

## **PREVENTION OF CHILD SEXUAL ABUSE: PARENTAL AND SOCIAL INVOLVEMENT**

*Summary:* Prevention of Child Sexual Abuse is essential in every society considering the perimeter and long term consequences that problem causes. Child Sexual Abuse is a multifaceted problem according to its characteristics, dynamics, causes and consequences. Risk factors for this form of child abuse vary in children's developmental stages and environments they are developing, including institutions (preschools, schools, sports clubs) where children have the opportunity to form close relationship with adults outside the home and out of parent's control. Numerous studies have shown that high level of Child Sexual Abuse happens by person who is very close to the children's family, so parent's role in preventive sense is crucial. Based on a literature review, international practice and analysis of relevant prevention programs, which has been used over the world, it is evident that parents have dominant role in the prevention and early detection of Child Sexual Abuse. The content of the prevention programs aimed to parents mainly involves teaching children protective behavior, identifying characteristics of the perpetrators and encouraging parents to report case of Child Sexual Abuse. Previous experience in our country suggests that most of prevention activities are focused on a tertiary prevention carried out by Criminal Justice System after the commission of the offense. The purpose of this paper is to analyze prevention programs in the world which has achieved good results in Child Sexual Abuse prevention, give guidelines for a better problem understanding by parents and relevant social factors as well as the organization and implementation of appropriate prevention programs in our child protection system. This paper explores some of the many advantages and disadvantages associated with primary and secondary prevention, as well as ways and means to overcome some problems.

*Key words:* Child Sexual Abuse, parents, prevention, pedophilia

### **Introduction**

The consequences that children suffer and experience through various forms of neglect are large and numerous in all aspects of children's development. Children's need for safety and care, the feeling of helplessness and its depend-

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ence are a good ground for various forms of victimization (Bjelajac&Merdović, 2019: 192). Sexual harassment is a form of child abuse, in addition to physical, mental, emotional and social. It is one of the most difficult forms of abuse that has consequences on the children's psychophysical and social development. In most of the cases Child Sexual Abuse is accompanied by other forms of violence and abuse. The consequences of sexual harassment are not only current, but long term and usually leaves grave trauma on the victim that lasts a lifetime and are manifested through health, emotional, social, psychological and other problems related to victim's everyday communication. There are many definitions of Child Sexual Abuse and it's identified with terms of pedophilia or child molester. According to the Council of Europe's definition (Council of Europe / Convention on Protection of Children against Sexual Exploitation and Abuse. [www.coe.int](http://www.coe.int)) sexual violence against children includes following:

- a) sexual intercourse with person who has not reached the legal age for sexual activity by the relevant regulations or State law;
- b) sexual contact with child is done by: force, using the threat; or abuses committed by person who child trusts to, or the authority which has influence over the child, including those ones within the family; abuse is committed against child who is in a particularly vulnerable situation, with special emphasis on mental or physical disability or a dependent position;
- c) child prostitution and child pornography, such as: child's employment as a prostitute or causing child prostitution; forcing the child into prostitution or profit-making business or otherwise exploiting child for such purposes; receive compensation from child prostitution; production of child pornography, offering or making available child pornography, distribution or marketing of child pornography; procuring child pornography for oneself or for another person; possessing child pornography; conscious access via information and communication technologies to child pornography.

Often unconsciously sex offender, who may or may not be pedophile are associated to people who suffers from pedophilia as a specific disorder of sexual preference, but that preference they've never demonstrated. In foreign literature is well established the term "Child Sexual Abuse" (CSA) since, in our literature is translated as 'sexual abuse of children'. Based on foreign and domestic literature we can conclude that Child Sexual Abuse is a term that describes sexual activity between child and an adult or older child. This act has been incriminated as serious criminal offense which always involves serious criminal penalties. It means physical contact such as an undesired touching, cuddling, masturbation, oral-genital contact, penetration and vaginal and anal intercourse. Also, children can experience sexual violence and abuse without physical contact and interaction through various comments, displaying pornographic material, observation, photographing and video recording of themselves (Finkelhor, 2008; Putnam, 2003). Typically Child Sexual Abuse is an abuse of trust, coercion, exploitation and/or use of children for the enjoyment and satisfaction of the sexual needs of adults. Conversely, pedophilia is considered as psychiatric disorder differently defined. According to the International Statistical Classification of Diseases and

Related Health Problems, (Chapter V - Mental and Behavioral Disorders - F00-F99; Personality disorders and adults behaviors - F60-F69), Pedophilia (F65.4) is defined as "Sexual affinity to children, boys/or girls, usually prepubescent or early pubescent" (<https://icd.who.int>). Although there is some difference, especially in the diagnosis, Child Sexual Abuse and pedophilia as social and medical problem, can't be seen and treated independently as some other. According to the results of a meta-analysis, the most of registered Pedophilic had been sexually abused during their childhood (Jespersen et al. 2009), which makes unbreakable bond between these two terms, despite the fact that pedophilia is always the most severe form of sexual abuse.

