

Primary Prevention of Child Sexual Abuse: “Where We Live” Evaluation

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Prepared By
Stephanie M. Townsend, PhD
Townsend Consulting & Evaluation, Inc.
stephanie.townsend@earthlink.net
8 Locke Drive, Pittsford, NY 14534
(585) 690-9315

For
Washington Coalition of Sexual Assault Programs
4317 Sixth Avenue, Suite 102
Olympia, WA 98503
(360) 754-7583



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Executive Summary

This report presents the findings from an evaluation of the *Where We Live* curriculum, a primary prevention program implemented by the Washington Coalition of Sexual Assault Programs (WCSAP). This curriculum is a **four-session educational and skill-building initiative designed to prevent sexual abuse by raising participants' awareness and building their skills for preventive action.**

This report details the outcomes evaluation that was done to assess the effectiveness of the program during the second year of implementation. Results of pre-post survey analyses from 47 participants found that:

- Participants expressed **very high satisfaction** with the workshops, including feeling respected and supported by the facilitators.
- Participants could **appropriately distinguish between high, medium and low risk situations.** They became less comfortable with non-exploitative boundary violations, as intended by the curriculum. However, they also became less comfortable with innocuous situations, which was not an intended outcome.
- There were **significant increases in the likelihood of intervening in a risk scenario.** Notably, significant increases occurred for all four categories of intervention: talking with the child, talking with the adult, staying watchful, and contacting an authority. The magnitude of the changes was substantial. These changes are an important indicator of the effectiveness of the workshops.
- The survey data indicated that participants **thought more about**

facilitators than inhibitors of intervening. Additionally, there was a significant increase in endorsement of facilitators and a significant decrease in endorsement of inhibitors. Although the magnitudes of change were small, these changes are another indicator of the effectiveness of the workshops.

- When reporting about actual conversations participants had with their children there were statistically significant **increases in conversations about privacy and sex education.** This reflects an important behavioral change that meets core workshop goals.
- In addition to this year's findings, a descriptive comparison of findings from the first and second years of implementation shows **great consistency in participant satisfaction and more significant changes in the intended outcomes this year than in the first year of implementation.** This is a positive finding that speaks to the continued and even increased efficacy of these workshops.

In summary, there is evidence that the workshops were successful in achieving most of the major goals. This is seen most evidently in the high participant satisfaction ratings, significant increase in ability to identify boundary violations, significant increases in the likelihood of intervening in risky situations, and significant increases in adults talking with children about privacy and sex education.

Therefore, it is the opinion of this evaluator that there is sufficient evidence for the continuation of WCSAP's implementation of the *Where We Live* curriculum.

Evaluation Design and Method

Evaluation Questions

This evaluation included both process and outcome components.

The outcomes evaluation assessed participants':

- Ability to identify risk situations
- Likelihood of engaging in specific prevention behaviors
- Motivations for intervening
- Engagement in actual conversations with children about sexuality and safety

The process evaluation assessed:

- Participant satisfaction with the workshops
- Group participation in the workshop sessions
- Use and usefulness of take-home practice exercises

Methodology

This evaluation relied on a retrospective pre-survey/post-survey of participants and a brief process survey completed by group facilitators.

Surveys are useful when the focus is on a set of predetermined questions and the answers will be coded using numeric codes. Self-reported information such as background, personal experiences, attitudes and behaviors are well-suited to a survey format. However, it must always be remembered that there may be some differences between reported behaviors and actual behaviors.

A **retrospective** pre-survey/post-survey is when a single survey is given at the end of the intervention. At that time, participants are asked to respond based on what they thought before the workshops and then to respond to the same questions based on what they think now at the end of the workshops. This strategy is recommended when there is the possibility of a response shift bias that would result in an

underestimation of the effects of the intervention.

A **response shift bias** occurs when respondents' internal frame of reference or understanding of the concept being measured changes between the pre-test and the post-test. Consequently, they are not using the same cognitive metric when answering the questions. This may lead to an underestimation of intervention effects.

For example, if a participant prior to the first workshop thinks they know a lot about child sexual abuse, but their understanding is based on myths about assaults by strangers, then they might rate their likelihood of intervening as high on the pre-survey. However, as they learn that most assaults are committed by someone the child knows, their understanding of what it actually means and might feel like to intervene changes. They may, in fact, develop attitudes and skills that would lead them to be much more likely to intervene in more common child sexual abuse scenarios. However, because on the post-survey their ratings are also high, it appears there was no increase in likelihood of intervening when, in fact, the participant is much more likely to intervene in a far broader range of scenarios than before the workshops.

A response shift bias was suspected in the evaluation of the first year of this intervention because of discrepancies between the qualitative comments from participants about how they benefitted from the workshop and the lack of significant findings on some of the quantitative ratings. Therefore, the survey was modified to a retrospective pre-survey/post-survey format.

Additionally, in the interests of length, the survey was revised to be shorter by focusing on the most relevant outcomes. A few items were also edited for clarity.

Measures and Procedures

The same measures and procedures were used for all groups.

Outcomes Survey

The retrospective pre-survey/post-survey consisted of five major sections. See Appendix A for a copy of the survey.

The first section assessed participants' abilities to **recognize risk situations**. This section consisted of nine items that represented either (a) innocuous physical contact with a child, (b) non-sexual violations of a child's boundaries that could be warning signs of abuse, or (c) sexual contact or exposure.

Participants responded by indicating how comfortable they would be with the adult's behavior using a 5-point scale where *1=very uncomfortable, 2 = a little uncomfortable, 3 = not sure, 4 = a little comfortable, 5= very comfortable*. Responses to items in each of the three categories were averaged to create three subscales where lower numbers indicated less comfort with the situation. As the severity of the situations increased, reported levels of comfort should have decreased, indicating that the participant was able to identify relative risk.

The second section measured participants' **likelihood of intervening** in a scenario that represented non-sexual contact between an adult and a child that should have been deemed inappropriate and warranting some type of intervention.

For the scenario 11 possible ways of intervening were listed. Interventions were divided into four categories: (a) watching the situation, (b) talking with children, (c) reporting to an authority figure, and (d) talking directly with the adult. For each action, participants responded on a 5-point scale to indicate their likelihood of intervening where *1 = I would not do this, 2 = a little likely, 3 = moderately likely, 4 = very likely, 5 = I would definitely do this*. Items in each category were averaged, yielding four subscale scores where higher numbers

indicated greater likelihood of intervening.

