Evaluation Report to Iowa Department of Human Services

July 1, 2016–June 30, 2017

Prevent Child Abuse Iowa

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THIS REPORT WAS PREPARED FOR
THE IOWA DEPARTMENT OF HUMAN SERVICES BY

Prevent Child Abuse Iowa™

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Introduction: Iowa's Child Maltreatment Prevention Programs

The mission of Prevent Child Abuse Iowa (PCA Iowa) is to strengthen families to create a stronger, healthier Iowa. As part of their work, PCA Iowa administers two state and federal grant programs which fund community groups to provide maltreatment prevention services to families throughout the state through contracts with Iowa Department of Human Services (IDHS). The Iowa Child Abuse Prevention Program (ICAPP), established in Iowa Administrative Code in 1981, is funded through annual state legislative appropriation, federal sources, as well as birth certificate fees and donations made through a line item on state tax returns. The second program, the Community-Based Child Abuse Prevention (CBCAP) program, is funded through a provision of the federal Child Abuse Prevention and Treatment Act (CAPTA), enacted in 1974.

PCA Iowa's role as the ICAPP and CBCAP grant administrator, as defined by IDHS, is to support the community agencies administering child maltreatment prevention services funded by both programs by overseeing program operations (*e.g.,* practices and policies), providing training and technical assistance, assisting with evaluation, and providing helpful feedback about the successes and challenges of the community agencies' efforts. PCA Iowa contracted with Hornby Zeller Associates, Inc. (HZA) to assist in the evaluation of both ICAPP- and CBCAP-funded programs.

This evaluation report describes the activities funded by both ICAPP and CBCAP, the demographic characteristics of the families served and the results of the Protective Factors Surveys completed by those families. In previous years ICAPP and CBCAP evaluation results have been reported separately; however, in preparation for the administrative merger of the programs, data for both are combined in this report. IDHS announced the combining of the grant programs to coincide with the end of the current contracts, which expire June 30, 2018. This report presents the results of data collected between July 1, 2016 and June 30, 2017 for both ICAPP- and CBCAP-funded programs.

ICAPP Administration

Funds appropriated for ICAPP go to IDHS, which then contracts with PCA Iowa to administer the program, as it has done since 1982. Through ICAPP, IDHS contracts with local child abuse prevention councils to provide prevention services and assist with the development of new councils. These local councils are volunteer coalitions broadly representative of governmental, business, service provider, consumer and civic sectors operating within their communities. Each council assesses its community's service and support needs and submits a proposal for funding one to three prevention programs in five different categories: Respite Care and Crisis Care, Home Visiting, Parent Development, Sexual Abuse Prevention and Community Development. Council fund requests have limits to ensure that state funds reach as many Iowa communities as possible.

ICAPP grant proposals are evaluated by independent grant review committees which recommend fund distribution. Proposals are scored based on a rubric with values assigned to each component. Compiled scores are forwarded to an independent advisory committee, which makes funding recommendations, subject to IDHS approval. Beginning in state fiscal year 2016, additional funding was available to successful grantees for fifteen counties considered "high-risk" due to high rates of abuse; nonetheless requests exceed available funds. The funding process is difficult due to

requests exceeding available grant funds. Grant funds received by councils averaged $11,783 per project in fiscal year 2017. Most projects need to supplement their ICAPP grants with other funding sources and in-kind support.

Number of Families Served by ICAPP-funded Programs

In total, 2,773 families, 8,613 parents and adults, and 36,990 children were served by ICAPP-funded programs during the reporting period. Table 1 below shows the number of clients served and the total amount of funding for each type of program. Overall, Sexual Abuse Prevention programs served the most individuals, followed by Parent Development services.

Table 1. Level of Funding and Families Served by ICAPP

Program Type	Funding	Families Served	Parents Served	Children Served	Hours of Care
Crisis Care	$97,884	178	241	340	17,385
Respite Care	$126,803	431	615	762	29,927
Home Visiting	$222,479	319	506	484	
Parent Development	$525,591	1,845	2,310	3,059	
Sexual Abuse Prevention	$290,448		4,941	32,345	
Community Development	$14,716				
Total	**$1,277,921**	**2,773**	**8,613**	**36,990**	**47,312**

CBCAP Administration

Funds for CBCAP programs from federal CAPTA legislation support states' child maltreatment prevention, assessment, investigation, prosecution and treatment activities. Within Iowa, appropriated funds are received by IDHS, which then contracts with PCA Iowa to administer them. Like ICAPP, IDHS, in partnership with PCA Iowa, issues CBCAP requests for proposals to community groups seeking to provide services to families. CBCAP funds are received by Community Partnership for Protecting Children (CPPC) sites seeking to provide services to families across the state. Similar to child abuse prevention councils, CPPC sites are comprised of volunteer community members, professionals and families who work together to develop and implement programs, services, supports and policies to positively impact families and protect children from abuse.

Each CPPC site assesses its community's service and support needs and submits a proposal for funding up to two prevention programs, in one of four categories: Crisis Care, Parent Development, Fatherhood Programs and Community-Based Family Team Meetings (CBFTM). An independent grant review committee evaluates proposals and recommends the distribution of funds, subject to IDHS approval. In federal fiscal year 2017, sites received grants totaling $410,535 to develop and operate 36 projects.

Number of Families Served by CBCAP-funded Programs

In total, 1,469 families, 1,975 parents and 2,386 children were served by CBCAP-funded programs during the reporting period. Table 2 shows the total amount of funding and who was served based on program type. Overall, Parent Development programs served the most clients (over 1,200 families), followed by Crisis Care programs, which provided 10,046 hours of emergency child care to 108 families.

Table 2. Level of Funding and Families Served by CBCAP Programs

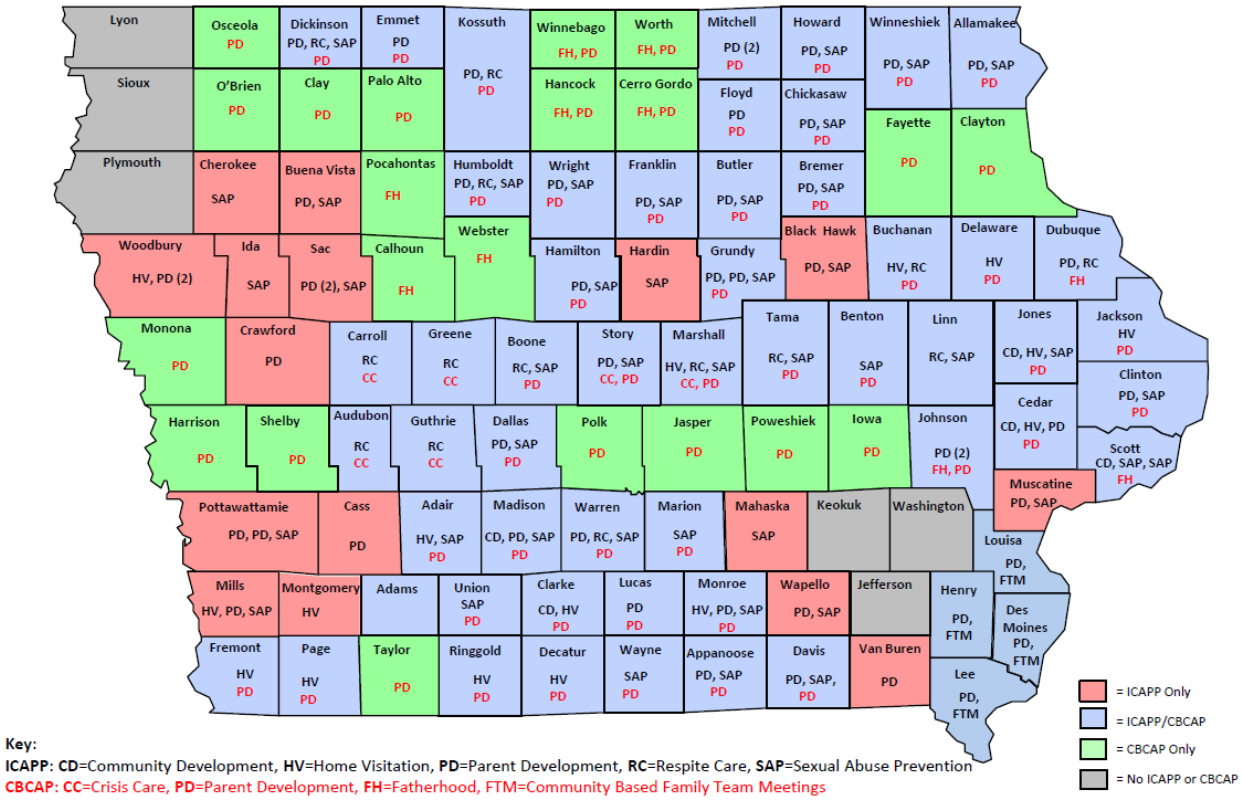
Program Type	Funding	Families Served	Parents Served	Children Served	Hours of Care
Crisis Care	$26,000	108	132	184	10,046
Parent Development*	$320,822	1,248	1,719	2,008	
Fatherhood	$45,713	97	99	153	
CBFTM	$18,000	16	25	41	
Total	**$410,535**	**1,469**	**1,975**	**2,386**	**10,046**

***The CBCAP Parent Development funding category includes evidence-based home visiting programs.**

Location of ICAPP- and CBCAP-funded Programs

During this reporting period, ICAPP and CBCAP-funded programs operated in all but six counties in the state of Iowa, yielding coverage of 94 percent of the state. A total of 16 counties had only ICAPP services, 21 counties offered only CBCAP funded services and 56 counties received funding from both ICAPP and CBCAP as shown in Figure 1.

Figure 1. ICAPP and CBCAP Project Grant Awards Funded During State Fiscal Year 2016-2018



Total Counties Served by ICAPP: 73

Total Counties Served by CBCAP: 77

ICAPP- and CBCAP-funded programs served 39,376 children from July 1, 2016 and June 30, 2017. This evaluation report describes the programs funded, number and characteristics of clients served and the results of the Protective Factors Surveys completed by the families.

Evaluation Methodology

As the evaluator of ICAPP and CBCAP, Hornby Zeller Associates, Inc. (HZA) collects information about families who participate in ICAPP- and CBCAP-funded programs regarding their demographic characteristics and risk factors of child maltreatment (*e.g.*, age at birth of first child and history of domestic violence, child abuse and neglect, alcohol and substance abuse and mental illness). HZA also analyzes changes in protective factors in families participating in funded programs and provides technical assistance to grantees regarding the use of evaluation results for continuous quality improvement and internal evaluation efforts.

Information about ICAPP and CBCAP participants is collected using the Iowa Family Survey, which includes the Protective Factors Survey tool (described in more detail below) and demographic and risk factor questions. It is completed confidentially by participants, collecting their own views on their lives and their families. The survey helps HZA and funded ICAPP and CBCAP programs to:

1) describe demographic and risk factor characteristics of program participants;
2) assess the changes in targeted protective factors; and
3) consider protective factors and areas of programming that need more focus.

Evaluation Data Sources:

- Iowa Family Survey
  - Protective Factors Survey
  - Child maltreatment risk factors questions
  - Family demographic questions
- Service output data
  - Number of families, parents and children served
  - Funding received

Most grantees are required to administer the Iowa Family Survey as part of their evaluation and continuous quality improvement process. Through the request for proposal process grantees identify which protective factors they will target or help participants improve. ICAPP-funded Sexual Abuse Prevention and Community Development programs are excluded from completing the survey, as are CBFTM programs funded through CBCAP. Additional information about the number of families, parents and children served is collected from all grantees through monthly reports to PCA Iowa.

The Protective Factors Survey

Protective factors mitigate risk factors of child maltreatment and reduce the impact of adverse experiences during childhood (Child Welfare Information Gateway, 2014). In order to measure families' protective factors, the Iowa Family Survey includes the Protective Factors Survey (PFS) 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 U.S. Department of Health and Human Services. This instrument is flexible in that it can be used with the majority of prevention programs and can be administered on paper or online.

The PFS measures five protective factors through a 20 question self-assessment which adult caregivers are asked to complete at program enrollment, periodically while participating in a program and at discharge. Using a Likert-style agreement scale, participants rate a series of statements about their family, connection to the community, parenting practices and perceived relationship with their child(ren). The full text of the Iowa Family Survey with the PFS, demographic, and risk factor questions can be found in Appendix A. Table 3, created by FRIENDS National Resource Center, provides a summary of the protective factors measured by the survey.

