Primary Prevention of Child Sexual Abuse: "Where We Live" Evaluation

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Executive Summary

This report presents the findings from an evaluation of the *Where We Live* curriculum, a primary prevention program distributed by the Pennsylvania Coalition Against Rape and implemented in 2014 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 parents' awareness and building their skills for preventive action**.

This report details the outcomes evaluation that was done to assess the effectiveness of the program. Results of pre-post survey analyses found that:

- Participants expressed **very high satisfaction** with the workshops, including high levels of feeling respected and supported by the facilitators.

- Even at the start of the workshops, most participants could **appropriately identify high, medium and low risk situations**. They did become more comfortable with low risk situations, as intended by the curriculum. This indicates greater skill at distinguishing between innocuous and risky situations.

- At the start of the workshop, most participants reported being **very likely to intervene** in specific behaviors and scenarios where warning signs of boundary crossing or possible predatory behavior were evident.

- However, there were some significant changes in how they would intervene. Specifically, at the end

of the workshops participants were **more likely to talk directly with the adult** about whom they are concerned and **more likely to talk with children** about the situation.

- As for how they would decide about when and how to intervene, the survey data indicated that participants **thought more about facilitators than inhibitors of intervening**, but there was no change over the course of the workshops.

- Overall, even at the start of the workshops parents were relatively **high in their confidence for talking with their children** about self-esteem, privacy, sex, and personal safety. Because of those very high ratings, there was no significant change in confidence.

- However, when reporting on actual conversations they had with their children during the previous month, workshop participants reported a significant **increase in conversations about safety and privacy**. This reflects an **important behavioral change that meets core workshop goals.**

- Facilitators reported receiving **informal feedback from participants that indicated the workshops had positive impacts**. These included comments about the workshops being "eye opening" and "surprising" and participants being grateful for the opportunity.

As explained in the Recommendations, it is **possible that the pre-post survey format underestimated the actual change that occurred**. This would be consistent with the conclusions from prior evaluations of this curriculum. Therefore, it is recommended that either a retrospective pre-test or a measure of perceived change be used in future evaluations in order to better capture the changes that participants may actually be experiencing.

In summary, there is evidence that the workshops were successful in achieving some of the major goals. This is seen most evidently in the high participant satisfaction ratings, significant change in risk assessments that indicated participants became better at distinguishing between innocuous and risky situations, significant increases in the likelihood of intervening in risky situations by talking with the adult in question and/or talking with the children, and significant increases in adults talking with children about safety and privacy.

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 Questions

This evaluation included both process and outcome components. The process evaluation focused on fidelity to the curriculum by documenting any modifications made during implementation.

The outcomes evaluation assessed participants':

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

Methodology

This evaluation relied on a 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.

Measures and Procedures

The same measures and procedures were used for all groups. Questions on the pre– and post-surveys were not identical. However, they were comparable. For example, a question about an adult violating a child's boundary in a non-sexual way on the pre-survey had a corresponding question on the post-survey with only the details being changed, but the nature and severity of the incident being comparable.

Survey

The pre– and post-surveys consisted of five major sections (see the *Where We Live* curriculum for a copy of the measures). The first section assessed participants' abilities to **recognize risk situations**. This section consisted of eight 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 major section measured participants' **likelihood of intervening** in the same innocuous, boundary violations, and contact/exposure scenarios. For each of the eight items, participants indicated how likely they were to do something on a 3-point scale where *1= I would not do anything, 2 = I might do something, 3 = I would definitely do something*. Again, the items were averaged based on the level of risk, yielding three subscores where higher numbers indicated greater likelihood of intervening.

Given its centrality to the goals of the program, **likelihood of intervening** was measured again in the third major section of the survey. This section included two scenarios

that represented some type of non-sexual contact between an adult and a child with the first scenario potentially being innocuous (although the child(ren) appeared uncomfortable and the situation warranted some type of attention) and the second scenario including more overt warning signs that might precede sexual contact with a child.

For each scenario 12 possible ways of intervening were listed. Interventions were divided into four categories: (a) maintaining vigilance, (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 fourth major 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 final section on both the pre– and post-surveys measured participants' confidence and 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 how **confident** they were in their ability to talk

with their child(ren) about the specific topic. Confidence was rated on a four point scale where *1 = not at all confident, 2 = a little confident, 3 = moderately confident, 4 = very confident*. Items were divided into four sub-scales: (a) promoting positive self-esteem, (b) privacy, (c) sex education, and (d) safety skills. Higher numbers reflected greater confidence.

For each of the topics participants were also asked whether they had talked with their child(ren) about the topic during the previous month. Participants' responses were coded so that *0 = no* and *1 = yes*. The responses were then summed to yield a score for **actual discussion in each category**.

The post-survey included a final section to assess participants' satisfaction with the program. 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 pre-survey was administered by program staff at the start of the first session. If a participant missed the first session, it was given to them at the start of the second session. The survey was voluntary and participation in the groups was not contingent upon completing it. The post-survey was administered by program staff at the end of the fourth session. On each survey participants were asked to create a unique number based on their telephone number so that the pre– and post-surveys could be matched, thereby creating a repeated measures design and allowing for paired statistical analyses.

