



**Evaluation of KIDPOWER's Violence and Abuse
Prevention Program for Children Ages Three to Five, their
Parents, and their Caregivers**

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Executive Summary

KIDPOWER•TEENPOWER•FULLPOWER International (KIDPOWER) provides people of all ages and abilities with practical skills that help them avert danger and protect themselves in violent and abusive situations. Through the skills-building process, KIDPOWER enhances self-confidence, self-esteem, and self-efficacy among participants in its workshops and trainings.

In 2002, KIDPOWER received a grant from the Lucile Packard Foundation for Children’s Health (Lucile Packard Foundation) to evaluate outcomes of its workshops and trainings for children ages three to five years, their parents, and caregivers. The primary purpose of this evaluation is to track these KIDPOWER participants—children, parents, and caregivers alike—for a three- to nine-month period with the goal of understanding whether and to what extent they retain information and put into action the skills they learned in the KIDPOWER workshops. To conduct the evaluation, KIDPOWER engaged the services of LFA (LaFrance Associates, LLC).

The evaluation tests a series of hypotheses regarding the skills and knowledge acquired, utilized, and retained by children, parents, and caregivers attending one or more KIDPOWER training targeting preschool-aged children enrolled in the Head Start program. The study is based on the data collected from 550 children. The majority, 433, participated in the Everyday Safety Training with their Head Start class. The remaining 117 participated with their parents in KIDPOWER’s Parent-Child Workshops; the study included a total of 106 parents and 25 Head Start teachers. This Executive Summary discusses the characteristics of the population served and highlights the key research findings and analysis of the 16 hypotheses and 6 outcome objectives developed by LFA with input and support from KIDPOWER. For detailed analysis of each of the hypotheses, please see the full report.

Characteristics of Children Participating in KIDPOWER

➤ **KIDPOWER is successful in reaching the population of children it seeks to serve.**

Children are the primary focus of KIDPOWER’s trainings. As seen in the table at right, KIDPOWER served children between the ages of three and five years old; an equal amount of males and females; and children from diverse racial and ethnic backgrounds. The population of parents and caregivers surveyed is also diverse. Parent and caregiver demographics of race/ethnicity and primary language generally reflect those of the child population. The table to the right shows children’s data captured immediately after the trainings.

Demographic Characteristics of Children Attending KIDPOWER Trainings

Characteristics	% of Children	
n=461		
Age	Less than 3 years old	0.9%
	3 years old	26.2%
	4 years old	54.7%
	5 years old	17.8%
	Over 5 years old	0.4%
n=522		
Gender	Female	49.6%
	Male	50.4%
n=509		
Race/Ethnicity	Latina/o	74.3%
	Asian American/Pacific Islander	6.9%
	African American/Black	3.7%
	European American/White	2.8%
	Native American	1.4%
	Other	10.8%
n=518		
Primary Language	Spanish	62.2%
	English	23.9%
	Mandarin	2.3%
	Russian	2.3%
	Other	9.3%

Effects on Children

- ➔ On average, all parents and caregivers ‘strongly agree’ or ‘agree’ that their children demonstrated the various skills to help them make safer choices with strangers and with people they know.

Participants rated statements about children’s demonstrated skills on a four-point scale, with 1 indicating “strongly disagree” and 4 indicating “strongly agree”. Nine in ten respondents (90.5%) report that, after the KIDPOWER training, their children demonstrated the skills to stop someone from touching them when they do not want to be touched. All other skill sets tested scored an average of 3.0 or higher on the 4-point scale.

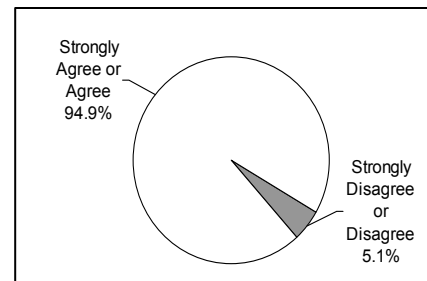
<i>Each of my children that attended the training now demonstrates ...</i>	Strongly Disagree or Disagree	Strongly Agree or Agree	Mean (4-Pt. Scale)
...the skills to stop someone from touching them when they don't want to be touched. (n=435)	9.5%	90.5%	3.10
...the skills to get help from adults (e.g. by speaking confidently and clearly, making eye contact, and/or yelling). (n=435)	11.0%	89.0%	3.07
...the skills to use their voice to set a firm and clear boundary (e.g. by saying “No,” Stop,” or “Stop that game”). (n=435)	12.9%	87.1%	3.06
...the skills to be and act aware and confident. (n=436)	13.5%	86.5%	3.04
...the skills to stay safe around other children who are calling them names or bullying. (n=426)	14.5%	85.5%	3.02
...a better understanding of who a stranger is. (n=406)	16.2%	83.8%	3.01
...a greater awareness and understanding of choices they can make when they feel uncomfortable with strangers or with people they know. (n=414)	15.9%	84.1%	2.99

At follow-up, three to nine months after a training, over three-fourths of parents and caregivers (78.2%) report that **children retained information** about making safe choices with strangers and with people they know.

- ➔ Parents and caregivers report that children are safer as a result of the KIDPOWER trainings.

At follow-up, three to nine months after a training, ninety-five percent of parents and caregivers responded that their children are safer as a result of participation in the KIDPOWER training. “Safer” was interpreted by parents and caregivers to mean that their children were better able to prevent or protect themselves from harm through increased awareness and boundary setting skills.

Parent and Caregivers Report Children are Safer (n=78)

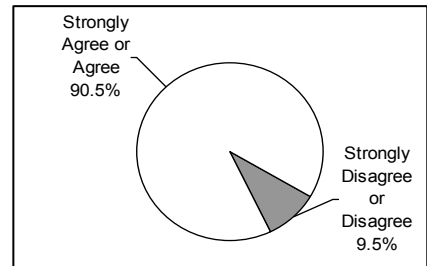


Effects on Caregivers

- ➔ **After participation in the KIDPOWER trainings, caregivers retain information that impacts how they approach safety issues with children.**

Nearly all (90.5%) of the caregivers surveyed three to nine months after attending the Everyday Safety Skills Training agree or strongly agree that the training helped them deal with personal safety issues with children. Developing the skills to provide supportive and appropriate care to young children will help caregivers foster healthy development and resilient attributes in the children with whom they work. Looking at prevention efforts from a community-wide approach, caregivers play a central role in teaching and reinforcing personal safety skills with young children.

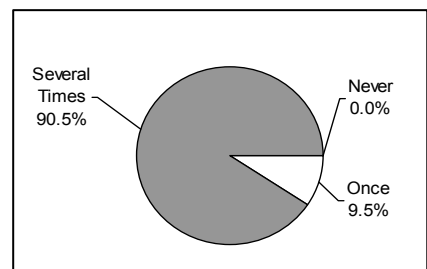
Caregivers Report KIDPOWER Helped to Deal with Personal Safety Issues with Children (n=21)



- ➔ **Caregivers continue to use skills and ideas learned in the KIDPOWER trainings to address situations of potential conflict, bullying, violence and/or abuse among children.**

As with using personal safety skills, 90.5% of caregivers report at follow-up, three to nine months after a training, that they use skills learned at the training to prevent or minimize acts of violence, bullying, conflict and/or abuse among children several times. As shown in the graph at right, two of the twenty-one respondents report using the skills and ideas learned at the Everyday Safety Skills Training only once to intervene in situations of potential violence or conflict amongst children in the classroom. These respondents, however, are in the minority, with most caregivers saying they use what they have learned in the KIDPOWER training with the children.

Caregivers' Level of Use of Skills and Ideas Learned in Trainings (n=21)

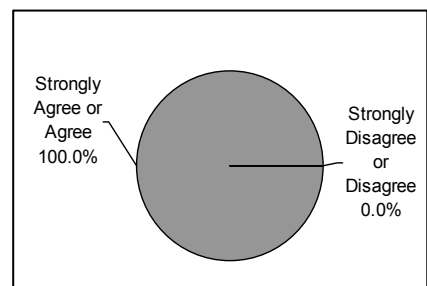


Effects on Parents

- ➔ **All parents surveyed (100%) three to nine months after attending the Joint Parent/Child Safety Training 'agree' or 'strongly agree' that the training helped them deal with personal safety issues with children.**

This finding is consistent with findings for caregivers three to nine months after a training: the greater parts of both groups say the trainings provided them with knowledge on how to handle issues of safety with young children.

Parents Report KIDPOWER Helped to Deal with Personal Safety Issues with Children (n=57)



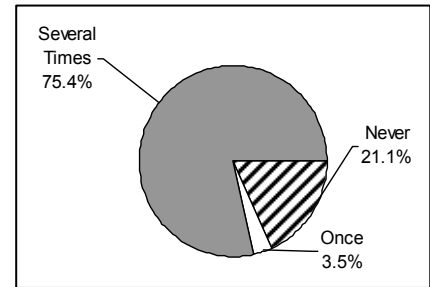
- ➔ **Three to nine months following the training, three-fourths of parents said they used the skills and ideas they learned at the training 'several times.'**

About one-fifth (21.1%) of the parents said they "never" used the skills or ideas and a much smaller percent (3.5%) said they had used them once. The high percentage of parents who say they are using

the safety skills with their children in the months following the training is promising, since research has found that children are more likely to learn and retain skills if they practice them.

Research suggests that children of all ages can successfully make use of prevention skills if they are taught concrete concepts in a clear, developmentally appropriate way and are given adequate time for learning and follow-up. Implied in these findings is the necessity to having ongoing practice and use of the information and skills taught in prevention programs in order for children to retain what they have learned. For additional information, please see the full report.

Parents' Level of Use of Skills and Ideas Learned in Trainings (n=57)



Outcome Objectives

The objectives for children are based on those included by KIDPOWER in the grant agreement with the Lucile Packard Foundation with one modification: Instead of addressing only a 3-month follow-up only time period, the objectives focus on a three-to-nine-month follow-up period. This longer time frame allowed for logistics in terms of reaching people and was in keeping with the intent of the grant to see whether children would retain these skills over time. The longer time period also offers greater confidence in the findings related to the retention skills and information.

☞ **Participants retained the KIDPOWER information, lessons, and skills for the entire follow-up period with no statistically significant reduction in retention between the shortest follow-up period (three months) and the longest (nine months).** Please see table below.

Outcome Objective	Finding	Objective Met?
1. At the end of Everyday Safety Skills Trainings and Joint Parent/Child Safety Trainings, 92% of participating children will demonstrate an observable increase in their understanding and application of self-esteem and self-protection skills.	86.6%	
2. At the end of a three-month follow-up period, 90% of children participating in Everyday Safety Skills Trainings and Joint Parent/Child Safety Trainings will demonstrate an observable increase in their understanding and application of self-esteem and self-protection skills.	82.6%	
3. At the end of Everyday Safety Skills Trainings, 75% of participating caregivers will have increased knowledge and skills related to approaching violence and abuse issues with children from a youth development and empowerment perspective.	96.0%	✓
4. At the end of a three-month follow-up period, 50% of caregivers participating in Everyday Safety Skills Trainings will have retained knowledge and skills related to approaching violence and abuse issues with children from a youth development and empowerment perspective.	90.5%	✓
5. At the end of Joint Parent/Child Safety Trainings, 75% of participating parents will have increased knowledge and skills related to approaching violence and abuse issues with their children from a youth development and empowerment perspective.	93.4%	✓
6. At the end of a three-month follow-up period, 50% of parents participating in Joint Parent/Child Safety Trainings will have retained knowledge and skills related to approaching violence and abuse issues with their children from a youth development and empowerment perspective.	100.0%	✓

These evaluation findings show that KIDPOWER exceeded four of the six objectives stated above. Objective 1 was exceeded for the five-year-olds but somewhat lower for the three- and four-year-olds as is to be expected of their developmental capabilities. However, even the findings for the two objectives that were not fully met are also very positive and give further evidence of KIDPOWER's efficacy in training young children, parents, and caregivers safety and violence protection skills.

Conclusion

- **All hypothesis testing results are positive, and all but two outcome objectives were met or exceeded.**

Considering that the objectives were set extremely high and that the Head Start classrooms provided a challenging setting for conducting workshops, these results speak well for the effectiveness of the KIDPOWER approach.

- **KIDPOWER trainings effectively increase safety awareness and provide skills both children and adults participants can use in their everyday lives.**

Given that a primary objective of KIDPOWER trainings is to increase the overall safety of preschool-aged children, it is highly significant that nearly all parents and caregivers report that children learn, retain, and continue to demonstrate safety awareness skills during the three to nine month follow-up period.

- **Beyond just targeting children, KIDPOWER's methodology provides parents and caregivers with knowledge and tools to help them better intervene in situations and deal with personal safety issues.**

The positive findings in this report indicate that KIDPOWER is playing a significant role in educating adults about the role they play in kids' lives and supporting their ability to keep children safe. The practice of providing parents with information and skills coupled with providing children with developmentally appropriate concepts and exercises best ensures that KIDPOWER's impact lasts far beyond the classroom – hopefully for a lifetime.



I. Introduction

KIDPOWER•TEENPOWER•FULLPOWER International (shortened to KIDPOWER) provides people of all ages and abilities with practical skills that help them avert danger and protect themselves in violent and abusive situations. Through the skills-building process, KIDPOWER enhances self-confidence, self-esteem, and self-efficacy among participants in its workshops and trainings.

KIDPOWER began 15 years ago in Santa Cruz, California as a grassroots effort. Behind the inception of KIDPOWER was the understanding that violence and abuse are some of today's most pressing public health issues. The organization now operates 20 centers in 8 countries and has trained over 150,000 people world-wide.

This growth and transformation has not changed the spirit behind KIDPOWER. It continues to be led by the founder of the organization, and in many ways is still a grassroots organization. As when the organization started, KIDPOWER trainings are firmly embedded in the concept that people learn more by doing than by talking. KIDPOWER trainings emphasize experiential, success-based learning. Each training is specifically designed to provide the target audience with skills and practices that are transferable to everyday life.

This Evaluation

In 2002, KIDPOWER received a grant from the Lucile Packard Foundation for Children's Health (Lucile Packard Foundation) to evaluate outcomes of its workshops and trainings for children ages three to five years, their parents, and caregivers. The primary purpose of this evaluation is to track these KIDPOWER participants—children, parents, and caregivers alike—for a three- to six-month period with the goal of understanding whether and to what extent they retain information and put into action the skills they learned in the KIDPOWER workshops.

While KIDPOWER has worked with people of all ages and with young children for over a decade, the target population of this study – children ages three to five years – has not been served by

KIDPOWER in classroom or larger group settings on the scale evaluated by this project. This evaluation serves as a foundation for:

- Understanding the impacts of KIDPOWER trainings on a pre-school population;
- Providing information for future refinement of pre-school trainings; and,
- Providing data for the development of expected outcomes for the pre-school population.

To conduct the evaluation, KIDPOWER engaged the services of LFA (LaFrance Associates, LLC). This report is organized according to the 16 hypotheses and 6 outcome objectives developed by LFA with input and support from KIDPOWER. For each section, we include the hypothesis or objective and our findings based on available data. The sections of the report include:

- Evaluation Methods
- Findings
- Conclusion

LFA also conducted a literature review of child safety research as a companion to this report.

