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Providing Prevention Education About Child Sexual Abuse to Parents: Testing Media Effects on Knowledge, Behavioral Intentions and Outcomes

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PROVIDING PREVENTION EDUCATION ABOUT CHILD SEXUAL ABUSE TO PARENTS: TESTING MEDIA EFFECTS ON KNOWLEDGE, BEHAVIORAL INTENTIONS AND OUTCOMES

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DEDICATION

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ABSTRACT

For over thirty years, efforts have been made by child sexual abuse (CSA) advocates to attract and engage parents in child sexual abuse prevention education programs. This study provided parents with CSA prevention education about how to talk to their children about CSA and assessed their attitudes, subjective norms, perceived behavioral control, and behavioral intentions to perform this behavior utilizing the Theory of Planned Behavior. A follow-up survey was conducted to find out if the parents actually performed the behavior of talking to their children and what they talked to them about. The results were 1) that all of the parents displayed high levels of intentions to talk to their children and that 2) they had a discussion with their children using many of the suggestions and language recommended in the intervention program.

Keywords: child sexual abuse, prevention education, intervention, parents, theory of planned behavior, Darkness to Light

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LIST OF ABBREVIATIONS

CAC ..... Child Advocacy Center

CDC ..... Centers for Disease Control and Prevention

CSA ..... Child Sexual Abuse

D2L ..... Darkness to Light

PSA ..... Public Service Announcement

TPB ..... Theory of Planned Behavior

TRA ..... Theory of Reasoned Action

WHO ..... World Health Organization

CHAPTER 1

INTRODUCTION

Olympic gymnast Aly Raisman had won six Olympic medals, three of them gold, and served as the captain of the U.S. teams during the summer games in both London in 2012, and Rio in 2016. She and her parents were interviewed on *60 Minutes* on November 12, 2017, because Raisman had been sexually abused by the team's doctor, Larry Nassar, since she was 15 years old. Several top gymnasts also spoke out about the doctor's abuse on *60 Minutes* in February of 2017. Nassar was sentenced to a minimum of 40 years and a maximum of 75 years in prison on January 24, 2018, after 156 victims read impact statements, several saying that they were abused by Nassar more than a decade before Raisman joined the National Team. As of April 2018, over 267 women had filed civil lawsuits against Nassar, Michigan State University, and additional individuals who failed to protect them.

During Raisman's interview, journalist Jon LaPook asked her mother, Lynn Raisman, "A lot of people are asking where were the parents?" To which she replied, "We were there. But if she's not knowing that it's wrong – never in a million years did I ever even think to say, 'Hey, when you see the team doctor, is there someone with you?'" She also said that the most important thing to take away from her interview was that parents should talk to their kids and "explain to them that predators aren't just strangers. They can be highly educated. They can be very well respected in the community. It could be a family member, it could be a family friend" (LaPook, 2017).

Lynn Raisman is like many parents in the United States. They don't understand the reality in which child sexual abuse (CSA) occurs and are unsure about how to talk to their children about it. A literature review (Babatsikos, 2010) about parents' knowledge, attitudes and practices about CSA prevention found that when parents were asked why they did not talk to their children about CSA, they said: it did not occur to them (65%, Finkelhor, 1984; 47%, Wurtele, Kvaternick, & Franklin, 1992), they thought their children were too young to understand (44%, Finkelhor, 1984; 42%, Wurtele et al., 1992), they did not want to frighten their children (74%, Finkelhor, 1984), they felt the subject was too difficult to discuss (74%, Finkelhor, 1984), and they did not have the vocabulary, knowledge and materials to initiate a discussion (Wurtele et al., 1992).

This dissertation research seeks to examine the attitudes, beliefs and knowledge of parents regarding CSA. This educational health intervention study will also examine the behavioral intentions and actions of parents in order to find out whether they will choose to educate their children about CSA after being presented with CSA prevention education that is designed to teach them about how to talk to their children about CSA.

1.1 CSA IS A PUBLIC HEALTH PROBLEM

Child sexual abuse is a public health problem in the United States, with federal health officials calculating that all forms of child abuse cost $1.27 million per year due to strains placed on the criminal justice, health care, and welfare systems (Fang, Brown, Florence, & Mercy, 2012). Over a decade ago, Surgeon General David Satcher included CSA among a number of sexually related public health problems in the United States (Hammond, 2003). Furthermore, the Centers for Disease Control and Prevention (CDC) decided to place greater emphasis on CSA prevention with the ultimate goal of creating

an environment in which the mistreatment of children is not tolerated and prevention services are effective, available, and socially valued (Hammond, 2003; Satcher, 2001). The World Health Organization (WHO) considers CSA and its prevention a public health priority (Krug, Mercy, Dahlberg, & Zwi, 2002) and identified four levels of preventative focus: biological and personal risk factors, close relationships of family and friends, the community in which violence occurs, and the broader societal context in which violence is either accepted or prohibited.

A meta-analysis found that 1 in 7 girls and 1 in 25 boys are sexually abused before their 18th birthday (Townsend & Rheingold, 2013) and the National Association of Adult Survivors of Child Abuse has determined that there are approximately 42 million adult survivors of CSA in America (National Association of Adult Survivors of Child Abuse, 2016); however, these numbers are based on only reported and confirmed cases. CSA prevalence may be much higher, despite a decline since the early 1990s in reported CSA cases (Finkelhor & Jones, 2006). Prior to this decline, beginning with the passage of the Child Abuse Prevention and Treatment Act (CAPTA) in 1974, the number of cases reported in the United States rose steadily (Myers, 2008). A meta-analyses of international CSA prevalence found that reported incidences range between 3% and 17% for males and 8% and 11% for females (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Pereda, Guilera, Forns, & Gomez-Benito, 2009; Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011).

1.2 CHILD SEXUAL ABUSE PREVENTION PROGRAMS

In response to the growing body of research about the scope and consequences of CSA, prevention programs were developed in the late 1970s and widely expanded

throughout the mid-1980s. The focus of these prevention programs was primarily to inform and strengthen the skills of children via group-based personal instruction, mostly in school settings. Since that time, school-based CSA prevention education programs have been widely adopted across the United States (Wurtele, 2009). A telephone survey of adolescents conducted in 1993 found that 67% reported participating in a school-based CSA prevention program at some point during their education (Finkelhor & Dziuba-Leatherman, 1995). CSA prevention scholars have called for a shift in responsibility from children to adults because "in no other area of child maltreatment or child safety do adults put the onus of responsibility onto children," (Wurtele, 2009, p. 14). While there has been an ongoing effort to recruit parents as partners in prevention (Wurtele & Miller-Perrin, 1987), parent CSA prevention workshops sponsored by schools typically suffer from a lack of attendance, indicating that "the potential of parent focused prevention efforts has not been realized" (Wurtele, 2009 p. 9). In addition, scholars know very little about how to best structure CSA prevention efforts, especially when targeting adults (Guterman, 2004). And, there is increasing agreement among child protection advocates and researchers that parents and other adults should be more actively engaged in the primary prevention of CSA (Resofsky, 2007). However, in order to better understand how parents perceive and respond to the risk of CSA, it is important to assess their knowledge, attitudes and practices regarding this risk in order to develop more effective programming and methods for recruiting parents to attend prevention education programs (Babatsikos, 2010). Parents can play a significant role in protecting their children from the risk of CSA, however, simply teaching young children protective behaviors might not be sufficient for prevention (Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2017). A

few studies have focused on what types of education, either print materials, video, or a combination of both, are effective in educating parents about CSA (Rheingold, Campbell, Self-Brown, Arellano, Resnick, & Kilpatrick, 2007), and if training via use of online materials and video is as effective (Paranal, Washington Thomas, & Derrick, 2012). One recent study provided CSA prevention education and followed up 3 months later to determine whether participants changed their behavior in talking to children about CSA (Martin & Silverstone, 2016).

Previous CSA prevention research calls for the implementation of theory in order to determine the effectiveness of online CSA prevention education programs in terms of whether participants actually engaged in the desired behavioral outcomes and recommends that future studies attempt to do this with parents from the general population. The purpose of this pilot study is to determine to what degree a sample of parents retain knowledge and change behavioral intentions and actions after participating in an online CSA prevention education program. Pre-testing during the educational session will provide an indication of previous knowledge and post-testing, an indication of retained knowledge. In order to test how the media might mediate knowledge retention and behavioral intentions, the parents will be tested a third time, after 1 week, during which their media consumption will be measured. This study seeks to add to previous research which found a continued reliance on the belief in CSA myths even after parents were exposed to prevention education materials (Rheingold, Campbell, Self-Brown, de Arellano, Resnick, & Kilpatrick, 2007).

The literature review will provide more detailed information about why it is important to educate parents about CSA and how the media might play an important role

as a potential barrier to parents' retention of knowledge and behavioral intention to educate their children about this risk.

CHAPTER 2

CHILD SEXUAL ABUSE PREVENTION LITERATURE REVIEW

Over the past 30 years CSA prevention literature has been primarily focused on evaluating school-based prevention programs that provide children with the appropriate education and skills to recognize and thwart the advances of sexual offenders. Some of this same literature has attempted to assess the role of parents in combination with prevention efforts. Most notably, it has been determined that, for a variety of reasons, parents are not proactively engaging in educating themselves or their children about CSA. Studies have also found that parents are hampered in their ability to educate their children by their own misconceptions about the nature of CSA. A small body of literature has recently focused on making recommendations for future studies, both qualitative and quantitative, to further investigate knowledge, messages, attitudes and preferences of parents as it relates to CSA prevention education.

A search of the literature reveals 50 peer-reviewed articles that have been published since David Finkelhor's 1984 book, *Child Sexual Abuse: New Theory and Research* was (See Table 2.1). The book contains several studies that presented CSA prevalence data as well as surveys of parents and children about what they knew or did not know about CSA in terms of prevention. At the time of the publication of this book, no federal funding had been directed to sexual abuse prevention and no national organization was actively coordinating or promoting this field of inquiry (Finkelhor, 1984). Among the 50 articles published since 1984, eight literature reviews were

conducted between 1998 and 2018. Interestingly, half had been conducted since 2010. Perhaps the most comprehensive systematic review is by Babatsikos (2010).

The current literature review examines and categorizes the most recent peer-reviewed published research about parents and CSA prevention from 2010 to 2018. During this time period, 20 qualitative and quantitative studies were published in peer-reviewed journals (See Table 2.1). The fields represented within these studies are: public health (8), psychiatry (1), psychology (9), social work (1), and early childhood education (1).

Of the ten quantitative articles, two are systematic literature reviews (Babatsikos, 2010; Hunt & Walsh 2010), three are surveys (Walsh, Brandon & Chirio, 2012; Bakaran & Eljally, 2017; Rudolph, Zimmer-Gemback, Shanley, Walsh & Hawkins, 2017; Rudolph, Zimmer-Gembeck, Shanley & Hawkins, 2017) and one is a case study (Schober, Fawcett & Bernier, 2012). The nine qualitative articles consist of four sets of interviews (Walsh & Brandon, 2011; Babatsikos & Miles, 2015; Xie, Qiao & Wang, 2016; Rudolph & Zimmer-Gembeck, 2018a), three review articles (Zeuthen & Hagelskjaer, 2013; Letourneau, Eaton, Bass, Berlin & Moore, 2014; Mendelson & Letourneau, 2015), two non-systematic literature reviews (Collin-Vezina, Daigneault & Hebert, 2013; Rudolph, Zimmer-Gembeck, Shanley & Hawkins, 2017, and one examination of narratives in order to develop a CSA prevention program for sub-Saharan African countries (Miller, Winskell, Pruitt & Saul, 2015). The literature reviews will be discussed first to provide a basis of knowledge of the previous research which has been conducted specifically about parents and the prevention of CSA.

2.1 QUANTITATIVE LITERATURE REVIEWS

Two systematic literature reviews were conducted about parents and CSA prevention (Babatsikos, 2010; Hunt & Walsh 2011). Because Babatsikos identified 23 peer-reviewed published studies that investigated the knowledge, attitudes and practices of parents regarding the prevention of CSA between 1980 and 2008 (Babatsikos, 2010), this review is summarized here. The knowledge data included parental knowledge about CSA prevalence, definition, risk for males and females, instances of stranger perpetrator versus known perpetrator and warning signs. Attitudinal data included assessing parental perceptions of the risk of CSA to their own children, comfort level regarding discussion CSA with their children, risk factors for CSA, whether they would believe children who disclosed abuse, views about the responsibility of educating their children, attitudes about prevention programs, intention to discuss CSA prevention with their children, and intention to attend prevention education programs. Practice data encompassed discussion with children about the risk and prevention of sexual abuse, topics discussed, use of teaching tools, sources of information about CSA and attendance at CSA prevention programs. Of the 23 studies, 16 were conducted in the U.S. (Finkelhor, 1984; Wurtele & Miller, 1987; Binder & McNiel, 1987; Berrick, 1988; Campis, 1989; Nibert, Cooper, & Ford, 1989; Wurtele, Kvaternick & Franklin, 1992; Elrod & Rubin, 1993; Wilson & Golub, 1993; Repucci, Jones, & Cook, 1994; Collins, 1996; Burgess & Wurtele, 1998; Thomas, Flaherty, & Binns, 2004; Pullins & Jones, 2006; Rheingold, Campbell, Self-Brown, de Arellano, Resnick, & Kilpatrick, 2007; Wurtele, Moreno, & Kenny, 2008).

The results of a survey conducted with American parents in order to assess levels of parental knowledge regarding the prevalence of CSA varied widely among the parents

interviewed in Finkelhor (1984), indicating that they did not believe sexual abuse was rare, with 50% estimating that one in ten girls and 40% estimating that one in ten boys are sexually abused (Finkelhor, 1984, Babatsikos, 2010). Another study found that 28% of parents believed that somewhere between 25% and 49% of all children are sexually abused (Berrick, 1988). Collins' (1996) research found that parents estimated the prevalence of CSA between 1% and 90% for girls and between 1% and 60% for boys.

Regarding parental knowledge about the physical, behavioral, and emotional signs of CSA, one study found that 95% of parents correctly believed that physical evidence would not always be present after a child had been sexually abused (Repucci et al., 1994).

With regard to parental attitudes, beliefs and perception of risk, many parents did not believe that their children were at risk for sexual abuse, with 55% reporting that there was very little danger that this would happen (Finkelhor, 1984); more than 10 years later, Collins (1996) found that over half of the parents reported that their children were at minimal or no risk for CSA. The parents in Collins study explained that their low risk assessment was attributable to the high level of trust they had in people that they associated with and those that they trusted with the supervision and care of their children. They did not think that they put their children in situations where they might be abused and thought that if their child was abused that they would tell them about it and would know what to do if someone approached them with the intent to sexually abuse them.

Additional research cited in (Babatsikos, 2010) examined the comfort level of parents about talking to their children about CSA. Finkelhor (1984) found that parents revealed that talking to children about sexual abuse was more difficult to discuss than

sexual intercourse, homosexuality, suicide, death, and even abortion (Babatsikos, 2010). Despite the fact that 33% of parents wanted training on how to talk to their children about CSA without scaring them (Elrod & Rubin, 1993), 90% indicated that they were more comfortable talking with a doctor about CSA prevention (Thomas et al., 2004). In general, mothers planned to discuss these topics with their children more than fathers (Finkelhor, 1984; Elrod & Rubin, 1993; Thomas et al., 2004) and parents who attended workshops revealed higher levels of intention to talk to their children than parents who did not (Burgess & Wurtele, 1998).

The literature review found that the number of parents who have discussed CSA with their children has varied over the past 25 years in the U.S. (Babatsikos, 2010), and ranges from 29% to as high as 64% (Finkelhor, 1984; Binder & McNeil, 1987; Wurtele & Miller-Perrin, 1987; Nibert, et al., 1989; Wurtele, et al., 1992; Thomas et al., 2004; Rheingold et al., 2007).

