

“What do mothers know about child sexual abuse?”: A qualitative investigation

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ABSTRACT

The perceptions of mothers about child sexual abuse (CSA) and their levels of knowledge concerning the issue are critical for child abuse intervention and prevention. To date, however very little research has been conducted on this subject in the context of Turkey. Given that gap in the literature this study aims to evaluate the perceptions of Turkish mothers about CSA and recommend means of abuse prevention and intervention, and in doing so improve understanding of the topic. Descriptive phenomenological patterns derived from the qualitative research approach were used to shed light on the CSA perceptions of 15 Turkish mothers with children who were 3–6 years of age. The researchers interviewed the mothers with 11 structured questions and the resulting data were then analyzed with MAXQDA-18. Five main themes related to CSA emerged: defining CSA, as being aware of risk-factors, engaging in protective and preventative behaviour, recognizing cases of CSA and reacting to incidences of CSA. These findings are then discussed in terms of developments in the literature, as well as their implications, and recommendations are considered together with future research directions.

1. Introduction

All forms of child abuse and neglect have become a major concern worldwide. Research has shown that there is a striking link between CSA and long-term physiological, psychological and social problems which renders it a pressing public health and human rights issue (Hillis et al., 2016; Stoltenborgh et al., 2011). CSA, which has been defined as sexual activity in which a child is involved while being unable to developmentally understand or consent to it, has drawn increased interest in terms of human rights, and the World Health Organization (1999) has referred to it as a public health crisis. It has been claimed that worldwide 18 % of girls and 7.6 % of boys experience CSA (Stoltenborgh et al., 2011). According to a judicial statistics report issued in Turkey in 2019, the most frequent sexual criminal acts involve sexual abuse of children (46 %), and 51,598 such crimes were reported (T.C. Adli Sicil ve İstatistik Genel Müdürlüğü, 2019). Since that figure only represents reported cases, which are probably only a fraction of actual incidents, it can safely be concluded that CSA is a very serious issue in Turkey.

Privacy education in early childhood is important for preventing CSA (Zastrow & Kirst-Ashman, 2007). While it is possible for children to acquire knowledge about personal safety and related forms of behavior

at an early age (Kenny & Wurtele, 2010), focusing on parents' education on this issue is also crucial (Brown & Saied-Tessier, 2015; Tutty, 1993; Wurtele, 2008).

Very few empirical studies have been carried out about the knowledge base and perceptions of families in Turkey regarding CSA. Keser et al. (2010) have demonstrated that families in Turkey, lack information about CSA, and some of the participants in their study displayed a tendency to deny incidences of CSA even if their children claimed it was happening, or they attempted to cover it up, believing that CSA would not have long-term psychological effects. In contrast, Özer (2014) found that parents in Turkey who are more aware and have a better understanding of CSA are less likely to take incorrect precautions. While the existing research indicates that parents are generally unfamiliar with the specific symptoms of sexual abuse, few scholarly investigations have explored precisely how CSA is defined by parents (Babatsikos, 2010; Wurtele & Kenny, 2010). Such information is necessary for carrying out interventions, applying methods that are applicable to particular situations, implementing preventative measures and creating appropriate content for educational programs.

Hooper (2013) has asserted that mothers are often seen as the primary adult in charge of protecting children from abuse because children

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tend to tell their mothers more than they would reveal to an expert. As such, mothers act as a bridge between their families and the public in cases of abuse, and given that situation they are more likely to seek specialist help. Other studies have also shown the important role that women play in preventing CSA; it has been determined that mothers have a tendency to worry more than fathers, take better precautions to protect their children from abuse (Elihoş, 2019; Özer, 2014) and talk to their children more about CSA than male parents (Babatsikos, 2010).

Although the critical role and importance of mothers in dealing with CSA have been examined extensively in various studies carried out in different parts of the world, no qualitative research has been carried out in Turkey with the express goal of exploring the perceptions and knowledge of mothers with regard to this issue. Intending to fill this gap in the literature, this study aims to explore the CSA knowledge and perceptions of mothers who have children 3 to 6 years of age by focusing on their preventive actions.

2. Method

2.1. Methodological framework

In this study, the phenomenological method was applied to examine the CSA perceptions of mothers with children aged 3 to 6 years old. The phenomenological approach involves trying to comprehend a given case by understanding the meaning of events and interactions in certain situations while emphasizing the specificity of human behavior (Bogdan & Biklen, 2007). Semi-structured interview methodology were chosen because it provides opportunity for close exploration how participants make sense of child sexual abuse (Patton, 2002; Smith et al., 2009). This method gives an in-depth and unique understanding of this phenomena through facilitating participants' expression (Smith et al., 2009).

