



***Where We Live* Pilot Project 2015 Report**

As we complete the second year of our pilot project, WCSAP is excited to provide an update on the work happening at the coalition and at the local community sexual assault programs who are leading the way in our efforts to engage parents, caregivers, and communities in protecting children and changing social norms that contribute to child sexual abuse (CSA). The *Where We Live* pilot project initiative was the first of its kind in our state and was part of WCSAP's continuing efforts to be a leader in the comprehensive response to CSA.

The statewide response to this initiative has been overwhelmingly positive, indicating strong buy-in and significant community need. In addition to this year's five pilot sites, we worked with approximately 12 programs on *Where We Live* over the last year. During this time, we also responded to over 30 requests for technical assistance related to the project.

To expand the growth and strength of the project, we implemented important changes for the year two pilot. Additionally, we offered a train-the-trainer on the *Where We Live* curriculum in partnership with facilitators from the year one pilot.

We have taken the philosophy and lessons learned through this initiative and woven them into several other Coalition projects such as a joint CSA training with the Department of Early Learning, the annual prevention publication *Partners in Social Change*, an updated version of the *Start the Conversation* brochure, and the 2015 Sexual Assault Awareness Month campaign.

Finally, we continued to strengthen state-level partnerships, especially with the Department of Early Learning and the GRADS Program through the Office of the Superintendent of Public Instruction. WCSAP was also honored to have our CSA Prevention initiative featured in the National Sexual Violence Resource Center's publication [*The Resource*](#).



Overview of Pilot Site Project

Sites were selected for the pilot project through a competitive application process. Each applicant was evaluated on their community's readiness for a primary prevention initiative, their agency's prioritization of child sexual abuse, their internal capacity to provide the program, and their proposed plan for building community buy-in and recruiting program participants.

WCSAP selected five programs to participate in the year two pilot: Abused Deaf Women's Advocacy Services (Seattle), Beyond Survival (Aberdeen), Domestic Violence and Sexual Assault Services of the San Juan Islands (Lopez Island), SAGE (Wenatchee), and the YWCA Clark County Sexual Assault Program (Vancouver). These sites represent multiple regions of the state and diverse communities. From September 2014 to June 2015, these sites cumulatively implemented the curriculum 10 times.

What does it take to implement this program?

Each site's implementation of the curriculum and project was unique due to the community needs and available resources. However, we have calculated the averages of several program components from all of the sites to give a picture of the average program investment and activities.

- Facilitators = 2 staff
- Staff time for 1 implementation = 22 hours per facilitator
 - This includes building community partnerships, recruiting participants, preparing for the sessions, and delivering the curriculum
 - Many facilitators were able to streamline the process as they became more familiar with it
- Incentive budget = \$243
- Participants per implementation = 4



Similar to the year one pilot, WCSAP provided comprehensive remote and in-person assistance to the pilot sites to support their implementation of the curriculum. This included funding for advertising and training materials, additional resources for program participants and their children, and incentives to reduce barriers to attendance.

Additionally, WCSAP staff coordinated a train-the-trainer workshop with two facilitators who participated in the year one pilot. Two conference calls were also held throughout the project to facilitate peer sharing among sites and provide guidance on curriculum content and implementation logistics.

One of the primary goals of this project was to assess the ongoing effectiveness of the curriculum across our state and the value of broadening its utilization, as well as gathering information from facilitators that would be helpful to other programs interested in utilizing the curriculum. To this end, WCSAP contracted with Dr. Stephanie Townsend to provide a statewide evaluation of the project based on participant surveys, and WCSAP conducted exit interviews with facilitators. The information gathered through these processes is the basis for the majority of this report.

What makes this curriculum unique?

- Shifts the focus from victims protecting themselves to preventing perpetration
- Responsibility is on adults and communities to protect children
- Engages key community stakeholders
- The structure and activities help participants build and practice skills; deeper than just information sharing
- Effective program design
 - Adheres to *The Nine Principles of Effective Prevention*
 - Multi-session (4 sessions plus 4 take home opportunities)
 - Varied learning styles (discussion, small groups, videos, personal writing and reflection, role plays)



Community Partnerships and Recruitment

The *Where We Live* curriculum strongly emphasizes the need for community partnerships and stakeholder input to make the program successful. In fact, the curriculum derives its name from stakeholder findings that participants want to engage in preventing child sexual abuse in a comfortable, familiar, and easily accessible environment – *where they live*. This focus on stakeholder input sets this curriculum apart from others.