A small number of parents in the U.S. reported to have attended a CSA prevention program, with attendance rates varying from as low as 6% to as high as 27% (Wurtele, et al., 1992; Elrod & Rubin, 1993; Pullins & Jones, 2006). Additional survey research found that parents reported that the top reasons that they did not attend a CSA prevention program was because of scheduling conflicts and a lack of time (Repucci et al., 1994). Relevant to the current proposed investigation, when parents were asked where they obtain information about CSA, they reported that the mass media was the most frequent source cited and these numbers remained high with 90% (Finkelhor, 1984) 99% (Elrod & Rubin, 1993) and 93% (Pullins & Jones, 2006).

Of particular importance to the current line of inquiry posed in this dissertation is that previous literature calls for research that will assess the accuracy of the messages that parents intend to provide to their children about CSA, both at the end of a program, and at a later time to determine what was actually said, or whether they will choose to discuss CSA with their children at all. Additionally, there have been calls for programs that are specifically developed for parents that will provide them with the confidence and skills to be able to discuss CSA with their children.

Another systematic review by Hunt & Walsh (2011) was narrower in its search terms as to identify only those peer-reviewed published articles that included the phrase "parents' views about child sexual abuse prevention education" which resulted in a total of 13 articles. It is important to note that seven of the 13 articles are also included in Babatsikos (2010) which employed a broader set of search terms on the topic of parents' knowledge, attitudes and practices about preventing child sexual abuse. In addition, the authors called for more research to be conducted specifically with Australian parents as part of the long term agenda of the Council of Australian Governments (COAG) for the national *Framework for Protecting Australia's Children* which aims to reduce the prevalence of all types of child abuse and neglect in Australia by 2020 (Hunt & Walsh, 2011). Of note, this work was part of a larger funded research project, called, *The Paperbark Project* that aimed to fulfill the 2009 Council Australian Government's Framework for Protecting Australia's Children recommendations to achieve a substantial, sustained reduction in the incidence and prevalence of all types of child abuse and neglect by 2020. This project included a systematic literature review about parent views about CSA prevention education (Hunt & Walsh, 2011), focus group interviews to ascertain

parent views of CSA prevention education (Walsh & Brandon, 2012), and an online parent survey (Walsh, Brandon, & Chirio, 2012).

2.2 QUALITATIVE LITERATURE REVIEWS

Among the 10 qualitative articles, four are literature reviews. One of these non-systematic reviews focused on the lessons learned from previous research about CSA, specifically regarding prevalence, mental health outcomes and preventative strategies. The authors called for a move from a focus on the individual-level sphere focused on offender management and educational programs delivered to children in school settings, to efforts in the larger, societal-level sphere (Collin-Vezina et al., 2013). A multi-factorial approach was recommended that targets personal-level, family-level and societal norms that may substantially reduce incidences of CSA (Collin-Vezina et al., 2103); the authors also called for future endeavors to increase the participation of parents in CSA prevention activities in order to protect their children from CSA.

Because Rudolph et al. (2017) found that only two studies explored general parental protective behaviors other than communicating with children directly about CSA risks, this group of scholars conducted a literature review specifically identifying previous peer-reviewed published research about parents and prevention. In one study, interviews with 24 American parents found that they used a variety of strategies to keep their children safe which included developing close relationships so that their children would confide in them, prevent them from being influenced by their peers, and to boost their confidence (Collins, 1996). Similarly, in a separate study 28 parents from Australia consistently mentioned the importance of communication with their children to create trust, in order to detect negative incidents in order to protect their children (Babatsikos &

Miles, 2015). While the CSA prevention field recognizes that protection from CSA goes beyond just parent-child discussion of sexual abuse and should also include overall parenting styles (Mendelson & Letourneau, 2015) this has not been included in most prevention research or initiatives.

2.3 QUALITATIVE RESEARCH STUDIES

Six out of the 20 qualitative studies included in this literature review can be classified as qualitative research studies. One qualitative study conducted by the CDC to develop a CSA prevention program for parents and children in sub-Saharan African (SSA) countries. The CDC in conjunction with public health scholars from Emory University developed *The Families Matter!* Program for parents and caregivers of 9 to 12-year-olds in SSA countries (Miller, Winskell, Pruitt, & Saul, 2015). CSA is prevalent among young African females and is alarmingly high in some countries, as in the case of Swaziland, where one out of three girls report experiencing some form of sexual violence before the age of 18 (Reza, Breiding, Gulaid, Mercy, Blanton, Mthethwa, & Anderson, 2009). Regional myths provide justification for CSA because some people believe that sex with a child has magical properties (Kisanga, Nystrom, Hogan, & Emmelin, 2011) or is a cure for HIV (Ige & Fawole, 2011). The program developed to address the high prevalence of CSA consists of various audio narratives that describe the reality in which CSA occurs in Africa with some describing an isolated event and others detailing years of abuse by a perpetrator, such as in the case of incest, or a child's displacement due to poverty or becoming orphaned. The curriculum, *Families Matter!* was developed specifically to address the needs of low-literacy adults in SSA.

In a separate study in China an effort to encourage the development of CSA prevention education for Chinese parents, social work scholars in China conducted semi-structured interviews with 26 parents of pre-school or primary school-aged children in Beijing. The sample was purposely selected based on demographic characteristics in order to explore why parents perceive and respond to CSA in their society (Xie, Qiao, & Wang, 2016). While there are no nationwide statistics about CSA in China one study found that 16.7% of females and 10.5% of males report unwanted sexual experiences before the age of 16 (Chen, Dunne, & Han, 2004). The interviews that Xie and colleagues (2016) conducted found that 42% of respondents did not believe that CSA is an important or serious problem, that it is uncommon in China, and were reluctant to believe that unpleasant and horrible things like CSA would happen in Chinese society. The same percentage (42%) also did not believe that it could happen to their own children. Participants reported that they preferred to punish offenders with violence or illegal methods versus relying on the justice system because they did not want other people to know what had happened to their children (Xie et al., 2016). Through these initial qualitative interviews with Chinese parents they also found that 77% of the parents interviewed recognized that children are more likely to be sexually abused by people they know and believed that the risk of CSA by male teachers to be very high. Their findings also revealed that Chinese parents prefer to believe that CSA does not happen within the family and that boys could not be sexually abused. All of the participants indicated that their main and sometimes only source of information about CSA was the mass media. The majority of participants considered CSA education to be the responsibility of the school, however the authors also concluded by stating that despite the absence of

attention by the Chinese government and lack of professional intervention services that culturally relevant CSA prevention programs need to be developed in China and that CSA prevention education should be developed specifically for parents (Xie et al., 2016).

In an effort to understand how parents engage in protecting their children from CSA (Babatsikos & Miles, 2015) conducted qualitative in-depth interviews with 28 Australian parents (16 mothers, 12 fathers) between 2006 and 2008. The findings were that parents continually balance their desire to educate their children about the risk of CSA with concern that too much information will scare them. Recommendations included using innovative approaches to reaching parents such as the online prevention program Stewards for Children developed by Darkness to Light which has been proven to be appealing to adults as a way to receive CSA prevention messages.

Another of this group of scholars conducted a focus group with a sample of 30 Australian adults to investigate parents' knowledge about CSA prevention, parental attitudes about CSA prevention education in schools and, their preferences for content (Walsh & Brandon, 2012). The importance of this study is that the notion of parents as agents in CSA prevention is a relatively neglected area of research. The sample was recruited from purposively selected areas of Australia in order to target socioeconomically diverse populations. The final sample was 30 parents (28 females and 4 males) of children 0 to 5 years of age. The most important findings were that CSA prevention education was widely supported by parents despite the fact that the parents themselves had not been educated. Parents reported that their own education was focused on the dangers that strangers present regarding CSA and that they thought that this was inadequate. However, the parents in this study still promoted the teaching of stranger

danger in programs for their children and they did not realize the risk posed by older children and adolescents. This study also found that parents reported that because of their own lack of education regarding CSA, they turned to the media as a substitute source of information. Recommendations were made for conducting a survey among Australian parents in order to explore parent-child communication about CSA prevention.

Within the field of public health, current research suggests 1) grounding preventive interventions for CSA in theory, 2) moving away from an individual-level approach to a societal-level approach to prevention, and 3) taking a public health approach to CSA prevention. One review of the existing preventative interventions aimed at children, parents and professionals recommended organizing the prevention intervention literature into three categories: CSA prevention interventions, meta-analyses of CSA prevention interventions, and theoretical models about prevention and the child (Zeuthen & Hagelskjaer, 2013). The authors concluded that while some research has been translated into practice-based interventions, there is a lack of theory applied to CSA prevention research (Zeuthen & Hagelskjaer, 2013).

Rudolph and Zimmer-Gembeck (2018a) interviewed 24 Australian parents and found that although parents possess knowledge about CSA and its risks, they do not provide their children with the comprehensive prevention messages recommended by prevention education programs, and instead choose to educate their children about the danger of child abduction.

Current research supports the need for a comprehensive public health approach to preventing CSA; current programs fail to target parents and other adults who might protect children and cite a lack of funding for CSA prevention programs and a lack of

evaluations for intervention effects (Letourneau, Eaton, Bass, Berlin, & Moore, 2014). A wide range of factors are relevant, including, policy resistance and the complexity of the phenomenon, especially the defensive responses of the news media, specifically how the media has framed CSA, the reactive legislation that has followed, and the silo effect of fields of study focused on CSA prevention education. A public health framework approach toward prevention should be applied in future research in order to formally evaluate intervention and effectiveness (Letourneau et al., 2014). A related article specifically addressed Additionally, a public health approach to parent-focused prevention of CSA is recommended by Mendelson & Letourneau (2015).

2.4 QUANTITATIVE RESEARCH STUDIES

Among the 10 quantitative studies included in this review, two were systematic literature reviews discussed earlier in this chapter (Babatsikos, 2010; Hunt & Walsh, 2011) and the remaining eight are classified as quantitative research studies. Five articles were surveys conducted to either find out more about parents' attitudes and beliefs about CSA prevention education for their children or to find if parents were discussing CSA with their children and if this was positively related to positive parenting practices (Deblinger, Thakkar-Kolar, Berry, & Schroeder, 2010; Walsh, Brandon & Chirio, 2012; Schober, Fawcett & Bernier, 2012; Bakarman & Elijay, 2017; Rudolph, Zimmer-Gimbeck, Shanley, Walsh, & Hawkins, 2018).

Of the remaining quantitative studies, one conducted a content analysis of CSA myths that exist in America's mainstream media (Cromer & Goldsmith, 2010), one evaluated a CSA prevention program in China (Chen, Jiang, & Yu, 2017), and one developed a prevention program (Martin & Silverstone, 2016).

The first quantitative survey was conducted with a sample of 289 parents or guardians of children in kindergarten through the third grade in three New Jersey elementary schools (Deblinger et al., 2010). The findings replicated those found in previous surveys; that parents continue to focus on strangers as potential offenders and they provide limited information to their children about the nature of sexual abuse and the secrecy associated with it. Parents with either no direct or indirect experience with CSA were least likely to talk to their children and when they did so, provided less information about CSA. These results were similar to earlier investigations despite differences in sampling and methodological differences.

Walsh, Brandon, & Chirio (2012) conducted an online survey of 212 Australian mothers in order to determine specifically what CSA prevention topics are discussed with their children and whether the prevalence of discussion varies according to demographic characteristics. The most important findings were that there was no relationship between the demographic characteristics of mothers and whether they talked to their children about CSA prevention but, mothers who were married or living with a partner were more likely to discuss a greater number of prevention topics than those who were single, separated, divorced or widowed. Mothers of only children were less likely to have discussed CSA with their children as compared to mothers of two or more children. Regarding the importance of parents talking to their children about CSA the study called for developing CSA prevention initiatives specifically directed toward parents that will address the different ways in which parents are willing discuss CSA prevention concepts with their children (Walsh et al, 2012).

In 2002, the Massachusetts Citizens for Children (MCC) and five other agencies received a grant from the CDC with the aim of promoting adult and community responsibility for preventing CSA. This collaboration was named the Massachusetts Child Sexual Abuse Prevention Partnership and was comprised of representatives from more than 20 state-level organizations including expertise from public health, social welfare, and sexual violence prevention advocates. Because they found that most CSA prevention programs were aimed at increasing the reporting of sexual abuse after it happened, rather than preventing it from occurring, this group launched the public health media campaign, called, the Enough Abuse Campaign in Massachusetts with the goal of placing the responsibility on adults, rather than children, for the prevention of CSA. As part of this case study they conducted a random digit dial survey of American parents to identify their attitudes and beliefs about CSA prevention in 2003. They found that 69% believed that adults should take on the responsibility for preventing CSA, and when a second statewide assessment was conducted, 93% believed that adults should bear the responsibility. The article presents the argument that while child maltreatment experts have called for more prevention work at community and society levels, that the evaluation of these campaigns has been focused on a change in awareness, knowledge, and affect, with few efforts actually focused on behavioral change (Schober, Fawcett, & Bernier, 2012). The authors call for future research to determine the best approaches for increasing adult responsibility for CSA prevention and to design and implement programs that would involve targeted action and intervention with the goal of achieving widespread changes in behavior regarding the prevention of CSA.

Parent participants recruited from primary health care centers in Jeddah, Saudi Arabia, were surveyed about their knowledge and understanding about CSA (Bakarman & Eljaaly, 2017). The findings were that most of the parents wanted CSA preventative education in the schools, but 27% were afraid because it might introduce sexual topics to their children. Parents indicated a willingness to talk to their children about CSA but were not willing to provide them with audiovisual materials about CSA.

A study of 248 parents from Australia and the U.K. with children ranging in age from 6 to 11 years was conducted in order to determine whether parents' discussions about CSA with their children were associated with general positive parenting practices (Rudolph, Zimmer-Gimbeck, Shanley, Walsh, & Hawkins, 2018). A relatively equal proportion of parents had spoken to their children about CSA (44.8%) as those who had not (44.4%) and 10.9%; reported that they had talked to their child about CSA but, were uncomfortable about it. Overall, positive parenting practices were found to be significantly positively correlated with discussion about the risks of CSA, body integrity and sensitive topics, but not associated with why the parents chose to focus on talking to their children about abduction. This suggests that parents who are more knowledgeable about CSA risks were less likely to warn their children about abduction by strangers perhaps because they are aware that children are not at risk for child abduction, but for grooming and sexual abuse by someone that they know. However, respondents displayed average levels of CSA knowledge and appraisal of risks for their own children and the authors suggest that these results indicate that parents who report more positive parenting practices are more aware of the prevention messages delivered by major CSA campaigns and have incorporated them into their parenting (Rudolph et al., 2018). Furthermore,

parents that scored higher for positive parenting practices believed that their children were less at risk for CSA than other children.

One of this group of quantitative studies conducted a content analysis of child sexual abuse myths, attitudes, beliefs and individual differences by employing a systematic Google search for 'child sexual abuse myth' and coded 119 myth statements: 1) myths related to the extent of harm CSA poses, 2) myths that deny the existence of CSA or claim that it is rare, 3) blaming myths, coded as 'blame child' or 'blame other" and 4) perpetrator stereotype myths (Cromer & Goldsmith, 2010). The authors called for future research to conduct content analyses of newspapers and television in order to further examine the direct and indirect effects of the media on people specifically regarding the presentation of CSA myths, stereotypes and related attitudes in order to focus educational and prevention programs on where they are needed most.

Public health scholars in China evaluated a sexual abuse prevention education program for children in Beijing in order to make comparisons between teachers and parents as instructors (Chen, Jiang, & Yu, 2017). They found that children retained the highest level of knowledge and skills when taught by teachers, followed by parents, with the least improvement from the control group at follow-up after 3 months. The authors recommend that school-based education programming be implemented throughout China.