II. Evaluation Methods

In this chapter, we describe our evaluation methods to study the effectiveness of KIDPOWER workshops.

Target Population: Parents, Caregivers, and Children

The population of three- to five-year-olds included in this study participated in one of two types of KIDPOWER trainings. Caregivers (Head Start teachers), and their children, participated in *Everyday Safety Skills Training*. Parents, and their children, attended KIDPOWER's *Joint Parent/Child Safety Training*. All participants were enrolled in Head Start and the majority of the study sample attended Everyday Safety Skills Training.

Instruments

To collect data for this study, we developed a set of instruments to track total numbers of participants, their characteristics, contact information, and outcomes experienced immediately after the workshop and at a follow-up time of three to nine months. We translated all instruments into Spanish to collect data in the native language of Spanish-speaking participants. Please refer to the appendices to this report to view the actual data collection tools.

Participant Sign-In Sheets

LFA developed a set of sign-in sheets, one for caregivers and children in the Everyday Safety Skills Training and one for the Joint Parent/Child Safety Skills Training. The participant sign-in sheets collected the following information on participants:

- Parent/caregiver's name and contact information;
- Parent/caregiver's race/ethnicity;
- Parent/caregiver's primary language spoken;
- Child's name;
- Child's age;
- Child's gender;
- Child's race/ethnicity; and
- Child's primary language spoken.

Post-Workshop Evaluations

We developed a set of immediate post-workshop (IP) evaluation forms, one for caregivers and children in the Everyday Safety Skills Training and one for the Joint Parent/Child Safety Skills Training. These evaluation forms collect outcomes data for parents, caregivers, and child participants immediately after completion of the KIDPOWER workshop. We designed the questions on these forms to solicit data that would allow us to test the evaluation hypotheses. Parents and caregivers responded to questions both about the knowledge and skills they learned themselves as well as the knowledge and skills they observed children in their care to have learned in the workshop.

Follow-up Evaluation Interviews

We also developed a set of follow-up (FUP) evaluation forms to guide interviews with caregivers in the Everyday Safety Skills Training and parents in the Joint Parent/Child Safety Skills Training. We contacted participants for follow-up interviews during a three to nine month post-workshop window.

Like the IP instruments, the follow-up evaluation forms collect outcomes data for parents, caregivers, and child participants in a three to nine month window after completion of the KIDPOWER workshop. We designed the questions on these forms to solicit data that would allow us to test the evaluation hypotheses. We interviewed parents and caregivers about the knowledge and skills they retained and used themselves as well as the knowledge and skills they observed children in their care to have retained and used since the workshop.

Incentives

To enhance response rates and to acknowledge the importance of participant's time and information, LFA provided a \$10 gift certificate incentive to all parents and caregivers who responded to our request for a follow-up interview. When contacting potential participants for a follow-up interview, we informed them of this incentive. If they returned our call and conducted the interview, we sent a gift certificate to the participant by mail.

Response

Included in this study are data from 550 children, 106 parents, and 25 caregivers.

Limitations, Strengths, and Areas for Further Study

As with all social science research, this study has both strengths and limitations. We discuss both together in the narrative below, as often we attempted to mitigate limitations in how we designed the study.

The primary limitation to this study regards the inherent challenge in measuring outcomes for children as young as those targeted by this set of KIDPOWER interventions: children ages three to five years old. Because of these children's early developmental stage, we must rely on adult's observations and reports to know whether the children learned and put to use the skills taught in KIDPOWER workshops. At the same time, the adults who provided us with information about these children's KIDPOWER-related knowledge and skills acquisition—parents and caregivers—know these children well and have consistent, close, and in-depth contact with them, thus making them excellent sources of information about what the children learned and used from the workshops.

Another limitation regards the timeline for the study relative to the length of time over which KIDPOWER architects expect participants to experience change in their lives. We conducted three to nine-month follow-up interviews with parents and caregivers to learn whether children had retained and used what they learned in KIDPOWER workshops. This is extremely valuable information to have as a frontline assessment of the effectiveness of the KIDPOWER interventions. However, KIDPOWER's designers believe that their intervention will, over a child's lifetime, decrease the likelihood that they become a victim of violence and abuse. To fully test this hypothesis requires an intensive longitudinal study, for which resources to date have not been available. To acknowledge and account for this issue, LFA worked with KIDPOWER staff to develop a logic model for the program and the evaluation to clearly indicate that this study is focusing on short-term outcomes that, if accomplished, are believed to be related to longer term outcomes not measured by this study (see Literature Review for descriptions of other related studies).

Even within the context of these limitations, we have confidence in the findings of this evaluation. We have sample sizes that are adequate for statistical analysis and we found consistency in the results. We reached both Spanish- and English-speaking participants, and collected the data in native languages. The literature upholds the value in this type of intervention and our findings support our hypotheses, together suggesting that further investigation of the longer-term impact of KIDPOWER workshops is warranted.

III. Findings

Evaluation of KIDPOWER Trainings

This evaluation tests a series of hypotheses regarding the skills and knowledge acquired, utilized, and retained by children, parents, and caregivers attending one or more KIDPOWER training targeting preschool-aged children enrolled in the Head Start program. KIDPOWER offered Everyday Safety Skills Training to Head Start classes and Joint Parent/Child Safety Training to parents and children enrolled in Head Start. In both settings, caregivers and parents participated along with the children in their care. Of the twenty-five caregivers (Head Start teachers) participating in the study, two caregivers had two classes each making a total of twenty-seven Head Start preschool classes included in the study. Included in this study were a total of 433 children that KIDPOWER reached through the Everyday Safety Skills Training, with an average class size of 16 children. KIDPOWER reached a total of 117 children through the Joint Parent/Child Safety Training in this study. To summarize, this evaluation study is based on the data collected from 550 children, 433 from the Classroom Everyday Safety Training and 117 from the Parent-Child Workshops; this study also includes a total of 106 parents and 25 caregivers.

As stated above, the young age of the study population required data to be gathered by the caregivers and parents who attended the training. Evaluators relied on the caregivers to record information requested on the immediate post-workshop evaluation forms (IP) and follow-up evaluation forms (FUP) survey for each child in their class. Likewise, parents report information on their children at both points in time. This evaluation design allows for the most accurate assessment and reporting of children's behaviors and changes over time.

The sections following in this chapter describe the process findings and the outcome findings. Process findings relate to 'who' and 'how many' participants reached for this evaluation. Outcome findings examine the impact of KIDPOWER's trainings and test the hypotheses and outcome objectives guiding this evaluation.

Process Findings

Demographics

The following exhibits display the demographic characteristics of the children, parents and caregivers who attended one or more of KIDPOWER's trainings in the Winter and Spring of 2003/2004. For each group, data are presented on respondents who completed an IP survey on the day of the training and for those who also completed a FUP survey three to nine months after the training. In all cases the "n" in the column depicting the FUP survey data is smaller than the IP column because fewer people completed the FUP survey. As seen below, the sample is diverse with demographic characteristics distributed across the target populations in terms of age, gender and race, though largely Latino. The sample population is representative of KIDPOWER's target populations.

Children are the primary focus of KIDPOWER's trainings. As seen in Exhibit 1 (*on the next page*), KIDPOWER is successful in reaching the population of children it seeks to serve; children between the ages of three and five years old; an equal amount of males and females; and children from diverse racial and ethnic backgrounds.

**Exhibit 1:
Demographic Characteristics of Children Attending KIDPOWER Trainings**

Characteristics	% of Children		
	Immediate Post	Follow-up	
Age	n=461	n=432	
	Less than 3 years old	0.9%	0.2%
	3 years old	26.2%	25.2%
	4 years old	54.7%	55.6%
	5 years old	17.8%	18.5%
	Over 5 years old	0.4%	0.4%
Gender	n=522	n=479	
	Female	49.6%	49.9%
	Male	50.4%	50.1%
Race/Ethnicity	n=509	n=464	
	Latina/o	74.3%	74.6%
	Asian American/Pacific Islander	6.9%	6.7%
	African American/Black	3.7%	4.1%
	European American/White	2.8%	3.0%
	Native American	1.4%	0.9%
	Other	10.8%	10.6%
Primary Language	n=518	n=473	
	Spanish	62.2%	61.5%
	English	23.9%	23.9%
	Mandarin	2.3%	2.5%
	Russian	2.3%	2.5%
	Cantonese	0.8%	0.4%
	Tagalog	0.6%	0.6%
	Samoan	0.6%	0.6%
	Vietnamese	0.4%	0.4%
	Other	6.9%	7.4%

Looking at the entire population of children for whom IP data were collected, over half are four years old (54.7%), over one-fourth are three years old (26.2%) and almost one-fifth are five years old (17.8%). The children ranged in age from one to eleven years old, with the average age of children being four years old. The trainings also reached an equal proportion of male and female children. While the children do represent diverse racial and ethnic backgrounds, the majority of children are Latina/o (74.3%), with the next highest percentages of children being Asian American/Pacific Islander and African American. The diversity of the population is also reflected in the variety of

primary languages the children speak. The highest percentage of children primarily speak Spanish (62.2%), followed by English (23.9%), though other primary languages include Mandarin, Russian, Cantonese, Tagalog, Samoan, Vietnamese and other languages.

The population of parents surveyed is also diverse. As expected, parent demographics of race/ethnicity and primary language generally reflect those of the child population. See Exhibit 2 below.

**Exhibit 2:
Demographic Characteristics of Parents Attending KIDPOWER Trainings**

Characteristics		% of Parents	
		Immediate Post	Follow-up
Race/Ethnicity		n=91	n=49
	Latina/o	83.5%	85.7%
	Asian American/Pacific Islander	5.5%	2.0%
	Native American	3.3%	4.1%
	African American/Black	1.1%	2.0%
	European American/White	1.1%	2.0%
	Other	5.5%	4.1%
Primary Language		n=96	n=51
	Spanish	74.0%	76.5%
	English	18.8%	19.6%
	Cantonese	2.1%	0.0%
	Other	5.2%	3.9%

The majority of parents (83.5%) attending the KIDPOWER training identify as Latino, with nearly the same percentage completing the FUP survey (85.7%). The remaining parents identified as Asian American and Pacific Islander, Native American, African American, White, or another race or ethnicity. About three-fourths of the parents in both the IP and FUP populations primarily speak Spanish. As with the children, the next most common language spoken is English, followed by Cantonese and other languages.

Again, the percentages for all parents who completed the IP survey and for those who also complete a FUP-up survey are similar. A follow-up population with similar characteristics to the larger sample population allows for greater inferences to be drawn based on the impact of the training.

A total of twenty-five caregivers completed the IP surveys. Of these, 23 participated in only one class while two of the caregivers participated in two classes each making a total of twenty-seven classes and 433 children exposed to the KIDPOWER trainings. Each class contained an average of 16 children.

As seen in Exhibit 3, the same number of caregivers provided demographic data on the IP and FUP surveys making the percentages the same for both. Over half of the caregivers are Latino (55%), with one-fifth identifying as white. The remaining identify as Asian American or Pacific Islander or another race. Unlike the children and parent populations, the primary language spoken by the majority of the caregivers is English, with Spanish being the second most common language.

**Exhibit 3:
Demographic Characteristics of Caregivers Attending KIDPOWER Trainings**

Characteristics		% of Caregivers	
		Immediate Post	Follow-up
Race/Ethnicity		n=20*	n=20
	Latina/o	55.0%	55.0%
	European American/White	20.0%	20.0%
	Asian American/Pacific Islander	15.0%	15.0%
	Other	10.0%	10.0%
Primary Language		n=20	n=20
	English	55.0%	55.0%
	Spanish	30.0%	30.0%
	Mandarin	5.0%	5.0%
	Tagalog	5.0%	5.0%
	Other	5.0%	5.0%

*Data are available for a total of 25 caregivers, but five declined to state their race/ethnicity and primary language spoken.

Socio-Economic Findings

The target Head Start population of this study confines the economic situation of the participating parents surveyed. According to the Head Start Family Income Guidelines for 2004, a family of four with an income of \$18,850 or less a year is eligible for Head Start.¹ The program focuses on children ages zero to five years old in low-income families, with the goal of increasing their school readiness. It is important to note that even though ten percent of Head Start enrollments are offered to

¹ U.S. Department of Health & Human Services. Administration for Children & Families. <<http://faq.acf.hhs.gov/>> 19, September 2004.

children with disabilities they are not included in this study given the unique development of children with special needs.²

Zip codes also provide another source of data from which to make additional inferences about economic and living situations of the study population. Of the 105 parents who recorded their home zip codes on the IP survey, four zip codes were most commonly listed. The following table below displays some of the total number of households, single-parent female households with two or more people, and single-parent female households with children under 18 years old.

**Exhibit 4:
Household Status for Top Four Zip Codes of KIDPOWER Training Participants³**

Zip Code	Percent of KIDPOWER Participants Living in this Zip Code (n=105)	Single-Parent Female Household with 2 or More People	Single-Parent Female Household with 2 or More People and Children Under 18 years	Urban	Rural
94303	30.5%	14.4%	7.7%	100%	0%
94019	14.3%	7.5%	3.9%	93.6%	6.4%
94015	13.3%	12.9%	4.8%	100%	0%
94080	12.4%	13.2%	5.6%	100%	0%

The greatest number of parents and children in this evaluation live in East Palo Alto as noted from the 30.5% who live in the 94303 zip code. Three of the top four zip codes listed correspond to cities that are entirely urban.

Also noteworthy is the percentage of single-parent female households with two or more persons. In East Palo Alto, nearly fifteen percent of households fit in this category and half of these two or more person single-parent households include children under the age of 18. Research has pointed to possible constraints placed on single-parents, especially if the parent is female, and the negative outcomes associated with these stresses. In a comparison of married, cohabitating and single families, researchers found that two-parent families fared better on various demographic, parent personality, financial, and social context measures and in terms of positive behavior toward their infants.⁴ Additional studies confirm that single parents encounter more stress, including economic

² U.S. Department of Health & Human Services. Administration for Children & Families. <<http://faq.acf.hhs.gov/>> 19, September 2004.

³ Source: U.S. Census Bureau American FactFinder <http://factfinder.census.gov/home/saff/main.html?_lang=en> 21, September 2004.

⁴ Rosenkrantz Aronson, S. & Huston, A.C. (2004). The mother-infant relationship in single, cohabiting, and married families: A case for marriage? *Journal of Family Psychology*, 18(1), 5-18.

pressure, than do married parents.⁵ They also lack access to spousal support, which has proved to be important to the quality of parenting, especially when parents encounter economic hardship.⁶ Spousal support buffers authoritative parenting behavior from the negative impact of economic strain by reducing parental emotional distress and its negative effects on parenting.⁷ These findings give additional credence to the structure of the KIDPOWER trainings: involving parents and providing them with the skills and information necessary to divert negative parenting styles and to allow them to better understand their children.

Given the range in the demographic characteristics of the children, parents, and caregivers involved in this series of KIDPOWER trainings no single characteristic or population should be the focus of the trainings. Rather, KIDPOWER recognizes the diversity of its participants and strives to create materials and concepts that are both appropriate for a specific population and adaptable to a variety of populations. The outcomes of this flexible yet tailored program for preschool aged children and their parents and caregivers are discussed below.

