



FOUR STEPS TO THE PREVENTION OF CHILD SEXUAL ABUSE IN THE HOME

HOW CAN PREVENTION PROGRAMMES BETTER SUPPORT MOTHERS?

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EVERY CHILDHOOD IS WORTH FIGHTING FOR

Impact and Evidence series

This report is part of the NSPCC's Impact and Evidence series, which presents the findings of the Society's research into its services and interventions. Many of the reports are produced by the NSPCC's Evaluation department, but some are written by other organisations commissioned by the Society to carry out research on its behalf. The aim of the series is to contribute to the evidence base of what works in preventing cruelty to children and in reducing the harm it causes when abuse does happen.

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Executive Summary

Background

This report draws on the findings from a three-year prevention project with the Somali community in London to explore the challenges faced by mothers in preventing child sexual abuse at home. This is not a report on the Somali community per se. Neither is it a report about female genital mutilation, the practice of removing part or all of the female external genitalia, which some Somali girls and women are subject to (Morison et al, 2004). Furthermore, this report is not an evaluation of an evidence-based intervention. The emphasis in this report is on what can be learned about helping mothers reduce risks in the home.

The project ran from June 2009 to June 2012. It was managed by the Lucy Faithfull Foundation, a UK child protection charity working to prevent sexual abuse. The Lucy Faithfull Foundation commissioned Praxis, a community development organisation based in East London, to implement the project. Praxis created two part-time posts to progress the project:

- A Project Development Officer [PDO] who was a British Somali man.
- A Project Outreach Worker [POW] who was a British Somali woman.

The Lucy Faithfull Foundation commissioned the Evaluation Department of a British child protection charity called the National Society for the Prevention of Cruelty to Children [NSPCC] to evaluate the project. The project and evaluation were designed to explore the challenges faced by mothers in preventing child sexual abuse at home and to identify what prevention programmes could do to support mothers in overcoming those challenges. The Evaluator was a White British man. The PDO, the POW and Evaluator formed a project team, which was led by a manager from the Lucy Faithfull Foundation, a White British woman.

Sexual abuse prevention programmes have a history stretching back to the 1970s in the United States of America, where they were first developed. The first programmes were delivered to children, and in the 1980s they were extended to parents (Babatsikos, 2010; Darkness to Light, 2010; Derrick et al, 2007; Hébert et al, 2002; MacIntyre & Carr, 2000; Wurtele et al, 2008; plus reviews by Wurtele & Kenny, 2010). Programmes delivered to parents took the form of one-off meetings, two to three hours long.

In the last eleven years, web-based programmes have been developed (Derrick et al, 2007). Programmes aim to increase knowledge (Hébert et al, 2002; MacIntyre & Carr, 2000; Wurtele et al, 2008), improve attitudes and intentions (Hébert et al, 2002), increase carer communication with children about abuse (Burgess & Wurtele, 1998; Kolko et al, 1987; Wurtele et al, 2008; Wurtele & Kenny, 2010) and improve behaviours believed to reduce risk (Derrick et al, 2007). Programme effectiveness is determined by measuring user change against these outcomes (e.g. CMRPI, 2010; Derrick et al, 2007; plus reviews by Barron & Topping, 2008; Chasan-Taber & Tabachnick, 1999).

Although helping parents and children to improve knowledge, attitudes, communication and behaviours is laudable, it is questionable as to whether achieving these outcomes reduces the likelihood of children being abused. The use of these outcomes as indicators of programme effectiveness rests on several questionable assumptions:

- Gains in knowledge and attitudes lead to behavioural change.
- Carers' reported increases in desired behaviour are accurate.
- Changed behaviours effectively lower likelihood of abuse.

Evaluation of prevention programmes targeted at children suggest these assumptions do not always hold, that is to say, positive programme outcomes do not necessarily lead to a reduction in abuse. Evaluations have demonstrated that increases in correct verbal responses do not always lead to an improvement in behavioural response (Stillwell et al, 1988). Using learned self-protective behaviours to guard against threats or attempted assault does not always impact on whether abuse occurs (Finkelhor & Dziuba-Leatherman, 1995). Children who understand prevention messages can go on to be sexually abused (Pelcovitz et al, 1992).

Could it be, therefore, that prevention programmes are missing a vital piece of the jigsaw? Could it be that prevention programme organisers have failed to understand the challenges to identify and lower risk in the home? It is this last question that this report seeks to address. It does this by drawing on the findings from the three-year prevention project mentioned earlier, and in particular it uses the findings to identify four steps that mothers need to take to prevent abuse, and the challenges mothers need to overcome to take those steps.

More on the project

The project, which ran from June 2009 to June 2012, was called *Protecting Parents Across Communities [PPAC]*. The project formed part of a child sexual abuse prevention initiative called *Parents Protect*, run by a child protection charity called the Lucy Faithfull Foundation,

which operated in the UK and Ireland (see Lucy Faithfull Foundation, 2012, for more information on the background to the initiative). Part of the *Parents Project* initiative involved the provision of a one-off educational workshop delivered to parents and carers, providing information about sexual abuse and how to prevent it (Lucy Faithfull Foundation, 2018). Following the successful implementation of the group workshop, the Lucy Faithfull Foundation sought to develop opportunities for preventative work with non-English speaking communities. After having secured funding from the Oak Foundation (Oak Foundation, 2018), it set up the *Protecting Parents Across Communities* project.

When the project was first conceived, the ambition of the Lucy Faithfull Foundation was to develop methods of preventing child sexual abuse within three separate non-English speaking ethnic minority communities. However, early on in the project, the team decided that its resource would be better focused on just one community. By this time, the PDO, a British Somali man, had been appointed. Consequently, it was decided to focus the project on the Somali community living in London, because it was felt that the PDO could use his existing personal and professional contacts to recruit people into the project with a success rate that he would be unlikely to replicate with any other community.

The project team organised its work into cycles, comprised of planning, action, research and review. The project team went through four cycles:

1. Consulting professionals from the Somali community on life in the Somali community and where the risks to children might lie.
2. Interviewing Somali mothers to find out more about the domestic life of Somali children and where risks of sexual abuse might be posed at home.
3. Focus groups with mothers, to find out what issues they would like to work on.
4. Provision and evaluation of workshops delivered to 70 Somali mothers, helping mothers identify and lower risks of sexual abuse at home.

The project team focused on working with Somali mothers because in phase 1 professionals had identified mothers as most likely to be the principal carers for children. However, focusing the work on mothers was also the easy option. The project team perceived that it would have been harder to engage men. Of course, not all men are opposed to prevention but there was a perception among the team that working with men would mean having to deal with hostile responses

that might have been intimidating and aggressive. More discussion on this is provided in a separate report entitled *Working with a community to prevent child sexual abuse in the home* (Williams, 2018).

The project's focus on reducing situational risk in the home was something that developed over the four cycles of the project. Risk in the home environment was an issue identified by professionals in the first project cycle and then talked about more by Somali mothers in the second cycle. In the third cycle, Somali mothers identified reducing risk in the home environment as something they would be keen to work on, and so in the fourth (final) cycle, the project team organised a workshop intervention to address this topic. A more detailed account of the way in which the project team engaged the Somali community can be found in the report *Working with a community to prevent child sexual abuse in the home* (Williams, 2018).

Findings

Mothers needed to take four steps to get to the point where they were able to take action to reduce risks:

1. Increasing understanding about abuse, how and where it happens.
2. Accepting the possibility of abuse at home and in the family.
3. Accurately assessing the risks posed to one's own children.
4. Lowering known risks by negotiating with family members.

Importantly, mothers faced challenges they needed to overcome to take each step. Some were able to overcome those challenges, and some were not. That is to say, while some were able to accept that abuse could occur in Somali communities and between Somali family members, some were not. While some were able to identify situations that posed a risk and that could be lowered, others were not. And while some were able to negotiate the lowering of risks, others were unable to address risk explicitly with family members.

Implications

The evaluation of this project identified several issues that prevention programme organisers, focused on informing mothers about abuse and prevention behaviours, should attend to:

1. Mothers need to be *persuaded* that their children may be at risk of abuse, not just informed. Getting people, with whom mothers can identify, to recount personal stories of abuse is a good method of persuasion.

