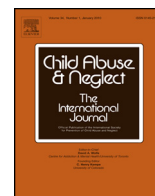




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Child Abuse & Neglect



Community-level moderators of a school-based childhood sexual assault prevention program[☆]

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ABSTRACT

Childhood sexual abuse (CSA) is highly prevalent and associated with a wide variety of negative mental and physical health outcomes. School-based CSA education and prevention programs have shown promise, but it is unclear to what extent community-level characteristics are related to their effectiveness. The present cluster randomized controlled trial evaluated community-level moderators of the Safe@Last program compared to a waitlist control condition. (*) Knowledge gains from pre- to post-intervention were assessed in 5 domains: safe versus unsafe people; safe choices; problem-solving; clear disclosure; and assertiveness. Participants were 1177 students (46% White, 26% African American, 15% Hispanic, 4% Asian American, 6% Other) in grades 1 through 6 from 14 public schools in Tennessee. Multilevel models accounting for the nesting of children within schools revealed large effect sizes for the intervention versus control across all knowledge domains (d 's ranged from 1.56 to 2.13). The effectiveness of the program was moderated by mean per capita income and rates of substantiated cases of child abuse and neglect in the community. Intervention effects were stronger for youth living in lower as compared to higher income counties, and for youth attending schools in counties with lower as compared to higher abuse/neglect rates. Child characteristics (sex, race) did not moderate intervention effects. This research identified two community-level factors that predicted the effectiveness of a CSA education and prevention program designed to improve children's knowledge of personal safety skills. School-based CSA prevention programs may require modification for communities with higher rates of child abuse and neglect.

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1. Introduction

Childhood sexual abuse (CSA) is highly prevalent in the United States: the 62,936 reported cases in 2012 (U.S. Department of Health and Human Services, 2013) are likely an underestimate of the true scale of the problem because survivors often do not disclose their abuse (Finkelhor, Turner, Ormond, & Hamby, 2013; London, Bruck, Ceci, & Schuman, 2003; Smith et al., 2000; Ullman, 2007). Children exposed to CSA are at elevated risk for developing a variety of negative mental health (Bridge, Goldstein, & Brent, 2006; Davidson, Dowrick, & Gunn, 2016; Kilpatrick et al., 2003; Shin, Edwards, & Heeren, 2009), behavioral (Danielson et al., 2010; Lalor & McElvaney, 2010; Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003), and physical health (Irish, Kobayashi, & Delahanty, 2010) outcomes. The extensive and deleterious effects of CSA on both the individual and society (Fang, Brown, Florence, & Mercy, 2012) underscore the importance of primary prevention efforts.

The effectiveness of CSA prevention programs has been operationalized in a variety of ways, including abuse disclosures and protective behaviors assessed through in-vivo measures (White et al., 2016); the most commonly-used outcomes, however, are questionnaire- and vignette-based assessments of knowledge acquisition and retention (Walsh, Zwi, Woolfenden & Shlonsky, 2015). Knowledge of sexual abuse and developing personal safety skills are essential for reducing CSA rates (Wurtele & Owens, 1997). Unfortunately, some parents do not address these issues effectively, and children often report little understanding of what behaviors constitute sexual abuse (Tutty, 1993; Wurtele, 1998).

Schools are a well-suited location in which to deliver CSA education and prevention programs in a large-scale, cost-effective manner (Finkelhor, 2009; Tutty, 2000). A recent meta-analysis of 18 school-based CSA prevention programs found a medium effect size ($d = 0.61$) for mean knowledge scores in intervention compared to control groups (Walsh et al., 2015). In addition to improving knowledge of personal safety skills, CSA education and prevention programs have been found to increase disclosure, decrease self-blame, and reduce rates of future victimization (Finkelhor, 2009; Walsh et al., 2015). Despite early concerns that CSA prevention programs might increase children's fears of becoming victims, increase confusion about what is versus what is not appropriate touch, and negatively impact their sexual development, iatrogenic effects rarely have been reported (Kenny, Capri, Thakkar-Kolar, Ryan, & Runyon, 2008; Topping & Barron, 2009).

1.1. The 'Safe@Last' program

The present study focused on a personal safety program developed in 1998 called Safe@Last. The curriculum teaches students in kindergarten through 6th grade how to recognize, respond to, and disclose sexual assault. To improve upon previous CSA prevention programs yielding only moderate effect sizes for knowledge gains (Walsh et al., 2015), the Safe@Last program optimized both delivery format and content. Learning involved behavioral skills training, rehearsal, and role-playing (Davis & Gidycz, 2000). The five primary learning objectives of the four-session Safe@Last program are to teach children: (1) to distinguish safe from unsafe people, (2) to differentiate between safe and unsafe situations, (3) problem-solving skills, (4) assertiveness skills, and (5) clear disclosure methods. The present study reports the results of a cluster randomized controlled trial (RCT) conducted to evaluate the effectiveness of the Safe@Last program compared to a waitlist control condition, as indexed by changes in knowledge for each learning domain and in the overall total knowledge scores from pre- to post-intervention. Program content also addresses peer pressure, bullying, home alone safety, and the internet and social media. Program materials are age-appropriate, sequential, presented in an interactive online format, and are updated annually by program staff and a committee of educators comprised of clinicians and teachers from local schools and universities. Teaching methods include the use of role-playing, music, games, stories, an interactive online workbook, and engagement of parents and family outside the classroom.

1.2. Community-level moderators

Community-level factors such as poverty (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007) and neighborhood social processes (Maguire-Jack & Showalter, 2016; Molnar et al., 2016) are known to be associated with rates of child abuse and neglect, but the extent to which these community factors moderate the effectiveness of school-based CSA education/prevention programs has not been systematically investigated. Youth from disadvantaged backgrounds are at increased risk for exposure to CSA and traumatic events (Goodman, Miller, & West-Olatunji, 2012), and are three times more likely to report having experienced CSA as compared to youth from less disadvantaged environments (Sedlak et al., 2010). Children from lower SES families may respond differently to program content for a variety of reasons, including fear of blame or punishment for disclosing abuse and lower levels of parental involvement in school-based prevention programs (Briggs & Hawkins, 1994a, 1994b). Moreover, some children from lower SES backgrounds also may struggle academically (Sirin, 2005) and therefore have difficulty retaining knowledge presented in school-based CSA prevention programs. Recent work has shown that a short-term attachment-based intervention designed to enhance maternal sensitivity was effective among families at high risk for child abuse, but did not perform better than a control group in families at moderate risk for child abuse (Pillhofer et al., 2015). One aim of the present study was to examine whether geographic CSA risk markers, such as the amount of documented abuse in the community, are related to school-based education and prevention program effectiveness.

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