The Washington programs piloting the curriculum were tasked with upholding this philosophy and invested time at the beginning of the project to make connections with social service agencies and other community partners that had relationships with parents and caregivers. Community partners for year two sites included:

- Americorps
- Family Planning
- Children's residential and group care facilities
- YWCA community programs
- Child Protective Services
- Faith-based centers
- GRADs program
- Daycare centers
- Library
- Community centers or other gathering places
- School programs
- Parenting programs
- Domestic violence shelter programs

Programs utilized a variety of community networking, advertising, and incentive strategies to help community partners and potential participants get on-board with the project. Outreach efforts included:

- Hosting informational sessions
- Distributing flyers and posters in the community
- Newspaper advertisements
- Utilizing community/parent stakeholders' "word of mouth"
- Bookmarks



- Sending letters home to parents through the school system
- PTA newsletter
- Social media sites
- System partners' resource guides or lists
- Offering the program to current and previous sexual assault program clients

Participant Incentives

Since many barriers to initial and ongoing attendance can be addressed by offering incentives, funding to support these was an integral aspect of the pilot project. While the majority of these incentives were purchased, some programs were able to also find ways to get these resources donated. Programs provided the following incentives:

- Childcare
 - This can be a costly service to provide but may allow for a larger pool of participants to attend. Creative strategies for reducing these costs can include timing the parent program to run simultaneously as a children's educational program and partnering with a program that already has childcare built into their structure.
 - Offering the children's education program may be seen as an additional incentive to some participants.
- Transportation
 - If public transit is a reliable and highly utilized service, coordinating the times of the sessions with bus schedules and offering bus passes are great ideas.
 - Providing gas cards can also support attendance. Programs typically offered participants between \$10 to \$15 for this type of incentive.
- Snacks, lunch, or dinner during the sessions
 - Most sites found that providing full meals was critical, especially since classes were often held during the dinner hour. In some communities there is additional significance in preparing home-cooked meals rather than catering.
- Gift cards
 - Gift cards of \$10 to \$15 were offered as incentives by a few sites. They were given as door prizes at each session.
- Appreciation
 - In addition to the above higher-cost incentives, some programs provided certificates of completion to express appreciation and increase participants' sense of accomplishment.

Community Adaptations

Just as with any curriculum, the content and activities may need to be adapted to be appropriate for the community, meet the needs and interests of participants, be culturally relevant, and fit within the time constraints of the sessions. We found both years that the majority of pilot sites made some modifications to the delivery and/or content of the curriculum.

Some adaptations to the activities and at-home “mini-ops” may include:

- Using language and examples that reflect values, norms, and beliefs of the audience.
- Gauging the accessibility of both written activities and media components. If some aspects of the curriculum are not accessible, identify alternatives that will still meet the learning objectives.
- Identifying any cultural norms that can serve as barriers and/or strengths in these conversations.
 - For example, in some cultures talking about sex and sexuality is not encouraged. You should acknowledge this and talk with participants about what conversations they are comfortable having that can promote healthy development. You may also need more framing about the role this plays in protecting children to build buy-in.
- Inserting community-specific details into the scenarios. By including local stores, schools, sport events, and landmarks in the activities, it can increase participants’ engagement with the program and make the scenarios more realistic.
- Including examples of concerning behavior by older youth to be more representative of what we know about child sexual abuse.
- Finding ways for participants to practice conversations and skills if they do not have children or if their children do not fall in the targeted age range of the curriculum.
 - For example, they could complete the “mini-ops” with a partner or friend, or the facilitator could provide age-appropriate discussion prompts to participants who have teens.
 - Facilitators should emphasize that everyone has an important role in preventing CSA. The goal of the curriculum is to protect ALL children in a community, not just participants’ own children.

