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Gulseren Citak Tunc^{1*}
Elif Yalcintas Sezgin²
Leyla Ulus³

The Effect of Parent-Child Communication on Self-Protection Skills at Pre-schoolers: The Body Safety Training Interventions in Turkey

Abstract

Objective: Parents are key partners in preventing child sexual abuse (CSA). Body safety training (BST) aims to preventing CSA. The first aim is to examine parents knowledge of CSA and interventions of the BST. Secondly, to evaluate the effect of parents' BST interventions on giving the child self-protection skills.

Method: Sample included 92 parents and their 3-to 6 year-old preschool children. In the first stage of the study, WIST (What If Situations Test) was applied to the pre-schoolers. Secondly, data were collected from the parents about the knowledge of CSA and BST interventions.

Results: Parents' have high CSA knowledge ($M = 7.33$ $SD = 1.31$). The proportion of parents who have knowledge BST is limited (32.6%). However, despite this limited knowledge, the number of those who talk to the child is higher (82.6%). There was no difference between the WIST sub-scale score; appropriate recognition, inappropriate recognition, saying, telling skills and Personal Safety Questionnaire ($p > 0.05$). The scores of doing and reporting skills were found to be statistically significant high ($p < 0.05$).

Conclusions: Parents have high CSA knowledge, but the impact of BST interventions to their children on gaining the ability to self-protection skills is limited.

Keywords: Child Sexual Abuse, Parent, Pre-schoolers, Body Safety Training, Self-protection.

Introduction

Child sexual abuse (CSA) which has physical, psychological and economic consequences is preventable. Primary prevention focuses on the child, parent, and society; secondary prevention is to focus on the children who are at risk for abuse, and the third one focuses on the child exposed to abuse (Harder, 2005; Kenny, Capri, Thakkar, Ryan, & Runyon, 2008; Topping & Barron, 2009). It is assumed that the protection education provided

under primary prevention is the most cost-effective method to prevent C

SA (Wurtele, 2009). It is stated that parents can take part in secondary prevention by making protective explanations to children who may be victims of CSA (Kenny, 2009).

Parents are key partners in preventing CSA. (Jin, Chen, & Yu, 2019; Reppucci, Jones, & Cook, 1994; Wurtele & Kenny, 2010) Involvement of parents in CSA prevention studies has paralleled the development of

Gulseren Citak Tunc^{1*}, Department of Psychiatric Nursing, Faculty of Health Sciences, Bursa Uludağ University, Bursa, Turkey. Email: gctunc@uludag.edu.tr

Elif Yalcintas Sezgin², Department of Child Development, Vocational School of Inegol, Bursa Uludağ University, Bursa, Turkey. Email: elifyalcintas@uludag.edu.tr

Leyla Ulus³, Department of Preschool Education, Hasan Ali Yucel Education Faculty, İstanbul – Cerrah Pasa University, İstanbul, Turkey. Email: leylaulus@istanbul.edu.tr

training programs which cooperate with parents in preventing CSA (Elrod & Rubin, 1993; Martyniuk & Dworkin, 2011). Parent-oriented prevention strategies target parents and caregivers in the child's environment. One reason is that parents are the closest to the child and factors that increase the risk of CSA such as lack of supervision, presence of familiar males, limited parental communication on sexuality, lack of screening for caregivers, teaching to obey authority blindly are related to the home environment. (Reppucci et al., 1994; Wurtele & Kenny, 2010) Parents trained on risk factors protect the children by talking about private parts and body boundaries special by scanning caregivers, increasing monitoring and supervision (Mendelson & Letourneau, 2015; Wurtele & Kenny, 2010).

Parents can teach personal safety rules by applying the content of school-based programs at home. The parents are required to have knowledge about this by getting an education. One of the reasons for child abuse (maltreatment) in Turkey is the lack of informal education support for parents (Dubowitz, Hein, & Tummala, 2018 p.331). Sexuality being a taboo in Eastern cultures holds a barrier for parental child communication related to CSA (Alzoubi, Ali, Flah, & Alnatour, 2018; Chen, Dunne, & Han, 2007). Similar to the eastern culture, sexuality is also a taboo in Turkish culture. Therefore, it is considered to be a barrier to parent-child communication for applications to prevent CSA.

