Engaging parents in child-focused child sexual abuse prevention education strategies : A systematic review

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Contents

1. Executive summary

Background

Child sexual abuse (CSA) prevention programs are often delivered at a universal level in schools to children and young people with the goal of increasing all young people's protective behaviours and knowledge. Although programs can be targeted specifically at parents (to build their knowledge or skills in protecting children and responding to safety concerns), another way parents can be involved is through engagement and involvement in child-focused programs. Recent research has suggested a need to involve parents more in CSA prevention. Research evaluating programs that engage parents often neglects to evaluate the impact or effect of engaging parents on program outcomes, making it is difficult to understand how, when, and in what ways parents can be involved effectively in programs.

Method

We conducted a systematic review of 7 databases using PRISMA guidelines, as well as searching through 10 previous reviews of CSA prevention programs. We searched for studies of programs that involved parents beyond simply asking parents for consent of their child's participation in the program. We extracted data to help us understand in what ways have and how parents can be involved in child-focused CSA prevention programs to increase their effectiveness.

Findings

We identified 57 articles that discussed programs that engaged parents. Many programs engaged parents—predominantly mothers—either though communicating CSA or program-specific information through workshops and information evenings to support parents to understand how to prevent abuse, or through sending home-learning activities that children could do with parents. Parents' prior knowledge of CSA and its prevention was a facilitator of involving parents. However, parents' time constraints and attitudes of denial of the likelihood of and importance in discussing how to prevent CSA acted as barriers to engaging parents in programs. Very few studies evaluating programs that involved parents included within their research designs the capacity to evaluate the effect that involving parents had on either child or parent outcomes in the programs.

Conclusions

More work is needed to evaluate the benefit of involving parents in child-focused CSA prevention programs. Understanding how working with parents prior to deploying programs in schools—and other youth-serving organisations—could facilitate parent engagement. Future prevention education could benefit if advocates promote greater understanding of the benefits of engaging parents.

Background

In 2020, Bravehearts Foundation approached the Institute of Child Protection Studies (the Institute) to conduct a rapid evidence review (Trew et al., 2021) on educational programs that focused on child sexual abuse (CSA) prevention. In that review, one of the implications we identified was that child-focused CSA prevention education could be enhanced by looking at how to improve the engagement or involvement of parents into the programs. We know from a previous review that parents' views about CSA prevention education are important and that they generally see CSA prevention education as necessary, however, they were unsure about appropriate content for CSA prevention messages and uncertain about when it would be most appropriate to deliver these messages (Hunt & Walsh, 2011). This suggests we need effective strategies that engage and include parents in child-focused CSA prevention education in appropriate and evidence-informed ways.

This report presents a review of the evidence (from peer-reviewed and grey literature) of parent engagement in child-focused CSA prevention education. We included studies of child-focused CSA prevention programs that included and engaged parents in some way. We summarise key features, including:

- the extent of parental involvement in child focused CSA prevention programs,
- what strategies and methods are used to involve parents in child-focused CSA prevention programs,
- the context, barriers and facilitators of parental involvement in child-focused CSA prevention programs,
- the timeframe to involve parents in child-focused CSA prevention programs,
- who is involved in child-focused CSA prevention programs,
- the effects of parental involvement in child-focused CSA prevention programs, and
- the rationale of parental involvement in child-focused CSA prevention programs.

We conclude with a discussion of the findings of the review alongside suggestions for future CSA prevention education programs.

Introduction

Child sexual abuse prevention

Child sexual abuse is an ongoing concern across communities globally. The World Health Organisation (WHO) defined child sexual abuse as:

> 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, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility, trust, or power over the victim. (WHO, 2006, p. 10)

Early CSA prevention education efforts developed in the US in the 80s focussed on 'stranger danger'. This was mistakenly based on anecdotal evidence in media reports suggesting that children were most at risk of harm (e.g., abuse, abduction, kidnapping) from individuals who were not known to them. In recent times CSA prevention efforts have become more evidence based, recognising that the greatest risk of harm to children is from people known to them including family members, friends, and acquaintances (including other children and young people), and staff and volunteers in youth-serving organisations (Gewirtz-Meydan & Finkelhor, 2020).

A key feature of CSA is that rather than being a discrete single event, typically—although not always—it is a series of events, often preceded by a stage referred to as 'grooming'. Prevention education, therefore, must incorporate knowledge and skills that can help adults, including parents/caregivers, and children to recognise, interrupt, and report grooming in physical environments such as family homes, schools, and community organisations, and in online environments such as social media, video sharing, and gaming platforms.

Parental and caregiver involvement and gaps in the literature

Protecting children is complex and multifaceted, with solutions typically requiring several approaches, including a public health approach (Higgins & Russell, 2023; Letourneau et al., 2014; Russell & Higgins, 2023a), child-safe standards, and contextual and situational crime prevention (Firmin, 2020; Higgins & Morley, 2018). As identified in our recent review (Trew et al., 2021), prominent researchers in the CSA prevention field have noted that if prevention efforts are to be successful, it is imperative to include parents (Hunter, 2011; Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018; Wurtele & Kenny, 2010; Wurtele & Kenny, 2012; Xie et al., 2016). Much of the research on the parent-focused CSA prevention is in its infancy or limited. It is difficult to understand how, when, and in what ways parents could and should be involved in programs. This research focuses on understanding the knowledge, attitudes, and skills of parents in relation to being involved in CSA prevention programs focused specifically on parents (Rudolph et al., 2023), as well as their views in relation to school-based or child-focused programs. These studies generally find that parents have some knowledge—although usually not a sufficient or accurate amount—of the nature, context, and signs of CSA, and have positive attitudes towards CSA prevention, particularly at school (Babatsikos, 2010; Baykal et al., 2023; Guo et al., 2019; Kenny & Prikhidko, 2022; Rudolph & Zimmer-Gembeck, 2018; Walsh et al., 2012; Xie et al., 2016; Zhang et al., 2020).

There are also many barriers and challenges to the inclusion of parents in CSA prevention (Livingston et al., 2020). Research asking parents their views regarding CSA prevention and their involvement in it has found that parents often point out they have no exposure to involvement in their own childhood (Kenny & Prikhidko, 2022), lacked the knowledge, skills, or language to be involved effectively (Babatsikos, 2010), or were reluctant to discuss matters related to CSA due to the young age of their children (Zhang et al., 2020), and personal discomfort with the topic (Livingston et al., 2020). We know from educational research generally that parents' and carers' participation in any educational strategy is essential and can lead to improved outcomes for children (Ma et al., 2016). It is important to include parents in child-focused CSA prevention education for several reasons, the most salient of which is that CSA is likely to occur in the home and from people known to the child (Gewirtz-Meydan & Finkelhor, 2019). Prevention education programs must also deal sensitively with the reality that not all parents are a source of safety. Program content should reflect an understanding that not all children view their parents as 'trusted adults', and not all parents are trustworthy. It is a difficult challenge: Parents can be perpetrators of incest, but they may also be responsible for promoting environments that allows for abuse to occur at the hands of others (partners, or extended family), or for enabling—or facilitating—access to their child for the purposes of creating child sexual abuse material (Salter et al., 2021).

