

Parent-focused CSA prevention: A primary prevention strategy designed with implementation in mind

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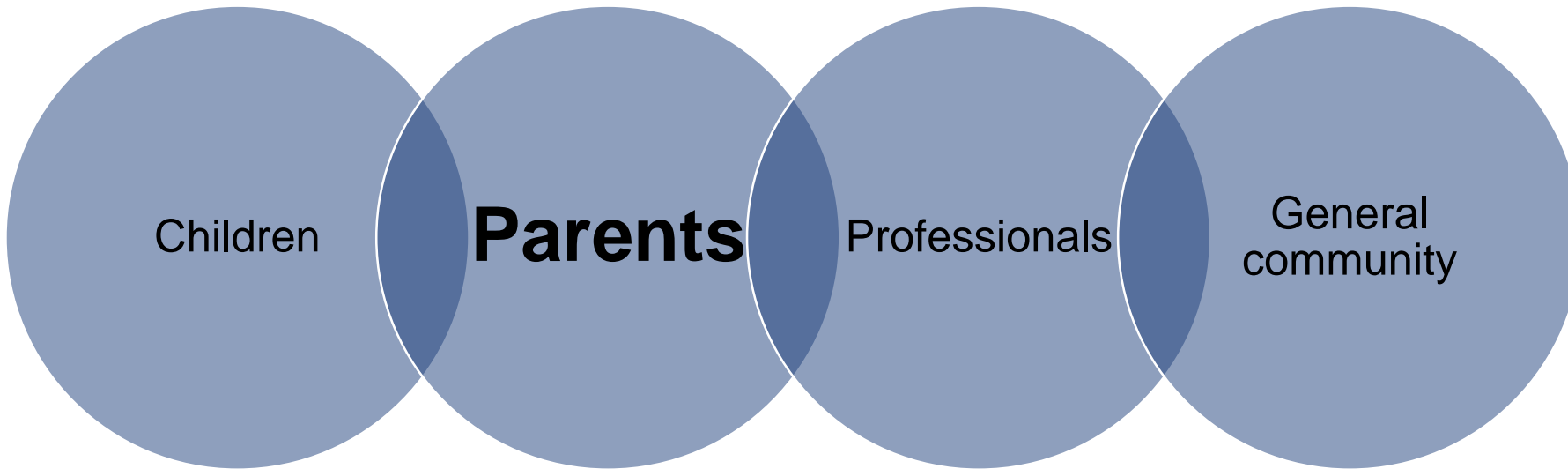


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Who plays a role in the primary prevention of CSA?



(Wurtele, 2009)

Parents are uniquely positioned to prevent CSA

- Communicate health and safety strategies (e.g., family rules)
- Observe child behaviors and potential danger cues
- Facilitate protective environments
- Chiefly responsible for child supervision

Yet, parent-focused efforts have been largely ignored in CSA prevention

There are some parent-focused CSA prevention programs, but...

- Heavily didactic (not behaviorally-based)
 - Videos with parent-actors
- Complementary
 - Delivered alongside child-focused programs delivered in elementary school
- Voluntary
 - Extremely low participation rate
- Mixed evidence; if evaluated at all

Generalized parent-focused CM prevention programs

- Designed to:
 - Modify knowledge, attitudes, & behaviors about child development
 - Increase positive parent-child interactions
 - Improve parental mental health symptoms
 - Reduce problem child behaviors
- Effectively reduced rates of physical abuse and neglect
- No program directly targets risk factors for CSA
 - Nor have they demonstrated an effect on prevention

The gap in CSA prevention

Effectiveness

Engagement

Implementation
Infrastructure

Sustainability



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Smarter Parents: Parent-focused CSA Prevention

- Designed to be added to evidence-based parent education (PE) programs
 - Home visiting programs (e.g., Parents as Teachers)
- One added session (~60min)
- Add CSA prevention content in 3 areas that are common across PE programs:
 - Child development
 - Parent-child communication
 - Child safety



Smart Parents: Parent-focused CSA Prevention

Figure 2. How *Smart Parents* leverages the foundational skills of PE to integrate essential CSA-prevention components