2.2. Participants

The participants in this study (see Table 1) consisted of 15 married mothers who were 26 to 37 years of age. They were selected on the basis of four criteria: they had to have at least an undergraduate degree; their first child had to be 3 to 6 years old; their child had to be attending preschool; and, neither they nor their children should have experienced sexual abuse before. Our justification for the third criterion was that parents may be more concerned about risks outside the home when their children start to attend school.

2.3. Data collection tools

The authors prepared a series of interview questions, which were

Table 1
Demographic Information.

Participants	Age	Occupation	Employment Status	Number of Children	Age of First Child	Age of Second Child
1	27	preschool teacher	unemployed	2	5 y	2 y
2	30	literature teacher	unemployed	1	5y	-
3	30	industrial engineer	employed	2	5y	3y
4	34	computer teacher	unemployed	2	6y	3y
5	29	primary school teacher	employed	1	6y	-
6	26	public administrator	employed	1	4y	-
7	37	secretary	unemployed	1	4y	-
8	30	secretary	employed	2	6y	2y
9	31	academician	employed	2	4y	1y
10	31	public relations	unemployed	2	5y	1y
11	32	secretary	employed	1	5y	-
12	32	graphics designer	employed	1	6y	-
13	34	architect	employed	1	4y	-
14	35	primary school teacher	employed	2	5y	2y
15	29	research assistant	employed	1	4y	-

Note: y = years.

then evaluated by a specialist in the field of CSA, and in the end a total of 11 questions were selected. The questions sought to elicit the mothers' views and perceptions about CSA. The following queries are indicative of the type of questions we asked: What forms of behavior would you consider to be CSA? Within the context of CSA, what are some common misguided attitudes towards children that you have observed in society or other people's families? If a child is exposed to sexual abuse, how does it come to light? What can be done to protect children and prevent CSA?

2.4. Procedures

The authors asked some of their acquaintances to help them locate mothers who fit the criteria described above and who would be willing to take part in the study. During their pre-interviews with potential participants, the first and second authors clearly stated the purpose of the research and explained that any and all information would be treated with the strictest confidentiality. The participants were informed that they could abandon the interview or refrain from answering the questions. They were free to request information on any aspect of the study at any time. The semi-structured interview, which lasted approximately 30 to 40 min, were recorded and then transcribed verbatim by the third author. The textual data was then fed into MAXQDA-18 for the purposes of qualitative data analysis.

The main topics of the study were determined by means of a literature review, which also served to clarify our primary themes. Our participants' answers were then used to identify subthemes, and within the framework of the primary themes we established, the perspectives and beliefs of the mothers who took part in this study were further analyzed with the aim of improving understandings of the issue.

The required institutional review board (IRB) approval was obtained (dated 16 June 2022) from the Ethics Committee of Bartın University to which one researcher is affiliated (IRB: 2021-SBB-0039).

2.5. Data analysis

For our data analysis we followed the steps outlined in Colaizzi's descriptive phenomenological method (Morrow et al., 2015, p. 644), which is one of the most widely used approaches in the literature. After the third author transcribed the interviews, the first and second authors read them in detail and coded the texts verbatim. After the coding was completed, they identified suitable concepts and themes, and lastly the themes and sub-themes derived from the data analysis were checked by three experts who are specialists in both CSA and qualitative research.

2.6. Trustworthiness of the research

Reflexivity is a critical criterion for ensuring the trustworthiness of qualitative research (Morrow, 2005). Accordingly, the authors tried to avoid including their own beliefs to the greatest extent possible during both the interviews and the process of analysis. In order to do this, the authors made an effort to increase their awareness of CSA by taking notes about their thoughts and feelings during and after the interviews (Creswell, 2013). Another way to ensure reflexivity is to involve more than one person in the coding process (Patton, 2002). In line with that approach, the first and second authors coded the data separately and, their work was checked by an inquirer. In addition, direct quotations from the interview transcripts were included in findings (Creswell, 2013) to ensure that the participants' statements were correctly conveyed and free of misinterpretation.

3. Findings

The main themes of the study and their relationships with the sub-themes that were identified are presented in Fig. 1.