Table 3. Definitions of Protective Factors by FRIENDS, NRC

Protective Factors Domains	Definition
Child Development and Knowledge of Parenting	Understanding and utilizing effective child management techniques and having age-appropriate expectations for children's abilities.
Concrete Support	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Family Functioning and Resilience	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.
Nurturing and Attachment	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.
Social Emotional Support	Perceived informal support (from family, friends and neighbors) that helps provide for emotional needs.

This report analyzes average protective factors scores in each of the five domains. To arrive at an average score for each participant, responses to each question receive a score of one to seven based on a participant's response. These scores are added up and divided by the total number of questions in a domain (which range from three to five questions). Scores are not calculated for participants who skip more than one question in a domain. The overall averages presented in this report are calculated by adding up all participants' scores and dividing by the total number of participants with a score. In addition to the average scores of all respondents, each domain's scores are examined by family characteristics and risk factors to look for differences between families with varying characteristics. Higher average scores indicate that participants are reporting behaviors associated with protective factors.

Measuring Changes in Protective Factors Scores Over Time

In order to determine changes in families' protective factors over time, HZA analyzes the average protective factor scores by protective factors domain of those participants who have completed both an initial and a follow-up survey. The difference between participants' scores on follow-up surveys (post-tests) and initial or pre-test surveys is examined for direction (whether scores went up or down) and tested for statistical significance. If the difference between average pre- and post-test survey scores is statistically significant it means the change is not due to chance.

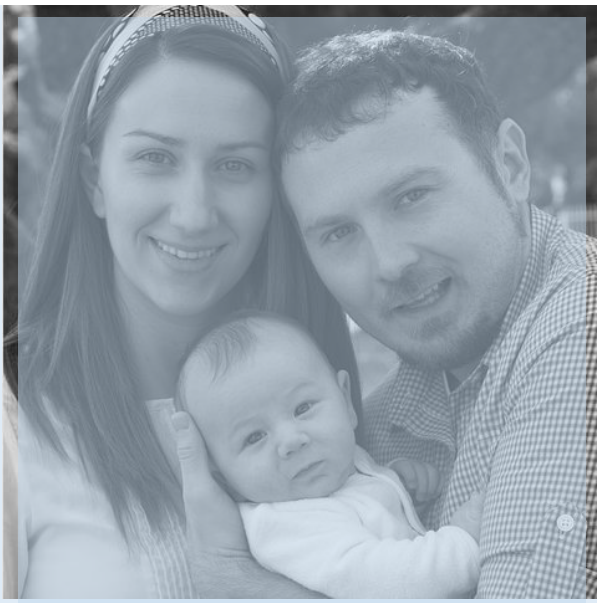
The results presented in this report are drawn from 609 post-test surveys completed between July 1, 2016 and May 31, 2017 which were matched to the first survey completed by each individual. In total, 2,294 surveys were collected during the reporting period. Most of those surveys (1,685) could not be matched to a pre-test. By examining pre- and post-test surveys, evaluators are able to see the cumulative impact of program involvement.

In addition to examining changes in average scores, respondents are also identified as having protective factors scores which improved, worsened, or stayed the same. Respondents' scores are considered to have improved or worsened if their post-test protective factor score is greater than or less than their pre-test score by one half of a standard deviation; this ensures that slight fluctuations in scores are not interpreted as meaningful change.

Other Data Sources

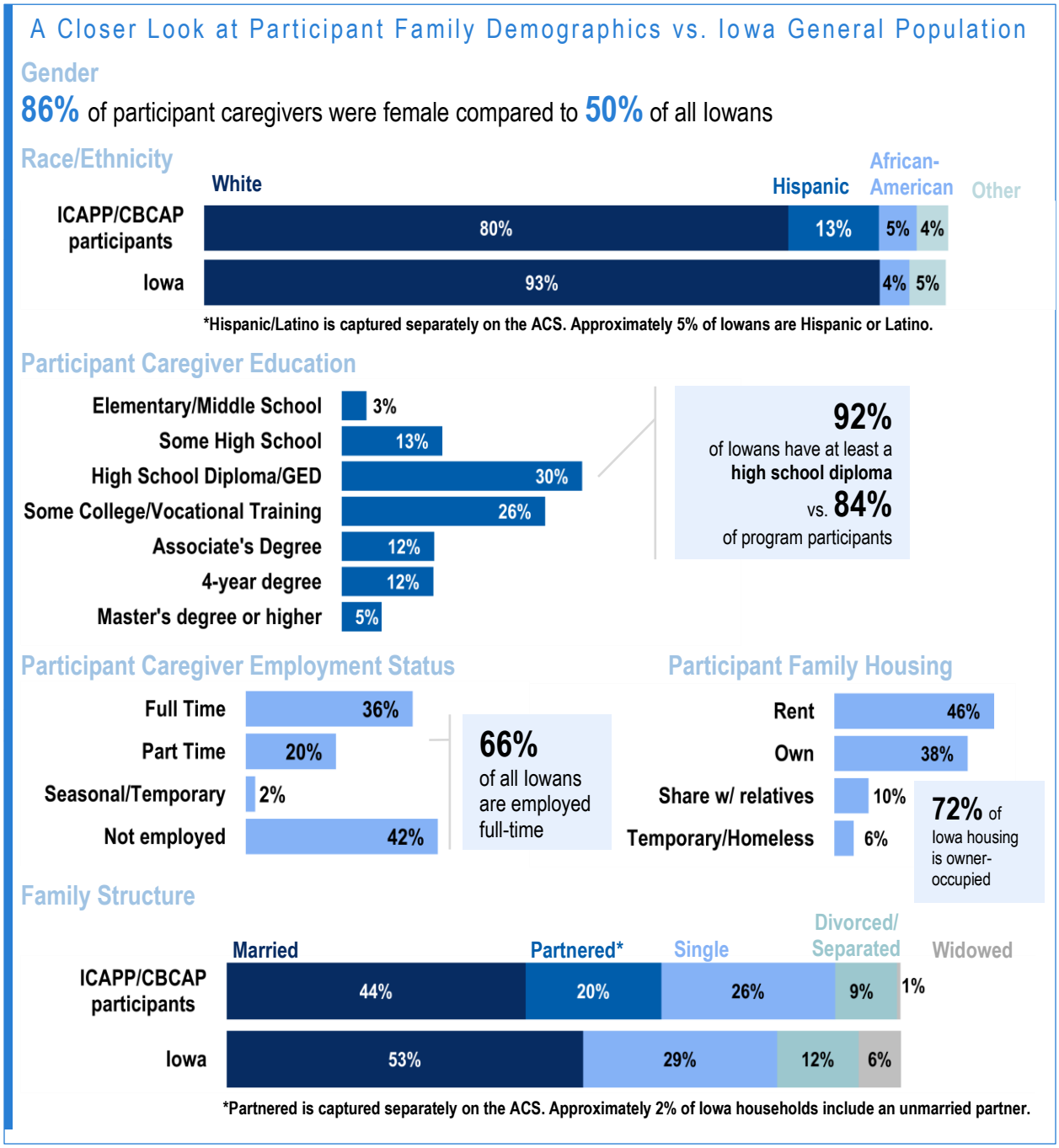
This report also includes information on the number of families served and the amount of funding received by ICAPP and CBCAP grantees from July 1, 2016 to June 30, 2017. Service output data are collected by PCA Iowa via monthly grantee reports. Within CBCAP, Home Visiting programs are included in the Parent Development funding category for reporting service provision; however, those programs that use an evidence-based home visiting model are included in the Home Visiting evaluation results. The effected programs are identified in the Parent Development section of this report.

The Iowa Family Survey and the grantee service reports are used to provide a full picture of the activities funded through ICAPP and CBCAP during the last reporting period. HZA uses the Protective Factors Survey to measure statistically significant change over time in protective factors scores. **Ultimately the goal of the evaluation is to help IDHS, PCA Iowa and individual program providers understand who is being served by prevention programs so they know what is working well and can make improvements to their work.**



Characteristics of Families Served

The characteristics of families served by ICAPP- and CBCAP-funded programs are reported from the 2,294 Iowa Family Surveys collected between July 1, 2016 and May 31, 2017. Caregivers are asked about numerous demographic characteristics on the Iowa Family Survey, including gender, family structure, race and ethnicity and education level. The results of the analysis of the demographic data show that the majority of participants were women who identified as white. A closer look at families' other demographic characteristics and comparisons to all Iowa residents, using data from the U.S. Census' 2011-2015 American Community Survey (ACS) estimates are presented in this section (U.S. Census Bureau, 2016).



ICAPP- and CBCAP-funded programs served a higher proportion of women and fewer white families compared to the state population. However, more Hispanic households were represented among program participants compared to the state (13 percent of families, compared to five percent in Iowa). ICAPP and CBCAP participants were also less likely to have a high school diploma or higher and fewer were employed full-time or owned a home, compared to the general population.

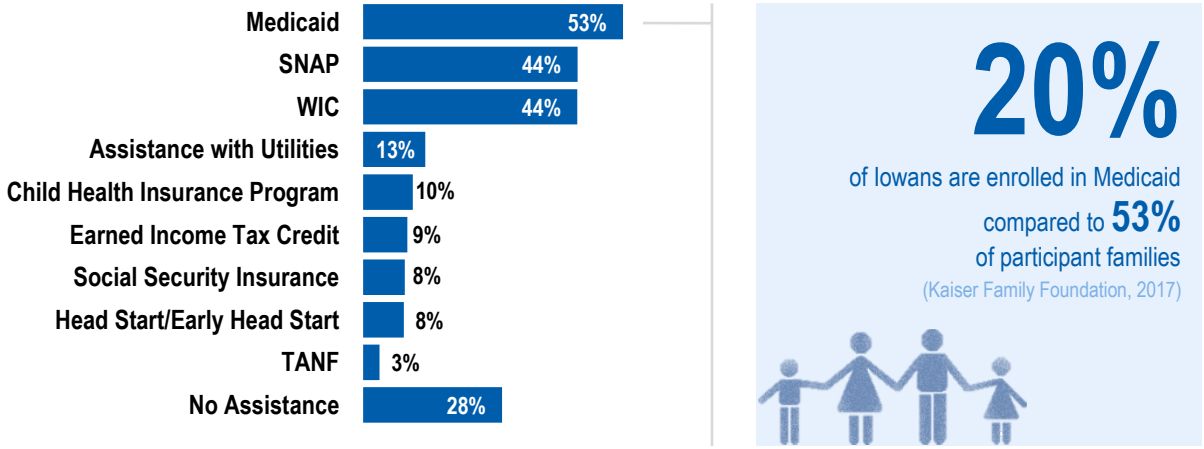
Income and Financial Assistance Utilization

In addition to the demographic differences between all Iowans and surveyed families, families served by ICAPP- and CBCAP-funded programs also reported lower incomes compared to the state overall. Those with a household income below $10,000 accounted for 31 percent of participants, compared to six percent of Iowa residents; over half of Iowa families earned more than $50,000, while only 19 percent of survey respondents did (U.S. Census Bureau, 2016). Figure 2 shows the incomes reported by program participants.

Figure 2. Reported Household Income of Survey Respondents

Given the lower incomes among Iowa Family Survey participants, it is not surprising that 72 percent of families also reported receiving some form of financial assistance. The most common type was Medicaid, followed by the food programs Women, Infant, and Children Food and Nutrition Service (WIC) and Supplemental Nutrition Assistance Program (SNAP, also known as food stamps or EBT). Caregivers who did not receive any assistance made up 28 percent of those surveyed and the least common form of assistance was Temporary Assistance for Needy Families (TANF), which only three percent of the sample said they received. Figure 3 shows all of the types of assistance that families reported.

Figure 3. Financial Assistance Utilization of Survey Respondents



Risk Factors of Child Maltreatment

Caregivers also report whether or not they experienced five different risk factors of child maltreatment on the Iowa Family Survey: their age at the time their first child was born, experience of child abuse and neglect as a child, previous history of drug or alcohol abuse, experience of violence in the home and whether or not they have been diagnosed with a mental illness. These are all indicators which research has shown put families at an increased risk of maltreatment.