⁵ Leionen, J.A., Solantaus, T.S., & Punamaki, R.L. (2003). Social support and the quality of parenting under economic pressure and workload in Finland: The role of family structure and parental gender. *Journal of Family Psychology*, 17(3), 409-418.

⁶ McLoyd, V.C. (1990). The impact of economic hardship on Black families and children: Psychological distress, parenting, and socioemotional development. *Child Development*, 61, 311-346.

⁷ Conger, R.D., Rueter, M.A., & Elder, G.H.J. (1999). Couple resilience to economic pressure. *Journal of Personality and Social Psychology*, 76, 54-71.

Simons, R.L., Lorenz, F.O., Wu, C.-I., & Conger, R.D. (1993). Social network and marital support as mediators and moderators of the impact of stress and depression on parental behavior. *Developmental Psychology*, 29, 368-381.

Outcome Findings

Hypotheses Testing

Based on the outcome objectives included in the Lucile Packard Foundation grant agreement, LFA established a series of sixteen (16) hypotheses to test in this evaluation. Below is each hypothesis with the corresponding results.

Hypothesis 1: Through participation in Everyday Safety Skills Trainings and Joint Parent/Child Safety Trainings, **children will learn and acquire information and skills** to help them make safe choices in situations with strangers and with people they know.

In order to measure children’s ability to acquire information through participation in KIDPOWER trainings, parents and caregivers completed the IP survey. Participants rated statements about children’s demonstrated skills on a four-point scale, with 1 indicating “strongly disagree” and 4 indicating “strongly agree”.

**Exhibit 5:
Information and Skills Acquired by Children in Trainings**

<i>Each of my children that attended the training now demonstrates ...</i>	Strongly Disagree or Disagree	Strongly Agree or Agree	Mean (4-Pt. Scale)
...the skills to stop someone from touching them when they don't want to be touched. (n=435)	9.5%	90.5%	3.10
...the skills to get help from adults (e.g. by speaking confidently and clearly, making eye contact, and/or yelling). (n=435)	11.0%	89.0%	3.07
...the skills to use their voice to set a firm and clear boundary (e.g. by saying “No,” Stop,” or “Stop that game”). (n=435)	12.9%	87.1%	3.06
...the skills to be and act aware and confident. (n=436)	13.5%	86.5%	3.04
...the skills to stay safe around other children who are calling them names or bullying. (n=426)	14.5%	85.5%	3.02
...a better understanding of who a stranger is. (n=406)	16.2%	83.8%	3.01
...a greater awareness and understanding of choices they can make when they feel uncomfortable with strangers or with people they know. (n=414)	15.9%	84.1%	2.99

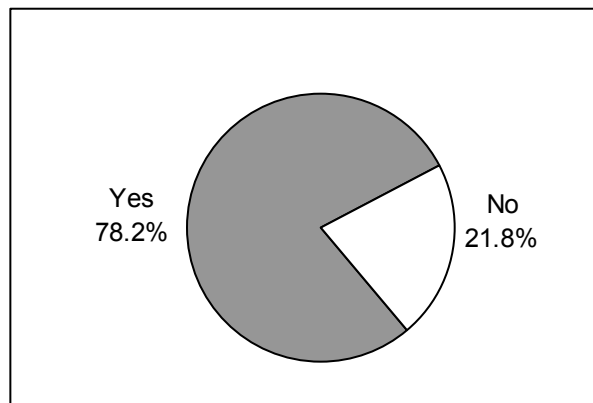
Nine in ten respondents (90.5%) report that, after the KIDPOWER training, their children demonstrated the skills to stop someone from touching them when they do not want to be touched. All other skill sets tested scored an average of 3.0 or higher on the 4-point scale. This finding

indicates that, on average, all parents and caregivers strongly agree or agree that their children demonstrated the various skills to help them make safer choices with strangers and with people they know.

Hypothesis 2: Three to nine months after participation in Everyday Safety Skills Trainings and Joint Parent/Child Safety Trainings, caregivers and parents will report **children retain information** about making safe choices in situations with strangers and with people they know.

Over three-fourths of parents and caregivers (78.2%) report that children retained information about making safe choices in situations with strangers as well as with people they know. This finding captures behavioral and cognitive changes that young preschoolers are making in recognizing unsafe situations and changing their behavior accordingly.

Exhibit 6:
Children Using Skills and Knowledge Learned in KIDPOWER to Make Safer Choices in Situations with Strangers and/or with People they Know (n=444)



Along with teaching safety skills, these two KIDPOWER trainings build children’s self-esteem, enabling them to make choices in uncomfortable or new situations. KIDPOWER trainings provide children with skills that are protective in design. The skills taught and practiced at KIDPOWER trainings are the same as those that have been found to offer resiliency to maltreated children. Among these factors are “the ability for children to recognize danger and adapt, create relationships that are crucial for support, and distance oneself from intense feelings.”⁸

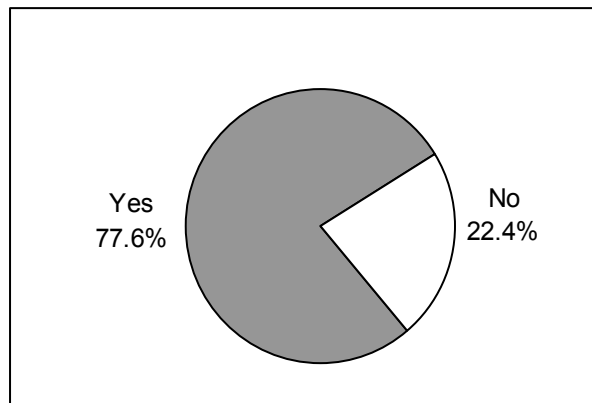
Hypothesis 3: Three to nine months after participation in Everyday Safety Skills Trainings and Joint Parent/Child Safety Trainings, **parents and caregivers will observe children utilizing skills and knowledge** to make safe choices in interactions with strangers and with people they know.

Consistent with findings for hypothesis 2, over three-fourths (77.6%) of parents and caregivers observed children utilizing the skills and knowledge they learned in the training to make safer

⁸ Mrazek, P.J., & Mrazek, D.A. (1987). Resilience in child maltreatment victims: A conceptual exploration. *Child Abuse and Neglect: The International Journal*, 11, 357-66.

choices when interacting with strangers or people they know. In addition to retaining the personal safety skills and awareness, children are using them in their everyday lives as they encounter both new and familiar people.

**Exhibit 7:
Parent and Caregivers Observe Children Utilizing
KIDPOWER Skills
(n=523)**



In addition, during follow-up interviews parents and caregivers explained and elaborated on why they did or did not observe their children utilizing KIDPOWER skills to make safer choices. For the parents who report they did observe their children utilizing skills, their explanations generally fit into one of the following categories:

- *My child doesn't talk to strangers – 7*
- *They ask permission before talking to strangers – 6*
- *Says 'don't touch me', 'I don't like that', or 'stop' – 6*
- *Asks who it is on the phone and doesn't answer the door - 6*
- *Asks me to come with her/him when s/he wants to go somewhere - 3*
- *Uses the garbage can – 2 (a technique for throwing away hurting words instead of taking them inside)*
- *Doesn't hit back, tells teacher instead – 2*
- *He's always asked for help and he likes to talk, but now he tells you if he doesn't like something or feels uncomfortable. He's not intimidated. He shows confidence in himself. (skill for getting help)*

For parents and caregivers who report they did not observe children utilizing KIDPOWER skills, they explained that it is because “*the children are never in these situations since they are always with me.*”

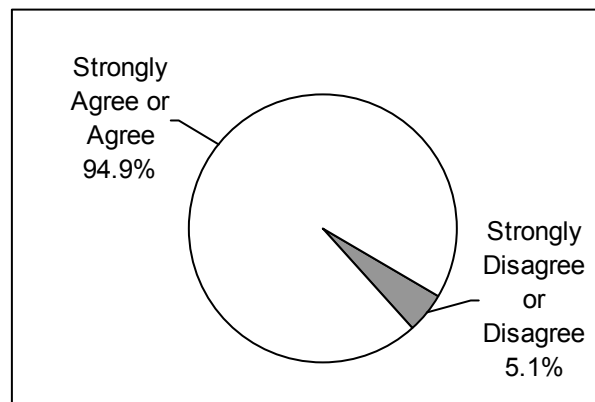
Other feedback includes:

- *Because she knows what she's doing, she yells stop and things like that, but she's very loving and open with everyone. She'll go up to people she doesn't even know and give them a hug, so I'm trying to get her to stop doing that sort of thing.*
- *She is a very curious "little girl" & last week I saw her on a scooter & when she saw me she ran & hid - so she knew it was wrong.*
- *Sometimes he snaps and I know that's the time to talk about it.*

Overall, the outcome for hypothesis 3 is very encouraging, as it reflects children's ability to not only remember what they learned at a KIDPOWER training, but to act on what they learned, therefore increasing the likelihood that they will remain safe. The similarity in percentages for hypotheses 2 and 3 suggests that a comparable and large number of these preschool children are both retaining and using the skills and information taught at KIDPOWER trainings.

Hypothesis 4: Three to nine months after participation in Everyday Safety Skills Trainings and Joint Parent/Child Safety Trainings, **parents and caregivers will report that children are safer** as a result of their participation.

Exhibit 8:
Parent and Caregivers Report Children are Safer
(n=78)



Almost ninety-five percent of parents and caregivers who completed a FUP responded that their children are safer as a result of participation in the KIDPOWER training. “Safer”, in the context of KIDPOWER trainings, means that children are better able to prevent or protect themselves from harm through increased awareness, boundary setting skills, and self protection. This is an incredibly

significant finding, given that the primary objective of KIDPOWER is to increase the overall safety of preschool-aged children.

Hypothesis 5: Through participation in Everyday Safety Skills Trainings, **caregivers will learn and acquire information and skills** that impact how they approach safety issues with children.

As shown in the table below, all caregivers (100.0%) report that due to their participation in the KIDPOWER training they know more ways to stop conflict, violence, or abusive behavior between children. Ninety-six percent of caregivers report that they know more ways to teach young children how to stay safe when interacting with strangers and with people they know. The caregivers also report they are better able to teach boundary-setting skills and are better able to set boundaries for themselves. Ninety-two percent responded that they know more ways to help with problems between children in the classroom that could otherwise turn into conflict, violence, or abuse.

**Exhibit 9:
Information and Skills Acquired by Caregivers in Trainings
(n=25)**

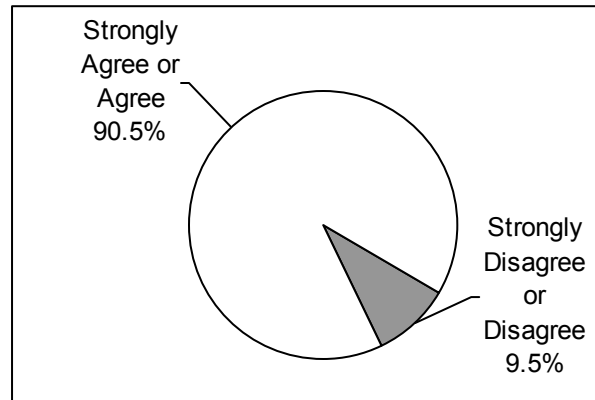
<i>Now that I have attended this training.....</i>	Strongly Disagree or Disagree	Strongly Agree or Agree	Mean (4-Pt. Scale)
I know more ways to teach young children how to stay safe when interacting with strangers and with people they know.	4.0%	96.0%	3.36
I know more ways to stop conflict, violence, or abusive behavior between children.	0.0%	100.0%	3.20
I am better able to teach boundary-setting skills and I am better able to show that I can set boundaries for myself.	4.0%	96.0%	3.12
I know more ways to help with problems between children in the classroom that could otherwise turn into conflict, violence, or abuse.	8.0%	92.0%	3.08

Hypothesis 6: Three to nine months after participation in Everyday Safety Skills Trainings, **caregivers will retain information** that impacts how they approach safety issues with children.

Nearly all (90.5%) of the caregivers surveyed three to nine months after attending the Everyday Safety Skills Training agree or strongly agree that the training helped them deal with personal safety issues with children. Developing the skills to provide supportive and appropriate care to young children will help caregivers foster healthy development and resilient attributes in the children with

whom they work. Looking at prevention efforts from a community-wide approach, caregivers play a central role in teaching and reinforcing personal safety skills with young children.

**Exhibit 10:
Caregivers Report KIDPOWER Helped to Deal with
Personal Safety Issues with Children
(n=21)**



While most of the caregivers felt the KIDPOWER training provided them with information and skills to handle safety issues that arise in working with preschool children three to nine months after the training, two of the twenty-one caregivers responding to this question did not agree that the training helped them in this area. These two caregivers felt the content of the training – the materials used and the ideas presented – were too complex for the young children in their classrooms. In their own words they said:

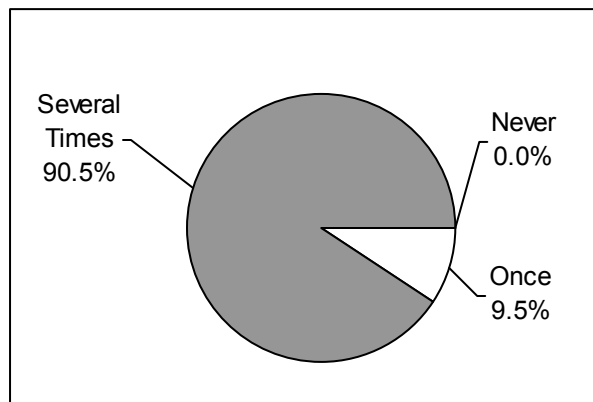
- *[The] concepts and language all geared for older children. It's over their head.*
- *They have it, but they have a hard time conceptualizing why. It's too in-depth for them.*

The challenge of providing effective violence prevention training to preschool-aged children is made apparent in these comments. KIDPOWER, however, seems to be providing worthwhile training and useful skills to the majority of caregivers it reaches through the Everyday Safety Skills Training.

Hypothesis 7: Three to nine months after participation in Everyday Safety Skills Trainings, caregivers utilize skills to address situations of potential conflict, bullying, violence and/or abuse among children.

As with using personal safety skills, 90.5% of caregivers said at follow-up that after attending the KIDPOWER training they use skills learned at the training to prevent or minimize acts of violence, bullying, conflict and/or abuse among children.

**Exhibit 11:
Caregivers' Level of Use of Skills and Ideas
Learned in Trainings
(n=21)**



As shown in Exhibit 11, two of the twenty-one respondents report using the skills and ideas learned at the Everyday Safety Skills Training only once to intervene in situations of potential violence or conflict amongst children in the classroom. These respondents, however, are in the minority, with most caregivers saying they use what they have learned in the KIDPOWER training with the children.

Hypothesis 8: Through participation in Joint Parent/Child Safety Trainings, parents will learn and acquire information and skills that impact how they think about and approach safety issues with their children.

Immediately following the Joint Parent/Child Safety Training, parents remarked via survey on the information and skills they were taught and the anticipated impact this new knowledge would have on their teaching and practicing safety skills with their children. As shown in Exhibit 12 below, the

majority of parents felt that they acquired useful skills and information to deal with personal safety issues with their children.

