



CSA Prevention Training for Child Care Professionals: *Stewards of Children* Preliminary Results

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Introduction

Child Sexual Abuse (CSA) is a major public health concern in the US currently. Primary and secondary prevention is sorely needed. Various programs have been developed for prevention of CSA (mass media campaigns, child-focused, parent-focused, child care professional focused), however few studies have focused on systematically evaluating the effectiveness of prevention strategies for CSA in a methodologically rigorous manner. The majority of studies have focused on child populations. Targeting adult populations may enhance our ability to reduce risk of CSA beyond the benefits of the child-focused interventions. Further, the use of web-based trainings may offer a cost effective prevention approach.

Darkness to Light (D2L) is a National non-profit organization focused on the prevention of CSA through educational programs aimed at adults who have responsibility for children's safety. D2L has developed and disseminated an intervention entitled *Stewards of Children*. The curriculum is based upon *The 7 Steps to Protecting Our Children*, specific protective behaviors designed to train adults in taking responsibility for preventing, recognizing, and responding to CSA (both primary and secondary prevention). The program attempts to address not only expansion of CSA knowledge but also to increase motivation for readiness to change of participants. The target audience of *Stewards* is any adult who is in a position to protect children in home, at work, or in a neighborhood. This includes parents and child care professionals (e.g., school teachers, preschool/daycare providers, youth serving employees or volunteers such as coaches, scout leaders, church youth group leaders). *Stewards* can be provided via an in person workshop which is a 2 1/2 hour in person group training with an authorized facilitator trained by D2L in a workshop format. The facilitator uses a 75 minute video, which integrates segments of CSA survivors relating their stories of abuse and their recovery, with segments of professionals who comment on CSA characteristics.

Currently, D2L has trained nearly 1700 facilitators in delivering the instructor led version of *Stewards of Children* in 45 states + DC and 10 other countries. In addition to the in person workshop, D2L developed a 2 1/2 hour web-based training with curriculum content that is comparable to the in person curriculum. The presentation is interactive in nature and includes video clips and practice scenarios. Even with the web-based version, facilitators within a community serve as the "resident expert" equipped with a full understanding of *Stewards* program, as well as key components of policy and procedural development.

Step 1- "Learn the facts and Understand the Risk"

Step 2 - "Minimize Opportunity"

Step 3 - "Talk About It"

Step 4 - "Stay Alert"

Step 5 - "Make a Plan"

Step 6 - "Act on Suspicions"

Step 7 - "Get Involved"

7 STEPS

To protecting our children

Goals and Methods

The goals of the present study are to evaluate in an independent controlled experimental study the impact of D2L's *Stewards of Children* on child care professionals' knowledge, attitudes, and preventative behaviors related to CSA. A secondary goal is to evaluate and compare the different effects of mode of presentation (i.e., via web or in person).

This study is a 3 year multi-site study examining the efficacy of D2L's *Stewards of Children* Program in a community sample of 300 child care professionals. Sites included Bend, Oregon; Atlanta, Georgia; and Beaufort, South Carolina. One hundred participants are being recruited from different organizations that serve children within each of the three sites for a total of 300 participants. Participants are randomized to 1 of 3 conditions: 1) In-person *Stewards of Children*, 2) Web-based *Stewards of Children*, or 3) Waitlist -No training control. Participants complete assessments at post training and at a 3-month follow-up.

Measures include: *CSA Knowledge Questionnaire* - 12 item True/ False measure of CSA prevalence, impact, and prevention steps. *Child Sexual Abuse Myth Scale* (CSA Myth Scale: 1997) -15 item scale rating agreement on a 5 point Likert scale (scores range from 15-75). *Behavioral Self Report*- retrospective questions about past 3 month preventative behaviors (a total of 21 potential preventative behaviors with yes/no response).

Participants

These are preliminary results of 246 currently enrolled participants. The study is ongoing and data collection is expected to be completed in February 2010. Of those 246 participants, 184 have completed follow-up measures.

