

Parents' Knowledge, Attitude and Practice Regarding Child Sexual Abuse of Primary School Children

Nasibeh Gholami¹, Nahid Javadifar², Mohammad Hossein Haghhighizadeh³,
Mojgan Javadnoori^{2*} 

¹Department of Midwifery, School of Nursing and Midwifery, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

²Department of Midwifery, School of Nursing and Midwifery, Reproductive Health Promotion Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

³School of Health, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

ABSTRACT

Child sexual abuse is the most tragic form of child maltreatment, a problem that affects all societies and results in both short-term and long-term physical, emotional, behavioral, social, and psychological consequences for the victims. There is a scarcity of data regarding the knowledge, attitude, and practice of Iranian parents in relation to child sexual abuse. This study was conducted in 2022 to examine the level of knowledge, attitude, and practice of parents regarding the sexual abuse of primary school children. This descriptive-analytical investigation was implemented on 423 parents of primary school students in the Iranian city of Ahvaz. The data was gathered using a demographic checklist and the Persian variant of the questionnaire on the knowledge, attitude, and practice of parents in preventing the sexual exploitation of children. The data were analyzed using descriptive statistics, t-test, and analysis of variance in SPSS software version 23. Results showed 24.6% of parents exhibited inadequate knowledge, 28.4% demonstrated a negative attitude, and 44.4% shown poor practice. The level of parents' knowledge demonstrated a substantial correlation with their employment position, economic status, and level of education (P=0.001). Parental practice exhibited little correlation with demographic variables. While the knowledge, attitudes, and practice of the majority of parents are generally commendable, some attitudes and particularly the practice of certain parents are concerning and suboptimal. Parental and self-education is utterly essential to prevent the sexual abuse of children.

Keywords: Sexual Abuse of Children; Knowledge; Attitude; Practice; Parents

Introduction

Children are assumed to be one of the most susceptible groups in a society, consistently facing the risks of hostility from other individuals within their families or communities. Child maltreatment is a worldwide issue which contributes to both immediate and permanent consequences, including physical, emotional, behavioral, social, and psychological disorders in its victims [1]. Child abuse may manifest as physical, emotional, neglectful, or sexual abuse. Child abuse encompasses any non-accidental bodily or psychological injury, sexual assault, violence or exploitation, and neglecting the

fundamental needs of those under 18 years of age by others or even family members. Child sexual abuse (CSA) is the most severe form of child maltreatment, affecting every society irrespective of cultural and religious contexts [2]. The concept of sexual abuse is characterized by the presence of factors such as coercion and compulsion [3].

In the United States, over 20,000 cases of child maltreatment and abuse are reported each year, highlighting the epidemic of child abuse in this country [5]. The World Health Organization (WHO) indicates that the lifetime prevalence

* Corresponding author: Mojgan Javadnoori. Department of Midwifery, School of Nursing and Midwifery, Reproductive Health Promotion Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran, E-mail: mojganjavadnoori@gmail.com
DOI: [10.22087/ijac.2024.452431.1009](https://doi.org/10.22087/ijac.2024.452431.1009)

This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

of CSA globally is 7.6% for boys and 18% for girls [6]. In Iran, limited research has been conducted on this issue, with a recent review estimating the prevalence of CSA to be between 1.5% and 32.5% [8].

The consequences of CSA may emerge in both the short and long term [4]. Physical implications encompass sexually transmitted infections, adolescent pregnancies, urinary infections, and psychosomatic symptoms such as headaches, stomachaches, and chronic pain. Psycho-emotional consequences include anxiety, fear, panic, insomnia, nightmares, suicidal ideation, mistrust of others, and feelings of guilt and anger. Research conducted in the United States indicates that individuals who experienced abuse in childhood are four times more likely to engage in prostitution [7].

Parents act as the initial educators of children. Consequently, it is essential to establish programs that enhance parental knowledge regarding child maltreatment and sexual abuse, as well as their prevention [4]. The primary intervention in cases of child abuse is prevention, given that the efficacy of addressing the aftermath of child abuse for children and families is limited [25].

Research has examined parents' knowledge, attitudes, and behaviors regarding CSA across various studies. A study conducted in China revealed that the majority of parents held a substantial understanding of CSA; however, fewer than 30% recognized that most children are sexually victimized by their relatives or acquaintances. Nearly half expressed concern that educating children about sexual abuse prevention might inadvertently enhance their knowledge of sexual matters. The authors concluded that there is considerable parental support for school-based education aimed at preventing sexual abuse [9].