**Exhibit 12:
Information and Skills Acquired by Parents in Trainings**

<i>Now that I have attended this training.....</i>	Strongly Disagree or Disagree	Strongly Agree or Agree	Mean (4-Pt. Scale)
I am more aware of how my own behavior can help my child learn how to stay safe. (n=101)	4.0%	96.0%	3.55
I know more ways to help when I see problems with my children that could turn into conflict, violence, or abuse. (n=93)	7.5%	92.5%	3.54
I am more aware of the ways children can be safe with strangers. (n=95)	7.4%	92.6%	3.53
I know more ways for teaching my child how to stay safe with other children or adults. (n=94)	6.4%	93.6%	3.44
I am better able to show and teach boundary-setting skills and show that I can set boundaries myself. (n=94)	7.5%	92.5%	3.44

For all five areas of learning in Exhibit 12, the overwhelming majority of parents either agree or strongly agree that attending the Joint Parent/Child Safety training helped them acquire these skills and knowledge. The highest percentage of parents (96.0%) said that having attended the training they were more aware of how their own behavior can help their children learn how to stay safe. Parental awareness and ability to respond to children in loving and sensitive ways are crucial to fostering positive development and preventing children’s susceptibility to any form of abuse. Since children are most likely to report victimization to a parent, parents can play an important role in the process of self-protection.⁹ Children who experience parents as emotionally available, loving, and supportive of his/her efforts will construct a self as lovable and competent.¹⁰ It is also a significant finding that 93.6% of parents agree or strongly agree that they know of more ways to teach their children how to stay safe after attending a KIDPOWER training.

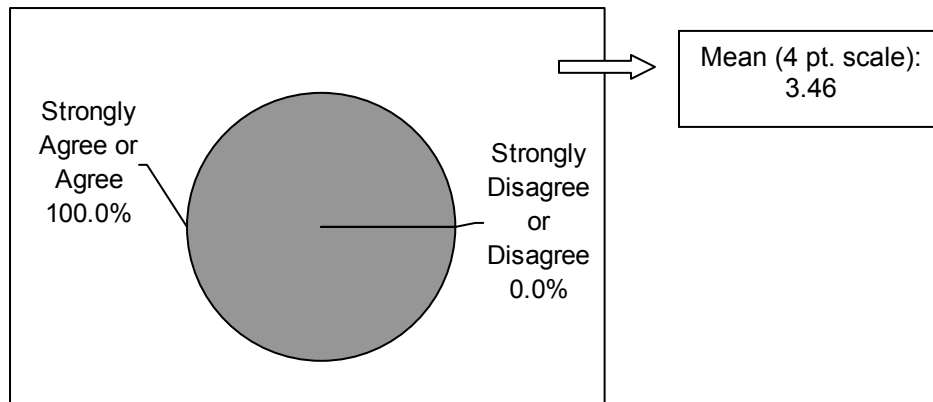
⁹ Kuther, T.L. & Fisher, C.B. (1998). Victimization by community violence in young adolescents from suburban city. *Journal of Early Adolescence*, 18, 53-76.

¹⁰ Bowlby, J. (1969). *Attachment and loss: Volume 1. Attachment*. New York: Basic Books

Hypothesis 9: Three to nine months after participation in Joint Parent/Child Safety Trainings, **parents will retain information** that impacts how they think about and approach safety issues with their children.

All parents surveyed (100%) three to nine months after attending the Joint Parent/Child Safety Training agree or strongly agree that the training helped them deal with personal safety issues with children. This finding is consistent with findings for caregivers three to nine months after a training: the greater parts of both groups say the trainings provided them with knowledge on how to handle issues of safety with young children.

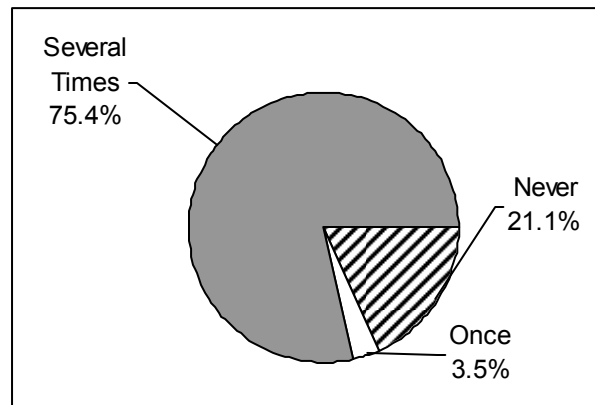
Exhibit 13:
Parents Report KIDPOWER Helped to Deal with
Personal Safety Issues with Children
(n=57)



Hypothesis 10: Three to nine months after participation in Joint Parent/Child Safety Trainings, **parents will utilize skills** to address situations of potential conflict, bullying, violence and/or abuse with their children.

Three to nine months following the training, three-fourths of parents said they used the skills and ideas they learned at the training “several times.” About one-fifth (21.1%) of the parents said they “never” used the skills or ideas and a much smaller percent (3.5%) said they had used them once.

**Exhibit 14:
Parents' Level of Use of Skills and Ideas Learned in
Trainings
(n=57)**



The high percentage of parents who say they are using the safety skills with their children in the months following the training is promising, since research has found that children are more likely to learn and retain skills if they practice them. Research suggests that children of all ages can successfully make use of prevention skills if they are taught concrete concepts in a clear, developmentally appropriate way and are given adequate time for learning and follow-up. Implied in these findings is the necessity to having ongoing practice and use of the information and skills taught in prevention programs in order for children to retain what they have learned. As the researcher notes, “for many children a one-time presentation on abuse prevention is the only adult instruction they will receive on this [important skill-set].”¹¹

The importance of practice for real results in terms of children’s, parents’, and caregivers’ abilities to use the skills they have learned is further refined in a 1987 study which finds that five-year-old children learned more from actively practicing the skills than from watching others model the skills taught in sexual abuse prevention programs.¹¹ Additional research findings concur that prevention education should be experientially-based. Children may gain knowledge of concepts by watching, listening and discussing, but skills can only be learned, and internalized, by doing, by giving children an opportunity to rehearse prevention strategies.¹² Adding to the research on skill practice of young children in prevention programs, researchers discovered that four- to seven-year-olds increased their

¹¹ Wurtele, S.K., Marrs, S.R., and Miller-Perrin, C.L. (1987). Practice makes perfect? The role of participant modeling in sexual abuse prevention programs. *Journal of Consulting and Clinical Psychology*, 55, 599-602.

Kraizer, S. (1996). *The Safe Child Book*.

¹² Finkelhor, D. and Daro, D.; “Prevention of Child Sexual Abuse” in Helfer, M.E., Kempe, R.S., & Krugman, R.D. (eds.); *The Battered Child: Fifth Edition*; The University of Chicago Press, 1997; Chapter 29, pps. 615-626.

skills and awareness of safety topics and stranger avoidance when they practiced skills and were given immediate feedback on the skills learned.¹³ Programs that include practicing skills and role-playing were found to be more effective than programs without such activities.¹⁴ Lastly, skill practice underlies the development of a crucial belief among children in their own abilities. As research confirms, the opportunity to apply concepts and turn them into skills through role-play is at the heart of empowering children.¹⁵

Hypothesis 11: Children age 5 are more likely to learn and acquire greater information and skills as compared to children ages 3 and 4.

Reflective of their developmental capacities, children age five demonstrated more retention and use of the information and skills taught at the training than children ages three and four. Between 98% and 91% of parents and caregivers agree or strongly agree that five-year-old children retained specific skills and information. As Exhibit 15 displays, the highest percent of adults (98.6%) agree or strongly agree that their five-year-old children demonstrated the skills to stop someone from touching them when they don't want to be touched. Adults' agreement with the skills 3 and 4 year olds retained following the training ranged from 88% to 80% of parents and caregivers agreeing or strongly agreeing that children of these ages have acquired personal safety skills.

**Exhibit 15:
Information and Skills Acquired by Children Age 5 as Compared to Children Ages 3 and 4**

<i>Each of my children that attended the training now demonstrates ...</i>	Strongly Agree or Agree	
	Age 5	Ages 3 and 4
...the skills to stop someone from touching them when they don't want to be touched.	98.6% (n=71)	87.9% (n=290)
...a better understanding of who a stranger is.	97.1% (n=68)	80.5% (n=266)
...the skills to get help from adults (e.g. by speaking confidently and clearly, making eye contact, and/or yelling).	95.7% (n=70)	88.4% (n=292)
...the skills to use their voice to set a firm and clear boundary (e.g. by saying "No," "Stop," or "Stop that game").	95.7% (n=70)	84.5% (n=291)

¹³ Miltenberger, R. G., & Thiesse-Duffy, E. (1988). Evaluation of home-based programs for teaching personal safety skills to children. *Journal of Applied Behavior Analysis*, 21, 81-87.

¹⁴ Finkelhor, D., Asdigian, N., & Diziuba-Leatherman, J. (1995). The effectiveness of victimization prevention instructions: An evaluation of children's responses to actual threats and assaults: *Child Abuse and Neglect*, 19, 141-153.

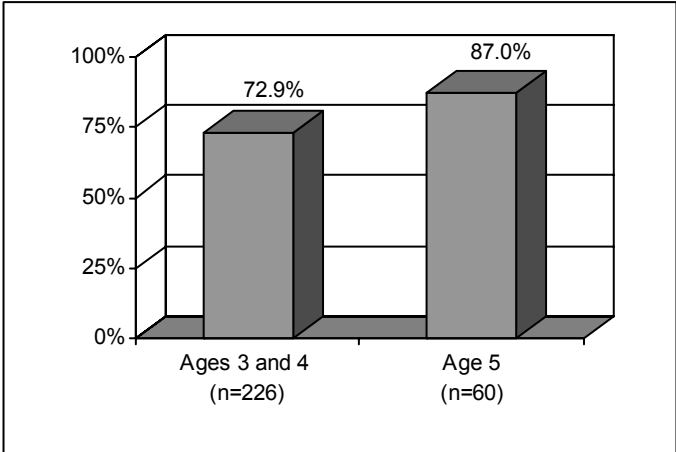
¹⁵ Kraizer, S. (1996). *The Safe Child Book*.

...the skills to be and act aware and confident.	94.4% (n=71)	83.8% (n=290)
...the skills to stay safe around other children who are calling them names or bullying.	91.4% (n=70)	81.9% (n=283)
...a greater awareness and understanding of choices they can make when they feel uncomfortable with strangers or with people they know.	91.4% (n=70)	81.9% (n=271)

Hypothesis 12: Children age 5 are more likely to retain knowledge and demonstrate observable skills as compared to children ages 3 and 4.

As was expected, children age five are better able to retain information and use it three to nine months after learning it than children ages four and five. As seen in Exhibit 16, 87% of five-year-olds retained the knowledge and demonstrated the skills taught at the KIDPOWER trainings three to nine months afterwards, whereas 72.9% of four- and three-year-olds did the same. This is particularly true of a more abstract concept like understanding what a stranger is.

**Exhibit 16:
Children Retaining Knowledge and Demonstrating
Observable Skills**



This is quite remarkable in and of itself that such high percentages of children in this age range can retain the information and skills taught to them three to nine months later. For three- and four-year-olds nearly three-quarters of the children had remembered and were using the skills, and for five-year-olds almost all of them were able to demonstrate the knowledge and skills previously learned. Such a finding substantially supports prevention work with preschool-aged children.

Hypothesis 13: Children age 4 are more likely to learn and acquire greater information and skills as compared to children age 3.

In line with findings for hypothesis 11, a higher percentage of parents and caregivers agree or strongly agree that four-year-old children acquired specific skills and information from the KIDPOWER training than did for three-year-old children. The highest percent of adults agree or strongly agree that for both children ages 4 and 3 acquired skills for getting help from adults and stopping someone from touching them. The skills least apparent in children ages three and four is the ability to decipher who a stranger is, with 85.4% of adults agreeing or strongly agreeing that children age 4 acquired this skill and 69.1% agreeing or strongly agreeing that children age 3 learned this skill.

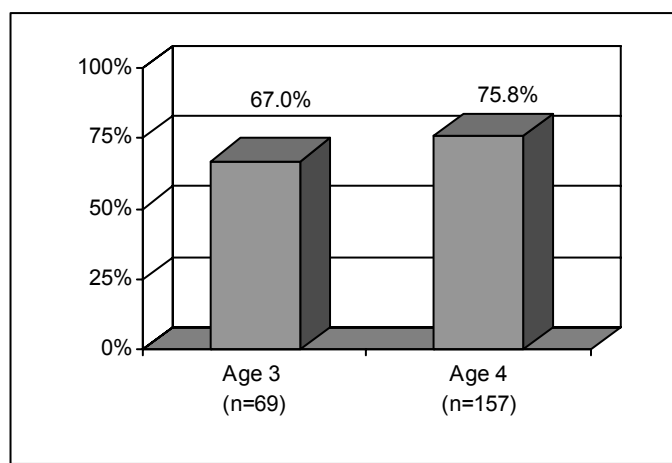
**Exhibit 17:
Information and Skills Acquired by Children Age 4 as Compared to Children Age 3**

<i>Each of my children that attended the training now demonstrates ...</i>	Strongly Agree or Agree	
	Age 4	Ages 3
...the skills to get help from adults (e.g. by speaking confidently and clearly, making eye contact, and/or yelling).	89.7% (n=204)	85.2% (n=88)
...the skills to stop someone from touching them when they don't want to be touched.	89.4% (n=199)	84.6% (n=91)
...the skills to use their voice to set a firm and clear boundary (e.g. by saying "No," Stop," or "Stop that game").	89.0% (n=200)	74.7% (n=91)
...a greater awareness and understanding of choices they can make when they feel uncomfortable with strangers or with people they know.	86.8% (n=190)	70.4% (n=81)
...the skills to be and act aware and confident.	86.0% (n=200)	78.9% (n=90)
...the skills to stay safe around other children who are calling them names or bullying.	85.6% (n=195)	73.9% (n=88)
...a better understanding of who a stranger is.	85.4% (n=185)	69.1% (n=81)

Hypothesis 14: Children age 4 are more likely to retain knowledge and demonstrate observable skills as compared to children age 3.

In comparing children age four to those age three, LFA found similar results as those for hypothesis 12, with a higher percentage of four-year-old children retaining and demonstrating the skills and knowledge learned at the KIDPOWER training than three-year-old children.

**Exhibit 18:
Children Retaining Knowledge and
Demonstrating Observable Skills**



As Exhibit 18 shows, 75.8% of four-year-olds compared to 67.0% of three-year-olds had remembered and were using what they had learned at a KIDPOWER training three to nine months afterwards.

Hypothesis 15: Outcomes for children in Joint Parent/Child Safety Trainings are likely to be greater as compared to outcomes for children in Everyday Safety Skills Training.

Hypothesis 15 reflects the belief that those children who attend a KIDPOWER training with their parents will be more likely to learn, use, and retain the knowledge and skills than children who attend a training with their caregiver and Head Start class because parents have more one-on-one interaction with their children, increasing the opportunity to practice and reinforce the skills. As the primary figures in young children's lives from birth through infancy, parents' interactions with their children greatly influence their development. Since children are most likely to report victimization to a parent, parents can play an important role in the process of self-protection.¹⁶ Research has

¹⁶ Kuther, T.L. & Fisher, C.B. (1998). Victimization by community violence in young adolescents from suburban city. *Journal of Early Adolescence*, 18, 53-76.

discovered that an important factor in effective prevention programs is the involvement of supportive adults, making a case for targeting both parents and caregivers in prevention efforts.¹⁷

As seen in Exhibit 19 below, children who attended the Joint Parent/Child Safety Training had slightly better immediate outcomes than children who attended the Everyday Safety Skills Training.