3.1. Defining CSA

All of the mothers emphasized physical abuse first when defining CSA. Such forms of abuse were defined within the scope of a wide range of actions that included touching children's genital regions and, engaging in behavior that could be disturbing for children, including embracing, kissing and hugging: "If s/he doesn't want to be kissed, we shouldn't do that. Look, even if that is perhaps a small thing, I perceive it as sexual abuse, which is a forced act" (P6). In addition to physical abuse, most of the mothers also raised the issue of verbal abuse: "It is sexual abuse if I say 'I saw your butt and your dick' because that is something special for the child, and for me even someone speaking that way is sexually abusing the child" (P5). Some of the mothers also stated that seeing a child as a sexual object is itself a kind of abuse: "I put a vacation photo of our child on the internet; s/he [the abuser] looked at him and had certain kinds of thoughts. S/he doesn't really need to act further—for me, that is already sexual abuse" (P10). As is exemplified in the quote above, the mothers described CSA not just in terms of touching, but also within the scope of fantasizing about children. The mothers' answers indicate that they had, at the very least, a rudimentary base of knowledge about CSA.

3.2. Being aware of Risk-Factors

When the mothers in our research group were asked about the factors that have the potential to increase the risk of CSA, they mentioned the possible negative effects of the environment and family. They were of the belief that the primary negative environmental factors were inappropriate social media and public media content: "In other words, even in Tv shows that are referred to as children's programs, these kinds of things are now shown publicly. So it is necessary to be very careful. Children have access to phones, to things that appear everywhere" (P8). The mothers also mentioned the difficulties they experience in terms of controlling and monitoring their children when they are outside the home in social environments. All of our participants had children who were attending preschool, and they expressed concern that some educational institutions do not care enough about the issue of children's privacy.

Another problem with child-rearing that some of the mothers commonly emphasized involved insufficient displays of love and a lack of communication in the family, which they claimed can make children more vulnerable to abuse: "Especially for girls, I believe that the father is the infrastructure [of the family]... If she does not feel her father's love, she may get close to people who might abuse her" (P2).

Another topic that was raised concerned the lack of education for families about the privacy of children. Almost all of the mothers stated that the members of some families caress the private parts of children, touch their bodies even if the children do not want them to do so, and make jokes that have sexual content: "[Maybe] the child does not want to kiss someone. So s/he shouldn't have to kiss [them]. Nobody has to kiss anyone... it's a social behavior that we've completely made up" (P15). The mothers stated that showing love to children without paying sufficient attention to their privacy can make children more open to CSA. In turn, that may lead children to be unable to recognize improper forms of touch and hence they may normalize incidences of people touching their genital regions.

3.3. Engaging in Protective-Preventative behavior

As regards protective and preventative behavior, all of the mothers noted the importance of increasing children's awareness and providing them with information about CSA. In order to help them develop a sense of privacy, children must be taught that their genitals are a private area and that they should not let anyone to touch them: "Even when you