2. The journey towards identifying situational risk in the home is an emotional one, not just an intellectual one. Some mothers may find contemplating the risk of abuse and discussing the issue with family members sufficiently distressing that they cannot accept the possibility of abuse. In these cases, they may require one-to-one counselling to effectively address the issue.
3. Mothers need to find a way of accepting the possibility of abuse in their community, family and home while maintaining a sense of pride and respect for these same things. Introducing the idea that while communities have values and standards, not everyone chooses or is capable of meeting them, can help.
4. Mothers considering the possibility of abuse, like mothers handling disclosures of abuse, experience ambivalence about whether abuse can happen. Successful acceptance of the possibility of abuse may require programme organisers to give mothers the space to express and work through their ambivalence.
5. Mothers may accept the possibility of abuse without attempting to assess the actual risk posed to their children. They may need encouragement and support to carry out such an assessment.
6. Mothers may identify areas of risk, without feeling able to safely negotiate and lower that risk. They may need support to think about how they can either discuss the issues safely or sidestep explicit discussion and find indirect ways of effectively lowering the risk. They may need support to deal with the fact that there is no easy or safe way to lower the risk.
7. Part of the distress experienced by mothers when contemplating discussing the issue of abuse with family members is a fear of the consequence of breaking with expectations that women should not discuss sexual matters or question the integrity of men. Helping mothers protect their children may be facilitated by campaigns to effectively challenge community attitudes on what is acceptable for women to discuss. Including men who are supportive of mothers and the project goals could also help.

In short, while the traditional focus of prevention programmes on improving knowledge, raising confidence and increasing communication with children may make the difference in some cases, where programmes do not work with mothers to address the emotional and social barriers to identifying risk and taking action, they risk failing some children. It might also be argued that mothers can be more effectively supported by widening the focus of prevention work to other relatives, male carers and community leaders. In this way, a multi-tiered public health approach (of the type outlined in Smallbone et al, 2008, 2013 and Smallbone, 2017) may be more effective than focusing resources solely on mothers.

Chapter 1: Working with mothers to prevent child sexual abuse

Introduction

This is a report into a three-year project that sought to develop an approach to preventing child sexual abuse in the Somali community in London. This is not a report on the Somali community per se. Neither is it a report about female genital mutilation, the practice of removing part or all of the female external genitalia, which some Somali girls and women are subject to (Morison et al, 2004). Furthermore, this report is not an evaluation of an evidence-based intervention. The emphasis in this report is on what can be learned about helping mothers reduce risks in the home.

The project, which ran from June 2009 to June 2012, was called *Protecting Parents Across Communities [PPAC]*. It formed part of a child sexual abuse prevention initiative called *Parents Protect*, run by a child protection charity called the Lucy Faithfull Foundation, which operated in the UK and Ireland (see Lucy Faithfull Foundation, 2012, for more information on the background to the initiative). The *Parents Protect* initiative was focused on educating parents and carers about sexual abuse and how to prevent it (Lucy Faithfull Foundation, 2018). Part of the initiative involved the provision of a one-off educational workshop delivered to parents and carers, providing information about sexual abuse and how to prevent it (Lucy Faithfull Foundation, 2018). Following the successful implementation of the group workshop, the Lucy Faithfull Foundation sought to develop opportunities for preventative work with non-English speaking communities. After having secured funding from the Oak Foundation (Oak Foundation, 2018), it set up the *Protecting Parents Across Communities* project.

The Lucy Faithfull Foundation commissioned Praxis, a community development organisation based in East London, to implement the project. Praxis created two part-time posts to progress the project. The post of Project Development Officer [PDO] was held by a British Somali man, and the post of Project Outreach Worker [POW] was held by a British Somali woman. Both were also working as advisors to Somali families at the time of their appointment. The Lucy Faithfull Foundation commissioned an evaluation from the Evaluation Department of a British child protection charity called the National Society for the Prevention of Cruelty to Children [NSPCC]. The NSPCC Evaluation Department gave responsibility for the evaluation to a White British man, who worked as an Evaluator

in the organisation. The PDO, the POW and Evaluator formed a project team, which was led by a manager from the Lucy Faithfull Foundation, a White British woman.

When the project was first conceived, the ambition of the Lucy Faithfull Foundation was to develop methods of preventing child sexual abuse within *three* separate non-English speaking communities. However, early on in the project, the team decided that its resource would be better focused on *one* community. The Somali community, living in London, was chosen because the PDO was Somali, and it was felt he could use his existing personal and professional contacts to recruit people into the project with a success rate that he would be unlikely to replicate with any other community.

Having decided to work with the Somali community, the project team was clear that a large part of its initial work would involve identifying interested Somali people. If things went well, the project team envisaged creating an intervention based on the intelligence, preferences and consent of the Somali people with whom they had built relationships.

The project went to plan. The first two years were spent talking to members of the Somali community to look at where work could be done to improve the safety of children. After the first year, the project team decided to focus on supporting mothers to make home life safer for children. It spent the best part of the second year talking with Somali mothers, finding out about their family life, the lives of their children and the issues they would like addressed. Having discussed the issues with mothers, the project team decided to create a workshop intervention to help mothers feel more comfortable with talking about sexual abuse and to identify things they could do to make home life safer.

The project team focused on working with Somali mothers because in phase 1 professionals had identified mothers as most likely to be the principal carers for children. However, focusing the work on mothers was also the easy option. The project team perceived that it would have been harder to engage men. Of course, not all men are opposed to prevention but there was a perception among the team that working with men would mean having to deal with hostile responses that might have been intimidating and aggressive. More discussion on this is provided in a separate report entitled *Working with community members to prevent child sexual abuse in the home* (Williams, 2018).

The aims of the workshop were to improve knowledge, improve confidence in talking about sexual abuse and help mothers identify and lower risks in the home. Workshop organisers explained what child sexual abuse involved, including the process of grooming, and the signs and symptoms in victims and perpetrators. A short documentary, created by the project team, was also shown. The documentary focused on the account provided by a Somali woman living in London, recounting her experience of being sexually abused by a relative. Six workshops were provided to a total of 72 parents, in venues close to where parents lived. An evaluation report on the effectiveness of the workshop was submitted to the Lucy Faithfull Foundation in 2012 (Williams, 2012). Following this work with the Somali community, the Lucy Faithfull Foundation developed a toolkit for organisations interested in working with community groups on preventing sexual abuse (Lucy Faithfull Foundation, 2012) and have continued to work with a range of community groups (Saint & Almond, 2015).

Learning about what helps mothers prevent abuse

The evaluation of the project and workshops was designed to help broaden thinking around what would make for an effective child sexual abuse prevention programme across all communities and not just in the Somali community. Child sexual abuse prevention programmes were developed in the United States of America during the 1970s and originally delivered to children. Programmes delivered to parents were developed in the 1980s and took the form of one-off meetings, two to three hours long (Babatsikos, 2010; Darkness to Light, 2010; Derrick et al, 2007; Hébert et al, 2002; MacIntyre & Carr, 2000; Wurtele et al, 2008; plus reviews by Wurtele & Kenny, 2010). In the last 15 years, web-based programmes have been developed (Derrick et al, 2007).

Indicators of programme effectiveness, reflecting programme aims have been: increased knowledge (Hébert et al, 2002; MacIntyre & Carr, 2000; Wurtele et al, 2008); better attitudes and intentions (Hébert et al, 2002); more communication with children about abuse (Burgess & Wurtele, 1998; Kolko et al, 1987; Wurtele et al, 2008; Wurtele & Kenny, 2010); and improved behaviours (Derrick et al, 2007). These indicators depend on the assumption that gains in knowledge and attitudes lead to behavioural change, that reported increases in desired behaviour are accurate and that desired behaviour change actually prevents abuse (e.g. CMRPI, 2010; Derrick et al, 2007; plus reviews by Barron & Topping, 2008; Chasan-Taber & Tabachnick, 1999).