This procedure resulted in 35 paired surveys. There were an additional 16 pre-surveys and 6 post-surveys that could not be matched. These unmatched surveys were omitted from the analyses.

The matched surveys were entered into a statistical program, SPSS version 21. Appropriate descriptive, parametric and non-parametric tests were used to analyze the data.

Program Implementation

The prevention program consisted of four weekly sessions with parents in a small group setting. In one community the program was modified to deliver the same material in two sessions. Participation in the groups was voluntary. A total of 10 groups were held in a variety of settings.

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.

Further evidence of high participant satisfaction was seen in the comments made by participants on the survey . Although not all participants made comments, of those who did they were unanimously positive. The most common areas people wrote about were the importance of the material and the supportive environment.

For example:

"This group was great. I felt this information was very valuable and I enjoyed all of it. Thank you!"

"All the information and support were great. I have no children, but every thing I learned will help me with the children around where I live."

"Thank you for your time and listening to my ideas and concerns. I feel like I learned to keep my children safe and what boundaries are and why they are important. I also learned that it is important to talk and model to children to be safe. Thank you again for your time."

Although participant satisfaction speaks to process rather than outcomes, it is an important indicator of the perceived value of the program. The extremely high satisfaction expressed in this pilot indicates that these workshops will likely continue to be seen as valuable resources.

Figure 1. Participant Satisfaction
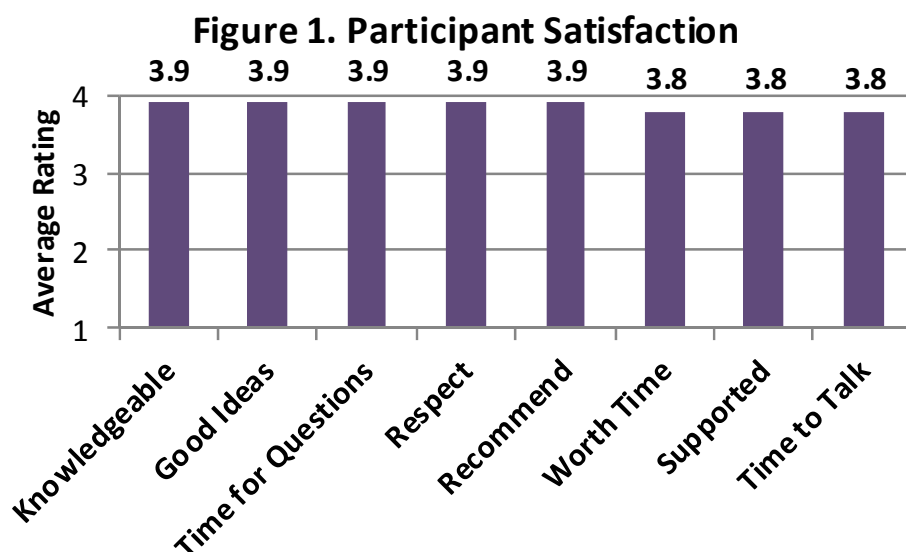
Identification of Risk

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

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

- Become <u>more</u> comfortable with innocuous behaviors
- Become <u>less</u> comfortable with the crossing of boundaries
- Become <u>less</u> comfortable with sexual exposure or exploitation

As shown in Figure 2, the desired pattern of comfortability with innocuous behaviors, failure to respect boundaries, and exploitation was seen on both the pre-survey and the post-survey. This indicates that, even <u>before</u> the workshops, **participants were most comfortable with innocuous behaviors and least comfortable with exploitation.**

However, in **two out of three areas there is no evidence that the workshops changed participants' assessments**. The fact that the changes in boundary violations and exploitation were not statistically significant is not surprising because the comfortability ratings were very low from the beginning. Therefore, little positive change was possible for these items.

Consequently, the lack of significant change does <u>not</u> indicate that the workshops were ineffective, but rather that most participants endorsed the desired attitudes at the start of the workshops. This is especially true for the exploitation situations where a significant decrease would not be possible given that almost everyone rated those situations as "very uncomfortable" on the pre-survey.

Figure 2. Identification of Risk
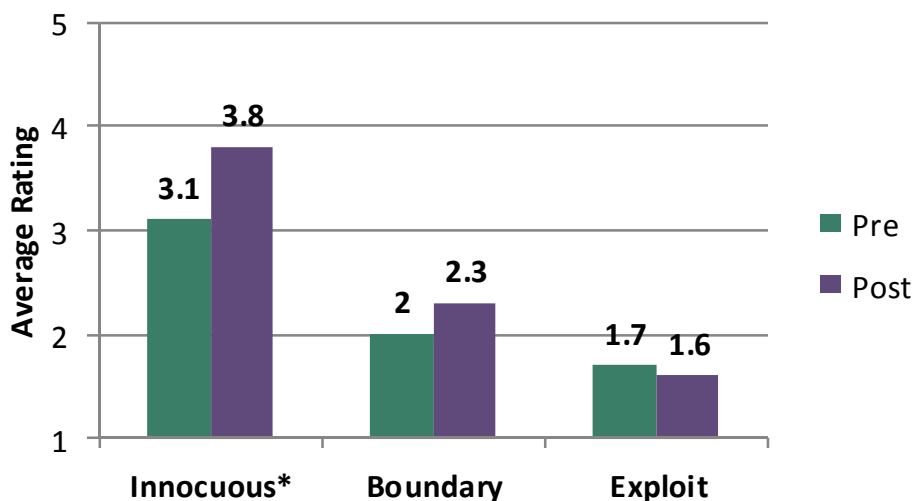
* Statistically significant difference

The one area where significant change in the desired direction was most possible, change did in fact occur. Participants reported being more comfortable with innocuous situations (e.g., a stranger saying hello to your child while in line at a store, a coach giving your child a pat on the back after practice, the school crossing guard giving your child a "high five", etc.).