Other reasons are that parents are a likely recipient of disclosure/concerns from children about adults, or other children (Russell & Higgins, 2023b) and that organisationally driven education to address attitudes of children (such as information about consent, respect, and speaking up) is likely to be undermined if parents don't understand the rationale for such strategies and know the positive role that they can play in preventing CSA. Finally, the culture that is modelled at home—for example, respectful relationships vs toxic masculinity—may be more powerful than attempts at schools or other youth-serving organisations to provide education and change attitudes, as children may be more likely to learn from parental attitudes that are introduced early by parents (Kenny et al., 2008). These reasons highlight the importance of parents knowing the most effective messages to share with their children.

Recently, researchers have utilised randomised control trials and other evaluation methodologies to investigate the efficacy of parent-based CSA interventions. For example, Guastaferro et al. (2020) examined an intervention for parents of at-risk families that was added to an existing general parent training intervention. They found that the intervention was successful in increasing parent knowledge about awareness and readiness to engage in CSA protective behavioural strategies. When evaluating a video-based intervention, Nickerson et al. (2018) similarly found that the intervention increased parents' knowledge of CSA and had an indirect effect on parents' conversations with children about CSA. Similar interventions that utilise a range of teaching modalities are effective in increasing the knowledge, attitudes and preventive behaviours of professionals who work with children (Rheingold et al., 2015; Rudolph & Zimmer-Gembeck, 2018).

Overall, we need to understand more about effective strategies that engage and include parents in child-focused CSA prevention education in appropriate and evidence-informed ways.

Aim and research questions

The aim of our review was to investigate the involvement and engagement of parents in child-focused CSA prevention programs. We will summarise how parents have been involved in child-focused CSA prevention education with a view to provide program developers and facilitators information that might assist them to support better and engage parents in meaningful ways in CSA prevention education delivered in schools and other contexts.

Specific questions that guided our analysis were:

1. What is the extent of parental involvement in child-focused CSA prevention programs?
2. What strategies and methods are used to involve parents in child-focused CSA prevention programs?
3. What is the context of parental involvement in child-focused CSA prevention programs and the facilitators and barriers to their involvement in these?
4. What is the timeframe to involve parents in child-focused CSA prevention programs?
5. Who is involved in child-focused CSA prevention programs?
6. What are the effects of parental involvement in child-focused CSA prevention programs?
7. What is the rationale of parental involvement in child-focused CSA prevention programs?

Method

To address the research questions of this review we conducted a systematic review as per the PRISMA guidelines (Page et al., 2021). We used guidance by Popay et al. (2006) and the SWiM guidelines (Campbell et al., 2020) to formulate a narrative synthesis of our findings in the absence of a meta-analysis.

Search strategy

We searched seven databases (CINAHL, Cochrane, ERIC, Medline, PsycInfo, Scopus and SocINDEX) in May 2021 for peer-reviewed literature related to CSA prevention programs and parental figures (see Table 1 for details regarding search terms used). We did not apply any date or language restrictions. We initially tested a search for CSA programs without any reference to parents/carers due to concern that many papers may not reference parents in their titles or abstracts. This search, in SCOPUS, resulted in 16,438 records. Given the large number of results, we added a search parameter of parents (see Table 1).

Next, we conducted a targeted search strategy to complement the systematic search described above. Having previously conducted a review of what works in CSA prevention programs (Trew et al., 2021), we were aware of 10 high-quality reviews (Brassard & Fiorvaanti, 2015; Davis & Gidycz, 2000; Del Campo & Favero, 2019; Fryda & Hulme, 2015; Kenny et al., 2008; Lynas & Hawkins, 2017; Popovic, 2018; Rispens et al., 1997; Topping and Barron, 2009; Walsh et al., 2015) that had assessed the efficacy of CSA prevention programs. Together, these reviews evaluated 268 studies. After removing duplicates between the reviews, and any un-retrievable records we retrieved a total of 128 records. We then conducted a manual search (using Ctrl + F) for the following terms: parent, carer, guardian, mother, father. If any of these terms were found, we then read the relevant sections of the paper to determine if authors had used the term in relation to program engagement specifically, or for another reason (e.g., to explain provision of parental consent for their children's participation in research, or simply reporting on parent characteristics as part of description of their sample demographics). Using this process, we identified 19 further studies (see Figure 1).

Table 1

Keywords used in systematic search strategy

	Population/Age range	Parents	Abuse	Program	Prevention
Keyword Title/Abstract	child* OR student* OR boy* OR girl* OR pupil* OR "preschool* age*" OR "kinder* age*" OR "nursery age*" OR "pre k age*" OR "elementary age*" OR "primary school age*" OR "young child*" OR "early child*" OR "early year*" OR "daycare age*" OR "day care age*" OR "child care age*" OR "childcare age*" OR adolescen* OR youth OR "young people" OR "young person" OR teen*	Parent* OR guardian* OR mother* OR father* OR grandparent* OR famil* OR carer OR caregiver* OR foster	groom* OR "sex* abuse"	program* OR curricul* OR education OR psychoeducat* OR approach* OR syllab* OR course* OR train* OR interven* OR method* OR strateg* OR engagement* OR skill* OR knowledge* OR learn*	prevent* OR protect* OR supervis* OR monitor*

	OR tween* OR toddler* OR "pre teen*" OR preschool*	

Inclusion and exclusion criteria

After removing duplicates, we used Rayyan QCRI (Ouzzani et al., 2016) to screen the articles from the systematic search against inclusion and exclusion criteria. Authors 1 and 2 double blind screened all articles and worked together to resolve conflicts. Unresolved conflicts were referred to Author 5. We included articles if they met the following three criteria:

1. the topic was a child-focused CSA program or intervention (i.e., children or young people were the target audience);
2. the intervention was preventative in nature and not related to treatment (of victim/survivors or of young people engaged in harmful sexual behaviour);
3. the intervention involved parents in a meaningful way (i.e., more than simply providing consent for their child to take part in a study of the program or completing demographic information for sample characteristics).

