

EVALUATION OF STOP IT NOW!'S CIRCLES OF SAFETY PROGRAM



July 31, 2017



EXECUTIVE SUMMARY

Evaluation of Stop It Now!’s Circles of Safety Program



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Introduction

An estimated 75 percent of all children in foster care, upon leaving the system, will have experienced sexual abuse. Yet, foster care program staff and parents receive limited training on how to prevent sexual abuse through healthy sexuality and safety planning.

The Circles of Safety for Foster Care Programs is a sexual abuse safety prevention training series tailored for foster care programs and foster parents.

Goals: Seek to enhance the likelihood that an adult will take action to prevent the sexual abuse of children through the following:

- Increasing awareness and knowledge of child sexual abuse,
- Increasing ability to recognize warning signs in people and environments,
- Increasing skills to design safety plans, and
- Increasing comfort and confidence in ability to speak up.

Support: The program is supported by Stop It Now! a non-profit dedicated to the prevention of child sexual abuse and Klingberg Family Centers, a multi-disciplinary and licensed child placing agency.



Evaluation Goals	Program Activities	Methods
To measure program effects and gather program participant perceptions about the Circles of Safety for Foster Care program.	<ul style="list-style-type: none"> ❖ Awareness to Action 1 day training ❖ Leadership 1 day training ❖ Train the Trainer 1 day workshop ❖ Workshops & Webinars 	<ul style="list-style-type: none"> ❖ Needs assessment (focus groups & interviews) ❖ Pre and post surveys ❖ Focus groups ❖ Data collection

Implementation

- 4 Foster care programs in Connecticut & Massachusetts
- 4 Needs assessments
- 70 Awareness to Action Participants
- 16 Leadership Participants
- 13 Train the Trainer Participants
- 2 Workshops
- 5 Webinars



- ❖ Four focus groups
- ❖ 29 participants
- ❖ Four leadership meetings

Overall, foster care programs struggle to provide effective prevention strategies and parents struggle to talk about sex.

Program and parent participants offered their suggestions for training programs including: 1) guidelines for normal behavior, safety rules and boundaries, 2) how to handle technology and social media, 3) example language and practice, and 4) checklists and conversation starters.

Findings

On average, Awareness to Action program participants who participated in a full-day training for recognizing and responding to sexual abuse reported increases to their knowledge and awareness of sexual abuse and positive changes to their behaviors and confidence to handle sexual abuse.

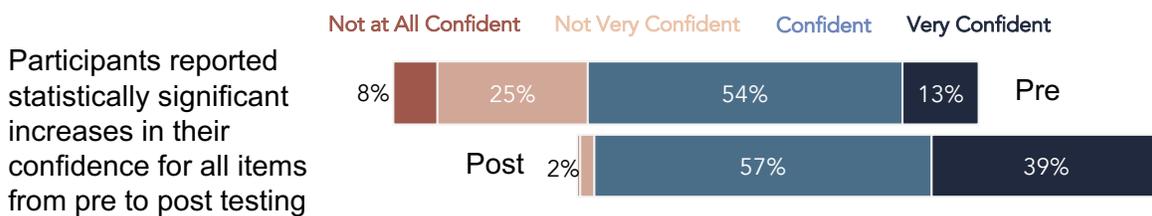
Knowledge and Awareness

	Before	After
I don't think there is much I can do to prevent child sexual abuse	68%	81%
It is an adult's responsibility to prevent child sexual abuse	68%	81%
Healthy touch is important to a child's sexual development	77%	92%
I know the specific behaviors that constitute contact sexual abuse of children	72%	86%
I know the specific behaviors that constitute non-contact sexual abuse of children	27%	89%
I think I can do something about preventing child sexual abuse	78%	95%

More participants correctly responded to knowledge questions at **Posttest** than **Pretest**



Confidence



On average, Awareness to Action program participants reported that the Circles of Safety program affected their knowledge and awareness **"a great deal."** The majority of participants **"strongly agreed"** or had positive association with program components. Almost all (92%) of participants said the program was **"good"** or **"excellent."**

92% Participants said this training **increased their knowledge about healthy sexuality** for different ages "somewhat" or "a great deal"

100% Participants said this training **increased their knowledge about the importance of safety planning** "somewhat" or "a great deal"

Findings

On average, Leadership participants, who participated in a full-day training to create community planning steps to enhance their organization’s safety planning, and Training of Trainers program participants, who were prepared to teach workshops, reported increases to their knowledge and awareness of sexual abuse and improvement to their ability and confidence to handle sexual abuse.

Leadership

- 94%** Participants said as a result of my participation, “**I increased my awareness of best practices** to support our foster families and to create safe homes.”
- 100%** Participants said as a result of my participation, “**I increased my awareness of how policies and procedures can be used to increase safety** for children in our foster care program.”
- 100%** Participants said the training “provided **opportunities to consider how to improve policies and procedures** within my agency or organization.”
- 100%** Participants said this training “provided **opportunities to initiate action steps** to increase and improve the prevention actions of my program.”
- 100%** Reported **positive satisfaction** with the training.

Training of Trainers

- 100%** The format of this training provided me with the practice and content I need to train others.
- 100%** I feel confident training others about healthy sexuality development as related to child sexual abuse prevention.

Workshop

	Before	→	After
I know the specific behaviors that constitute contact sexual abuse of children	43%	→	71%
I think I can do something about preventing child sexual abuse	69%	→	88%
If a 4-year old asked me about a sexual matter, I would know how to respond	56%	→	89%

More participants correctly responded to knowledge questions at **Posttest** than **Pretest**



On average, Leadership, Training of Trainers, and Workshop program participants reported that the Circles of Safety program affected their knowledge and awareness “**a great deal.**” The majority of participants “**strongly agreed**” or had positive associations with program components. All (100%) Leadership and Training of Trainers participants said the program was “**good**” or “**excellent.**” The majority of Workshop participants (78%) said the program was “**good**” or “**excellent.**”

All participants from the end of the year leadership meetings were very positive about Circles of Safety, would use the program again next year and recommend it to others.

“I enjoyed taking the training. It was really nicely done and we were all able to learn some additional information and add on to other information we were already aware of and work we had been doing. I really liked it.”

“It was **valuable**, It puts a different perspective on sexual abuse, puts that **proactive perspective** as opposed to what we usually do is being reactive when we get disclosures. So always having the opportunity to be more proactive about something and having the education to go about doing that, will certainly **benefit our staff** here”

“Overall it was a really helpful training. Everyone got something out of it. Even if it was new statistics, or new language to use, or how to implement a safety plan, or help a foster parent draft a plan, **everyone left with something**, which is great. One of the foster parents, told me what she had done in her house with drafting her safety plan. So, it is definitely being utilized and it is not something that you went to, thought about for two days and threw on the back burner. It is a living breathing, evolving thing, **it has truly become part of practice.**”

“We thought it was very helpful, very **tactile tool to create open conversations** with the population that we work with. **Everyone who we talked to about it said it was helpful and they got something out of it.**”

Recommendations

Participants offered suggestions to improve the program including:

- splitting up the training days, or offering the program at varying times and locations to increase foster parent participation,
- covering laws and policies on consent more in depth,
- offering hands-on activities and role playing,
- offering more information about technology, social media, and cyber safety,
- improving the engagement of the first webinar, and
- hosting more webinars.

NEXT STEPS



- Develop more webinars and workshops on ongoing safety planning activities
- Deliver the program to a larger sample
- Assess long-term impacts by tracking program and participant progress over time
- Collect data from a comparison group to measure changes between groups
- Consider developing a healthy sexuality program for children

TABLE OF CONTENTS

INTRODUCTION..... 1

METHODS..... 3

NEEDS ASSESSMENT 4

AWARENESS TO ACTION FINDINGS..... 7

LEADERSHIP..... 22

TRAINING OF TRAINERS..... 27

WEBINARS..... 30

WORKSHOP 1..... 31

STAKEHOLDER MEETINGS..... 41

SUMMARY 45

RECOMMENDATIONS..... 47

APPENDIX A: ITEM LEVEL DATA TABLES PRE AND POST AWARENESS TO ACTION 48

APPENDIX B: ITEM LEVEL DATA TABLES PRE AND POST WORKSHOP 1..... 53

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INTRODUCTION

In the United States, child sexual abuse (CSA), including voyeurism, exhibitionism, inappropriate touching, pornography, fondling, insertion, and rape, happens to an estimated one out of four girls and one out of six boys by the time they are 18 years old (American Psychological Association, 2014). Survivors of CSA can experience serious and longstanding consequences that can include but are not limited to unexplained injuries, poor growth, weight gain, low self-esteem, social withdrawal, depression, substance abuse, poor school attendance and performance, eating disorders, post-traumatic stress disorder (PTSD), pregnancy, sexually transmitted infections as well as suicide, homicide, and chronic disease (Centers for Disease Control and Prevention, 2014; Felitti & Anda, 1997; U.S. Department of HHS, 2012). CSA has a negative impact on children's educational attainment (MacMillan, 2000), later job performance (Anda et al., 2004), and earnings (NAESV, 2011). Lastly, children who are abused and exposed to sexual violence are more likely to become victims and/or perpetrators of sexual violence later in life (Kirby, 2007).

More than ever, child victims of sexual abuse, who are at greater risk to experience or commit traumatic sexual experiences, are being placed in substitute care or foster homes. Researchers estimate that as many as 75 percent of all children in foster care, upon leaving the system, will have experienced sexual abuse (Carpenter, Clyman, Davidson, & Steiner, 2001; Love McIntosh, Roast & Tertzakian, 2005; Becker & Barth, 2000; Pecora et al., 2003). Thus, foster care children are more likely to experience negative sexual experiences than children not in foster care. Despite the number of victims of child sexual abuse and the severe long-term consequences, foster care program staff and parents receive limited training on how to recognize warning signs of a vulnerable environment for children and how to create healthy environments that will help support a child with a history of sexual abuse and prevent new occurrences of abuse. Without this knowledge, staff and parents are unable to recognize early signs of sexual abuse. In addition, children in foster care are improperly supported, treated, ill-advised, and can be further negatively impacted and harm others.

To address this gap in foster service provider and parent preparation for supporting children's sexual safety, Stop It Now! adapted their existing sexual abuse training program, Circles of Safety for the foster care community through a variety of adult training modalities, including in-person and cyber-based platforms for foster service providers and parents. Circles of Safety is a layered training and educational program which utilizes a community responsibility model to teach adults as bystanders how to intervene safely and effectively when they see early warning signs of an adult or youth behaving inappropriately with a child. Ultimately, it seeks to enhance the likelihood that an adult will take action to prevent the sexual abuse of children through the following:

- Increasing awareness and knowledge of child sexual abuse,
- Increasing skills to design safety plans,
- Increasing ability to recognize warning signs in people and environments, and

- Increasing comfort and confidence in ability to speak up.

In line with Stop It Now!'s theory of change, Circles of Safety technical assistance and training menu provides a learning environment and activities designed to address and dissipate the barriers that interrupt or even completely block prevention activities while building confidence and knowledge in both individual and a community's ability to set safe boundaries around children and to intervene when someone is behaving inappropriately towards children. The following training schedule was developed and provided to the foster care centers who participated in this study:

Table 1. Circles of Safety Training Schedule

Program Component	Audience
<i>Circles of Safety: Awareness to Action</i> – a full-day sexual abuse prevention training that includes healthy sexual development review, recognizing and responding to both children's and adult's warning behaviors and skill development to follow up on concerns with actions and conversations.	Foster care program leadership, field staff and foster parents.
<i>Circles of Safety: Youth Serving Environment</i> – a full-day training to create community planning steps to enhance organization's safety planning, including facilitation in reviewing how policies and practices can be used to help prevent children from being sexually abused and create safer conditions. <i>Prerequisite – Awareness to Action</i>	Foster care program leadership and pre-selected members of foster care program's prevention teams.
<i>Circles of Safety: Training of Trainers (TOT)</i> – full-day training (Awareness to Action is a pre-requisite). After completion of this TOT, the participating foster care programs and community trainers will be prepared to offer workshops on Understanding and Responding to Children's Sexual Behaviors and Adult's Behaviors.	Foster care program trainers and support staff.
<i>Circles of Safety: Understanding and Responding to Children's Behaviors</i> – a facilitated 2-hour community workshop offered by a newly trained, agency member trainer and available for adaptation as an online on demand training.	Primarily foster program staff and parents who missed the in-person training or were recruited and hired after the initial delivery of Awareness to Action.
<i>Circles of Safety: Understanding and Responding to Adults' Behaviors</i> – a facilitated 2-hour community workshop offered by a newly trained, agency member trainer and available for adaptation as an online on-demand training.	Primarily foster program staff and parents who missed the in-person training or were recruited and hired after the initial delivery of Awareness to Action.
<i>Online webinars:</i> Two optional webinars offered a total of five times on the Principles of Cyber Safety and Understanding and Preventing Specific Online Risks.	Foster care program leadership, field staff and foster parents.

These diverse offerings were developed to meet adult learner needs, offering a variety of accessibility and forums. Additionally, Stop It Now!'s support resources, available through its

helpline and website, and Circles of Safety online and on-demand workshops support elimination of another barrier to sexual abuse knowledge and awareness.

The purpose of the evaluation is to provide information to assess the effects of the Circles of Safety for Foster Care curriculum and assist with program planning and improvements. This document is the evaluation report for the study period of July 2016 to June 2017.

METHODS

For this study, Circles of Safety for Foster Care was administered in four foster care centers in Connecticut and Massachusetts in the spring of 2017. To gather participant needs, measure program effects, and gather participant perceptions evaluators used a variety of assessment tools. This section describes the sample, assessments, analyses and methodological issues for this study.

SAMPLE

The sample for this study included 70 Awareness to Action participants, 16 Leadership participants, 10 Training of Trainers participants, 26 Workshop participants, 24 Webinar Phase I participants, and 20 Webinar Phase II participants.

ASSESSMENTS

This evaluation used short term and intermediate service provider and parent surveys designed to measure changes to the knowledge and awareness of CSA issues, perceived changes to prevention planning, perceived ability to respond to disclosures, changes to confidence and comfort in prevention activities and strategies, changes to attitude and intentions regarding implementing safety planning in the home and in the program, and perceived changes to policy and practice. Surveys used a range of closed and open response questions and took approximately 15 minutes to complete per administration.

The assessments developed and administered for this study include the following:

- Awareness to Action pre and post surveys,
- Leadership outcome only survey,
- Training of Trainers outcome only survey,
- Workshops (conducted by newly trained non-Now! trainers), pre and post surveys, and
- Webinar outcome only survey.

The number of assessment items in each training area ranged from 28 to 74 items. The surveys were administered via survey monkey (online) or in person (hard copy). To increase parent participation and survey response rates, a \$50 stipend was offered to each parent participant who attended a training and completed a survey.

In addition to the surveys, evaluators and Stop It Now! staff reviewed program materials and facilitated a needs assessment with focus groups and leadership interviews prior to program development to inform the development of program materials. To measure system wide changes and overall program perceptions focus groups with leadership staff were also administered post program completion.

DATA ANALYSIS

Analyses for this study included quantitative and qualitative analyses. Quantitative analysis of Likert items on the surveys included the calculation of percentages, means, and standard deviations. Repeated measures analyses were also conducted to assess changes over time and to explore program impacts. Qualitative data was analyzed using the process of analytic induction using Atlas.ti, a qualitative data analysis software program. To ease interpretation of findings, evaluators presented descriptive statistics and representative quotes using charts, tables and data visualizations.

METHODOLOGICAL ISSUES

There are several methodological issues that may affect the reliability and validity of the findings. One is the small number of survey participants, which reduces the reliability of the findings. Two other methodological issues affect the validity of the results. The non-randomized repeated measure design the evaluation is based on, which does not have a comparison group, makes it impossible to rule out the possibility that the changes between pre- and post surveys resulted from other factors. Also, because response rates ranged from 17% to 87% in part due to some assessments being optional, results of this study may not be representative of all participants who participated in the trainings and should be interpreted with caution.

NEEDS ASSESSMENT

Prior to developing the program, evaluators and Stop It Now! staff collected and reviewed program materials and facilitated a needs assessment by administering focus groups and interviews with foster care agency leadership, staff, and parents to gather their perceptions about the challenges they face and what their needs are for a training program.