The third section of the survey was a **decisional balance** scale that included 11 items. Seven of the items reflected reasons for not intervening and four items reflected reasons for intervening. For each item participants indicated how important the reason/thought would be in their decision about whether or not to intervene in a situation where they suspected an adult was not safe for children. Each item was rated on a four point scale where *1 = not at all important, 2 = a little important, 3 = moderately important, 4 = very important*. Two subscale scores were calculated by averaging the reasons for not intervening (inhibitors) and averaging the reasons for intervening (facilitators). Higher numbers reflected greater importance of those thoughts when making decisions.

The fourth section measured participants' behaviors in talking with children about sexuality and sexual abuse. It consisted of 16 items that each reflected positive, proactive conversation points, including roleplaying with children. For each item participants were asked whether they had talked with their child(ren) about the topic before the workshops and since the workshops started. Participants' responses were coded so that *0 = no* and *1 = yes*. The responses were then summed to yield a score for **actual discussion** in four areas: esteem, privacy, sex education, and safety.

The final section assessed participants' satisfaction with the workshops. This section included eight questions to which participants responded with a four-point scale where *1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree*. There was also an open-ended question that allowed participants to make additional comments about their experiences in the workshops.

The survey was administered by workshop facilitators at the end of the fourth workshop. The survey was voluntary and participation in the groups was not contingent upon completing it.

Process Survey

A brief observational rating survey was completed by the workshop facilitators following each group session. They rated the group on a 10-point scale in response to four questions:

- How many people participated in today's discussions and activities?
- How active and in-depth were today's discussions?
- How many people did the home-work/practice from last week?
- How useful was the homework/practice from last week?

The anchors for each rating were worded in a way that was relevant to the question, but for all four ratings higher numbers indicated more participation.

This procedure resulted in 47 completed outcome surveys and 20 completed process surveys. The surveys were entered into a statistical program, SPSS version 22. Appropriate descriptive, parametric and non-parametric tests were used to analyze the data.

Evaluation Findings

Program Implementation

The prevention program consisted of four weekly sessions with adults in a small group setting.

Participant Satisfaction

As shown in Figure 1, **participants expressed high satisfaction with the program.** These ratings reflect a remarkable level of satisfaction and speak not only to the content of the workshops, but also to the leaders' facilitation skills and the supportive environment that was fostered during the workshops.

Although participant satisfaction and participation speak to process rather than outcomes, they are important indicators of the perceived value of the program. The high satisfaction expressed in both the first and second year evaluations indicates that these

workshops will likely continue to be seen as valuable resources.

Group Participation

The participants' reports of their experiences are consistent with the observations made by workshop facilitators. As shown in Figure 2, attendance and active participation in the workshops were rated very high by facilitators. However, completion and usefulness of the take-home practice activities were rated low.

These ratings indicate that the group sessions were the critical element of the program. Further work on developing relevant take-home practice activities may be helpful.

Figure 1. Participant Satisfaction

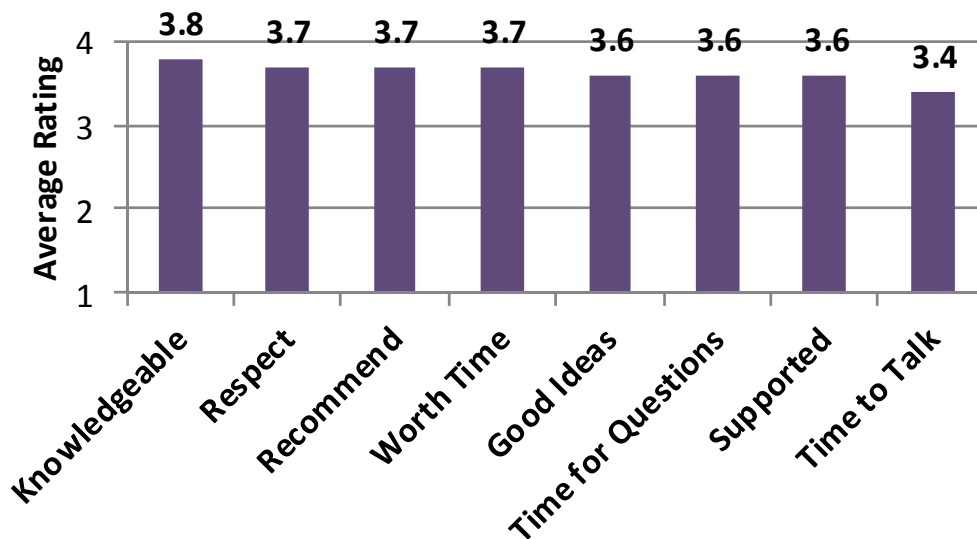
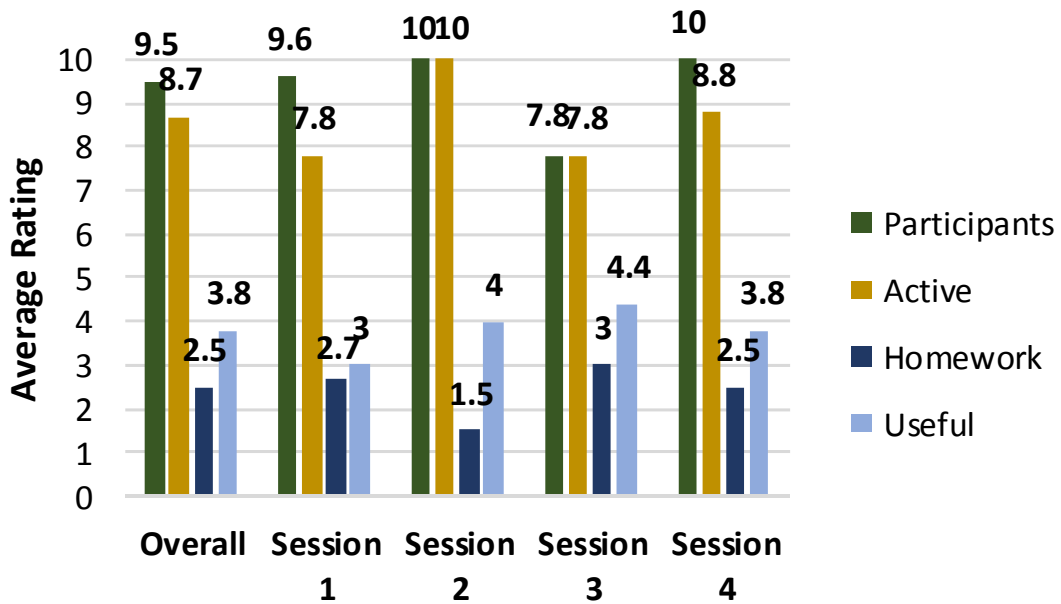


