

**Preventing Child Sexual Abuse by Encouraging Parents to Teach Children the Correct**

**Terms for Private Body Parts**

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## **Dedication**

I dedicate this project to my family for supporting me through my academic, professional and personal endeavors.

## **Acknowledgment**

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# **Preventing Child Sexual Abuse by Encouraging Parents to Teach Children the Correct Terms for Private Body Parts**

## **Introduction**

Child sexual abuse (CSA) is a serious public health problem. In the United States, CSA affects approximately 10-17% of girls and 4-5% of boys (Finkelhor et al., 2014; Stoltenborgh et al., 2011). Prevention of CSA before it occurs is important, but relatively little effort has been made in this area (Letourneau et al., 2014). Children need to receive CSA prevention education as early as possible (Ashcraft & Murray, 2017; Elrod & Rubin, 1993; Kopp & Miltenberger, 2009). Knowing the correct terminology for genitals is the cornerstone of successful CSA prevention and provides the foundation for subsequent sex education, as well as facilitating disclosure, investigation, and prosecution after CSA occurs (Eisen et al., 2001; Kenny, 2008). However, studies reveal that few preschoolers know the correct terminology for genitals, such as “penis,” “scrotum,” “vulva” and “vagina” (Kenny & Wurtele, 2008). As the greatest influencer of their children’s behavior and decisions about sex (Mendelson & Letourneau, 2015), parents must take the necessary steps to teach the correct vocabulary for genitals. For many parents, the idea of talking about topics related to sexuality brings anxiety, which may cause them to avoid the conversation (Jerman & Constantine, 2010).

This project aims to encourage parents to teach children the correct terms for genitals. “Parent” is used to mean parent, guardian and caregiver. This project creates a package to be distributed to Tennessee communities through child advocacy centers in November 2022. The package includes a series of stories with quotes from experts and information about the importance of teaching children the correct terms for genitals and of parent-child communication about sexuality in general. One of the advocacy centers distributing the stories is Coffee County

Children’s Advocacy Center in Coffee County, Tennessee. The stories in the package are written for Coffee County Children’s Advocacy Center, with each advocacy center in Tennessee having the opportunity to personalize the stories with information about their respective organization. Each advocacy center can localize the stories by including quotes from the center’s director and information about the center, and then send the stories to media in the area served by the center. The package also includes fact sheets and additional information to enhance parents’ self-efficacy and to ease parents’ anxiety of teaching the correct terminology. Each advocacy center can post the stories and additional materials on social media to reinforce the message.

## **Literature Review**

### **CSA, Prevention and Parental Involvement**

#### ***CSA Definition, Prevalence, and Consequences***

Child sexual abuse (CSA) refers to any use of a child for sexual gratification by another person, either adult or another child. This definition includes a wide range of experiences, from noncontact abuse to contact abuse that ranges from genital fondling to violent rape (Olafson, 2011).

In the United States, the prevalence of CSA is high. Even though there is evidence pointing to declines in CSA from 1992 to 2010 (Finkelhor & Jones, 2012), high prevalence of CSA continues to exist. Pereda et al. (2009) found that CSA occurred to approximately 1 in 3 females and 1 in 13 males under the age of 18. Other studies have revealed that CSA affects about 10–17% of girls and 4–5% of boys in the United States (Finkelhor et al., 2014; Stoltenborgh et al., 2011). A survey conducted in the US by the National Violence Against Women with a representative sample of 16,005 men and women revealed that 9% of the women and 2% of the men reported to have been raped before they turned 18 (Tjaden & Thoennes,

2000). In research from U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, for federal fiscal year 2020, approximately 618,000 victims of child abuse and neglect were identified nationally, with 9.4% of them sexually abused. The number of CSA cases is likely to be underestimated as most cases of CSA are not disclosed during childhood or not reported to authorities (Olafson & Lederman, 2006). About 91% of child sexual abuse is perpetrated by someone the victim or the victim's family knows (Finkelhor & Shattuck, 2012).

Consequences of CSA for victims include psychological, behavioral, sexual and medical issues, which often continue into adulthood (Maniglio, 2009). CSA is linked to several mental health diagnoses for adults with CSA experiences (Kendler et al., 2000; Nelson et al., 2002). Individuals who were sexually abused as children use denial, self-blame and self-isolation to deal with these negative experiences (Rosenthal et al., 2005). These psychological effects negatively impact the health of the individuals by causing stress and shame (Rosenthal et al., 2005). Additionally, CSA has an impact on various aspects of social functioning, including relationship satisfaction and parenting. Godbout et al., (2014) found that adults with history of CSA report lower relationship satisfaction. Roberts et al. (2004) examined the relationship of CSA history and parent-child relationship, controlling for other childhood adverse experiences. They found that mothers with a history of CSA had a less positive relationship with their children than mother without a history of CSA. CSA also impacts the sexual well-being of survivors. Victims of CSA are more likely to have risky sexual relationships, engage in prostitution, and become victims of sexual assault (Goodman & Fallot, 1998). The lifetime economic burden of CSA totaled \$9.3 billion in the nation in 2015, and that amount is likely even higher because CSA is underreported (Letourneau et al., 2018).