FOCUS GROUPS

The focus group protocol consisted of 11 questions. Participants were asked to explain their thoughts about child sexual abuse prevention in general, their responsibilities, their previous trainings, their perceptions of tools and resources, barriers to discussing healthy sexuality, communication to staff, implementation, and additional needs and supports.



Each of the four focus groups were comprised of 6-8 participants for a total of 29 participants and lasted approximately 90 minutes. Most of the participants were foster parents with various number of years of experience, program staff (coordinators, specialists, directors, supervisors), recruiter/trainer, licensing and family support employees, and social workers. A program director was present in every focus group.

Overall feedback from focus groups participants include:

- many parents reported struggling to talk to their foster children about sex, especially if the child is of the opposite gender,
- some foster parents may assume the worst about their foster children (their past and what behaviors they will exhibit),
- many foster parents described the value in being able to lean on foster care agencies when they have a problem,
- most foster parents reported not having training on healthy sexual development. The training they have received has been mostly responsive, verses preventative,
- across all focus groups, parents were worried about how to monitor technology and social media,
- foster parents said they learn best from real world experiences,
- some foster parents struggle with how to handle their own experiences of sexual abuse,
- some foster parents fear discussing incidents with foster care supervisors so they don't get accused of not doing a good job, and
- some foster parents can be afraid to talk about sex because they don't want their foster children to feel triggered by the topics.

LEADERSHIP MEETINGS

The leadership meeting protocols consisted of questions about current policies and procedures, challenges, barriers, and perceptions. Most leadership meeting participants reported offering an introduction course and an annual training, but typically only included information about responding to crises and not prevention information. Leadership participants offered the following feedback:

- programs struggle to have the time and resources to offer more training and support on prevention strategies,

- programs struggle with cultural and language barriers,
- programs struggle with how to deal with older foster parents/grandparents,
- programs struggle with younger and inexperienced foster care managers, and
- trainings are more effective in person.

Leadership meeting participants had many suggestions for how to keep children safe from sexual harm including: 1) education for parents, 2) education for students, and 3) suggestions for foster care programs. Leadership participants indicated that parents would benefit from the following in a training program:

- basic guidelines about normal sexual behavior and what is developmentally appropriate for each age,
- how to talk to children in an age appropriate way that includes a healthy and age appropriate sexual vocabulary,
- information on how to help foster children who have been abused in the past,
- information about how to handle alternative lifestyles (transgender, gay),
- information about how to set safety rules, planning, and boundaries (i.e. things that you can do in a home such as what to talk about at dinner or in the car),
- information about how to handle technology/social media (i.e. access to cell phone/monitoring applications, social media, and common emoji's and acronyms),
- example language and practices about how to respond to different situations (i.e. sample family conversations, daily living, social emotional),
- example immediate response options for how to deal with an issue (i.e. a disclosure of sexual abuse), and
- discuss how to address human trafficking.

While unsolicited, foster care leadership staff offered the following suggestions to include in a training for children:

- administer child training by someone they can relate to (i.e. similar in age),
- discuss what is healthy and safe touch, and unhealthy and unsafe touch,
- discuss what is appropriate for how to dress,
- provide information on healthy sexuality,
- provide information on how to protect themselves from sexual harm,
- train children before they are placed in a foster home, and
- teach children sexual vocabulary and terminology.

Leadership teams also offered suggestions to improve overall foster care programming, primarily identifying the need for the placement agency (Child Protection Services) to provide more information about the children they place and for them to do more follow up after the initial placement. Additional suggestions included having discussions with foster parents about their tendency to “assume the worst” and to have an immediate response option (team or support group) to address a crisis.

RECOMMENDATIONS

Participants from the focus groups and leadership meetings offered various recommendations for the Circles of Safety program such as providing the following:

- communication tools (how to talk about and desensitize sexuality),
- conversation starters,
- vignettes/role playing,
- model how to have healthy relationships,
- sample family rules/habits,
- sexuality guide by age,
- information about how to prevent, not just how to react, and
- facilitate peer groups.

Overall, parents, foster care staff and foster care leadership described their needs for more training, tools and resources to support staff and parents with their knowledge of healthy sexuality, communication, safety best practices, prevention efforts, how to respond to sexual abuse, and example interactions with foster children.

AWARENESS TO ACTION FINDINGS

A total of 60 Awareness to Action participants including foster program leadership, staff and parents completed the Day 1 pre survey, and 64 participants completed the post survey. Participants identified with a variety of roles including foster parent (20.0%), recruiter/home finder (5.0%), trainer (10.0%), clinician (18.3%), and other (6.7%). Participants reported a wide range of experiences serving in child welfare, protection or care ranging from less than 1 year to 10 or more years, with the majority of participants reporting serving 1-3 years (25.0%), 4-6 years (28.3%), 10 or more years (26.7%), 7-9 years (13.3%), or less than one year (6.7%). The majority of participants identified as female (81.7%) and participants ranged in age from 20 to 69, 20-29 (23.2%), 30-39 (20.0%), 40-49 (23.4%), 50-59 (25.0%), and 60-69 (6.7%). The majority of participants identified as White/Caucasian (50.0%) or Black/African American (38.3%) with a few participants identifying as Hispanic (10.0%) or preferred not to answer (1.7%).

Half of participants (50.0%) reported attending other trainings related to the prevention of child sexual abuse for foster care children including internal agency classes, conferences, and trainings offered by other programs.

Prior to the training, participants said they would like to learn various information or techniques including these pre survey responses:

- how to identify sexual abuse,
- how to speak out about sexual abuse,
- coping techniques for clients that have been sexually abused,

- ways to address healthy sexuality for younger children,
- understand why a child is sexually abused,
- how to communicate with parents and children about prevention of sexual abuse,
- how to respond to sexualized behavior,
- how to be emotionally supportive,
- how to prevent child sexual abuse,
- how to approach a suspected victim,
- how to help kids avoid abusive situations,
- intervention techniques, and
- more information on red-flags, warning signs, and risk factors.

AWARENESS & KNOWLEDGE

Participants were asked to respond to a series of questions regarding their agreement with various awareness and knowledge questions using a 5-point Likert scale (1=strongly disagree, 2= disagree, 3 = neutral, 4 = agree, 5 = strongly agree). For eight of the items the correct response was positive agreement (i.e. “agree” or strongly agree”). For all eight items, the percentage of participants who reported positive agreement increased from pre to posttest (see Table 2). The percentage of individuals with scores that increased from pre to post test ranged from 18.5% to 81.5%.

Table 2. Average Percentage Correct (Positive Agreement) Increased for all Eight Items from Pre and Posttest for Awareness to Action Participants

	Pre		Post	% Individuals with Increase from pre to post
It is an adult’s responsibility to prevent child sexual abuse	68.4%	↑	81.2%	59.3%
Healthy touch is important to a child’s sexual development	76.7%	↑	92.2%	33.3%
I know the specific behaviors that constitute <i>contact sexual abuse of children</i>	41.7%	↑	85.9%	66.6%
I know the specific behaviors that constitute <i>non-contact sexual abuse of children</i>	26.7%	↑	89.1%	81.5%
Understanding healthy sexuality development can help prevent child sexual abuse	80.0%	↑	95.3%	44.4%
Children as young as infancy can experience genital stimulation	78.3%	↑	93.7%	40.7%
I think I can do something about preventing child sexual abuse	78.4%	↑	95.4%	18.5%

For thirteen of the items, the correct response was negative agreement (i.e. “disagree” or “strongly disagree”). For six of the thirteen items the percentage of participants who correctly answered the question (negative disagreement) increased from pre to posttest (as represented by the green arrow) (see Table 3). The percentage of individuals with scores that increased from pre to post test ranged from 0% to 37.0%.

Table 3. Average Percentage Correct (Negative Agreement) Increased for Six of the Thirteen Items from Pre and Posttest for Awareness to Action Participants

	Pre		Post	% Individuals with Increase from pre to post
I don't think child sexual abuse is much of a problem	95.0%		90.6%	14.8%
I don't think there is much I can do to prevent child sexual abuse	88.3%		92.2%	29.6%
I don't think I should hug a foster child	58.3%		56.3%	25.9%
Children's sexual behaviors are very similar to adult sexual behaviors	68.4%		85.9%	37.0%
Children in foster care know everything they need to about sexuality	95.0%		93.7%	14.8%
Teaching children about consent should wait until they are teenagers	91.6%		89.0%	22.2%
Children are not curious about sexuality until they are much older	96.7%		93.8%	25.9%
It's best to wait to start safety planning until after sexual behaviors between children have been discovered	95.0%		92.2%	22.2%
Most children are sexually abused by strangers or by men who are not well known to the child	66.7%		89.1%	29.6%
Child sexual abuse is caused by social problems such as unemployment, poverty, and alcohol abuse	48.3%		57.8%	25.9%
Children who do not report ongoing sexual abuse must want the sexual contact to continue	96.7%		93.7%	0.0%
If a 14-year-old says yes to intercourse with an adult, it is not sexual abuse	95.0%		95.4%	18.5%
Sexual abuse is the child's fault	95.0%		96.9%	7.4%

Evaluators conducted paired sample t-tests to determine if participants demonstrated statistically significant gains in their knowledge from the pretest to the posttest. For this study, findings were considered statistically significant using an alpha level of 0.05. To facilitate interpretation of findings, evaluators calculated effect sizes using Cohen’s *d* (Borenstein, Hedges, Higgins & Rothstein, 2009). Given historical effect size benchmarks and a review of effect sizes for effects of prevention programs for parents and staff members around sexual abuse and maltreatment, evaluators considered effect sizes that are greater than or equal to 0.25 as notable (Chen & Chang, 2015). Therefore, for this project, evaluators considered effect sizes as notable when they met or exceeded the threshold of the absolute value of 0.25.

Four items showed statistically significant and notable effect sizes, suggesting that participants increased their knowledge from pre to posttest (see Table 4). The four items are:

- I don’t think there is much I can do to prevent child sexual abuse,
- Healthy touch is important to a child’s sexual development,
- I know the specific behaviors that constitute *contact* sexual abuse of children, and
- I know the specific behaviors that constitute *non-contact* sexual abuse of children.

For five additional items, results show notable effects, but not statistically significant differences. This suggests that results may be statistically significant with a larger sample size.

The five items with notable effect sizes include:

- It is an adult’s responsibility to prevent child sexual abuse,
- Children’s sexual behaviors are very similar to adult sexual behaviors,
- I know the specific behaviors that constitute non-contact sexual abuse of children,
- Understanding healthy sexuality development can help prevent child sexual abuse, and
- Children as young as infancy can experience genital stimulation.

Because this study had a small sample size, the statistical power to detect significant effects was relatively lower than it would have been if the sample size had been larger. Therefore, it is possible that if the sample size had been larger, these findings might have been statistically significant. See Table 4 for paired samples t-test and effect size results and Appendix A for item-level results.

Table 4. Paired Samples t-Tests For Participants’ Knowledge and Awareness at Pre and Posttest. Four Items Showed Statistically Significant and Notable Effect Sizes and for Five Additional Items, Results Show Notable Effects.

Outcome Measure	N	Pre-Post Mean Difference	Standard Deviation	t-value	df	p value	Effect Size
I don’t think child sexual abuse is much of a problem	27	.00	1.3	.00	26	1.00	.00
I don’t think there is much I can do to prevent child sexual abuse	26	.43	.86	.08	25	.02**	.58*
I don’t think I should hug a foster child	27	.07	1.33	.29	26	.78	.07

Outcome Measure	N	Pre-Post Mean Difference	Standard Deviation	t-value	df	p value	Effect Size
It is an adult's responsibility to prevent child sexual abuse	26	-.38	1.58	-1.2	25	.23	-.32*
Children's sexual behaviors are very similar to adult sexual behaviors	26	.50	1.27	2.0	25	.06	.50*
Children in foster care know everything they need to about sexuality	27	.19	.89	1.10	26	.28	.20
Healthy touch is important to a child's sexual development	25	-.36	.64	-2.82	24	.01**	-.42*
Teaching children about consent should wait until they are teenagers	25	.15	1.03	.75	26	.46	.19
Children are not curious about sexuality until they are much older	25	.11	.70	.83	26	.42	.20
I know the specific behaviors that constitute <i>contact sexual abuse of children</i>	22	1.0	1.11	-4.2	21	<.01**	1.16*
It's best to wait to start safety planning until after sexual behaviors between children have been discovered	27	.14	.72	1.07	26	.29	.19
I know the specific behaviors that constitute <i>non-contact sexual abuse of children</i>	22	.43	.76	-.87	13	.05**	.57*
Understanding healthy sexuality development can help prevent child sexual abuse	25	.50	1.09	-1.13	13	.11	.51*
Children as young as infancy can experience genital stimulation	23	.43	1.02	-1.02	13	.14	.64*
Most children are sexually abused by strangers or by men who are not well known to the child	26	.21	.97	-.78	13	.43	.16
I think I can do something about preventing child sexual abuse	27	.50	.94	-1.04	13	.07	.68*
Child sexual abuse is caused by social problems such as unemployment, poverty, and alcohol abuse	26	.00	.85	.00	25	1.00	.00
Children who do not report ongoing sexual abuse must want the sexual contact to continue	27	-.11	.32	-1.80	26	.08	-.20
If a 14 year old says yes to intercourse with an adult, it is not sexual abuse	27	.07	.96	.40	26	.69	.11
Sexual abuse is the child's fault	27	.15	1.26	.61	26	.55	.18

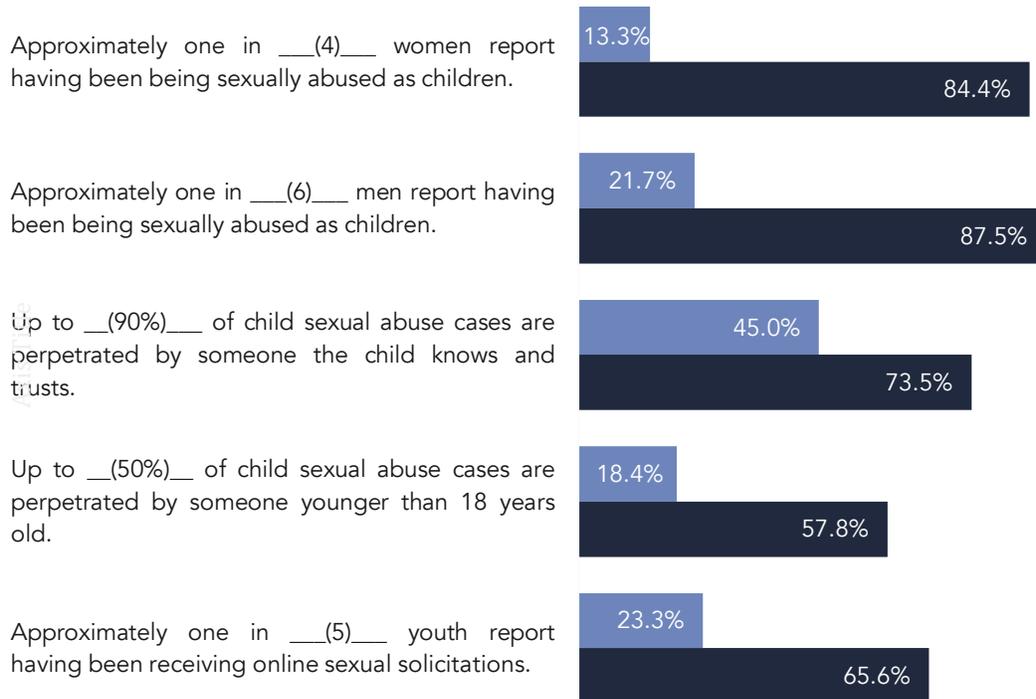
** Statistically significant, * Notable
df = degrees of freedom

Participants were asked to explain how the program changed their knowledge or awareness of child sexual abuse. Most frequent responses included:

- being more educated about sexual abuse overall (i.e. statistics, how it happens),
- being more aware of how to recognize warning signs and red flags,
- being more aware of many websites and resources,
- being more educated about healthy sexuality and sexual development for different age groups,
- being more comfortable talking about the topic,
- learning that adults can prevent sexual abuse,
- learning the importance of safety planning and how to create a safety plan,
- learning the importance of being honest with children,
- learning the importance of calling body parts by their names as part of safety planning,
- learning how to teach children about healthy sexuality,
- learning about prevention techniques,
- learning about state laws around consent,
- learning that boys are likely to be abused too,
- learning to ask children if you can hug or touch,
- learning what non-contact sexual abuse is, and
- learning how to handle situations pertaining sexual abuse.