However, evaluation of prevention programmes targeted at children suggest this assumption does not always hold. Stillwell et al (1988) reported on children, who demonstrated an increase in correct verbal responses but no change in improved behavioural response following participation in a prevention programme. Finkelhor and Dziuba-Leatherman (1995) found that when young people used learned self-protective behaviours in situations where they were being threatened or assaulted, the use of those behaviours made no difference to whether they went on to be abused. Pelcovitz et al (1992) found children who had been sexually abused despite having understood messages from a prevention programme. The project and evaluation reported on here were, therefore, developed, in part, to explore the situations in which mothers might require more than just improved information and attitudes in order to prevent abuse in the home, and what services might do to meet those requirements.

Situational risk and the situational offender

Central to the team's interest in prevention interventions was the concept of situational risk, as laid out in Smallbone et al (2008)'s *Integrated Theory of Child Sexual Abuse*. The theory is focused on male offending, arguing that prevention efforts should concentrate particularly on males because they are responsible for the vast majority of incidents of child sexual abuse (Smallbone et al, 2008, p5). The theory posits that it can be useful to study child sexual abuse as a situationally specific incident, and that on any particular occasion, a variety of different factors can influence whether that incident is likely to occur. Individual factors are rooted in the predispositions of the people who have access to the child, which may be influenced by childhood experiences and genetics. Motivations may be influenced by ecosystemic factors, pervasive expectations reinforced by family, friends and media, around what is acceptable behaviour towards children. A third set of factors relate to the situational factors, which form the immediate backdrop to the setting in which the abuse takes place. Situational factors, it is argued, can influence not just whether a person abuses a child, but whether the idea of abusing occurs to them in the first place.

The particular opportunities and dynamics of a situation are said to present cues, stressors, temptations and perceived provocations, which trigger motivation (Smallbone et al, 2008, p23, p157). Once the desire is triggered, the situation may require further manipulation, in the case of the opportunist abuser, or may require no further manipulation, e.g. in the case of an offender who abuses in the role of bathing a child in his care, or in the case where a male adolescent is sharing a bed with a younger child (Smallbone et al, 2008, p172). Examples of situations that might trigger the motivation to abuse include arrangements where:

- Male adults have unsupervised access to children and develop emotional attachments to children or engage in care-giving activities, which lead on to sexual feelings.
- Children share bedrooms and beds, where proximity, physical contact and privacy trigger sexual feelings.
(Smallbone et al, 2008, p172).

The consideration of situational factors leads Smallbone et al (2008) to argue that some offenders may be considered as ‘situational’, marking them out from other types. The ‘situational offender’ is someone who is not primarily attracted to children. Instead, he is stimulated to offend by specific behavioural cues or stressors, often while performing care-giving duties (Smallbone et al, 2008, p161). Smallbone et al (2008) argued that the following evidence supports the notion of situational factors and situational offenders:

1. Many child sexual abuse offenders do not begin offending until a late age, suggesting a lack of entrenched deviancy and a crucial role for opportunity. Early 30s is an age when men typically have greater access to children through childcare duties and as workers in youth organisations.
2. Child sexual abuse overwhelmingly occurs between offenders and victims who know each other.
3. The majority of offenders are criminally versatile rather than sexually offending specialists, suggesting generalised self-restraint problems rather than specific sexual deviancy.
4. Child sexual abuse has a relatively low official recidivism rate, much lower than would be expected from individuals irresistibly driven to offend.

The authors of the theory argue that modifying the situations experienced by children, through situational crime prevention strategies, could lower the likelihood of abuse, irrespective of the disposition of people who are likely to come into contact with children (Smallbone et al, 2008, p155). Strategies are proposed under the headings of ‘increasing effort’, ‘increasing risk’ and ‘controlling prompts’. Under ‘increasing effort’, they suggest that single mothers consider whom they invite into their home to share parenting duties; the presence of a stepfather or boyfriend is a risk factor for sexual abuse (Fleming et al, 1997; Kendall-Tackett & Simon, 1992). Under ‘increasing risks’, they suggest generally avoiding instances where children are in a one-to-one situation with any adult, which may include other family members (Smallbone et al, 2008, p173). Under ‘controlling prompts’, which is about identifying and removing arousal-evoking cues (Wortley, 2001), they suggest prohibiting certain adults from undertaking intimate parenting roles and sharing beds

with children. The authors concede that there has been little testing of situational interventions, which means there is little evidence to demonstrate their effectiveness. Providing that evidence is now the challenge (Smallbone et al, 2008, p175).

While the concept of situational risk, as laid out in Smallbone et al's *Integrated Theory of Child Sexual Abuse*, was central to the team's interest, the project and evaluation, reported on here, did not constitute a rigorous test of situational theory. The findings reported on here served more to develop a conceptualisation of situational theory in relation to mothers' ability to lower situational risks at home. Part of this conceptualisation work was carried out in a literature review conducted in the early stages of the project. There is no literature on the barriers and facilitators to applying child sexual abuse programme knowledge in the home environment. So the literature review, to which this chapter now turns, attempted to draw out the implications from research on how families and communities respond to allegations and incidents of abuse.

What helps mothers reduce situational risks?

The principal outcome desired for any child, whose mother attends a prevention programme, is that the child goes through life without being sexually abused. Given that some children will be at moderate to high risk of being abused at home, a practical aim of any prevention programme is to ensure that a child in this situation only finds themselves in low-risk situations. The nature of the challenge for both programme organiser and mother is given, in part, by a consideration of how situational risks are generated. The situations in which children find themselves result from the combined behaviours and interactions of family, friends, carers and the children themselves. They also depend, in part, on the need for childcare, expectations placed upon the role of family and community members in relation to children, and the availability or affordability of different childcare options. Mothers may be able to influence interactions, behaviours and arrangements but they may not be able to control them.

An exploratory literature review was carried out at the beginning of the project, in 2010, to develop a conceptualisation of the challenges mothers are likely to face in applying programme knowledge to reduce situational risk at home. The review was not limited to looking at the challenges faced by mothers in Somali communities. In fact, no such research exists. The review, which is presented in this report, sought to summarise the experiences of mothers across communities. It found no evidence of researchers or academics having developed a sophisticated conceptualisation of how mothers discuss or manage situational risks with family members, or of what the challenges to this might be. This chimed with the results of a later literature review

carried out by Babatsikos & Miles (2015) into how parents engage in the prevention and early detection of child sexual abuse. The review published by Babatsikos and Miles identified only a handful of studies, none of which looked specifically at how mothers managed risk in their own homes. Following their literature review, Babatsikos and Miles (2015) presented the findings from a set of interviews they had carried out with ten Australian parents. The research, in part, looked at how parents tried to reduce the risk of abuse in the home as a response to incidents and events that occurred within the home, which in the word of the author “crossed a sexual boundary” (Babatsikos and Miles, 2015, p60). When parents felt the incidents constituted children exploring their sexuality in a normal way, they attempted to set a boundary with the child by talking to them in a light-hearted way. Incidents that elicited this kind of response included children kissing each other, children taking their clothes off in front of each other, running around naked in front of relatives, young girls jumping on the laps of older males, teenage boys hugging their mothers and masturbation.

However, where the incidents were said to have involved harmful activity, parents were more serious in their response. Incidents that received a more serious response included filming or photographing a child in suggestive poses and under her dress, photographing children who were naked, asking a child to kiss them against the child’s will, touching a child’s bottom or vagina and asking a child to touch their penis. While parents were reported to have addressed issues with children in the home, they were sometimes reluctant to address issues with adult family members for fear of being accused by the adult family member of lying and/or of causing conflict within the family network. While explicit discussion might have been avoided, family members nevertheless deployed strategies to deal with non-trusted adult family members. These included making the person who had crossed the boundary with their child aware that the parent was watching and monitoring them and limiting the contact they had with the person who had crossed the boundary with their child. Some adults were able to discuss the issue with their partner, but in other cases the adult did not because it was felt the partner might act violently towards the person who had crossed the boundary.

While the research of Babatsikos & Miles (2015) was arguably the first attempt at exploring how parents seek to mediate risk within the home environment, their research was focused more on how parents responded to events and incidents after they had occurred, rather than on what they did to reduce the likelihood of events occurring in the first place. Overall, there was a dearth of relevant literature looking at how parents attempt to reduce risk in the home, and so the exploratory literature review conducted for this study drew on research findings on familial and organisational responses to disclosures

of sexual abuse. Some of the research was focused on particular communities (e.g. Gilligan & Akhtar, 2006; Shalhoub-Kevorkian, 1999), while others were about the experiences of women or mothers generally (e.g. Davies, 1995; Fontes & Plummer, 2010; Hooper & Humphreys, 1998; Humphreys, 1992). The review also drew on research on parents' experience of attending prevention programmes (Babatsikos, 2010; Berrick, 1988; Collins, 1996; Finkelhor, 1984; McIntyre & Carr, 2000, p183; Wurtele et al, 2008; Wurtele & Kenny, 2010, p135).

