**Just talk to them! The importance of parent and teacher-child communication in addressing child sexual abuse and assault**

**INTRODUCTION**

Child sexual abuse (CSA) is a worldwide health problem with long-term negative effects on survivors’ mental, psychological, physical, and sexual health. According to the World Health Organization (WHO, 1999), “Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.” For the purposes of this study, CSA includes offenses carried out by juvenile/peer offenders, and thus the word “assault” is added to the term: CSAA.

To date, researchers have focused extensively on estimating the prevalence of CSA (Barth et al., 2013; Singh et al., 2014; Stoltenborgh et al., 2011; Vogeltanz et al., 1999). Estimates of CSAA prevalence worldwide range from 8% to 31% for girls and from 3% to 17% for boys (Barth et al., 2013). Pereda et al.’s meta-analysis of the worldwide prevalence of CSAA (covering 22 countries) revealed that 7.9% of men and 19.7% of women had suffered sexual abuse before the age of eighteen (Pereda et al., 2009). In Israel, one out of four adults reports having been sexually abused as a child (Schein et al., 2000). In the Jewish population, no gender differences have been found in CSAA rates (17.6% for boys and 17.7% for girls), whereas among the Arab population, these rates are significantly higher among boys (28.4%) than among girls (18.7%) (Lev-Wiesel et al., 2018). In a recent national study on child maltreatment in Israel, 18.7% of Israeli children aged between 12 and 17 reported having been sexually abused (Lev-Wiesel et al., 2018). Prior research has indicated that CSAA has significant negative effects in both the short and long term, including post-traumatic stress disorder (PTSD), various psychiatric disorders, such as depression, anxiety, suicide and suicide attempts, substance use, neurobiological effects, poor physical health, eating disorders, and psychosomatic physical complaints and conditions (Briere & Runtz, 1993; Putnam, 2003).

Teachers play a key role in preventing and disclosing CSAA. In fact, in a recent study, Goldschmidt-Gjerløw highlights the importance of children’s rights and teachers’ responsibilities in addressing the topic of CSAA in schools (Goldschmidt-Gjerløw, 2019). As teachers spend several hours a day with their pupils, it is important that they discuss CSAA with them in appropriate and useful ways. Such discussions help to prevent this type of abuse, as pupils become informed about CSAA, what relationships are characteristic between the abuser and the victim, and what victims can do to break out of this pattern. Conversations about CSAA between teachers and pupils can equip pupils with greater protection and safety, and by openly discussing CSAA, teachers can become more alert to signs indicating that a pupil is being subjected to violence or abuse, and this helps to promote (and facilitate) victims’ disclosure of CSAA.

A timely disclosure of CSAA, combined with an appropriate response, can potentially reduce the risk of subsequent sexual exploitation/revictimization, and put an end to the suffering inflicted by offenders. It is therefore imperative that responsible and trusted adults in children’s lives learn how to encourage genuine disclosure of CSAA. Previous research shows that children do not often disclose their CSAA experience to teachers. In a national study conducted in the United States, it was found that 66.3% of youths aged between ten and 17 years did not report cases of sexual abuse to a parent or any other adult. However, of those who did disclose offenses, 31% disclosed to their parents, 19.1% to the police, and 21.8% to a teacher (Gewirtz-Meydan & Finkelhor, 2019). Similarly, in another study involving CSAA survivors, 75% of respondents did not disclose abuse during their childhood. Of the 25% of survivors who reported having told someone about the abuse, only 7% disclosed episodes to their teacher (Wager, 2015). Findings from Alaggia’s (2010) study on adult survivors suggest that there is an expectation that teachers should recognize distress in their pupils, along with the assumption directly asking students about the cause would help provoke a disclosure.