### ***Child Sexual Abuse in Tennessee and Coffee County***

In Tennessee, child sexual abuse is a significant problem. The Children's Advocacy Centers of Tennessee is an organization battling child abuse through local child advocacy centers, which provide services to children who have experienced abuse. Services include forensic interviews, medical exams, mental health therapy, family advocacy and prevention. Types of maltreatment addressed by Children's Advocacy Centers of Tennessee from July 2020 to June 2021 included child death (149); drug endangerment (1,668); neglect (1,596); physical abuse (2,130); witness to violence (160); sexual abuse (16,392); and other (543). The maltreatment type with the highest numbers is child sexual abuse (Children's Advocacy Centers of Tennessee, 2022). The age of alleged victims for the same period was as follows: 7,095 victims were 0-6 years old; 7,569 victims were 7-12 years old; 5,846 victims were 13-17 years old; and 237 of victims were 18-99 years old (Children's Advocacy Centers of Tennessee, 2022).

In Tennessee, 52 children's advocacy centers serve the 95 counties of the state. Most advocacy centers serve more than one county. Children who are victims of abuse in Coffee County, Tennessee, are served by Coffee County Children's Advocacy Center. In Coffee County, in 2020, of the 347 referrals received for services, 40% of the children were 0-6 years old; 36% were 7-12 years old; and 24% were 13-18 years old. For the same period of time, in Coffee County, there were four investigations involving the death of a child and 244 investigations involving sexual abuse allegations (Coffee County Children's Advocacy Center, 2021).

### ***CSA Prevention***

CSA is a preventable public health problem. Prevention of CSA must be a priority for families and society. Traditionally, CSA has been addressed through clinical intervention and



criminal punishment, including treatment of victims and offenders, increased penalties for offenders, and developing tools to assess recidivism risk. However, these approaches are post-CSA remedies and are “fundamentally reactive, attempting to make the best of a bad situation” (Letourneau et al., 2014, p. 226). More efforts on preventing CSA before it happens need to be made.

The United States started implementing prevention programs in the 1980s (Wurtele & Owens, 1997). Prevention programs aim to educate children, parents, and the community about CSA before it happens (Anderson et al., 2004). These programs can be categorized as primary, secondary, and tertiary (Miller-Perrin & Wurtele, 1988). Primary prevention provides children with safety information and skills. Secondary prevention educates professionals about CSA and how to spot red flags. The tertiary prevention involves therapeutic interventions (Manheim et al., 2019).

Safe Touches is an example of a school-based CSA prevention program implemented in New York public schools since 2007. The program’s curriculum is designed for children kindergarten through third grade and involves a 50-minute interactive workshop, in which puppets are used to role-play scenarios helping children learn and practice safety concepts. The curriculum covered in the workshop includes names of private parts, distinguishing between appropriate and inappropriate touches, teaching children to tell an adult if someone tries to touch them in inappropriate manner, and stressing that children are not to blame. Children receive an age-appropriate activity book about body safety, which they complete with caregivers at home. Pulido et al., (2015) evaluated the program and observed improvement in knowledge of inappropriate touches and no significant change in knowledge of appropriate touch, concluding that young children benefited from a school-based, one-time CSA prevention program. Manheim

et al. (2019) examined CSA prevention programs that follow the best practice in the field of early childhood education, including Safe Touches. Best practice includes information and skills-based learning, repetitions of concepts, lesson reinforcement, and involving parents (Kenny, 2009; Kopp & Miltenberger, 2009; Smothers & Smothers, 2011). Manheim et al. (2019) concluded that the evaluated programs have many benefits, including increased personal safety skills, CSA knowledge, and improved communication. The researchers also provided recommendations for improvement. They recommended providing CSA prevention programs to children as early as possible, presenting clear information, repetition of the safety concepts, and involving parents.

Other studies also stress the importance of starting safety education early, communicating with children often and clearly, and including parents. Information must be presented to young children in a way that is engaging and stimulates their minds (Kenny, 2009; Wurtele & Owens, 1997). Repetition is essential, with most effective programs being those that meet more than once (Kenny, 2009; Kraizer, 1996). For successful prevention, it is essential to communicate with children in a clear way and teach children concepts and words, avoiding vague terms (Smothers & Smothers, 2011; Wurtele & Owens, 1997).

### ***Knowing the Correct Terms***

Teaching children to properly refer to their private parts is considered a fundamental component of the CSA prevention program (Kenny, 2008). Knowledge of the correct terms for private parts has many benefits for children. It gives children the notion that their body belongs to them (Citak Tunk et al., 2018; Wurtele, 2008). First, preschoolers' knowledge of genital names facilitates disclosure of sexual abuse and provides foundation for subsequent sexual education (Kenny & Wurtele, 2008). Additionally, knowing the correct terms aids the

investigation process and the prosecution process after CSA has occurred. Knowing the correct terminology for genitals is crucial to others' response to children's disclosure of abuse. Children who disclose using incorrect terms may be misunderstood and not receive an adequate response to their disclosure because of miscommunication and lack of understanding (Kenny, 2008).

Second, children who know the correct terms are at a lower risk for becoming victims. Elliot et al., (1995) interviewed 91 child sex offenders and revealed that sexual perpetrators were less likely to target children who have knowledge of sexual matters and children who know the correct terms for their genitals than those who do not.

Third, knowing the correct terms for genitals improves the investigation process. In CSA investigations, eyewitnesses are limited, and forensic evidence focuses on the child. Helping children talk about difficult and sensitive topics is very challenging as abuse is usually a complex event that children are often not prepared to describe. Although a variety of factors impact a case, the ability of the legal system to provide justice and protect children often depends significantly on the words of children (Eisen et al., 2001).