Figure 2. Facilitators' Process Ratings



Note: Figure 2 ratings are based on the facilitators' observations as recorded on the rating form found in Appendix A (page 28). The response anchors for each question were as follows:

<i>Participants:</i>	1 = None	5 = Half	10 = Everyone
<i>Active:</i>	1 = Struggled	5 = Good	10 = Excellent
<i>Homework:</i>	1 = No One	5 = Half	10 = Everyone
<i>Useful:</i>	1 = Irrelevant	5 = Good	10 = Excellent

Identification of Risk

The first major goal of the workshops was to increase participants' ability to identify potential risk behaviors. To measure this, the survey included a list of situations and respondents were asked to indicate how comfortable they were with each behavior. Higher numbers reflected greater comfort.

The **desired pattern** was one where participants would be:

- Comfortable with innocuous behaviors that, by themselves, would not be warning signs of sexual abuse
- Less comfortable with behaviors where an adult failed to respect a child's boundaries (although no abuse was indicated)
- Least comfortable with behaviors where a child was exposed to sexual behavior or was sexually exploited

As shown in Figure 3, the desired pattern of comfortability was seen on both the pre- and post- responses. This indicates that, even before the workshops, **participants were most comfortable with innocuous behaviors and least comfortable with exploitation.**

Three **changes** were intended. Participants would:

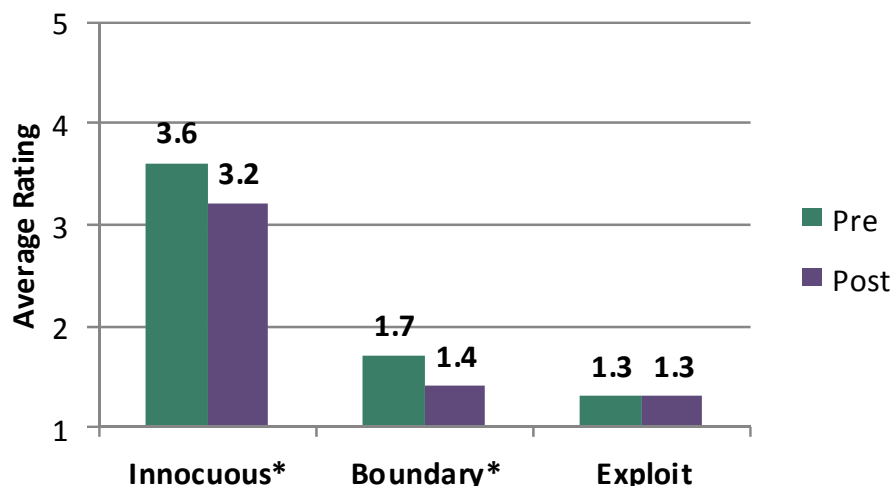
- Become more comfortable with innocuous behaviors. However, what happened was they became less comfortable with these behaviors.
- Become less comfortable with the crossing of boundaries. This change did occur.
- Become less comfortable with sexual exposure or exploitation. No change occurred in these ratings.

In regard to innocuous situations, participants became less comfortable with these scenarios.

This is the opposite of what was intended. In the interests of promoting strong, cohesive communities, it is important that adults not become suspicious of innocuous expressions of community connection. This finding indicates that facilitators need to affirm positive expressions of connection between adults and children in the community. It should be noted that this unintended change was also found in an evaluation of this curriculum in another state.

There was a small but significant decrease in comfortability with situations where there

Figure 3. Identification of Risk



* Statistically significant difference

was a failure to respect a child's boundaries.
This indicates that participants became more aware of how those kinds of interactions are problematic.

The lack of significant change for situations of child exploitation does not indicate that the workshops were ineffective in this area.
Rather, because most participants said they were "very uncomfortable" with these scenarios at the start of the workshops, a significant decrease was not mathematically possible.

some actions that are more fitting than others.

Likelihood of Intervening

The second major goal of the workshops was to increase participants' likelihood of intervening when they identify violations of children's boundaries and/or warning signs of sexual abuse.

Likelihood of intervening was assessed by presenting a scenario and asking respondents to indicate their likelihood of intervening in specific ways. The scenario was one where there were apparent warning signs of inappropriate behaviors on the part of the adult, but no sexual contact occurred.

Respondents were asked to rate their likelihood of taking specific steps to intervene. The types of interventions were divided into four categories:

- Staying watchful
- Contacting an authority
- Talking directly with the child
- Talking directly with the adult about whom there are concerns

It is important to note that while all of these interventions were talked about and practiced during the workshops, there is not a single "right" answer. However, there are

For the ratings, higher numbers reflect that participants were more likely to intervene in a specific way. The intended outcome was that there would be a significant increase in likelihood to intervene in at least some way and that the actions to be taken fit the severity of the situation.

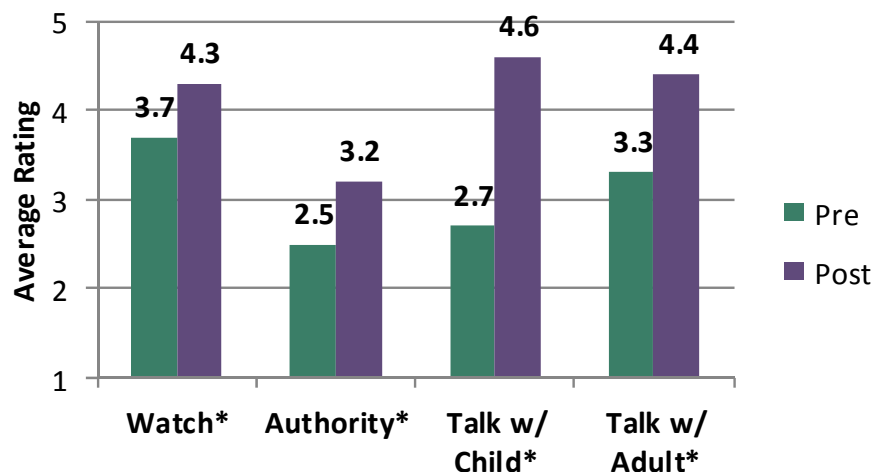
In looking at Figure 4, we see that prior to the workshops:

- The most likely intervention was to stay watchful, followed by talking with the adult.
- The least likely interventions were to talk with the child and to contact an authority.