The most common risk factor reported among respondents was a mental health diagnosis, with 41 percent of caregivers saying they had a mental illness. Nearly one in three (28 percent) of the sample had been abused or neglected as a child, 21 percent had experienced violence in the household, and 19 percent reported drug or alcohol abuse in the home. Just over 12 percent of caregivers had their first child before the age of 18.

Overall, survey respondents were a demographically diverse group. While the vast majority identified as white and female, more participant caregivers were of Hispanic origin compared to all Iowans and they had varying levels of education and employment statuses. **Participant caregivers reported lower levels of education, household income and full-time employment** than the general population. In addition, **fairly high proportions of respondents reported experiencing child maltreatment risk factors, particularly mental illness.**

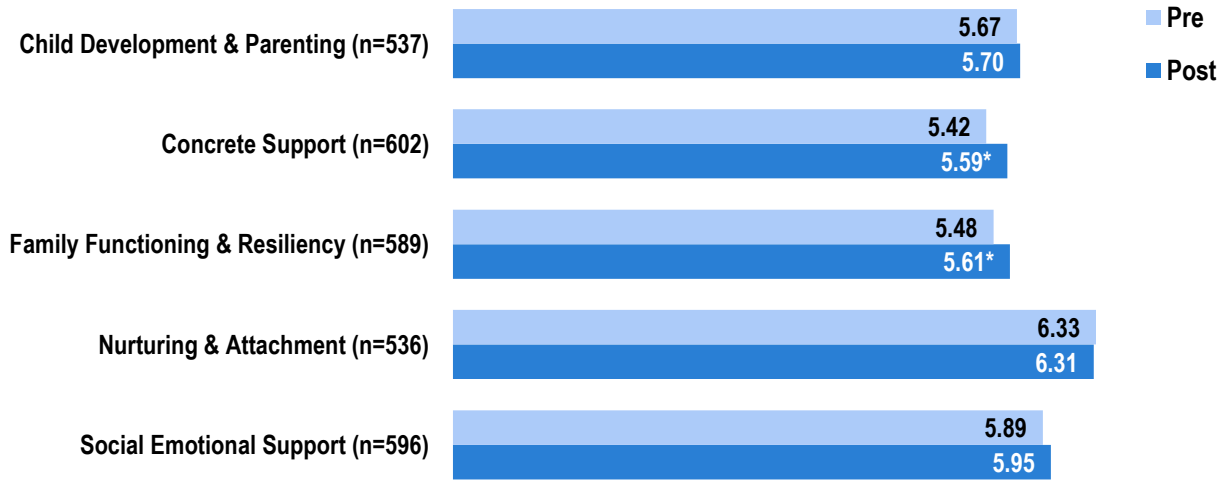
Overall Protective Factors Survey Results

The goal of the Protective Factors Survey (PFS) analysis is to describe changes in ICAPP and CBCAP participants' protective factors over the course of their participation in grant funded prevention programs. Iowa Family Surveys were collected from 2,294 participants and 609 post-tests were matched to pre-test surveys. As described in the Methodology section, the evaluation examined changes in average protective factors scores among pre- and post-test surveys and the number of respondents whose scores improved, worsened or stayed from the beginning of their involvement to their most recent survey. Differences among families reporting risk factors of child maltreatment and various demographic groups are also described in this section. This year ICAPP and CBCAP evaluation results are reported together, which limits the comparisons that can be made between the current results and previous years' findings.

The two domains with significant changes in protective factors scores were Concrete Support and Family Functioning and Resiliency, indicating that families may be using more behaviors and skills associated with those protective factors after participating in ICAPP- and CBCAP-funded prevention programs. Little change was seen in the domains Child Development and Parenting and Social Emotional Support, except among select groups of families. For example, families with a caregiver who had experienced abuse and neglect as a child saw increases in Social Emotional Support, in addition to Concrete Support and Family Functioning. Nurturing and Attachment scores were the highest across the five domains on both pre- and post-tests which may explain why no change was observed from pre- to post-test surveys; they were high to start. These findings are described in more detail in the next sections.

Figure 4 displays the average scores in each domain among those with matched surveys. Overall, there were statistically significant increases in average scores in the Concrete Support and Family Functioning and Resiliency domains. In the other domains, scores increased slightly or were virtually the same, as with Nurturing and Attachment.

Figure 4. Average Pre- and Post- Protective Factors Scores by Domain Among Matched Surveys



*Statistically significant difference between pre- and post-tests ($p<0.05$).

Concrete Support, or the perceived access to goods and services to help families cope with stress, was one of the two domains in which a statistically significant increase in scores was observed. This means participants indicated that they had a better understanding of how to access help if they needed it. Pre- and post-test Concrete Support scores were also the lowest compared to the other domains, so although participants' scores increased, there remained room for improvement in protective factors in this area.

Family Functioning and Resiliency refers to families' ability to work through difficult situations, openly share positive and negative experiences within their families and manage problems successfully. The statistically significant increase in scores shows that families increased the frequency of behaviors associated with Family Functioning. As with Concrete Support, though, continued improvement in this domain is possible. As will be discussed in more detail later in this section, the increase in scores was not seen across all groups of respondents.

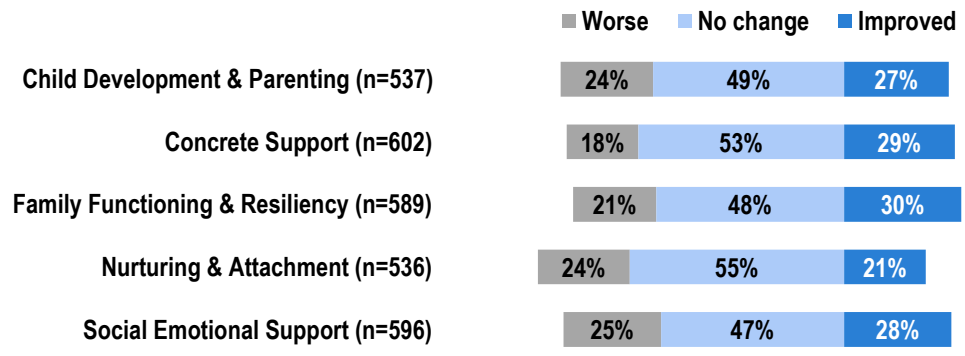
Child Development and Parenting measures the degree to which parents understand and use effective child management strategies and have age-appropriate expectations of their children. The lack of change in scores in this domain from pre- to post-test surveys indicates that survey responses did not change in any big way.

Nurturing and Attachment measures the emotional ties and patterns of positive interaction between parents and children. This domain had the highest scores overall. The lack of change may be due to the fact that parents rated themselves highly from the start of their involvement in programs funded by ICAPP and CBCAP.

Social Emotional Support is the perceived informal support that helps families meet their emotional needs. Again, there was no change in scores from pre- to post-tests in this domain. Like Nurturing and Attachment, scores are quite high in this domain.

Moving from an examination of change in average protective factor scores to examining only the number of participants whose scores changed, Figure 5 shows that the Concrete Support and Family Functioning domains have the largest differences between the proportion of families whose scores improved and worsened. In all five domains, approximately half of all respondents with pre- and post-test survey results had no change in their scores, ranging from 47 percent in the Social Emotional Support domain to 55 percent in Nurturing and Attachment.

Figure 5. Changes in Protective Factors Scores Among Matched Surveys



Overall, the changes in the protective factors scores and the high percentage of clients whose scores improved in the Concrete Support and Family Functioning domains are promising. They indicate that clients across programs and risk factor and demographic characteristics are showing change in their protective factors. While the Child Development, Nurturing and Attachment and Social Emotional Support domains did not show statistically significant change in protective factors scores, the pre-tests were quite high, leaving little room for measuring improvement.

Protective Factors Scores by Risk Factor

Beginning in 2015, the Iowa Family Survey began collecting information on the following child maltreatment risk factors experienced by families served by ICAPP- and CBCAP-funded programs: 1) young caregiver age at birth of first child; 2) childhood experience of abuse and neglect; 3) history violence in the household; 4) history of alcohol and substance abuse; and 5) diagnosis of mental illness. Using this information evaluators have looked for differences in protective factor scores based on potential risk of child maltreatment. The survey results for this year show that protective factors scores do appear to vary based on a family's risk factors, particularly in Concrete Support and Family Functioning.

Caregiver Age at Birth of First Child

Mothers' age at the birth of their child is one indicator of risk of child maltreatment (Mersky, Berger, Reynolds & Gromoske, 2009). Research has shown that children with younger mothers are more likely to experience abuse and neglect (Mersky, *et al.*, 2009 & Luke & Brown, 2007). ICAPP and CBCAP participants were between the ages of 14 and 45 at the birth of their first child. For the analysis of protective factors scores, average scores were examined among three groups: caregivers ages 17 and younger, those 18 to 24 and ages 25 and older. Mersky, *et al*. (2009) found that for every year that maternal age increases, risk of child maltreatment decreases by eight percent, so these three categories were deemed to be those at high risk (17 and younger), moderate risk (18-24) and lower risk (25 and older). Table 4 below shows the pre- and post- survey scores among each group.

Table 4. Pre- and Post- Protective Factors Scores Among Caregivers Based on Age at Birth of First Child

Caregiver Age at Birth of First Child	17 and younger (n=61)		18 to 24 (n=333)		25 and older (n=201)	
	Pre	Post	Pre	Post	Pre	Post
Child Development & Parenting	5.66	5.75	5.68	5.71	5.69	5.70
Concrete Support	5.63	5.93	5.32	**5.59***	5.56	5.59
Family Functioning & Resiliency	5.17	5.31	5.48	5.62	5.57	**5.72***
Nurturing & Attachment	6.39	6.32	6.38	6.35	6.23	6.23
Social Emotional Support	5.61	5.78	5.91	5.92	5.96	6.09

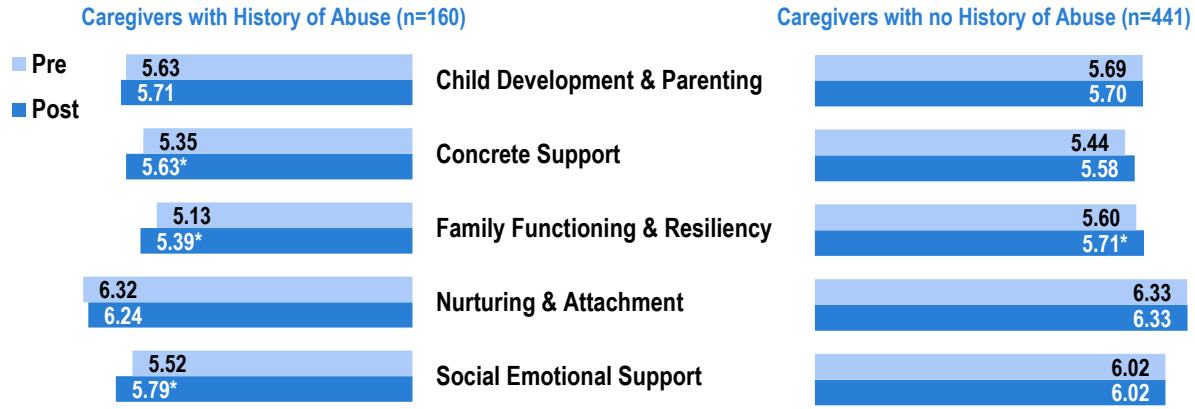
***Statistically significant difference (p<0.05)**

Among caregivers who were age 17 or younger when they had their first child, protective factors scores increased in every domain except Nurturing and Attachment, but not at statistically significant levels. Those who were between the ages 18 and 24 had a statistically significant increase in Concrete support, while caregivers aged 25 and older showed an increase in their Family Functioning and Resiliency domain scores.

Previous History of Child Abuse or Neglect

Those caregivers who experienced abuse and neglect when they were children had statistically significant increases in scores in Concrete Support, Family Functioning and Resiliency and Social Emotional Support, while those who had no previous history of abuse showed statistically significant increases in the Family Functioning domain (Figure 6). Families with a caregiver who disclosed previous abuse or neglect had lower protective factors pre-test scores in all domains compared to other families, while their post-test scores remained lower than their counterparts in Family Functioning, Nurturing and Attachment and Social Emotional Support.