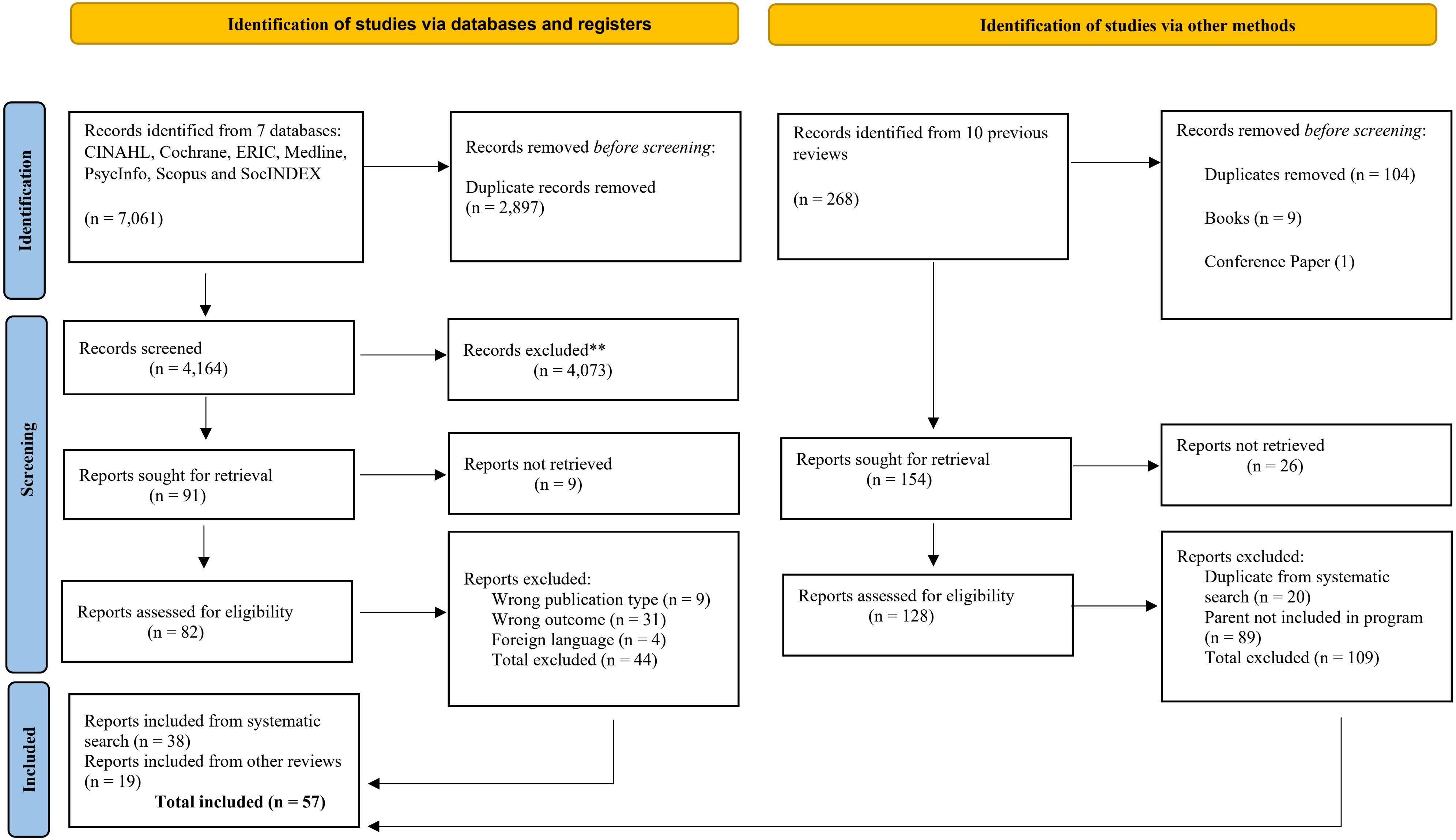
We excluded articles if participants in the intervention were not children (i.e., aged 18 or above) or where data were not disaggregated (i.e., so that those aged under 18 could be clearly distinguished).

Article selection

Figure 1 shows the search and screening process based on the PRISMA flow diagram. We found 7,061 texts of which 2,897 were duplicates. We double blind screened these and after resolving conflicting views were left with 38 articles. After adding the 19 articles from the targeted search strategy we ended up with a total of 57 studies from which to extract data.

Figure 1.

PRISMA Flowchart



Included studies and design characteristics

A total of 57 studies met our inclusion criteria. Studies were published from 1984 to 2021, with most studies being published in the 90s (*n* = 21, 36.8%) and the 80s (*n* = 20, 35.1%). This indicates a recent decline in the volume of published studies on CSA prevention programs involving parents. Of the included studies, 28 (49.1%) used a pretest-posttest design with a control group and another 10 (17.5%) used a pretest-posttest design without a control group. Other study designs included six feasibility studies, three phenomenological (qualitative) studies, two correlational, two participatory action and one cross-sectional research design. Four articles were curriculum manuals for CSA prevention programs, and one was a peer-reviewed program description.

All articles reported on studies implemented in a single country except the Talking about Touching program by the Committee for Children (1985-2001). This article discussed program implementation in both the United States and Canada, hence there were 58 unique country data points. The majority (*n* = 38, 65.5%) of studies were conducted in the United States of America (USA), followed by Canada (*n* = 7, 12.1%) and Ireland and New Zealand (both *n* = 2; 3.4%). One study was identified from each of the following countries: Argentina, China, Germany, Malaysia, the Netherlands, England, Iran, Israel, and Scotland.

Included studies critical appraisal

We used the Joanna Briggs Institute (JBI; 2020) critical appraisal tools to conduct a methodological quality assessment of the studies included in our review. The JBI tools provide the convenience of a single location in which to source critical appraisal tools (see https://jbi.global/critical-appraisal-tools). However, the instruments required adaptation and translation to suit a social science review of the type we were conducting.

In the absence of a JBI critical appraisal tool specifically for randomised controlled trials, these studies were appraised using the quasi-experimental tool. We noted the absence of criteria to assess blinding of outcome assessors, study attrition, and selective reporting. The JBI critical appraisal tool for analytical cross-sectional studies was used for cross-sectional studies. The JBI critical appraisal tool for qualitative studies focused heavily on the ontological and philosophical basis for theory-methodology-methods congruence, however many of the included qualitative studies in our sample did not announce a “grand” theoretical standpoint (i.e., interpretivism, constructivism, phenomenology, interactionism, functionalism etc), they were rather more agnostic about the nature of reality and knowledge in data and truth claims. As Williams et al. (2020) point out, within the range of tools available for appraising methodological quality of qualitative studies, there is confusion about what should be assessed: is it adherence to hallmarks of qualitative research like credibility, transferability, dependability, and confirmability; or adherence to reporting guidelines with indicators about the extent and transparency of reported study information.

Two authors independently assessed each study against the appropriate checklist. Studies were rated against 8 or 9 appraisal criteria, depending on the tool used, with either a yes, no, or unclear response selected for each item. A final score between 0 and 1 was agreed only when two assessing authors rated 100% agreement on each item. Where there were discrepancies, a third author adjudicated.

Findings

Assessment of quality of studies

The quality of the studies included in our review ranged in scores. For the Quasi experimental tool scores ranged between 0.2 and 1.0. For the cross-sectional tool scores ranged from 0.25 to 1.0, and for the qualitative tool scores ranged between 0 and 0.6. We noted that studies that scored most poorly were published in the 1980s or 1990s. We did not perform quality appraisals on program descriptions or protocols where evaluation was yet to be completed. Quality appraisal scores can be seen in Supplementary Table 1.

The extent of parental involvement in child-focused CSA prevention programs

Our review examined parental engagement with child-focused CSA prevention programs beyond parents simply providing consent for their child to be involved. However, we did note that in 36 studies (63.2%) parental consent was sought for children to be involved in the child-focused program of interest. The rest of the 21 studies (36.8%) did not provide information as to whether parents were asked to provide consent for their child's involvement in the program.

Strategies and methods used to involve parents in child-focused CSA prevention programs

We coded the strategies and methods used to determine parental involvement in child sexual abuse prevention programs into six categories using Epstein et al.'s (2018) framework for parent-school-community partnership. These were: parenting, communication, learning at home, volunteering, decision making, and collaboration with community. Table 2 elaborates on the Epstein Model categories. Several studies reported on interventions that utilised more than one method of parental involvement therefore the number of involvement strategies (n = 83) exceeds the total number of studies included in the review. In appendix A we summarise the parental involvement data we extracted from the 57 studies. In the following section, we present results of the data coding for when and how parents were involved in the programs, and what they were asked to do as part of that involvement in the program.