Participants were asked to respond to a series of knowledge assessment questions at pre and posttest. For all five items, the percentage correct increased from pre to posttest (see Figure 1). On average the percentage correct for each item increased from 24.3% at pretest to 73.8% at posttest. The percentage of individuals who increased their knowledge from pre to posttest ranged from 44.4% to 85.2% (Q1, = 85.2%, Q2 = 66.7%, Q3 = 55.6%, Q4 = 44.4%, Q5 = 48.1%).

Figure 1. Average Percentage Correct Answers about Sexual Abuse Awareness at Pre and Posttesting



*Correct response is displayed in parentheses

CONFIDENCE

Awareness to Action participants were also asked to rate their confidence at pre and post using a 4-point Likert scale (1=Not at all confident, 2= Not very confident, 3 = Confident, 4 = Very confident).

On average, participants reported increases in their confidence levels overall and had statistically significant increases from pre to posttest (see Figure 2). As seen in Figure 3, participants reported increases in their confidence for all nine items and all nine items had statistically significant and notable increases from pre to posttest (see Table 5).

Figure 2. Participants Reported Increases In Their Confidence Levels Overall and Had Statistically Significant

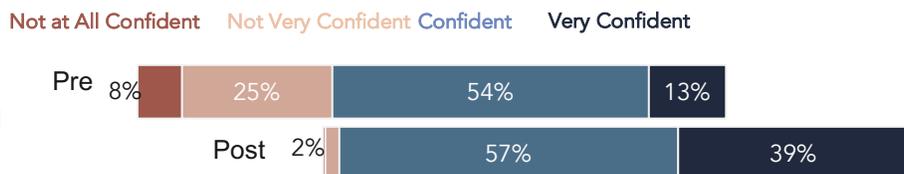
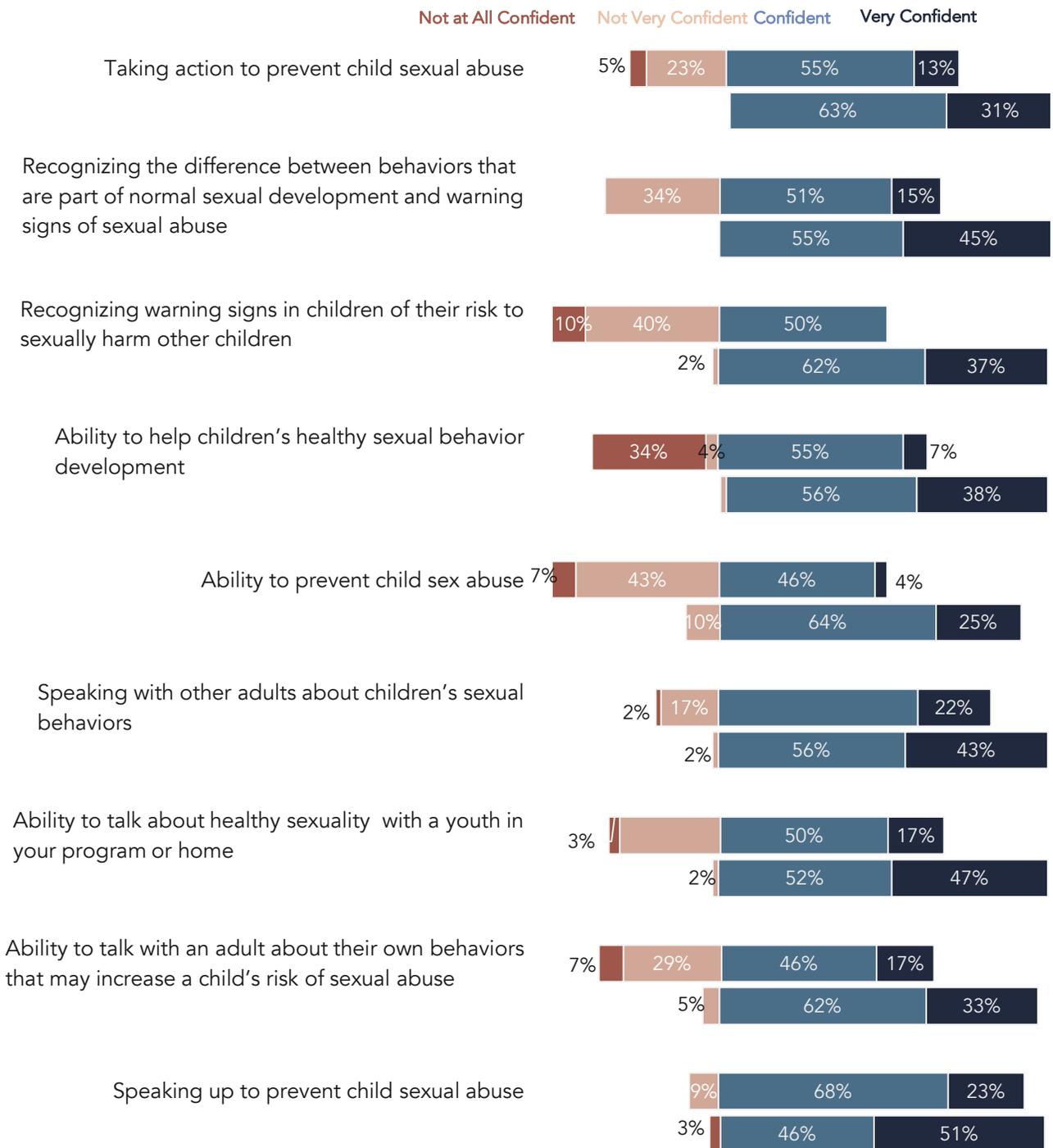


Figure 3. Average Percentage Confidence Ratings Increased From Pre and Posttest For All Nine Items



The percentage of individuals who increased their knowledge from pre to posttest ranged from 37.0% to 77.8% (see Table 5).

Table 5. Paired Samples t-Tests for Participants' Knowledge and Awareness Showed Statistically Significant and Notable Increases From Pre To Posttest for all Nine Items

Outcome Measure	N	Pre-Post Mean Difference	Standard Deviation	t-value	df	p value	Effect Size	% Ind. Increase
Taking action to prevent child sexual abuse	26	-.54	.81	-3.38	25	<.01**	.73*	51.9%
Recognizing the difference between behaviors that are part of normal sexual development and warning signs of sexual abuse	26	-.62	.64	-4.92	25	<.01**	.91*	70.4%
Recognizing warning signs in children of their risk to sexually harm other children	26	-.88	.59	-7.67	26	<.01**	1.31*	77.8%
Ability to help children's healthy sexual behavior development	24	-.83	.76	-5.36	23	<.01**	1.24*	74.1%
Ability to prevent child sex abuse	25	-.84	.90	-4.68	24	<.01**	1.25*	70.4%
Speaking with other adults about children's sexual behaviors	27	-.41	.69	-3.05	26	<.01**	.63*	37.0%
Ability to talk about healthy sexuality with a youth in your program or home	27	-.67	.73	-4.72	26	<.01**	.89*	59.3%
Ability to talk with an adult about their own behaviors that may increase a child's risk of sexual abuse	25	-.48	.77	-3.12	24	<.01**	.57*	59.3%
Speaking up to prevent child sexual abuse	25	-.35	.63	-2.81	25	.01**	.64*	44.4%

** *Statistically significant*

* *Notable*

BEHAVIORAL

Next, participants were asked how likely they would be to engage in a series of behaviors using a 5-point Likert scale (1=strongly disagree, 2= disagree, 3 = neutral, 4 = agree, 5 = strongly agree). Participants reported increases for three items and a decrease for one item (see Table 6). Three items showed no change from pre to posttest. The percentage of individuals who increased their knowledge from pre to posttest ranged from 7.4% to 59.3% (see Table 6).

Table 6. Average Percentage Positive Agreement Pre and Post Training Increased For Three Items, Decreased For One item and Showed No Change For Three Items

	Pre		Post	% Ind. Increase
If I was concerned about a situation regarding inappropriate behavior toward a child or children, I would talk with another adult or an ally about helping or supporting me to take action	100.0%		95.2%	22.2%
If a 4-year old asked me about a sexual matter, I would know how to respond	50.0%		90.6%	59.3%
I would look to find relevant advice or assistance if I was concerned about a child's sexual behaviors	95.1%	-	95.2%	33.3%
If a child discloses that they are being sexually abused, I would know what steps to take	80.5%		96.7%	44.4%
I would call child protection or the police to report my concerns about someone's behavior towards a child	97.4%		95.1%	22.2%
I would talk with a child or teenager about the importance of privacy and healthy boundaries	98.3%	-	98.4%	7.41%
I would develop a family safety plan	94.8%	-	98.4%	22.2%

As described previously, evaluators conducted paired sample *t*-tests to determine if participants demonstrated statistically significant gains in their knowledge from the pre survey to the post survey. For behavior, two items showed statistically significant and notable effect sizes, suggesting that participants behavior improved from pre to posttest for 1) "If a 4-year old asked me about a sexual matter, I would know how to respond," and 2) "If a child discloses that they are being sexually abused, I would know what steps to take." These results suggest that for real-life scenarios, participant confidence increased from pre to post program. For one item, the difference between pre and posttest were not statistically significant, but the effect size was notable ("I would look to find relevant advice or assistance if I was concerned about a child's sexual behaviors"). Because this study had a small sample size, the statistical power to detect significant effects was relatively lower than it would have been if the sample size had been larger. Therefore, it is possible that if the sample size had been larger, these findings might have been statistically significant. See Table 7 for paired samples *t*-test and effect size results and Appendix A for item-level data.

Table 7. Paired Samples T-Tests for Participants' Behavior at Pre and Posttest

Outcome Measure	N	Pre-Post Mean Difference	Standard Deviation	t-value	df	p value	Effect Size
If I was concerned about a situation regarding inappropriate behavior toward a child or children, I would talk with another adult or an ally about helping or supporting me to take action	26	.04	.66	.30	25	.77	.08
If a 4-year old asked me about a sexual matter, I would know how to respond	24	-.75	.79	-4.63	23	<.01**	.90*
I would look to find relevant advice or assistance if I was concerned about a child's sexual behaviors	25	-.24	.66	-1.81	24	.08	-.40*
If a child discloses that they are being sexually abused, I would know what steps to take	25	-.48	.87	-2.75	24	.01**	-.56*
I would call child protection or the police to report my concerns about someone's behavior towards a child	24	-.13	.54	-1.14	23	.27	.24
I would talk with a child or teenager about the importance of privacy and healthy boundaries	27	.07	.47	.81	26	.43	.13
I would develop a family safety plan	26	-.08	.56	-.70	25	.49	.11

** *Statistically significant*

* *Notable*

On the post survey, participants were asked to describe what they would like to know more about. Participants said:

- how agencies can help both parents and children,
- how to help teens avoid predators,
- how to help children who have been victimized,
- how to cope with it,
- how to talk to young children,
- how to approach a child,
- how to have safe conversations with families and children that have been abused,
- how to notice signs and what to do once you do,
- internet safety and statute of limitations,
- statistical information for both genders, and
- available therapies.

OVERALL

Next, participants were asked to respond to a series of questions about how much the workshop has increase their knowledge of various items using a 4-point Likert scale (1=Not at all, 2= A little, 3 = Somewhat, 4 = A great deal). On average, the majority of participants reported that the program affected their knowledge “a great deal” (see Table 8).

Table 8. On Average the Majority of Participants said the Circles of Safety Porgram Affected Their Knowledge “A Great Deal”

	Not at All	A little	Somewhat	A Great Deal	N/A
The prevalence of child sexual abuse	0.0% (n=0)	10.9% (n=7)	21.9% (n=14)	65.6% (n=42)	1.6% (n=1)
The impact of child sexual abuse	0.0% (n=0)	10.9% (n=7)	32.8% (n=21)	54.7% (n=35)	1.6% (n=1)
Prevention techniques	0.0% (n=0)	3.1% (n=2)	17.2% (n=11)	78.1% (n=50)	1.6% (n=1)
Grooming behaviors	3.1% (n=2)	17.2% (n=11)	34.4% (n=22)	40.6% (n=26)	1.6% (n=1)
Reporting requirements	4.7% (n=3)	15.6% (n=10)	29.7% (n=19)	46.9% (n=30)	1.6% (n=1)
Healthy sexuality for different ages	1.6% (n=1)	4.7% (n=3)	6.3% (n=4)	85.9% (n=55)	1.6% (n=1)
The importance of safety planning	0.0% (n=0)	0.0% (n=0)	12.5% (n=8)	85.9% (n=55)	1.6% (n=1)
Strategies for responding to early signs of sexual problem behavior and abuse	0.0% (n=0)	1.6% (n=1)	20.3% (n=13)	75.0% (n=48)	3.1% (n=2)
Communication tools to talk about sexuality	0.0% (n=0)	3.1% (n=2)	15.6% (n=10)	79.7% (n=51)	1.6% (n=1)

Note: Cells with bolded text represent the highest frequency for each item.

Next, participants were asked to respond to a series of questions about how much the workshop has increased their abilities using a 4-point Likert scale (1=Not at all, 2= A little, 3 = Somewhat, 4 = A great deal). On average, the majority of participants reported that the program affected their abilities “a great deal” (see Table 6).

Table 9. On Average the Majority of Participants Said the Porgram Affected Their Ability “A Great Deal”

	Not at All	A little	Somewhat	A Great Deal	N/A
Recognize inappropriate behavior	1.6% (n=1)	3.1% (n=2)	29.7% (n=19)	64.1% (n=41)	1.6% (n=1)
Build a safety plan	0.0% (n=0)	0.0% (n=0)	17.2% (n=11)	79.7% (n=4)	3.1% (n=2)
Respond to sexual problem behaviors or abuse	0.0% (n=0)	1.6% (n=1)	28.1% (n=18)	67.2% (n=43)	3.1% (n=2)

	Not at All	A little	Somewhat	A Great Deal	N/A
Communicate about sexuality	0.0% (n=0)	9.4% (n=6)	12.5% (n=8)	73.4% (n=47)	4.7% (n=3)
Report a sexual problem behavior or abuse	1.6% (n=1)	7.8% (n=5)	23.4% (n=15)	64.1% (n=41)	3.1% (n=2)

Note: Cells with bolded text represent the highest frequency for each item.

PERCEPTIONS

Lastly, participants were asked to rate their level of agreement regarding training components using a 5-point Likert scale (1=strongly disagree, 2= disagree, 3 = neutral, 4 = agree, 5 = strongly agree). On average, the majority of participants “strongly agreed” or had a positive association with program components (see Table 10).

Table 10. On Average the Majority of Participants “Strongly Agreed” with the Effectiveness of Program Components.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
The goals of this training were clearly stated at or before the beginning of the event.	1.6% (n=1)	0.0% (n=0)	1.6% (n=1)	34.4% (n=22)	59.4% (n=38)	3.1% (n=2)
The structure of the training was appropriate for meeting the stated goals.	1.6% (n=1)	0.0% (n=0)	0.0% (n=0)	34.4% (n=22)	60.9% (n=39)	3.1% (n=2)
The presenter explained the content clearly.	1.6% (n=1)	0.0% (n=0)	0.0% (n=0)	12.5% (n=8)	82.8% (n=53)	3.1% (n=2)
The presenter clearly connected the content to practical implementation.	1.6% (n=1)	0.0% (n=0)	0.0% (n=0)	18.8% (n=12)	76.6% (n=49)	3.1% (n=2)
The training actively engaged me in learning the content.	1.6% (n=1)	0.0% (n=0)	0.0% (n=0)	20.3% (n=13)	73.4% (n=47)	3.1% (n=2)
I would recommend this training to others.	1.6% (n=1)	0.0% (n=0)	0.0% (n=0)	25.0% (n=16)	70.3% (n=45)	3.1% (n=2)
The training increased my knowledge of child sexual abuse.	1.6% (n=1)	0.0% (n=0)	0.0% (n=0)	18.8% (n=12)	76.6% (n=49)	3.1% (n=2)
It was useful to hear about primary prevention	1.6% (n=1)	0.0% (n=0)	0.0% (n=0)	21.9% (n=14)	73.4% (n=47)	3.1% (n=2)
It was useful to hear how healthy sexuality information and support can be used as a prevention tool	1.6% (n=1)	0.0% (n=0)	0.0% (n=0)	14.1% (n=9)	81.3% (n=52)	3.1% (n=2)
It was useful to hear about Safety Planning in the home	1.6% (n=1)	0.0% (n=0)	0.0% (n=0)	20.3% (n=13)	75.0% (n=48)	3.1% (n=2)
I expect to apply information from the training in my home/work.	1.6% (n=1)	0.0% (n=0)	0.0% (n=0)	15.6% (n=10)	79.7% (n=51)	3.1% (n=2)

The benefits of attending this training were worth the time I invested.	1.6% (n=1)	0.0% (n=0)	0.0% (n=0)	20.3% (n=13)	75.0% (n=48)	3.1% (n=2)
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Note: Cells with bolded text represent the highest frequency for each item.



