

THE PENNSYLVANIA STATE UNIVERSITY
SCHREYER HONORS COLLEGE

DEPARTMENT OF HUMAN DEVELOPMENT AND FAMILY STUDIES

Parental Communication Regarding Topics of Sex and Child Sexual Abuse Prevention:
Exploring The Intergenerational Impact

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SPRING 2023

A thesis
submitted in partial fulfillment
of the requirements
for a baccalaureate degree
in Human Development and Family Studies
with honors in Human Development and Family Studies

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ABSTRACT

Child sexual abuse (CSA) is a public health issue affecting one in five women and one in twelve men before age 18 (Stolenborgh et al., 2011). Rather than relying solely on school-based CSA prevention programs to teach children self-protection skills, there is an urgent public health need to develop an universal parent-focused CSA prevention program. *Smart Parents* was created to answer this need and is designed to provide parents with skills to help them better protect their child(ren) from experiencing CSA. The curriculum, delivered in one session, covers three main topics: healthy sexual development (e.g., typical and atypical sexual development), parent-child communication about sex and sexual abuse (e.g., age-appropriate information), and child safety (e.g., vetting a babysitter). This study was a pre-posttest pilot of the universal curriculum with 23 parents of children under 13. Following the *Smart Parents* workshop, participants were asked to engage in a semi-structured post interview which covered a variety of topics including their personal experience discussing topics of sex growing up, the impact that those discussions had on their individual parental approach to addressing sex and CSA, and their confidence levels to hold these conversations with their own children. In response to a lack of research on the intergenerational impact of parent-child communication surrounding topics of sex and CSA, the current study examines *Smart Parents* participants' perspectives on the impact that their personal experiences discussing topics of sex with their families growing up has on their own individual parental approaches to these subjects. The majority of participants reported that their personal experiences discussing topics of sex and CSA with their families growing up significantly impacted their own parental approach to addressing these topics with their children.

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ACKNOWLEDGEMENTS

I could not be more thankful for Dr. Kate Guastaferró's unfaltering support that enabled me to achieve this endeavor. Her ongoing encouragement motivated me to persevere in the face of the challenges I encountered throughout this process. Dr. Guastaferró's work in CSA prevention as a public health issue is truly inspiring and her mentorship throughout my experience working in the Safe and Healthy Communities Initiative Lab was invaluable. I want like to thank Dr. Alyssa Gamaldo for guiding me through my transition into the Schreyer Honors College and for all of her advice on my thesis. I also want to thank all of the Human Development and Family Studies, as well as, the Child Maltreatment and Advocacy Studies faculty who helped me to discover my life's purpose to prevent child maltreatment and to provide trauma-informed care to children and adolescents. Lastly, I would like to thank my mother and sister for supporting my pursuit of a career in the human service field.

Introduction

Child sexual abuse (CSA) is a prevalent public health issue that impacts one in five women and one in twelve men before age 18 (Stolenborgh et al., 2011). CSA, a type of child maltreatment, is operationalized as sexual acts, including physical contact and noncontact sexual acts, performed by an adult toward a child under the age of 18 without consent (Noll, 2021). Prior research has found that CSA has a unique etiology from other forms of maltreatment (Noll et al., 2019). Unlike other forms of maltreatment, the age of elevated risk for CSA is 9 years compared to 3 years for physical abuse (DHHS, 2020). Whereas physical abuse and neglect are generally a result of parental deficits, CSA is unique in that it is the result of opportunity and exploitation occurring in environments where children are not supervised (Snyder, 2000). CSA occurs with known, trusted adults within the family or community institutions (Noll, 2021). CSA can also be initiated through the internet via online exploitation, child pornography, and luring children offline for sexual encounters (Noll et al., 2013; Noll, 2021). CSA can be difficult to identify as there are often few, if any, outward signs of abuse and almost always requires explicit disclosure by the victim (Paine & Hansen, 2002). Often, such disclosure is not made in a timely manner, sometimes taking over 20 years to be made (Jonzon & Lindblad, 2004).

Historically, the majority of CSA prevention programs have been directed towards children in school-based interventions (Wurtele & Burgess, 1998). These universal prevention programs help to educate children about abuse and victimization, topics that parents tend to avoid (Bright et al., 2022). However, this approach suffers from a series of limitations. School-based CSA programs have been able to increase children's knowledge of CSA concepts,

however, it is not known that children are able to apply that knowledge to protect themselves in dangerous situations or to disclose when CSA has occurred (Rudolph et al., 2018; Walsh et al. 2018). In addition, the effectiveness of child-focused prevention is somewhat dependent on age group. For instance, children younger than 8 struggle to understand the concept of a good person doing bad things (Harter, 1977; Rudolph et al., 2018). This is notable given that 9-years old is the age of highest risk for CSA. Further, some studies suggested unintended outcomes of CSA education especially for young children, including increased anxiety and confusion about touches of any kind following the program (Rudolph et al., 2018). Most importantly, child-focused preventions place the burden of responsibility to prevent CSA on children themselves who often face difficulty challenging authority figures in order to report instances of abuse (Berrick, 1988). It is not clear if these school-based interventions have been able to effectively reduce rates of CSA.

Four preconditions have been identified that must be present when CSA occurs: (1) an adult is motivated to sexually abuse a child; (2) adult must overcome any internal inhibitions to perpetrating the abuse; (3) the perpetrator has to overcome any external barriers to perpetrating CSA; and (4) the perpetrator has to overcome the child's resistance to the abuse (Finkelhor, 1984; Rudolph et al., 2018). Many CSA prevention programs focus only on the fourth precondition by educating children to identify dangerous situations and resist the abuse. However, opportunities to prevent CSA exist within the third precondition, as well. Some well established protective factors for preventing CSA include effective adult supervision, the creation of safe home environments, and a child's strong self-efficacy (Rudolph et al., 2018). Thus, parents serve a crucial role in fortifying these protective factors (Mendelson & Letourneau, 2015). For these reasons, public health researchers have emphasized the importance of parent

education programs geared toward preventing CSA in addition to school-based programs (Todahl et al., 2021).