As in all over the world, CSA is an important social problem in Turkey. In the result of "child abuse and domestic violence in Turkey", CSA rate was found to be 3% (UNICEF 2010). According to data from Turkish Statistical Institute (TUIK), the number of children in the age range of 0-17 months brought as victims of sexual assault to security units increased by 33% in 2016 from 11.095 (in 2014) to 16.877 (Turkey Child Abuse Report-2, 2018). It is stated that the behaviors related to child abuse in Turkey include incest, sexual abuse, exposing the child to pornography and sexual exploitation (Dubowitz et al., 2018 p.329). These statistics show that CSA prevention strategies are needed in Turkey.

Research on both CSA, sexuality and sexual development is more common in Western cultures. Studies on the effectiveness of universal interventions to prevent CSA in middle-income countries which includes Turkey are limited (Mikton & Butchart, 2009; Russell, Higgins, & Posso, 2020). This research will also contribute to the designing and disseminating of parental programs in preventing CSA.

The research carried out has two aims. The first aim is to examine parents knowledge of

CSA and interventions of the body safety training. Secondly, to evaluate the effect of parents' BST interventions on giving the child self-protection skills.

Method

Design

A cross-sectional research method was used to determine the effect of parent-child communication on self-protection skills of BST interventions.

Place and Time of Research

Sample included 92 parents and their 3-to 6 year-old preschool children. The population of the research was formed in the a metropolitan city of Turkey according to the data of January 2018. The sample of the study was taken from three preschools selected by simple random sampling method. Of 102 parents who agreed to participate in the study, 6 of them did not send back the questionnaire, and 4 of them left a halfway. The study was completed with 92 parents and 92 pre-schoolers children. The participation rate for study is 90.2.

Procedure

Firstly ethical permission was obtained for the research. Then verbal permission was obtained from the institutions that agreed to participate in the research. Written consent has been obtained from voluntary parents who agreed to participate in the research. WIST was applied to the children as the first stage in order not to affect the results of the study. Verbal consent was obtained from children before WIST was applied. The data of the children were collected face to face by the researchers in an empty room without any stimulus. The process of WIST application with each child took 10 minutes. The class teacher was found in the room as an observer. After application of WIST to the children, the second step of the study was to obtain knowledge from parents about CSA body safety training interventions.

Participant

Of the participating parents, 81 (88.0%) are female (mother) and 11 are male (father). Parents are aged between 22 and 53 ($M = 34.3$ $SD = 5.5$) and 91.3% of them are married. The education level of the parents are; 35.9% primary education 33.7% university graduate, 23.9% high school and 6.5% postgraduate education. 30.4% have one child. Of the children, 51 (55.4%) were female and 41

(44.6%) were male. The ages of children ranged from 36 to 70 months (54.7 SD = 9.9 years).

Measure

Parent Questionnaire

CSA knowledge of parents participating in the research and their interventions on body safety training were evaluated. The knowledge form for CSA consists of a total of 10-item

questionnaire. Items 6 of which are True, and 4 are in False. Each items is marked "Yes" and "No" (Figure 1). Each correct responses was evaluated with a score of "Yes" 1 point and incorrect responses was evaluated with a score of "No" 0 points. CSA knowledge score (min:0 - max:10) was obtained.

