



University of Connecticut  
*School of Social Work*

*Institute for Violence Prevention and Reduction*

**ChildPlan's Child Sexual Abuse Prevention Program  
Evaluation Report**

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## Background

The sexual abuse of children is a serious problem that can have profound and long-lasting effects on its victims. Increasing recognition of its pervasiveness has led to the creation of collaborative community interventions, such as Child Advocacy Centers (Jackson, 2004), and educational models designed to prevent its occurrence. Most prevention programs, however, have focused on educating children—an approach that the limited rigorous evaluations have found to have varying but generally limited success (Bolen, 2003; Miltenberger and Roberts, 1999; Plummer, 1999; Thomas et al., 2003). Accordingly, many experts have urged more emphasis on educational programs for adults (e.g. Lanning et al., 1999; Rowe, 1992), to reinforce that they are ultimately responsible for child protection, and initiatives with this focus have been developed and adopted across the country (e.g. Darkness to Light, 2006; Stop It Now!, 2005; Wisconsin, 2006).

In 2002, Connecticut's Children's Trust Fund (CTF) convened an interdisciplinary advisory committee to collect information on the sexual abuse of children in the state, and to make recommendations about approaches to prevention. This effort included a summary report (Lyon, 2003) and a conference held in April, 2003. The experts involved agreed that more initiatives were needed that educated community professionals and parents about the extent and dynamics of child sexual abuse, and preventive steps they could take.

As a result, after a competitive process, the CTF awarded a two-year grant to ChildPlan, Inc., of East Hartford, beginning in January 1, 2005, to engage in child sexual abuse prevention activities. This project had three primary goals:

- to reduce the vulnerability of children to sexual abuse by intervening with potential victims and their families;
- to reduce the vulnerability of children to sexual abuse by intervening with potential perpetrators (adults, sexually reactive children, and juvenile sex offenders); and
- to reduce the vulnerability of children to sexual abuse by intervening on a community-wide level.

The primary strategies planned for achieving these goals involved creating a multi-agency prevention task force; providing training to community family members and to professionals who work with children; developing an educational handbook and directory of resources; providing consultation; and enhancing the agency's collaborative working relationship with the local office of the Department of Children and Families (DCF).

The Children's Trust Fund contracted with the University of Connecticut's Institute for Violence Prevention and Reduction, housed at the School of Social Work, to evaluate ChildPlan's sexual abuse prevention efforts. The evaluation plan called for 1) community surveys at the beginning and end of the project, 2) evaluation of training events, 3) interviews with key informants, and 4) documentation of consultation, the relationship with DCF, and the project implementation process. This report provides a summary of findings from the first three components of the evaluation, as they address the primary focus of ChildPlan's efforts.

## Community Surveys: Before the Training

Two surveys were administered in May and June, 2005 to community members: adults in families residing in East Hartford (see Appendix A for a copy), and professionals involved in working with East Hartford children (see Appendix B for a copy). These surveys were intended to provide baseline data, as well as input for designing training to address information gaps. Results of these two surveys are summarized separately.

### Results from Survey of Adult Family Members

A total of 98 surveys were completed by family members. Surveys were distributed at the public library, a public festival, and at school readiness sites. Of the total group, 88% were women, 89% lived in East Hartford, and 63% had one or two children (2% had no children, and the remaining 35% had between three and seven children).

**Problem seriousness.** Community respondents were divided in their opinions of the seriousness of child sexual abuse as a problem in East Hartford: 31% indicated that it is a “very big” or “fairly big” problem, while 25% checked that it is “a little” or “not at all” a problem. Forty-three percent responded that it is “somewhat a problem”.

**Know an abused person, or abuser.** Over all, 41% of survey respondents indicated they know someone who has been abused, and 11% checked that they know someone who could be an abuser. Knowing someone who has been abused is related to seeing child sexual abuse as a bigger local problem: 40% of those who know someone said sexual abuse is a very or fairly big problem, compared to 25% of those who do not know anyone. However, knowing a potential abuser has no relationship to perceptions of a problem in East Hartford.

Of those who reported they know someone who has been abused, 60% said they had talked about it, 10% said they had witnessed it, and 15% indicated they knew this from the way the person acted. Of those who reported they know someone who could be an abuser, 46% said they had talked about it, 18% checked they had witnessed it, and 27% drew this conclusion from the way the person acted.

**Signs of potential sexual abuse.** Family respondents were asked what might lead them to suspect that a child might be (or have been) abused sexually. They provided answers in their own words. Eighty percent provided a response of some kind. Most of the responses described a change in the child’s behavior: acting out, withdrawing, nightmares, avoiding touch, or sudden anxiety around people with whom they had been comfortable. Others described fear of particular people or of going out. Still others thought that unusual sexual knowledge or behavior toward other children were clear signs.

**Sources of concern that a person might be sexually abusive.** Seventy-one percent of respondents described reasons they might be concerned. The most common theme involved the person’s behavior toward children, especially too much or inappropriate touching. Others described “uncomfortable feelings, or red flags go off”, spending too much time with children or a particular child, and interest in pornography.



**Beliefs about people who abuse children sexually.** Respondents were asked to check from a list the items they believed to be true about sexual abusers. The percentage who checked each item is shown below:

*Most people who abuse children sexually...*

...are known by their victims	89%
...are strangers to their victims	37%
...use force to gain compliance	44%
...start abusing when they are adolescents	55%
...abuse children on impulse	32%
...are reported and convicted by the courts	30%
...were sexually abused when they were children	67%
...are trusted by their victims	85%
...can never control their behavior	42%
...are involved in many other types of crime, as well	19%

**Comfort talking about sexual abuse.** Family respondents were asked how comfortable they feel talking about child sexual abuse with family members. Just over half (51%) replied that they felt very comfortable, and 27% indicated they felt “somewhat” comfortable. Eleven percent indicated they felt “very uncomfortable,” and 12% checked that they have never talked with family members about child sexual abuse.

**Protective/preventive behaviors.** Respondents were also asked to indicate the frequency with which they engaged in specific protective actions. The following list displays the actions and the percentage who said they did this “always” or “most of the time”.

Check to see which adults will be present before your children go to a friend’s house	92%
Ask if your children’s coach/recreation leader has been screened for abuse	26%
Ask if your children/s scout/youth leader has been screened for abuse	36%
Ask your children if anyone has done anything that made them uncomfortable	84%
Ask your children what they have been told about sexual abuse in school or elsewhere	49%

**Families’ responses to sexual abuse.** Several questions addressed this issue. First, 90% said they know where to report child abuse. When asked to check from a list of options what they would do if they “became aware that a child was being sexually abused”, they responded as follows:

Report it to police	84%
Report it to the Department of Children & Families (DCF)	57%
Talk to the child	40%
Talk to the child’s parents	29%
Tell a friend	7%
Report it to school	33%



Respondents were also asked who they “would feel most comfortable talking with about issues related to the sexual abuse of one of [their] children”. Their responses are shown below:

A family member	61%
A family friend	20%
Clergy/rabbi/imam	20%
Child’s teacher	18%
A counselor/therapist	53%
Youth leader	3%

In addition, family respondents were asked to describe what they would do if one of their children said they had been “touched sexually” by another family member, and what their primary concerns would be. Eighty-four percent provided a response. The major themes in their responses were that they would call the police, talk to the family member, talk with the child, take the child to a doctor for a medical assessment and attention, and ensure that the child and the identified family member were kept separated. Their primary concerns were for the child’s physical and emotional health. Several also acknowledged that they would be enraged, and need to exercise restraint in their reactions, as seen in these responses: “I would kill that person. Most likely I would call the police and have that person arrested.” “Hit family member, than call the police.” “Unfortunately, I know I would deal with it appropriately.” Several also noted that they would believe and provide reassurances to the child.

**Suggested prevention strategies.** Respondents were asked for their suggestions for abuse prevention strategies that ChildPlan might use, and provided with workshops, brochures, media publicity, and town meetings as examples. Of the 66% who provided a response to this question, most offered one or more of the examples provided. Among the additional approaches were the following:

- Publicity that would introduce people to the issue in a totally non-threatening manner for those who might not attend a session held as a workshop
- If you do workshops, they should be in a place where families feel most comfortable and be sanctioned by the lead person, e.g. director of childcare program, clergy in a church
- Having offenders register. I want to know where they live and what they look like if they’ve been convicted or even accused.