Figure 4. Percentage of participants reporting that the training was "good" or "excellent"

Lastly, participants were asked to describe the overall quality of the training using a 5 point Likert scale (1 = unacceptable, 2 = Poor, 3 = Adequate, 4 = Good, 5 = Excellent). Overall, 92% of participants said the program was "good" or "excellent" (see Figure 4).

Participants were asked to respond to a series of open-ended questions about their perceptions of the program. In post survey responses, more than half (60.9%) of participants said they plan to develop a safety plan for their home. Participants said they plan to include the following in their safety plan:

- guidelines about boundaries, privacy and respect,
- opportunities for conversations that allow child to speak freely and ask questions as needed,
- specific house rules that address clothing, internet use, and bedroom/bathroom privacy,
- inclusion of healthy and age-appropriate sexuality, and
- consequences and responses to harmful behaviors.

Next, participants were asked to describe what aspects of the training were the most helpful and why. Participants described the following:

- "all of it,"
- group discussions and roleplaying,
- being truthful about body parts,
- choosing scenarios with green, yellow or red (prevention levels),
- clarifying normal behaviors,
- clarity between health and unhealthy behaviors,
- communication,
- discussing concerning adult behavior,
- discussion around early prevention,
- conduct for social media, webinar and cyber/social media,
- group table work,
- how to speak to possible offenders,
- how to talk to your kids,

- identifying developmental sexuality,
- discussing warning signs,
- learning preventative techniques,
- resources,
- safety planning,
- sharing personal stories/examples from the audience,
- tips on how to discuss sexuality with different age groups and family safety planning, and
- data on sexual abuse.

Participant offered their suggestions to make the training better for future participants including:

- discussing more adolescent behaviors that are sexually normal,
- providing references to further study topics that were presented,
- having two shorter days of training and more time to go deeper on cyber safety,
- more conversation on how to report,
- more info on ritual abuse and trafficking, and
- more information about grooming and what to watch for.

Participants recommended follow up activities to help them train others including:

- allowing time for staff meetings for discussions,
- presenting case studies,
- cyber focus,
- resources/video clips,
- more opportunity for group discussion,
- refresher course within two years,
- handouts, pamphlets or "fridge magnets," and
- next steps once abuse has been confirmed.

Participants were very positive about the training and offered the following additional comments:

- "Excellent trainer, kept me engaged during the entire presentation."
- "Great facilitators! Clearly very knowledgeable and competent. Thank you!"
- "Great training! It was very insightful and something I will refer to in my work and in my home."
- "Learned great skills for safety planning."
- "Thanks for the training, helpful and both trainers had good energy."
- "The training was informative and easy to understand."
- "Trainers were knowledgeable."
- "Very good, I would return for another day."
- "Very helpful."
- "Great refresher/reminder."

LEADERSHIP

A total of 16 participants completed the Leadership post survey. Participants identified with a variety of roles including foster parents (n=3), trainer (n=2), clinician (2), agency leadership (n=4), clinical director (n=2), and safe passages (n=1).¹

The majority (84.6%) of participants served in child welfare, protection or care for 10 or more years (81.3%) and a few said 7-9 years (12.5%) or 4-6 years (6.3%). All participants identified as female (100%). Participants ranged in age from 30-39 (25.0%), 40-49 (43.8%), 50-59 (25.0%), and 60-69 (6.3%). The majority of participants identified as White/Caucasian (81.3%), with two identifying as Black/African American (12.5%), and one person identifying as Asian (6.3%).

KNOWLEDGE

Leadership participants were asked to respond to a series of questions about how much the leadership training has increased their knowledge of various items using a 4-point Likert scale (1=Not at all, 2= A little, 3 = Somewhat, 4 = A great deal). On average, the majority of participants reported that the program affected their knowledge “somewhat” or “a great deal” (see Table 8).

Table 8. On Average Leadership Participants Reported Increasing their Knowledge “Somewhat” or “A Great Deal”

	Not at All	A little	Somewhat	A Great Deal	N/A
The prevalence of child sexual abuse	0.0% (n=0)	30.8% (n=4)	38.5% (n=5)	30.8% (n=4)	0.0% (n=0)
The impact of child sexual abuse	0.0% (n=0)	14.3% (n=2)	50.0% (n=7)	35.7% (n=5)	0.0% (n=0)
Prevention techniques	0.0% (n=0)	7.1% (n=1)	21.4% (n=3)	71.4% (n=10)	0.0% (n=0)
Healthy sexuality for different ages	0.0% (n=0)	7.7% (n=1)	61.5% (n=8)	30.8% (n=4)	0.0% (n=0)
The importance of safety planning	0.0% (n=0)	7.7% (n=1)	15.4% (n=2)	76.9% (n=10)	0.0% (n=0)
Strategies for responding to early signs of sexual problem behavior and abuse	0.0% (n=0)	0.0% (n=0)	35.7% (n=5)	64.3% (n=9)	0.0% (n=0)
Communication tools to talk about sexuality	0.0% (n=0)	7.7% (n=1)	42.9% (n=6)	50.0% (n=7)	0.0% (n=0)

Note: Cells with bolded text represent the highest frequency for each item.

¹ Does not add to 16 because participants identified with more than one role

ABILITY

Leadership participants were also asked to respond to a series of questions about how much the leadership training has increased their ability of various items using a 4-point Likert scale (1=Not at all, 2= A little, 3 = Somewhat, 4 = A great deal). On average, the majority of participants reported that the program affected their ability “somewhat” or “a great deal” (see Table 9).

Table 9. On Average Leadership Participants Reported Increasing their Ability “Somewhat” or “A great deal”

	Not at All	A little	Somewhat	A Great Deal	N/A
Recognize inappropriate behavior	0.0% (n=0)	14.3% (n=2)	57.1% (n=8)	28.6% (n=4)	0.0% (n=0)
Build a safety plan	0.0% (n=0)	6.7% (n=1)	13.3% (n=2)	80.0% (n=12)	0.0% (n=0)
Communicate about sexuality	0.0% (n=0)	7.1% (n=1)	28.6% (n=4)	64.3% (n=9)	0.0% (n=0)

Note: Cells with bolded text represent the highest frequency for each item.

PERCEPTIONS

Lastly, participants were asked to rate their level of agreement regarding training components using a 5-point Likert scale (1=strongly disagree, 2= disagree, 3 = neutral, 4 = agree, 5 = strongly agree). On average, the majority of participants “strongly agreed” or had positive associations with program components (see Table 10).

Table 10. On Average Leadership Participants “Strongly Agreed” with the Effectiveness of Program Components

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
The goals of this training were clearly stated at or before the beginning of the event.	0.0% (n=0)	0.0% (n=0)	12.5% (n=2)	25.0% (n=4)	62.5% (n=10)	0.0% (n=0)
The structure of the training was appropriate for meeting the stated goals.	0.0% (n=0)	0.0% (n=0)	6.3% (n=1)	31.3% (n=5)	62.5% (n=10)	0.0% (n=0)
The presenter explained the content clearly.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	25.0% (n=4)	75.0% (n=12)	0.0% (n=0)
The presenter clearly connected the content to practical implementation.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	18.3% (n=3)	81.3% (n=13)	0.0% (n=0)
As a result of my participation, I increased my awareness of best practices to support our foster families to create safe homes.	0.0% (n=0)	0.0% (n=0)	6.3% (n=1)	43.8% (n=7)	50.0% (n=8)	0.0% (n=0)

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
As a result of my participation, I increased my awareness of how policies and procedures can be used to increase safety for children in our foster care program.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	37.5% (n=6)	62.5% (n=10)	0.0% (n=0)
As a result of my participation, I increased my awareness of prevention planning in a youth serving environment.	0.0% (n=0)	0.0% (n=0)	18.8% (n=3)	18.8% (n=3)	62.5% (n=10)	0.0% (n=0)
The format of the training provided ample opportunity for participants to meaningfully interact with each other.	0.0% (n=0)	6.3% (n=1)	0.0% (n=0)	12.5% (n=2)	81.3% (n=13)	0.0% (n=0)
The training actively engaged me in learning the content.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	18.3% (n=3)	81.3% (n=13)	0.0% (n=0)
The training was relevant to an issue currently facing my organization.	0.0% (n=0)	0.0% (n=0)	12.5% (n=2)	12.5% (n=2)	75.0% (n=12)	0.0% (n=0)
The presenter was knowledgeable or experienced with the type of setting or role in which I work.	0.0% (n=0)	0.0% (n=0)	6.3% (n=1)	18.3% (n=3)	75.0% (n=12)	0.0% (n=0)
The training provided opportunities to consider how to improve policies and procedures within my agency or organization.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	6.3% (n=1)	93.8% (n=15)	0.0% (n=0)
This training provided opportunities to assess how my program addresses safety.	0.0% (n=0)	0.0% (n=0)	6.3% (n=1)	18.3% (n=3)	75.0% (n=12)	0.0% (n=0)
This training provided opportunities to initiate action steps to increase and improve the prevention actions of my program.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	18.3% (n=3)	81.3% (n=13)	0.0% (n=0)
I expect to apply information from the training in my work.	0.0% (n=0)	0.0% (n=0)	6.3% (n=1)	18.3% (n=3)	75.0% (n=12)	0.0% (n=0)
I expect to share the information I learned at the training with my colleagues and/or families.	0.0% (n=0)	0.0% (n=0)	6.3% (n=1)	12.5% (n=2)	81.3% (n=13)	0.0% (n=0)
If Stop It Now! were to offer additional workshops or trainings, I would be likely to attend.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	12.5% (n=2)	87.5% (n=14)	0.0% (n=0)
The benefits of attending this training were worth the time I invested.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	12.5% (n=2)	87.5% (n=14)	0.0% (n=0)

Note: Cells with bolded text represent the highest frequency for each item.

In particular, participants reported 100% agreement (“agree” or “strongly agree”) with eight items such as “As a result of my participation, I increased my awareness of how policies and procedures can be used to increase safety for children in our foster care program.”



Figure 5. Percentage of participants reporting that the training was “good” or “excellent”

Participants were asked to describe the overall quality of the training using a 5 point Likert scale (1 = unacceptable, 2 = Poor, 3 = Adequate, 4 = Good, 5 = Excellent). Overall, 100% of participants said the program was “good” or “excellent” (see Figure 5).

Next, participants were asked to respond to a series of open-ended questions about their perceptions of the program. First, participants were asked to describe what action steps they plan to take as a result of the workshop. Their responses included:

- meet with leadership team to further develop and implement action plan,
- participate in leadership group to help create change to improve safety for youth,
- educate foster parents,
- have more communication with management,
- have more conversations about healthy sexual development,
- implement training for foster families and foster care staff,
- look at cases and review healthy sexual development and role-play,
- safety planning, and
- develop code of conduct.

Next, participants were asked to describe what aspects of the training were the most helpful and why. Participants described the following:

- group activities,
- applying materials to our own agency,
- discussion and reflection,
- practice examples,
- hands-on activities,
- assessment tools and other resources,
- safety planning, and
- developing goals.

Participant offered their suggestions to make the training better for future participants including:

- having some staff attend all three days,
- providing child care options for parents,
- inviting employees from other departments to attend,

- spending less time on initial team vision and mission,
- not jumping around binder as much,
- having more role-playing activities, and
- splitting up the training to allow for more foster parent participation.

Participants recommended follow up activities to help increase their knowledge of this topic or help apply the information to their organization including:

- opportunities to come back together and keep action steps fresh,
- provide examples of policies that have already been written,
- follow up six or 12 months later to review progress and provide feedback,
- discuss implementation of action plan,
- more on internet safety,
- host webinars, and
- have human resources or agency policies present.

Participants were very positive about the training and offered the following additional comments:

- "A great training!" 😊
- "Detailed training, positive trainers."
- "Enjoyed the training."
- "I enjoyed learning and reviewing skills that I have not though about in a while."
- "Nice job, thanks!"
- "Overall excellent training."
- "Very helpful."

TRAINING OF TRAINERS

A total of 13 participants completed the Training of Trainers post survey. Participants identified with a variety of roles including foster parents (15.4%), foster care case managers or similar role (7.7%), recruiter/home finder (7.7%), trainer (15.4%), clinician (15.4%), agency leadership (38.5%) and other (7.7%). The majority (84.6%) of participants served in child welfare, protection or care for 10 or more years, and a few said 7-9 years (15.4%). The majority of participants identified as female (92.3%) and 1 participant is male (7.7%). Participants ranged in age from 30-39 (46.2%), 40-49 (46.2%) and 50-59 (7.7%). The majority of participants identified as White/Caucasian (76.9%), with one person identifying for each of the following: Asian (7.7%), Black/African American (7.7%), and Hispanic (7.7%).

PERCEPTIONS

Training of Trainers participants were asked to rate their level of agreement regarding training components using a 5-point Likert scale (1=strongly disagree, 2= disagree, 3 = neutral, 4 = agree, 5 = strongly agree). On average, the majority of participants “strongly agreed” or had positive associations with program components (see Table 11).

Table 11. All Training of Trainers Participants “Agreed” or “Strongly Agreed” with the Effectiveness of Program Components

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
The goals of this training were clearly stated at or before the beginning of the event.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	38.5% (n=5)	61.5% (n=8)	0.0% (n=0)
The structure of the training was appropriate for meeting the stated goals.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	23.1% (n=3)	76.9% (n=10)	0.0% (n=0)
The materials and handouts for the participants are clear and organized in a way that is useful to me	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	23.1% (n=3)	76.9% (n=10)	0.0% (n=0)
The format of this training provided me with the practice and content I need to train others	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	38.5% (n=5)	61.5% (n=8)	0.0% (n=0)
I am confident that I have the information needed to train others.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	23.1% (n=3)	76.9% (n=10)	0.0% (n=0)
I would be comfortable training others about child sexual abuse prevention.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	61.5% (n=8)	38.5% (n=5)	0.0% (n=0)
I feel confident training others about healthy sexuality development as related to child sexual abuse prevention.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	53.8% (n=7)	46.2% (n=6)	0.0% (n=0)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
I am satisfied with the skills I gained from this training.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	23.1% (n=3)	76.9% (n=10)	0.0% (n=0)
The presenter explained the content clearly.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	7.7% (n=1)	92.3% (n=12)	0.0% (n=0)
The presenter clearly connected the content to practical implementation.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	15.4% (n=2)	84.6% (n=11)	0.0% (n=0)
The resources and handouts provided are adequate to support me to train others.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	15.4% (n=2)	84.6% (n=11)	0.0% (n=0)
The format of the training provided ample opportunity for participants to meaningfully interact with each other.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	30.8% (n=4)	69.2% (n=5)	0.0% (n=0)
The instructions and format is clear and easily applicable when training others	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	15.4% (n=2)	84.6% (n=11)	0.0% (n=0)
The training actively engaged me in learning the content.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	15.4% (n=2)	84.6% (n=11)	0.0% (n=0)
The presenter was knowledgeable or experienced with the type of setting or role in which I work.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	7.7% (n=1)	92.3% (n=12)	0.0% (n=0)
If Stop It Now! were to offer additional workshops or trainings, I would be likely to attend.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	23.1% (n=3)	76.9% (n=10)	0.0% (n=0)
The benefits of attending this training were worth the time I invested.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	7.7% (n=1)	92.3% (n=12)	0.0% (n=0)

Note: Cells with bolded text represent the highest frequency for each item.



Lastly, participants were asked to describe the overall quality of the Training of Trainers program using a 5 point Likert scale (1 = unacceptable, 2 = Poor, 3 = Adequate, 4 = Good, 5 = Excellent). Overall, 100% of participants said the program was "good" or "excellent" (see Figure 6).