Parents as Agents of Prevention of CSA

Wurtele and Burgess (1998) identified several advantages to educating parents about CSA. Parents equipped with CSA prevention knowledge may be able to reinforce the protective strategies taught to their children through the school-based intervention they received. Parents would also be able to serve as prevention educators at home, delivering repetitive exposure to prevention material. Beyond reinforcing school-based CSA curriculum, parents themselves would be better able to identify when CSA has occurred, respond effectively, and create safe environments to prevent CSA from occurring (Wurtele & Burgess, 1998).

The importance of parent-child communication, especially regarding topics of sex, has been widely studied. Unfortunately, parents avoid these topics. Many parents defend this choice claiming that they feel poorly informed, embarrassed, or intimidated by the subject (Ladapo et al., 2012). Others feel as though their children are at low risk for abuse. Studies show that parents are more likely to educate their children about CSA when they are convinced of the effectiveness of the discussion in preventing CSA and when they believe in their capabilities to hold those discussions (Burgess & Wurtele, 1998). Thus, it is essential for parenting programs to enhance parents' self-efficacy and to inform them of the impact that discussions of sexual development can have on their children.

A few parent-focused CSA prevention programs have been created, but vary in effectiveness. Some programs like *What Do I Say Now?* as studied by Wurtele and Burgess (1998) and *Parents Speak Up National Campaign* studied by Evans et al. (2012) have been found to be effective in enhancing parent-child communication surrounding topics of sex and

CSA. In other programs—despite including curriculum surrounding risk factors that can lead to abuse, vetting caretakers, and how to respond to CSA—many parents answered incorrectly post-intervention indicating a lack of significant knowledge gain. Barriers to success for these programs include low parental attendance, poor application of the curriculum, and low retention rates among parents' knowledge of CSA over time (Berrick, 1988; Rheingold et al., 2007). Learning from previous programs, public health researchers have suggested that a short, one-time CSA prevention session could be embedded into existing parent education programs in order to improve attendance and increase parents' retention of CSA knowledge (Guastaferrero et al., 2019).

Guastaferrero et al. (2019) developed a one-hour CSA prevention session, *Smart Parents—Safe and Healthy Kids (Smart Parents)*, designed to teach parents three key CSA-prevention components including healthy child sexual development, parent-child communication about sex and sexual behaviors, and CSA-specific safety strategies. The session presents developmentally comprehensive information through age 13 and uses role playing scenarios to demonstrate how the parents should apply the curriculum. *Smart Parents* was designed as a session that could be added onto an evidence-based parent education program, such as Parents as Teachers (PAT; Guastaferrero et al., 2019). PAT is an evidence-based parent education program designed to improve parenting skills by enhancing parent-child interactions, encouraging development-centered parenting, and strengthening overall family well being (Laihit et al., 2019). A cluster randomized controlled trial demonstrated that parents who received the added *Smart Parents* session had significantly higher CSA-related awareness and intended use of protective-behaviors than their counterparts who received only PAT (Guastaferrero et al., 2020).

The Importance of Parent-Child Communication to Prevent CSA

Previous research on parent-child communication surrounding topics of sex has found that parent-child communication can influence children's attitudes about sex and their choices regarding sexual behavior (Evans et al., 2012). Although popular culture may imply that discussing sex with children should just be one, isolated "talk," research has found that such a discussion is likely to give children a negative impression of both sex and their parent-child relationship (Martino et al., 2007). The *Smart Parents* curriculum emphasizes the importance of parents having developmentally appropriate discussions about healthy child sexual development and preventing CSA with their children as early as two years old. Repeated discussion surrounding topics of sex has been found to be beneficial for the parent-child relationship. For example, adolescents reported more positive perceptions of their ability to talk to their parents in general and specifically about sex when their parents held multiple conversations with them on the topic (Martino et al., 2007). Further, adolescents felt that the discussions that covered more new topics surrounding sex more were open than the adolescents whose parents discussed fewer topics (Martino et al., 2007).

To the best of our knowledge, no previous research has been conducted investigating the intergenerational impact of parent-child communication on individuals' parental approach to discussing topics of sex and CSA with their own children. It is important to understand how these personal experiences influence whether individuals will take a similar approach to discussing these topics with their own children when they become parents. For instance, if an individual was never taught about these topics by their own parents, will they realize the importance of teaching their children about sex and CSA? Or, if an individual remembers having had one, isolated conversation with their parents about sex that was uncomfortable, will they be motivated to avoid having this experience with their children? Further investigation into this

topic is needed to inform CSA-focused parent education programs of individuals' perceptions of discussing sex and CSA and potential deterrents that may be influencing parent-child communication regarding such topics.

Current Study

The current study sought to fill this knowledge gap by examining how a parent's experiences discussing topics of sex with their own family growing up might impact their approach to discussing topics of sex with their kids. The current study extracts data from a larger ongoing project, the *Smart Parents Standalone Pilot Study*, which seeks to adapt *Smart Parents* as originally designed (i.e., a selective program) into a universal prevention program. The selective program is specific to parents enrolled in home visiting programs and who have at least one child under age 5. The adaptation of this curriculum into a universal primary prevention program could reach every parent, regardless of involvement in other parent education programs, of children up to age 13 to learn how to protect their children from experiencing CSA.

In the *Smart Parents Standalone Pilot Study*, parents of children received the workshop and were asked to engage in a semi-structured post interview. In this interview, they were asked about their personal experiences learning about sex and CSA within their own childhood. The participants were specifically asked how they perceived these experiences influenced their own views of discussing topics of sex with their own children, how confident they felt to conduct these conversations, and what types of behaviors they have implemented into their daily lives to protect their children from CSA.

Based on previous research, the following hypotheses were made: a) individuals who receive *Smart Parents* will have increased knowledge on topics of child sexual development, age appropriate communication about sexual behaviors, and protection strategies following the

programming compared to their knowledge prior to receiving the curriculum; b) participants who indicate that they had one or no personal experiences discussing topics of sex with their parents growing up will indicate that their personal experience had a significant impact on their own parental approach to discussing these topics with their own children; c) participants will report feeling more confident discussing topics of sex and CSA with their children after receiving *Smart Parents*; and d) individuals who undergo the *Smart Parents* program will implement more protective behavior to keep their children safe from child sexual abuse than they had before receiving the parenting training. To test these hypotheses, the following methods were utilized.

