



# Annual Evaluation Report to the Iowa Department of Human Services

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*Fiscal Year 2015*

Prevent Child Abuse Iowa

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## Table of Contents

Title	Page
<b>Chapter 1</b>	
Summary of Iowa Child Abuse Prevention Program	1
Families Served by ICAPP	3
Overview of the Iowa Family Survey	4
ICAPP Protective Factors Results	6
Protective Factors by Indicated Adverse Experiences	10
<b>Chapter 2</b>	
Crisis Care Services	14
<b>Chapter 3</b>	
Respite Care Services	16
<b>Chapter 4</b>	
Parent Development and Education	18
<b>Chapter 5</b>	
Outreach and Follow-Up Services	21
<b>Chapter 6</b>	
Sexual Abuse Prevention Programs	23
<b>Chapter 7</b>	
Community Development Efforts	31
<b>References</b>	32



## CHAPTER ONE SUMMARY OF THE IOWA CHILD ABUSE PREVENTION PROGRAM

The mission of Prevent Child Abuse Iowa is to prevent child abuse in the entire state of Iowa. Prevent Child Abuse Iowa administers the Iowa Child Abuse Prevention Program (ICAPP), which is funded through an annual legislative appropriation. The appropriated funds go to the Department of Human Services, which then contracts with a private agency to administer the program. DHS also contracts individually with grant recipients to administer ICAPP-funded services. Prevent Child Abuse Iowa has administered the program since 1982.

Prevent Child Abuse Iowa, in partnership with DHS, issues requests for proposals to over 65 local child abuse prevention councils seeking funds to provide services. These prevention councils are volunteer coalitions broadly representative of the governmental, business, service provider, consumer, and civic sectors of their communities. Each council assesses its community's service and support needs and submits a proposal for funding up to three prevention programs. This assessment necessarily requires prioritization among the community's needs, because councils can only request funds up to certain limits in order to ensure that state funds can reach as many counties in Iowa as possible.

Independent grant review committees evaluate council proposals and recommend how the funds should be distributed. Their recommendations go to an independent advisory council not affiliated with Prevent Child Abuse Iowa or a child abuse prevention council. The advisory council makes the final decisions, subject to DHS approval, on what funding councils receive. These decisions are always challenging because council requests far exceed available grant funds.

In fiscal year 2015, local child abuse prevention councils received grants totaling nearly \$1.2 million to develop and operate 105 projects in 78 counties. Councils provide service in one or more of five major areas: Community Development (\$3,800), Outreach and Follow-Up Services (\$184,247), Parent Development (\$524,707), Respite Care Services (\$214,463), and Sexual Abuse Prevention (\$256,823).

The table below details the services that local child abuse prevention councils provided in fiscal year 2015 (July 1, 2014 to June 30, 2015). Councils provided 53,234 hours of respite and crisis child care to 673 families with 1,176 children. A total of 3,048 parents attended parent development classes, and 789 participated in outreach and follow-up services. A total of 30,122 children and 5,826 adults attended sexual abuse prevention classes. Prevention services overall helped 36,810 children. Providing services utilized 28,309 hours of time from 1,285 volunteers.

**Table 1. Child Abuse Prevention Services, Fiscal Year 2015**

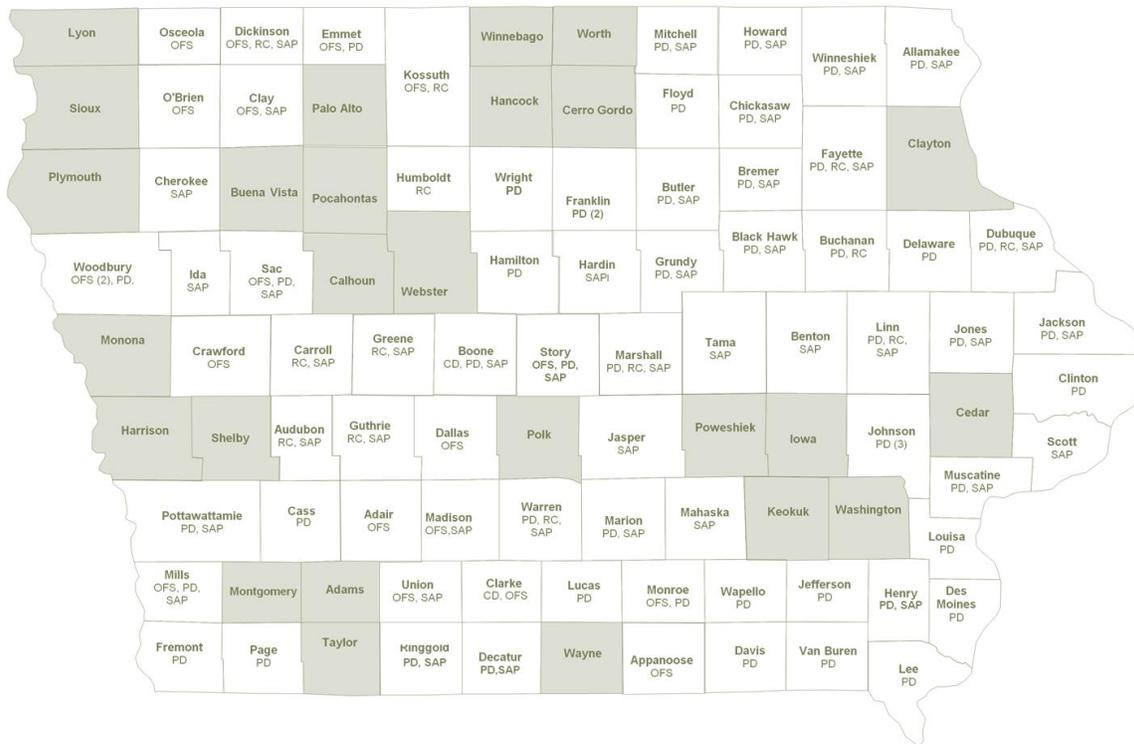
<i><b>Program</b></i>	<i><b>Funds Awarded</b></i>	<i><b>No. of Projects</b></i>	<i><b>Families Served</b></i>	<i><b>Parents/ Adults Served</b></i>	<i><b>Children Served</b></i>	<i><b>Hours of Care</b></i>	<i><b>Volunteers</b></i>	<i><b>Volunteer Hours</b></i>
Community Development	\$3,800	2						
Outreach & Follow-Up	\$184,247	17	515	789	896		186	1,676
Parent Development	\$524,707	44	2,219	3,048	4,616		576	5,120
Respite & Crisis Services	\$214,463	10	673	966	1,176	53,234	276	17,279
Sexual Abuse Prevention	\$256,823	31		5,826	30,122		247	4,234
<b>Total</b>	<b>\$1,190,848</b>	<b>105</b>	<b>3,407</b>	<b>10,629</b>	<b>36,810</b>	<b>53,234</b>	<b>1,285</b>	<b>28,309</b>



ICAPP grants provide a base of financial support for councils to offer prevention services and for community groups interested in preventing child abuse to pay the costs of starting new councils. As important as they are, the grants that councils receive are limited, averaging \$11,340 per project and \$16,300 per county in fiscal year 2015. Most projects need to supplement their ICAPP grants with significant local cash and in-kind support.

Figure 1 shows the location by county of the five types of programs and services for fiscal year 2015.

**Figure 1. Counties with ICAPP-Funded Services in FY 2015**



Key: CD = Community Development, OFS = Outreach/Follow-Up, PD = Parent Development, RC = Respite Care, SAP = Sexual Abuse Prevention



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## Families Served by ICAPP

While the detailed demographics report was submitted to DHS separately, a brief summary of participant characteristics is useful in putting the evaluation results in context.

Demographic data in this report are based on surveys collected from July 2014 through June 30, 2015. The report represents information from program participants who voluntarily shared demographic information and responses to the protective factors questions. Statewide, 3,002 total surveys were analyzed, which includes 1,569 enrollment surveys and 1,433 follow-up surveys.

<b>Family Demographic Summary</b>
90.1% women, 9.9% men 76% White, 17% Hispanic, 5% African American, 1% Native American or Alaskan Native 44% Married 19% Partnering 8% Separated or Divorced 28% Single
<b>Housing Status</b>
34% Own a home 46% Rent a home 18% Share housing or indicated temporary living situation
<b>Employment &amp; Education Status</b>
48% Employed full or part time 13% Currently in school 30% Had a high school diploma or GED 23% Had some college or vocational training 11% Had an Associate's degree 11% Had a Bachelor's degree 4% Had a Master's degree or higher

Comparing the demographics of the families served to the 2013 US Census Data and estimates for Iowa (the most current available at the time of this report, reflecting a 2% change in population from 2010), there are some noticeable differences. For instance, statewide 92.5 percent of Iowans are White, and three percent are African American, compared to 76 percent White and five percent African American among the families served. According to the Census, 5.5 percent identify as Hispanic or Latino, compared to 17 percent served by programs. Fewer caregivers are employed (48% among survey respondents compared to 65% in Iowa). More people in the general population have some college education, including undergraduate and graduate degrees (58%) than those served (49%).

Thinking a little more about the families who access Iowa's prevention programs, it is helpful to look at household income. For those who completed surveys, statewide 52.3 percent earned \$20,000 or less per year, compared to the US Census estimates for 2013, where just 13% earned less than \$25,000; 17.5 percent had annual incomes between \$20,000 and \$30,000; almost ten percent earned \$30,000 to \$40,000; and 21 percent earned \$40,000 or more, (again, the 2013 Census data showed that 64% of households in Iowa earned \$50,000 or more per year).

In summary, families served by ICAPP are less likely to be employed and less likely to have college degrees compared to the general population. In addition, compared to previous years, ICAPP served a smaller proportion of single parents and male caregivers this year, but continued the trend of serving more Hispanic or Latino families.



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## Overview of the Iowa Family Survey

PCA Iowa's role is to support the community agencies administering prevention services by overseeing program operations (practices and policies), providing training and technical assistance, assisting with evaluation and providing helpful feedback about the successes and challenges of the councils' efforts. PCA Iowa continues to use Hornby Zeller Associates, Inc. (HZA) to assist with the evaluation component and measure the protective factors in families participating in Outreach and Follow-Up, Respite and Crisis Care, and Parent Development programs and services. For the last three years, PCA Iowa has used the protective factors survey developed by FRIENDS National Resource Center for Community-Based Child Abuse Prevention and the University of Kansas Institute for Educational Research and Public Service, through funding provided by the US Department of Health and Human Services. This instrument is flexible in that it can be used with the majority of prevention projects, and can be given on paper or through the web. While this is an adaptable tool that can be used across most prevention programs, the exception is with child sexual abuse prevention programs, which typically use a separate method of evaluation. Iowa relies on the survey results to collect demographic information and measure the degree of change in protective factors of program participants, which helps inform program planning and activities. The survey in its current form, including additional sections that ask basic demographic questions and services received by participants, is called the *Iowa Family Survey*. In fiscal year 2015, participants of ICAPP-funded programs were again required to answer an additional five questions (inquiring about history of substance abuse, domestic violence, child abuse and neglect, mental illness and adolescent pregnancy). With the inclusion of these questions for all ICAPP grantees in fiscal year 2015, the evaluation team is able to complete more complex analyses of the change in protective factors in relation to the health history (and risk factors) according to participants' responses, using a similar methodology to last year's analysis.

