

Parent-focused child sexual abuse prevention: Results of a cluster randomized trial

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Purpose

Child sexual abuse (CSA) affects about 60,000 children per year in the US and has estimated societal costs in excess of \$9.3 billion. Despite the proliferation of parent education programs that have successfully reduced the risk for physical abuse and neglect, these programs are not designed to prevent CSA specifically and have not affected rates of CSA.

While parents are not the most common perpetrators of CSA, they are an important agent of change within the family context and they control access to children by creating a protective and safe environment.

This study sought to examine the knowledge, attitude, and behavioral changes attributable to the addition of a newly-created, parent-focused CSA prevention module to existing evidence-based parent education programs commonly prescribed for parents who are deemed 'at risk' within the child welfare system.

Pragmatic Research

The CSA module was added to existing evidence-based parent education programs and delivered by trained providers. The module was designed to meet model criteria for a visit. Specifically, there was an element of developmental centered parenting, family well-being, and parent-child interaction.

Smart Parents – Safe and Healthy Kids

Module Component

Goals to increase parents'...



Healthy Sexual Development

1. Knowledge of healthy sexual development
2. Awareness of problematic and abusive sexual behaviors
3. Ability to communicate developmentally appropriate sexual information



Parent-Child Communication

1. Knowledge about how to talk with their child about sexual topics
2. Skills to routinely check in with their child
3. Awareness of personal boundaries and how to encourage boundaries with their child



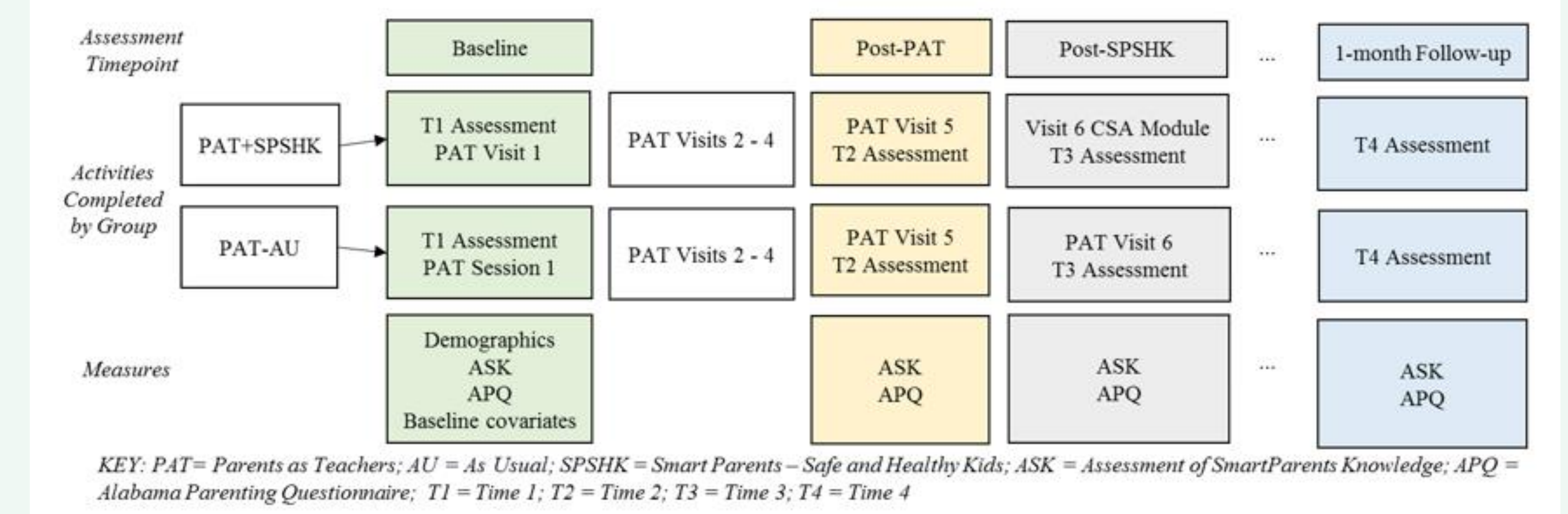
Child Safety

1. Awareness of the importance and how to monitor child's activities and interactions with others
2. Ability to develop a child safety plan
3. Knowledge of what to do if they suspect abuse or child discloses

Method

A cluster randomized controlled trial was conducted among six community-based organizations randomized to provide Parents as Teachers plus a one-hour CSA module (PAT+CSA) or Parents as Teachers delivered as usual (PAT Only). CSA related-knowledge, attitudes, and protective behaviors (i.e., involvement, positive parenting, and inconsistent discipline) were assessed at four time points (baseline, post-PAT Only, post-PAT+CSA, and a one-month follow-up).

