

# Parent-focused child sexual abuse prevention: An additive approach

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# Child Sexual Abuse is Public Health Priority

- In 2018, >60,000 children were victims of CSA
- Life-long biopsychosocial consequences
  - Intergenerational (Bartlett, Kotake, Fauth & Easterbrooks, 2017; Kwako, Noll, Putnam, & Trickett, 2010)
  - Lifetime economic burden = \$9.3 billion (Letourneau, Brown, Fang, Hassan, & Mercy, 2018)
- Few parent-focused CSA prevention programs
  - Heavily didactic, long in duration, suffer from high rates of attrition, and often do not engage parents whose children are at greatest risk
- General parent-education programs have demonstrated reduction in risk for physical abuse and neglect, but have not affected rates of CSA

# Aims

- Aim 1: To examine the effectiveness of CSA module added to PAT in improving CSA-related knowledge, attitudes, and protective behaviors
  - PAT + CSA vs. PAT Only
- Aim 2: To examine the effectiveness of the CSA prevention module one month post-intervention
- Aim 3: To examine whether the CSA prevention module can be added to PAT without affecting the efficacy of the parenting behaviors taught in PAT

# Smart Parents – Safe and Healthy Kids

- Designed to be delivered in one addition
- Leverages content and implementation infrastructure
- Developmentally comprehensive (0 – 13)
- Behaviorally-based



## A Parent-focused Child Sexual Abuse Prevention Program: Development, Acceptability, and Feasibility

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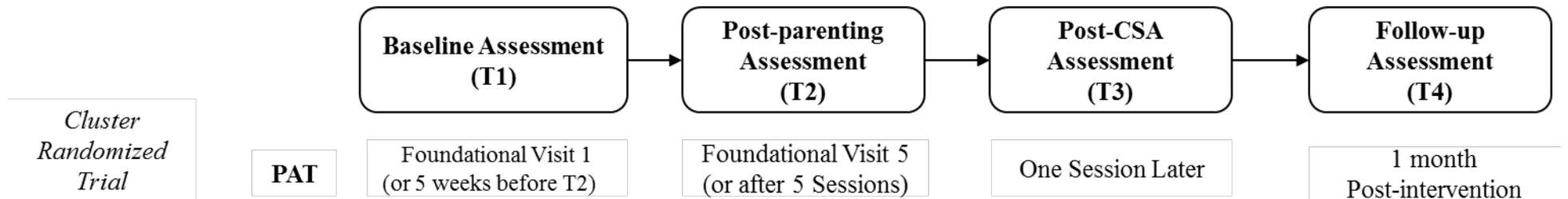
<u>Module Segment</u>	<u>Goals</u>
 <b>Healthy Sexual Development</b>	<i>Increase parents'...</i> <ol style="list-style-type: none"><li>1. Knowledge of healthy sexual development</li><li>2. Knowledge of problematic and abusive sexual behaviors</li><li>3. Ability to communicate developmentally appropriate sexual information</li></ol>
 <b>Parent-Child Communication</b>	<ol style="list-style-type: none"><li>1. Knowledge about how to talk with their child about sexual topics</li><li>2. Ability to routinely check in with their child</li><li>3. Knowledge of personal boundaries and how to encourage boundaries with their child</li></ol>
 <b>Child Safety</b>	<ol style="list-style-type: none"><li>1. Knowledge and actions to monitor child's activities and interactions with others</li><li>2. Ability to develop a child safety plan</li><li>3. Knowledge of what to do if they suspect abuse or child discloses</li></ol>

# Method

- Measures:

- demographic characteristics
- parental risk factors for CM
  - substance use, mental health, social support
- parenting behaviors
  - Involvement, Positive Parenting, and Inconsistent Discipline Subscales on the Alabama Parenting Questionnaire
- CSA-related knowledge, attitudes & protective behaviors
  - Assessment of SmartParents

- Repeated measures ANOVA



# Sample

- 6 Sites
- 110 parents of children under 5
- Currently enrolled in PAT
- Significant differences between groups on a few characteristics