Iowa's prevention program grantees are required to use the *Iowa Family Survey* as part of their evaluation and continuous quality improvement process. By measuring the same variables across all programs, communities can get useful feedback that is relevant and immediately applicable to their work with children and families.

Programs can use their survey results to understand what changes have occurred in the individuals and families they serve. The *Iowa Family Survey* helps programs to:

- Describe the population(s) they serve;
- Assess the changes in any of the targeted protective factors; and
- Consider the protective factors and areas of programming that need more focus.

Considering the research questions and measurable objectives of this project, part of the methodology includes assuring the instrument accurately collects the desired data, answers the questions posed, and is as simple as possible for the majority of programs to complete. To that end, a great deal of effort was put into administering a survey that would give program staff confidence in the self-evaluation process.

Training and technical assistance webinars were provided to participating councils required to use the *Iowa Family Survey*. They were advised of possible pitfalls and helpful tips to avoid those pitfalls prior to administering the survey to families. Staff members were made aware that their role was to facilitate understanding and cooperation, not to tell participants how to answer questions, and were reminded that it was critical that the survey be presented in a consistent way to all participants. The survey was administered to all participating families in 71 programs representing four program types across 65 counties in the state between July 1, 2014 and June 30, 2015.



This report includes service data and results of the *Iowa Family Survey* (protective factors survey) for each of the major program areas in fiscal year 2015. To compile the service delivery data, PCA Iowa uses information from quarterly reports listing services provided, program participation, and volunteer contributions. The protective factors questions were asked as part of the *Iowa Family Survey*, administered by three of the five program types. Child Sexual Abuse Prevention programs were excluded from this survey since curricula used for those prevention efforts typically have their own evaluation forms. These questions were designed to be given to adult caregivers of children rather than children themselves or teachers who, in this case, received information about child sexual abuse prevention. Councils that were listed as part of the Community Development category were also excluded from the *Iowa Family Survey*.

The five protective factors are addressed by 20 questions, asking adult caregivers to make a self-assessment of each at the beginning of program involvement, and then after participating in a program. Using a Likert-style agreement scale, participants rated a series of statements about their family, connection to the community, their parenting practices and perceived relationship with their child(ren). The scores for each domain are calculated based on a range from one as the lowest through seven as the highest possible. The responses to these statements provide a way to measure the protective factors in children’s lives and can be examined all together as a group, compiled into five components, or interpreted separately, question by question. The table below, created by FRIENDS National Resource Center, provides a brief summary of the protective factors covered in the survey.

<b>Table 2. Definitions of Protective Factors by FRIENDS NRC</b>	
<b>Protective Factors Survey Components</b>	
<b>Domain</b>	<b>Definition</b>
<b>Family Functioning and Resiliency</b>	Having adaptive skills and strategies to persevere in times of crisis. Family’s ability to openly share positive and negative experiences and mobilize to accept, solve and manage problems.
<b>Social Emotional Support</b>	Perceived informal support (from family, friends and neighbors) that helps provide for emotional needs.
<b>Concrete Support</b>	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
<b>Child Development and Knowledge of Parenting</b>	Understanding and utilizing effective child management techniques and having age-appropriate expectations for children’s abilities.
<b>Nurturing and Attachment</b>	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.



## ICAPP Protective Factors Results

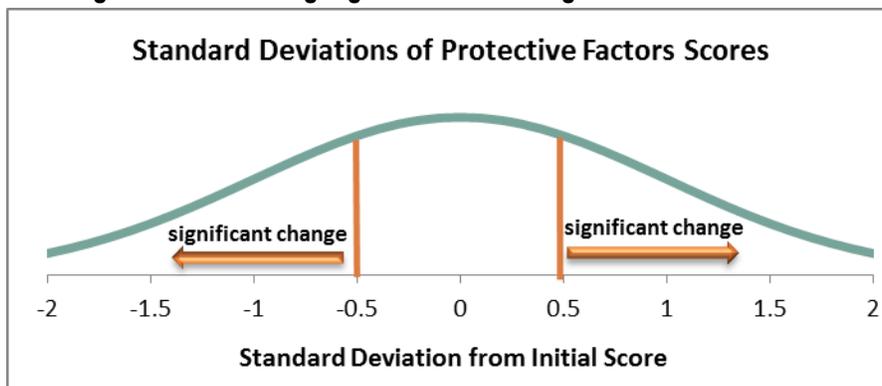
To help understand the programs' impact in the community and determine whether or not services and activities are making a difference in the areas they were intended, HZA looked at the average scores in each domain at the beginning of program involvement (pretest) and after program involvement (post test). The study examines the aggregate scores of all participants involved in the current funding cycle, that is, the group of participants that took the survey initially, and the group that took a survey at follow up, which could be different people. The total number of valid surveys in fiscal year 2015 was 3,002, which is similar to past years' data.

Families may be involved in a program across multiple years; therefore each subsequent year of involvement requires the analysis of surveys in different combinations. First, each participant who completes a survey is matched with all of their prior surveys to determine if change is observed from the start of involvement compared to the present, or the start of this year, compared to the present. The greatest observed differences are seen at the start of involvement, in general. With a wide range of intensity of services offered, however, it can be challenging to identify the ideal. For instance, Parent Development programs may enroll a parent in a long-term home visiting service where they have regular (frequent) contact, whereas a Crisis Care program may see the parent only once, and in a very challenging circumstance. It makes sense that these survey responses will differ greatly from one another, and combining the responses into statewide aggregates of "pretest" and "post test" results can be too diluted. Using the survey completion date as well as the enrollment date, HZA searched for pretest matches to anyone completing a post test this year. HZA was able to group the surveys into different timeframes to explore where significant changes occurred for all five protective factors.

The 2015 results were much more significant when matching the participant's first pretest to their current post test. Knowing that some participants could have completed an enrollment survey during an earlier fiscal year, and knowing that not every participant agrees to the enrollment survey (pretest), the results of the matched comparison as reported in this chapter excludes any participant who did not ever complete the pretest. Though those participant's results were reviewed, the changes were minor and of little significance. This methodology was employed to determine the change in protective factors in the same group of participants from enrollment to current year, which allows for a valid and stronger assessment of program impact. Expanding the comparison group in this way allowed for 462 surveys to be matched.

In this analysis, a respondent was considered to have improved (or worsened) if the change in a protective factor score was at least one half of a standard deviation above or below the initial score, as depicted in Figure 2.

**Figure 2. Determining Significance of Change in Protective Factors**



Results for the matched group are shared in Figure 3. The survey responses from the state’s matched group reflected that the percentage of individuals showing a positive change exceeded those that had a negative change in four out of the five domains (all except *Nurturing and Attachment*). For the last two years, the greatest gains were in the *Family Functioning* and *Child Development* domains; this year, respondents showed the greatest gains in *Family Functioning* and *Social Support*. The *Child Development* and *Nurturing and Attachment* domains had the greatest percent of respondents indicating “no change” based on the scores from pretest to current. Based on this group of 462 surveys, participants overall were maintaining or increasing protective factors from their initial involvement to current. Though the effect size is not substantial, the results show noticeable improvement in *Family Functioning* and *Social Support* and modest improvement in *Concrete Support*. The difference in scores for *Child Development* and *Nurturing and Attachment* were less significant, but still increased.

**Figure 3. Change in Protective Factors for All Programs Combined, Matched Comparison Group**

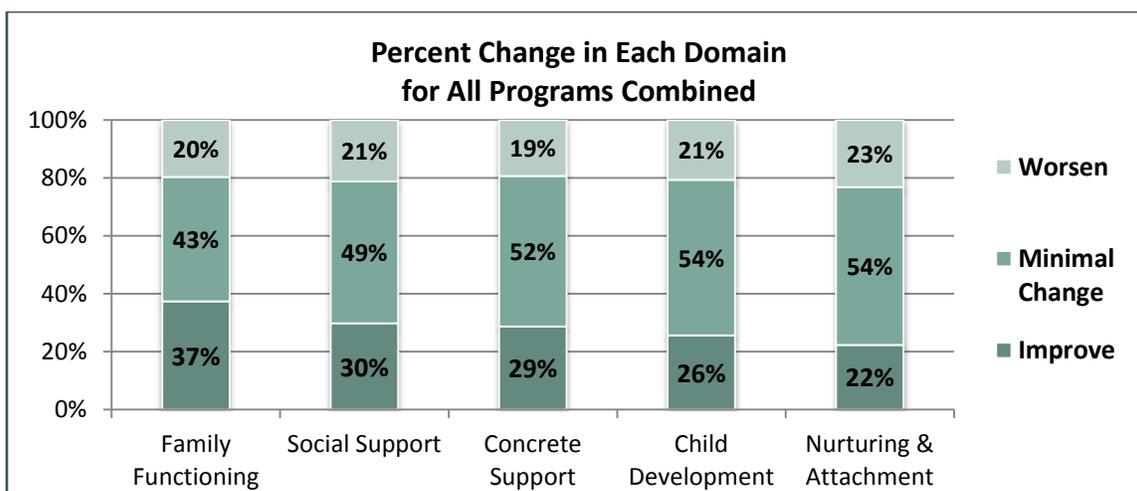


Table 3 below shows the results of paired t-tests for all respondents that had ever taken an enrollment survey and also had a follow-up survey during FY 2015.

**Table 3. Change in Average Scores From Enrollment to Follow up, All Programs Combined, Fiscal Year 2015**

Matched Comparison Group (Current survey compared to respondent’s enrollment survey)										
	Family Functioning		Social Support		Concrete Support		Nurturing & Attachment		Child Development	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
<b>N</b>	455		457		457		388		389	
<b>Average</b>	5.35	5.56	5.74	5.95	5.27	5.45	6.32	6.33	5.66	5.74
<b>Significance</b>	0.000065**		0.00012**		0.0115*		0.394		0.0237*	

\* Statistically significant result

\*\* Highly statistically significant result

The strong results from participant’s pretest to post test demonstrates the importance of encouraging programs to adhere to the survey administration protocol, finding the optimal window to offer the survey to new participants only



after establishing trust, yet early enough so they have not yet “benefitted” from the program. Inconsistency in the survey administration of pretests and post tests can skew results and reduce the confidence that pretests are truly reflective of participants’ assessment of protective factors before involvement in prevention programs.

Expanding on the analysis of average scores and differences in matched comparisons, the evaluation team looked at the effects of certain demographic characteristics on protective factors to determine if there were specific groups of people who made greater gains than others. Providers might expect, for instance, that families in stable and supportive living situations score better in *Family Functioning* or *Social Support* than those who are homeless or temporary housing. Programs may look for evidence from the data to justify projects or activities that support families in maintaining or increasing scores in different domains. Examining how the highly-educated individuals score in *Knowledge of Child Development* compared to those with lower education levels (as one example), can help programs prioritize.

In general, the results showed that the prevention programs in Iowa are effective for a wide variety of demographic groups. This year, there was no predictable pattern of difference in outcomes across domains when looking at income levels. In some domains (*Nurturing and Attachment* and *Social Support*), the lowest income groups (\$0-\$20,000 earners) had more positive change. On the other hand, those with the highest income showed more positive change in *Concrete Support* and *Family Functioning*, though not consistently. A small percentage of participants had Master’s Degrees; those individuals had higher average scores in all five domains (both at pretest and post test). By contrast, participants with the lowest education levels had the lowest average scores in *Concrete Support*, *Social Support* and *Family Functioning* domains.

