EVALUATION REPORT

Care For Kids • Executive Summary

Background

In early 1990, an announcement was made in the small eastern Ontario town of Prescott that an extensive and ongoing investigation had uncovered many cases of child sexual abuse. In order to co-ordinate and address all of the issues raised, the Prescott Child Abuse Advisory Committee was created, with representation from the Leeds, Grenville and Lanark District Health Unit. Several subcommittees were formed, including a Prevention Committee, with representation from social work, public health, psychology, developmental services, education, and the lay community.

The objectives of the Prevention Committee were to increase awareness of sexual abuse prevention and healthy sexuality issues within the general community, the educational system, the medical community, and the legal community; and to increase the comfort level of victims disclosing abuse, and of those responding. The objectives were met by a wide variety of public education initiatives, including seminars with the general public, parents, the medical community, and workshops with children within the educational setting. Evaluation indicated that the prevention activities played an important role in advancing public and professional understanding of the problem of child sexual abuse, as well as promoting healing within a traumatized community. The Leeds, Grenville and Lanark District Health Unit took the lead in ensuring prevention activities continued and expanded throughout the tri-county area.

Program Description

The approach taken by the Prevention Team was based on a critical examination of the scientific literature and current programs in the area of child sexual abuse prevention. The result was an awareness of the need for great caution in the use of traditional sexual abuse prevention approaches, which tend to put responsibility on the children. Based on these conclusions, Care for Kids was developed, incorporating what is known and understood about sexual health, child sexual abuse, early childhood learning, growth and development, community development, and family and parental roles. It incorporates a broad, multifaceted approach, using both adult and child-oriented strategies.

The goal of Care for Kids is to prevent child sexual abuse through sexual health education and promotion. It aims to achieve the following outcomes: self-esteem, respect for self and others, non-exploitive age-appropriate sexual exploration, rewarding human relationships, and avoidance of sexual coercion. Care for Kids promotes open, respectful communication between adults and children and increased comfort on the part of adults in dealing with sexuality issues. The Care for Kids program has numerous components aimed at a variety of target groups. The curriculum is targeted at children aged 3-8 years and their families, for use in schools, play groups, childcare settings, and parent and child programs. Prior to implementing the curriculum, a parent workshop is conducted to provide parents with practical skills in educating their children about sexuality.

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Parent/Public Information Sessions are conducted with the community or parent groups in order to gain support for the program before it is introduced to children and parents. Train-the-Trainer Workshops are targeted toward multidisciplinary groups of people who deliver programs to young children.

Evaluation Methods

The purpose of this evaluation was to document past program success and to design a formal evaluation process to measure and document program reach, satisfaction, and impact on communication and comfort levels. An evaluation of program impact on other outcomes such as self-esteem, respect, and the sexual health behaviour of young children and those adults involved with the program, was beyond the scope of this process.

The evaluation questions were as follows:

- How many children, parents, and professionals have been reached by the Care for Kids program?
- How satisfied are parents, teachers, and professionals with the Care for Kids program?
- Does the Care for Kids program increase and improve communication between children and adults regarding healthy sexuality?
- Do adults feel more comfortable dealing with sexuality issues after exposure to the Care for Kids program?

In order to answer the evaluation questions, a variety of data collection tools were developed for the various program components. The data collection tools were used by staff at the Leeds, Grenville and Lanark District Health Unit, and were also distributed to organizations and communities that were known to be using the program.

Evaluation Results

The evaluation yielded many results, some of which are highlighted below:

- Care for Kids has been recognized provincially and many requests for the program have been received from a wide variety of organizations outside of the Leeds, Grenville and Lanark area.
- The program has been formally documented in articles published in *the Canadian Journal of Human Sexuality* in 1995 and the *Public Health and Epidemiology Report Ontario (PHERO)* in 1997. It was presented at the Guelph Sexuality Conference in Guelph, Ontario in 1995 and was referenced in an article in *Today's Parent*.
- Involvement in the Care for Kids Program prompted 14 substantiated disclosures of sexual abuse. This amounts to a 4% disclosure rate (14/350 children over a two year period of time). In addition to disclosures, numerous conversations have occurred to help clear up minor boundary violations or misunderstandings that may have helped prevent future abuse.

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- During the Prescott Child Sexual Abuse Project, approximately 2,500 children participated in school workshops. From 1994-1997, over 3,000 additional children, 615 parents and 368 professionals have been exposed to the Care for Kids program.