**Exhibit 19:
Information and Skills Acquired by Children in Joint Parent/Child Safety Training as Compared to Children in Everyday Safety Skills Training**

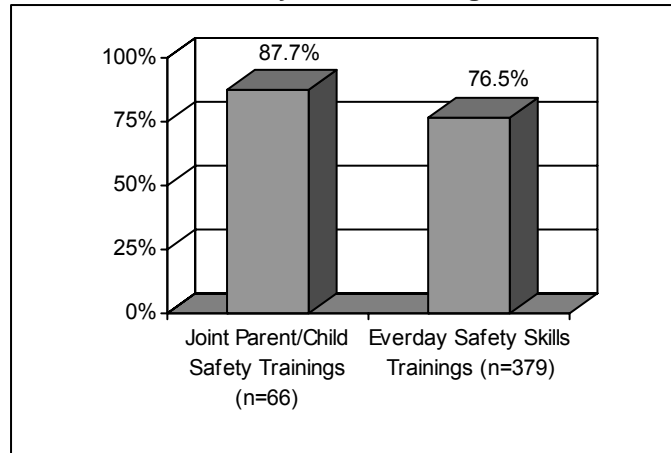
<i>Each of my children that attended the training now demonstrates ...</i>	Strongly Agree or Agree	
	Joint Parent/Child Safety Training	Everyday Safety Skills Training
...the skills to be and act aware and confident.	96.2% (n=79)	84.3% (n=357)
...the skills to stop someone from touching them when they don't want to be touched.	94.8% (n=77)	89.7% (n=358)
...the skills to stay safe around other children who are calling them names or bullying.	94.6% (n=75)	83.5% (n=351)
...the skills to get help from adults (e.g. by speaking confidently and clearly, making eye contact, and/or yelling).	93.5% (n=77)	88.0% (n=358)
...the skills to use their voice to set a firm and clear boundary (e.g. by saying "No," "Stop," or "Stop that game").	93.5% (n=77)	85.8% (n=358)
...a greater awareness and understanding of choices they can make when they feel uncomfortable with strangers or with people they know.	92.1% (n=76)	82.1% (n=338)
...a better understanding of who a stranger is.	88.2% (n=76)	82.7% (n=330)

Between 96.2% and 88.2% of parents either agree or strongly agree that their children demonstrated a range of knowledge and skills learned at the Joint Parent/Child Safety Training, while 89.7% to 82.1% of caregivers felt this way about the children who attended the Everyday Safety Training indicating an apparently 8.1% higher effectiveness rate for the Joint Parent/Child Safety Training. A similar difference in effectiveness occurred when measuring children's ability to make safer choices when interacting with strangers or with people they knew, with 87.7% of children who attended the

¹⁷ Wallach, L.B. (1991). Helping children cope with the consequences of violence. *ERIC Digest*. Champaign, IL: University of Illinois at Urbana-Champaign.

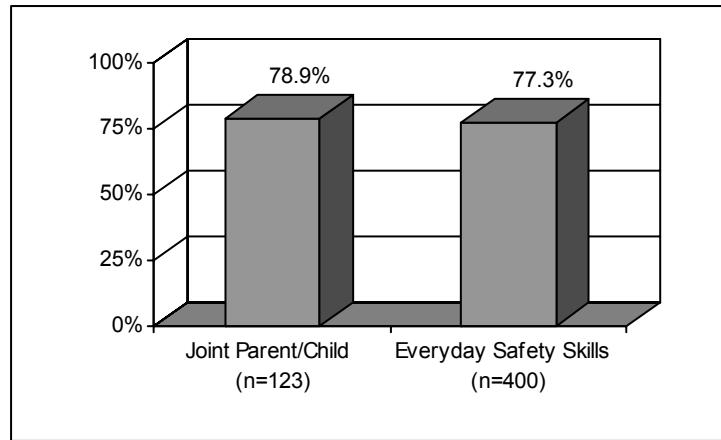
training with their parents and 76.5% of children who attended the training with their caregiver making safer choices.

**Exhibit 20:
Children in Joint Parent/Child Safety Training Making Safer Choices in Situations with Strangers and/or with People they Know as Compared to Children in Everyday Safety Skills Training**



The percentages shown in Exhibit 20 above reflect a high number of both groups of children using what they have learned at a KIDPOWER training to make safer choices, an overall positive finding for both trainings. While finding an approximately 8% difference right after the training, when comparing the utilization of skills by the two groups of children three to nine months afterwards, LFA evaluators found very little difference between those children who attended the training with their parents and those who attended with their caregivers. As Exhibit 21 shows below, 78.9% of children in the Joint Parent/Child Safety Training and 77.3% of children in the Everyday Safety Skills Training demonstrated the skills they learned at the training three to nine months afterward.

**Exhibit 21:
Children in Joint Parent/Child Safety Trainings Utilizing
Skills as Compared to Children in Everyday Safety
Skills Trainings**



While high for both groups, the similar percentages may reflect parents not taking advantage of all of the opportunities to practice the skills and ideas with their children. Although parents have the greatest interaction with their children, they also likely have numerous conflicting factors vying for their time when they are with their children including work, chores, and other children. On the other hand, caregivers have focused time devoted to teaching and nurturing the children in their classes. It may be more conducive for them to build in time for practice and review of the KIDPOWER skills during the day than it is for parents to set this time aside. Also, given the focus of this evaluation on Head Start preschools, these findings may reflect the relative similarities of caregivers and diversity of parents in terms of how their time is spent with children. The similar results for both trainings support the need for KIDPOWER to continue to provide trainings to this population in both formats.

Hypothesis 16: Outcomes for girls are likely to be greater than outcomes for boys.

Based on growing research in the fields of child development and prevention work, girls are more likely to benefit from a KIDPOWER training than boys. A 1995 study found that more girls than boys helped friends with the information they received in a prevention program. Girls also report that they are more likely to use the training skills.¹⁸ In addition to being at greater risk for sexual

¹⁸ Finkelhor, D., Asdigian, N., & Diziuba-Leatherman, J. (1995). The effectiveness of victimization prevention instructions: An evaluation of children's responses to actual threats and assaults: *Child Abuse and Neglect*, 19, 141-153.

abuse¹⁹, girls are also less likely to have been taught about sexual prevention by their parents as a 1999 study found where 63% of girls and 50% of boys report that their parents have never talked with them about sexual abuse prevention.²⁰

As seen in Exhibit 22, girls had slightly better immediate outcomes in terms of the information and skills they acquired from the training than did boys, on an average 7.9% better.

**Exhibit 22:
Information and Skills Acquired by Girls as Compared to Skills Acquired by Boys**

<i>Each of my children that attended the training now demonstrates ...</i>	Strongly Agree or Agree	
	Girls	Boys
...the skills to stop someone from touching them when they don't want to be touched.	94.1% (n=201)	86.9% (n=213)
...the skills to get help from adults (e.g. by speaking confidently and clearly, making eye contact, and/or yelling).	91.7% (n=203)	85.9% (n=212)
...the skills to be and act aware and confident.	91.6% (n=201)	80.9% (n=214)
...the skills to use their voice to set a firm and clear boundary (e.g. by saying "No," Stop," or "Stop that game").	89.6% (n=201)	84.0% (n=213)
...the skills to stay safe around other children who are calling them names or bullying.	89.4% (n=199)	80.6% (n=206)
...a greater awareness and understanding of choices they can make when they feel uncomfortable with strangers or with people they know.	88.5% (n=192)	78.7% (n=202)
...a better understanding of who a stranger is.	87.2% (n=187)	79.6% (n=201)

The highest percentage of parents and caregivers agree or strongly agree that as a result of the KIDPOWER training the female children demonstrated the skills to “stop someone from touching them when they don’t want to be touched.” This is an encouraging finding since female children and adolescents are at a greater risk of sexual abuse. The finding also confirms the effectiveness of these KIDPOWER trainings in teaching boundary setting to young children.

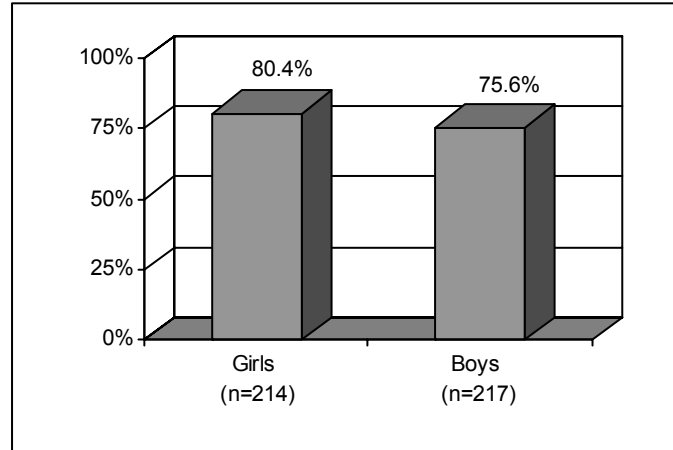
Similarly, parents and caregivers observed a higher percentage of girls making safer choices in situations with both people they did not know and with people they knew. Exhibit 23 shows that

¹⁹ U.S. Department of Health and Human Services (2003). Risk and Protective Factors for Child Abuse and Neglect. *Emerging Practices in the Prevention of Child Abuse and Neglect*.

²⁰ Sexual Assault and Trauma Resource Center of Rhode Island. (1999).

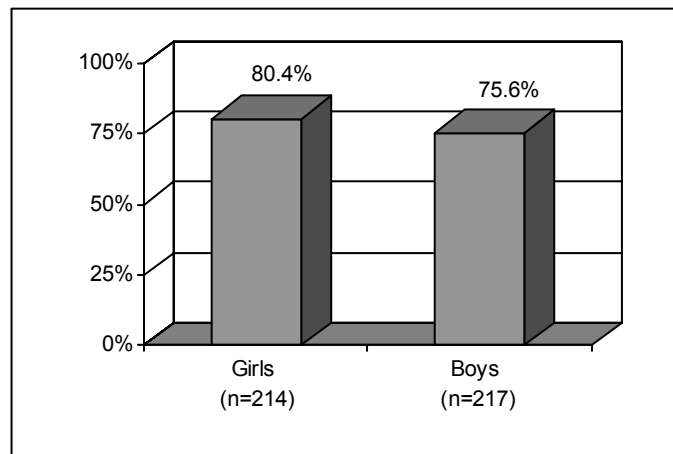
80.4% of girls and 75.6% of boys were able to make safer choices in these situations following participation in a KIDPOWER training, a 4.8% difference. This finding is consistent with current research on outcomes for children attending prevention programs, with girls found to remember and share the information they have learned more than boys.

**Exhibit 23:
Girls Making Safer Choices in Situations with Strangers
and/or with People they Know as Compared to Boys Making
Safer Choices**



Similar results are found for girls' and boys' utilization of the KIDPOWER skills following the training, with 80.4% of girls and 75.6% of boys using the skills and information three to nine months after the training.

**Exhibit 24:
Parent and Caregivers Observing Girls Utilizing
KIDPOWER Skills as Compared to Boys**



While girls demonstrated slightly better outcomes than boys, positive results are found for both genders with three-quarters or more of both groups showing immediate understanding and use of the skills, safer choices in situations with strangers and people they know, and use of the information and skills in the months following the training.

Outcome Objectives

LFA evaluators proposed six outcomes objectives for this evaluation. The objectives for children are based on those included by KIDPOWER in the grant agreement with the Lucile Packard Foundation with one modification: Instead of addressing only a 3-month follow-up only time period, the objectives focus on a three to nine month follow-up period. This longer time frame allowed for logistics in terms of reaching people and was in keeping with the intent of the grant to see whether children would retain these skills over time. The longer time period also offers greater confidence in the findings related to the retention skills and information. Furthermore, LFA conducted statistical analysis that tested the length of the follow-up period (e.g. 3 months, 6 months, or 9 months) as a factor related to whether objectives were met or not; we found one significant difference in results based on the follow-up time period. In objectives 2 and 6 below, analysis revealed that parents discuss or practice KIDPOWER skills less frequently over time. In all other analysis though, the length of the follow-up period was not related to the impact of KIDPOWER's intervention – this is a positive finding overall. Participants retained the KIDPOWER information, lessons, and skills for the entire follow-up period with no statistically significant reduction in retention between the shortest follow-up period (three months) and the longest (nine months).

As written in these outcome objectives, KIDPOWER expects an ambitious percentage of children to experience change. A number of indicators are identified for each objective. LFA aggregated findings across indicators to arrive at the overall outcome result.

Outcome Objective 1: At the end of Everyday Safety Skills Trainings and Joint Parent/Child Safety Trainings, 92% of participating children will demonstrate an observable increase in their understanding and application of self-esteem and self-protection skills.

Result: This objective was set at this level because KIDPOWER’s internal evaluations showed that among mixed ages of children with a large amount of adult support, up to 95% increased their skills and understanding at the end of the training. For this independent evaluation, the objective for three- to five-year olds was set deliberately high to test how far down in the age range children could be expected change in equally high percentages. The objective was exceeded for the five-year-olds, an average of 94.9% of whom demonstrated an observable increase in their understanding and application of self-esteem and self protection skills immediately after the training. Predictably, as explained in Hypotheses 11 through 14 above, the results went down as the ages went down. Four-year-olds displayed an understanding and application of the same skills at an average rate of 87.4%; still only a few percentage points under the target, while three-year-olds showed a further decrease in this rate, although still more than 76% were reported to have acquired these skills. Combining all age groups, immediately following the trainings, 86.6% of ALL participating children demonstrated an observable increase in their understanding and application of self-esteem and self-protection skills. This percentage is an aggregate across the seven skills reported in Hypothesis 1 which ranged individually from 83.8% to 90.5%. This means that 86.6% of children demonstrated at least one of the following skills:

- the skills to stop someone from touching them when they don’t want to be touched; (90.5%)
- the skills to get help from adults; (89.0%)
- the skills to use their voice to set a firm and clear boundary; (87.1%)
- the skills to be and act aware and confident; (86.5%)
- the skills to stay safe around other children who are calling them names or bullying; (85.5%)
- a better understanding of who a stranger is; (83.8) and
- a greater awareness and understanding of choices they can make when they feel uncomfortable with strangers or with people they know (84.1%).

Outcome Objective 2: At the end of a three-month follow-up period, 90% of children participating in Everyday Safety Skills Trainings and Joint Parent/Child Safety Trainings will

demonstrate an observable increase in their understanding and application of self-esteem and self-protection skills.

Result: As explained in Objective 1 above, this objective was deliberately set high to test the effectiveness of the program for younger children. This objective was almost met for the five year olds, of whom 87% retained skills and understanding. This percentage is an aggregate across three skills reported in Hypotheses 2, 3, and 4. Again, as analyzed in Hypotheses 11 to 14, the results went down as the age went down for the 3 and 4 year olds. Even so, at the end of the entire follow-up period 82.6% of ALL participating children demonstrated an observable increase in their understanding and application of self-esteem and self-protection skills. This means that 82.6% of children whose parent or caregiver completed a follow-up survey demonstrated at least one of the following skills:

- retained information about making safe choices in situations with strangers and with people they know (78.2%);
- utilized skills and knowledge to make safe choices in interactions with strangers and with people they know (77.6%); and
- were seen as safer as a result of their participation in the KIDPOWER training (94.9%).