To date, limited research has been undertaken in Iran concerning the knowledge, attitudes, and behaviors of parents regarding

the prevention of CSA. Consequently, this study was initiated to examine these factors among parents in the city of Ahvaz, Iran.

Materials and Methods

This descriptive-analytical study investigates the knowledge, attitudes, and practices of parents of primary school children [ages 6 to 12] in the city of Ahvaz about CSA in 2022. Following the introductory letter from the deputy of research assistant, sampling was conducted among the population served by health centers in Ahvaz. Initially, the whole city was categorized into three distinct regions depending on socio-economic status: affluent, middle-class, and underprivileged regions. One center was randomly chosen from the affluent region, two centers from the middle-class region, and one center from the underprivileged region. In each facility, the researcher was present, and sampling was conducted among the referring parents who fit the research requirements.

The required number of samples according to Khanjari's study [4] with a confidence percentage of 95% ($Z=1.961$) and accuracy ($d=0.5$ and $p=0.05$), was determined to be 385 participants, accounting for design effects, an additional ten percent will be incorporated, resulting in a final sample size of 423 individuals.

Data collection involved a demographic information checklist and a questionnaire assessing parents' knowledge, attitudes, and practice concerning the education on the prevention of CSA, as designed by Chen [7]. The tool's reliability, evaluated by Cronbach's alpha and yielded values of 0.4, 0.76, and 0.64 for knowledge, attitude, and practice, respectively [12]. The content validity of this questionnaire has been confirmed by Khanjari et al. in Iran [4].

The knowledge section of the CSA prevention questionnaire includes 10 questions addressing the global prevalence of CSA, the offenders, the probability of recurrence, physical evidence, the influence of the child's

and abuser's genders, and the concept of disclosure. The total score of correct responses to the initial 10 questions produces the knowledge score. Each accurate response from the knowledge questions is awarded a score of 1, while an incorrect or uncertain answer

receives a score of 0 and the final knowledge score ranges from 0 to 10. A number ranging from 0 to 5 signifies inadequate levels of knowledge, whereas a score from 6 to 10 denotes effective knowledge.

The attitude part about agreement or disagreement with sexual abuse prevention education for children comprises five items. Responses reflecting a correct attitude will be awarded a score of 1, while those indicating a negative attitude will receive a score of 0. The overall attitude score will range from 0 to 5. A score between 0 and 2 signifies a poor parental attitude, whereas a score between 3 and 5 denotes a good parental attitude towards preventive education for children in schools, specifically concerning the prevention of sexual harassment and three related protective measures.

Responses demonstrating positive practice will earn a score of 1, while those reflecting inadequate practice will receive a score of 0. A score from 0 to 4 indicates poor parental practice, while a score from 5 to 7 indicates good parental practice with regard to the child preventive education.

The data were analyzed utilizing SPSS statistical software version 23. Descriptive statistics, t-tests, and analysis of variance were employed to assess the levels of parents' knowledge, attitude, and practice according to demographic variables. This study received approval from the Research Ethics Committee of Jundishapur University of Medical Sciences, Ahvaz, Iran, under the ethics code IR.AJUMS.REC.1401.226.

Results

The demographic profile of the current study indicated that among 423 parents, 191 were fathers (45.5%) and 232 were mothers (54.5%). The average age of parents was 38.91 ± 6.14 and the average number of children was 2.37 ± 0.91 . The children's average was 9.32 ± 1.67 . Children's gender was 51.3% male and 48.7% female. Table 1 shows other demographic information about the participants.

The findings of this study indicated that 75.4% of parents had adequate knowledge, while 24.6% exhibited poor knowledge. Additionally, 71.6% demonstrated a positive attitude, whereas 28.4% displayed a negative attitude. Furthermore, 55.6% attained good practice, in contrast to 44.4% exhibited poor practice. The details of the questionnaire dimensions are presented separately in Table 2-4.