- Overall, approximately 50% of parents who completed curriculum feedback forms indicated attending the parent workshop. Parents who attended the Workshop were more likely than parents who did not attend, to review the homesheets with their child(ren). The majority of parents, who completed feedback forms, indicated they had talked to other adults about the program, with partners and neighbors being the most frequently cited adult.

- Information Sessions conducted with parent and/or community groups were well received by participants. Overall, approximately 58% of respondents either *agreed* or *strongly agreed* that they learned new information about child sexual abuse. In addition, 81% of participants either *agreed* or *strongly agreed* that they felt better able to talk to their children, and approximately 74% felt better able to talk to other adults. The large majority of participants intended to talk to their partner and/or other adults about what they learned. Overall, 84% intended to allow their children to participate in the program, and 88% intended to talk to them about the content.

- The large majority (96.6%) of participants in the Train-the-Trainer workshops indicated that they *agreed* or *strongly agreed* that they understood the concerns and limitations of traditional child abuse programs, and the relationship between healthy sexuality education and child sexual abuse prevention. Fewer participants (75.9%) *agreed* or *strongly agreed* that they felt adequately prepared to present an action plan to their sponsoring agency for Care for Kids. Overall, 77.6% of participants *agreed* or *strongly agreed,* that the program would suit, or easily adapt, for use in their environment.

Conclusion

The multiple strategies, diverse target groups, and nature of many of the expected outcomes, makes the Care for Kids program challenging from an evaluation perspective. However, this evaluation has shown that the program is well received by all target groups, and appears to increase communication and comfort levels regarding healthy sexuality and child abuse. Given these results, and the fact that the Care for Kids program is based on the most recent evidence of what works and what doesn't work in child abuse prevention, the program should continue to be developed, implemented, and expanded. Further evaluation on program outcomes would provide additional evidence for the effectiveness of the program. It is recommended that a follow-up survey be conducted with professionals who have received Care for Kids training, to determine how implementation varies between agencies, and how many people have been reached by Care for Kids initiatives beyond the Leeds, Grenville & Lanark area.

Follow-up Survey Results

In the past 10 years, over 300 professionals have been trained by the Leeds, Grenville & Lanark District Health Unit staff to implement the Care For Kids program in their own regions. As recommended by the Care for Kids evaluation, a follow-up survey was developed and distributed to 84 sites that had previously trained professionals on implementation of the Care for Kids program. The purpose of the survey was to determine the scope of Care for Kids beyond our Health Unit jurisdiction. A total of 24 surveys were returned, for a 29% response rate. One possible explanation for the low response rate could be inaccuracies in the mailing list, since it has been a long time since many of the groups had received training. The survey contained questions regarding the parts of the program that had been implemented, and the number of parents and caregivers who had been reached by the various program components.

The following are highlights of the survey results:

- 20/24 (83%) sites reported implementing aspects of the Care for Kids program. Four sites did not implement the program. Reasons given include: non-conducive climate; lack of resources; and change of job/working status.
- 16/20 (80%) sites reported implementing direct child education. The majority of these sites most often educated 4 to 6-year-old children. A total of 5,274 children were reportedly reached. Care for Kids was most often taught in the public school setting, once per year. The “Bodies” lesson was taught in all 16 sites. “Feelings” was taught in 15 sites, and “Babies” in 14 sites. The remainder of the lessons was taught in 13 sites. The most frequently modified sessions were “Bodies”, “Touching“ and “Secrets”. These 16 sites reported a total of 39 disclosures of abuse.
- 7/20 (35%) sites implemented the curriculum training for teachers and/or early childhood educators. Early childhood educators and kindergarten teachers were most often the types of people trained. A total of 595 teachers were reportedly trained in these 7 sites.
- 14/20 (70%) sites implemented the “parent education” component of Care for Kids. Parents of children in the public education system were most often reached. A total of 628 parents were reached in these sites.
- 8/20 (40%) sites reported implementing community-based education. The types of activities included displays set up at libraries and Family Resource Centres, and information kits distributed to libraries.
- 4/20 (20%) sites reported some type of Child Abuse Prevention Committee in their community.