Table 1

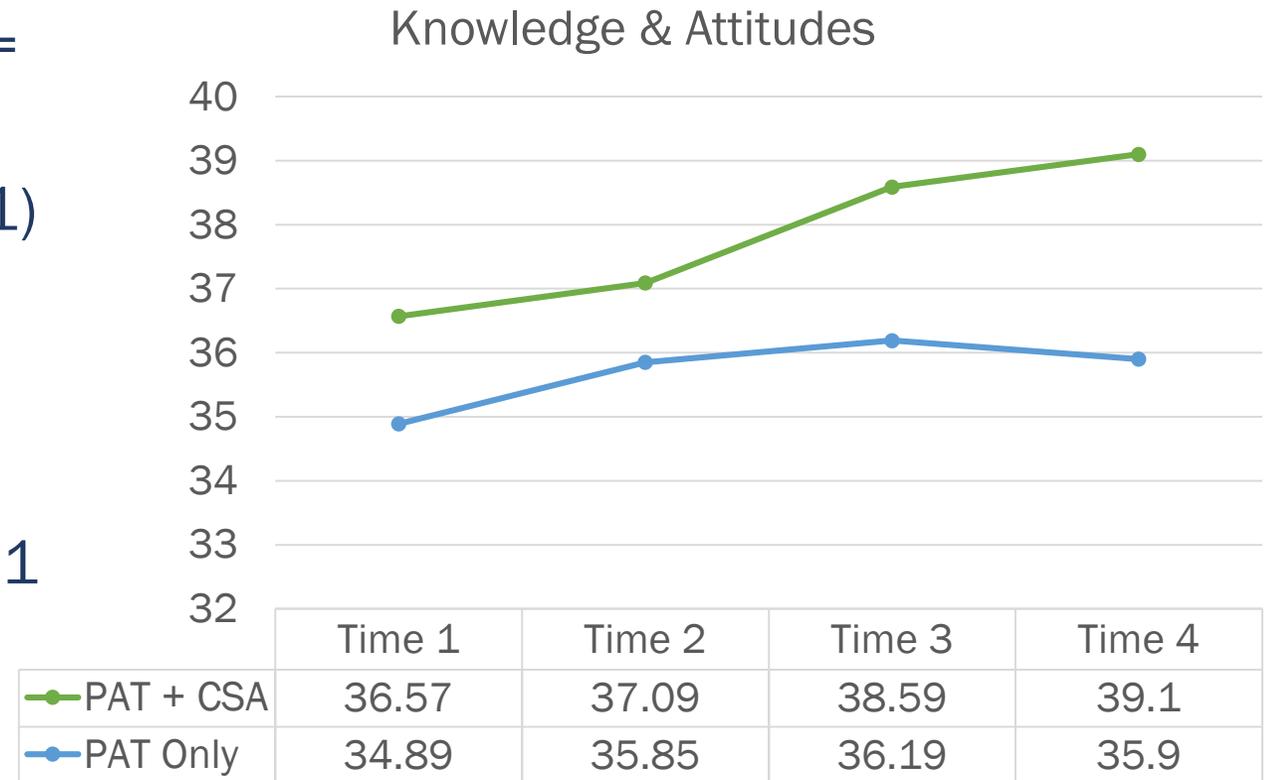
*Participant Characteristics at Baseline*