Outcome Objective 3: At the end of Everyday Safety Skills Trainings, 75% of participating caregivers will have increased knowledge and skills related to approaching violence and abuse issues with children from a youth development and empowerment perspective.

Result: Immediately following the Everyday Safety Skills trainings, 96.0% of caregivers said that they had increased knowledge and skills related to approaching violence and abuse issues with children from a youth development and empowerment perspective, exceeding this objective by 21%. This means that 96.0% of caregivers said that they acquired at least one of the following skills:

- know more ways to teach young children how to stay safe when interacting with strangers and with people they know; (96.0%)

- know more ways to stop conflict, violence, or abusive behavior between children; (100%)
- are better able to teach boundary-setting skills and are better able to show that they can set boundaries for themselves; (96.0%) and
- know more ways to help with problems between children in the classroom that could otherwise turn into conflict, violence, or abuse (92.0%).

Outcome Objective 4: At the end of a three-month follow-up period, 50% of caregivers participating in Everyday Safety Skills Trainings will have retained knowledge and skills related to approaching violence and abuse issues with children from a youth development and empowerment perspective.

Result: At the end of the entire follow-up period, 90.5% of participating caregivers said that they retained knowledge and skills related to approaching violence and abuse issues with children from a youth development and empowerment perspective, exceeding this objective by 40.5%. This means that 90.5% of caregivers said that they had at least one of the following results:

- retained information that impacts how they approach personal safety issues with their children; (90.5%)
- discussed or practiced KIDPOWER skills with the children they teach; (90.5%) and
- used skills or ideas learned in the KIDPOWER training several times to address situations of potential conflict, bullying, violence, and/or abusive behavior among children (90.5%).

LFA anticipated that the percentages of caregivers showing demonstrated change would be lower than the percentages identified for children in large part because we expected that a sizable percentage of caregivers would report they already had the knowledge and skills provided by KIDPOWER prior to the training. This finding indicates otherwise, that caregivers did not have training that they felt prepared them adequately to explain and use personal safety skills. However, the very high percentage for objective 4 (90.5%) could be because 21 of the 25 caregivers initially studied participated in the follow-up survey.

Outcome Objective 5: At the end of Joint Parent/Child Safety Trainings, 75% of participating parents will have increased knowledge and skills related to approaching violence and abuse issues with their children from a youth development and empowerment perspective.

Result: Immediately following the Joint Parent/Child Safety Trainings, 93.4% of parents said that they have increased knowledge and skills related to approaching violence and abuse issues with their children from a youth development and empowerment perspective, exceeding this objective by 18.4%. This means that 93.4% of parents agreed they experienced at least one of the following:

- are more aware of how their behavior can help their child learn how to stay safe; (96.0%)
- know more ways for teaching their child how to stay safe with other children or adults; (93.6%)
- know more ways to help when they see problems with their children that could turn into conflict, violence, or abuse; (92.5%)
- are more aware of the ways children can be safe with strangers; (92.6%) and
- are better able to show and teach boundary-setting skills and show that they can set boundaries for themselves (92.5%).

Outcome Objective 6: At the end of a three-month follow-up period, 50% of parents participating in Joint Parent/Child Safety Trainings will have retained knowledge and skills related to approaching violence and abuse issues with their children from a youth development and empowerment perspective.

Result: At the end of the entire follow-up period, 82.0% of participating parents said that they retained knowledge and skills related to approaching violence and abuse issues with children from a youth development and empowerment perspective, exceeding this objective by 32.0%. This means that 82.0% of parents said that they experienced at least one of the following results:

- retained information that impacts how they approach personal safety issues with their children; (100%)

- discussed or practiced KidPower skills with their children (70.7%); and
- used skills or ideas learned in the KidPower training several times to address situations of potential conflict, bullying, violence, and/or abuse with their children (75.4%).

These evaluation findings show that KIDPOWER exceeded four of the six objectives stated above. Objective 1 was exceeded for the five-year-olds but somewhat lower for the 3- and 4-year-olds. However, even the findings for the two objectives that were not fully met are also very positive and give further evidence of KIDPOWER's efficacy in training young children, parents, and caregivers safety and violence protection skills. It is the opinion of LFA that the two objectives not met speak more to the ambitiousness of the objectives than to any conclusion that a change in the KIDPOWER design is necessary. Most importantly, all the objectives tested show a significant majority of participants both learned and retained skills and information.

KIDPOWER developed the objectives with LFA based on outcomes adults reported in previous KIDPOWER internal evaluations with mostly older children and a large amount of adult supervision. It is not surprising then that the two objectives not met were the children's objectives. In the expectation that KIDPOWER will continue to work with pre-school aged children, LFA recommends slightly lower outcome objectives for this population based on the findings of this evaluation.

Descriptive Findings

Most Helpful Aspects of KIDPOWER Trainings

In addition to the closed-ended survey questions ask at follow-up, LFA asked parents and caregivers what parts of the KIDPOWER training they found to be the most helpful in their work with children. The parents' responses generally fit into one of the following categories:

- *All parts of the training were extremely helpful – 14*
- *When the trainer gave examples of things the kids should say, i.e. 'Stop' or 'I don't like that' – 11*
- *How it helped me to be a better parent, to be consistent in how to approach child, or to be aware of how children feel - 10*

- *When they taught the children to ask permission before talking to strangers – 8*
- *The parts that Increased awareness and listening skills of children; helped them to pay attention to parent - 4*
- *Don't open door without adult – 4*
- *Garbage can- 4 (a technique for throwing away hurting words instead of taking them in.)*
- *Brochure – 3 (This refers to the cartoon-illustrated handout describing safety skills.)*

Specific feedback includes:

- *All of it was helpful, especially with opening the door. For example, when they go to the other friend's house they look for their friends' parents, too.*
- *An understanding of the behavior of the child & knowing how to influence her behavior. Most important one would be consistency between me & my wife & how we speak with our child.*
- *The part where they instruct us on how to talk with my wife to agree on how to teach our child. It taught me how to better understand the behavior of the child & how to approach the child*

Caregivers' responses fit into one of the following categories:

- *The most helpful part was teaching them to say, 'Stop' and 'Don't hit me.' – 5*
- *The activities they planned for us. It helps me communicate with the kids – 4*
- *The most help part was about how to deal with strangers – 2*
- *The garbage can – 2 (a technique for throwing away hurting words instead of taking them in.)*
- *Having children practice during workshops*
- *Helping them learn self-control and helping children stop saying bad words*
- *The brochure that they gave us with different illustrations on what to do in different situations*

Specific feedback includes:

- *Helping us tell parents to listen to their children when the adults don't pay attention to their kids, kids try to raise to them and they ignore them). we tell them about the training and how it is important to listen to that. the parents feel better knowing that their kids are safer b/c of training.*
- *There were four parents at the training with me [caregiver] and they were into the learning and they learned how to reinforce the ideas at home so now the kids get reminded at school and at home.*
- *Now I can say, "Use your KIDPOWER" and they know what I'm talking about.*

Suggestions for Improving Future KIDPOWER Trainings

Overall, most parents and caregivers are satisfied with the KIDPOWER trainings and, given the opportunity, they would not change anything. Twenty-eight parents and six caregivers said they

would “not change anything” about the training in which they participated. The parents suggest that more training occur throughout the year, because they believe children will retain more information if they attend additional trainings. They also asked that the training time be shorter because the kids are young and can't sit for long periods of time without moving around. Additional feedback includes:

- *Have more of an orientation and more explanation of how to handle punishing your child. I would like these conversations to happen with more people, so people can share different opinions and to let people know that they can change.*
- *I think if they make it more understandable for 4-year olds. It was hard for her to understand everything. She got it more when I reviewed it with her.*
- *The only thing was there were so many children in one room - so much screaming & yelling. Too overwhelming.*

Several caregivers asked that the trainings include puppet shows or additional visual aids. Those caregivers who did attend trainings that used puppets asked that trainers use human puppets instead of animals, so the kids will understand the concepts better. Like the parents, caregivers suggested having shorter lengths of time because of young children’s short attention span (10 minutes or less), and also smaller groups to present in a way that all children could participate. Specific feedback includes:

- *I think some of the younger children, around three years old, don't understand what a stranger is. We need more information on this.*
- *The books were difficult to follow and I wish the trainings were longer. I would suggest maybe a break in between because it is a lot of information and have a debrief after each part. Also, I would like to establish a rapport with the translator beforehand.*
- *The training should be held in January instead of September. The kids just get there in September and for many, it's their first school experience ever. They just want to play and need to get acclimated to the school environment. By January, they are calmer and can sit.*

IV. Conclusion

This evaluation of KIDPOWER demonstrates the effectiveness of its trainings on impacting children ages three to five years. It is extremely encouraging that all hypothesis testing results are positive, and four of six outcome objective were met or exceeded. Considering that the objectives were set extremely high and that the Head Start classrooms provided a challenging setting for conducting workshops, these results speak well for the effectiveness of the KIDPOWER approach. The available data to measure the impact of KIDPOWER's two trainings – Everyday Safety Skills Training and Joint Parent/Child Safety Trainings – consistently show that children ages three to five years old are able to acquire, utilize, and retain skills to protect themselves and reduce the likelihood of victimization.

KIDPOWER trainings effectively increase safety awareness and provide skills both children and adults participants can use in their everyday lives. Given that a primary objective of KIDPOWER trainings is to increase the overall safety of preschool-aged children, it is highly significant that nearly all parents and caregivers report that children learn, retain, and to continue demonstrate safety awareness skills during the three to nine month follow-up period. In addition, a review of literature in the field confirms that the skills taught by KIDPOWER are commonly taught in prevention programs and are essential elements to effective safety efforts.

Beyond just targeting children, KIDPOWER's methodology provides parents and caregivers with knowledge and tools to help them better intervene in situations and deal with personal safety issues. The positive findings in this report indicate that KIDPOWER is playing a significant role in educating adults about the role they play in kids' lives and supporting their ability to keep children safe. The practice of providing parents with information and skills coupled with providing children with developmentally appropriate concepts and exercises best ensures that KIDPOWER's impact lasts far beyond the classroom – hopefully for a lifetime.



KIDPOWER Literature Review

1. How effective is it to train children who are 3-5 years old?

This evaluation focuses on KIDPOWER's work with preschool-aged children enrolled in Head Start classes, their parents, and caregivers. While KIDPOWER works with a diverse range of individuals and creates trainings that are tailored to specific age and developmental levels, this was the first time they offered trainings to children as young as three-years-old at a large scale in group settings.

The timing of KIDPOWER's program developed for preschool-aged children coincides with a growing number of studies that have supported prevention efforts with preschool-aged children. Wurtele et al. (1989) found that educational programs teaching personal safety skills to preschoolers are effective in enhancing children's knowledge and prevention skills without making them fearful. This finding suggests that preschool children can benefit from both behavioral skills training and feelings-based prevention programs. In studies by Wurtele et al. (1987) and Finkelhor and Strapko (1992) it was shown that preschool and elementary-aged children can learn safety concepts and skills. According to Schweinhart (2001), there is increasingly more support for preschool programs. Evidence indicates that high-quality child development programs for preschool-aged children impact both the short- and long-term development of children living in poverty.

According to a National Incidence Study, it is "compellingly obvious that programming which begins at second or third grade is already too late as about half of child abuse begins prior to that age" (Safe Child Program). Results from Wurtele and Sarno Ownes' (1997) investigation of age and gender across five studies found that preschoolers are able to take in knowledge about assault prevention. Results showed that all of the children, between the ages of 3 and 5 years old, demonstrated greater knowledge and the results were the same for both genders.

According to Spock (1988), preschool is the time when children are ready to go outside of their families to establish new relationships and learn about other people. Instilling in children an

awareness of their bodies and a sense of assertiveness should begin during this period as it marks the true beginning of relationship development and the formation of social skills. As they are meeting new people and being introduced to new things children will learn about correct and incorrect behaviors, including aggression and inappropriate touch, and will begin to establish boundaries most likely with other children though hopefully with adults too. Dr. Sheryl Kraizer (1996) confirms that preschool appears to be the “most teachable moment” for prevention instruction to begin.

In their meta-analysis of longitudinal research on preschool prevention programs, Nelson et al. (2003) found that such programs have positive short-, medium-, and long-term impacts on several outcome areas including children’s cognitive development, social-emotional behavior, and parent-family wellness. As Nelson et al. (2003) state, “there is evidence that preschool prevention programs have positive impacts on...[social-emotional behavior and parent-family wellness] outcome domains.” In discussing this review, Durlak (2003) asserts that Nelson et al.’s (2003) findings “indicate that the effects of preschool programs are durable over time; that this durability extends to several domains – children’s school performance, children’s and adolescent’s social-emotional development, and general family functioning; and finally, the benefits that are produced represent meaningful changes in children’s developmental trajectories.” With two-thirds of the children in the programs reviewed by Nelson et al. (2003) beginning between birth and three years old, the impacts were present fifteen years later when the children were the average age of 18 (Durlak, 2003). These two reviews have demonstrated the long-term prevention impact of preschool programs.

The rapid rate of preschool-aged children’s cognitive development provides a unique time for adults to intervene and foster cognitive growth and gains. As Nelson et al. (2003) found in their review of longitudinal research, cognitive impacts resulting from prevention programs were greatest during the preschool years and the impacts were greatest for those programs that had a direct teaching component in preschool. Head Start’s educational component may support children’s readiness for prevention programs such as KIDPOWER. Thompson (2001) notes that three- and four-year-old children can make remarkably logical inferences about new members of a category and enjoy using their new knowledge. The important role of parents in practicing skills and reviewing information is again seen in the fact that preschoolers can remember unique and personally meaningful experiences long afterward with the help of an adult. This finding has implications for the presentation of material in the trainings themselves, as KIDPOWER staff strive to make the information evocative

and memorable to this age group. Young children's minds are active and self-organizing in ways that allow children to create new knowledge from everyday experiences.

Another prevention program, *Second Step*, with numerous overlapping components to KIDPOWER, is proven effective for children in preschool and kindergarten. *Second Step* is a school-based program for children in preschool through junior high that teaches social skills to control aggression and increase social competence. Among KIDPOWER's central goals is raising children's self-esteem and building their competence. In research conducted by McMahon et al.(2000), 109 children in the *Second Step* Preschool-Kindergarten program, who were predominantly African American and Latino from low-income families, were found to demonstrate an increase in their conceptual knowledge of social skills and a decrease in observed levels of physical aggression, verbal aggression, and disruptive behavior. The 2004 evaluation of KIDPOWER focuses on a similar population of children in terms of age, race, and economic status of their families. It can be postulated that this population of children are capable of understanding the information taught to them and changing their behaviors accordingly.

Besides strong evidence of young children's ability to learn and remember personal safety skills, there are several factors that increase young children's risk of abuse and neglect, making the need for trainings such as those offered by KIDPOWER all the greater. It has been shown that younger children are more likely to be neglected (Mraovick & Wilson, 1999). In general, the younger the person, the more likely they were to experience a violent crime, and one of every seven victims of sexual assault reported was under age 6, according to the U.S. Department of Justice. The risk of maltreatment is highest for children under 4 years of age due to their small size and high level of dependence on adults. Child fatalities due to abuse and neglect disproportionately affect young children. And there is no better time than now to expand prevention efforts targeting children as the rate of child abuse and neglect fatalities reported has increased from 1.84 per 100,000 children in 2000 to 1.96 in 2001 and 1.98 in 2002 (U.S. Department of Health and Human Services, 2004).