This was a positive and intended finding. It indicates that participants became more skilled at distinguishing between risky situations and acceptable interactions.

Likelihood of Intervening

The second major goal of the workshops was to increase participants' likelihood of intervening when they identify violations of childrens' boundaries and/or warning signs of sexual abuse. Likelihood of intervening was measured in two ways.

First, for the same situations where respondents indicated how comfortable they were with the behavior, they were also asked whether they would "do something" in that situation. Higher numbers reflected greater likelihood of intervening. Note: the kind of intervention used was not specified for these scenarios.

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

- <u>Least</u> likely to intervene in innocuous situations where no intervention was necessary
- <u>More</u> likely to intervene in situations where an adult failed to respect a child's boundaries (although no abuse was indicated)
- <u>Most</u> likely to intervene in situations where a child was exposed to sexual behavior or sexually exploited

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

- Become <u>less</u> likely to intervene in innocuous situations
- Become <u>more</u> likely to intervene when boundaries are crossed
- Become <u>more</u> likely to intervene in sexual exposure or exploitation

As shown in Figure 3, the intended pattern was seen on both the pre-survey and the post-survey. This indicates that, **even before the workshops, participants were least likely to intervene in innocuous situations and more likely to intervene in violations of boundaries and in sexual exploitation.**

The changes for boundary violations and exploitation from pre-survey to post-survey were not statistically significant. However, it is important to keep in mind that even on the pre-survey most participants gave the desired responses and so there was very little room for change. **Consequently, the lack of significant change does <u>not</u> indicate that the workshops were ineffective, but rather that even before participating in the workshops they were likely to intervene when necessary.**

Figure 3. Likelihood of Intervening
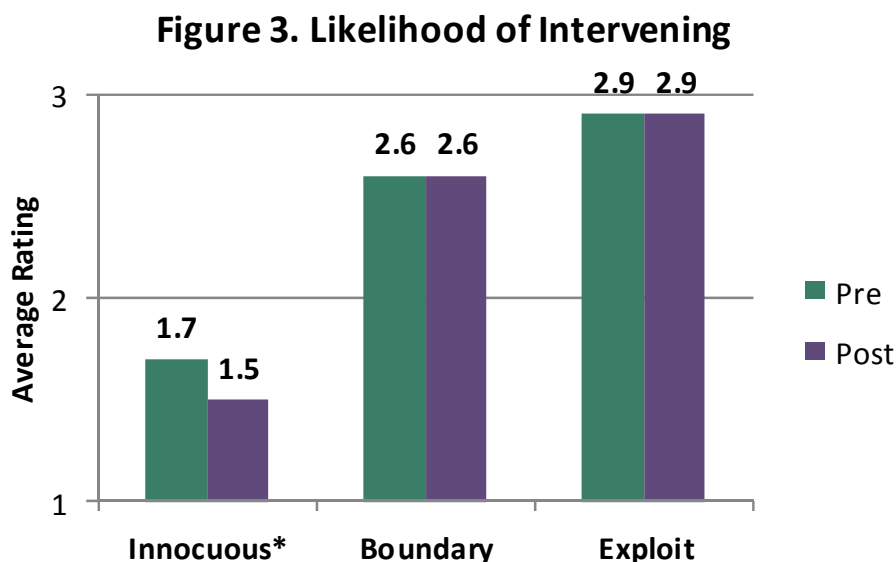
* Statistically significant difference

A second set of scenarios was also presented on the survey and the likelihood of intervening in specific ways was assessed. On each survey there were two scenarios presented: one lower risk scenario (warning signs were present, but it was ambiguous how severe the risk was) and one higher risk scenario (where warning signs were more apparent).

For each of these scenarios 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 child(ren)
- Talking directly with the adult about whom there are concerns

It is important to note that while all of these were interventions that were talked about and practiced during the workshops, there is not a "right" answer for any of the situations. However, there are some actions that are more fitting than others.

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 Figures 4 and 5, we see that:
- **The least likely intervention was contacting an authority** (supervisor, ChildLine, or police)
- **The most likely intervention was to stay watchful** (watch the adult, talk with another parent)
- Except for contacting authorities, **all other interventions were relatively high in likelihood on the pre-survey.**

It should be noted that the relatively low ratings for contacting an authority figure are appropriate to the scenarios. Other than contacting a supervisor, the scenarios presented do not in themselves warrant reporting to child protective services or police.

Of course, the goal here is to change participants' likelihood of intervening. Two statistically significant changes occurred:
- There were statistically significant **increases in the likelihood of talking directly with the adult** about whom there is concern for both lower and higher risk situations.
- There was a statistically significant **increase in the likelihood of talking with children** in the higher risk scenarios.

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.

