

Parental engagement in child sexual abuse prevention education in Hong Kong

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Abstract

Objective: This study examined three dimensions of parental engagement in Child Sexual Abuse (CSA) prevention education (knowledge, attitudes and practices) to determine whether increased knowledge and attitudes favouring CSA education led to increases in parental behaviours while controlling for multiple factors.

Design: A random, digitally selected sample of 508 Hong Kong parents with at least one child in primary school answered a 47-question telephone survey designed by social workers and educators at a local community agency.

Method: Parental knowledge and attitudes were measured by scales, scored from 5 to 25 each. Three variables measured parental practices: sex-related topics discussed with the referenced child, CSA-prevention learning methods and a weighted score of CSA-prevention discussions. Univariate tests and multivariate analysis of covariance (MANCOVA) were used to analyse the data.

Results: A two-way MANCOVA indicated that attitudes were significantly associated with all the parental practices measured, while knowledge was correlated only with the covered sex-related topics. Parental gender and child gender revealed statistically significant differences in the results.

Conclusion: To encourage parental engagement in CSA prevention, educators can empower parents to take on the roles of supporters, planners, implementers and collaborators to deliver sexual health education. Praxis-oriented topics such as ‘how to talk to children’ in a standardised CSA curriculum may improve parental participation and increase their motivation to become peer trainers.

Keywords

Child sexual abuse, Chinese, elementary school children, parental engagement, prevention education

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Child sexual abuse prevention education

Rising child sexual abuse (CSA) statistics in China call for preventive action. A recent meta-analysis of studies in China reported that 8.9% of women and 9.1% of men had experienced CSA (Ma, 2018), while the Chinese media has estimated that only one in seven victims reported their incidents to authorities (The Paper, 2020). CSA prevention education programmes are school-based curricula to help children develop self-protection skills (Kenny et al., 2008). In Western countries, most such programmes are standardised and seek to engage children in both primary and secondary schools (Davis and Gidycz, 2000; Fryda and Hulme, 2015), aiming to increase protective factors within child's immediate environment (Kenny et al., 2008). Positive educational outcomes of these programmes include enhanced parental involvement in prevention, leading to increased child safety, content modification in line with appropriate developmental levels and the development of teaching methodology to enhance the use of anatomically correct terms for body parts (Kenny et al., 2008). Despite their effectiveness in promoting children's awareness and self-protection skills, it is unclear whether such programmes reduce CSA risks (Rudolph and Zimmer-Gembeck, 2016; Walsh et al., 2018).

Need for a holistic approach

Researchers advocate a holistic approach to CSA, emphasising parental engagement to prevent CSA as part of their role as offsprings' protectors and educators (Rudolph and Zimmer-Gembeck, 2016; Wurtele and Kenny, 2010). As protectors, parents can minimise opportunities for victimisation by increasing parental supervision and involvement. As educators, parents can discreetly teach children CSA knowledge and skills (Jin et al., 2017; Wurtele et al., 1992). Rudolph et al. (2018a) have argued that parents can protect children through both direct and indirect approaches. Direct approaches encourage parents to supervise children's daily activities closely, minimising the risk of encountering potential sexual abuse perpetrators and reducing the chance that a perpetrator can create a situation conducive to sexual abuse (Kurtça, 2022). Indirect approaches invite parents to apply child-centred methods, such as discussing news stories from a child's perspective, while helping children build critical thinking skills and avoid situational risks (Craig, 2022).

Parental engagement in CSA prevention education

Previous studies highlighting the importance of parental engagement (Kenny et al., 2008; Wurtele and Kenny, 2010) have identified three key dimensions of parental engagement: knowledge, attitudes and actual praxis (Babatsikos, 2010). Parental knowledge covers definitions, prevalence, signs of abuse, gender-specific risks and perpetrator characteristics. Parental attitudes include parents' perceptions of their responsibility to prevent CSA (Salloum et al., 2020), their risk perceptions of CSA, personal comfort levels in discussing CSA with children, belief in children's reports of abuse, willingness to educate children about this topic and support for CSA prevention through school-based programmes. Praxis in CSA prevention comprises discrete practices, including active participation in CSA discussion with children, addressing topics surrounding CSA, providing educational materials and attending or intending to attend CSA prevention programmes. This three-dimensional framework captures the various forms of parental engagement in CSA prevention.

