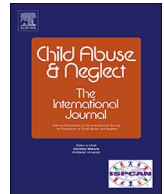


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## Evaluation of second step child protection videos: A randomized controlled trial

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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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(Burgess & Wurtele, 1998; Mendelson & Letourneau, 2015; Wurtele & Kenny, 2010). Research has shown that parent involvement in educating children about CSA is a successful way to protect children (Babatsikos, 2010; Brassard & Fiorvanti, 2015; Carroll, Miltenberger, & O'Neill, 1992; Daro, 1994; Fuchs, & Fegert, 2014; Renk, Liljequist, Steinberg, Bosco, & Phares, 2002). Despite the potential benefits, many parents do not talk to their children about CSA (Babatsikos, 2010).

Protection Motivation Theory (PMT; Floyd, Prentice-Dunn, & Rogers, 2000) provides a useful framework for understanding parents' decisions about whether or not they talk to their children about CSA (Burgess & Wurtele, 1998; Campis, Prentice-Dunn, & Lyman, 1989). PMT's theoretical underpinnings are grounded in the Health Belief Model (developed by public health service social psychologists in the 1950s), transactional stress models (e.g., Lazarus & Folkman, 1984), which emphasize the importance of beliefs and appraisals with regard to stress and other health problems, and fear communications in relation to preventive practices (Leventhal, 1965). According to PMT, people are motivated to engage in protective behavior based on their cognitive appraisal of perceived threats and available coping responses. Perceived threats are evaluated in terms of vulnerability (i.e., how likely is it to occur) and severity (i.e., how bad would it be), and are weighed against the benefits of engaging in protective behavior. As part of this process, the individual considers: (a) response efficacy (i.e., whether the proposed protective behavior will be effective in reducing or eliminating the threat); and (b) self-efficacy, the belief that one is able to take the necessary action to protect self or others.

There are a number of factors that affect the appraisal process and keep parents from talking with their children about CSA. First, parents often lack the knowledge and skills needed to help protect their children from abuse or respond to disclosures (Babatsikos, 2010; Burgess & Wurtele, 1998; Elrod & Rubin, 1993; Wurtele & Kenny, 2010). Ignorance about the prevalence of CSA, the circumstances under which it is perpetrated, and by whom, may lead parents to conclude that their children are not vulnerable and that there is no need for discussion (Babatsikos, 2010; Elrod & Rubin, 1993). Even when the threat is acknowledged, parents may feel uncomfortable or ill equipped to protect their children, thereby reducing self-efficacy. On a practical level, interested parents may be unable to attend a CSA prevention program due to lack of programs, childcare, scheduling, or transportation constraints (Babatsikos, 2010). Overcoming these barriers is critical to the development of effective parent-based intervention to reduce CSA.

One way of addressing the need for parent involvement in teaching children about CSA is through videos that can be viewed at a time and place convenient for parents. Viewing educational videos increases knowledge and influences behaviors (Adams, Shih, Stuffel, & Robinson, 2006; Cairns, Styles, & Lechner, 2007; Gagnon, Hadjistavropoulos, & Williams, 2013), and parents have demonstrated knowledge acquisition and behavior change as a result of viewing educational videos on issues related to child abuse (Golub, Espinosa, Damon, & Card, 1987; Jinich & Litrownik, 1999). Evaluation of such programs is often neglected, and there is a need to assess both outcomes and mediating mechanisms of parent-focused CSA prevention (Mendelson & Letourneau, 2015).

The Committee for Children's (2014) *Second Step* Child Protection Unit includes family videos created to empower parents to communicate with their child about CSA. The videos are designed to overcome barriers by providing parents with accurate knowledge and skills for discussing CSA with their child. To enhance motivation and self-efficacy, the videos emphasize the importance of having such discussions and model how to begin conversations and what to do and say in the event that a child discloses abuse. Finally, the videos are designed to overcome time and convenience barriers associated with participating in child protection workshops by making them available online in a series of short, easy-to-follow segments that can be viewed by parents at a convenient place and time. Research on delivering parenting programs online has revealed that this format is perceived positively by high-risk parents for convenience and comfort, although this may be limiting for parents who do not own computers or have easy access to the Internet, and for those who are not comfortable with this technology (Love, Sanders, Metzler, Prinz, & Kast, 2013). There are also ethno-cultural, literacy, and language barriers that can limit accessibility to online interventions for parents.

## 1. Present study

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-reported discussing CSA at post-test 1, which in turn would predict increased self-reported discussion of CSA at post-test 2.

## 2. Method

### 2.1. Participants and recruitment

The final sample included 438 parents of children between the ages of 3 and 11 years. Upon approval from the Institutional Review Board, advertisements about the study were posted through Facebook, Craigslist, and personal and organizational contacts

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