Changes in intended behaviors were also seen in some of the open-ended comments on the surveys where participants talked about taking action based on what they learned. For example:

> *"The program was so helpful to address and offer tools for dealing with uncomfortable topics and acknowledging how these are not easy for parents to talk to kids about. It raised awareness of things to look out for that are red flags, that I have the power to take action, and am responsible for helping my children learn to be safe and protect them by advocating for them."*

> *"I will apply as much of the safety rules to my everyday life and my children."*

Figure 4. Interventions in Low Risk Scenarios
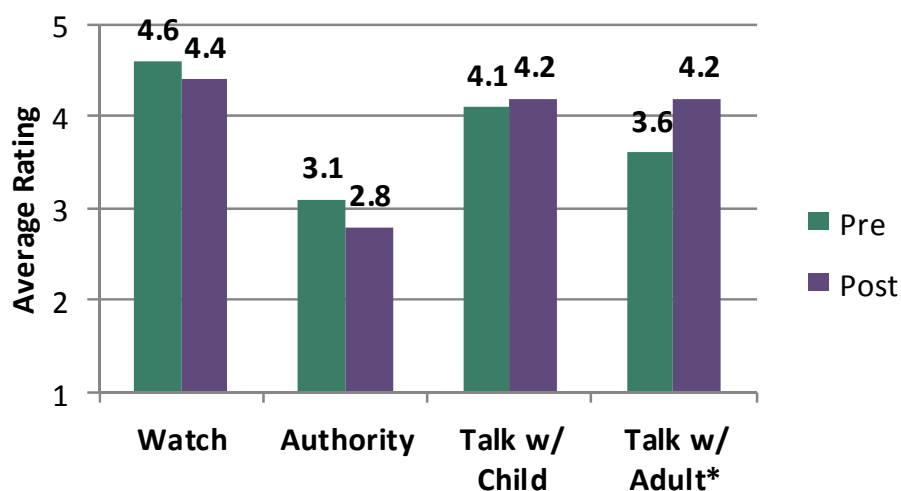
Lower Risk Scenarios:
- Your child's basketball coach is showing a lot of interest in your child. He offered to give your child private coaching to get ready for tryouts for an elite team and to drive your child home after practice." (Pre-survey)
- There is a teacher's aide at your child's school who is always giving the children hugs. Some of the children seem to like it but others look uncomfortable." (Post-survey)

Figure 5. Interventions in High Risk Scenarios
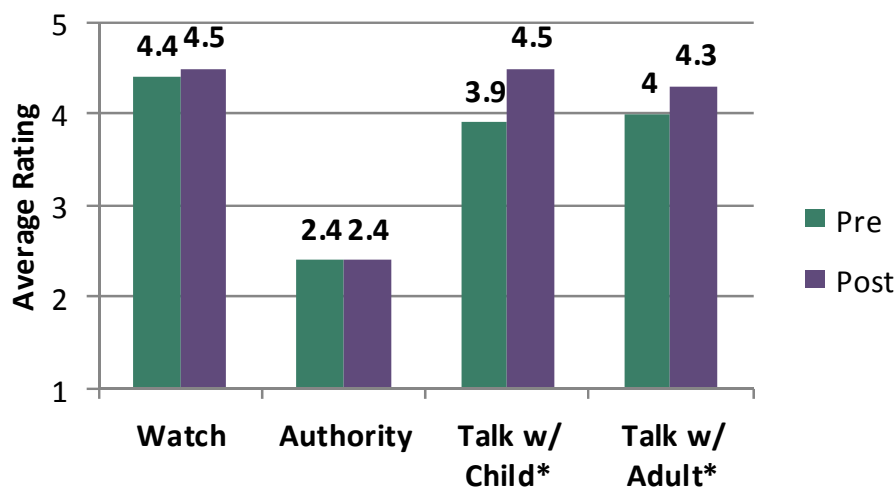
Higher Risk Scenarios:
- There is a park in your neighborhood where the children like to play. One of your neighbors, a milddle-aged man whom you do not know very well, spends a lot of time in the park watching the children and talking with them. He frequently brings candy and other gifts and hands them out." (Pre-survey)
- 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 good bye to your child they call your child "beautiful" and ask for a hug." (Post-survey)

* Statistically significant difference

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 also asked participants about 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 6, **facilitators were more strongly endorsed than inhibitors** on both the pre-survey and post-survey. There were **no changes from the start of the workshops until the end**. This indicates that, at least in terms of these thought processes, there was no change in how participants make their decisions about intervening.

In the future, facilitators may want to spend more time helping participants reflect on their decision making processes and discussing the impact their motivations have on the actions they take. For example, this type of reflection and discussion can easily be done when talking about roleplays. In addition to talking about the consequences of the actions the actors take, time can also be spent talking about what it felt like and what they were thinking as they made their decisions about what to do.