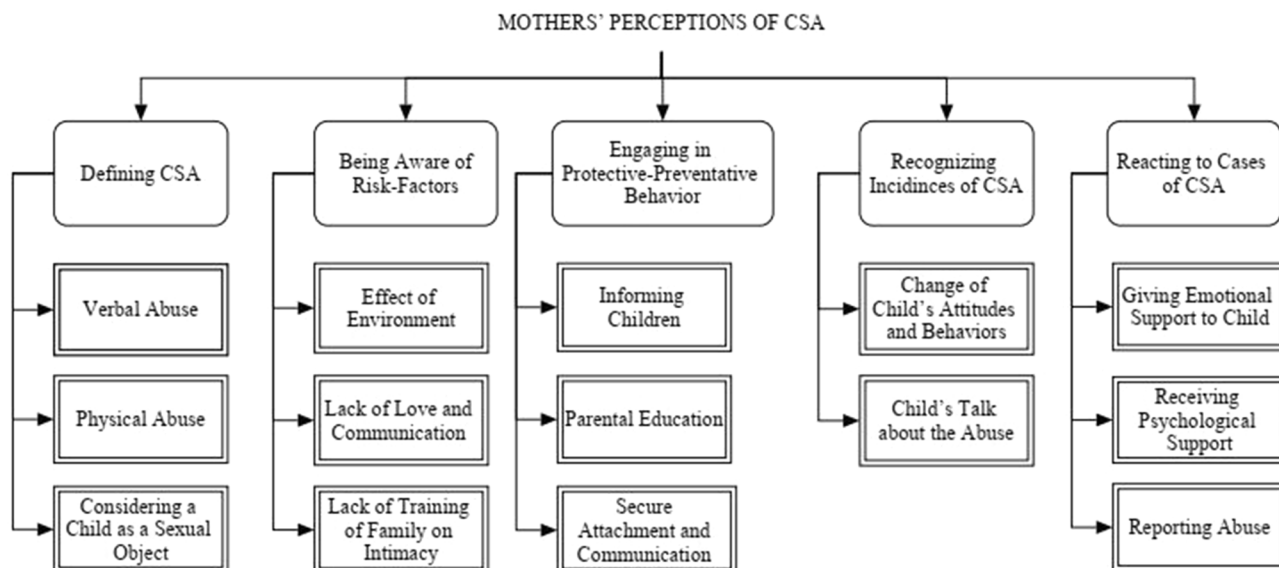


Fig. 1. Mothers' Perception of CSA.

bathe your child, if s/he is old enough to take a bath on her/his own, it is important to say to her/him, "This is your private area and you can wash it on your own" (P1). The mothers also highlighted the importance of defining limits with respect to how people touch children, even within the family, and explaining that they should scream and try to escape if they are confronted with suspicious behavior: "I think it is important to explain to children how they can escape from abuse and how they can seek help. In cases of abuse or abduction, shouting and seeking help is crucial, so we have to teach kids" (P9).

Another issue that came up was parental education. Most of the mothers emphasized the importance of educating parents about how to protect and respect children's intimacy; and that included being cautious and keeping a close eye on their children: "Families should be trained about intimacy. I think we should never stop watching out for our children and communicating with them. Maybe we should get help from an expert...about what could happen if this [CSA] occurs" (P3). They emphasized that such education could be provided through the training sessions given at schools and public service announcements broadcast by media outlets.

Some of the mothers argued that it is crucial to instill a sense of close attachment and establish clear channels of communication in the family so that children can recognise people's intentions and express themselves when cases of abuse arise: "It is very important for parents to have good communication with their children. A sense of security must be provided in the family. Children have to be sure that their families will always back her/him up no matter what happens" (P14).

3.4. Recognizing incidences of CSA

When the mothers were asked how they would recognize potential cases of CSA, they mentioned changes in their children's behavior as possible signs and also direct statements made by children about such occurrences. Almost all of the mothers said that children's attitudes and behavior may change following incidences of abuse, including social withdrawal, a refusal to engage in touching, shyness and stagnation: "I have learned that children start to avoid people and reject hugs, kisses or any form of touching because such things make them feel bad" (P10). On the other hand, some of the interviewees suggested that children may openly talk about abuse: "Since I know my child very well, I am sure that he would tell me about it down to the very last detail if something bad happened to him. He would not tell his father, but he would definitely tell me" (P6).

3.5. Reacting to cases of CSA

With regard to what should be done following cases of suspected sexual abuse, the mothers' comments demonstrated that they had an awareness of how they should respond, especially in terms of getting psychological support, giving their children emotional support and reporting the abuse. Most of the mothers stated that if they found out that their child was being sexually abused, they needed to support their children emotionally: "We must first listen to our children and trust them. We need to give them a sense of trust so that they can tell us about the details" (P11). They also pointed out that they mustn't blame or insult their children for what happened but rather trust in what they say, as that is very important for helping them feel better and develop a sense of safety and security once again. Our interviewees went on to say that mothers must communicate to their children that they will stand behind them no matter what and always support them.

Almost all of the mothers said that both families and children should receive psychological support in such situations: "Regardless of the level of education of the parents, they should definitely receive professional psychological help along with their children. I don't think that mothers or fathers can overcome it alone" (P5).

Most of the mothers involved in our study said that all cases of sexual abuse should be reported to the police, the child's school or another state

institution: "As soon as the child says something, I think that, no matter who the suspect is, action must be taken immediately. I do not know about this from a legal point of view, [but parents should] go directly to the police, [and] legal proceedings should be initiated" (P4).

4. Discussion

Our analyses of the perceptions of mothers with children aged 3 to 6 years about CSA revealed five main themes: defining CSA, being aware of risk-factors, engaging in protective-preventative behavior, recognizing incidences of CSA, reacting to cases of CSA. In this section, we focus on those in turn.