Multiple demographic factors are associated with parental engagement in CSA prevention education. According to Walsh et al. (2012), mothers are more likely than fathers to discuss CSA prevention skills with their children. Some studies have found parents with higher education levels to be more open-minded towards school-based CSA prevention education (Chen et al., 2007), while

others report no differences (Jin et al., 2019). Child's age was significantly associated with parents' involvement in CSA prevention – the parents of elementary school children (5–12 years old) were more likely to communicate about CSA prevention than those of younger children (0–4 years old) (Walsh et al., 2012). Child's gender, however, was not significant – parents reported similar levels of CSA prevention discussion with sons and daughters (Chen et al., 2007). A recent study with 248 Australian and UK parents noted that positive parenting (measured by parental monitoring, involvement and parent–child communication) was associated with greater parental involvement in CSA prevention education (Rudolph et al., 2018b).

CSA prevention education in China

Historically, conservative attitudes towards the discussion of sexual matters have created barriers to CSA prevention education in China. In 2017, a series of textbooks that addressed CSA as well as other issues was excluded from the school curriculum for elementary-aged children in China because some parents had complained about its explicit sexual content (Ji and Reiss, 2022). In this environment, the relationship between knowledge, attitudes and behaviour coupled with a notable reticence to address CSA has led to a lack of understanding and negative attitudes and impeded parent–child educational conversation in this area.

Before 2021, not-for-profit organisations were the primary organisers of CSA prevention education programmes. For example, *Nv Tong Bao Hu* (女童保护) has trained volunteers to teach the Love and Protect Our Bodies (爱护我们的身体) programme to elementary school children to help them understand the concept of mutual respect, and distributed CSA protection booklets to 4.6 million children (Girls Protection, n.d.). In 2021, the Chinese government mandated the provision of sexual health education in schools (Ministry of Education, 2021). In response to increased CSA rates, this changing political landscape has necessitated a review of the current state of affairs and areas for improvement in CSA.

Since 1971, the Hong Kong government has encouraged, but not mandated, sex education in secondary schools, compelling schools to independently collaborate with relevant local agencies (Andres et al., 2021; Au, 2021). Ten years ago, some high schools commenced work with the End Child Sexual Abuse Foundation (ECSAF, 2021) to provide CSA prevention education. ECSAF developed a mobile learning bus and taught self-protection strategies to children. In consenting schools, younger students learned about topics such as protecting our bodies, identifying risks and responding to CSA, while adolescents practised 'Aware, Refuse and Tell' strategies. ECSAF's education staff took the mobile classroom to schools to demonstrate these self-protection skills. Students were encouraged to respect others and protect themselves against sexual advance, with over 800,000 students receiving CSA prevention education over the course of a decade (ECSAF, 2021).

Parental engagement in CSA prevention education in China

Given rising CSA statistics, Lu et al. (2022) consider input from different stakeholders (e.g. teachers, parents, social workers) vital because existing forms of prevention are insufficient (p. NP5166). However, most Chinese parents consider CSA prevention a matter of 'stranger danger' (Chen et al., 2007) and do not understand that most CSA is perpetrated by adults (including family members) who already know the child (China Development Brief, 2022). Over 15 years ago, 90% of Chinese parents reported alerting their children to stranger danger, about 60% talked about the importance of protecting and respecting others, but only half encouraged their children to tell a trusted adult if they were facing or suspecting sexual abuse (Chen and Chen, 2005; Chen et al.,

2007). Even today, over 95% of parents think CSA prevention should focus solely on stranger danger (Guo et al., 2019; Zhang et al., 2020).

Multiple studies have reported troubling parental attitudes, including parents minimising the risks the children face, feeling embarrassed about discussing sex, lacking relevant CSA education skills and worrying about increasing sexual curiosity (Xie et al., 2016). They also report outright misinformation among 28%–35% of parents who believe that sexual abuse always results in visible physical injuries (Guo et al., 2019) or that boys cannot be victims (Chen et al., 2007), despite clear research showing the contrary (Ma, 2018).