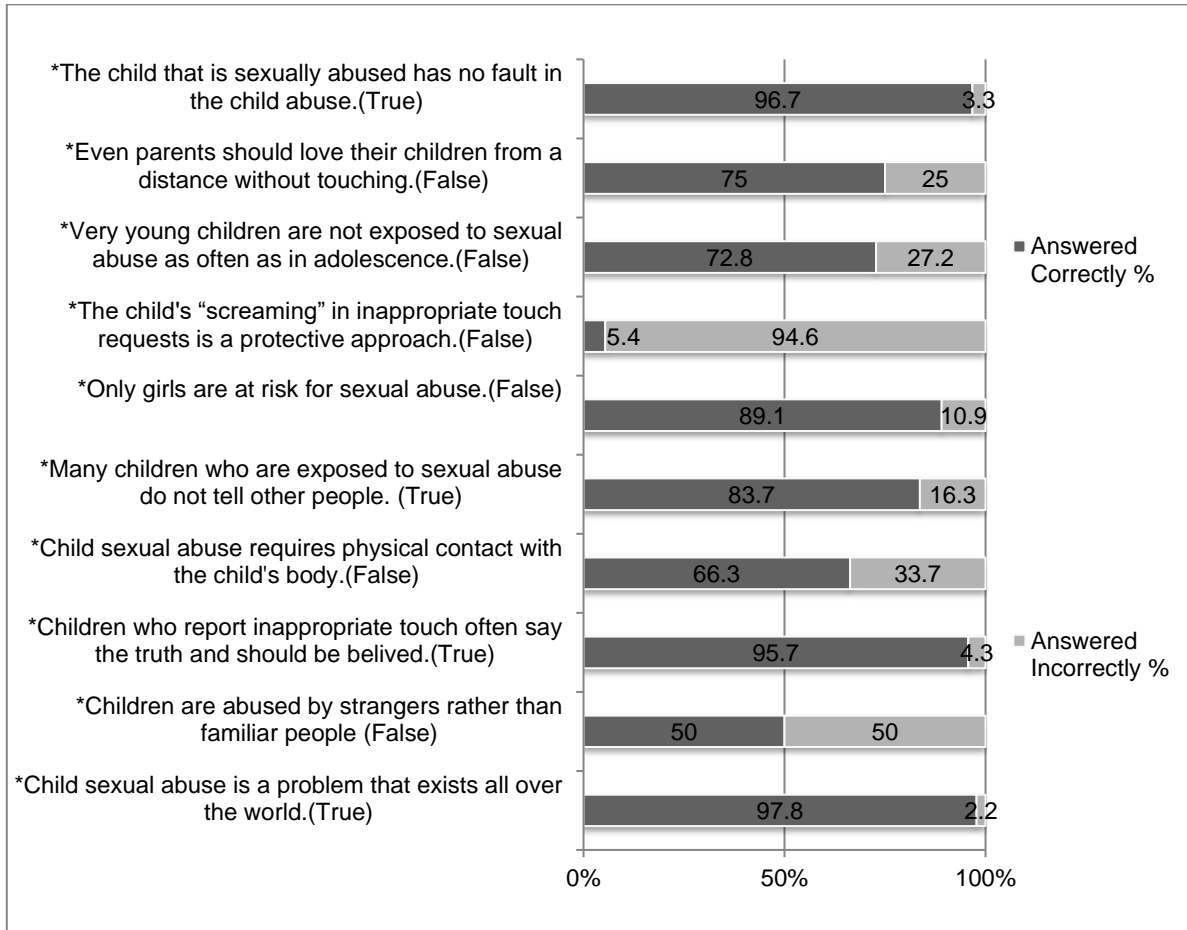


Figure 1.

Parents Knowledge About of Child Sexual Abuse: Answerd Correctly (in dark) and Answered Incorrectly (in light grey) (N=92)

The interventions of the parents on body safety training were evaluated with 10 items. Items are designed to be compared to the scores of the sub-dimensions of the WIST. These responses are as follows: I have talked about the concept of private parts, I have talked about who can touch the private parts, I have talked about who should not touch the private parts (inappropriate touch), I have talked about what to say in the request of touching an inappropriate private parts (say skill), I have talked about what he/she should do in the request of touching an inappropriate private parts (do skill), about inappropriate touching, I have talked about

whom to tell if an inappropriate private parts is touched (tell skill), I have talked about what to say in the request of touching an inappropriate private parts (report skill), I have talked about inappropriate touches are not the fault of the child (PSQ1), I have talked about inappropriate touches that should not be kept secret (PSQ2), I have talked about he/she could touch his/her private parts (PSQ3). Parents marked these items as "I have talked" or "I haven't talked" (Table 1). The effect of parent-child communication about body safety on self protection has been examined (Table 2).

Table 1.