For questions and/or copies of the Care for Kids Evaluation Report, please contact:

- Denise Gaulin, RN, BScN, Public Health Nurse
  denise.gaulin@healthunit.org

Care for Kids: Sexual Abuse Prevention in Early Childhood Communities
Evaluation Results of the Care for Kids Program Implemented in 14 Sites
July 2014

The Care for Kids Program is an early childhood sexual abuse prevention program that improves communication between adults and children, nurtures children's social and emotional development, and promotes healthy sexuality. Care for Kids increases adults' knowledge of child development, emphasizes adult education for protection of children and works with children to develop social and emotional competence, such as communication skills, empathy, and healthy relationship skills. Consistent with all Prevent Child Abuse Vermont's Healthy Relationships Project (child sexual abuse prevention programs), Care for Kids is research- and health-based.

Prevent Child Abuse Vermont conducted a special project in the 2013-2014 academic year to offer intensive on-site technical assistance to implement Care for Kids. The coordinator provided classroom support, school staff training and mentoring, and co-facilitation of parent education meetings. A total of 14 sites participated in the project: 8 Head Start centers and 6 public elementary schools. The overall project reached 258 adults through 21 trainings and 498 children through in-classroom co-facilitation. Regions with higher percentages of children living in poverty were targeted for participation in the project.

TRAININGS FOR EDUCATORS AND PARENTS

The coordinator conducted educator trainings and co-facilitated parent education meetings. All trainings and meetings included information on child sexual abuse, the importance of nurturing healthy sexual development, and how to communicate openly with children about topics related to sexuality, i.e., the differences between boys and girls. Trainings discussed the Care for Kids classroom lessons, including the reasons for teaching children correct names for body parts. Scheduling challenges sometimes resulted in shorter training sessions than the ideal 2 hours needed to cover all of the material. To maximize the training time available to cover the material, participants were not asked to fill out evaluation tools at shorter sessions. The coordinator worked one-on-one with educators to ensure that any content missed at shorter sessions was communicated. Parents also were invited to attend classes during implementation or call with any other questions.

Evaluation tools used consisted of pre-tests, post-tests, and written evaluation forms. Tests and evaluation forms were collected from over 59% of participants – 142 pre-tests and 128 post-tests, and 153 evaluations.

Pre- and Post-Tests

Correct responses on pre- and post-tests are outlined below.

Knowledge/Skills	**Pre-test**	**Post-test**
Identify aspects of sexual health in young children.	90%	95%
Adults are responsible for the prevention of child sexual abuse.	93%	98%
Adults and children need to use correct names for body parts and have healthy communication about sexuality.	83%	97%
Adults may have a variety of reactions when they learn about child sexual abuse including anger, sadness, shock, and denial.	73%	91%
Children who actively nurture are less likely to abuse later.	77%	96%

According to training evaluations:

- 99% of participants agreed or strongly agreed that the training improved their knowledge about the relationship between healthy sexuality education and child sexual abuse;
- 99% agreed or strongly agreed that the training informed them about how the Care for Kids curriculum promotes healthy sexuality;
- 91% agreed or strongly agreed that the training improved their knowledge about the limitations surrounding traditional child abuse prevention programs.

Self-Assessment results:

58% said that before the training, their level of knowledge about the topic was above average or excellent. After the training, 87% rated their knowledge as above average or excellent.

PRE- AND POST-ASSESSMENTS OF CHILDREN

The classroom component of Care for Kids involves 6 lessons on the themes of Bodies, Babies, Feelings, Bedtime, Touching, and Asking for Help. Components include a circle time, an art or craft, a children's book, a song, and the use of anatomically correct dolls. Dolls are used to teach the names of genitals, demonstrate the differences between boys and girls, and discuss that the genitals are private. The Care for Kids Coordinator assisted with implementation planning and modeled the lessons for educators including school counselors, nurses, and classroom teachers.

Written permission to assess each child was requested from parents. With permission, 396 children in preschool, kindergarten, and first and second grade were assessed out of 498 served,

representing an 80% sample. The anonymity of children was assured. Pre- and Post-Implementation Assessments of children were conducted by classroom teachers measuring 12 social and emotional indicators. Social and emotional competence is an important protective factor that contributes to children's decreased risk of abuse, including sexual abuse. A copy of the assessment is included at the end of this document.