Even though Child Sexual Abuse were present throughout history it took a long time in order to be understood and accepted as a serious social problem that has devastating effects on the child's personality, but also the society aswhole. According to the results from two meta-analysis which included more than 9.9 million children from 6 continents, Child Sexual Abuse represents a serious international problem with an estimated global prevalence rate of 18-20% for girls and 8% for boys (Pereda et al., 2009; Stoltenborgh et al., 2011). Right because of this high prevalence as well as consequences society suffers for, the problem of Child Sexual Abuse must be put on a pedestal of social reaction. Since legal reactions indifferent countries happen to be involved only after the occurrence of the consequences, or after the commission of the offense, itends up being reduced to a formal legal approach applied by Judicial Authorities. This type of reaction can be subsumed under tertiary prevention focused on educational and corrective work with offender and perpetrator in penitentiary institution where they serve their penalty.

The State and society must be more focused on primary and secondary prevention of sex offenders whose victims are children, because that's the way the risk factors can be identified. Coordinated responses by all society stakeholders are crucial in preventing the consequences for children and society as a whole. Effective prevention initiatives will not only reduce the number of children who are victims, but will also significantly reduce the costs associated with sexual offenses (Knack et al., 2019:2). Prevention programs, regardless of the level (primary, secondary, tertiary) in the most of the countries are still under evaluation and testing by scientific research and study. However, the consequences caused by each and every form of Child Sexual Abuse are devastating for both, individuals and society, and cannot wait for perfect models and programs to neutralize these effects or reduce them to the minimum. Prevention is essential at all levels and requires a multidisciplinary scientific approach, cooperation and commitment of all relevant factors of society, including educational institutions, health care, social services, judicial authorities, Ministry of Interior, media and non-governmental sector with necessary financial assistance of the State as holder of all measures.

## **Risk factors for Child Sexual Abuse**

Although there is no consensus about the real volume of Child Sexual Abuse because the percentages and research results fluctuate, it has been dominant view that we should make every effort to prevent such behavior. It doesn't exist just one type of sexual abuse or one type of abusers or victims. Even though scientific knowledge about this subject in recent years has been widened and improved, there are many unanswered questions about this topic. The situation is similar to predictive factors and those factors that contribute to the onset sexual offenses where the victims are children.

Risk factors of Child Sexual Abuse are numerous and diverse. Those factors differs in different children's developmental stages and depends on the environment child grows up in, including institutions where they reside outside the family and have contact and communication with adults (preschools, schools, sports clubs). The perpetrators of sexual abuse are usually family members or people close to the family (acquaintance) or person who spend time with children during the period of day when parents are not at home such as caregivers, teachers, educators, coaches, the priests etc. When we talk about children's age, researches shows that, children of all ages (particularly adolescents) are exposed to the risk of sexual abuse (Flaherty et al., 2013; Nelson, Caplan, 2014), while physical abuse or neglect happens more often at the age of 0 to 6. Children who are sexually abused are not special children with special characteristics; they are not of one age, one sex, one race, or one social class. The victim can become every child in our neighborhood, especially if we consider modern methods of communication, Smartphone's, computers, internet, social networks etc. It is evident that children from all ages, socioeconomic status, racial and ethnic groups are abused sexually (Finkelhor, 1994). Also children with disabilities are at greater risk than children without it. The reasons for this are varied and are related to individual factors and the environment, or the institution where child grows up (children who also have a disability and are not aware of certain actions and behavior, or have an increased sexual desire they can be violent) and the social environment the child is involved in. If we take a look over sex offenders, causality is also different and is related to biological, psychological and social factors, but it's usually a combination of all three. Psychiatric co-morbid conditions which are most common to patients pedophiles as mood disorders (60-80%), anxiety disorders (50-60%), an addictive disorder (50-60%), personality disorders (70-80%), and other sexual preference disorders (50 - 70%) (Fagan et al., 2002). Some researchers came to the conclusion that sexual preference towards children and adolescents, in certain percentage, is the genetic heritage (Alanko et al., 2013). History of sexual abuse is considered as one of the predictors of pedophilia and Child Sexual Abuse. When interrogated large number of pedophiles who have committed crime have reported that they had negative sex-

ual experience in their childhood before they turned 12 (Freund& Kuban 1994:555), but this doesn't mean that child with a traumatic sexual experience will become pedophile when it grows up.

Internet is also one of the most important risk factors. The internet aspect which attracts people the most is the opportunity to experience new things and explore their fantasies. Because of that, sexuality is a very popular topic on the Internet. The opportunity to explore one's fantasy sometime can lead to deviant behavior (Axelrod, 2009:121). Advances in Internet technology, digital audio-visual recording, and mobile phone technology, have opened a whole new world to pedophiles and purveyors of child pornography (Beech et al., 2008; Aslan, 2011). Sex offender uses internet for different purposes like: receiving and transmitting photos for their own needs, selling and distributing it, creating or joining an existing virtual networks and clubs of like-minded people who exhibit sexual affection towards children (Durkin, 1997: 16). According to the survey conducted in the United States, involving children aged 10-17 years, who regularly used internet on daily basis, 19% were exposed to inappropriate messages that could be subsumed under sexual abuse. 25% of them showed a certain level of stress after experiencing discomfort. The highest stress level was among children who were 10-13 years old, who have been using the computers out of parents control and experienced invitation to meet in-person (Mitchell et al., 2003). Because of the easy access to the modern phones, internet, computers, tablets and social networks, which have erased the boundaries between people with this type of sexual preference and children, it is very easy for child to become a victim of sexual harassment and abuse. The children are definitely the most vulnerable category when it comes to the virtual sex crimes. Every parent, teacher or institution dealing with children should know which action belong to the unallowed and illegal sexual activity in order to provide complete protection to their children.