Figure 6. Decisional Balance
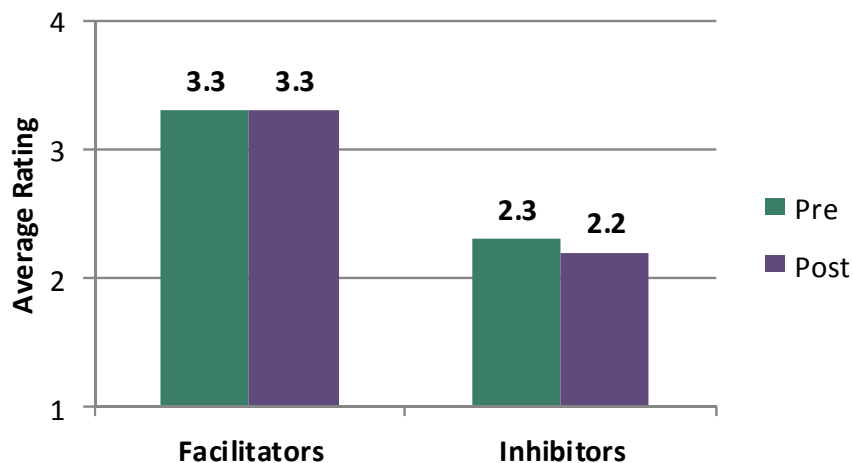
When facilitating those discussions, it may be helpful to consider specific decision making thoughts. This can help facilitators decide where to focus the discussions.

As shown in Figure 7, the **facilitators of intervening were all very highly rated**, except for thinking that "Friends will look up to me and admire me if I do something about the situation."

The very low ratings for being admired may actually be a good thing. It may indicate that participants are less concerned with the reactions of others and, therefore, are more likely to make their decision based on their own convictions. This independence in thinking is potentially a good thing and something facilitators can capitalize upon.

Overall, the very high ratings given to facilitators of intervening indicate that facilitators can affirm this type of thinking, but do not need to spend a lot of time here because the facilitators are already firmly in place.

(Note: This may be a result of participants voluntarily choosing to participate in the program so they already have concern about preventing child sexual abuse. If the program is done with the general population where there is less self-selection, it may be important to spend more time on facilitators of intervening.)

Figure 7. Facilitators of Intervening
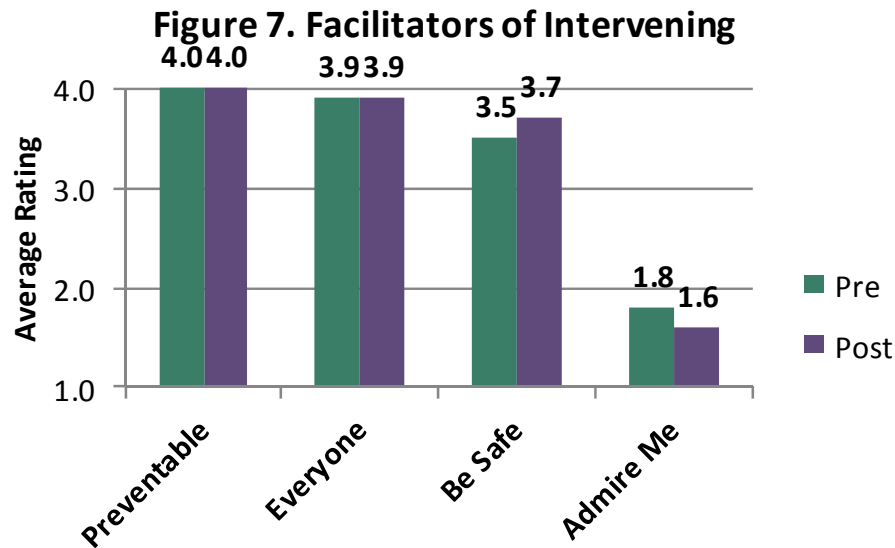
Although, on the whole, inhibitors of intervening were rated fairly low in importance, there was variation in these ratings. Most notably, the following inhibitors were rated as being more important:

- I could be in danger if I confront the adult
- I could make the wrong decision and say something when nothing was really wrong
- I would feel bad if I wrongly accuse someone

These higher endorsements indicate that facilitators might want to spend more time exploring these concerns and emphasizing the obligation to intervene when a person suspects abuse. It may help to emphasize that it is not the participants' responsibility to determine whether or not abuse is happening. That responsibility lies with the authorities.

The concern with personal safety might be addressed by brainstorming and role playing strategies a person can take to increase their safety when they choose to intervene. Personal safety is always an important step in bystander interventions.

Bystander empowerment should include:

- Identifying situations in which an intervention is needed
- Identifying options for intervening
- Reflecting on and choosing an intervention that is safe and consistent with the bystander's values and confidence level

Figure 8. Inhibitors of Intervening
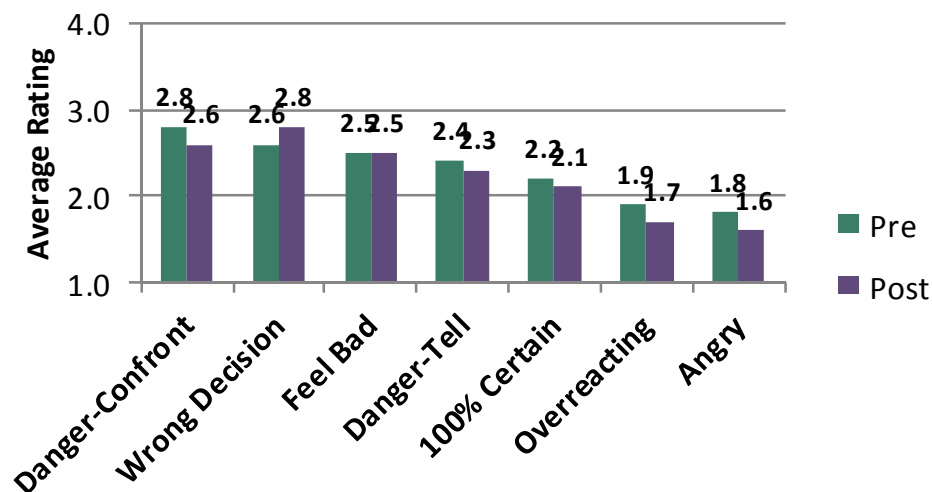
Talking with Children: Confidence