Parents Knowledge and Interventions on Body Safety Training (N = 92)

	Yes N %	No N %
Did you ever talk about with the child body safety rules	76 82.6	16 17.4
Did you ever attend the training program of BST	30 32.6	62 67.4
(if yes) Where did you get information about BST		
Education Life	9 9,8	83 90,2
Video and Book	21 22.8	71 77.2
Which age should BST education be given? (age range)		
3-6 Years	77 83,7	15 16.3
6-12 Years	15 16,3	77 83.7
Would you want to give body safety training education?	84 91,3	8 8,7
Who Should Give Children Body Safety Training Interventions? (N should fold 296)		
Parents	75 81.5	17 18.5
Preschool teachers	74 80.4	18 19.6
Psychological Counseling Guide Experts and Psychologists	57 62.0	35 38.0
Child Developmentalists	54 58.7	38 41.3
Social workers	19 20.7	73 79.3
Nurses and doctors	17 18.5	75 81.5
Inetrventions About Body Safety Training		
1- I have talked about the concept of private parts	75 81.5	17 18.5
2- I have talked about when and who could touch his private parts.	76 82.5	16 17.4
3- I have talked about no one (be it familiar or unfamiliar person) should touch his/her private parts.	54 58.7	38 41.3
4- I have talked about what to say in the request of inappropriate touching.	68 73.9	24 26.1
5- I have talked what to do in the request of inappropriate touching.	71 77.2	21 22.8
6- I have talked about to who he/she should tell if an inappropriate private parts is touched	74 80.4	18 19.6
7- I have talked about what to say in the request of inappropriate touching	61 66.3	31 33.7
8- I have talked about inappropriate touches are not the fault of the child.	33 35.9	15 64.1
9- I have talked about inappropriate touches that should not be kept secret	48 52.2	44 47.8
10- I have talked about he/she could touch his/her private parts	31 33.7	61 66.3

*N should fold

Table 2.

Comparison of WIST subscale scores of children according to parents' communications about body safety training with children

TEST N (%)	$\bar{X} \pm SD$	Z	p
WIST			
Inappropriate Recognition			
Communicating	54 (58.7)	2.57±0.79	-0.64
Not communicating	38 (41.3)	2.47±0.86	
			p=0.52
Appropriate Recognition			
Communicating	76 (82.6)	2.11±1.10	-1,30
Not communicating	16 (17.3)	1.75±1.06	
			p=0,17
Say skill			
Communicating	68 (73.9)	2.07±1.76	-0,963
Not communicating	24 (26.1)	1.67±1.66	
			p=0,33
Do skill			
Communicating	71 (77.2)	1,21±1.47	-2,20
Not communicating	21 (22.8)	0,62±1.40	
			p=0,02*
Tell skill			
Communicating	74 (80.4)	1,04±1.47	-0,99
Not communicating	18 (19.6)	,67±1.46	
			p=0,32
Report Skill			
Communicating	61 (66.3)	,69±1.22	-2,10
Not communicating	31 (33.7)	,19±0.60	
			p=0,03*
Personal Safety Questionnaire (PSQ)			
Communicating	48 (52.2)	1.79±1.07	-0.01
Not communicating	44 (47.8)	1.77±1.11	
			p=0.98

* Mann-Whitney U Test

Children Questionnaire

What If Situations Test (WIST) was used to determine the effect of parent-child communication on self-protection skills in body safety training interventions. WIST was developed by Wurtele, Hughes and Owens (1998) (Wurtele, Hughes, & Owens, 1998). The validity and reliability of the test was evaluated by Citak Tunc et al. in Turkey (Citak Tunc et al., 2018a). The test is evaluated on scenario narrative because preschool children lack the ability to use paper-pencil. The test consists of three parts. In the first part, three of the six vignettes are related to appropriate touch (Parent, Doctor, Nurse). For the appropriate touch min:0 max:3 score is obtained. The other three vignettes relate to inappropriate touch (familiar person, babysitter, and man in the park). Likewise, min 0, max 3 score points are obtained for inappropriate touch. In the second part of the test, four protection skills (Saying, Doing, Telling and Reporting) related to three inappropriate touch stories are evaluated. Each skill is scored between 0-6. The total skill score ranges from 0 to 24. In the third part of the test, the child's attitude towards personal safety and his / her attitude towards his / her sexuality are evaluated and the PSQ (Personal Safety Questionnaire) score (Min: 0 Max: 4) is obtained. In the original WIST, Cronbach's alpha coefficients range from 0.75 to 0.90 (Wurtele, Hughes, & Owens, 1998). In the study of Citak Tunc et al. (2018), Cronbach alpha coefficients

were found between 0.68 and 0.90 (Citak Tunc et al., 2018a). In the present study, the Cronbach alpha coefficients of the scale were found between 0.59 and 0.75.