Demographic breakdown are as follows:

Age M=38 (SD=11.9)

Gender:
217 (86%) female
35 (14%) male

Race:
168 (68%) Caucasian
59 (23%) African- Amer.
16 (6%) other
9 (3%) missing

Ethnicity:
16 (7%) Hispanic
236 (93%) Non-Hispanic

Relationship Status:

140 (56)% married
34 (14%) divorced/
separated/ widowed
50 (20%) single
22 (9%) living w/ partner

Employment:

159 (66%) work full time
52 (21%) work part-time
41 (13%) other

Results: Knowledge and Attitudes

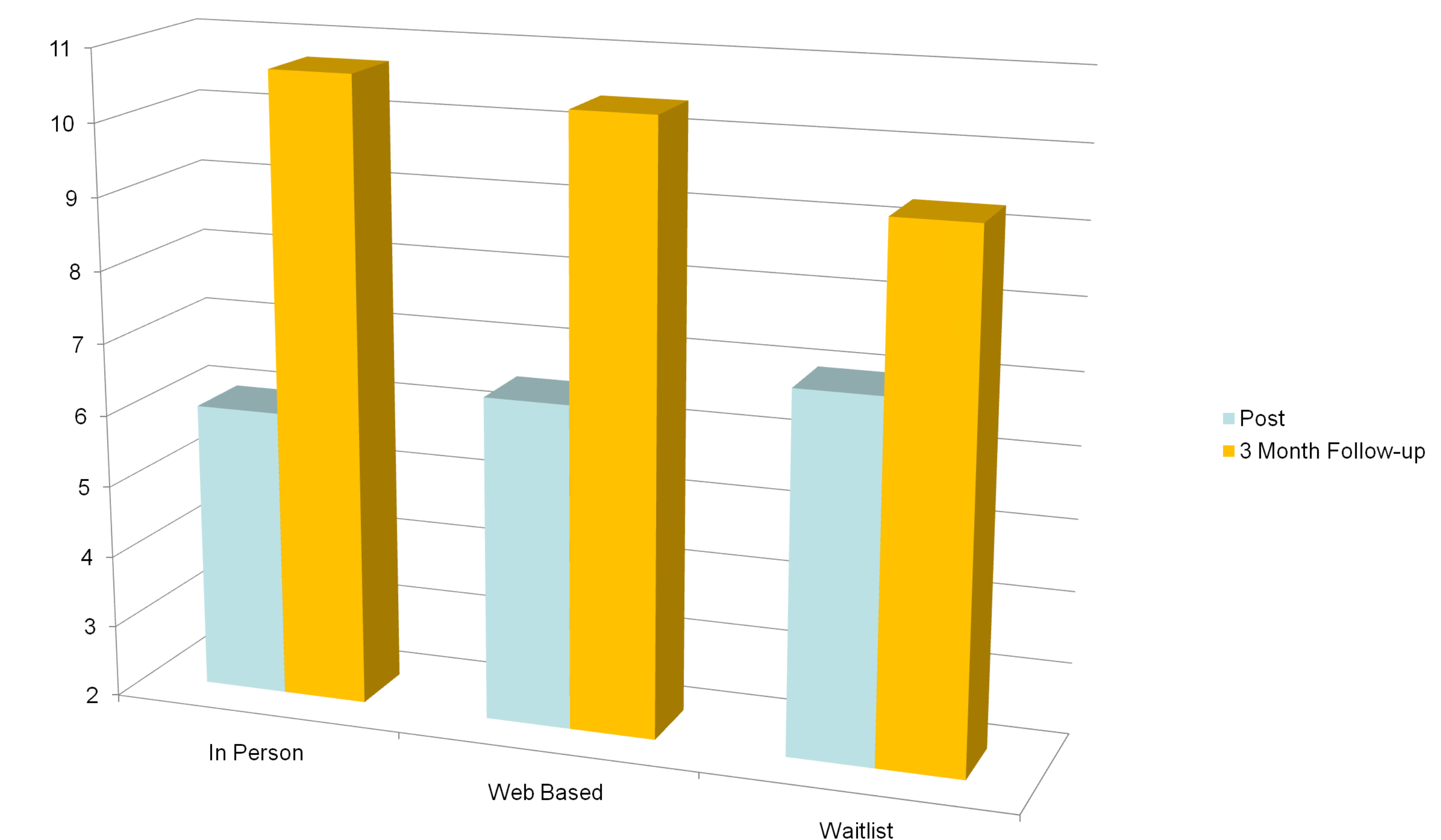
Repeated Measures ANOVA were conducted to examine differences in knowledge scores across group (waitlist, in-person, web-based) and within two time periods (post and follow-up). Time was not significant but time by group was significant ($F=5.06, p=.007$). Differences between post knowledge means approached significance between waitlist group ($M=9.74, SD=1.3$) and in person ($M=10.70, SD=1.0$) [$p=.067$] as well as between waitlist and web-based ($M=10.9, SD=1.1$) [$p=.062$]. These differences were not maintained at follow-up (waitlist :($M=10.0, SD=1.3$, in person ($10.4, SD=1.2$) and web-based ($M=10.6, SD=1.1$). All three groups scored relatively high give 0-12 score range.