The fourth major goal of the workshops was to increase parents' confidence for and actual engagement in proactive, preventive conversations with their children. There were four areas the curriculum aimed to have parents address with their children:

- Promoting self-esteem
- Basic elements of privacy
- Fundamentals of sex and sexual decision making
- Practicing personal safety skills

Confidence in having these conversations was self-reported using a scale where higher numbers reflect greater confidence. The intended outcome was that parents' confidence would increase for all conversation areas.

As shown in Figure 9:

- Overall, **confidence ratings were very high,** even on the pre-survey
- Confidence was **lowest for fundamentals of sex** and sexual decision making, but still relatively high
- **No significant changes** in confidence occurred in any of these four categories

However, qualitative support for change in confidence is seen in comments such as: *"I am not in a day to day basis with my two daughters, but my confidence in certain situations has risen and I will feel more comfortable to be able to talk to them now."*

It is important to note that because the confidence ratings were so high at the beginning, there was very little room for change. This may again be a situation where high pre-survey ratings are a result of this being a self-selecting group of participants. Adults who are less confident with these conversations may also be less likely to voluntarily participate in the workshops.

With this in mind, facilitators working with less self-selecting groups may want to continue focusing on building confidence. In groups where confidence is high from the start, it may be useful to explore other barriers to talking with children (e.g., time, other pressing issues, lack of interest by child, etc.) and explore ways to overcome those barriers.

Figure 9. Confidence for Talking with Children
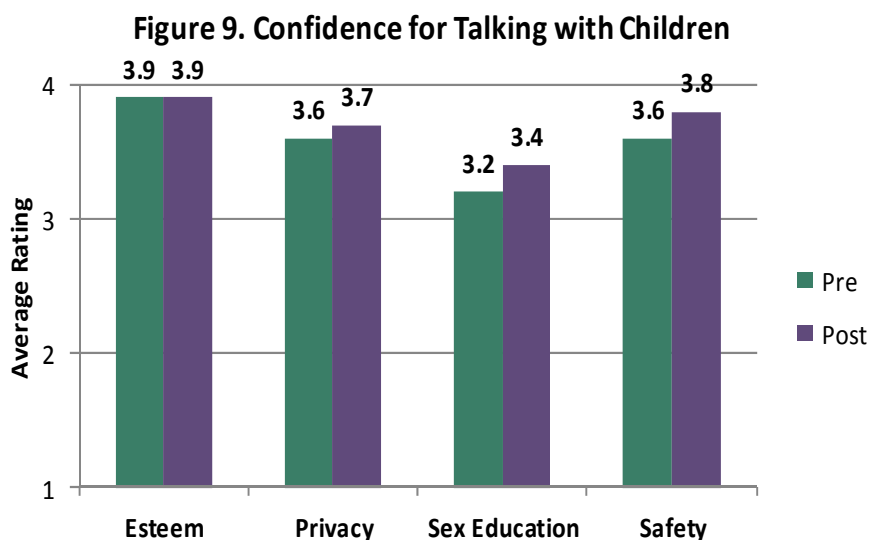
Talking with Children: Actual Conversations

Finally, participants were asked to report whether or not they had actually talked with their children about these topics in the previous month. This question covered, on the pre-survey, the month preceding the workshops and on the post-survey any conversations they had during the course of the workshops.

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

Therefore, if actual (versus intended) behavioral change was going to occur as a result of the workshops, this is where it would be seen.

Figure 10 shows the percentage of respondents who reported having talked with their children 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
- **Impressive and statistically significant increases in conversations were seen in regard to both safety and privacy**

These findings indicate that there was important behavioral change in parents' conversations with their children over the course of the workshops. This is the strongest finding of the evaluation and is evidence of the workshops' effectiveness. 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.

While the persistently low reports of conversations about sex may raise questions, it should be remembered that many of the participants were parents of young children for whom conversations about sex and how to make sexual decisions may not yet be age appropriate. Additionally, to the extent that these types of conversations were discussed in the final workshop, there was not an opportunity for parents to have new conversations with their children prior to completing the post-survey.

