

You don't talk about that!? – A survey on prospective social worker's knowledge on CSA and their use of media

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Well-trained professionals, like social workers, are essential for effective prevention of child sexual abuse (CSA). The present study assesses knowledge and knowledge acquisition regarding CSA in social work undergraduate students in a cross-sectional design. Three options for acquisition were assumed: 1) professional education, 2) media consumption, or 3) own experiences of CSA. Results indicated no improvement of knowledge through any of the prior mentioned sources and a high variability in knowledge. In contrast to expectations, personal experiences of CSA were associated with a higher threshold in recognition of CSA incidents. The meaning of the results for prevention and intervention are discussed by highlighting the role of taboos in professional education and the effects of media coverage.

Keywords: CSA, social work, education, prevention, knowledge

Child sexual abuse (CSA) is a global problem and can have long-term consequences on mental and physical health of survivors (Singh et al, 2014). International studies on prevalence of CSA assume rates between 7 % for boys and 18 % for girls (Stoltenborgh et al., 2015; Pereda et al., 2009). Depending on definition criteria, type of informant, and study design, these rates may differ (Zimmermann et al., 2011; Kenny et al., 2020). A higher prevalence can be assumed when including categories of internet-related CSA, that is online-grooming¹ of children for sexual abuse purposes or use of child abuse images (Negredo & Herrero, 2016).

Despite the high statistical probability to know a survivor, the public is in denial about CSA. The gap between public perception and empirical evidence may be results of taboos about discussing sexuality; feelings of shame and guilt in survivors or threat by the perpetrators, which may hinder report of CSA; and biased media coverage which may perpetuate existing stereotypes (Kenny & McEachern, 2000; Döring & Walter, 2020; see also Popović in this volume).

1 Grooming is a stepwise escalation of violations which may end up in abuse of a child, which can take place in online as well as offline environments (Gallagher, 2007; see also Sanderson & Weathers in this volume).

Studies on risk factors for victimization have shown that children of all ages and gender, starting in infancy, are at risk of being sexually exploited (Assink et al., 2019). Nevertheless, some groups underlie a higher risk of being sexually abused, for instance children with mental or physical disabilities, psychic problems in parents, and children from single-parent families (Wilcox et al., 2004; Bange, 2015). These risk factors are highly prevalent in clients of social workers. Therefore, this group of professionals should be well informed and trained in recognition of CSA. Moreover, it is central to effective prevention and intervention that professionals identify CSA or risk factors which enhance the probability of CSA at an early stage (Witt et al., 2013). Unfortunately, gender stereotypes, feelings of guilt, shame and insecurity about own sexual orientation when the perpetrator was male, or feelings of weakness may conceal the real prevalence (e.g., rate of sexually abused boys are underestimated) since they hinder disclosing (Pereda et al., 2009; Ullmann & Filipas, 2005). Huge discrepancies between the prevalence rates for CSA based on official reports and anonymous victim surveys underline this bias (Wetzels, 1997). Against the background of the discrepancies between official and nonofficial CSA reports, it is important to investigate how much prospective professionals working with clients at risk for victimization know about CSA at all (Pelisoli et al., 2015) and how they acquire their knowledge.

Knowledge can be formed through professional education, pro-active and passive media consumption, or own experiences (Meltzer, 2016). According to cultivation theory, high consumers of media show knowledge which is more biased by media coverage (Meltzer, 2019). Meltzer (2016) even assumes that media consumption and experiences may influence each other bi-directionally and form public perception. In the case of CSA, media coverage may also influence knowledge on CSA and related topics like CSA risk factors. However, media coverage on CSA does not draw an accurate picture of CSA since it is biased through news values such as proximity, personalization, or negativity (Eilders, 2016; Østgaard, 1965). For this reason, media coverage of CSA often misses facts like CSA being also committed by peers (“peer-offenders”) or older adolescents (“child-offenders”; Allroggen et al., 2012). Misinformation on CSA and lack of awareness are widely spread among the general public due to a lack of standardized studies (Zimmermann et al., 2011) and biased coverage by media (Weatherred, 2015). Apart from general population there is also still a lack of information among professionals, who are supposed to work with victims of CSA, like social workers. A key factor for mental health in CSA survivors seems to be the presence of a confidant (Fuller-Thompson et al., 2020). Well-informed professionals may serve as a protective factor,

especially for those who experienced abuse by a perpetrator belonging to the family and are in need of extrafamilial support.