The fact that the mothers involved in our study brought up the issues of verbal and physical sexual abuse when they defined CSA was similar to the findings reported by Xie et al. (2016), who found that Chinese parents included sexual intercourse along with other physical sexual activities, non-physical sexual activities, and verbal sexual activities in their definitions of CSA. Another important issue that the mothers focused on when defining CSA was the possibility that abusers may have sexual thoughts or fantasies about the child involved. In the literature, it has been argued that sexual fantasies about children are considered to be forms of abuse and also that such fantasies can lead to sexual abuse (Broome et al., 2018). In addition, studies about sexual offenders have pointed out that they often have sexual fantasies, especially about children (Woodworth et al., 2013). Ill-intentioned forms of intimacy, including sexual fantasies, can lead to abuse, and the mothers in our study demonstrated that they were aware of this issue.

The mothers also mentioned that environmental factors can increase the risk of CSA. In particular, they discussed the destructive effects of public and social media content, noting that they thought it was inappropriate for children to be exposed to sexual content at an early age, whether by way of TV shows or internet advertising. A number of studies have demonstrated that children may display exaggerated sexual behavior after exposure to sexual content on various forms of media (Collins et al., 2017; Earles et al., 2002). In addition, the mothers made the claim that teachers employed at preschools do not know enough about privacy and do not pay sufficient attention to this issue. Studies have been conducted with pre-school teachers in Turkey have likewise indicated that teachers lack comprehensive knowledge about privacy education and are incapable of providing sexual education to children, and it has also been pointed out that they do not know how to proceed in cases of potential sexual abuse (Çalışkan, 2019; Kardeş & Karaman, 2018). Such findings justify the concerns of mothers in our study.

Notably, the mothers emphasized that some families are lacking in knowledge about children's privacy and may "show their love" to children by touching their genital regions. Such forms of behavior have the potential to trigger other risk factors as well. Even if no bad intentions are present, expressing love by touching children's intimate areas or making sexual jokes may lead them to regard such sexual behavior as normal and they may not report potentially abusive experiences in the future. Rudolph and Zimmer-Gembeck (2018) have drawn attention to the fact that abusers who are often members of the immediate family or close family friends, usually employ certain forms of behavior to gain children's trust so that any subsequent sexual activities do not appear abnormal. Supporting mothers' perceptions, Altundağ (2020) stated that some children may not see types of behavior such as kissing on the lips as abnormal because their parents have normalized such actions. Lastly, a lack of communication within the family as a consequence of which children may feel unloved, may make children more vulnerable to abuse and increase the risk of CSA. Studies on CSA carried out with parents (Collins, 1996; Rudolph & Zimmer-Gembeck, 2018) have also concluded that a safe family environment is key to protecting children and that a lack of such an environment can increase the risk of CSA.

The mothers who took part in our research emphasized the notion that families can become more informed about privacy education and means of keeping tabs on their children through the opportunities made

available through various media outlets, and training programs offered at institutions like schools. Mothers who are well educated on the issue will be in a better position to help their children develop a sense of privacy and teach them how to escape from situations where CSA may occur. Studies that have been conducted with the parents of children aged 3 to 6 years in Turkey have indicated that some parents support their children in terms of being educated about sexual matters and they think that such education can help prevent sexual abuse (İşler & Gürşimşek, 2018; Tuğut & Gölbaşı, 2019). The importance of providing children with an education about sexuality at an early age has also been emphasized in other studies in the literature. While Kenny and Wurtele (2010) found that children aged 3 to 5 were unable to distinguish between proper and improper requests to touch when those requests came from good people (like family members or trusted adults), informing children about sexual abuse is not advisable because it might frighten them (Rudolph & Zimmer-Gembeck, 2018). In our study, only one mother (P5) stated that children will get scared if parents constantly tell them to “never talk to strangers, and warn them that they must run away”.

The mothers also highlighted the importance of creating a loving, safe and open environment in the family so that children can feel secure about reporting suspicious situations. Similarly, Hooper (2013) argued that the family has a substantial power to protect their children from CSA. Also, Perry and Szalavitz (2020) argues that children should be encouraged to develop confidence in their families as not doing so can lead to unsafe attitudes that may place them in danger. Based on our findings, we argue that raising children in a safe family helps them develop better attitudes about both themselves and their social environment which can help them avoid dangerous situations.