Risk factors related to the family also applies to children who may become victims, but also potential sex offenders. The most common risk factors are listed as, incomplete families (without a biological parent), the absence of the mother, stepfather attendance, conflicts inside the family, family members socio-pathological behaviors, inadequate parenting skills etc. Some authors have studied the influence of each of those factors isolated (Pereda et al., 2009; Finkelhor, 1994). In one US research (Collins, 1996), the results showed that the risk factors most often involves families where the alcohol/drug abuse is present, families living in poverty, where parents did not pay enough attention and were not available to their children, where parents do not communicate well with their children and where the parents relationship is really bad. As it can be risk factor, the family represents the main factor of adequate child protection. Potentials of one healthy family are huge and are the basis of modern Studies of preventive programs.

## **Child Sexual Abuse consequences**

The consequences of Child Sexual Abuse are numerous and difficult especially for victim but also for society as a whole as well as the perpetrators of sexual offenses. They can be acute and imminent (noticeable immediately after the event, such as physical injury, bruising) or direct and permanent (affecting the psycho-social life of the individual throughout whole life such as depression, anxiety, suicidal thoughts). Sexual abuse during childhood and forced sexual interaction in adolescence are associated with subsequent victims risk behaviors related to HIV, such as often partner changing, sexual relations with strangers, anal intercourse, low percentage of practicing safe sex methods or devices (such as condoms) usage. (Jewkes et al., 2002; Maman, 2000). Low self-esteem and difficulties in performing daily activities (Philips, et al., 1994), as well as problem of re-return to work and school, are consequences sexual victimization. In the literature we can find a large number of researches investigating potential link between Child Sexual Abuse and wide variety of psychological problems. Most of them suggest that Child Sexual Abuse is related to various mental disorders. However, there are fundamental questions about nature of the relationship between early sexual abuse and psychological problems (Maniglia, 2012: 99), we have no good evidence and explanation for. Literature review shows that sexual assault is connected to a wide range of symptomatic and pathological behavior of victims, including hopelessness for the future, psychosomatic illness, depression, anxiety, suicide attempt and poor academic achievement (Çeçen-Eroğul& Hasirci, 2013). Significant negative effects can be the result sexual abuse throughout childhood (Hunt& Walsh, 2011: 69), including emotional ailments and disorders, symptoms of post-traumatic stress disorder, behavioral problems, interpersonal relations and issues of cognitive functioning, which can lead to failure in school or dropout in general (Berliner& Elliott, 2002; Jones et al., 2004). However, negative outcomes are inevitable and appears to be related to several factors, including the extent and nature of abuse, the age of the victims, the relationship of the perpetrator to the victim, family functioning in general, way to overcome and the level of support that victim receives from family and other social factors (Putnam, 2003). One important consequence of Child Sexual Abuse, which is not given great attention to, and it is certainly important, is the guilt and shame and the fact that victim blames itself for what happened. The feeling of shame and guilt prevents child and interferes with their ability to entrust to someone else and tell their experience. Kids generally know that what happened to them was wrong and therefore they feel guilty. They feel that they should have done something to prevent that. The experience of abuse can be humiliating. Because of the feelings of shame for what happened, the child usually tries to suppress and hide from parents and adults in order to avoid the feeling of shame and condemnation.

Sexual abuse is associated with other forms of violence. There is a higher probability that the girl who has experienced sexual abuse in childhood throughout the life becomes victim of physical and sexual violence repeated by partners (Trickett et al., 2011). Trauma caused by sexual abuse in early childhood as a factor influences the occurrence of suicidal thoughts among those people in later period of life (Basile & Smith, 2011). Opposite opinion and experts disagreement about the economic consequences of Child Sexual Abuse are very common. On one hand, the cost of treatment and help due to the victims needs and experienced trauma (providing therapeutic facilities, psychologists, treatment, compensation for the sustained pain) and on the other hand the necessity of treatment of perpetrators (costs of court proceedings, prison, treatments in institutions, re-socialization). The long term effects of prevention activities include minimization or elimination of many personal, social, and financial costs associated with potential negative effects of sexual abuse (Letourneau et al., 2018). Costs related to development and implementation of prevention programs should not be an obstacle to their implementation, taking into account all potential savings (Aos et al., 2001). If we add those intangible costs, which includes pains and suffering of the victims (Piche et al., 2018:78), appropriateness and benefits of such projects should not be questioned.