Tips for Success

While the curriculum manual prepares facilitators with background information and session outlines, facilitators will still need to invest time in learning the material, getting comfortable with the activities, and making the deeper connections between the session content, primary prevention, and CSA dynamics. Programs in the pilot project met and had conversations with WCSAP staff and other sites to discuss these aspects of implementation. Below you will find tips for success for planning, engaging participants, and delivering the curriculum compiled from both the year one and year two pilot programs.

Recruitment/Retention Lessons Learned

- Collaborating with community partners who have long-standing relationships with parents and caregivers in your community can increase buy-in from potential participants. Let them recruit for you!
- Delivering an informational presentation about the curriculum to community partners and/or community members not only engages those folks, but gives them the information to engage others.
- To make sure the program appeals to parents and caregivers, build in time early on to talk with stakeholders or conduct focus groups to learn about:
 - Recent events in the community that might spark interest.
 - Scheduling the program to coincide with school-based education on bodies, sexuality, or health so that parents are prepared to support their kids at home.
 - Scheduling considerations to reduce conflicts with their other obligations or community events.
- Recruitment strategies and incentives are not “one size fits all”. Find out exactly what your community needs and wants.
 - For example, since this program is targeted towards parents and caregivers of young children, providing dinners and childcare could be helpful.
- It can be challenging to get people to commit to and return for each session. You can:
 - Ask participants to sign an agreement ahead of time.
 - Send a confirmation letter after participants have signed up.
 - Send emails in between sessions to keep them thinking about the next session and their take-home assignment.
 - Ask participants who are already committed to coming to help recruit others for the program – their personal relationship may help with retention too.

Participant Lessons Learned

- Be honest about the goals and content of the program from the beginning. Also be clear that this group is focused on prevention, not intervention.
- Give participants ownership over some aspects of the sessions to create buy-in.
 - For example, let participants decide what the lunch or dinner at the next session should be. Not only do these decisions respect the interests of the group, but it also helps to create accountability to attend the next session.
- Consider the likelihood that adult survivors of sexual abuse, or parents of survivors, may be in the group. In order to support these folks while also staying on course with the sessions, be sure to explain and help them get connected with the other services your agency offers.
- It is common for participants to see every interaction between a child and an adult as dangerous or a potential “red flag” for abuse. However, an important aspect of this curriculum, and preventing CSA, is building community connections and healthy relationships between adults and young people.
 - As the facilitator you have an opportunity to provide balanced messaging through your framing of the sessions and responses in group discussions.
- The curriculum asks parents and caregivers to discuss and model healthy boundaries and healthy sexuality but this may be new information to many participants. These are challenging conversations and concepts for all adults. Time may need to be spent on teaching these concepts to the participants themselves before they can model these with children.
 - Consider adding in additional activities or providing take home resources on topics such as teaching consent and healthy sexual development.
- Let participants know you appreciate their time and energy in the group.
 - A low cost yet highly effective incentive is a certificate of completion.
- Consider providing simultaneous programming for participants’ children during your sessions. Not only does this address the need for childcare, but it also strengthens the impact of programming when children and parents are getting consistent information and messaging. This programming could be provided by another staff member or by a community member/partner.
 - Pilot programs have done a variety of activities such as lessons from the *Care For Kids* curriculum (available in WCSAP’s library) and bringing in a storyteller.

Curriculum/Facilitation Lessons Learned

- Practice, practice, practice! Even though the curriculum comes with a lot of guidance, these are challenging topics to teach and discuss.
- Most sites opted to implement the curriculum with two facilitators. Having a co-facilitator was helpful in:
 - Balancing the needs of the participants and the time constraints.
 - Generating ideas throughout the process and providing support and feedback.
 - Sharing the burden of recruitment and coordinating logistics.
- Overwhelmingly, the sections of the curriculum that focus on healthy sexuality were the most challenging to facilitate. There are many factors that contributed to this challenge, including:
 - Discomfort in discussing sexuality and sex.
 - Diverse values or beliefs that impact discussion of these topics.
 - Participants' lack of knowledge about sexual development and sex education.
 - Uncertainty on how to engage in these conversations at home.
- Get very comfortable with the role-plays. Don't just think or talk about them, but actually do them. Carry this over into the sessions – participants may be hesitant to act out the role plays as well.
 - For example, you can engage other staff in your organization to practice these role plays with you. This can be beneficial as it creates broader organizational buy-in to your prevention program, and you can gain experience with a variety of responses to the role plays.
- Make sure facilitators have enough experience in group facilitation and knowledge of child sexual abuse dynamics so they can be flexible and ready to meet the needs of the group.