Figure 6. Percentage of participants reporting that the training was "good" or "excellent"

Participants were asked to describe any obstacles they have that will make it difficult to train others on the topic. Participant responses included:

- foster parent comfort level or resistance to the topic,
- foster parent attendance issues,
- staffing issues,
- cultural issues,
- standing in front of a big audience, and
- taking time to practice and learn the material.

Next, participants were asked to describe what aspects of the training were the most helpful and why. Participants described the following:

- green/yellow/red prevention levels help break down materials and organize them into something manageable,
- learning not to be afraid,
- practice teaching a section,
- repetition,
- role playing in cyber security,
- safety planning - broken down into stages,
- follow up training,
- examples throughout the booklet, and
- knowledge and availability of the trainer.

Participant offered their suggestions to make the training better for future participants including:

- being careful not to ask how they learned of sexual behaviors because the participant could have been a victim,
- adapting it more to the group, and
- adding on-going professional development opportunities for the trainers.

Participants recommended follow up activities to help them train others including:

- workshops,
- updates on statistics,
- hands-on activities,
- practice opportunities, and
- training with another trainer while learning the curriculum.

Participants were very positive about the training and offered the following additional comments:

- "Enjoyed the training. Thank you."
- "Excellent info, excellent presenter."
- "I enjoyed this training and I'm excited to lead some of the skills I learned."
- "It was very informative and fun." ☺
- "It was organized and helpful."
- "Thoroughly enjoyed it. Trainer's style and approachable nature made for a great learning environment."

WEBINARS

Two webinars were offered on five different dates. The first webinar was offered on the Principles of Cyber Safety. The webinar was offered on three different dates (5/1, 5/10, and 5/12) to a total of 24 participants and four participants completed surveys.

From the four completed surveys, 75% of participants said the webinar was “good” and one participant (25%) said it was “adequate.” Similarly, 75% of participants agreed that “the benefits of attending this training were worth the time I invested,” “This training increased my knowledge on the topic of preventing and responding to cyber safety risks for children under my care,” and “This training increased my confidence level in preventing and responding to cyber safety risks for children under my care.”

Two participants described the actions they plan to take as a result of the training including:

- “Ensure that I talk to my clients on a more frequent basis about their use of technology and comfortability with on-line interactions,”
- “Have conversations with children and foster families earlier.”

One participant offered a suggestion for improvement, “A little bit more excitement in the trainer's voice. On-going interaction with audience--not wait until the end to answer questions.”

The second webinar, Understanding and Preventing Specific Online Risks was offered on 5/16 and 5/19 and included 20 participants and four completed surveys.

From the five surveys, 75% of the participants said the webinar was “good” and one participant (25%) said it was “excellent.” All participants “agreed” or “strongly agreed” that “The benefits of attending this training were worth the time I invested” and “This training increased my confidence level in preventing and responding to cyber safety risks for children under my care.” Most (75%) of participants “agreed” or “strongly agreed” that the “This training increased my knowledge on the topic of preventing and responding to cyber safety risks for children under my care.”

Participants were asked to describe any specific actions you plan to take as a result of something you learned in this training. Survey respondents suggested:

- “Review organizational training for foster parents around cyber safety.”
- “Share the information with foster parents who have clients who use the home computers/have personal cell phones or tablets.”
- “Inform foster parents of how to be able to better monitor their children's internet usage.”

One webinar 2 participant said it was a “good training” and would have liked more parents to attend. Another participant said, “It served as a good reminder to revisit issue on a periodic basis.”

WORKSHOP 1

Workshop 1, delivered by a newly trained, non-Stop It Now! trainer, was administered with 25 participants. Ten foster parents completed the pre and post survey and agreed to have their results used in the study. Most participants reported serving in child welfare, protection and or care for 1-3 years (44.4%), followed by 7-9 years (22.2%), 4-6 years (16.7%), 10+ years (11.1%), or less than 1 year (5.6%). Half of the participants were female and half were male. Most participants were age 50-59 (38.9%), followed by 40-49 (27.8%), 60-69 (11.1%), 30-39 (11.1%), and 40-59 (5.6%). Most participants identified as Black/ African American (72.2%) followed by White/Caucasian (22.2%) or Hispanic (5.6%). Almost 40% of participants has attended another training related to prevention of child sexual abuse prior to the training including Circles of Safety and North American Family Institute (NAFI) classes.

Participants said they hope to learn the following:

- why it [sexual abuse] happens,
- how to cope with it [sexual abuse],
- how to help children that have been sexually abused,
- how to deal with a child who is sexually abusing other kids,
- how to identify a child who may have been sexually abuse and how to be emotionally supportive,
- how to prevent it and be proactive,
- how to recognize child abuse signs,
- more awareness, and
- how to talk to children and make them feel more comfortable.

AWARENESS & KNOWLEDGE

Participants were asked to respond to a series of questions regarding their agreement with various awareness and knowledge questions using a 5-point Likert scale (1=strongly disagree, 2= disagree, 3 = neutral, 4 = agree, 5 = strongly agree). For seven of the items the correct response was positive agreement (i.e. “agree” or strongly agree”). For all seven items, the percentage of participants who reported positive agreement increased from pre to posttest (see Table 12). The percentage of individuals who increased their knowledge from pre to posttest ranged from 9.1% to 81.8% (see Table 12).

Table 11. Average Percentage Correct (Positive Agreement) Increased for all Seven Items in Workshop 1 from Pre and Posttest

	Pre		Post	% Ind. Increase
It is an adult's responsibility to prevent child sexual abuse	66.6%	↑	88.9%	36.4%
Healthy touch is important to a child's sexual development	73.3%	↑	83.4%	36.4%
I know the specific behaviors that constitute <i>contact sexual abuse of children</i>	42.8%	↑	70.6%	81.8%
I know the specific behaviors that constitute <i>non-contact sexual abuse of children</i>	30.8%	↑	64.7%	81.8%
Understanding healthy sexuality development can help prevent child sexual abuse	77.7%	↑	77.8%	27.3%
Children as young as infancy can experience genital stimulation	84.6%	↑	93.3%	9.1%
I think I can do something about preventing child sexual abuse	68.8%	↑	88.2%	45.5%

For eleven of the items, the correct response was negative agreement (i.e. "disagree" or "strongly disagree"). For seven of the eleven items the percentage of participants who correctly answered the question (negative disagreement) increased from pre to posttest (as represented by the green arrow) (see Table 13). The percentage of individuals who increased their knowledge from pre to posttest ranged from 0.0% to 54.6% (see Table 12).

Table 12. Average Percentage Correct (Negative Agreement) Increased for Seven of the Eleven Items in Workshop 1 from Pre and Posttest

	Pre		Post	% Ind. Increase
I don't think child sexual abuse is much of a problem	83.4%	↑	94.4%	27.3%
I don't think there is much I can do to prevent child sexual abuse	76.5%	↑	83.3%	45.5%
I don't think I should hug a foster child	61.1%	↑	72.2%	45.5%
Children's sexual behaviors are very similar to adult sexual behaviors	42.9%	↑	75.0%	54.6%

	Pre		Post	% Ind. Increase
Children in foster care know everything they need to about sexuality	83.3%		100.0%	18.2%
Teaching children about consent should wait until they are teenagers	77.7%		66.6%	18.2%
Children are not curious about sexuality until they are much older	94.4%	--	94.4%	9.1%
It's best to wait to start safety planning until after sexual behaviors between children have been discovered	100.0%		94.5%	9.1%
Children who do not report ongoing sexual abuse must want the sexual contact to continue	88.8%		100.0%	9.1%
If a 14 year old says yes to intercourse with an adult, it is not sexual abuse	94.4%	--	94.4%	0.0%
Sexual abuse is the child's fault	94.4%		100.0%	0.0%

As described in the Awareness to Action pre to post survey, evaluators conducted paired sample t-tests to determine if participants demonstrated statistically significant gains in their knowledge from the pre survey to the post survey. Two items showed statistically significant and notable effect sizes, suggesting that participants increased their knowledge from pre to posttest (see Table 14). The two items are:

- I know the specific behaviors that constitute *contact sexual abuse of children*, and
- I think I can do something about preventing child sexual abuse.

For ten additional items, results show notable effects, but not statistically significant differences. This suggests that results may be statistically significant with a larger sample size. See Table 14 for paired samples t-test and effect size results and Appendix A for item-level data.

Table 13. Paired Samples T-Tests for Participants' Behavior at Pre and Posttest

Outcome Measure	N	Pre-Post Mean Difference	Standard Deviation	t-value	df	p value	Effect Size
I don't think child sexual abuse is much of a problem	11	.72	1.68	1.44	10	.18	.46*
I don't think there is much I can do to prevent child sexual abuse	10	.50	1.51	1.05	9	.32	.44*
I don't think I should hug a foster child	11	.72	1.19	2.03	10	.07	.56*

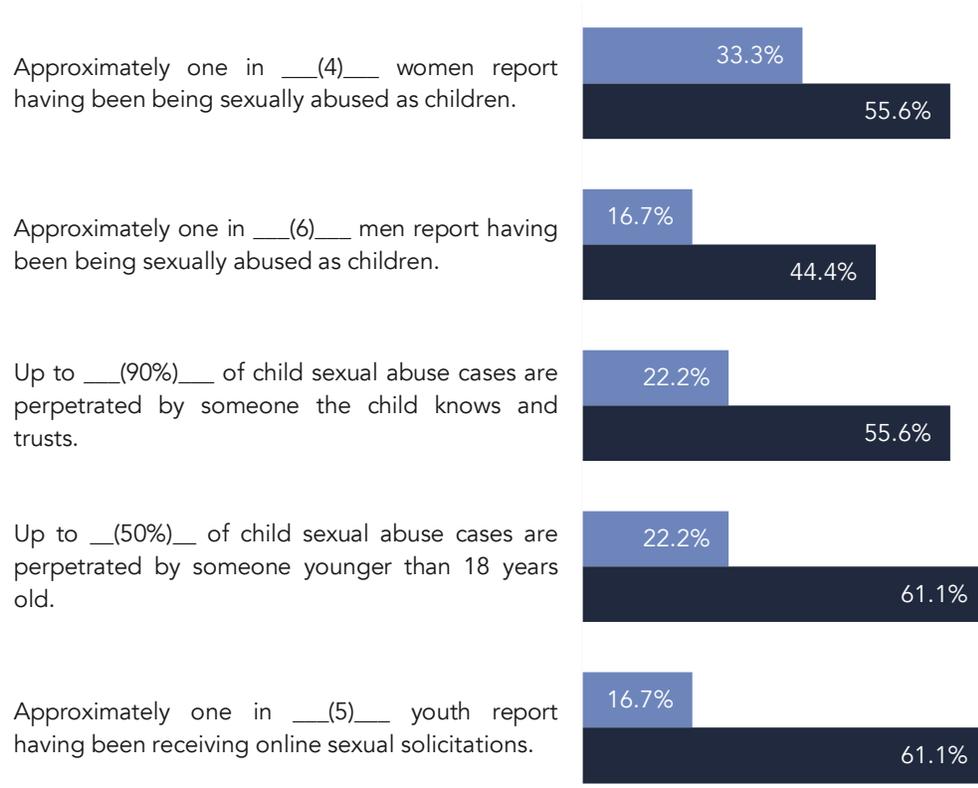
Outcome Measure	N	Pre-Post Mean Difference	Standard Deviation	t-value	df	p value	Effect Size
It is an adult's responsibility to prevent child sexual abuse	11	-.82	1.25	-2.17	10	.06	1.12*
Children's sexual behaviors are very similar to adult sexual behaviors	7	1.29	2.29	1.49	6	.19	.85*
Children in foster care know everything they need to about sexuality	11	.55	1.51	1.2	10	.26	.36*
Healthy touch is important to a child's sexual development	9	.22	1.09	.61	8	.56	.17
Teaching children about consent should wait until they are teenagers	11	.27	1.56	.58	10	.57	.20
Children are not curious about sexuality until they are much older	11	-.18	.60	-1.00	10	.34	.36*
I know the specific behaviors that constitute <i>contact sexual abuse of children</i>	8	-1.00	.76	-3.74	7	<.01**	1.08*
It's best to wait to start safety planning until after sexual behaviors between children have been discovered	11	.09	.30	1.00	10	.34	.17
Understanding healthy sexuality development can help prevent child sexual abuse	10	.50	.165	.96	9	.36	.79*
Children as young as infancy can experience genital stimulation	7	.14	.38	1.00	6	.36	.13
I think I can do something about preventing child sexual abuse	10	-.40	.52	-2.45	9	.04**	.54*
Children who do not report ongoing sexual abuse must want the sexual contact to continue	11	.00	.45	.00	10	1.00	.00
If a 14-year-old says yes to intercourse with an adult, it is not sexual abuse	11	.00	.00	.00	10	1.00	.00
Sexual abuse is the child's fault	11	-.09	.30	-1.00	10	.34	.00

** *Statistically significant*

* *Notable*

Participants were asked to respond to a series of knowledge assessment questions at pre and posttest. For all five items, the percentage correct increased from pre to posttest (see Figure 8). On average, the percentage of participants who correctly answered each question was 22.2%, while at posttest, the percentage who answered correctly was 55.6%. The percentage of individuals who increased their knowledge from pre to posttest ranged from 36.4% to 63.6% (Q1, = 45.5%, Q2 = 45.4%, Q3 = 36.4%, Q4 = 54.4%, Q5 = 63.6%).

Figure 7. Average Percentage Correct Answers about Sexual Abuse Awareness increased from Pre to Posttest

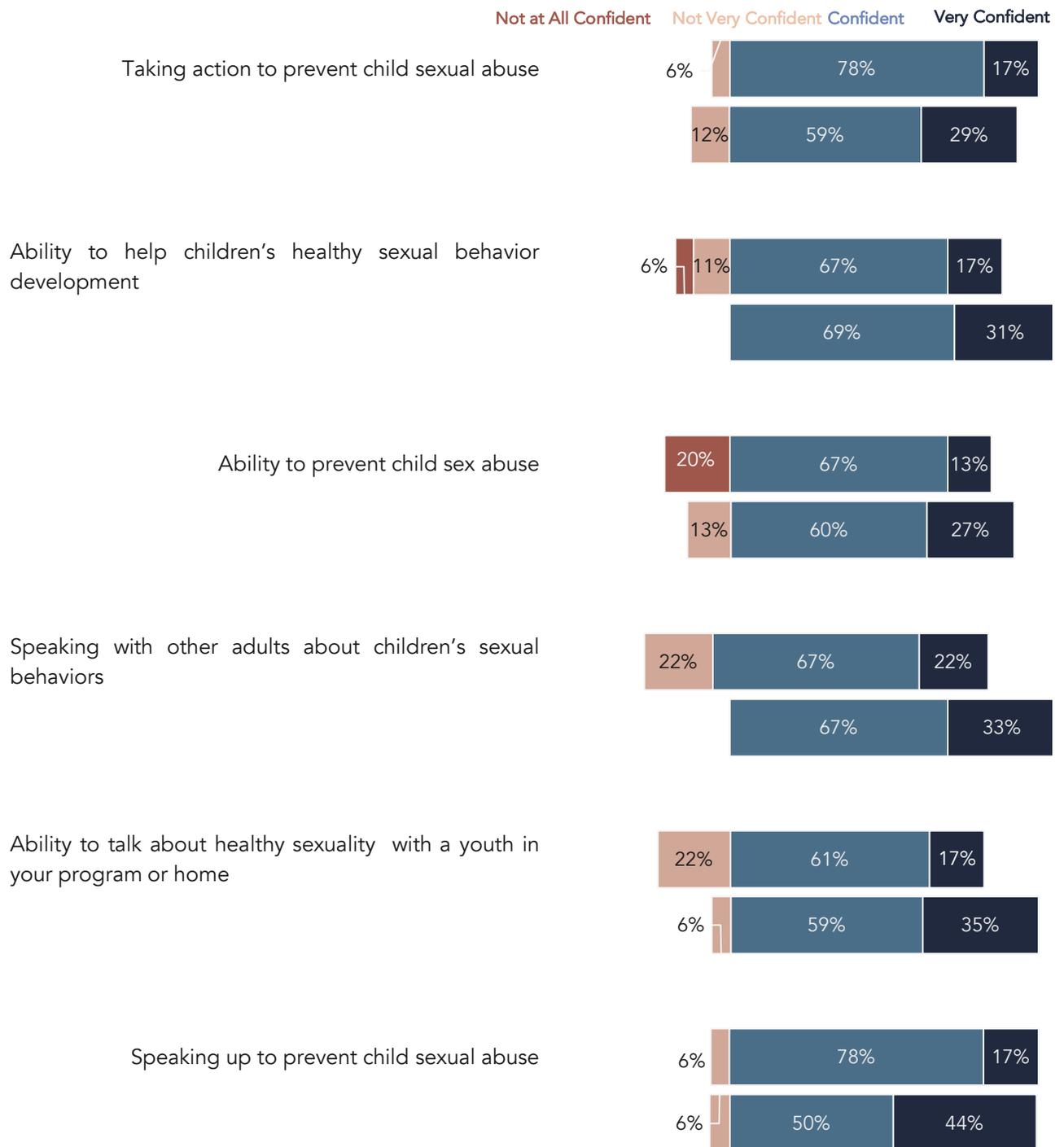


**Correct response is displayed in parentheses*

CONFIDENCE

Participants were also asked to rate their confidence at pre and post Workshop 1 using a 4-point Likert scale (1=Not at all confident, 2= Not very confident, 3 = Confident, 4 = Very confident). As seen in Figure 8, the percentage of participants who reported being “very confident” increased for all items. However, none of these difference were statistically significant (see Table 15). For two items, “Taking action to prevent child sexual abuse” and “Speaking up to prevent child sexual abuse” the effect size was notable, which warrants additional analyses with a larger sample size.