### **Advantages and difficulties in the implementation of prevention programs**

Child Sexual Abuse is a multifaceted problem that requires interdisciplinary approach with regard to the causes and consequences that we mentioned as well as the diverse population of perpetrators. An effective fight against Child Sexual Abuse and pedophilia requires development and implementation of action at primary, secondary and tertiary level (Knack, et al., 2019: 2). Each of those three levels of prevention includes a broad range of activities aimed at individual, group or society as a whole. Adopted in the field of public health, the three levels of prevention are described in the following way (Wortley & Smallbone, 2006: 13):

- Primary prevention includes wide range of initiatives aimed at the general public and are conducted before the onset of sexual violence in order to prevent even the initial incidents (general deterrence of crime, public education, adequate sex education in schools);
- Secondary prevention includes targeted interventions to those individuals who are at risk to exhibit behavior that is considered a sexual offense where the potential victims are children. This level of prevention is dealing with problems that are known as the risk booster of sexual assault (anonymous helpline for people who express sexual interest in children);
- Tertiary prevention is a reactionary approach after sexual offense occurred, aimed at preventing recidivism (treatment programs and treatment of persons who have committed a sexual offense and are commonly found in institutions for execution of criminal sanctions)

Tertiary prevention is essential and the most common in the research because the goal of any society is the crime does not happen again. But the consequences have already occurred and cannot be deleted after the felon identification and imposed penalties, and that certainly mean that perpetrator will spend the part of its life at the penitentiary institution. The stay in the institution for execution of criminal sanctions is necessary to be used for educational corrective work in order for offender to be resocialized and turned away from reoffending after release. In addition to the educational treatment it is often necessary to take a number of psychological, medical and psychiatric measures. Although necessary and indispensable, with a clear measures which needs to be taken, tertiary prevention is neither sufficient nor forehand because the child has experienced trauma and the child has been exposed to consequences. Therefore, in the last 20 years, great attention is paid to primary and secondary prevention of Child Sexual Abuse. Reviewing different studies, it is possible to make a conclusion that majority of the programs are primary and tertiary prevention oriented (McCartan et al., 2018), with clear intentional secondary prevention discrimination.

Primary and secondary initiatives are relevant, because almost 95% of sexual offenses against children are committed by person who has no criminal record (Sandler, Freeman, & Socia, 2008). The study showed that men who commit sexual crimes can fight with their sexual thoughts and instincts an average of 5-10 years before they commit sexual crimes (Knack, Holmes, Trunz, & Fedoroff, 2017; Piche, Mathesius, Lussier, & Schveighofer, 2018), which indicates that we as a society have a lot of time to prevent sex crimes before they manifests.

Primary and secondary prevention of Child Sexual Abuse have at least four potentially far-reaching benefits (Knack, et al. 2019: 6):

1. Prevention of children becoming victims of sexual abuse;
2. Helping people who are at risk of becoming sex offenders to receive appropriate treatment on time, improve their life quality and enable them to remain pro-social members of society;
3. Saving time and resources of the criminal justice by preventing sexual crimes against children, thereby reducing the number of offenders who should be prosecuted and detained because of these crimes;
4. Efforts reduction and resource savings in the health system by eliminating the possible physical and mental health consequences of sexual abuse.

The main goal of primary and secondary prevention is to strengthen protective factors. By strengthening protective factors we'll reduce the influence of different risk factors which contributes to Child Sexual Abuse. Support of all society is an important protective factor for both potential victims and individuals who have a sexual preference for children of preadolescence age. Secondary level of prevention is "Intervention approach," where the goal is early identification and intervention to prevent the structuring of delinquent behavior. The most

often this level of prevention is directed to adolescents and adults offenders, including the "situational" or "opportunistic" offenders who trespasses only in certain circumstances, such as those in the family, school or association, where the opportunity arises (Smallbone, et al., 2008: 160 ). Such persons, representing potential perpetrators, due to the need of their sexual interest and behavior hidden from family, friends and even health care providers, they experience a sense of alienation and social isolation (Malone, 2014). To motivate these individuals to seek help is the basis for the organization and implementation of preventive programs.

However, the implementation of the prevention of Child Sexual Abuse has identified many difficulties and deficiency, both by service users and by professionals responsible for their implementation. It is often stated that such programs are too expensive and require the activity of many factors of society without delivering the expected results, highlighting their uneconomical nature and the difficulty of evaluation. In the implementation of secondary prevention programs, lack of information is considered to be one of the specific shortcomings. Certain programs targeting at-risk groups or individuals with sexual preferences for children didn't produce the expected results because, despite the fact that they had motives and desires to seek professional help, they didn't do so because they didn't know who to turn to and didn't know that help service exists at all (Horn, et al. 2015). Labeling and stigmatization as well as feelings of shame and rejection, fear of legal repercussions (McCartan et al. 2018), privacy concerns and anonymity (Piche, et al. 2018) can all be significant interfering factors that prevent an individual from seeking help. A survey of self-identified persons with sexual preference for children found that 40% of participants wanted treatment for their sexual interest but did not seek it out due to fears that they would be misunderstood (85%), treated with disrespect (54%), or that treatment provider would be judgmental (63%), unethical (46%), or not respect confidentiality (51%) (Testa & West, 2010). In developed western countries (US and Canada), one of the factors that discourages an individual from seeking help is expensive psychotherapist treatments, which are not able to pay for themselves, and health insurance either doesn't have or doesn't cover the costs.