When they were asked to choose from a list three types of information they would pay most attention to for information about child sexual abuse, family respondents made the following selections, shown in descending order:

Workshops at a school	60%
Television ads	54%
Pamphlets/brochures in offices	47%
Presentations at community events	34%
Newspaper op-eds	31%
Presentations at place of worship	31%
Flyers at public events	27%
Radio ads	27%

The final survey question asked what additional information the respondent would like to have about the sexual abuse of children. Less than half (40%) identified one or more topics. Most responses asked for more information on warning signs (both of abused child and abusive adult), how to respond to children or abusive adults, causes of sexual abuse, prevention strategies, and all information provided in Spanish, as well as English.

**Summary of families' pre-training results.** Clearly, most of the families included in this pre-training community survey were already fairly knowledgeable about sexual abuse, engaged in some of the most commonly recommended prevention strategies with their children, and maintained they would respond appropriately if a child told them they had been molested by a family member. Most would call police and/or report abuse of a child to DCF, although they would feel most comfortable talking with a family member or a counselor about the abuse of one of their own children. School workshops and television ads were the information sources most commonly identified.

## **Results of Survey of Community Professionals**

A total of 411 surveys were completed by community professionals in May and June of 2005. They were distributed to teachers and staff at 14 local schools, ChildPlan collaborative members and agency staff, and staff at 6 school readiness sites. Seventy-nine percent of the responding professionals were female; 56% worked at an elementary school, 8% worked at a middle school, 22% worked at a high school (86% combined were school teachers or staff), 5% worked at head start or other pre-school programs, 4% worked at DCF, and the rest worked at social service or counseling agencies, the police department, or health care facility. Ninety-seven percent reported that they work directly with children in a paid or volunteer capacity.

**Problem seriousness.** Similar to families' responses, the professionals were divided in their opinions of the seriousness of child sexual abuse as a problem in East Hartford: 20% indicated that it is a "very big" or "fairly big" problem, while 29% checked that it is "a little" or "not at all" a problem. The remaining 51% responded that it is "somewhat a problem". Women were more than twice as likely as men to perceive sexual abuse as a very or fairly big problem, and DCF and head start/pre-school staff were more likely than others to share that view.

**Barriers to addressing sexual abuse.** When they were asked to choose from a list the three "biggest difficulties in addressing the sexual abuse of children in East Hartford," the community professionals made the following selections, shown in descending order:

Denial of a problem	70%
Lack of awareness by families/community	57%
Lack of family knowledge re: what to do	45%
Insufficient resources	24%
Family concern about stigma	24%
Insufficient coordination of services	19%



Clearly, the professionals surveyed thought that the primary barriers were informational, which this project was designed to address. Resource limitations were selected as one of the top three barriers by less than one in four.

**Workplace awareness.** The professionals were asked how often they talked about child sexual abuse with their co-workers. Just under 10% said they did so “frequently” or daily (but 92% of DCF workers selected one of these responses); 42% said “never/almost never”, and the remainder (48%) checked “occasionally”. Respondents also indicated that they did not receive much training about sexual abuse issues at their workplace: 53% reported such training had “never” occurred (64% of elementary school staff), and 29% indicated that their workplace had held such training less than once in five years. Less than 10% reported that training was held at least once a year. Those whose workplace arranged for training on sexual abuse were asked to select from a list the issues that had been emphasized in the training. Responses are shown in descending order below.

Signs of sexual abuse	63%
What the laws say	54%
Good touch/bad touch	50%
What DCF does/can do	48%
Impact of sexual abuse	38%
How to talk with children	37%
Signs of sexual abusers	35%
Community resources	32%
Incidence of sexual abuse	30%
How to intervene with families	20%
Medical evidence	20%
Patterns of incest	10%

Notably, just over a third of the professionals had been exposed to training that emphasized how to talk with children or to intervene with families.

**Signs of potential sexual abuse and response.** Community professionals were asked what might lead them to suspect that a child might be (or have been) abused sexually. Nearly everyone provided a response. In general, professionals’ answers were similar to those provided by family members, with additional detail. The primary themes were sudden changes in behavior, social withdrawal, acting out sexually, excessive touching of others or fear of being touched, poor hygiene, depression, avoidance or fear of particular adults, wetting themselves, and hurting themselves. Ninety percent also answered the question about what they would do if they saw one of these “red flags”. Most said they would report to authorities, including school staff, DCF and the school principal. Others would call for a (school) team meeting to discuss and create a plan. A few said they would refer the child for counseling.



**Sources of concern that a person might be sexually abusive.** Seventy percent of respondents described “red flags” that a person might be sexually abusive. The most common theme involved the person’s behavior toward children, especially too much or inappropriate touching. Other signs mentioned frequently were the reaction of children to the adult, knowing that the person had a history of being abused, more attention to children than to adults, an extensive (“obsessive”) focus on a single child, interest/possession of child pornography, and aggressive or assaultive behavior. Eighty percent also answered the question about what they would do if they saw one of those red flags. Responses were remarkably consistent: report to DCF, the police, and/or the principal. A small number said they would watch carefully to assess further, and one said she/he would ask adults to watch the person, and “nail the \*!#!”.

**Helpful resources.** Respondents were asked to identify helpful resources available in East Hartford for addressing the sexual abuse of children. DCF and law enforcement/courts were provided as possible options; 86% and 50%, respectively, checked that these are helpful resources. Just over 9% also named other resources: Youth Services was most frequently mentioned, followed by school psychologists and social workers, St. Francis Hospital, and other individually-named social service agencies.

**Suggested prevention strategies.** Professionals were also asked for their suggestions for abuse prevention strategies that ChildPlan might use. Of the 70% who provided a response to this question, most suggested education: of parents, children, teachers, and other professionals. Among the additional or more specific approaches were the following:

- Training for art teachers, so they can recognize signs of abuse in what the children do
- Create an abuse prevention kit for use in schools and social service agencies
- Improve notification when sex offenders are living nearby
- Provide low cost day care for children before and after school

When they were asked to choose from a list the three best ways to distribute prevention information, the professionals made the following selections, shown in descending order:

Workshops/meetings	66%
Pamphlets/brochures	64%
Television ads	62%
Radio ads	30%
Flyers at public events	27%
Newspaper op-eds	11%

Notably, the professional’s responses were similar to those provided by families. Workshops, pamphlets and television headed both lists. Professionals also added more specific strategies, including presentations in places of worship; education in the schools, including assemblies, PTO meetings, time set aside in classes, materials sent home for parents; and material provided in pediatricians’ offices.

The final survey question asked what additional information the respondent would like to have about the sexual abuse of children. Less than half (35%) identified one or more topics. Most responses asked for more information on warning signs of abuse (which several said should be provided annually), how to respond/talk to children, ways teachers can contribute to prevention, the protocols for mandated reporting, local resources, “how the EH system works,” and all information provided in Spanish, as well as English.

**Summary of professionals’ pre-training survey results.** Most of the professionals included in this pre-training community survey were fairly knowledgeable about sexual abuse, despite limited formal training provided in their workplaces. Most would call police and/or report abuse of a child to DCF or other authorities, although many were not entirely clear about the process they should follow. School workshops, pamphlets and television ads were the strategies most frequently identified as the best ways to distribute prevention information. Survey results clearly supported an educational campaign about child sexual abuse in East Hartford.

## **ChildPlan’s Training: Evaluation Results**

After considerable testing and review, a training PowerPoint and pamphlet were developed. Information focused on the topics identified by East Hartford professionals and family members as being of particular interest. Training events were held at a variety of locations between February and December, 2006. One-page evaluation forms (see Appendix C for a copy) were completed by 485 people who attended one of the 16 sessions where the forms were distributed. Of the total, 71% were teachers or school staff, 10% were professionals (not school staff) who work with young people, 7% were parents of children under age 18, 1% were “interested community members”, and 12% checked “other” (they included most prominently people who identified themselves as camp counselors, Housing Authority staff, foster and grandparents, staff at recreational facilities, and social workers/social services staff.

### **New Information**

The evaluation asked training recipients to check the listed sections of the training that provided information that was new to them. The sections checked are shown in descending order below.

Information about pedophiles	87%
The extent of the problem of child sexual abuse	73%
Information about regressed offenders	72%
Warning signs in adults	69%
Strategies for teaching children about sexual safety	58%
Information about families’ denial of child sexual abuse	55%
Current prevention approaches (“Good Touch, Bad Touch”, “Stranger Danger”, others)	54%
How to take responsibility for children’s safety	51%
The sex offender registry	36%



All of the listed training segments except the coverage of the sex offender registry contained information that was new to at least half of the attendees, although the particular information that was new varied across groups. For example, information about pedophiles was especially new to parents and community members. In fact, parents were more likely than others to indicate the information was new for every topic except the extent of the problem. Teachers were more likely than others to indicate that information about the extent of the problem was new.