	Total (N = 110)		PAT (n = 63)		PAT+CSA (n = 47)		X <sup>2</sup>	Pvalue
	N	(%)	N	(%)	N	(%)		
Female <sup>a</sup>	104	(95)	58	(92)	46	(100)	3.95	.05
Hispanic	3	(3)	2	(3)	1	(2)	0.13	.74
Race								
White	106	(96)	59	(94)	47	(100)	3.2	.08
Black	1	(1)	1	(2)	0	(0)	0.77	.38
Other	2	(2)	1	(2)	0	(0)	0.03	.83
Marital Status								
Single	56	(51)	38	(60)	18	(38)	4.56	<b>.02</b>
Married	54	(49)	25	(40)	29	(62)	4.56	<b>.02</b>
Educational Attainment								
Less than high school	13	(12)	11	(17)	2	(4)	4.76	<b>.03</b>
High school or GED	52	(47)	30	(48)	22	(47)	0.01	.93
Some college	22	(20)	14	(22)	8	(17)	0.58	.50
College graduate or advanced degree	23	(21)	8	(13)	15	(32)	5.60	<b>.01</b>
Income								
Less than \$4,999	29	(28)	20	(35)	9	(20)	3.22	.09
\$5,000–14,999	21	(21)	16	(28)	5	(11)	4.82	<b>.04</b>
\$15,000–19,999	10	(10)	6	(11)	4	(9)	0.11	.78
\$20,000–29,999	11	(11)	6	(11)	5	(11)	0.44	.92
\$30,000–39,999	7	(7)	2	(4)	5	(11)	2.12	.13
≥ \$40,000	24	(24)	7	(12)	17	(38)	8.52	<b>.003</b>
Receiving Aid	87	(79)	57	(90)	30	(64)	11.0	<b>&lt; .001</b>
	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>t</i>	<i>Pvalue</i>
Parent Age	31	(8.6)	28	(5.5)	34	(10.8)	-3.26	<b>.001</b>
Age when first child born	23	(5.2)	22	(4.5)	24	(5.9)	-1.88	.05
# of Kids ≤ 5 years old	2.5	(1.2)	2.6	(1.2)	2.3	(1.1)	1.05	.23

<sup>a</sup> Participants were able to skip questions so there is varied missingness on all demographic indicators

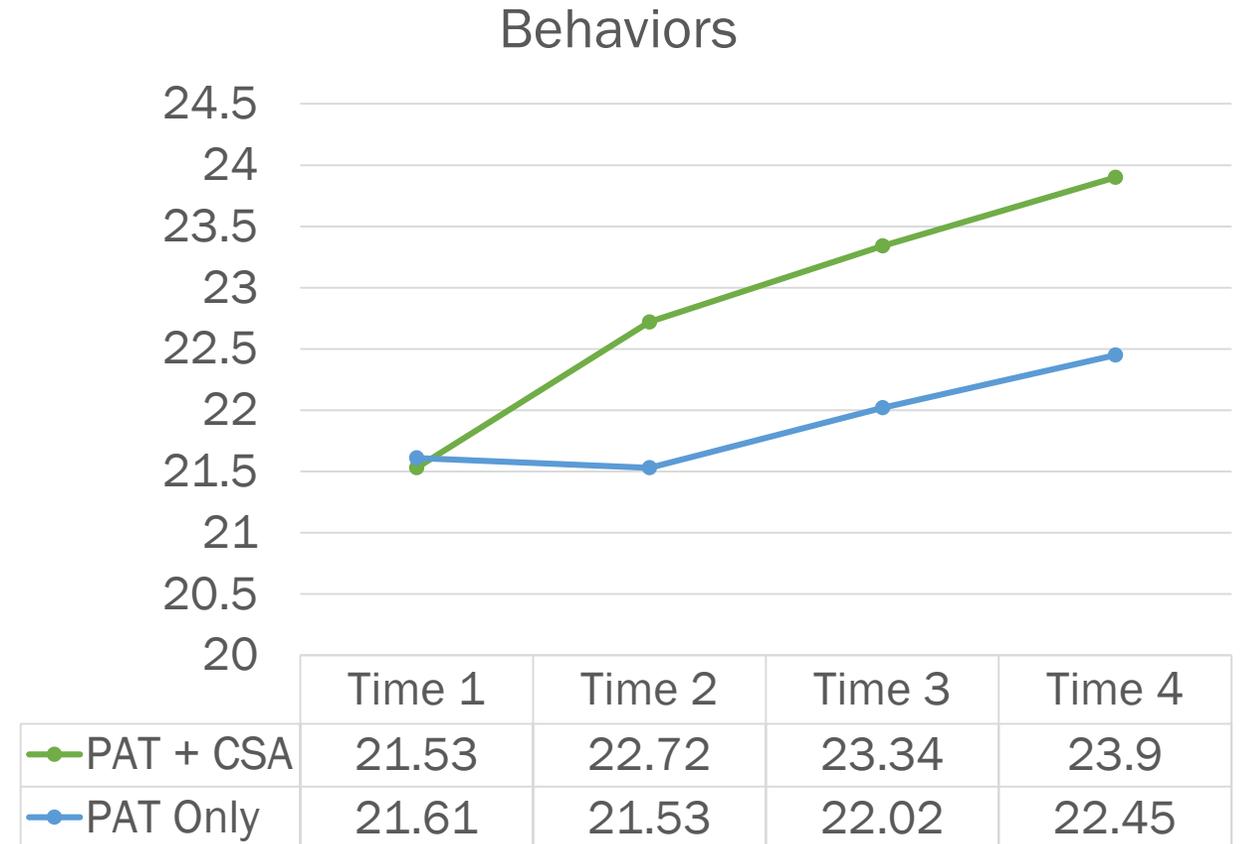
# Results: Effectiveness of PAT + CSA vs. PAT Only