Table 2

Epstein Model Framework of Six Types of Involvement

Parenting	Communicating	Volunteering
Schools support families to create home environments appropriate for children to learn.	Building effective ways to communication from school-to-home and home-to-school about school programs and children's progress as students.	Caregivers are seen as the audience for student activities and educators, students and families organise together what is needed to support parents.
Learning at Home	**Decision Making**	**Collaboration with Community**
Families actively support children to complete the schoolwork at home. Schools provide information and guidance to parents as to how to achieve this.	Schools encourage and facilitate parents' inclusion in school decisions as leaders or representatives.	Resources, services, or providers are identified from the community and integrated into the education setting.

Note. Sourced from Epstein, 2018.

The most popular parental engagement category was **communication**. The communication category involves stakeholders designing effective forms of communication between school and home (Epstein et al., 2018). Two forms of school-to-home communication strategies were observed in programs across studies included in our review. One strategy was to invite parents to attend workshops or information evenings held by the school or the program facilitators specifically introducing the CSA prevention program content. This communication method was used by the largest number of programs (*n* = 23, 42.1%) and occurred either before the program had been delivered, or whilst the program was under way. At these events, parents were often provided an opportunity to ask questions about the content and delivery method of the programs, with the understanding that parents would benefit from having awareness of how programs approached sensitive topics with their children.

Another frequent communication strategy used across 19 (33.3%) programs was to provide general education sessions to parents about CSA more broadly. These sessions, either workshops or events, did not explicitly discuss the content of any programs that children might have been involved in but included general topics such as how to manage a disclosure of abuse, how to support children to keep themselves safe, and the risks of child sexual abuse. Like the workshops or information evenings, these education sessions tended to be offered to parents before or whilst children were being taught in their own program. In both session types, materials such as videos, lectures, group discussions and anonymous question times were used as engagement tools. In ten studies engaging parents through communication, parents were provided with materials to take home with them which either included an overview of the proposed curriculum (Fisher, 1985; MacIntyre & Carr, 1999; MacIntyre et al., 2000; Meiksin et al., 2019; Tobin, 1985) practical items to use with children in the home to spark discussion such as posters or a storybook (Liddell & Young, 1986; Spungen et al., 1989) or further resources on child sexual safety (Johnson, 1987).

The second most popular parental engagement category was **learning at home**. Over one third of programs (*n* = 21, 36.8%) used a learning from home approach which was also divided into two sub-categories of parental engagement. The first subcategory of the learning at home category required parents to actively teach the CSA prevention program to their child(ren) in the home. This subcategory was titled 'Parents as Teachers.' Programs assigned to the subcategory parents as teachers were only ever implemented at home by parents/caregivers and not in any kind of educational environment by teachers or program facilitators. Parents were almost always provided prior training and/or a curriculum to guide their teaching but were the sole facilitators of the program. Physical materials provided to parents often included workbooks with scenarios or vignettes for parents to use as a script or prompts for discussions with their children. In some programs, homework sheets were sent home with children and expected to be completed with the assistance of a parent. For younger children, colouring books and stickers were used as a learning and engagement tool, for which parents were expected to facilitate. This type of learning from home engagement was utilised by 11 programs (19.3%).

Another strategy within the learning from home category, labelled 'Homework Support' was taken up by ten (17.5%) programs which involved parents providing at-home support of a program delivered within schools by teachers or program leaders. In these instances, children completed the prevention program at school but were encouraged or expected to complete homework with parents to support information retention. Parents were involved by engaging their children in the program topics either through discussion or guided role-plays, or they helped their children with homework tasks assigned by the program facilitators.

The third most frequent parental engagement category was **volunteering**, where schools involved parents in a similar fashion to the students. Ten programs in total included an element of parental volunteering as a method for parent engagement. Of these ten, four (7.0%) programs required parents be taught the program side-by-side, or parallel to their children, for example, in instances where a group of parent-child dyads watched a puppet show together (Borkin, & Frank 1986: Gesser-Edelsburg et al., 2017). Others engaged parents in a program very similar to or the same as their children but separate from them labelled 'Parent Program' (*n* = 6, 10.5%).

The fourth most frequent parental engagement category was **decision making**. According to the Epstein Model, this is when schools involve parents in school/education decisions. Several programs (*n* = 9, 15.8%) involved parents in the decisions related to school-deployed CSA prevention programs. The most common way that this occurred was gathering parental feedback on their children's response to a program after they had completed it. Parents were often asked to provide feedback on whether they noticed any changes to the child's demeanour or whether the child had an increased awareness of sexual abuse prevention strategies and/or risks. In other instances, program providers sought feedback before deployment of the program, typically within information sessions. Parents were offered the chance to become familiar with the content such as watching the videos or plays designed for children and providing feedback to facilitators on the validity and or feasibility of the program with their children.

The fifth most frequent parental engagement category was **collaboration with community**, which the Epstein Model framework defines as, coordinating resources or services within the community for the sake of children and their families. We only observed this in one program that introduced parents to members of the community who could be contacted later for referral to CSA-related services (MacIntyre et al., 2000).

None of the studies directly addressed **parenting** as it is described within the Epstein model. This was the only parental engagement category within the Epstein framework that was not applied in any of the programs included in our review. The parenting category is described as an attitude held by schools of the importance of getting to know their children's families, and equally for families to accept their children as students and understand school life more thoroughly. Given that all studies included were able to be coded in line with 5 of the 6 categories of the Epstein framework, it was deemed an acceptable model through which to analyse strategies and methods used in parental engagement in child sexual abuse prevention programs.

Context of parental involvement in child-focused prevention programs and the facilitators and barriers to their involvement

Primarily, CSA prevention programs were deployed in school or education environments including early-learning centres and pre-schools. Across the 57 studies, we found that several features embedded into the programs were indirect facilitators of parental involvement. These were however not frequently or explicitly explained or described as being enablers of parent engagement by the authors of those studies. Many programs provided parents with physical learning materials such as workbooks and brochures with the primary purpose being to ensure efficacy of the program being taught but also had a secondary outcome in that parents were given structured ways to approach difficult topics with their children which meant they felt more comfortable to do so.

Prior knowledge regarding CSA and its prevention potentially acted as a facilitator of parental engagement in programs. Some studies noted that the parents who were involved in the program being evaluated, generally had a good level of sexual abuse safety awareness and knowledge beforehand and as a result were inherently motivated to be involved in prevention programs (Briggs, & Hawkins, 1994; Tremblay & Bégin, 2000; Tutty, 1997). However, researchers rarely described strategies within programs used to support parents to increase their knowledge and become involved in prevention programs.

One program provided parents with avenues for outreach, in the form of regular communication points with teachers, as a method for supporting and enabling parents' involvement in the program (Spungen et al., 1989). Another included a follow-up call with parents to encourage compliance in the program and check in with them about the content (Ratto & Bogat, 1990). Three articles emphasised the importance of cultural sensitivities and tailored the resources and program linguistically and culturally to meet the needs of the target parent group (Kenny, 2009b: Kenny, 2010: Tobin, 1985). Kenny found it was a major enabler for many parents to engage with the program.