In response to a need to educate adults about CSA, Martin & Silverstone developed an education program for adults, called *Prevent It!* (Martin & Silverstone, 2016). The primary goal of the program was to get the participants to talk to children about CSA as well as increase their knowledge. It is the first study designed to implement a training program focused on actual behavioral outcomes (Martin &

Silverstone, 2016). A total of 23 program workshops were conducted with 366 adults. Of these, 85% completed baseline ratings prior to the program and 63% completed follow-up after 3 months. Of particular importance is that the focus of adult CSA education programs has been on changing knowledge and attitudes about CSA as well as behavioral intentions to respond (Self-Brown et al., 2008), but "to our knowledge, there are no previous studies that have examined actual changes in behavior after training programs" (Martin & Silverstone, 2016). The theory applied in their research is the Transtheoretical Model of change (TTM) (Prochaska & Velicer, 1997) and the Experiential Learning Cycle (ELC) (Kolb, 1984). According to TTM model, adults cycle through five stages when changing their behavior: pre-contemplation, contemplation, preparation, action and maintenance. The activities in the program were developed using the ELC which has four components: concrete experience, reflective observation, abstract conceptualization and active or active experimentation. The target group was adults who interact with children including caregivers, teachers, coaches, youth group leaders, and religious leaders who were recruited from among those who had already signed up to take this a mandated reporter training course.

The authors hypothesized that participants would 1) decrease adherence to problematic myths about CSA or negative attitudes, 2) increase knowledge about CSA, and 3) increase their use of prevention behaviors to identify and reduce the risks of CSA. Baseline measures were obtained of attitudes, knowledge and behaviors about CSA during 7 days prior to the workshop. Knowledge was measured using three scale items, and attitudes were measured using three items from The Child Sexual Abuse Myth Scale (Collings, 1997). Behavioral change was measured using four categories 1) talking about

CSA and healthy sexual development, 2) suspecting and reporting CSA, 3) individual action strategies, and 4) organizational action strategies. The workshop was 3 hours long, and then 3 months later, the participants were contacted and asked to complete a follow-up questionnaire online.

The results reported that there was no increase in suspecting CSA and reporting CSA at 3 months after receiving training. However, there was a statistically significant increase in talking about CSA and healthy sexual development with a child that they knew. This has implications for the proposed investigation because this study will specifically focus on whether or not parents will speak to their children about CSA and find out what they actually said to their children after they participated in an educational program. Additionally, as part of the discussion, the authors mention how costly and time consuming the classroom face-to-face training is that that more Internet based approaches are being considered because they are more cost effective. The article called for future research will involve comparisons with an internet-based versions of prevention programs to determine if this is also true for the general public (Martin & Silverstone, 2016).

2.5 SUMMARY AND CURRENT STUDY

This literature review summarized the results of previous research with the goal of improving CSA prevention efforts aimed at educating parents since 2010. Some of the gaps noted in previous studies, such as implementing Internet on-line training for parents, obtaining samples from the general population, not just sampling from individuals that attend mandatory training sessions, the lack of theory applied to this body of work, and the call to assess actual behavioral outcomes are applied to the current investigation.

This dissertation study tested a new 30-minute internet-based *Talking with Children About Safety from Sexual Abuse Training* program developed by Darkness to Light, using parts of their Stewards of Children Training curriculum, among a sample of parents. Fulfilling the call by public health scholars regarding the lack of theory applied to CSA prevention research, the theory of planned behavior was utilized in order to measure knowledge, attitudes and behavioral intentions, as well as the behavioral actions of the participants. In this way, this study builds upon the body of previous research described within this literature review. The following chapter will describe the theory of planned behavior and explain why it is the most appropriate theory to apply to this public health intervention study.

Table 2.1 Child Sexual Abuse Prevention Literature Review

Year	First Author	Country	Field	Type	Theory	Methods
1984	Finkelhor	U.S.	Sociology	Quantitative	None	Survey
1987	Binder	U.S.	Psychology	Quantitative	None	Intervention, surveys
1987	Wurtele	U.S.	Psychology	Quantitative	None	Intervention, surveys
1988	Berrick	U.S.	Social Work	Quantitative	None	Parent program, pre- and post-test
1988	Briggs	Australia	Early Childhood Education	Qualitative	None	Interviews of parents
1988	Kolko	U.S.	Psychiatry	Qualitative	None	Literature review
1989	Campis	U.S.	Psychology	Quantitative	Protection Motivation Theory, Behavioral Intentions	Study on providing children with CSA information
1989	Nibert	U.S.	Psychology	Quantitative	None	Survey of parents after children receive CSA training
1989	Repucci	U.S.	Psychiatry	Qualitative	None	Literature review
1991	McGee	Canada	Psychology	Quantitative	None	Assessment of methods of educating parents pre- and post-test
1992	Wurtele	U.S.	Psychology	Quantitative	None	Assessment of impact of person teaching on learning and retention of skills
1992	Wurtele	U.S.	Psychology	Quantitative	None	Survey
1993	Elrod	U.S.	Psychiatry	Quantitative	None	Interview of parents about knowledge of CSA and interest in educating themselves and children
1993	Wilson	U.S.	Psychology	Qualitative	None	Parent interview on preferred type of CSA program
1994	Reppucci	U.S.	Psychology	Quantitative	None	Comparison of knowledge of parents who attended a workshop to those who did not
1996	Collins	U.S.	Psychology	Qualitative	None	Parent interviews to understand discrepancy in perceptions of risk for general population vs personal family
1997	Tutty	Canada	Social Work	Quantitative	None	Comparison of knowledge of children who participated in program to those who did not

Year	First Author	Country	Field	Type	Theory	Methods
1998	Burgess	U.S.	Psychology	Quantitative	Protection Motivation Theory	Pilot study to determine if a video can increase parent-child discussion of CSA
2002	Hebert	Canada	Psychology	Quantitative	None	Comparison of parents who attended a prevention workshop to those who did not
2004	Tang	China	Psychology	Quantitative	None	Survey of parents about CSA knowledge, beliefs and attitudes and intent to participate in a CSA prevention program
2004	Thomas	U.S.	Medicine	Quantitative	None	Survey of parents on comfort level in talking with doctors talking to their child about CSA prevention
2005	Chen	China	Public Health	Quantitative	None	Survey of adults about CSA knowledge, attitudes, and support of CSA prevention education in schools
2006	Mathoma	Botswana, Swaziland	Nursing	Qualitative	None	Interviews of parents
2006	Pullins	U.S.	Psychology	Quantitative	None	Survey of parents in university-affiliated pediatric clinic on knowledge of CSA symptoms
2007	Rheingold	U.S.	Psychology	Quantitative	None	Comparison of video PSAs, educational pamphlet, video PSAs and pamphlet, and control
2008	Kenny	U.S.	Psychology	Quantitative	None	Systematic literature review
2008	Self-Brown	U.S.	Psychology	Both	None	Survey to determine feasibility of a multimedia campaign, focus groups to explore ethnic or cultural norms
2008	Wurtele	U.S.	Psychology	Quantitative	None	Study of effectiveness of a workshop in promoting parent-child communication
2009	Kenny	U.S.	Psychology	Quantitative	Social Learning Theory	Workshop for parents and children on CSA
2009	Wurtele	U.S.	Psychology	Qualitative	None	Description of scope of CSA and critique of child-centered education programs
2010	Babatsikos	U.S.	Public Health	Quantitative	None	Systematic literature review
2010	Cromer	U.S.	Psychology	Quantitative	None	Content analysis of CSA myths

Year	First Author	Country	Field	Type	Theory	Methods
2010	Deblinger	U.S.	Psychiatry	Quantitative	None	Survey on efforts of parents to teach children about CSA
2010	Wurtele	U.S.	Psychology	Qualitative	None	Literature review
2011	Hunt (Part 1)	Australia	Early Childhood Education	Quantitative	None	Systematic literature review
2011	Walsh (Part 2)	Australia	Psychology	Qualitative	None	Focus group interviews of parents
2012	Schober	U.S.	Public Health	Quantitative	None	Description of implementation of effort to prevent CSA
2012	Walsh (Part 3)	Australia	Psychology	Quantitative	None	Survey of mothers
2013	Collin-Vezina	Canada	Psychology	Qualitative	None	Literature review
2013	Zeuthen	Denmark	Psychology	Qualitative	None	Literature review
2014	Letourneau	U.S.	Public Health	Qualitative	None	Call for a more comprehensive public health approach to CSA prevention
2015	Babatsikos	Australia	Public Health	Qualitative	Grounded Theory	Semistructured interviews with parents
2015	Mendelson	U.S.	Public Health	Qualitative	None	Rationale for parent-focused interventions
2015	Miller	Subsaharan Africa	Public Health	Qualitative	None	Description of intervention strategy which draws on authentic narratives
2016	Martin	Canada	Psychology	Quantitative	Transtheoretical Model of Change, Experiential	Description of education program for adults with goal of changing behavior
2016	Xie	China	Social Work	Qualitative	None	Semi-structured interviews of parents on perceptions and practices related to CSA
2017	Bakarman	Saudi Arabia	Public Health	Quantitative	None	Survey of parents attending health center about their knowledge of CSA
2017	Jin	China	Public Health	Quantitative	None	Comparison on learning as provided by teacher or parent
2017	Rudolph	Australia	Psychology	Qualitative	None	Literature review
2018	Rudolph	Australia, U.K.	Psychology	Quantitative	None	Survey of parents to correlate parenting practices with discussions of CSA

CHAPTER 3

THE THEORY OF PLANNED BEHAVIOR

The Theory of Reasoned Action (TRA) was developed by Martin Fishbein and Icek Ajzen in 1967 and was derived from previous research about the theory of attitude. The theory aims to explain the relationship between attitudes and behaviors related to human actions. The theory has been widely used in research that seeks to predict how people will behave based on their pre-existing attitudes and behavioral intentions (Fishbein & Ajzen, 1975, 1981). An individual's decision to engage in a particular behavior is based on the outcomes the person expects will come as a result of performing the behavior. The intention to perform a certain behavior precedes the actual behavior and this intention is known as the behavioral intention. Behavioral intention is an important aspect of the theory because a person's intentions are determined by their attitudes toward certain behaviors and subjective norms. Subjective norms are their perceived expectations and motivations to comply. The Theory Planned Behavior (TPB) builds upon TRA because measurements of perceived behavioral control are added. For the proposed research, TPB will be used as a guiding framework to tap into parental attitudes, perceived social norms, behavioral intentions, and actual behaviors about talking to their children about the risks of CSA.

The independent variables of the theory are 1) an individual's attitudes toward a specific behavior and 2) their perceived subjective norms about the specific behavior. These variables in turn affect a person's behavioral intention to engage or not engage in

the specific behavior. Additionally, the more information a person has readily available regarding their beliefs about a specific issue or topic can lead to a person's evaluation of its importance to them and whether they view the issue as positive or negative (Petty & Cacioppo, 1996). The information that a person already knows, or is readily available in their minds, is known as the availability heuristic, a tenet developed by psychologists Kahneman and Tversky (Kahneman & Tversky, 1973). This heuristic is an intrinsic part of the basis for TRA because it can lead to the person developing either positive or negative attitudes about an issue or topic.

People's belief that certain people or groups think that they should or should not engage in certain behaviors is an independent variable of TRA within the model, and these beliefs are called subjective norms. This simply means that people's behavioral intentions are influenced by what other people might think of them. People that may influence a person's decision to engage in certain behaviors can be their family, friends, co-workers, peers, or large groups such as a community or religious organizations. The motivation for people to comply with enacting the behavior may not exist, or range from low to high, depending on the person and how important they perceive others to influence them (Silk, Weiner, & Parrott, 2005).

Behavioral intention is the dependent variable of the theoretical model; the intention-behavior relationship, as TPB theorists have noted, "depends in part on factors beyond the individual's control" (Ajzen, 2011, p. 1115), which is not to say that intentions do not lead people to behaviors, but only to the extent that they have control over the intended behavior. Previous research employing TRA has found that these behavioral intentions can be good predictors of actual behavior (Sheppard, Hartwick, &

Warshaw, 1988). However, additional studies have found that there are barriers to people taking action, including simply having the ability to take action; this is termed perceived behavioral control. If people think that they have little control over being able to perform the behavior, their intentions to perform the behavior will be low even if they have favorable attitudes about performing the behavior (Madden, Ellen, & Ajzen, 1992). Some examples of barriers to taking action found in the literature include having adequate time, finances, and the ability to take action, which, despite a person's having the intention to perform the behavior, can prevent them from actually doing something (Silk, et al., 2005; Ajzen & Madden, 1986; Stasson & Fishbein, 1990; Tesser & Shaffer, 1990) (See Figure 3.1 for the TPB Model).

TPB has been applied to research that seeks to encourage people to adopt better health behaviors such as smoking, exercising, dieting, drunk driving, breast examination, oral hygiene, and using a seatbelt (Godin & Kok, 1996). Previous research has also employed it to affect sexual health-related behaviors such as condom use and choosing to have or abstain from having sex (Hausenblas, Carron, & Mack, 1997; Sheeran & Taylor, 1999). Some recent examples in the literature of how TRA/TPB is applied, specific to health communication research that investigated people's attitudes, beliefs and behavioral intentions, include, encouraging sun-safety, primarily the use of sunscreen, among adolescents in Australia (White, Hyde, O'Connor, Naumann, & Hawkes, 2010), a study that investigate parents' attitudes toward the human papillomavirus and intentions to get their children vaccinated (Kennedy, Sapsis, Stokely, Curtis, & Gust, 2011), research regarding taking action to prevent domestic violence (Nabi, Southwell, & Hornik, 2002),

and a meta-analysis about how changed behavioral intentions will engender behavior changes (Webb & Sherran, 2006).

Pertaining to this study, people's attitudes and subjective norms are likely to be the most important factors that will predict whether they intend to talk to their children or actually talk to their child about CSA. Because previous research recommended that scholars 1) ground CSA prevention interventions in theory, 2) apply a public health framework to CSA prevention in order to evaluate intervention and its effectiveness, and 3) target interventions with the goal of achieving changes in behavior among parents, TPB is an appropriate theory to ground this intervention study.

Based on the literature review and theoretical background, the following hypotheses are proposed.

3.1 HYPOTHESES AND RESEARCH QUESTIONS

H1: Participants exposed to a newly developed CSA prevention health intervention will demonstrate increases in knowledge scores from post-test to follow up after one week.

RQ1: Will participants demonstrate increases in knowledge scores from post-test to follow up after one week.

According to TPB (and other reasoned action models) behavioral intentions should be predictable from three specific variables: attitude towards the behavior, subjective norms and perceived behavioral control. Furthermore, *TPB's sufficiency assumption* asserts that the effects of all forms of interventions (communication or otherwise) on behavioral intentions must occur indirectly through those three predictors (see, e.g., Ajzen, 2011; Fishbein & Ajzen, 2010; Fishbein, et al., 2001). This is particularly important when examining the relationship between CSA-knowledge and

behavioral intentions. The next set of hypotheses pertain to TPB and these predictors of behavior.

H2: Participants exposed to a newly developed CSA prevention health intervention will indicate increased intention to perform preventative behaviors with their children.

RQ2: Will participants indicate increased intention to perform preventative behaviors at post-intervention?

H3: Participants exposed to the CSA prevention health intervention will indicate increases in behavior related to CSA prevention from post-test to follow up after one week.

RQ3: Will participants demonstrate increases in behavior related to CSA from post-test to follow up after one week?

H4a: Parental attitudes and H4b perceived social norms will be positively associated with behavioral intentions, and H4c intentions in turn will be positively associated with actual behaviors about talking to their children about the risks of CSA.