It is regrettable that children do not feel comfortable discussing CSAA with their teachers or disclosing cases of abuse to them (Schönbucher et al., 2012). Children and adolescents need adults from all spheres of their life – including parents, teachers, police, magistrates, and health-care providers – to openly discuss and sensitively respond to CSAA. The current study sought to examine the factors that facilitate this kind of open discussion between teachers and pupils. While previous research in this area has focused mainly on the perspective of either pupils (Schönbucher et al., 2012) or teachers (Goldman & Bradley, 2011; Tener & Sigad, 2019), there is a growing need for studies that integrate the perceptions of both pupils and teachers to examine the gap between them. This research addresses this gap by examining the perceptions of both pupils and their homeroom teachers in the discussion on CSAA.

The study examines teachers’ mediation strategies regarding CSAA and how they correlate with pupils’ perceptions of teacher support and acceptance. It is based on three core strategies of mediation: restrictive, negative active, and positive active (Boniel-Nissim et al., 2020; Efrati & Boniel-Nissim, 2021; Nathanson, 2016). Restrictive mediation focuses on rules and boundaries and is not really a forum for open discussion, but rather, is intended to convey a clear message that sexual harassment is illegal and against the law. Discussions on CSAA from a negative active mediation approach focus on the negative aspects of CSAA (i.e., explaining why such behaviors are dangerous and harmful). Finally, a positive active approach emphasizes on healthy and beneficial sexual behaviors (e.g., discussing sex as something potentially wonderful and joyful, and advising children and young people to contact an adult if anybody ever touches them without their consent, or if sex ever feels unpleasant).

Research examining mediation strategies focuses mostly on parents (Chen & Chng, 2016; Shin & Li, 2017) and on media usage and risk behaviors online (Livingstone & Helsper, 2008). Findings on different mediation styles are mixed, with some studies suggesting that the positive active approach is associated with the most positive outcomes (Nathanson, 2001) and others indicating that a combination of different mediation strategies is most beneficial (Chen & Chng, 2016).

**DISCUSSION**

The current study highlights the mediation of teachers in the discussion on CSAA as a key factor that could contribute to prevention and disclosure of CSAA. In this research, we focused on two questions: (a) Do teachers’ reports on the level of CSAA mediation differ from pupils’ perceptions of CSAA mediation? (b) What predicts pupils’ perceptions of CSAA mediation? To this end, we conducted a study involving two sample populations: 756 pupils and their homeroom teachers (66 in total). We were thus able to examine the perceptions of CSAA mediation from the perspectives of both pupils and teachers separately. We also examined which of the following factors predict pupils’ perceptions of CSAA mediation: teachers’ perceived susceptibility of CSAA, quality of teacher-pupil communication in general and specifically about CSAA, teachers’ support in general and specifically about CSAA, and acceptance or rejection (measure of attachment) exhibited by teachers.

 Unsurprisingly, and in keeping with predictions, teachers reported significantly higher levels of CSAA mediation (via all strategies) than did pupils. In other words, teachers believe they mediate and discuss CSAA with their pupils much more than their pupils say they do. However, when these conversations do occur, the quality of sexual-harassment-related support perceived by pupils is higher. Also, surprisingly, and contrary to the hypothesis, there was not a significant difference between the mediation strategies used by teachers (restrictive, active positive or negative mediation) in their scores for predicting pupils’ perceived quality of sexual-harassment-related support. Thus, as long as teachers discuss CSAA-related issues, regardless of how they do so, these discussions have a positive effect on pupils. This finding corresponds with earlier studies that found both active and restrictive mediation to be positively predictive of online self-regulation and emotion regulation among children and young people, and negatively predictive of impulsivity levels in a longitudinal study (Chen & Chng, 2016). This was also demonstrated in a study examining the mediation of teachers with regard to risks and opportunities presented by the media (Berger, 2020) – suggesting that different mediation strategies do not compete with each other in teachers’ practices.