Across the studies, authors identified several barriers to parental engagement. Firstly, the most frequently reported barrier was **practical issues** such as ineffective engagement methods and scheduling or time constraints within busy families (Kenny, 2009a; Kolko et al., 1989; Shumow, 1988; Wood & Rodwell, 1997: Wurtele et al., 1992). One study acknowledged that parents were required to devote significant time and energy to be involved in programs, making it inaccessible to some families, particularly those of lower-socioeconomic status who could not afford to allocate time away from work or parenting duties (Briggs & Hawkins, 1994).

A few studies reported that negative attitudes relating to CSA (such as '**denial'** where some parents refused to acknowledge that sexual abuse could exist within their households or communities) was a barrier to their involvement (Gesser-Edelsburg et al., 2017; Khoori et al., 2020; Wurtele et al.,1991). This view held by some parents was described as a barrier to parents' interest in engaging in any sexual abuse programs and subsequently acted as a barrier to their child(ren)'s engagement in CSA prevention education. A common perception parents held, according to some included studies, (Gesser-Edelsburg et al., 2017; Khoori et al., 2020: Tutty, 2020: Wurtele et al.,1986) is that the topic of CSA is 'taboo' and/or anxiety inducing therefore should not be discussed – either with their children, or more broadly in the community. This discourages parents from comfortably engaging in prevention programs. The studies that focused on young children at the preschool and primary age showed that parents worry about how to address CSA safely, in developmentally appropriate ways and without frightening their children unnecessarily. Parents' reluctance to do so is inherently a barrier to their participation in CSA prevention programs.

Timeframe to involve parents in child-focused CSA prevention programs

Some programs involved parents at multiple time points during the program, for instance before and after the deployment of a school-based program, whereas other programs only involved parents at one time point. Results showed that parents were involved in a CSA prevention program at the same time their child (in 31 programs, 54.4%), before the child's engagement (in 26, 45.6% of the programs) and after the child's engagement in the program (*n* = 10, 17.5%). Many prevention programs focused efforts on one age group though there were some programs whose target audience overlapped in age range, primarily between preschool and primary school aged children. In 34 studies, researchers described programs that targeted primary school aged children (5-12); 26 (45.6%) targeted preschool aged children (0-4) and 6 (10.5%) targeted high school aged young people.

Those involved in child-focused CSA prevention programs

We found little evidence of programs specifying whether the mother, father or both were expected to be involved. Most programs used the terms 'parents' or 'caregivers' and offered involvement to anyone who met that criterion. In programs that did report the relationship between adult and child involved, results showed that mothers or female caregivers were more likely than fathers to engage with the parent requirements of any program. The proportion of mothers or female caregivers, compared to any other caregiver, involved in CSA programs ranged between 62%-100%, as shown in appendix A. Only a small number of studies incorporated family members other than primary caregivers into the program.

The effects of parental involvement in child-focused CSA prevention programs

Of the 57 studies we identified, 14 (24.6%) measured the effect that parental involvement in the program had on various outcomes (either child or parent-based). There were mixed results as to the positive effect that involving parents in the CSA prevention program had for children's learning. Two studies identified that children learnt and retained program information better with parents as teachers (Khoori et al., 2020; Wurtele et al., 1991). However, another three studies reported that parents were ineffective program educators compared to qualified teachers (Jin et al., 2017; Miltenberger et al., 1991; Shumow, 1988). An increased awareness by parents, of the risks and seriousness of child sexual abuse was the most common effect that came from parental involvement in prevention programs followed closely by an increased confidence by parents to engage in conversation with their children about the challenging topic of CSA and its prevention.

Rationale for parents being involved in child-focused CSA prevention programs

Three main reasons were identified across studies justifying parental involvement in prevention programs. First, researchers often referenced the influence that parents' attitudes towards teaching children about sexual abuse prevention had on the uptake of programs by schools as a reason to involve parents early in discussions about implementing a CSA prevention program in the school. In four studies conducted with schools in the US, researchers mentioned the importance of getting parents approval of the program curriculum before it was implemented in schools (Pohl & Hazzard, 1990; Swan et al., 1985; Wurtele et al., 1986; Wurtele, 1990). Researchers frequently reported that parents held a fear that exposure to sexual abuse prevention content would negatively influence children. In response, they typically invited parents to information sessions or to meet program facilitators to both quell address concerns as to the impact of the program on children and to encourage parent agreement for the programs to run within their schools.

The second justification for parental involvement was to reinforce learning in the home. Parents play a significant role in the reinforcement of school-taught skills and knowledge on all manner of topics. Several studies reported on programs that utilised parental involvement to support and reinforce the lessons children were taught in school-based CSA prevention programs at home (Borkin & Frank, 1986; MacIntyre & Carr, 1999; Tutty, 1997; Wilson & Golub,1993). Parent support to their children was encouraged by programs in various ways (i.e., guided resources, role-play activities, open discussion, direct teaching of concepts) to supplement and enhance the classroom-based learning. Some programs considered that parent's intimate knowledge of their own children, their developmental stages, cognition skills, and individual experiences would mean that parents could tailor and ground conversations about CSA in a real-life way that would complement the education children received through school programs.

Thirdly, evidence suggests that when parents are actively involved in the sexual abuse prevention programs that their children are engaged in, parents' ability and willingness to communicate with their children about such topics is increased (Kenny, 2010; Tutty, 2010). In several studies, researchers stated that improving children's personal safety by encouraging discussion in the house was a reason for involving parents in prevention programs.

Other reasons for involving parents that researchers reported on in the studies ranged from educating parents on responding to disclosures (Hérbert et al., 2001; Weatherley et al, 2012), collecting information about how engagement in the program affected their child (Swan, et al., 1985; Wood & Rodwell, 1997) and a general program ethos of whole-of-community involvement produces greater benefits (Hérbert et al., 2001; MacIntyre et al., 2000; Tobin, 1985; Warden et al., 1997.) Finally, age played a role in the decision to involve parents for some programs where children were younger than school age (e.g., 0-4 or Kindergarten age). Given the unique vulnerability for sexual abuse of these children, combined with their limited access to any formal educational programs, a few studies relied primarily on parental involvement rather than any program conducted out of the home (Miltenberger et al., 1992: Tutty, 1992).

Discussion

Our systematic review investigated how and when parents and caregivers are involved and engaged in child-focused CSA prevention programs. Researchers looking at CSA prevention have identified the benefits of having parents engaged in prevention strategies. However, until now, we have had little systematic investigation of evidence about the best way to engage parents and what effect this has on child-focused CSA prevention education.

Firstly, we found that mothers are the parent/caregiver most often involved in programs and that mothers were most involved in CSA programs with *younger* children – those primary school aged and pre-school aged. These demographic factors should be considered in resource development, engagement strategies, and timing for involving parents in future CSA prevention programs. Knowing that mothers are the parent that children and young people say they would most likely approach with safety concerns (Russell & Higgins, 2021; Russell & Higgins, 2023b), appropriate response training should be an aspect of workshops and information sessions to ensure mothers—and other parents and caregivers—are suitably confident to support children if they raise safety concerns or disclose abuse. Strategies directly targeting the involvement of fathers may also have benefits, particularly if it leads to changes in children and youth perceptions of who they are likely to reach out to if they had safety concerns. Considering the most frequent dates of studies included in our review (1980s and 90s), we need to be aware of whether changes are now occurring in terms of involvement of fathers (or other carers) in CSA prevention education programs.