To better understand the relationship between parental attitudes, knowledge and practices and their relationship to engagement in CSA prevention education, recent studies (Chen et al., 2007; Guo et al., 2019; Jin et al., 2019; Zhang et al., 2020) have utilised the three-dimension model (Attitudes, Knowledge and Practices) with varying results. Some studies have found no significant correlation between knowledge or attitudes and practices (Chen et al., 2007). Others have reported opposite results (Jin et al., 2019; Zhang et al., 2020). Parental efforts to prevent CSA and parental knowledge about CSA appear statistically uncorrelated (Chen et al., 2007; Guo et al., 2019). The most supportive findings have been the significant correlation between positive parental attitudes towards CSA prevention education and parental engagement in prevention activities (Chen et al., 2007; Jin et al., 2019).

One CSA prevention study using a convenience sample drawn from a Chinese primary school found that children in both parent and teacher instructional groups reported higher levels of knowledge and better self-protection skills than the control group (Jin et al., 2017). Nevertheless, Chinese parents prefer school-based programmes, feeling that their lack of skills as educators may lead to an unintentional focus on fear and stranger danger but not on sexual abuse prevention (Chen et al., 2007). While content determination is critical, CSA education should aim to directly impact children's self-protection knowledge and strategies, and increase parental engagement in child protection activities, as noted above.

Against this background, in 2017, we collaborated with ECSAF to analyse their existing data collected anonymously from Hong Kong parents regarding their participation in CSA prevention for their children of primary school age. We set out to study the following research question: Do increased knowledge and attitudes favouring CSA education lead to increased parental behaviours in CSA prevention education while controlling for multiple factors?

Methods

Research design

From March to May 2017, ECSAF hired a team of 10 trained interviewers from a university research centre to recruit parents using by calling every 10th number from a telephone list of all four Hong Kong residential districts. Data came from 509 consenting parents in total. The inclusion criteria were as follows: adults aged 18 or older, being the parent of at least one elementary-school-age child, speaking Cantonese or Mandarin and verbally consenting to a telephone interview. This study received exempt status from the Institutional Review Board of The University of Houston based on the use of secondary data without subjects' personal identifiers.

Measures

Social workers and CSA educators at ECSAF designed the survey instrument in a manner informed by the research literature and their work experience with parents in Hong Kong.

Table 1. CSA prevention content communicated to children.

Item ^a	% Parents in Chen et al. (2007)	% Parents in this study	Weighted score ^a
1. If sexual abuse happens, you should tell your parents or other trusted adults.	46.8	89.7	20
2. You should not let other people, even your relatives or friends, see or touch your private parts.	Not covered	87.6	20
3. If someone wants to see or touch your private parts, you should say "No" and leave at once.	60.9	93.5	15
4. Your private parts (covered by a swimsuit/bathing suit) should not be touched by others.	66.5	93.1	10
5. If a stranger wants you to take them someplace, you should not go with them.	97.8	96.8	5
6. You should not accept gifts from strangers unless your parents give permission.	98.6	91.1	5

^aThe partner agency provided the weighted score (5–25) based on practice experience and findings from the Chen et al. (2007) study.

The 47 questions were divided into five sections: referencing child demographics; respondents' knowledge of CSA; parental attitudes towards CSA prevention education; parental practices in CSA prevention education; and parental demographics. Respondents answered the questions in relation to their youngest child of elementary school age (the 'reference child').

Reference child demographics included information about the age and gender of. Parental Attitudes included a measure of beliefs about the possible services offered by CSA prevention educators, parents' willingness to attend educational events and activities, topics of interest and thoughts about who should serve as CSA educators.

Parental practices. Parental practices included the items that parents discussed with their children and comprised 11 CSA prevention education questions; 10 questions on learning methods for CSA prevention, including types of access to prevention materials; and 6 questions regarding prevention conversations with the reference child.

Parental practices were measured in relation to three parent–child communication constructs in CSA prevention. The first construct, sex-related topics included reference to genitalia and anatomy, pregnancy and childbirth. One point was assigned to each of 11 topics discussed with the reference child (Cronbach's $\alpha = .761$). The second construct, learning methods, assessed the tools and sources (e.g. television, programmes, brochures, books) used by parents to improve their CSA knowledge. One point was assigned to each method used by the respondent (Cronbach's $\alpha = .657$). The third construct, prevention discussions, was measured by the weighted scores on six CSA prevention topics discussed with the reference child (Cronbach's $\alpha = .656$). The weighting decision was informed by the response rate to each communication item reported by Chen et al. (2007). Table 1 presents the weighting details.