Last, knowing the correct terms is also essential for the prosecution process. For successful prosecution, investigative interviews with CSA victims need to identify the nature of the alleged offence by determining the body parts that were involved (Burrows et al., 2017).

### ***Children Lack Knowledge of Genital Terminology***

Even though studies have established the benefits of teaching children the correct terms, many parents and CSA prevention programs do not effectively teach children correct terms for genitals. Often, discrimination training, which teaches children to distinguish between abusive and non-abusive situations, involves use of the term "private parts" or "private zone" to describe touch of genitals. Using terms, such as "private parts" and avoiding correct terms, such as

“penis” and “vagina” increase the difficulty of distinguishing an appropriate touch from an inappropriate touch (Boyle & Lutzker, 2005).

Surveys of preschoolers in the early 1990s found that few children knew proper names for the genitals (Kenny & Wurtele, 2008). Wurtele (1993) completed a study, showing only 10% of preschoolers knew penis, 6% knew breasts and 7% knew vagina. In this study, parents were asked to teach their children correct terms for their genitals, and children taught by their parents improved their knowledge significantly, showing improvements in correct labelling of breasts, vagina, penis and buttocks (Wurtele, 1993). In 2008, Kenny and Wurtele published newer research after studying the knowledge among a group of culturally diverse children. For the study, 128 preschool children were tested for their knowledge of the correct terms for genitals. Almost all children knew the correct terms for their non-genital body parts, but few knew the correct terminology for their genitals (Kenny & Wurtele, 2008). Only 10% of the children in this sample knew the correct terms for penis, breasts and vulva. These findings suggest that little progress has been made in parents’ efforts to teach their young children the correct terms for genitals.

Many young children do not know the correct terminology for their genitals, which leads to difficulties with disclosure and clarification of the abuse that occurred because children are often unable to provide accurate verbal description and labeling of the body parts involved (Boyle & Lutzker, 2005). Burrows et al. (2017) conducted field interviews to explore children’s use of sexual body part terms, aiming to analyze children’s responses to questions that were asked to clarify ambiguous terms. For the study, 161 transcripts of field interviews with children ages 4 to 17 were conducted, coding for the content of children’s responses and of interviewers’ questions. Results showed that many children, including some teenagers, had difficulties

providing clear terms for their private body parts. They struggled to provide clear terms initially. They also struggled to provide clear terms when they were asked to provide an alternate term. The findings of that study highlight the importance of childhood education related to body parts (Burrows et al., 2017).

### ***The Critical Role of Parents in CSA Prevention***

Previous research has suggested that CSA prevention education for children should be provided as early as possible; therefore, parental involvement in CSA education becomes extremely important (Elrod & Rubin, 1993; Kopp & Miltenberger, 2009; Ashcraft & Murray, 2017). Parent involvement is crucial for the success of child-focused programs (MacIntyre & Carr, 2000). Parent-child communication about sexuality topics is a key foundation of a child's sexuality education and has a positive impact on adolescent sexual health outcomes (Shtarkshall et al., 2007). Involvement of parents and family in prevention and repeating the concepts of prevention helps children maintain the knowledge they have gained (Kenny, 2008).

Parents should be involved in prevention programs because parents have a significant influence on their child's behaviors (Mendelson & Letourneau, 2015). Home is a fundamental setting when it comes to teaching children how to take care of themselves, and the involvement of parents in prevention of abuse has advantages (Hunt & Walsh, 2011; Wurtele, 2009). One advantage of involving parents is improving of outcomes of child-focused programs provided in schools. The success of these programs depends on the support of parents to clarify concepts and apply knowledge to daily activities (Kenny & Wurtele, 2010). Another advantage of involving parents is educating children before they have a chance to learn about CSA at school. Encouraging parents of preschool-aged children to discuss this topic at home may prevent CSA before children have the opportunity to participate in a school-based program. Discussing CSA

with a parent also makes disclosure easier and helps decrease the stigma and secrecy associated with the topic and would promote parent-child communication in general (Kenny & Wurtele, 2010).

Previous research indicated that parents planned to discuss or have discussed some aspects of prevention with their children (Elrod & Rubin, 1993). However, parents discussing the topic with their children focus on information that's often not significant for CSA prevention. For example, many parents talk to their children about the importance of avoiding strangers (Elrod & Rubin, 1993). But they fail to discuss the fact that an abuser could be someone the child knows and to whom the child is emotionally connected (Deblinger et al., 2010). The majority of offenders, however, are not strangers to the victims. Most CSA victims know the abuser, who is either a family member or acquaintance (Finkelhor et al., 2000).

Although prevention efforts targeting adults in the community and school-aged children have seen success, there is a clear gap in the current prevention efforts when it comes to involving parents (Guastafarro et al., 2019). According to Guastafarro et al. (2019), even though parent-education programs have seen success in reducing the rates of physical abuse and neglect, currently no parent-education program targets risk factors specifically for CSA. Some researchers (see Wurtele, 2007) even suggested that child-focused programs should not be implemented until the parents have been educated about CSA and are comfortable to talk with their children about it and so that they can reinforce and practice safety concepts and skills at home (Wurtele, 2007).