Methods

The Intervention: *Smart Parents*

Smart Parents provides parents with skills to help them better protect their child(ren) from experiencing CSA. The session covers three main topics: healthy sexual development (e.g., typical child sexual development, age-appropriate information), parent-child communication about sex and sexual abuse, and child safety (e.g., vetting a babysitter). In this project, the sessions were somewhat tailored to the parents' individual needs according to their child's age group. For example, the needs of a parent of a child who is 4-years old will necessarily be different from a parent of a child that is 11-years old. Parents were encouraged to ask questions throughout the session to make it as interactive and specific to their needs as possible. The 60-90 minute session was delivered via Zoom by a representative from the Safe and Healthy Communities Initiative Lab (SHCI; henceforth 'session provider') at Penn State University. A second member of the SHCI Lab was responsible for ensuring the fidelity of the session provider by attending the sessions on zoom and following the curriculum closely to guarantee that each parent was receiving correct and thorough CSA prevention education. Participants' children did not participate in the sessions, but may have been in the room while the parents completed the sessions.

Procedure

The *Smart Parents Pilot Study* used a pre-post design and was conducted between November 2021 and January 2022. The study was advertised through social media posts and community listservs. Interested individuals used an electronic link from the advertisements to inquire further participation in the study. The study team then contacted participants on the phone to describe the study in more detail and confirming the individuals' eligibility to

participate. In order to take part in the study, participants were required to be over the age of 18 and be the parent or caregiver to at least one child under the age of 13.

The pilot included pre- and post-intervention surveys via an online format as well as a post-intervention interview over Zoom. The pre-intervention survey took 15 minutes to complete and was sent to the participant electronically approximately 1 week prior to the scheduled *Smart Parents* Workshop. Immediately following the Workshop, participants were asked to complete the 10-minute post-intervention survey. Once submitted, the participants were asked to sign up for a 30-minute follow-up interview with another representative of the SHCI Lab, who did not deliver the Workshop to create an impartial environment. Participants were compensated for their time incrementally. Parents received a \$10 Amazon e-gift card after the first survey, \$40 Amazon e-gift card after the second survey, and \$50 Amazon e-gift card after completing the interview. In total participants could receive up to \$100 in Amazon e-gift cards.

The pilot provided an opportunity to pilot test a behavioral interview, the Parental Use of Behavioral Strategies Interview (PUBSI), designed to be a longitudinal outcome of interest in future work. Data from PUBSI will be used to enhance our understanding of how to protect children from CSA as well as how to design more effective prevention programs. A convenience subsample of participants from the pilot completed the interview via Zoom approximately 1-month post-workshop. The PUBSI included 20 interview questions focused on four subjects: (1) community-level intentions, awareness, and behaviors; (2) personal environment (e.g., “have you encountered the subject of CSA in your everyday life?”); (3) personal actions or behaviors to protect their children from experiencing CSA; and (4) parents’ personal behavior regarding responding to CSA with other children in their life and discussing CSA with other adults.

Measures

Though the pilot was not designed to ascertain the efficacy of the *Smart Parents* session, outcome measures were provided to participants to determine acceptability and the feasibility of distributing the assessment via electronic link. The present study draws from both quantitative and qualitative measures.

CSA-Related Knowledge & Behaviors. Participants' knowledge of CSA prevention as well as their actions to protect their children from experiencing CSA were assessed through the Assessment of *SmartParents* Knowledge (ASK; Guastaferrero et al., 2019) survey measure both prior to participant's engagement in the parenting program and after undergoing the parenting program. The psychometrically evaluated instrument evaluated parents' level of agreement with a series of statements related to knowledge of CSA, preventative behaviors, and knowledge of healthy sexual development. Following the receipt of the *Smart Parents* session, participants completed the ASK survey again to evaluate the changes in their level of knowledge and implementation of protective behaviors. Participants were scored on their levels of knowledge and behavior at the baseline assessment as well as the post assessment. Higher scores indicate a greater level of knowledge. The maximum score on the knowledge portion was 45 and 30 on the behavior portion.

Semi-Structured Post Interview. This study focuses on the aspect of the interview focused on prior experience and knowledge of CSA. Specifically, participants were asked to discuss their, "experience talking about sex, sexual development, and child sexual abuse as [they] grew up in [their families]." Additionally, participants were asked to discuss the ways in which their personal experience with their families growing up impacted their view of family and parenting today. The Future Use portion of the interview asked the participants to rate and

describe their level of confidence in talking to their child(ren) about sex, sexual development, and protecting their children following the *Smart Parents Workshop*.

Use of Protective Behaviors. Measures of interest from the PUBSI included whether parents had initiated conversations with their children about keeping themselves safe from CSA, the quality of those conversations, as well as the parents' confidence in speaking to their children about topics of sex including sexual abuse. The current study was interested in examining the changes in behavior evaluated by the PUBSI measures including whether the parents had altered their home environments in any way to protect their children from CSA and whether the parents had created a safety plan with their children.

Analysis Plan

Data were analyzed using the IBM SPSS statistical software suite (IBM SPSS Statistics Version 29). Using the descriptive statistics function, demographic data and the frequency of each response was tabulated for the personal experience, impact, and confidence variables derived from the Semi-Structured Post Interview. A frequency analysis of the PUBSI variables was also conducted to determine the descriptive statistics from that measure. The mean scores on the baseline and post intervention ASK surveys were analyzed through SPSS. The difference in mean scores on the Knowledge and Behavior variables on the ASK survey on the baseline and post intervention assessments were analyzed to determine how participants' knowledge of CSA and preventative behaviors were impacted by the intervention.

Cross tabulations were used to compare the frequencies of categorical variables which are independent of one another. First, a cross tabulation was used to examine how participants in each category of the Personal Experience variable identified within the Confidence variable. A similar procedure was used to examine how participants in each category of the Personal

Experience variable identified within the Impact variable. Finally, a cross tabulation demonstrated how the participants in each category of the Confidence variable identified within the Impact variable.

Qualitative analysis. Qualitative data garnered from the Personal Experience, Impact, and Confidence variables from the Semi-Structured Post Interview were studied using qualitative analysis. Participants' responses to the interview questions that correspond with these three variables were compiled into a single file. By doing so, direct comparison between participant responses was easily made and common themes were identified and coded accordingly.