Data Analysis

The data analysis of the study was done with SPSS 22.0 program for Windows. In the analysis arithmetic mean ($\bar{X} \pm SD$) and percentage values were used. Normality of the data was analyzed with the Kolmogorov-Smirnov test. Since the data did not show normal distribution ($p < .05$), nonparametric tests were used. Mann Whitney U test was used for comparison between groups and Spearman rho correlation coefficient was used to analyze the relationship between variables. The significance level was taken as $p < 0.05$.

Ethical Aspects of the Study

This study was conducted in accordance with the principles of the Helsinki Declaration. As the scale belongs to the researcher, permission was required. The study was approved by Bursa Uludag University Health Sciences Research and Publication Ethics Committee with the decision numbered 2018-06. Signed consent was obtained from volunteer parents and verbal consent was obtained from children.

Results

The findings of the study were examined under 3 categories. The first is the knowledge of parents about CSA, the second is the knowledge and interventions of parents about body safety training, and the third is the effect of parent-child communication on acquisition of child self-protection skills.

Parents Knowledge of CSA

Parents Knowledge of CSA are given in Figure 1. 97,8% of the parents expressed that "CSA is a problem that exists all over the world", 96.7% expressed that "the child has no fault in CSA", 95.7% found the expression "children who report inappropriate touch often tell the truth and believe in the child" truth, %95,7 expressed that "screaming of the child" for request of an inappropriate touching as a protective approach. 94.6% was incorrect (Figure 1).

Parents Knowledge and Interventions on Body Safety Training

Parents Knowledge and Interventions on Body Safety Training are shown in Table 1. Most of parents (82%) talked with their children about body safety training. 32% of the parents included in the study have knowledge about body safety training while 67.4% do not have. Their sources of information are 22.8% video and 9.8% from educational life. Most of parents (83.7%) stated that children were eligible for body safety training in the 3-6 age range. 91.3% of the parents are willing to give body safety training. While the majority of parents (81.5%) stated that parents should also be educated only 18.5% stated that nurses and doctors should be educated. Among the most body safety interventions, the most commonly talked about ones are "when and who can touch the private parts" (82.6%) and the "private parts concept" (81.5%). The least spoken practice is "He/She can touch his/her own private parts" (33.7%) and "the

inappropriate touches are not the fault of the child" (35.9%).

The Effect of Parent-Child Communication on Self-Protection Skills

Table 2 shows the comparison of WIST score averages according to the parents' talking to their children about body safety rules. There was a statistically significant difference between the "doing skills" subscales ($Z = -2.20$, $p < 0.05$) and the "reporting skills" ($Z = -2.10$, $p < 0.05$) scores ($Z = -0.10$, $p < 0.05$) according to the parents' talking with their children. There was no statistically significant difference between the mean scores of WIST sub-dimensions of "appropriate recognition", "inappropriate recognition", "say skills", "tell skills" and "PSQ" according to the parents' talking with their children (Table 2, $p > 0.05$).

According to the variables, there is a significant and inverse relationship between the parent knowledge score and the appropriate recognition scores. As parental knowledge increases, the appropriate recognition scores decrease ($p < 0.05$, $r = -0.23$). There is a significant inverse relationship between knowledge scores of appropriate and inappropriate recognition of the children. As the inappropriate recognition scores increased, the appropriate recognition ($p < 0.05$, $r = -0.24$). The skill points of the children in inappropriate recognition (saying, doing, telling and reporting) are statistically significant and correlated positively with each other. Saying skills ($p < 0.001$, $r = 0.38$), doing skill ($p < 0.05$, $r = 0.24$), telling skill ($p < 0.05$, $r = 0.27$) and reporting skill ($p < 0.05$, $r = 0.21$) increases in children who know the inappropriate recognition score a positive relationship ($p < 0.05$, $r = 0.24$) was found between PSQ scores and appropriate recognition scores and a significant negative relationship was found between the telling skill ($p < 0.05$, $r = -0.26$) (Table 3).