Based on previous literature which found that participants did not retain knowledge after a 3-month time period and resorted to telling their children not to get into cars with strangers rather than tell their children that a neighbor, family friend, coach or doctor could attempt to abuse them (Rheingold et al., 2007), the following hypotheses and research questions are proposed. Additionally, both mediation and moderation effects are hypothesized because it is possible that media consumption could alter the relationships between people's ability to 1) retain the knowledge they gained from a CSA prevention program and 2) behavioral outcomes.

H5: Media consumption will moderate the relationship between participants knowledge at post-test and knowledge at follow up after one week (Figure 3.2).

H6: Media consumption will mediate the relationship between knowledge at post-test and knowledge at follow up after one week (Figure 3.3).

H7: Media consumption will moderate the relationship between participants knowledge at post-test and engaging in the behavior of talking to their child/children about CSA at follow up after one week (Figure 3.4).

H8: Media consumption will mediate the relationship between participants knowledge at post-test and engaging in the behavior of talking to their child/children about CSA at follow up after one week (Figure 3.5).

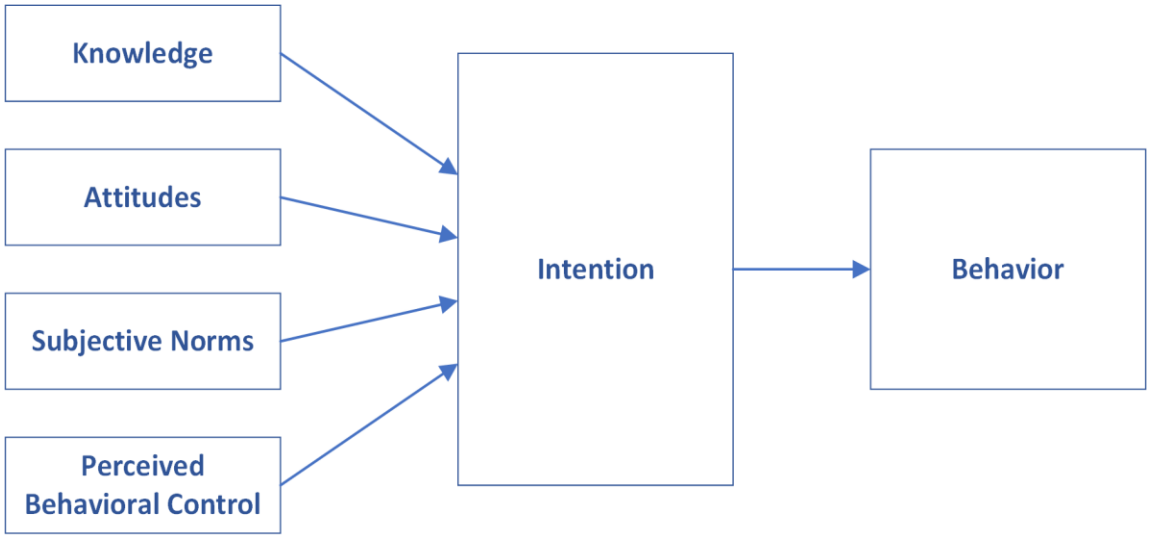

Figure 3.1 Theory of Planned Behavior Model

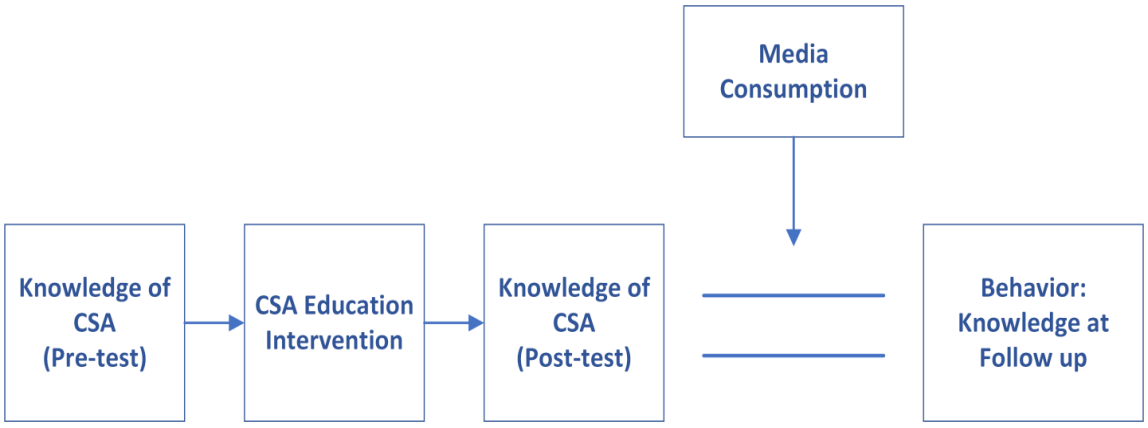

Figure 3.2 Moderation Model Post-Test Knowledge and Knowledge at Follow Up

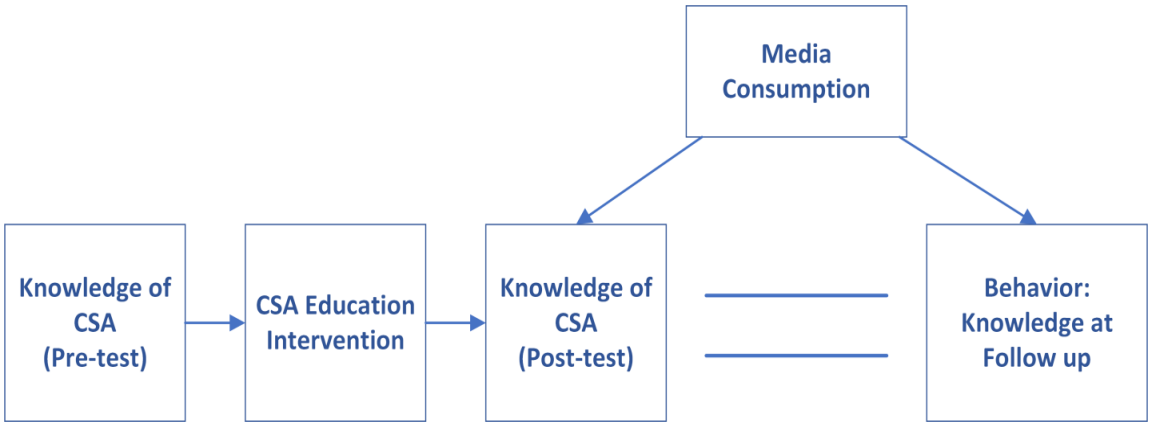

Figure 3.3 Mediation Model Post-Test Knowledge and Knowledge at Follow Up

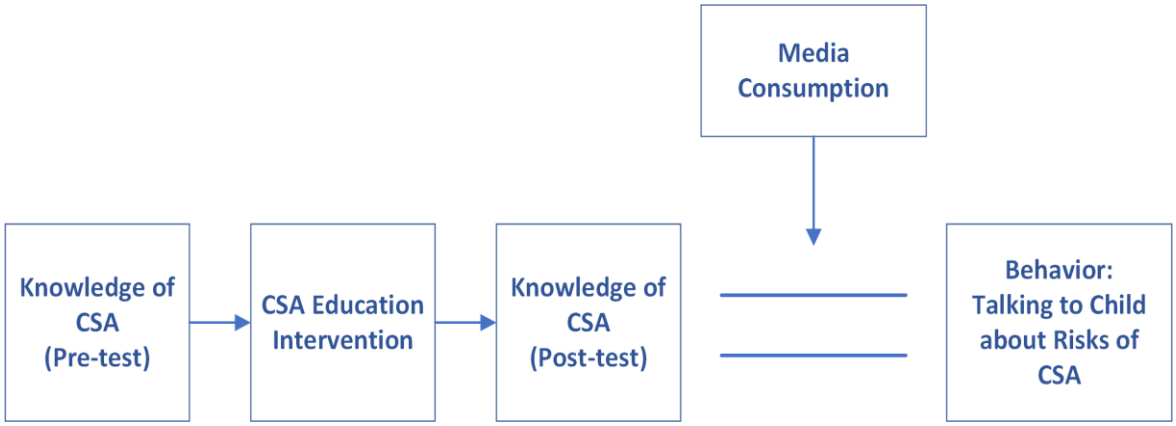

Figure 3.4 Moderation Model: Post-Test Knowledge and Behavior

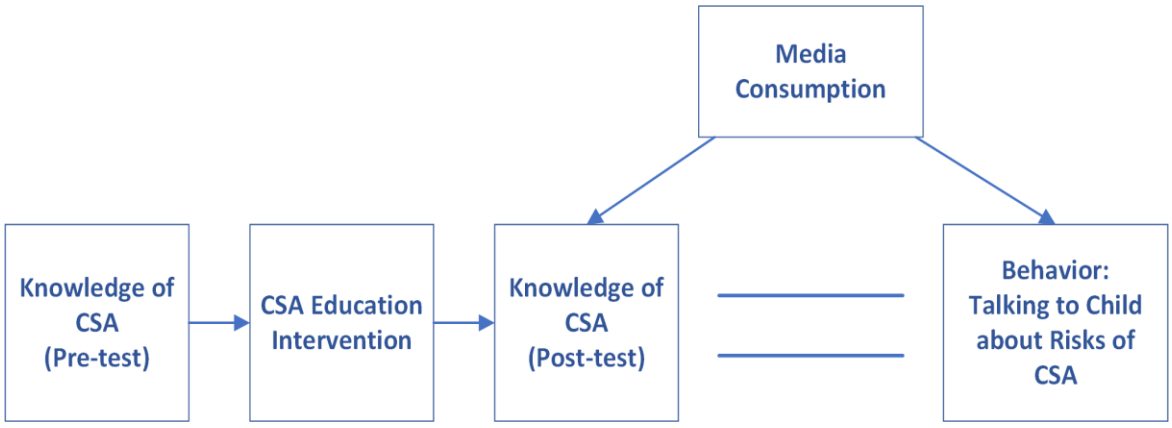

Figure 3.5 Mediation Model Post-Test Knowledge and Behavior

CHAPTER 4

METHOD

4.1 PARTICIPANTS

This pilot intervention study aimed to recruit a convenience sample of 100 parents of children who were 8 to 17 years old from the Columbia, SC, area by a posting a request for research participants on the Soda City Connectors Facebook page based on this criterion. The Soda City Connectors Facebook page has 14,425 members that are residents of the Columbia, SC, area. The participant consent letter was approved and is presented in Appendix A. Because parents were provided with education about how to speak to their child about CSA, the ages of their children needed to be within an appropriate range that they would consider having this conversation. Previous research has found that when parents were asked what age they thought was the most appropriate for talking about sexual abuse, the parents responded between the ages of 8 and 10 years old (Finkelhor, 1984).

To be included in the study, volunteers must be a parent (mother or father), or legal guardian of at least one child between the ages of 8 and 17 years of age. Excluded from the study were 1) parents of children with intellectual or developmental disabilities or delays, 2) families in which child maltreatment has occurred, or where there has been Social Services involvement, and 3) parents who are unable to attend the scheduled session. This inclusion/exclusion information was provided within the letter of consent.

Approval for this study was sought and obtained from the Institutional Review Board of the University of South Carolina.

4.2 PROCEDURES

Participants were recruited using the Soda City Connectors Facebook page, however, after recruiting 23 participants in 2 weeks, an IRB amendment was requested to continue recruitment using a snowball sampling technique in order to recruit more participants from the current list of volunteers. Using this additional technique resulted in the recruitment of an additional 19 volunteers over another two week period for a total of 42 volunteers. Using a random number generator, 21 volunteers were selected to participate in the intervention group and 21 volunteers were selected to participate in the control group. The intervention group participants were notified of the date and time of the study on Thursday, March 7 at 6:30 pm at the School of Journalism and Mass Communications at the University of South Carolina via email and the letter of consent and IRB approval letter was attached. They were asked to read the materials attached and to respond to the email if they consented to participate in the study. Although the control group of 21 was selected from 42 participants, it was decided that they would not be notified until after the intervention study was completed. This was to ensure that an equal number of participants could be selected for each group. Although the 21 intervention group volunteers were notified and responded that they agreed to participate, the actual final number of participants that attended the intervention group session was 13, therefore, a random number generator was employed to select 13 volunteers from the 21 assigned to the control group and those 13 were emailed notification of being assigned

to the control group and emailed the letter of consent and IRB approval letter and asked to respond if they were still interested in participating.

Those assigned to the control group were asked to take only the pre-test via the Internet. They were emailed a link to the pre-test survey that was developed in Qualtrics on Monday, March 11, 2019 and asked to complete it by Wednesday, March 13. One reminder was emailed on Tuesday, March 12 and on March 13 a reminder email was sent to the one participant who had not responded. They were each mailed a $10.00 Target gift card for completion on Thursday, March 14 and were notified via email that the cards had been mailed.

The intervention group (13) attended the CSA prevention training session between 6:30 and 7:30 pm on March 7, 2019 at a computer lab at the School of Journalism and Mass Communications at the University of South Carolina. When participants arrived, they signed in by checking off their name on a sign in sheet that included only their first names to protect their identity. Once all of the participants had arrived and checked in, they were free to choose one of 24 computer stations in the lab to use during the study session. The informed consent letter including the details of the study and contact information that was emailed to the participants prior to attending the session was also presented to each participant in writing at each computer station and reviewed by the principal investigator prior to beginning the intervention session.

Participants were then asked to take a pre-test survey via a link which was emailed to them. They could choose to use the computers to log in to their email accounts to take the pre-test survey, but because the survey platform developed by Qualtrics is optimized for mobile phone use, they could choose to complete it on their

mobile phones. Some chose to use the desktop computers provided and some chose to complete it using their mobile phones.

The questions on this pre-test were designed to obtain their current or baseline levels of knowledge about CSA and demographic characteristics including age, gender, ethnicity, marital status, education, and the number of children 18 years of age or younger living with them. The pre-test survey also included questions that established pre-conditions that might impact the results: 1) Have you been a victim of child sexual abuse? 2) Do you know someone who has been a victim of child sexual abuse? 3) Have you previously received education about child sexual abuse? 4) Have you talked to your child about child sexual abuse? 5) From where do you get most of your information about child sexual abuse?

After these surveys were completed, they were provided written instructions for how to register and log in to take a 30-minute online training program provided by Darkness to Light, called *Talking with Children About Safety from Sexual Abuse*. Because the participants had to access the online training using Google Chrome, the School of Journalism and Mass Communications IT department had previously installed Google Chrome on all of the desktop computers in Computer Lab 221. This was one part of the justification for conducting this training in an in-person assisted environment: 1) Google Chrome has to be used to access and run the program, 2) cookies have to be allowed and accepted on the computer settings and, 3) because logging in to the program is not very intuitive and can require additional assistance, three students (one Ph.D. student and two undergraduate students) were recruited and incented ($25.00) to assist participants with this process. Several of the participants did have trouble logging in and

were assisted in this process. Others were able to navigate the program using only the written instructions provided to them

It took approximately 45 minutes for all of the participants to finish and some finished more quickly than others. After each participant had completed the training program, they could print a certificate in the computer lab (which some chose to do) and the program also automatically emails each participant this certification for printing or saving to print at a later time. After each participant finished the training session, they could refer to the written instructions about how to access another separate link that had been emailed to them in order to take the post-test survey, again either using the desktop computers provided, or their mobile phones. Once each participant completed the post-test, they approached the facilitator and were thanked and provided $25.00 (in cash in a bank envelope) for completing this first part of the study. They were reminded that they would be emailed a follow-up survey in one week on Thursday, March 14, 2019 and were asked to attempt to talk to their children about what they had learned.

All but two of the 13 participants completed the survey before Friday, March 15, so two reminders were emailed to those participants. They were all completed by Saturday, March 16, 2019. Because the University of South Carolina will not allow cash advances to be used to incent participants with cash, participants were emailed to ask them whether they preferred receiving either a Target of Walmart gift card in the amount of $25.00. After receiving their responses, these gift cards were purchased on March 20, 2019 and mailed to them that day.

