Evaluation of second step child protection videos: A randomized controlled trial

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ABSTRACT

This randomized controlled trial (RCT) examined the effects of the Second Step Child Protection Unit videos on parents’ knowledge, motivation, and self-reported communication with their child about personal safety and childhood sexual abuse prevention. Parents of children between the ages of 3–11 years were randomly assigned to the intervention (watching the Second Step videos) or the control (watching videos on child obesity) groups. They completed measures assessing their knowledge of child sexual abuse (CSA), motivation to discuss CSA, self-reported discussions of CSA, child history of victimization, parent exposure to CSA, and comparable measures on topics of health and nutrition at pre-test. Participants viewed the videos one week later and immediately completed post-test 1, and then two months later completed the measures again. Multivariate Analyses of Covariance (MANCOVAs) and serial mediation analyses were conducted with the final sample of 438. The intervention group, compared to the control group, had significant increases in knowledge (specifically, less restrictive stereotype beliefs about CSA) and motivation to talk with their children about CSA both immediately after the intervention and at the two-month follow-up. Although the intervention did not have a direct effect on parent self-reported conversations with their children about CSA, it had a mediated effect. The intervention increased knowledge regarding CSA, which then predicted motivation, which in turn predicted conversations. The most pronounced effect was the intervention’s direct effect of increasing motivation immediately after the intervention, which then increased self-reported conversations with children about personal safety and CSA two months later.

Child sexual abuse (CSA) is a significant social problem, affecting about 1 in 4 girls and 1 in 20 boys in the United States by late adolescence (Finkelhor, Shattuck, Turner, & Hamby, 2014). Victimization has serious long-term consequences for children, including re-victimization, substance abuse, and poor mental and physical health (Badmaeva, 2011; Hamby, Finkelhor, & Turner, 2012; Lown, Nayak, Korcha, & Greenfield, 2011; Messman-Moore & Long, 2003). The purpose of this study was to (a) evaluate the effectiveness of a video intervention designed to educate and promote parent discussion of CSA, and (b) identify moderating and mediating mechanisms through which the intervention works.

Traditionally, CSA prevention efforts have educated children about CSA and the disclosure of abuse. Such efforts may be helpful in reducing risk and helping children respond to CSA (Finkelhor, 2007), but including parents as partners may further enhance prevention. Parents are in an optimal position to reduce their children’s risk of CSA through limiting exposure to potential perpetrators, reinforcing messages regarding personal safety, and responding appropriately to children’s disclosure of abuse.

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2.1. Participants and recruitment

The overall goals of the study were to evaluate the effectiveness of the videos in increasing knowledge, motivation, and self-reported conversations about CSA, and to assess moderating and mediating mechanisms of the intervention. We hypothesized that compared with control families, parents who viewed the CfC family videos would demonstrate greater knowledge of CSA (and endorse fewer myths) and increased motivation (self-efficacy about sexual abuse education and intentions to talk to their children about CSA) both directly following the intervention and at the 2-month follow up. We further predicted that there would be no differences between the control and intervention parents on pre-test levels of CSA communication; however, relative to controls, parents who viewed the CfC videos would report engaging in more communication about CSA with their child at post-test 2. We predicted that the child’s experience with CSA would moderate the relationship between the intervention and knowledge, motivation, and self-reported discussion of CSA, with effects being greater for families of non-victimized children than for those whose children have been previously victimized. We further hypothesized that parents’ exposure to CSA (both personal and knowing someone) would serve as a moderator, with those having more exposure having a greater response to the intervention. Consistent with PMT, we hypothesized that viewing the CfC videos (relative to control videos) would result in increased knowledge and motivation for self-efficacy about sexual abuse education and intentions to talk to their children about CSA at post-test 1, which in turn would predict increased self-reported discussion of CSA at post-test 2.
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