Figure 8. On Average Participant Confidence Ratings Increased from Pre to Posttest



The percentage of individuals who increased their knowledge from pre to posttest ranged from 0.0% to 27.3% (see Table 14).

Table 14. Paired Samples T-Tests for Participants' Knowledge and Awareness at Pre and Posttest

Outcome Measure	N	Pre-Post Mean Difference	Standard Deviation	t-value	df	p value	Effect Size	% Ind. Increase
Taking action to prevent child sexual abuse	10	.30	.48	1.96	9	.08	.63*	0.0%
Ability to help children's healthy sexual behavior development	9	-.11	.33	-1.00	8	.35	.20	9.1%
Ability to prevent child sex abuse	8	-.13	.35	-1.00	7	.35	.18	9.1%
Speaking with other adults about children's sexual behaviors	9	.00	.50	.00	8	1.00	.00	9.1%
Ability to talk about healthy sexuality with a youth in your program or home	10	.00	.00	.00	9	1.00	.00	0.0%
Speaking up to prevent child sexual abuse	10	-.30	.48	-1.96	9	.08	.73*	27.3%

** *Statistically significant*

* *Notable*

Note: "% ind. Increase" = % of individuals whose scores increased from pre to posttest

BEHAVIORAL

Next, participants were asked how likely they would be to engage in a series of behaviors. Using a 5-point Likert scale (1=strongly disagree, 2= disagree, 3 = neutral, 4 = agree, 5 = strongly agree). Participant reported increases for all 3 items (see Table 16).

Table 15. On Average Participant Confidence Increased from Pre to Post Training

	Pre		Post
If a 4-year old asked me about a sexual matter, I would know how to respond	55.5%		88.9%
I would talk with a child or teenager about the importance of privacy and healthy boundaries	94.4%		100.0%
I would develop a family safety plan	88.9%		94.4%

As described previously, evaluators conducted paired sample t-tests to determine if participants demonstrated statistically significant gains in their knowledge from the pre survey to the post survey. For this study, findings were considered statistically significant using an

alpha level of 0.05 and effect sizes greater than or equal to the absolute value of 0.25 were considered notable.

For behavior, one item showed statistically significant and notable effect sizes, suggesting that participants behavior improved from pre to posttest ("If a 4-year old asked me about a sexual matter, I would know how to respond"). For two items, the difference between pre and post were not statistically significant, but the effect size was notable which suggests that if the sample size had been larger, the item may show statistically significant differences from pre to posttest. The percentage of individuals who increased their knowledge from pre to posttest ranged from 27.3%% to 36.4%. See Table 17 for paired samples t-test and effect size results and Appendix B for item-level data.

Table 16. Paired Samples T-Tests for Participants' Behavior at Pre and Posttest

Outcome Measure	N	Pre-Post Mean Difference	Standard Deviation	t-value	df	p value	Effect Size	% Ind. Increase
If a 4-year old asked me about a sexual matter, I would know how to respond	11	-.45	.69	-2.19	10	.05**	.50*	36.4%
I would talk with a child or teenager about the importance of privacy and healthy boundaries	11	-.27	.47	-1.94	10	.08	.40*	27.3%
I would develop a family safety plan	10	-.60	1.26	-1.50	9	.17	.51*	27.3%

** Statistically significant

OVERALL

Next, participants were asked to respond to a series of questions about how much the workshop increased their knowledge of various items using a 4-point Likert scale (1=Not at all, 2= A little, 3 = Somewhat, 4 = A great deal). On average, the majority of participants reported that the program affected their knowledge "a great deal" (see Table 18).

Table 17. On Average Participants Reported that the Workshop Increased their Knowledge "A Great Deal"

	Not at All	A little	Somewhat	A Great Deal	N/A
The prevalence of child sexual abuse	0.0% (n=0)	5.6% (n=1)	22.2% (n=4)	61.1% (n=11)	11.1% (n=2)
The impact of child sexual abuse	0.0% (n=0)	11.1% (n=2)	11.1% (n=2)	72.2% (n=13)	5.6% (n=1)
Prevention techniques	0.0% (n=0)	5.6% (n=1)	27.8% (n=5)	61.1% (n=11)	5.6% (n=1)
Healthy sexuality for different ages	5.6% (n=1)	11.1% (n=2)	16.7% (n=3)	55.6% (n=10)	11.1% (n=2)

The importance of safety planning	0.0% (n=0)	5.6% (n=1)	16.7% (n=3)	72.2% (n=13)	5.6% (n=1)
Communication tools to talk about sexuality	0.0% (n=0)	5.6% (n=1)	33.3% (n=6)	55.6% (n=10)	5.6% (n=1)

Next, participants were asked to respond to a series of questions about how much the workshop has increased their awareness using a 4-point Likert scale (1=Not at all, 2= A little, 3 = Somewhat, 4 = A great deal). On average, the majority of participants reported that the program affected their awareness “a great deal” (see Table 19).

Table 18. On Average Participants Reported that the Workshop Increased their Ability “a great deal”

	Not at All	A little	Somewhat	A Great Deal	N/A
Recognize inappropriate behavior	0.0% (n=0)	0.0% (n=0)	33.3% (n=6)	61.1% (n=11)	5.6% (n=1)
Build a safety plan	0.0% (n=0)	5.6% (n=1)	11.1% (n=2)	77.8% (n=14)	5.6% (n=1)
Respond to sexual problem behaviors or abuse	0.0% (n=0)	5.6% (n=1)	33.3% (n=6)	55.6% (n=10)	5.6% (n=1)
Communicate about sexuality	0.0% (n=0)	11.1% (n=2)	27.8% (n=5)	55.6% (n=10)	5.6% (n=1)
Report a sexual problem behavior or abuse	5.6% (n=1)	5.6% (n=1)	16.7% (n=3)	66.7% (n=12)	5.6% (n=1)

PERCEPTIONS

Lastly, participants were asked to rate their level of agreement regarding training components using a 5-point Likert scale (1=strongly disagree, 2= disagree, 3 = neutral, 4 = agree, 5 = strongly agree). On average, the majority of participants “agreed” or “strongly agreed” or had a positive association with program components (see Table 20).

Table 19. On Average Workshop 1 Participants “Agreed” or “Strongly Agreed” in the Effectiveness of Program Components.

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
The goals of this training were clearly stated at or before the beginning of the event.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	44.4% (n=8)	33.3% (n=6)	22.2% (n=4)
The structure of the training was appropriate for meeting the stated goals.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	61.1% (n=11)	27.8% (n=5)	11.1% (n=2)

The presenter explained the content clearly.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	27.8% (n=5)	61.1% (n=11)	11.1% (n=2)
The presenter clearly connected the content to practical implementation.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	27.8% (n=5)	61.1% (n=11)	11.1% (n=2)
The training actively engaged me in learning the content.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	16.7% (n=3)	72.2% (n=13)	11.1% (n=2)
I would recommend this training to others.	0.0% (n=0)	0.0% (n=0)	5.6% (n=1)	5.6% (n=1)	77.8% (n=14)	11.1% (n=2)
The training increased my knowledge of child sexual abuse.	0.0% (n=0)	0.0% (n=0)	5.6% (n=1)	33.3% (n=6)	50.0% (n=9)	11.1% (n=2)
It was useful to hear about primary prevention	0.0% (n=0)	0.0% (n=0)	5.6% (n=1)	38.9% (n=7)	44.4% (n=8)	11.1% (n=2)
It was useful to hear how healthy sexuality information and support can be used as a prevention tool	0.0% (n=0)	0.0% (n=0)	5.6% (n=1)	16.7% (n=3)	66.7% (n=12)	11.1% (n=2)
It was useful to hear about Safety Planning in the home	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	27.8% (n=5)	61.1% (n=11)	11.1% (n=2)
I expect to apply information from the training in my home/work.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	27.8% (n=5)	61.1% (n=11)	11.1% (n=2)
The benefits of attending this training were worth the time I invested.	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	16.7% (n=3)	72.2% (n=13)	11.1% (n=2)



Lastly, participants were asked to describe the overall quality of the training using a 5 point Likert scale (1 = unacceptable, 2 = Poor, 3 = Adequate, 4 = Good, 5 = Excellent). Overall, the majority of participants said the workshop was "good" or "excellent" (see Figure 9).

Figure 9. Percentage of participants reporting that the workshop was "good" or "excellent"

Half (50%) of participants said they plan to develop a safety plan, and 50% did not respond (unknown). Participants were asked to describe what action steps that plan to take as a result of the workshop. Their responses included:

- developing a plan to keep the home safe including appropriate behavior amongst family members,

- developing more clear and concrete safety plans,
- practicing respect for space and boundaries in the home,
- conducting random searches,
- safety planning for sexual and non-sexual behaviors, and
- improving communication.

Next, participants were asked to describe what aspects of the training were the most helpful and why. Participants described the following:

- group interaction and activities,
- talking with other foster parents about similar problems,
- reinforcing the stages of what is normal and what is sexual abuse,
- discussing the different types of sexual abuse,
- the green, yellow and red flags,
- deciding the zones of danger after hearing scenarios,
- deciding what is considered sexual abuse and appropriate sexuality, and
- being able to identify what sexual abuse is more clearly.

Participants offered their suggestions to make the training better for future participants including:

- more tools on how to cope with sexual abuse, and
- more learning material presented and discussed, knowledge checks.

Participants recommended follow up activities to help them increase their knowledge of this topic or help them apply the information to their organization including:

- continue with follow-up strategies that we learned today, and
- refresher courses, more material covered, more teaching.

One participant offered the following additional comment, "The presenter was very knowledgeable and welcome to feedback."

STAKEHOLDER MEETINGS

At the end of the study focus groups were conducted with each of the four agency leadership teams. Focus groups were comprised of 14 open ended questions that asked the leadership team what they think of the Circles of Safety program and how it works for the centers and individuals who participated in it.

PROGRAM BENEFITS

First, participants were asked what they thought about the Circles of Safety program and what they like most about it.

Overall, program participants were very positive about the program and said they “enjoyed the program,” “very much liked it,” and it was “helpful.” In particular, one participant said, “Our staff really liked the training, all went to the first day, got a lot of useful information to apply to

“I enjoyed taking the training. It was really nicely done and we were all able to learn some additional information and add on to other information we were already aware of and work we had been doing. I really liked it.”

their families and the kids they work with. So they found it helpful. The foster parents who attended it also had positive feedback. Everyone who we talked to about it said it was helpful and they got something out of it.” Participants also mentioned that they appreciated the preventative focus of the program, instead of the traditional “reactionary

approach” offered at trainings. Participants thought the pace of the program was right on target. One participant said, “The information was straight to the point and very simple, I don’t think there was any complication understating the curriculum.” Participants felt very supported by the staff at Stop It Now! and said they are a “great support”, “really fantastic and wonderful” and “very available and responsive.”

Participants had many take aways from the training including improved communication at home and with foster care center employees. For parents, the program helped to improve safety planning and family dynamics and create an “open dialogue”

“We thought it was very helpful, very tactile tool to create open conversations with the population that we work with. Everyone who we talked to about it said it was helpful and they got something out of it.”

with their children. One participant discussed a parent who was going to start implementing different terminology and wording with both her foster kids and her own grand kids. Another participant said, “They [the parents] really liked the training, they felt like they had some skills when they left there.” Participants also noted improved communication between parents and foster care center employees. For example, one participant said, “I feel like the foster parents became more comfortable with having those conversations, and reaching out to us, if something come up, being able to pull us into that.” Some staff mentioned that universal terminology/key words has improved the communication between foster parents and foster center employees. Another participant said, “She broke down some barriers in the room. They brought it back to us when we had our monthly support meeting.”

Participants said the training was particularly helpful for newer employees and less helpful for more seasoned employees. For all newer staff it was “very helpful” to have the training and leadership plan to implement the training program with new hires. For example, one

“Overall it was a really helpful training. Everyone got something out of it. Even if it was new statistics, or new language to use, or how to implement a safety plan, or help a foster parent draft a plan, **everyone left with something**, which is great. One of the foster parents, told me what she had done in her house with drafting her safety plan. So, it is definitely being utilized and it is not something that you went to, thought about for two days and threw on the back burner. It is a living breathing, evolving thing, **it has truly become part of practice.**”

participant said, “It certainly is a curriculum, that any employee here could benefit from in the work we do with the youth that we serve. For the staff who have been in the field for a long time, participants said there were some sections that were redundant or repetitive for them, but that everyone took something away. Overall, staff said the training offers a different perspective and a “proactive,” “preventative” approach instead of how to react to disclosure. One participants said, “having the opportunity to

be more proactive about something and having the education to go about doing that, will certainly benefit our staff here.” In particular, “it has made them feel more confident, engaging in the conversation, starting a conversation, finishing a conversation, with parents, other providers and the children.”

Participants were also very positive about various program components. For example, participants said the materials provided were “really useful,” like the statistics that were shared, and the tools available. Other participants said the hands-on activities, the reflection activity, the safety planning activity, and the green-yellow-red activity opened up the dialogue and were very engaging. One participant said the training was useful because “It gave them space to learn and not feel embarrassed that they did not know the information, and it also gave them space to have conversations around topics that may be really uncomfortable. It gave them a sense of new look into how that topic had not been addressed before.” Another participant said, “People really seemed to feel that safety planning was a succinct way to sit down and think about how can I make my home safe and put these guidelines out ahead of time and put some parameters in place for how our family operates.” Leadership participants said they appreciated the organizational discussions around vision and mission and found that time very powerful and something they plan to continue with their larger department. Participants enjoyed the 2nd webinar.

“It was **valuable**, It puts a different perspective on sexual abuse, puts that **proactive perspective** as opposed to what we usually do is being reactive when we get disclosures. So always having the opportunity to be more proactive about something and having the education to go about doing that, will certainly **benefit our staff here**”

SUGGESTIONS FOR IMPROVEMENT

Leadership members offered a few suggestions for improvement including:

- offering more hand-on activities,
- offering more role playing,
- including more information about technology, internet and social media,
- improving the engagement of the first webinar,

- offering more discussion about the laws and policies around consent, and
- offering more webinars.

Additionally, due to foster parent schedules and child-care limitations, participants suggested splitting up the training days and “Making it available at times that work best for participants, such as evening and weekends.”

BLENDING PARENTS AND STAFF MEMBERS

Participants were asked to respond to a question about blending parents and staff at trainings. Most often participants thought it worked out very well, where others would like to see the training separated. Participants discussed various benefits to having staff and foster parents attend the same training. First, it allows them to “hear the same information at the same time,” it “allows for continuity of conversation and language,” and “a common understanding of what goes into safety planning.” Participants also mentioned that having parents and staff together can add to the conversation because they will have different experiences to share. Others mentioned the need for foster parents to have their own time to offer each other support and by having only parents at the training it could allow for more parent led discussion.