Regarding the question addressing participants' experience talking about sex and sexual development as they grew up in their families, responses were coded as one of three categories in the "Personal Experience" variable. Those who reported having had no conversations about topics of sex with their families growing up were grouped into the "None" category of the Personal Experience variable. The next category, coded as "One," represented the group of participants who reported that they experienced an isolated conversation about sex with their families growing up. The third category coded as "Many," represented those who reported experiencing multiple conversations about sex with their families while they were growing up.

Answers to the question regarding how the participants' personal experience discussing topics of sex with their families growing up impacted their own parental approach to addressing these topics were coded in two categories. One of these categories was "No Impact," denoting that the participant did not believe that their experiences with their family had influenced their choices discussing topics of sex as a parent today. The other category was coded as "Significant Impact," signifying that the participant believed that their experiences with their family did influence their choices discussing topics of sex as a parent today. Some participants were not

asked this question, or did not respond to this question and thus the results for the Impact variable were derived from the remaining participants ($N=13$).

Participants' descriptions of their level of Confidence within the Future Use portion of the post interview were coded into three categories. This variable, referred to as Confidence Level, was measured by a scale that spanned from (0) Low, (1) Moderate , and (2) High.

Results

A total of 23 parents participated in the *Smart Parents Standalone Pilot Study* (Table 1). The majority of the sample (87%) identified as female. A majority of participants were White (78%) while only 13% of participants were Hispanic/Latinx and 9% of participants were Black/African American. The majority (78%) of participants had earned a college degree or an advanced degree and live in households with an annual income of >\$60,000 (65%). The average age of participants was 37-years old and the average age of parenthood was 30-years old (i.e., the age at which the participant first became a parent).

CSA-related Knowledge and Protective Behaviors

At baseline, study participants scored an average of 39.4 out of a possible 45 on the knowledge portion of the ASK survey (Figure 1). After receiving the *Smart Parents Workshop*, there was a nominal increase on the average score on the knowledge portion of the ASK survey to 41.5 out of a possible 45 points. Prior to the program, participants scored an average of 19.5 out of a possible 30 points on the behavior portion of the ASK survey. This score was nominally improved to an average of 24.3 points following the parent training program.

Personal Experience Talking About Topics of Sex with Parents Growing Up

Participants reported a variety of experiences talking about topics of sex with their families growing up. Nearly half of participants (43%) reported that they had experienced zero conversations about these topics with their families growing up (Table 2). Some participants reported having one, isolated conversation about these topics with their families growing up (4%) and others (19%) reported having had many conversations about these topics with their families growing up.

Impact of Personal Experience on Parental Approach.

Participants were asked to report how their experience growing up with their families impacted the way that they plan to approach these topics with their own children; however, as participants were allowed to skip questions, there is 20% missing data. More than half (52%) of the participants ($n = 13$) who answered this question felt that their personal experiences with these topics growing up had a significant impact on their parental approach to discussing these topics with their children today (Table 2). Only 9.5% of the participants who responded to this question believed that their personal experiences had no impact on their parental approach.

Confidence Levels in Speaking to Own Children about Topics of Sex.

The majority of participants (80%) reported they felt highly confident in their ability to hold conversations about sex and sexual development with their children (Table 3). Only 5% of participants reported a moderate level of confidence and 15% of participants claimed to feel a low level of confidence.

Personal Experience and Confidence Cross Tabulation

Overall, 78% of those who did not have any experiences speaking with their families about topics of sex growing up reported feeling highly confident in addressing these topics with their own children (Table 4). The subsample with the most participants reporting low levels of confidence was the group of participants who had experienced only one conversation with their families growing up. Only 11.1% of participants who reported having had no experiences speaking with their families about these topics growing up reported a low level of confidence.

Personal Experience and Impact Cross Tabulation

The majority of participants reported that their personal experiences speaking with their families about sex and sexual development growing up impacted their approach to addressing

these topics with their own children (85%; Table 5). The majority of participants who reported that their personal experiences speaking with their families about sex and sexual development growing up were limited (none or one conversation) also reported that these few experiences or lack of experiences significantly impacted their approach to addressing these topics with their own children (80%). Notably, participants who reported having had no conversations about topics of sex with their parents growing up also identified within the “Significant Impact” category of the Impact variable. Those belonging to the “One” category of Personal Experience were split in their Impact responses: 2 participants indicated “No Impact” and 3 indicated “Significant Impact”. All of the participants in the “Many” category of the Personal Experience variable reported that their experience had a “Significant Impact” on their parental approach.

Use of Protective Behaviors Interview

A majority those who participated in the PUBSI (N=6) had initiated a conversation with their children addressing topics of sex, sexual development, and protecting themselves from child sexual abuse (83%, Table 6). All participants reported feeling very confident that they will speak with their children about these topics again in the future. The PUBSI surveyed participants on changes to their household and creation of a safety plan for their children following the parenting training. Most of these participants reported to have made changes to their home environment to protect their children from CSA (67%, Table 7). However, only one of these participants reported having created a household safety plan.

Personal Experience Talking About Topics of Sex with Parents Growing Up

Less than half (43%) of the participants indicated they did not experience any conversations about sex or sexual development with their families growing up. When asked to elaborate, a few common themes emerged. These themes included parents regarding sex as a

taboo subject that was to be avoided, a lack of child sexual abuse prevention education, cultural barriers to discussing topics of sex, and discussions focused on preventing pregnancy (Table 9a). For some, *“We didn’t talk about it. My mom did not even go through puberty with me. Like it was a taboo subject, you just don’t mention that”* (Participant 15). Others indicated culture was a part of this: *“I think from my experience and then my culture and at least back home, anytime the word, sex, sexual and children were put together it was just a big no”* (Participant 2). For others, it was a more general sentiment: *“they didn’t talk about it. I think we both got the lecture, ‘just don’t get pregnant as a teenager’”* (Participant 8).

Five of the participants reported having had one, isolated conversation about topics of sex with their parents growing up (24%). One common theme observed among these participants was the insufficient nature of the conversation. One indicated, *“it was not very in depth...and I had a one-time conversation about what sex is and never do it”* (Participant 4). For some, *“abstinence was preached”* and *“there was no access to birth control, no discussion of safe choices”* (Participant 6). Another theme among this group was their parents’ resistant behavior toward discussing topics of sex. For these participants, their parents did not discuss it with them *“until we were like maybe in high school,”* because they *“didn’t really want to talk about [it]”* (Participant 9).