### **International experiences in the prevention of Child Sexual Abuse**

The two programs that have most often been the subject of research and whose results have been interpreted in scientific circles are "The Prevention Project Dunkelfeld" and "Stop it Now!". Both programs can be classified as secondary prevention programs and are focused to at-risk groups and individuals who may be potential perpetrators of Child Sexual Abuse. The Dunkelfeld Prevention Project (PPD) is an effort founded in Germany to provide clinical and support services to individuals who are sexually attracted to children (pedophiles and hebephiles) and want to help controlling their sexual urges, but are otherwise

unknown to the legal authorities. The project started in Berlin in June 2005 with a large media campaign to contact pedophiles and hebephiles who wanted help from clinicians to manage their paraphilia ([https://en.wikipedia.org/wiki/Prevention\\_Project\\_Dunkelfeld](https://en.wikipedia.org/wiki/Prevention_Project_Dunkelfeld)). The goal of the project was to motivate individuals with sexual preferences for children to voluntarily check in to expose their problem and to be given adequate help and advice. In order for an individual to apply for participation in a project, a media campaign should (1) show empathy and an understanding of their peculiar situation, (2) distance itself from discrimination of any individual for their sexual preference, (3) reduce fear of punishment by the justice system, (4) assure confidentiality and anonymity regarding all collected data, and (5) reduce feelings of guilt and shame (Beier, et al., 2009: 546). This program has been the subject of research into numerous studies that have addressed its results, methods, evaluation, advantages, disadvantages, cost-effectiveness, etc.

The “Stop it Now” project is a hotline in the UK and Ireland that has been set up to address all those who have a problem with Child Sexual Abuse. Conversations on this line can remain anonymous without providing any identity information. All data connected to child endangerment or the perpetrated violence against the child collected this way would be forwarded to the competent authorities for urgent action. People who have behavioral and self-control problems may also contact this line. They get tips on how to identify their negative behavior and who to ask to for help. The line is also intended for people who have identified certain signs of sexual abuse in their children or children in their area. Experts working with sexually abused children may also receive useful information as well as adults who have been victims of childhood sexual abuse. Many studies have been analyzing the long-standing work of this project. Particularly examined were the results of this project which included motive of callers who presented their problems related to thoughts and sexual instincts towards children. The helpline contributed to the improvement of emotional, psychological and physical health, with one survey showing that 76% of participants experienced a greater degree of control over behavior and emotions, and 75% described a reduction in feelings of social isolation (Brown et al., 2014). Through the evaluation, this program has shown that the simple fact of existing someone they feel comfortable to disclose their sexual interests to, is a preventive action (McCartan et al., 2018: 562). Parents' experiences have also shown that the benefits of such hotlines and projects are multiple and significant. Some programs in England and Ireland are focused on educating children in schools. The objection to such programs is most often related to the fact that children are educated to protect themselves from external danger. It is recommended that children should be able to recognize the signs of sexual abuse in the family among their parents, relatives and close family members. But it is inevitable to work on educating parents who will prepare the child for the educational process at school having conversation with them, and only in combination these two approaches we can

expect children to be adequately educated to protect themselves against sexual assault.

Treatment for children and families at risk which deals with prevention of problematic behavior manifestation, including sexual violence, is also one of the programs which include the narrowest environment where the highest number of individuals who committed sexual offenses against children has been identified. One such program is the "Problematic Sexual Behavior Cognitive-Behavioral Treatment Program: School-Age Program" (PSB-CBT), designed for children with behavioral problems between the ages of 6-12 and their families. PSB - CBT is a family-oriented, cognitive-behavioral, psycho-educational, and supportive treatment group designed to reduce or eliminate incidents of problematic sexual behavior (Basile, et al. 2016). The treatment of the child focuses on detecting and identifying inappropriate sexual behavior, on learning the rules of sexual behavior and self-control techniques, and on sex education. Parents and caregivers receive information on developmentally normal and atypical childhood sexual behaviors and are taught skills to prevent and respond to a child's problematic sexual behavior. PSB-CBT has shown improvements in children's sexual behavior problems after treatment and / or follow-up (Cohen & Manarino, 1997) as well as a decrease in recidivism with children who have undergone a therapeutic cycle (Carpentier, et al.2006).

Research has shown that the most common way to know about the existence of prevention programs was through the media (television, radio, newspapers) or the Internet. All this indicates that in order for prevention programs to be effective, it is necessary to include the media as a resource that most influences creation of public opinion. Since the topic of Child Sexual Abuse and pedophilia is extremely sensitive, precaution must be taken especially regarding the meaning of messages being sent and how they will be understood by the public, health and legal professionals, policy makers and those who may be potential abusers. It is suggested that organizations and professionals working in the field of prevention should help shape these public messages through proactive engagement with the media and the relating of important information, such as the distinction between pedophilia and sex offender and the many potential benefits of primary, secondary and tertiary prevention initiatives (McCartan et al., 2018).

Support and assistance programs for children and families are provided and organized through numerous educational, medical, social welfare institutions, organizations, associations and non-governmental organizations (Merdović, 2019b:191) The concept that includes school and educational institutions and parental education are most commonly applied in the implementation of prevention programs. School is an important factor that, apart from family, is predominantly used in the psycho-physical development of the child, upbringing and education. In the process of organizing preventive activities to protect children from all forms of abuse and neglect, schools play a key role. This is where all school environment factors need to be considered. Teachers are a special fac-

tor in kid's life which in addition to parents has the greatest influence over the child. The way a teacher treats children depends on whether that relationship will be potentially protective or potentially risky for the child. Empathy and compassion, an adequate approach in communication can be a significant protective factor. Children with such teachers develop a sense of confidence and security and often from such a relationship children can confide teachers some of their secrets. The teacher-student relationship, the level of knowledge that the teacher possesses about Child Sexual Abuse, the way he or she communicates with children, empathy, and establishing a relationship of trust with the kids can increase the number of reported sexual abuse (Barron and Topping, 2010). Beside teachers, the school environment includes the complex of many other interactive factors such as: physical arrangement of classrooms and schools, appropriateness of syllabus, quality of peer relations, parent-teacher relationships, student-teacher relationships, mentoring and other student support services, the school organization, management and community where the school operates (Jindal-Snape & Miller, 2008) have also benefited and contribute to a sense of child safety.