The literature review found several research reports highlighted a range of sanctions that women experienced or feared when sharing concerns (Davies, 1995 p404; Fontes & Plummer, 2010; Gilligan & Akhtar, 2006; Humphreys, 1992, p30). These included withdrawal of affection, income, shelter and support (Hooper & Humphreys, 1998; Shalhoub-Kevorkian, 1999), as well as mother or child being attacked physically or having their credibility ridiculed and honesty questioned by family members (Olafson et al, 1993; Shalhoub-Kevorkian, 1999). Fear of sanction was likely to be fuelled by threats and knowledge of occasions when sanctions were taken (DJE, 2009; Hooper & Humphreys, 1998; Murphy et al, 2005; Olafson et al, 1993; Shalhoub-Kevorkian, 1999). When sanctions were taken, they were done so because, in sharing concerns, the mother broke with expectations held of them to:

- Be subservient and trusting of husbands and senior male figures.
- Prioritise the reputation of family, clan and community, which are embodied
 - In those senior male figures.
 - In the marriageability of the female victims, which depends on their being seen to be virgins.

Mothers were reported to be particularly vulnerable to sanctions when her and her child were economically or emotionally dependent on the male abuser (Hooper & Humphreys, 1998; Shalhoub-Kevorkian, 1999).

This literature review suggested that mothers, when considering whether to discuss concerns raised by prevention programmes, would need to consider the kind of responses that were likely to occur following an attempt to discuss those concerns. In particular, it suggested that even when well informed or having positive attitudes, mothers would not necessarily be able to discuss concerns for fear of the consequences.

Furthermore, research findings suggested the possibility that some mothers would be reluctant to apply programme knowledge if they felt unable or unwilling to deal with the discomfort that would result from the idea that their children might be experiencing high levels of situational risk. Research on mothers' response to disclosures from their children found that their acceptance of disclosures could depend on their ability and willingness to manage the stress of having to handle sanctions that might be applied if the mother were to share the disclosures with, and challenge, the family members in question (Brodie, 1989, pp.13–15; Davies, 1995, p404; Hooper & Humphreys, 1998; Humphreys, 1992, p26; Manion et al, 1996, p1,095; Timmons-Mitchell et al, 1996, p463). It could be that these factors also inhibited mothers from accepting and applying information about situational risks in the home. Certainly, parents attending prevention programmes often believed their children were at low risk of abuse (Babatsikos, 2010; Collins, 1996; Finkelhor, 1984; Wurtele & Kenny, 2010, p135), suggesting that some did not properly apply the knowledge to the situations experienced by their children.

Furthermore, studies demonstrated that while parental knowledge could be improved (Hébert et al, 2002; Wurtele et al, 2008; MacIntyre & Carr, 2000, p183), programmes sometimes had no effect (Berrick, 1988; Kolko et al, 1987), suggesting that in certain cases mothers could comprehend information without accepting it. The findings from the project and evaluation were used to explore the questions raised in the literature review and to illuminate the challenges mothers faced in accepting, applying and acting on programme knowledge.

Realist evaluation

The Evaluator from the NSPCC was keen to embed the project's work of exploring and illustrating parents' attempts to lower situational risks, within a methodological approach known as 'realist evaluation'. Realist enquiry, from which realist evaluation was developed, provides a methodological basis for understanding the variable impact of social interventions and therefore for investigating the variable impact of programmes designed to prevent sexual abuse (Tilley, 2000). Realism posits that social life is underpinned and can be explained by mechanisms, not immediately visible, but which social research can shed light on. These mechanisms consist of the interaction of a number of contextual factors, including organisational, geographical and historical context, biology, technology and economic factors (Pawson & Tilley, 2004, p8). In the realist perspective, social interventions intended to bring about new outcomes for people

modify but do not displace the mechanisms responsible for producing the old outcomes or inhibiting the production of the new outcomes. The triggers of change in most interventions are considered to be produced by and require the active engagement of users (Pawson & Tilley, 2004, p5). Realist enquiry explores whether programme subjects can use programme resources to mediate the effects of inhibiting contextual factors, to achieve the new outcome (Pawson & Tilley, 2004, p6).

Realist evaluation is also a natural bedfellow of situational crime prevention theory in that both are focused on creating and evaluating interventions based on knowledge of the particularity of communities and places rather than relying on national level statistics or impact studies to guesstimate problems and solutions (Rayment-McHugh et al, 2015, p3). Consequently, Smallbone et al (2008)'s integrated theory of child sexual abuse, while not explicitly presented in the realist tradition, provides a useful point of departure for theorising, designing and testing prevention programmes within a realist framework. In summary, the project team were interested in using realist methodology to explore the resources that mothers drew on to reduce risks at home and to see if and how involvement in the project or intervention workshop made the job any easier. It also wanted to explore what stopped mothers from reducing risk, and whether participation in the workshop helped mothers overcome those challenges.

Data collection

The data in this report draws primarily from two sets of interviews that were carried out with Somali mothers, and a survey of Somali mothers who had attended the project's workshop. The first set of 15 interviews was designed to find out what mothers thought about child sexual abuse and whether they felt there were any risks to the children in the home setting. Mothers were recruited into the interviews by the PDO. All the mothers recruited into the interviews were mothers who the PDO knew personally or who had worked with professionally as an advisor to Somali families. Recruitment was done as part of a wider attempt to recruit mothers into the project. Interviews were conducted by the Evaluator in the presence of the PDO and the POW. More detail about recruitment and the experience of interviewing Somali mothers is provided in an accompanying report entitled *Working with a community to prevent child sexual abuse in the home* (Williams, 2018).

The survey of mothers who had attended the project's workshop looked at whether it had made a difference to mothers' understanding and views on child sexual abuse, and if they had taken actions to reduce situational risk. The survey was administered three months after the workshop – a reasonable amount of time for mothers to try and put into practice what they had learned. The second set of interviews, conducted with 12 mothers who had attended the project's workshop, was conducted one month after the survey. Mothers were selected deliberately to ensure a sample of mothers with a diversity of opinions on whether sexual abuse could take place within the Somali community, confidence in talking about abuse and in identifying risks in the home. In the interviews, mothers were asked about their opinions, confidence, whether they had identified any risks and whether they had been able to take actions to lower those risks. They were also asked if any of these things had changed during their time in the project, and what, if anything, could explain that change.

Qualitative data was analysed thematically and quantitative data was described in a way that helped answer the following key questions:

- What changes had occurred to mothers' understanding and perception of risk, both generally and within their home?
- When mothers had identified risks in the home, what changes had they been able to make to the home environment that helped lower the risks?
- What explained those changes and how were those changes brought about?

During the analysis, we accepted that, while participation in the project, interviews and workshop may have brought about change, other experiences and events could have also prompted change.

Ethics

The evaluation plans for the project were approved by the NSPCC's Research Ethics Committee. The Committee's members were largely drawn external to the NSPCC. The NSPCC research ethics policy was based on the Economic Social Research Council Framework for Research Ethics and the Government Social Research Unit Professional Guidance.

Summary

This chapter has set the scene for the three-year project undertaken with members of the Somali community to prevent child sexual abuse. To recap, the Somali community was chosen out of expediency; the PDO was Somali and had existing links with the community, which the team was keen to build on. The project and evaluation were designed in part to explore the challenges faced by mothers in preventing child sexual abuse at home and to identify what prevention programmes could do to support mothers to overcome those challenges.

Having decided to focus its work on supporting mothers to make the home safer, the Integrated Theory of Sexual Abuse provided the theoretical tools to develop the project, and Realist Evaluation provided the methodological approach to evaluate it.

The next chapter draws on the evaluation findings to present insights into what needs to be done to support mothers in making the home environment safer for children. The last chapter discusses some of the key implications and questions arising from the project, offering pointers for the development of prevention programmes.