PARTICIPANT DIVERSITY

Participants were asked how parent diversity may have affected the trainings. Participant mentioned that parents “upbringing,” “personal experiences” or “biases” created some individual reactions to the training programs and safety planning. One participant said that “religion was a barrier.” As an example, one participant said, “We did see some diversity in that respect, based on people’s individual experiences with the topic.” In addition, leadership team members said the age range of the parents affected their response as well. One participant said, “Younger parents are very open to the conversation where some of the older parents not as open.” Another participant said, “Sometimes for our foster parents, different generations, maybe more of a learning curve for some of our older generation parents as well.” Lastly, participants also mentioned the needs of parents may be different depending on their age, with younger parents being more tech savvy and comfortable addressing social media than older parents.

SYSTEM WIDE CHANGES

For future implementation, most leadership members said they plan to administer the training every year at a minimum, but would like follow-up activities quarterly or two times a year. One participant said, “For caregivers and scheduling the parent one offered two times a year and I would love to see a refresher and a booster, just like the webinars, I really liked that concept, it keeps the conversation going and keeps the issue at the forefront of everyone’s mind. Maintain vigilance.” Participants also mentioned that the programs are very versatile and then can be adjusted to meet the needs of different populations.

At multiple sites, the leadership teams said they plan to incorporate safety planning into their treatment plans in various ways. At one site, they said they will update their policy to include a section for first time foster parents and include more specific house rules and examples of what they look like for homes. At another site they use crises management plans with their parents and plan to update the plan to include specific language around safety planning and include in their quarterly review with families. One participant said, "It will become part of what we do on an ongoing basis, as opposed to a separate skill or documents - we will incorporate into our existing structure." Another participant said, "Having a common tool and routine part of safety checks and treatment planning will become integrated more readily and more comfortably. I think the safety protocol are already in policies and procedures. But I think the implementation will be different. One participant said, "It is certainly impacting treatment planning and day-to-day, when our social workers are out working with families, it has become part of the conversation. Possibly implementing the sexual abuse safety planning piece into our intake process, or into our early stages of working with families and integrating into foster families homes. Not included in policy yet, but we are taking and making part of our practice for certain." Overall, leadership teams were appreciative of the many tools and resources and plan to implement them with their staff and families in the future.

SUMMARY

The purpose of this study was to evaluate the impact of the Circles of Safety for Foster Care program on participants' knowledge and awareness, behavior and confidence with child sexual abuse prevention and/or response. In addition, this study also examined program participation, overall participant perceptions, and assisted with program planning and improvement.

Circles of Safety is a layered training and educational program which utilizes a community responsibility model that teaches adults as bystanders how to intervene safely and effectively when they see early warning signs of an adult or youth behaving inappropriately with a child. Circles of Safety for the foster care community includes in-person and cyber-based adult training modalities such as: 1) Awareness to Action Training, 2) Youth Serving Environment (Leadership) Training, 3) Training of Trainers Workshop, 4) Community Workshops, and 5) online webinars.

The program was implemented with four centers in Connecticut and Massachusetts and included 70 Awareness to Action Participants (Day 1), 16 Leadership participants (day 2), 10 Training of Trainers participants, 26 workshop participants and 44 webinar participants. Evaluators administered surveys before (pre) and after (post) administration for the Awareness to Action and Workshops and post program for the Leadership, Training of Trainers and Webinars.

Prior to program development and administration, Stop It Now! conducted focus groups and interviews with leadership from each of the four centers to gather their feedback and suggestions about useful tools and resources for child sexual abuse prevention. Overall, center employees said they primarily provide information on how to respond to crises and struggle to provide prevention information. Parents said they struggle to talk about sex. Programs and parents would like 1) guidelines for normal behavior, safety rules and boundaries, 2) information about how to handle technology and social media, 3) example language and practice, and 4) checklists and conversation starters.

Awareness to Action participants found the program very beneficial. Most participants reported increases in their knowledge and awareness, behavior and confidence, and multiple items showed statistically significant and notable effect sizes. The majority of participants "strongly agreed" or had positive association with program components. Almost all (92%) of participants said the program was "good" or "excellent." Participants were asked to respond to a series of knowledge assessment questions at pre and posttest. For all five items, the percentage correct increased from pre to posttest.

Leadership participants found the program very "helpful" and "excellent." Leadership participants reported that the program increased their knowledge and awareness and ability "somewhat" or "a great deal." The majority of participants "strongly agreed" or had positive associations with program components. All (100%) of participants said the program was "good" or "excellent." Leadership participants said the most helpful components were the hands-on activities, safety planning, goal setting, and discussions.

Training of Trainers participants found the program "informative," "organized" and "helpful." On average, the majority of participants reported that the program affected their knowledge "somewhat" or "a great deal." The majority of participants "strongly agreed" or had positive associations with program components. All (100%) of participants said the program was "good" or "excellent." Participants said the most helpful components were the green/yellow/red categories, role playing, safety planning, examples, and knowledge of the trainer.

For the Webinars, the majority of participants were very positive about the offerings and said it was "good" or "excellent" they also "agreed" or "strongly agreed" that the program increased their knowledge and confidence for responding to cyber safety.

Workshop 1 participants also reported increases to their knowledge and awareness as well as positive perceptions of the program. Most participants reported increases in their knowledge and awareness, behavior and confidence from pre to posttest and multiple items showed statistically significant and notable effect sizes. The majority of participants "strongly agreed" or had positive associations with program components. The majority (78%) of participants said the program was "good" or "excellent." Participants were asked to respond to a series of knowledge assessment questions at pre and posttest. For all five items, the percentage correct

increased from pre to posttest. Participants reported enjoying the many different activities and would like follow-up activities.

At the end of the program offerings, agency leadership meetings were conducted to determine how Circles of Safety works for the centers and individuals who participate in it. All participants were very positive about Circles of Safety, would use the program again next year and recommend it to others. Participants said the program has improved the communication between foster parents and foster center employees and has been particularly helpful for newer staff members. Multiple agencies said they plan to incorporate safety planning into their treatment plans in various ways.

RECOMMENDATIONS

Across measures, participants offered suggestions to improve the program including

- splitting up the training days, or offering the program at varying times and locations to increase foster parent participation,
- covering laws and policies on consent more in depth,
- offering more hands-on activities and role playing,
- offering more information about technology, social media, and cyber safety,
- improving the engagement of the first webinar, and
- hosting more webinars.

Additionally, based on the needs assessment, consider developing a healthy sexuality program for children.

To better assess program outcomes in the future, it is recommended that Stop It Now! continue to incorporate evaluation activities into the Circles of Safety program. Specifically, evaluators recommend the following:

- develop subscale and overall scoring for the measures,
- conduct reliability testing on the measures,
- deliver the program to a larger sample,
- assess long-term impacts by tracking program and participant progress over time, and
- collect data from a comparison group to measure changes between groups.

APPENDIX A: ITEM LEVEL DATA TABLES PRE AND POST AWARENESS TO ACTION

Table 20. Average Participant Awareness and Knowledge Agreement ratings Pre and Post Awareness to Action Training

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
I don't think child sexual abuse is much of a problem (pre)	76.7% (n=46)	18.3% (n=11)	1.7% (n=1)	3.3% (n=2)	0.0% (n=0)	0.0% (n=0)
I don't think child sexual abuse is much of a problem (post)	82.8% (n=53)	7.8% (n=5)	0.0% (n=0)	3.1% (n=2)	3.1% (n=2)	3.1% (n=2)
I don't think there is much I can do to prevent child sexual abuse (pre)	38.3% (n=23)	50.0% (n=30)	6.7% (n=4)	0.0% (n=0)	1.7% (n=1)	3.3% (n=2)
I don't think there is much I can do to prevent child sexual abuse (post)	67.2% (n=43)	25.0% (n=16)	1.6% (n=1)	1.6% (n=1)	1.6% (n=1)	3.1% (n=2)
I don't think I should hug a foster child (pre)	20.0% (n=12)	38.3% (n=23)	31.7% (n=19)	6.7% (n=4)	3.3% (n=2)	0.0% (n=0)
I don't think I should hug a foster child (post)	18.8% (n=12)	37.5% (n=24)	23.4% (n=15)	10.9% (n=7)	4.7% (n=3)	4.7% (n=3)
It is an adult's responsibility to prevent child sexual abuse (pre)	10.0% (n=6)	6.7% (n=4)	13.3% (n=8)	46.7% (n=28)	21.7% (n=13)	1.7% (n=1)
It is an adult's responsibility to prevent child sexual abuse (post)	7.8% (n=5)	4.7% (n=3)	1.6% (n=1)	15.6% (n=10)	65.6% (n=42)	3.1% (n=2)
Children's sexual behaviors are very similar to adult sexual behaviors (pre)	21.7% (n=13)	46.7% (n=28)	8.3% (n=5)	11.7% (n=7)	1.7% (n=1)	10.0% (n=6)
Children's sexual behaviors are very similar to adult sexual behaviors (post)	40.6% (n=26)	45.3% (n=29)	4.7% (n=3)	6.3% (n=4)	0.0% (n=0)	3.1% (n=2)
Children in foster care know everything they need to about sexuality (pre)	61.7% (n=37)	33.3% (n=20)	0.0% (n=0)	0.0% (n=0)	5.0% (n=3)	0.0% (n=0)
Children in foster care know everything they need to about sexuality (post)	73.4% (n=47)	20.3% (n=13)	1.6% (n=1)	1.6% (n=1)	1.6% (n=1)	1.6% (n=1)
Healthy touch is important to a child's sexual development (pre)	1.7% (n=1)	1.7% (n=1)	10.0% (n=6)	41.7% (n=25)	35.0% (n=21)	10.0% (n=6)
Healthy touch is important to a child's sexual development (post)	4.7% (n=3)	1.6% (n=1)	0.0% (n=0)	31.3% (n=20)	60.9% (n=39)	1.6% (n=1)
Teaching children about consent should wait until they are teenagers (pre)	48.3% (n=29)	43.3% (n=26)	3.3% (n=2)	1.7% (n=1)	1.7% (n=1)	1.7% (n=1)
Teaching children about consent should wait until they are teenagers (post)	65.6% (n=42)	23.4% (n=15)	0.0% (n=0)	3.1% (n=2)	3.1% (n=2)	4.7% (n=3)
Children are not curious about sexuality until they are much older (pre)	55.0% (n=33)	41.7% (n=25)	1.7% (n=1)	0.0% (n=0)	0.0% (n=0)	1.7% (n=1)

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
Children are not curious about sexuality until they are much older (post)	64.1% (n=41)	29.7% (n=19)	1.6% (n=1)	1.6% (n=1)	1.6% (n=1)	1.6% (n=1)
I know the specific behaviors that constitute <i>contact sexual abuse of children</i> (pre)	0.0% (n=0)	16.7% (n=10)	28.3% (n=17)	36.7% (n=22)	5.0% (n=3)	13.3% (n=8)
I know the specific behaviors that constitute <i>contact sexual abuse of children</i> (post)	1.6% (n=1)	3.1% (n=2)	6.3% (n=4)	40.6% (n=26)	45.3% (n=29)	3.1% (n=2)
It's best to wait to start safety planning until after sexual behaviors between children have been discovered (pre)	55.0% (n=33)	40.0% (n=24)	3.3% (n=2)	0.0% (n=0)	1.7% (n=1)	0.0% (n=0)
It's best to wait to start safety planning until after sexual behaviors between children have been discovered (post)	68.8% (n=44)	23.4% (n=15)	0.0% (n=0)	6.3% (n=4)	0.0% (n=0)	1.6% (n=1)
I know the specific behaviors that constitute <i>non-contact sexual abuse of children</i> (pre)	0.0% (n=0)	13.3% (n=8)	36.7% (n=22)	25.0% (n=15)	1.7% (n=1)	23.3% (n=14)
I know the specific behaviors that constitute <i>non-contact sexual abuse of children</i> (post)	3.1% (n=2)	0.0% (n=0)	4.7% (n=3)	45.3% (n=29)	43.8% (n=28)	1.6% (n=1)
Understanding healthy sexuality development can help prevent child sexual abuse (pre)	5.0% (n=3)	3.3% (n=2)	6.7% (n=4)	55.0% (n=33)	25.0% (n=25)	5.0% (n=3)
Understanding healthy sexuality development can help prevent child sexual abuse (post)	0.0% (n=0)	1.6% (n=1)	0.0% (n=0)	45.3% (n=29)	50.0% (n=32)	3.1% (n=2)
Children as young as infancy can experience genital stimulation (pre)	0.0% (n=0)	3.3% (n=2)	1.7% (n=1)	53.3% (n=32)	25.0% (n=15)	16.7% (n=10)
Children as young as infancy can experience genital stimulation (post)	0.0% (n=0)	3.1% (n=2)	0.0% (n=0)	48.4% (n=31)	45.3% (n=29)	1.6% (n=1)
Most children are sexually abused by strangers or by men who are not well known to the child (pre)	41.7% (n=25)	25.0% (n=15)	1.7% (n=1)	1.7% (n=1)	0.0% (n=0)	30.0% (n=18)
Most children are sexually abused by strangers or by men who are not well known to the child (post)	64.1% (n=41)	25.0% (n=16)	0.0% (n=0)	7.8% (n=5)	1.6% (n=1)	1.6% (n=1)
I think I can do something about preventing child sexual abuse (pre)	0.0% (n=0)	1.7% (n=1)	13.3% (n=8)	46.7% (n=28)	31.7% (n=19)	6.7% (n=4)

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
I think I can do something about preventing child sexual abuse (post)	0.0% (n=0)	3.1% (n=2)	0.0% (n=0)	43.8% (n=28)	51.6% (n=33)	1.6% (n=1)
Child sexual abuse is caused by social problems such as unemployment, poverty, and alcohol abuse (pre)	8.3% (n=5)	40.0% (n=24)	13.3% (n=8)	6.7% (n=4)	0.0% (n=0)	31.7% (n=19)
Child sexual abuse is caused by social problems such as unemployment, poverty, and alcohol abuse (post)	29.7% (n=10)	28.1% (n=18)	20.3% (n=13)	17.2% (n=11)	1.6% (n=1)	1.6% (n=1)
Children who do not report ongoing sexual abuse must want the sexual contact to continue (pre)	85.0% (n=51)	11.7% (n=7)	1.7% (n=1)	1.7% (n=1)	0.0% (n=0)	0.0% (n=0)
Children who do not report ongoing sexual abuse must want the sexual contact to continue (post)	78.1% (n=50)	15.6% (n=10)	1.6% (n=1)	1.6% (n=1)	1.6% (n=1)	1.6% (n=1)
If a 14 year old says yes to intercourse with an adult, it is not sexual abuse (pre)	91.7% (n=55)	3.3% (n=1)	0.0% (n=0)	1.7% (n=1)	3.3% (n=1)	0.0% (n=0)
If a 14 year old says yes to intercourse with an adult, it is not sexual abuse (post)	81.3% (n=52)	14.1% (n=9)	1.6% (n=1)	1.6% (n=1)	0.0% (n=0)	1.6% (n=1)
Sexual abuse is the child's fault (pre)	91.7% (n=55)	3.3% (n=1)	0.0% (n=0)	1.7% (n=1)	3.3% (n=1)	0.0% (n=0)
Sexual abuse is the child's fault (post)	90.6% (n=58)	6.3% (n=4)	0.0% (n=0)	1.6% (n=1)	0.0% (n=0)	1.6% (n=1)

Table 21. Average Participant Confidence Agreement ratings Pre and Post Awareness to Action Training

	Not at all confident	Not very confident	Confident	Extremely Confident	Don't know
Taking action to prevent child sexual abuse (pre)	5.0% (n=3)	23.4% (n=14)	55.0% (n=33)	13.3% (n=8)	1.7% (n=1)
Taking action to prevent child sexual abuse (post)	0.0% (n=0)	0.0% (n=0)	62.5% (n=40)	31.3% (n=20)	3.1% (n=2)
Recognizing the difference between behaviors that are part of normal sexual development and warning signs of sexual abuse (pre)	0.0% (n=0)	23.3% (n=14)	35.0% (n=21)	10.0% (n=6)	31.7% (n=19)
Recognizing the difference between behaviors that are part of normal sexual development and warning signs of sexual abuse (post)	0.0% (n=0)	0.0% (n=0)	53.1% (n=34)	43.8% (n=28)	3.1% (n=2)
Recognizing warning signs in children of their risk to sexually harm other children (pre)	6.7% (n=4)	26.7% (n=16)	33.3% (n=20)	0.0% (n=0)	33.3% (n=20)
Recognizing warning signs in children of their risk to sexually harm other children (post)	0.0% (n=0)	1.6% (n=1)	57.8% (n=37)	34.4% (n=22)	4.7% (n=3)