Figure 6. Pre- and Post- Protective Factors Scores Among Caregivers Based on History of Abuse and Neglect

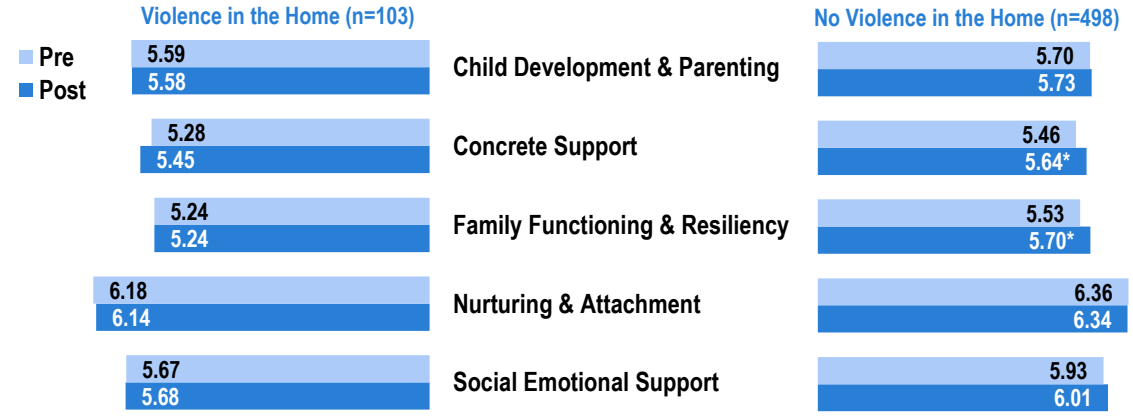


*Statistically significant difference (p<0.05)

Domestic Violence

Among respondents who had experienced violence in the home, families who had completed both a pre- and post-test survey did not show any statistically significant increases in scores on post-surveys, while those families with no history of violence in the home had statistically significant increases in Concrete Support and Family Functioning. Families with a history of domestic violence also had lower pre- and post-test scores in all domains compared to families with no history of violence. Protective factors scores for both groups are displayed below in Figure 7.

Figure 7. Pre- and Post- Protective Factors Scores Based on Violence in the Home

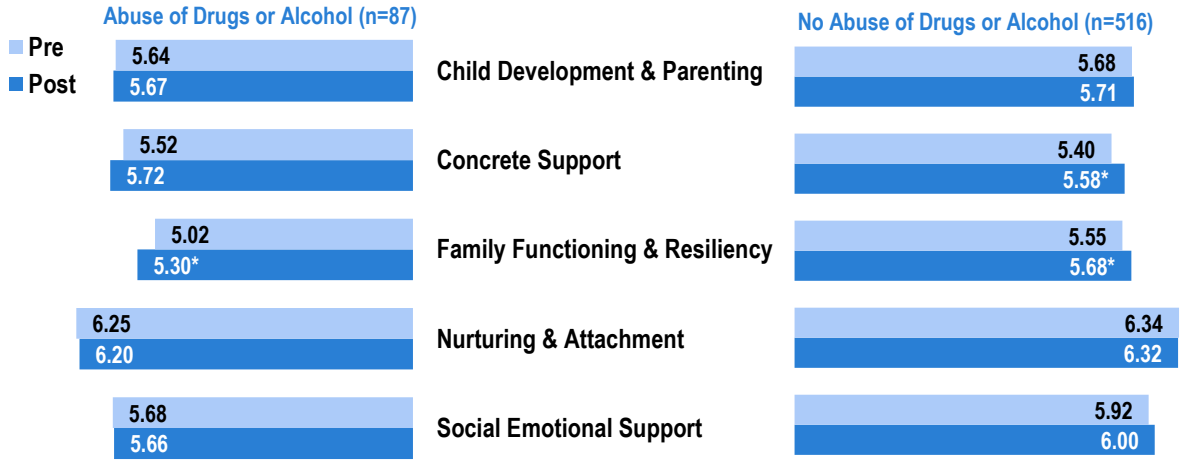


*Statistically significant difference (p<0.05)

Drug and Alcohol Abuse

Examining respondents' self-report of abuse of drugs or alcohol and their protective factors scores shows statistically significant increases in Family Functioning scores among both those who did and did not have a history of abuse. Respondents with no history of substance abuse also showed an increase in Concrete Support. A similar trend of lower scores among families who had abused drugs and alcohol compared to those who had not was evident, with the exception of the Concrete Support domain. All domain scores for both groups can be found in Figure 8.

Figure 8. Pre- and Post- Protective Factors Scores Based on Abuse of Drugs or Alcohol

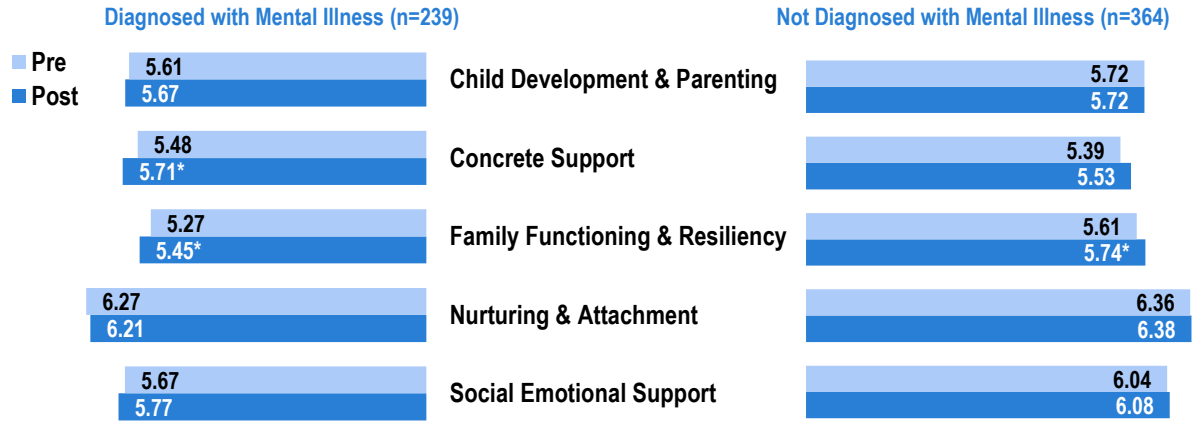


*Statistically significant difference (p<0.05)

Mental Illness

The final child maltreatment risk factor examined was mental illness. Among families with a caregiver with a mental illness, pre- and post- scores increased at statistically significant levels in the Concrete Support and Family Functioning domains. Those without a mental illness showed a statistically significant increase in the Family Functioning domain score, as shown in Figure 9. Similarly to caregivers reporting drug and alcohol abuse, caregivers with a mental illness had lower scores on pre- and post-test surveys compared to those without a mental illness on all domains except Concrete Support.

Figure 9. Pre- and Post- Protective Factors Scores Based on Caregiver Mental Illness



*Statistically significant difference (p<0.05)

This analysis of protective factors scores among families with risk factors of child maltreatment has three findings. First, in most domains across each of the risk factors except caregiver age, families with a risk factor of child maltreatment had lower overall protective factor scores. This suggests that families with an increased risk of abuse and neglect have higher needs when they enter ICAPP- and CBCAP-funded programs and throughout their involvement.

Second, caregivers who were between the ages of 18 and 24 when their first child was born and those with a history of child abuse and neglect, drug and alcohol abuse and a mental illness showed improvements in Concrete Support while their counterparts without those risk factors did not. In addition, caregivers with a history of child abuse also improved in the Social Emotional Support domain. Programs may be successfully targeting those at a higher risk of child maltreatment and helping them improve their protective factors to a greater extent than other families.

Finally, the third finding is that caregivers ages 17 and younger when they had their first child and those with a history of domestic violence showed no change in their protective factors scores in contrast to their counterparts. These populations may require additional or different interventions compared to families both at high or low risk of abuse and neglect.

Protective Factor Scores by Demographic Characteristics

The next step in evaluating the PFS was to analyze protective factors scores of each demographic characteristic, such as gender, education level and marital status. Statistically significance differences in scores were found in the Concrete Support and Family Functioning and Resiliency domains among a wide variety of demographic groups. In the following sections, the differences between groups in each domain are examined in more detail. Differences between pre- and post-test scores were evaluated for statistical significance only among categories with at least twenty respondents; categories with fewer than seven respondents were not reported to protect respondents' confidentiality.

Child Development and Parenting

When Child Development and Parenting protective factor scores were examined for differences among demographic groups, scores did vary by education level and the type of financial assistance clients received. Respondents with a Master's Degrees or higher had scores increase from 5.68 to 5.92. Respondents who received utility assistance increased from 5.56 to 5.81. Respondents in other education level categories or receiving other types of financial assistance did not show any change in average score in Child Development and Parenting.

Concrete Support

Concrete Support protective factor scores were analyzed for differences across demographic groups, and statistically significant differences from pre- to post-test surveys were seen in a wide range of demographic categories. Most of the statistically significant differences were found among groups who showed improvements (as opposed to declines) in scores. One exception was families whose caregiver had only an elementary school education; while their scores decreased significantly, the sample size was small (*e.g.*, less than 50).

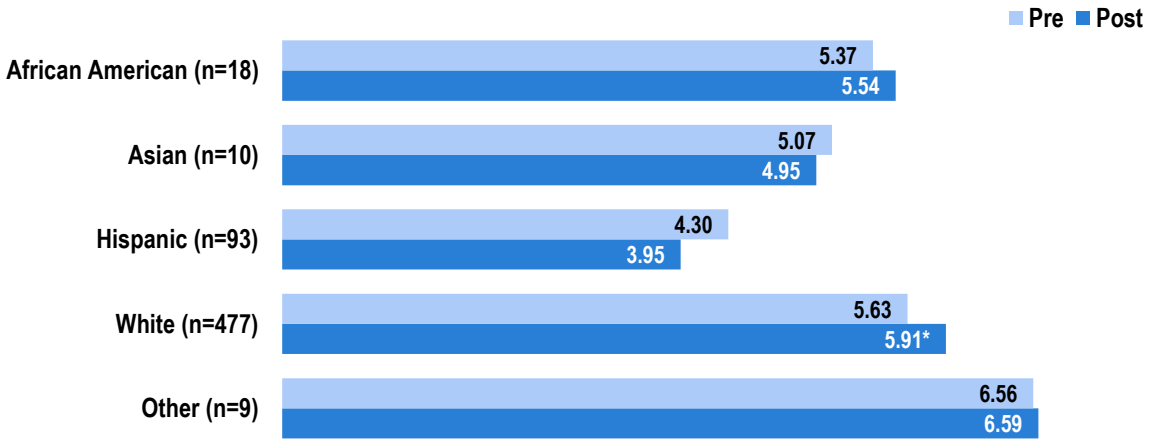
Unlike other domains, pre- and post-test Concrete Support scores of men and women were similar. While both gender groups' scores on post-tests improved, a statistically significant increase was seen only among women (Figure 10). The difference in scores of men is actually greater than the score differences of women, possibly because of the small number of male respondents.

Figure 10. Concrete Support Scores by Gender

*Statistically significant difference (p<0.05).

In contrast to gender, Concrete Support scores varied quite a bit by race and ethnicity, with some groups' average scores increasing and others decreasing, as shown in Figure 11 (note that results from respondents who identified as Native American and Native Hawaiian are not displayed because both had a sample size less than seven). Differences in pre- and post-test scores among white and Hispanic participants were evaluated for statistical significance because there were greater than 20 respondents in each group. While Hispanics' scores decreased, the difference was not significant, while the increase in scores among whites was.