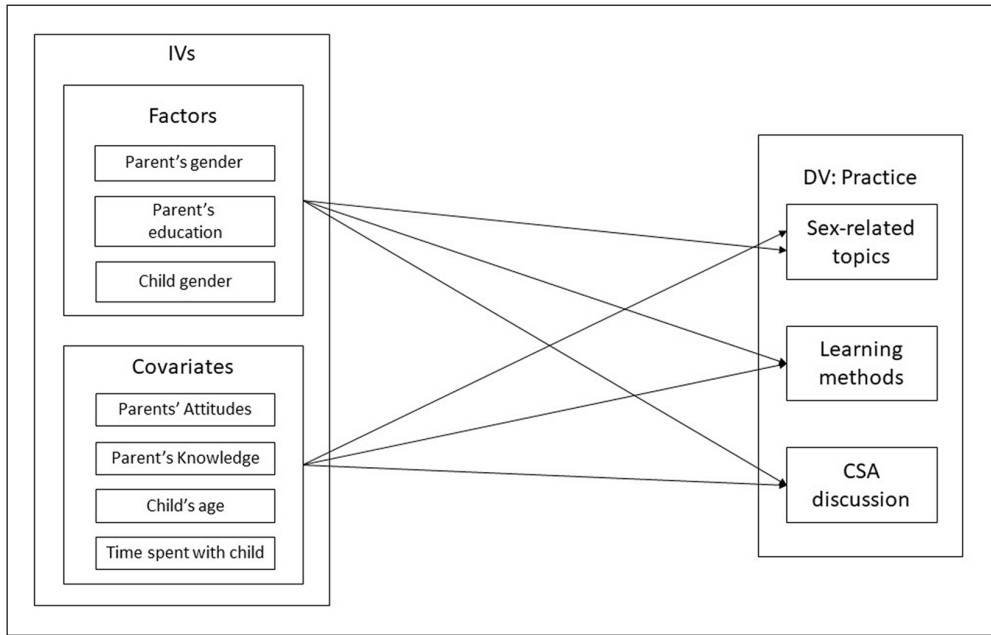


Figure 1. Analytic model: multivariate analysis of covariance (MANCOVA).

Parental knowledge and attitudes towards CSA prevention. Two sets of five-item 5-point Likert-type scales measured parental knowledge and attitudes. The agency adopted these items because of their relevance to the Hong Kong context, as suggested by previous studies (Babatsikos, 2010; Chen et al., 2007). Summed scores could range from 5 to 25, with higher scores indicating more accurate knowledge or a more positive attitude.

The internal reliability for the two scales was relatively low (Cronbach's $\alpha = .41$ and $.45$, respectively). Although the findings should be interpreted cautiously given the low Cronbach's alpha coefficients, due to the small number of questions comprising the scale (5) a lower coefficient is not necessarily a cause for undue concern, given that the measure is highly dependent on the number of items. Furthermore, while the ECSAF selected these items based on relevance to Hong Kong as a de novo measure, further research must evaluate factor loading and saliency. The results in the attitudes section should be read bearing this caveat in mind.

Control variables. This study controlled for parents' gender, and referenced the child's gender, parents' education levels, and general parenting practices in the final model. Gender was binary-coded (0=female and 1=male). Parents' education level was a categorical variable (1=high school and below, 2=post high school and above), with mother and father measured separately. In the survey, a question measured 'quality time' with the referenced child was assessed through the question, 'How many hours do you spend staying closely with (supervising) your child daily?' and served as a proxy for the supervision level of the parents. This variable had answers ranging from 0 to 24 hours.

Data analysis. Multivariate analysis of covariance (MANCOVA) was conducted to answer the research question (see Figure 1 for the analytic model). The independent variables (IVs) included the three factors (categorical variables) and the four covariates (continuous variables) mentioned above. The factors were the parents' gender, parents' level of education, and the reference child's