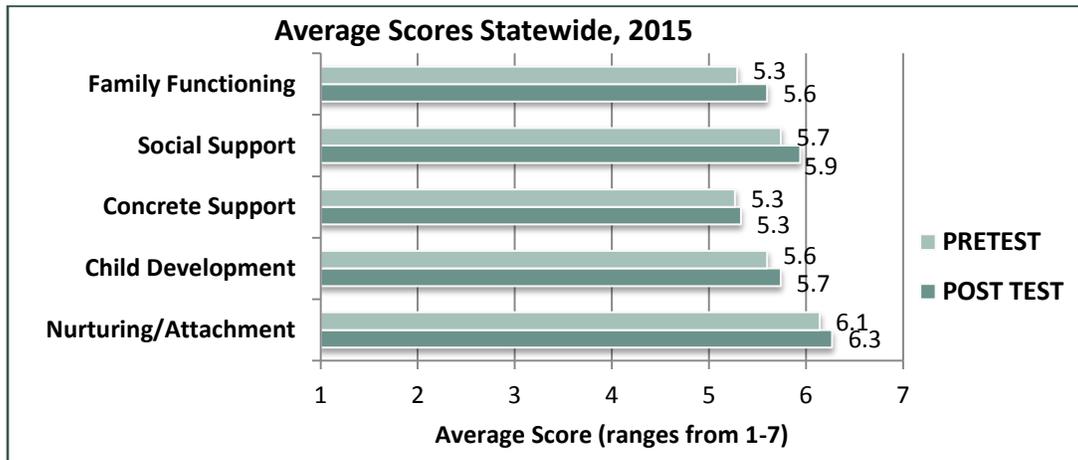
Other findings of note from the matched comparison group are summarized here:

- Families who were White had more positive change than Hispanic in *Concrete Support*, *Child Development* and *Nurturing and Attachment*;
- Families who were Hispanic had more positive change than White in *Family Functioning* and *Social Support* (all other race categories showed insignificant change or too-few participants to include);
- Families with the highest income were more likely to show no change in all five domains;
- Families who indicated that they received “no services” were less likely to show negative change; TANF recipients showed more positive change than those receiving any other service type (including WIC and Head Start);
- Those who were employed full time were most likely to report a positive change in *Family Functioning* and *Social Support*, when compared to those seasonally, temporarily or not employed;
- Participants who were single or divorced had lower average scores than those who were partnering or married; and
- Women who had their first baby at a younger age had lower average scores than those who had a baby between the ages of 21-35 years of age.

Figure 4 illustrates another way to analyze results, by looking at the average scores from all of this year’s pre and post tests in each protective factor domain. In this illustration, results are not based on the matched comparison group. (Average scores and program-level analysis will be described further by program type within each chapter throughout this report.) Looking at the overall results of the 2015 survey, all of the average scores at enrollment are very similar to previous year’s results. The range again this year is between 5.3 as the lowest and 6.3 as the highest, showing a very similar degree of change, as well. The average score in all five factors still increases, though subtly, across the five domains. *Nurturing and Attachment* continues to be the domain that starts with the highest average score (6.14, higher than last year) and increases to the highest average score (6.27) out of all five domains.



Figure 4. Average Protective Factors Scores for All ICAPP Participants (N=3,002)



When looking more closely at average score by program type, there was a similar trend in participants' responses. There are few programs that offer crisis services exclusively, though the population served by this program when compared to those served by Respite Care is different. This year's results are displayed separately making it easier to see the differences in family perceptions of protective factors. Results for each of the program types are reviewed in greater detail in the following chapters of this report. Three of the four program types, Respite Care, Parent Development, and Outreach and Follow-up, had fairly moderate to high average scores at enrollment, which is important as programs consider participants' self rating of their protective factors. (Crisis Care participants tended to have lower scores and tended to decrease, though fewer families were served by Crisis than the other types.)

The average scores for each program type are displayed here, lower scores at post test displayed in red, significantly higher scores in bold font. Respite Care, Parent Development and Outreach and Follow-up scores improved moderately, if not significantly in most domains, particularly *Family Functioning*. Programs are encouraged to consider the minimum score that would indicate a family's strength in each domain and ultimately, which domains require specific focus in planning programs and activities.

With exception of the Crisis Care participants, those participating in every other program type showed a higher average score on the follow up surveys compared to those taking a survey in the beginning. Outreach and Follow-up participants had the only decrease, in *Concrete Support*, an area that had an increase in last year's survey data.

**Table 4. Statewide Average Scores for Each Domain by Program Type, 2015**

Protective Factors	Average Scores of All Surveys by Program, Unmatched Groups							
	Crisis Care		Respite Care		Parent Development		Outreach & Follow-Up	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Family Functioning & Resiliency	5.37	5.16	5.76	5.93	5.22	5.53	5.26	5.76
Social Emotional Support	5.60	5.33	6.12	6.31	5.68	5.90	5.81	5.97
Concrete Support	5.02	4.99	5.78	5.95	5.17	5.22	5.49	5.38
Child Development & Parenting	5.87	5.47	5.83	5.89	5.55	5.73	5.53	5.76
Nurturing & Attachment	6.24	5.81	6.17	6.36	6.18	6.28	5.90	6.26

Program participants consistently have very subtle differences in average scores when looking at people at the start of their involvement compared to scores of those after involvement. Overall, the greatest positive change is seen in the *Child Development* and *Nurturing and Attachment* domain for Outreach and Follow-up participants, followed by great increases in *Child Development* for Respite participants, then increases in *Family Functioning and Social Support* domains in Parent Development participants. The results of this survey are positive for PCA Iowa because they are consistent with the national research on prevention programs showing that programs designed to meet the unique needs of families through carefully structured curricula delivered in a variety of settings, and targeting the highest risk populations see the greatest positive change in protective factors (Barth, 2009; Gomby, 2005; Karoly et al., 2005.)

**Protective Factors by Indicated Adverse Experiences**

Knowing that prevention efforts are available throughout the entire state of Iowa, the demographics from the survey were examined to determine if there were trends in protective factors results for any certain populations. While indeed the outcomes were positive for all groups, in general, (i.e., gender, race or ethnicity, caregivers who were married or single, and those in different living situations), the results for certain risk factors including adolescent pregnancy, domestic violence, mental illness, history of child abuse, and alcohol and drug use were studied to see if there were differences between those who possessed those risk factors and those who did not. Responses were self-report only, as is also the case for protective factors questions.

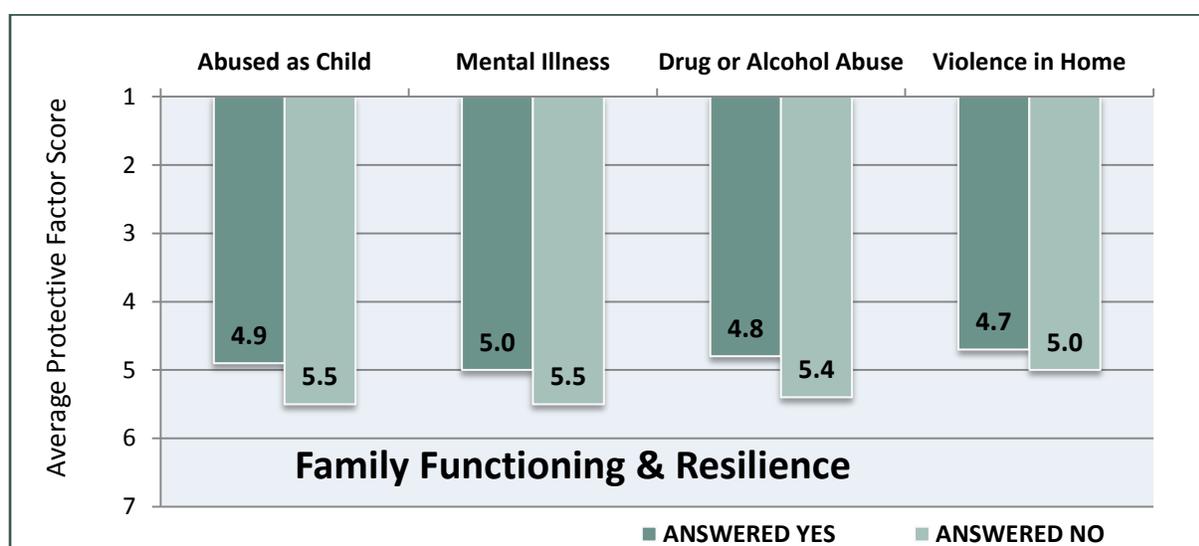
Using the same methodology for examining these results for all ICAPP program participants in 2014, we looked at the average scores at pretest, post test, and all together (eliminating the duplicates from the matched group) against whether the participant indicated they had the risk factor or if they did not. Regardless of when the participant took the survey, the same, fairly consistent pattern was observed. Where the participants indicated that they had a risk



factor, they were far more likely to have lower protective factors scores. Conversely, for participants who indicated that they did not have those risk factors, their protective factors scores were significantly higher.

Using the sample of all enrollment (pretest) surveys from the statewide data, the figures below display the protective factors domains with the most significant difference in the mean scores according to the risk factors of: child abuse and neglect, diagnosed mental illness, abuse of alcohol or other drugs, and presence of violence in the household. The additional question asking about the caregiver's age at the birth of their first child, is not reflected in the figures since differences were more varied and difficult to represent without explanation. For the responses to the 2015 survey, looking at all pretests, women who had their first baby before age 18 scored much lower compared to those who had their first baby at the age of 18 or older, except for the small number who indicated they had their first baby over age 40. There were very few caregivers, however, who fit in that category. This trend was observed at post test as well.

**Figure 5. Difference in Mean Score for Family Functioning Domain by Indicated Risk Factors (N=2,926)**



This year, the greatest difference in average score from pre to posttest was observed in the area of *Family Functioning* for participants who indicated that they had been abused as children and also for those who indicated that they had a diagnosed mental illness compared to those who did not share those traits. This was seen with lower average scores for those taking enrollment (pretest) surveys as well as those taking follow up (post test) surveys for those who had been abused, had mental illness and indicated violence in the home. Caregivers in the matched comparison group who were not abused as children and those who said they did not have violence in their home had more positive change than their counterparts. A similar pattern is observed in *Social Support* (Figure 6), *Child Development and Parenting* (Figure 7), and *Nurturing and Attachment* (Figure 8), where the largest differences are illustrated for those with and without indicated risk factors. Again, the same trend is observed across all domains at post test (not illustrated in this report).