A t-test that was run on the 396 child assessments demonstrated 12 out of 12 indicators show statistically significant increases (p=.05) between pre- and post-assessments. The indicators are:

- Expresses own emotions with words
- Interacts well with other children
- Interacts well with adults
- Communicates needs/wants with words
- Asks adults for help when needed
- Welcomes opportunities to play with **new or different** children
- Names emotions of others correctly (based on facial expression/body language)
- Offers to help other children
- Uses correct names for genitals (penis, vulva or vagina)
- Demonstrates understanding that genitals are private
- Says "no" when he/she does not want to be touched
- Accepts a "no touching" answer from others

These results show that children's social and emotional competence increased significantly through participation in the Care for Kids classroom activities.

SUMMARY

Evaluations of adults and children demonstrate that Care for Kids had a positive impact through this project. The project met its goals of increasing knowledge and skills that will reduce risk for child sexual abuse. Adults showed an increase in knowledge about nurturing healthy sexual development in children, the importance of taking responsibility for keeping children safe (as opposed to asking children to protect themselves), and how to answer children's questions about sexuality. Children have shown increases in key areas of social and emotional competence that will reduce their risk for sexual abuse specifically in the areas of communication and empathy.

INSTRUCTIONS: Please indicate with a check mark in the boxes if this is Pre Care for Kids implementation or Post Care For Kids implementation. Next, based on your observations of the child please fill out the survey with a check mark in one of the 4 boxes for each Social/Emotional Indicator.

ASSIGNED NUMBER: _____

AGE OF CHILD:_____ GENDER OF CHILD: (circle one) Male or Female

SCHOOL/CENTER NAME:_____

DATE:_____ YOUR NAME:_____

Pre-Care For Kids Implementation ☐ Post Care For Kids Implementation ☐

Care For Kids Social and Emotional Assessment

Social/Emotional Indicator	Not observed	Beginning	Practicing	Performing Independently
	1	2	3	4
A. Expresses own emotions with words				
B. Interacts well with other children				
C. Interacts well with adults				
D. Communicates needs/wants with words				
E. Asks adults for help when needed				
F. Welcomes opportunities to play with **new or different** children				
G. Names emotions of others correctly (based on facial expression/body language)				
H. Offers to help other children				
I. Uses correct names for genitals (penis, vulva or vagina)				
J. Demonstrates understanding that genitals are private				
K. Says "no" when he/she does not want to be touched				
L. Accepts a "no touching" answer from others				

THANK YOU!

Prevent Child Abuse Vermont

Care for Kids Program
Protective and Risk Factors for Child Sexual Abuse

Recent research in the fields of child maltreatment and youth violence have increased understanding of how some populations are more vulnerable to victimization and perpetration. Protective factors *decrease* the likelihood that children will be maltreated or develop abusive behaviours while risk factors *increase* the likelihood of these events. The research has noted trends that are of interest. A few of them are:

- Children with disabilities (including developmental disabilities and attention deficit disorders) are significantly more likely to be abused – and are 3-4 times more likely to be sexually abused;
- Females are significantly more likely than males to be sexually abused;
- Families with substance abuse are significantly more likely to have children who are experiencing abuse;
- A family/community that accepts violence is associated with child maltreatment and youth violence;
- The presence of a stable and supportive caregiver is the single most important protective factor in child resilience studies;
- Good communication and social skills in children decreases risk – more so when the parents also have these skills;
- A child's healthy balance between help seeking and autonomy is a protective factor.

The good news is that parents and other adults who care for children can do much to protect children and decrease the risk of child maltreatment. A sample of protective factors is below.

Parental/Family/Social Protective Factors*

- Secure attachment; positive and warm parent-child relationship
- Supportive family environment and social networks (*scientific evidence supports this factor*)
- Household rules/structure; parental monitoring of child
- Extended family support and involvement, including caregiving help
- Parents have good coping skills
- Family expectations of pro-social behavior
- Concrete supports for parents
- Knowledge of parenting and child development
- Frequent shared family activities
- Parental resilience
- Parents listen to the child
- Access to health care and social services
- Family religious faith participation
- Good schools
- Supportive adults outside of family who serve as role models/mentors to child

*This list is not all-inclusive. No one variable or mix of variables guarantees protection of a child.

Care for Kids Program Objectives

Victim and victimizer prevention are included in **protective and risk factors** for children. In order to meet these objectives, early care and education providers/teachers and others implementing the program are assumed to have received training by an authorized Care for Kids Trainer.