### ***Barriers to Parental Involvement***

There are barriers for parents' participation in CSA prevention discussion with their children. Some parents may be reluctant to talk with their children about CSA if they believe

their children are at low risk for sexual abuse (Tang & Yan, 2004; Collins, 1996), or if they think their children are too young to understand the topic (Wurtele et al., 1992). Some parents are worried that talking about CSA may scare children (Babatsikos & Miles, 2015) or have concerns that CSA prevention programs will result in children learning about sex (Kenny & Wurtele, 2013). The parent-children CSA prevention discussions are also impeded by parents' lack of comfort, lack of communication skills, and inadequate knowledge of CSA prevention (Constantine et al., 2007; DiIorio et al., 2003; Lefkowitz & Stoppa, 2006).

Stigma and shame related to sexuality impede conversations about the topic, including teaching children the correct terms for private body parts (Prikhidko & Kenny, 2021). Parents shared that social stigma makes sexuality topics awkward and scary (Prikhidko & Kenny, 2021). Most parents in the US feel embarrassed to discuss sexuality topics with their children. The idea of talking about topics related to sexuality brings anxiety and apprehension (Clark, 2018; Ashcraft & Murray, 2017). The sources of anxiety for parents include embarrassment, shame and fear. Parents feel embarrassed to serve as sexual educators, with studies showing there are certain topics, such as masturbation and nocturnal emissions, parents do not intend to discuss (El-Shaieb & Wurtele, 2009). Flores and Barroso (2017) conducted a study to identify factors that prevent parents from effectively starting and maintaining talks about sex with their children. The researchers found that the factors impacting parents' ability to discuss sex with children included parents' low levels of knowledge about sex, viewing sex conversations as permission for children to have sex, and a perception that their children are too young for communications about sex.

Jerman and Constantine (2010) conducted a study with a statewide representative sample of households with adolescences from California to examine the content and extent of

communications about sexuality topics they had with their children. More than two-thirds of the parents reported experiencing difficulties related to sexual communication, including embarrassment and uncertainty if their children are developmentally ready for discussions. Results revealed that parents who reported more knowledge and comfort related to sexual communication discussed more topics with their children. This study emphasizes the challenges related to sexual communication between parents and adolescents and reinforces the notion that parents may benefit from additional resources, education and support. Parents need support to become more effective communicators about sexuality topics and to be more comfortable to discuss the topic (Jerman & Constantine, 2010).

Furthermore, culture influences the way CSA is understood. People from different US ethnic groups differ in the way they view topics of sexuality. Fontes and Plummer (2010) evaluated how cultural values impact CSA disclosures and found some cultural environments suppress sexuality discussions, creating taboos and leading to silencing children and impeding disclosures. Parents don't feel comfortable to talk about sexuality because they haven't been trained to discuss the topic. No cultural modeling of healthy conversations about sexuality with children exists.

### ***Help Parents Teach Children the Correct Terms***

Several factors are identified that would help parents have discussions about sexuality with children. According to Prikhidko and Kenny (2021), parents revealed that they needed support to maintain CSA awareness, have conversations with their children, and educate their children about self-protection. Parents highlighted the fact that materials educating children about sexual abuse needed to be age-appropriate and correctly presented in the media. Parents said that if CSA and sexuality were discussed more in schools and media, they would feel more



comfortable talking about the topic. Parents also shared the need for hotlines that can be used to seek advice about CSA from professionals. Guidelines and age-appropriate recommendations for how to discuss CSA prevention with children would be helpful, and recommendations should be provided by experts, doctors, therapists and teachers. Resources that could be helpful include information about the importance of teaching young children bodily autonomy, respect for boundaries, picture books, cartoons and movies. Parents shared that they needed to be more knowledgeable about the topic themselves. Additional education on ways to discuss sexual abuse prevention with children would lessen their anxiety related to talking with children about sexuality. Parents noted the importance of not being embarrassed when talking with children about sexuality. The study revealed that shame and victim blaming stem from a lack of social and cultural awareness about sexual abuse. Because of social stigma around sexuality parents felt uncomfortable to discuss sexual topics with children and believed that conversations about sexual abuse prevention with children are not viewed as a social standard. Parents said more awareness needs to be raised about the topic so the stigma surrounding sexuality and correctly labeling private parts can be overcome (Prihidko & Kenny, 2021). Ashcraft and Murray (2017) suggested that the following tips would help parents feel more comfortable in discussing sexuality and improve parent-child communication: become more knowledgeable; establish a common language when talking about sexuality; be clear when communicating; and use teachable moments to start conversations.

Parents need to become better communicators. Providing parents with guidance and instruction on proper discussions about CSA with their children would help parents and promote parent-child communication (Burgess & Wurtele, 1998). To enhance parent-child communication, parents should take advantage of naturally occurring moments in everyday

activities that can serve as teachable moments and frequently review safety concepts with their children during regular parent-child interactions (Kenny & Wurtele, 2010).

## **Resources and Campaigns**

### ***Existing Resources***

Several websites, videos and books providing information about age-appropriate communications have been found. These resources aim to help parents teach children the correct words for private body parts and facilitate parent-child communication about sexuality topics.

Some books are designed to provide parents with age-appropriate language when talking with children about sexuality. For example, *Who has what?* authored by Robie H. Harris. The book is about a beach trip, offering an opportunity for conversations about body parts. The book encourages conversations about the differences between male and female body parts. It incorporates correct terms, such as vagina, penis and scrotum, motivating parents to use this terminology.