4.3 INTERVENTION

The intervention was a 30-minute online training program developed by Darkness to Light called *Talking with Children About Safety from Sexual Abuse Training*. This program incorporates parts of an existing *Stewards of Children* curriculum, a 2-hour online training specifically designed to impart knowledge, skills, and abilities to adults with the goal of providing the confidence and support needed for them to talk to children about the realities in which CSA can occur. The *Stewards of Children* program has been rated 3 = Promising Research Evidence by the California Evidence-Based Clearinghouse for Child Welfare and rated: Promising by the National Institute of Justice.

There are six studies that have evaluated D2L's programs, program materials and/or the online training. The first study sought to determine the effectiveness of a community media campaign consisting of a combination of public service announcements (PSAs) aired on television and radio, an educational pamphlet, and an educational website developed by Darkness to Light (D2L) among 200 parents recruited from eight sites across the United States (Rheingold, Campbell, Self-Brown, de Arellano, Resnick, & Kilpatrick, 2007). The results were that although the group of participants that were presented the combined materials revealed an impact CSA knowledge at the time of intervention as compared to the no intervention group, knowledge and behavioral gains were not maintained at a one-month follow-up.

The second study, conducted by a group of the same scholars examined the face validity and feasibility of a multimedia CSA prevention campaign to assess participants levels of comfort, knowledge gain, and likelihood of behavioral change (Self-Brown, Rheingold, Campbell, & de Arellano, 2008). Participants reported increased levels of

knowledge about CSA and low levels of discomfort or anxiety. A focus group was also conducted with the same set of 6 groups of participants based on ethnicity (3 Caucasian, 2 African American and 1 Hispanic) and found that the media campaign can have a positive impact on public knowledge of CSA (Self et al., 2008).

The third study was the first to examine the benefits and limitations of Darkness to Light's *Stewards of Children* online training for child sexual abuse prevention (Paranal, Thomas, & Derrick, 2012). The study used the adapted training program consisting of a multimedia format with streaming video, short audio/visual segments, and videos of survivors along with child abuse experts recommending the best practices. The training was designed to be completed in two and a half to three hours over a 15-day period by employees of child-serving organizations among 134 participants in a non-equivalent design which allowed for non-random assignment with 50 in the intervention and 84 in the comparison group. No data was collected from the comparison group. Data were collected from the intervention group prior to training, immediately after training, two months after training, and six months after training. Measures assessed were participant satisfaction with the technical quality, knowledge of CSA, attitudes and behaviors. The study also surveyed the leaders of the organizations after training was completed. The results were that participants reported satisfaction with online training while organizations preferred facilitated training that allowed for discussion.

The fourth study compared 3 conditions using D2L training resources: 1) in-person training, 2) web-based training, and 3) waitlist control group among 352 childcare professionals recruited from child advocacy centers (CACs) across three states randomly assigned to each condition (Rheingold, Zajac, Chapman, Patton, de Arellano, Saunders,

& Kirkpatrick, 2015). Dependent variables included CSA knowledge, CSA attitudes, and self-reported CSA preventative behaviors. Of 352 participants, 306 completed the condition with pre- and post-intervention assessments, and 267 completed a 3-month follow up. The results found that the program impacted knowledge, attitudes, and preventive behaviors when compared to the control group, however no differences were found between types of training received (in-person versus web-based) for knowledge and preventative behaviors.

The fifth study was an online survey conducted by Darkness to Light as a one-year follow-up survey of 3,537 Texas educators who had taken the *Stewards of Children* training online in 2014 (Townsend & Haviland, 2016). The online survey asked the participants 3 questions: 1) How many years before you took the *Stewards of Children* training did you interact with children in your job? 2) How many times before you took the *Stewards of Children* training did you report a suspicion of child sexual abuse to the policy, a social service agency, or a school administrator? 3) How many times since you took the *Stewards of Children* training have you reported a suspicion of child sexual abuse to the police, a social service agency, or a school administrator? In this study, these educators increased their reports to authorities by 283% compared to career averaged reports in the year prior to receiving training (Townsend & Haviland, 2016).

The sixth study assessed the effect of the *Stewards of Children* program on CSA reporting rates in selected South Carolina counties that were not specifically targeted for dissemination (Greenville, Laurens, & Pickens) during the time period of the study (Letourneau, Nietert, & Rheingold, 2016). The results indicated that allegation rates increased for the counties specifically targeted by D2L versus those that were not.

Although there is previous research about the *Stewards of Children* program, the current study was the first to specifically empirically test an additional component to the 2-hour *Stewards of Children* online training called *Talking to Children About Safety from Child Sexual Abuse* which is focused specifically on providing the knowledge, skills, and abilities to adults in order to facilitate a discussion with their children about CSA. This 30-minute training program was designed to build on the education provided in the *Stewards of Children* 2-hour long training program. During the training parents watch short videos from experts and survivors about how talking to kids can help prevent CSA. Participants are provided information and examples about how to talk about personal safety with their children. There are four sections of the program. A course worksheet is available to print out as a resource guide; however, the worksheet portion was not implemented in this study. Sections one, two, and four present information that is presented and followed up with questions that are measured as knowledge checks at the end of each of these sections. Section three presents information about how to play the "what if" game with children in order to establish what to do in certain scenarios, however, because there are no knowledge check questions posed at the end of section three. Therefore, section three was not used in this study.

Darkness to Light's Director of Programs approved of the use of this program in this pilot study and provided an access code, FLIPTHESWITCH, that allowed all participants to take the online training free of charge.

4.4 MEASURES

All survey instruments were developed in Qualtrics which provides a link that was emailed to participants for each survey instrument. All of the survey instruments are included in Appendix B.

4.5 KNOWLEDGE MEASURES

CSA knowledge was assessed based on the proportion of correct responses to 13 test items, with dichotomous response options: true/false & yes/no. These items were dummy coded such that correct answers were scored as 1 and incorrect answers coded as 0. Scores reflect a maximum value of 13 and minimum value of zero. The CSA knowledge items and instructions for participants are included below.

Please indicate whether the next four statements are TRUE or FALSE regarding talking to children about their body and body safety.

1) Using proper names for body parts can traumatize a child if they are told these words too early. Correct answer: False

2) Using proper words for body parts helps with child sexual abuse disclosure. Correct answer: True

3) Teaching about personal body safety can be incorporated into other safety rules. Correct answer: True

4) Teach children that it is better to use slang terms when outside the home. Correct answer: False

Choose YES or NO if you think that the next four statements would be helpful (YES) or not helpful (NO) when talking to your child about safety from sexual abuse.

5) "Even if somebody is being very nice to you, it's not okay for them to touch your private parts." Correct answer: Yes
6) "If you ever feel uncomfortable with how someone is treating you, let's talk about that together." Correct answer: Yes
7) "Touching your genitals is bad. Stop that." Correct answer: No
8) "It's important not to touch other children's private parts, even if you're friends. That's their personal space." Correct answer: Yes

Please indicate whether the next five statements are TRUE or FALSE regarding talking to your child or teen about personal safety.

9) Parents need to teach children about the act of sex by the age of 8. Correct answer: True
10) Parents should include the other adult(s) in the household in discussions with their child about sex. Correct answer: True
11) Teens naturally keep secrets. Reminding them about harmful secrets generally doesn't work. Correct answer: False
12) That the information that children share on the internet is "Public and Permanent" should be taught as early as a child starts using a computer or handheld device. (This question was revised to include the explanatory words at the beginning of the statement before the words "public and permanent" in order for participants taking the statements in a pre-test to better understand the statement.) Correct answer: True

13) It might be natural for an older teen to be attracted to a younger child, but teens need to be told that it is never okay to be romantic or sexual with a child. Correct answer: True

The pre-test also included questions to obtain demographic characteristics for age, gender, ethnicity, marital status, education, income, and how many children 18 years of age or younger live in the home, either all of the time, or part of the time.

4.8 THEORY OF PLANNED BEHAVIOR MEASUREMENTS

At the end of the 30-minute online training session, participants in the intervention group were provided the knowledge measures again as well as questions about their attitudes, beliefs and behavioral intentions based on the theory of planned behavior. In total, at post-test, there were 14 statements that assessed attitudes, subjective norms, perceived behavioral control, and behavioral intentions.

Attitudes were measured using a 3 item scale adapted from Siegal, Alvaro, Lac, Crano, & Dominick (2008). Specifically, participants were asked to rate their level of agreement with the following three statements using a 7-point Likert type scale *Strongly Disagree to Strongly Agree*: 1) Generally, I am in favor of talking to my child about child sexual abuse. 2) I would feel good about talking to my child about child sexual abuse. 3) Educating my children about child sexual abuse is not important to me. After scale reliability analysis was conducted, it was apparent that one item needed to be removed to achieve an acceptable level of reliability. The remaining two items in the scale were 1) Generally, I am in favor of talking to my child about child sexual abuse 2) I would feel good about talking to my child about child sexual abuse. The scale produced an

acceptable level of reliability and internal consistency (M = 6.31, SD = .95, Spearman-Brown α = .74).

Subjective norms about CSA were measured with six statements that attempt to measure subjective norms about CSA and each participant was provided a 7-point Likert scale ranging from *Strongly Disagree to Strongly Agree*. 1) People who are important to me talk to their children about child sexual abuse. 2) People who are important to me think I should talk to my children about child sexual abuse. 3) Most people who are important to me have negative attitudes toward speaking to children about child sexual abuse (reverse-coded). 4) Most people probably think it is good to talk to children about child sexual abuse. 5) Generally, I like doing things with people in my life who are important to me. 6) Generally, I do what people who are important to me think I should do. Reliability analysis indicated an acceptable degree of internal consistency (α = .78). Thus, the items were summed and averaged to create a composite measure of subjective norms (M = 5.60, SD = .69).

Perceived behavioral control was measured using four statements adapted from Hausenblas et al., (1997). Using a 7-point Likert scale participants indicated the level with which they *Strongly Disagree to Strongly Agree* with the following statements: 1) It will be easy to talk to my child about child sexual abuse. 2) Talking to my child about child sexual abuse will be too time-consuming. 3) It will not be convenient to talk to my child about child sexual abuse. 4) There are many barriers to talking to my child about child sexual abuse. (M = 5.90, SD = 1.28 α = .86)

Behavioral intentions were measured with two questions adapted from McKeever (2013) that asked about participants' plans to talk with their children about CSA in the

following week. One question asked how likely participants would talk to their child(ren) about child sexual abuse in the next week (1 = *Very Unlikely* to 7 = *Very Likely*), and the second asked participants to rate their level agreement with the following statement: I intend to talk to my child about child sexual abuse next week (1 = *Strongly Disagree* to 7 =S*trongly Agree*). After assessing the internal consistency of the scale, the items were summed and averaged (M = 6.31, SD = .56, Spearman-Brown α = .82)

4.9 MEDIA MEASUREMENTS AT FOLLOW UP

At the conclusion of the post-test, the intervention participants were reminded that after one week, they would be asked to take a final follow-up survey via the Internet. The control group participants were only given the pre-test in order to establish baseline measures of CSA knowledge in order to make group comparisons. This survey included the knowledge questions as well as questions about their media consumption and asked them if they did or did not talk to their child about CSA and if they did, or did not, what did they say and why? In order to examine overall media consumption after one week participants were asked to report their levels of media use for either news or entertainment throughout a typical day for the following 14 types of media 1) TV News 2) Radio News 3) Online News 4) Print News 5) Facebook News 6) Twitter News 7) Other Social Media News 8) TV Entertainment 9) Radio Entertainment 10) Reading Entertainment 11) Online Entertainment 12) Facebook Entertainment 13) Twitter Entertainment and 14) Other Social Media Entertainment. Participants were able to choose from these responses: "no time" "fewer than two hours," "between two and four hours," and "more than four hours." Based on previous literature, media consumption is typically measured by having participants self-report the number of hours they have

engaged with different types of media in a typical day. More than 6 hours used "more than six hours" as a maximum amount (Kapidzic & Martins, 2015) while Billings et al. (2013) categorized low media consumption as less than 1 hour, medium-level consumption as 1 to 2 hours, and high-level media consumption as 2 or more hours. The media consumption measures used in this study are based on these guidelines for this measurement and the 14-item scale developed by Pardun, McKeever & Bedingfield (2017) with a score between 14 and 56. Thus, participants who select "no time" for all 14 items would receive the lowest media consumption score of 14 and those that select "more than four hours" for all 14 items would receive the highest media consumption score of 56. These measures were recoded with "no time" 1 = 0, "fewer than two hours" 2 = 1 between two and four hours 3 = 2 and "more than four hours" 4 = 3 and then summed for a total media consumption measure ranging from 0 – 56 (M = 23.07, SD = 3.27) . (All Instruments are included in Appendix B)

4.10 DATA COLLECTION AND ANALYSIS

Qualtrics survey software collected the responses as the participants completed the online survey measurements at each time point and the principal investigator downloaded the data into IBM's Statistical Package for the Social Sciences (SPSS) files. SPSS Version 25 for Mac was used to analyze the data. Demographic characteristics are reported in a table that includes frequencies and percentages. Statistical tests, including regression and correlations, were used to examine relationships among the variables in order to answer the hypotheses and research questions. Moderation and mediation analyses were conducted using Hayes PROCESS statistical procedure for SPSS (Hayes, 2012) to investigate the relationship models proposed for and H5 and H6. For RQ4,

respondents' open-ended qualitative responses were analyzed using an interpretive perspective and sought to categorize responses based on common themes. The collection of data was designed to test the effect of the intervention on the participants' retention of knowledge about CSA, their attitudes, subjective norms, and behavioral intentions, in addition to performing actual behaviors, that of talking to their children about how to protect themselves from CSA. In addition, media consumption was measured in order to investigate potential moderation or mediation interactions existed between measures of knowledge and behavioral outcomes.

CHAPTER 5

RESULTS

5.1 PARTICIPANT DEMOGRAPHICS

Of the 13 participants who attended the intervention, all were mothers from 35 to 54 years of age (See Table 5.1). One participant was African American and the rest identified as White/Caucasian. One participant was single, the majority, 84.6 percent, were married and one participant was divorced. The levels of education were high, with the majority, 46.2 indicating they had obtained a master's degree, followed by 23.1 percent with a college degree. Of the remainder, 2 had some college education, 1 obtained an associate degree and 1 graduated high school.

The control group of 13 participants was made up of both men (2) and women (11), with the majority, 76.9 percent identifying as White/Caucasian, 1 as African American, and 2 as Asian or Pacific Islanders. Identical to the intervention participants, one participant was single, 11 were married, and one was divorced. The control group was, in general, highly educated: 12 out of 13 indicated that they had obtained a bachelor's degree or higher with one participant having some college.

5.2 PREVIOUS KNOWLEDGE ABOUT CSA

The intervention participant group had only one self-report of CSA, and a majority of them knew someone who had been a victim (See Table 5.2). Most indicated that they had received some form of education about CSA (9); however, it is interesting

to note that most of the study participants got most of their information about CSA from the internet (5) and television news (3).

Conversely, of the control group participants, 2 self-reported CSA, and 9 knew a victim of CSA while 4 did not. Slightly more than half indicated that they had received some education about CSA, while the other half had not. This majority of this group indicated that they obtained most of their information about CSA from health care providers, while some were evenly split between published research, friends, and the internet. In contrast to the intervention group, only one participant indicated television news (and one indicated family) as their main source of CSA information.