This study

In summary, social workers are in charge of children and adolescents who are more vulnerable to CSA (Bange, 2015). In opposition to this assumption there is no compulsory subject on CSA in education of social workers in Germany. This may lead to limited and inaccurate knowledge (Wurtele, 2018), which may be compensated by proactive media use or use of other sources. According to cultivation hypothesis, mass media may form knowledge. Beyond that, personal experiences may influence the way media is consumed (Schnauber & Meltzer, 2015).

Therefore, the aim of the present study was to assess knowledge on CSA and experiences with CSA in social work undergraduates. We hypothesized, (1) that advanced students should show improved knowledge compared to undergraduates in their first year. Beyond that, we (2) tested for associations between pro-active media consumption and own CSA experiences, and we (3) assessed if higher media-consumption on CSA topics or own experiences improve knowledge on CSA.

Methods

Instruments

We developed a questionnaire to assess (a) the students' knowledge (e.g., recognition of CSA incidents, age of consent in Germany, incidence rates, or type of offenders), (b) their pro-active media use, (c) their subjective evaluation on media coverage on CSA, and (d) the way media has an effect on them (rumination).

We also asked the students for their personal experiences regarding CSA by using the incidents list of the Essen Trauma Inventory (ETI; Tagay et al., 2007). In the current study we only report data on incidents including personal experiences of sexual abuse in childhood by a familiar or a non-familiar person.

Knowledge or recognition of sexual abuse was assessed as a sum of correct answers on a list of 11 different incidents (e.g., *to solicit sex, penetration, showing pornographic material to children, making sexually connotated*

remarks) and asking whether these qualify as sexual abuse or not on a dichotomous scale. Knowledge on incidence rates was assessed by asking students to estimate the percentage of victims in underage boys and girls. Percentage of involved offenders were classified regarding gender and familiarity to victim. Participants were also asked whether they know the expression “grooming”.

Pro-active use of media was assessed by items asking whether media was used to gain information on CSA (“*I watch out for CSA-related News*” and “*I read up on information about CSA before my academic studies*”) on a 7-point Likert scale. A dichotomous dummy-variable was built by median split (Median = 5) for “heavy consumers” and “light consumers” of CSA-related media.

Finally, students were asked to evaluate how valid they would rate information in media regarding CSA, using four items (e.g., “*In my opinion media coverage of CSA is exaggerated*”) on a 5-point Likert scale. Reliability was sufficient for both scales.

Procedure

We used a cross-sectional design and asked undergraduate students studying social work (bachelor degree) at a university for applied sciences to fill a form (paper-pencil) on their knowledge on CSA. It was stressed that participation was voluntarily, and forms could be returned back anonymously by using a post-office box. Students were also offered a counselling interview if they wanted to talk about the questionnaire afterwards. Response rate was 79.3 %.

Sample

The final sample consisted of $N = 61$ (24.6 % male) undergraduates in their first year and $N = 58$ (12.1 % male) advanced students in their last year. The average gender-ratio in social work is about 25 % male students; thus male students were underrepresented in the advanced group (Kessler & Stiehler, 2015). First-year students’ mean age was $M = 23.93$ years ($SD = 5.19$; range 18–42). Advanced students’ mean age was $M = 27.02$ years ($SD = 6.96$; range 20–49). There were no significant differences between the groups regarding socio-demographic data.

Results

Statistical analyses were conducted in three steps: (1) students' degree (first-year vs. advanced), (2) media use (heavy vs. light) and (3) personal experiences (survivors vs. no experience) as independent variables. Due to small sample size, no interaction effects could be tested. The analyses revealed no significant mean effects in knowledge or subjective evaluation of media between the groups regarding degree or media-consumption. Therefore, results are presented for the whole sample.

Knowledge

In average, participants recognized seven out of 11 events ($M(118) = 7.24$; $SD = 4.39$) correctly as acts of CSA with a high variability. Students had most problems in classifying (a) milder forms like making sexual remarks in front of a child or (b) ambiguous formulations like demand to be touched tenderly by the child (no genitals).