Table 1. Demographic characteristics of parents

Demographic characteristics		N (%)
Parents' Gender	Male	191(45.5)
	Female	232 (54.5)
Parents' Educational Level	Degrees or certificates lower than high school diploma	100(23.6)
	High school diploma	198(46.8)
	Bachelor's degree	106(25.1)
	Master's degree and above	19(4.5)
Parents' Marital Status	Married	409(96.7)
	Divorced	14(3.3)
Parents' Economic Status	Poor/ underprivileged	75(17.7)
	Middle class	292(69.0)
	Affluent	56(13.2)
Parent's Employment Status	Housewife	169(40.0)
	Employed	245(57.9)
	Unemployed	9(2.1)

Table 2. Parents' Knowledge about the Prevention of Primary School Children's Sexual Abuse

Items regarding knowledge	Response	N (%)
Child sexual abuse is a global issue.	True	22(5.2)
	False	401(94.8)
Children often get subjected to sexual abuse by acquaintances.	True	112(26.5)
	False	311(73.5)
A person who sexually abuse a child is prone to reoffend.	True	158(73.4)
	False	265(62.6)
Who is guilty of/to blame for child sexual abuse?	True	96(22.7)
	False	327(77.3)
Frequently, there is no discernible impact on the body of a child who has experienced sexual abuse.	True	202(47.8)
	False	221(52.2)
Women cannot sexually abuse children.	True	152(35.9)
	False	271(64.1)
Boys cannot be sexually abused.	True	149(35.2)
	False	274(64.8)
A sexually abused child is inhibited from disclosing the assault by the perpetrator.	True	66(15.6)
	False	357(84.4)
How seriously children' account who are reporting sexual abuse are regarded?	True	106(25.1)
	False	317(74.9)
In most cases, it is men/male offenders who sexually abuse children.	True	81(19.1)
	False	342(80.9)

Table 3. Parents' levels of attitude regarding the prevention of sexual abuse of primary school children

Items regarding Attitude	Response	N (%)
Do you agree with education in schools about the prevention of sexual abuse of children?	Agree	111(26.2)
	Disagree	312(73.8)
Children often get subjected to sexual abuse by acquaintances.	Agree	113(26.7)
	Disagree	310(73.2)
Are you afraid that child sexual abuse prevention education in schools will may increase your child's awareness of sexual matters?	Agree	193(45.6)
	Disagree	230(54.4)
It is not necessary to teach the prevention of sexual abuse of children because children acquire this knowledge during their developmental process.	Agree	253(59.8)
	Disagree	170(40.2)
I believe that cases of child sexual abuse are very rare, so there is no need for our children to learn how to prevent CSA.	Agree	264(62.4)
	Disagree	159(37.6)

Table 4: The level of parents' practice regarding the prevention of sexual abuse of primary school children

Items regarding performance	Response	N (%)
They have talked to their children about their private parts (the parts that are covered with swimsuits and bathing suits) and have instructed them that others should not touch those parts.	Yes	37(8.7)
	No	386(91.3)
They have told their children that if someone wants to touch any of their private parts, they should say "no" and leave the place immediately.	Yes	96(22.7)
	No	327(77.3)
They have instructed their children to inform their parents or other trusted adults if they experience sexual abuse.	Yes	193(45.6)
	No	230(54.4)
They have told their children not to go anywhere with others, including their trusted seniors, unless their parents have granted them permission.	Yes	15(3.5)
	No	408(96.5)
They have told their children not to accept gifts from strangers unless they have their parents' permission.	Yes	24(5.7)
	No	399(94.3)
They have instructed their children to refrain from accompanying an unknown individual to the nearest shop or store if they are asked for the address.	Yes	188(44.4)
	No	235(55.6)
They have prepared books or audio-visual information materials for their children about the prevention of sexual abuse.	Yes	391(92.4)
	No	32(7.6)

Table 5. Correlation between parents' knowledge, attitude, and practice regarding CSA and demographic characteristics