Our findings show that parental involvement in the programs was most often due efforts of program facilitators, teachers and schools communicating with the parents. This was usually done via workshops or information sessions where specific information about the program was provided to parents and including general CSA information in some programs. The goal of the parental engagement should be considered when understanding what to communicate with parents. If, for example, parents within the community are hesitant for children to learn about CSA, then it may be important to share program specific information to alleviate concerns. However, if the goal of parental engagement is to support a whole-of-community response to CSA and to support parents in gaining improved knowledge and skills related to CSA prevention and response, then general CSA knowledge and behavioural training might be more important.

In all the studies, the programs were based in schools, early childhood education or other educational settings. The focus of CSA prevention in other youth-serving organisations such as sports clubs, arts and recreation providers, churches, and youth development services is relatively recent. The way in which these types of organisations would involve parents may differ from how schools implement programs. Due to the fact these organisations often engage with children and young people at times when (some) parents are not working (evenings and weekends), it is possible that CSA prevention education in these organisations could be dual-targeted and aim to increase knowledge and skills of young people together with their parents and caregivers.

Our findings showed that school-based programs engaged parents through a range of modes and materials including learning about and agreeing to their child's participation in a program, information sessions and handouts, and homework activities to complete alongside their child/ren. An important next step will be to evaluate the effect these individual modes of parent engagement have on both child-based outcomes as well as parent knowledge and skills regarding CSA prevention and response.

We found that programs typically engaged parents at a range of times – including before, during, and after program implementation. The purpose of the engagement is an important consideration for this, but the findings of our review suggest that high levels of CSA prevention knowledge in parents acts as a facilitator for their involvement. Therefore, programs should—where possible—engage parents in an information workshop prior to program implementation but this should not detract from parental involvement during, or after – which may also support better CSA prevention and response.

We found that any assessment of the effect of parental involvement on parent and child outcomes, including knowledge, attitudes, and skills in preventing CSA in the programs was reported for 11 of the 49 studies included for review. Across these 11 studies, researchers found positive effects for parents in 8 studies and found that parents were effective sole educators of a CSA prevention program in 2 studies with one other study finding them ineffective. The limited findings from these papers tells us that involving and engaging parents in CSA prevention education programs can lead to better communication between parents and children about issues related to CSA prevention and an increase in parents' confidence to discuss CSA issues with their children.

However, none of the studies evaluated whether parental involvement altered the outcomes of the program on children and young people's safety or their likelihood of CSA exposure. We know that children and young people are more likely to disclose feelings of not feeling safe to their mother (Russell & Higgins, 2021). Future studies could investigate whether involvement of mothers versus fathers differentially affect the outcomes of programs based on which parent is involved.

Our findings show that parent's knowledge of CSA prevention was a facilitator of their involvement in child-focused CSA prevention programs. Therefore, parental involvement should occur before a program is implemented or separate parental programs should be implemented prior to children engaging in a program. Incorporating parent-child activities as part of a program (for example as homework) can also act as a facilitator to parental involvement in child-focused CSA prevention education. It is unclear due to the design of studies utilised to date whether this increases prevention program outcomes for children. Involving parents, particularly prior to the implementation of a program, can support a school's ability to run a program but also support individual child engagement as parents' approval of a program can help facilitate this. Doing so through actions such as information sessions can prevent parents removing their children from such programs or having concerns about the appropriateness of a program. Involving parents in CSA prevention education particularly through activities to be completed at home matches learning in other curriculum areas where homework is, debatably, seen to consolidate learning done at school. An additional benefit to this strategy of parental involvement is that parents themselves will receive CSA prevention education, many of which may not have received themselves as children and increase discussion of CSA at a societal level. Such engagement supports a whole-of-community approach to CSA prevention.

Finally, our findings show that time constraints were the largest barrier to parental engagement, particularly in engaging parents in workshops and "on-site" activities as part of the program (as opposed to activities at home). In opposition to high CSA prevention knowledge being a facilitator, CSA denial or lack of knowledge regarding the importance of and ability to provide developmentally appropriate prevention education was a barrier for some parents. This was more evident for parents of younger children and should be addressed considering the known risk factor of being aged 8 to 14 in victimisation of CSA (Finkelhor, 1995).

Implications and Conclusion

We have systematically reviewed the involvement of parents in child-focused CSA prevention education programs. We investigated how best to engage and involve parents in these education programs. The findings might be used by program developers and facilitators to support the design and delivery of programs in evidence-based and impactful ways in CSA prevention education in schools and education contexts. The available material from the studies included for review and program information reported in the studies provides some direction and guidance for this purpose.

Overall, we found that the role of parent engagement in the success of child-focused CSA prevention education programs is not well understood and there is little evaluation data from which to draw conclusions. We found that parents were mostly engaged in programs aimed at elementary school-aged children and pre-schoolers through workshops or information sessions or through engagement in activities children took home from school related to program material. Accurate knowledge and parent availability are important factors to ensure parent engagement in programs.

Using the Epstein Model framework for parent-school-community partnership (Epstein et al., 2018), we coded our findings using six categories: parenting, communication, learning at home, volunteering, decision making, and collaboration with community. Our results showed that parents are engaged and involved in programs in various ways within most of these categories. For example, many programs communicated information about CSA with parents through workshops and education information sessions as well as providing parents with educational activities to conduct with their children in the home. This provided an understanding of the ways that parents are involved and engaged in child-focused CSA prevention education programs.

We found little evidence to suggest parents or caregivers other than mothers were involved and engaged in programs. This finding highlights a need for programs to consider strategies that increase the involvement or engagement of others in the family, such as fathers. Our findings showed that parents who held prior knowledge of CSA prevention were likely to get involved in the child-focused education program and that time constraints and parent attitudes of denial of the likelihood of CSA occurring for their child or in their community, reduced their involvement. Program developers and facilitators might refer to these categories and parent involvement strategies in the design and delivery of CSA prevention in schools as well as consider the ways they might increase facilitation of parents' involvement and engagement in programs and strategies to minimise the barriers to parents' participation in these.

We found no evidence of engagement and involvement of parents in child-focused CSA prevention education programs in contexts other than the school. This finding presents an opportunity for researchers, program developers and facilitators to develop strategies that support parental involvement and engagement in other contexts and settings.

Any assessment of the effect of parental involvement on parent and child outcomes, including knowledge, attitudes, and skills in preventing CSA in the programs was reported for 11 of the 49 studies included for review. The limited findings from these papers tells us that involving and engaging parents in CSA prevention education programs can lead to better communication between parents and children about issues related to CSA prevention and an increase in parents' confidence to discuss CSA issues with their children. More research is required to understand what effect involving parents in CSA prevention programs has on children's knowledge, skills, and behaviour.