There were two participants who reported having had many conversations about topics of sex with their parents growing up ($n=2$, 19%). These participants had unique experiences because for them, *“it was a very open conversation”* (Participant 19, Table 9b). For some, their parents worked in the human services field and *“a lot of times it felt like [they] wanted to talk about it way more than [the participant] wanted to”* (Participant 12).

Impact of Personal Experiences on Parental Approach

The majority of participants reported that their personal experiences significantly impacted their parental approach to teaching their children about sex and sexual development ($n=11$). Some claimed that their experiences, “*made [them] want to be very open with [their] children about [topics of sex] so they feel like they can come to [them] as the source of knowledge*” (Participant 5, Table 10). Others echoed this sentiment saying that they “*want [their] kids to feel like [they’re] always a safe place for having these conversations*” (Participant 4). Still others recognized that their experience having had many conversations about topics of sex with their parents growing up “*makes [them] feel comfortable to talk about things [themselves] - first and foremost - and then to realize that it is important to talk about things with children at a developmentally appropriate [level]*” (Participant 7).

Two participants claimed that their personal experiences did not impact their parental approach discussing topics of sex with their children. Both of these participants reported having had one conversation about topics of sex with their parents growing up. For one, their experiences did not seem to have “*an effect on how [they are] parenting [their] children with this topic,*” instead, “*[they] think [their] experience as an educator has led [them] to know how important that knowledge is for our kids*” (Participant 2). Similarly, education has been cited as having had more of an impact on their parental approach to this topic than their experiences with their family growing up.

“I don’t know I think honestly, it really that hasn’t played a role in how I parent. I think it’s more like my education and what I’ve learned and what I’ve understood that way. I think education has helped me understand ‘oh this how kids should learn about this and this what should they know about that.’; Yeah, now if I didn’t have education, I’d probably be like ‘oh my god I am never talking about that;’ Kids, young adults, full-blown adults should be having these conversations right. It shouldn’t be something stigmatized because when we refuse to talk about these things that’s when individuals grow up to have these weird like relationships with sex and stuff. So, they are going to be awkward conversations, but they are

important, and we are working on consent and that is something our generation was never taught.” (Participant 16)

Discussion

Previous work has demonstrated the influence that parent-child communication can have on individuals' perceptions of sex and the parent-child relationship as a whole (Martino et al., 2007). The greater the frequency and depth of the parent-child conversations surrounding the topic sex, the more comfortable children feel discussing the topics with their parents and the more likely the children will retain the information discussed (Martino et al., 2008; Ochoa et al., 2022). Parent education CSA prevention programs, like *Smart Parents*, have demonstrated efficacy in improving parental knowledge and intended use of protective behaviors as well as confidence to discuss CSA with their children (Guastaferrero et al., 2020). The widespread application of parent education CSA prevention programs like *Smart Parents* may be expected to increase the prevalence of parents discussing CSA alongside other topics of sex with their children in the future. The intergenerational impacts of parent-child communication on individuals' parental approach to discussing topics of sex and CSA has not been previously investigated and was the main focus of the current study. Considering issues of self-efficacy, discomfort, cultural norms, and personal experiences may act as barriers for parents to discuss topics of sex and CSA with their children, *Smart Parents* focused on bolstering parents' confidence by providing tools to utilize during developmentally appropriate conversations with their children about sex and CSA throughout childhood. Further, *Smart Parents* provided an opportunity for parents to apply the curriculum through role play activities and scenarios. Subsequently, the PUBSI measure tracked the protective behaviors that parents implemented following participation in *Smart Parents*.

As demonstrated by the pre- and post-intervention ASK surveys, the hypothesis that individuals who receive the Smart Parents Program will have increased knowledge on topics of

sex, sexual development, and protecting their children from child sexual abuse following the programming compared to their knowledge prior to receiving the curriculum was supported. The average knowledge scores on the ASK survey increased by 2 points on the 45-point scale of the knowledge portion of the post-intervention survey. This is a nominal increase, and the parents' scores were already moderate to high; however, our goal was not to determine efficacy. The pilot data indicates that the assessment format can capture change in behaviors and the electronic delivery method was acceptable.

The hypothesis that participants who indicate that they had one or no personal experiences discussing topics of sex with their parents growing up will claim that their personal experience had a significant impact on their own parental approach to discussing these topics with their own children was supported. Of the 13 participants who answered the interview question regarding the level of impact that their personal experiences with their family growing up have on their own parental approach on this topic, 11 participants indicated that their experiences had a significant impact on their own parental approach. All the participants who indicated that they had not had any personal experiences discussing topics of sex with their family growing up claimed that this lack of discussion had a significant impact on how they aim to teach their own children about these topics. Those who reported having only one conversation as a child reported different impacts on their experience as a parent. As predicted, those who did not have any personal experiences discussing topics of sex with their parents growing up indicated that this lack of experience significantly impacted them and served as motivation to take a different parental approach to addressing these topics with their children. Many of the participants within the "None" Personal Experience group discussed how their parents treated sex as a topic to be avoided, neglected to talk about child sexual abuse in all, and emphasized

preventing teenage pregnancy above all else. Specifically addressing the impact that the lack of discussion about sex had on participants' parental approach, one parent described that it has made them want to take the direct opposite strategy with their own children. This participant wants to be very open with their children about these topics to the extent that their children understand that their parent is the number one resource for this type of information and can feel comfortable asking their parent questions. The participants who indicated that they had experienced one, isolated conversation about topics of sex with their parents growing up were particularly interesting when analyzing the impact variable since the group was split between "significant impact" and "no impact." Although the majority of these participants claimed that their experiences had a significant impact on their parental approach to addressing these topics with their own children, two participants from this group claim that their experiences had no impact on their parental approach. These participants both described that they believe their experiences in education have had a larger impact on their approaches than their experiences with their parents. One participant disclosed they were an educator and that this position has held a crucial role for them in understanding the importance of knowledge of sex, sexual development, and preventing CSA. They mentioned that they do not believe that they would have had the same outlook on the topic if they were not an educator. The other participant who indicated that their personal experience growing up with their family had no impact on their parental approach to addressing these topics with their children described that the education that they have sought out individually beyond childhood has been more impactful.