Figure 11. Concrete Supports by Race and Ethnicity



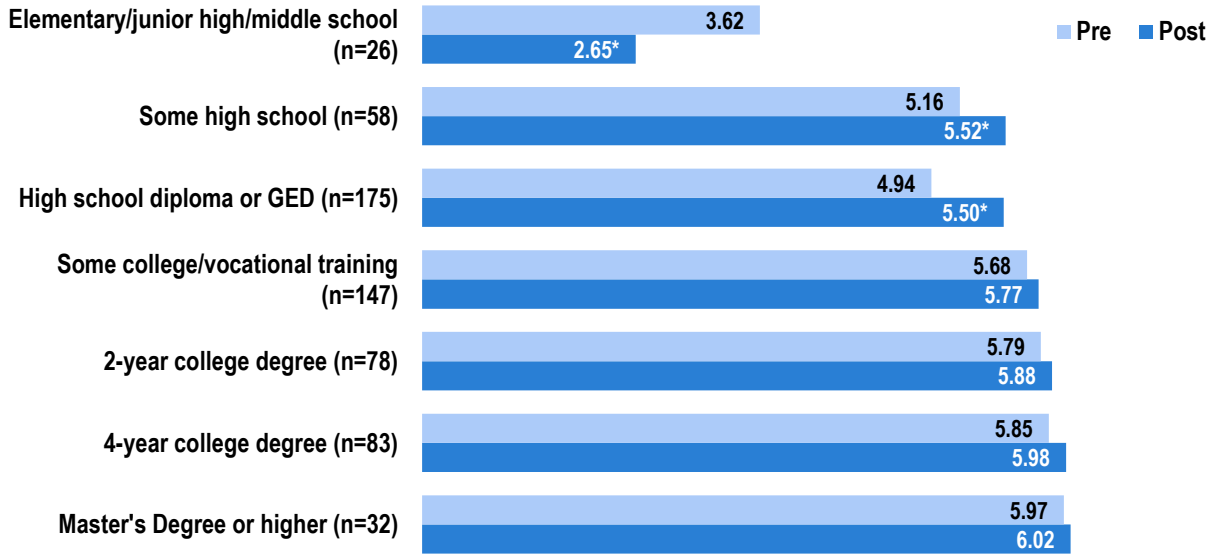
***Statistically significant difference (p<0.05).**

Protective factor scores in Concrete Support increased among respondents who said they were…

- Women
- White
- Renters
- Single
- Partnering
- Attendees of some high school
- High school graduates/GED-holders
- Employed full-time
- Families with incomes between $0–$10,000
- Enrollees in SNAP, Medicaid/CHIP, TANF, WIC, SSI and utility assistance
- Caregivers without a disability

In education (Figure 12), those with an elementary level education had a statistically significant decrease in scores, while scores increased among those who attended some high school and those with a high school diploma or GED. Clients with an elementary education were the only group who experienced a decline in scores, a decrease from 3.62 to 2.65.

Figure 12. Concrete Support Scores by Education Level



*Statistically significant difference (p<0.05).

Concrete Support protective factor scores increased across a wide variety of demographic groups including those with lower incomes ($0 to $10,000), caregivers who were single or partnering, and those employed full-time. Respondents with an elementary level education were the only group among which protective factor scores decreased, which may indicate programs need to pay particular attention to families whose caregivers have particularly low education levels, examining how staff work with their families and the barriers they encounter.

Family Functioning and Resiliency

Improvements in protective factors scores in Family Functioning and Resiliency were seen among respondents in many of the same demographic categories as Concrete Support, as well some additional demographic groupings. No groups experienced large decreases in scores. In Family Functioning, 21 percent of respondents did report decreases in scores; however, it appears those respondents were not a part of any single demographic group.

As was seen in the Concrete Support domain, women, renters, those who identified as white, caregivers who did not have a disability and those receiving SNAP, WIC, and utility assistance all had statistically significant increases in Family Functioning and Resiliency. However, statistically significant increases were also seen among other demographic groups which did not have increases in Concrete Support protective factor scores. Families in which the caregiver was single or divorced saw statistically significant increases in scores, as did those who identified some college or a Master's degree level of education. Those who said they were not currently employed and those with incomes in the $30,001–$40,000 range also saw statistically significant increases. In

addition to those receiving the financial assistance mentioned earlier, those enrolled in Medicaid and Head Start also had scores which improved to the level of statistical significance These results demonstrate that a diverse pool of participants in ICAPP- and CBCAP-funded programs experienced improvements in Family Functioning protective factors scores.

Protective factor scores in Family Functioning and Resiliency increased among respondents who said they were…

- Women
- White
- Renters
- Single
- Divorced
- Attendees of some college
- Graduates of Master's degree programs
- Not employed
- Families with incomes between $30,001 and $40,000
- Not disabled
- Enrollees in SNAP, WIC, SSI and utility assistance
- Caregivers without a disability

Nurturing and Attachment

Examination of Nurturing and Attachment protective factor scores among demographic groups found no significant differences in domain scores across demographic categories. The Nurturing and Attachment domain had the highest pre- and post- scores both overall and across the various demographic categories. These results indicate that caregivers perceive their bonds with their children in a positive light, even before they began participation in ICAPP- and CBCAP-funded programs.

Social Emotional Support

While protective factor scores for this domain are not quite as high as Nurturing and Attachment, Social Emotional Support scores were higher than other domains. Although most demographic groups of respondents saw at least slight increases in scores in this domain, the only groups meeting the criteria for statistical significance were respondents who did not identify as white and those with incomes between $30,001 and $40,000. Among those who were not white (n=123), post-test scores averaged 5.80 compared to 5.54 on pre-test surveys. This difference between white and non-white respondents was found only when examining all non-white respondents as a group. In other words, Hispanics, Asians, and African American groups, when analyzed individually, did not show significant increases in Social Emotional Support scores.

Changes in protective factors scores varied among demographic groups in all domains except Nurturing and Attachment. Child Development and Social Emotional Support protective factors scores improved among a select few groups of participants: individuals with a Master's degree and those receiving utility assistance had improved Child Development scores, while non-white caregivers' Social Emotional Support scores improved.

In contrast, **Concrete Support and Family Functioning domain scores increased among a wide variety of demographic groups, although not all families had improved scores.** Caregivers with an elementary level education had Concrete Support scores which decreased from pre- to post-tests. In both Concrete Support and Family Functioning every demographic variable had some families whose scores did not change (*e.g.,* in Concrete Support women improved but men did not, while in Family Functioning renters' scores improved but homeowners and those in temporary housing did not). **These results can be used to determine which groups of prevention program participants are experiencing improvements in their protective factors and help programs look for new strategies to help those who did not improve.**

Participation and Protective Factors Scores by Program Type

In the following section the evaluation findings of Crisis Care, Respite Care, Home Visiting, Parent Development, Fatherhood, Sexual Abuse Prevention and Community Development programs are presented. The number of families served is described as well as the results of the PFS analysis.

Crisis Care Services

Crisis Care provides a short-term child care alternative to families in high stress situations. Services are available 24 hours a day, seven days a week at the provider's offices and may be used for up to 72 hours. The goal is to provide a safe environment for children so that parents can address whatever circumstance has led to their need for care. Crisis Care programs conduct an initial screening with parents to determine the family's needs, and provide access to emergency child care at registered day care sites and/or licensed foster care homes. The Crisis Care provider may also make referrals to other service providers and programs based on a family's needs, and provide caregivers with parenting information, support and positive role modeling.

From July 1, 2016 to June 30, 2017, 286 families received Crisis Care services funded by ICAPP and CBCAP. Over 37,000 hours of care were provided during that time. Table 5 and 6 show the funding amounts awarded to each program and the number of people who received assistance. CBCAP grant amounts ranged from $6,000 to $14,000, while ICAPP grants ranged from $5,900 to $31,348.

Table 5. Level of Funding and Number Served by CBCAP Crisis Care Programs

	Funding	Families	Parents	Children	Hours of Care
Communities 4 Children	$10,230	24	38	26	3,234
Four Oaks Family and Children's Services	$14,000	13	14	22	474
Marshall/Hardin CPPC	$6,000	46	58	86	5,139
Story County Community Partnership for Protecting Children	$6,000	25	22	50	1,200
Total	**$26,000**	**108**	**132**	**184**	**10,046**

Table 6. Level of Funding and Number Served by ICAPP Crisis Care Programs

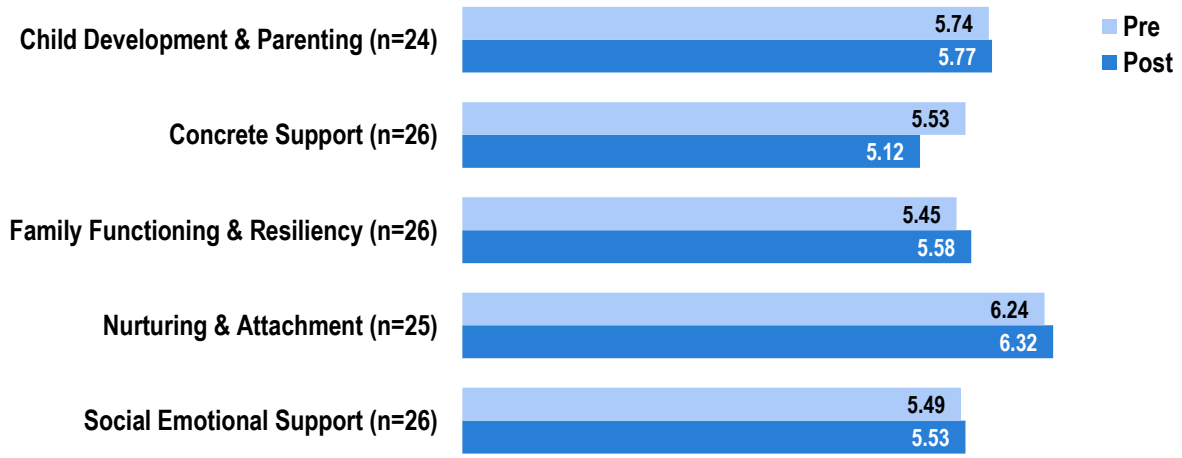
Counties Served	Funding	Families	Parents	Children	Hours of Care
Audubon, Carroll, Greene, Guthrie	$17,456	36	60	85	4,998
Boone	$5,900	24	24	43	1,305
Buchanan	$21,217	18	28	28	698
Linn	$31,348	38	46	65	2,873
Marshall	$21,963	62	83	119	7,511
Total	**$97,884**	**178**	**241**	**340**	**17,385**

Crisis Care Protective Factors Scores Results

Clients from Crisis Care programs submitted 105 Iowa Family Surveys between July 1, 2016 and May 31, 2017, with 27 completing both the pre- and post-surveys. It is often a challenge for organizations to collect follow-up surveys from participants in Crisis Care. Due to the nature of the circumstances surrounding families' utilization of Crisis Care services (*e.g.*, emergencies and other high-stress situations), caregivers may be unavailable or unwilling to complete the Iowa Family Survey after using the services. Although the number of matched surveys is great enough to test for statistically significant changes in pre- and post-test scores, the protective factors scores results should be considered with the caution that they are unlikely to be representative of all families participating in Crisis Care. Nonetheless, the results may help organizations identify questions or areas of their program to examine in greater detail.

Figure 13 displays the protective factors survey results among Crisis Care participants. Scores in every domain remained virtually the same for Crisis Care participants, except in Concrete Support, which decreased from 5.53 on pre-tests to a post-test score of 5.12. Families reported the highest scores in Nurturing and Attachment. None of the changes in protective factors scores were statistically significant.

Figure 13. Average Pre- and Post- Protective Factors Scores by Domain Among Crisis Care Matched Surveys



***Statistically significant difference (p<0.05).**

Respite Care Services

Respite Care services offer licensed and/or registered child care to families in need of these services. Services may be provided at scheduled times or on short notice, such as in times of stress or crisis. Caregivers may use the time that their children are in respite to attend medical or counseling appointments, to run errands or simply to rest. Respite Care staff also conduct initial assessments with families and may refer them for additional services.

A total of 431 families participated in Respite Care services funded by ICAPP in 11 counties during the reporting period. In total organizations provided nearly 30,000 hours of care to children. Table 7 shows the funding amounts awarded to each program, the counties served, and the number of people who received assistance. Grant amounts ranged from $2,926 to $36,448.

Table 7. Level of Funding and Number Served by Respite Care Programs through ICAPP

Counties Served	Funding	Families	Parents	Children	Hours of Care
Audubon, Carroll, Guthrie, Greene	$26,185	136	203	291	5,710
Buchanan	*	2	4	2	149
Dickinson	$18,456	58	58	107	5,358
Dubuque	$25,220	11	11	18	3,384
Humboldt	$8,561	25	50	47	2,065
Kossuth	$9,007	41	77	63	3,255
Linn	$2,926	7	9	12	291
Warren	$36,448	151	203	222	9,716
Total	**$126,803**	**431**	**615**	**762**	**29,927**

***Buchanan funding noted under ICAPP Crisis Care, Table 6.**

Respite Care Protective Factor Survey Results

A group of 110 pre- and post-test surveys was completed by Respite Care participants. Clients' scores were high across domains, with both pre- and post-test scores between 5.90 (Family Functioning pre-score) and 6.39 (Social Emotional Support post-score) (See Figure 14). There were no statistically significant changes in scores from the pre- to post-test surveys, indicating families rated their knowledge and use of protective behaviors highly both at the time of program initiation and upon completion of the post-test survey. Without much room for scores to increase, it is not unexpected that the change in scores is minimal.