**Figure 6. Difference in Mean Score for Social Support Domain by Indicated Risk Factors (N=2,938)**

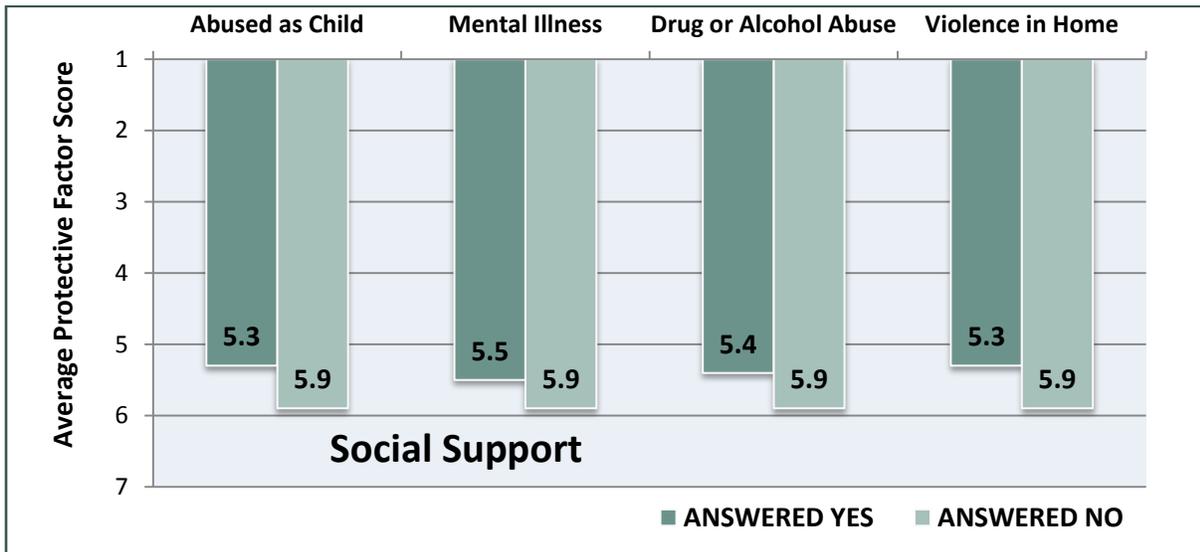


Figure 6 depicting the difference in *Social Support* scores for those with and without risk factors provides evidence that programs need to consider the importance of a multi-disciplinary approach, which may not necessarily be “formal” or “evidence-based.” Participants who feel a positive sense of community and have people they can rely on are better off than those who do not have these circumstances. This is even more important for families who have had adverse experiences.

*Child Development* scores (shown below, Figure 7) were different for every category of risk except those indicating a mental health diagnosis.

**Figure 7. Difference in Mean Score for Child Development Domain by Indicated Risk Factors (N=2,720)**

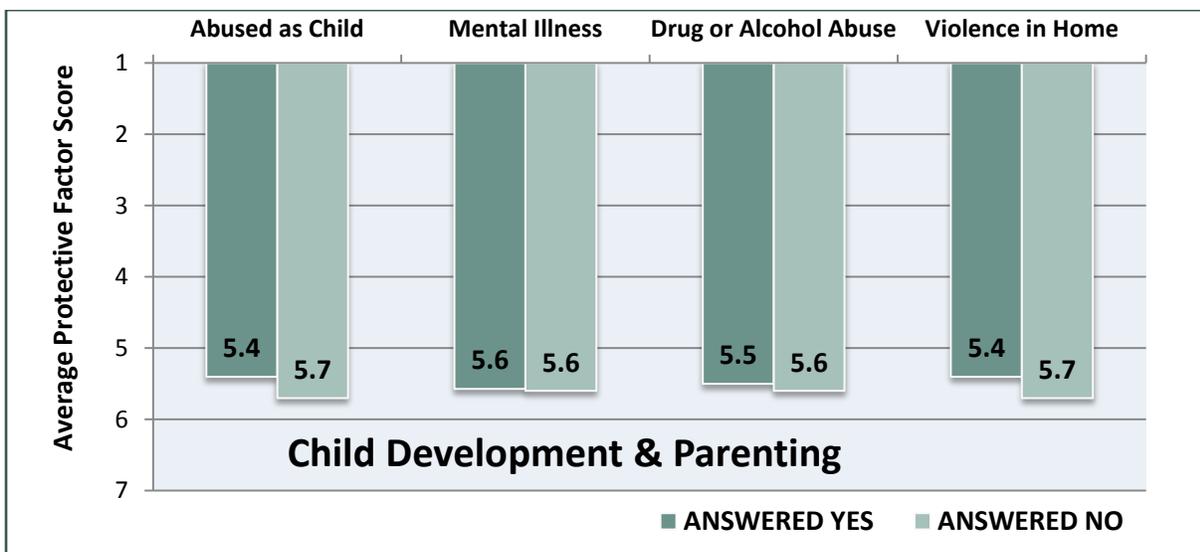


Figure 8. Difference in Mean Score for Nurturing and Attachment Domain by Indicated Risk Factors (N=2,688)

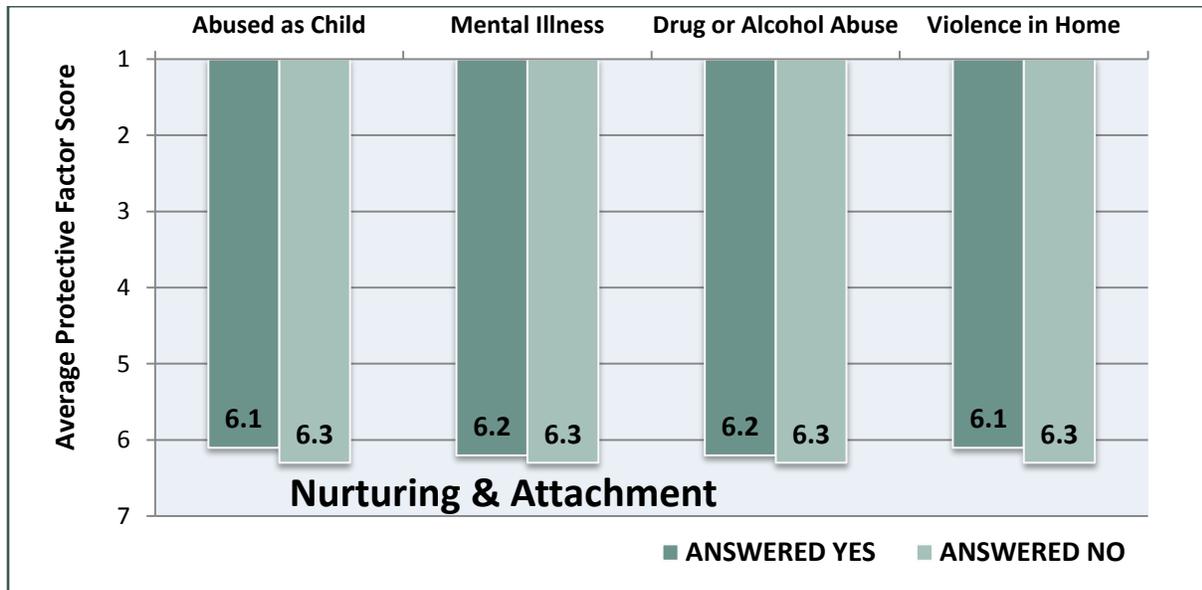


Figure 8 above shows higher initial scores than those seen in the other domains, yet the caregivers indicating the presence of specified risk factors are still showing lower scores than those who did not have these four categories of risk.

It is worth re-stating that these results are based on examination of a voluntary, confidential survey asking adult caregivers to indicate the presence or absence of each of these risk factors. When considering the data in context of contributing family stressors, it becomes clear that families can benefit from programs focusing on promoting protective factors as a counterbalance. In Iowa, these services are offered in a variety of settings, depending on the community’s identified need, and are generally targeted to a specific population. Prevent Child Abuse Iowa has been closely involved in increasing the awareness of the impact of adversity in early childhood and has focused on promoting the benefits of increasing family support and providing buffers to negative influences.

The evaluation team, including Prevent Child Abuse Iowa staff members, has reviewed the trends in the comparison data and are working with program providers to use this information along with their individual program data in planning future activities and projects. The most effective programs that support families with these complex needs may indeed be evidence-based and implemented with fidelity to their respective models. They also must use creativity and collaboration with community partners to provide comprehensive services and supports, rather than relying on a single agency or program to make a lasting difference.

## CHAPTER TWO CRISIS CARE SERVICES

Family stress is a well-documented and significant factor in child abuse. Research shows very stressed parents are at higher risk of abusing their children; as the number of stresses increases, so does the risk of child abuse. Crisis Care programs are intended to provide care and support at high stress times and, therefore, are a critical component of formal social support interventions deemed necessary to prevent child abuse and neglect. Their goal is to provide care for children and support for the family until the emergency situation is remedied. Support services may include parenting information and information regarding other community resources and agencies.

The Iowa Crisis Care programs were initiated in 1989, thanks to a federal demonstration grant that established several pilot sites. Crisis Care projects funded by ICAPP provide a temporary, safe environment for children aged birth through 12 years whose parents are unable to meet their needs due to overwhelming circumstances or an emergency in their lives. These projects must use child care providers that meet state child care licensing or registration guidelines.

Crisis Care Services are available to families under stress 24 hours per day, seven days per week. Families may utilize the services for up to 72 hours at a time. Program staff conduct intake interviews, provide placement for the children, and offer advice and support to parents. Programs provide transportation to care when requested and will travel to pick up children if necessary.

Table 5 lists the crisis care services provided under the Respite Care Services category in fiscal year 2015. A total of 251 families with 476 children received 23,396 hours of crisis child care. Marshall County provided 10,916 hours of care to 151 children and Linn County 5,793 hours to 153 children. The services received 13,973 hours of help from 63 volunteers.

**Table 5. Crisis Care Services, Fiscal Year 2015**

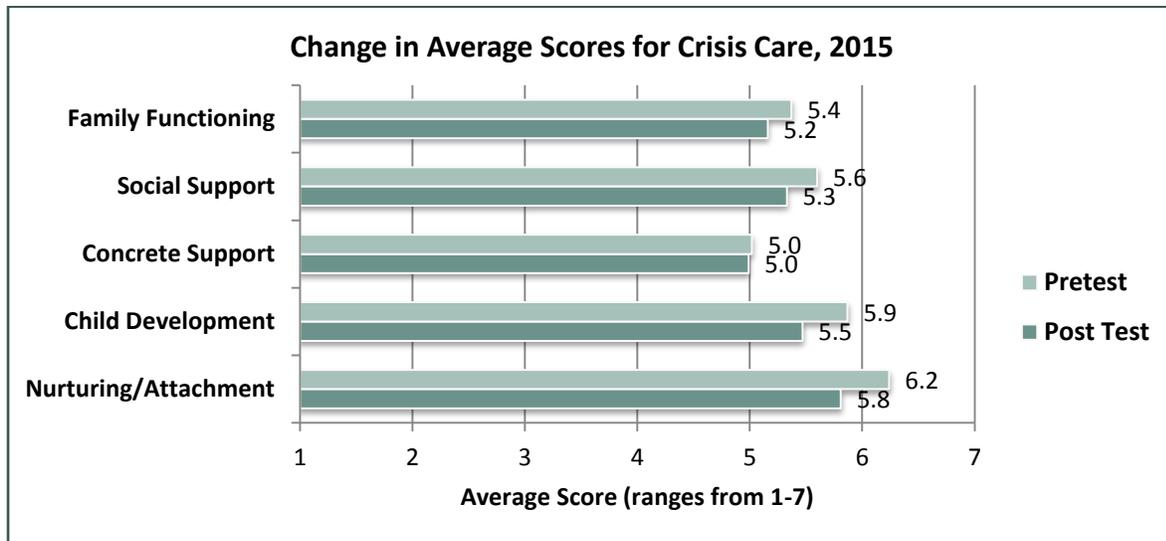
<b>County</b>	<b>Funds Awarded</b>	<b>Families Served</b>	<b>Parents Served</b>	<b>Children Served</b>	<b>Hours of Care</b>	<b>Volunteers</b>	<b>Volunteer Hours</b>
Audubon, Carroll, Greene, Guthrie	\$40,723	44	57	95	4,495	15	2,225
Buchanan	\$20,933	21	25	37	1,051	0	0
Fayette	\$5,230	21	33	40	1,141	2	54
Linn	\$33,572	86	98	153	5,793	22	5,075
Marshall	\$19,204	79	111	151	10,916	24	6,619
<b>Total</b>	<b>\$119,662</b>	<b>251</b>	<b>324</b>	<b>476</b>	<b>23,396</b>	<b>63</b>	<b>13,973</b>