Most participants (80%) reported they felt highly confident in their ability to hold conversations about sex and sexual development with their children, supporting the hypothesis that participants would report feeling more confident after receiving *Smart Parents*.

Interestingly, of the 16 participants who indicated that they feel a high level of confidence, 7 reported having had no personal experiences speaking with their parents about topics of sex growing up. Therefore, the hypothesis that individuals who did not have conversations about sex and sexual development with their families growing up will feel low levels of confidence in addressing these topics with their own children was not supported. In fact, only two participants who were part of the “None” Personal Experience group indicated that they identified with either “Low” or “Moderate” confidence levels. The group with the highest number of participants that identified with “Low” confidence level was the “One” Personal Experience group with two participants. This may show that these participants’ isolated conversations with their parents growing up had negative impacts on their perspectives of topics of sex and sexual development. Therefore, even after receiving parent training on how to conduct these conversations with their own children, they still feel apprehensive about having these conversations due to their knowledge of how these discussions can go wrong.

The hypothesis that individuals who undergo the *Smart Parents Standalone Pilot* program will implement more protective behaviors to keep their children safe from child sexual abuse than they had before receiving the parenting training was supported. This finding was demonstrated by both the ASK Survey and PUBSI measures. Though we saw only a nominal increase in knowledge and behavior questions post-intervention, when the participants were asked about behaviors they have subsequently implemented in their household, 83% of participants claimed to have made changes to their home environment in efforts to protect their children from sexual abuse. Only one participant who participated in the PUBSI measure indicated that they had created a safety plan for their household. This could be due to the parents’ perception that their children are too young to create a safety plan.

Despite encouraging preliminary findings, the current study was limited in a few important ways and therefore findings should be interpreted with caution. First, the study was limited in terms of a sample size of only 23 homogeneous parents who were primarily white, female, highly educated, and middle to upper class. Moreover, the PUBSI was only provided to six participants. Thus, the participants of the pilot are not necessarily representative of all parents and the results cannot be generalized to a larger population. There was little representation for households with lower socioeconomic status and low levels of education including only middle school or high school graduation. Further, there was no representation for Pacific Islander or Native American populations. It is important for future research to focus on the parenting practices in regard to topics of sex among marginalized groups to develop effective parenting trainings that are maximally representative and inclusive.

It has been observed that parent-child communication can be mediated by several factors including cultural norms, mental health conditions, personal experiences, and level of self-efficacy (Evans et al., 2012). In fact, one study conducted by researchers Ochoa et al. (2022) focused on the intergenerational impact of adverse childhood experiences (ACE) on Hispanic families mediated by parent-child communication. It is widely understood that those exposed to ACEs are more likely to engage in risky behaviors, become young parents, and/or choose violent partners, all of which can impact parent-child relationships and have been associated with externalizing behaviors in adolescents. Thus, this study by Ochoa et al. (2022) investigated the direct and indirect associations between ACEs in Hispanic parents and the externalizing behaviors of their children, mediated through parent-child communication and parental depressive symptomology. Findings demonstrated a negative association between parental exposure to ACEs and parental communication. Further, the study found that parents who had

experienced ACEs may have a weakened belief in family cohesion which could contribute to the poor quality of communication between parent and child (Ochoa et al., 2022). Future studies should focus on these mediating factors such as cultural ethnicity, diverse socioeconomic status, and personal experiences like ACEs to determine the intergenerational impact of these factors on individuals' parent-child communication about topics of sex.

Another limitation that this study suffers from is the lack of statistical significance. Due to the small sample size, statistically significant correlations could not be accurately made. Therefore, the findings were better analyzed using a qualitative approach which provided more clarity to the quantitative results. By coding the participants' responses qualitatively, common themes among personal experiences were able to be observed and the impact of personal experiences was better understood. In future studies, researchers would benefit from larger sample sizes to implement statistically robust analyses. However, the qualitative approach is valuable in the quest to understand how individuals' outlook on topics of sex and teaching their children about them are formed.

Additionally, all of the data utilized for the current study were derived from self-report measures. This poses the risk of inaccuracy as participants were asked to recall experiences from their relatively distant past. Also, participants may have been inclined to exaggerate their implementation of protective behaviors following *Smart Parents* in order to seem like more proactive parents. This limitation is difficult to overcome, unless future studies implement an observatory measure from which the researchers can determine more accurately how the *Smart Parents* curriculum is being implemented within the homes of the participants.