Various other books intend to ease parent-child communication about sexuality topics. The National Children's Alliance mentions several books facilitating communication, including *What's happening to me?* by Peter Mayle, *Boy's body book*, by Kelli Dunham, and *The care and keeping of you*, by Valorie Schaefer.

One of the initiatives dedicated to providing age-appropriate information about sexuality matters to youth is AMAZE (amaze.org). The organization aims to promote open communication between children and parents. AMAZE provides videos and other resources facilitating conversations and aiming to reduce anxiety related to sexuality topics. One of the videos is titled *How do you talk to young kids about sex?* In the animated video, parents ask questions and express concerns about talking with their children and these questions are answered by an expert,

who explains that children who are better educated generally make better decisions about everything when they grow up, including sexuality. The expert answers a question about the embarrassment of using correct words for genitals by saying that young children look to trusted adults for information and one of the most important messages parents can convey to children is that they can talk openly about sexuality. The expert also explains that words, such as “penis” and “vagina,” are words just like any other words describing body parts and it’s appropriate to say these words. *Where do babies come from?* and *How are babies made?* are among the other videos offered by AMAZE. Another resource for parents is Answer ([answer.rutgers.edu/page/aboutusintro](http://answer.rutgers.edu/page/aboutusintro)). Answer is an award-winning organization providing sexuality information to educators, teens and parents. According to Answer, parents are the most influential sex educators for their children. Answer provides links to books, websites and workshops that offer resources and information for parents. The books are organized by the age of children who can benefit from reading these books together with their parents. Topics for children ages 3 to 8 include anatomy, birth and babies, families, gender roles and sexual abuse. Answer also recommends websites with valuable information for parents of children ages 3 to 8. The approved websites are Advocates for Youth ([www.advocatesforyouth.org/about/](http://www.advocatesforyouth.org/about/)) and KidsHealth ([www.kidshealth.org/en/parents/](http://www.kidshealth.org/en/parents/)). KidsHealth has an article, titled “Teaching kids about their bodies” ([www.kidshealth.org/en/parents/teach-about-bodies.html#catsexual-health](http://www.kidshealth.org/en/parents/teach-about-bodies.html#catsexual-health)). According to the article, parents should use correct words for genitals, stated “matter-of-factly,” so children would learn to use these terms without embarrassment. However, by scrutinizing the existing resources, some problems are found. First, the correct names for genitals are missing even in the books on CSA prevention. Craig (2021) examined 44 CSA prevention books to determine if they apply academic recommendations about knowledge children should obtain to

protect them from CSA. The scholar found that even though there is evidence it is important to teach children anatomically correct names for genitals, this was missing in 91% of books that were examined (Craig, 2021). Second, most articles do not provide tips to help ease anxiety for parents or information about how to start conversations. The issue with these educational materials is that parents are expected to already have the intention to look for information enabling talks about sex. Additionally, there is disconnect between parents and community prevention programs. Although prevention efforts targeting adults in the community and school-aged children have seen success, there is a clear gap in the current prevention efforts when it comes to involving parents (Guastafarro et al., 2019).

### ***Prior Campaigns***

In addition to developing resources such as books and websites, prevention efforts in the past have utilized public awareness campaigns aiming to reach audiences. A public awareness campaign is defined as a campaign using media, messaging and communication activities to achieve specific outcomes in a large number of people and in a specific period of time (Coffman, 2002). Using media to distribute prevention messages is vital because most people learn about issues related to CSA from media outlets (Sample & Kadleck, 2008). Information about CSA in media can have a significant influence on shaping the message about the importance of teaching children correct terms. Public awareness campaigns and media reporting can have a larger impact on public knowledge and action than empirical evidence (Mejia et al., 2012). Research from Kemshall and Moulden (2017) delves into how different approaches to public awareness campaigns have influenced changes in attitude and behavior regarding CSA prevention. The researchers suggest that instead of broad campaigns, multi-layered campaigns that offer specific and targeted instruction and training to specific groups, such as parents or bystanders, paired

with universal messaging have the best potential for success (Kemshall and Moulden, 2017). Research indicates that portraying taking a certain action related to prevention as normal and expected is essential for successful public awareness campaigns. Additionally, empathy, skill enhancement, and positive framing of victims are important in motivating and enabling appropriate action. Increased self-efficacy and providing targeted audiences with knowledge about what to do in a certain situation is another key element of successful public awareness campaigns focusing on CSA prevention (Kemshall and Moulden, 2017).

### **Empowering Parents with Knowledge to Prevent CSA**

#### **Prevention through Empowering Parents**

Parents are responsible for keeping their children safe and taking steps to prevent CSA. One of the key elements of preventing CSA is teaching children the correct terms for private body parts. Materials for preventing CSA have been developed and programs have been implemented. However, most resources have focused on treatment for victims and dealing with perpetrators after CSA has occurred, while not enough effort has been made to prevent CSA before it happens. Parents are the most influential communicators when it comes to teaching children safety information, but parents have not been effectively included in CSA prevention efforts.