No differences were found between conditions on the CSA Myth scale with means being quite low across all three groups at post (Waitlist Total score $M= 20.0$ ($SD=5.4$); In-person Total score $M= 19.9$ ($SD=6.4$); Web-based Total score $M = 20.1$ ($SD=6.2$)).

Results: Total Number of Preventative Behaviors

Repeated Measures ANOVA were conducted to examine difference in the total number of preventative behaviors that participants reported engaging in within the past three months. Total number of preventative behaviors was significant for time ($F=153, p=.00$) and significant for time*group ($F=5.85, p=.003$). No differences were noted between groups at time one (suggesting random assignment was effective) with Mean scores for each group: Waitlist total score $M=7.0, SD=4.7$; In person total score $M=6.0, SD=4.6$; Web-based total score $M=6.5, SD=3.9$). Individual group comparisons revealed significant differences between waitlist and in-person for time by group ($F=11.1, p=.001$), waitlist and web-based for time by group ($F=5.4, p=.021$) but was not significant between in-person and web-based conditions.

Total Number of Preventative Behaviors



Summary

These are preliminary results of an ongoing multi-site randomized control study. Initial analyses already indicate positive results of D2L's *Stewards* program. Final analyses will be conducted in the Spring 2010. *Stewards* program is intended to be a common sense proactive child sexual abuse prevention program that both imparts information about child sexual abuse and prevention steps and increases motivation or willingness to change behaviors. Thus far, both In-Person and Web-based formats are impacting knowledge, however of note all three groups scored high on the knowledge questionnaire and no differences were found at follow-up. No differences were found between groups on attitudes about CSA. Again, all three groups scored well on this measure. This ceiling effect may be due to the higher training of the sample population (child care professionals).

Even though knowledge and attitudes are minimally impacted by the *Stewards* program, significant differences were noted between the two conditions and waitlist condition on preventative behaviors at follow-up. Current results suggest the potential usefulness of both delivery formats in adult focused CSA prevention efforts. Many prevention program evaluations typically assess knowledge or attitude change. Prevention researchers note that although a program may show increase in knowledge, this does not necessarily equate to change in behaviors. Results from the preliminary analyses of this study indicate minimal change in knowledge (perhaps due to ceiling effects), however, that the *Stewards* program may impact child care professionals' potential child sexual abuse preventative behaviors.

It is striking that the waitlist condition significantly increased in preventative behaviors from post to follow-up (albeit not as much of an increase as the intervention conditions), suggesting a potential "contamination" effect. This may indicate that not only adults who directly attend training are impacted, but co-workers who did not directly attend the training may also show an increase in reported preventative behaviors. D2L characterizes its efforts as a grass root effort in expanding community action towards CSA prevention. The contamination effect found in this study may illustrate these efforts. This is a benefit of the intervention from a public health perspective as it could indicate the wider range of impact that this intervention may have on adults beyond those that just attended the training.

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