Figure 10. Percentage Talked with Children
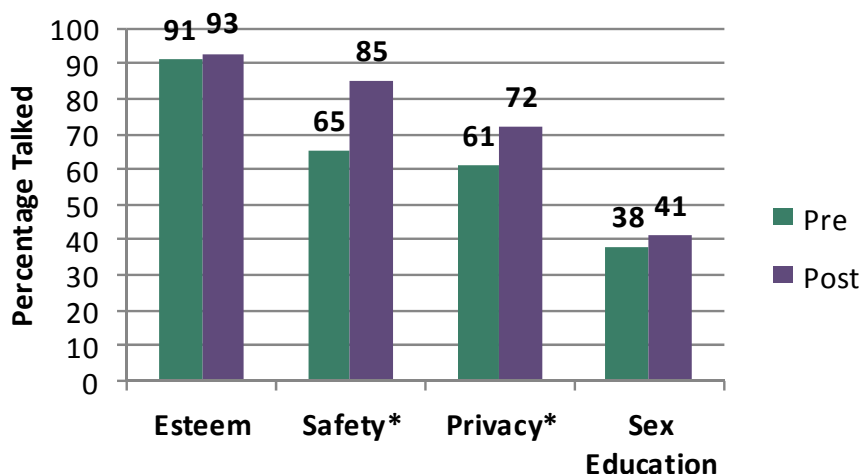
* Statistically significant difference

To further guide facilitators, it may be useful to consider what percentage of participants reported talking with their children about each topic on the post-survey. The time frame assessed here was the four weeks during which the workshops occurred. Therefore, to the extent that the conversations were age appropriate, it would be hoped that parents were talking with their children about the topics they were learning about and practicing in the workshops.

As shown in Figure 11, 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 parents of very young children. There were also some participants who were not currently parenting so would have fewer opportunities to have those conversations with children in their lives.

Facilitators may use this 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.

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 72% of participants reported talking with children about what to do if they are lost, only 42% reported practicing what to do with their children
- While 46% of participants reported talking with their children about what to do if an adult touches their private areas, only 36% reported practicing these skills with their children

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.

Figure 11. Percentage Talked at Post-Survey
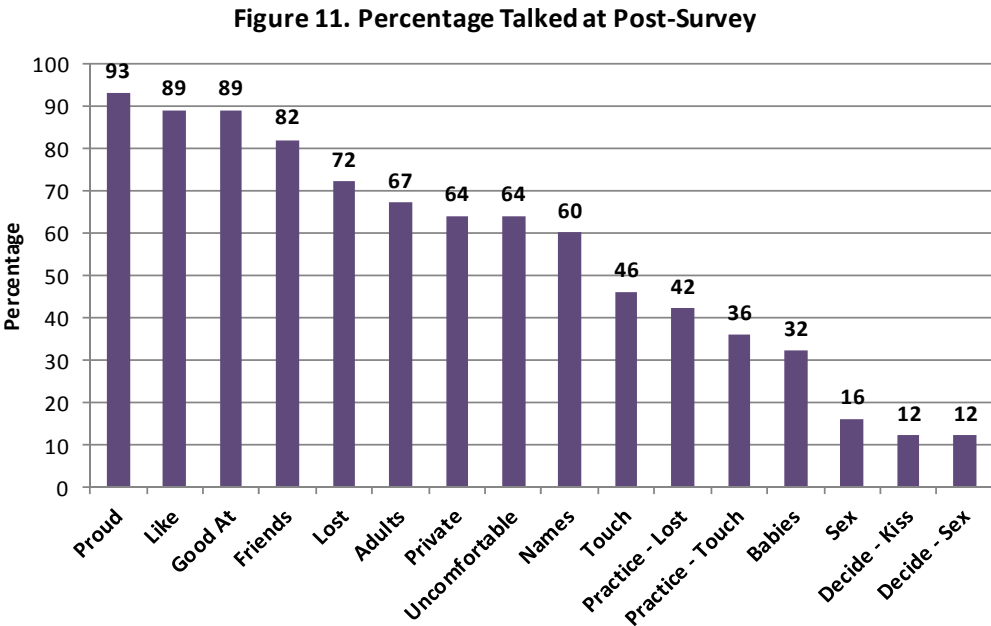
Recommendations

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 change in risk assessments that indicated participants became better at distinguishing between innocuous and risky situations, significant increases in the likelihood of intervening in risky situations by talking with the adult in question and/or talking with the children, and significant increases in adults talking with children about safety and privacy.

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:

- **Help participants reflect on their decision making processes** and how their motivations impact the actions they take.

- **Emphasize suspicion of abuse as the criterion for taking action and that the responsibility for determining whether or not abuse is actually happening lies with authorities.** Helping participants understand how child welfare investigations work may help alleviate their sense that the burden of proof rests with them.

- **Explore other barriers to talking with children** aside from confidence.

- **Focus more on practicing skills with children** and not simply talking with them.

An additional methodological issue should be considered both when interpreting the findings of this evaluation and when planning future evaluations. For this evaluation a traditional pre-post test design was used. It was thought that the behavioral orientation of the questions would allow for comparisons between the pre– and post-surveys. However, the very high ratings for how likely parents were to intervene in risky situations and their comfortability with certain conversations on the pre-survey raise questions about whether or not the pre-workshop ratings were overestimates. This possibility is further supported when comparing the non-significant statistical findings with the qualitative comments made by participants and observations made by facilitators. The qualitative data indicate that participants experienced valuable increases in knowledge, changes in attitudes, and changes in the likelihood of intervening.

Overestimation of behaviors and attitudes are sometimes an issue when participants do not know enough about the issues or lack sufficient experience to make a fully informed rating.