### Immediate Training Outcomes

The training evaluation asked attendees to rate the extent of their agreement with six outcome statements. These statements reflected ChildPlan’s short-term training goals. The percentages of people who indicated they agreed or strongly agreed with the statements are shown in descending order in the table on the next page. These are certainly positive results! More than nine out of ten gained more information about child molesters from the training, and nearly three-quarters feel more responsible for children’s sexual safety—a major goal of a community education prevention approach. Strong majorities also feel better prepared to recognize and respond to sexual abuse. At least as important, the table also shows that the parents of children under age 18 were more likely than all other groups to agree with these statements—often by a wide margin. Parents were a primary constituency for this prevention effort.

#### ***Because of this training:***

	All	Parents
...I know more about child molesters	91%	96%
...I feel better prepared to recognize potential risks to children	84%	95%
...I will talk to my children about their sexual safety	84% <sup>1</sup>	93%
...I know more about what to do if children say they have been abused	77%	88%
...I feel better prepared to talk to children about sexual safety issues	75%	93%
...I feel more responsible for children’s sexual safety	73%	93%

### Most Useful Aspects of Training

Respondents generally agreed about the aspects of the training they found most useful. The major themes were: accurate statistics, the distinction between pedophiles and regressed offenders, signs of abuse, strategies for prevention and for talking with children, the limitations of most current prevention approaches, the materials provided, and (as many said) “everything”.

### Suggestions for Improving the Training

When asked for suggestions for improving the training, many participants wrote that they did not have any. Many others commented that there was too much information to absorb—particularly after a long day at work. They suggested that the training be made shorter, or held in two sessions, or at least offered in two segments with a break in between. Teachers suggested that

<sup>1</sup> This percentage reflects responses after the 22% who checked “does not apply” (presumably because they do not have minor children) were eliminated.



the training be held during a “professional development” day instead of after school. Several suggested more focus on how to talk with children about sexual safety issues, and others suggested creating packets especially for parents. A few suggested that the presentation be tailored more to a specific audience, such as teachers or parents, rather than holding a generic training. One person suggested that the training should be mandatory for new parents, and offered through local hospitals. Again, a few participants suggested that materials should be made available in Spanish, as well as English.

### **What Will be Done Differently?**

The final evaluation question asked attendees to describe one thing they will do differently because of the training. This is an important outcome question because it requires people to describe a new behavior in their own words. By this measure, too, the training was successful. Most respondents wrote that they would be more aware or vigilant of signs of abuse or abusers; they would talk and listen more often and more closely with children; and they would be more conscious and respectful of others’ personal space.

## **Community Surveys: After the Training**

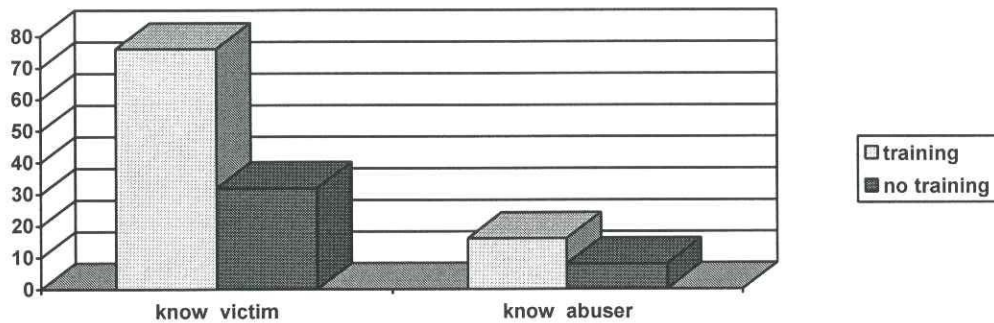
Two surveys were again administered between November 2006 and January 2007 to community members: adults in families residing in East Hartford (see Appendix D for a copy), and professionals involved in working with East Hartford children (see Appendix E for a copy). These surveys were intended to provide community-level post-training data, to assess general change in information and awareness, and provide comparisons between those who took part in the training and those who did not. Results of these two surveys are again summarized separately.

### **Results from Post-Training Survey of Adult Family Members**

A total of 131 surveys were completed by family members. Surveys were distributed at 3 locations of the East Hartford Holiday Festival, 3 holiday parties held at the Housing Authority, 6 school readiness sites, and ChildPlan Collaborative constituents. Of the total group, 89% were women, 86% lived in East Hartford, and 52% had one or two children (9% had no children, and the remaining 39% had between three and nine children). Nineteen percent had attended one of ChildPlan’s trainings, and others had talked to someone about the training or received copies of the materials that were distributed. In all, 30% had been exposed to the training, either directly or indirectly. Although this informal dissemination is important to note, comparisons will show differences between those who actually attended a training and those who did not.

**Problem seriousness.** Community respondents in late 2006 were less likely than those in 2005 to think child sexual abuse is “a little” or “not at all” a problem in East Hartford: 18% checked one of those ratings, compared to 25% previously, while 41% (compared to 31%) indicated that it is a “very big” or “fairly big” problem. Notably, *none of the people who had attended a training thought it was a little/not at all problem*, compared to 22% of those who did not attend.

**Know an abused person, or abuser.** Over all, 40% of survey respondents indicated they know someone who has been abused, and 10% checked that they know someone who could be an abuser. These are about the same as the percentages reported for the family survey in 2005. The figures for people who had attended the training, however, were substantially higher, as shown in the chart below. It cannot be determined whether the training had enhanced recognition of signs



of abuse and potential abusers, or that people who knew victims and abusers were more likely to attend the training, but it is likely to be a combination, such that the training contributed to awareness and recognition of abuse to at least some degree.

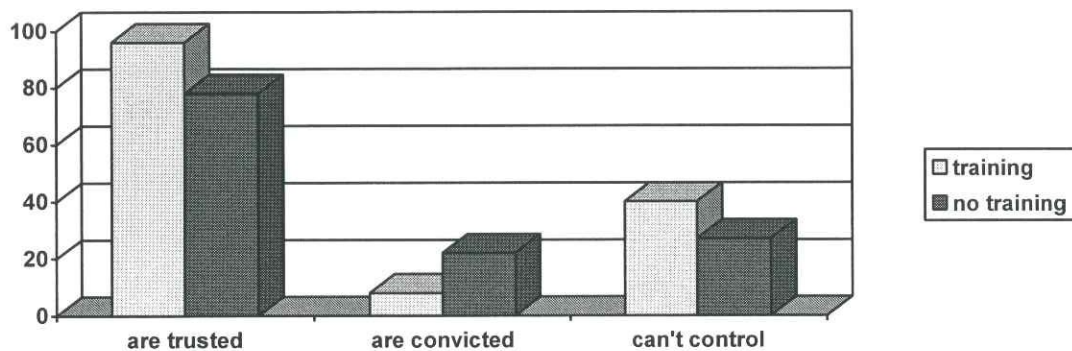
**Beliefs about people who abuse children sexually.** As before, respondents were asked to check from a list the items they believed to be true about sexual abusers. The percentage who checked each item is shown below, and compared with the survey results prior to the training.

*Most people who abuse children sexually...*

	2005	2006
...are known by their victims	89%	90%
...are strangers to their victims	37%	18%
...use force to gain compliance	44%	26%
...start abusing when they are adolescents	55%	43%
...abuse children on impulse	32%	23%
...are reported and convicted by the courts	30%	19%
...were sexually abused when they were children	67%	68%
...are trusted by their victims	85%	82%
...can never control their behavior	42%	29%
...are involved in many other types of crime, as well	19%	23%

Families in 2006 were less likely to believe that abusers are strangers, use force, begin abusing in adolescence, abuse on impulse, are reported and convicted for their crimes, and can never control their behavior. The chart on the next page shows the most significant differences between people who attended the training and those who did not. Those who attended were more likely to know that abusers are trusted by their victims, are unlikely to be reported and convicted by the courts,





and that pedophiles can never control their behavior. They were also more likely to be aware that abusers are known by their victims (96% vs. 88%), and less likely to believe that abusers start abusing when they are adolescents.

**Comfort talking about sexual abuse.** Family respondents were again asked how comfortable they feel talking about child sexual abuse with family members. Just over half (51%) replied that they felt very comfortable, and 23% indicated they felt “somewhat” comfortable. Fourteen percent indicated they felt “very uncomfortable,” and 12% checked that they have never talked with family members about child sexual abuse. These figures are very similar to those obtained in the 2005 survey. When 2006 results are compared for those who did and did not attend the training, however, the differences are clear: none of those who attended the training have never talked with their families, and just 8% are very uncomfortable (compared to 15% and 16%, respectively); 67% (compared to 47%) report being “very comfortable” talking with their families about sexual abuse.