Participants were asked to make estimations with percentages on prevalence rates regarding characteristics of perpetrators and victims of CSA. Participants estimated a higher prevalence in girls ($M = 37.5\%$; $SD = 24.3$) than in boys ($M = 24.1\%$; $SD = 19.1$). Prevalence estimations on perpetrator characteristics were: male adults ($M = 56.96\%$; $SD = 27.01$) and male peers ($M = 24.83\%$; $SD = 21.01$) as perpetrators, followed by female adults ($M = 21.67\%$; $SD = 16.78$) and female peers ($M = 12.18\%$; $SD = 13.98$). Estimations on relationship between victim and perpetrator were: relatives ($M = 46.05\%$; $SD = 26.19$), acquaintances ($M = 42.01\%$; $SD = 24.60$), and strangers ($M = 34.78\%$; $SD = 25.60$). Standard deviances showed a high variability in all estimations.

For the total sample, 67 % selected correctly the age of consent for consensual sexual activities (14 years), 3 % selected 12 years, 19 % selected 16 years and 11 % selected 18 years as age of consent. Moreover, only three persons indicated to know the expression "grooming".

Media use

Media coverage of CSA was rated underrepresented ($M = 2.16$; $SD = 0.98$) and understated ($M = 2.45$; $SD = 0.82$) regarding presentation of CSA

epidemiology. In average, undergraduates indicated little rumination after media consumption ($M = 2.19$; $SD = 1.29$).

Internet use was the main source of information (68.3 %), while 31.2 % of the total sample indicated that they had never dealt with the subject before. Other sources for proactive media use or other sources for information on CSA-related topics were newspaper-reports (19.5 %), therapy (17 %), TV (15.9 %), books (15.9 %), professional education (8.5 %), school (2 %) and podcasts (1 %). However, a majority of the students (85.7 %) expressed their wish for more information during their study of courses.

Personal experiences with CSA

Prevalence rate of own victimization were 18.6 % for familiar perpetrator and 15.3 % for non-familiar perpetrator for this sample, with five persons who were both victimized by familiar and strangers as perpetrators (re-victimization; Bockers & Knaevelsrud, 2011). Only seven persons indicated that they had been in therapy in the past. One person did not give any response.

Survivors were more engaged in personal research on CSA topics before professional education ($M(33) = 4.30$) than non-victims ($M(84) = 2.79$), exact Mann-Whitney-U-Test $U = 740.5$, $p = .000$, $r = .68$. They were no heavy consumers of media related to CSA in general though. Survivors of CSA rated media coverage of CSA as more understated ($M(33) = 2.24$) than non-victims ($M(84) = 2.54$), exact Mann-Whitney-U-Test $U = 1044$, $p = .034$, $r = .20$. No significant differences occurred regarding estimations on prevalence of CSA. Non-victims ($M(84) = 8.07$) rated more CSA events correctly than survivors ($M(33) = 5.03$), exact Mann-Whitney-U-Test $U = 942$, $p = .004$, $r = .87$.²

Discussion

The aim of the present study was to assess knowledge, media use, media evaluation, and own experiences in undergraduate students of social work and to identify sources of knowledge. Contrary to our expectations, there was no improvement in knowledge through professional education, pro-

2 Data did not meet criteria for parametric tests, therefore non-parametric tests were applied.

active use of sources of information like mass media, or personal experiences.

This may be interpreted as a lack of improvement in knowledge regarding CSA in professional education and through media and (biased) knowledge through own affliction. These results cannot be generalized, for we assessed knowledge only in one institution and in a cross-sectional design.

The current study also showed that undergraduates have had abuse experiences themselves. This is noteworthy as experiences of professionals are influencing perceptions of indicators of sexual abuse. Therefore, those professionals "should be sensitized to possible sources of bias in their judgments" (Kendall-Tackett & Watson, 1991, p. 385).

However, results showed that sexual violations were recognized correctly when they were very explicit and clear. Students have had more problems in identifying mild and ambiguous situations. Ambiguous situations are more difficult to categorize, for victims and for professionals as well (Enders & Kossatz, 2012). This was also true for this sample. Survivors of CSA identified less situations correctly than non-victims. This could be interpreted as a higher threshold in recognition of CSA. Ambiguous situations may appear when a possible perpetrator grooms a child. Therefore professionals need to be trained in recognition of early signs of inappropriate behavior (Gallagher, 2007).