5.3 ANALYSES

A paired samples t-test was performed in SPSS to compare the post-test and follow up tests for knowledge scores after one week for the intervention group in order to test H1. The results indicated that the averages for the post-test measure of CSA knowledge (M = .97, SD = .05) were higher than the average results of the CSA pre-test for knowledge (M = .89, SD = .08) and that these differences were statistically significant, t (12) = 3.0, p = .006 (one-tailed), Cohen's d = .83. Therefore, H1 which hypothesized that participants exposed to the CSA prevention intervention would display increases in knowledge was supported (Table 5.3). To see if there were meaningful differences in knowledge for the baseline measures of knowledge, the pre-test measures taken from a control group that was not subjected to the CSA education intervention program were compared to pre-test intervention group to see if there were substantive differences between the two groups. Over all the average score for the control group was

(M = .89, SD = .08) which was not meaningfully different from the intervention pre-test average scores (M = .88, SD = .08), p = .67.

It was hypothesized that the participants would indicate high scores for behavioral intentions to speak to their children about CSA after exposure to the educational program. Three statements/questions were posed: 1) I intend to talk to my child about child sexual abuse next week with a 7-point Likert scale of responses for 1 = Strongly Disagree, 2 = Disagree, 3 = Somewhat Disagree, 4 = Neither Agree nor Disagree, 5 = Somewhat Agree, 6 = Agree, and 7 = Strongly Agree. 2) How likely is it that you will talk to your child about child sexual abuse next week with a 7-point Likert scale ranging from 1 = Very unlikely to 7 = Very likely. The frequencies are presented in a histogram (See Figure 5.1) which displays that all mean scores were above 6 = Agree and 7 = Strongly Agree which supports H2.

Additionally, all 13 respondents participated in the follow-up survey, so the retention rate was 100% and all of the participants indicated that, yes, they had talked to their child/children during the week about child sexual abuse. This finding supports H3 which proposed that participants exposed to the CSA prevention health intervention would indicate increases in behavior related to CSA prevention from post-test to follow-up after one week. They also reported what they said, which will be discussed in more detail below.

H4a hypothesized that parental attitudes would be positively correlated with behavioral intentions (r = .631, $p <$ .05) (one-tailed). This finding indicates that there is a significant positive relationship between participant attitudes and their behavioral intentions. Thus, H4a was supported. Hypothesis H4b proposed that subjective norms

would be positively associated with behavioral intentions (r = .520, p < .05) (one-tailed), thereby supporting H4b. Significant correlations in support of H4a and H4b are reported in Table 5.4.

The follow-up survey results indicated all of the intervention group participants (N = 13) responded "yes" that they did talk to their child about child sexual abuse at some point during the week, and they provided qualitative answers about what they talked about with to their children about. This fully supports H4c; however, no statistical tests or correlations could be run because there was no variation in the responses. Because of this lack in variation in the behavioral outcome results, H7, and H8 which posited that media consumption would moderate (H7) or mediate (H8)the relationship between knowledge at post-test and engaging in the behavior of talking to their child/children could not be statistically calculated for any results to report.

The media consumption scores were computed as a variable with scores ranging from 0 to 56 (M = 23.07, SD = 3.27) and used to test H5 which posited that media consumption would moderate between the post-test knowledge scores and knowledge scores obtained at follow-up after one week. An OLS regression was conducted with post-intervention knowledge, media use and the media use*post-intervention knowledge interaction entered as predictors in the model and follow-up knowledge entered as the dependent variable. Although the model explained 13.5% of the variance in follow-up knowledge, the overall regression model was not statistically significant, p = .71, nor were any of the independent variables, including the interaction term (b = -.05, p = .39), which is the statistical test that is used to determine the presence of moderation.

Therefore, no moderation effects were found, and H5 was not supported. The overall media use (n, %) of the intervention participants is presented in Table 5.5.

H6 posited that media use would mediate the relationship between the participants post-test for knowledge and follow-up knowledge scores. To test this hypothesis, bootstrapping procedures were used to create confidence intervals for inference of indirect effects with 1000 resamples of the data. This bootstrapped mediation analysis was run and the total direct and indirect effects of post-test scores for knowledge on scores at follow up were also not significant (B = .33, SE = .17, CI, -.038, .70). The results were not significant because the confidence intervals straddle zero (Table 5.6).

As mentioned, the intervention participants responded to a final statement on the follow- up survey: During the past week, I talked to my child about child sexual abuse. If participants answered no, the following prompt would have appeared: If you did not talk to your child about child sexual abuse, please use the following space to explain why. If they answered yes, the following prompt appeared: If you talked to your child about child sexual abuse, please use the following space to explain what you said. As noted, all of the participants indicated that they had discussed child sexual abuse with their child/children during the past week.

First and foremost, it is important to note that there were no disclosures of abuse that were reported as a result of their discussions with their children which was a possible outcome. The responses indicated a strong responsibility on the part of mothers to educate their children about this issue in order to keep them safe. Some mentioned that their participation in the study prompted the discussion, and some used it as a basis for another discussion if they had talked about this previously with their children.

Responses were reviewed for any similarities in what they chose to talk about with their children and five distinct themes emerged. Eight participants specifically talked with their children about what to do if people made them feel uncomfortable. Five specifically talked about bodies and body parts, telling them that their bodies were theirs and what body parts were for and that it was never okay for others to touch their private parts. Two discussed boundaries with family, members, friends and in the context of dating. Two specifically mentioned this study and what they had learned. More importantly, 12 of the participants reported using one or more of these themes which were presented to them in the training when they had a discussion with their child/children.

The participant that reported, "We talk frequently, I just reminded them" was one that did not use one of the themes listed above and is considered the weakest response because it was not very specific and it is unclear whether this participant actually had a conversation with her child/children specifically about CSA. The participant that mentioned including the father because she was a stepmother revealed that this participant actually involved another adult in this discussion as is specifically recommended in the training session, while all of the other responses indicate that this was something the mother performed with her children but did not include the participation of fathers. The participant response that was most descriptive was from a mother of twin boys who described how she decided to discuss sex with her boys for the very first time. Her disclosure about how her parents never had any conversations with her when she was young, yet she chose to break this cycle and talk to her own children about this was significant.

Included below are all of the responses to the question: If you talked to your child about child sexual abuse, please use the following space to explain what you said. They were provided with enough space to write a long paragraph. They are presented here beginning with the longest answer provided to the shortest answer provided.

1) "My twin boys (age 10) had never had a talk about sex. I knew it was about time so I went ahead and did it but was really glad I didn't do it any earlier. They brought up "what is your belly button for" and then I explained an umbilical cord and it kind of snowballed. My husband wasn't home, but I didn't want to stop their questions so I went ahead. They still had no clue what I was talking about, which is fine. We had touched on the basics of sexual abuse but this was another way to incorporate that conversation. I have stared letting them watch the news in the mornings and figured they may have some questions to things they have seen. I know each house is different, but we never used correct names for genitals until about age 8. I assume it's just a product of how I was raised. My parents never had any conversations with us whatsoever about these things."

2) "We had a very simple conversation, more like a reminder, about our bodies and who should/ should not touch you. I have had these conversations with both of my boys already, but it was a good reminder for them. I have always told them (and I told them again) that if anyone ever makes them feel uncomfortable that they need to let me or their father know. Taking part in this study was a great reminder for me to be vigilant in making sure I provide a safe space for my sons and that I remind the frequently about anyone making them feel uncomfortable."

3) "I took time to talk to my 3 daughters (ages 10,10 and 15) about what I have learned from this study. At first, they felt uncomfortable, but they eventually started listening and most importantly, asking questions. I told them that is never ok for anyone to touch them in their private parts and that they were to always some to us, as parents, if they ever feel uncomfortable while talking to anyone."

4) "We only briefly talked about it because I sensed that she was uncomfortable (I am step mom, her dad was present for the conversation but I think she really wished her mom was here) so we went over the basics, that her body is hers and no one should touch her in a way that makes her feel uncomfortable, and that if it were to happen, that she can come to us or her mom to tell us without fear."

5) "We discussed proper touching and personal space and what body parts are for and what they do. I discussed Involving an adult that she is comfortable talking to when and if she ever feels as if someone has made her feel uncomfortable."

6) "We talked about the importance of others keeping their hands to themselves and how others need to keep their hands off of my kid. I reminded her of how it's important to not keep secrets from me and anytime she is uncomfortable about ANY person, she can tell me. It was a good talk."

7) “I explained to my child that it is never okay for others to touch their private parts. If someone does, they need to let a trusted adult know immediately.”

8) “I reminded my child that she should always come to me if someone makes her uncomfortable and we played the what if game. We have talked about these things in the past, I used this as a follow up. She is almost 12.”

9) “I talked to my son about boundaries especially boundaries with family members and close friends , and also, I constantly remind him that they won't get in trouble for saying something.”

10) “To make sure that they knew it was okay to talk to me if they ever had questions, or someone was making them feel uncomfortable.”

11) “We talked through some what if scenarios of being in uncomfortable places or friends doing uncomfortable things.”

12) “Discussed reporting to myself and husband if my child experiences anything inappropriate and also talking to him about dating and boundaries.”

13) “We talk frequently I just reminded them.”

Table 5.1. *Demographics of the Intervention Group and Control Group (N = 26)*

	Intervention Group n (%)	Control Group n (%)
Age		
35 - 39	3 (23.08)	2 (15.38)
40 - 44	7 (53.84)	4 (30.76)
45 - 49	2 (15.38)	4 (30.76)
50 - 54	1 (7.7)	1 (7.7)
55 - 59		
60 - 64		1 (7.7)
Gender		
Male		2 (15.4)
Female	13 (100)	11 (84.6)
Race		
White	12 (92.3)	10 (76.9)
Black	1 (7.7)	1 (7.7)
Asian or Pacific Islander		2 (15.4)
Marital Status		
Single	1 (7.7)	1 (7.7)
Married	11 (84.6)	11 (84.6)
Divorced	1 (7.7)	1 (7.7)
Education		
High School Grad/GED	1 (7.7)	
Some College	2 (15.4)	1 (7.7)
Associate	1 (7.7)	
Bachelor's	3 (23.1)	7 (53.8)
Master's	6 (46.2)	4 (30.8)
J.D or M.D.		1 (7.7)

Table 5.2. *Previous Knowledge About CSA for the Intervention Group and Control Group*

(N = 26)

	Intervention Group n (%)	Control Group n (%)
Victim of CSA		
Yes	1 (7.7)	2 (15.4)
No	12 (92.3)	11 (84.6)
Know CSA Victim		
Yes	10 (76.9)	9 (69.2)
No	3 (23.1)	4 (30.8)
Received CSA Education		
Yes	9 (69.2)	7 (53.8)
No	4 (30.8)	6 (46.2)
Obtain Most CSA Information		
Internet	5 (38.5)	2 (15.4)
Television News	3 (23.1)	1 (7.7)
Social Media	2 (15.4)	
Published Research	2 (15.4)	2 (15.4)
Friends	1 (7.7)	2 (15.4)
Family		1 (7.7)
Health Care Providers		5 (38.5)

Table 5.3 *Comparison between pre- and post-test CSA knowledge (N = 13)*

	t-test	df	p	Mean	SE	Cohen's *d*
Student's t	3.00	12	.006	.07	.02	.83

Note: Directional hypothesis: Post-test CSA knowledge > Pre-test CSA knowledge

Table 5.4 *Intervention Group Correlations Between Attitudes, Subjective Norms and Behavioral Intention Scales (N = 13)*

	Attitudes	Subjective Norms	Behavioral Intentions	Mean	SD
Attitudes	1.00			6.31	.95
Subjective Norms	.604*	1.00		5.60	.69
Behavioral Intentions	.631*	.520*	1.00	6.31	.56

Note: Correlations are significant at $p < .05$ (one tailed).

Table 5.5 *Mediation Results: Media Use between Post-Test and Follow Up Knowledge (N = 13)*

Effect	Estimate	SE	Lower	Upper	Z	p
Indirect	0.0955	0.248	-0.369	0.729	0.386	0.699
Direct	-0.2622	0.516	-1.320	0.707	-0.508	0.612
Total	-0.1667	0.390	-0.882	0.667	-0.427	0.669

Note: 1,000 bootstrapped samples (as implemented in JAMOVI statistical software). Mediation: not statistically significant: point estimate = .09, SEboot = .25, 95% CI (-.39 to .70).

Table 5.6 *Media Consumption of Study Participants (N-13)*

	No Time n (%)	**Fewer Than 2 Hours n (%)**	**Between 2 & 4 Hours n (%)**	**More Than 4 Hours n (%)**
TV News	6 (46.2)	7 (53.8)		
Radio News	6 (46.2)	6 (46.2)	1 (7.7)	
Online News	2 (15.4)	9 (69.2)	2 (15.4)	
Print News	9 (69.2)	3 (23.1)	1 (7.7)	
Facebook News	1 (7.7)	11 (84.6)	1 (7.7)	
Twitter News	11 (84.6)	2 (15.4)		
Other Social Media News	10 (76.9)	3 (23.1)		
TV Entertainment	3 (23.1)	7 (53.8)	3 (23.1)	
Radio Entertainment	3 (23.1)	9 (69.2)	1 (7.7)	
Reading Entertainment	4 (30.8)	7 (53.8)	2 (15.4)	
Online Entertainment	4 (30.8)	8 (61.5)	1 (7.7)	
Facebook Entertainment	2 (15.4)	7 (53.8)	4 (30.8)	
Twitter Entertainment	12 (92.3)	1 (7.7)		
Other Social Media Entertainment	8 (61.5)	4 (30.8)	1 (7.7)	

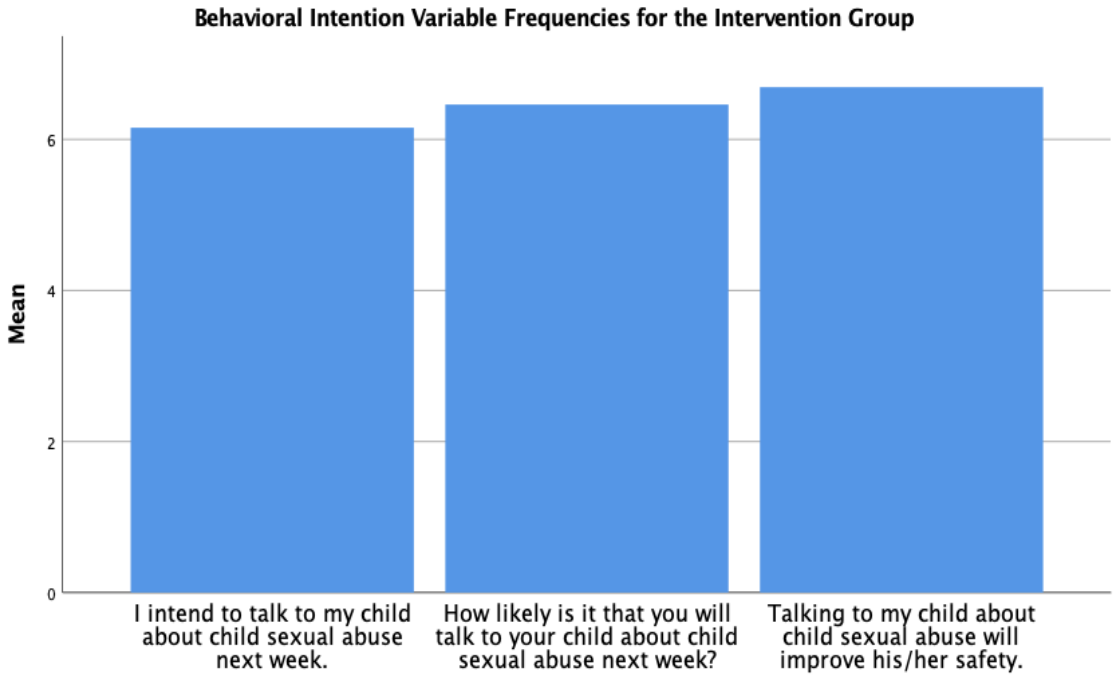

Figure 5.1 Behavioral Intention Frequencies for the Intervention Group (N = 13)

CHAPTER 6

DISCUSSION & CONCLUSION

The main objective of this study was to test a promising intervention for impact on parental attitudes, intentions and behaviors about talking to their children about CSA in order to improve the prevention of CSA. The results indicate that there were significant correlations between the attitudes, subjective norms and behavioral intentions among the participants to perform the intended behavior. An important contribution of this study was the following up with parents to find out if they had actually talked to their children about CSA, using what they had learned. That all of the participants reported having a discussion with their child/children about sexual abuse within one week as a result of participating in this intervention study was a significant positive result. In fact, twelve out of the thirteen participants reported using terms and concepts that were addressed within the training: personal space, boundaries, proper names of body parts, keeping hands of other children, talking to them about sex, the "what if" game, and involving another adult in the conversation.