Parental education is one of the most common preventative activities. The aim of such programs is to educate parents to recognize the importance of child abuse, how to gain child confidence, encourage parents to report abuse, encourage positive parent-child interactions, increase parental knowledge of child development, improve parental relationships with their child and/or parenting at all. Some parental programs are combined with educational programs at school. Encouraging parents of preschool children to discuss this topic with children at home can help with prevent abuse that begins at an early age before children have the opportunity to participate in school programs (Vurtele & Kenni 2010: 132). Educating parents to negotiate a close relationship with children has contributed to the secondary prevention of sexual abuse as it helps early detection and identification of children who may become victims. Most parents in the research studies pointed out that children are too small to talk about these topics, that such talk can scare children, that children do not understand, but that parents themselves are often not sure whether they will be able to talk in an appropriate way with appropriate vocabulary and terminology. Comparing the results of various studies presented by Babatikos, it's found that parents who did not receive education and training think that greatest danger to their children is unknown person, that physical evidence does not have to be present in cases of Child Sexual Abuse, that parents' estimation of the prevalence of abused children is unrealistic and that parents are skeptical about the possibility that child will report sexual abuse by itself (Babatsikos, 2010). Parents who have completed some form of training and education on Child Sexual Abuse yet express a different and optimistic opinion (Tutti, 1993). Certainly, one of the basic parent's capabilities, if they notice risky behavior in their child's environment, is to prevent contact with such persons or limit access to the potential perpetrator to their child. Some of the programs focus on improving the emotional well-being of

parents (teaching parents how to control their anger and stress). Numerous studies have explored parents' knowledge of physical, behavioral and emotional warning signs about sexual abuse. Some parents did not realize that physical evidence sometimes would not necessarily be present if child was sexually abused, yet they stated that in 95% of cases physical signs were not recorded with children who had experienced sexual abuse (Reppucci, et al., 1994).

Unfortunately, it often happens that parents do not recognize the signs of sexual abuse their child has experienced. Inadequate interpretation of the behavior of individuals from the child's immediate environment can often lead to the neglect of such signals that can turn into sexual abuse. The most common parental responses are that such suspicious behavior is harmless and such behavior is not harmful to their children. Parents decide to speak and react only when such behaviors develop into evident sexual orientation and activity towards children. However, this is sometimes not enough for parents to report the abuser, since it is most often a person from the child's immediate environment (relative, stepfather, close family member). How a parent reacts in such a situation depends primarily on their relationship with the person who committed the offense with their child. Parents most often hesitated to contact the authorities when incidents occurred with persons close to their families (Turner & Rogers, 2012: 61). The child often blames itself for what happened and feels ashamed and embarrassed, which is why it often avoids discussing the abuse it has experienced. It is imperative that parents and professionals encourage the child and remove the guilt from him or her in order to gain the confidence to talk and report sexual abuse. The parent's role is very important as well as teacher and educators at school, especially if elements of the adverse event and abuse are recognized in the child's behavior. Guidelines for how to react in such situations are as follows (McElvaney, 2016: 116):

- Children often feel that when bad things happen, it is their fault and they often blame themselves for being sexually abused. This is not necessarily 'logical' – it just is.
- As helpers we can be impacted by listening to children's stories about their experiences. We need to make sure that our own reactions do not contribute to children's feelings of shame and self-blame.
- We need to be careful about how we speak with children – children can be very sensitive to interpreting what we say as blaming them further.
- Children need to receive constant and persistent messages:
  - It was not your fault – it was his/her fault.
  - Children are never to blame for being abused.
  - It is okay to talk about what happened – talking helps.
  - It's good to stand up for yourself – you deserve to be treated with respect.

Sublimation of the results of earlier research concludes that parental education is a very important factor in the prevention of Child Sexual Abuse. The strategy should be aimed at educating parents or the benefits reported of any risky behavior of people in contact with children. Table 1. (Babatsikos, 2012: 65) lists activities that represent a mere parent's prevention of spreading Child Sexual Abuse that should be applied in daily communication with the child.

Table 1. *Child Sexual Abuse Prevention and Early Intervention Strategies for Parents*

Prevention strategies	<ul style="list-style-type: none"> <li>– developing general communication strategies with children</li> <li>– normalizing sexuality</li> <li>– using teachable moments</li> <li>– establishing family rules about safety</li> <li>– providing age and developmentally appropriate information</li> <li>– clarifying questions asked by children</li> <li>– using humor to diffuse potentially uncomfortable or embarrassing topics</li> <li>– discussing protective behaviors with children</li> <li>– discussing secret-keeping with children</li> <li>– discussing internet safety</li> <li>– investigating social situations for safety</li> <li>– monitoring comfort levels of children</li> <li>– relying on social supports to protect children</li> <li>– using teaching tools</li> </ul>
Early intervention strategies	<ul style="list-style-type: none"> <li>– parents using instinct and own discomfort as early warning signs</li> <li>– providing specific but in direct warnings to children</li> <li>– reducing social contact with person who had crossed boundary with child</li> <li>– letting person who had crossed the boundary know that parents were aware of what they were doing through indirect verbal communication and/or body language</li> <li>– using direct confrontation</li> <li>– reporting incidents to authorities</li> </ul>

It often raises the dilemma of whether family and parents should be carriers of Child Sexual Abuse programs, or should professionals take care of it. Studies in the US (Wurtele et al. 1992) and China (Chen and Chen, 2005; Chen, et al., 2007) have shown that most parents (over 90%) find that preventative programs are required to prevent Child Sexual Abuse to be realized in schools and pre-schools. However, the fact is that both factors have their advantages and only by acting together we can achieve the most optimal results in protecting children from sexual abuse.