Figure 14. Average Pre- and Post- Protective Factors Scores by Domain Among Respite Care Matched Surveys

*Statistically significant difference ($p<0.05$).

Home Visiting Programs

Programs offering in-home parent education and following an evidence-based model make up the Home Visiting category. Home Visiting programs provide individualized support for parents and caregivers in the home, increasing the flexibility and accessibility of services. Though home visiting is occasionally available to any family, regardless of their circumstances, providers tend to target those at high risk for child maltreatment, including families with newborns or very young children and families who are expecting, the latter of which are targeted for pre-natal services. Funding in this category was limited to projects utilizing evidence-based home visitation models, specifically Parents as Teachers (PAT) and Healthy Families America (HFA).

A total of 319 families were served by Home Visiting programs receiving ICAPP funding. Table 8 shows the level of funding received by each county or group of counties. ICAPP Home Visiting grants ranged from $6,199 to $37,681 and funded group, in-home, and one-on-one sessions with clients and home visitors. As noted previously, evidence-based home visiting programs are funded by CBCAP through the Parent Development category. Although those programs' Iowa Family Survey results are reported in this section, information about the number of people served and funding amounts can be found in the Parent Development section of the report.

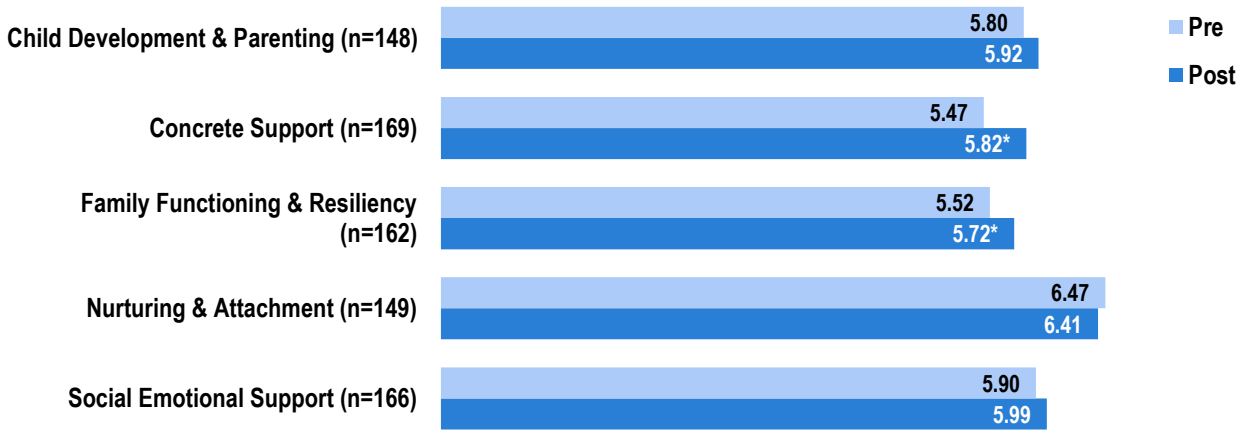
Table 8. Level of Funding and Number Served by Home Visiting Programs by ICAPP

Counties Served	Funding	Families	Parents	Children	*Sessions*		
					Groups	In-Home	One-on-one
Adair	$7,017	3	4	3	9	31	
Adams	$13,980	3	5	6	10	44	
Buchanan	$24,121	25	37	31	26	507	
Cedar	$7,625	10	19	12	12	156	18
Clarke	$9,891	48	87	60	14	530	
Decatur	$11,400	13	24	19	5	121	
Delaware	$37,681	89	124	136	11	915	
Fremont and Page	$12,540	9	12	11		95	
Jackson	$6,199	19	29	31		307	
Jones	$8,511	23	41	27	10	378	24
Marshall	$16,784	35	65	70		381	46
Mills	$17,959	10	12	13	13	134	2
Monroe	$23,688	16	27	45	3	305	3
Montgomery	$7,843	3	6	4		23	
Ringgold	$8,665	6	7	8	10	47	1
Woodbury	$8,575	7	7	8		101	
Total	**$222,479**	**319**	**506**	**484**	**123**	**4,075**	**94**

Home Visiting Protective Factors Scores Results

Out of 458 surveys submitted by Home Visiting program participants, 170 completed both pre- and post-surveys. Unlike Crisis and Respite Care participants, surveys from Home Visiting clients showed statistically significant increases in protective factors scores in Concrete Support and Family Functioning and Resiliency. Figure 15 displays the average Home Visiting scores in each of the five domains.

Figure 15. Average Pre- and Post- Protective Factors Scores by Domain Among Home Visiting Matched Surveys

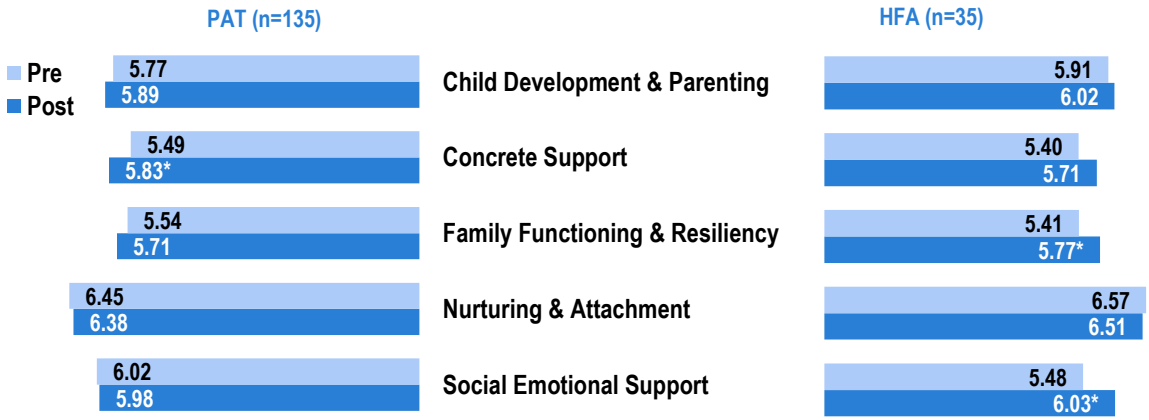


*Statistically significant difference (p<0.05).

Home Visiting Scores by Evidence-Based Model

In addition to examining home visiting results overall, protective factors scores were analyzed for each model, PAT and HFA. A total of 135 PAT program participants completed both pre- and post-test surveys, while 35 participants of HFA completed both pre- and post-test surveys. Figure 16 displays the protective factors scores of both models.

Figure 16. Pre- and Post- Protective Factors Scores Among PAT and HFA Home Visiting Models



*Statistically significant difference (p<0.05).

PAT participants showed slight increases between pre- and post-test protective factors scores in every domain except Nurturing and Attachment and Social Emotional Support, with statistically significant increases in Concrete Support. Among caregivers participating in HFA, Social Emotional Support and Family Functioning scores increased significantly. In addition, the pre- and post-test scores of the two groups were quite different. For example, PAT clients had lower Child Development scores than HFA clients, while HFA scores were higher in Concrete Support on both pre- and post-tests. These results demonstrate that the models are serving families with different needs and protective factors at enrollment and are promoting different domains of factors.

Parent Development and Fatherhood Programs

Parent Development programs make up the majority of projects funded by ICAPP and CBCAP. These programs teach parents about typical child development and effective behavior management techniques. Most focus on effective communication, problem solving, stress management and foster peer support among participants. Parent Development services are offered both in group settings and in participant homes.

Also included in the Parent Development category are programs which specifically target fathers, or Fatherhood programs. Beginning in federal fiscal year 2014, CBCAP funding was used to launch the Responsible Fatherhood Initiative, establishing the evidence supported 24/7 Dad program throughout Iowa. Very few Iowa Family Surveys from Fatherhood participants could be matched to a pre-test (3 out of 50 surveys), so they have been combined with other Parent Development program surveys for analysis.

CBCAP funds 24 Parent Development and seven Fatherhood programs, while ICAPP funds 43 in the Parent Development category. Overall, 3,093 families received services through funded Parent Development programs. CBCAP grant awards ranged from $6,000 to $20,580, while ICAPP awards ranged from $3,280 to $31,521. In contrast, seven Fatherhood programs were funded through CBCAP and provided services to 97 families. Fatherhood grants ranged from $4,000 to $16,538. Tables 9, 10 and 11 provide more detail on the programs funded and how many families were served.

Table 9. Level of Funding and Number Served by CBCAP Parent Development Programs

Counties Served	Funding	Families	Parents	Children	Sessions	
					Group	In-home
Adair, Adams, Union*	$15,000	7	12	10	25	47
Appanoose, Davis, Monroe	$6,711	118	136	162	64	308
Benton and Iowa	$15,000	15	7	10	16	10
Boone and Dallas	$20,580	57	90	101	58	53
Bremer, Butler, Franklin, Grundy	$17,500	40	57	76		469
Buchanan, Delaware, Fayette*	$18,000	163	218	232	37	1104
Cedar	$12,000	28	42	28	8	176
Cerro Gordo, Hancock, Winnebago, Worth	$18,000	31	41	67		147
Clarke, Decatur, Ringgold, Wayne*	$18,000	32	37	86	20	24
Clay, Dickinson, Osceola, O'Brien	$15,000	4	7	13		23
Clinton and Jackson*	$13,750	6	8	11		38
Emmet, Kossuth, Palo Alto	$15,000	47	77	85	1	389
Floyd, Mitchell, Chickasaw	$15,000	76	113	176		827
Fremont, Page, Taylor*	$17,955	19	31	34		223
Hamilton, Humboldt, Wright	$15,000	23	26	48	23	
Harrison, Monona, Shelby*	$18,000	194	335	296	26	923
Howard, Winneshiek, Allamakee, Clayton	$9,302	19	21	11	8	
Jasper, Poweshiek, Tama*	$18,000	135	140	138	53	
Johnson	$6,397	44	45	100	18	
Jones*	$6,500	34	56	34	6	321
Madison, Marion, Warren	$4,127	19	20	19	34	
Marshall*	$6,000	20	31	24		147
Polk	$14,000	79	112	165	70	
Story	$6,000	38	57	82	37	
Total	**$320,822**	**1,248**	**1,719**	**2,008**	**504**	**5,229**

***Programs included in the Parent Development funding category, but use an evidence-based home visiting model and are included in the home visiting evaluation results.**

Table 10. Level of Funding and Number Served by CBCAP Fatherhood Programs

Counties Served	Funding	Families	Parents	Children	Sessions	
					Group	In-home
Fayette	$4,000	7	9	11	11	37
Dubuque	$4,000	8	8	14	16	
Linn	$4,000	23	23	37	12	
Johnson	$5,940	20	20	30	13	9
Calhoun, Pocahontas, Webster	$16,538	3	3	6	13	
Cerro Gordo, Hancock, Winnebago, Worth	$4,000	2	2	6		12
Scott	$7,235	34	34	49	61	
Total	**$45,713**	**97**	**99**	**153**	**126**	**58**

Table 11. Level of Funding and Number Served by ICAPP Parent Development Programs