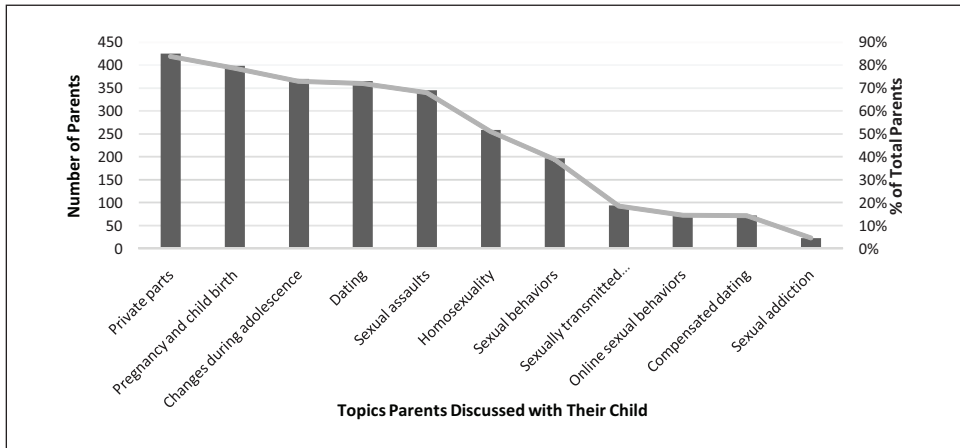


Figure 2. Topics parents discussed with the reference child.

gender. The covariates were parental knowledge scores, attitude scores, quality time spent, and the reference child's age. The three constructs denoting prevention practices were included in one model as dependent variables (DVs). Although additional dimensions exist within parental practices of CSA prevention, agency staff chose these constructs to focus on for programme design purposes. MANCOVA is an appropriate test to use to demonstrate the effect of the factors and illustrate how covariates may interact with a linear combination of DVs. The standard assumptions required for MANCOVA were tested. Results on Box's M test proved significant, indicating a violation of equal covariance matrices; therefore, Pillai's Trace criterion was reported.

Results

Participant demographics

Parents participating in the survey included 187 (36.8%) fathers and 321 (63.2%) mothers. On average, they were 42.6 years old ($SD=6.21$). Mothers were significantly younger (40.5 years) than fathers (46.1 years) ($t=9.289$, $df=251.89$, $p<.001$). Almost half of the participants ($n=251$, 49.4%) had an education level of high school or below, followed by undergraduate education ($n=188$, 37.2%) and graduate education ($n=66$, 13.1%). The reference child had an average of 8.8 years old ($SD=1.76$). Parents spent an average of 5.27 hours ($SD=3.37$) of quality time daily with the reference child, with mothers spending 2.1 more hours on average than fathers. While most parents (98.2%) agreed that CSA prevention programmes should be delivered to children from first grade, only 32.6% felt it appropriate to start earlier.

Regarding communicating knowledge with the reference child, the respondents reviewed 11 sex-related topics (see Figure 2). They scored an average of 5.16 ($SD=2.45$) on the 0 to 11 scale, with 19 (3.7%) parents scoring zero. Among the 10 methods of learning about CSA prevention (see Figure 3), they scored an average of 2.28 ($SD=1.92$) on the 0 to 10 scale, with 97 (19.1%) parents scoring zero. For questions on the six-item communication topics of CSA prevention with children (scores ranged from 0 to 70) (see Table 2), their practices score was relatively high ($\bar{x}=63.56$, $SD=.62$), with only two (0.4%) parents scoring zero. Based on the items that measured parental attitudes (see Table 3), parents showed a relatively positive attitude toward CSA prevention, scoring 20.08 on a continuum from 5 to 25 ($\bar{x}=20.08$, $SD=2.93$). Based on the five items that measured

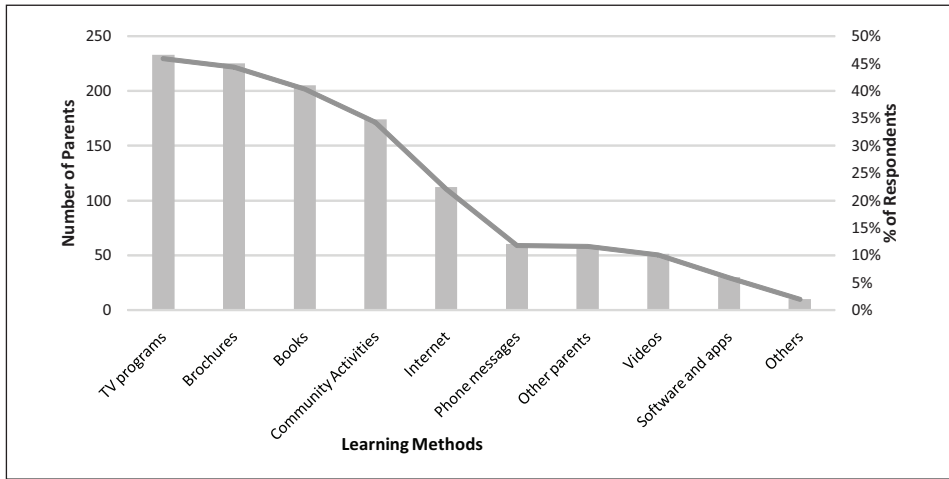


Figure 3. CSA learning methods reported to be used by parents.