- Significant difference between groups ( $p = 0.032$ )
- Significant difference over time ( $p < 0.001$ )
- No significant interaction between time and group ( $p = 0.218$ )
- Difference between groups is maintained 1 month post-intervention ( $p = .005$ )



# Results: Effectiveness of PAT + CSA vs. PAT Only

- Significant difference over time ( $p < 0.001$ )
- Significant interaction between time and group ( $p = 0.019$ )
- Difference between groups is maintained 1 month post-intervention ( $p < .001$ )



## Aim 3: CSA added without affecting efficacy of PAT

- Controlling for marital status, age, education, income, receipt of aid, and perceived social support
- *Smart Parents – Safe and Healthy Kids* did not affect parental reported involvement, positive parenting, or inconsistent discipline ( $p > .05$ )

## Other interesting findings/musings/speculations

- Factor structure
- Risk characteristics

Table 2

*Risk Factors for Maltreatment at Baseline*

	Total ( <i>N</i> = 108)			Control ( <i>n</i> = 63)			Experimental ( <i>n</i> = 47)			Pvalue
	M	(SD)	Range	M	(SD)	Range	M	(SD)	Range	
Alcohol Use	0.91	(1.01)	0 – 6	1.00	(1.15)	0 – 6	0.78	0.78	0 – 3	.27
Drug Use	0.24	(0.49)	0 – 2	0.27	(0.55)	0 – 2	0.17	0.38	0 – 1	.22
Depression	9.45	(6.64)	0 – 28	10.44	(6.94)	0 – 26	8.13	6.03	0 – 28	.07
Interpersonal Support	21.04	(3.51)	8 – 28	20.40	(3.83)	8 – 27	21.83	2.88	14 – 28	<b>.04</b>
Appraisal	6.48	(1.38)	3 – 11	6.59	(1.57)	3 – 11	6.33	1.07	3 – 8	.35
Belonging	7.01	(1.69)	3 – 10	6.63	(1.76)	3 – 9	7.54	1.44	4 – 10	<b>.005</b>
Tangible	7.68	(2.55)	0 – 12	7.28	(2.92)	0 – 12	8.22	1.83	4 – 11	.06

# Implications for Precision Home Visiting

- Likely that existing programs do not affect CSA-related parental knowledge, attitudes, & protective behaviors
  - But, there is a need
- Results indicate that we can affect CSA-related parental knowledge, attitudes, & protective behaviors in only one additional session
  - Feasibility & acceptability
- Additive approach may be a solution for other “ingredients”
  - We don’t always need an entirely new intervention/program

## Future directions

- RCT is the gateway, but not the only way!
  - Unanswered questions
- Multiphase optimization strategy (MOST)
  - Effectiveness, efficiency, economy & scalability
  - Are all components necessary to produce the desired outcome?
  - Are there different delivery options to maximize outcomes?



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