Table 3.

Correlations coefficient of Observed variables and descriptive statistics (N = 92)

Variables	Range	M	SD	1	2	3	4	5	6	7	8
1. Appropriate Recognition	0-3	2.04	1.10								
2. Inappropriate Recognition	0-3	2.53	.82	-0.24*							
3. Say skill	0-6	1.97	1.73	-0.12	0.38**						
4. Do skill	0-6	1.08	1.47	-0.05	0.24*	0.54**					
5. Tell skill	0-6	.97	1.46	0.19	0.27*	0.15	0.26*				
6. Report skill	0-6	.52	1.07	0.03	0.21*	0.22*	0.44**	0.72**			
7. PSQ	0-4	1.78	1.09	0.24*	-0.17	-0.26*	-0.01	0.18	0.11		
8. Parent CSA knowledge	0-10	7.33	1.31	-0.23*	0.09	0.03	-0.12	-0.02	-0.00	-0.01	
9. Child age (month)	36-70	54.7	9.9	-0.12	0.16	0.19*	0.09	0.01	0.03	-0.06	-0.00

* $p < 0.05$ ** $p < 0.01$ Spearman Correlation

Discussion

These research findings, which examine the effect of parent-child communication on self-protection skills acquisition in Body Safety Training in Turkey provide an insight into parent-focused strategies in preventing CSA.

Parents Knowledge of CSA

There are studies that investigate the knowledge of parents to prevent CSA (Alzoubi, Ali, Flah & Alnatour, 2018; Chen & Chen 2005; Chen, Dune, & Han 2007; Ige & Fawole, 2011; Pullins & Jones, 2006). At the end of the study, it was determined that parents had basic knowledge about CSA ($M = 7.33$ $SD = 1.31$). This result is consistent with studies that show that parents have the potentials to prevent CSA (Alzoubi et al., 2018; Jin, Chen, & Yu, 2017; Jin et al., 2019; Wurtele, Kast, & Melzer, 1992a).

The most common response incorrectly item about of CSA is the "the child's screaming in inappropriate touch requests is a protective approach". In the BST, it is essential to give the child the skills to move away from the offender and the environment in case of inappropriate touch (Citak Tunc et al. 2018b). When evaluating the "doing skill" of the WIST sub scale "I scream" is scored "0" (Wurtele et al., 1998). The source of this false information in Turkey is the public authorities. In the past, authorities have recommended "screaming" to both parents and educators as a protective action (Citak Tunc et al., 2018b). The high percentage of this false information is compromising the safety of children. In order to correct this fault, there is an urgent need to raise awareness in mass media and social networks with the help of the authorities.

Half of the parents answered incorrectly item "children are abused by strangers rather than familiar people". This result of the study is consistent with other research findings where most parents find that strangers the biggest threat to CSA (Babatsikos, 2010; Ige & Fawole, 2011). It is stated that in order to prevent CSA, the children should be taught that the person they know or loves may harm them with inappropriate touch (Ige & Fawole, 2011; Martyniuk & Dworkin, 2011; Njoku, 2001). Researchers show that sexual abuse is mostly caused by the person the child knows and loves (Sanderson, 2004; Topping & Barron, 2009; Tutty, 1997; Wurtele & Miller-Perrin, 1992). Unlike the results of this study, in the study conducted by Herbert et. al. in Canada, all the parents indicated that it was wrong to be abused by a stranger in the CSA (Hebert, Lavoie, Piche, & Poitras, 2001). The fact that parents think only strangers can be dangerous can cause them to

be less careful about familiar adults thus exposing children to potential abuse. According to the present study, mothers in Turkey tend to focus on "strangers" in their communication with their children for prevention thus ignoring the potential risk of a CSA caused by an familiar adult.