Assessment Timeline and Measure Schedule for Cluster Randomized Trial

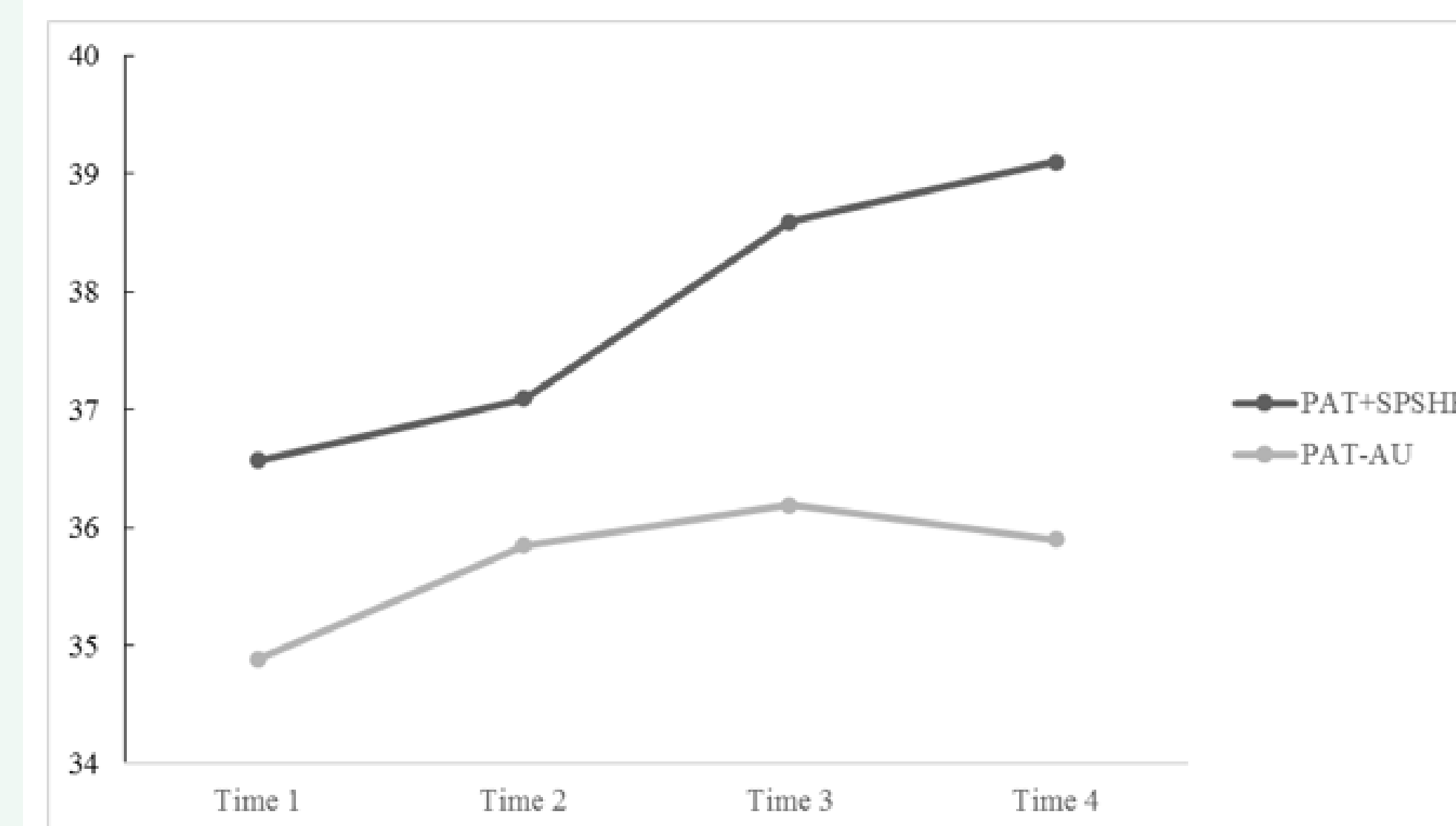


Results

Multilevel analyses revealed significant group by time interactions for both awareness and behaviors ($p < .0001$), indicating the PAT+SPSHK group had significantly greater awareness of CSA prevention, used protective behaviors more often (which were maintained at follow-up) as compared to the PAT-AU group. No differences were observed in parenting behaviors suggesting that the addition of SPSHK did not interfere with PAT efficacy (data not shown).