Table 2. Participants' demographics.

Variables	Categories	n	%		
Parent's gender	Father	187	36.81		
	Mother	321	63.19		
Parent's education levels	High school and below	251	49.70		
	Post high school	254	50.30		
Child's gender	Boy	262	51.57		
	Girl	246	48.43		
Continuous variables	Min	Max	M	SD	
Quality time spent daily with the referenced child (number of hours)	1	24	5.27	3.37	
Child's age	6	13	8.81	1.76	

SD: standard deviation.

knowledge (see Table 4), parents showed a moderate level of CSA knowledge (\bar{x} = 18.09, SD = 2.90) on a continuum between 5 and 25.

Model results

Knowledge and attitude had significant covariate effects on overall parental practices (Pillai's Trace = .031, $F_{(3, 91)} = 5.237, p = .001$; Pillai's Trace = .061, $F_{(3, 487)} = 10.754, p < .001$, respectively). Parents' gender, time spent daily with their children, and the child's age significantly impacted parental practices (Pillai's Trace = .065, $F_{(3, 491)} = 11.455, p < .001$; Pillai's Trace = .065, $F_{(3, 491)} = 11.455, p < .001$; Pillai's Trace = .019, $F_{(3, 491)} = 3.218, p = .023$; Pillai's Trace = .077, $F_{(3, 491)} = 13.715, p < .001$, respectively). The interaction between the parent's and child's gender also significantly affected parental practices (Pillai's Trace = .026, $F_{(3, 487)} = 4.021, p = .008$). Other factors in the model did not significantly impact overall parental practices. Attitudes as a variable

Table 3. Parents' attitudes towards CSA prevention.

Items	Attitude score ^a	
	M	SD
1. Parents should listen if children tell their parents about a sexual abuse encounter.	4.59	.58
2. Children should learn about CSA prevention from primary school.	4.47	.80
3. Discussing CSA prevention with children will make parents feel uncomfortable.	4.00	1.09
4. CSA prevention education will make children know too much about sex.	3.62	1.16
5. Children will acquire CSA knowledge when they get older.	3.48	1.34
Average of Total Scores (N=508)	20.08	2.93

Range of total score: 5 to 25. SD: standard deviation; CSA: child sexual abuse.

^aMean score from 1 to 5 (5 being most positive in attitude).

Table 4. Parents' knowledge of CSA prevention.

Items	Knowledge score ^a	
	Mean	SD
1. Problems of CSA exist around the world. (T)	4.71	.55
2. A person who sexually abused a child once will likely repeat the offence on that child. (T)	4.46	.70
3. Children are most likely to be sexually abused by strangers. (F)	4.29	.76
4. Females do not sexually abuse children. (F)	4.02	.96
5. There will be apparent physical injury if a child has been sexually abused. (F)	2.16	1.18
Average of total scores (N=508)	18.09	2.90

Range of total scores: 5 to 25; T=True and F=False. SD: standard deviation; CSA: child sexual abuse.

^aMean score of each knowledge item ranges from 1 to 5 (5 indicating the highest knowledge accuracy).

accounted for 6.1% of the variance in overall parental practices behaviour ($\eta^2=.061$), followed by knowledge ($\eta^2=.031$), parent's gender ($\eta^2=.020$) and time spent daily with their children ($\eta^2=.019$).

Table 5 summarises findings from the two-way MANCOVA. Among different types of parental practices, the model explained 21.9% of the variance in sex-related topics, 10.0% of the variance in learning methods and 8.5% of the variance in prevention discussion. The average score of attitudes was associated with all three dimensions of parental practices. Parental attitudes were significantly correlated with sex-related topics these parents communicated with the reference child ($F=27.873$, $p<.001$, $\eta^2=.054$), the learning methods parents used with their children ($F=9.673$, $p=.003$, $\eta^2=.019$), and scores on CSA prevention discussions ($F=10.779$, $p=.001$, $\eta^2=.020$). However, parental knowledge was only significantly correlated with the number of sex-related topics ($F=15.017$, $p<.001$, $\eta^2=.030$). To further explore effect directionality, we conducted three separate linear regression models. The results are presented in Appendix 1 of the online supplemental material.