	General PE Programs	CSA Prevention		Smart Parents teaches parents to...
Child Development	<ul style="list-style-type: none"> • Social-emotional and cognitive developmental milestones • Gross and fine motor skills 	<ul style="list-style-type: none"> • Changes to a child's developmental trajectory (e.g., normative and non-normative sexual developmental milestones) may suggest the child is being exploited sexually 		<ul style="list-style-type: none"> • Recognize healthy sexual developmental milestones • Answer questions about sexual development in a developmentally appropriate manner • Use anatomical names for body parts • Identify inappropriate sexual behaviors and what to do if they recognize inappropriate behaviors
Relationship Skills	<ul style="list-style-type: none"> • Positive parent-child interactions • Age-appropriate activities • Communication (incidental teaching, mimicking, etc.) 	<ul style="list-style-type: none"> • An involved, trusting relationship (a) fosters self-efficacy, rendering children more difficult targets of victimization and (b) facilitates open communication which can reduce the potential for, and severity of, CSA victimization. 		<ul style="list-style-type: none"> • Initiate, where to have, and how to promote open communication with children and other adults in the community about sexual topics, sexual development, sexual safety, and CSA • Establish and enforce personal boundaries
Safety	<ul style="list-style-type: none"> • Identification and removal of environmental hazards • Car seat safety 	<ul style="list-style-type: none"> • Parents must monitor the access that others have to their children inside and outside the home, given that most perpetrators are known by the victim and/or trusted by the family. • This includes both offline as well as online access through social media and other online forums where Internet sex-crimes originate. 		<ul style="list-style-type: none"> • Monitor their child's activities inside and outside the home • Vet people with whom their child spends time • Establish screen time and Internet safety rules • Develop a home and environment safety plan • Identify signs of, and how to react if they are concerned or if a child discloses, CSA

Filling the gap in CSA prevention

Effectiveness

- Leverages evidence-based PE programs, adds CSA prevention (baseline knowledge)

Engagement

- Already enrolled in PE programs
- One additional session

Implementation Infrastructure

- PE programs implemented via the child welfare system

Sustainability

- Federal funding for PE programs (e.g., MIECHV, Family First)



Smarter Parents. Safer Kids.

Figure 4. Concepts taught in, and example content for, the three components of *Smart Parents*



Healthy Sexual Development

- Typical child sexual development
- Developmentally appropriate information
- Names of body parts (Anatomy)
- Inappropriate sexual behaviors and how to address
- Abusive sexual behaviors
- Bodily boundaries



Communication

- Parents as primary source of communication & information
- Facilitate conversations with children and other adults
- When, where, and how to promote open communication
- Personal boundaries
- Okay and not okay touches
- Appropriate & unacceptable relationships / access
- Secrets vs. surprises



Child Safety

- Monitoring children's activities within and outside the home
- Vetting: knowing the people with your child
- Identifying grooming behaviors
- One-on-one time with adults
- Screen time and Internet safety
- Developing and implementing a CSA safety plan
- Addressing suspicion of , disclosures of, and acts of CSA