Finally, one of the studies included in our review assessed whether including parents or not affected the outcomes of the intervention in relation to children's safety outcomes. This finding points out the need for a rigorous comprehensive measure of parent knowledge, attitudes, and skills in preventing CSA for us to be able to understand what effect engaging parents in child-focused CSA prevention programs has on parents' CSA knowledge and prevention skills and how this helps to prevent CSA. More work is needed to evaluate the benefit of involving parents in child-focused CSA prevention programs. Understanding how working with parents prior to deploying programs in schools—and other youth-serving organisations—could facilitate parent engagement. Future prevention education could benefit if advocates promote greater understanding of the benefits of engaging parents. Given this, it is suggested that future program design and evaluation might benefit from further involvement of parents and should be a focus of studies and programs moving forward.

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Appendix A.

Included studies characteristics and findings

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
Binder & McNiel, (1987)	USA	Primary school	Unnamed Program	No Breakdown	Communication (CSA General) Communication (CSA Program)	Pre-test - Post-test (without control group)	Parent Effect: By engaging in the program, lines of communication between parents and their children were opened up which then made it easier for parents to discuss issues related to sexual abuse prevention with them.	Quasi - experimental 0.6

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
Borkin & Frank, (1986)	USA	Pre-school	"The Bubbylonian Encounter" Puppet Show	No Breakdown	Communication (CSA General) Volunteering (Parallel engagement)	Feasibility Study	Not measured	Analytical cross-sectional 0.25
Briggs & Hawkins, (1994)	New Zealand	Primary school	"Keeping Ourselves Safe" program	No Breakdown	Communication (CSA Program)	Pre-test - Post-test (without control group)	Not measured	Quasi - experimental 0.5
Briggs & Hawkins, (1996)	New Zealand	Primary school	"Keeping Ourselves Safe" program	No Breakdown	Communication (CSA Program) Learning at home (Homework support)	Pre-test - Post-test (without control group)	Not measured	Quasi - experimental 0.4
Christian et al., (1988)	USA	Pre-school	Sexual Abuse Prevention Program (SAPP)	No Breakdown	Communication (CSA General) Communication (CSA Program)	Pre-test - Post-test (without control group)	<u>Parent Effect:</u> Results showed an increase in parents' confidence and experiences of	Quasi - experimental 0.6

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
							discussion of sexual abuse and its prevention with their child	
Committee for Children, (1985-2001)	USA Canada	Primary school	"Talking about Touching" program	No Breakdown	Communication (CSA General) Communication (CSA Program)	Curriculum Document	Not measured	N/A
Cullen et al., (1998)	USA	Primary school	Stay Safe Programme	No Breakdown	Learning at home (Homework support)	Curriculum Document	Not measured	N/A
Currier & Wurtele, (1996)	USA	Pre-school Primary School	Unnamed Program	No Breakdown	Learning at home (Homework support) Volunteering (Parent program)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.9

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
Fischer (1985)	USA	Primary school High school	Special Education	No Breakdown	Communication (CSA Program)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.2
Gesser-Edelsburg et al., (2017)	Israel	Primary school	"Yael Learns to Take Care of Her Body" Play	85% Mother	Volunteering (Parallel Engagement)	Phenomenological study	Parent Effect: Parents from low socioeconomic backgrounds and the "secular" sector (in Israel) had raised awareness and received tools of holding conversations. The same was not found for high socioeconomic groups and the	Qualitative 0.6

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
							national-religious sector.	
Hébert et al., (2001)	Canada	Primary school	ESPACE program	No Breakdown	Communication (CSA General) Communication (CSA Program)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 1
Herndon (1984)	USA	Pre-school	Feelings and your body: A prevention Curriculum for Pre-schoolers	No Breakdown	Communication (CSA General) Communication (CSA Program)	Feasibility Study	<u>Parent Effect:</u> Parents knowledge of CSA prevention methods increased after the program compared to before	Analytical cross-sectional 0.3
Jin et al., (2017)	China	Primary school	Unnamed Program	No Breakdown	Learning at home (Parent as Teacher)	Pre-test - Post-test (with control group)	<u>Child Effect:</u> Although results revealed that children in the parent-led	Quasi - experimental 1

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
							group improved in their knowledge of CSA prevention and demonstrated a higher level of self-protection skills compared with the control group, the teacher-led group fared even better.	
Johnson, (1987)	USA	Primary school	Unnamed Program	No Breakdown	Communication (CSA Program) Volunteering (Parallel Engagement) Decision Making	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.2

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
Kenny, (2009a)	USA	Pre-school	Parents as Teachers of Safety (PaTS)	94% Mothers	Volunteering (Parent Program)	Curriculum Document	Not measured	N/A
Kenny, (2009b)	USA	Pre-school	Kids Learning About Safety (KLAS)	95% Mothers	Volunteering (Parent Program)	Pre-test - Post-test (without control group)	Not measured	Quasi - experimental 0.7
Kenny, (2010)	USA	Pre-school	Kids Learning About Safety (KLAS)	94% Mothers	Volunteering (Parent Program)	Pre-test - Post-test (without control group)	<u>Parent Effect:</u> Results showed that parents reported increased ability to communicate with their children about safety topics after the program,	Quasi - experimental 0.9

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
							compared to before.	
Khoori et al., (2020)	Iran	Pre-school	Body Safety Training (BST) program	All Mothers	Communication (CSA General) Communication (CSA Program) Learning at home (Parent as teacher)	Pre-test - Post-test (with waitlist control group)	<u>Child Effect:</u> Results suggest that children taught by their mothers learnt and retained sufficient information from the prevention program, therefore demonstrating that mothers can effectively teach personal safety skills.	Quasi - experimental 1
Kimberly, (2020)	USA	Primary school	"My Body, My Boundaries"	62% Mothers	Volunteering (Parallel Engagement)	Pre-test - Post-test (without	Not measured	Quasi - experimental

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
		High school				control group)		0.6
Ko & Cosden, (2001)	USA	Pre-school Primary School	Unnamed Program	No Breakdown	Learning at home (Homework support) Communication (CSA General)	Correlation study	Not measured	Analytical cross-sectional 0.5
Kolko et al., (1987)	USA	Primary school	Red Flag/ Green Flag	No Breakdown	Communication (CSA Program) Learning at home (Homework support)	Pre-test - Post-test (with control group)	Parent Effect: As a result of the education program, parents in the two experimental groups reported an increase in knowledge, confidence, and awareness of the seriousness of child sexual	Quasi - experimental 0.8

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
							abuse and reported significantly more positive communication with their children than control parents.	
Kolko et al., (1989)	USA	Primary school	Red Flag/ Green Flag	82-84% Mothers	Learning at home (Homework support)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.7
Krahe´ & Knappert, (2009)	Germany	Primary school	"(No) Child's Play" programme	No Breakdown	Communication (CSA General)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.9
Liddell & Young, (1986)	USA	Pre-school	Preschool Sexual Abuse Prevention Project	No Breakdown	Communication (CSA Program)	Pre-test - Post-test (with	Parent Effect: Parents gained knowledge, skills,	Quasi - experimental 0.4