Chapter 2: Helping mothers prevent abuse

Introduction

This chapter draws on the findings from the interviews and surveys that were conducted with the Somali mothers who participated in the prevention project, to elaborate on the challenges faced by mothers in reducing situational risk at home.

Four steps to prevention

The aim of the prevention project was to work with members of the Somali community and Somali mothers in particular to both identify and respond to situations in the home environment that theoretically raised the risk of sexual abuse. The evaluation of the project and workshops found that mothers needed to take four steps to get to the point where they were able to take action to reduce risks.

1. Increasing understanding about abuse, how and where it happens.
2. Accepting the possibility of abuse at home and in the family.
3. Accurately assessing the risks posed to one's own children.
4. Lowering known risks by negotiating with family members.

Importantly, mothers faced challenges they needed to overcome to take each step. Some were able to overcome those challenges, and some were not. That is to say, while some were able to accept that abuse can occur in Somali communities and between Somali family members, some were not. While some were able to identify situations that posed a risk and that could be lowered, others were not. And while some were able to negotiate the lowering of risks, others were unable to address it explicitly with family members. The rest of this chapter will explore in greater detail the challenges posed to mothers, what helped and what this suggests about what prevention programmes can do to support mothers.

Helping mothers overcome the challenges of accepting and applying programme knowledge

For mothers to identify situational risk, they need to understand that abuse can take place in the home. One mother pointed out how seeing and listening to the Somali woman in the workshop film (see Chapter 1) had brought her to the realisation that abuse could take place in the home, which prompted her to make changes on who she left her children with:

“I learnt from the workshop that a common place for children to be abused is the domestic environment, and therefore it is important to control the people who are coming to your home, and make sure that you don't leave your children with other people. It is also important that if you have a guest that they don't share a room or a bed with children. I learned these things from looking at what happened to the woman in the film, because her mother left her with a family relative. As a result I will now only leave my child with the child's father.”

It may also help some mothers to know about the short space of time in which sexual abuse can take place. One mother, surprised to hear about how a person can sexually abuse a child so quickly, questioned whether she was right in leaving her daughter in the care of a male relative when she went to the shops.

Mothers identified that part of the journey towards identifying situational risk was accepting the possibility that people close to the family, including relatives and community members, might be capable of carrying out abuse. Several factors appeared to influence mothers' acceptance of this possibility. One critical factor is whether mothers felt able to cope with the anxiety that comes with identifying situational risks, such as the anxiety that comes with doubting their own relatives. One mother, who stopped leaving her children with family members after she had heard about cases of sexual abuse within the Somali community, said:

“Sometimes you see stories about it on TV but unless it happens in your own community you may not be aware.”

After saying this, she sighed, glazed over a bit and looked stressed. This mother appeared to be quite stressed about the realisation that members of her own community could pose a risk to her children. Yet her willingness and ability to face up to and live with that anxiety enabled her to identify risks and what she could do to reduce them. Mothers explained the difficult feelings they experienced when they came to accept abuse could take place. One said:

“I found it difficult to admit that child sexual abuse happens within the Somali community because I didn’t believe it happened before.”

Another said:

“I found out that boys and girls could be abused, which worries me because I have two boys.”

A third, referring to the personal account provided by the victim of abuse in the film said:

“I look at my girls and remember the words of the DVD girl; the sentence of the girl who was asking her mother to not leave her because she knew that guy would attack her. That caused shock inside me. I never knew this could be a sign of a child at risk and shouting for your attention and help.”

In contrast, some mothers acknowledged that one of the reasons they did not believe sexual abuse could take place was because they had not wanted to believe abuse could take place. One mother said:

“Before I attended the workshop, I knew child sexual abuse could happen, and I had heard stories of it happening. I believed it could happen, but I didn’t want to believe it could happen. I didn’t want to put it in my head; you don’t want to believe it could happen to you.”

During the interviews, several mothers who accepted that child sexual abuse happens experienced stress when asked to consider whether it would be possible for a father, mother, uncle or Koranic teacher to abuse his or her children. These questions caused stress because they prompted mothers to consider whether their relatives could abuse. One mother, who was asked about whether she thought it was possible for an uncle to abuse his niece and nephews, paused for a long time before answering this question. When she replied she said “I don’t know, I wouldn’t like to talk about it”. She then made reference to the fact that she had several uncles. This suggests that parents may refuse to accept generalised child sexual abuse prevention messages, as a means of stopping themselves from going down the path towards identifying situational risks to their own children, to protect themselves from the anxieties that come with doubting people they had previously trusted.

Some mothers dealt with the stress by adopting an ambivalent attitude, toing and froing between acceptance and denial and splitting off what they had heard about what is possible *generally* from what they were willing to accept was possible *personally*. One mother, when asked if she thought fathers were capable of sexually abusing their children, said she had heard stories of it happening but did not believe them. Then she said she hoped they were not true. She was asked to explain her answer. The mother said that maybe it was because of her situation, that she had a son and was living with the son's father. She added that she had spent a lot of time with her own father and would not like to believe that her son's father could abuse their child. She said she had found it hard to answer the questions. She said, "It's something that you don't want to think of at all", that "I wouldn't want it to be reality" and that, "The way I think now, I can't even answer these questions. The way I've been brought up, you are taught that your relatives would never do these things."

Mothers' explanations for their beliefs about the possibility of child sexual abuse and therefore their ability to accept prevention messages and identify situational risk were influenced, in part, by a perceived need to protect the reputation of their family and community. Some mothers, who did not believe that abuse took place in the Somali community, or who did not believe that Somali people could abuse family members, reasoned that on the birth of a new child, God effectively inoculated relatives' minds from wanting to abuse that child. Mothers were described as having an inbuilt predisposition to not want to sexually abuse children, bestowed upon them by God. Engaging in religious practices and holding religious beliefs was believed to protect Koranic teachers from wanting to abuse.

One mother, asked to explain why she felt that Koranic teachers could not sexually abuse said, "Because if he teaches the Koran, how can he?" Another mother, when asked if sexual abuse takes place within the community, said, "No, because we are a Muslim community and I never heard of it happening until recently. As Muslims, we fear Allah and we have a culture to follow and respect." Similarly, some mothers argued that people who were experienced in following and adhering to Somali traditions, like elderly Somali people, were unable to commit abuse. They also felt that holding certain positions of care within the Somali community effectively protected people from wanting to abuse.

One mother pointed out that within the Somali community, the uncle was often the person who represented the interests of his niece or nephew when a marriage was arranged, and so could not by definition want to abuse. Some mothers made reference to the image and behaviour of their own relatives in justifying their belief:

“When I see the image of my father, and his father, with their henna beards and hair, looking respectful, I think they cannot do it. I don’t think in a million years they could do something like this.”

Some mothers, concerned to protect the reputation of the Somali or religious community, seemed to take an ambivalent stance, which allowed them to acknowledge the possibility or stories of abuse, while defending the reputation of the community. One mother, for example, when asked if a Koranic teacher could sexually abuse a child student, said:

“No, from my point of view a Koranic teacher cannot sexually abuse a child. This is because he is a religious person who memorised the whole Koran. But I heard it happens.”

In this statement, the mother was on the one hand accepting that there was an understanding that Koranic teachers could sexually abuse but on the other hand was saying that she did not think that they could abuse. That is to say she was accepting that there was an understanding that abuse could happen, but she did not agree with it.

Some mothers protected the reputation of the Somali community by suggesting that abuse did not take place, but then caveating their stance by mentioning exceptional circumstances where it could. Exceptional circumstances included *mental illness* and *the impact of Western values*:

“As Muslims, we fear Allah and we have a culture to follow and respect. Whoever is doing this act is insane and mentally ill.”

“I feel that the values and beliefs, which might protect us from child sexual abuse, are dissolving. The country has influenced us. The Somali community is not as strong in their culture as they used to be.”

Other mothers did not seem to perceive the question about the possibility of abuse in the Somali community as representing a threat to its reputation. Instead, they took the stance that people within the Somali community had a choice not to abuse. They perceived that God set standards, rather than inoculating people, and that while it was up to community members to live up to those standards, some would inevitably fail. One mother, for example, acknowledged Koranic teachers were “only human” and “have weaknesses too”.