Figure 2

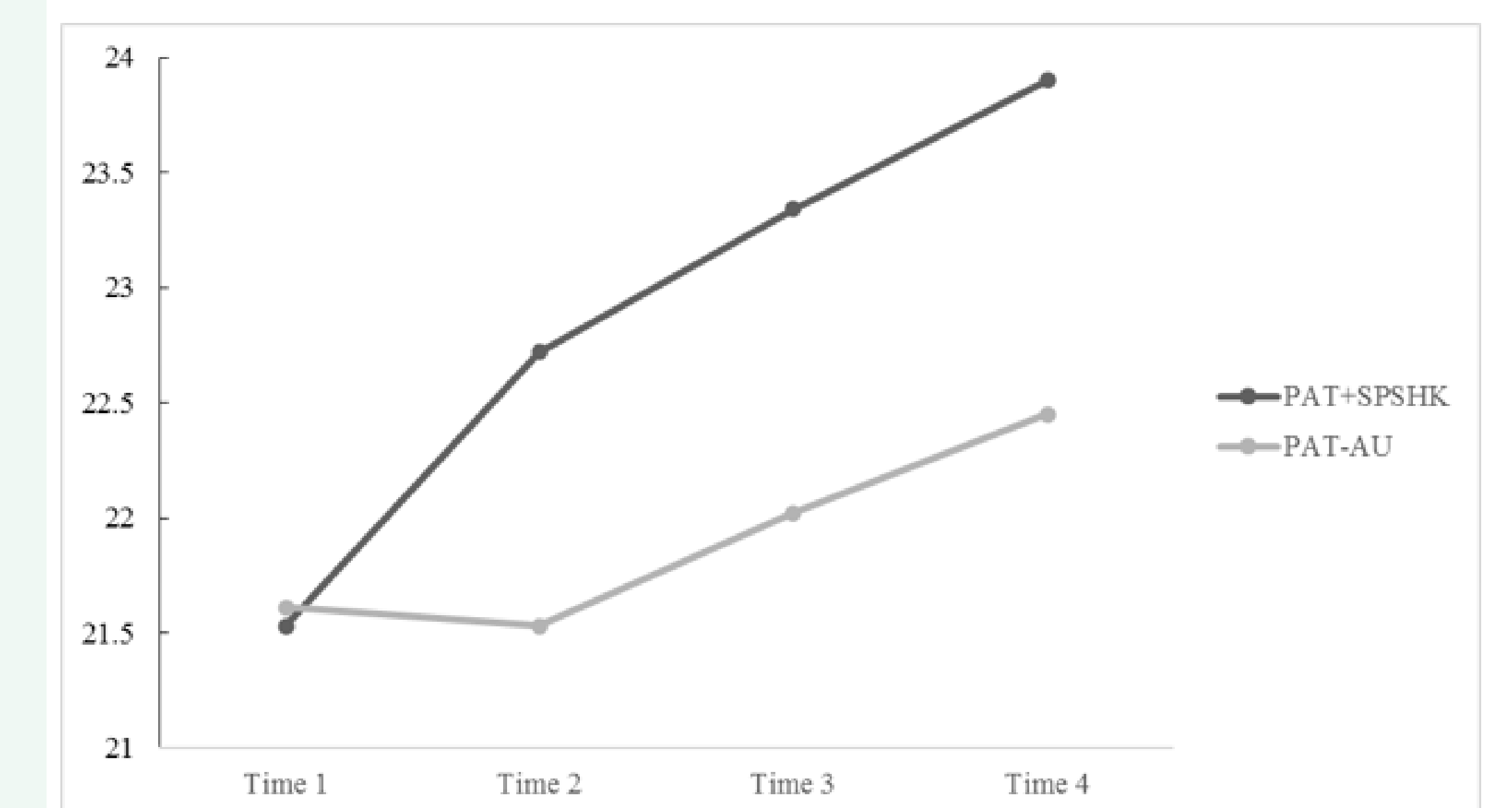
Raw Means on the Awareness Subscale of the Assessment of SmartParents' Knowledge



Note: Unconditional model indicates a linear increase in awareness over time ($Z_{[1, 282]} = 18.05, p < 0.001$). The conditional model indicated a significant Group X Time interaction effect ($F_{[1, 284]} = 4.53, p = 0.034$), controlling for between-group differences in demographic characteristics (marital status, age, educational attainment, income, receipt of aid, and perceived social support). Area under the curve analyses indicate a significant group difference ($F_{[1, 88]} = 5.68, p < 0.019$), demonstrating that at follow-up there was significant degradation in awareness among the PAT-AU group.

Figure 3

Raw Means on the Behaviors Subscale of the Assessment of SmartParents' Knowledge



Note: Unconditional model indicates a linear increase in protective behaviors over time ($F_{[1, 281]} = 22.67, p < 0.001$). The conditional model indicated a significant Group X Time interaction effect ($F_{[1, 286]} = 8.36, p < 0.001$), controlling for between-group differences in demographic characteristics (marital status, age, educational attainment, income, receipt of aid, and perceived social support).

A singular added session focused on CSA prevention can significantly improve parents' ability to demonstrate CSA preventive knowledge, attitudes, and behavioral skills which can be maintained over time.

Parents are critical in preventing CSA and these findings indicate it is possible to augment current approaches to parent education with CSA-specific curricula to impact rates of CSA.