Demographic Characteristics	Knowledge Mean ± SD	P value	Attitude Mean ± SD	P value	Practice Mean ± (SD)	P value
Parents' Gender	Male	0.324	7.39± 2.37	0.247	3.37± 1.91	0.987
	Female		7.18± 1.94		3.15±1.84	
Parents' Educational Level	lower than high school	0.001#	6.47±1.81	0.001#	2.64±2.01	0.939
	High school diploma		7.19±2.18		3.27±1.86	
	Bachelor's degree		7.83±2.14		3.66±1.71	
	Master's degree and above		9.36±1.06		4.00±2.20	
Parents' Marital Status	Married	0.441	7.26±2.15	0.341	3.27±1.87	0.634
	Divorced		7.71±2.09		3.78±1.88	
Parents' Economic Status	Underprivileged	0.041#	6.98±2.07	0.956	3.22±1.89	0.814
	Middle class		7.23±2.19		3.25±1.89	
	Privileged		7.91±1.90		3.23±1.87	
Parent's Employment Status	Housewife	0.012#	6.91±1.96	0.017#	2.95±1.87	0.714
	Employed		7.54±2.24		3.43±1.86	
	Unemployed		7.00±1.93		4.00±1.32	
Children's Gender	Male	0.981	2.04±27.7	0.003*	3.51±1.77	0.555
	Female		7.28±2.25		2.98±1.94	

* Independent t-test; # ANOVA test

Table 6. The association between the level of knowledge, attitude and practice of parents and the student's educational level and the socio-economic area

Demographic characteristics	Knowledge Mean ± (SD)	P value	Attitude Mean ± (SD)	P- value	Practice Mean ± (SD)	P- value
Education level of the child	First	0.552	1.88±3.38	0.952	1.5±4.67	0.859
	Second		1.85±3.23		1.30±4.89	
	Third		1.97±3.07		1.28±4.86	
	Fourth		1.79±3.19		1.33±4.70	
	the fifth		1.94±3.32		1.32±4.71	
	the sixth		1.85±3.28		1.51±4.64	
Referred clinic	Middle -class 1	0.001	1.79±3.48	0.001	1.36±4.97	0.004
	Underprivileged		2.08±2.41		1.09±4.93	
	Middle -class2		1.91±3.16		1.58±4.35	
Affluent	2.14±8.45		1.29±3.96		1.37±4.71	

The knowledge and attitude scores of the parents did not exhibit a significant relationship with their marital status and gender. However, they did exhibit a significant and positive relationship with their employment status, economic status, and education. The knowledge and attitude scores of the parents increased as their educational level enhanced. The knowledge score of the working parents was the highest, while the attitude score of the unemployed parents was the highest. The attitude score of the parents who had a male child was higher than that of the parents who had a female child. No

demographic variables were found to be associated with the parents' practice (Table 5)

No significant difference was observed in knowledge, attitude, and practice among children's educational levels. A clinic in the affluent region had the highest level of knowledge, whereas a clinic in the underprivileged region demonstrated the lowest. Regarding the levels of attitude, the affluent clinic exhibited the greatest score, while the underprivileged clinic recorded the lowest. Considering the levels of practice, the middle-class clinic 2 had the highest results, while the middle-class clinic 1 demonstrated the lowest (Table 6).

Discussion

The present study was conducted with the aim of determining the levels of knowledge, attitude and practice of parents of primary school children about CSA in the city of Ahvaz in 2022.

The extensive availability of communication technology and virtual networks over the past decade appears to have significantly contributed to enhancing parents' informational levels. However, it is relatively alarming to find that approximately one-quarter of parents lack sufficient knowledge, over one-quarter maintain an unfavorable attitude, and nearly half exhibit inadequate practice regarding the issue of CSA.

More than a quarter of the parents were unaware that the main perpetrators of sexual abuse of children are often acquaintances. The same was almost true in the 2012 study conducted by Khanjari in city of Arak, where 92.6% of parents believed that only strangers are the perpetrators of child sexual assault [4]. Since 2012, parental knowledge in this field has significantly expanded in Iran; mainly because of the training provided by the media and particularly the virtual social networks. It is noteworthy that in about 90% of CSA cases, the child and his family were acquainted with the perpetrator and had previously placed their trust in them [7]. It has been frequently reported that the victim's fear of ostracism and being found culpable and guilty causes the sexual abuse in the family to remain a secret [13]. Compared to Khanjari's study, which found that 35% of parents believed that the child was culpable of sexual assault, this study found that less than 25% [22.7%] of parents held this belief [4]. Sexual abuse is an act imposed against a child who is deficient in cognitive, emotional and physical development. In many cases, the child is compelled to tolerate such relationships as a result of offenders' power and domination, either directly or indirectly [14].