Similarly, some contextualised their belief that abuse could happen in the community within a wider perception that “anything is possible” in life and/or human nature. They appeared to believe it was better not to trust anyone other than selected relatives. In some cases, the workshop film, which had revealed the possibility of abuse within the Somali community and between relatives, had shaken peoples’ belief in what was possible:

“After having seen the workshop film, I realised that I shouldn’t let my children be looked after by someone else. The only person who I am allowing to look after my children is their father.”

There was also a view among some Somali mothers that males, in general, whether Somali or otherwise, posed a risk:

“Any man can do this regardless of his relationship to you. I think this is because men’s sexual needs are high. The moment he needs to have sex, a man is capable of doing anything. It doesn’t matter whether it’s to a man, woman or child; he just wants to release himself.”

One mother, explaining her decision not to allow males to have a childcare role, said of *unrelated* males:

“I don’t trust them...They might sexually maltreat them. For men who are not related, it is easy, and they are capable of fulfilling their desires.”

Another mother, who allowed physical contact between her daughter and uncle, because her uncle was *mahram*, i.e. forbidden from marrying her daughter, was asked if her uncle might have feelings for her daughter that unrelated men might have. She said, “I believe not but then again anything can go wrong with a man’s mind”.

Men’s consumption of drugs was another factor that was felt to make abuse more likely. It was felt that drugs not only stopped men from inhibiting themselves, it actively stimulated sexual desire. One mother, separated from her children’s father, decided to stop her children from visiting their father, and made reference to khat (a leaf that acts as a mild stimulant) consumption as one of her reasons:

“I refuse to allow my children’s father to look after our children at his flat. He chews khat and sometimes has people over, who also chew khat, and who sleep in his flat, and in the past I would let my children stay overnight with him.”

On the one hand, it might be thought that the statements about the protective influence of God, religion and the Somali community are indicative of a set of strongly held beliefs that stop mothers from conducting a critical assessment of risks that might be posed to their children by people that are close to them or in a position of authority. However, it might also be the case that these statements are in themselves indicative of an ingrained practice among Somali community members for protecting their religious, ethnic or familial identity, which belies their actual ability to privately assess the risks posed by individuals. In other words, it may be that Somali mothers were able to identify risky situations posed by family members or people in a position of authority, but they were not going to admit it publicly, or in an interview.

Finally, it could be that in some cases mothers invoked notions of the protective influence of God, religion and the Somali community because they were easily available public narratives or myths, which they were able to use to mask the fact that they were not able or willing to cope with the stress that comes with doubting people who are close to the family and in positions of trust.

Knowing someone or knowing of someone in the community who has been abused seemed to be a factor, which was critical in some mothers' beliefs about whether abuse could take place within the family and community. For example, when justifying their belief that friends, family or community members could not abuse, mothers cited not knowing someone in the community who had been abused, or never hearing a story about it happening from someone they knew. Similarly, being the victim of sexual abuse or hearing a story about sexual abuse within the community from someone they trusted provoked some mothers to question and doubt some close relatives and friends. This, in turn, prompted them to identify risky situations.

For some, the stories concerned people they knew or were about abuse in other Muslim communities. The workshop film, which documented the experience of a Somali woman having been abused as a child, was sufficient to convince some mothers that abuse could happen within the Somali community:

"In the past, I knew the subject existed but was not fully sure and did not fully understand the extent of it. Listening and watching the film made it clear that child sexual abuse happens within the Somali and other communities. Seeing the DVD has had a huge impact. To hear a story from someone who experienced abuse is completely different. It's more live, seeing a person talking about themselves."

Another mother explained that when she had lived in Somalia as a girl, men would press themselves up against her breasts while saying hello to her. She explained that this experience informed her decision not to let her daughter have any contact with adult men. Mothers' feedback mirrors research that reports that the experience of being abused or knowing that one's child has been abused can prompt mothers to re-assess risks and to heighten their distrust of adults (Davies, 1995, p404) and potential male partners (Brodie, 1989, p15).

Accurately assessing the risks posed to one's own children

The majority of mothers who attended the project workshop and who were surveyed had not identified a situational risk in the home (86%, n=62). The project team were not able to work in sufficient depth and detail with all mothers to be able to assess whether this was because the children of the mothers experienced no situational risks, or whether it was because mothers had not wanted to attempt to identify risk. Some mothers gave the impression that they already did what was required to minimise situational risk, because they did not allow male visitors into the house, or they kept a close eye on their children:

"I did identify there may be risks posed to my children, but not in my home. We, as a family are so close. I'm careful like a mother cat, keeping an eye on my children. I do this, even when visitors enter my home."

Others reported being more vigilant to the possibility of abuse, without this translating into identifying particular risks:

"I don't think there were any changes to my thoughts or behaviours; I just got more paranoid."

This comment demonstrates how prevention programmes can, potentially, leave parents feeling more anxious and seemingly without the tools and know-how to focus their energies on particular situations. Prevention programme organisers need to appreciate that providing generic information on child sexual abuse prevalence and dynamics will not necessarily trigger mothers to conduct a personalised and accurate assessment of the risks posed in the home.

A small proportion of mothers completing the post-workshop survey reported identifying a situational risk at home in the three months following their participation in the workshop (14%, n=10). Situations seen as risky included:

- **Males in the house mixing with children:** Some mothers believed males, unrelated and/or related, posed a risk to their children if they were in the same house as their children.
- **Babysitting arrangements:** Some mothers believed their babysitting arrangements could pose a risk to their children, and so sought to stop or modify those arrangements.
- **People sleeping over:** Some mothers felt that the Somali tradition of families accommodating distant relatives increased the risk to children.

Mothers also identified hypothetical situations that they thought were risky, which they sought to avoid:

- **Physical contact with males:** One mother would not let her daughter have any contact with adult men.
- **“Bad people” entering the house:** One mother explained how she did not allow “bad people” in the house, contrasting them with “friends and family” who she called, “nice people, religious people”.

The project team were not able to work in sufficient depth and detail with mothers to be able to assess whether mothers’ own identification of risk were accurate or reasonable. However, it seemed to be the case that mothers may not have fully appreciated the grooming skills that some individuals deploy to help them commit abuse without being suspected. There were clearly questions to be asked about whether mothers were effectively lowering the risk to their children by assuming that “nice people, religious people” necessarily posed no risk to their children.

It may have been the case too that one barrier to accurately identifying risk was a reluctance to identify risks that mothers did not feel confident in being able to lower. In the evaluation interviews, when a mother identified a risk she always reported that she had been able to lower it. In other words, no mother identified a risk that she then reported she was not able to lower. Quite why this was is not something the evaluation could establish. It might have been that some mothers had identified risks that they had struggled to lower but did not want to acknowledge that to the interviewers, in case the interviewers reported it. It might have been that the children of the mothers involved in the project were not exposed to a great deal of situational risk, and this was reflected in mothers’ responses. However, this finding does raise the possibility that mothers had failed to identify and share information about potential risks with programme organisers that they had felt unable to lower, because of the distress that comes with feeling powerless to deal with the threat.

Lowering known risks by negotiating with family members

When mothers had identified situational risks in the home, they faced various challenges in reducing them. No mother, for example, reported being able to talk to someone they doubted about situational risk. One mother, who had stopped her brother and brother-in-law from looking after her children, said:

“I have not had an explicit conversation with these people about child sexual abuse and the risks, and the reasons for me no longer asking them to look after my children, because it is a sensitive matter.”

This chimed with the view put forward by Somali professionals, who had been consulted earlier on in the project, who felt mothers would find it difficult raising concerns, because they ran the risk of causing offence to the individual concerned, which might result in a wider conflict between family groupings and clans.

Some mothers were able to discuss their concerns about situations and individuals they doubted with people they trusted. Trusted people included husbands, brothers, female friends and female relatives. Mothers engendered the support of trusted people, discreetly, before or while attempting to renegotiate the access of those they doubted. In certain cases, mothers were supported with their concerns. One said of her husband, with whom she discussed the issue:

“I found him very understanding towards the subject and he gave me all the support to go ahead with the changes. When I approached him to talk about the issue I made sure it was in an environment in which he would be more likely to accept my argument. I used simple and moving words in order to embrace his interest.”