These findings correspond with previous studies indicating the importance and positive effects of discussions between teachers and pupils on CSAA (Goldschmidt-Gjerløw, 2019). It is important to note that while these interactions are highly meaningful, they are rarely initiated by pupils. Previous research shows that pupils do not approach their teachers to talk about CSAA issues, in part because they believe that their teachers tolerate such behavior (Doty et al., 2017) or because CSAA is a taboo subject (Goldschmidt-Gjerløw, 2019). It is also possible that teachers who feel anxious about CSAA may convey a sense of nervousness to their young students as well as lack experience referring to child welfare authorities should the need arise (Scholes et al., 2012). Teachers’ own reports of better CSAA-related support were linked with more perceived active-negative mediation. That is, when teachers describe the risks of CSAA, they perceive themselves as being more supportive. Perhaps the taboo around sexuality, and the embarrassment teachers feel about these issues, leads them to discuss CSAA by placing it in the context of laws and guidelines rather than feelings.

Finally, we found that when the teacher is perceived as accepting and available (and therefore approachable) in the pupil’s eyes, the mediation of CSAA is perceived as active (positive or negative) and not restrictive. While this association can be bidirectional, a clear picture arises from the association between active mediation and a higher level of perceived teacher acceptance and availability from the pupil’s viewpoint. Restrictive mediation in which the teacher focuses only on rules and laws can seem formal, impersonal, and emotionless. Thus, it makes sense that when the teacher is seen as offering a “safe place” and emotionally available to the student, the mediation perceived will also seem active.

Overall, the findings from the current study are encouraging. While we assumed that only a specific type of discussion between teachers and pupils in relation to CSAA would be beneficial, our findings show that any type of discussion is beneficial to pupils and predicts feelings of being supported and accepted among pupils. Perhaps pupils are eager to discuss CSAA with their teachers, and the discussion itself, no matter what type of mediation is employed, and whatever the focus, gives the pupil a sense of security and visibility.

Finally, boys perceived the restrictive type of mediation more than girls. This is perhaps because of gender constructs in which boys are perceived as “perpetrators” more often than they are seen as “victims.” Thus, it could be said that it makes more sense for teachers to approach male pupils from within a more restrictive mediation framework in relation to CSAA. This finding corresponds with other studies examining parents’ communication with adolescent children about sex, which found gender differences: parents communicate more about sexual risks than positive sexual topics and the largest discrepancy in discussing these different types of topics was found in mother-daughter communication

**מקומם של ההורים בנושא פגיעות והטרדות מיניות בקרב ילדים**

Parents may serve as valuable agents in the sexual education of their adolescent children (Rogers, Padilla-Walker, & Hurst, 2020) by sharing information in a developmentally appropriate way to facilitate healthy sexual development (Flores & Barroso, 2017). As stated in a recent review on the pivotal importance of family processes in sexual development, “family matters” (Kaestle, Allen, Wesche & Grafsky, 2021). Nevertheless, despite hundreds of studies over the past 40 years that have examined parent-child sex-related communication (Rogers et al., 2020) and the acknowledgement that the key family process in healthy sexual development is sexual communication (Kaestle et al., 2021), it is still unclear whether parents correctly perceive the quality of sex-related communication with their children. Because synchronicity and high congruence between parent-child perceptions are vital for beneficial communication and healthy sex-related outcomes (such as safe sex; Bonafide, Vanable, & Carey, 2020) such investigation is crucial.

Parent-adolescent communication is part of a social-ecological framework that affect the sexual development during adolescence (Bronfenbrenner, 1979; Baldry et al., 2015; Committee on the Biological Prevention et al., 2016; Cross et al., 2015; Hong & Espelage, 2012). This framework comprised systems of influence in an adolescent’s life and explains how interactions between the adolescent and each of the systems affect the adolescent’s growth and development. The systems begin with the adolescent at the center and his or her internal dynamics, perceptions, and characteristics, and extends through family (microsystem), community (mesosystem), society and government (exosystem), and culture, beliefs, and values (macrosystem) (Bronfenbrenner, 1979). Interactions between an adolescent and his or her parents comprise part of the microsystem, which was highlighted as crucial to sexual development via the effects of parent-child sex-related communication (Kaestle et al., 2021).