The pattern was notably different following the workshops:

- **Three interventions were all rated as highly likely:** talking with the child, talking with the adult, and staying watchful.
- **The least likely intervention was reporting to an authority.** This is not surprising as, of the three authorities that were asked about (supervisor, CPS, police), the most appropriate action was to notify

Figure 4. Interventions in Risk Scenarios



* Statistically significant difference

only one of those authorities (i.e., supervisor).

The goal was to increase participants' likelihood of intervening. **Statistically significant increases in likelihood of intervening were documented for all four types of interventions.**

In addition to the statistical significance, the **magnitude of the changes** is reflected in the differences between the means from the pre-workshop ratings to the post-workshop ratings:

- Talk with Child = 1.9 mean difference
- Talk with Adult = 1.1 mean difference
- Contact Authority = 0.7 mean difference
- Stay Watchful = 0.6 mean difference

These changes are integral to the prevention of child sexual abuse and reflect active bystander interventions. As such, they are strong evidence of the effectiveness of these workshops. Additionally, it is notable that there were more significant differences in likelihood of intervening in the second year evaluation than in the first year.

Decisional Balance

Recognizing that the decision to intervene is a complex one, the third major goal of the workshops was to increase cognitions that would support active bystander interventions. Therefore, the surveys asked participants how they would make the decision about whether or not to intervene when an adult may not be safe for children.

The thoughts were divided into two categories:

- Facilitators of intervention (i.e., thoughts that make it more likely a person would intervene)
- Inhibitors of intervention (i.e., thoughts that make it less likely a person would intervene)

Higher ratings indicate that the thoughts would be more important in making a decision. The intended outcomes were that after the workshops participants would:

- Endorse facilitators more
- Endorse inhibitors less

As shown in Figure 5, **facilitators were more strongly endorsed than inhibitors** both before and after the workshops.

Tests for significant changes found:

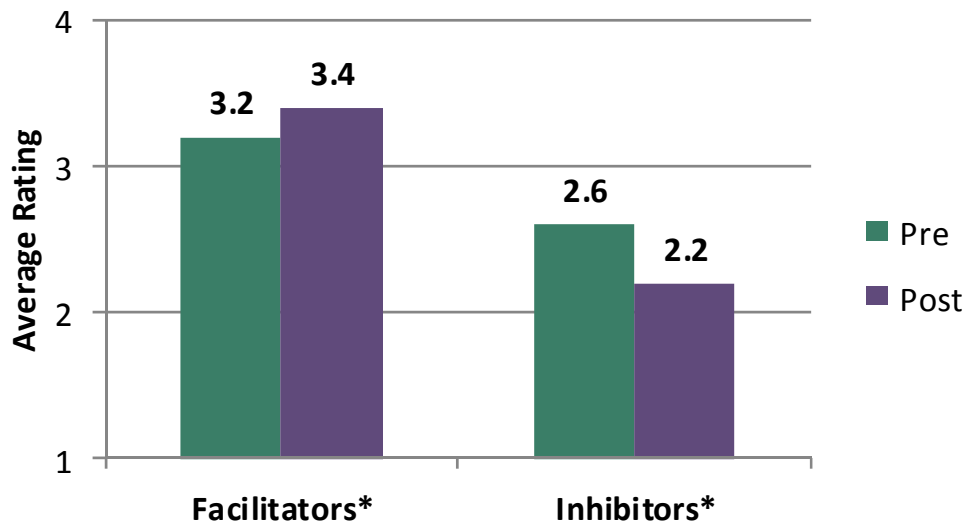
- A statistically significant increase in endorsement of facilitators of intervening
- A statistically significant decrease in endorsement of inhibitors of intervening

Both of these changes indicate effectiveness of the workshops in this area. Although the magnitude of changes were small, the significance indicates that while most people did not change their decision making, for those who did the change was notable.

These findings are especially notable in contrast to the evaluation of the first implementation when no significant changes were found in this area.

Figures 5A and 5B on the following page provide a more detailed look at the endorsement of specific facilitating and inhibiting thoughts.