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
					Volunteering (Parent Program)	control group)	confidence, and comfort having taken the program	
MacIntyre & Carr, (1999)	Ireland	Primary school	Stay Safe Programme	81% Mothers	Learning at home (Homework support) Communication (CSA General)	Pre-test - Post-test (with control group)	<u>Parent Effect:</u> Parents showed significant improvements in knowledge and attitudes concerning child abuse and protection over the course of the program.	Quasi - experimental 0.9
MacIntyre et al., (2000)	Ireland	Primary school	Stay Safe Programme	No Breakdown	Communication (CSA program) Communication (CSA General)	Peer-reviewed published manuscript describing the developmen	Not measured	N/A

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
					Collaboration with Community	t of the program		
Madak & Berg, (1992)	Canada	Pre-school Primary School	"Talking About Touching" Program	No Breakdown	Communication (CSA Program) Decision Making	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.6
Martorella & Portugues, (1998)	Argentina	High school	`Sexual Education for Health' for people with special needs	No Breakdown	Decision Making Volunteering (Parent Program)	Action/Participatory Research	Not measured	N/A
Meiksin et al., (2019)	England	High school	Project Respect	No Breakdown	Communication (CSA Program)	Study Protocol	Not measured	N/A
Miltenberger & Thiesse-Duffy, (1988)	USA	Primary school	Red Flag/ Green Flag	No Breakdown	Learning at home (Parent as Teacher)	Pre-test - Post-test (without control group)	Not measured	Quasi - experimental 0.6

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
Miltenberger et al., (1991)	USA	Primary school	Red Flag/ Green Flag	No Breakdown	Volunteering (Parent Program) Learning at home (Parent as teacher)	Correlation study	Child Effect: Results showed that parents were ineffective at teaching their children sexual abuse prevention the program; Red Flag/Green Flag, even with specific instructions and guidance to follow.	Analytical cross-sectional 0.4
Nibert et al., (1988)	USA	Pre-school	Child Assault Prevention (CAP) Project Preschool Model	91% Mothers	Communication (CSA Program)	Feasibility Study	Not measured	Analytical cross-sectional 0.4

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
Peterson (1984)	USA	Pre-school	Family Living – Preventing Sexual Abuse	No Breakdown	Communication (CSA General) Learning at home (Homework support)	Curriculum Document	Not measured	N/A
Poche et al., (1981)	USA	Pre-school	Unnamed Program	No Breakdown	Decision Making	Feasibility Study	Not measured	Analytical cross-sectional 0.4
Poche et al., (1988)	USA	Pre-school	Unnamed Program	No Breakdown	Decision Making	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.6
Pohl & Hazzard, (1990)	USA	Primary school	"Feeling Yes, Feeling No" Program	No Breakdown	Communication (CSA Program)	Phenomenological study	Not measured	Analytical cross-sectional 0.3

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
Ratto & Bogat, (1990)	USA	Pre-school	Grossmont College Child Sexual Abuse Prevention	No Breakdown	Communication (CSA General) Learning at home (Homework support)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.6
Ruzicka et al., (2021)	USA	High school	Responsible Behaviour with Younger Children (RBYC)	100% Mothers	Decision Making Learning at home (Homework support)	Feasibility Study	Not measured	Qualitative 0.5
Shumow, (1988)	USA	Primary school	The Child Assault Prevention Project	No Breakdown	Communication (CSA General) Communication (CSA Program)	Cross-sectional Study	<u>Child Effect:</u> There was no significant difference in the uptake of preventative strategies in children whose parents who were involved	Analytical cross-sectional 0.6

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
							or not in the program.	
Spungen et al., (1989)	USA	Pre-school Primary School	Child Personal Safety Program (CPSP)	No Breakdown	Communication (CSA General) Communication (CSA Program)	Feasibility Study	Not measured	Analytical cross-sectional 0.4
Swan et al., (1985)	USA	Primary school	"The Bubbylonian Encounter"	No Breakdown	Decision Making	Pre-test - Post-test (without control group)	Not measured	Quasi - experimental 0.6
Taal & Edelaar, (1997)	Netherlands	Primary school	"Right to Security" program	No Breakdown	Communication (CSA program)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.9
Tobin, (1985)	USA	Pre-school Primary School	The Children's Self-Help Project	No Breakdown	Communication (CSA general)	Curriculum Document	Not measured	N/A

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
		High School						
Tremblay & Bégin, (2000	Canada	Primary school	Unnamed Program	100% Mothers	Communication (CSA general)	Pre-test - Post-test (with control group)	<u>Parent Effect:</u> The results show that the mothers who receive CSA prevention training show improved knowledge on issues related to CSA prevention. The same was not true of mothers whose children took part in a program or a control group where neither mothers nor children	Quasi - experimental 0.6

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
							received training/a program.	
Tutty, (1992)	Canada	Pre-school	Unnamed Program	Majority' Mothers	Learning at home (parent as teacher)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.8
Tutty, (1997)	Canada	Primary school	"Who Do You Tell' program	Majority' Mothers	Communication (CSA program)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.9
Tutty, (2000)	Canada	Primary school	"Who Do You Tell' program	No Breakdown	Communication (CSA program)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.9
Warden et al., (1997)	Scotland	Primary school	Kidscape	No Breakdown	Decision Making Learning at home	Pre-test - Post-test (with	Not measured	Quasi - experimental 0.7

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
					(Homework support)	control group)		
Weatherley et al., (2012)	Malaysia	Primary school	"Keeping Me Safe" curriculum	No Breakdown	Communication (CSA general)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.8
Wilson & Golub, (1993)	USA	Pre-school	Unnamed Program	95% Mothers	Communication (CSA general) Learning at home (parent as teacher)	Action/Participatory Research	Not measured	Qualitative 0.1
Wood-Charlesworth & Rodwell, (1997)	USA	Primary school	Unnamed Program	No Breakdown	Communication (CSA general)	Phenomenological study	Not measured	Qualitative 0.1
Wurtele et al., (1986)	USA	Pre-school Primary school	Unnamed Program	No Breakdown	Communication (CSA Program)	Pre-test - Post-test (with	Not measured	Quasi - experimental 1

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
						control group)		
Wurtele et al., (1991)	USA	Pre-school	Unnamed Program	No Breakdown	Learning at home (parent as Teacher)	Pre-test - Post-test (with control group)	<u>Child Effect:</u> Present findings suggest that parents can effectively teach their preschool-age children a behaviourally oriented personal safety program.	Quasi - experimental 0.9
Wurtele et al., (1992a)	USA	Pre-school	Behavioural Skills Training Program (BST): Parent version	Majority' Mothers	Learning at home (parent as Teacher)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 1

Study	Country	Age/grade of participating children	Program name	% of mothers engaged in each program	Parental engagement strategy	Study design	Effect of parental involvement	Critical appraisal form and score
Wurtele et al., (1992b)	USA	Pre-school	Behavioural Skills Training Program (BST): Parent version	77% Mothers	Learning at home (parent as Teacher)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 1
Wurtele, (1993a)	USA	Pre-school	Behavioural Skills Training Program (BST): Parent version	73% Mothers	Learning at home (parent as Teacher)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.6
Wurtele, (1993b)	USA	Pre-school	Behavioural Skills Training Program (BST): Parent version	74% Mothers	Learning at home (parent as Teacher)	Pre-test - Post-test (with control group)	Not measured	Quasi - experimental 0.9