Table 5. Two-way MANOVA on parental practice.

Independent Variable	Parental practice	df	MS	F	p	Effect size ^a
Attitude	Sex-related topics	1	134.084	27.873	<.001	.054
	Learning methods	1	32.798	9.673	.002	.019
	Prevention discussion	1	1933.261	10.779	.001	.020
Knowledge	Sex-related topics	1	72.239	15.017	<.001	.030
	Learning methods	1	3.557	1.049	.345	.002
	Prevention discussion	1	407.680	2.273	.170	.004
Time spent	Sex-related topics	1	2.572	0.535	.545	.001
	Learning methods	1	30.292	8.933	.003	.018
	Prevention discussion	1	325.690	1.816	.186	.004
Parent's gender ^b	Sex-related topics	1	42.688	8.874	<.001	.041
	Learning methods	1	7.447	2.196	.002	.019
	Prevention discussion	1	558.289	3.113	.002	.020
Parents' education	Sex-related topics	1	8.073	1.678	.902	<.001
	Learning methods	1	0.977	0.288	.474	.001
	Prevention discussion	1	293.803	1.638	.093	.006
Child gender ^b	Sex-related topics	2	0.469	0.097	.778	<.001
	Learning methods	2	0.001	0.000	.327	.002
	Prevention discussion	2	452.663	2.524	.982	<.001
Child age	Sex-related topics	1	174.731	36.322	<.001	.068
	Learning methods	1	22.134	6.528	.001	.014
	Prevention discussion	1	36.539	0.204	.748	<.001
Parent education x parent gender	Sex-related topics	2	12.262	2.551	.045	.008
	Learning methods	2	9.438	2.739	.097	.006
	Prevention discussion	2	303.722	1.691	.238	.003
Parent gender x child gender	Sex-related topics	1	35.626	7.413	.005	.016
	Learning methods	1	0.164	0.047	.808	<.001
	Prevention discussion	1	1151.210	6.408	.010	.014
Parent education x child gender	Sex-related topics	2	5.706	1.187	.632	<.001
	Learning methods	2	6.300	1.828	.708	<.001
	Prevention discussion	2	910.591	5.069	.739	<.001

MS: Mean squares.

^aEffect size = partial η^2 .

^bGender: 0 = Female, 1 = Male.

The interaction effect between the parent's and child's gender was significant for sex-related topics ($F=7.413, p=.007, \eta^2=.016$) and prevention discussions ($F=6.408, p=.010, \eta^2=.014$), but not learning methods. Mothers were more likely to conduct CSA education with girls, and fathers were more likely to do so with boys. However, mothers still reported discussing higher numbers of sex-related topics than fathers, and did so with children of both genders. Appendix 2 in the online supplemental material shows the directions of the interaction effects.

Discussion

This study examined the relationship between parental attitudes towards CSA prevention, related knowledge and three categories of parental practices in prevention education: parent-child communication on sex-related topics, parental learning methods, and CSA prevention discussions. The

parental attitude score was significantly associated with all three categories of parental practices, while parental knowledge only significantly correlated with the number of sex-related topics discussed with the reference child. Our findings contribute to current understanding of parental engagement in CSA prevention by stressing the importance of parental attitudes to acquiring knowledge on CSA topics.

Findings on the relationship between parental attitudes, knowledge and practices in CSA prevention echo those reported in previous studies involving parents in China (Chen et al., 2007; Guo et al., 2019; Jin et al., 2019), but with a more representative sample and improved measurements. Previous studies collected data from parents in schools who shared similar socioeconomic characteristics, limiting their generalisability to a larger population. This study used a random sampling method, which may better reflect the population of elementary school parents in Hong Kong, and perhaps other metropolises in China.

In terms of measurement, previous studies only measured parents' practices by whether they had a CSA prevention discussion with children (Chen and Chen, 2005). This study expands discussion to three categories: CSA prevention discussions, discussion of sex-related topics, and parents' use of different learning methods. Furthermore, prior studies only measured parents' attitudes towards school-based CSA prevention education, while this study incorporated a measure examining parents' role as educators, as reported in the results.