The increased risk of injury or death by abuse or neglect among young children relates to their lack of control over their environment. As Finkelhor and Dziuba-Leatherman (1994) point out, children "have difficulty gaining access to the structures and mechanisms in society that help segregate people from dangerous associates and environments." Another reason for intervening early is that

younger children are more likely to succumb to stress than children who are school-age (Wallach, 1994). In addition to age impacting the resiliency of children to abuse and neglect, poverty can have a big affect on the risk and exposure to abuse and neglect.

Poverty has been linked with maltreatment, particularly neglect, in each of the national incidence studies (Sedlak & Broadhurst, 1996). It is also found to be a strong predictor of corroborated child maltreatment by Lee and Goerge (1999) and has been associated with child neglect by Black (2000). Poverty creates a lot of stress for parents and this in turn impacts the child. In a study by Schmidt, Demulder and Denham (2002), children who experience more family stress in their preschool years were found to be more aggressive and anxious and less socially competent in kindergarten than their peers who experience less family stress in those same years. This outcome suggests the impressionable period of preschool is a key time to intervene before harmful behaviors emerge.

In a study comparing the school readiness and behaviors of economically disadvantaged preschoolers to those from advantaged families, Stipek and Ryan (1997) found that there were only slight differences between the two groups on motivation measures. In other words, lower SES (socioeconomic) children's "self-confidence, attitude toward school, expectations for success, dependency, and preference for challenge" were not much different than those of higher SES children. These findings point to the immense malleability of preschool-aged children and their great potential for learning during this time, regardless of their families' economic position. An argument for providing comprehensive prevention programs to minority and low income children is found in the Finkelhor and Diziuba-Leatherman (1995) study where African American children and children from lower socioeconomic status families were more likely to have had positive reactions to prevention programs and to have used the information. Nelson et al.'s (2003) review of longitudinal research also confirms that greatest impacts on preschool children's cognitive outcomes were found for those programs that served predominantly African American children.

Program evaluations have found that children who participated in comprehensive prevention programs, even the ones that do not feature experiential, success-based training, are somewhat more likely, when threatened with victimization, to report using four self-protection strategies, namely: demand to be left alone, yelling, threatening to tell, and actually telling (Finkelhor et al. 1995). The evaluation shows that those having received actual practice like the kind integrated into

KIDPOWER, are far more likely to use these self-protection strategies. Further making a case of early childhood intervention are mental health experts, including Knitzer (2000) who finds that extensive research on brain development suggests that early disruptions in emotional development and caregiving relationships can have long-term negative consequences. Research done by the National Institute of Mental Health (2000) points to the importance of a nurturing social environment in childhood and good early education in providing protection against development of aggressive, antisocial, and violent behavior in children. The next section of this review further discusses the important role of parents and caregivers in preventative efforts with children.

A final measure of effectiveness that is important to look at when discussing the implications of prevention programs is cost. The negative cognitive, emotional, psychological, and behavioral outcomes of abuse and violence have cost implications on Federal, state and local levels. In 1998, Federal child welfare programs cost more than 4.5 billion which covers only 42% of the funding needed from the states (National Clearinghouse on Child Abuse and Neglect Information). A lack of funding for effective early education programs certainly undermines the positive effects of such programming on children's resiliency to victimization and abuse. In his review of the long-term effects of early childhood programs, such as Head Start, on cognitive and school outcomes Barnett (1995) notes, "because the United States underinvests in both the quantity and quality of early care and education, the nation forgoes many of the potential benefits at an annual cost estimated in billions of dollars." On the other side of the evaluation, prevention programs have been found to be the most cost effective approach to dealing with childhood victimization (*Elementary School Guidance and Counseling*, 1994). This discovery is supported by Moody (1994) who states that, "prevention is the most cost-effective approach in terms of money and humanity," for dealing with child victimization and Durlak (2003) who states that "[prevention] programs are unequivocally worth the social investment based on the result of cost-benefit and cost-effectiveness analyses [conducted in a meta-analysis of longitudinal research on prevention programs]."

2. Importance of parental, caregiver, and adult involvement in prevention efforts and in stopping the cycle of violence.

Parents and caregivers play an important role in fostering healthy development in children. As the trusted adults in young children's lives, their knowledge and awareness of safety issues are key to

instilling violence prevention skills in children and preventing the cycle of violence. Since children are most likely to report victimization to a parent, parents could play an important role in the process of self-protection (Kuther & Fisher, 1998). An important factor in effective prevention programs is the involvement of supportive adults (Wallach, 1991). As the primary figures in young children's lives from birth through infancy, parents' interactions with their children greatly influence their path of development. As Wallach (1994) notes, "children growing up with violence are at risk for pathological development." Bowlby (1969) contends that children who experience parents as emotionally available, loving, and supportive of their efforts will construct a self as lovable and competent. Children who have parents and caregivers who are "psychologically strong" and responsive to the child's needs help buffer the child from negative developmental consequences of violence and abuse (Wallach, 1994). As Garbarino et al. (1992) state, "Children learn social skills by identifying with adults in their lives. Children cannot learn nonaggressive ways of interacting with others when their only models...use physical force to solve problems." According to Thompson (2001), sensitive parenting provides the "essential catalyst for early intellectual growth," pointing to a need to educate parents and adults on prevention techniques in order to foster these skills and behaviors in children.

A common factor hindering prevention efforts is denial. A study conducted by the Sexual Assault and Trauma Resource Center of Rhode Island (1999) found that 63% of girls and 50% of boys reported that their parents have never talked with them about sexual abuse prevention. In a study of 87 U.S. communities initiating prevention measures, 70% of the respondents said denial of sexual abuse is an ongoing challenge to prevention efforts (Plummer, 1999). These findings point first to the need for educating children about sexual abuse prevention and second to the need for involving parents and other adults who work with children in prevention efforts so that they are aware of the importance of equipping children with skills to prevent all forms of abuse. Educating adults, especially parents and caregivers, is essential to preventing maltreatment and increasing the likelihood of reporting child abuse. Research has shown that parents and adults greatly influence the internalization of negative emotions, including fear and violence, within children. Crockenberg and Langrock (2001) found that children mirrored the behaviors of same-gender parents. They also found fathers' aggression in interactions between parents to increase girls' anger, sadness, and fear. For boys, fathers' marital aggression predicted their externalization of anger and internalization of fear. Findings by El-Sheikh (1997) support this sensitization theory with parents' marital conflict

shown to exacerbate children's perceptions of conflict and fear. Children were found to respond to not only inter-adult disputes but also to mother-child conflict, regardless of gender.

Early relationships are critical for both parents and children and parents' personalities greatly shape the relationship they establish with their child (Belsky and Barends, 2002). Belsky and Barends (2002) reiterate empirical research findings that "a child's development is likely to benefit from a parent who is psychologically healthy and mature, and more specifically, low in neuroticism..." Looking at the child in the larger family context, Barrett, et al. (1996) and Wood (2003) have both found that family communications can mitigate feelings of fear and anxiety in children. Family discussions about fearful situations were found to decrease the aggressive and anxious actions of children prone to these behaviors (Barrett, et al., 1996). Such communication-based efforts are undermined by violence, whether it occurs in the family or in the larger environment of the child. As Anderson, et al. (2004) states, "violence...undermines family communication and interaction."

Research on parental behaviors impacting the likelihood of children's aggressive behavior finds that parents' interactions with their children directly impact their children's responses to parental discipline and instruction. A longitudinal study done by O'Leary et al. (1999), found an association between children's "externalizing behavior problems" (aggressive, acting-out, antisocial behaviors) and mothers' "overreactive discipline" (yelling, physical aggression, frequent negative commands, unreasonable threats and expectations). Mothers with children between the ages of 18 and 36 months were followed for two and half years, with researchers finding stability in mothers' use of overreactive discipline and support for the hypothesis that such parenting causes externalizing problems in young children. These findings point not only to the immense impact parents have on children's aggressive and antisocial behaviors for children as young as 1 years old, but also to the need for prevention programs to target parents and other adults to instruct them on appropriate behaviors and punishments to use with their children. Further reflection on these findings indicate the need to target parents of younger children who may be more receptive to changing their parenting behaviors because they are less influenced by their children's difficult behaviors.

In their influencing of children's social, emotional, and cognitive development, parents contribute to the attitudes and behaviors their children assume as adults. A study by Clarke et al. (1999) established a link between being abused as a child and becoming a victimizer of children as an adult.

According to the U.S. Department of Health and Human Services (2004), it is common for a child abuse offender to have experienced violence first-hand. Moreover, in 2002, 79% of child abuse or neglect fatalities involved one or both of the parents. In order to stop the cycle of violence, parents, teachers and the whole community need to engage in prevention efforts aimed at children, starting with prevention programs at a young age. Research on steps that adults, and specifically educators, can take to break the cycle of violence has found that they need to “foster a caring educational environment, promote self-discipline, provide children with outlets for their emotions, and offer parents alternatives to physical punishment” (Wallach, 1994-95). Thus, in addition to parents, caregivers, educators, and child development professionals are also able to mitigate the effects of violence on children’s development and should be educated on how to do so.

There are several negative effects of violence on children, creating additional stimulus for prevention efforts. Children who have been victimized or who have seen others victimized by violence may have trouble learning to get along with others. These children are more likely to use violence to solve problems and have less control over their impulses (Wallach, 1994). Children who are abused or neglected are also at higher risk of depression, post-traumatic stress disorder, having difficulties in relationships, having negative beliefs and attitudes toward others, and participating in harmful activities (Kendall-Tackett, 2002). They are also more likely to be arrested as adults than children who were not abused or neglected (U.S. Department of Justice, 1996). According to Leisey (2002) “early socialization in aggression contributes to a higher probability of subsequent violence as an adult.” On the other hand, a 1999 study in the *Journal of Early Adolescence* reports, “students who are confident in using nonviolent strategies and who intend to use those strategies in conflict situations are significantly less likely to bully others” (Bosworth et al., 1999). Thus, teaching children nonviolent skills from a young age will increase their likelihood of using alternative methods to solve problems and function in society thereby gradually stemming the cycle of violence.

3. Elements of Effective Prevention Programs.

Research on prevention measures reveals common elements found in effective programs. Among those elements are opportunities to practice skills and parental involvement, which KIDPOWER trainings offer (Sylvester & Frey, 1997). In addition, KIDPOWER trainings contain elements that Wallach (1991) found to protect children from the consequences of violence: supporting adults and

providing alternative experiences to those offered in schools, day care facilities, and after-school programs. Conducting the trainings with teachers and/or parents, adults who children trust, creates a supportive environment where children are receptive to learning and feel comfortable expressing their emotions. Also, holding trainings in Head Start classrooms and facilities allows for a unique learning experience for the children, different from their regular classroom activities, and therefore more likely to be memorable. According to Plummer (1999), placing child-focused prevention in schools has several advantages including access to a large number of children and buy-in from teachers and other school personnel who children trust and to whom they are likely to disclose abuse. Placing the prevention program in the school allows all children to learn self-protection skills without having to rely on parents' comfort level or assertiveness in taking a child to a prevention program.

A study done at the University of Michigan (Plummer, 1999) surveyed 87 communities in the U.S. that are currently implementing child sexual abuse prevention programs. The study found that about half of the prevention programs directly included parents in their prevention efforts. Most of the communities with successful programs targeted diverse populations, including youth, parents, teachers, and the public, simultaneously. Lastly, several of the program leaders had been working as prevention educators for several years, 16% had been doing the work for more than 17 years and 67% had been involved for 3 to 17 years. These elements are in-line with KIDPOWER trainings, which are offered to a wide range of populations and communities, involves parents through joint parent/child trainings and parenting skills trainings, and is lead by a staff and executive director who have over 18 years of experience in the fields of prevention work, child development, law enforcement, and martial arts. Daro and Donnelly's (2002) research supports the current prevention models that establish diversified partnerships with institutions and community organizations and are therefore reaching more people.

KIDPOWER's link with Head Start and other preschools can be seen as one such partnership. In reviewing research on prevention programs with children from preschool through eighth grade and high school, Neslon et al. (2003) note that "programs that are more multidimensional and offer several different program components may achieve better outcomes than more narrowly focused programs." KIDPOWER's diverse trainings target not only different age-groups and populations of

children, but also work with educators, parents, and families. This structure of serving all causative groups makes KIDPOWER a comprehensive program.

As KIDPOWER states on its website, their goal is “to offer high quality services which are tailored to fit the needs of people of different ages and life situations.” Such an approach is in-line with Plummer’s (1999) suggestion that child abuse prevention efforts use varied approaches that have been proven effective and are tailored to meet the needs of the populations being served. It is also in-line with Daro and Donnelly’s (2002) findings that successful prevention systems focus on one developmental stage at a time. Other research confirms the need to adjust training materials to be developmentally and age appropriate (www.safechild.org). As research by Bandura (1997) and Betz & Hackett (1986) confirms, individuals who believe they cannot manage threats experience high levels of anxiety arousal and may dwell on their coping deficiencies as well as view many aspects of a situation as hazardous. This is exactly the opposite reaction an abuse prevention program wants to evoke in its young participants. KIDPOWER takes pride in the fact that of the over 150,000 people who have been trained by their staff, there has never been a report of misuse or generation of fear. Additional work by Bandura (1989) confirms that “people tend to avoid activities and situations they believe exceed their capabilities, but they readily undertake activities and select social environments they judge themselves capable of handling.” Therefore, training staff should take precautions to make sure the material presented is at the age and developmental level of the children being taught.

Another common element in successful prevention methods is skill practice. Research conducted by Plummer (1999) suggests that children of all ages can successfully make use of prevention skills if they are taught concrete concepts in a clear, developmentally appropriate way and are given adequate time for learning and follow-up. However, it was found that only one-third of sexual abuse prevention programs meet criteria for a “comprehensive” approach (Plummer, 1999). Implied in these findings is the necessity to having ongoing practice and use of the information and skills taught in prevention programs in order for children to retain what they have learned. As Plummer (1999) notes, “for many children a one-time presentation on abuse prevention is the only adult instruction they will receive on this [important skill-set].” An important element in the KIDPOWER trainings evaluated in this report is practice. Caregivers and parents are instructed on how and encouraged to practice the skills and ideas taught at the training with their children. A focus of the evaluation was obtaining the number of caregivers and parents who said they practiced

or discussed the KIDPOWER skills and ideas with their children three to six months following the training. Implied in this evaluation design is KIDPOWER's belief that practice and repetition is essential for change to occur.