**Protective/preventive behaviors.** Respondents were again asked to indicate the frequency with which they engaged in specific protective actions. The following list displays the actions and the percentage who said they did this “always” or “most of the time”. Compared to the pre-training

Check to see which adults will be present before your children go to a friend's house	87%
Ask if your children's coach/recreation leader has been screened for abuse	36%
Ask if your children/s scout/youth leader has been screened for abuse	39%
Ask your children if anyone has done anything that made them uncomfortable	69%
Ask your children what they have been told about sexual abuse in school or elsewhere	57%

results, families in 2006 were more likely to check on recreation and youth leaders and to ask their children what they have been told about sexual abuse. They were *less likely*, however, to ask their children about being uncomfortable, and to check on adults at a friend's house. In addition, the people who attended the training were *substantially less likely* to do any of these things, except asking children if anyone has done anything that made them uncomfortable. Perhaps those who attended now have less trust in the comprehensiveness of formal screening. Nonetheless, when people who had attended the training were asked what they are now doing

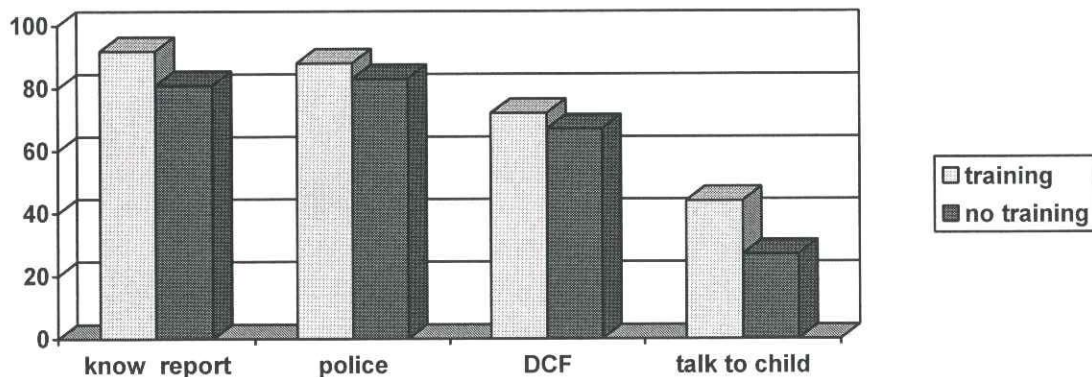


differently, most wrote that they are more alert, watch other people around their children more carefully, and note particularly who their children are with.

**Families' responses to sexual abuse.** Several questions again addressed this issue. First, 83% said they know where to report child abuse (lower than the 90% found in 2005). When asked to check from a list of options what they would do if they “became aware that a child was being sexually abused”, they responded as follows. Again, results for the two time periods are both shown.

	2005	2006
Report it to police	84%	84%
Report it to the Department of Children & Families (DCF)	57%	68%
Talk to the child	40%	31%
Talk to the child's parents	29%	44%
Tell a friend	7%	5%
Report it to school	33%	22%

Families in 2006 were more likely than those the previous year to say they would report abuse to DCF, and talk to the child's parents, but less likely to report it to school or talk to the child; they are more likely to hold adults responsible for taking action. The chart below shows the major differences between people who attended a training and those who did not in how they say they would respond to knowledge of a child being abused. People who were trained were more



likely to know how to file an abuse report, to say they would report to the police or DCF, and to talk to the child. They were also a bit more likely to say they would talk to the child's parents, but less likely to report to someone at school.

Respondents were again also asked who they “would feel most comfortable talking with about issues related to the sexual abuse of one of [their] children”. Comparative responses are shown on the next page. The results were remarkably consistent. 2006 survey respondents were more likely to report they would feel most comfortable talking to a family friend, and slightly more

	2005	2006
A family member	61%	61%
A family friend	20%	30%
Clergy/rabbi/imam	20%	19%
Child's teacher	18%	13%
A counselor/therapist	53%	57%
Youth leader	3%	3%

likely to feel comfortable talking to a counselor. Comparisons between those who did and did not attend the training, however, show that those who attended were more comfortable talking to a family friend, a teacher, or to clergy/rabbi/imam, but less comfortable talking to a family member or counselor. These results are puzzling, especially in light of the results showing that trained people were much more comfortable in general talking about sexual abuse with family members. However, those who were trained are now more aware that family members may be abusers.

**Suggested prevention strategies.** Respondents were asked for their suggestions for ongoing abuse prevention strategies that ChildPlan might use, and provided with workshops, brochures, media publicity, and town meetings as examples. Of the 34% who provided a response to this question, most offered one or more of the examples provided. Several said, simply, that ChildPlan should continue what it is doing: more workshops, and offer “refreshers”. Several wrote that they would like more information about how to educate a child, and others wanted to know how current East Hartford’s sex offender registry is. One person wanted more information on treatment resources, and one suggested holding presentations in the schools for parents and children.

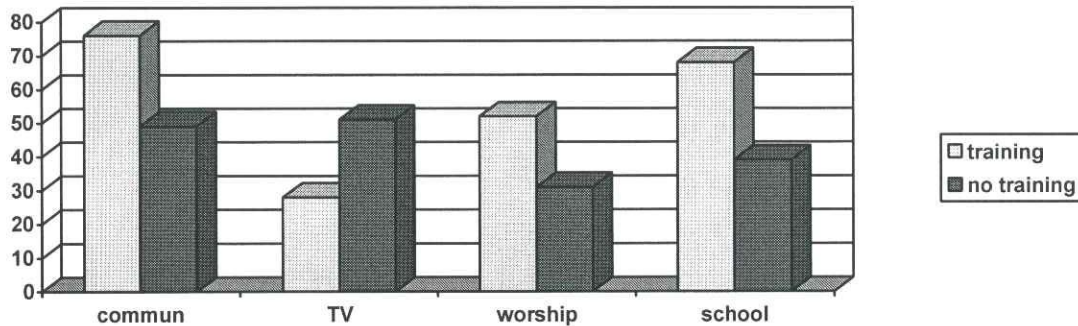
When they were again asked to choose from a list three types of information they would pay most attention to for information about child sexual abuse, family respondents made the following selections, shown in descending order:

Pamphlets/brochures in offices	59%
Presentations at community events	55%
Workshops at a school	46%
Television ads	46%
Flyers at public events	39%
Presentations at place of worship	36%
Radio ads	28%
Newspaper op-eds	27%

Compared to the responses in the 2005 survey, these results show more attention paid to pamphlets and community presentations, and less paid to events at school or information from television ads. The people who attended the training also reported paying most attention to different sources than those who did not attend, as might be expected. The primary differences



are shown in the chart that follows. The people who attended the training were significantly more likely than those who didn't to pay attention to workshops and presentations (at



community events, at places of worship, and at school), and less likely to pay attention to television ads. They were also less likely to pay attention to radio ads and newspaper op-eds. Responses to pamphlets and flyers showed little difference between the two groups.

**Summary of families' post-training results.** The families who responded to the 2006 survey were demographically similar to those who completed the one in 2005, although they were somewhat less likely to have children. Although there were some differences in other survey responses across time, the most relevant analyses for evaluating the training compare those who attended with those who did not. These show that those who attended the training were:

- more likely to know someone who has been abused, or a likely abuser;
- more likely to have accurate information about abusers;
- more comfortable talking with family members about the issue of child sexual abuse;
- less likely to take precautionary steps, such as checking on adults with whom their children interact;
- more likely to know how to report abuse;
- more likely to say they would report abuse of a child to the police or DCF, and to talk with the child;
- more likely to feel comfortable talking to a family friend, teacher or faith leader about the abuse of their own child; and
- more likely to pay attention to in-person presentations than to more passive media as sources of information.

In general, these are encouraging results, and certainly a good foundation for preventing abuse. Perhaps more focus on parents' precautionary actions is warranted in the training.

## Results of Post-Training Survey of Community Professionals

A total of 350 post-training surveys were completed by community professionals between November, 2006 and January, 2007 (referred to in the rest of this report as the 2006 survey).

They were again distributed to teachers and staff at 14 local schools, ChildPlan collaborative members and agency staff, and staff at 6 school readiness sites. Seventy-three percent of the responding professionals were female; 52% worked at an elementary school, 15% worked at a middle school, 17% worked at a high school (84% combined were school teachers or staff), 3% worked at a child care program, 3% worked at the recreation department, and the rest worked at social service or counseling agencies, or health care facility. Ninety-five percent reported that they worked directly with children as either staff or volunteers. Although the vast majority were again school personnel, other professionals were slightly better represented in this sample than in the one conducted in 2005. Eighty percent had attended one of ChildPlan's training events.