Because public health scholars have called for new research in CSA prevention to ground preventive interventions for CSA in theory and take a public health approach to CSA prevention, the application of the Theory of Planned Behavior (TPB) to this study answered this call for future research. This has important real world implications because only one previous study (Martin & Silverstone, 2016) measured actual behaviors after being exposed to CSA prevention training. That study found significant improvement in

the retention of knowledge and actual behaviors regarding CSA prevention among adult mandatory reporters in Canada.

It is important to point out that previous research in this line of inquiry recruited samples from participants who were already enrolled to take mandatory reporter training courses. This study purposively sought to recruit parents from the general public of a metropolitan area in order to obtain a sample that would not necessarily already hold positions working with children that may have had previous CSA education and/or some type of mandatory reporter training.

Another important contribution confirmed what previous studies have found regarding the retention of knowledge. This study pre-tested for knowledge, post-tested for knowledge and tested again at follow up and found that increases in knowledge were significant at each time point for this group of participants.

Additionally, although previous research found that parents reported reverting to stranger danger beliefs regarding CSA and that most parents focus their prevention messages on "stranger danger" despite the fact that they knew that the greatest risk came from people that they knew and/or had received CSA prevention training, this study did not find evidence of something similar. In fact, parents used the language and methods described in the training they received when talking to their children which has important implications for future studies involving the education of parents about how and what to say to their children.

The reason that media consumption was proposed as a potential mediating or moderating variable in this study was because previous research had indicated that participants, even after being provided CSA prevention education, reported that they

talked to their children about stranger danger and that they returned to demonstrating a belief in CSA myths and stereotypes. However, within the past two years, (2017 – 2019), there has been a significant resurgence in national media attention and coverage about sexual assault and CSA.

The media consumption of participants was predicted to moderate and mediate the relationships for both the retention of knowledge and implementing the desired behavior. However, no significant moderation or mediation effects were found between the post-test for knowledge and follow-up knowledge measures, and because all of the participants indicated that they performed the behavior, there was no variance to make these statistical comparisons.

On October 15, 2017 actress Alyssa Milano and others encouraged people to use the hashtag #MeToo in an effort to draw attention to the issues of sexual assault and harassment of women. Since that time, incidences by perpetrators involving underage men and women have been revealed by victims and made public. The sustained attention of the news media on this movement has empowered more victims of sexual assault and CSA to come forward with their stories, and perhaps this has influenced parents to become more involved with the issue of CSA. Other recent news stories may have been salient in participants minds, including, the Catholic Church, Michigan State University Michael Jackson, and R. Kelly. The more attention that is given to the issue of CSA and related issues by news media, the more salient these issues might be in parents' minds, which may make them more willing to become more educated and also talk to their children about CSA.

This increased media coverage about these issues could potentially explain the results of this study. It could be that people, in general are more concerned about CSA as a result of this sustained national media focus. In this way, the news media and how they have presented issues involving sexual assault and CSA may have helped to move the needle away from stranger danger representations to the importance of this topic and what can be done to prevent it from happening to others. In other words, the media's narrative has changed from focusing more on individual predators to a more societal-level focus on who is responsible for covering up these incidences, and there seems to be an increased focus on how people can prevent CSA from happening to their own children.

Regarding CSA prevention education initiatives, this study has implications for improving outreach to parents. Because many parents do not necessarily hold jobs that require mandatory reporter training, it has proven difficult to encourage them to attend CSA prevention education because of time constraints, hours worked, lack of child care, and other reasons. This study found that a 30-minute program, specifically providing information about how parents can have a conversation with their children about CSA, which parents can take online, on their own time, without a facilitator, can result in the adoption of enacting desired behaviors with their children in order to protect them from incidences of CSA. CSA advocates should engage in developing more programs that are of short duration, make them available online, and follow up with participants with surveys distributed via email.

It is also important to note that currently, most of the available CSA prevention programs require a small fee. Many participants take these prevention courses due to job

requirements for education in this area. Importantly, this study provided the training at no charge to participants. If the goal of public health initiatives is to reduce barriers and increase access for people that could benefit from health education, changing the way this public health initiative is offered could greatly improve the lives of children. CSA advocates and the government should consider funding or providing this education to all parents at no charge. CSA advocates and governmental agencies should also investigate types of campaign messaging in order to motivate parents to become educated about CSA. This would not only increase awareness but also lead to accessibility and potentially more participation from parents. Local community organizations such as churches, schools, and community centers should also be encouraged to involve parents in this type of training.

In these ways, this study demonstrates the potential effectiveness of this type of training and this research has made a small but important contribution to previous literature that aimed to involve parents in educating themselves about how to talk to their children about CSA.

6.1 LIMITATIONS & FUTURE RESEARCH

Despite this study's contributions, there are limitations to this research. The goal was to recruit 100 parents, but this proved to be very difficult despite recruiting for one month on social media platforms and employing a snowball sampling technique. Of the 42 participants who agreed to participate, when 21 of them were notified that they were randomly selected for the study and emailed the date, time, a copy of the IRB approval, and the letter of consent, some confirmed that they would participate, but others never replied. Prior to the study, 13 had been confirmed with an additional 6 who had agreed,

but not confirmed. It could be that the additional volunteers who had agreed, once they read what the topic of the study was about, decided that they did not want to participate and never informed the principle investigator or, there could be other reasons for some people's lack of response and/or participation.

Previous research has found recruiting parents for child sexual abuse studies to be a challenge. Babatsikos & Miles (2015) conducted interviews with 28 Australian parents over a two-year period and had difficulty obtaining participants using purposive sampling and found recruiting fathers to be particularly challenging despite asking male parents directly if they would participate in the research. Some recent research conducted interviews with 17 mothers and seven fathers in Australia (Rudolph & Zimmer-Gembeck, 2018) demonstrating that sample sizes are small when compared to larger samples obtained using online survey methods (Walsh et al., 2012) and studies conducted using samples acquired from mandatory reporter training organizations (Martin & Silverstone, 2016). Efforts to recruit parents to attend CSA prevention training has suffered from a lack of attendance since the 1980s and this study proved to be no exception. The call for the shift in responsibility from children to adults, because in no other area of child safety do adults place the responsibility for protecting themselves squarely on the children is an important one and has great potential for the prevention of CSA. Future research should conduct qualitative studies such as interviews or focus groups with parents to find out why there are barriers and specifically what the barriers are regarding participation in CSA prevention programs. Qualitative research should be included in future investigations in order to obtain specific responses from participants about the actual behavior of talking to their children about CSA.

Another limitation could be that the incentive offered was too low. The first study to conduct a workshop for both parents and children recruited 114 parents and their 122 pre-school aged children and provided the parents $100 for completion of the training (Kenny, 2009). Future studies should obtain grant funding in order to provide larger incentives to participants, particularly when recruiting from among the general public.

All measures were self-reported, including the qualitative responses about what they discussed with their children. It is possible that social desirability bias may have contributed to the high scores for behavioral intentions and for what parents reported they said. This could be attributed to the fact that they attended a session in person with the principle investigator while they took the actual training online. Some social desirability bias might exist because the participants may have felt like they should perform the behavior because they attended the training in person. The results could have been very different if they were just asked to take the training session online without a moderator present. It is also possible that this topic was of interest to the volunteers that chose to participate precisely because of recent sustained news coverage of the #MeToo Movement, the child sexual abuse crisis within the Catholic Church, the Michigan State University and Olympic gymnast CSA scandal, the resurgence of claims against Michael Jackson and the arrest of musician Robert Kelly also known as R. Kelly. This sustained national media coverage over the past two years could also explain why participants' intentions to perform the behavior were very high.

That the measures for attitudes, subjective norms, and perceived behavioral control were not included in the control group is a serious limitation because if they had

been included comparisons could have been made between the two groups. The design of this study assumed that more participants would be recruited and would actually participate in the study which is why those measures were not included. Future research should include these measurements in a control group in order to make these comparisons.

The most critical limitation to this research occurred because previous research called for determining mediating mechanisms between pre- and post-measures (Mendelson & Letourneau, 2015) and both mediation and moderation models were hypothesized. However, the small number of participants and the fact that they all adopted the behavior made some of the proposed models impossible to statistically calculate because of the lack of variance. Future research should recruit a larger number of participants from the general public in order to obtain more variance to investigate variables that may mediate or moderate behavioral outcomes after providing CSA prevention education to parents.

Finally, the fact that they were only given one week to perform the behavior might have propelled them to act sooner rather than later, or not at all. Previous research did not conduct a follow up with participants until after 3 months had passed (Rheingold et al., 2007; Martin & Silverstone, 2016). This could also have affected the knowledge scores at follow-up, because there was such a short amount of time between the study and follow-up survey.

Scholars should continue to seek and apply for funding for this type of research and aim to recruit parents, not just those who are mandatory reporters who, for work related reasons, must attend a program, but everyday parents. More studies employing

the Theory of Planned Behavior and combining the online training materials with pre- and post-survey methods would enhance what we can learn about parents attitudes, intentions and behaviors when it comes to talking to their children about CSA. Because there is a lack of qualitative research that has been conducted in the United States, additional research should employ these methods to find out more about parental attitudes towards educating their children about CSA. More importantly, more research should seek to find out what parents actually say to their children when they talk to them about protecting themselves from becoming a victim.

Future research should investigate relationships between parents' knowledge about CSA scandals in the news media and the attitudes, subjective norms and perceived behavioral control about becoming more involved in the issue of CSA, obtaining CSA prevention education and the behavioral outcomes of talking to their children in order to improve their safety. In this way, scholars might find associations between news media content about CSA and its impact or lack of impact on the American public when it comes to advancing CSA prevention efforts.

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APPENDIX A – LETTER OF CONSENT

Dear Research Participant:

My name is Jane Long Weatherred. I am a doctoral candidate in the School of Journalism and Mass Communications Department at the University of South Carolina. I am conducting a research study as part of the requirements of my degree in Mass Communications, and I would like to invite you to participate.

I am conducting research that will educate parents about how to talk to their children about child sexual abuse. If you decide to participate, you will be asked to complete some surveys about child sexual abuse and take a 30 minute online educational program. At the end of the two weeks, you will be asked to complete one more final follow up survey via a link that will be emailed to you.

You may feel uncomfortable answering some of the questions. You do not have to answer any questions that you do not wish to answer. The meeting will take place at the School of Journalism and Mass Communications at a specific time and date and should last about one hour to one hour and a half.

Participation is confidential. Study information will be kept in a secure location at the University of South Carolina. The results of the study may be published or presented at professional meetings, but your identity will not be revealed.

Those who were randomly assigned to the control group will receive a $10.00 gift card for taking the pre-test survey only. Participants who were randomly assigned to the educational program will receive $25.00 after completion of the first session of surveys and the online educational program. After completion of the final survey, you will receive another $25.00 gift card mailed to you through the U.S. postal service.

If you begin the study and later decide to withdraw, it is your right to do so at any time. This research proposal has been approved by the Institutional Review Board at the University of South Carolina. We will be happy to answer any questions you have about the study. You may contact me at 706-951-0668 or by email at longjd4@email.sc.edu or my faculty adviser, Dr. Robert McKeever at 803-777-1155 or by email at Robert.mckeever@sc.edu or the University of South Carolina's Office of Research Compliance at 803-777-7095. Thank you for volunteering to participate in this research project.

With kind regards,
Jane Long Weatherred

APPENDIX B – INSTRUMENTS

Pre-Test

Start of Block: Default Question Block

Q1 Dear Participant:

I am conducting research about child sexual abuse education. I am interested in your opinions as parents. The results of this study will be useful to advocates and professionals who provide education about child safety. This research is in two parts. The first part is your participation today in two brief surveys in addition to being provided education about child sexual abuse and the context in which it occurs. The second part will require you to keep track of your media consumption and take an additional brief final survey.

Before you begin the surveys, you will be asked to provide consent to participate in this research. Your participation is completely voluntary and your responses will be kept confidential.

This study has been reviewed and approved by the Institutional Review Board at the University of South Carolina. If you have any questions, please feel free to contact the principal investigator, Jane Long Weatherred, at longjd4@email.sc.edu or the Office of Research Compliance at the University of South Carolina at 803-777-7095.

Because this study will ask questions about child sexual abuse, it is important that we inform you that this study includes potentially sensitive questions for some individuals. Self-care is important and some questions you may be asked may contain triggering content. There are resources available that you can use for yourself or in helping someone else. Confidential information stays with the resources below unless non-confidential resources are involved. Please find a list of these resources below.

Confidential On-Campus Resource

Sexual Assault and Violence Intervention & Prevention
Victim Advocacy & Support
803-777-8248

Counseling & Psychiatry
Counseling
803-777-5225

Student Health Services
Health Care
803-777-3175

We value your opinion and honest feedback. Thank you for your time and insight.

Q2 Participant's Agreement:

I have read the information provided and have asked all of the questions I have at this time. I voluntarily agree to participate in this research study.

- ○ I agree to participate (1)
- ○ I decline to participate (2)

Skip To: End of Survey If Participant's Agreement: I have read the information provided and have asked all of the questions... = I decline to participate

Q3 Have you been a victim of child sexual abuse?

- ○ Yes (1)
- ○ No (2)

Q4 Do you know someone who has been a victim of child sexual abuse?

- ○ Yes (1)
- ○ No (2)

Q5 Have you received education about child sexual abuse?

- ○ Yes (1)
- ○ No (2)

Q6 Where do you get most of your information about child sexual abuse?

- ○ Social Media (1)
- ○ Family (2)
- ○ Health care providers (3)
- ○ Newspapers (4)
- ○ Friends (5)
- ○ Television News (6)
- ○ Co-workers (7)
- ○ Published Research (8)
- ○ The Internet (9)

Q7 Please indicate whether the next FOUR statements are TRUE or FALSE regarding talking to children about their body and body safety.

Q8 Using proper names for body parts can traumatize a child if they are told these words too early.

- ○ True (1)
- ○ False (2)

Q9 Using proper words for body parts helps with child sexual abuse disclosure.

- True (1)
- False (2)

Q10 Teaching about personal body safety can be incorporated into other safety rules.

- True (1)
- False (2)

Q11 Teach children that it is better to use slang terms when outside the home.

- True (1)
- False (2)

Q12 Choose YES or NO if you think that the next four statements would be helpful (YES) or not helpful (NO) when talking to your child about safety from sexual abuse.

Q13 "Even if somebody is being very nice to you, it's not okay for them to touch your private parts."

- ○ Yes (1)
- ○ No (2)

Q14 "If you ever feel uncomfortable with how someone is treating you, let's talk about that together."

- ○ Yes (1)
- ○ No (2)

Q15 "Touching your genitals is bad. Stop that."

- ○ True (1)
- ○ False (2)

Q16 "It's important not to touch other children's private parts, even if you're friends. That's their personal space."

- ○ True (1)
- ○ False (2)

Q17 Please indicate whether the next FIVE statements are TRUE or FALSE regarding talking to your child or teens about personal safety.

Q18 Parents need to teach children about the act of sex by the age of 8.