Figure 5. Decisional Balance



* Statistically significant difference

Figure 5A. Facilitators of Intervening

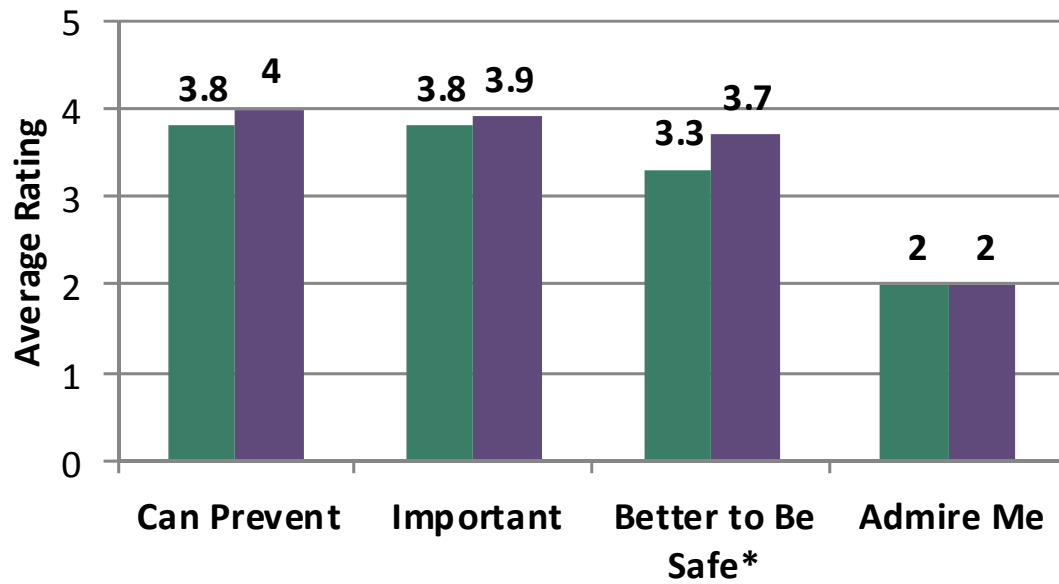
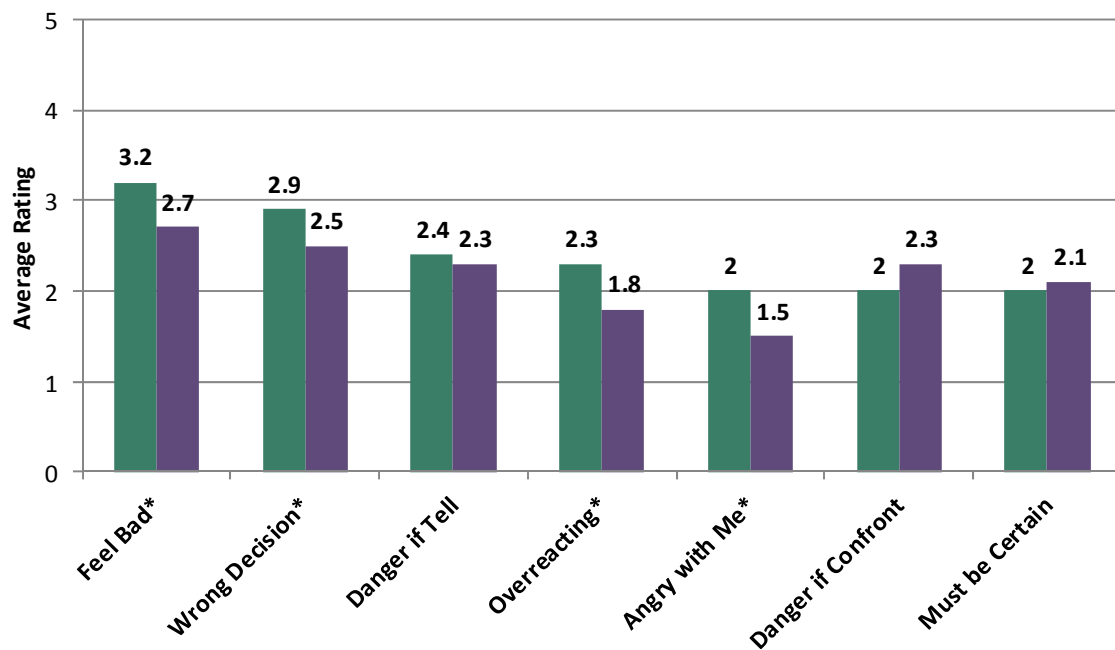


Figure 5B. Inhibitors of Intervening



* Statistically significant difference

Talking with Children

Finally, participants were asked to report whether or not they had actually talked with the children they care for about specific topics related to sexual abuse prevention and healthy sexuality. This question asked first about whether they had discussed the topic prior to the workshops starting and then since the workshops started.

This is perhaps the most important outcome of the surveys because it assessed:

- **actual behaviors**
- that **support primary prevention**
- and that are within the **direct control** of participants

Figure 6 shows the percentage of respondents who reported having talked with the children they care for in the previous month about each topical area. As shown here:

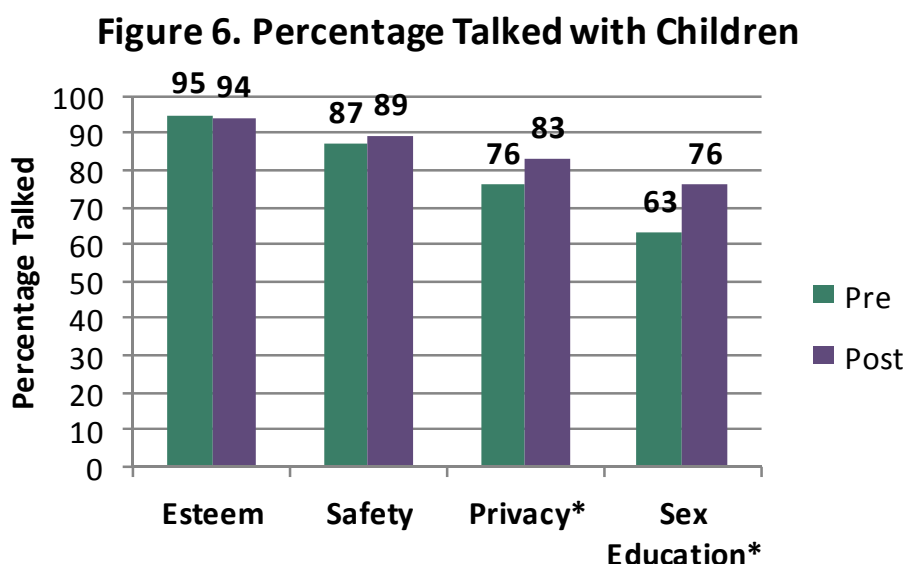
- The topic most talked about was promotion of children's self-esteem
- The topic least talked about was the fundamentals of sex and sexual decision making

- Statistically significant increases in conversations were seen in regard to both privacy and sex education

These findings indicate that there was important behavioral change in participants' conversations with children over the course of the workshops. The weight of these particular findings is increased by the fact that the assessment of these conversations reflects actual behavioral change, whereas the other indicators in the survey reflect attitudes and likelihood.

When interpreting the percentages, it should be remembered that some of the participants were caring for young children for whom conversations about sex and how to make sexual decisions may not yet be age appropriate.

The positive increase in talks about sex education, compared with the first year of implementation when no change was found on this topic, may be due to the fact that this year the session that focused on this topic was done during the third workshop rather than during the fourth. This provided participants



* Statistically significant difference

the opportunity to have these conversations between the third and fourth sessions, knowing they would be able to talk about their experiences with the group during the fourth session.

