a Store Rules
  4. Car & Traffic Safety
  5. Talking to Strangers and Accepting Gifts and Rides, Safe and Unsafe Place
  6. Boss of Body & Rules About My Body, Private Parts– Names and Rules
  7. Review, Safety Rule, Inappropriate & Appropriate Touching
    1. It is not okay for a bigger person to touch or see my private body parts unless to keep me healthy or clean.
  8. No, Go, Tell Rule
  9. Review and Keep on Telling, Never Child’s Fault
  10. Practice, Review & No Secrets
- (Wurtele, 1986; 2007)





Parents desire books to help

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Grooming

# Understanding Grooming

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- Most of the time the victim and the victim's family are groomed, and lines are crossed over a span of time. Usually, there is not an assault, which is defined as a physical attack, but instead a subtle grooming process over time to disarm the victim and their family.



# Grooming

Child sexual predators are manipulative and use **grooming**- a process where they give children attention and gifts to build their trust and affection and increase their contacts. They emotionally manipulate children, their parents, and sometimes whole communities.

## 3 Phases of Grooming

- 1. Gaining Access- abusers target a particular child and set up opportunities to be alone with the child. This can be done in several ways. Usually, the abuser poses as a kind, helpful, and trustworthy individual, almost seeming “too good to be true.” They also establish a positive community image by becoming a teacher or a soccer coach and they go to great lengths to establish trust between themselves and the child’s parents.
  2. Building a Friendship- The abuser gains the child’s trust and compliance. The abuser builds an exclusive relationship with the child’s emotionally unmet needs. If the child is not getting enough love and attention, the abuser is there to provide it. Also, they make the child feel indebted to them after they shower the child with gifts and attention. Any adult who moves down to a child’s level to become their buddy demonstrating an abnormal behavior for an adult. Keeping the lines of communication open with you child and teaching your child that there are no secrets within the family are great ways to investigate possible abuse.
  3. Sexualizing the Relationship- the perpetrator sexualizes the relationship and convinces the child to keep their sexual activity a secret. Parents and caregivers should pay extra attention increased physical contact (tickling, hugging, massages, etc).

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# Barriers To Discussing Sexuality

- Lack materials/aids for discussion
- Not sure what to say, not comfortable
- Lack effective role models in family of origin
- Demographic influences
- Own history of victimization





# Parental Protectiveness

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- Strategies to keep their children safe from CSA.
  - Nurturing a close relationship with their children in order to allow comfort for disclosure
  - Build children's confidence
  - Supervision (watching their children ---some parents describing at length the situations in which they supervise and monitor)
  - Taking an interest in their child's life, routine questioning about their child's day, activities, concerns and feelings
  - Limiting overnight stays
- *(Collins, 1996)*



## Australian Parents

- Parents described the significance of open communication in building loving and supportive relationships & establishing trust
- Promoting monitoring of situations and problems, allowing the detection of negative incidents, aiding in the identification of solutions, and boundary-setting.
- Evaluating and monitoring social situations (such as sporting groups, playdates/sleepovers)
- Gauging the comfort levels of children while in social settings and being wary of adults (especially males) who children seem to avoid or who are overly affectionate (*Babatsikos & Miles, 2015*).



# TALKING WITH YOUR KIDS ABOUT SEXUAL ABUSE



## Starting the Conversation

### USE EVERYDAY MOMENTS

Choose a time when you and your child are relaxed and comfortable. To be effective, these conversations should be frequent, especially with younger kids. And remember, this is first and foremost a safety conversation.



**Bath and bedtime:** A great time to discuss body parts with young children. Experts recommend teaching the correct names for private parts (penis, vagina, anus, nipples, bottom) like you do with knees, elbows, and toes.



**Reading time:** Consider [reading books](#) about safety for private body parts, or pick up themes from a regular story ("The coach gave Andy a pat on the back.") Ask open-ended questions: "What kind of safe touch happened?" and use your child's comments for further discussion.



**Leaving the house:** Go over safety rules, especially when they're leaving without you. Your rules can include general safety ("Wear your seatbelt.") and private body parts ("It's never okay to touch someone else's private body parts.")



**Over a treat:** Over hot chocolate or another treat, bring up the topic of safety rules. Whether it's unsafe play (never play with fire), household safety (never play with guns), or private body parts, the topic can be broached as part of a general safety conversation.

### HOW TO BEGIN

It's normal to feel uncomfortable and nervous at the idea of talking to kids about safety for private body parts. But you should emphasize that these things are important. It may help to frame it as a safety talk:

*"It's time we went over rules about safety."*

*"I want to have a talk about safety today."*

Try starting with general safety rules for their bodies: wearing a bike helmet to protect their head, waiting for hot chocolate to cool to avoid burning their tongue. Then move to the rules for private parts.

*"We have safety rules for all parts of the body, and that includes your private parts."*

If you get flustered or interrupted, keep trying. These should be ongoing conversations, and the more you bring it up, the more natural it will feel each time.

*"I know you don't want to talk about it, but this is important. Let's talk for one minute."*

*"It's weird for me too, but it's important that we have this talk."*

### REPEAT AND REVIEW

Kids need frequent reminders and practice of all family safety rules. Make sure your children learn the rules and skills to stay safe by reviewing them often during normal family activities.

## FOR TWEENS AND TEENS SIDE-BY-SIDE MOMENTS

With older kids, there's more to talk about (see page 3) and often less time.



### Strike up conversations

when riding in a car, preparing a meal, or after watching a movie that shows a romantic or sexual relationship.

With a movie providing the context, you can discuss the characters and the decisions they made, making the topic more approachable. You can also use relevant news stories as jumping-off points for conversations.



## Teachable Moments

- Find relevant and appropriate times to talk to their children
- Use movies/television/events to bring up a discussion

# Questions?



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