Parents Knowledge and Interventions on Body Safety Training

Almost all of the parents (91.3%) want to give preventive BST to their children. This data suggests that parents believe that their children are at risk with regard to CSA. This finding of this study is consistent with the results of the research that supports the inclusion of parents in the prevention program (Tang & Yan, 2004; Wurtele & Kenny, 2010). Unlike the research findings, in a study carried out in Jordan, 38.1% of the mothers stated that they believed that their children were not at risk for CSA and that preventive training was not considered necessary (Alzoubi et al., 2018). As parents in Turkey regard CSA as a common problem, it demonstrates that they can take roles and responsibilities as key partners in protective interventions.

In this study, the proportion of parents who have knowledge about body safety (32.6%) is limited. However, despite this limited knowledge, the number of those who talk to the child is higher (82.6%). In another study, unlike the results of this research, parents stated that they were concerned about CSA but they did not have enough knowledge and skills to talk about it (Wurtele, Kvaternick, & Franklin, 1992b). It is stated that there are parental barriers in between of parents' conversations with their children about CSA (Jin et al., 2019). These barriers relate to parents are as follows; lack of accurate information, lack of vocabulary, lack of material, believing that their children are at lower risk of abuse, and lack of self-confidence (Burgess & Wurtele, 1998; Deblinger, Thakkar-Kolar, Berry, & Schroeder, 2010). This result of the study suggests that parents believe that their children are at risk for CSA and may be due to lack of knowledge about BST interventions.

It has been reported that inclusion of CSA in the prevention study increased the knowledge of protection (Tremblay, & Bégin, 2000) and led to an increase in the willingness to talk to the children about protective interventions (Burgess & Wurtele, 1998). In the study, the majority of parents (81.5%) want to give BST intervention to their children. BST interventions gives children self-confidence, and makes them more difficult targets for perpetrators. Research shows that perpetrators target vulnerable children (Wurtele,

Mathews, & Kenny, 2019). In the research, 82.6% of the parents talk about the issue of body safety with their children. This finding contradicts the study of Gesser-Edelsburg et al., (2017), in which the majority of mothers stated that they were afraid to talk about sexuality and sexual abuse (Gesser-Edelsburg, Fridman, & Lev-Wiesel, 2017).

The more parents have enough knowledge about the prevention of CSA, the more likely they are to create safer environments for their children (Wurtele & Kenny, 2010). There are CSA case detection studies in Turkey (Turkey child abuse report-2, 2018) but the development of research and programs related to child protection programs from CSA is rather new (Citak Tunc et al., 2018b). In the prevention of CSA strategies, the aim should be to increase the level of knowledge by using a child-oriented intervention program that increases the knowledge for protection and gains skills.

The Effect of Parent-Child Communication on Self-Protection Skills

Appropriate and inappropriate touch situations in preventing CSA require different assessment (Blumberg, Chadwick, Fogarty, Speth, & Chadwick, 1991). The present study revealed that parents' communication with their children for the BST has no effect on gaining knowledge for distinguishing between appropriate and inappropriate touch. This finding is similar to the research in which parents found that they had any knowledge related to touch (Chen & Chen, 2005; Ige & Fawole, 2011). When developing child protection programs, it is recommended that the concepts of appropriate and inappropriate touch should be given together. It is stated that focusing only on inappropriate touch causes negative attitudes in the child, such as fear and nightmares at night (Tutty, 1997). The strict attitudes of parents with a high level of CSA knowledge towards touchings may be due to the lack of trust in society. This attitude causes emotional problems such as fear and anxiety in these children who are extremely sensitive to touch.

In the past studies to prevent CSA, have been carried out with an information transfer method. Today, the emphasis is placed on teaching skills (Martyniuk & Dworkin, 2011). Parents who talking with their children about BST, it was found that were effective with "doing" and "reporting" skills. Doing skill is the second skill that teach children to stay away from the person who has the haracter of an abuser and the environment where CSA can take place. These results related to the "doing skill" are similar to the results of the study of (Alzoubi et

al., 2018) conducted in Jordan and (Ige & Fawole, 2011) in Nigeria. It shows that parents know that telling their kids to immediately get away from any place where they are exposed to inappropriate touch is effective in preventing CSA. Reporting skill is the last skill needed to be acquired by the children. With this skill, it is evaluated that the child identifies the person who is making the inappropriate touch request and reports it to a reliable adult about what the person might be trying to do. Children need to know the concept of private part in order to gain the ability to describe inappropriate touch (Kenny & Wurtele, 2008). In the research, the average score of reporting skill is the lowest score among the skills (0.69 ± 1.22). The result of the study is in accordance with the study conducted with Chinese children where 70.6% of the children did not receive any points from their "WIST reporting" skills (Zhang et al., 2013). This result of the research may be due to the inability of parents to explain the concept of a private part to their children.