To further guide facilitators, it may be useful to consider what percentage of participants reported talking with children about each specific topic since the workshops started. To the extent that the conversations were age appropriate, it would be hoped that participants were talking with their children about the topics they were learning about and practicing in the workshops.

As shown in Figure 7, there was a wide range in the reported conversations. It should be kept in mind that some of the topics, like deciding about sexual activity, may not be appropriate for adults caring for very young children.

The two areas that are particularly worthy of focused attention are practicing with children what to do if they are lost and what to do if any adult touches their private areas. It is notable that:

- while 76% of participants reported talking with children about what to do if they are lost, only 68% reported practicing what to do

with children

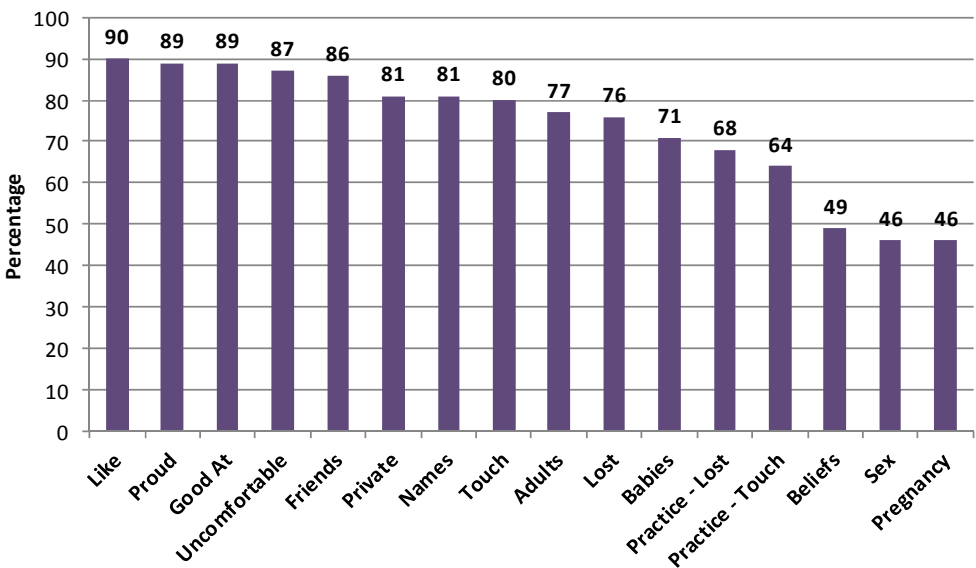
- While 80% of participants reported talking with their children about what to do if an adult touches their private areas, only 64% reported practicing these skills with their children

Facilitators may use these data to choose which types of conversations to focus on more in future workshops. Additional focus might come through multiple methods:

- Including more roleplays
- Including more mini-opportunities for at-home practice
- Tailor roleplays and mini-opportunities to specific age groups so that all participants have relevant strategies and materials
- Through roleplays and discussion, explore more of the barriers to having these conversations.

Participants may need more focused practice with these skills, including how to engage in roleplays with their children in ways that are comfortable for both the children and the adults. However, it is notable that the percentage of participants who reported practicing these skills with their children was substantially higher in this year's evaluation than in the previous year.

Figure 7. Percentage Talked at Post-Survey



Year-to-Year Comparisons

Finally, it may be useful to look descriptively at the findings from the first year of implementation compared with this second year of implementing and evaluating these workshops.

It is not possible to use the evaluation design to draw conclusions about what may have caused any differences in the findings. However, some factors that are worth considering include:

- **Some of the agencies participated both years.** Their additional experience may have allowed them to be more effective in their facilitation. It would be worthwhile to talk with those facilitators about any differences they observed in what they did as facilitators and in how participants responded.
- **The third and fourth sessions, on talking about sexuality and intervention roleplays, were reversed in the second year of implementation.** This may have increased the conversations with children about sex education and healthy sexuality. At the least, it allowed the measure, which was given at the end of the fourth session, to capture conversations that happened. In contrast, in the first year of implementation many of those conversations may have occurred after the fourth session and, therefore, were not captured by the survey.

- **The retrospective pre-test format may have helped to counter any response shift bias.**
- **Additionally, slight revisions to questions to sharpen the focus on relevant situations and behaviors may have done a better job of capturing the intended outcomes.**

Table 1 on the following page presents the year-to-year comparisons for major findings.

Table 1. Year-to-Year Comparisons

	First Year	Second Year
	<u>Means</u>	
Participant Satisfaction		
Knowledgeable	3.9	3.8
Respect	3.9	3.7
Recommend	3.9	3.7
Worth Time	3.8	3.7
Good Ideas	3.9	3.6
Time for Questions	3.9	3.6
Supported	3.8	3.6
Time to Talk	3.8	3.4
Identification of Risk		
Innocuous—Pre	3.1	3.6
Innocuous—Post	3.8*	3.2*
Boundary—Pre	2.0	1.7
Boundary—Post	2.3	1.4*
Exploit—Pre	1.7	1.3
Exploit—Post	1.6	1.3
Interventions in Risk Scenario		
Watch—Pre	4.4	3.7
Watch—Post	4.5	4.3*
Notify Authority—Pre	2.4	2.5
Notify Authority—Post	2.4	3.2*
Talk with Child—Pre	3.9	2.7
Talk with Child—Post	4.5*	4.6*
Talk with Adult—Pre	4.0	3.3
Talk with Adult—Post	4.3*	4.4*
Decisional Balance		
Facilitators—Pre	3.3	3.2
Facilitators—Post	3.3	3.4*
Inhibitors—Pre	2.3	2.6
Inhibitors—Post	2.2	2.2*

* Statistically significant difference from pre to post

	First Year	Second Year
	<u>Percentages</u>	
Talked with Children—Categories		
Esteem—Pre	91	95
Esteem—Post	93	94
Safety—Pre	65	87
Safety—Post	85*	89
Privacy—Pre	61	76
Privacy—Post	72*	83*
Sex Education—Pre	38	63
Sex Education—Post	41	76*
Talked with Children at POST—Items		
Like	89	90
Proud	93	89
Good At	89	89
Uncomfortable	64	87
Friends	82	86
Private	64	81
Names	60	81
Touch	46	80
Adults	67	77
Lost	72	76
Babies	32	71
Practice—Lost	42	68
Practice—Touch	36	64
Beliefs	12	49
Sex	16	46
Pregnancy	not asked	46

* Statistically significant difference from pre to post

Recommendations

It is the opinion of this evaluator that WCSAP's implementation of the *Where We Live* curriculum was successful and that there is sufficient evidence for the continuation of the initiative.