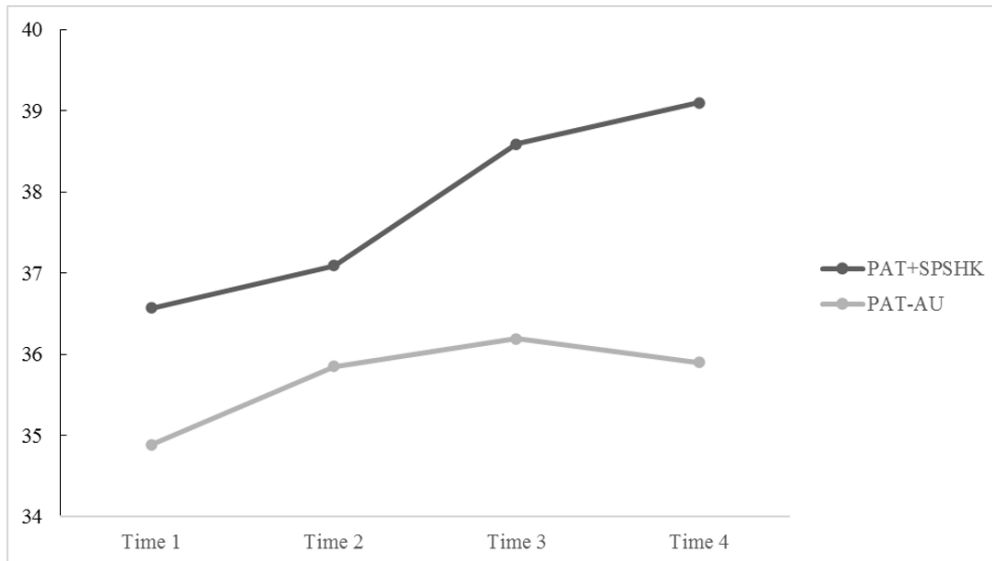
Pilot Trial Results



Parents as Teachers®

Figure 2

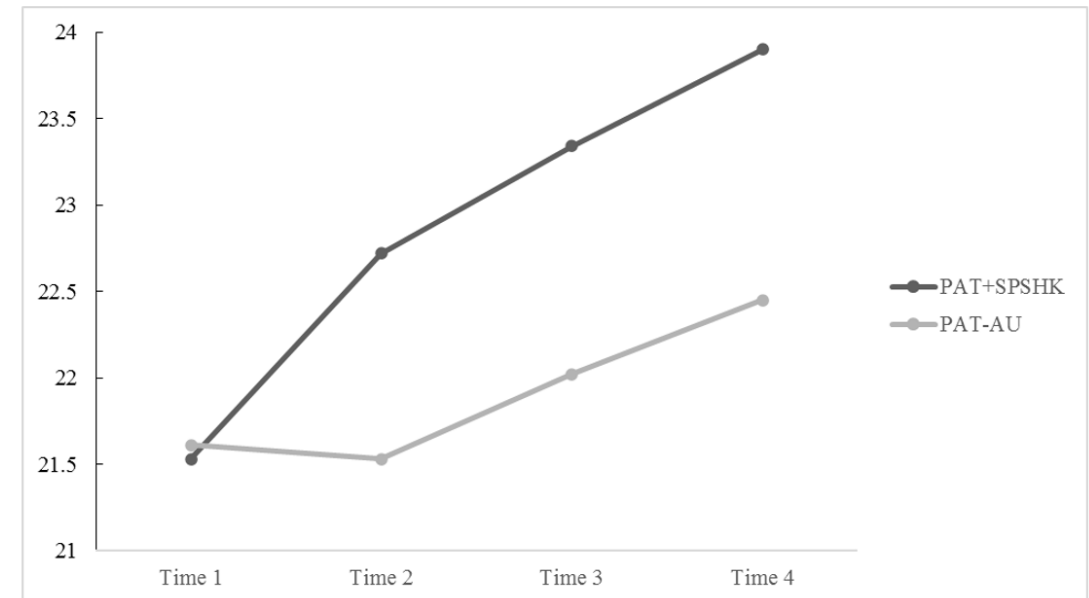
Raw Means on the Awareness Subscale of the Assessment of SmartParents' Knowledge



Note: Unconditional model indicates a linear increase in awareness over time ($F_{[1, 282]} = 18.05, p < 0.001$). The conditional model indicated a significant Group X Time interaction effect ($F_{[1, 254]} = 4.53, p = 0.034$), 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 ($F_{[1, 89]} = 5.68, p < 0.019$), 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

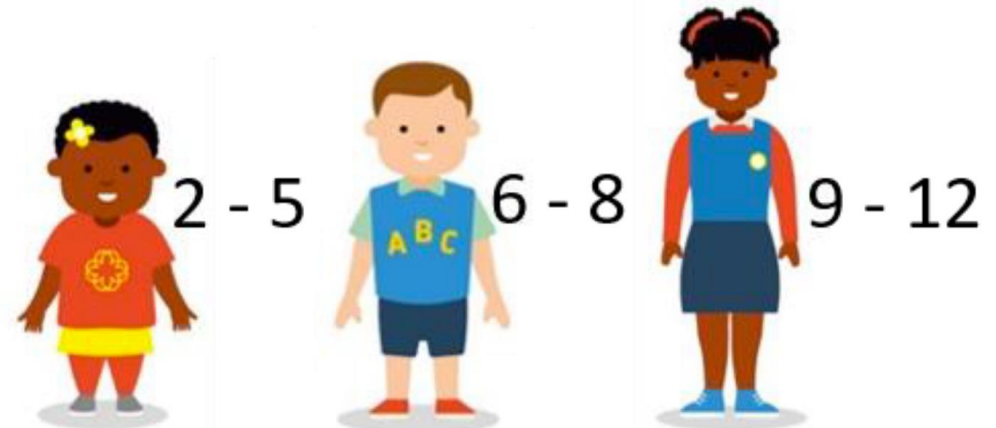


Note: Unconditional model indicates a linear increase in protective behaviors over time ($F_{[1, 281]} = 22.67, p < 0.001$). The conditional model indicated a significant Group X Time interaction effect ($F_{[1, 236]} = 8.36, p < 0.001$), controlling for between-group differences in demographic characteristics (marital status, age, educational attainment, income, receipt of aid, and perceived social support).



Other findings

- No negative impact on parenting behaviors (Guastaferro et al., 2020)
- **Provider attitudes & self-efficacy** (Guastaferro et al., 2021)
 - Attitudes and beliefs measured prior to training, immediately following training, and 6-months later
 - Significantly increased over time
 - Wariness and trepidation at pre-training
 - Virtually eliminated 6-months later



Smarter Parents: Lessons Learned and Next Steps

- It works, parents like it, providers like it.
- Replicate effectiveness on a larger scale with a nationally disseminated PE program
 - How to measure fidelity?
 - Measure use of protective behaviors (beyond intention)
- Explore adding module to other evidence-based PE programs
- Develop a standalone, universal adaptation
- Identify sustainability funding
 - Leverage other systems?



Thank you!

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