**Parent-child quality of sex-related communication**

The effects of parent-child sex-related communication on adolescents’ sexual development is tremendous and occur via several facets (Evans, Widman, Kamke & Stewart, 2020). First, parents play an important role in the process of sexual socialization by impacting their children’s sexual cognitions (Buhi & Goodson, 2007; Rogers, 2017). Specially, parents serve as social agents who mold their children’s sexual-related attitudes (positive or negative evaluation of a particular behavior such as condom use), perceived norms (the perceived prevalence and normativity of the behavior such as condom use, and the perceived approval or disapproval from others regarding performance of the behavior), and self-efficacy (one’s perceived ability to perform or refrain from a behavior). Through changes in these sexual cognitions, parents could also shape adolescents’ sexual behavior such as the onset of sexual activity, condom use and risky sexual behavior (Albanese, De Blasio, & Sestito, 2016; Dittus et al., 2015; Holman & Koenig Kellas, 2018; Kågesten et al., 2016; Rogers, 2017; van de Bongardt, Reitz, Sandfort, & Deković, 2015). For instance, a meta-analysis (Albarracín et al., 2001) of roughly 100 studies found that attitudes toward condoms (*r*mean = .58), perceived norms of condom use (*r*mean = .39), and perceived behavioral control over the use of condoms (*r*mean = .45) significantly and strongly predict the intention to use condoms. In addition, parents’ effects on their children’s sexual socialization are dynamic processes that occur over time (mostly during middle and high school) such that parents tailor their conversations with their children about sexual behavior according to the developmental stage of the child (Grossman, Jenkins, & Richer, 2018). For example, although talking about the readiness for sex, and sexual risk and protection remain unchanged throughout early and late adolescence, the discussion about dating and relationships does change: at early adolescence the most common focus of conversation revolve around rules for teen dating and relationships, while at late adolescence conversations focused more on teens’ interest or involvement in dating and how to have a healthy relationship.

Second, parent-child sexual communication can serve as a model for adolescents’ communication with relationship partners, which is associated with reduced sexual risk-taking and increased sexual satisfaction (Frederick, Lever, Gillespie, & Garcia, 2017; Widman, Choukas-Bradley, Helms, Golin, & Prinstein, 2014). For example, a research on a sample of 603 youth (aged 12 to 15) found that higher quality of parent-child communication about sex was linked with more sexual topics that were discussed with dating partners (e.g., use of condoms, birth controls, risk of pregnancy; *Odds ratio* = 1.09), and in turn with more frequent condom use (*r* = .31; Widman et al., 2014).

Recently, research has indicated that not every adolescent enjoys the benefits of parent-child communication about sex (Bonafide et al., 2020); It was found that to savor the many benefits of parent-child communication about sex, high congruence in the perceptions of the quality of the communication between parent and child is vital. For example, a research on 125 parent-child dyads (children ages ranged between 11 and 17 years) revealed that adolescents’ perception of parent-child communication about sex was linked with lower prevalence of condomless sex (i.e., fewer sexual risky behaviors) only among those who had high agreement with their parents regarding the quality of the communication (*b* = -0.13). In contrast, adolescents’ perception of parent-child communication about sex did not predict the prevalence of condomless sex among those who had low agreement with their parents about the quality of the communication (*b* = 0.02).

The fact that parents can be taught to communicate effectively with children about topics related to sexuality (Schuster et al. 2008) suggests potential for teaching parents how to talk with their children about CSA and ways to prevent it. The potential benefits of family-based interventions include the ability of caregivers to repeat prevention messages at different times in a child’s development and matching the youth’s readiness to receive such information with the level of information provided (DiIorio et al. 2002). Parent discussion of these topics with children will likely be most effective if parents are taught to communicate in a manner that is both warm and firm.