Program Highlights

All of the year two pilot sites reported that implementing this curriculum was valuable and they plan to continue this work going forward.

The extremely high participant satisfaction expressed in this pilot indicates participants feel connected and empowered and have a greater sense of community around responding to and preventing CSA.

Participants' positive experiences with the facilitators and the curriculum will support continued interest from the community. In fact, many of the sites reported already having requests for more implementations.



Unlike other efforts in communities that address CSA through awareness or intervention, this primary prevention curriculum is innovative because it engages adults.

Facilitators reported this program also enhanced their own professional development. Teaching adults bystander intervention skills and helping participants prepare for having tough conversations with their children was an exciting new opportunity.

Programs shared that because of their work on this project they are strengthening their overall community relationships and connecting with new groups of parents and caregivers.

Project Findings

Based on the year one pilot project and evaluation findings, WCSAP made two important modifications to the implementation and evaluation of the curriculum. All of the programs that submitted data for this year's evaluation adopted these modifications. We believe these modifications had positive impacts on the quality and outcomes of the data.

The order of Sessions Three and Four was reversed.

- Session Four contains material on healthy sexuality; we know this is a challenging topic for parents, and the original structure does not adequately support their learning in this area. The benefit of this curriculum is the opportunity for parents to practice new skills, get feedback from their peers, engage in conversations at home, and take time for self-reflection on these topics. By presenting the healthy sexuality lesson during Session Three, this provides more time for parents to digest this information, gain some practice at home, and then come back to debrief and get support from their peers and the facilitator during Session Four.
- The evaluation findings for year two, unlike year one, show a statistically significant improvement in the actual conversations adults had with their children about sex education. More detail can be found on page 15 in the evaluation report.
- Pilot site facilitators shared that this change was very well received by participants and they believed it was a better structure for meeting the curriculum goals.

Revision of the evaluation tool.

- During year one, facilitators utilized pre- and post-surveys administered at the first and last sessions. In consultation with Dr. Townsend, we determined that a revised evaluation tool would reduce the risk for response shift bias in our data set. She created a retrospective survey to more accurately capture the changes in participants' willingness or ability to engage in preventing CSA. More detail can be found on page 4 in the evaluation report.



Full details on the evaluative process and outcomes are available in [the full report from Dr. Townsend](#). The statewide analysis included data from the five project sites as well as one additional community sexual assault program that independently implemented the curriculum and shared their data with WCSAP.

Highlights from the Executive Summary:

- Participants expressed very high satisfaction with the workshops, including high levels of 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.

Future Directions

Given the evaluation findings and the feedback from site facilitators, WCSAP is confident in the decision to continue our focus on child sexual abuse prevention with the *Where We Live* curriculum. All of the sites have shared that given their positive experience with the project, they will carry on this work in coming years. This project has notably increased the capacity of programs in our state to engage in the primary prevention of CSA.

Though WCSAP will not be implementing and funding another pilot site project, staff will continue to provide assistance and support to programs utilizing the curriculum. WCSAP will stay engaged with other experts in the field to ensure that programs in Washington have the most up-to-date curriculum, tools, and promising practice approaches.

This initiative has greatly expanded the way in which WCSAP understands CSA prevention. The statewide relationships we have developed over the last few years have helped to increase the integration of CSA into broader conversations and initiatives about child abuse and family well-being. They have also expanded our understanding of how advocates can support protective factors and resilience in children and families.

WCSAP is invested in furthering efforts to create ***healthy kids, empowered families, and engaged communities*** across Washington State!