In the current study, over half [52.2%] of parents acknowledged that sexual abuse can occur without physical symptoms, surpassing

the rate found in Chen's study [28.2%]. Non-contact sexual abuse and child sexual exploitation typically lack visible physical symptoms, while only certain forms of contact sexual abuse present such symptoms [15]. Moreover, child abuse results in not only physical symptoms but also emotional, behavioral, social, and psychological disorders among the victims [1]. Psychological-emotional consequences encompass anxiety, insomnia, nightmares, suicidal thoughts, mistrust of others, and feelings of guilt and anger [7].

In the current survey, over one third [35.9] of parents were unaware that women may also perpetrate sexual offenses against children; a finding that is mostly consistent with prior research as well [12, 11, 9]. It is of course worth mentioning that in a country like Iran, there exists a respected perspective on the role of women within the family and society. This perspective hinders the acknowledgment that women are capable of sexually abusing children, compounded by parents' insufficient understanding of the many forms of sexual abuse, leading to a lack of knowledge regarding female perpetrators. In other words, such parents construed this view that CSA only includes vaginal and anal penetration, a presumption that absolves women from committing sexual abuse of children.

The findings of the current study indicate that there exists a positive correlation between parents' level of knowledge and their economic status, education, and employment. However, no significant correlation was identified concerning parents' marital status and gender. Salloum 's study also revealed that knowledge and knowledge levels rose in correlation with advancing age, higher income brackets, and the educational achievements of parents. Furthermore, the level of knowledge about CSA among parents living in the city surpassed that of their rural counterparts [10].

Based on our findings, over two-thirds [71.6%] of parents exhibited a positive attitude towards the issue of CSA prevention; however, a significant minority [26.2%] opposed the implementation of sexual abuse prevention

education in schools. The negative disposition of parents towards sexual abuse prevention education in schools may indicate a deficiency in their understanding of the content and essence of education concerning CSA. Educational approaches implemented within schools enhance knowledge, attitudes, and self-care practices among children to prevent CSA from happening [16]. Sex education represents a collaborative responsibility between educators and parents; however, due to the sensitive nature of this subject for certain families, there exists a divergence of opinions regarding its implementation within school curricula [17].

It is essential for parents to ensure that schools adequately plan for the instruction of the critical and sensitive subject of CSA, allowing for appropriate education for their children [18]. In Iran, there exists a palpable apprehension among parents regarding the prospect of their children receiving education sexual matters from alternative guardians, while discussions surrounding such matters remain shrouded in taboo that are seldom publicly discussed. Even in educational institutions, information is inadequately disseminated, leading children and adolescents to acquire their knowledge of these matters through alternative channels, the accuracy and consistency of which remain uncertain [19]. Research indicates that children approach sex education with a level of seriousness, often not perceiving it as sexually stimulating due to their limited understanding of sexual stimulation and sexual issues [20].

The current investigation revealed that the attitudes of parents exhibited no significant correlation with the gender, economic status, or marital status of the parents themselves. Unemployed parents had the highest favorable attitude score. The attitude score of parents who had a male child was higher than those with a female child. Parents residing in a middle-class center exhibited the highest attitude score concerning the issue of CSA prevention. The educational attainment of children exhibited no noteworthy correlation with the attitude score.

In Guo's study, more than half of the parents exhibited a positive attitude towards the prevention of sexual abuse. In this study we demonstrated a significant relationship between educational attainment and economic status with attitudes. Older parents engaged in more discussions regarding the prevention of sexual abuse. The attitude of mothers was more favorable than that of fathers. Parents of female children obtained a superior attitude score compared to parents of male children.

Based on the collective findings of earlier research concerning parental attitudes towards CSA, it can be inferred that the prevalence of positive parental attitudes has not significantly contributed to the decrease in instances of such abuse. This may be attributed to a disconnect between parental attitudes and the communication dynamics with their children. It is possible that parents hold the belief that educating children about sexual abuse could lead to detrimental effects, such as instilling unnecessary fears and anxieties or diminishing their trust in others. Additionally, existing strategies to safeguard children from such abuse might yield ineffective [9,11].

In the current investigation, it was found that 91.3% of parents have engaged in discussions with their children regarding private parts, emphasizing that such areas should not be touched by others. The rates derived from Chen's study was 66.5%, while Guo 's study presented a rate of 69.7%, indicating lower than our findings [9,12]. Instructing children on the proper terminology for their private body parts can serve as a crucial measure in preventing the onset or perpetuation of sexual abuse against them [21]. One potential explanation for the reluctance of parents to discuss private parts with their children is that they themselves lacked such education during their own formative years [22].