For example, at the start of the workshops a parent might think that intervening when they see suspicious behavior is easy to do and, consequently, say they would be "very likely" to take specific actions. However, when they start doing roleplays they may realize that intervening is more complicated than they thought. When they complete the post-survey, their ratings will reflect this greater understanding and experience of the complexity of intervening. They may again say they are "very likely" to intervene, making it look like no change occurred. But, because of what they learned and the skills they developed during the workshops, their second answer is actually a more accurate reflection of their true likelihood while the first answer was an overestimate.

If overestimates due to insufficient knowledge or experience are a concern, then there are two alternative approaches to measuring behavioral likelihood and attitudes. The first option is to use a retrospective pre-test. This technique involves asking the questions only on a post-survey. However, at that time participants give two ratings: one for how likely they were to intervene before the workshops and another for how likely they are to intervene now that they have completed the workshops. This allows participants to make ratings based on a commensurate level of knowledge and experience.

A second alternative is to ask participants to rate perceived change. That is, directly ask them how much they think their likelihood of intervening or attitudes have changed over the course of the workshops.

Because this evaluation was based on a single implementation of the workshops with self-selecting participants, **ongoing evaluation is recommended** to confirm that the effects are replicable in other settings and with other populations. Additionally, it is recommended that either a retrospective pre-test or a measure of perceived change be used as a potentially more accurate measure of actual change.

Appendix A: Statistical Details

Participant Satisfaction Descriptives

	Minimum	Maximum	Mean	Standard Deviation
Worth Time	3.0	4.0	3.8	0.4
Knowledgeable	3.0	4.0	3.9	0.3
Supported	3.0	4.0	3.8	0.4
Good Ideas	3.0	4.0	3.9	0.3
Time for Questions	3.0	4.0	4.0	0.2
Time to Talk	3.0	4.0	3.8	0.4
Respected	3.0	4.0	3.9	0.3
Recommend	3.0	4.0	3.9	0.3

Identification of Risk Descriptives

	Pre-Survey		Post-Survey	
	Mean	Std. Dev.	Mean	Std. Dev.
Innocuous	3.1	0.9	3.8	1.2
Boundary Violation	1.9	0.9	2.3	1.2
Exploitation	1.7	1.2	1.6	1.4

Identification of Risk Paired Samples *t*-Test

	t	df	p
Innocuous	-3.1	30	.00
Boundary Violation	-1.2	28	.22
Exploitation	0.2	28	.86

Likelihood of Intervening Descriptives

	Pre-Survey		Post-Survey	
	Mean	Std. Dev.	Mean	Std. Dev.
Innocuous	1.7	0.6	1.5	0.4
Boundary Violation	2.6	0.3	2.6	0.5
Exploitation	2.8	0.4	2.9	0.2

Likelihood of Intervening Paired Samples *t*-Test

	t	df	p
Innocuous	2.5	24	.02
Boundary Violation	-0.3	26	.75
Exploitation	-1.4	26	.19

Interventions in Lower Risk Scenarios Descriptives

	Pre-Survey		Post-Survey	
	Mean	Std. Dev.	Mean	Std. Dev.
Watch	4.6	0.8	4.4	0.9
Authority	3.1	1.2	2.8	1.0
Talk w/ Child	4.1	1.0	4.2	0.7
Talk w/ Adult	3.6	1.1	4.2	0.8

Interventions in Lower Risk Scenarios Paired Samples *t*-Test

	t	df	p
Watch	0.6	28	.54
Authority	1.1	26	.30
Talk w/ Child	-0.6	28	.55
Talk w/ Adult	-2.8	32	.01

Interventions in Higher Risk Scenarios Descriptives

	Pre-Survey		Post-Survey	
	Mean	Std. Dev.	Mean	Std. Dev.
Watch	4.4	0.9	4.5	0.9
Authority	2.4	1.1	2.4	1.1
Talk w/ Child	3.9	0.7	4.5	0.6
Talk w/ Adult	4.0	1.0	4.3	0.8

Interventions in Higher Risk Scenarios Paired Samples *t*-Test

	t	df	p
Watch	-0.8	27	.39
Authority	0.0	0	1.0
Talk w/ Child	-5.2	30	.00
Talk w/ Adult	-2.2	31	.00

Decisional Balance Descriptives

	Pre-Survey		Post-Survey	
	Mean	Std. Dev.	Mean	Std. Dev.
Facilitators	3.3	0.4	3.3	0.3
Inhibitors	2.3	0.7	2.2	0.6

Decisional Balance Paired Samples *t*-Test

	t	df	p
Facilitators	0.0	31	1.0
Inhibitors	0.7	32	.49

Confidence for Talking with Children Descriptives

	Pre-Survey		Post-Survey	
	Mean	Std. Dev.	Mean	Std. Dev.
Esteem	3.9	0.3	3.9	0.2
Privacy	3.6	0.6	3.7	0.6
Sex Education	3.2	0.9	3.4	0.9
Safety	3.7	0.7	3.8	0.3

Confidence for Talking with Children Paired Samples *t*-Test

	t	df	p
Esteem	-0.9	28	.39
Privacy	-0.7	27	.50
Sex Education	-1.0	28	.31
Safety	-1.2	28	.26

Percentage Talked with Children Descriptives

	Pre-Survey	Post-Survey
Esteem	91	93
Privacy	65	85
Sex Education	61	72
Safety	38	41

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 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.