- True (1)
- False (2)

Q19 Parents should include the other adult(s) in the household in discussions about sex with their child.

- True (1)
- False (2)

Q20 Teens naturally keep secrets. Reminding them about harmful secrets generally doesn't work.

- True (1)
- False (2)

Q21 That the information that children share on the internet is "Public and Permanent" should be taught as early as a child starts using a computer or handheld device.

- ○ True (1)
- ○ False (2)

Q22 It might be natural for an older teen to be attracted to a younger child, but teens need to be told that it is never okay to be romantic or sexual with a child.

- ○ True (1)
- ○ False (2)

Q23 What year were you born? (Please write as YYYY.)

_____

Q24 What is your gender?

- ○ Male (1)
- ○ Female (2)

Q25 What do you consider to be your race or ethnicity?

- White or Caucasian (1)
- Black or African American (2)
- Asian or Pacific Islander (3)
- Native American or American Indian (4)
- Latino or Hispanic (5)
- Two or more race or ethnicities (6)
- Other (7)

Q26 What is your marital status?

- Single (1)
- Cohabitation (2)
- Married (3)
- Separated (4)
- Divorced (5)
- Widowed (6)

Q27 What is the highest level of education you have completed?

- Less than high school (1)
- High school graduate or GED (2)
- Some college (3)
- 2 year college degree (4)
- Bachelor's degree (5)
- Master's degree (6)
- PhD (7)
- Juris Doctor or Doctor of Medicine (8)

X→ X→

Q28 What is your annual household income?

- Below $20,000 (1)
- $20,000 - $39,999 (2)
- $40,000 - $59,999 (3)
- $60,000 - $79,999 (4)
- $80,000 - $99,999 (5)
- $100,000 or more (6)

Q29 How many children under 18 years of age or younger live in your home? (either all of the time, or part of the time)

_____

Post-Test

Start of Block: Default Question Block

Q1 Dear Participant:

This is part 2 of this study about child sexual abuse education. I am invested in your opinions as parents. Again, the results will be useful to advocates and professionals who provide education about child safety.

Before you begin this post-test, you will be asked to provide consent to participate in this research. Your participation is completely voluntary and your responses will be kept confidential.

This study has been reviewed and approved by the Institutional Review Board at the University of South Carolina. If you have any questions, please feel free to contact the principal investigator, Jane Long Weatherred, at longjd4@email.sc.edu or the Office of Research Compliance at the University of South Carolina at 803-777-7095.

Because this study will ask questions about child sexual abuse, it is important that we inform you that this study includes potentially sensitive questions for some individuals. Self-care is important and some questions you may be asked may contain triggering content. There are resources available that you can use for yourself or in helping someone else. Confidential information stays with the resources below unless non-confidential resources are involved. Please find a list of these resources below.

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803-777-8248

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803-777-5225

Student Health Services
Health Care
803-777-3175

We value your opinion and honest feedback. Thank you for your time and insight.

Q2 Participant's Agreement

I have read the information provided and have asked all of the questions I have at this time. I voluntarily agree to participate in this research study.

- I agree to participate (1)
- I decline to participate (2)

Skip To: End of Survey If Participant's Agreement I have read the information provided and have asked all of the questions... = I decline to participate

Q3 Please indicate whether the next FOUR statements are TRUE or FALSE regarding talking to children about their body and body safety.

Q4 Using proper names for body parts can traumatize a child if they are told these words too early.

- True (1)
- False (2)

Q5 Using proper words for body parts helps with child sexual abuse disclosure.

- True (1)
- False (2)

Q6 Teaching about personal body safety can be incorporated into other safety rules.

- True (1)
- False (2)

Q7 Teach children that it is better to use slang terms when outside the home.

- True (1)
- False (2)

Q8 Choose YES or NO if you think that the next four statements would be helpful (YES) or not helpful (NO) when talking to your child about safety from sexual abuse.

Q9 "Even if somebody is being very nice to you, it's not okay for them to touch your private parts."

- ○ Yes (1)
- ○ No (2)

Q10 "If you ever feel uncomfortable with how someone is treating you, let's talk about that together."

- ○ Yes (1)
- ○ No (2)

Q11 "Touching your genitals is bad. Stop that."

- ○ Yes (1)
- ○ No (2)

Q12 "It's important not to touch other children's private parts, even if you're friends. That's their personal space."

- ○ Yes (1)
- ○ No (2)

Q13 Please indicate whether the next FIVE statements are TRUE or FALSE regarding talking to your child or teens about personal safety.

Q14 Parents need to teach children about the act of sex by the age of 8.

- True (1)
- False (2)

Q15 Parents should include other adult(s) in the household in discussions about sex with their child.

- True (1)
- False (2)

Q16 Teens naturally keep secrets. Reminding them about harmful secrets generally doesn't work.

- True (1)
- False (2)

Q17 That the information that children share on the internet is "Public and Permanent" should be taught as early as a child starts using a computer or handheld device.

- ○ True (1)
- ○ False (2)

Q18 It might be natural for an older teen to be attracted to a younger child, but teens need to be told that it is never okay to be romantic or sexual with a child.

- ○ True (1)
- ○ False (2)

Q19 Talking to my child about child sexual abuse will really make a difference when it comes to his/her safety.

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Somewhat disagree (3)
- ○ Neither agree nor disagree (4)
- ○ Somewhat agree (5)
- ○ Agree (6)
- ○ Strongly agree (7)

Q20 I know many people who have been affected by child sexual abuse.

- Strongly disagree (1)
- Disagree (2)
- Somewhat disagree (3)
- Neither agree nor disagree (4)
- Somewhat agree (5)
- Agree (6)
- Strongly agree (7)

Q21 I feel a need to become more involved with the issue of child sexual abuse.

- Strongly disagree (1)
- Disagree (2)
- Somewhat disagree (3)
- Neither agree nor disagree (4)
- Somewhat agree (5)
- Agree (6)
- Strongly agree (7)

X→ X→

Q22 Talking to my child about child sexual abuse does not really matter when it comes to his/her safety.

- Strongly disagree (1)
- Disagree (2)
- Somewhat disagree (3)
- Neither agree nor disagree (4)
- Somewhat agree (5)
- Agree (6)
- Strongly agree (7)

Q23 It will be easy to talk to my child about child sexual abuse.

- Strongly disagree (1)
- Disagree (2)
- Somewhat disagree (3)
- Neither agree nor disagree (4)
- Somewhat agree (5)
- Agree (6)
- Strongly agree (7)

Q24 Talking to my child about child sexual abuse will be too time-consuming.

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Somewhat disagree (3)
- ○ Neither agree nor disagree (4)
- ○ Somewhat agree (5)
- ○ Agree (6)
- ○ Strongly agree (7)

X→ X→

Q25 It will not be convenient to talk to my child about child sexual abuse.

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Somewhat disagree (3)
- ○ Neither agree nor disagree (4)
- ○ Somewhat agree (5)
- ○ Agree (6)
- ○ Strongly agree (7)

Q26 There are many barriers to talking to my child about child sexual abuse.

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Somewhat disagree (3)
- ○ Neither agree nor disagree (4)
- ○ Somewhat agree (5)
- ○ Agree (6)
- ○ Strongly agree (7)

Q27 Generally, I am in favor of talking to my child about child sexual abuse.

- ○ Strongly Disagree (1)
- ○ Disagree (2)
- ○ Somewhat Disagree (3)
- ○ Neither Agree nor Disagree (4)
- ○ Somewhat Agree (5)
- ○ Agree (6)
- ○ Strongly Agree (7)

X→ X→

Q28 I would feel good about talking to my child about child sexual abuse.

- ○ Strongly Disagree (1)
- ○ Disagree (2)
- ○ Somewhat Disagree (3)
- ○ Neither Agree nor Disagree (4)
- ○ Somewhat Agree (5)
- ○ Agree (6)
- ○ Strongly agree (7)

Q29 Educating my children about child sexual abuse is not important to me.

- Strongly Disagree (1)
- Disagree (2)
- Somewhat disagree (3)
- Neither agree nor disagree (4)
- Somewhat agree (5)
- Agree (6)
- Strongly agree (7)

Q30 Generally, I believe that talking to my child about child sexual abuse will have a positive impact.

- ○ Strongly Disagree (1)
- ○ Disagree (2)
- ○ Somewhat disagree (3)
- ○ Neither agree nor disagree (4)
- ○ Somewhat agree (5)
- ○ Agree (6)
- ○ Strongly agree (7)

X→ X→

Q31 People who are important to me talk to their children about child sexual abuse.

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Somewhat disagree (3)
- ○ Neither agree nor disagree (4)
- ○ Somewhat agree (5)
- ○ Agree (6)
- ○ Strongly agree (7)

Q32 People who are important to me think I should talk to my children about child sexual abuse.

- Strongly disagree (1)
- Disagree (2)
- Somewhat disagree (3)
- Neither agree nor disagree (4)
- Somewhat agree (5)
- Agree (6)
- Strongly agree (7)

Q33 Most people who are important to me have negative attitudes toward speaking to children about child sexual abuse.

- Strongly disagree (1)
- Disagree (2)
- Somewhat disagree (3)
- Neither agree nor disagree (4)
- Somewhat agree (5)
- Agree (6)
- Strongly agree (7)

Q34 Most people probably think it is good to talk to children about child sexual abuse.

- Strongly disagree (1)
- Disagree (2)
- Somewhat disagree (3)
- Neither agree nor disagree (4)
- Somewhat agree (5)
- Agree (6)
- Strongly agree (7)

Q35 Generally, I like doing things with people in my life who are important to me.

- Strongly disagree (1)
- Disagree (2)
- Somewhat disagree (3)
- Neither agree nor disagree (4)
- Somewhat agree (5)
- Agree (6)
- Strongly agree (7)

Q36 Generally, I do what people who are important to me think I should do.

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Somewhat disagree (3)
- ○ Neither agree nor disagree (4)
- ○ Somewhat agree (5)
- ○ Agree (6)
- ○ Strongly agree (7)

X→ X→

Q37 I intend to talk to my child about child sexual abuse next week.

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Somewhat disagree (3)
- ○ Neither agree nor disagree (4)
- ○ Somewhat agree (5)
- ○ Agree (6)
- ○ Strongly agree (7)

Q38 How likely is it that you will talk to your child about child sexual abuse next week?

- Very Unlikely (1)
- Unlikely (2)
- Somewhat Unlikely (3)
- Undecided (4)
- Somewhat Likely (5)
- Likely (6)
- Very Likely (7)

Q39 Talking to my child about child sexual abuse will improve his/her safety.

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Somewhat disagree (3)
- ○ Neither agree nor disagree (4)
- ○ Somewhat agree (5)
- ○ Agree (6)
- ○ Strongly agree (7)

Q40 This concludes the post-test portion of this research study. Thank you for your time and insights. **Please provide your name, email address and full mailing address, including city, state and zip code in the box below, so that we can mail you an additional $25.00 after taking the final follow up survey in two weeks.** The information provided below will be kept confidential, but if not provided, we will have no way of compensating you for completing the 2nd half of the research project.

_____

_____

_____

_____

_____

End of Block: Default Question Block

Post-Post-Test

Start of Block: Default Question Block

Q1 Dear Participant:

This is part 3 and the final part of this study about child sexual abuse education. I am invested in your opinions as parents. Again, the results will be useful to advocates and professionals who provide education about child safety.

Before you begin this post-test, you will be asked to provide consent to participate in this research. Your participation is completely voluntary and your responses will be kept confidential.

This study has been reviewed and approved by the Institutional Review Board at the University of South Carolina. If you have any questions, please feel free to contact the principal investigator, Jane Long Weatherred, at longjd4@email.sc.edu or the Office of Research Compliance at the University of South Carolina at 803-777-7095.

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803-777-5225

Student Health Services
Health Care
803-777-3175

We value your opinion and honest feedback. Thank you for your time and insight.

Q2 Participant's Agreement

I have read the information provided and have asked all of the questions I have at this time. I voluntarily agree to participate in this research study.

- I agree to participate (1)
- I decline to participate (2)

Skip To: End of Survey If Participant's Agreement I have read the information provided and have asked all of the questions... = I decline to participate

Q3 Please indicate whether the next FOUR statements are TRUE or FALSE regarding talking to children about their body and body safety.

Q4 Using proper names for body parts can traumatize a child if they are told these words too early.

- True (1)
- False (2)

Q5 Using proper words for body parts helps with child sexual abuse disclosure.

- True (1)
- False (2)

Q6 Teaching about personal body safety can be incorporated into other safety rules.

- True (1)
- False (2)

Q7 Teach children that it is better to use slang terms when outside the home.

- True (1)
- False (2)

Q8 Choose YES or NO if you think that the next FOUR statements would be helpful (YES) or not helpful (NO) when talking to your child about safety from sexual abuse.

Q9 "Even if somebody is being very nice to you, it's not okay for them to touch your private parts."

- Yes (1)
- No (2)

Q10 "If you ever feel uncomfortable with how someone is treating you, let's talk about that together."

- Yes (1)
- No (2)

Q11 "Touching your genitals is bad. Stop that."

- Yes (1)
- No (2)

Q12 "It's important not to touch other children's private parts, even if you're friends. That's their personal space."

- Yes (1)
- No (2)

Q13 Please indicate whether the next FIVE statements are TRUE or FALSE regarding talking to your child or teens about personal safety.

Q14 Parents need to teach children about the act of sex by the age of 8.

- True (1)
- False (2)

Q15 Parents should include the other adult(s) in the household in discussions about sex with their child.

- True (1)
- False (2)

Q16 Teens naturally keep secrets. Reminding them about harmful secrets generally doesn't work.

- True (1)
- False (2)

Q17 That the information that children share on the internet is "Public and Permanent" should be taught as early as a child starts using a computer or handheld device.

- ○ True (1)
- ○ False (2)

Q18 It might be natural for an older teen to be attracted to a younger child, but teens need to be told that it is never okay to be romantic or sexual with a child.

- ○ True (1)
- ○ False (2)

Q19 During the past week, I talked to my child about child sexual abuse.

- ○ Yes (1)
- ○ No (2)

Skip To: Q21 If During the past week, I talked to my child about child sexual abuse. = Yes

Skip To: Q20 If During the past week, I talked to my child about child sexual abuse. = No

Q20 If you did not talk to your child about child sexual abuse, please use the following space to explain why.

_____

_____

_____

_____

_____

Display This Question:

If During the past week, I talked to my child about child sexual abuse. = Yes

Q21 If you talked to your child about child sexual abuse, please use the following space to explain what you said.

_____

_____

_____

_____

_____

Q22 This final section of this survey asks you to consider statements about the type of media you use in a "typical day". Please provide the answer that best describes your level of media use for each type of media during a "typical day".

	No Time (1)	Fewer than 2 hours (2)	Between 2 and 4 hours (3)	More than 4 hours (4)
TV News (1)	○	○	○	○
Radio News (2)	○	○	○	○
Online News (3)	○	○	○	○
Print News (4)	○	○	○	○
Facebook News (5)	○	○	○	○
Twitter News (6)	○	○	○	○
Other Social Media News (7)	○	○	○	○
TV Entertainment (8)	○	○	○	○
Radio Entertainment (9)	○	○	○	○
Reading Entertainment (10)	○	○	○	○

Online Entertainment (11)	○	○	○	○
Facebook Entertainment (12)	○	○	○	○
Twitter Entertainment (13)	○	○	○	○
Other Social Media Entertainment (14)	○	○	○	○

Q23 This concludes the final survey portion of this study. Again, thank you for your time and insights. **Please provide your name and full mailing address, including city, state and zip code in the box, below, so that we can mail you an additional $25.00, now that you have completed the study.** The information provided below will be kept confidential, but if not provided, we have no way of compensating you for your participation.

_____

_____

_____

_____

_____

End of Block: Default Question Block