Engaging in discussions regarding CSA with children poses a significant challenge for parents. This matter may also foster a negative perception of sexual relations, and the approach employed to alert children to the dangers of sexual abuse ought to align with the manner in which other risks are presented. In

other words, it is essential to communicate the concept of sexual abuse to children in a manner similar to the explanations provided for other potential hazards, such as fire and drowning [23].

In this study, it was observed that while more than half of the parents demonstrated fair levels knowledge and attitude, only 7.6% had supplied their children with books or audio-visual aids regarding the prevention of CSA, a finding that aligns with Chen's study, which reported a figure of 4.1% [4]. Parents mentioned that they do not have access to both printed materials and audio-visual resources about CSA prevention [9, 24]. Additionally, those parents who were seeking to offer appropriate and evidence-based resources for educating their children express uncertainty regarding where to obtain such materials. We also found that certain parents held the view that audio-visual resources are at odds with the religious and cultural beliefs of our nation. A significant factor contributing to parents' hesitance in educating their children about CSA would therefore is their perceived lack of adequate skills to provide such education, including sex education, for their offspring [26].

The analysis revealed no correlation between parental practice and any of the demographic variables examined in this study. Salloum 's study demonstrated that mothers exhibited superior practice compared to fathers. With the advancement of parental age, there was a corresponding enhancement in the practice score and parents possessing greater financial resources and academic achievement exhibited superior practice as well. The practice score of parents residing in rural areas was found to be inferior to that of their urban counterparts [10].

The majority of research concerning the prevention of CSA emphasizes the importance of providing parents with the skills to engage in discussions about these matters with their offspring. Another significant skill that can be imparted to parents is the ability to establish a secure environment for the child, hence safeguarding them from CSA [28]. Research indicates that enhancing parental

understanding of CSA significantly contributes to the advancement of their knowledge, attitudes, and practices.

Conclusion

The findings of the current study indicate that while the knowledge, attitudes, and practice of the majority of parents are at a commendable and acceptable standard, certain attitudes and practice of some parents, raise concerns and reveal a significant gap from the optimal level. In light of the alarming incidence of CSA in Iran, it is advisable to establish a structured initiative aimed at enhancing the knowledge, attitudes, and practices of both parents and children concurrently. Given the prevailing religious, social and cultural climate in Iran, it appears that unfortunately the transmission of parental knowledge to children is not occurring effectively.

Acknowledgment

This research originates from the master's thesis in Midwifery by Nasibeh Gholami, conducted with funding from the Research Vice-Chancellor of Jundishapur University of Medical Sciences [U-01115]. The authors are grateful to the parents who participated in this study.

References:

1. Kosher H, Ben-Arieh A. Children's participation: A new role for children in the field of child maltreatment. *Child abuse & neglect*. 2020; 110: 104429.
2. Khanjari S, Modabber M, Rahmati M, Haghani H. Knowledge, attitudes and practices among parents of school-age children after child sexual abuse prevention education. *Iran Journal of Nursing*. 2017; 29(104):17-27.
3. Ayling NJ, Walsh K, Williams KE. Factors influencing early childhood education and care educators' reporting of child abuse and neglect. *Australasian Journal of Early Childhood*. 2020; 45(1):95-108.
4. Khanjari S, Bastani F, Kamalinahad R, Hosseini A. Prevention of child sexual abuse: Parents' knowledge,