Some mothers, who did talk to trusted individuals, reported experiencing negative reactions, including being called crazy, sick or dirty:

“My brother is allowed to bring friends into the house, but not when he is looking after my children. I told him directly that I was forbidding him from bringing his friends over because I don't want anyone to sexually abuse my children; and that if he was distracted, e.g. making food or on the toilet, anything could happen. He tells me I am paranoid and that I am sick in the head. I tell him that it's a cruel world out there.”

Furthermore, it was not always the case that mothers felt comfortable talking about reducing the risks of child sexual abuse with family members. The fear of how people would respond if the mother was to break with the expectation held of women to avoid talking about sexual issues, and of discussing suspicions of male family members, stopped some from having this conversation. One said:

“I have decided not to let people sleep over, including the brother of my husband. If I were to talk about this decision with the father-in-law, he would be offended, because he couldn't believe that the uncle of my children could do such things. The relationship with the father-in-law is covered with shyness and respect and I don't want to break this, I want to keep it as it is.”

This statement shows how a mother's wish to conform to the expectations of a daughter-in-law may stop her from negotiating situational risks with family members, even when she is aware of situational risks existing. Although some mothers were not able to talk about concerns directly with family members, many found ways of making changes, while avoiding or limiting the degree to which they had to discuss abuse and concerns. Their strategies involved:

- **Drawing on shared understandings of Islamic values and teachings:** Mothers felt comfortable drawing on Islamic conventions to justify separating adolescent girls and women from adolescent boys and men, as a way of reducing situational risk. This allowed them to avoid discussion of the topic of child sexual abuse, as in this example:

“In the past, my nieces and nephews would be in the house, when just my eldest son was present, looking after his siblings. Now, I have said to my nieces and nephews that if they will come to visit they should call and make sure my husband or I are available. I didn't discuss the issue of child sexual abuse with my nieces and nephews. Instead I drew on the religious notion that it is haram to be in the house with a daughter who is 16/17, without the presence of the mother and father. I didn't get opposition to these measures, some of them were supportive and understood after I had explained the issue from a religious point of view.”

- **Changing the layout of their house:** One mother, following the workshop, developed a concern about the fact that her sons were spending time playing computers in their bedroom with the daughters of visitors. In order to address this, she put the games console in the sitting room rather than in her son's bedroom:

“If there are girls around, I will suggest to them that we should leave the boys to play on the computer, while we do other things together.”

- **Affecting illness:** Some mothers used excuses to manage the situations in which certain relatives and friends could access children, such as saying someone in the house was ill, so it would not be a good time to visit.

While mothers continued to leave their children with trusted individuals, they would not allow trusted individuals to bring doubted individuals into the house, when the mother was not around. Hence although trusted, those individuals were not always trusted to be effective in managing the interaction between doubted individuals and the children.

Single mothers reported finding it relatively easy to rearrange the situations in which those they doubted interacted with their children. This reflected the fact that some single mothers were in control of the home environment and did not have to negotiate with others about what went on in the house. Mothers who lived with their husbands, however, reported that changing the situations in which doubted people interacted with their children required an explicit discussion about the risks. Being separated from the Somali community was given as a reason for why some mothers found it easy to discuss their concerns with male family members. It may be that being separated from the husband or community afforded an opportunity to remove oneself from the expectations placed upon women to avoid talking about sexual matters and discussing concerns about men. One mother who was asked why she felt comfortable talking about concerns with male relatives, while other mothers did not, said:

“My mother always told me to tell the truth. I like to say what is on my mind. I don’t mix that much with other Somali people. A lot of people care about what other people think. They chat a lot. For me, I don’t care. That’s what I’m like.”

Chapter 3: Discussion

Supporting mothers along four steps to prevention

This project identified four steps along the path to prevention that mothers need to be supported on. The first step, in line with the aims and objectives of existing prevention programmes, was to increase mothers' understanding about the possibility of abuse, how and where it happens. However, the evaluation of this project, alongside existing research (detailed in Chapter 1), suggested that improved knowledge was not always sufficient. The findings from the evaluation suggest programme organisers need to support mothers to take an additional three steps along the path to prevention:

1. Accept the possibility of abuse to one's children.
2. Make an actual assessment of the risks posed to one's children.
3. Negotiate with family members and friends to reduce those risks.

Accepting the possibility of abuse

Strategies of persuasion

Persuading mothers about the importance of focusing on situations requires they accept the universal potential for abuse among the male population (Smallbone et al, 2008, p22). While it is one thing to accept that child sexual abuse can take place in the world, it is another to accept that it can take place within one's own community, family and family home. Interview data suggested that at least for some mothers, views about males' propensity for abusive behaviour, given the right circumstances or conditions, was not something that they needed a great deal of convincing on. In fact, for some mothers who may decide to ban their female children from any kind of interaction with males or men, work may need to be done to help develop a proportionate approach to allowing girls contact with males.

However, some mothers who are aware of the potential of abuse from males unrelated to their children may need more persuading to accept that male family members could also abuse. The evaluation findings showed that mothers could accept that child sexual abuse occurred, and that it was often perpetrated by males, but they could not accept that it could be perpetrated by females, Koranic teachers or by males on a close relative. What all of this suggests is that *informing* parents about the facts may not be enough to trigger acceptance of the possibility of abuse occurring in their family. Furthermore, the finding that mothers were persuaded that sexual abuse could happen within

their community or family after having heard about a true story of it occurring, suggests that prevention programme organisers need to present child sexual abuse information within strategies of *persuasion*. One of the most powerful strategies of persuasion, communicated by the mothers in this study, was to hear a story of familial abuse in the community told by a person who had either experienced or witnessed it.

Upholding pride in community, family and religion

Strategies of persuasion need to be built on the understanding that for some mothers, accepting the possibility of abuse in their community and family means feeling unable to uphold the honour of their family and community. Programme organisers, therefore, need to give mothers ways of reconciling acceptance of the possibility of abuse with the ability to demonstrate respect for their family, community and religion. Part of this might involve tapping into mothers' understanding that all humans exercise some degree of free will and choice in life, and that while communities have values and standards that members are expected to meet, not everyone chooses to meet them. It might also involve giving mothers ways of understanding the role that gender, mental illness or drug consumption can play in generating abusive incidents, which allows them to caveat the claim that abuse does not happen in their community.

However, care should be exercised that reference to gender, mental illness and drug consumption does not contribute to discriminatory attitudes. It is also worth acknowledging claims that sexual abuse in the Somali community in London was due to corrupting 'Western values'. Giving the space for such attitudes to be expressed is important so that an attempt can be made to challenge them. However, allowing the expression of such attitudes needs to be done in a way that avoids validating them. Furthermore, participants need to be challenged in a non-oppositional way to avoid mothers taking their views underground.

Supporting mothers through ambivalence

Strategies of persuasion should also take into account the idea that mothers often showed *ambivalence* about the possibility of abuse within their own community and in families. It may be that in prevention programmes, as in cases of disclosures of child sexual abuse (Humphreys, 1992, p28), *ambivalence* is a stage some mothers need to be supported through, before they can accept the reality of abuse. Moving mothers on from denial to ambivalence and then acceptance, means programmes need to provide opportunities for mothers to voice their doubts, and for programme organisers to listen to and hold those doubts. It should also be borne in mind that research on mothers'

responses to disclosures of familial sexual abuse shows a movement back and forth between denial, ambivalence and acceptance, and that mothers on prevention programmes may also need to be supported in equivocating, as a precondition for ultimately settling on acceptance.

Assessing the actual risk posed to one's children

Supporting accurate assessments of risk

It is one thing to accept the possibility of abuse; it is another to start analysing the actual risks posed to one's own children. The evaluation findings suggest programme organisers could be more effective in helping prevent abuse if they encouraged and supported mothers to use theories about situational risks to make assessments of risk posed to their own children (a similar point was implied by Smallbone et al, 2008, p192). Exploring the possible risks posed to one's own children can be the cause of some distress, so programme organisers should build in the capacity and skills to support mothers through this. Furthermore, it is important that mothers are good at identifying situational risk. While all risk calculations are to some extent guesses, programme organisers need to ensure mothers' calculations are informed by research theory and evidence (Smallbone et al, 2008, give a good overview of the evidence).