Like Walsh et al. (2012) and Guo et al. (2019), this study found that mothers were more engaged in CSA prevention than fathers. However, fathers' level of engagement was higher for boys than girls and parents may feel that same-sex teaching is more comfortable and practical for both parties. These gender findings support practitioners when they applied practice strategies to increase paternal engagement in CSA prevention. Similar to Walsh et al. (2012), our study found that the parents of older children were more likely to engage in CSA education. Finally, time spent with the child was associated with the number of ways parents learned about CSA prevention with their child. Although time spent is not an ideal proxy for parental supervision, it suggests the potential impact of general parenting practices on CSA prevention efforts (Rudolph et al., 2018b). This should be further studied in future research.

Wurtele and Kenny (2010) suggested that encouraging parents to discuss prevention-related topics with their children is a critical CSA prevention strategy. Based on these findings, four steps may help to increase parental engagement: (1) provide parents with accurate and essential CSA knowledge, (2) assist parents in advocating for school-based CSA prevention, (3) encourage parents to engage in ongoing CSA-related discussions by increasing their comfort-level and offering appropriate tools and (4) leverage the relationship by parents from different families to help make CSA education as ubiquitous in China as training children to be cautious when crossing the street.

Informed by these findings, practitioners in the CSA field can help move discussion of effective CSA prevention beyond a focus on stranger danger to addressing the other issues presented in this research. Arming parents with appropriate knowledge about the risks and hazards of CSA, and providing appropriate media packets on CSA education, could help parents provide appropriate factual information to their children. The misinformed belief that educating children about CSA may increase sexual behaviour rather than serve as a protective barrier to unwanted sexual interest or harm should be further explored. Furthermore, parents can use action in school as convenient openings for discussions at home to underscore important messages and share family-specific mores in this area.

Ongoing CSA-related discussion between parents and children should be encouraged and supported. In creating future CSA tools, educators should take account of the propensity for there to be father-son and mother-daughter conversations, while supporting cross-gender discussion. Finally, by leveraging the power of peer effects, more assertive parents in CSA education and

advocacy can help encourage other parents who may be more reticent in this area by sharing their knowledge and information in informal settings.

Limitations

While this study focused on parental responses and engagement efforts in CSA prevention practices with a representative sample of Chinese parents, the following limitations are to be noted. First, the lack of standardised measures for sexual abuse education evaluation renders these items exploratory, even though items measuring CSA knowledge and attitudes were based on recommendations from field practitioners. Second, although this work provides a more comprehensive picture of practices by dividing the subject into three practice categories (sex-related topics, CSA prevention education and learning methods), these were not measured on the same scale, and further research should evaluate saliency and factor loadings for each dimension. A third limitation related to the data collection methodology. The cross-sectional design utilised limited the sampling frame to only include people with public, accessible phone numbers who answered phone calls during research hours and who then consented to participate in the survey. Sample bias may have been introduced through opt-in respondents, lack of veracity or recollection of self-reported data and agreement bias. While trained professionals conducted the interviews to minimise these risks, it may be somewhat attenuated. Finally, this sample came from a large, well-developed, urban city. The findings may not be generalisable to groups in other contexts.

Suggestions for future research

In future research, parents' comfort level when conducting CSA-prevention education should be evaluated. The current dataset included a child-focused item ('Discussing CSA prevention with children makes parents feel uncomfortable') to measure parental opinions as educators, which agency staff found informative. Further research into the core dimensions of parental practices with respect to CSA prevention education is strongly advised. Additional indicators of practice in CSA prevention are needed beyond asking parents whether they discuss CSA with children (Rudolph et al., 2018b). Future studies could consider the inclusion of additional factors, such as parenting styles and cultural influences, to explain parental engagement in CSA prevention (Livingston et al., 2020). In addition, follow-up qualitative studies could document children's input into the training their parents should receive to improve their communication about sensitive matters, thus encouraging children to disclose information that can prevent sexual abuse.

Conclusion

This study examined the relationship between knowledge, attitudes and parental practices in CSA prevention education of 508 surveyed parents in Hong Kong. Most parents (71%) reported talking to their children about how to protect themselves. Their attitudes towards CSA prevention had a significant covariate effect on their parenting practices, but their knowledge of CSA did not. Future research could compare parents of different engagement levels to identify how parental involvement in prevention education may influence children's self-protection behaviour. These results support including parental input in practice-oriented, child-focused curriculum design.

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Supplemental material

Supplemental material for this article is available online.

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