- attitudes and practices. *Iran Journal of Nursing*. 2014; 27(89):12-20.
5. Lak P, Noroozi M, Ehsanpoor S. Comparing the effect of methods of group education and education by multimedia compact disk on mothers' knowledge and attitude about child sexual abuse. *Journal of Health and Care*. 2019; 21(4):353-61.
6. WHO. The Global Health Observatory. Lifetime prevalence of child maltreatment (%) available at: [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/lifetime-prevalence-of-child-sexual-abuse-\(%\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/lifetime-prevalence-of-child-sexual-abuse-(%)) 27.11.2023
7. Euser S, Alink LR, Pannebakker F, Vogels T, Bakermans-Kranenburg MJ, Van IJzendoorn MH. The prevalence of child maltreatment in the Netherlands across a 5-year period. *Child Abuse & Neglect*. 2013; 37(10):841-51.
8. Danaeifar, M, Arshi M, Moghanibashi-Mansourieh, A. Child sexual abuse in Iran: a systematic review of the prevalence, risk factors, consequences, interventions and laws. *Journal of Injury and Violence Research*, 2022 Jul 30;14(3):225-236
9. Chen J, Dunne MP, Han P. Prevention of child sexual abuse in China: Knowledge, attitudes, and communication practices of parents of elementary school children. *Child abuse & neglect*. 2007; 31(7):747-55.
10. Khanipour H, Yaghmaeeyan H, Chizari H, Hossaini S. Sex education programs for children and adolescents: A Systematic Review. 2021; 8 (42):1-32
11. Salloum A, Johnco C, Zepeda-Burgos RM, Cepeda SL, Gutfreund D, Novoa JC, et al. Parents' knowledge, attitudes, and experiences in child sexual abuse prevention in El Salvador. *Child Psychiatry & Human Development*. 2020 Jun;51(3):343-354.
12. Guo S, Chen J, Yu B, Jiang Y, Song Y, Jin Y. Knowledge, attitude and practice of child sexual abuse prevention among parents of children with hearing loss: a pilot study in Beijing and Hebei Province, China. *Journal of child sexual abuse*. 2019;28(7):781-98
13. Indrayani rh, Indryana n. Child Sexual Abuse: who, when, where, why and how?2021. 20(5):22-7.
14. Finkelhor D. Child sexual abuse: Challenges facing child protection and mental health professionals. *In Childhood and Trauma*. 2019; 22: 101-116.
15. Javadnoori M. Principles of Education and Counseling in Sexual Education of Children and Adolescents, Tehran, Jamenagar, 2015(Persian)
16. Abul Qasimi N, Markati Khoui E, Taqdisi M H. Explanation of sexual education of Iranian students from the point of view of elementary school health educators. *Journal of the Faculty of Health and Health Research Institute*. 1389; 8(2):27-39.
17. Goli F, Mohammadi Ahmad Abadi N. The effect of sexual education on mothers' knowledge, attitude and practice in responding to their daughters' questions. *Quarterly Journal of Child Mental Health*. 2019; 6(2):81-92.
18. Zeanah CH, Humphreys KL. Child abuse and neglect. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2018 Sep 1; 57(9):637-44.
19. Farahini M. Appropriate content for sex education in secondary school textbooks. *behavior scholar* 1383; 11(9): 1-14
20. Gholam Farkhani, Arab, Khoury. Knowledge and attitude of female preschool children in the field of prevention of sexual abuse in Gorgan. *Scientific Journal of Gorgan University of Medical Sciences*.2015;21(3):113-9.
21. Wurtele SK, Kenny M. Partnering with parents to prevent childhood sexual abuse. *Child Abuse Review*. 2010; 19(2): 130-52.
22. Chen JQ, Chen DG. Awareness of child sexual abuse prevention education among parents of Grade 3 elementary school pupils in Fuxin City, China. *Health education research*. 2005; 20(5):540-7.
23. MacGinley M, Breckenridge J, Mowl J. A scoping review of adult survivors' experiences of shame following sexual abuse in childhood. *Health & social care in the community*. 2019 Sep;27(5):1135-46
24. Rudolph J, Zimmer-Gembeck MJ. Parents as protectors: A qualitative study of parents' views on child sexual abuse prevention. *Child abuse & neglect*. 2018; 85:28-
25. Jin Y, Chen J, Yu B. Parental practice of child sexual abuse prevention education in China: Does it have an influence on child's outcome?. *Children and Youth Services Review*. 2019 Jan 1;96:64-9.
26. Rouhparvar, Z., Javadnoori, M. Shahali, S. Parents' approaches to sexuality education of their adolescent boys: a qualitative study in Ahvaz, Iran. *Reproductive Health*, 2022;19, 69 .
27. Latifnejad Roudsari R, Javadnoori M, Hasanpour M, Hazavehei SM, Taghipour A. Socio-cultural challenges to sexual health education for female adolescents in Iran. *Iranian Journal of Reproductive Medicine*. 2013 Feb;11(2):101-10.
28. Rudolph, J., Zimmer-Gembeck, M. J., Shanley, D. C., & Hawkins, R. Child Sexual Abuse Prevention Opportunities: Parenting, Programs, and the Reduction of Risk. *Child Maltreatment*, 2018 23(1), 96-106.