Success is seen most clearly in the high participant satisfaction ratings, significant increase in ability to identify boundary violations, significant increases in the likelihood of intervening in risky situations, and significant increases in adults talking with children about privacy and sex education.

There are areas where the workshops might be strengthened to enhance the effects. Based on the evaluation, in the future facilitators may find it effective to:

- **Explore more situations where there is no real risk to a child indicated and accompany those discussions with reflections on how being a part of a community is important for children's development.** This can help participants develop not only more comfortability with innocuous situations, but also to see interactions between their child and other adults as potentially positive experiences.
- **Explicitly acknowledge that sometimes when people learn about child sexual abuse, they begin to see risks everywhere.** Normalizing those reactions, while unpacking why innocuous situations are not risks, may help participants more accurately evaluate risk.
- **Help participants reflect more on their decision making processes** and how their motivations impact the actions they take. This should include reflecting on how it feels

to decide to intervene or not. Enhancing these discussions may further strengthen the reliance on facilitating cognitions and decrease the reliance on inhibiting cognitions.

- **Focus more on practicing skills with children** and not simply talking with them. This may require further adaptations of roleplays and practice opportunities to different age groups and relationships (e.g., grandparents relating with their grandchildren).
- **Continue to strengthen skill building around talking about sexuality and sexual decision making.** Although this is not the primary focus of these workshops, it is an important part of being able to talk about sexual abuse in a broader context, especially in light of the ways that perpetrators use talk about sex and sexuality to manipulate children. It is essential that children have an accurate and healthy understanding of what sexuality really is and the contexts and ways in which it is appropriate to express sexual feelings.



Appendix A: Measures

WHERE WE LIVE

Post-Workshop Survey

Thank you for taking part in these workshops for parents and caregivers. Before we finish, we would like to hear **what you think** about some of the things we talked about. **There are no right or wrong answers.** Knowing what you think will help us improve this group in the future.

This survey is **anonymous**. Do not write your name on it. If you are uncomfortable answering a question, you may skip it.

Which groups did you attend?

- ☐ Group #1 (Boundaries and Warning Signs)
 - ☐ Group #2 (What to Do Videos and Discussion)
 - ☐ Group #3 (Talking with Children About Sexuality)
 - ☐ Group #4 (What to Do Roleplays)
-

Important Instructions

We will ask you to answer some of the questions two times:

- First, think back to **before** these workshops. Tell us what you thought and believed **then**.
- Next, tell us what you think and believe **now**.

There are no right or wrong answers. It's okay if your answers are the same both times and it's okay if they changed.

How would you feel?

Imagine that your child is **8 years old**. How comfortable would you feel if the following things happened?

	BEFORE I felt...					NOW I feel...				
	VERY Uncomfort- able	A LITTLE Uncomfort- able	I'M NOT SURE	A LITTLE Comfortable	VERY Comfortable	VERY Uncomfort- able	A LITTLE Uncomfort- able	I'M NOT SURE	A LITTLE Comfortable	VERY Comfortable
A stranger says "hello" to your child while you are in line at the store										
A religious leader hugs your child even when your child does not want it										
A neighbor tells your child what people do when they have sex										
A coach gives your child a pat on the back after your child scores a goal										
Your child tells you their aunt gave them a gift in exchange for massaging her										
Your significant other or spouse takes nude photos of your child										
An uncle invites your child to sit on his lap while they read a book										
A babysitter wrestles with and tickles your child after your child says to stop										
An adult watches porno-graphic movies when your child is in the room										

What would you do?

One afternoon when you pick your child up from summer daycamp you see your child, in her/his bathing suit, sitting on the lap of a camp counselor who is tickling your child. When the counselor says goodbye to your child they call your child “beautiful” and ask for a hug.

In this situation, how likely are you to do the following things?

	BEFORE I would...					NOW I would...				
	NOT do this	A LITTLE likely to do this	PROBABLY do this	VERY likely to do this	DEFINITELY do this	NOT do this	A LITTLE likely to do this	PROBABLY do this	VERY likely to do this	DEFINITELY do this
Keep watching the counselor										
Talk with another parent about the situation										
Notify an authority figure (for example, the camp director)										
Call Child Protective Services										
Call the police										
Ask your child what they think about the counselor										
Tell your child to avoid the counselor										
Talk with your child about what to do if they feel uncomfortable with the counselor										
Talk with the counselor and get to know them better										
Ask the counselor about what they did										
Explain to the counselor why you are not comfortable with their behavior										

How would you decide?

If you think an adult may not be safe for children, there are many things you might think about when deciding what to do. Please tell us how important each of these thoughts would be to you if you were thinking about doing something (for example, talking with the adult or reporting the situation to an authority).

	BEFORE I thought it was...				NOW I think it is...			
	NOT AT ALL important	A LITTLE important	SOMEWHAT important	VERY important	NOT AT ALL important	A LITTLE important	SOMEWHAT important	VERY important
I can prevent a child from being hurt								
It is important for everyone in the community to keep children safe								
Friends will look up to me and admire me if I do something about the situation								
My friends or family might be angry with me if I do something about the situation								
I could be in danger if I confront the adult								
I could be in danger if I tell someone what I suspect								
I could make the wrong decision and say something when nothing was really wrong								
I have to be 100% certain that a child is being abused before I do anything								
People might think I am overreacting								
I would feel bad if I wrongly accuse someone								
It's better to be safe and do something even if I'm not sure that a child is being abused								

What do you talk with your children about?

How old are your children? If your children are grown but you take care of younger children (for example, your grandchildren), tell us how old the children are whom you take care of.