As is apparent in the table above, there are relatively few programs in Iowa that provide Crisis Care services exclusively; most combine with Respite Care or other forms of support and service to the community, which are discussed in subsequent chapters. For 2015, the five Crisis Care projects submitted a combined total of 163 surveys administered to their participants. The average score of all surveys submitted were examined to get an idea of participants' assessment of their protective factors (regardless of when they accessed services throughout the year). As illustrated in Figure 9, decreased scores were observed in all five domains, though for the most part these numbers were still higher than last year; also notice that participants in these programs indicated higher average scores at enrollment than those reported last year in all domains except *Concrete Support*. Looking at the matched



surveys from Crisis Care participants (N=13), the most positive increase was found in *Social Support* (5.21 at post test compared to 5.13 at pretest). Given the small number of matched surveys in this particular program type, those results are not presented in this report. However, PCA Iowa and the evaluation team are working with Crisis Care providers to determine the ideal method of survey administration to these participants. By nature of this program, caregivers may only interact with providers who are in crisis, at one time, and may have competing demands, making it difficult to assess change in protective factors from “pretest” to “post test” with any accuracy or confidence. It might be more realistic, for example, to provide one survey to participants after accessing services, providing programs with demographic information and a snapshot of the caregiver’s risk and protective factors at that point in time.

**Figure 9. Average Protective Factors Scores for Crisis Care Services**



## CHAPTER THREE RESPITE CARE

ICAPP-funded Respite Care (RC) programs provide parents with temporary relief from parenting responsibilities to reduce stress. Programs offer services through site- or home-based care. Service may be available at designated times or on short notice for crises. Staff members at the local sites complete an initial screening to determine the family's needs and make referrals to appropriate community resources while preparing for the care for the child.

However offered, RC programs benefit parents and children alike. Respite Care services provide parents with a break from parenting. Parents can do whatever they choose while their children are safely in respite care. Some parents attend medical appointments or counseling sessions, run errands, or simply rest. Respite Care services have been found to reduce feelings of tension, anxiety, depression, anger, hostility and overall stress levels in parents.

Respite services provided by licensed and/or registered child care providers benefit children by assuring a safe and comforting environment for them. Children often enjoy and learn from interacting and socializing with other children, as well as through participating in fun games and activities in a nurturing place. Parents may also receive parenting information, support, and positive role modeling while their children are in respite or crisis care.

Table 6 summarizes the data from six Respite Care projects for fiscal year 2015 (July 1, 2014 to June 30, 2015). A total of 422 families with 700 children received 29,838 hours of Respite Care. A total of 213 volunteers provided 3,306 hours of service. Warren County provided 9,296 hours of care, Dubuque County 5,587 hours, and the Audubon group 5,117 hours.

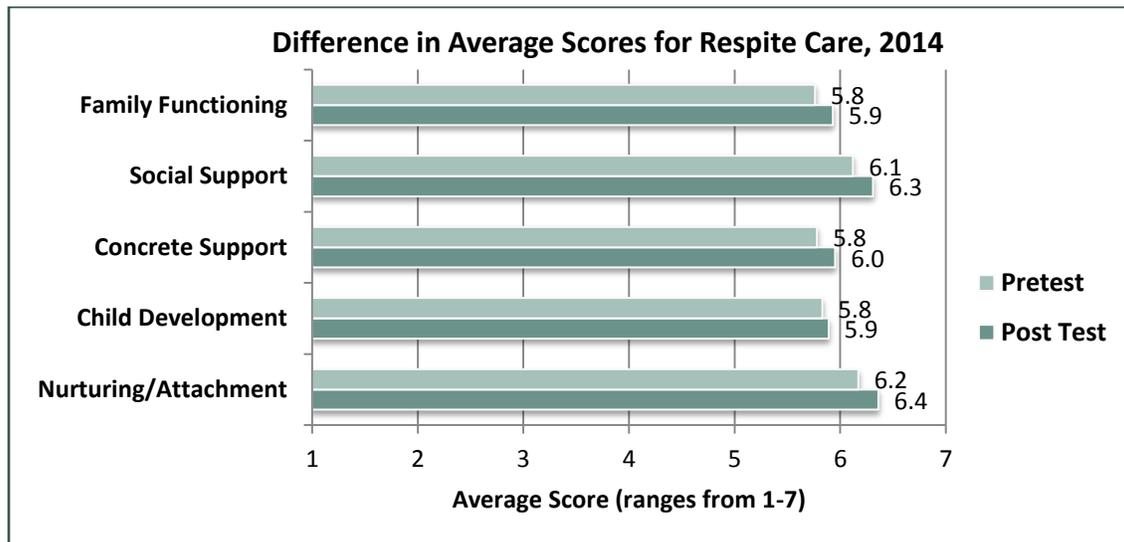
**Table 6. Respite Care Services, Fiscal Year 2015**

<i>County / Council</i>	<i>Funds Awarded</i>	<i>Families Served</i>	<i>Parents Served</i>	<i>Children Served</i>	<i>Hours of Care</i>	<i>Volunteers</i>	<i>Volunteer Hours</i>
Audubon, Carroll, Greene, Guthrie	\$40,723	128	204	236	5,117	22	2,100
Dickinson	\$17,303	54	54	76	3,686	32	96
Dubuque	\$26,547	22	22	40	5,587	10	42
Humboldt	\$8,420	35	70	62	2,620	6	36
Kossuth	\$7,872	35	67	58	3,532	11	246
Warren	\$34,659	148	225	228	9,296	132	786
<b>Total</b>	<b>\$169,096</b>	<b>422</b>	<b>642</b>	<b>700</b>	<b>29,838</b>	<b>213</b>	<b>3,306</b>



All six Respite Care programs combined submitted a total of 317 surveys. The average scores for pretest and post test are illustrated in Figure 10; scores increased in all five domains, with the most noticeable increase in *Child Development*, results which are far more positive than last year's declines across all domains. Compared to 2014, this year's average scores at post test were higher overall, yet *Social Support* and *Nurturing and Attachment* start out very high again here, just as they did in years past. Looking at the matched surveys from Respite Care participants (N=67), the *Family Functioning* domain showed significant change from pretest to post test, however *Social Support*, *Concrete Support* and *Child Development* increased slightly, not significantly. As is typical, *Nurturing and Attachment* scores were very high at pretest for this matched group, with a modest increase of 0.04 at post test.

**Figure 10. Average Protective Factors Scores for Respite Care Services**



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## CHAPTER FOUR PARENT DEVELOPMENT AND EDUCATION

The quality and consistency of parenting significantly affects the possibility of child abuse and is a critical factor in child development. Parents who can meet their own basic needs successfully, have realistic expectations of children, and have knowledge of effective behavior management techniques are less likely to abuse their children.

Consequently, most Parent Development (PD) and Outreach and Follow-Up programs focus on issues such as: communication skills, problem solving and stress management techniques, behavior management, and typical child development.

Prevention programs can be effective in reducing the incidence of child abuse and neglect. Because there is such diversity in the types of programs offered and service delivery options suggested, it is difficult to know precisely which components or strategies are most effective in parent support programs. What is known, however, based on research to date, is that programs that target the highest risk populations see the greatest positive effect (Gonzalez & MacMillan, 2008; Huebner, 2002). According to a meta-analysis of prevention programs targeted to work with parents with young children, “the greatest benefits are seen in programs that begin prenatally or at birth, and provide services for more than six months,” or for home visiting: a minimum of twelve visits (MacLeod & Nelson, 2000 as cited in Huebner, 2002). Parenting programs can be held in group classes, home-based sessions, or office meetings depending on the needs of the family and the community. The length of the program varies depending on the curriculum used and service provided. For example, the *Nurturing Parenting Program* is a popular curriculum that generally meets on a weekly basis for several months, while the *Parents as Teachers* curriculum is a home-based program that targets parents with newborns and follows each family until the child is five years of age.

Some examples of these types of Parent Development programs in Iowa that administered the *Iowa Family Survey* to measure protective factors include: *Love and Logic*, the *Incredible Years*, *Active Parenting*, and *Systematic Training for Effective Parenting (STEP)*.

Table 7 presents service data for the local councils who received ICAPP support to fund 44 Parent Development programs in fiscal year 2015 (July 1, 2014 through June 30, 2015). (One project discontinued services in early FY 2015 and is not listed.) A total of 3,048 parents with 4,616 children received instruction in 6,941 in-home sessions and 1,988 group classes. A total of 576 volunteers dedicated 5,120 hours of service to the parent education programs.