Estimated prevalence rates were higher than in epidemiological studies, especially for boys. One reason for this overestimation could be the characteristics of the sample, which may lead to differing, maybe even biased, perception regarding child welfare (Mallette et al., 2018). Students of social work may be confronted more often with these subjects than the common population and have more opportunities to discuss and question gender stereotypes during their course of studies (Tozdan et al., 2019). The study also showed that perception of the male adult perpetrator is still common, but students also named female perpetrators as well. Familiarity to perpetrators were closer to epidemiological estimations in this sample. This may be a methodological artefact, by effects of cued recall, biased perception, or self-selection effects of the sample (Hall et al., 1976). In general, further studies should assess knowledge by free recall and not by recognition items.

Within all estimation items, there was a high variability between the participants which indicates a high variability regarding knowledge and a need for standardized training.

To avoid self-selection and probable tabooing structures within professionals, courses on sensitive topics like CSA need to be obligatory. To integrate this into curricula should be one of the future challenges of uni-

versities or other educational institutions in order to guarantee improved child-welfare (Enders, 2015).

Prevention studies show that media is the preferred source of information regarding CSA (Babatsikos, 2010). In her framework model, Weatherred (2015) assumes that media content and public perception of CSA have an impact on public policy, which in turn may change societal responsibility for CSA. Media coverage plays a central role in public perception of CSA by framing information (Weatherred, 2015; Gitlin, 1980; Scheufele, 1999; see also Popović in this volume). Pressure by media may also affect decisions of policymakers, which then again lead to societal changes.

The framing of CSA in different settings by media coverage changed over time. Recently, structural conditions in institutional and in social contexts which contribute to child sexual abuse are more in focus (Görge & Fangerau, 2018). Though sexual violent behavior against children is common and frequent, public consciousness for it decreases immediately after media coverage has ceased. More reports on CSA by familiars and the key role of internet use may change public perception. Media coverage mirrors societal structures and therefore reproduces societal taboos. Concrete strategies are required to overcome these taboos (Weatherred, 2015). Quality criteria in reporting CSA, e.g., correct wording, are mandatory to prevent misinformation and make adequate prevention possible (Döring & Walter, 2020). It is important to emphasize responsibility for prevention for the whole society (Weatherred, 2015).

Professionals need skills in differentiating sensationalist reports from correct empirical evidence in their media use, especially when they share the described experiences. Tabooing structures in churches, to which Görge and Fangerau (2018) refer to as “culture of self-serving secrecy” or “culture of silence”, have to be entangled not only in media but also in other social systems. Further studies should focus on possible silencing structures among professionals.

Finally, studies show that knowledge and attitude of students can be improved through curricular interventions (e.g., Wurtele, 2018). Courses providing information from experts, survivors, perpetrators, and non-offending people with pedophilia should be obligatory in professional education as well as presentations by professionals (e.g., Stelzmann et al. 2020). Media’s crucial role in public perception of CSA and its influence on policymakers, professionals, and survivors can be met by providing non-biased, non-sensationalist documentaries. This information should be provided for free on the internet, as the results indicated that students have a preference for this source of information.

Conclusion

Professionals working with children in risk groups have a higher probability in working with children at risk for CSA. They are more likely to be confronted in their work (e.g., youth welfare, handicapped aid, dependence aid) with different forms of maltreatment in different age groups or to people who suffer from the consequences of CSA. Therefore, social workers and other professionals should be aware of risk factors to effectively prevent abuse or other forms of maltreatment (Kindler, 2010). Professionals need an educational setting which prepares them for challenges of their work. This requires providing professional education and training of a range of skills like recognition of early indications of abuse or probable abuse (e.g., grooming), standardized instructions in handling situations, and skills in mental hygiene, especially for those who have personal abuse experiences in the past.

In the present study, we wanted to assess undergraduate students' knowledge on CSA, their use of media, and their attitudes towards media coverage. Many barriers to disclosure exist, barriers from within, barriers in relation to others, and barriers in relation to the social world (Collin-Vézina et al., 2015). As the results show, barriers and inaccurate information within professionals (in training) do exist, too, and have to be identified and removed. Research on strategies to overcome these barriers should be the next step to improve CSA prevention.

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