**Problem seriousness.** Thirty-five percent indicated that child sexual abuse is a "very big" or "fairly big" problem in East Hartford (compared to 20% in 2005), while 19% checked that it is "a little" or "not at all" a problem. The remaining 46% responded that it is "somewhat a problem". Women were more likely than men to perceive sexual abuse as a very or fairly big problem, and high school and recreation department staff were more likely than others to share that view. There was no significant difference between people who had attended the training and those who had not on this issue.

**Barriers to addressing sexual abuse.** When they were asked to choose from a list the three "biggest difficulties in addressing the sexual abuse of children in East Hartford," the community professionals made the selections displayed below, shown in comparison with results from the 2005 survey:

	2005	2006
Denial of a problem	70%	71%
Lack of awareness by families/community	57%	67%
Lack of family knowledge re: what to do	45%	51%
Insufficient resources	24%	20%
Family concern about stigma	24%	29%
Insufficient coordination of services	19%	11%

Clearly, the professionals surveyed in 2006 again thought that the primary barriers were informational; they were more likely to focus on families than the 2005 respondents. Resource limitations were selected as one of the top three barriers by just one in five. A comparison of those who received ChildPlan's training with those who did not showed that the trained professionals were more likely to cite lack of awareness, lack of family knowledge, and family concern about stigma as barriers.

**Workplace awareness.** The professionals were again asked how often they talked about child sexual abuse with their co-workers. Eleven percent said they did so "frequently" or daily; 35% said "never/almost never", and the remainder (54%) checked "occasionally". This represents greater frequency than was shown in the 2005 survey, despite the lack of DCF staff in the 2006 sample. People who attended the ChildPlan training were slightly less likely than the others to check that they never/almost never talked about sexual abuse with co-workers, but were also less likely to do so frequently.



**Changes in responses to child sexual abuse.** The professionals who had attended a training were asked to describe what they now do differently to prevent or respond to abuse. Overwhelmingly, they said they were now much more aware of “red flags” and the steps to talk in responding. Many also noted that they listen more closely to what children say. Another group stated that they are now more likely to report abuse when they are aware of it.

**Helpful resources.** Respondents were again asked to identify helpful resources available in East Hartford for addressing the sexual abuse of children. DCF, law enforcement/courts and ChildPlan were provided as possible options. Seventy-three percent checked DCF, 54% checked law enforcement/courts, and 43% checked ChildPlan as helpful resources. Just over 4% also named other resources: Youth Services was most frequently mentioned, followed by other individually-named social service agencies. The professionals who received the training were more likely to see the police (55% vs. 50%) and ChildPlan (47% vs. 27%) as helpful, but less likely to mark DCF as a helpful resource (71% vs. 79%).

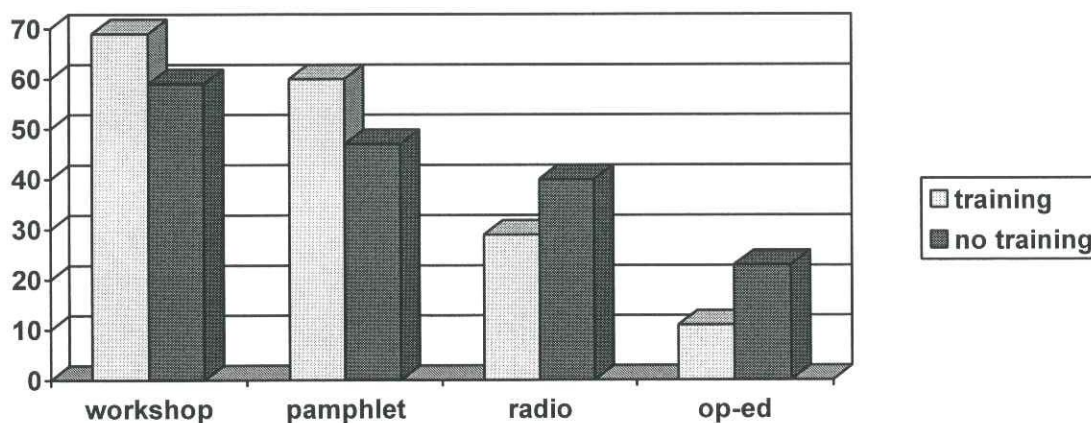
**Suggested prevention strategies.** Professionals were also again asked for their suggestions for abuse prevention strategies that ChildPlan might use in its ongoing prevention efforts. Of the 57% who provided a response to this question, most suggested education—especially of parents, children, and families. Teachers and other professionals were also cited as in need of training or workshops. The professionals also suggested more advertising or publicity through television or radio ads, flyers, and a newsletter. Among the additional or more specific approaches were the following:

- Continue to hold meetings with parents at PTO's - perhaps back to school nights, speak to senior centers (grandparents should be made aware).
- Advocate for certain and severe punishment of abusers
- Be visible in schools, talking to classes, so children know there is someone they can talk to
- Community or parent information night at schools
- Information packets; in school awareness campaigns w/ recognition and "what to do" lists
- Make the booklet and info available & send it home with each child. When a child is registered for school have the parent attend the program as part of registration.

When they were again asked to choose from a list the three best ways to distribute prevention information, the professionals made the following selections, shown below in comparison with results from the 2005 survey: The results are remarkably similar across the two time periods, although pamphlets/brochures were somewhat less popular on the 2006 survey.

	2005	2006
Workshops/meetings	66%	67%
Pamphlets/brochures	64%	58%
Television ads	62%	60%
Radio ads	30%	31%
Flyers at public events	27%	28%
Newspaper op-eds	11%	14%

Comparison of those who attended a ChildPlan training with those who did not showed some expected differences, as it did for general residents. The primary differences are displayed in the chart below. Training attendees, understandably, were more likely to endorse workshops and



pamphlets, and less likely to support radio ads or newspaper op-eds as effective ways to distribute sexual abuse prevention information effectively. People who attended the training, then, supported the types of dissemination strategies ChildPlan adopted for this project.

The final survey question again asked what additional information the respondent would like to have about the sexual abuse of children. Less than a third (29%) identified one or more topics. Most responses asked for more information on warning signs of abuse (which several said should be provided annually), how to respond/talk to children, ways teachers can contribute to prevention, the protocols for mandated reporting, local service resources, and statistics from East Hartford..

**Summary of professionals' post-training survey results.** Since the professionals were rather knowledgeable in the 2005 survey, major improvements would not be expected. However, 2006 respondents were more likely to perceive child sexual abuse as a problem in East Hartford (although receiving the training was not related to this difference). Professionals in 2006 were more likely than those in 2005 to indicate that lack of family knowledge and awareness were primary barriers, especially those who attended the training. Training attendees were also more likely to report that they talked about sexual abuse at work at least occasionally, and to see the police and ChildPlan as helpful resources. They were also more likely to endorse workshops and pamphlets as effective prevention information sources.

## Interviews with Key Informants

Information was collected from key informants by interviews—primarily collected through a focus group that was conducted in December, 2006, and spanned about an hour and a half. Participants included collaborative members from an array of community agencies and disciplines. Although none of the analysis just presented had been completed or conveyed to



them, their responses were consistent with the patterns found in the quantitative results from evaluations and surveys, so they are provided very succinctly here.

### **Grant Accomplishments**

Focus groups participants agreed that the training and materials provided by ChildPlan under this grant had increased the depth and breadth of community awareness of child sexual abuse in East Hartford. They emphasized in particular that the training has dispelled myths (for example, that children are safe from people they know, and that fingerprinting will protect children), empowered parents, offered a consistent message, and extended in influence far beyond the people who had attended.<sup>2</sup> Focus group participants also stressed the messages that there are different types of offenders, and that people should trust their “gut feelings” when faced with uncomfortable feelings. They thought that the training would also help adults to talk with children—both to help uncover abuse and to provide support following disclosure—and help to prevent later problems. It was important to them that the training had included information about what people (especially parents) can do to help prevent abuse. Finally, they praised the materials created under the grant—the informational booklet, in particular.