Some projects in Canada have involved volunteers in reintegrating and re-socializing sex offenders by monitoring their behavior and free life activities. Such concept has raised one of the debates in the United States and the United Kingdom concerning the availability of sex offender data. One party endorse public access to registered sex offenders to the wider local community and all stakeholders, while the other party recalls human rights violations, stigmatization, labeling, and security threats. We, in our country, also have debates about the publicity of the pedophile registry and we believe that such a measure is justified. The fact that the local community knows that a particular person is a convicted pedophile and is prone to sexual offenses against children will increase the level of caution in that community. Also, feeling of shame the person with such preferences towards children can be an inhibiting factor in visiting places

where children gather and stay. The sighting of such a person near children will prompt the local community and the individual to report such person to the competent authorities, which will act in a timely manner and remove such person from such a location.

### **What can we do?**

Identification of protective and risk factors is one of the basic ways of purposeful and adequate prevention programs in a society. Although numerous studies have examined some of these factors and their impact on the occurrence and prevention of Child Sexual Abuse, it is not possible to look at each one isolated. It is necessary to take into account their mutual influence and cooperation. Adequate assessment of the impact of particular factors in a particular social environment helps us to adapt prevention programs to increase their effectiveness. The design of primary and secondary prevention programs depends on many factors, including specific program objectives and target population, available resources and resources, program location (social environment, cultural differences, socio-economic status), and modes of service delivery. Evaluating the results of such prevention projects and programs gives us the opportunity to remedy the shortcomings or to implement such programs in other settings. However, it does not mean that a program applied to two different environments will produce equally good results (Barron, et al. 2015: 83) precisely because of the different influences of other factors in society (social status, cultural differences, material and economic status). Even though some programs do not produce the desired results, each of them gives at least a partial step forward in order to prevent sexual violence against children. The decision as to which program will be implemented in a given environment should be based on relevant facts and evidence as much as possible, since this depends on the effectiveness of the program itself, which also entails the protection of children from sexual abusers. Evaluating the effectiveness of individual programs shows that children who have participated in sexual abuse prevention programs in school show improvements in knowledge of self-care skills, and that participation in the program promotes greater detection of sexual abuse cases (Davis & Gidycz, 2000; Walsh, et al. 2015). In the case of individual programs planned for individuals, must be adequately prepared and adapted to the needs of the individual (medical treatment, psychotherapy, behavioral treatment, psychiatric services). What should be pursued is that in each project, a multidisciplinary team of experts should be involved. Where it is not possible to ensure the permanent presence of experts of different profiles (psychologist, psychiatrist, special educator, social worker, teacher), it is necessary to engage them at least occasionally or to facilitate the cooperation of the various institutions where these experts are employed. A multidisciplinary approach is necessary to meet the different needs of treatment us-

ers. It is especially important to adequately inform the public about the implementation of the program and its goals and opportunities. Successful advertising campaigns are crucial to the success of prevention initiatives, because even a well-developed program cannot be effective if its existence is unknown.

The internet is marked as one of the most common ways of communication sex offenders with children. Vulnerability of children on the Internet is the greatest and it is necessary to take all precaution measures to protect them. The most common problem is insufficient technological literacy and training for parents to recognize the problem with their children and appropriately and timely respond to it (Merdović 2019a: 283). Sexual predators interact with children in different ways like impersonates, asks children to send them photos of their naked body or intimate body parts, or they pass on vulgar photos to children, which is a form of sexual violence and abuse as well. Some prevention programs are focused on educating parents and children how to protect them self on the internet, how to control the time and content which children use on the Internet, which video games have a negative impact on children, how to identify a sexual offender, set up the limits and rules of internet use, etc. etc. It is especially important to build a parent-child trust relationship, so that parent always know who does their children are messaging/texting to, to make sure that child does not disclose communication with strangers, does not arrange a meeting with people he/she has met on internet, as well as not to send its own photos, not to continue a conversation that makes him/her uncomfortable, etc.

There is no one and unique program applicable in every country, society and environment, but it is certainly better using uniformed one than restraint or any preventive action. The literature and evaluation of prevention programs worldwide shows that prevention of Child Sexual Abuse is not only possible but mandatory. Although individual skills and self-protection for children are important, the approach taken by family, school, social environment, community and government is equally important for a comprehensive approach that can have the greatest impact on public health and the protection of children from sexual abuse. Primary prevention is essential because it prevents the occurrence of the consequence, but other levels of prevention should certainly not be neglected and ignored. Certainly preventative activities should train individuals (child, but also potential perpetrator), family, school, social environment and society as a whole. Although there are no developed programs in our country, we should not be discouraged but should use international experience and knowledge and use the law best to prevent sexual abuse. Adequate education of parents in order to raise awareness and knowledge of Child Sexual Abuse, engaging schools and the educational system in working with children, engaging social services and medical workers while working with a repressive state apparatus is the best they need to do.