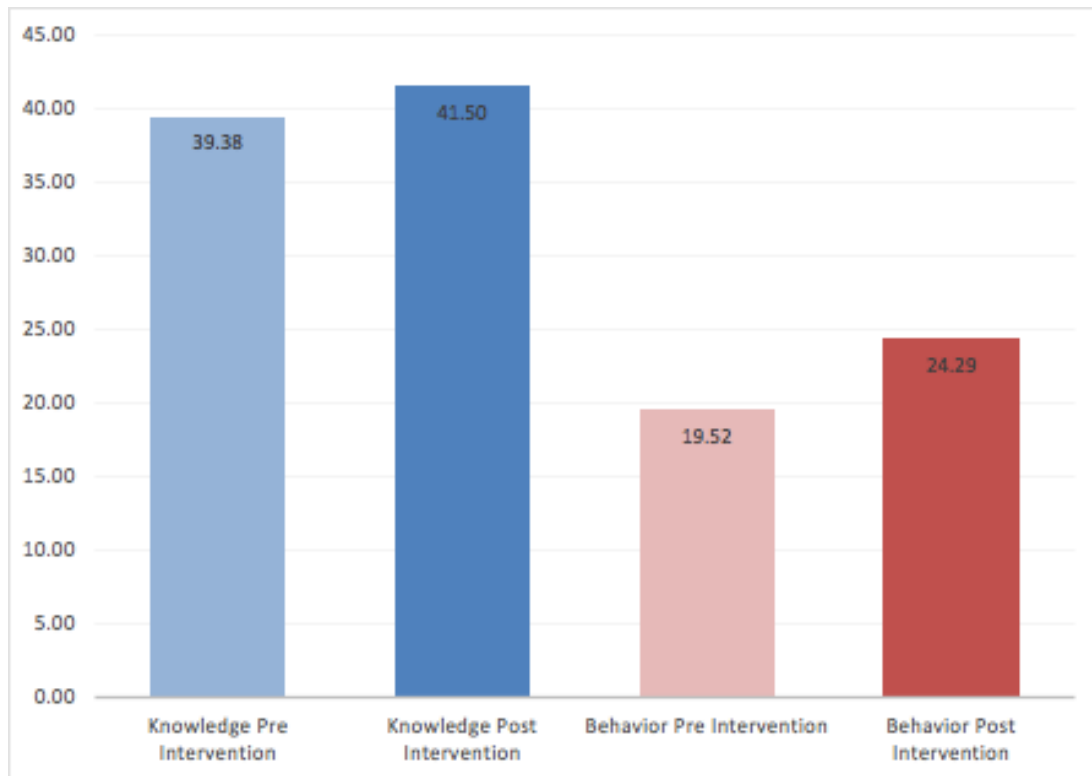
Conclusion

This study demonstrates the impact that personal experiences surrounding the discussion of sex, sexual development, and preventing CSA can have on individuals' parental approaches to addressing these topics with their own children. Although a small portion of the participants claimed that their personal experiences talking about topics of sex with their families did not have any impact on their own parental approach, they still recognized the importance of having open and ongoing conversations about these topics with their children throughout their development. The large majority of participants shared this recognition while also addressing the negative effects that the lack of discussion about sex growing up had on their own lives. This group claimed that these negative effects motivated them to take a different approach with their own children as they plan to establish an open dialogue and create a safe environment for their children to learn about sex, sexual development, and protecting themselves from experiencing CSA. These sentiments were demonstrated through the post intervention ASK Survey and the PUBSI data. These measures showed that the participants had begun to apply the behavioral strategies taught in the *Smart Parents* training shortly following the intervention.

Future research endeavors focused on intergenerational impacts of parent-child communication about topics of sex and CSA would benefit from studying large, diverse samples that are more representative of the general population. Here, parent-child communication among individuals from various socioeconomic, cultural, and familial backgrounds can be investigated. Data from these samples would better equip public health professionals to develop universal parent education programs to prevent CSA for all populations.

Figures**Figure 1.**

Pre- and Post-Intervention Knowledge and Behavior Scores on the Assessment of SmartParents Knowledge Survey (N = 21)



Tables

Table 1.*Participant Demographics (N=23)*

	<i>n</i>	%
Gender		
Male	3	13.0%
Female	20	87.0%
Race/Ethnicity		
White	18	78.3%
Black/African American	2	8.7%
Hispanic/Latinx	3	13.0%
Level of Education		
Grades 0-8	1	4.4%
Some College	1	4.4%
College Graduate	7	30.4%
Advanced Degree	12	52.2%
Household Income		
\$20,000 - 24,999	1	4.4%
\$25,000 - 39,999	3	14.3%
\$40,000 – 59,999	2	9.5%
\$60,000 +	15	65.2%
	Mean (range)	Std. Dev.
Age, years	36.9 (29 – 51)	5.8
Age at Parenthood, years	30.1 (17 – 38)	5.9

Note. Age at Parenthood indicates the age at which the study participants first became a parent.

n represents frequency. % represents percentage.

Table 2.

Personal Experience Talking About Topics of Sex with Parents Growing Up (N = 21) and Impact of Personal Experience on Parental Approach (N=13)^a

Personal Experience	<i>n</i>	%
None	9	42.9
One	5	23.8
Many	4	19.0
Level of Impact		
No Impact	2	9.5
Significant Impact	11	52.4

Note. ^aBecause participants were allowed to skip questions, there is missing data for 20% (n = 8) of respondents. *n* represents frequency. % represents percentage.

Table 3.

Confidence Levels in Speaking to Own Children about Topics of Sex (N = 20)

Confidence Level	<i>n</i>	%
Low	3	15.0
Moderate	1	5.0
High	16	80.0

Note. *n* represents frequency. % represents percentage.

Table 4.*Personal Experience and Confidence Level Cross Tabulation*

		Confidence Level		
		Low	Moderate	High
Personal Experience	None	1	1	7
	One	2	0	3
	Many	0	0	4

Table 5.*Personal Experience and Impact Cross Tabulation (N= 6)*

		Impact	
		No Impact	Significant Impact
Personal Experience	None	0	5
	One	2	3
	Many	0	3

Table 6.*Conversations About Topics of Sex Post-Intervention (N=6)*

		<i>n (%)</i>
Initiated a conversation with child about sexual abuse and/or sexual topics such as sexual boundaries/safety, sexual development, etc.?	Yes	5 (83.3)
Quality of conversation	Somewhat good, kind of awkward	3 (50.0)
	Very Good, Not Awkward at All	1 (17.0)
Confidence in speaking to child about sexual topics, including sexual abuse	Very Confident	6 (100.0)

Table 7.*Self-Reported Changes to Behavior Post-Intervention (N= 6)*

		<i>n (%)</i>
Have you made changes to your home environment to protect your child from sexual abuse?	No	2 (33.3)
	Yes	4 (66.7)
Did you and your child(ren) create a household child safety plan?	No	5 (83.3)
	Yes	1 (17.0)

Table 8.*Assessment of SmartParents Knowledge (ASK): Mean Scores*

	N	Min	Max	Mean	Std. Deviation
Pre-intervention					
Knowledge	21	29	44	39.38	3.43
Protective Behaviors	21	8	27	19.52	4.89
Post-intervention					
Knowledge	20	32	45	41.50	3.56
Protective Behaviors	21	19	30	24.29	3.35

NOTE: Valid N (listwise) = 20

Table 9a.*Personal Experience Talking About Topics of Sex with Parents Growing Up**