Counties Served	Funding	Families	Parents	Children	Sessions		
					Group	In-home	One-on-one
Allamakee, Howard, Winneshiek	$13,521	17	19	26	9		
Black Hawk	$18,010	52	73	108	45	650	62
Bremer	$3,280	20	29	33		294	
Buena Vista	$13,400	10	18	11		140	
Butler	$2,952	10	14	20		144	
Cass	$6,432	9	13	13	21	119	
Cedar	$3,753	9	10	16	2		
Chickasaw	$7,714	22	33	48		188	
Clinton	$9,246	10	10	12	24		
Crawford	$19,658	12	24	18		120	
Dallas	$29,185	65	85	105	79		57
Davis	$3,077	29	34	30	93		0
Des Moines	$11,974	17	23	20	128		42
Dickinson	$4,495	7	13	9		53	
Dubuque	$14,932	31	37	77		309	
Emmet	$4,767	17	26	30		211	
Floyd, Mitchell (LSI)	$27,949	66	97	147		781	
Franklin	$8,047	8	13	18		94	
Grundy (In-home)	$11,400	2	3	2	30	75	
Grundy (Nest)	$2,835	33	54	53	30		100
Hamilton, Humboldt, Wright-Parent Connection	$26,015	60	72	135	40	89	41
Henry	$7,231	9	9	15	65		
Johnson UAY	$9,633	38	38	55	73		
Johnson-Children's Center	$5,636	20	23	31	23		
Kossuth	$5,031	21	35	36	1	262	
Lee	$17,521	28	38	75	70		
Louisa	$21,525	19	19	34	103		43
Lucas	$14,045	52	59	101	44		
Madison	$6,040	12	12	25	18		
Mills	$17,213	33	47	68	24	1	153
Mitchell (Learning Connection)	$9,163	37	41	59	36		
Monroe, Appanoose	$9,675	108	118	170	303		
Muscatine	$28,113	146	147	199	148		
Pottawattamie (Family, Inc.)	$10,215	156	169	238	96		
Pottawattamie (LFS)	$8,049	36	41	87	22		93
Sac (Love & Logic)	$7,504	15	22	31	10		1
Sac (Family Steps)	$7,114	3	5	5		106	
Story	$6,763	151	157	173	134		
Van Buren	$27,437	42	72	55	37	534	72
Wapello	$9,682	80	102	104	135		
Warren	$10,687	30	26	20	42		12
Woodbury-Community-Wide	$31,521	117	180	136	182	76	
Woodbury-Crittenden	$13,151	186	250	411	138	303	21
Total	**$525,591**	**1,845**	**2,310**	**3,059**	**2,205**	**4,549**	**697**

Parent Development and Fatherhood Protective Factors Scores Results

A total of 1,376 surveys were completed by Parent Development or Fatherhood program participants. A total of 297 matched surveys were completed and used in the protective factors score analysis, the results of which are displayed in Figure 17.

Figure 17. Average Pre- and Post- Protective Factors Scores by Domain Among Parent Development and Fatherhood Matched Surveys

*Statistically significant difference (p<0.05).

The only domain in which a statistically significant increase was observed was Concrete Support. In other domains, scores were quite high, but remained virtually unchanged. In contrast, participants had particularly low pre-test scores in Concrete Support, averaging 5.12, indicating families may have had higher needs in that area, but significant increases in scores demonstrate that participants improved their protective factors in that domain.

Sexual Abuse Prevention

Given the secrecy surrounding sexual abuse, prevention efforts began with focusing on teaching children self-protection skills. Thus, teaching children skills to protect themselves continues to be an important 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 each year for several years to reinforce knowledge and skill building
- Educating and involving teachers, school personnel and parents when developing, implementing and evaluating programs

The majority of ICAPP-funded child-focused programming addresses 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). Often, there is supplemental training or information for adults that accompanies child instruction.

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 conducting awareness activities and providing child sexual abuse prevention education to adult audiences. 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 34 SAP projects, with some councils providing services in multiple counties. The following tables present the data reported in fiscal year 2017 (July 1, 2016 to June 30, 2017). Table 12 provides information on councils' child-focused instruction, and Table 13 summarizes adult-focused instruction service data. Twenty-eight projects reported making 3,257 child-focused presentations, which 32,345 children and 2,284 adults attended. Twenty-eight projects reported providing adult-focused child sexual abuse instruction or public awareness presentations, which reached more than 2,600 adults through 136 adult education sessions and 119 public awareness presentations

Table 12. ICAPP-funded Sexual Abuse Prevention Services for Children, Fiscal Year 2017

Counties Served	Funding	Presentations	Children	Adults
Adair	$6,968	32	176	5
Allamakee, Howard, Winneshiek	$8,506	50	180	15
Benton	$5,730	44	107	6
Black Hawk	$20,596	376	8,157	791
Bremer	$11,703	83	1,381	86
Buena Vista	$5,700	49	954	169
Butler	$3,433	23	497	41
Cherokee, Ida	$8,252	8	110	39
Chickasaw	$6,757	52	596	56
Dallas	$8,595	90	585	68
Davis	$4,875	6	8	
Dickinson	$3,026	44	881	115
Franklin	$3,230	18	362	8
Grundy	$4,591	32	425	24
Jones	$7,708	18	64	6
Linn	$7,216	47	164	7
Madison	$6,698	68	375	8
Marion, Mahaska	$11,072	228	4,650	170
Marshall, Hardin, Tama	$41,397	986	4,902	182
Mills	$14,470	104	663	60
Pottawattamie	$16,647	261	4,795	321
Sac	$4,510	11	191	53
Scott-Talking about Touching	$10,080	224	254	
Story	$7,268	111	421	42
Union	$6,785	65	308	12
Wapello	$17,710	24	971	
Warren	$3,650	200	167	
Wayne	$6,300	3	1	
Total	**$ 263,473**	**3,257**	**32,345**	**2,284**

Table 13. ICAPP-funded Sexual Abuse Prevention Services for Adults, Fiscal Year 2017

Counties Served	Funding	*Adult Education*		*Public Awareness*	
		Presentations	Adults	Presentations	Adults
Adair	$8,506	12	115	9	134
Allamakee, Howard, Winneshiek	$5,730			1	8
Benton	$20,596	31	457	20	244
Black Hawk	$8,211	17	159	6	60
Bremer	$11,703	2	19	6	23
Buena Vista	$5,700	1	1	7	36
Butler	$3,433	1	12	2	4
Cherokee, Ida	$6,757	2	15		
Chickasaw	$1,898	2	19		
Dallas	$4,875	2	15	14	72
Davis	$3,026			7	60
Dickinson	$3,230	3	50		
Franklin	$1,079	5	10		
Grundy	$7,708	6	30		
Jones	$7,216	3	16		
Linn	$11,072	3	55	1	2
Madison	$41,397	2	9	1	6
Marion, Mahaska	$14,470	1	9	5	35
Marshall, Hardin, Tama	$4,725	2	12	6	146
Mills	$6,945	5	66	1	6
Pottawattamie	$16,647			5	45
Sac	$4,117	7	85	5	61
Scott-Talking about Touching	$10,080	8	144	9	
Story	$7,268	7	101	5	59
Union	$6,785			1	3
Wapello	$17,710	3	19	3	65
Warren	$3,650	10	125		
Wayne	$6,300	1	5	5	40
Total	**$250,834**	**136**	**1,548**	**119**	**1,109**

Historically, grantees administered a survey to adults present during child-focused sessions, though surveys were not required this fiscal year. Conversations are currently taking place to determine a more effective evaluation tool to measure outcomes of child-focused instruction.

ICAPP projects asked those attending adult-focused child sexual abuse prevention 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 of children;
- Recognize grooming behaviors of potential perpetrators;
- Talk to their child(ren) about the risks of sexual abuse;
- Talk to other adults about protecting children from sexual abuse;
- Protect children from sexual abuse;
- Get help for a child if sexual abuse is suspected.

Table 14 summarizes whether participants agreed that the training improved their abilities to identify appropriate or inappropriate sexual behaviors of children. Participants responded similarly to both questions, with over 98 percent of all participants saying they strongly agreed or agreed that the training improved their abilities to identify appropriate and inappropriate sexual behaviors of children. Table 11 also summarizes answers as to whether participants thought the instruction improved their ability to recognize grooming behaviors of potential perpetrators. Nearly all strongly agreed (437), or agreed (283) with the question, while 14 respondents (2%) marked that they disagreed or strongly disagreed with the question.

Table 14. Improvement in Ability to Identify Behaviors

		Identify appropriate sexual behaviors				*Identify inappropriate sexual behaviors*				*Recognize offender grooming behaviors*			
County	Responses	SA	A	D	SD	SA	A	D	SD	SA	A	D	SD
Allamakee, Howard, Winneshiek	11	8	3			8	3			7	4		
Benton	5	4	1			4	1			3	1	1	
Black Hawk	151	95	49	5	1	97	48	3	2	101	46	1	2
Boone	50	36	13	1		38	12			39	10	1	
Bremer	19	6	12	1		8	9	2		11	7	1	
Butler	12	3	9			4	8			7	5		
Chickasaw	7	4	3			4	3			4	3		
Clinton	18	8	10			8	10			9	8	1	
Davis	14	5	9			8	6			5	9		
Franklin	6		6				6				6		
Jones	31	21	9		1	22	8		1	23	7		1
Linn	31	11	19	1		11	19	1		14	16	1	
Marion, Mahaska	46	23	21	2		25	21			21	24	1	
Marshall	8	6	2			6	2			5	3		
Mills	48	41	7			43	5			31	17		
Muscatine	71	40	31			38	33			40	31		
Scott (Stewards of Children)	80	50	30			50	30			51	28	1	
Scott-(Talking About Touching)	45	14	29	2		16	27	2		17	26	2	
Warren	77	48	29			54	23			45	31	1	
Wayne	5	5				5				4	1		
Total	**735**	**428**	**292**	**12**	**2**	**449**	**274**	**8**	**3**	**437**	**283**	**11**	**3**

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

Table 15 summarizes the responses as to whether participants agreed that training improved their abilities to talk to children and adults about sexual abuse. A total of 66 percent of respondents strongly agreed that the training improved their ability to talk to a child about sexual abuse, and 33 percent agreed. Nine respondents disagreed (0.7%) or strongly disagreed (0.5%) that the training improved their ability to talk to a child about sexual abuse. A total of 453 respondents (62%) strongly agreed that the training improved their ability to talk to other adults about sexual abuse, while 274 (37%) agreed and seven (0.9%) disagreed or strongly disagreed.

Table 15. Improvement in Ability to Talk About Sexual Abuse

	Talk to child about sexual abuse				*Talk to other adults about sexual abuse*			
Counties Served	**SA**	**A**	**D**	**SD**	**SA**	**A**	**D**	**SD**
Allamakee, Howard, Winneshiek	8	3			7	4		
Benton	3	2			2	3		
Black Hawk	100	47	1	2	83	64	1	2
Boone	41	9			41	9		
Bremer	11	7	1		10	9		
Butler	5	7			6	6		
Chickasaw	4	3			6	1		
Clinton	13	5			11	6	1	
Davis	5	9			8	6		
Franklin	1	5			0	6		
Jones	27	3		1	25	5		1
Linn	20	11			15	16		
Marion, Mahaska	24	21	1		18	28		
Marshall	8				8			
Mills	38	10			45	3		
Muscatine	46	25			42	29		
Scott (Stewards of Children)	53	27			48	32		
Scott (Talking About Touching)	19	24	2		16	27	2	
Warren	56	20		1	59	18		
Wayne	4	1			3	2		
Total	**486**	**239**	**5**	**4**	**453**	**274**	**4**	**3**

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

Table 16 summarizes the responses as to whether participants agreed that the training improved their abilities to get help for suspected sexual abuse and protect children from sexual abuse. A total of 725 respondents strongly agreed (65%) or agreed (33%) that the training improved their ability to protect children from sexual abuse. Nine respondents disagreed or strongly disagreed they improved their ability to protect children from sexual abuse. A total of 510 (70%) of respondents strongly agreed that the training improved their ability to get help and 214 (29%) agreed. Only ten respondents disagreed (1.1%), or strongly disagreed (0.3%) that the training improved their ability to get help for suspected sexual abuse.

Table 16. Improvement in Ability to Help and Protect Children

	Protect children from sexual abuse				*Get help for suspected sexual abuse*			
Counties Served	**SA**	**A**	**D**	**SD**	**SA**	**A**	**D**	**SD**
Allamakee, Howard, Winneshiek	8	3			8	3		
Benton	4	1			3	2		
Black Hawk	94	52	2	2	88	57	4	1
Boone	42	8			45	5		
Bremer	10	9			10	9		
Butler	7	5			7	5		
Chickasaw	5	2			6	1		
Clinton	11	6	1		13	4	1	
Davis	8	6			8	6		
Franklin	1	5			1	5		
Jones	26	4		1	26	3	1	1
Linn	19	12			21	10		
Marion, Mahaska	23	22	1		25	21		
Marshall	6	2			7	1		
Mills	32	16			47	1		
Muscatine	46	25			45	26		
Scott (Stewards of Children)	53	27			61	19		
Scott (Talking About Touching)	17	26	2		21	22	2	
Warren	64	13			64	13		
Wayne	4	1			4	1		
Total	480	245	6	3	510	214	8	2

Community Development

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 just over one percent of the overall amount of ICAPP money awarded in fiscal year 2017.