Our legislation is in line with international laws and recommendations of the United Nations (UN) and the World Health Organization (WHO), but it also

has some shortcomings regarding the unknowns in the penal system. These unknowns relate to the non-transparency of data on treatment measures applied to persons in the penal institutions, the inadequacy of the records on those persons (socio-demographic characteristics). The Law of Special Measures to Prevent Sexual Offenses against Juveniles provides clear measures and sanctions against sex offenders who are victims of child abuse. The last exception of the Criminal Code prescribes life imprisonment for the crimes of child rape if a fatal consequence occurred. Certainly, this is a measure of general prevention, but not sufficient by itself, since it is necessary to work on the implementation of preventive programs that will prevent the occurrence of the consequence and not deal with the consequence. The first national study on Child Sexual Abuse was done in 2015. The study was conducted by the non-governmental organization “Incest Trauma Center”, and it primarily examined the attitudes of parents and students in primary schools. The results of the study are presented and based on these recommendations from the National Strategy for the Prevention of Sexual Abuse of Children. The results of the study are in line with research done in other countries, but they also have a number of limitations. It is certainly a pioneering effort in examining the prevalence of pedophilia in our country, but we should not stop there.

The focus should certainly be placed on the family and the school system and through them the available knowledge, experiences and facts proven in the prevention programs already implemented. Educating children from pre-school through primary school through adolescence is a way to empower each child to report it to a trusted person in the event of sexual violence.

## **Conclusion**

Child Sexual Abuse is a serious health and social problem. The fact that studies would be implemented in international practice did not produce concrete and valid results due to numerous limitations (methodological, economic, social) should not discourage theoreticians and practitioners in our country to leave this topic. The results show that prevention of Child Sexual Abuse is possible, desirable and necessary. A multidisciplinary approach to solving this problem is the only right one. Multisectoral cooperation and inclusion of all relevant topics is inevitable and with no alternative. The carrier of preventive activities should become a school system or preschool institution in collaboration with medical professionals, social workers, psychologists and pedagogues. The non-governmental sector, through the implementation of individual programs aimed at target groups of offenders or children at risk, is currently an important driver that can contribute to reducing the number of children who have experienced trauma from sexual abuse. State support, with all its resources, implementation and organization of prevention programs, is compulsory and necessary primarily

through financial support to all actors involved in the creation of a policy to prevent Child Sexual Abuse. Media support is particularly expressed through the promotion of activities aimed at reducing and preventing Child Sexual Abuse, informing the public about the activities undertaken and the results with objective information without sensationalism, respecting the integrity and identity of the child victims. Finally, one of the very important components in the prevention of Child Sexual Abuse is the organization of a large number of scientific studies of this problem, conducting studies, evaluating programs and creating the most effective preventive measures based on scientifically based facts and data.

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## **ПРЕВЕНЦИЈА СЕКСУАЛНОГ ЗЛОСТАВЉАЊА ДЕЦЕ: АНГАЖОВАЊЕ РОДИТЕЉА И СОЦИЈАЛНЕ СРЕДИНЕ**

**Сажетак:** Превенција сексуалног злостављања деце је од суштинског значаја у сваком друштву с обзиром на обим проблема и дугорочне и озбиљне последице које из њега проистичу. Сексуално злостављање деце је вишеструки проблем, изузетно сложен према својим карактеристикама, динамици, узроцима и последицама. Фактори ризика за овај облик злостављања деце варирају у дечјим развојним фазама и окружења у којима се развијају, укључујући институције (предшколске установе, школе, спортски клубови) у којима деца имају могућности формирања блиских односа са одраслима ван куће и ван контроле родитеља. Улога родитеља добија на значају с обзиром на резултате бројних истраживања која су показала да је висок степен сексуалног злостављања деце од стране особа које су познате породици. На основу прегледа литературе и анализе релевантних превентивних програма, који се примењују у свету и међународној пракси, уочава се да родитељи имају доминантну улогу у превенцији и раном откривању сексуалног злостављања деце. Садржај превентивних програма усмерених на родитеље углавном укључује подучавање деце заштитном понашању, препознавање карактеристика учинилаца и охрабривање родитеља да пријављују случајеве сексуалног злостављања деце. Досадашња искуства у нашој земљи указују да је већина превентивних активности усмерена на терцијалну превенцију коју спроводи кривично правни систем након извршеног кривичног дела. Циљ овог рада је да анализом превентивних програма у свету, који су постигли добре резултате у превенцији сексуалног злостављања деце, дамо смернице за што боље разумевање овог проблема од стране родитеља и релевантних друштвених чинилаца као и организовање и имплементацију адекватних превентивних програма, којих је у нашем систему заштите деце од свих облика злостављања изузетно мало. Овај рад истражује неке од бројних предности и мана повезаних са примарном и секундарном превенцијом, као и начине и могућности за превазилажење извесних проблема.

**Кључне речи:** сексуално злостављање деце, родитељи, превенција, педофилија