### **Impact of the Grant**

From their diverse vantage points, key informants described several ways in which the grant’s training efforts had had an impact in East Hartford. In general, they thought professionals have more awareness, focus, and sensitivity to issues of child sexual abuse. Among teachers, in particular, they found that there had been a shift in the ways young people’s behavior is interpreted—professionals now had a more complex “lens”. Interviewees also noted that teachers were now having more explicit conversations with students. In addition, because professionals from multiple disciplines had received training, and training had provided opportunities to make connections, informants felt that teachers and other professionals were now more likely to make referrals—for treatment and for formal child protection. Further, they observed that people had come forward at many of the training events to disclose abuse or seek help, and this could not be documented in the evaluation. Finally, they noted, because of the grant the Board of Education had created a safety task force to further support and continue prevention and other efforts.

### **Suggestions for Change or Next Steps**

Many of the suggestions provided by key informants involved additional strategies for disseminating information and expanding the audience. The primary suggestions were:

:

- Create a short two-page overview focused on “red flags” of abuse and offending, and emphasizing what parents can do should be distributed widely.
- Distribute the booklet to all schools.

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<sup>2</sup> This was supported by data that showed that 19% of the professionals and 15% of the families who had not attended the training had talked with people who did, or had obtained materials.

- Prepare a short overview for professionals on how, when and where to refer, and how to help parents.
- Develop a good list of referral sources to distribute to professionals.
- Increase the focus on ways to collaborate and work together on both prevention and intervention.
- Translate all materials into Spanish.
- Distribute information on CD or DVD.
- Help to create and support small support groups for victims and their families; also for professionals doing this work.

Key informants felt that the educational effort should continue, with an emphasis on the public, although a wider range of professionals should also be included. The trainings should be tailored to the audience; separate programs should be created for parents and professionals, at least. Interviewees clearly thought the effort to increase awareness had been successful, and that it was time to expand the educational campaign and explore effective additional actions.

## **Summary and Recommendations**

The data are clear that substantial progress was made by ChildPlan on all three of its primary goals for this grant. The materials developed and the training held with professionals and with community residents intervened with victims and their families, potential sex offenders, and across the community. The community-level intervention is most clear. Awareness was raised about child sexual abuse in East Hartford, and extended beyond the individuals who attended training. The impact of training on families was also clear: they acquired new information about signs of risk for both children and abusers, they felt more comfortable talking with their families, knew more about steps to take, and would be more likely to file reports and listen carefully to their children. Although changes attributable to training for professionals were less clear, their responses on the evaluation and on the follow-up survey demonstrated increased likelihood of reporting, heightened awareness, and greater focus on listening to children. The results of surveys and of training evaluations, then, demonstrate progress on all three primary project goals.

The results are encouraging, and warrant continued efforts along the lines suggested by key informants (which are consistent with the suggestions provided by professionals and community members on the evaluations and surveys). Training should continue (particularly for parents); shorter informational summaries should be prepared (in English and Spanish) separately for parents and professionals; materials should be more widely disseminated; schools, places of worship, and community events should be more consistently utilized for training and dissemination, and strategies to improve collaboration for intervention and prevention should be explored further. East Hartford's ChildPlan has done well in pursuing a community-wide initiative to prevent the sexual abuse of children.



### References Cited

- Bolen, R. 2003. Child sexual abuse: Prevention or promotion? *Social Work* 48: 174-185.
- Darkness to Light. 2006. *7 Steps to Protecting Our Children*. Pamphlet. Charleston, SC: Darkness to Light.
- Jackson, S. 2004. A USA national survey of program services provided by child advocacy centers. *Child Abuse & Neglect* 28: 411-421.
- Lanning, B., Ballard, D., and Robinson III, J. 1999. Child sexual abuse prevention programs in Texas public elementary schools. *Journal of School Health* 69: 3-8.
- Lyon, E. 2003. Prevention strategies: What do we know from Connecticut data sources? Report prepared for the Children's Trust Fund: Hartford, CT.
- Miltenberger, R., and Roberts, J. 1999. Emerging issues in the research on child sexual abuse prevention. *Education and Treatment of Children* 22: 84-102.
- Plummer, C. 1999. The history of child sexual abuse prevention: A practitioner's perspective. *Journal of Child Sexual Abuse* 7: 77-95.
- Rowe, R. 1992. Sexual abuse prevention: A misguided focus. *The Clearing House* 66: 228.
- Stop It Now! 2005. Prevent child sexual abuse. Pamphlet. Northampton, MA: Stop It Now!
- Thomas, D., Leicht, C., Hughes, C., Madigan, A., and Dowell, K. 2003. *Emerging Practices in the Prevention of Child Abuse and Neglect*. Washington, DC: US Department of Health and Human Services, ACYF Children's Bureau.
- Wisconsin. 2006. *Wisconsin's State Plan to Prevent Child Maltreatment*. Madison, WI: Report of Governor's Summit to Prevent Child Abuse and Neglect.

## **Appendix A**



## ChildPlan: Community Survey for Adults in Families

Thank you for your help. We are trying to learn about how much information and awareness East Hartford families have about the sexual abuse of children in our community. Sexual abuse includes exposure to sexual materials or activities. It can include oral, genital or anal contact with children by an older person for purposes of arousal. The older person involved could be a family member, acquaintance, or stranger. **We do not ask for your name; your responses will be entirely confidential.** Results will be used to help shape our prevention efforts. They will be available from ChildPlan, Inc. in East Hartford. ChildPlan works with the community to improve the quality of life of children and families. If you have concerns about sexual abuse or about this survey contact Vincent Senatore. Phone: (860) 568-0181.

Today's date: \_\_\_\_\_ Your gender (check one): ☐ male ☐ female ☐ transgender

1. Do you live in East Hartford? ☐ yes ☐ no
2. How many children do you have? \_\_\_\_\_
3. What are their ages? \_\_\_\_\_
4. In your opinion, how much of a problem is the sexual abuse of children under age 16 in East Hartford?  
☐ not at all ☐ a little ☐ somewhat a problem ☐ fairly big problem ☐ a very big problem
5. Do you know anyone who has been sexually abused, or could be an abuser?  
☐ yes, someone who has been abused ☐ yes, an abuser ☐ no—do not know either  
*If yes:* What makes you think this? (all that apply) ☐ we talked about it ☐ witnessed it  
☐ the way they acted ☐ other describe) \_\_\_\_\_
6. How comfortable do you feel talking about the sexual abuse of children with family members?  
☐ very comfortable ☐ somewhat ☐ very uncomfortable ☐ have never talked about it
7. What signs would lead you to suspect that a child might be (or have been) abused sexually?  
\_\_\_\_\_  
\_\_\_\_\_
8. What would lead you to be concerned that a person might potentially abuse a child or children sexually?  
\_\_\_\_\_  
\_\_\_\_\_
9. Most people who abuse children sexually (check all that you believe to be true):

<input type="checkbox"/> are known by their victims	<input type="checkbox"/> are reported and convicted by the courts
<input type="checkbox"/> are strangers to their victims	<input type="checkbox"/> were sexually abused when they were children
<input type="checkbox"/> use force to gain compliance	<input type="checkbox"/> are trusted by their victims
<input type="checkbox"/> start abusing when they are adolescents	<input type="checkbox"/> can never control their behavior
<input type="checkbox"/> abuse children on impulse	<input type="checkbox"/> are involved in many other types of crime, as well

10. How often do you do the following? Remember your answers are confidential—please respond honestly. Put one of the following numbers in the space:

1 = always; 2 = most of the time; 3 = some of the time; 4 = rarely/never

- ☐ check to see which adults will be present before your children go to a friend's house  
☐ ask if your children's coach/recreation leader has been screened for abuse  
☐ ask if your children's scout/youth leader has been screened for abuse  
☐ ask your children if anyone has done anything that made them uncomfortable  
☐ ask your children what they have been told about sexual abuse in school or elsewhere

11. Do you know where to report child abuse? ☐ yes ☐ no

12. Please describe what you would do if you became aware that a child was being sexually abused.

☐ report it to police ☐ report it to the Department of Children & Families ☐ talk to the child  
☐ talk to child's parents ☐ tell a friend ☐ report it to school ☐ other things (*please describe*):

13. What would you do if one of your children said they had been touched sexually by another family member? What would be your primary concerns?

14. Who would you feel most comfortable talking with about issues related to the sexual abuse of one of your children (check all that apply)?

☐ a family member ☐ a family friend ☐ clergy/rabbi/imam  
☐ child's teacher ☐ a counselor/therapist ☐ youth leader  
☐ other (describe):

15. What strategies would you suggest to ChildPlan for its effort to prevent the sexual abuse of children in East Hartford (e.g. workshops, brochures, media publicity, town meetings, others)?

16. Which of the following would you be most likely to pay attention to for information about child sexual abuse (check **up to three**)?