#### **Theoretical Framework**

Social learning theory guides this project. Social learning theory was developed by Albert Bandura in the 1960s (Bandura, 1986). The theory suggests that observing other people and vicarious experiences are essential factors for learning and changing behaviors (Bandura & Walters, 1977). Most behaviors are learned through the witnessing of examples. “Indeed, virtually all learning phenomena resulting from direct experiences can occur on a vicarious basis

through observation of other people's behavior and its consequences for them (Bandura & Walters, 1977, p. 145). People's ability to learn by observation enables them to obtain new patterns of behavior by watching other people perform the action (Bandura & Walters, 1977). However, learning does not happen passively, and attention and motivation are required for people to benefit from social learning practices. One of the factors related to the theory is self-efficacy, which was introduced when social learning theory developed into social cognitive theory in 1986 (Bandura, 1986). Self-efficacy relates to people's beliefs in their ability to perform an action and achieve a desired outcome. Self-efficacy beliefs have an important role in promoting new behaviors, eliminating negative habits, and maintaining what has been achieved (Luszczynska & Schwarzer, 2015). Expectations of self-efficacy determine whether a person will take important actions, how much effort a person will expend, and how long the effort will be sustained in case of a challenging situation. Self-efficacy is based on various sources and can be enhanced (Bandura, 1997). First, self-efficacy can be enhanced through mastery and personal accomplishment, if the person believed he or she achieved the success, and that the success can be repeated. A second source of self-efficacy enhancement is vicarious experience, which happens when a similar individual masters a skill or a difficult situation. In this case, social comparison strengthens self-efficacy beliefs. Third, persuasion by others can enhance self-efficacy beliefs.

Enhancing self-efficacy beliefs can play an important role when it comes to encouraging parents to use correct terms for genitals when communicating with their children. Self-efficacy can be improved by providing parents with resources about topics they should discuss with their children and specific examples of phrases parents can use to teach children correct terms. Additionally, providing parents with "model behavior" and learning about other people who

teach their children correct terminology would enhance self-efficacy through vicarious experiences and social comparison. As persuasion by others is one of the ways to enhance self-efficacy, Cialdini's principles of persuasion can help in developing communications to encourage parents to teach children correct terms. One of Cialdini's principles is social validation and authority principle (Cialdini, 2001). Cialdini suggests that if many individuals support a certain idea, people are more likely to accept the idea because they perceive it to be more valid (Cialdini, 2001). Increasing parents' self-efficacy through persuasion, vicarious experiences and guidance on proper discussions about sexuality can help parents become more knowledgeable and better communicators. As stigma has also been identified as a barrier for parents when it comes to teaching children correct terms for genitals, increasing self-efficacy can help parents overcome stigma and shame because increased self-efficacy helps individuals achieve challenging goals.

Reviewing materials and prior campaigns shows a gap. Prevention resources that can increase self-efficacy have been developed, but they are available to parents who are already interested in learning about prevention and parent-child communication. There is a lack of programs aiming to increase self-efficacy targeting a wider audience of parents.

### **Linking Parents and Resources**

Evidence-based information is available to protect children from CSA, but few parents have been the target audience for effective communications strategies aiming to prevent CSA. Most of the existing materials for parents are for individuals who are already interested in learning how to talk with their children about sexual subjects. Resources encouraging parents to teach children the correct terms for private body parts need motivate them to teach children the correct terms for genitals, and relieve their anxiety related to talking about sexual matters.

Vicarious experiences related to parent-child communication need to be provided to a wider audience of parents and increase their self-efficacy. These materials must include clear information from authority figures about the benefits of teaching children the correct terms for genitals and parent-child communication in general. These materials also need to offer specific tips about age-appropriate topics that parents should discuss with their children. The materials must not only convey that teaching children the correct terminology is very important but also that this is the socially acceptable way of raising children. The materials should help establish parent-child communication about sexuality as normative. These materials need to enhance self-efficacy of parents. According to social cognitive theory, self-efficacy is related to people's belief in their ability to perform a challenging action. Enhancing parents' self-efficacy would increase parents' belief in their ability to teach children correct terms for genitals. Self-efficacy can be increased by providing vicarious experiences and resources parents can use. In addition to using social cognitive theory, I also plan to employ Cialdini's principles of persuasion, namely the principles of social validation and authority (Cialdini, 2001). Cialdini explains that if "many individuals have decided in favor of a particular idea, we are more likely to follow, because we perceive the idea to be more correct, more valid (Cialdini, 2001, p. 78). Demonstrating that many other parents teach their children the correct terms for genitals can help battle the stigma and encourage others to join in. Additionally, people are more likely to trust professionals with expertise in the fields of pediatrics, psychology, and sexual abuse prevention, when it comes to information about CSA.

To motivate parents to teach children the correct terminology, this project aims to reach out to them via media outlets as studies show that most people learn about CSA from media (Sample & Kadleck, 2008). Parents would benefit from clear information introduced by experts.



Dealing with sexuality and CSA subjects is challenging for parents, and it would be beneficial to develop parent-focused interventions, addressing the “ambivalence” attached to the subject and providing clarity (Zeuthen & Hagelskjær, 2013, p. 748). Information presented to parents from pediatricians can also help parents become more educated and comfortable to talk about sexuality (Breuner & Mattson, 2016). Pediatricians can introduce issues of physical and sexual development to parents and their children. Pediatricians can explain that discussions must start in early childhood and continue throughout school age and young adulthood. Sharing this information can help overcome the stigma of discussing the sexual development of children. Providing access to accurate sexuality education and to relevant information is necessary (Breuner & Mattson, 2016), and can help increase self-efficacy of parents.