Themes Among Group with No Personal Experience Talking About Topics of Sex with Parents Growing Up			
Post Interview Question	Sex as Subject to be Avoided	Lack of CSA Prevention Education	Preventing Pregnancy
	“We didn’t talk about it. My mom did not even go through puberty with me. Like it was a taboo subject, you just don’t mention that.” (Participant 15)	“I think from my experience and then my culture... at least back home, any time the word, sex and children were put together it was just a big no.” (Participant 2)	“They didn’t talk about it. I think we both got the lecture just don’t get pregnant as a teenager.” (Participant 8)
Themes Among Group with One Personal Experience Talking About Topics of Sex with Parents Growing Up			
What was your experience talking about sex, sexual development, and sexual abuse as you grew up in your family?	Insufficient Conversation	Emphasis on Abstinence	Parents Wary of Conversation
	“Oh man, How much time do you have? Well, it was not very in-depth... I was born in the ‘80’s and my mom was Catholic and I asked how things work and I had a one-time conversation about what sex is and never do it. That was it. So, I mean, that’s not abuse, but just about sexual education in general... It was not sufficient and before I had kids, it really made me think about ‘how do I want to approach things,’ and I do want to approach things correctly.” (Participant 4)	“So, I was the person who was the guinea pig for ‘the talk’ that you have when you’re of age. And as soon as I had that talk, I was really like ‘wow, you guys really dropped the ball;’ I would just say that... abstinence was preached in my household. There was no access to birth control, no discussion of safe choices... We had a code word in my house growing up, where my parents had a code with us, and if we felt we were in an unsafe scenario, they would tell us to use that code.” (Participant 6)	“I don’t think we really talked about it until we were maybe like in high school- 15 or 16 – it was kind of something my parents knew we knew about but didn’t really want to talk about.” (Participant 9)

*Participant Groups “None” and “One” only, according to common themes.

Table 9b.*Personal Experience Talking About Topics of Sex with Parents Growing Up**

Post Interview Question	Participant Responses	
What was your experience talking about sex, sexual development, and sexual development as you grew up in your family?	“My mom was a child and family therapist. She like – A lot of times it felt like she wanted to talk about it way more than I wanted to.” (Participant 12)	“It was a very open conversation.” (Participant 19)

*Participant Group Responses from “Many” only.

Table 10.*Impact of Personal Experiences on Parental Approach*

Post Interview Question	Participant Responses	
	Significant Impact	No Impact
In what ways has this impacted your view of family and parenting today?	<p>“It has made me want to be very open with my children about it so they can feel like they can come to me as the source of knowledge. I never felt comfortable asking my parents because it was not an open dialogue in our house.” (Participant 5; None*)</p>	<p>“I don’t know that has had as much of an effect on how I’m parenting my children with this topic. I think my experience as an educator has led me to know how important that knowledge is for our kids ... I don’t know if it would be the same if I weren’t a teacher, you know?” (Participant 22; One*)</p>
	<p>“I just think about how I didn’t really want to go to my parents and talk about things, even at college like you just don’t want to go to that person who should be so trusted. So, the bottom line is that I just want... my kids to feel like I’m a safe place for having these conversations with, even if they think or know that I don’t agree with it... Just knowing that I’m like home base ...” (Participant 4; One*)</p>	<p>“I don’t know, I think honestly... it really hasn’t played a role in how I parent. I think its more like my education and so what I’ve learned and what I’ve understood that way. I think education has helped me understand, ‘oh this is how kids should learn about this and this is what they should know about that.’; Yeah, now if I didn’t have education, I would probably be like, ‘Oh my God, I am never talking about that.’ Kids, young adults, full-blown adults should be having these conversations ... it shouldn’t be something stigmatized because we refuse to talk about these things, that’s when individuals grow up to have these weird relationships with sex and stuff. So, they are going to be awkward conversations, but they are important, and we are working on consent and that is something our generation was never taught.” (Participant 16; One*)</p>
	<p>“Yeah, I would say a lot, in that, it really makes me feel comfortable to talk about things myself- first and foremost- and then to realize that it is important to talk about things with children at a developmentally appropriate sort of way.” (Participant 7; Many*)</p>	

*Indicates which Amount of Personal Experience each participant identify

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ACADEMIC VITA

EDUCATION

The Pennsylvania State University **State College, PA**
Schreyer Honors College
Health and Human Development | B.S. Human Development and Family Studies
Class of 2023 Minor in Child Maltreatment and Advocacy Studies

RELEVANT EXPERIENCE

Centre County Children & Youth Services **Centre County, PA**
Children and Youth Services Intern *January*
2022 – April 2022

- Assisted caseworkers with intake home visits as well as follow up interventions with families.
- Observed court proceedings regarding parental custody, foster-home placements, and behavioral issues.
- Consulted with service provider networks that partner with CYC to aid families under their jurisdiction.
- Supervised and cared for foster children in between placements.

Academic Peer Mentor Program **University Park, PA**
Academic Peer Mentor *August*
2021 – Spring 2022

- Advocated for students in need of academic, mental health, and financial resources through my position as an Academic Peer Mentor through the Division of Undergraduate Studies at Pennsylvania State University.
- Coached mentees in building study plans and practicing time management skills to better maintain their studies and improve their overall GPA.
- Developed meeting plans to adhere to during weekly meetings with my mentees.
- Consulted with Academic Peer Mentor Coordinators to find the most effective solutions to issues encountered with my mentees.

Safe and Healthy Communities Initiative Laboratory **University Park, PA**
Undergraduate Research Assistant
Fall 2021 – Present

- Interfaced with study participants to collect feedback on Pilot Parenting Program via interview format. The Pilot Parenting Program teaches parents the importance of discussing sexual development and preventing child sexual abuse with their children. The program also provides strategies that parents can utilize to keep their children safe.
- Monitored program provider fidelity.
- Transcribed pilot program post-interviews for further analysis.

WORK EXPERIENCE

Market District Express

McMurray, PA

Part-Time Store Clerk

August 2017 – Present

- Interfaced with customers while helping complete transactions.
- Problem solved in my role as a customer service employee and worked with customers to come to reasonable solutions when issues arise.

Child Care Provider

Self-Employed

McMurray, PA

- Planned activities and meals for girls as their babysitter.
August 2019

August 2018 –

CERTIFICATIONS

2021 - **An Overview of Screening and Assessment for Child Trauma**, The National Child Traumatic Stress Network

2021 - **Family Resilience**, The National Child Traumatic Stress Network

2021 - **Stewards of Children Training**, Darkness to Light Organization

2020 - **Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania**, University of Pittsburgh School of Social Work, PA Child Welfare Resource Center

2020 – **Responding to Child Physical Abuse in the Cultural Context of the Family**, The National Child Traumatic Stress Network

2020 - **The Cognitive Processing Component of Trauma Focused Cognitive-Behavioral Therapy (TF-CBT)**. The National Child Traumatic Stress Network