☐ pamphlets/brochures in offices ☐ television ads ☐ newspaper op-eds  
☐ radio ads ☐ flyers at public events ☐ workshops at a school  
☐ presentations at community events ☐ presentations at place of worship  
☐ other (describe):

17. What additional information about the sexual abuse of children would you like to know?

*Thank you very much for your help!*



## **Appendix B**

## ChildPlan: Community Survey for Professionals

Thank you for your help. ChildPlan is an East Hartford organization that works with the community to improve the quality of life of children and families. We are trying to learn the current level of information and awareness among East Hartford professionals about the sexual abuse of children in our community. Sexual abuse includes exposure to sexual materials or activities, and oral, genital or anal contact with children for purposes of arousal; the older person involved could be a family member, acquaintance, or stranger. We do not ask for your name; **your responses will be entirely confidential**. Results will be used to help shape our prevention efforts. They will be available from ChildPlan, Inc. Phone: (860) 568-0181

Today's date: \_\_\_\_\_ Your gender (check one): ☐ male ☐ female ☐ transgender

1. What type of agency/organization do you work for (check one)?  

<input type="checkbox"/> elementary school	<input type="checkbox"/> social service agency	<input type="checkbox"/> church/synagogue/mosque
<input type="checkbox"/> middle school	<input type="checkbox"/> police/court	<input type="checkbox"/> recreation department
<input type="checkbox"/> high school	<input type="checkbox"/> DCF	<input type="checkbox"/> health care facility
<input type="checkbox"/> mental health agency	<input type="checkbox"/> child care agency	<input type="checkbox"/> other _____
2. Do you work directly with children or families? ☐ yes ☐ no
3. Do you work as a paid employee, or as a volunteer? ☐ paid employee ☐ volunteer
4. In your opinion, how much of a problem is the sexual abuse of children under age 16 in East Hartford?  
☐ not at all ☐ a little ☐ somewhat a problem ☐ fairly big problem ☐ a very big problem
5. How often do you talk about the sexual abuse of children with your co-workers?  
☐ never/almost never ☐ occasionally ☐ frequently ☐ daily/almost daily
6. How are you involved with the sexual abuse of children in the course of your work (all that apply)?  

<input type="checkbox"/> report suspected abuse	<input type="checkbox"/> provide training to children	<input type="checkbox"/> make service referrals
<input type="checkbox"/> provide counseling to children	<input type="checkbox"/> provide training to parents	<input type="checkbox"/>
<input type="checkbox"/> provide counseling to families	<input type="checkbox"/> obtain evidence of abuse	<input type="checkbox"/> I am <b>not</b> involved
<input type="checkbox"/> other (describe): _____		
7. What do you see as the biggest difficulties in addressing the sexual abuse of children in East Hartford (check **up to three** you consider most important)?  

<input type="checkbox"/> lack of awareness by families/community	<input type="checkbox"/> insufficient resources
<input type="checkbox"/> lack of family knowledge re what to do	<input type="checkbox"/> insufficient coordination of services
<input type="checkbox"/> denial of a problem	<input type="checkbox"/> family concern about stigma
<input type="checkbox"/> other (describe): _____	
8. Please describe the behavior or other evidence (the "red flags") that would lead you to suspect that a child might be (or have been) abused sexually?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



9. Please describe the behavior or other evidence (the “red flags”) that would lead you to be concerned that a person might potentially abuse a child or children sexually?

---

---

10. Please describe what you would do if you saw red flags related to a potential child victim of sexual abuse?

---

---

11. Please describe what you would do if you saw red flags related to a potential child sexual abuser?

---

---

12. How often does your workplace provide or arrange for training to staff on sexual abuse issues?

☐ several times a year   ☐ once a year   ☐ every 2 – 5 years   ☐ less than once in 5 years   ☐ never

13. *If your workplace provides/arranges for training:* What issues have been emphasized (all that apply)?

<input type="checkbox"/> good touch/bad touch	<input type="checkbox"/> how to intervene with families	<input type="checkbox"/> signs of sexual abusers
<input type="checkbox"/> impact of sexual abuse	<input type="checkbox"/> how to talk with children	<input type="checkbox"/> community resources
<input type="checkbox"/> incidence of sexual abuse	<input type="checkbox"/> what the laws say	<input type="checkbox"/> medical evidence
<input type="checkbox"/> signs of sexual abuse	<input type="checkbox"/> what DCF does/can do	<input type="checkbox"/> patterns of incest
<input type="checkbox"/> other (describe): _____		

14. What do you see as the primary **helpful** resources available in East Hartford for addressing the sexual abuse of children (check all that apply)?

<input type="checkbox"/> DCF	<input type="checkbox"/> agency (name) _____
<input type="checkbox"/> law enforcement/courts	<input type="checkbox"/> agency (name) _____
<input type="checkbox"/> other (describe): _____	

15. What strategies would you suggest to ChildPlan for its effort to prevent the sexual abuse of children in East Hartford?

---

---

16. Which of the following would be the best way to distribute child sexual abuse prevention information (check **up to three** that you think would be most effective)?

<input type="checkbox"/> pamphlets/brochures	<input type="checkbox"/> television ads	<input type="checkbox"/> newspaper op-eds
<input type="checkbox"/> radio ads	<input type="checkbox"/> flyers at public events	<input type="checkbox"/> workshops/meetings
<input type="checkbox"/> other (describe): _____		

17. What additional information about the sexual abuse of children would be helpful to you?

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---

*Thank you very much for your help!*

## **Appendix C**



## ChildPlan and Children's Trust Fund's Training on Child Molesters Evaluation

**Please** complete this evaluation form. Your feedback will help us to improve this training, and make it as helpful as possible. Please answer honestly. Your individual responses cannot be identified in any way. **Thank you!**

1. Today's date: \_\_\_\_\_
2. Training location: \_\_\_\_\_
3. Are you (*check one*): \_\_\_\_\_ school teacher/staff      \_\_\_\_\_ parent of child under 18  
                                  \_\_\_\_\_ non-school professional who works with young people      \_\_\_\_\_ interested community member  
                                  \_\_\_\_\_ other (*please describe*) \_\_\_\_\_
4. Please put an "X" on the line next to the section(s) of the training that provided **new information**:

_____	The extent of the problem of child sexual abuse
_____	The sex offender registry
_____	Current prevention approaches (“Good Touch, Bad Touch”, “Stranger Danger”, others)
_____	Information about pedophiles
_____	Information about regressed offenders
_____	Information about families’ denial of child sexual abuse
_____	Strategies for teaching children about sexual safety
_____	How to take responsibility for children’s safety
_____	Warning signs in adults

5. Please indicate how much you agree or disagree with each of the following statements by **circling the number** that best describes how you feel. Use these numbers: **1 = strongly agree**    **2 = agree**  
**3 = neither agree nor disagree**    **4 = disagree**    **5 = strongly disagree**    **6 = does not apply**

**Because of this training:**

I know more about child molesters	1	2	3	4	5	6
I feel better prepared to recognize potential risks to children	1	2	3	4	5	6
I know more about what to do if children say they have been abused	1	2	3	4	5	6
I feel more responsible for children's sexual safety	1	2	3	4	5	6
I feel better prepared to talk to children about sexual safety issues	1	2	3	4	5	6
I will talk to my children about their sexual safety	1	2	3	4	5	6

6. What did you find most useful about this training? \_\_\_\_\_
7. What suggestion(s) do you have for improving this training? \_\_\_\_\_
8. Please describe one thing you will do differently because of this training. \_\_\_\_\_

**Thank you!**

## **Appendix D**

## ChildPlan: Community Survey for Adults in Families

Thank you for your help. We are trying to learn about how much information and awareness East Hartford families have about the sexual abuse of children in our community. Sexual abuse includes exposure to sexual materials or activities. It can include oral, genital or anal contact with children by an older person for purposes of arousal. The older person involved could be a family member, acquaintance, or stranger. **We do not ask for your name; your responses will be entirely anonymous.** Results will be used to help shape our prevention efforts. They will be available from ChildPlan, Inc. in East Hartford. ChildPlan works with the community to improve the quality of life of children and families. Phone: (860) 568-0181.