**Table 7. Parent Development Services, Fiscal Year 2015**

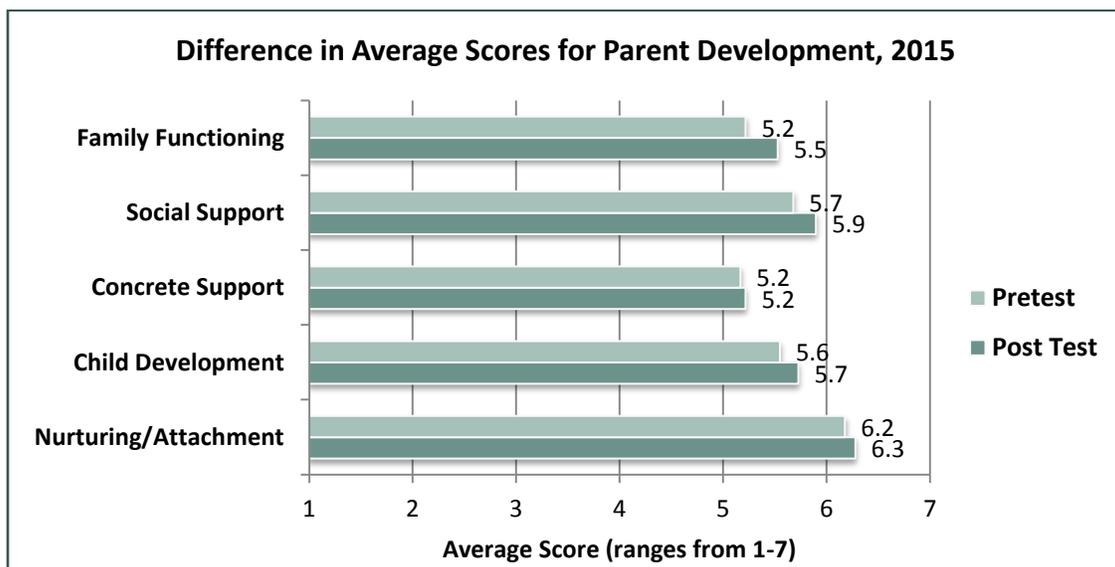
<b>County / Council</b>	<b>Funds Awarded</b>	<b>Families Served</b>	<b>Parents Served</b>	<b>Children Served</b>	<b>Group Sessions</b>	<b>In-home Sessions</b>	<b>Volunteers</b>	<b>Volunteer Hours</b>
Allamakee, Howard, Winneshiek	\$13,346	19	23	20	9	0	8	49
Black Hawk	\$16,650	46	66	89	9	695	1	119
Boone	\$15,941	54	87	1,115	63	0	2	97
Bremer	\$3,280	12	18	21	0	105	0	0
Buchanan	\$23,633	48	70	72	114	400	0	0
Butler	\$2,952	17	29	35	0	143	0	0
Cass	\$6,771	30	40	39	17	95	22	290
Chickasaw	\$7,238	24	45	65	0	328	0	0
Clinton	\$7,970	47	72	60	0	732	0	0
Davis	\$2,995	15	16	19	48	0	9	189
Delaware	\$34,650	151	213	240	14	1,130	0	0
Des Moines	\$12,604	33	49	49	121	0	14	235
Dubuque	\$14,369	21	26	41	0	230	0	0
Emmet	\$6,375	111	170	220	13	0	36	70
Fayette	\$14,496	14	25	22	0	158	3	108
Floyd/Mitchell	\$24,600	91	135	222	0	923	0	0
Floyd	\$8,205	31	36	37	36	0	24	158
Franklin In-Home	\$8,470	9	15	18	0	64	0	0
Franklin Strengthening Families	\$4,740	4	6	4	0	0	11	67
Fremont, Page	\$2,696	136	247	248	30	0	6	99
Grundy	\$2,984	33	38	42	27	0	12	43
Hamilton, Humboldt, Wright	\$22,633	48	58	117	24	137	110	513
Henry	\$6,469	12	12	23	39	0	0	0
Jackson	\$6,199	34	54	60	0	472	0	0
Jefferson, Wapello	\$8,419	142	228	179	258	0	20	142
Johnson Group	\$5,636	29	33	25	41	0	0	0
Johnson UAY	\$9,633	45	45	36	75	0	8	146
Jones	\$7,380	28	50	32	0	399	0	0
Lee	\$15,236	38	49	71	89	0	35	450
Linn	\$4,547	110	110	194	25	0	0	0
Louisa	\$19,849	70	75	187	96	0	14	564
Lucas	\$14,045	51	51	139	43	0	8	105
Marion	\$5,404	9	9	18	16	0	11	20
Marshall	\$16,538	35	65	93	0	383	35	213
Mills	\$17,732	20	24	26	12	175	2	12
Monroe	\$7,933	126	141	177	267	0	39	125
Muscatine	\$27,184	123	123	96	130	0	3	780
Pottawattamie	\$7,814	37	47	85	22	0	5	25
Ringgold	\$7,641	64	80	75	12	272	0	0
Sac	\$7,504	11	15	22	7	0	1	3
Story	\$6,162	40	46	44	28	0	5	234
Van Buren	\$24,788	53	86	91	35	0	32	62
Warren	\$10,047	19	29	18	48	0	84	136
Woodbury	\$30,949	129	192	130	220	100	16	68
<b>Total</b>	<b>\$524,707</b>	<b>2,219</b>	<b>3,048</b>	<b>4,616</b>	<b>1,988</b>	<b>6,941</b>	<b>576</b>	<b>5,120</b>



There were 1,955 surveys submitted by the programs listed in the tables above. Surveys submitted through these PD programs make up more than 65 percent of all surveys analyzed this year. The average scores for PD participants are reflected in Figure 11; as shown, increases are observed in every domain. The past two years of data has consistently shown increases in almost every domain, and this year's results showed higher scores at pretest (or on enrollment surveys) compared to last year. The programs enrolling families are guided to first build trust with participants before administering the survey, though try to find the optimal window to administer the survey before experiencing impact of the program. This methodology can help assure more accurate depictions of protective factors self-assessments without compromising the true baseline. This remains a challenge, however, as participants can still project an ideal score for themselves on the initial survey, resulting in small gains or even declines at the time of the post test.

The greatest change observed this year is in the *Family Functioning* domain, followed by *Social Support*; this is a change from last year's greatest gains in the area of *Child Development*. When looking at the subset of matched surveys from PD participants (N=280), the domains with the most positive change this year were also, not surprisingly, *Family Functioning* (39% positive) followed by *Social Support* (32% positive). More than 52 percent of the matched group indicated no change in Nurturing and Attachment, as is also apparent from the subtle increase in average score from 6.2 to 6.3 for all respondents taking the survey at the start of program involvement compared to those after involvement.

**Figure 11. Average Protective Factors Scores for Parent Development and Education**



## CHAPTER FIVE OUTREACH AND FOLLOW-UP SERVICES

Outreach and Follow-Up programs are largely community-based and typically part of a continuum of services and can be similar in design and intent to Parent Development programs. They are most effective when part of a network of providers or agencies. Families who access Outreach services may need support or assistance with basic needs, health services, family issues or crisis intervention, and information about social service programs (to name a few). Most commonly, Outreach services are delivered through home visitation or group parent education and are offered universally or by targeting specific populations. Gomby cautions in her comprehensive review of home visiting (2005), that “simply targeting services to the neediest or highest risk families (e.g., teens, women with low coping skills) is not sufficient. Program services and curricula must also help the families they serve change the underlying risk factors.” Home visiting is widely recognized as a model designed to promote the protective factors of the family system while preventing child abuse and neglect. The federal Health Resources and Services Administration (HRSA) has identified 13 evidence-based models that have been found to meet criteria of effectiveness. Of the 17 ICAPP Outreach and Follow-Up programs, seven are considered to be evidence-based home visiting models. There are six other ICAPP projects in the state that also offer home visiting, though are not yet considered to be evidence-based. In addition, other Outreach programs include individual or group parent education programs.

Table 8 presents service data for the local councils who received ICAPP support for 17 Outreach and Follow-Up Services projects in fiscal year 2015 (July 1, 2014 to June 30, 2015). A total of 789 parents with 896 children received instruction. Dallas County taught 183 parents. Programs provided parenting instruction in 3,850 in-home sessions and 267 group classes. Clarke, Monroe, and Osceola/O'Brien counties held more than 500 in-home sessions each. A total of 186 volunteers dedicated 1,676 hours of service to the programs.

**Table 8. Outreach and Follow-Up Services, Fiscal Year 2015**

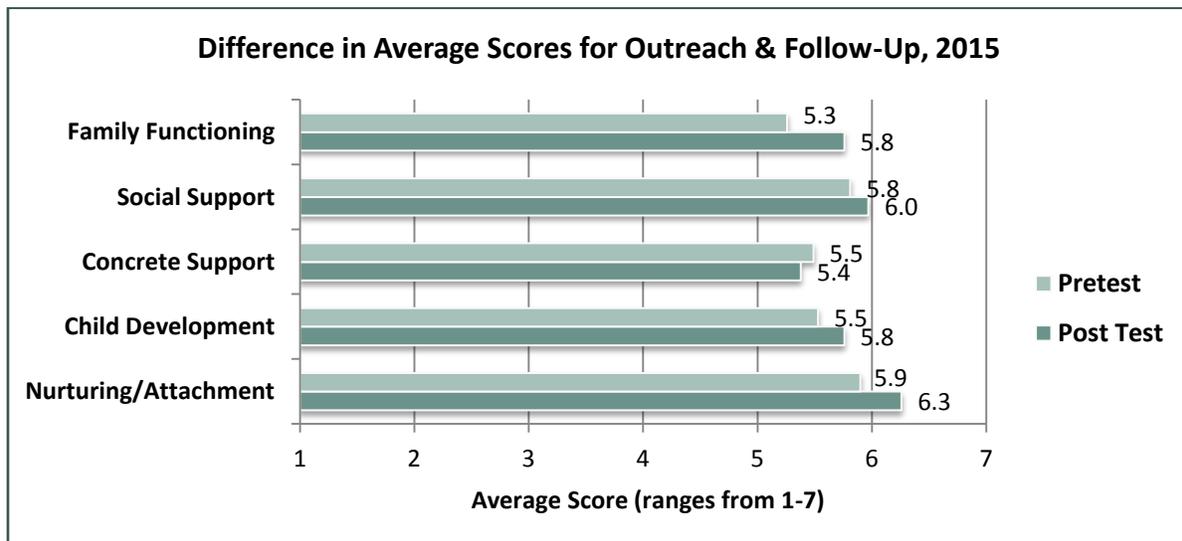
<b>County / Council</b>	<b>Funds Awarded</b>	<b>Families Served</b>	<b>Parents Served</b>	<b>Children Served</b>	<b>Group Sessions</b>	<b>In-home Sessions</b>	<b>Volunteers</b>	<b>Volunteer Hours</b>
Appanoose, Monroe	\$23,208	35	63	80	0	608	0	0
Adair	\$7,017	3	4	5	0	40	51	205
Clarke	\$7,359	48	87	63	0	504	0	0
Clay	\$5,148	23	26	30	0	198	1	176
Crawford	\$15,176	8	14	22	0	112	0	0
Dallas	\$28,989	131	183	209	105	72	28	98
Dickinson	\$4,495	14	25	20	0	198	1	183
Emmet	\$5,018	26	42	54	0	192	1	138
Kossuth	\$4,841	21	35	41	0	410	1	168
Madison	\$10,000	5	7	7	0	46	0	0
Mills	\$17,066	56	80	68	24	138	48	137
O'Brien, Osceola	\$10,075	48	85	100	0	619	2	289
Sac	\$7,114	6	11	10	0	185	0	0
Story	\$6,162	27	45	53	55	0	2	77
Union	\$10,938	7	12	10	0	152	51	205
Woodbury (Crittenton)	\$13,141	51	64	118	83	263	0	0
Woodbury (HOPES)	\$8,500	6	6	6	0	113	0	0
<b>Total</b>	<b>\$184,247</b>	<b>515</b>	<b>789</b>	<b>896</b>	<b>267</b>	<b>3,850</b>	<b>186</b>	<b>1,676</b>



There were 491 surveys submitted by the Outreach and Follow-Up programs listed in the table above, slightly fewer than those submitted on 2014. The respondents in Outreach and Follow-Up programs scored higher than statewide averages in Family Functioning, but, this year, slightly lower than state averages in Social Support, Concrete Support and Child Development domains.

In Figure 12 it is easy to see a somewhat similar trend as noted in other program types; though this year the average scores for Outreach and Follow-Up participants started off higher in four out of five domains (the exception being *Concrete Support*, lower at the start and declining for post test). This year the *Nurturing and Attachment* pretest score starts off high as in years past, and the post tests are even higher, like other programs have seen, this domain is consistently higher than the others. This year's *Child Development* scores were slightly higher than last year's, with a slightly greater level of change. There were 97 surveys that could be matched from pre to post test; when looking at the domains with the most positive change, *Family Functioning* was the highest with over 38 percent positive, followed by *Social Support* showing 33 percent of matched responses showing positive change. The major difference from last year's examination of matched comparisons is that more people experienced positive change in *Family Functioning* rather than *Child Development*.

**Figure 12. Average Protective Factors Scores for Outreach and Follow-Up Services**



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## CHAPTER SIX SEXUAL ABUSE PREVENTION

Given the secrecy surrounding sexual abuse, prevention experts thought the best way to reduce the risk was to educate children. As a result, teaching children to protect themselves remains a core component of prevention programs today. Using this approach, Sexual Abuse Prevention (SAP) programs attempt to reach children to stop abuse before it occurs, with programming most often occurring in a preschool/school setting.