All of the mothers who took part in our study stated that if they suspected that their children had been subjected to CSA, they would watch out for changes in their children’s attitudes and behavior, while also paying careful attention to see if their children make any mention of abuse. Although the mothers tended to believe that their children would tell them about cases of potential or actual abuse, the existing research indicates that children generally do not voluntarily report incidences of abuse; but rather must be encouraged to disclose them (Hershkowitz et al., 2007; Hooper, 2013; Jensen et al., 2005; Kogan, 2004; McElvaney et al., 2012). Since families must first have suspicions before they ask about cases of abuse, monitoring children’s feelings and behaviour is crucial for recognizing instances of CSA (Babatsikos & Miles, 2015; Walsh & Brandon, 2012). The mothers in our study were aware of negative changes of children’s feelings such as anxiety, aggression, embarrassment, fear of being touched. In addition, some of them thought that children subjected to sexual abuse would generally become more sensitive and fearful. Nonetheless, research confirms that aggression also might occur especially in male victims (Krahé & Berger, 2017; Papalia et al., 2018), and the family and close family friends may often be the target of that aggression (Herbert et al., 2001; Madak & Berg, 1992). For that reason, families need to be aware of possible anger of the child and learn about all the signs of CSA that children may display.

Almost all of our interviewees were aware that they should definitely seek professional help and provide their children with emotional support as a crucial means of helping them recover CSA. That is a critical point because CSA victims may become more vulnerable to social strains and later in life they may turn to alcohol and drugs, attempt to commit suicide, or experience interpersonal problems (Dube et al., 2005). Furthermore, they may be more likely to be sexually revictimized (Classen et al., 2005). Thus, psychological treatment may help protect them from further harm and help them recover, and parents should bear in mind that professional treatment is more likely to be effective if they provide their children with all the support they can give.

Another important remedial factor involves children’s perception that their family loves, supports and cares for them (Lalor & McElvaney, 2010; Merrill, et al., 2001; Musliner & Singer, 2014; Obong’o, 2017; Wamser-Nanney & Sager, 2018). In our study, the mothers’ statements

also supported this idea, as their answers to our questions included the subthemes of trusting their children and giving them emotional support. Previous research supports this claim. One of the most significant factors to have emerged from this body of research concerns the support given to children by their primary caregivers, especially the mother (Bick et al., 2014; McCarthy et al., 2018; Yancey & Hansen, 2010; Zajac et al., 2015). Although this assertion might seem as simple and obvious as mothers perceive, it has been found that many mothers are unable to provide their children with emotional support in cases of CSA (Cyr et al., 2014; Hunter, 2015; Willingham, 2007). These findings also highlight the importance of receiving awareness-raising training and seeking professional help (Jenny et al., 2013) so that mothers can provide the emotional support their children need.

For the most part, the mothers in this study said that instances of CSA should be reported which is similar to the findings of Ige and Fawole (2011). However, because the reporting of CSA is a controversial issue in Turkey, most cases probably go unreported (Koçtürk, 2018; Semra & Pişkin, 2020; Uçar et al., 2020), and to date no research has been carried out with families in Turkey with a specific focus on the reporting of CSA. In studies carried out in other countries, the complexity of the process of reporting CSA (Obong’o, 2017), the possibility of causing further harm to the child, and distrust in protective systems (Xie et al., 2017) have been emphasized as the primary reasons why families do not report cases of CSA. That may hold true for Turkey as well. For this reason, more qualitative and quantitative research is needed so we can better identify which factors encourage or deter mothers’ with respect to reporting instances of CSA, and shed light on the processes involved in reporting or not reporting cases of such abuse.

5. Limitations and implications

The people who participated in this study were all university graduates, so further research along similar lines could include different sample groups, such as individuals from different cultural backgrounds. Since the voices of fathers are generally unheard in CSA research, future studies could also attempt to recruit male parents as participants. Further studies that include victims of different age groups are also needed, especially in light of the fact that girls are at greater risk of CSA as they get older.

Lastly, informative seminars and training sessions about CSA need to be regularly held for families and a greater number of public service announcements and informative clips should be broadcast to raise awareness about this issue. In particular, families need to be better informed about risk factors, learn how to recognize signs of abuse, develop effective means of monitoring shifts in behavior, establish courses of action for potential cases of CSA, and identify what steps should be taken to ensure the well-being of children.

Ethical approval

All procedures performed in studies involving human participants were conducted in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. The required institutional review board (IRB) approval was obtained (dated 16 June 2022) from the Ethics Committee of Bartın University to which one researcher is affiliated (IRB: 2021-SBB-0039).

Informed consent

Informed consent was obtained from all individual participants included in the study.

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CRedit authorship contribution statement

Nur Baser Baykal: Conceptualization, Methodology, Writing – review & editing. **Hale Nur Kilic Memur:** Conceptualization, Methodology, Writing – review & editing. **Sena Oksuz:** Conceptualization.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

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