In summary, this project aims to reach parents, educate them about the importance of teaching the correct words for private body parts, ease parents’ anxiety related to communication about sexuality topics, and enhance parents’ self-efficacy through vicarious experiences and providing resources.

### **Objectives**

- Inform parents in Tennessee communities about the importance of teaching their children the correct terms for private body parts
- Inform parents in Tennessee communities about the importance of parent-child communication regarding sexuality topics
- Encourage parents to teach children the correct terms for private body parts
- Reduce parents’ anxiety related to teaching children the correct terms for private body parts
- Reduce parents’ anxiety related to talking about sexuality topics with their children

- Educate parents about age-appropriate sexuality topics they should discuss with their children
- Increase parents' self-efficacy related to talking about sexuality topics with their children

### **Creating a Package**

This project created a package to be distributed to Tennessee communities in November through Children's Advocacy Centers of Tennessee. Nov. 20 is World Children's Day and that makes the stories timely for media. The Children's Advocacy Centers of Tennessee is an organization promoting the development of children's advocacy centers in the state. Children's advocacy centers serve victims of abuse through the collaboration of law enforcement, child protective services, forensic interviewers, family advocates, medical teams, mental health professionals and prosecution.

The package includes four stories based on interviews with Tennessee and national-level experts in the field of child sexual abuse prevention. The package also provides a media list and a sample email. Additionally, the package includes short biographies of the interviewed experts, a list of books and websites to help parents start conversations with their children, and fact sheets. The four stories offer quotes from Executive Director of Coffee County Children's Advocacy Center Joyce Prusak. The Coffee County Children's Advocacy Center can send the stories, as they appear in the package, to media outlets in Coffee County to be published Nov. 20. The other advocacy centers are encouraged to localize the stories by replacing the quotes from Prusak with quotes from the directors of their respective advocacy centers. The package includes guidance to help each advocacy center localize the stories. The package was sent to the director Children's Advocacy Centers of Tennessee and to the statewide outreach and communications coordinator of Children's Advocacy Centers of Tennessee on Oct. 22, 2022.

## *Stories*

The package includes a series of stories with quotes from experts and information about the importance of teaching children the correct terms for genitals and of parent-child communication about sexuality in general. I identified experts to contact and interview for the stories through trainings that are offered to professionals working in the field of child sexual abuse prevention and intervention, provided by organizations such as the National Criminal Justice Training Center. Each story is about 1,000 words long. Each advocacy center can localize the stories, including quotes from the center's director and information about the center, and then send the stories to media in the area served by the center.

**Story 1.** This story shows the impact of CSA on a personal level through the words of Melanie Sachs, who is a survivor of child sexual abuse. Her experience includes working as a forensic interviewer of children. Sachs shared her personal experience as a survivor and talked about the importance of teaching children correct terms for genitals for successful intervention and prevention. Sachs shared examples of situations in which knowledge of correct terms could aid the investigation and prosecution process. More importantly, knowledge of the terms can be essential for the healthy development of children. The story offers a link to the website of Coffee County Children's Advocacy Center, where readers can find information about the research and additional resources. This story aims to enhance self-efficacy through vicarious experiences and providing access to resources.

**Story 2.** This story reveals why parents should teach their children the correct terms for private body parts. Knowing the correct terminology gives children the notion that their body belongs to them. The benefits include facilitating CSA disclosure and helping the investigation and prosecution. In this story, Laurie Gray talked about the consequences of child sexual abuse

and the vital role of teaching correct terms for prevention. Gray's experience includes working as a prosecutor, serving as a statewide sexual assault response team coordinator for the Indiana Coalition to End Sexual Assault, and teaching cognitive behavioral therapy, criminal justice, and constitutional law classes. This story also includes information showing that many parents use correct terms for genitals when talking with their children. A study conducted in 2021, with the 41% of participants having an associate degree, 22% having doctoral degree, 17% people having bachelor's degree, 10% having some college credit, 5% having master's degree showed that the majority (69%) of them use anatomically correct terms for genitals when talking with their children. The story provides a link to the website of Coffee County Children's Advocacy Center. On that website, readers can find information about the research and additional resources. The goal is to enhance self-efficacy through vicarious experiences and providing access to resources.

**Story 3.** This story offers an overview of CSA, its consequences, and the importance of parent-child communication about sexuality topics. In this story, child abuse pediatrician Dr. Lauren Burge, assistant professor at the University of Tennessee School of Medicine, talked about the difficulty in diagnosing child sexual abuse. As a mother of two children, Burge shared her experience teaching her children correct terms for genitals. Employing Cialdini's social validation principle, the story highlights that Burge and her colleagues teach their own children the correct terms for genitals. To enhance self-efficacy of parents, this story offers specific examples of phrases parents can use to teach children correct terms for genitals.