Research on sexual abuse prevention indicates the following components are critical for effective child-focused programs:

- Teaching children a wide variety of concepts, including: defining sexual abuse; identifying potential perpetrators, including abuse by relatives, family friends and others known to the family; and describing the range of sexually abusive behaviors
- Assuring children that abuse is never the child's fault
- Developing self-protection skills - such as assertiveness, communication, problem-solving, saying no, and telling an adult - that will protect children in a variety of situations
- Customizing presentations to match children's age, developmental, educational, cultural and cognitive level
- Using behavioral skills training format: instruction, modeling, rehearsal and feedback
- Providing multiple sessions a year for several years to reinforce knowledge and skill building
- Educating and involving teachers, school personnel and parents when developing, implementing and evaluating programs

ICAPP-funded SAP programs address children from preschool through the sixth grade. Some counties purchase specific sexual abuse prevention curricula, while others have designed their own. A few counties offer programming designed specifically for children with special needs, given the greater risk of victimization these children face.

An example of two curricula used by ICAPP programs include *Talking About Touching* (a multi-session program which introduces sexual abuse prevention as part of a broad personal safety program along with gun safety and wearing seat belts) and *Care for Kids* (a comprehensive program that provides early educators, parents and other professionals with information, materials and resources to communicate positive messages about healthy sexuality to young children).

In addition to educating children, prevention programs are increasing their efforts to teach adults how to keep children safe from abuse. ICAPP-funded programs teach adults by including sexual abuse prevention information in home visiting programs, group-based parent education programs, and public awareness activities. The curriculum most often used is a nationally recognized adult-focused program called Stewards of Children, which teaches participants the scope of sexual abuse, the impact of sexual abuse, and how it is ultimately an adult's responsibility to keep children safe. Also frequently utilized is *Nurturing Healthy Sexual Development*, which focuses on children's normal (and abnormal) sexual behaviors, how to talk to children about these behaviors, and how to recognize potential warning signs.



ICAPP funds supported 31 SAP projects, with some councils providing services in multiple counties. The following tables present the data reported in fiscal year 2015 (July 1, 2014 to June 30, 2015). Table 9 provides information on councils' child-focused instruction, and Table 10 summarizes adult-focused instruction service data. Twenty-three projects reported making 3,678 child-focused presentations, which 30,122 children and 2,079 adults attended. Twenty-eight projects reported providing adult-focused child sexual abuse instruction or public awareness presentations, which reached more than 3,700 adults through 179 adult education sessions and 349 public awareness presentations. Providing support for projects required the help of 246 volunteers contributing 4,233 volunteer hours (not in a table).

**Table 9. Sexual Abuse Prevention Services for Children, Fiscal Year 2015**

<i>County / Council</i>	<i>Funds Awarded</i>	<i>Number of Sessions</i>	<i>Children Attending</i>	<i>Adults Attending</i>
Allamakee, Howard, Winneshiek	\$8,073	42	113	15
Benton	\$6,032	43	110	9
Black Hawk	\$18,308	383	8,297	816
Boone	\$8,211	4	68	11
Bremer	\$12,319	75	1,334	111
Butler	\$3,280	18	291	38
Chickasaw	\$6,757	50	931	72
Dallas	\$7,872	75	453	32
Decatur, Ringgold	\$5,554	68	394	0
Dubuque	\$4,184	7	21	21
Fayette	\$3,607	27	170	25
Grundy	\$4,583	30	606	33
Hardin, Marshall, Tama	\$38,018	797	3,822	163
Jackson	\$9,215	124	826	0
Jasper	\$6,606	15	52	6
Linn	\$7,216	44	177	6
Madison	\$7,051	49	532	0
Mahaska, Marion	\$11,665	245	4,147	217
Mills	\$13,494	100	641	53
Pottawattamie	\$17,523	260	5,197	299
Scott	\$11,449	304	367	0
Story	\$7,650	674	1,368	152
Warren	\$3,611	244	205	0
<b>Total</b>	<b>\$222,278</b>	<b>3,678</b>	<b>30,122</b>	<b>2,079</b>



**Table 10. Sexual Abuse Prevention Services for Adults, Fiscal Year 2015**

<i>County / Council</i>	<i>Funds Awarded</i>	<i>Adult Education</i>		<i>Public Awareness</i>	
		<i>Number of Sessions</i>	<i>Adults Attending</i>	<i>Number of Presentations</i>	<i>Adults Attending</i>
Allamakee, Howard, Winneshiek	\$8,073	5	92	18	268
Audubon, Carroll, Greene, Guthrie	\$7,642	7	52	6	138
Benton	\$6,032	5	14	0	0
Black Hawk	\$18,308	20	216	16	292
Boone	\$8,211	11	89	16	85
Bremer	\$12,319	2	61	1	18
Cherokee, Ida	\$11,826	24	100	70	120
Chickasaw	\$6,757	2	23	0	0
Clay	\$2,296	12	38	50	92
Dallas	\$7,872	0	0	5	104
Decatur, Ringgold	\$5,554	0	0	22	198
Dickinson	\$1,743	12	114	45	66
Dubuque	\$4,184	1	9	0	0
Fayette	\$3,607	2	2	1	5
Hardin, Marshall, Tama	\$38,018	5	78	1	29
Henry	\$1,127	7	51	7	99
Jasper	\$1,085	1	37	1	16
Jones	\$6,606	3	13	0	0
Linn	\$7,216	3	48	0	0
Madison	\$7,051	3	32	0	0
Mahaska, Marion	\$11,665	6	41	0	0
Mills	\$13,494	3	21	11	77
Muscatine	\$6,617	4	45	1	10
Pottawattamie	\$17,523	1	5	4	20
Sac	\$2,209	12	40	48	120
Scott	\$11,449	13	184	7	169
Story	\$7,650	0	0	19	183
Warren	\$3,611	15	233	0	0
<b>Total</b>	<b>\$239,745</b>	<b>179</b>	<b>1,638</b>	<b>349</b>	<b>2,109</b>

ICAPP projects asked adults attending child-focused instruction to evaluate the instruction they observed. Questions asked if:

- The information matched the students' developmental level;
- The program used behavioral skills training and a variety of presentation methods;
- The instruction adequately covered information about sexual abuse;
- The students seemed to understand the concepts taught;
- The students had the opportunity to practice the skills taught.

PCA Iowa received 1,069 surveys concerning child-focused SAP instruction. The next two tables summarize participant responses to these questions.

Table 11 (below) summarizes responses regarding aspects of the instruction offered. The first question asked if the program was appropriately designed to match the students' developmental levels. A total of 814 respondents (76%) said they *strongly agreed*, and 243 (23%) *agreed* the program matched the participants' levels. Five respondents each (0.5%) *disagreed* and *strongly disagreed*. The second question asked if the program used behavioral skills training. A total of 809 respondents (76%) said they *strongly agreed*, while 249 (23%) *agreed*. Five respondents (0.5%) *disagreed* and six (0.5%) *strongly disagreed*. A third question asked if the program used a variety of presentation methods. A total of 633 respondents (60%) said they *strongly agreed*, 400 (38%) *agreed*, while 26 respondents (2%) *disagreed* and five *strongly disagreed* (0.5%).

**Table 11. Instructional Level, Skill Development, and Presentation Methods**

County	Responses	Information developmentally appropriate				Used behavioral skills training				Variety of presentation methods			
		SA	A	D	SD	SA	A	D	SD	SA	A	D	SD
Allamakee, Howard, Winneshiek	4	2	2	0	0	2	2	0	0	2	2	0	0
Benton	5	3	2	0	0	1	4	0	0	1	4	0	0
Black Hawk	154	110	40	3	0	104	49	1	0	102	52	0	0
Bremer	58	38	19	0	0	31	23	2	1	28	28	2	0
Butler	8	6	2	0	0	6	2	0	1	4	4	0	0
Chickasaw	54	43	10	0	1	41	12	0	0	39	14	0	1
Dubuque	12	5	7	0	0	6	6	0	0	4	8	0	0
Fayette	8	3	5	0	0	3	5	0	0	5	3	0	0
Grundy	9	6	3	0	0	7	2	0	0	6	3	0	0
Hardin, Marshall, Tama	157	118	39	0	0	119	38	0	0	85	69	2	0
Henry	1	0	1	0	0	1	0	0	0	0	1	0	0
Jackson	45	41	4	0	0	41	4	0	0	38	6	1	0
Jones	2	0	1	1	0	0	1	1	0	0	1	1	0
Linn	8	3	4	1	0	4	3	1	0	3	4	1	0
Mahaska, Marion	175	134	40	0	1	133	41	0	1	66	90	15	1
Mills	44	39	5	0	0	42	2	0	0	32	11	0	0
Pottawattamie	239	198	38	0	3	199	37	0	3	190	46	1	2
Scott	11	1	10	0	0	4	7	0	0	1	7	2	1
Story	75	64	11	0	0	65	10	0	0	27	47	1	0
<b>Total</b>	<b>1,069</b>	<b>814</b>	<b>243</b>	<b>5</b>	<b>5</b>	<b>809</b>	<b>249</b>	<b>5</b>	<b>6</b>	<b>633</b>	<b>400</b>	<b>26</b>	<b>5</b>

SA= Strongly agree; A = Agree; D= Disagree; SD = Strongly disagree

Table 12 (next page) summarizes responses from adults regarding student understanding and skill development. One question asked if the program adequately covered useful and understandable information about sexual abuse. A total of 767 respondents (72%) said they *strongly agreed*, while 290 (27%) *agreed*. Four respondents (0.4%) *disagreed*, and five (0.5%) *strongly disagreed*. A second question asked if students seemed to understand the concepts being taught. A total of 680 respondents (64%) said they *strongly agreed*, while 376 (35%) *agreed*. Five respondents (0.5%) *disagreed* and four (0.4%) *strongly disagreed*. A third question asked if respondents thought the students had the opportunity to practice what they were taught. A total of 719 respondents (69%) said they *strongly agreed*, and 307 (29%) *agreed*. Twelve respondents (1.2%) *disagreed*, and five (0.5%) *strongly disagreed*.