Five councils received CD grants in fiscal 2017. A brief description of their activities follows:

Cedar: The project plans to reach parents and families with an awareness newsletter, host Adverse Childhood Experiences workshops and increase outreach, which will be measured by phone calls and visits to social media and website.

> ***Progress:*** The council reached families and parents with a total of 625 newsletters, reached 977 people through trainings and workshops, and 6,711 people through phone calls, website visits, social and print media.

Clarke: The project seeks to increase child abuse prevention awareness by participating in community events, holding regular council meetings, volunteering, and providing local businesses with child abuse prevention tax check off information.

> ***Progress:*** The council participated in a total of five community events and held 12 monthly council meetings. Members volunteered a total of 105 hours. A total of 10 businesses were given check off information during tax preparation season this year.

Jones: The project has plans to present ACEs-related trainings in the community, hold a family fun and health fair, and conduct a community awareness campaign.

> ***Progress:*** The project hosted 8 workshops related to ACEs, resilience, and/or Lemonade for Life. In addition, they had four awareness campaigns and participated in or hosted nine community events.

Madison: The project plans to recruit at least one new council board member, offer presentations and trainings to local clubs and organizations, and provide prevention messaging at awareness events, in print and on social media.

> ***Progress:*** The council added one new board member this year. There was a total of 39 presentations to community groups this year, and 59 prevention messages distributed to different organizations throughout the year. A total of 151 messages used Facebook, the website, newspaper, and other venues to reach the community.

Scott: The project focuses on content and blog posts to social media, targeting at least 200 readers per post, with the aim of educating the community about prevention, and normalizing the act of parents seeking help.

Progress: The project had a total of 306 organic content posts to social media with an additional nine unique blog posts. There was a total of 887 different readers, with an average of 99 readers per blog.

Summary and Conclusions

This evaluation report summarizes data collected through the Iowa Family Survey and ICAPP- and CBCAP-grantee monthly reports to describe the number of people served by grant-funded child maltreatment prevention programs, families' demographic and risk factor characteristics and the impact that programs had on families' protective factors. In total, 2,773 families were served by ICAPP and CBCAP between July 1, 2016 and June 30, 2017 across 93 Iowa counties.

Families Served

The majority of Iowa Family Survey respondents identified as white and female. Women represented a much higher proportion of the grantee participant population compared to the overall population of Iowa. Participant caregivers also had lower levels of education, home-ownership, household income and full-time employment than the general population, and more were of Hispanic origin.

Among the families served, the most common child maltreatment risk factor was mental illness, with over 40 percent of caregivers saying they had been diagnosed with a mental illness by a doctor. Just over one in four had experienced child abuse and neglect as children and about one in five said they had abused drugs or alcohol or experienced violence in their household.

Protective Factors Scores

Concrete Support and Family Functioning were the two domains in which protective factor scores on pre- and post-test surveys showed statistically significant increases. Among all respondents, Concrete Support scores increased from 5.42 to 5.59, while Family Functioning increased to 5.61 from an average pre-score of 5.48. Although scores in Nurturing and Attachment did not change, they were the highest of all five domains on both pre- and post-tests.

Risk Factors

There were three trends seen in protective factors scores among respondents who reported child maltreatment risk factors (*e.g.,* young caregiver age at birth of first child, childhood experience of abuse and neglect, history of violence in the household, history of alcohol and drug use and diagnosis of mental illness):

- **Lower protective factor scores among families with risk factors.** In almost all domains, families with a risk factor of child maltreatment had lower overall protective factor scores compared to other families.
- **Greater improvements in scores among caregivers at higher risk.** Caregivers who were between the ages of 18 and 24 when their first child was born and those with a history of child abuse and neglect, drug and alcohol abuse or a mental illness showed improvements in Concrete Support while their counterparts without those risk factors did not. Caregivers with a history of child abuse also improved in the Social Emotional Support domain. Programs may be successfully targeting those at a higher risk of child maltreatment and helping them improve their protective factors to a greater extent than other families.

- **No change in scores among those who were under 18 when they had their first child or who had experienced domestic violence.** These populations, traditionally considered at high risk, may require additional or different interventions compared to families both with different risk factors and those at lower risk of abuse and neglect.

Demographic Characteristics

Within most demographic variables, at least one group of respondents had a significant increase in these Concrete Support and Family Functioning and Resiliency, which adds additional insight into which participants are benefiting from prevention programming. Table 14 lists the groups of ICAPP- and CBCAP-funded participants who had statistically significant changes in scores in each of the two domains. Respondents in one category, those with elementary level education, had scores that decreased significantly in Concrete Support. Further examination is warranted about why this sub-population is not being reached in a domain that logically would be needed

Table 14. Demographic Groups with Statistically Significant Changes in Concrete Support and Family Functioning Scores

Demographic Characteristic	Concrete Support	Family Functioning & Resiliency
Gender	Women	Women
Race	White	White
Marital Status	Single Partnering	Divorced Single
Housing Status	Rent	Rent
Family Income	$0–$1,000	$30,001–$40,000
Education	Elementary/middle school Some high school High school diploma/GED	Some college/vocational training Master's Degree or higher
Employment	Full-time	Not employed
Services Utilized	SNAP Child Health Insurance Program WIC Social Security Insurance Utility Assistance	SNAP Medicaid Head Start WIC Utility assistance

Red text denotes group whose domain scores decreased.

In the other protective factors domains fewer groups of respondents had significant changes. Respondents with a Master's degree or higher and those who received utility assistance had an increase in Child Development and Parenting, while whose who did not identify as white and caregivers with incomes between $30,001 and $40,000 had Social Emotional Support scores which increased significantly. There were no changes in Nurturing and Attachment among respondents.

Program Type

Looking at protective factors by the specific program types funded by ICAPP and CBCAP, participants in Home Visiting programs had the greatest improvement in protective factors scores. Concrete Support scores increased among PAT participants, while HFA clients' scores increased in Family Functioning and Social Emotional Support. Parent Development and Fatherhood surveys indicated that families in those programs saw improvements in Concrete Support as well.

During this reporting period, **ICAPP- and CBCAP-funded programs have been particularly successful in promoting Concrete Support and Family Functioning protective factors among the families they served.** Within select groups, improvements were also seen in Social Emotional Support. **Prevention programs, which reached a diverse group of over 45,603 Iowans, can use these results for program planning, evaluation and continuous quality improvement as they continue their work to prevent child maltreatment.**

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Appendix A: Iowa Family Survey

FY2016-18 Iowa Family Survey

☐ ENROLLMENT SURVEY ☐ FOLLOW UP SURVEY

The survey contains questions about you, your experiences as a parent, and your outlook on life in general. All the information you share will be kept confidential and will not affect the services you receive. If you prefer, you may complete this survey online at www.iowafamilysurvey.org

Enrollment Date: ____/____/____ **County:** _____

Program Name: _____ **Zip Code:** _____

Your First/Last Initials: ____/____ **Date Survey Completed:** ____/____/____

Please check the box that best describes how often the statements are true for your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.							
2. When we argue, my family listens to "both sides of the story."							
3. In my family, we take time to listen to each other.							
4. My family pulls together when things are stressful.							
5. My family is able to solve our problems.							

Please check the box that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.							
7. When I am lonely, there are several people I can talk to.							
8. I would have no idea where to turn if my family needed food or housing.							
9. I wouldn't know where to go for help if I had trouble making ends meet.							
10. If there is a crisis, I have others I can talk to.							
11. If I needed help finding a job, I wouldn't know where to go for help.							

For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age: _____ ***or*** **Child's Date of Birth:** ___/___/___

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.							
13. I know how to help my child learn.							
14. My child misbehaves just to upset me.							

Please check the box that best describes how often the statements are true for you.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when s/he behaves well.							
16. When I discipline my child I lose control.							
17. I am happy being with my child.							
18. My child and I are very close to each other.							
19. I am able to soothe my child when s/he is upset.							
20. I spend time with my child doing what s/he likes to do.							

For this section, we will be asking questions about you and your family. Remember, all information you provide will be kept confidential, and nothing you say will impact your services.

How old were you when your first child was born? _____

Were you ever abused or neglected as a child? ☐ **YES** ☐ **NO**

Have you been told you have a mental illness by a health provider? (including depression or anxiety) ☐ **YES** ☐ **NO**

Have you abused drugs or alcohol? ☐ **YES** ☐ **NO**

Have you had violence in your household? ☐ **YES** ☐ **NO**

Do you (the parent/caregiver) have a disability? ☐ **YES** ☐ **NO**

Are you: Female ☐ Male ☐

Your Date of Birth:
____/____/____
mm/ dd /yy

Race/Ethnicity: (check all that apply)

- ☐ African American
- ☐ Asian
- ☐ Hispanic
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Other _____

Family Structure:

- ☐ Single
- ☐ Partnering
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

Family Housing:

- ☐ Rent
- ☐ Share with relatives/friends
- ☐ Own
- ☐ Temporary (shelter, with relatives/friends)
- ☐ Homeless

Family Income:

- ☐ $0-$10,000
- ☐ $10,001-$20,000
- ☐ $20,001-$30,000
- ☐ $30,001-$40,000
- ☐ $40,001-$50,000
- ☐ More than $50,001

Your Highest Level of Education:

- ☐ Elementary or junior high school/middle school
- ☐ Some high school
- ☐ High school diploma or GED
- ☐ Some college or vocational training
- ☐ 2-year college degree (Associate/Certificate)
- ☐ 4-year college degree (Bachelor's)
- ☐ Master's Degree or higher

Are you in school right now?

- ☐ I *AM* currently a student
- ☐ I am *NOT* currently a student

Your Employment Status:

- ☐ Not employed
- ☐ Employed part-time
- ☐ Employed full-time
- ☐ Employed with seasonal or temporary work

Which, if any, do you currently receive? (check all that apply)

- ☐ Food Stamps/EBT
- ☐ Medicaid (State Health Insurance – Adult)
- ☐ CHIP (Child Health Insurance Program)
- ☐ Earned Income Tax Credit
- ☐ TANF
- ☐ Head Start/Early Head Start
- ☐ WIC
- ☐ SSI (Supplemental Security Income)
- ☐ Assistance with Heat, Water, and/or Electric
- ☐ None of the above

THERE'S MORE

On this page, please indicate the gender, age and any disabilities of the children in your household.

Are you currently pregnant or expecting a baby? ☐ YES ☐ NO
If YES, your expected due date : ___/___/_____
mm /dd / yy

	GENDER		DATE OF BIRTH	DISABILITY (if any)
	Girl	**Boy**		
Example	✓		*7/28/13*	*None known.*
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				

What was your primary reason for requesting or using this service? (Check only one)

- ☐ Medical/Doctor
- ☐ Family member illness or death
- ☐ Shopping/errands
- ☐ Attend counseling or parenting program
- ☐ Need time to self
- ☐ Need time with friends/family
- ☐ Child safety or protection
- ☐ High stress/need break
- ☐ Housing problems
- ☐ Court
- ☐ Other (specify): _____

FOR FOLLOW UP SURVEY ONLY:

Please identify all of the additional services that you received through this program.

(*check all that apply*).

- ☐ Group Based Parent Education
- ☐ Incentive-Based Parent Education (e.g., Stork's Nest)
- ☐ Parent Support Group
- ☐ In-home Parent Education
- ☐ Child Care Assistance
- ☐ Sexual Abuse Prevention Instruction
- ☐ Early ACCESS Services
- ☐ Assistance with Basic Needs (e.g., food, clothes, heat, housing)
- ☐ Adult Education (e.g., GED)
- ☐ Job Skills/Employment Preparation
- ☐ Life Skills (e.g., budgeting, homemaking)
- ☐ Assistance with Accessing Benefits (e.g., SSI, SSDI)
- ☐ Other (specify): _____

This survey was adapted for the State of Iowa by Hornby Zeller Associates, Inc., as part of the statewide evaluation of prevention programs. Some questions are from the Protective Factors Survey developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, in partnership with the University of Kansas Institute for Educational Research and Public Service, through funding provided by the US Department of Health and Human Services.

Thank you very much for participating.

Please place survey in a sealed envelope and return it to your agency. Or complete online at www.iowafamilysurvey.org

Prevent Child Abuse Iowa