	Not at all confident	Not very confident	Confident	Extremely Confident	Don't know
Ability to help children's healthy sexual behavior development (pre)	31.6% (n=19)	3.3% (n=2)	51.7% (n=31)	6.7% (n=4)	6.7% (n=4)
Ability to help children's healthy sexual behavior development (post)	0.0% (n=0)	1.6% (n=1)	54.7% (n=35)	37.5% (n=24)	4.7% (n=3)
Ability to prevent child sex abuse (pre)	6.7% (n=4)	40.0% (n=24)	43.3% (n=26)	3.3% (n=2)	6.7% (n=4)
Ability to prevent child sex abuse (post)	0.0% (n=0)	9.4% (n=6)	59.4% (n=38)	23.4% (n=15)	4.7% (n=3)
Speaking with other adults about children's sexual behaviors (pre)	1.7% (n=1)	11.6% (n=11)	63.3% (n=38)	23.3% (n=14)	0.0% (n=0)
Speaking with other adults about children's sexual behaviors (post)	0.0% (n=0)	1.7% (n=1)	53.1% (n=34)	40.6% (n=26)	3.1% (n=2)
Ability to talk about healthy sexuality with a youth in your program or home (pre)	3.3% (n=2)	30.0% (n=18)	50.0% (n=30)	16.7% (n=10)	0.0% (n=0)
Ability to talk about healthy sexuality with a youth in your program or home (post)	0.0% (n=0)	1.7% (n=1)	48.4% (n=31)	43.8% (n=28)	4.7% (n=3)
Ability to talk with an adult about their own behaviors that may increase a child's risk of sexual abuse (pre)	5.0% (n=3)	20.0% (n=12)	31.7% (n=19)	11.7% (n=7)	31.7% (n=19)
Ability to talk with an adult about their own behaviors that may increase a child's risk of sexual abuse (post)	0.0% (n=0)	4.7% (n=3)	57.8% (n=37)	31.3% (n=20)	3.1% (n=2)
Speaking up to prevent child sexual abuse (pre)	0.0% (n=0)	8.4% (n=5)	65.0% (n=39)	21.7% (n=13)	5.0% (n=3)
Speaking up to prevent child sexual abuse (post)	3.1% (n=2)	0.0% (n=0)	42.2% (n=27)	46.9% (n=30)	3.1% (n=2)

Table 22. Average Participant Behavioral Agreement Ratings Pre and Post Awareness to Action Training

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
If I was concerned about a situation regarding inappropriate behavior toward a child or children, I would talk with another adult or an ally about helping or supporting me to take action (pre)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	30.0% (n=18)	40.0% (n=24)	30.0% (n=18)
If I was concerned about a situation regarding inappropriate behavior toward a child or children, I would talk with another adult or an ally about helping or supporting me to take action (post)	1.6% (n=1)	0.0% (n=0)	3.1% (n=2)	37.5% (n=24)	56.3% (n=36)	1.6% (n=1)

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
If a 4-year old asked me about a sexual matter, I would know how to respond (pre)	0.0% (n=0)	13.3% (n=8)	31.7% (n=19)	41.7% (n=25)	6.7% (n=4)	6.7% (n=4)
If a 4-year old asked me about a sexual matter, I would know how to respond (post)	0.0% (n=0)	3.1% (n=2)	4.7% (n=3)	60.9% (n=39)	29.7% (n=19)	1.6% (n=1)
I would look to find relevant advice or assistance if I was concerned about a child's sexual behaviors (pre)	0.0% (n=0)	0.0% (n=0)	3.3% (n=2)	30.0% (n=18)	35.0% (n=21)	31.7% (n=19)
I would look to find relevant advice or assistance if I was concerned about a child's sexual behaviors (post)	1.6% (n=1)	1.6% (n=1)	1.6% (n=1)	32.8% (n=21)	60.9% (n=39)	1.6% (n=1)
If a child discloses that they are being sexually abused, I would know what steps to take (pre)	0.0% (n=0)	3.3% (n=2)	10.0% (n=6)	28.3% (n=17)	26.7% (n=16)	31.7% (n=19)
If a child discloses that they are being sexually abused, I would know what steps to take (post)	0.0% (n=0)	1.6% (n=1)	1.6% (n=1)	37.5% (n=24)	54.7% (n=35)	3.1% (n=2)
I would call child protection or the police to report my concerns about someone's behavior towards a child (pre)	0.0% (n=0)	0.0% (n=0)	1.7% (n=1)	26.7% (n=16)	36.7% (n=22)	35.0% (n=21)
I would call child protection or the police to report my concerns about someone's behavior towards a child (post)	0.0% (n=0)	0.0% (n=0)	4.7% (n=3)	34.4% (n=22)	56.3% (n=36)	1.6% (n=1)
I would talk with a child or teenager about the importance of privacy and healthy boundaries (pre)	0.0% (n=0)	0.0% (n=0)	1.7% (n=1)	43.3% (n=26)	55.0% (n=33)	0.0% (n=0)
I would talk with a child or teenager about the importance of privacy and healthy boundaries (post)	0.0% (n=0)	0.0% (n=0)	1.6% (n=1)	32.8% (n=21)	64.1% (n=41)	1.6% (n=1)
I would develop a family safety plan (pre)	1.7% (n=1)	0.0% (n=0)	3.3% (n=2)	55.0% (n=33)	36.7% (n=22)	3.3% (n=2)
I would develop a family safety plan (post)	0.0% (n=0)	0.0% (n=0)	1.6% (n=1)	34.4% (n=22)	62.5% (n=40)	1.6% (n=1)

APPENDIX B: ITEM LEVEL DATA TABLES PRE AND POST WORKSHOP 1

Table 23. Average Participant Awareness and Knowledge Agreement ratings Pre and Post Workshop 1

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
I don't think child sexual abuse is much of a problem (pre)	55.6% (n=10)	27.8% (n=5)	5.6% (n=1)	0.0% (n=0)	11.1% (n=2)	0.0% (n=0)
I don't think child sexual abuse is much of a problem (post)	72.2% (n=13)	22.2% (n=4)	0.0% (n=0)	0.0% (n=0)	5.6% (n=1)	0.0% (n=0)
I don't think there is much I can do to prevent child sexual abuse (pre)	16.7% (n=3)	55.6% (n=10)	16.1% (n=3)	0.0% (n=0)	5.6% (n=1)	5.6% (n=1)
I don't think there is much I can do to prevent child sexual abuse (post)	38.9% (n=7)	44.4% (n=8)	11.1% (n=2)	5.6% (n=1)	0.0% (n=0)	0.0% (n=0)
I don't think I should hug a foster child (pre)	22.2% (n=4)	38.9% (n=7)	27.8% (n=5)	5.6% (n=1)	5.6% (n=1)	0.0% (n=0)
I don't think I should hug a foster child (post)	38.9% (n=7)	33.3% (n=6)	27.8% (n=5)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
It is an adult's responsibility to prevent child sexual abuse (pre)	16.7% (n=3)	11.1% (n=1)	5.6% (n=1)	44.4% (n=8)	22.2% (n=4)	0.0% (n=0)
It is an adult's responsibility to prevent child sexual abuse (post)	0.0% (n=0)	0.0% (n=0)	11.1% (n=2)	55.6% (n=10)	33.3% (n=6)	0.0% (n=0)
Children's sexual behaviors are very similar to adult sexual behaviors (pre)	11.1% (n=2)	22.2% (n=4)	11.1% (n=2)	27.8% (n=5)	5.6% (n=1)	22.2% (n=4)
Children's sexual behaviors are very similar to adult sexual behaviors (post)	33.3% (n=6)	33.3% (n=6)	5.6% (n=1)	11.1% (n=2)	5.6% (n=1)	11.1% (n=2)
Children in foster care know everything they need to about sexuality (pre)	33.3% (n=6)	50.0% (n=9)	0.0% (n=0)	0.0% (n=0)	16.7% (n=3)	0.0% (n=0)
Children in foster care know everything they need to about sexuality (post)	44.4% (n=8)	55.6% (n=10)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
Healthy touch is important to a child's sexual development (pre)	5.6% (n=1)	0.0% (n=0)	16.7% (n=3)	44.4% (n=8)	16.7% (n=3)	16.7% (n=3)
Healthy touch is important to a child's sexual development (post)	11.1% (n=2)	5.6% (n=1)	0.0% (n=0)	55.6% (n=10)	27.8% (n=5)	0.0% (n=0)
Teaching children about consent should wait until they are teenagers (pre)	33.3% (n=6)	44.4% (n=8)	11.1% (n=2)	5.6% (n=1)	5.6% (n=1)	0.0% (n=0)
Teaching children about consent should wait until they are teenagers (post)	33.3% (n=6)	33.3% (n=6)	11.1% (n=2)	22.2% (n=4)	0.0% (n=0)	0.0% (n=0)
Children are not curious about sexuality until they are much older (pre)	50.0% (n=9)	44.4% (n=8)	5.6% (n=1)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
Children are not curious about sexuality until they are much older (post)	33.3% (n=6)	61.1% (n=11)	0.0% (n=0)	0.0% (n=0)	5.6% (N=1)	0.0% (n=0)
I know the specific behaviors that constitute <i>contact sexual abuse of children</i> (pre)	11.1% (n=2)	16.7% (n=3)	16.7% (n=3)	33.3% (n=6)	0.0% (n=0)	22.2% (n=4)
I know the specific behaviors that constitute <i>contact sexual abuse of children</i> (post)	0.0% (n=0)	0.0% (n=0)	27.8% (n=5)	44.4% (n=8)	22.2% (n=4)	5.6% (n=1)
It's best to wait to start safety planning until after sexual behaviors between children have been discovered (pre)	44.4% (n=8)	55.6% (n=10)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
It's best to wait to start safety planning until after sexual behaviors between children have been discovered (post)	38.9% (n=7)	55.6% (n=10)	5.6% (n=1)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
I know the specific behaviors that constitute <i>non-contact sexual abuse of children</i> (pre)	16.7% (n=3)	0.0% (n=0)	33.3% (n=6)	16.7% (n=3)	5.6% (n=1)	27.8% (n=5)
I know the specific behaviors that constitute <i>non-contact sexual abuse of children</i> (post)	5.6% (n=1)	5.6% (n=1)	22.2% (n=4)	44.4% (n=8)	16.7% (n=3)	5.6% (n=1)
Understanding healthy sexuality development can help prevent child sexual abuse (pre)	0.0% (n=0)	5.6% (n=1)	11.1% (n=2)	50.0% (n=9)	27.8% (n=5)	5.6% (n=1)
Understanding healthy sexuality development can help prevent child sexual abuse (post)	11.1% (n=2)	11.1% (n=2)	0.0% (n=0)	50.0% (n=9)	27.8% (n=5)	0.0% (n=0)
Children as young as infancy can experience genital stimulation (pre)	0.0% (n=0)	5.6% (n=1)	5.6% (n=1)	38.9% (n=7)	22.2% (n=4)	27.8% (n=5)
Children as young as infancy can experience genital stimulation (post)	0.0% (n=0)	0.0% (n=0)	5.6% (n=1)	55.6% (n=10)	22.2% (n=4)	16.7% (n=3)
I think I can do something about preventing child sexual abuse (pre)	0.0% (n=0)	0.0% (n=0)	27.8% (n=5)	44.4% (n=8)	16.7% (n=3)	11.1% (n=2)
I think I can do something about preventing child sexual abuse (post)	0.0% (n=0)	11.1% (n=2)	0.0% (n=0)	61.1% (n=11)	22.2% (n=4)	5.6% (n=1)
Children who do not report ongoing sexual abuse must want the sexual contact to continue (pre)	66.7% (n=12)	22.2% (n=4)	5.6% (n=1)	5.6% (n=1)	0.0% (n=0)	0.0% (n=0)
Children who do not report ongoing sexual abuse must want the sexual contact to continue (post)	77.8% (n=14)	22.2% (n=4)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
If a 14 year old says yes to intercourse with an adult, it is not sexual abuse (pre)	72.2% (n=13)	22.2% (n=4)	0.0% (n=0)	5.6% (n=1)	0.0% (n=0)	0.0% (n=0)
If a 14 year old says yes to intercourse with an adult, it is not sexual abuse (post)	88.9% (n=16)	5.6% (n=1)	0.0% (n=0)	0.0% (n=0)	5.6% (n=1)	0.0% (n=0)
Sexual abuse is the child's fault (pre)	88.9% (n=16)	5.6% (n=1)	0.0% (n=0)	5.6% (n=1)	0.0% (n=0)	0.0% (n=0)
Sexual abuse is the child's fault (post)	94.4% (n=17)	5.6% (n=1)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)

Table 24. Average Participant Confidence Agreement ratings Pre and Post Workshop 1

	Not at all confident	Not very confident	Confident	Extremely Confident	Don't know
Taking action to prevent child sexual abuse (pre)	0.0% (n=0)	5.6% (n=1)	77.8% (n=14)	16.7% (n=3)	0.0% (n=0)
Taking action to prevent child sexual abuse (post)	0.0% (n=0)	11.1% (n=2)	55.6% (n=10)	27.8% (n=5)	5.6% (n=1)
Ability to help children's healthy sexual behavior development (pre)	5.6% (n=1)	11.1% (n=2)	66.7% (n=12)	16.7% (n=3)	0.0% (n=0)
Ability to help children's healthy sexual behavior development (post)	0.0% (n=0)	0.0% (n=0)	61.1% (n=11)	27.8% (n=5)	11.1% (n=2)
Ability to prevent child sex abuse (pre)	16.7% (n=3)	0.0% (n=0)	55.6% (n=10)	11.1% (n=2)	16.7% (n=3)
Ability to prevent child sex abuse (post)	0.0% (n=0)	11.1% (n=2)	50.0% (n=9)	22.2% (n=4)	16.7% (n=3)
Speaking with other adults about children's sexual behaviors (pre)	0.0% (n=0)	11.1% (n=2)	66.7% (n=12)	22.2% (n=4)	0.0% (n=0)
Speaking with other adults about children's sexual behaviors (post)	0.0% (n=0)	0.0% (n=0)	55.6% (n=10)	27.8% (n=5)	16.7% (n=3)
Ability to talk about healthy sexuality with a youth in your program or home (pre)	0.0% (n=0)	22.2% (n=4)	61.1% (n=11)	16.7% (n=3)	0.0% (n=0)
Ability to talk about healthy sexuality with a youth in your program or home (post)	0.0% (n=0)	5.6% (n=1)	55.6% (n=10)	33.3% (n=6)	5.6% (n=1)
Speaking up to prevent child sexual abuse (pre)	0.0% (n=0)	5.6% (n=1)	77.8% (n=14)	16.7% (n=3)	0.0% (n=0)
Speaking up to prevent child sexual abuse (post)	0.0% (n=0)	5.6% (n=1)	44.4% (n=8)	38.9% (n=7)	11.1% (n=2)

Table 25. Average Participant Behavioral Agreement Ratings Pre and Post Workshop 1

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
If a 4-year old asked me about a sexual matter, I would know how to respond (pre)	0.0% (n=0)	11.1% (n=2)	33.3% (n=6)	44.4% (n=8)	11.1% (n=2)	0.0% (n=0)
If a 4-year old asked me about a sexual matter, I would know how to respond (post)	0.0% (n=0)	5.6% (n=1)	5.6% (n=1)	61.1% (n=1)	27.8% (n=5)	0.0% (n=0)
I would talk with a child or teenager about the importance of privacy and healthy boundaries (pre)	0.0% (n=0)	0.0% (n=0)	5.6% (n=1)	61.1% (n=11)	33.3% (n=6)	0.0% (n=0)
I would talk with a child or teenager about the importance of privacy and healthy boundaries (post)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	44.4% (n=8)	55.6% (n=10)	0.0% (n=0)
I would develop a family safety plan (pre)	5.6% (n=1)	0.0% (n=0)	5.6% (n=1)	55.6% (n=10)	33.3% (n=6)	0.0% (n=0)
I would develop a family safety plan (post)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	44.4% (n=8)	50.0% (n=9)	5.6% (n=1)