Today's date: \_\_\_\_\_ Your gender (check one): ☐ male ☐ female ☐ transgender

1. Do you live in East Hartford? ☐ yes ☐ no
2. How many children do you have? \_\_\_\_\_
3. What are their ages? \_\_\_\_\_
4. Did you attend one of ChildPlan's training on child sexual abuse, taught by Commander Kenary and Cephus Nolan? ☐ yes ☐ no
5. Did you talk to anyone about the training, or get ChildPlan's materials about sexual abuse? ☐ yes ☐ no
6. Did you know the training was being held? ☐ yes ☐ no

If yes: How did you hear about it? (please describe): \_\_\_\_\_

7. *If you attended a ChildPlan training, learned about it from someone who attended, or got materials:*  
What, if anything, do you now do differently to prevent or respond to child sexual abuse? (please describe)

---

---

8. In your opinion, how much of a problem is the sexual abuse of children under age 16 in East Hartford?  
☐ not at all ☐ a little ☐ somewhat a problem ☐ fairly big problem ☐ a very big problem

9. Do you know anyone who has been sexually abused, or could be an abuser?  
☐ yes, someone who has been abused ☐ yes, an abuser ☐ no—do not know either

If yes: What makes you think this? (all that apply) ☐ we talked about it ☐ witnessed it  
☐ the way they acted ☐ other describe) \_\_\_\_\_

10. How comfortable do you feel talking about the sexual abuse of children with family members?  
☐ very comfortable ☐ somewhat ☐ very uncomfortable ☐ have never talked about it

11. What would lead you to be concerned that a person might potentially abuse a child or children sexually?

---

---



12. Most people who abuse children sexually (check all that you believe to be true):
- |  |   |
|--|---|
| <input type="checkbox"/> are known by their victims              | <input type="checkbox"/> are reported and convicted by the courts           |
| <input type="checkbox"/> are strangers to their victims          | <input type="checkbox"/> were sexually abused when they were children       |
| <input type="checkbox"/> use force to gain compliance            | <input type="checkbox"/> are trusted by their victims                       |
| <input type="checkbox"/> start abusing when they are adolescents | <input type="checkbox"/> can never control their behavior                   |
| <input type="checkbox"/> abuse children on impulse               | <input type="checkbox"/> are involved in many other types of crime, as well |
13. How often do you do the following? Remember your answers are confidential—please respond honestly. Put one of the following numbers in the space:
- |  |
|--|
| 1 = always; 2 = most of the time; 3 = some of the time; 4 = rarely/never |
|--|
- ☐ check to see which adults will be present before your children go to a friend's house
- ☐ ask if your children's coach/recreation leader has been screened for abuse
- ☐ ask if your children's scout/youth leader has been screened for abuse
- ☐ ask your children if anyone has done anything that made them uncomfortable
- ☐ ask your children what they have been told about sexual abuse in school or elsewhere
14. Do you know where to report child abuse? ☐ yes ☐ no
15. Please describe what you would do if you became aware that a child was being sexually abused.
- ☐ report it to police ☐ report it to the Department of Children & Families ☐ talk to the child
- ☐ talk to child's parents ☐ tell a friend ☐ report it to school ☐ other things (*please describe*):
- 
16. What would you do if one of your children said they had been touched sexually by another family member? What would be your primary concerns?
- 
17. Who would you feel most comfortable talking with about issues related to the sexual abuse of one of your children (check all that apply)?
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> a family member         | <input type="checkbox"/> a family friend       | <input type="checkbox"/> clergy/rabbi/imam |
| <input type="checkbox"/> child's teacher         | <input type="checkbox"/> a counselor/therapist | <input type="checkbox"/> youth leader      |
| <input type="checkbox"/> other (describe): _____ |  |  |
18. What strategies would you suggest to ChildPlan for its ongoing effort to prevent the sexual abuse of children in East Hartford (e.g. workshops, brochures, media publicity, town meetings, others)?
- 
19. Which of the following would you be most likely to pay attention to for information about child sexual abuse (check **up to three**)?
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> pamphlets/brochures in offices    | <input type="checkbox"/> television ads                    | <input type="checkbox"/> newspaper op-eds      |
| <input type="checkbox"/> radio ads                         | <input type="checkbox"/> flyers at public events           | <input type="checkbox"/> workshops at a school |
| <input type="checkbox"/> presentations at community events | <input type="checkbox"/> presentations at place of worship |  |
| <input type="checkbox"/> other (describe): _____           |  |  |
20. What additional information about the sexual abuse of children would you like to know?
- 

*Thank you very much for your help!*

## **Appendix E**

## ChildPlan: Community Survey for Professionals

Thank you for your help. ChildPlan is an East Hartford organization that works with the community to improve the quality of life of children and families. We are trying to learn the current level of information and awareness among East Hartford professionals about the sexual abuse of children in our community. Sexual abuse includes exposure to sexual materials or activities, and oral, genital or anal contact with children for purposes of arousal; the older person involved could be a family member, acquaintance, or stranger. We do not ask for your name; **your responses will be entirely confidential**. Results will be used to help shape our prevention efforts. They will be available from ChildPlan, Inc. Phone: (860) 568-0181

Today's date: \_\_\_\_\_ Your gender (check one): ☐ male ☐ female ☐ transgender

1. What type of agency/organization do you work for (check one)?

<input type="checkbox"/> elementary school	<input type="checkbox"/> social service agency	<input type="checkbox"/> church/synagogue/mosque
<input type="checkbox"/> middle school	<input type="checkbox"/> police/court	<input type="checkbox"/> recreation department
<input type="checkbox"/> high school	<input type="checkbox"/> DCF	<input type="checkbox"/> health care facility
<input type="checkbox"/> mental health agency	<input type="checkbox"/> child care agency	<input type="checkbox"/> other _____

2. Do you work directly with children or families? ☐ yes ☐ no
3. Do you work as a paid employee, or as a volunteer? ☐ paid employee ☐ volunteer
4. Did you attend one of ChildPlan's training on child sexual abuse, taught by Commander Kenary and Cephus Nolan? ☐ yes ☐ no
5. Did you talk to anyone about the training, or get ChildPlan's materials about sexual abuse? ☐ yes ☐ no
6. Did you know the training was being held? ☐ yes ☐ no

If yes: How did you hear about it? (please describe): \_\_\_\_\_

7. ***If you attended a ChildPlan training, learned about it from someone who attended, or got materials:***  
What, if anything, do you now do differently to prevent or respond to child sexual abuse? (please describe)

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8. In your opinion, how much of a problem is the sexual abuse of children under age 16 in East Hartford?  
☐ not at all ☐ a little ☐ somewhat a problem ☐ fairly big problem ☐ a very big problem
9. How often do you talk about the sexual abuse of children with your co-workers?  
☐ never/almost never ☐ occasionally ☐ frequently ☐ daily/almost daily
10. How are you involved with the sexual abuse of children in the course of your work (all that apply)?

<input type="checkbox"/> report suspected abuse	<input type="checkbox"/> provide training to children	<input type="checkbox"/> make service referrals
<input type="checkbox"/> provide counseling to children	<input type="checkbox"/> provide training to parents	
<input type="checkbox"/> provide counseling to families	<input type="checkbox"/> obtain evidence of abuse	<input type="checkbox"/> I am <b>not</b> involved
<input type="checkbox"/> other (describe): _____		



11. What do you see as the biggest difficulties in addressing the sexual abuse of children in East Hartford (check **up to three** you consider most important)?

<input type="checkbox"/> lack of awareness by families/community	<input type="checkbox"/> insufficient resources
<input type="checkbox"/> lack of family knowledge re what to do	<input type="checkbox"/> insufficient coordination of services
<input type="checkbox"/> denial of a problem	<input type="checkbox"/> family concern about stigma
<input type="checkbox"/> other (describe): _____	

12. Please describe the behavior or other evidence (the “red flags”) that would lead you to be concerned that a person might potentially abuse a child or children sexually?

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13. Please describe what you would do if you saw red flags related to a potential child sexual abuser?

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14. What do you see as the primary **helpful** resources available in East Hartford for addressing the sexual abuse of children (check all that apply)?

<input type="checkbox"/> DCF	<input type="checkbox"/> agency (name) _____
<input type="checkbox"/> law enforcement/courts	<input type="checkbox"/> agency (name) _____
<input type="checkbox"/> ChildPlan	<input type="checkbox"/> agency (name) _____
<input type="checkbox"/> other (describe): _____	

15. What strategies would you suggest to ChildPlan for its ongoing effort to prevent the sexual abuse of children in East Hartford?

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16. Which of the following would be the best ways to distribute child sexual abuse prevention information (check **up to three** that you think would be most effective)?

<input type="checkbox"/> pamphlets/brochures	<input type="checkbox"/> television ads	<input type="checkbox"/> newspaper op-eds
<input type="checkbox"/> radio ads	<input type="checkbox"/> flyers at public events	<input type="checkbox"/> workshops/meetings
<input type="checkbox"/> other (describe): _____		

17. What additional information about the sexual abuse of children would be helpful to you?

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*Thank you very much for your help!*