Examining Caregiver Vigilance for Child Sexual Abuse

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ABSTRACT

Background: Child sexual abuse (CSA) affects up to a third of US children by the end of adolescence. As one of the ten primary adverse childhood experiences (ACEs) implicated in long-term health and wellbeing effects from childhood through adulthood, CSA is a pervasive and problematic safety concern. The potential influence of close-contact caregivers (such as parents and grandparents) and healthcare providers in improving children’s safety is under-realized in current CSA prevention efforts given their role as protectors and teachers of children. In particular, there has been limited research to understand influences on the thinking processes and decision making preceding vigilance response for CSA. Additionally, understanding the complexities facing health care providers tasked with providing care related to CSA will facilitate intervention development for caregivers in primary care. Pediatric primary care presents a unique opportunity to reach caregivers, with more than 90% of children visiting a primary care site annually. Guided by social ecology and protection motivation theories (PMT), the goals of this study were to advance understanding of caregiver cognitive processes towards vigilance for CSA and the challenges of providing CSA prevention and intervention in the primary care setting. The study was divided into two distinct phases. The specific aim of Phase I was to explore how the proposed cognitive process of situational risk perception behaves in relation to caregiver prior experience and family sociodemographic variables in a PMT model. The specific aim of Phase II was to explore challenges for primary care providers and staff in providing guidance, appraisal, and treatment for CSA.
**Methods:** During Phase I, caregivers of children 4 – 10 years old were surveyed (n = 183) to gather data on demographics, home environment, prior trauma and adversity experiences, and situations of perceived risk for CSA. A multinomial logistic regression model was developed to identify predictors of caregivers’ CSA situational risk perception for settings at the microsystem, exosystem, and across both socioecological layers of a child’s environment. During Phase II, three focus group sessions were conducted with primary care providers and staff (n = 17) to explore practices of anticipatory guidance and safety, identify processes for addressing CSA, and identify challenges encountered in the healthcare provider role and in interacting with children, families, and community resources.

**Results:** Phase I results identified a predictive model for CSA situational risk perception by caregivers of children, with amount of prior adversity or trauma as a child, as measured by levels of ACE scores, and demographic and home environment identified as significant factors in this relationship. The analysis also found the investigator-developed 10-item tool of CSA risk situations to be a reliable indicator of situational risk perception (Cronbach’s alpha = .782). Using principle components analysis, two factors were determined within the situational risk perception tool, microsystem and exosystem-level CSA risks. Phase II results found six themes in the complexity of healthcare provider guidance, appraisal, and treatment of CSA. Two themes were specific to the provider role: (1) Competing care demands for high-risk children and (2) Challenges with appraisal and treatment. As the data emerged in a socioecological construction, four themes were identified as interactional processes with others. Two proximal processes with the child and family identified were: (1) Navigating stigma, denial, and avoidance and (2) Sporadic interaction for guidance and appraisal. Two proximal processes with
community resources identified were: (1) Fragmentation of community resources and (2) Constrained information sharing with community agencies.

**Implications:** This study makes a unique contribution to the literature by introducing and exploring a newly proposed cognitive process in the PMT model for caregiver vigilance for child sexual abuse. Identifying the caregiver, child, and home environment factors that influence where in a child’s social ecology caregivers understand CSA risk to exist lays groundwork for further studying specific vigilance responses of caregivers. This study begins the process of developing a tailored intervention for caregivers grounded in the thinking processes they are already having about CSA risk, a step forward in prevention. Further, this study identifies the challenges and resources of healthcare providers and their staff in addressing CSA in primary care, particularly with high-risk families. This is a key component to planning feasible and effective PMT-based caregiver interventions in primary care while also giving credence to healthcare providers’ position and needs to support CSA prevention.