**Table 12. Adequacy of Information, Student Understanding, and Opportunity to Practice**

County	Program adequately covered useful and understandable info				Students understand concepts				Students practice skills taught			
	SA	A	D	SD	SA	A	D	SD	SA	A	D	SD
Allamakee, Howard, Winneshiek	2	2	0	0	2	2	0	0	1	3	0	0
Benton	2	3	0	0	1	4	0	0	2	3	0	0
Black Hawk	102	50	2	0	97	53	3	0	80	59	5	0
Bremer	35	21	0	1	30	28	0	0	25	20	3	1
Butler	6	2	0	0	6	2	0	0	4	4	0	0
Chickasaw	41	12	0	1	40	13	0	1	35	16	0	1
Dubuque	4	8	0	0	5	7	0	0	8	4	0	0
Fayette	8	0	0	0	1	7	0	0	3	5	0	0
Grundy	5	4	0	0	6	3	0	0	4	5	0	0
Hardin, Marshall, Tama	120	37	0	0	97	60	0	0	99	55	1	0
Henry	0	1	0	0	0	1	0	0	0	1	0	0
Jackson	38	7	0	0	32	13	0	0	40	5	0	0
Jones	0	0	2	0	0	0	2	0	0	2	0	0
Linn	3	4	0	0	2	6	0	0	2	6	0	0
Mahaska, Marion	116	58	0	1	105	69	0	1	118	52	3	1
Mills	33	11	0	0	31	13	0	0	38	6	0	0
Pottawattamie	194	43	0	2	164	70	0	2	197	38	0	2
Scott	3	8	0	0	1	10	0	0	3	8	0	0
Story	55	19	0	0	60	15	0	0	60	15	0	0
<b>Total</b>	<b>767</b>	<b>290</b>	<b>4</b>	<b>5</b>	<b>680</b>	<b>376</b>	<b>5</b>	<b>4</b>	<b>719</b>	<b>307</b>	<b>12</b>	<b>5</b>

SA= Strongly agree; A = Agree; D= Disagree; SD = Strongly disagree

ICAPP projects also asked those attending adult-focused child SAP instruction to state whether the instruction improved their abilities in several areas. The next series of tables summarize the participant responses to questions about whether instruction improved their abilities to:

- Identify appropriate or inappropriate sexual behaviors;
- Understand grooming behaviors of potential perpetrators;
- Talk to their child(ren) about sexual abuse;
- Protect their child(ren) from sexual abuse;
- Get help for a child if sexual abuse is suspected.

Table 13 (next page) summarizes whether participants agreed that the training improved their abilities to identify appropriate or inappropriate sexual behaviors of children and the behavior of potential perpetrators. Participants responded similarly to both questions, with over 98% of all participants saying they *strongly agreed* or *agreed* that the training improved their abilities to identify appropriate or inappropriate sexual behaviors of children. Table 13 also summarizes answers as to whether participants thought the instruction improved their understanding of the grooming behaviors of potential perpetrators. More than half of the respondents 292 (53%) *strongly agreed*, and 250 (45%) *agreed* with the question, while 10 respondents (2%) marked that they *disagreed* and no respondents *strongly disagreed* with the question.



**Table 13. Improvement in Ability to Identify Behaviors**

County	Responses	Identify appropriate sexual behaviors				Identify inappropriate sexual behaviors				Understand offender grooming behaviors			
		SA	A	D	SD	SA	A	D	SD	SA	A	D	SD
Allamakee, Howard, Winneshiek	37	18	15	2	0	17	17	1	0	13	23	1	0
Audubon, Carroll, Greene, Guthrie	52	24	27	0	0	29	22	0	0	19	33	0	0
Benton	1	1	0	0	0	1	0	0	0	1	0	0	0
Black Hawk	20	16	4	0	0	16	4	0	0	14	6	0	0
Cherokee, Ida	84	50	32	2	0	45	36	2	1	49	35	0	0
Clay	32	17	15	0	0	15	17	0	0	18	14	0	0
Dickinson	24	12	12	0	0	12	12	0	0	12	12	0	0
Dubuque	9	3	6	0	0	2	7	0	0	3	5	1	0
Fayette	3	0	3	0	0	0	3	0	0	0	3	0	0
Jasper	17	17	0	0	0	17	0	0	0	17	0	0	0
Jones	9	2	7	0	0	2	6	1	0	3	6	0	0
Linn	36	19	15	1	0	20	14	1	0	17	18	1	0
Mahaska, Marion	4	3	1	0	0	2	2	0	0	2	1	1	0
Muscatine	23	10	13	0	0	10	13	0	0	11	12	0	0
Sac	26	13	12	1	0	14	11	1	0	14	12	0	0
Scott	175	87	82	3	0	94	77	3	0	99	70	6	0
<b>Total</b>	<b>552</b>	<b>292</b>	<b>244</b>	<b>9</b>	<b>0</b>	<b>296</b>	<b>241</b>	<b>9</b>	<b>1</b>	<b>292</b>	<b>250</b>	<b>10</b>	<b>0</b>

SA= Strongly agree; A = Agree; D= Disagree; SD = Strongly disagree

Table 14 (next page) summarizes the responses as to whether participants agreed that the training improved their abilities to talk to their child about sexual abuse, protect a child from sexual abuse, or talk to other adults about sexual abuse. A total of 335 (61%) of respondents *strongly agreed* that the training improved their ability to talk to a child about sexual abuse, and 210 (38%) *agreed*. Only six respondents *disagreed* (0.7%), or *strongly disagreed* (0.4%) that the training improved their ability to talk to a child about sexual abuse. A total of 350 respondents (63%) *strongly agreed* that the training improved their ability to protect children from sexual abuse while 199 (36%) *agreed* and 3 (0.5%) *disagreed* or *strongly disagreed*. A total of 307 respondents (56%) *strongly agreed* and 237 (43%) *agreed* that the training improved their ability to talk to other adults about sexual abuse, while six (1%) *disagreed*.



**Table 14. Improvement in Ability of Adult Participant to Talk About and Protect Children from Sexual Abuse**

County	Talk to child about sexual abuse				Protect children from sexual abuse				Talk to other adults about sexual abuse			
	SA	A	D	SD	SA	A	D	SD	SA	A	D	SD
Allamakee, Howard, Winneshiek	19	18	0	0	22	15	0	0	18	17	1	0
Audubon, Carroll, Greene, Guthrie	30	22	0	0	35	17	0	0	27	25	0	0
Benton	1	0	0	0	1	0	0	0	1	0	0	0
Black Hawk	18	2	0	0	17	3	0	0	17	3	0	0
Cherokee, Ida	56	28	0	0	55	28	0	1	49	35	0	0
Clay	20	12	0	0	23	9	0	0	18	14	0	0
Dickinson	16	8	0	0	16	8	0	0	13	11	0	0
Dubuque	3	6	0	0	6	3	0	0	4	5	0	0
Fayette	0	3	0	0	0	3	0	0	0	3	0	0
Jasper	17	0	0	0	17	0	0	0	17	0	0	0
Jones	2	6	0	1	2	7	0	0	2	7	0	0
Linn	15	19	2	0	21	15	0	0	18	16	2	0
Mahaska, Marion	4	0	0	0	4	0	0	0	3	1	0	0
Muscatine	13	10	0	0	13	10	0	0	14	9	0	0
Sac	16	10	0	0	15	11	0	0	12	14	0	0
Scott	105	66	2	1	103	70	2	0	94	77	3	0
<b>Total</b>	<b>335</b>	<b>210</b>	<b>4</b>	<b>2</b>	<b>350</b>	<b>199</b>	<b>2</b>	<b>1</b>	<b>307</b>	<b>237</b>	<b>6</b>	<b>0</b>

SA= Strongly agree; A = Agree; D= Disagree; SD = Strongly disagree

Table 15 summarizes the responses as to whether participants agreed that the training improved their abilities to get help for suspected sexual abuse. A total of 363 (66%) of respondents *strongly agreed* that the training improved their ability to get help and 187 (34%) *agreed*. Only two respondents *disagreed* (0.4%), and none *strongly disagreed* that the training improved their ability to get help for suspected sexual abuse.

**Table 15. Improvement in Ability of Adult Participant to Get Help For Suspected Sexual Abuse**

County	Get help for suspected abuse			
	Strongly Agree	Agree	Disagree	Strongly Disagree
Allamakee, Howard, Winneshiek	21	16	0	0
Audubon, Carroll, Greene, Guthrie	30	22	0	0
Benton	1	0	0	0
Black Hawk	18	2	0	0
Cherokee, Ida	57	27	0	0
Clay	20	12	0	0
Dickinson	15	9	0	0
Dubuque	3	5	1	0
Fayette	0	3	0	0
Jasper	17	0	0	0
Jones	3	6	0	0
Linn	20	16	0	0
Mahaska, Marion	4	0	0	0
Muscatine	15	8	0	0
Sac	17	9	0	0
Scott	122	52	1	0
<b>Total</b>	<b>363</b>	<b>187</b>	<b>2</b>	<b>0</b>



With the recent expansion in the number of programs offering *Stewards of Children*, some projects elected to use one of two evaluation tools designed for that curriculum. A total of 285 respondents answered questions about the programs provided in Bremer, Butler, Chickasaw, Jasper, Madison, Marshall, and Warren counties. One evaluation form generated 190 responses and is summarized as follows:

- The participant learned new skills to better protect children - 57% *strongly agreed* and 41% *agreed*, 1% were *neutral*, and 0.5% *disagreed*.
- The curriculum changed attitudes about child sexual abuse - 37% *strongly agreed*, 40% *agreed*, 18% were *neutral*, and 4% *disagreed*.
- The curriculum addresses the most critical issues for organizations and individuals concerned about the protection of children - 59% *strongly agreed* and 36% *agreed*, while 4% were *neutral* and 0.5% *disagreed*.
- Participants were impacted by survivor stories in the video - 63% *strongly agreed*, 33% *agreed*, and 4% were *neutral*.
- The trainer stimulated and supported discussion - 70% *strongly agreed*, 26% *agreed*, and 3% were *neutral*.
- The trainer was well organized and prepared - 95% of respondents *strongly agreed or agreed*, while 4% were *neutral* and 0.5% *disagreed*.

The other evaluation specifically targeting *Stewards of Children* participants returned 95 responses as summarized below:

- Participants were asked to rate aspects of the presentation on a 1-4 scale, 1 being the lowest score and 4 being the highest, as well as answer some yes/no questions.
- Presenter's knowledge of the topic was rated a 4 out of 4 by 97% of participants, with three participants giving scores of 3 out of 4, averaging a 3.97. No scores of 1 or 2 were given.
- Presentation of materials had an average score of 3.92.
- The overall value of the training averaged a score of 3.96 with all scores being either a 3 or 4.
- Additional questions asked participants to indicate if the objectives of the presentation were met. All participants indicated that the following objectives had been met:
  - defining child abuse;
  - listing signs, symptoms, consequences, and risk factors;
  - understanding the prevalence of child sexual abuse;
  - learning ways to lessen incidents of child sexual abuse; and
  - recognizing the value of your personal response to child sexual abuse.



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## CHAPTER SEVEN COMMUNITY DEVELOPMENT EFFORTS

Community Development (CD) grants assist councils in generating awareness and action toward child abuse prevention goals in their communities. Grants can be used for council development, community needs assessment, program development, public awareness, community mobilization, collaboration, or network building. These grants make up a small percentage of the overall amount of ICAPP money awarded in FY 2015.

Two councils received CD grants in FY 2015. A brief description of their activities follows:

**Boone County** – The council planned and held a fundraiser on April 25th.

**Progress:** The council held its fundraiser, auctioning 26 furniture items as well as 10 donated gift cards from local businesses. The items were on display along with information about the council in the atrium of the Boone County hospital. In addition, an interview with the council president was aired on KWBG, explaining the council and programs. The council has had requests from 8 community members to assist with painting furniture for next year's auction.

**Clarke County** – The Clarke council continued planning for the 4th of July play area and continued to focus on recruiting members from different community sectors.

**Progress:** A new member began attending representing mental health; however, the new member indicated she will be moving out of the area in a couple months. She indicated she will invite someone from her office to join the Child Abuse Council. There was also recruitment of a domestic violence representative; however the member had dates mixed up so was not able to attend the most recent meeting. The Council successfully completed outreach activities with two Easter egg hunts, as well as planted a pinwheel garden in the month of April. They also completed a community baby shower, donating supplies to the Clarke County Food Pantry.



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