	BEFORE these workshops had you ever talked with your child about this?		Since these WORK- SHOPS STARTED have you talked with your child about this?	
	Yes	No	Yes	No
What they like to do				
Who their friends are				
Who their favorite adults are				
What your child is good at				
Things about your child that make you proud				
Proper names for their penis or vagina				
What body parts are private				
What to do if an adult makes them feel uncomfortable				
What to do if an adult touches their private areas				
How babies grow in their mother's belly				
What sex and sexual activities are				
How sex can cause pregnancy				
What you believe about when people should or should not have sexual relationships				
What to do if they get lost				
PRACTICING what to do if they get lost				
PRACTICING what to do if an adult touches their private areas				

What do you think about these groups?

	Strongly Disagree	Disagree	Agree	Strongly Agree
The groups were worth my time.				
The presenters knew what they were talking about.				
I felt supported during the groups.				
I got good ideas I can use with my child.				
There was enough time to ask questions.				
There was enough time to talk with other parents about issues we face.				
The presenters respected me.				
I would tell my friend or family to come to a group.				

Is there anything else you want to tell us about the groups?

We especially want to hear about what you liked, what you did not like, and how you will use what you learned.

Thank you!

If you have any questions about this survey
or if there is anything we can do to help you, let us know.

Where We Live Workshops

Parent Workshop Process

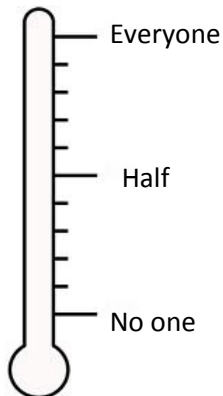
Complete this sheet following each group meeting.

Agency/Program Name: _____ # Participants Today: _____

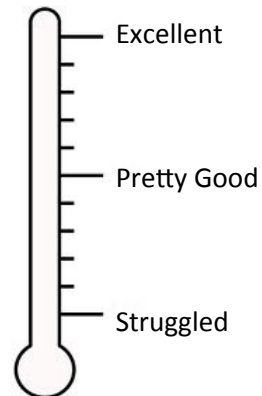
_____ Group #1 (Boundaries and Warning Signs) _____ Group #3 (Talking About Sexuality)
 _____ Group #2 (What to Do Videos and Discussion) _____ Group #4 (What to Do Roleplays)

Fill in the “thermometers” in response to each question.

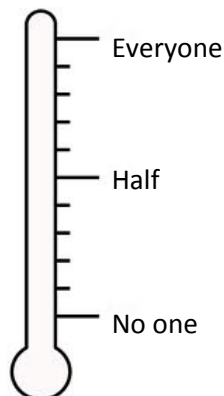
1. How many people participated in today’s discussions and activities?



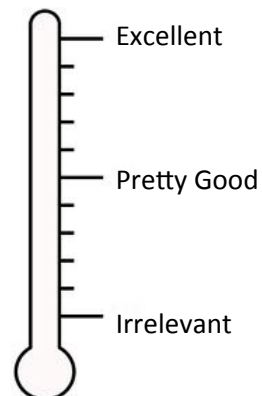
2. How active and in-depth were today’s discussions?



3. (If applicable) How many people did the homework/practice from last week?



4. (If applicable) How useful was the homework/practice from last week?



Appendix B: Statistical Details

Participant Satisfaction Descriptives

	Minimum	Maximum	Mean	Standard Deviation
Worth Time	1.0	4.0	3.7	0.58
Knowledgeable	1.0	4.0	3.8	0.53
Supported	1.0	4.0	3.6	0.65
Good Ideas	1.0	4.0	3.6	0.59
Time for Questions	1.0	4.0	3.6	0.83
Time to Talk	1.0	4.0	3.4	0.91
Respected	1.0	4.0	3.7	0.56
Recommend	1.0	4.0	3.7	0.57

Process Ratings Descriptives

	Minimum	Maximum	Mean	Standard Deviation
Many Participated	2.0	10.0	9.5	1.82
Active Discussions	1.0	10.0	8.7	2.39
Did Practice	1.0	5.0	2.5	1.60
Practice Useful	1.0	10.0	3.8	2.71

Identification of Risk Descriptives

	Pre-Survey		Post-Survey	
	Mean	Std. Dev.	Mean	Std. Dev.
Innocuous	3.6	0.90	3.2	1.02
Boundary Violation	1.7	0.64	1.4	0.39
Exploitation	1.3	0.82	1.3	0.82

Identification of Risk Paired Samples t-Test

	t	df	p
Innocuous	2.33	43	0.03
Boundary Violation	2.99	40	0.01
Exploitation	—	—	—

Interventions in Risk Scenario Descriptives

	Pre-Survey		Post-Survey	
	Mean	Std. Dev.	Mean	Std. Dev.
Watch	3.7	1.02	4.3	0.87
Authority	2.5	1.14	3.2	1.06
Talk w/ Child	2.7	1.01	4.6	0.60
Talk w/ Adult	3.3	1.24	4.4	0.84

Interventions in Risk Scenario Paired Samples t-Test

	t	df	p
Watch	-4.97	43	0.00
Authority	-5.22	42	0.00
Talk w/ Child	-4.87	44	0.00
Talk w/ Adult	-6.87	43	0.00

Decisional Balance Descriptives

	Pre-Survey		Post-Survey	
	Mean	Std. Dev.	Mean	Std. Dev.
Facilitators	3.2	0.44	3.4	0.54
Inhibitors	2.6	0.62	2.2	0.65

Decisional Balance Paired Samples t-Test

	t	df	p
Facilitators	-2.61	42	0.01
Inhibitors	3.38	41	0.00

Percentage Talked with Children

	Pre-Survey	Post-Survey
Esteem	95%	94%
Privacy	76%	83%
Sex Education	63%	76%
Safety	87%	89%



Appendix C: Evaluator's Background

Stephanie Townsend, PhD, has worked in the movement to end sexual violence as both a practitioner and researcher. She began by working for community-based rape crisis and prevention programs in Michigan, California and Texas. Additionally, she served on the boards of directors of the National Coalition Against Sexual Assault, the California Coalition Against Sexual Assault, and on the advisory board of the Texas Association Against Sexual Assault.

She completed her doctoral work at the University of Illinois at Chicago. Her research focuses on community-based rape prevention programs and Sexual Assault Nurse Examiner programs. She has conducted global, national, state-wide, and local research and evaluation projects and has advanced skills in both quantitative and qualitative methodologies. She is a member of the American Evaluation Association, American Psychological Association, Society for the Psychology of Women, and Society for Community Research and Action.