Deciding on strategies for lowering risk

Discussing risk

Where mothers are able to identify situational risks, programme organisers will need to help them assess whether it is safe to try and take action to reduce those risks.

Sidestepping explicit discussion

The evaluation findings from this project suggested that mothers did not always feel safe bringing up the issue explicitly. Some shied away from talking about child sexual abuse with family members because it meant they would have to break with the obligation held of them as women not to mention sexual issues and not to question the behaviour or motives of men in the family. Where this is the case, organisers should talk to mothers about the possibility of reducing situational risk without an explicit discussion about child sexual abuse. Where it is safe, mothers may need advice on how to discuss the issue with friends and family, whether the issue of child sexual abuse should be brought up explicitly and how to respond to adverse and challenging responses.

Childcare alternatives

In some cases, providing additional resources to mothers, such as childcare, might be what is required to prevent their children from experiencing situational risks.

Making it easier for mothers

Counselling

Taking the previously mentioned four steps to prevention can mean, in some cases, breaking with expectations about what mothers should talk about and how they should relate to male family members. This heightens the level of stress and anxiety experienced by mothers, and this study suggests that if mothers do not feel they can handle the stress, they may shy away from accepting, personalising and acting on programme knowledge. Prevention programmes that focus only on providing information to parents are unlikely to make the difference to mothers who feel fearful or powerless to change things. It may be that one-to-one support, including counselling and practical support, may be required. Social support is often needed to help people adjust to specific life crises (Hiebert-Murphy, 1998, p424) and the identification of *new* personal risks may be usefully understood as a crisis that mothers need to be supported through. It may also be that social support is needed to get some mothers to attend prevention programmes in the first place. Those whose children are safer, and those who have the resources to rearrange and renegotiate domestic arrangements, may feel more comfortable about attending prevention programmes.

Mothers helping mothers

Sources of support that programme organisers may wish to use could be professional experts, but it could also be mothers who have proven themselves to be effective in finding creative solutions to reducing risks, and who have been trained to work with other mothers. The evaluation of this project demonstrated how Somali mothers were influenced to take action after having witnessed another Somali mother talk about the sexual abuse she had experienced as a child.

Fathers and male relatives helping mothers

Programme organisers might also wish to help mothers identify male family members, including fathers, who could support them in finding solutions to reduce risks. In this study, mothers reported some male family members being supportive.

Childcare resources

Prevention initiatives operate on the basis that mothers who may be leaving their children in risky situations can, through reaching a better understanding of sexual abuse, find better arrangements for their children. However, the reality for some mothers may be that they have no affordable way of finding safer arrangements. Practical support may, therefore, be needed to help mothers find alternative forms of childcare (a similar conclusion was arrived at in a similar project reported on in Nelson, 2004) or ways of organising their day so they do not need childcare. This raises the question of just how easy it is generally for mothers whose children experience risk because of the childcare they receive to change those arrangements. If a large number of mothers are in this situation then it becomes an open question as to whether improving the material conditions of mothers' lives, so they can buy childcare or have more time to supervise their children, is a more cost-effective way of protecting children than rolling out large prevention programmes that focus on educating them about risks.

Creating a more supportive community

Some mothers felt unable to discuss concerns about situational risks with family members because doing so would cause them to fail to meet the expectation held of women to not talk about sexual issues and not raise doubts about male family members. Prioritising the expectation held of women, over and above acting to identify and lower situational risks, is a personal choice made by mothers, but it is not one that is made freely. The choice is made with the awareness of the adverse consequences that might arise were they to break with these obligations. These findings suggest that prevention programme organisers could be more effective if they were able to effectively challenge and change community attitudes to women talking about child sexual abuse and discussing doubts about male relatives.

Public campaigning and influencing may also play a useful role in helping mothers accept and personalise knowledge and negotiate change for their children. Programmes that get community leaders on board, to challenge the expectations held of mothers and women, and to acknowledge the need for both men and women to take action, may help mothers feel better able to address concerns. The role of television and the mass media would seem to be important here; several mothers reported shifting their acceptance of the possibility of abuse, and in some cases taking action to reduce situational risk, after having heard about an incident on television, radio or in the newspaper. Using schools and school parent committees may also be a useful means of putting out the message.

Evaluation

Prevention programmes need to be evaluated and tested. This project has shown that mothers need to take several steps to reducing situational risks, and programmes need to be evaluated against all of those steps. In particular, evaluations of programmes need to look at:

1. Whether parents accept programme information.
2. Whether the information has been applied and personalised.
3. Whether the information has led to the parents taking action, which reduces situational risks.
4. Whether reducing situational risks has led to a reduction in the levels of abuse experienced by the child or children concerned.

Demonstrating population impact in all these areas would require considerable resource. However, programmes could look at the impact on acceptance of prevention ideas, their application and attempts to address situational risk, relatively easily, through surveys. Furthermore, qualitative work could be used to better understand what helps and what hinders mothers from achieving these programme outcomes, in the way achieved in this study.

Conclusion

Sexual abuse prevention programmes have a history stretching back to the 1970s in the United States of America, where they were first developed (Wurtele, 2009). Programmes aim to increase knowledge, improve attitudes and intentions, increase carer communication with children about abuse and improve behaviours believed to reduce risk. Programme effectiveness is determined by measuring user change against these outcomes. The use of these outcomes as indicators of programme effectiveness rests on a number of questionable assumptions:

- Gains in knowledge and attitudes lead to behavioural change.
- Carers' reported increases in desired behaviour are accurate.
- Changed behaviours effectively lower likelihood of abuse.

Evaluation of prevention programmes targeted at children suggest these assumptions do not always hold, that is to say, positive programme outcomes do not necessarily lead to a reduction in abuse. Increases in correct verbal responses do not always lead to an improvement in behavioural response. Using learned self-protective behaviours to guard against threats or attempted assault does not always impact on whether abuse occurs. Children who understand prevention messages can go on to be sexually abused.

Could it be, therefore, that prevention programmes are missing a vital piece of the jigsaw? Could it be that prevention programme organisers have failed to understand the challenges to identify and lower risk in the home? The evaluation of this project suggests that the answer to both of these questions is yes. It has identified a number of issues that prevention programme organisers, focused on informing mothers about abuse and prevention behaviours, should attend to:

1. Mothers need to be *persuaded* that their children may be at risk of abuse, not just informed. Getting people, with whom mothers can identify, to recount personal stories of abuse is a good method of persuasion.
2. The journey towards identifying situational risk in the home is an emotional one, not just an intellectual one. Some mothers may find contemplating the risk of abuse and discussing the issue with family members sufficiently distressing that they cannot accept the possibility of abuse. In these cases, they may require one-to-one counselling to effectively address the issue.

3. Mothers need to find a way of accepting the possibility of abuse in their community, family and home while maintaining a sense of pride and respect for these same things. Introducing the idea that while communities have values and standards, not everyone chooses or is capable of meeting them, can help.
4. Mothers considering the possibility of abuse, like mothers handling disclosures of abuse, experience ambivalence about whether abuse can happen. Successful acceptance of the possibility of abuse may require programme organisers to give mothers the space to express and work through their ambivalence.
5. Mothers may accept the possibility of abuse without attempting to assess the actual risk posed to their children. They may need encouragement and support to carry out such an assessment.
6. Mothers may identify areas of risk, without feeling able to safely negotiate and lower that risk. They may need support to think about how they can either discuss the issues safely or sidestep explicit discussion and find indirect ways of effectively lowering the risk. They may need support to deal with the fact that there is no easy or safe way to lower the risk.
7. Part of the distress experienced by mothers when contemplating discussing the issue of abuse with family members is a fear of the consequence of breaking with expectations that women should not discuss sexual matters or question the integrity of men. Helping mothers protect their children may be facilitated by campaigns directed at men and women to effectively challenge community attitudes on what is acceptable for women, men and children to discuss.

In short, while the traditional focus of prevention programmes on improving knowledge, raising confidence and increasing communication with children may make the difference in some cases, where programmes do not work with mothers to address the emotional and social barriers to identifying risk and taking action, they risk failing some children. Paying attention to the emotional and social challenges faced by individual mothers is of course more resource intensive than a blanket information campaign, but it may turn out to be a more cost-effective method of preventing abuse.

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