In this study, it was determined that the mother-child communication such as saying "no" reporting the situation to authority and teaching that it was not the child's fault was not effective in recognizing the proper and inappropriate touch. Similar results were also found by Gesser-Edelsburg et al. (2013) and Pullins & Jones (2006). Parents have stated that they consider CSA a risk, but they do not have the skills to talk to their children (Gesser-Edelsburg et al., 2017; Pulins & Jones, 2006). In contrast to the findings of the study, studies conducted in China suggest that educational lof the parents directly affect the self-protection skills of children (Jin et al., 2019; Zhang et al., 2013). The results of the research show that school-based sexual abuse prevention programs are effective in providing appropriate and inappropriate touch knowledge, and giving skills to move away from the environment and reporting skills in cases of inappropriate touch (Kenny & Wurtele, 2010; Citak Tunc et al., 2018b; Wurtele et al., 1992a). These results show the need for cooperation between educators and parents.

Conclusions

In this study, the effect of parental-child communication about BST was investigated. The effect of parents' knowledge and interventions related to BST on skills acquisition in children was evaluated with WIST. Parents have high CSA knowledge, yet limited knowledge about BST and its interventions. In their BST conducted by talking with their children, parents have been effective in teaching two skills (do skill, report skill). Other information revealed that

parents were not effective in teaching about different touches -appropriate touch and inappropriate touch- and skills -saying skill, telling skill- and attitudes -keeping inappropriate touch as a secret, to believe that the child has no fault related to inappropriate touch-. Parents may think that they have provided their children with the protective application of BST skill. This idea puts the child at risk in terms of CSA. Because all of the knowledge, skills and attitudes in the prevention of CSA should be given to the child.

Limitations

This research was conducted with voluntary parents and their children. In this sensitive topic as a social taboo, it is assumed to be a relatively parental group with relatively high levels of education and awareness. In the study, the parents' CSA knowledge was evaluated by scoring. It indicates that learning outcomes need to be measured (Fry et al., 2018). Research on the measurement of learning outcomes highlights the widespread use of scoring (Cuesta, Glewwe, & Krause, 2016; Fry et al., 2018). In the study, the learning outcomes of the parents were not evaluated. Research is limited to children's learning outcomes.

General physical safety issues, such as accidents, traffic rules, fire, etc. are not discussed in the study. The research is limited to the specific BST to prevent CSA. In the study, the status of children receiving BST education from educators was not evaluated. The findings of the survey are limited to parents. In the study, the duration of the education given by parents and the method and material used by BST were not evaluated. The communication levels of parents were not evaluated. The parents' communication with their children is limited to questions about the skills and attitudes of the WIST measurement tool used in the children.

Recommendations

The most common misconception about CSA is about "screaming". It is recommended to reinforce that this action is wrong by raising awareness in the social media and the press with support from the authorities.

The lack of a structured program is the biggest obstacle to gaining knowledge and skills in body safety education. It is stated that the method described as didactic has limited effect on pre-school children in acquiring knowledge and skills. For this purpose, it is recommended to measure learning outcomes in evaluating the effect of gaining knowledge and skills in body safety interventions.

Most of the participants in this study were mothers. As participation is voluntary, there is no distinction between parents. It is thought that fathers may also have a positive effect on the protection of their children by raising awareness about the situation. Efforts must be made to encourage parents to participate in CSA prevention education with their children and to provide parents with the necessary knowledge, communication techniques, and resources. Parents and educators should use a structured training program in parallel.

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Declaration of Conflict Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article

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Ethical Approval

The study was approved by Bursa Uludag University Health Sciences Research and Publication Ethics Committee with the decision numbered 2018-06. Signed consent was obtained from volunteer parents and verbal consent was obtained from children. All procedures performed in studies involving human participants were 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.

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