**Story 4.** To enhance self-efficacy, this story offers specific tips on age-appropriate topics that parents should discuss with their children and provides information to help parents start and maintain conversations in a way that feels comfortable to them and their children. For example, it's recommended that parents should start conversations using the correct names for genitals

even before children become verbal. Parents can incorporate using the proper names into everyday activities, such as bath time and getting dressed. Also, when children are 2 to 5 years old, parents should teach them about healthy boundaries – what is appropriate and what is not when it comes to touching or being touched by other people. For this story, Sally Kimel-Sheppard, who has an extensive experience working in the field of child sexual abuse prevention and intervention, provided tips to help parents discuss age-appropriate topics about sexuality with their children. The stories aim to enhance self-efficacy of parents through providing vicarious experiences and explaining the reasons why teaching children correct terms has a positive impact when it comes to prevention of child sexual abuse.

### ***Media List***

Using information posted on the website of the Tennessee Press Association, I prepared a media list that advocacy centers can utilize to find contact information for editors of newspapers in the area of each advocacy center. The media list provides the name of publication, name of editor (when available), email of editor, office phone number and website of the newspaper.

### ***Biographies***

The package includes brief biographies of Melanie Sachs, Laurie Gray, Dr. Lauren Burge, Sally Kimel-Sheppard and Joyce Prusak. The biographies include information about the experts' professional and educational background.

### ***Age-appropriate Topics***

To increase parents' self-efficacy by providing specific tips and advice, the package gives information about age-appropriate topics parents should discuss with their children, including examples of phrases parents can use. Advocacy centers can post that information on social

media. This information is also available on the website of Coffee County Children’s Advocacy Center. Each of the stories provides a link to this information.

### ***List of Books and Websites***

The package includes a list of books and websites that provide age-appropriate information for children to help parents start conversations. This list intends to enhance self-efficacy of parents by providing access to information, books and websites that are recommended by experts and easily available to parents. The list is posted on the website of Coffee County Children’s Advocacy Center. Each of the four stories offers a link to the website, encouraging readers to visit the website and learn more.

### ***Fact Sheets***

The package provides fact sheets based on information from the research. The fact sheets include data about child sexual abuse and its consequences. Additionally, the fact sheets reveal studies demonstrating the reasons why parents should teach children correct terms for genitals. The fact sheets also include information about the reasons why parents are best positioned to provide information about sexuality to their children. Finally, the fact sheets highlight the benefits of knowing correct terms for genitals when it comes to preventing child sexual abuse. The fact sheets are posted on the website of Coffee County Children’s Advocacy Center, with each story providing a link to the website and encouraging readers to learn more.

### **Planned Use of This Package in My Work**

As outreach coordinator for Coffee County Children’s Advocacy Center, I plan to use the stories and resources for my job. The Coffee County Children’s Advocacy Center serves victims of severe abuse in Coffee County. The package can help educate the community in the area. In the sections of the stories that can be localized, I have included quotes from Joyce Prusak,

executive director of Coffee County CAC. The stories aim to reach Coffee County community through media outlets in the area, namely *The Tullahoma News*, *The Manchester Times*, Thunder Radio and On Target News, and through social media accounts of the Coffee County Children's Advocacy Center.

## **Evaluation**

Short-term evaluation assesses if and how many of the created messages were posted. Short-term evaluation focuses on finding out how many media outlets published the stories and how many advocacy centers posted the stories and resources on their social media and websites. To evaluate the project, I monitored websites of media in Tennessee after Nov. 20 to find out if the stories were published. This part of the evaluation was conducted about a week after publishing date, Nov. 20.

Intermediate evaluation assesses if the targeted audience groups received the message and engaged with the content. Using Brandwatch, I monitored the conversation, watching for increase in mentions of the topic. I paid close attention to "most shared URLs." Monitoring content sources, top sites and sentiment helped identify if the stories were published and shared, and if the audience received the message. The stories include links to research information and resources posted on the website of Coffee County Children's Advocacy Center. Monitoring and analyzing the traffic on that website helped measure the success of the program. On the website of Coffee County Children's Advocacy Center, the stories were posted as blog posts. As of Nov. 26, 2022, there were 55 visits to the blog posts; 45 visits to the Prevent CSA Research page; and 31 visits to the Prevent CSA Resources page.

For the purposes of this project, I focused on short-term and intermediate evaluation. Long-term evaluation should focus on awareness and comprehension change and on behavioral

change. This step of the evaluation should take place several months after the stories are disseminated and find out if they had an impact on the audience's behavior. Ideally, this project should include a measurement to determine whether this project has had an impact on the audience groups' awareness and comprehension levels. This evaluation step would require a survey prior to the audiences receiving the messages and after they have received the messages to measure change in awareness and understanding. Ultimately, this step of the evaluation process should find out if parents plan to start using correct terms for genitals when talking with their children due to receiving the messages disseminated through this project.

### ***Implementation and Evaluation in Coffee County, Tennessee***

In Coffee County, the stories were sent to *The Manchester Times*, *The Tullahoma News*, On Target News and Thunder Radio. These media outlets published the stories in print, on their websites and social media. The estimated print reach per issue of *The Manchester Times* is 6,250 readers. The estimated print reach per issue of *The Tullahoma News* is 8,750 readers per issue. On social media, the potential reach is higher. These media outlets use Facebook primarily. On Facebook, *The Tullahoma News* has about 19,000 followers; *The Manchester Times* has about 20,000 followers; Thunder Radio has about 20,000 followers; and On Target News has about 4,200 followers.

The stories were also posted on social media of Coffee County Children's Advocacy Center. As of Nov. 26, 2022, the stories had 419 impressions on Twitter; 1,432 reached accounts on Facebook; and 286 impressions on LinkedIn.



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