The type of practice necessary for tangible results in terms of children's abilities to use the skills they have learned is further refined in a study done by Wurele et al. (1987) which finds that five-year-old children learned more from actively practicing the skills than from watching others model the skills taught in sexual abuse prevention programs. As Kraizer (1996) reports, research findings have concurred that prevention education should be experientially-based. Children may learn concepts by watching, listening, and discussing, but *skills* can only be learned by *doing*, by giving children an opportunity to rehearse prevention strategies. Miltenberger and Thiesse-Duffy (1988) added to the research on skill practice of young children in prevention programs, discovering that four- to seven-year-olds increased their skills and awareness of safety topics and stranger avoidance when they practiced skills and were given immediate feedback on the skills learned. Finkelhor and Dziuba-Leatherman's (1995) study found that programs that included practicing skills and role-playing were more effective than programs without such activities. Lastly, skill practice underlies the development of a crucial belief among children in their own abilities as Kraizer (1996) has found the opportunity to apply concepts and turn them into skills through role-play is at the heart of empowering children to prevent abuse.

In building competence and lowering anxiety, KIDPOWER trainings also build self-esteem and provide children with skills that are protective in design. In describing the work they do, KIDPOWER states, "we teach self protection, self confidence, and violence prevention skills through workshops that emphasize success-based practice." The focus on children's successful acquisition of skills as they begin to practice them in a KIDPOWER training is found to be an effective means of creating positive self-worth in the children, which leads to increased self-efficacy and increased likelihood of using the skills. As Bandura (1997) found, success-based learning is helpful in creating a supportive, caring, and productive learning environment. The skills taught and practiced at KIDPOWER trainings are the same as those that have been found to offer resiliency to maltreated children. Among these factors are the ability for children to recognize danger and adapt, create relationships that are crucial for support, and distance themselves from intense feelings (Mrazek & Mrazek, 1987).

In order to combat victimization, KIDPOWER focuses on instilling skills that allow children to feel they have the ability to stop a bad situation and in the process builds their self-esteem. Bandura (1998) found that “equipping children with knowledge, skills, and self-beliefs of efficacy to alter aspects of their lives over which they can exercise some control reveals that personal and social change can rely on this empowerment.” Such findings build a strong case for providing trainings that build children’s sense of self-efficacy, especially for those children who are living in poverty and in violent communities. As Wallach (1994) notes, children need to feel that they can direct some part of their existence. Supportive parenting and care giving by educators can foster this sense of self-efficacy in children. In their study of 91 sex offenders Elliot et al. (1995) found that 49% of offenders reported being “attracted to children who seemed to lack confidence or had low self-esteem,” another indicator of the need for building self-esteem in children from a young age.

Additional research findings link children’s low self-esteem to risk of victimization, and particularly to bullying. Bullying is a common form of abuse children experience in early and middle childhood through adolescence. Batsche and Knoff (1994) report that one third of middle school students feel unsafe at school because of bullying, and the National Association of School Psychologists (2002) reports that one in seven school children is a bully or victim, with 5 million school children in the United States being affected by bullying. A potentially important factor in creating resiliency to such a widespread form of violence among children is self-esteem. As Egan and Perry (1998) found, “poor self-concept may play a central role in a vicious cycle that perpetuates and solidifies a child’s status as a victim of peer abuse.” In their study, children who had healthy self-regard had a form of “self-protection” that made them less vulnerable to bullying than children who had low self-regard.

The significance of fostering a strong sense of self-worth in children from an early age is reinforced when looking at the negative effects of bullying on children. In their study of 189 elementary school children, Egan and Perry (1998) found that being victimized led to diminished self-worth overtime. Girls who reported peer victimization also reported, among other things, lower global self-worth and poorer self-perceptions of scholastic competence (Neary & Joseph, 1994). Looking at the victimizers, students who bully their peers also display high levels of anger, have feelings of depression, feel like they do not belong at school, and hold beliefs supportive of violence (Bosworth

et al., 1999). There is a crucial need to intervene and prevent bullying in order to stop the negative impacts of peer victimization on both the victims and the perpetrators.

Parents, caregivers, and teachers must be aware of signs of bullying and informed on how to stop this form of victimization. As Whitney and Smith (1993) discovered, bullying can be surrounded by fear and secrecy so it can be unknown by parents, teachers, and other adults around the children. Even though children report feeling unsafe because of bullying, many do not report bullying to school personnel because they are scared, lack the necessary skills for reporting, and feel teachers and administrators do nothing to stop the bullying (Batsche & Knoff, 1994; Hazler et al., 1993; Slee, 1994). Educating teachers, caregivers, and parents on recognizing signs of bullying and on using effective intervention skills will benefit children by making them feel emotionally secure and supported by responsive adults.

Conclusion

The research covered in this review has spanned several different topic areas relevant to prevention work with preschool-aged children. Findings from various research studies point to the cognitive and behavioral capacities of preschool-aged children which allow them to retain information that is meaningful and recurring. Additional research specifically on prevention programs targeting this young population has found that such programs are effective in preventing aggressive and violent behaviors in children and in instilling resiliency factors that can protect them from negative developmental outcomes. The importance of caring adults, namely parents and caregivers, in early childhood prevention efforts is highlighted by numerous research studies that point to the need for sensitive and appropriate responses from adults in order to foster healthy development in children and prevent any form of abuse or violence of children. As the central figures in young children's lives, these adults must be educated on the risks children face as well as the skills proven effective in negating violence and abuse.

KIDPOWER's inclusion of parents and caregivers in their trainings is one of several elements of their trainings that are consistent with recent research on effective prevention programs. Among other proven useful elements, KIDPOWER's trainings are developmentally and age appropriate, target diverse populations, are offered in school settings, and incorporate skill practice and feedback.

Moreover, KIDPOWER's focus on empowering children, building their skills, enhancing their self-esteem, and celebrating their successes reflect what Daro and Donnelly (2002) see as the future in prevention work with children where "rather than defining their goal as the absence of abuse, prevention advocates will seek partners to maximize the potential of all children." Through the Joint Parent/Child Safety Training and Everyday Skills Training offered to pre-schoolers, KIDPOWER is partnering not only with parents and caregivers, but with Head Start and other preschools, thus increasing their impact on the communities they reach. As part of their self-reflection and modification process, KIDPOWER supported a sound evaluation of their prevention efforts with this age group and population, reflecting their desire to measure their own impact while soliciting feedback on the effectiveness of their current programming on their target populations. As the Evaluation Report demonstrates, KIDPOWER is on-target with meeting its objectives.

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Appendices

Data Collection Instruments

- Post Workshop Survey – Parent and Children
- Post Workshop Survey – Caregiver and Children
- Follow-up Survey – Parents and Children
- Follow-up Survey – Teachers and Children

SURVEY

Parents and Children





Your Name: _____

Date of Workshop: _____

Dear Parent: Thank you for taking the time to answer these questions. KIDPOWER is working with LaFrance Associates (LFA) to study their Everyday Safety Skills Training program for children ages 3-5, their parents and caregivers. As part of the evaluation LFA asks that you fill in this important survey. Your responses will help KIDPOWER know how well they are helping people and will help to make their classes better. All of your responses are **confidential**. The survey should take about 10 minutes to fill in. Once you have completed the survey, please return it to the KIDPOWER instructor. Please note that as part of this evaluation we will be contacting you in about 3 months to ask you more about your experience. **Thank You!**

PARENTS, tell us what you learned

Please check the box you think shows how well KIDPOWER taught YOU the following ideas and skills.

<i>Now that I have attended this training.....</i>	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 
1. I am more aware of how my own behavior can help my child learn how to stay safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am more aware of the ways children can be safe with strangers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I know more ways for teaching my child how to stay safe with other children or adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am better able to show and teach boundary-setting skills and show that I can set boundaries myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I know more ways to help when I see problems with my children that could turn into conflict, violence, or abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILDREN

Please check the box you think best shows how effective the KIDPOWER training was at teaching EACH CHILD the following ideas and skills. **Keep in mind that we are interested in understanding what behaviors you observed children practicing during the training.**

Be sure to include the first and last name of each child. (PLEASE USE ADDITIONAL PAGES IF NECESSARY)

<i>Each of my children that attended the training now demonstrates ...</i>	Child's First and Last Name:	Child's First and Last Name:
1. ...the skills to be and act aware and confident.	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡
2. ...the skills to use their voice to set a firm and clear boundary (e.g. by saying “No,” “Stop,” or “Stop that game”).	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡
3. ...the skills to stop someone from touching them when they don't want to be touched.	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡
4. ...the skills to stay safe around other children who are calling them names or bullying.	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡
5. ...a better understanding of who a stranger is.	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡
6. ...the skills to get help from adults (e.g. by speaking confidently and clearly, making eye contact, and/or yelling).	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡
7. ...a greater awareness and understanding of choices they can make when they feel uncomfortable with strangers or with people they know.	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡

SURVEY

Caregivers and Children





Your Name: _____

Date of Workshop: _____

Dear Teacher/Caregiver: Thank you for taking the time to answer these questions. KIDPOWER is working with LaFrance Associates (LFA) to study their Everyday Safety Skills Training program for children ages 3-5, their parents and caregivers. As part of the evaluation, LFA asks that you fill in this important survey. Your responses will help KIDPOWER know how well they are helping people and will help them make their classes better. All of your responses are **confidential**. The survey should take about 10 minutes to fill in. Once you have completed the survey, please return it to the KIDPOWER instructor. Please note that as part of this evaluation we will be contacting you in about 3 months to ask you more about your experience. **Thank You!**

CAREGIVERS, tell us what you learned

Please check the box you think shows how well KIDPOWER taught YOU the following ideas and skills.

<i>Now that I have attended this training.....</i>	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 
1. I know more ways to stop conflict, violence, or abusive behavior between children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I know more ways to help with problems between children in the classroom that could otherwise turn into conflict, violence, or abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I know more ways to teach young children how to stay safe when interacting with strangers and with people they know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am better able to teach boundary-setting skills and I am better able to show that I can set boundaries for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILDREN

Please check the box you think best shows how effective the KIDPOWER training was at teaching EACH CHILD the following ideas and skills. **Keep in mind that we are interested in understanding what behaviors you observed children practicing during the training.**

Be sure to include the first and last name of each child. (PLEASE USE ADDITIONAL PAGES IF NECESSARY)

Each child that attended the training now demonstrates...	Child's First and Last Name: 1.	Child's First and Last Name: 2.	Child's First and Last Name: 3.	Child's First and Last Name: 4.
1. ...the skills to be and act aware and confident.	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡
2. ... the skills to use their voice to set a firm and clear boundary (e.g. by saying "No," "Stop," or "Stop that game").	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡
3. ...the skills to stop someone from touching them when they don't want to be touched.	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡
4. ...the skills to stay safe around other children who are calling them names or bullying.	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡
5. ...a better understanding of who a stranger is.	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡
6. ...the skills to get help from adults (e.g. by speaking confidently and clearly, making eye contact, and/or yelling.).	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡
7. ...a greater awareness and understanding of choices they can make when they feel uncomfortable with strangers or with people they know.	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡	<input type="checkbox"/> Strongly Agree 😊 <input type="checkbox"/> Agree 😊 <input type="checkbox"/> Disagree 😞 <input type="checkbox"/> Strongly Disagree 😡

Follow-up Survey: Parents and Children

My name is _____ and I'm calling because you participated in a KIDPOWER training at Head Start a few months ago. You gave us your name on the evaluation form so we could contact you to learn how you feel about the experience. Your answers will also help KIDPOWER know how well they are helping people and will help them make their classes better. What you say will be **confidential** and this interview will take approximately 10-15 minutes to complete.

To thank you for your help in this evaluation we will be sending you a \$10 gift certificate to _____. When we are done I will take a moment to check where you would like us to send the gift certificate. We will not give your name or address to anyone else for any reason. Do you have any questions before we begin?

Parent's Name: _____ Date of Workshop: _____

How many children were in the KIDPOWER training: _____

1. Since the workshop, how often **have you used** any of the skills or ideas you learned in the KIDPOWER training to help your child deal with problems of conflict, violence, or abusive behavior?
- Never Once Several times N/A – There were no problems of conflict, violence, or abuse that affected my child since we took the class.

Please explain:

2. Since the workshop, **have you discussed or practiced** any of the KIDPOWER skills with your child?

Yes No

→ *If Yes*, approximately how many times have you discussed or practiced any of the KIDPOWER skills?

Once 2 to 5 times 6 to 10 times More than 10 times

3. In the past 3 to 6 months, **have you noticed** your child using the skills and knowledge learned in KIDPOWER to make safer choices in situations with strangers and/or with people they know?

For example, have you seen your child:

- a. acting with awareness and confidence – standing tall and looking around
- b. getting help from adults when needed
- c. staying safe around other children who are calling them names or bullying – using the KIDPOWER trash can
- d. using skills to stop someone from bothering them with unwanted touch or teasing

Yes No

Please explain:

4. In general, how much do you agree that your child is safer as a result of their participation in KIDPOWER's training?

Strongly agree Agree Disagree Strongly disagree

Please explain:

5. In general, how much do you agree that KIDPOWER's training has helped you to deal with personal safety issues with your child?

Strongly agree Agree Disagree Strongly disagree

6. What parts, if any, of the KIDPOWER training did you find to be the most helpful to you in your work with your child? Which parts of the training, if any, changed how you talk about issues of safety with young children?

7. Were there any parts of the KIDPOWER training that you would recommend changing or improving?

Follow-up Survey: Teachers

My name is _____ and I'm calling because you participated in a KIDPOWER training in your classroom a few months ago. You gave us your name on the evaluation form so we could contact you to learn how you feel about the experience. Your answers will also help KIDPOWER know how well they are helping people and will help them make their classes better. What you say will be **confidential** and this interview will take approximately 10-15 minutes to complete.

To thank you for your help in this evaluation we will be sending you a \$10 gift certificate to _____. When we are done I will take a moment to check where you would like us to send the gift certificate. We will not give your name or address to anyone else for any reason. Do you have any questions before we begin?

Teacher's Name: _____ Date of Workshop: _____

How many children were in the KIDPOWER training: _____

8. Since the workshop, how often **have you used** any of the skills or ideas you learned in the KIDPOWER training to help a child you teach deal with problems of conflict, violence, or abusive behavior?
- Never Once Several times N/A – There were no problems of conflict, violence, or abuse that affected children in my classroom since we took the class.

Please explain:

9. Since the workshop, **have you discussed or practiced** any of the KIDPOWER skills with a child or group of children you teach?
- Yes No
- ↳ *If Yes*, approximately how many times have you discussed or practiced any of the KIDPOWER skills?
- Once 2 to 5 times 6 to 10 times More than 10 times

10. In the past 3 to 6 months, **have you noticed** _____ (insert child's name) using the skills and knowledge learned in KIDPOWER to make safer choices in situations with strangers and/or with people they know?

For example, have you seen _____ (insert child's name):

- acting with awareness and confidence – standing tall and looking around
- getting help from adults when needed
- staying safe around other children who are calling them names or bullying – using the KIDPOWER trash can
- using skills to stop someone from bothering them with unwanted touch or teasing

Yes No

Please explain:

11. In general, how much do you agree that the children you teach are safer as a result of their participation in KIDPOWER's training?
- Strongly agree Agree Disagree Strongly disagree

Please explain:

12. In general, how much do you agree that KIDPOWER's training has helped you to deal with personal safety issues with the children you teach?
- Strongly agree Agree Disagree Strongly disagree

13. What parts, if any, of the KIDPOWER training did you find to be the most helpful to you in your work with children? Which parts of the training, if any, changed how you talk about issues of safety with young children?

14. Were there any parts of the KIDPOWER training that you would recommend changing or improving?

Thank you!