Session	Objectives	Protective Factors	Risk Factors
Bodies	• Identify the proper terminology for all body parts, including the genitals. • Understand boys and girls have many similar body parts and some that are different. • Celebrate the body in its entirety. • Create a safe, respectful behavior environment with other children. • Develop understanding of categories of things and places that are public and private. • Recognize that private parts stay covered in a public area.	• Communication skills • Positive social skills • Positive self-esteem	• Delayed speech and language development • Inhibitions, such as shyness, timidity, anxiety • Shame
Babies	• Experience a sense of uniqueness. • Develop nurturing attitude toward those who are smaller or more vulnerable. • Identify family origins and belonging. • Contrast current developmental level with that of babies. • Celebrate mastery of developmental tasks.	• Positive self-esteem • Empathy • Positive social orientation • Ability to ask for help • Connectedness to family	• Low self-esteem • Aggressive behaviours • Delayed speech and language development • Isolation • Self-doubt
Feelings	• Identify and communicate feelings based on facial expression and body language. • Learn the meaning of the term “Mixed-Up” and how to recognize it.	• Positive self-esteem • Empathy • Positive peer relationships • Active coping style	• Delayed speech and language development • Deficits in social, cognitive, or information-processing

Session	Objectives	Protective Factors	Risk Factors
		• Social and emotional competence	abilities • High emotional distress
Bedtime	• Understand that children may need help washing and/or wiping private parts. • Understand that adults and other children do not need help with their private parts from children. • Explore a variety of common and healthy bath and bedtime routines. • Identify and celebrate the tasks associated with self-care that each child has mastered.	• Balance between help seeking and autonomy • Secure attachments; positive and warm parent-child relationship • Positive self-esteem • Independence appropriate to age	• Delayed speech and language development • Isolation • Insecure attachments • Self-doubt • High emotional distress
Touching	• Explore personal preferences for touching. • Practice asking for permission to hug or touch. • Practice accepting “no” for an answer respectfully.	• Active coping style • Positive social orientation • Internal locus of control – emotional regulation • Communication skills • Empathy	• Aggressive behaviours • Lack of trust • Poor impulse control • Delayed speech and language development • Antisocial beliefs and attitudes
Asking for Help	• Recognize that asking an adult for help is an option in all situations. • Identify accessible grown-ups who could be asked for help. • Practice asking for help	• Balance between help seeking and autonomy • Secure attachment to caregivers • Communication skills • Active coping styles • Concrete support in times of need	• Delayed social and emotional developmental • Isolation • Delayed speech and language development • Inhibitions

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Care for Kids Evaluation Sample
Prevent Child Abuse Vermont

Prevent Child Abuse Vermont (PCAV) has collaborated with the Leeds, Grenville and Lanark District Health Unit to bring the Care for Kids Program (CFK) to the U.S. since 1996. In Vermont, CFK is utilized in Head Starts, childcare facilities, registered homes, and schools. PCAV provides the training and support to teachers and others who implement the program.

Child Survey Sample

In the spring of 2012, a survey of 103 children who experienced the CFK showed notable improvements in all measured constructs except one. This initiative was conducted by PCAV and funded by Green Mountain United Way as a School Readiness Project. CFK was used as intended – to promote healthy sexuality and prevent abuse – *and* as an experimental program to increase school readiness.
Early care and education providers conducted the survey both pre- and post-implementation of the program for each child in early care, preschool, and kindergarten. The School Readiness Assessment that PCAV used was adapted from the Ready Kindergartner Questionnaire categories of "Social and Emotional," "Approaches to Learning," and "Cognitive Development" from the Vermont Department of Education (DOE).

Measure	"Often" or "Always" (Pre-survey)	"Often" or "Always" (Post-survey)	Difference
Appropriately expresses emotions	71%	82%	11%
Interacts positively with other children and adults	72%	86%	14%
Engages in conversation	86%	95%	9%
Knows how and when to ask adults for help	75%	84%	9%
Shows awareness of how books are organized and used	86%	93%	7%
Engages in imaginative play	89%	95%	6%
Follows simple rules	83%	88%	5%
Is curious	98%	98%	0%
Pays attention	78%	88%	10%

Improvements are noted in every measure except "Is Curious." Overall, a positive assessment of CFK's effectiveness in nurturing skills and protective factors which play an important role in school readiness *and* the prevention of sexual abuse.